



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, November 16, 2022 at 5:45PM

Held remotely, at <https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682 with representation in the Shields-Carter Room, Brookens Admin Bldg, 1776 E. Washington, Urbana, IL

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the CCMHB President's determination that holding this meeting in person is not prudent at this time due to health concerns with COVID-19 cases and hospitalizations reported in the county, this meeting will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at <https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>

Public Input: All are welcome to attend the Board's meetings to observe and offer thoughts during "Citizen Input/Public Participation." For support, let us know how we might help by emailing stephanie@ccmhb.org. You may also communicate with the Board by emailing stephanie@ccmhb.org any written comments you would like read into the record.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. President's Comments – Dr. Youakim
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCMHB Minutes (**pages 4-9**)*
Minutes from the 10/19/2022 board meeting and 10/26/22 joint study session are included. Action is requested.
9. Vendor Invoice Lists (**pages 10-13**)*
A "Vendor Invoice List" of expenditures is included. Action is requested, to accept the list and place it on file.
10. New Business
 - A. Presentation on Coalition Summer Youth Initiatives
Tracy Parsons, City of Champaign, and Sam Banks, Don Moyer Boys and Girls Club, will present on the 2022 Champaign County Community Coalition Summer Youth Initiatives.
 - B. Registration, Application, Reporting System Changes (**pages 14-21**)
A Briefing Memorandum details changes to the online registration,

- application, and reporting system, forms, and instructions.*
- C. Selection of Board Member to serve on RFP Review Team*
11. Old Business
- A. Three Year Plan with Final Draft Objectives for 2023 (**pages 22-35**)*
The packet contains a final draft version of the Plan with revised objectives for 2023, incorporating input. A decision memorandum details the new input and requests board approval.
- B. Final Draft of PY24 Allocation Priorities (**pages 36-49**)*
The packet contains a final draft version of Funding Allocation Priorities and Selection Criteria for Program Year 2024. Board action is requested.
- C. PY22 Utilization Summaries for MHB Funded Programs (**pages 50-63**)
For information only, the packet includes a report on utilization for all programs funded by the CCMHB.
- D. Appropriations Charts for PY22 and PY23 (**pages 64 and 65**)
For information are charts comparing funding by population, sector, and service type for the most recent full year and the current year.
- E. Expo Coordinators' Wrap-Up Report (**pages 66-92**)
Included in the packet for information only is a report from the Coordinators on the October 22, 2022 disAbility Resource Expo.
- F. Quarterly Report on 211 Data for Champaign County (**pages 93-113**)
12. Schedules & Allocation Process Timelines (**pages 114-121**)
Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timelines are included in the packet.
13. Acronyms and Glossary (**pages 122-134**)
A list of commonly used acronyms is included for information.
14. Agency Input
The CCMHB reserves the authority to limit individual agency representative participation to 5 minutes and total time to 20 minutes.
15. CCDDDB Input
16. Staff Reports (**pages 135-146**)
For information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville.
17. Board to Board Reports (**page 147**)
18. Board Announcements
19. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCMHB Regular Board Meeting November 16, 2022 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting
<https://us02web.zoom.us/j/81393675682>
Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)

+13017158592,,81393675682# US (Washington D.C)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US (Washington D.C)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/u/kclgvKiumy>

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).
Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

(#8)

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—October 19, 2022

*This meeting was held remotely and with representation
at the Brookens Administrative Center, Urbana, IL*

5:45 p.m.

- MEMBERS PRESENT:** Joseph Omo-Osagie, Jon Paul Youakim, Daphne Maurer, Alexa McCoy, Kyle Patterson, Jane Sprandel
- MEMBERS EXCUSED:** Matt Hausman, Elaine Palencia, Molly McLay
- STAFF PRESENT:** Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville
- OTHERS PRESENT:** Danielle Matthews, DSC; Gail Raney, Rosecrance; Brenda Eakins, GROW; Jennifer Henry, Jamie Dahlman, Promise Healthcare; Paige Garrison, Ann Percy, Cunningham Children’s Home; Montgomery Tufts, Uniting Pride; Cindy Crawford, Community Services Center of Northern Champaign County (CSCNCC); Laura Lindsay, Courage Connection; Nelson Novak, Terrapin Station Sober Living; Jodi McGhee, Lisa Benson, Regional Planning Commission (RPC); Hannah Hensley, Crisis Nursery (CN); Claudia Lenhoff, Champaign County Healthcare Consumers (CCHCC)
-

CALL TO ORDER:

Dr. Jon Paul Youakim called the meeting to order at 5:45 p.m. Instructions were included in the packet. Executive Director Canfield and Board Vice President Joseph Omo-Osagie were present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was presented for review. The agenda was approved unanimously by a roll call vote.

PRESIDENT'S COMMENTS:

Dr. Youakim made some comments regarding the importance of Vitamin D in the winter months.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield reviewed the agenda and upcoming events.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from the September 21st meeting and September 28th study session were included in the Board packet. The edits discussed at the CCDDDB meeting regarding the September 28th joint study session will be incorporated.

MOTION: Mr. Omo Osagie moved to approve the CCMHB minutes from the meeting on September 21 meeting and September 28 study session. Dr. Youakim seconded the motion. A roll call vote was taken. The motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet for consideration.

MOTION: Ms. Sprandel moved to accept the Vendor Invoice List as presented in the Board packet. Mr. Omo Osagie seconded the motion. A roll call vote was taken and the motion passed unanimously.

NEW BUSINESS:

DRAFT PY24 Allocation Priorities and Selection Criteria:

The packet contained a DRAFT of proposed funding priorities and selection criteria for the Program Year 2024. The purpose of the memorandum was to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board

(CCMHB) Program Year 2024, July 1, 2023 to June 30, 2024. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Initial draft staff recommendations are based on Board input and our understanding of best practices and state/federal service and payment systems. This memorandum was presented for Board consideration and will be distributed to providers, family members, advocates, and stakeholders with a request for comments. A final draft incorporating feedback will be presented for Board review and approval.

OLD BUSINESS:

None.

CCDDB and CCMHB Schedules:

Updated copies of CCDDB and CCMHB meeting schedules were included in the packet.

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCDDB Input:

The CCDDB met earlier in the day. There will be a joint meeting with the CCDDB and the CCMHB on October 26, 2022.

Staff Reports:

Staff Reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson were included in the Board packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:11 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

*Minutes are in draft form and subject to CCMHB approval.

#8
continued

**JOINT MEETING OF CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
And CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES
BOARD And UNITED WAY OF CHAMPAIGN COUNTY**

Minutes—October 26, 2022

This meeting was held remotely and at the Brookens Administrative Center, Urbana, IL

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Alexa McCoy, Molly McLay, Joseph Omo-Osagie, Kyle Patterson, Jane Sprandel, Jon Paul Youakim, Georgiana Schuster, Anne Robin

MEMBERS EXCUSED: Deb Ruesch, Daphne Maurer, Elaine Palencia, Kim Fisher, Vicki Niswander

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Julie Pryde, CU Public Health District; Danielle Chynoweth, Cunningham Township; Gail Raney, Rosecrance; Lori Wachtel, Patty Walters, DSC; Laura Lindsey, Courage Connection; Jessica McCann, Lena Hoch, CCRPC; Claudia Lenhoff, Champaign County Healthcare Consumers; Javaite Burton, United Way of Champaign County; Randy Fouts, CU Mass Transit District; Tammy Lemke, Melissa Courtwright, CU at Home; Jorge Elvir, Jennifer Carlson, Kerri Wyman, City of Champaign; John & Julianna Sellett, Carle Health; Stephanie Burnett, HACC; Jen Straub, Champaign County Board; Jen Hesch, Crisis Nursery; Brenda Eakins, Kerrie Hacker, Keysa Haley, GROW in Illinois; Nelson Novak, Terrapin Station Sober Living; Chalaine Davis, Cunningham Children's Home; Angela Yost, CCRPC; Cindy Crawford, CSCNCC; Katina Wilcher, Unit 4 Schools; Bethany Little, WIN Recovery; Becca Obuchowski, Community Choices; Breaden Belcher, Champaign County Continuum of Service Providers to the Homeless

CALL TO ORDER:

Dr. Youakim called the meeting to order at 5:45 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

The agenda was in the packet for review.

PRESIDENT'S COMMENTS:

Dr. Youakim and Dr. Robin both thanked Board members and staff for attending the meeting.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the agenda.

NEW BUSINESS:

Journey to a Comprehensive Shelter System:

The Board packet contained overviews from providers of services/supports to those who lack stable housing. A panel discussion featured representatives of these organizations and the United Way of Champaign County.

The link to the recording of the study session:

https://www.co.champaign.il.us/mhbddb/agendas/mhb/2022/221026_Meeting/221026_Zoom.mp4

The chat and audio recording are also available:

https://www.co.champaign.il.us/mhbddb/agendas/mhb/2022/221026_Meeting/221026_Chat.pdf

and

https://www.co.champaign.il.us/mhbddb/agendas/mhb/2022/221026_Meeting/221026_Audio.mp4

Here are some links shared by participants in the chat, regarding projects undertaken in other communities:

<https://suburbancook.org/>

<https://www.endhomelessnessoakpark.com/the-plan>

https://community.solutions/built-for-zero/?utm_medium=email&utm_campaign=Welcome%20email&utm_content=Welcome%20email+&utm_source=Email%20marketing%20software&utm_term=Built%20for%20Zero

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:20 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

*Minutes are in draft form and subject to approval by the CCMHB and the CCDDB.

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Champaign County, IL

VENDOR INVOICE LIST



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INVOICE P.O. INV DATE CHECK RUN CHECK # INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

1 CHAMPAIGN COUNTY TREASURER

MHB23-004	10/01/2022	100722A	10308	4,523.00	10/07/2022	INV	PD	MHB23-004	Homeless Servic
Oct MHB22-006	10/01/2022	100722A	10316	4,702.00	10/07/2022	INV	PD	MHB22-006	Children's Advo
Oct MHB22-025	10/01/2022	100722A	10309	6,362.00	10/07/2022	INV	PD	MHB22-025	Youth Assessmen
Oct MHB23-026	10/01/2022	100722A	10307	28,936.00	10/07/2022	INV	PD	MHB23-026	Early Childhood
Oct Office Rent	10/01/2022	100722A	10314	2,023.38	10/07/2022	INV	PD	Oct Office Rent	

10131 SUMMER CURRY

2022-10	10/10/2022	101422A	10569	1,223.50	11/10/2022	INV	PD	Disability website mainte
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10148 COMMUNITY SERVICE CENTER OF NORTHERN

Oct MHB22-008	10/01/2022	100722A	10335	5,717.00	10/07/2022	INV	PD	MHB22-008	Resource Connec
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10163 CRISIS NURSERY

Oct MHB22-005	10/01/2022	100722A	10340	7,500.00	10/07/2022	INV	PD	MHB22-005	Beyond Blue
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10170 DEVELOPMENTAL SERVICES CENTER OF

Oct MHB22-012	10/01/2022	100722A	10347	49,710.00	10/07/2022	INV	PD	MHB22-012	Family Developm
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10175 DON MOYER BOYS & GIRLS CLUB

Oct MHB22-015	10/01/2022	100722A	10348	8,333.00	10/07/2022	INV	PD	MHB22-015	C-U Change
Oct MHB22-022	10/01/2022	100722A	10348	13,333.00	10/07/2022	INV	PD	MHB22-022	Youth and Famit
Oct MHB22-037	10/01/2022	100722A	10348	9,166.00	10/07/2022	INV	PD	MHB22-037	CUNC

10183 ALEXANDER F CAMPBELL

568	10/11/2022	102822A	11081	1,085.00	11/02/2022	INV	PD	Agency training session 9
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10185 EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR

Oct MHB22-001	10/01/2022	100722A	10349	5,166.00	10/07/2022	INV	PD	MHB22-001	Family Sup & st
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10214 FIRST FOLLOWERS

Oct MHB23-003	10/01/2022	100722A	10362	7,916.00	10/07/2022	INV	PD	MHB23-003	Peer Mentoring
Oct MHB23-034	10/01/2022	100722A	10362	3,291.00	10/07/2022	INV	PD	MHB23-034	First Steps Re-

10242 GROW IN ILLINOIS

Oct MHB23-011	10/01/2022	100722A	10373	11,207.00	10/07/2022	INV	PD	MHB23-011	Peer Support
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10263 I3 BROADBAND - CU

2580364-1	10/04/2022	101422A	10597	144.95	11/01/2022	INV	PD	Internet service 11/4/22
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Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10348	MCS OFFICE TECHNOLOGIES INC								
01-697068		10/01/2022		101422A	500208	495.00	10/31/2022	INV	PD Oct Managed IT Services
10352	MAHOMET AREA YOUTH CLUB								
Oct MHB22-032		10/01/2022		100722A	10409	1,250.00	10/07/2022	INV	PD MHB22-032 Bulldogs Learn
Oct MHB22-033		10/01/2022		100722A	10409	1,825.00	10/07/2022	INV	PD MHB22-033 Members Matter
Sep MHB22-032		10/01/2022		100722A	10409	1,250.00	10/07/2022	INV	PD MHB22-032 Bulldogs Learn
Sep MHB22-033		10/01/2022		100722A	10409	1,825.00	10/07/2022	INV	PD MHB22-033 Members Matter
10358	MARTIN ONE SOURCE INC					6,150.00			
420842		09/30/2022		102122A	10806	717.28	10/30/2022	INV	PD Disability Expo Yard Sign
421111		10/10/2022		102122A	10806	691.54	11/09/2022	INV	PD Expo Brochures
421285		10/18/2022		102822A	11118	200.00	11/17/2022	INV	PD Expo brochures - Spanish
421346		10/19/2022		102822A	11118	1,866.00	11/18/2022	INV	PD Expo Resource Book
421383		10/13/2022		102822A	11118	395.00	11/12/2022	INV	PD Expo Foam Poster Boards
10374	MINUTEMAN PRESS					3,869.82			
71617		10/24/2022		102822A	11128	114.15	11/23/2022	INV	PD Expo Maps and Evaluation
10453	QUILL CORPORATION								
28000566		09/28/2022		100722A	500188	242.50	10/28/2022	INV	PD kn95 masks for Expo
28006916		09/28/2022		100722A	500188	83.71	10/28/2022	INV	PD Hand sanitizer, gloves fo
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES					326.21			
Oct MHB22-002		10/01/2022		100722A	10423	5,250.00	10/07/2022	INV	PD MHB22-002 Sex Violence Pr
10488	ROSECRANCE, INC.								
Oct MHB22-028		10/01/2022		100722A	10430	14,122.00	10/07/2022	INV	PD MHB22-028 Specialty Court
Oct MHB23-019		10/01/2022		100722A	10430	6,716.00	10/07/2022	INV	PD MHB23-019 Benefits Case M
Oct MHB23-020		10/01/2022		100722A	10430	26,666.00	10/07/2022	INV	PD MHB23-020 Criminal Justic
Oct MHB23-023		10/01/2022		100722A	10430	8,333.00	10/07/2022	INV	PD MHB23-023 Recovery Home
Oct MHB23-027		10/01/2022		100722A	10430	6,631.00	10/07/2022	INV	PD MHB23-027 Child & Family
Oct MHB23-030		10/01/2022		100722A	10430	17,329.00	10/07/2022	INV	PD MHB23-030 Crisis Co-Respo
10595	UP CENTER OF CHAMPAIGN COUNTY					79,797.00			
Oct MHB22-009		10/01/2022		100722A	10452	7,217.00	10/07/2022	INV	PD MHB22-009 Children Youth
10638	VISA CARDMEMBER SERVICE								
3930	Statement 10/12	10/12/2022		102122A	10863	104.00	11/07/2022	INV	PD National Federation of Fa
10683	WIN RECOVERY INC								

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Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P. O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
Oct MHB23-069		10/01/2022	100722A	10476	7,773.00	10/07/2022	INV	PD	MHB23-069 Re-Entry and Re
10687	XEROX CORPORATION								
230496740		10/01/2022	100722A	10478	199.06	10/31/2022	INV	PD	053 XeroxServicesmasterag
10703	BARBARA J. BRESSNER								
Q4 Expo Coordinator		10/01/2022	100722A	10300	2,250.00	10/07/2022	INV	PD	Q4 Expo Coordinator
18092	COURAGE CONNECTION								
Oct MHB23-007		10/01/2022	100722A	10338	10,583.00	10/07/2022	INV	PD	MHB23-007 Courage Connect
18148	THE WELL EXPERIENCE								
Oct MHB23-068		10/01/2022	100722A	10445	8,333.00	10/07/2022	INV	PD	MHB23-068 Family Services
18254	CHAMPAIGN COUNTY CHRISTIAN HEALTH CENTER								
Oct MHB22-029		10/01/2022	100722A	10321	2,750.00	10/07/2022	INV	PD	MHB22-029 Mental Health C
18259	CHAMPAIGN COUNTY HEALTH CARE CONSUMERS								
Oct MHB22-044		10/01/2022	100722A	10324	6,689.00	10/07/2022	INV	PD	MHB22-044 CHW Outreach an
Oct MHB22-045		10/01/2022	100722A	10324	6,449.00	10/07/2022	INV	PD	MHB22-045 Justice Involve
Oct MHB23-066		10/01/2022	100722A	10324	5,958.00	10/07/2022	INV	PD	MHB23-066 Disability Appl
18265	CHAMPAIGN-URBANA MASS TRANSIT DISTRICT				19,096.00				
25017		09/22/2022	101422A	10568	3,661.50	11/01/2022	INV	PD	Expo Advertising
18305	CUNNINGHAM CHILDRENS HOME								
Oct MHB23-018		10/01/2022	100722A	10342	10,604.00	10/07/2022	INV	PD	MHB23-018 ECHO Housing an
Oct MHB23-036		10/01/2022	100722A	10342	33,174.00	10/07/2022	INV	PD	MHB23-036 Families Strong
18343	FAMILY SERVICE OF CHAMPAIGN COUNTY				43,778.00				
Oct MHB22-014		10/01/2022	100722A	10356	2,500.00	10/07/2022	INV	PD	MHB22-014 Counseling
Oct MHB22-016		10/01/2022	100722A	10356	2,410.00	10/07/2022	INV	PD	MHB22-016 Self-Help Cente
Oct MHB22-017		10/01/2022	100722A	10356	13,529.00	10/07/2022	INV	PD	MHB22-017 Senior Counseli
Oct MHB23-010		10/01/2022	100722A	10356	2,083.00	10/07/2022	INV	PD	MHB23-010 Creative Social
18394	ILLINI RADIO GROUP				20,522.00				
1011531		10/17/2022	102122A	10787	1,175.00	10/21/2022	INV	PD	Radio advertising - Disab
18412	TERRAPIN STATION SOBER LIVING NFP INC								
Oct MHB23-067		10/01/2022	100722A	10443	5,083.00	10/07/2022	INV	PD	MHB23-067 Recovery Home

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Champaign County, IL



VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18415	MTF BUSINESS SOLUTIONS LLC								
2022-43		09/30/2022		102122A	10811	1,137.50	10/31/2022	INV	PD Accounting Coaching suppo
	18467 PATRICIA MAYER								
3		09/27/2022		100722A	10507	750.00	10/28/2022	INV	PD Q3 Expo Consultant
	18805 C-U AT HOME								
Oct	MHB23-021	10/01/2022		100722A	10301	21,391.00	10/07/2022	INV	PD MHB23-021 Shelter CM
	19249 SIGNATURE EVENT RENTAL								
20222		08/02/2022		102122A	10835	5,325.25	10/13/2022	INV	PD Remaining balance - pipe
	19320 MAURICE MEHLING								
000016049		10/07/2022		102122A	10824	282.00	10/19/2022	INV	PD Volunteer shirts - Disabi
						282.00			
63 INVOICES					427,342.32				

** END OF REPORT - Generated by Chris M. Wilson **

#10.B.



BRIEFING MEMORANDUM

DATE: November 16, 2022
TO: Champaign County Developmental Disabilities Board (CCDDB) and Champaign County Mental Health Board (CCMHB) Members
FROM: Lynn Canfield, Executive Director
SUBJECT: Changes to Online Registration, Application, and Reporting System

Overview:

The purpose of this memorandum is to describe changes to the online registration, application, and reporting system used by the CCDDB and CCMHB. Members of the public may have an interest in the information linked to or posted on <http://ccmhddbrds.org>. Through the same site, qualified organizations may register and apply for funding from the Boards. If awarded a contract, organizations will submit reports and related documents there as well.

The site was developed over a decade ago, with online templates based on the paper forms which had been required in prior years. Registered agency directors and staff to whom they assign a username and password may access the registration, application, and report forms they have created and submitted. CCDDB/CCMHB staff and board members may view all of the work in progress and submitted. Our staff and the developers who designed and maintain the site have administrative access to make adjustments as needed, e.g., to set deadlines, edit templates, correct errors, or sort data. Enhancements have been made each year, often to connect forms, create efficiencies, or develop reports using data from across sections. In 2022, we made more substantial updates to the site as well as to the application forms. Many changes are based on input from agency users.

Summary of Changes:

Overall Appearance and Navigation.

The most obvious update was to the appearance of the full system, including navigation and organization of all sections. The original design was developed in 2010 and limited by an earlier version of Oracle. As Oracle added options, we did not take advantage of them, while other communities developed systems based on ours but with a more easily navigated structure.

To improve readability, it is within our control to increase the size or adjust the style of most embedded text, so we took that step first. With larger type, we then simplified the statements to save space and be clearer. After viewing the online application sites of other 708 boards, our staff tested possible templates and settled on a default style and 'dark' option. In both styles, sections are organized vertically, and a lefthand sidebar used for navigation. One of the first agency users to test it, who has used the site for many years, did not find the new template more viewable, in default or dark mode. Later visitors noted that navigation was easier.

A complication with the template shift was inadvertent disruption of functions in several sections. This increased our testing and required some adjustments by the developer, though at no cost. As the developer restored or improved functions, we noticed other issues that we could handle, from the re-wording of instructions to the order in which forms are listed. While more time consuming than expected, this process helped us identify and repair many issues.

- **Rationale:** improve navigation and access to all sections.
- **Results:** the switch in overall appearance created other opportunities for improvement, which staff and consultants have addressed as they arise. The new appearance may not be better for users with low vision, but others find the navigation smoother.

Public Page.

Messages on the Public (home) page have been simplified and the order changed. The first link on that page is to a complete list of currently funded programs. This list had been missing a majority of programs due to a settings error when it was first run in July. It has been re-run and is now complete.

At the bottom of the Public page was a rapidly growing list of downloadable documents which may be of interest to the public, to board members, or to potential applicants. Based on CCDDDB discussion of DRAFT PY2024 Priorities, this list has been reorganized for clarity, and an archives section created for documents not directly pertinent to current or upcoming activities.

- **Rationale:** people not experienced with the online system or CCDDDB and CCMHB policies and processes should be able to find and understand the work more readily.
- **Results:** while our staff may find it easier to use, we have not received input from others, let alone people not involved in the work.

Agency Home Page.

At the top of the Agency Home page is a message from CCDDDB/CCMHB staff which includes contact information and upcoming report deadlines. The latter is manually updated and redundant to other reminders, public timelines, and contracts, but we hope that it will help. The basic message was edited for clarity and the text enlarged. Next, the Agency Home page continues to list downloadable documents followed by an **Agency Details** section where agency users update director and contact information. This was rarely done, which meant that email reminders sent through the system were not reaching the people who needed them. The section is now more prominent. With accurate contact information, CCDDDB/CCMHB staff will be able to direct general automatic notices as well as individual emails, letters, and contracts to the people who need to know.

The **Board Member list** had been a requirement of all applications (one per agency per fund source), but due to the need for accuracy, this has been moved to the Agency Home Page where it can be updated at any time. A space is added for board member email addresses. When contracts or contract amendments are sent electronically for signature, the email address of the agency board president (and other potential signators) will be more easily found by CCDDDB/CCMHB staff. The Board Member list can also be uploaded to the system from an excel sheet.

Agency users can navigate from this home page to a new **Compliance** section, where they may upload required documents such as the certificate of liability insurance. Once uploaded, these can be seen by the assigned agency users and by CCDDDB/CCMHB staff and board, eliminating the need for subsequent searches in the event of a related question. Independent audit reports may also be uploaded there. The section was designed by the developer with Stephanie Howard-Gallo, who continues to accept documents through email and upload them to the section. Brief instructions are available for agencies choosing to upload directly.

- **Rationale:** eliminate duplication of effort when agency or CCDDDB/CCMHB users need to locate agency information or documents.
- **Results:** new Compliance section has proved easy to use; agency users have not begun updating agency or board contact information.

Required Agency Reports.

From the Agency Home page, a user can navigate to sections where they will create, edit, and submit application forms and, if awarded a contract, the subsequent required reports. They may also download or print their work using options at the bottom of each form. The sections have been reorganized, embedded instructions simplified, and a link to recorded training session added.

Required **Report** forms are reorganized into groups: quarterly program, zip code, and demographic; then quarterly revenue and expense; then second and fourth quarter CLC progress; and finally, performance outcome reports. These groups may correspond to distinct agency reporters' responsibilities. A downloadable

Quarterly Report instructions document has been revised, adding screenshots and incorporating suggestions and corrections from agency users, Board staff, and consulting accountant. We explored possible changes to revenue and expense categories but did not implement them, as these would introduce risks of error elsewhere, such as when data from one form auto-populate another. In addition, the categories are defined in rules and contracts. Regarding semi-annual Cultural and Linguistic Competence plan progress reports, users have successfully completed the simpler second quarter report, which is downloaded, filled in, and uploaded to the section. Users have offered suggestions for the more complicated fourth quarter report, a template which is completed online. Navigation terms now match those used in other reports, but word limits were not changed.

- **Rationale:** clarify expectations and make forms easier to find and complete.
- **Results:** while we have found it easier to locate and review reports, we continue to make adjustments, sometimes to recover previous functions and sometimes to tweak new ones, e.g., preventing the instructions section from popping open each time a selection is made; the year-end CLC report has not yet been tested by agency users.

Registration Process.

A new fund source is added, so that requests for funding can be directed to the CCDDDB, I/DD Special Initiatives, or the CCMHB. The registration system has been adjusted so that **an agency registered with one Board can apply for funding from any of the three sources.** The details of expectations for proposals to each separate fund can be found in the “PY2024 Allocation Priorities and Decision Support Criteria” documents for each. These will be posted on the site as they are approved by the Boards. The ‘organizational eligibility’ forms were updated last year, and many long-standing agencies submitted updated versions. This year, only new applicants will be required to complete that form, as part of registration.

- **Rationale:** simplify the registration process, primarily to improve ease of applications to the new fund.
- **Results:** no testing at this time; chance of unintended poor side effects.

Application Forms for PY2024.

Application forms are also reorganized, but with more dramatic changes, often based on agency user feedback. We are currently testing these and revising the application instructions in anticipation of PY24 funding requests. The system will be open for applications between January 2 and February 10, 2023.

The **Application** section begins with very basic embedded instructions and a link to video training. The next section tracks the specific fund and fiscal year (2024) for proposals from an agency. An enhancement from a few years ago shows the 'Percent Complete' and lists which forms remain to be submitted. The application deadline follows. The **first step** is to enter the name of each program for which funding is being sought through a particular fund source. Even though an agency may now apply for funding through the CCDDDB, I/DD Special Initiatives, or CCMHB, a full set of application forms should be submitted per fund source.

The second step is to create the forms required per agency, per fund source. These include the **Agreement for Interagency Cooperation** and the **Cultural and Linguistic Competence Plan**. The **Board Member list** is *no longer among the required set of application forms*. It is expected to be updated along with Agency Details, on the Agency Home Page and as described above.

Next an agency applicant creates a set of program forms for each funding proposal. These include the **Program Plan Narrative, Personnel, Revenue, Expense, and Budget Narrative** forms. The **Part Two Utilization form** is *no longer among the required set of program forms*. This chart was redundant to some of the required responses in the Program Plan Narrative and previously submitted quarterly reports (if an incumbent program), which increased the risk of error. A possible disadvantage of removing it is that the form has auto-populated the quarterly program reports with annual target information. However, users should be able to enter these annual targets into quarterly reports manually.

The **Personnel form** was redesigned by the developer and Chris Wilson, adding the option to upload from an excel template, which may be helpful to larger

organizations employing many staff. Whether uploaded or manually entered, the form has new columns to indicate whether a staff person/position is active or terminated, along with the start and end dates of the individual's employment. This function may be useful for an agency reporting changes during the contract year, but this has not been tested. Our staff have tested the manual entry option and the excel sheet upload option, which seems convenient.

The **Revenue** form is changed minimally, so that comment boxes now wrap, for visibility and ease of copying/pasting. Pending or submitted, the **Expense** form tracks total agency, total program, and contract-level budget surpluses/deficits; ideally all are balanced. The **Budget Narrative** form is unchanged.

Proposed changes to the **Program Plan Narrative** form were presented during summer Board meetings. These have been implemented along with some additional revisions suggested by agency and board staff. These include:

- Fewer questions, now 40. The previous Program Plan Narrative form had 45 required fields/questions.
- All questions are numbered for quicker reference.
- To shift the focus, "Allocation Priority" and "Target Population" are re-titled as "Why it Matters" and "Who Will Benefit."
- The terms "Client" or "Participant" replace "Consumer."
- Some questions are rewritten for clarity, e.g., "Estimate the number of days..." replaces "Estimate the length of time, in number of days..."
- Three questions regarding any comparative target or benchmark are eliminated because they did not capture the information intended (standards set by the field) but created redundancy and risk of error.

While all 'developer lines' were preserved to avoid future disruption of function, the changes could still result in errors within Program Plan Narrative forms cloned from one year to the next, which has been meant as a convenience. They may later interrupt automatic functions used as the basis for detailed **application analyses** prepared by our staff. For PY2024 year end reporting, we will update the year-end **Performance Outcome Report** template and instructions to align with the more concise requirements. We might also reformat that template to highlight

challenges and accomplishments, to assist the board with future planning and decisions and to support agency program quality improvement. The current aggregate reports are very long, difficult to create, and not be as useful to the public as we would like, but improving this situation will require an overhaul.

Creating the **Authorization and Cover Form** had been among the first steps, because just one is needed per agency and per fund source. It is now at the end of the application section and suggested as the final step. Just as at the top of the application section, it lists any unfinished requirements.

- **Rationale:** improve access to forms, reduce redundancies and errors, and accommodate the new fund; all changes are meant to support agency users and CCDDDB/CCMHB members and staff.
- **Results:** all have been tested by the developer and by Board staff and do seem to improve the experience, but agency users will have the last word; unintended side effects will require quick solutions.

Support for Use of the Online System.

Revised **Quarterly Report Instructions** are posted as a downloadable word document on the Agency Home page and the Agency Reports page.

A downloadable **Quarterly Report Extension Request** form is posted for agencies anticipating not meeting the deadline. We may revise it to specify timeframes, due to confusion introduced when a period is opened for one and accessed by others. These forms also track the circumstances which cause delays, so far primarily related to low staffing.

On the Public, Agency Home, Application, and Report pages is a link to a video on use of the system: <https://www.youtube.com/watch?v=L9hZQrFx5p8>

As we complete testing, revised instructions for **How to Apply for PY24 Funding** will be developed and posted in several sections. As noted above, revised year-end Performance Outcome Report templates and instructions will follow.

#11.A.



DECISION MEMORANDUM

DATE: November 16, 2022
TO: Champaign County Mental Health Board (CCMHB)
FROM: Leon Bryson, Associate Director
SUBJECT: FY2022-2024 Three Year Plan with FY2023 Objectives

Background:

The Champaign County Mental Health Board develops a new strategic plan every three years, using results of a community needs assessment and consideration of the local, state, and federal context. During 2022, with support from a UIUC intern, we conducted surveys of three groups of interest, resulting in clarification of some preferences. Objectives are reviewed annually, and revisions proposed which incorporate information on emerging issues discussed during Board meetings.

The Three-Year Plan with proposed objectives for 2023 was presented in the September 21, 2022 Board packet and distributed to agency providers and stakeholders. Suggestions were made by two board members and are incorporated in the final draft: Goal #2 Objective #2.6 adds consideration of gender minorities; Goal #4 Objective #4.1 removes reference to the support continuum and focuses instead on people with I/DD.

Purpose:

The CCMHB Three Year Plan for 2022-2024 with Objectives for Fiscal Year 2023 continues the commitment to many prior objectives. The Plan is meant to be responsive to emerging issues. New language is italicized and underlined with strikethroughs on language to be removed.

Decision Section:

Motion to approve the proposed Three-Year Plan for Fiscal Years 2022 – 2024 with Fiscal Year 2023 Objectives.

- Approved
- Denied
- Modified
- Additional Information Needed

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2022-2024
(1/1/2022 – 12/31/2024)

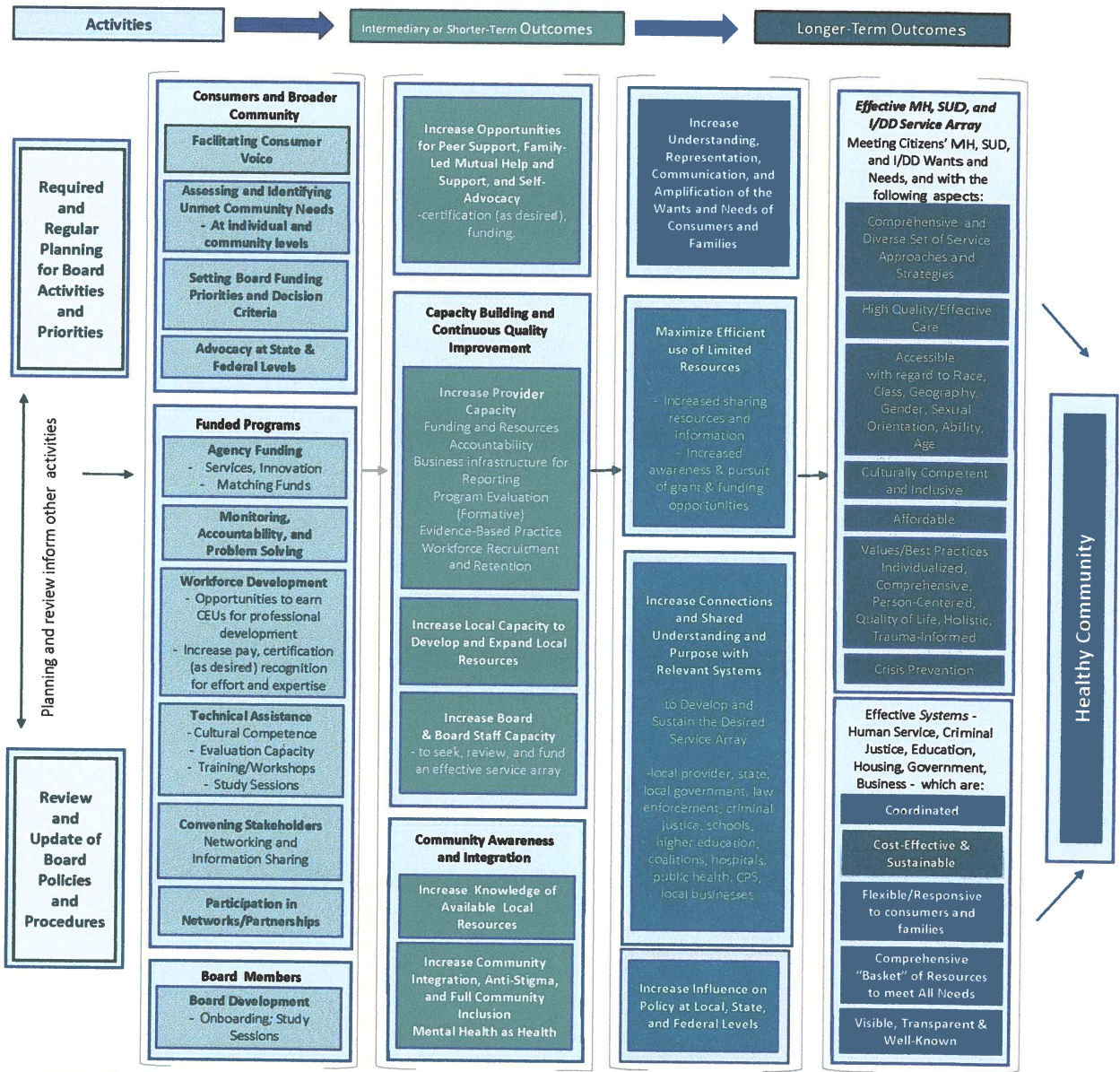
WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2023
(1/1/2023 – 12/31/2023)

Purpose:
To promote health and wellbeing in the community through the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.



Champaign County Mental Health Board
Three Year Plan for 2022-2024 with One Year Objectives

Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for, persons with a developmental disability or substance use disorder, for residents thereof and/or to contract therefor..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate, and allocate funds for the comprehensive local system of mental health, intellectual and developmental disabilities, and substance use disorder services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved, and general populations of Champaign County.
3. To increase public and private support for the local system of services.
4. To further develop systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

To accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

COORDINATED SYSTEMS OF CARE

Comprehensive and
Diverse Set of Service
Approaches and
Strategies

High Quality/Effective
Care

Goal #1:

Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective 1.1: ~~Expand use of evidence-informed, evidence-based, best practice, recommended, and promising practice models appropriate to the presenting need to improve outcomes for individuals across the lifespan and for their families and supporters.~~ With clear connection between the model and best outcomes for people served, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models. (Allocation Priority/Criteria Objective)

Objective 1.2: Promote wellness for people with mental illnesses, substance use disorders, or intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective 1.3: Support development or expansion of residential and employment supports for persons with behavioral health diagnoses and no other payor source. (Allocation Priority/Criteria Objective)

Objective 1.4: ~~Support broad-based~~ Encourage and participate in community efforts to prevent overdose deaths and expand substance use disorder prevention and treatment options for substance use disorders and addictions. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 1.5: Build resiliency and support recovery e.g. peer supports, outside of a clinical setting. Peer-run/operated, mutual help groups support professional medical therapy for recovery, maintenance of recovery, and familial support. (Allocation Priority/Criteria Objective)

Objective 1.6: Utilizing expertise of consultant(s) selected through RFP2022-010, build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois in order to improve positive outcomes of for those engaging in funded services. (Policy Objective)

Objective 1.7: Increase Engage with consultant(s) selected through RFP2022-010 to improve providers' ability to set internal goals for advancing program performance outcome evaluation. (Policy Objective)

Objective 1.8: Support targeted efforts for workforce recruitment and retention initiatives, with level of assistance linked to length of service commitment. (Allocation Priority/Criteria Objective)

Objective 1.9: Enable providers to implement flexible responses to operations during the COVID-19 pandemic, such as supporting service options, such as telehealth or other virtual means, service options, to maintain access and engagement with clients and community. (Collaboration/Coordination Objective)

Accessible
with regard to Race,
Class, Geography,
Gender, Sexual
Orientation, Ability,
Age

Culturally Competent
and Inclusive

Goal #2:

Sustain commitment to addressing health disparities experienced by historically underinvested populations.

Objective 2.1: Support an inclusive network of culturally and linguistically responsive and family driven support groups. networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

Objective 2.2: Provide technical assistance for in support of continuous improvement of funded agency providers' cultural and linguistic competence plans to meet the needs of the population all people served. (Collaboration/Coordination Objective)

Objective 2.3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical

assistance, provide language access and communication assistance, and pursue other professional development activities for all staff and governing or advisory boards to advance cultural and linguistic competence.
(Allocation Priority/Criteria Objective)

Objective 2.4: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Allocation Priority/Criteria and Policy Objective)

Objective 2.5: Assess and address the needs of residents of rural areas and farm communities, with assistance from the Regional Health Plan Collaboration. (Collaboration/Coordination and Policy Objective)

~~**Objective 2.6:** Review data on the impact of COVID-19 on Champaign County residents with particular attention to underinvested populations and promote provider response to mitigate the adverse impact, as resources allow. With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on racial, ethnic, or gender minority groups in Champaign County. Encourage providers to improve health and behavioral health outcomes for all residents.~~
(Collaboration/Coordination and Allocation Priority/Criteria Objective)

Maximize Efficient use of Limited Resources

Convening Stakeholders Networking and Information Sharing

Participation in Networks/Partnerships

Goal #3:

On behalf of all eligible Champaign County residents, improve access to the supports, services, and resources currently available and beneficial to some.

Objective 3.1: Participate in and report on various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

Objective 3.2: ~~Explore at the Board level potential for collaboration~~ Communicate on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.
(Collaboration/Coordination Objective)

Objective 3.3: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the Regional Health Plan Collaboration toward collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective 3.4: Increase awareness of community services and access to information on when, where, and how to apply for services, including through system navigators and expanded language access. (Collaboration/Coordination Objective)

Objective 3.5: ~~Explore feasibility of co-locating~~ Encourage providers to offer services in neighborhood community centers to reach all areas and people of Champaign County. ~~underinvested populations, including in rural areas.~~ (Collaboration/Coordination Objective)

Board Development
Onboarding; Study Sessions

Increase Board
& Board Staff Capacity
- to seek, review, and fund
an effective service array

Goal #4:

Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective 4.1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources *for people with I/DD within the intellectual/developmental disability (I/DD) service and support continuum.* (Allocation Priority/Criteria Objective)

Objective 4.2: Assess alternative service strategies that empower people with I/DD and increase access to integrated community settings as exemplified by the collaborative approach to the Employment First Act. (Policy Objective)

~~**Objective 4.3:** With the CCDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County.~~ (Allocation Priority/Criteria Objective)

Objective 4.4 4.3: Collaborate with the CCDDB on promoting inclusion and respect for people with I/DD. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 4.5 4.4: Collaborate with the CCDDDB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs. (Policy and Allocation Priority/Criteria Objective)

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Increase Understanding, Representation, Communication, and Amplification of the Wants and Needs of Consumers and Families

Flexible/Responsive to consumers and families

Goal #5:

Building on progress achieved through the six-year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), sustain the SAMHSA/IDHS system of care model.

Objective 5.1: ~~Support the efforts of~~ Participate in the Champaign County Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective 5.2: Sustain and build on the successes of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective 5.3: Support development of a coordinated response to community violence, including gun violence, that leverages existing investments by the Board in prevention and early intervention services for children, youth, and families, with funds from other funders to mitigate the public health crisis associated with community violence and in particular gun violence. (Collaborative/Coordination and Policy Objective)

Objective 5.4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth. (Allocation Priority/Criteria Objective)

Objective 5.5: Sustain commitment to building systems that are trauma-informed, family-driven, youth-guided, and culturally responsive. (Policy Objective)

Objective 5.6: Acknowledging racial trauma as a mental health issue, develop or identify an appropriate response. (Policy Objective)

Objective 5.7: Identify or create opportunities to advocate at local, state, and national levels for full implementation and funding of safety net, screening, and crisis response for all children and families, including those with multi-system involvement or encountering multiple barriers to success and health. (Collaboration/Coordination Objective/Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Crisis Prevention

Values/Best Practices
Individualized,
Comprehensive,
Person-Centered,
Quality of Life, Holistic,
Trauma-informed

Goal #6:

Divert persons with behavioral health needs or intellectual and/or developmental disabilities from the criminal justice system, as appropriate.

Objective 6.1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers toward positive health and behavioral health outcomes for all Champaign County residents. ~~on implementing mobile crisis response in the community.~~
(Collaboration/Coordination Objective)

Objective 6.2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective 6.3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address identified needs. (Collaboration/Coordination Objective)

Objective 6.4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo), use and promote technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)

Increase Connections and Shared Understanding and Purpose with Relevant Systems
to Develop and Sustain the Desired Service Array

Comprehensive "Basket" of Resources to meet All Needs

Visible, Transparent & Well-Known

Goal #7:

In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an alternative to incarceration and/or overutilization of local emergency departments for persons with behavioral health needs or developmental disabilities.

Objective 7.1: Support ~~initiatives providing~~ local collaborations to increase housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities ~~through local collaborations~~. (Allocation Priority/Criteria and Collaboration/Coordination Objective)

Objective 7.2: Identify supports and services which reduce unnecessary incarceration and institutionalization, including behavioral health assessments, crisis stabilization, and treatment for addictions. (Collaboration/Coordination Objective)

Objective 7.3: Collaborate in the planning and implementation of 988, mobile crisis response, and other crisis supports. (Allocation Priority/Criteria Objective, Collaboration/Coordination Objective)

Comprehensive and
Diverse Set of Service
Approaches and
Strategies

High Quality/Effective
Care

Goal #8:

Support interventions for youth who have juvenile justice system involvement.

Objective 8.1: Through participation on the Youth Assessment Center Advisory Committee or other similar collaboratives, advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/ Coordination Objective)

Objective 8.2: Through participation in the Champaign County Community Coalition and other community focused initiatives, encourage multi-system collaborative approaches for improving outcomes for youth and families and communities. (Collaboration/Coordination Objective)

~~**Objective 8.3:** Utilize the principles from “Models for Change” to reduce the disproportionate minority contact with law enforcement and involvement with the juvenile justice system. (Policy Objective)~~

COMMUNITY ENGAGEMENT & ADVOCACY

Community Awareness and Integration

Increase Knowledge of
Available Local Resources

Increase Community
Integration, Anti-Stigma, and
Full Community Inclusion
Mental Health as Health

Goal #9: Address the need for acceptance, inclusion and respect associated with a person’s or family members’ mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective 9.1: Continue support for and involvement in efforts to promote inclusion and challenge stigma and discrimination, such as the disABILITY Resource Expo: ~~Reaching Out for Answers~~, Ebertfest, National Children’s Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

Objective 9.2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.
(Collaboration/Coordination Objective)

Objective 9.3: ~~Participate in~~ Promote behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated. (Collaboration/Coordination Objective)

Objective 9.4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual and/or developmental disabilities into community life in Champaign County.
(Allocation Priority/Criteria Objective)

Objective 9.5: Support Mental Health First Aid for Adults, Youth, and Teens, to encourage community members to provide first responder support for people that may be experiencing signs and symptoms of a crisis. (Collaboration/Coordination Objective)

Objective 9.6: Support development of web-based resources to make information on community services more accessible and user-friendly.
(Collaboration/Coordination Objective)

Increase Influence on
Policy at Local, State,
and Federal Levels

Goal #10:

Engage with other local, state, and national stakeholders on emerging issues.

Objective 10.1: ~~Monitor implementation of State Plan amendments, 1115 waiver pilot projects, and Managed Care by the State of Illinois, the local impacts of changes in Medicaid and Managed Care and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other statewide associations and advocacy groups.~~ (Collaboration/Coordination Objective)

Objective 10.2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental

disabilities or mental illness, e.g. Ligas Consent Decree and Williams Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective 10.3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to understand trends, best practices, and innovations and to advocate at the national level. (Collaboration/Coordination Objective)

Objective 10.4: Monitor State actions to implement terms of the NB vs Norwood Consent Decree (through the Pathways to Success program) to improve access and treatment to children and youth for community based mental health and behavioral health care under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provisions of the Medicaid Act. (Policy Objective)

Objective 10.5: Advocate at the state and national levels on the issue of behavioral health and intellectual and developmental disability workforce shortages. (Policy Objective)

#11.B.



DECISION MEMORANDUM

DATE: November 16, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: DRAFT PY2024 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2024, July 1, 2023 to June 30, 2024. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Initial draft staff recommendations are based on Board input and our understanding of best practices and state/federal service and payment systems. CCMHB members were presented an initial draft at their October 21 meeting. The draft was distributed to providers, family members, advocates, and stakeholders, with a request for comments. Using highlights and strikethroughs which will be removed in the approved version, this final draft incorporates the following feedback:

- Under "Process Considerations," shifting away from the expectation that applicants be familiar with all Board materials, toward making the most relevant materials easier to find and use.

Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB policies. All funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. CCMHB Funding Requirements and Guidelines require annual review of the decision support criteria and priorities to be used in the allocation process which results in contracts for services from July 1 to June 30. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Assessed Needs of Champaign County Residents:

In 2021, CCMHB and Champaign County Developmental Disabilities Board (CCDDDB) staff engaged in a community needs assessment process. Survey respondents commented on strengths and shortcomings of Champaign County, with as much praise for green spaces as concern about gun violence and homelessness. Some enjoy many recreational,

social, educational, and work opportunities, and some have no access. Comments highlight how differently the community is experienced by different residents. https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf

Board staff collaborated with other organizations on the 2022 Community Health Plan, for which Champaign County survey respondents once again placed behavioral health issues and gun/community violence as high priorities. https://www.co.champaign.il.us/mhbddb/PDFS/Champaign_County_2022.pdf

Regarding mental health, substance use, I/DD, and other supports, CCMHB/CCDDB survey results and those of other local entities have been consistent with previous findings and those of communities across the country. Respondents mention barriers to care: long waiting lists, lack of clear resource information, not enough providers who accept Medicaid and Medicare, distrust in providers and negative prior experiences, limited ability to pay, transportation or internet barriers, and stigma.

Because the populations of greatest interest are small and not always interested in filling out forms or answering personal questions, CCMHB/CCDDB staff continued to seek qualitative data through small-scale surveys in 2022, of summer youth program participants, their staff, early childhood providers, and self-advocates with I/DD.

Key findings from the survey of **youth attending programs** were: most were happy (68.5%) or excited (20.4%) to attend; some focused on learning (30%) and most valued being with friends (85.5%), enjoying field trips, swimming, and sports; and each had helped someone else (e.g., with homework, anti-bullying, support to the homeless).

Key findings from the **youth program staff** were: they felt well-suited for the work; they were comfortable in difficult situations and could ask supervisors for help; they enjoyed much of what the youth enjoyed, including helping others; and a majority were new to the work (56%). Those with more experience saw themselves as leaders and mentors.

A survey was created to understand the continuing education preferences of **early childhood providers**, regardless of whether funded by either Board. Due to the low response rate, we will rely on post-workshop feedback to learn what will support these providers and the families and children they serve.

The support needs of **people with I/DD** are tracked through the Illinois Department of Human Services' Prioritization of Urgency or Needs for Services (PUNS) database. An August 2022 report shows that Champaign County residents seek: transportation, personal support, behavioral support, speech therapy, vocational or other structured activities, individual supports, occupational therapy, assistive technology, out-of-home residential services, 24-hour respite, home or vehicle modifications, and intermittent nursing services in the home.

Through a contract with the CCDDB, the Independent Service Unit inquires about other preferences. During PY2022, eligible residents expressed interest in working or

volunteering in the community, joining a club or group, going out to eat, visiting parks, festivals, recreational, sporting events, zoos, aquariums, museums, theatres, shopping, and movies, all activities enjoyed by other community members prior to the pandemic. The **self-advocate satisfaction survey** conducted by Board staff and intern in summer 2022 echoed these findings and added that people liked their current supports and staff.

Operating Environment:

In addition to consideration of preferences and needs of Champaign County residents, CCMHB allocation priorities and decision support criteria are developed within a current and likely future operating environment and the constraints or opportunities it presents. Because other pay sources may be available for desired supports, care is taken to avoid supplanting other publicly funded systems and to advocate for improvements in those systems on behalf of our community. An example of recent advocacy would lift a Medicaid restriction so that those who are in jail and not yet adjudicated could continue to use their Medicaid coverage for health and behavioral health services; see <https://www.naco.org/resources/medicaid-inmate-exclusion-policy-miep-advocacy-toolkit>. While this would not lower high rates of incarceration of people who would benefit from behavioral health services, it would alleviate a large cost burden on counties.

Impacts of the COVID-19 pandemic continue, including that it deepened existing flaws in the social service and healthcare systems and caused the greatest harm to those who were already not well-served. Much of the Operating Environment described in previous memoranda remains relevant, with problems intensified:

- Pre-pandemic challenges for people with a mental illness (MI), substance use disorder (SUD), or intellectual and developmental disability (I/DD) and those involved in their care: insufficient state/federal funding of safety net systems; accelerated loss of provider capacity; long waiting lists; inflexible rules; hard-to-navigate systems, especially when in crisis; complicated benefits; and disparities in access and care.
- The pandemic harmed people with MI, SUD, or I/DD more than those without.
- The formal service system was already not meeting needs, let alone increased needs of these individuals, unpaid caregivers, children and young adults, and members of racial and ethnic and gender minorities.
- The formal system might not stretch to support those newly struggling with alcohol and drug use, anxiety, depression, and suicidal ideation.
- Many newly eligible for Medicaid may find it and the system of publicly funded care hard to navigate without support.
- The formal system should stay flexible as the pandemic's long-term effects manifest (e.g., telehealth, social determinants of behavioral health, trauma-informed systems, to recover from grief, social isolation, and financial insecurity).
- Increased attention to behavioral health could decrease stigma in access and care.

See PY2023 priorities memo, pages 64-75 of the CCMHB December 2021 board packet: https://www.co.champaign.il.us/mhbddb/agendas/mhb/2021/211215_Meeting/211215_Agenda.pdf

For 2022, we can add to the list even more distress associated with climate disaster and displacement, political division, economic instability, social isolation, neurological impacts of ‘long COVID’, and grief related to excess mortality from COVID, gun violence, substance use disorder, and suicide. While COVID was the fifth leading cause of death in Champaign County, compared to third across the state and country, we were not protected from increased rates of suicide and opioid overdose deaths.

As the state and federal legislatures consider solutions within the limitations of an election season, our safety net systems might not become as robust or responsive as hoped. The near future may be harder to predict and prepare for than ever, but social connection and empathy are tools we can use. Social isolation is not a new concern to those with MI, SUD, or I/DD, but it has caught the attention of the healthcare system, appearing to have a role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental and physical health. In “Capturing the Truth Behind Causes of Death,” Dr. Perissinotto of University of California, San Francisco calls for cross-sector investigation. See <https://www.endsocialisolation.org/cesil-blog/capturing-the-truth-behind-causes-of-death>.

Community-based care is a promising solution to the country’s mental health crisis, if and when that care is adequately funded and available to all. Until the larger systems reach those goals, local funding is useful and may even address underlying causes. Anxiety and depression are appropriate responses to stress, uncertainty, and trauma. Champaign County has certain assets which may be mobilized to help all members of the community recover and thrive: trauma-informed system groundwork, many natural spaces and opportunities (as mentioned in 2021 surveys), a system of urban and rural public libraries, many peer support networks and non-profit organizations which have emerged in response to the community’s specific concerns, a spirit of helpfulness, cross-system collaborative entities, a demonstration Certified Community Behavioral Health Clinic, an established Federally Qualifying Health Center, growing cultural and linguistic diversity, this public trust fund, and more.

In spite of the complicated operating environment and new support needs, the CCMHB can respond through direct funding of agencies, identification of other resources, promotion of system innovation, coordination of providers or across systems, community awareness efforts, resource information, and policy advocacy. The CCMHB has an interest in supports and services which improve outcomes for people and promote a healthier, more inclusive community, especially where these approaches are not covered by other payors or are not available to eligible individuals.

Program Year 2024 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system, which also includes resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness

recovery, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, ethnic groups, genders, and neighborhoods.

Priority – Safety and Crisis Stabilization

Community-based behavioral healthcare reduces reliance on institutional care as well as on counterproductive encounters with law enforcement or other systems which were not designed to treat serious mental illness or addiction issues. Qualified professionals, including certified peer supporters, should engage people where they are and connect them to care and away from criminalization or containment. The safety of individuals in crisis, their families, and members of their community are all important. Without a crisis response continuum that includes deflection to effective intervention and treatment, people suffer, and the public systems are stressed. Local efforts to fill such gaps may be expanded during PY2024 thanks to new state and federal rules and funding opportunities, and new programs should connect to existing efforts for maximum impact and sustainability. Mobile crisis response, co-response, and follow-up approaches are being piloted, in collaboration with law enforcement and other local government. Where public safety and public health interests are served, co-funding by appropriate entities will amplify efforts and ensure we are not duplicating or interfering with similar work.

Programs should improve health and quality of life, reduce contact with law enforcement and incarceration, reduce hospitalization and unnecessary emergency department visits, decrease length of stay in jails and hospitals, increase access to appropriate community-based treatments, and facilitate transition to the community. Programs might:

- Deflect from hospitalization, arrest, booking, or charging by engaging with intensive case management, such as models which may be funded by the state of Illinois (Assertive Community Treatment, Community Support Team).
- Build on the new 988 call system through enhanced crisis response (assessments, crisis triage) which connects people to appropriate treatments and benefits enrollment which to secure ongoing care.
- Coordinate across systems, with and on behalf of people who have justice system involvement, history of crisis or hospitalization, or chronic housing instability as a result of mental illness or substance use disorder, e.g., transition support at the jail or upon re-entry from jail or prison, Specialty Court services.

Priority- Healing from Interpersonal Violence

Previously under the Crisis priority were services focused on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health and success for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt cycles of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs might:

- Amplify state-funded services and supports to address increased needs or to serve those who are not covered by another pay source.
- Fill gaps where other funding does not exist, such as for violence prevention education or linkage and coordination of resources preferred by the individual.

Priority – Closing the Gaps in Access and Care

Outdated regulations, vanishing provider capacity, labyrinthine benefit enrollment and resource information, limited transportation, language proficiency and preference, and stigma are barriers to access and care. Inadequate safety net systems have led to loss of health and life. Countering these and other barriers to care can improve services to individuals, community awareness, advocacy, coordination, and resource information, even while some of the sought-after treatment resources are core traditional mental health and substance use disorder services primarily funded by the state and federal partnership. *Problems in living* are compounded by social isolation, financial and housing insecurity, and even by the stress of attempting to access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the purview of behavioral health systems. Collaboration and co-funding by other entities, e.g., those addressing the social determinants of health, will add value to an application and ensure that we are not duplicating or interfering with similar efforts. To connect people to services they seek and those which can be billed to other payors, or to support innovations which are not otherwise funded, programs might:

- Individualize wellness and recovery supports, including through home visits, transportation, language services, specialized case management (in some cases as match for supportive housing).
- Assist with benefits enrollment, especially by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR).
- Extend core behavioral health treatments to those with severe mental illness or substance use disorder who are currently without insurance coverage.
- Assist people managing ‘problems in living’, through employment or independent living support, social connections for seniors, support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Nurture individual and collective empathy, resilience, recovery, and wellness through peer support and mentoring or through groups which foster creativity and sharing of creative efforts, stress reduction through physical activity, music, etc.
- Reduce negative mental health impacts of racial trauma through educational or treatment programs specifically designed for this purpose.

Priority – Thriving Children, Youth, and Families

To improve mental health and well-being of children, youth, and families, supports should avoid criminalizing behavioral and developmental issues and should embody the System of Care principles. Strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services will help children and their families thrive. Early involvement improves individual and community health and disrupts poverty. Year-round opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. Programs might:

- Offer peer support, mentoring, coordination, and advocacy support through family-driven, youth-guided organizations.

- Amplify the impact and reach of behavioral health supports through partnerships such as the Champaign County Community Coalition (youth) or the Home Visitors Consortium (young children).
- Create and expand opportunities for girls, young women, and youth of any gender, similar to the established successful programs for boys and young men.
- Expand trauma-informed system capacity, to help the community recover from the worst impacts of the global pandemic, focusing on those children, youth, and families who experienced disproportionate losses of health and security.

For youth with multi-system involvement and serious emotional disturbance, programs should reduce encounters with law enforcement and increase engagement with positive supports. Programs may focus on prevention education, youth social-emotional development, summer or after-school programming that matches with individual preferences, and support intended to mitigate the harm caused by community violence and trauma. Where these responses overlap with public safety and public health interests, co-funding by appropriate entities will strengthen and sustain programs and ensure that CCMHB funding is not duplicating or interfering with similar efforts.

The CCMHB has funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. Coordination of providers through a Home Visitors Consortium has led to a “no wrong door” approach for very young children and their families, with self-determined and strengths-based planning and attention to Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay, disability, or risk and offer support to their families. These programs align with “Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)” priority category below.

Priority - Collaboration with Champaign County Developmental Disabilities Board

The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocations and includes a specific CCMHB set-aside, which for PY2024 will likely total \$807,494 (PY2023 amount of \$746,188 plus an increase equal to the increase in property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year).

The commitment to very young children and their families continues for PY2024, with a focus on their social-emotional and developmental needs and with involvement from and support for their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of very young children and their families, and for which providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, might:

- Coordinate home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family.
- Provide early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other providers.

- Strengthen personal and family support networks through coaching, education, and facilitation.
- Identify and mobilize individual and family gifts and capacities, to access community associations and learning spaces.

Other applications submitted to the CCDDDB for funding and aligned with the CCDDDB priorities may be of interest to the CCMHB and result in CCMHB contracts for services.

Another important collaboration of the Boards is through the new “I/DD Special Initiatives” Fund, which focuses on shorter-term special projects intended to bolster the local system of services. Priority areas identified for that fund are:

- Strengthening the DSP Workforce
- Individual Supports to Underserved People
- Community Education and Advocacy
- Housing Supports

Due to overlap between these and CCDDDB priorities, an applicant should consider that: long term supports and services may be more appropriately funded by the CCDDDB of CCMHB; short term projects piloting an approach or purchasing non-service supports may be more appropriately funded by the I/DD Special Initiatives Fund; agencies seeking a specific exception to requirements typical of CCDDDB and CCMHB funding but offering unique solutions may be more appropriately funded by I/DD Special Initiatives.

Overarching Considerations:

Eliminating Disparities in Access and Care

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the “2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity” and by the Substance Abuse and Mental Health Services Administration (SAMHSA). This overarching consideration further emphasizes the theme, across priority areas and service types, of connecting people to care appropriate to their needs and strengths. Correcting disparities associated with race, ethnicity, culture, and language is critically important, as the global public health pandemic had especially harmful impacts on members of racial and ethnic minorities and deepened the inequity. Applications should address early identification and treatment for members of these populations, reduction of racial disparities in justice and child welfare systems, and the impacts of historical and community trauma. Members of these groups, people living in rural areas, and those with limited English language proficiency should all have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant for funding. The online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). Technical assistance is also available through CCMHB staff.

Promoting Inclusion and Reducing Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or I/DD. Stigma limits people's participation, inhibits economic self-sufficiency, increases vulnerability, and may drive inadequate State and Federal support for effective community-based care. Stigma harms communities and individuals, especially those who have been excluded due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are safer when they have routine contacts with others, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Positive community involvement helps build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Young adults are at risk due to brain development, social and academic pressure, and fear of being exposed as having a behavioral health condition. Nationally, increases in suicide and substance use disorders among members of farming communities call for improved awareness wherever traditional services are lacking but where informal networks of support can be strengthened. Recognizing that lives are lost when stigma keeps people from support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. In spite of the American Psychiatric Association's finding that people with serious mental illness are more likely to be the victims of gun violence than perpetrators, increasing violence has increased the stigma associated with MI and SUD.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and the outcomes expected to result from this participation. Because defining and measuring outcomes of value can be challenging, the Board has offered support through a research project, with training and technical assistance, online resource bank, workshops, and a template for year-end reports. Continuation or expansion of that support is being sought for PY24. Applicant organizations already reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures are common, behavioral health and I/DD programs may ask if people's lives are better as a result. Outcomes reflect what people want and demonstrate a program's successes.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCMHB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in any resource directories and databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. Written working agreements should include details

of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies with similar missions. An application might propose to share infrastructure, such as office space, data systems, and professional services, to support the common goals and improve administrative functions such as bookkeeping and reporting. Strategies to strengthen and stabilize the workforce would be appropriate for collaboration across agencies. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service may benefit people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources. Another collaboration of interest would be the coordination of internet 'access and use' efforts with other local broadband projects, to increase efficiency and impact and to ensure these innovations also benefit people with MI, SUD, or I/DD.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components, clarifying the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCMHB. While CCMHB funds should not pay for activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

Person Centered Planning

Every person who participates in a program should have the opportunity to collaborate on their service plan. Person Centered Planning (PCP) is well-defined for people with I/DD, for full compliance with Medicaid rules. The Illinois Department of Human Services – Division of Developmental Disabilities recently revised its guidelines and forms, which can be found here: <https://www.dhs.state.il.us/page.aspx?item=96986>.

Applications should describe the service planning process to be used and how it relates what people indicate that they want and need to the specific services in their plan. A shared decision-making process centers the person and strikes a balance between what is important to a person and what is important for a person. An individual's plan should be responsive to their preferences, needs, and cultural values, helping them recognize and develop their own strengths and abilities, especially toward desired outcomes. Recovery-oriented behavioral health services support people toward greater self-determination, as autonomy, competence, and connection to others increase well-being.

Added Value and Uniqueness

Applications should identify unique approaches, staff qualifications, and funding mix.

- Approach/Methods/Innovation: Cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet

- defined community need, clearly describe the innovative approach, including method of evaluation, in order to be considered for funding.
- **Staff Credentials:** Highlight staff credentials and specialized training.
 - **Resource Leveraging:** Describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. All required application forms must be completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB staff.

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. *The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.*
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system’s reach, respects client choice, and reduces risk of overservice to a few.
6. Application must describe continuation of services during a public health emergency. Programs should build on their successes with technology and virtual platforms, increasing training and access for staff and people served.
7. An applicant should be prepared to demonstrate their capacity for financial clarity, especially if they have answered ‘no’ to any question in the ‘Organization Eligibility Questionnaire’ (completed during registration) or do not have a recent independent audit report without findings of concern.

To preserve the CCMHB’s emphasis on PY2024 criteria, applications should align with one or more of the priorities above. Applications should describe the relationship between proposed services and mental health conditions, substance use disorders, or I/DD. Those seeking continued funding for a program are encouraged to review PY2023 program summaries and board discussions of those prior applications, as observations made during the review cycle may impact PY2024 requests for funding.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms. *There are changes in the PY2024 application forms, so that any applicant seeking to submit a 'continuing' program should carefully review forms for accuracy if copied from PY2023.*

Criteria described in this memorandum are intended as guidance for the Board in assessing requests for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. ~~Further, to be eligible to receive CCMHB funds, applications must reflect~~ An applicant may learn more about the Board's stated goals, objectives, operating principles, and public policy positions from downloadable ~~versions of Board~~ documents ~~are~~ on the public page of the online application and reporting system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across service and support needs, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have the above qualifying conditions, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. If applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2024 but later than July 1, 2023, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration

- and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
 - Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
 - The CCMHB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
 - The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
 - Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
 - The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
 - If selected for contract negotiation, the applicant may be required to prepare and submit additional information prior to final contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
 - The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
 - The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will have equal opportunity to update proposals for the newly identified components.
 - To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
 - If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
 - The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated and/or amended to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
 - The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

- During and subsequent to its application review process, the CCMHB may deem some programs as appropriate for two-year contracts.

Decision Section:

Motion to approve the CCMHB Program Year 2024 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

#11.C.

Utilization Summaries for PY2022 Champaign County Mental Health Board Funded Programs

TPC = Treatment Plan Client
NTPC = Non-Treatment Plan Client
CSE = Community Service Event
SC = Screening Contact or Service Contact
Other = as defined in individual program contract

Many of the contract award amounts listed are not equal to actual cost of the program, as agencies are completing independent audit reports, which will be used to determine any excess revenue to be returned; excess revenue often results from understaffing, one cause of underutilization. These may result in future revisions to this report.

Detail on each program's performance toward defined consumer outcomes during the contract period, July 1, 2021 to June 30, 2022, is available at <http://ccmhddbrds.org>, among downloadable public files toward the bottom of the page. The relevant document is titled "CCMHB PY22 Performance Outcome Reports."

Priority: Intellectual/Developmental Disabilities - Collaboration with Champaign County Developmental Disabilities Board (CCDDB), focus on Young Children

Champaign County Regional Planning Commission Head Start/Early Head Start Early Childhood Mental Health Services \$121,999 (for I/DD Services)

Support from Social Skills & Prevention Coaches including: assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening; developing with parents and teaching staff an Individual Success Plan for children who exhibit challenging behaviors; offering teachers social and emotional learning strategies; monitoring children's progress and outcomes; and providing information to families and staff. Facilitation of meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling. (\$204,370 of the total contract is for Mental Health services, and \$121,999 is for I/DD – targets and data are combined for both populations and reported here.)

Utilization targets: 90 TPC, 400 NTPC, 5 CSE, 3,000 SC, 12 Other (workshops, trainings, professional development efforts with staff and parents).

Utilization actual: 163 TPC, 421 NTPC, 4 CSE, 2954 SC, 15 Other (workshops, trainings, professional development efforts with staff and parents).

DSC
Family Development \$596,522

Serves children birth to five years, with or at risk of developmental disabilities and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.

Utilization targets: 655 TPC, 200 SC, 15 CSE.

Utilization actual: 815 TPC, 173 SC, 13 CSE

Priority: System of Care for Children, Youth, Families

Champaign County RPC Head Start/Early Head Start

Early Childhood Mental Health Services \$204,370 (for MH Services)

See above for service information and year-end data, disability types combined.

Courage Connection

Courage Connection \$127,000

A family's immediate safety is intimately connected to their long-term success. A community's stability is threatened when any family is in danger. Courage Connection helps victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations.

Utilization targets: 440 TPC, 115 NTPC, 610 SC, 150 CSE

Utilization actual: 691 TPC, 137 NTPC, 614 SC, 199 CSE

Crisis Nursery

Beyond Blue – Champaign County \$90,000

Serves mothers who have or are at risk of developing perinatal depression (PD), targeting mothers who demonstrated risk factors for PD and are pregnant or have a child under age one. Individual and group support and education to facilitate healthy parent-child engagement. Research suggests that 10-20% of mothers suffer from PD, nearly half are undiagnosed. Addresses risk factors that lead to emotional disturbances and multiagency and system involvement in children. Works to increase awareness of PD and reduce stigma.

Utilization targets: 33 TPC, 77 NTPC, 522 SC, 128 CSE, 1138 Other (hours of in-kind/respice care)

Utilization actual: 33 TPC, 80 NTPC, 423 SC, 104 CSE, 1685.5 Other

Cunningham Children's Home

Families Stronger Together \$403,107

Trauma informed, culturally responsive, therapeutic services to build resiliency in families with youth aged ten to seventeen who are or at risk of involvement in the juvenile justice system. Level of engagement with the family is based on

assessed need and can last anywhere from one month to ten months. The therapeutic services apply the Attachment, Regulation, and Competency (ARC) treatment framework. Range of services provided can include individual therapy, family therapy, psychoeducation services, care coordination, intensive family engagement, and aftercare.

Utilization targets: 50 TPC, 25 NTPC, 1125 SC, 10 CSE

Utilization actual: 43 TPC, 13 NTPC, 820 SC, 13 CSE

DREAAM House

DREAAM Big! \$100,000

A prevention and early intervention program for boys, aimed at cultivating academic excellence and social emotional health. Designed to increase positive outcomes (academic achievement, self-efficacy, social mobility) and decrease negative outcomes (suspensions, low educational performance, violence).

Evidence-informed components: 1) day-long summer program, 2) 5-day week, after-school program, 3) school-based mentoring, 4) Saturday athletic activities, and 5) family engagement and training. Embedded in each component is social emotional learning and behavioral health instruction to foster transfer of skills from DREAAM House to school to home. DREAAM Big! expands the program.

Utilization targets: 115 TPC, 100 NTPC, 450 SC, 25 CSE

Utilization actual: 124 TPC, 114 NTPC, 439 SC, 27 CSE

Don Moyer Boys & Girls Club

CU Change \$100,000

The program seeks to impact under-resourced youth with potential for high school graduation by providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices.

Emphasizes academic support, community engagement, interactive, hands on learning experiences and exposure to positive life alternatives. Assists youth with navigating obstacles to success in the school environment, increasing positive peer and community involvement and developing a positive future plan.

Utilization targets: 50 TPC, 70 NTPC, 1000 SC, 144 CSE

Utilization actual: 27 TPC, 14 NTPC, 172 SC, 83 CSE

Don Moyer Boys & Girls Club

CUNC \$110,000

An initiative designed to increase community understanding of trauma and expand community capacity to implement trauma-informed practices and procedures. Goals are: addressing the needs of those impacted by trauma and violence and creating more supportive and healed communities. Accomplished through training community members, focusing on youth leaders and elder helpers, and educating the community about trauma and trauma-informed care. Emphasis is placed on increased access to trauma informed, culturally responsive skills-based groups and resiliency building opportunities through groups for mothers and caregivers impacted by community violence; groups for

adults impacted by gun violence; and groups or community workshops for teens designed to build social connections.

Utilization targets: 120 NTPC, 150 SC, 127 CSE

Utilization actual: 215 NTPC, 143 SC, 129 CSE

Don Moyer Boys & Girls Club

Community Coalition Summer Initiatives \$107,000

Services and supports by specialized providers, through subcontract to Don Moyer Boys and Girls Club, to engage Champaign County's youth in a range of positive summer programming: strengthening academics; developing employment skills and opportunities; athletics; music and arts instruction; etc. Supports and reinforces System of Care principles and values particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition.

Utilization targets: 700 NTPC, 14000 SC, 40 CSE, 500 Other

Utilization actual: 32 CSE, 11400 SC, 870 NTPC, 300 Other

Don Moyer Boys & Girls Club

Youth and Family Services \$160,000

Family-driven, youth-guided services for and with families and children experiencing mental health and/or emotional challenges. Supports are offered at home, in school, and in the community for optimal recovery. Partnering with caregivers to provide the best-fit, most comprehensive services and supports possible. Peer-driven support from those with lived experiences and challenges, educational opportunities to make informed decisions, and technical support to help navigate complicated systems for the best possible outcomes for each individual and their family.

Utilization targets: 35 TPC, 20 NTPC, 400 SC, 10 CSE

Utilization actual: 18 TPC, 14 NTPC, 840 SC, 21 CSE

Mahomet Area Youth Club

Bulldogs Learn & Succeed Together (BLAST) \$15,000

Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, children participate in activities in their own school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces (including computer labs, gyms, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together. Open to all students but targeting low income and/or struggling students, making the program available at no cost.

Utilization targets: 12 TPC, 80 NTPC, 2200 SC, 1000 CSE

Utilization actual: 17 TPC, 123 NTPC, 7262 SC, 1546 CSE

Mahomet Area Youth Club

MAYC Members Matter! \$21,905

Emphasizes five core values: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation. The MAYC Junior High Club operates Monday thru Friday from 3:30 to 6:00pm on school days that provides a safe place for up to 40 students at no cost, to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. Goals for this program are consistent attendance at school, improved grades, and graduating on time. The out-of-school program operates Monday thru Friday from 7am to 6pm, offering activities including educational STEM related projects/activities, arts and crafts, recreation and physical fitness including swimming and trips around the community. Goals for this program are increased meaningful adult and peer connections, physical activity, knowledge of health and nutrition, food security, brain stimulating activities and retention of knowledge gained during the school year.

Utilization targets: 15 TPC, 150 NTPC, 5750 SC, 200 CSE

Utilization actual: 38 TPC, 388 NTPC, 6251 SC, 281 CSE

Rosecrance Central Illinois

Prevention Services \$60,000

An evidence-based life skills and drug education curriculum for Champaign County students. Programs available for preschool through high school. Sessions on health risks associated with the use of alcohol, tobacco and other drugs. Life skills sessions may include instruction on and discussion of refusal skills, self-esteem, communicating with parents, and related social issues. Prevention team are active members of several anti-drug and anti-violence community-wide coalitions working to reduce youth substance abuse.

Utilization targets: 975 CSE

Utilization actual: 1377 CSE

UP Center (Uniting Pride) of Champaign County

Children, Youth & Families Program \$86,603

Serves LGBTQ adolescents aged 11-18; LGBTQ families; and children dealing with issues related to the stigmatization of their gender and sexual identifications and identities. Services include provision of social-emotional supports, non-clinical crisis intervention, case management referrals, risk reduction strategies, strengths development, community-building events, and management of adult volunteers within this program. Program provides a weekly adolescent non-clinical support group.

Utilization targets: 90 NTPC, 250 SC, 50 CSE

Utilization actual: 145 NTPC, 333 SC, 273 CSE

Urbana Neighborhood Connections

Community Study Center \$25,500

Empowerment zone which youth benefit from productive year-round academic, recreational, and social-emotional supplements. Point of contact for information,

linkage and referral to community resources. Study Center provides opportunity to engage school aged youth in non-traditional, practical intervention and prevention approaches for addressing difficulties. In individual and group activities facilitated/supervised by program staff and volunteers, participants can process feelings in a secure and supportive environment.

Utilization targets: 75 NTPC

Utilization actual: 163 NTPC

Priority: Crisis Response and Intervention

Champaign County Children's Advocacy Center (CAC)

Children's Advocacy \$56,425

Promoting healing and justice for children/youth who have been sexually abused. Offers a family-friendly initial investigative interview site; supportive services for the child and non-offending family promoting healing; and abuse investigation coordination. Most of the young people served are victims of sexual abuse. Provides services for victims of severe physical abuse and of child trafficking. Trauma inflicted by these crimes is deep; with the right help the young person can begin to heal.

Utilization targets: 225 TPC, 45 NTPC, 270 SC, 8 CSE

Utilization actual: 270 TPC, 49 NTPC, 198 SC, 10 CSE

Champaign County Health Care Consumers

Justice Involved CHW Services & Benefits \$77,394

Community Health Worker services for people at the Champaign County jail. Services are offered on-site, to improve access to care upon discharge/release. Provider also coordinates with related programs and coalitions, toward improved response for those in crisis or incarcerated.

Utilization targets: 100 TPC, 20 NTPC, 160 SC, 8 CSE, 8 Other (Rx fund)

Utilization actual: 90 TPC, 34 NTPC, 722 SC, 12 CSE, 12 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Justice Diversion Program \$207,948

The primary connection point for case management and services for persons who have Rantoul Police Department Crisis Intervention Team (CIT) and/or domestic contacts, offering case management with a goal to reduce criminal recidivism and help clients develop and implement plans to become successful and productive members of the community, offering law enforcement an alternative to formal processing. The JDP develops additional community resources and access to services in Rantoul and rural residents of the County. The expansion covers staff responding through the Sheriff's Office plus coordination of the justice-involved efforts.

Utilization targets: 52 TPC, 140 NTPC, 250 SC, 20 CSE

Utilization actual: 65 TPC, 103 NTPC, 80 SC, 131 CSE

Champaign County Regional Planning Commission – Community Services

Youth Assessment Center (YAC) \$76,350

Screens youth for risk factors and links youth/families to support and restorative community services. The YAC provides an alternative to prosecution for youth involved in delinquent activity. Case managers, using Trauma Informed Care and BARJ principles, screen juvenile offenders referred to our program to identify issues that might have influenced the offense and link youth to services to address the identified issues. Focused on helping youth be resilient, resourceful, responsible and contributing members of society.

Utilization targets: 55 TPC, 20 NTPC, 40 SC, 40 CSE, 50 Other (1st time refer)

Utilization actual: 34 TPC, 2 NTPC, 38 SC, 179 CSE, 104 Other (1st time refer)

Family Service of Champaign County

Counseling \$30,000

Affordable, accessible counseling services to families, couples and people of all ages. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anxiety, abuse, substance abuse/dependency and trauma. Strength-based, client driven services utilize family and other natural support systems and are respectful of the client's values, beliefs, traditions, customs and personal preferences. This program also collaborates with the Champaign County Drug Court, offering family and individual counseling to participants.

Utilization targets: 40 TPC, 30 NTPC

Utilization actual: 24 TPC, 13 NTPC

FirstFollowers

FirstSteps Community Reentry House \$39,500

A transition house for adult men returning home to Champaign County after incarceration. The program provides rent free housing in a five-bedroom house donated for use by the Housing Authority of Champaign County. Up to four men can be housed at a time. Staff assist the residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. Projected length of engagement is between three months to a year.

Utilization targets: 12 TPC, 30 NTPC, 10 SC, 12 CSE

Utilization actual: 8 TPC, 29 NTPC, 10 SC, 13 CSE

First Followers

Peer Mentoring for Re-entry \$95,000

Mission is to build strong and peaceful communities by providing support and guidance to the formerly incarcerated, their loved ones, and the community. Offers assistance in job searches, accessing housing and identification as well as emotional support to assist people during the transition from incarceration to the community. In addition, we carry out advocacy work aimed at reducing the

stigma associated with felony convictions and attempt to open doors of opportunity for those with a criminal background.

Utilization targets: 95 TPC, 290 NTPC, 60 SC, 15 CSE

Utilization actual: 37 TPC, 125 NTPC, 30 SC, 25 CSE

Rosecrance Central Illinois

Criminal Justice PSC \$304,350

Individuals at the Champaign County Jail receive screening and, as appropriate, mental health assessment, substance abuse assessment, counseling, case management, individual and/or intensive outpatient substance abuse treatment, and linkage to additional supports as needed in the community.

Utilization targets: 90 TPC, 125 NTPC, 600 SC

Utilization actual: 74 TPC, 233 NTPC, 459 SC

Rosecrance Central Illinois

Fresh Start \$85,409

Aimed at addressing the root cause of the violence, customized for our community in coordination with the Champaign Community Coalition's Fresh Start Initiative, involving a 3-pillar approach – Community, Law Enforcement, and a Case Manager. Identifies and focuses on individuals with history of violent, gun-related behaviors. Participants are offered an alternative to violence, with intensive case management, assistance accessing services (such as medical, dental, behavioral health) to address immediate personal or family issues and to overcome barriers to employment, housing, education.

Utilization targets: 15 TPC, 10 NTPC, 10 SC, 90 CSE, 50 Other

Utilization actual: 14 TPC, 12 NTPC, 7 SC, 103 CSE, 226 Other

Rosecrance Central Illinois

Specialty Courts \$169,464

People sentenced to Champaign County Drug Court receive substance use disorder assessment, individualized treatment planning, individual counseling sessions, and a wide array of education and therapeutic groups. Case manager provides intensive case management to connect the clients to overcome barriers to treatment, such as access to food, clothing, medical and dental services, mental health treatment, employment, housing, education, transportation, and childcare.

Utilization targets: 50 TPC, 1400 SC, 4 CSE, 5,000 Other = # hours case management, # hours counseling. Other represents services funded by other sources leveraged through CCMHB support for non-billable activities crucial to the operation of the Specialty Court.

Utilization actual: 28 TPC, 663 SC, 3 CSE, Other 3,425 (hours assessment, hours case management, and hours counseling).

Women in Need (WIN) Recovery

Re-Entry & Recovery Home \$69,488

Gender-responsive, trauma-informed health-promoting services for women as an alternative to incarceration upon reentry. Supports include service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/other agencies, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.

Utilization targets: 7 CSE, 20 SC, 0 NTPC, 30 TPC

Utilization actual: 13 CSE, 65 SC, 9 NTPC, 42 TPC

Priority: Innovative Practices and Access to Behavioral Health Services

Champaign County Christian Health Center

Mental Health Care at CCCHC \$33,000

Mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64, is eligible. Primary care providers treat or refer those with MH conditions, especially anxiety and depression. With this grant CCCHC will recruit new psychiatrists, psychologists, and counselors to provide direct MH care, greatly enhancing community resources. Recruiting strategies: contacting hospitals and health care facilities to promote CCCHC; targeting organizations that have potential MH volunteers; and connecting with a psychiatrist who runs a residency program to bring services to CCCHC patients. The expansion will support a paid part-time psychologist or psychiatrist.

Utilization targets: 160 TPC, 80 NTPC, 6 CSE

Utilization actual: 55 TPC, 47 NTPC, 2 CSE

Champaign County Health Care Consumers

CHW Outreach & Benefit Enrollment \$80,274

Enrollment in health insurance and other public benefit programs; help with maintenance of benefits; case management; education and outreach. Enrollment in Medicaid, Medicaid Managed Care, private plans through ACA Marketplace, Medicare for those eligible by virtue of age or disability, Medicare Extra Help, Medicare Savings Program to reduce the out-of-pocket costs, hospital/clinic financial assistance programs. Help applying for Promise Healthcare's sliding scale and completing the new patient packet. In-house Rx Fund for low-income individuals, enrollment in pharmaceutical assistance programs, SNAP and SafeLink phone program. Access to affordable dental and vision care. Case-management, referrals, advocacy to access other benefits and social services.

Utilization targets: 160 TPC, 36 NTPC, 650 SC, 20 CSE, 32 Other (Rx fund)

Utilization actual: 184 TPC, 7 NTPC, 1,835 SC, 21 CSE, 19 Other (Rx fund)

Champaign County Health Care Consumers

Disability Services \$71,500

Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for SSI and/or SSDI; appealing adverse SSI and SSDI decisions; and coordinating with attorney, if necessary to appeal decisions. CCHCC will also provide emotional/psychological support for individuals applying for SSI or SSDI. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services to be provided to help facilitate approval for SSI/SSDI include helping clients to access various health services to document their disabling conditions.

Utilization targets: 20 TPC, 5 NTPC, 640 SC, 4 CSE, 5 Other (Rx fund)

Utilization actual: 28 TPC, 14 NTPC, 940 SC, 4 CSE, 8 Other (Rx fund)

Champaign County Regional Planning Commission – Community Services

Homeless Services System Coordination \$51,906

Coordinator position to: support, facilitate, and direct the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless; to support the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinate efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and build and maintain collaborative partnerships with CoC membership and affiliates, working closely with the CoC Executive Committee.

Utilization targets: 30 TPC, 40 SC, 26 CSE

Utilization actual: 31 TPC, 38 SC, 47 CSE

Community Service Center of Northern Champaign County

Resource Connection \$68,609

A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County.

Utilization targets: 1150 NTPC, 4000 SC, 2200 Other (contacts with other agencies using CSCNCC as a satellite site)

Utilization actual: 620 NTPC, 2632 SC, 1023 Other

Cunningham Children's Home

ECHO Housing and Employment Support \$101,604

Works closely with individuals who are homeless or at risk of homelessness, through intensive case management and care coordination geared towards promoting permanent housing and employment and resolving barriers. The Case Manager takes a holistic approach to supportive services by countering possible barriers to goal stability (e.g., basic needs, child care, physical health, and mental health). Participants receive weekly services that last until 90 days after obtaining both housing and employment. Frequency of contact can vary depending on the need of the client, ranging from weekly to bi-monthly to monthly, and last up to a year.

Utilization targets: 20 TPC, 24 NTPC, 568 SC, 25 CSE

Utilization actual: 19 TPC, 5 NTPC, 846 SC, 37 CSE

East Central IL Refugee Mutual Assistance Center

Family Support and Strengthening \$62,000

Supports and strengthens refugee and immigrant families transitioning and adjusting to American culture and expectations. Provides orientation, information/referral, counseling, translation/interpretation services, culturally appropriate educational workshops, and help accessing entitlement programs. Bi-monthly newsletter and assistance to refugee/immigrant mutual support groups. Staff speaks nine languages and accesses community volunteers to communicate with clients in languages not on staff.

Utilization targets: 50 CSE, 15 Other (hours of workshops)

Utilization actual: 89 CSE, 13 Other

Family Service of Champaign County

Self-Help Center \$28,430

Information about and referral to local support groups. Provides assistance to develop new support groups and maintaining and strengthening existing groups. Program maintains a database of Champaign County support groups, national groups, and groups in formation. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.

Utilization target: 270 CSE

Utilization actual: 291 CSE

Family Service of Champaign County

Senior Counseling & Advocacy \$162,350

For Champaign County seniors and their families. Services are provided in the home or in the community. Caseworkers assist with needs and challenges faced by seniors, including grief, anxiety, depression, isolation, other mental health issues, family concerns, neglect, abuse, exploitation and need for services or benefits acquisition. Assists seniors providing care for adult children with disabilities and adults with disabilities age 18-59 experiencing abuse, neglect or financial exploitation.

Utilization targets: 400 TPC, 500 NTPC, 2500 SC

Utilization actual: 346 TPC, 182 NTPC, 998 SC

GROW in Illinois

Peer Support \$77,239

Mutual-help; peer to peer 12-step program provides weekly support groups for mental health sufferers of all races and genders. GROW complements the work of professional providers by connecting people with others in similar situations and empowering participants to do that part which they can and must be doing for themselves and with one another. While professional providers offer diagnosis and treatment, consumer-providers offer essential rehabilitation and prevention services because of firsthand experience with the recovery process. Groups offered include in-person as well as virtual sessions for men and for women and are held in various locations around the County including the Champaign County Jail.

Utilization targets: 115 NTPC, 1,000 SC, 3 CSE

Utilization actual: 54 NTPC, 467 SC, 28 CSE

Promise Healthcare

Mental Health Services with Promise \$350,117

On-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive mental illness treatment through counselor, psychiatrist or primary care provider. Counseling and psychiatry are available to patients at Frances Nelson and the satellite site at the Rosecrance Walnut Street location.

Counseling Utilization targets: 500 TPC, 2750 SC

Counseling Utilization actual: 619 TPC (average # TPCs per quarter =155; highest quarter total = 182), 1770 SC

Psychiatric Utilization targets: 1600 TPC, 850 NTPC receiving psych meds through primary care, 7500 SC psychiatric service encounters, 0 CSE lunch and learn sessions, 60% Other as denials (reported by business office).

Psychiatric Utilization actual: 4801 TPC (average # TPCs per quarter =1200; highest quarter total = 1221), 1064 NTPC (average # NTPCs seen in a quarter =266; highest quarter total = 298), 7837 psychiatric service encounters, 3 CSE lunch and learn sessions, 8.8% Other (claims denial rate).

Promise Healthcare

Promise Healthcare Wellness \$107,987

Support, case management, medication assistance, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health care. Patients who have a mental health need, those who have psychosocial support needs, and those who have been identified as having barriers to executing their treatment plan are prioritized for Wellness services. Coordinators assist patients with access to medications, social service needs, linkage with

other agencies, and enrolling eligible patients in Medicaid and Marketplace insurance. The program is also charged with facilitating care at our Rosecrance satellite and supporting collaborations and outreach.

Utilization targets: 205 TPC, 480 NTPC, 1600 SC, 30 CSE, 2400 Other (enrolled in healthcare coverage)

Utilization actual: 211 TPC (average # TPCs per quarter = 53, highest quarter total = 55), 567 NTPC (average # NTPCs per quarter = 142, highest quarter total = 186), 873 SC, 38 CSE, 3045 Other

Rape Advocacy, Counseling & Education Services

Sexual Violence Prevention Education \$63,000

The only agency charged with providing comprehensive services to victims of sexual assault in Champaign County. Trauma-informed counseling, 24-hour crisis hotline, and in-person advocacy at hospital Emergency Departments and at meetings with law enforcement or Courthouse. Also offers prevention education to thousands of local children and adults per year and conducts community events to further the aim to create a world free of sexual violence.

Utilization targets: 4000 (# attending) SC, 600 CSE, 40 Other (JDC presentations)

Utilization actual: 5757 (# attending) SC, 964 CSE, 0 Other

Rattle the Stars

Suicide Prevention Education \$86,500 (ended Q1, decreased to \$21,625)

Designed to build skills and improve competence to encourage intervention between peers, and by parents and adults. Covering three core areas for intervention: what to look for to recognize mental illness, mental health crises, and suicidal thoughts; how to intervene by using appropriate and effective communication skills; and accessing necessary resources for professional care. Developed from evidence informed models and adheres to best practices suggested by nationally recognized mental health and suicide prevention agencies.

Utilization targets: 200 CSE

Utilization actual: 27 CSE. Contract terminated on September 30, 2021

Rosecrance Central Illinois

Crisis, Access, & Benefits \$203,960

A 24-hour program including Crisis Team and Crisis Line. Clinicians provide immediate intervention by responding to crisis line calls and conducting crisis assessments throughout Champaign County. The Crisis Team works closely with hospitals, local police, the University, and other local social service programs. Offers access services including information, triage, screening, assessment, and referral for consumers and members of the community.

Utilization targets: 1000 NTPC (intake screenings, mental health assessments), 3000 SC (crisis calls), 15 CSE, Other = 250 (benefits applications).

Utilization actual: 668 NTPC (intake screening or mental health assessments), 3505 SC (crisis calls), 8 CSE, Other = 225 benefits applications.

Program also reports 564 (in county) Crisis team contacts (not a subset of crisis calls) and 703 mental health assessments by Crisis team.

Rosecrance Central Illinois

Recovery Home \$200,000

Therapeutic interventions that facilitate: removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support. Evidence based practices to be used include: 12-Step model and peer support; Level system; Case Management; and Contingency management initiatives.

Utilization targets: 22 TPC, 70 SC

Utilization actual: 27 TPC, 61 SC

Terrapin Station Sober Living, Inc.

Recovery Home \$47,000

Strength-based case management, grounded in the principles that all individuals have the capacity to change and grow. Focused on individual strengths, not pathology. The individual is the director of their care and their recovery. Weekly group services and house meetings provided. Also provided: intensive individualized case management; support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling; and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety based/mental health support groups, recreational activities, transportation services, and service work/volunteer/work opportunities.

Utilization targets: 13 NTPC

Utilization actual: 8 NTPC

The Well Experience

Family Services \$80,000

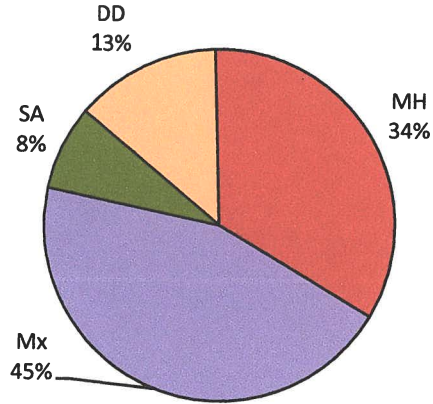
Services provided to Black/African American girls, women, teens, and families. Services include wraparound services, crisis management, mental health services, etc. and are dedicated to underserved, oppressed, and at-risk populations who are referred for services. Our goal is never to turn a family away when they are in need of social service support. Programs provided include: Wraparound Support, Universal Support, RENEW Her, WELL Mentoring, Girls To Life, The SET, Well Teen Moms, HERE For the Girl, TEEN Talk, Family Game Night, Well Fitness, Mothering While Black, Remote Learning Hub, WELL Kids Summer, and After School Program.

Utilization targets: 4 CSE, 300 SC, 150 NTPC, 50 TPC

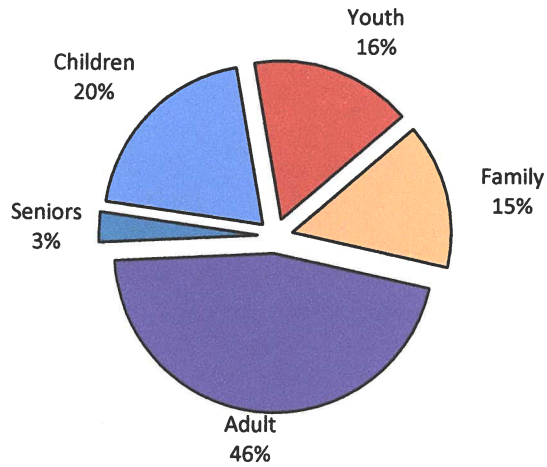
Utilization actual: 7 CSE, 1542 SC, 262 NTPC, 157 TPC

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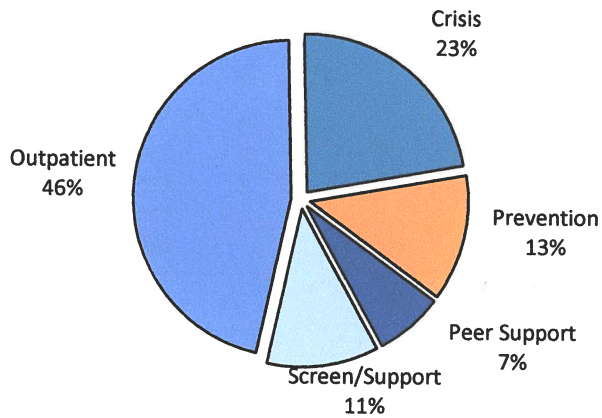
CCMHB PY22 Appropriation by Community Mental Health Sector



CCMHB PY22 Appropriation by Target Population

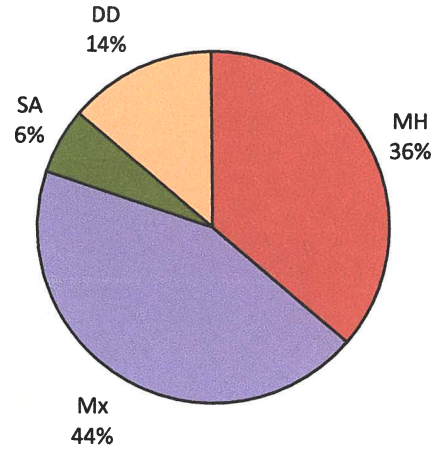


CCMHB PY22 Appropriation by Type of Service

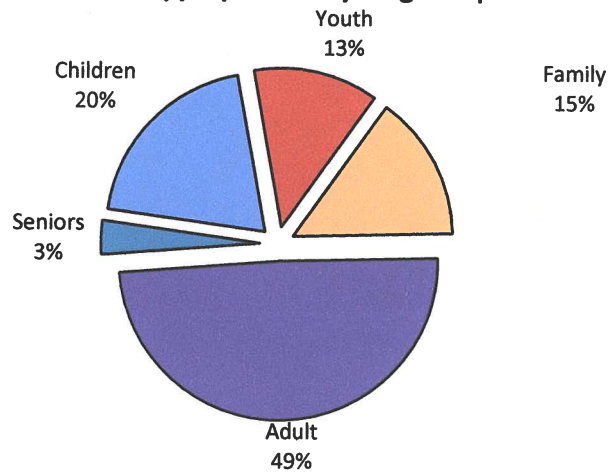


Appropriation of CCMHB Funds by Sector, Population, and Service - Program Year 2023

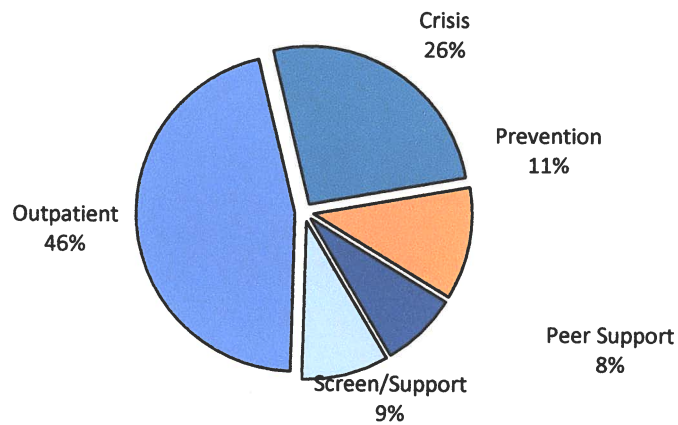
CCMHB PY23 Appropriation by Community Mental Health Sector



CCMHB PY23 Appropriation by Target Population



CCMHB PY23 Appropriation by Type of Service



#11.E)

2022 DISABILITY Resource Expo Year End Report



November 5th, 2022

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Summary

Many challenges were faced in the planning and execution of the 2022 **DISABILITY** Resource Expo. The University of Illinois unexpectedly changing the date of Homecoming resulted in the Steering Committee deciding to change the date of the Expo. Changing the date of the Expo resulted in the loss of The Vineyard as a venue. Additionally, a misunderstanding about which 2020 contracts continually rolled over resulted in not having a decor contractor scheduled to provide tables, chairs, and pipe and drape for 2022. Numerous potential venues and decor contractors were contacted via phone and email in the midst of several consultations with the Steering Committee. In the end, we ended up holding the 2022 Expo, on Saturday, October 22, a week later than originally scheduled, from 11am to 4pm at Market Place Mall. Signature Events, a company utilized for the Expo in the past with minor issues, was used for table, chairs, and decor needs. Signature Events was chosen as the decor contractor despite past history because the company is open on weekends unlike others in Champaign-Urbana, which worked logistically. Furthermore, price-wise the company worked for the Expo budget.

Market Place Mall as a venue was \$1,375 less than The Vineyard. The team at Market Place went above and beyond. They couldn't have been more supportive of the Expo of the team behind it. The venue is typically asked if additional accessible parking spaces can be created for the date of the Expo using signage and orange corners. It is typically a headache for the Expo team to get volunteers to come out early the morning of the Expo to set up additional parking. The Expo team did not have that problem this year because the team at Market Place set up the additional parking days before the Expo. The Market Place Mall helped the Expo team the morning of the event when it was realized that Signature Events did not execute its duties properly. Despite several consultations with Expo coordinators and a very detailed map in regards to Expo set up, Signature Events fell short. The map was not followed. Less tables than ordered were given. A broken chair and some stained tablecloths were also given. Fortunately, the Market Place Mall team swooped in with additional tables, an additional chair, and clean tablecloths. Moreover, they kindly helped us to reposition some booths to ensure that all were accessible to those utilizing mobility aids. The Expo Team definitely could not have fixed things so swiftly the morning of the event without their assistance.

The 2022 **DISABILITY** Resource Expo was a success in spite of the challenges faced throughout the planning and execution. 65 exhibitors registered. Approximately 1,100 people attended. Feedback from both parties, which was mostly positive, will be detailed in this report. Sponsors, marketing and promotional efforts, and a profit and loss sheet are also included. Lastly, a short conclusion detailing recommendations that the Expo Coordinators have for future events is included.

Registered Exhibitors

*** 3E Love

Amazing Sensory Designs

AMBUCS, Greater Champaign County

Arc of Illinois, The

*** Aspire of Illinois

Blue Tower Solutions, Inc.

Carle - Faith Community Health

CCRPC - Early Childhood Education Program

CCRPC - Independent Service Coordination Program (ISC)

Champaign Community Advocacy and Mentoring Resources (CCAMR)

Champaign Counseling, PLLC

Champaign County Clerk's Office

Champaign-Urbana Mass Transit District (CUMTD)

Champaign-Urbana Multiple Sclerosis Support Group

Champaign-Urbana Special Recreation (CUSR)

Community Choices

Community Service Center of Northern Champaign County

Continuum Behavior Health

Courage Connection

Crisis Nursery

Developmental Services Center (DSC)

Division of Rehabilitation Services (DRS)

*** Dreaming Made Simple

Eden Supportive Living

Elliott Counseling Group

*** Envision Unlimited

*** Epilepsy Advocacy Network

Equip for Equality

*** Evergreen Coaching and Counseling

Family Service of Champaign County

GROW in Illinois

Health Alliance

Human Rights Authority

Illini Chapter of the Illinois Association of the Deaf

Illinois Extension Money Mentors
Illinois Home Care Ombudsman Program
*** Life Links
*** Lighthouse Autism Center
MedServ Equipment Corporation
Molina Healthcare
*** Moore's Rescue Ranch
NAMI of Champaign County
PACE, Inc.
Pavilion Hospital, The
Place for Children with Autism, The
Promise Healthcare
Quality Med Transport
Rape Advocacy, Counseling & Education Services (RACES)
Social Champaign
STAR NET Regions I and III
State Senator Scott Bennett
Stephen's Family YMCA / Larkin's Place
The Autism Program at UIUC
Thrivent Financial
Tom Jones Challenger League
*** Uniting Pride of Champaign County
*** University of Illinois - Audiology & Speech Language Pathology Clinic
University of Illinois - Center on Health, Aging, and Disability (CHAD)
*** University of Illinois - Child Care Resource Service
University of Illinois - Disability Resources & Educational Services (DRES)
Urbana Early Childhood School & CU Early
Urbana Free Library, The
*** Walk, Run & Roll with Team Noah!
WEFT Community Radio
*** Young Empowered Successful Support Services (Y.E.S. Support Services)

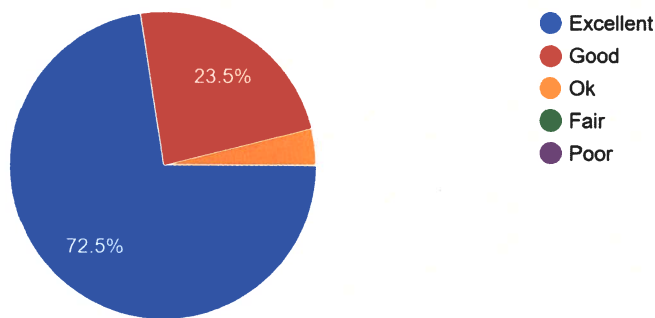
*** - NEW to the Expo (15 total)

Results from the Exhibitor Evaluations

Exhibitors were asked to fill out an evaluation to get their feedback on their experiences with this year's Expo. Exhibitors were encouraged to complete their evaluations during the Expo. Those that did were entered into a raffle for a gift basket from Baxter's. Out of 65 exhibitors, 51 completed the evaluation. Results were overwhelmingly positive. Below is a summary of those results.

How would you rate pre-event communication?

51 responses

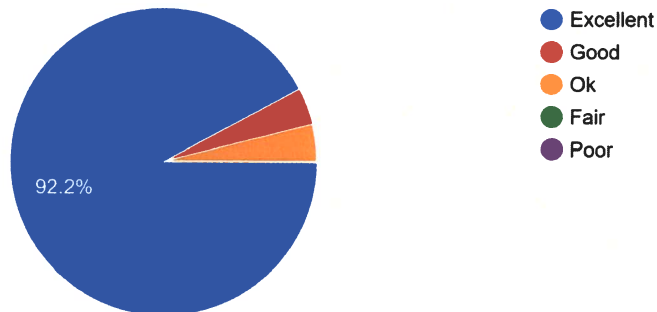


Comments on pre-event communication:

- Very responsive.
- The information provided helped this newbie find her way.
- Map was very helpful.
- Dylan was very patient while we worked through how to pay for our booth.
- Directions were great!
- Really benefited from the emails from Dylan & Allison detailing the day.
- Great!
- Ok but had issues receiving emails.
- Excellent! All of the info I needed was provided well before the event date.
- There was a long gap between emails, which made me nervous.
- We joined with late notice due to not having volunteers earlier, so I'm glad we were able to still join. Dylan Boot was very communicative.
- Dylan and Allison were great!
- Very helpful!

How would you rate the check-in process today?

51 responses

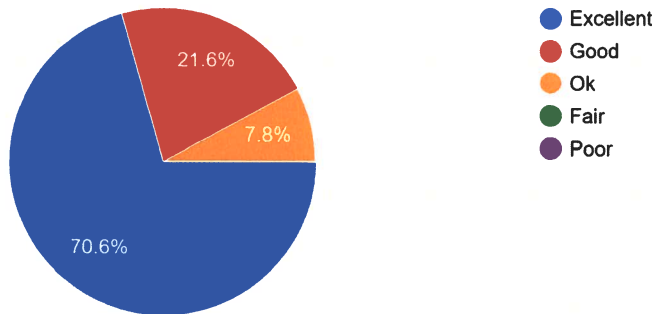


Comments on the check-in process:

- Very friendly and helpful.
- It was very clear and I love the orange shirts for visibility.
- It was so simple this newbie could easily navigate.
- I was at the wrong place but they got me everything I needed.
- Wonderful.
- Very great!!!
- Easy and straightforward.
- Easy - loved the direction that was given to our booth.
- Easy and friendly.
- No problems.
- Excellent.
- Easy to access.
- No complaints!
- Thanks so much for the help!!!
- My colleague checked us in and didn't mention any concerns.
- Thank you for the dolly.
- Easy.
- We didn't have a table. *This was due to a registration mix-up. The exhibitor was quickly given a booth.
- Needed more accessible entrances.
- Good.
- Need more paper evaluation forms.

How would you rate the setting for the event?

51 responses

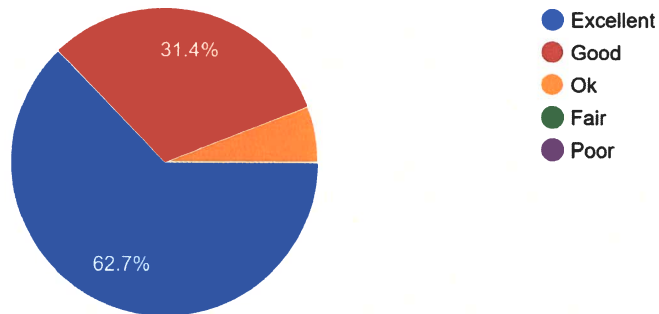


Comments on the event setting:

- It's great to see so many people here!
- High exposure for the community.
- I've not seen so many people in the mall in a very long time. I think they must be very glad to have us here.
- Busiest in years!!
- Lots of passing people!
- Great location! This is a great open, accessible location for future events.
- Great atmosphere.
- Awesome.
- Organized well throughout the mall.
- I much prefer it when it's at the Vineyard. That way everyone and everything is there just for the expo. Plus at Vineyard there was space for activities, entertainment, and the prize booth.
- Walkways were a bit overcrowded.
- Great turnout.
- Lots of people stopped by - a lot more than before.
- Mall can be a difficult space to hold this large of an event in.
- Very good.

How would you rate the traffic flow to your booth?

51 responses

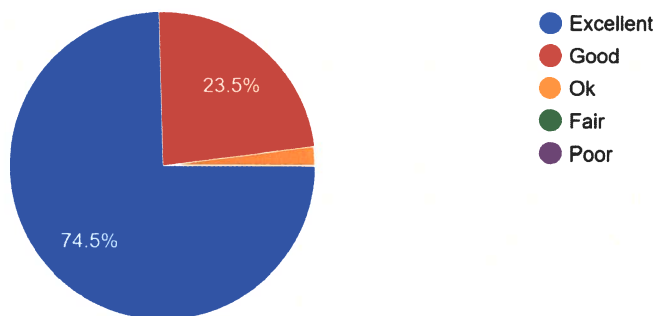


Comments on booth traffic flow:

- Very steady.
- We were busy non-stop throughout the event.
- Even though we were at a normally low traffic area of the mall. We were busy!
- Great for the first couple of hours then started to slow down around 2:00pm.
- Most of PACE's booth traffic came in waves.
- More than expected, which is great.
- It was wonderful.
- Steady all day!
- We had a decent amount of traffic, but we were right across from a cafe. It made it difficult for people to get through when the cafe started to get busy, and was a little loud at times due to the cafe.
- More than enough people came to our booth.
- Awesome position.
- Great.

How would you rate the Expo overall?

51 responses



What did you like best about the Expo?

- Everyone was so friendly and helpful.
- So well planned and communication was great. I also loved seeing the signage everywhere leading up to this event.
- Meeting families and professionals.
- The variety of vendors was excellent along with allowing people with disabilities to display their talents with homemade items.
- Meeting so many people who are seeking resources.
- Seeing people in person again!
- I liked the booth setups. I think they looked very nice. Everyone was friendly.
- The expo attendees really wanted the information we had. I had many enriching conversations.
- Getting to see all of the community in all of the options that they have.
- So many people! Great location.
- The friendliness and helpfulness of the staff.
- Wonderful day! We enjoyed being here!
- Networking and meeting others.
- The community.
- Location.
- The wealth of resources and the pouring of information from everyone.
- The amount of people and seeing friends.
- The enthusiasm of everyone involved.
- Meeting with persons with disabilities and other disability rights organizations
- Helpful staff.
- The venue is good.

- Talking to so many patrons.
- Ease of transition from booth to booth.
- Learning about all the providers.
- It was great! All-around very friendly.
- Location.
- Learning from those that attended the expo.
- Helpful staff and water delivery.

What would you suggest to improve future events?

- Not really. It was very well advertised. Maybe more signage outside.
- I have no suggestions. It was well organized, the flow was great, and the staff was incredibly helpful.
- Test your QR codes in advance on public WiFi. We discovered they worked fine without WiFi, but you'll probably not get as many responses as you'd hoped due to the issue.
- There were a lot of people coming to take things that had no idea we were for an expo. I felt uncomfortable telling them not to take our stuff, but also felt like it was not what was intended for.
- One of our chairs broke with someone sitting in it. Better chairs are needed.
- Use the same venue. :)
- Nothing. You all did great.
- Exhibitor areas were not really handicapped accessible. It was workable though.
- More interactive stands.
- More child-friendly stations, face paint little games.
- Return to The Vineyard if possible.
- Lincoln Square would be roomier and ease traffic flow.
- Larger signage.
- Small trash bags for snacks and water bottles.
- Small trash bags in booths for water bottles and snack wrappers.
- Make it a two day event.
- Ability to have a program. In the past, we've given away Amtrykes and we would love to do so again.

Are there other exhibitors we should invite in the future?

- Birth to five
- Champaign Cunningham Township, 211 United Way
- Autism group
- Champaign public library
- Food home goods
- Rosecrance Livingroom Program
- Rosecrance ACT & Livingroom program(s)
- Had some ppl ask about service dog organizations
- Phoenix Center in Springfield

Results from the Participant Evaluations

This year, there were some key changes to how participant evaluations were handled. Instead of having the evaluations on paper, they were made available online through Google Forms. Participants were able to access the form via a QR code. This QR code was on the inside of the front inside cover of the Expo Resource Book and was on laminated sheets available at the welcome tables and several volunteers carried them around trying to encourage patrons to fill out the forms.

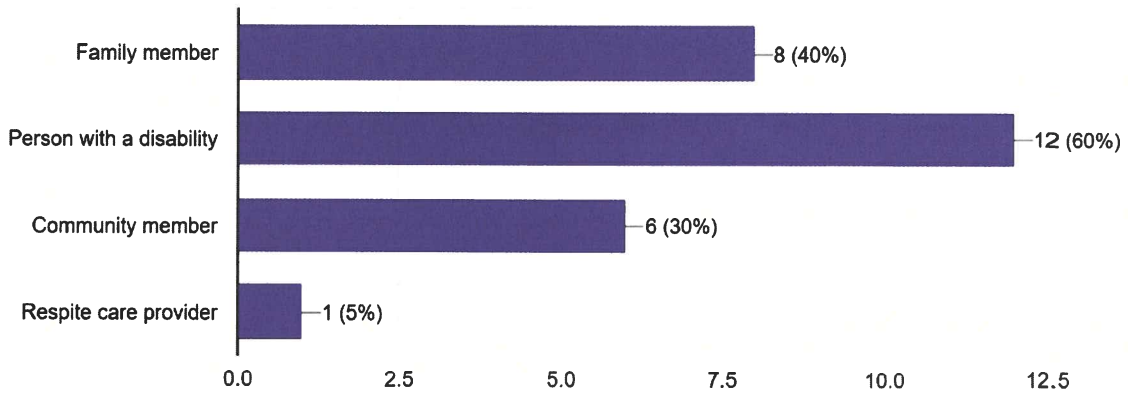
The Google Form was kept open until 11:59pm on October 25 to allow participants to complete their evaluations at home after the Expo. Completing the evaluation before it closed allowed the participants to enter into a raffle to win gift cards and coupons donated by local businesses. A total of 45 gift cards and coupons were donated. For participants that had technical difficulties completing the evaluation on their phones, or did not have a phone with them, 75 paper copies of the evaluation were made available at the Information and Accessibility booth.

Despite the effort to make the participant evaluations more accessible and having volunteers walk around and assist with accessing the evaluation, only 20 responses were received. The very low response rate may be due to a few reasons. In past years, the participant evaluations were paired with that year's scavenger hunt, which was not a part of the Expo due to lack of community nominations. Additionally, in the past, participants would turn in their completed evaluations to the prize table. The steering committee chose not to have a prize table to limit the spread of germs. Finally, there were unforeseen difficulties filling out the evaluation while connecting to Market Place Mall's WiFi. These issues will be discussed by the steering committee while strategizing how to increase response rates.

Even though the response rate was low, the results are still worth reviewing. Please see the results below:

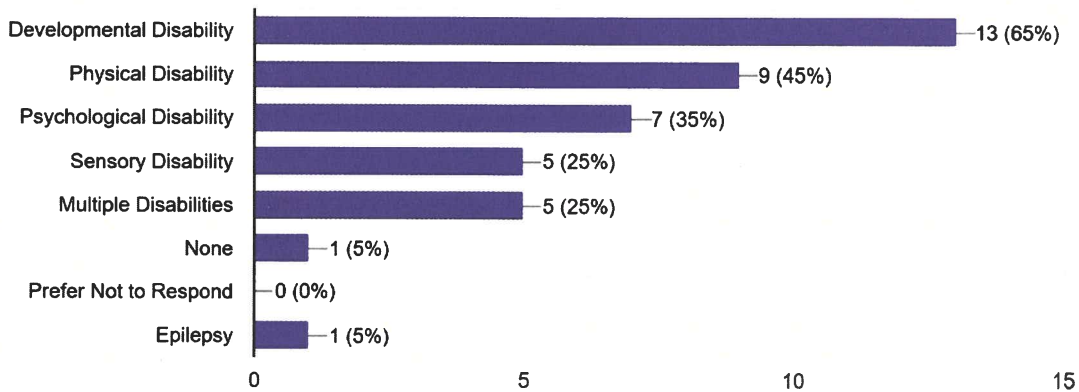
How would you describe yourself (check all that apply)?

20 responses



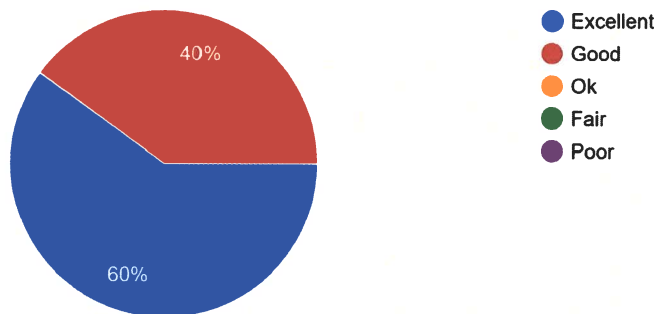
Do you or a family member have a disability (check all that apply)?

20 responses



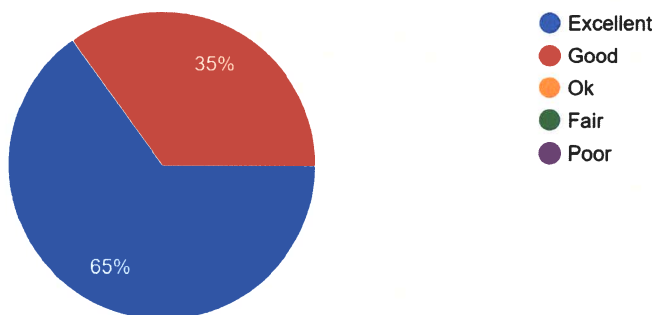
How would you rate the Exhibitors' information?

20 responses



How would you rate accessibility for the event?

20 responses

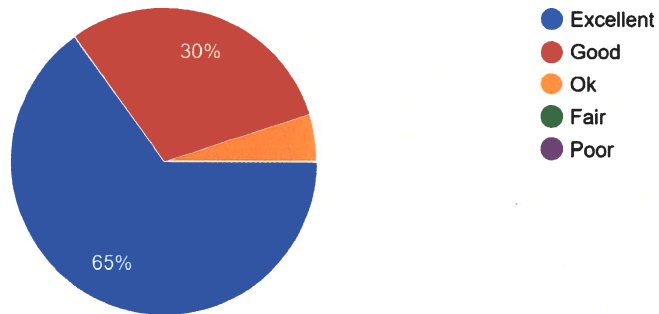


Comments on accessibility for the event:

- I loved the extra handicapped parking places. I was worried about whether we could park and get the ramp down for the wheelchair, but there was plenty of accessible parking.
- A bit intense on sensory input
- Good
- I did not need anything but I think the skylights made the event more pleasant and enjoyable
- They had a lot of good parking places
- Some closed early so I couldn't see them

How would you rate the organization of the event?

20 responses

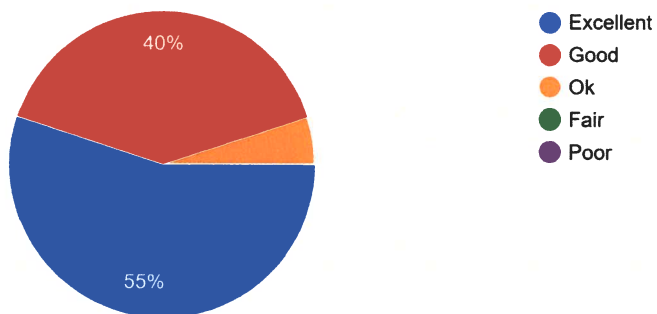


Comments on the organization of the event:

- The publicity was top notch! Signs everywhere, all over town!
- Very helpful, good signage
- Very well organized, courteous, positive
- Good marketing and booths

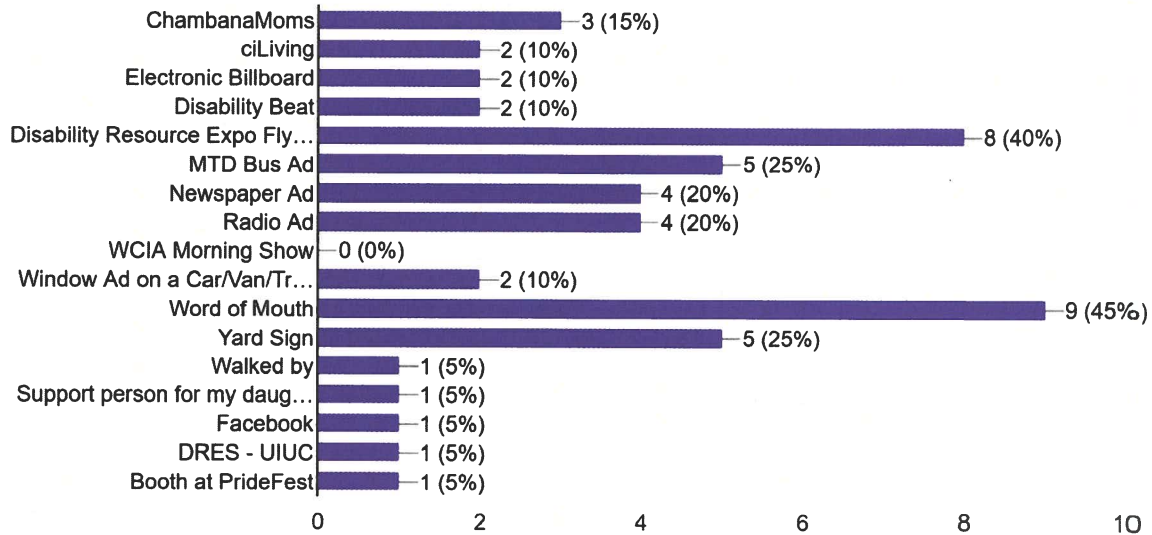
How would you rate the Expo overall?

20 responses



How did you learn about the Disability Resource Expo? (check all that apply)

20 responses



Are there any organizations not at today's Expo that you'd like to have invited next year?

- Mobility dealer like Champaign County Mobility or United Access
- Drs
- University and parkland???
- Personal mobility van dealer

Do you have any additional comments?

- Need more SLP and OT services
- Tell exhibitors to bring ample materials and not to leave early. Two exhibitors from the Chicago area left early.

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Sponsors

PREMIUM PLATINUM SPONSORS \$1000+

***3E Love

Carle

Champaign County Developmental Disabilities Board

Champaign County Mental Health Board

Champaign Urbana Mass Transit District

Illini Radio Group

Martin One Source

Quality Med Transport

***Smile Politely

Stevie Jay Broadcasting

The News-Gazette Have

***The Place for Children with Autism

Thrivent Financial

WEFT Community Radio

PLATINUM LEVEL SPONSORS \$500 - \$999

Adams Outdoor Advertising

***Andrew White Dentistry

Champaign-Urbana Special Recreation

Developmental Services Center

Elliott Counseling Group

Greater Champaign County AMBUCS

MedServ Equipment Corp.

GOLD LEVEL SPONSORS \$300 - \$499

Amazing Sensory Designs

Blue Tower Solutions, Inc.

Center on Health, Aging, & Disability - UIUC

Champaign Counseling, PLLC

Champaign County Clerk

City of Urbana - Office of Human Rights & Equity

Continuum Behavioral Health

Courage Connection

***Dreaming Made Simple

***Evergreen Coaching & Counseling

First Federal Savings Bank of Champaign-Urbana

Health Alliance

Lighthouse Autism Center

Molina Healthcare

The Pavilion Hospital

SILVER PLUS LEVEL SPONSORS \$150 - \$299

***Champaign Jewelers
Community Plus First Federal Credit Union
Danville Gardens
***First Mennonite Church Champaign-Urbana
***Illinois Extension Money Mentors
Krannert Center for the Performing Arts
Meijer
The Arc of Illinois
Thrivent Community Action Team
Visit Champaign County

SILVER LEVEL SPONSORS \$100 - \$149

Cunningham Children's Home
***Moore's Rescue Ranch
Social Champaign
Steve Tarrant Insurance Agency, Inc.
Two Roads Wellness Clinic
***Urbana Acupuncture, LLC
Young Chiropractic & Acupuncture

FRIENDS LEVEL SPONSORS Under \$100

Baxter's
***Biaggi's
Blue Dragon Signs
Buffalo Wild Wings
Cold Stone Creamery
Family Service of Champaign County
Longhorn Steakhouse
Phoenix Theatres - Savoy 16
Project Te
Rod Sickler's Hair Salon
***STAR NET Regions I & III
Starcrest Cleaners
The Urbana Free Library

*** - NEW Expo Sponsor

Thanks to these generous sponsors, a total of \$15,400 worth of monetary funds and in-kind donations were collected to help make the 2022 **DISABILITY** Resource Expo a reality.

Marketing

The following is a list of advertising and marketing strategies used to promote the 2022 DISABILITY Resource Expo.

- **Adams Outdoor Advertising - Digital Advertising** - The Expo was given digital advertising “filler space” on their digital billboards. **Total cost to the Expo was \$0.** Estimated value was \$500.
- **Blue Dragon Signs - Window Clings** - The Expo has worked with this business for many years, even though it is now located in Florida. Window clings (15 this year) advertising the Expo that attach to the rear or side windows of vehicles were purchased. **Total cost to the Expo was \$237.30.** The Expo received a discount but the exact percentage is unknown to us. It was likely around 15%.
- **Chambana Moms - Featured Website/Email Listing** - The Expo purchased a featured listing the week of the Expo on the Chambana Moms website and email distribution list. **Total cost to the Expo was \$200.** No discount was given.
- **Champaign County Fair - Information Booth** - The Expo had an information booth at the Champaign County Fair’s Senior Day where we passed out information about the event. **Total cost to the Expo was \$0.**
- **Champaign- Urbana Autism Network Walk Resource Fair - Information Booth** - The Expo had an information booth at the Committee on Aging Summer Senior Event where members of the steering committee passed out information about the event. **Total cost to the Expo was \$40.** No discount was given.
- **Champaign-Urbana Mass Transit District - Advertising** - The Expo purchased ad space on the rear and street-sides of buses as well as inside of buses. Additionally, the Expo purchased digital ad space at their bus stops that had digital kiosks. **Total cost to the Expo was \$3,661.50.** CUMTD gave us another \$1,000 as an in-kind sponsorship.
- **Champaign-Urbana Special Recreation - Advertising** - CUSR’s sponsorship came in the form of the use of their billboard on the corner of Prospect Avenue and Church Street for the month of October. **Total cost to the Expo was \$0.** Total value was \$500.
- **Committee on Aging Summer Senior Event - Information Booth** - The Expo had an information booth at the Committee on Aging Summer Senior Event where members of the steering committee passed out information about the Expo. **Total cost to the Expo was \$0.**
- **EbertFest - Information Booth** - The Expo had an information booth at EbertFest where members of the steering committee passed out information about the Expo. **Total cost to the Expo was \$0.**

- **Illini Radio Group - Advertising** - The week of the event the Expo paid for 75 radio spots across seven radio stations. **Total cost to the Expo was \$1,175.** No discount was given.
- **Martin One Source - Printing** - MOS was used to print/create Small/Personal bottles of hand sanitizers (with our logo), yard signs, English and Spanish bi-fold brochures, mall posters, foam core posters, double sided flyers, and resource books. **Total cost to the Expo was \$6,021.04.** MOS gave us a significant discount but the exact percentage is unknown to us. It was likely around 40%.
- **News-Gazette - Advertising** - Multiple ads in the News-Gazette and in the smaller rural newspapers in October. Additionally, the Expo purchased 25,000 impressions on the News-Gazette website. **Total cost to the Expo was \$1,099.** The News-Gazette gave the Expo another \$1,000 as an in-kind sponsorship.
- **Pride Fest - Information Booth/Digital Ad** - The Expo had an information booth at Pride Fest where members of the steering committee passed out information about the Expo. The Expo also purchased a ¼ page advertisement in the digital program. **Total cost to the Expo was \$150.** No discount was given.
- **Social Media - Advertising** - Account management and posting 5 to 8 times daily on Expo Facebook, Twitter, and Instagram accounts for three months prior to the Expo. **Total cost to the Expo was \$1,000.** A \$130 in kind donation was made by the Champaign Mental Health and Developmental Disabilities Boards Executive Director to boost the visibility of a Facebook event.
- **Stevie Jay Broadcasting - Advertising** - Radio spots across the four networks (400 spots over the month prior to the Expo) and two radio interviews. **Total cost to the Expo was \$1,000.** Stevie Jay Broadcasting gave the Expo another \$1,000 as an in-kind sponsorship.
- **Smile Politely - Digital Advertising & Article** - Full color ad space on desktop and mobile devices plus a detailed article. **Total cost to the Expo was \$1,000.** Smile Politely gave the Expo another \$1,000 as an in-kind sponsorship.
- **WCIA - TV Interviews** - The Expo Co-Coordinator were invited to be guests on both The Morning Show and ciLiving where we were asked questions about the Expo. **Total cost to the Expo was \$0.**
- **WEFT - Advertising and Interview** - Multiple radio spots and an in-depth radio interview on Disability Beat. **Total cost to the Expo was \$0.** Total value \$500.

Profit and Loss Statement

DATE	ITEM	FROM/FOR	NOTE	AMOUNT
10/25/2021	Hand Sanitizers	Martin One Source	1000 Hand Sanitizers	-\$1,628.50
3/4/2022	Registration Fee	Champaign-Urbana Autism Network	Registration fee for CUAN's Resource Fair	-\$40.00
8/11/2022	Expositional Services	Signature Events	Tables, Chairs, Pipe & Drape	-\$7,344.00
8/12/2022	Venue Contract	Brookfield Properties	Market Place Mall Concourses	-\$3,000.00
8/17/2022	Booth Fee	Human Rights Authority	Check - Gene Seaman	\$50.00
8/19/2022	Advertising	Chambana Moms	Advertising Upgrade	-\$200.00
8/22/2022	Bus Advertising	CUMTD	Includes \$1000 Sponsorship	-\$3,661.50
8/22/2022	Booth Fee	Urbana Free Library	Check - Urbana Free Library	\$50.00
8/22/2022	Booth Fee + Sponsorship	The Arc of Illinois	Check - The Arc of Illinois	\$200.00
8/22/2022	Booth Fee + Sponsorship	Lighthouse Autism Center	Check - VAV Operations	\$300.00
8/22/2022	Booth Fee + Sponsorship	Elliott Counseling Group	Check - Elliott Counseling Group	\$500.00
8/22/2022	Booth Fee + Sponsorship	3E Love	Check - 3E Love	\$1,000.00
8/23/2022	Advertising (+Rural)	News-Gazette	Includes \$1000 Sponsorship	-\$1,099.00
8/23/2022	Booth Fee	UP Center	Check - UP Center	\$50.00
8/24/2022	Booth Fee	NAMI of Champaign County	Check - NAMI of Champaign Cnty	\$50.00
8/24/2022	Booth Fee	Tom Jones Challenger League	Check - CU Kiwanis Club	\$50.00
8/25/2022	Window Clings	Blue Dragon Signs	15 Window Clings	-\$237.30
8/25/2022	Save the Date Flyers	Martin One Source	500 Double Sided Flyers	-\$100.00

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8/29/2022	Booth Fee	Courage Connection	Check - Courage Connection	\$50.00
8/29/2022	Booth Fee + Sponsorship	Champaign Counseling	Check - Champaign Counseling	\$300.00
8/29/2022	Booth Fee + Sponsorship	Continuum Behavioral Health	Check - Continuum Behavioral Health	\$300.00
8/29/2022	Booth Fee + Sponsorship	Pavilion Foundation	Check - Pavilion Foundation	\$300.00
8/30/2022	Booth Fee	CCRPC ISC	Check - CCRPC	\$50.00
9/1/2022	Booth Fee	Community Choices	Check - Community Choices	\$50.00
9/1/2022	Booth Fee + Sponsorship	Dreaming Made Simple	Check - Dreaming Made Simple	\$300.00
9/6/2022	Booth Fee	Champaign-Urbana Special Recreation	Check - Champaign Urbana Special Recreation	\$50.00
9/6/2022	Booth Fee	Community Service Center	Check - Community Service Center	\$50.00
9/6/2022	Booth Fee	Developmental Services Center	Check - Developmental Services Center	\$50.00
9/6/2022	Booth Fee	Illinois Extension Money Mentors	Check - Illinois Extension	\$50.00
9/7/2022	Advertising	SJ Broadcasting	Includes \$1000 Sponsorship	-\$1,000.00
9/9/2022	Booth Fee	CUMTD	Check - CUMTD	\$50.00
9/9/2022	Booth Fee	GROW in Illinois	Check - GROW in Illinois	\$50.00
9/9/2022	Sponsorship	Steve Tarrant Insurance Agency, Inc.	Check - Steve Tarrant Insurance Agency, Inc.	\$100.00
9/9/2022	Booth Fee + Sponsorship	Greater Champaign County AMBUCS	Check - Greater Champaign County AMBUCS	\$500.00
9/12/2022	Advertising	Smile Politely	Includes \$1000 Sponsorship	-\$1,000.00
9/12/2022	Booth Fee	Champaign Community Advocacy and Mentoring Resources (CCAMR)	Check - Champaign Community Advocacy	\$50.00
9/12/2022	Booth Fee	Champaign-Urbana Multiple Sclerosis Support Group	Check - Melissa Hulette	\$50.00

88

9/12/2022	Booth Fee	Champaign County Clerk's Office	Check - Champaign County	\$300.00
9/13/2022	Sponsorship	First Mennonite Church of U-C	Check - First Mennonite Church of U-C	\$150.00
9/15/2022	Booth Fee	Urbana Early Childhood School & CU Early	Check - Beth Ladd	\$50.00
9/15/2022	Booth Fee	Illini Chapter of the Illinois Association of the Deaf	Check - Illini Chapter of IAD	\$75.00
9/15/2022	Sponsorship	Community Plus Federal Credit Union	Check - Community Plus Federal Credit Union	\$100.00
9/15/2022	Sponsorship	First Federal	Check - First Federal	\$300.00
9/19/2022	Booth Fee	Envision Unlimited	Check - Envision Unlimited	\$50.00
9/19/2022	Sponsorship	Two Roads Wellness Clinic	Check - Two Roads Wellness Clinic	\$100.00
9/19/2022	Sponsorship	Illinois Extension Money Mentors	Check - Illinois Extension	\$175.00
9/20/2022	Booth Fee + Sponsorship	Thrivent - East-Central Illinois Group	Check - Thrivent - East-Central Illinois Group	\$300.00
9/22/2022	Booth Fee	PACE	Check - PACE	\$90.00
9/23/2022	Booth Fee	University of Illinois - Child Care Resource Service	Check - Brenda Eastham	\$50.00
9/23/2022	Booth Fee	Walk, Run, & Roll with Team Noah!	Check - Licia Lukach	\$50.00
9/23/2022	Sponsorship	Cunningham Children's Home	Check - Cunningham Children's Home	\$100.00
9/26/2022	Booth Fee	Life Links	Check - Life Links	\$50.00
9/26/2022	Sponsorship	Champaign Jewelers	Check - Champaign Jewelers	\$200.00
9/28/2022	Booth Fee + Sponsorship	Moore's Rescue Ranch	Check - Moore's Rescue Ranch	\$100.00
10/1/2022	Sponsorship	Champaign-Urbana Special Recreation	Ad Space (Sign on Prospect & Church)	\$500.00
10/3/2022	Booth Fee + Sponsorship	Family Service of Champaign County	Check - Family Service of Champaign County	\$75.00

89

10/3/2022	Sponsorship	Urbana Acupuncture	Check - Urbana Acupuncture	\$100.00
	Booth Fee +			
10/3/2022	Sponsorship	The Place for Children with Autism	Check - DJJE Holdings, LLC	\$500.00
10/7/2022	T-Shirts	Project Te	14 Expo T-Shirts, Various	-\$282.00
10/7/2022	Sponsorship Upgrade	Community Plus Federal Credit Union	Check - Community Plus Federal Credit Union	\$50.00
10/7/2022	Booth Fee	Social Champaign	Check - Social Champaign	\$50.00
10/10/2022	English Brochures	Martin One Source	3000 English Bi-Fold Brochures	-\$691.54
10/11/2022	Booth Fee	Aspire	Check - Aspire	\$50.00
10/11/2022	Booth Fee	Blue Tower Solutions, Inc.	Check - Blue Tower Solutions, Inc.	\$300.00
10/11/2022	Booth Fee	Evergreen Coaching & Counseling	Check - Evergreen Coaching & Counseling	\$300.00
10/11/2022	Refund	The Vineyard Church	Check - The Vineyard Church	\$4,375.00
10/12/2022	Yard Signs	Martin One Source	100 Yard Signs	-\$960.00
10/12/2022	Sponsorship	Cold Stone Creamery	Gift Card	\$10.00
10/12/2022	Sponsorship	Blaggi's	Gift Card	\$25.00
10/12/2022	Sponsorship	Buffalo Wild Wings	Gift Card	\$25.00
10/12/2022	Sponsorship	Rod Sickler Salon & Spa	Gift Card	\$50.00
10/12/2022	Sponsorship	STARnet Regions I & III	Children's Gift Bag Items	\$50.00
10/12/2022	Sponsorship	Urbana Acupuncture	\$20 x 3 Gift Cards	\$60.00
10/12/2022	Sponsorship	Baxter's	Gift Basket	\$75.00
10/12/2022	Sponsorship	Phoenix Theatres/Savoy 16	10 Free Movie Tickets	\$80.00
10/12/2022	Sponsorship	Longhorn Steakhouse	\$10 x 5 Gift Cards, 20 Free Appetizer/Dessert	\$150.00
10/12/2022	Sponsorship	Meijer	Gift Card	\$200.00
10/14/2022	Booth Fee	RACES	Check - RACES	\$50.00
	Booth Fee +			
10/14/2022	Sponsorship	Amazing Sensory Designs	Check - Amazing Sensory Designs	\$300.00

10/14/2022	Booth Fee + Sponsorship	Eden Supportive Living	Check - Eden Supportive Living	\$300.00
10/17/2022	Advertising	Illini Radio Group	Includes no sponsorship	-\$1,175.00
10/17/2022	Sponsorship	Starcrest Cleaners	\$10 x 2 Gift Cards	\$20.00
10/17/2022	Booth Fee	Equip for Equality	Check - Jessica Range	\$50.00
10/17/2022	Sponsorship	Young Chiropractic & Acupuncture	Check - Young Chiropractic & Acupuncture	\$100.00
10/17/2022	Sponsorship	Thrivent - East-Central Illinois Group	\$250 Gift/Credit Card (earmarked for Yard Signs) minus \$7.28 convenience fee	\$242.72
10/19/2022	Spanish Brochures	Martin One Source	500 Spanish Bi-Fold Brochures	-\$200.00
10/20/2022	Resource Books	Martin One Source	800 Books	-\$1,866.00
10/21/2022	Booth Fee	Promise Healthcare	Check - Promise Healthcare	\$50.00
10/22/2022	Booth Fee	Sen. Scott Bennett	Check - Scott Bennett	\$50.00
10/22/2022	Booth Fee	Y.E.S. Support Services	Money Order - Jasmine Martin	\$50.00
10/22/2022	Booth Fee + Sponsorship	MedServ Equipment Corp	Check - MedServ Equipment Corp	\$700.00
10/24/2022	Foam Core Posters	Martin One Source	14 Foam Core Posters	-\$395.00
10/24/2022	Printing	MinuteMan Press	Various Items	-\$114.15
10/26/2022	Contractors	Boot, Mayer, Bressner, Curry	Does not include PAs, ASL or Spanish interpreters	-\$44,936.00
10/31/2022	Mall Posters	Martin One Source	12 Mall Posters	-\$180.00

9

Total money in, including sponsorships and in-kind donations: \$15,402.72 (\$19,777.72 if the refund from The Vineyard is counted)

Total money out: \$70,109.99

These numbers are as of 11/5/21. There are outstanding booth fees totaling \$200.00 and the payments to the ASL interpreters, Spanish interpreter, and personal care assistant have yet to be counted as well.

Conclusion

The 2022 DISABILITY Resource was a success. With that being said, there are aspects of the Expo that can be improved upon. For example, the Expo Co-Coordinators plan to contract a different company to provide pipe and drape as well as tables and chairs for future Expos. A couple of possibilities, Best Expo and Harriots, have been discussed. Regardless of the company contracted for the next Expo and Expos going forward, the co-coordinators plan to strategize with the steering committee about how to improve communications regarding Expo set up.

More broadly, strategies on how to improve all aspects of Expo communication will be discussed. Secondly, strategies on how to acquire more participant evaluations at future Expos will be discussed. Thirdly, feedback regarding Market Place Mall as a venue will be touched on with the steering committee. Ways the Expo can be improved at that venue will be explored. Other venues for future Expo may also be a topic of discussion. However, given the outstanding support of the team at Market Place Mall, the Co-Coordinators feel the Expo should be held at the mall again in the future as long as the steering committee and the boards agree.

Feedback regarding the 2022 Expo from the Champaign County Mental Health & Developmental Disabilities Boards is welcomed and will be shared with the steering committee. Finally, on behalf of the steering committee, the Expo Co-Coordinators would like to thank members of the boards for continuing to fund the DISABILITY Resource Expo and allowing the steering committee to fulfill its mission to give people with disabilities in East Central Illinois and surrounding communities, as well as their loved ones and caregivers, easy access to the resources needed for a great quality of life.

From the CEO

#11.E,

Greetings Stakeholders!!

I hope all of you had a great summer this past quarter!! Please contact me (cworkman@pathcrisis.org) if there is anything specific you would like to see me address in future quarterly letters. I have provided some general updates below that may be of interest to everyone.

- I am pleased to announce that Kendall County 211 Inc. has signed a contract with PATH Inc. to provide services to Kendall County. We are currently finishing up the database work and have the phone switches completed.
- 211 Telcom Nuances - I have been receiving more and more calls regarding someone calling 211 and not being connected. The Telecom companies are nuanced and vary from company to company. I wanted to make sure everyone is aware of the telecom practices that PATH, Inc. has no control over:
 1. Voice Over Internet Protocol (VOIP) phones through cable companies
 - a. While it varies from company to company, many times they require the customer to dial the actual Direct Inward Dialing (DID) number; that's just the full phone number rather than the abbreviated 211 number. If a business or residential user has a VOIP provider (Xfinity/Comcast, MetroNet, etc.) they will likely need to dial **888-865-9903** instead of 211.
 2. Cell Phones
 - a. Unknown carrier - if the cell phone uses a small carrier, it may be that we need to contact them and have them flip the switch to get it to connect. We use the Illinois Telecom Association guide to flip switches, but on rare occasions a small cell company may be missed.

From the CEO, continued

- b. WiFi Calling - AT&T and some other carriers don't allow 211 calls to be made through the phones' WiFi call feature. You must call via the actual cellular side of the phone. Other carriers may allow WiFi calling but require you to dial the full DID **888-865-9903** instead of 211.
- c. Out of State Cell Phones - In theory, when a cell phone dials 211 it will "ping" off the local tower and route to the 211-call center where the tower is located. However, we know that doesn't always work. For instance, I've spoken to a community organization that is on the border between the St. Louis counties and PATH Inc. counties. Despite being in the PATH Inc. covered area, their local cell phone tower always routes the call to St. Louis 211. We've seen similar situations near the Indiana border on occasion. We also occasionally get a call from someone who has moved from out of state and whose phone will only connect to their originating state 211 center. In all these cases, please let your community know that they need to dial the full DID **888-865-9903** instead of 211.

Best Regards,



Chris Workman
CEO PATH Inc.



From the Director of Database Services

Hello!

I have already interacted with many of you, but for those of you who weren't aware, I took over as Director of Database Services at the end of this past July. I'm working to uphold the same high standard you're used to, while also taking this opportunity to introduce minor improvements where relevant.

Based on feedback from a survey included in the last quarterly report, you'll find that this report has a slightly different format than you're used to. The goal is to put your region's quarterly data in context a bit more. In general, I've tried to make it clear which information corresponds to PATH's 211 services as a whole and which applies to only your region, while also providing some data for you to compare this quarter with the previous quarter and with this same period last year. Charts from previous reports may have minor formatting differences.

Please fill out this form to help me know which changes have been useful and whether there's anything else you'd like to see:

<https://forms.gle/TwgH7m2ESNiXYMwK8>

I look forward to working with all of you to help serve your respective regions!

Chris Baldwin
Director of Database Services
309-834-0590



Champaign County

United Way 211 Report 3rd Quarter

July 1st - September 30th, 2022

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- ✓ Total Spanish Calls
- ✓ COVID-19 Contacts

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- ✓ Contact Person Type
- ✓ Caller Demographics
- ✓ Referral Source

Contact Needs

- ✓ AIRS Problem Needs
- ✓ Unmet Needs
- ✓ Top 10 Agency Referrals
- ✓ Follow-Ups

Call Center

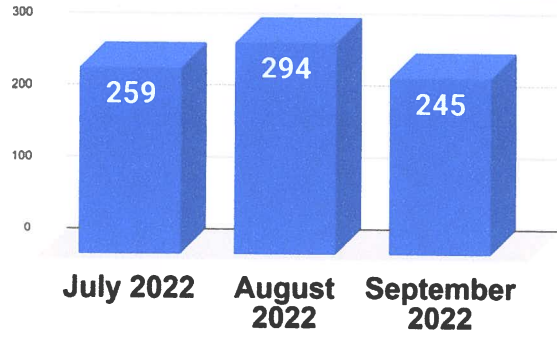
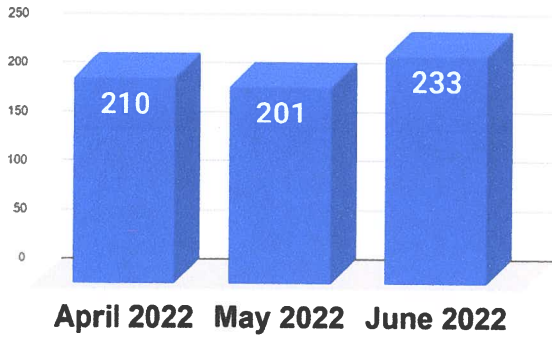
- ✓ InQueue and Handle Time
- ✓ Service Level
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Links/Resources



Overview

Total 211 Contacts 

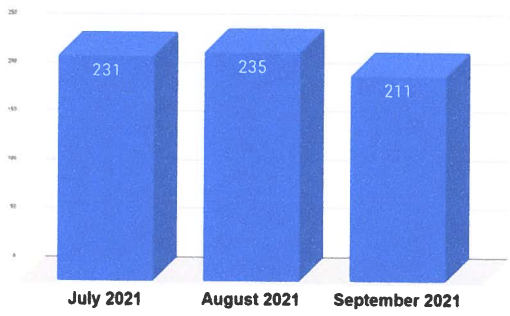
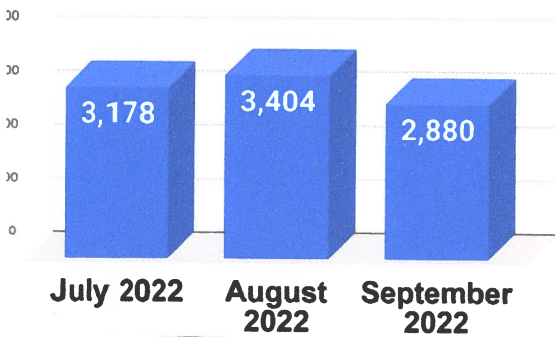


644
Contacts
Champaign
County

798
Contacts
Champaign
County

Last Quarter This Quarter

All of PATH 211 Last Year

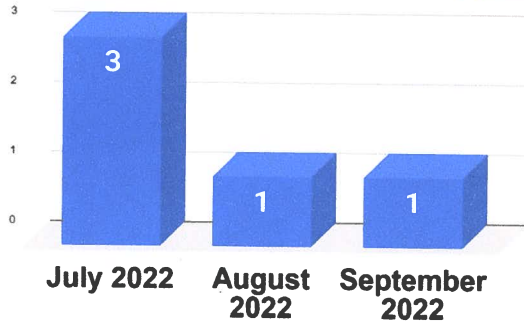
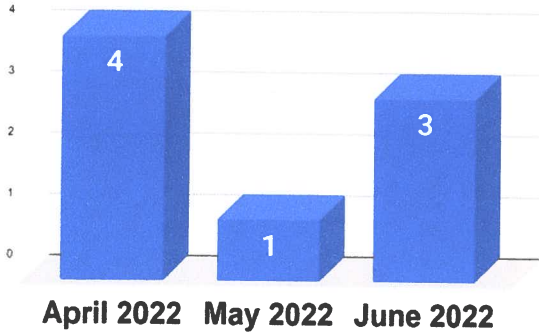


9,462
Contacts
PATH 211

677
Contacts
Champaign
County

Overview, Cont.

Total 211 Texts 

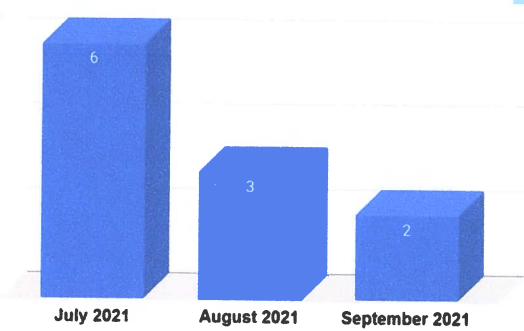
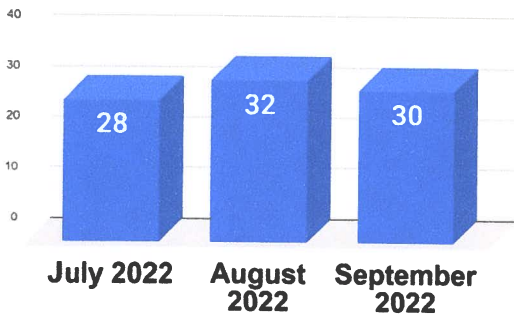


8
Texts
Champaign
County

5
Texts
Champaign
County

Last Quarter This Quarter

All of PATH 211 Last Year



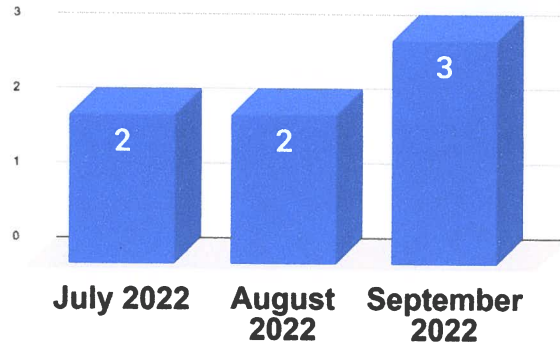
90
Texts
PATH 211

11
Texts
Champaign
County

Overview, Cont.

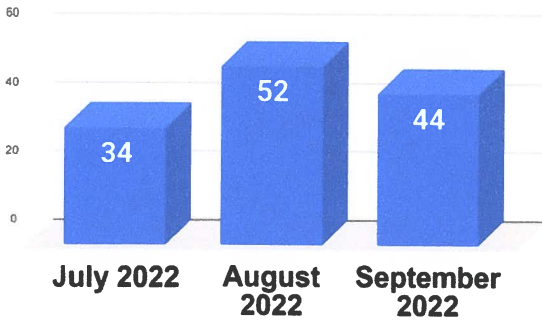
Total Spanish 211 Calls

Note: Previous quarterly reports did not break this information down by month.



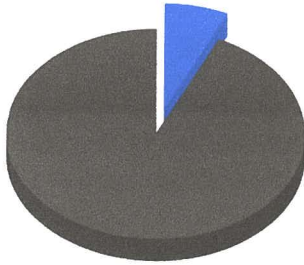
Last Quarter This Quarter

All of PATH 211 Last Year



Overview, Cont.

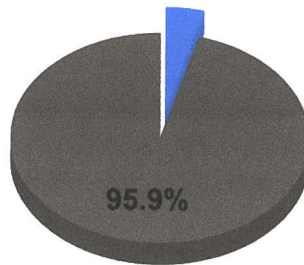
COVID-19 Contacts



● COVID-19 ● Not-COVID-19

44

Contacts related to COVID-19



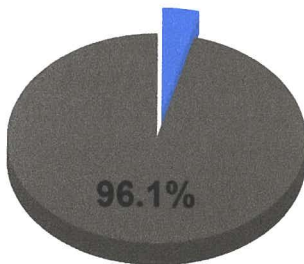
● COVID-19 ● Not-COVID-19

33

Contacts related to COVID-19

Last Quarter This Quarter

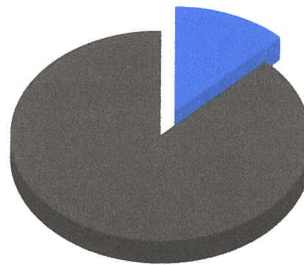
All of PATH 211 Last Year



● COVID-19 ● Not-COVID-19

384

Contacts related to COVID-19



● COVID-19 ● Not COVID-19

83

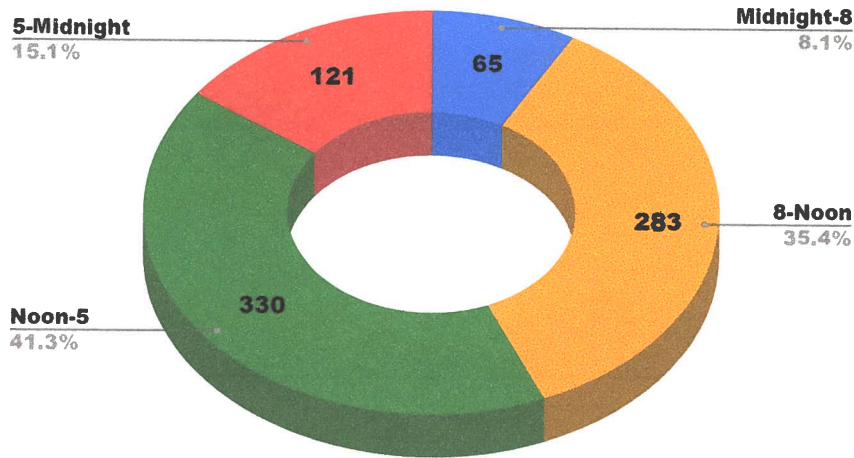
contacts related to COVID-19

Contact Stats

Call Time

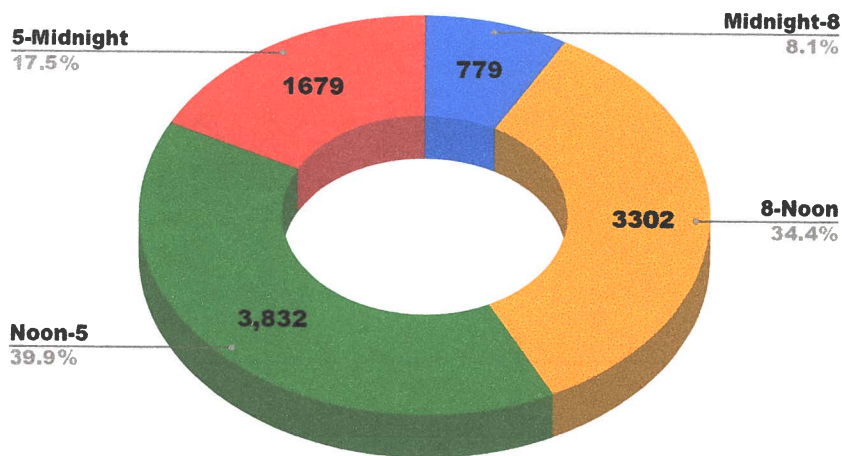
Chart describes the distribution of calls received during 4 different time periods:

1. Early morning hours (12am-8am)
2. Morning business hours (8am-12pm)
3. Afternoon business hours (12pm-5pm)
4. After hours (5pm-12am)



Local

All of PATH 211

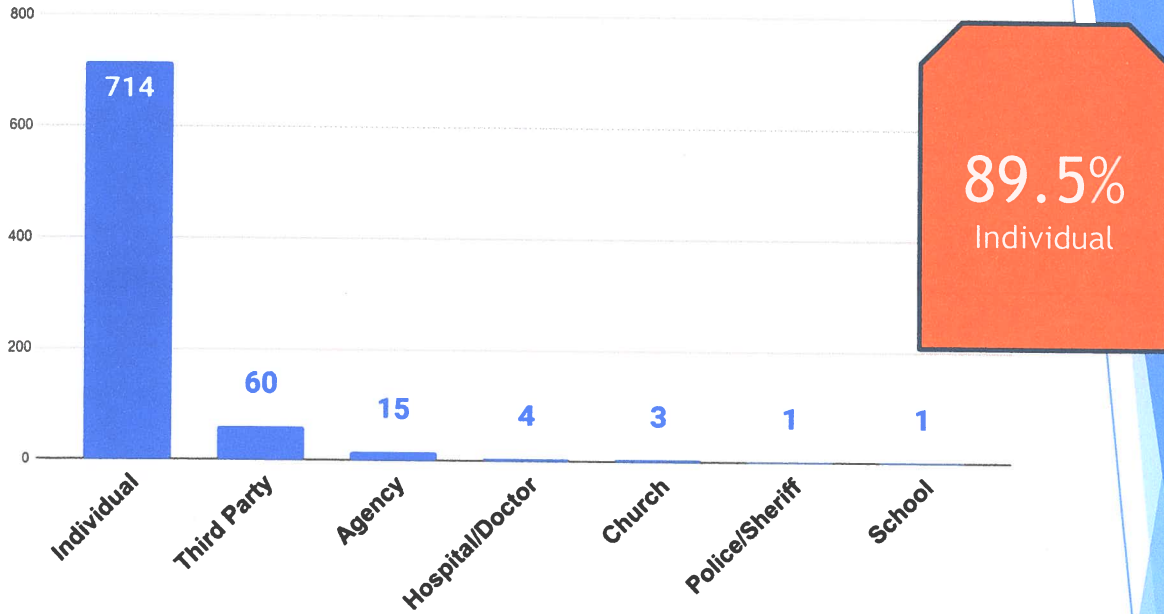


Contact Stats, Cont.

Contact Person Type

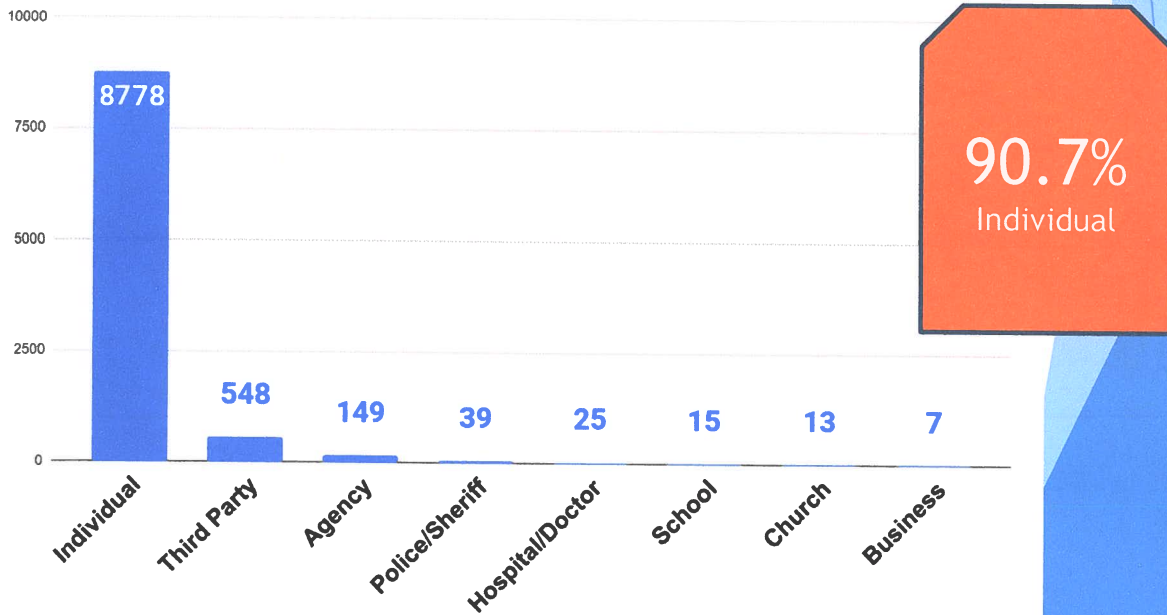


Contact Person Type describes the 211 caller and their role in contacting I&R services.



Local

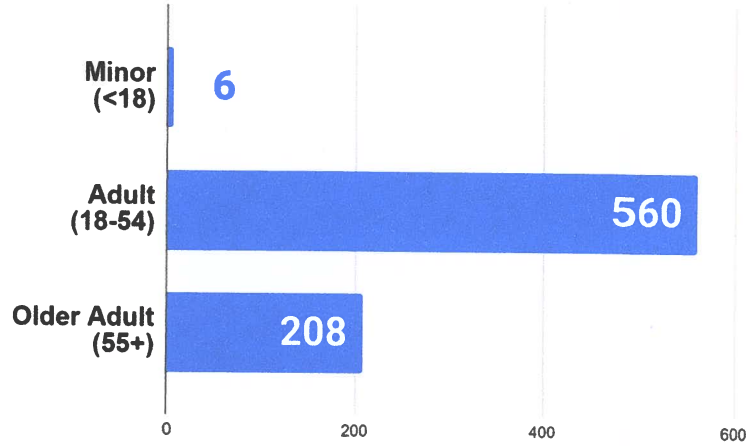
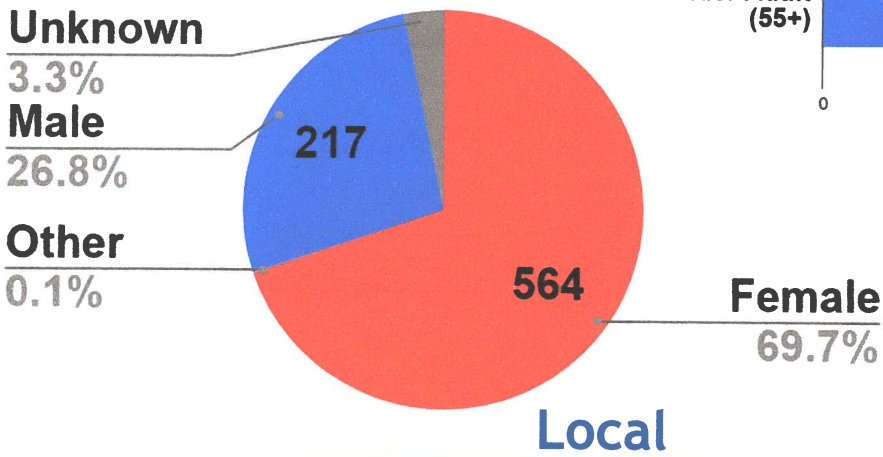
All of PATH 211



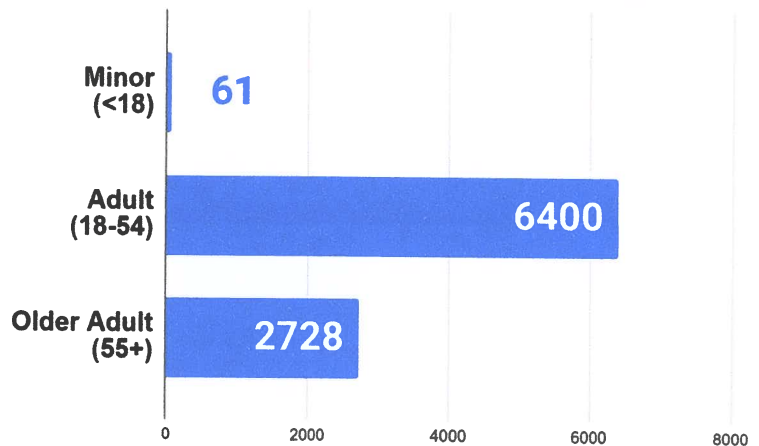
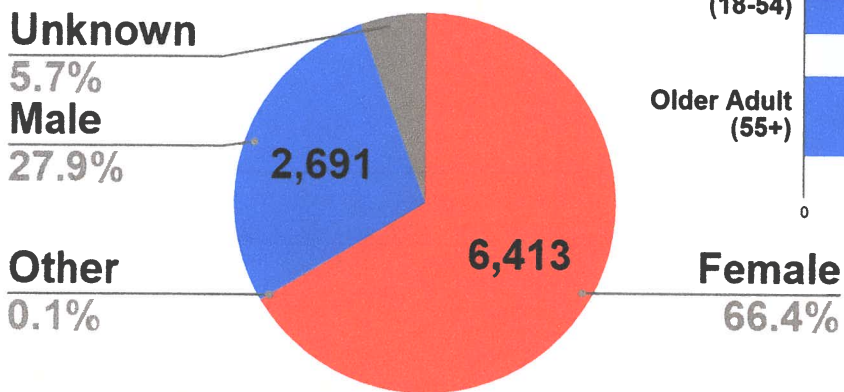
Contact Stats, Cont.

Caller Demographics

Note: "Other" includes callers who self-identified as trans or non-binary.
 "Unknown" includes the categories Refusal to Answer, Not Recorded, and Unknown.



All of PATH 211

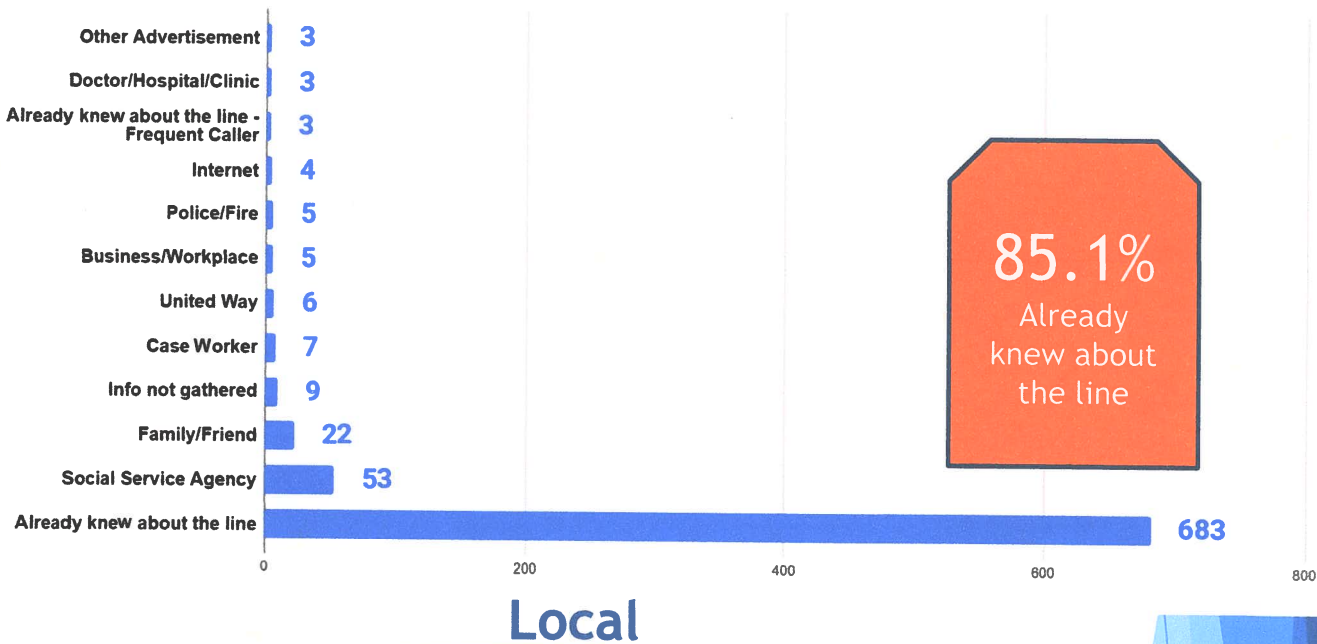


Contact Stats, Cont.

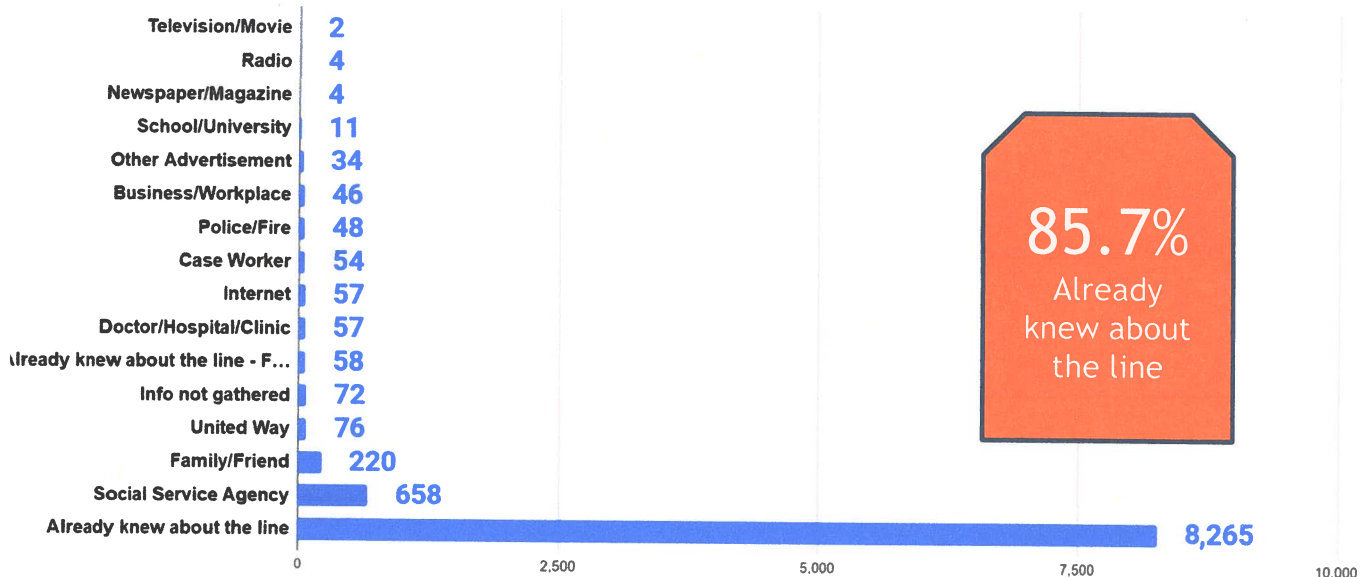
Referral Source

Referral source refers to how the caller found out about 211 services.

Note: As of late September, we have introduced new referral categories to provide more accurate information. This information still predominantly uses the old categories, but next quarter's information will only use the new ones.



All of PATH 211



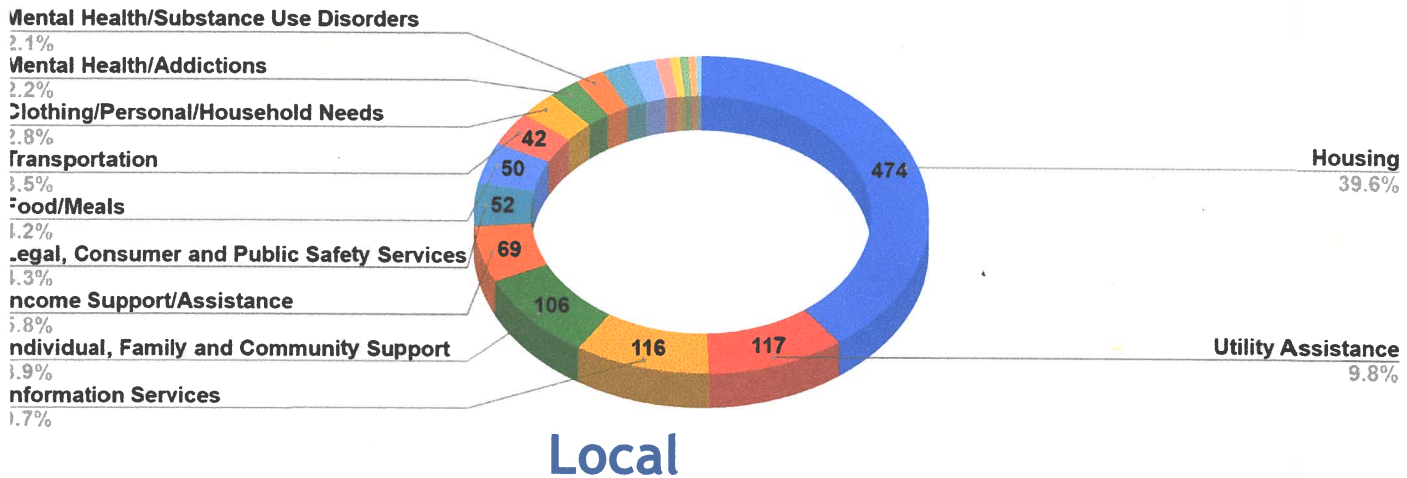
Contact Needs

AIRS Problem Needs

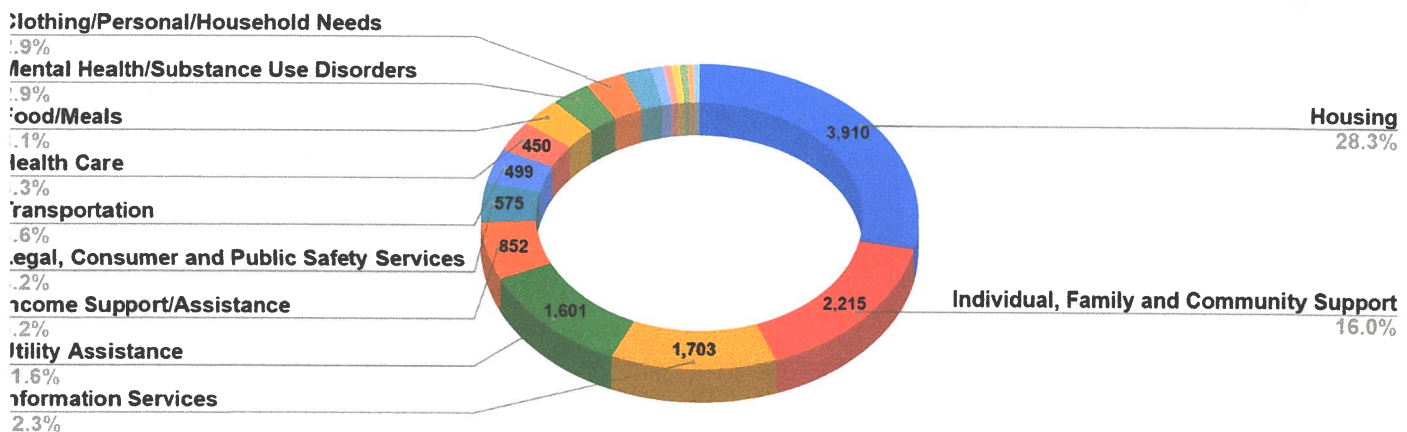
This chart describes how AIRS Problem Needs were reported across all contacts. There are often multiple needs recorded per call. Colors do not correspond to the same categories in both charts.

- AIRS= The Alliance of Information and Referral Systems. ([AIRS home page](#))
- AIRS Problem Needs = List of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

Note: Champaign County had 798 total 211 contacts and all of PATH had 9,462 total 211 contacts.



All of PATH 211



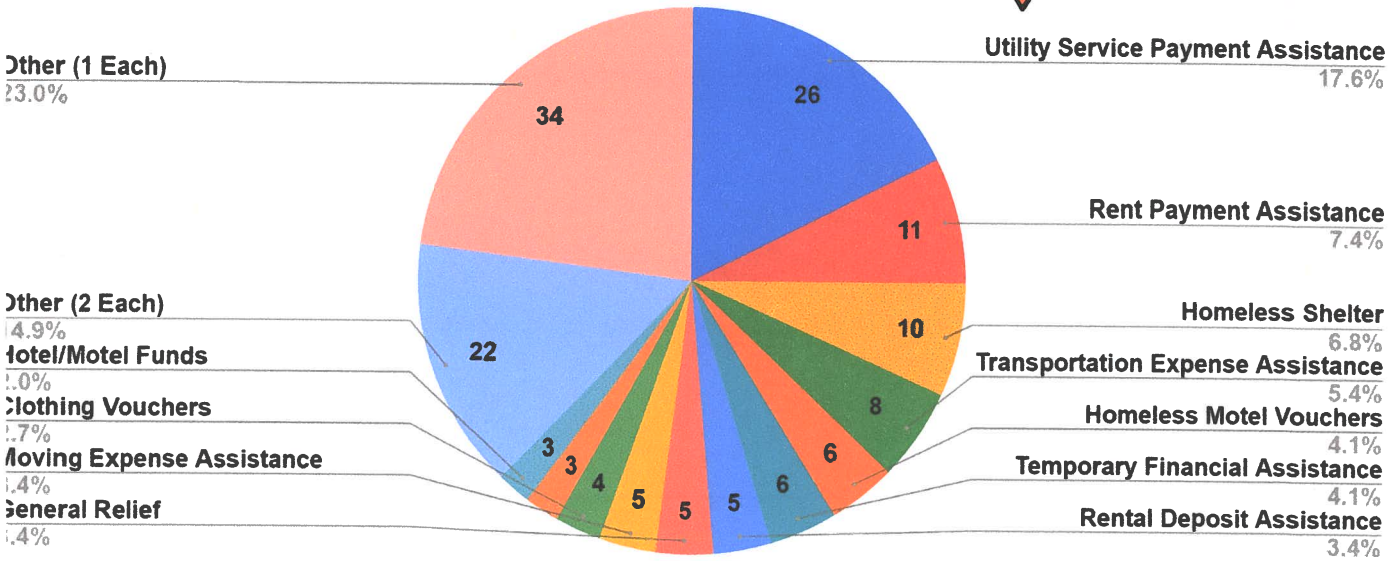
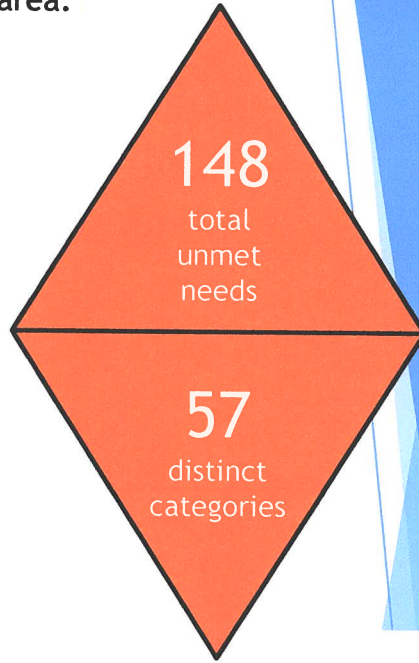
Contact Needs, Cont.

Unmet Needs

Each item on this list is a term in the Database that the 211 Call Center was unable to refer to a caller. Common reasons for that include:

- The caller already contacted the relevant agency but was ineligible.
- The caller already tried to contact the relevant agency without success.
- The type of service does not exist in the caller's area.

148 total unmet needs were recorded in Champaign County across 57 distinct categories. Refer to the "Raw Data" link at the end of the report for the complete list.

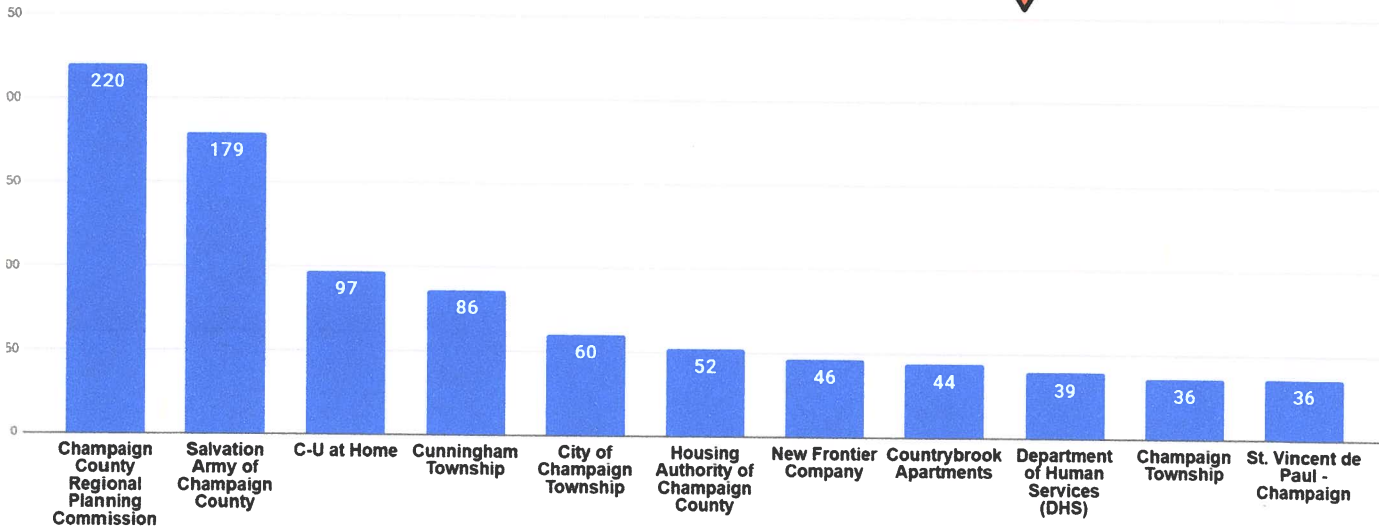
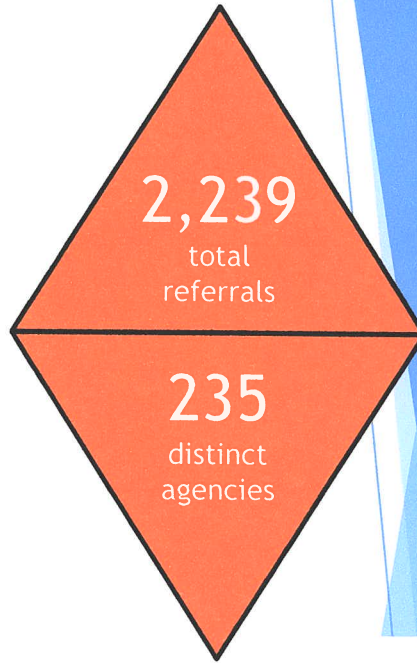


Contact Needs, Cont.

Top Agency Referrals

This chart displays the top agencies by referral count. Refer to the “Raw Data” link at the end of the report for the complete list.

2,239 total referrals were made in Champaign County across 235 distinct agencies.

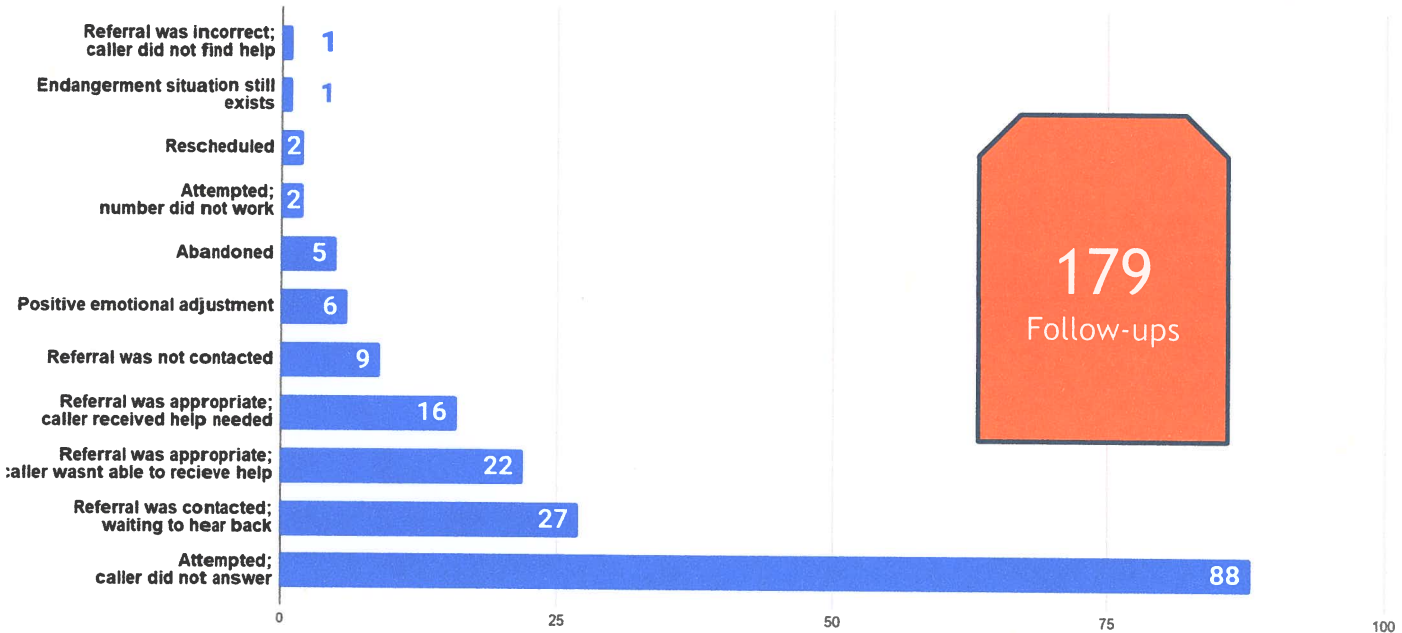


Contact Needs, Cont.

Follow-Ups

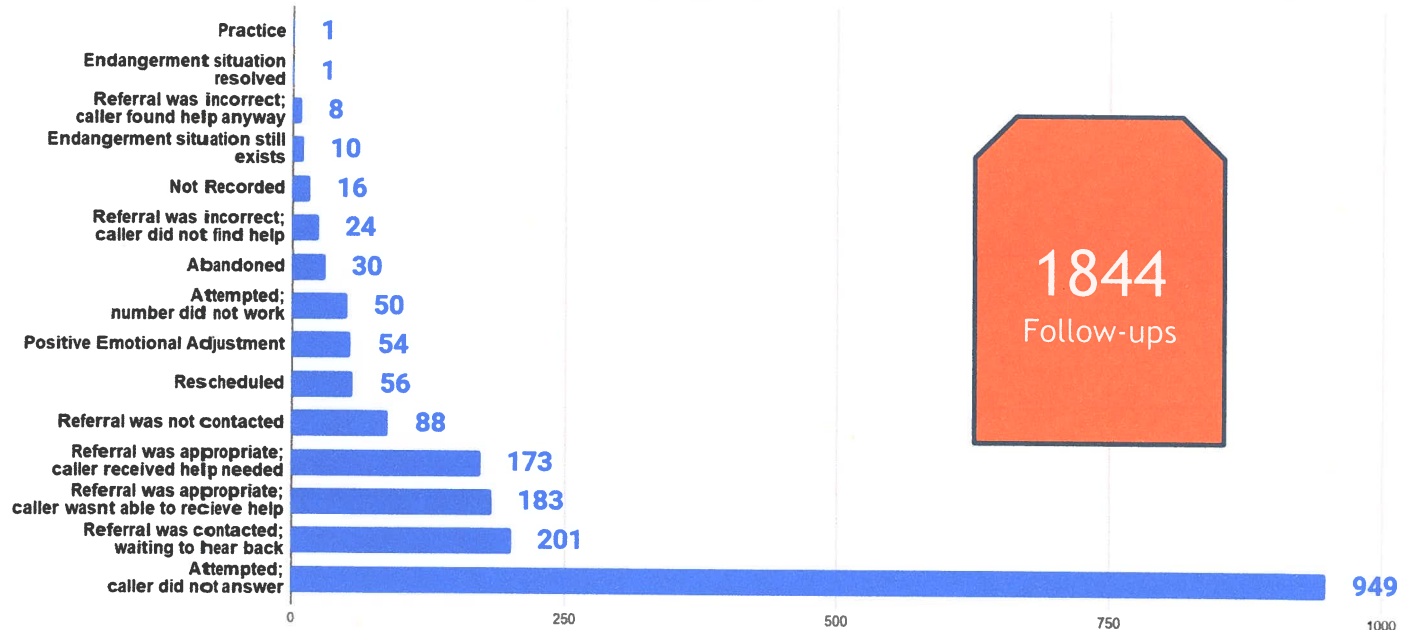


Note: PATH performed follow-up calls for a portion of the calls received. This chart breaks down the result of each follow-up attempt.



Local

All of PATH 211



Call Center

The following data corresponds to all of PATH 211, rather than to specific counties or areas.



InQueue and Handle Time

InQueue Time = how long a caller waits to speak with an agent.
Handle Time = how long it takes to resolve a 211 call.

English

0:18

Average InQueue Time

0:46

Last Quarter

Spanish

0:18

Average InQueue Time

0:36

Last Quarter

10:00

Average Handle Time

9:41

Last Quarter

8:11

Average Handle Time

8:18

Last Quarter

Service Level

Service Level = Percentage of calls answered within 90 seconds. Goal = 80%.

English

95.18%

Service Level

84.96%

Last Quarter

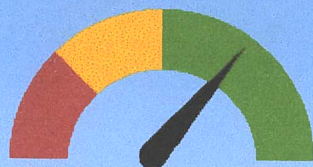
Spanish

93.93%

Service Level

86.02%

Last Quarter



Call Center, Cont.

Abandons

Abandons = Calls where the caller hung up while waiting to speak with an agent.
Abandon Time = How long a caller waits to speak to an agent before hanging up.
Abandon Rate = Percent of calls that are abandons. Goal = 9%.

English

Spanish

1,031
Last Quarter

516
Abandons

116
Abandons

135
Last Quarter

1:43
Last Quarter

0:47
Average Abandon Time

0:19
Average Abandon Time

0:39
Last Quarter

8.78%
Last Quarter

3.96%
Abandon Rate

19.17%
Abandon Rate

25.42%
Last Quarter

PATH Success Stories

The following are real 211 callers and their stories from this quarter. Certain details have been changed to preserve their anonymity.



Story 1



Caller was seeking grief counseling groups. Though we were able to provide a couple counselors that provided grief counseling, the caller remained extremely upset and seemingly unable to process her mother's death. The caller described herself as an "explosive person", but we were able to eventually validate her feelings of anger and frustration, helping her reach a point where she could talk about everything a bit more calmly. In the end, the caller was even able to joke around a little bit with our operator. The call wrapped up with her thanking us for the counseling resources we were able to provide, and we agreed to check in on her later to see how she's doing.

Story 2

Caller had recently moved into a new house with her children but had been struggling with finding resources to help pay for it. We were able to provide some referrals to local agencies that help with rent assistance, but one of the things the caller stated that she appreciated the most was just having someone to take the time to help brainstorm possible solutions. She had been feeling overwhelmed with navigating the options on her own, so she said it was a huge help for us to help her work through things..



Links/Resources

Links/Resources



PATH Inc. Website

- <https://www.pathcrisis.org/>

211 Counts

- <https://uwaypath.211counts.org/>

PATH Inc. Online Database

- <https://www.navigateresources.net/path/>

AIRS

- <https://www.airs.org/i4a/pages/index.cfm?pageid=1>

Raw Data

- https://docs.google.com/spreadsheets/d/18TbLXSu5v9ArNfjce0FAcZA51AjpdlXlNMv_jLYgh7o/edit?usp=sharing

Submitted by:

Chris Baldwin

Director of Database Services

cbaldwin@pathcrisis.org

309-834-0590



CCMHB 2022-2023 Meeting Schedule

5:45PM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81393675682> 312-626-6799 Meeting ID: 813 9367 5682

- November 16, 2022 – Shields-Carter Room (*off cycle*)
- December 21, 2022 – Shields-Carter Room (*off cycle*) – *tentative*
- January 18, 2023 – Shields-Carter Room
- January 25, 2023 – *study session* - Shields-Carter Room
- February 15, 2023 – *Special Joint Mtg with CCDDDB* - Shields-Carter
- February 22, 2023 – Shields-Carter Room
- March 22, 2023 – Shields-Carter Room (*Ramadan begins*)
- March 29, 2023 – *study session* - Shields-Carter Room
- April 19, 2023 – Shields-Carter Room
- April 26, 2023 – *study session* - Shields-Carter Room
- May 17, 2023 – *study session* - Shields-Carter Room
- May 24, 2023 – Shields-Carter Room
- June 21, 2023 – Shields-Carter Room
- July 19, 2023 – Shields-Carter Room
- August 16, 2023 – Shields-Carter Room - *tentative*
- September 20, 2023 – Shields-Carter Room
- September 27, 2023 – *study session* - Shields-Carter Room
- October 18, 2023 – Shields-Carter Room
- October 25, 2023 – *Joint Study Session with CCDDDB* - Shields-Carter
- November 15, 2023 – Shields-Carter Room
- December 20, 2023 – Shields-Carter Room (*off cycle*) - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate. Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

Public Input: All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, using the Zoom options or in person, in order to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.



CCDDB 2022-2023 Meeting Schedule

9:00AM Wednesday after the third Monday of each month

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557> 312-626-6799, Meeting ID: 815 5912 4557

November 16, 2022 - Shields-Carter Room

December 21, 2022 – Shields-Carter Room

January 18, 2023 – Shields-Carter Room

February 15, 2023 5:45PM – Shields-Carter Room – *special joint meeting with CCMHB*

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room (*Ramadan begins*)

April 19, 2023 – Shields-Carter Room

May 17, 2023 – Shields-Carter Room

June 21, 2023 – Shields-Carter Room

July 19, 2023 – Shields-Carter Room

August 16, 2023 – Shields-Carter Room - *tentative*

September 20, 2023 – Shields-Carter Room

October 18, 2023 – Shields-Carter Room

October 25, 2023 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

November 15, 2023 – Shields-Carter Room (*off cycle*)

December 20, 2023 – Shields-Carter Room (*off cycle*) - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.
All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

IMPORTANT DATES - 2022 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY23

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY23 and deadlines related to PY22 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM; these may be confirmed by Board staff.**

- 1/3/22 *Online system open for applications for PY23 funding*
- 1/19/22 **Regular Board Meeting**
- 1/26/22 **Study Session: Mid-Year Program Presentations**
- 1/28/22 *Agency PY22 2nd Quarter and CLC progress reports due*
- 1/31/22 *Deadline for updated agency eligibility questionnaires*
- 2/11/22 *Deadline for submission of applications for PY23 funding (Online system will not accept any forms after 4:30PM.)*
- 2/16/22 **Study Session: Mid-Year Program Presentations**
- 2/16/22 *List of Requests for PY2023 Funding assembled*
- 2/23/22 **Regular Board Meeting**
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs
- 3/23/22 **Regular Board Meeting: FY2021 Annual Report**
- 4/13/22 *Program summaries released to Board, posted online with CCMHB April 20, 2022 meeting agenda*
- 4/20/22 **Regular Board Meeting**
Program Summaries Review and Discussion

4/27/22 **Study Session**
Program Summaries Review and Discussion

4/29/22 *Agency PY2022 3rd Quarter Reports due*

5/11/22 *Allocation recommendations released to Board, posted online with CCMHB study session agenda*

5/18/22 **Study Session:** Allocation Recommendations

5/25/22 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2023

6/22/22 **Regular Board Meeting**
Draft FY2023 Budget, Election of Officers

6/24/22 *Deadline for agency application/contract revisions*
Deadline for agency letters of engagement w/ CPA firms
PY2023 agency contracts completed

6/30/22 *Agency Independent Audits, Reviews, or Compilations due*
(only applies to those with calendar FY, check contract)

7/20/22 **Regular Board Meeting**

8/26/22 *Agency PY2022 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due*

9/21/22 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2023 Objectives
Evaluation Capacity Building Project Report

9/28/22 **Special Joint Meeting with the CCDDDB**
Authorize Release of RFP
Finalize I/DD Special Initiative Priorities for PY24

9/30/22 *RFP posted and advertised*

10/19/22 **10AM – RFP Pre-Proposal conference**
Will take place directly after the regular meeting of the CCDDDB, at their regular location and link

- 10/19/22 **Regular Board Meeting**
Release Draft Program Year 2024 Allocation Criteria
- 10/26/22 **Joint Study Session with CCDDDB at 5:45PM**
- 10/28/22 *Agency PY2023 First Quarter Reports due*
- 11/16/22 **Regular Board Meeting (off cycle)**
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY24 Allocation Criteria
- 11/21/22 *Final Date to Issue RFP Addenda, if any*
- 12/11/22 *Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period*
- 12/21/22 *RFP Proposals due at Noon*
- 12/21/22 **Regular Board Meeting (off cycle)**
Opening of RFP Proposals, 5:30PM directly before the regular meeting of the CCMHB, at the same location/link
- 12/31/22 *Agency Independent Audits, Reviews, Compilations due*
- 1/2/23 *Online system opens for applications for PY24 funding*

IMPORTANT DATES - 2023 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY24

The schedule offers dates and subject matter of meetings of the Champaign County Mental Health Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed. Study sessions may be scheduled on topics raised at meetings, brought by staff, or in conjunction with the CCDDDB. Included are tentative dates for steps in the funding allocation process for PY24 and deadlines related to PY22 and PY23 agency contracts. **Meetings and study sessions are scheduled to begin at 5:45PM and may be confirmed by Board staff.**

- 1/2/23 *Online system open for applications for PY24 funding*
- 1/18/23 **Regular Board Meeting**
- 1/25/23 **Study Session: Mid-Year Program Presentations**
- 1/27/23 *Agency PY23 2nd Quarter and CLC progress reports due*
- 2/10/23 *Deadline for submission of applications for PY24 funding
(Online system will not accept any forms after 4:30PM)*
- 2/15/23 **Special Joint Meeting with CCDDDB**
RFP Review Committee Recommendations
- 2/22/23 **Regular Board Meeting**
List of Requests for PY2024 Funding assembled
- 3/1/23 *If approved, new Evaluation Capacity contract issued*
- 3/22/23 **Regular Board Meeting: 2022 Annual Report**
- 3/29/23 **Study Session**
- 4/12/23 *Program summaries released to Board, posted
online with CCMHB April 19 meeting agenda and packet*
- 4/19/23 **Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests

- 4/26/23 **Study Session**
Board Review, Staff Summaries of Funding Requests
- 4/28/23 *Agency PY2023 3rd Quarter Reports due*
- 5/10/23 *Allocation recommendations released to Board, posted
online with CCMHB May 17 study session agenda packet*
- 5/17/23 **Study Session: Allocation Recommendations**
- 5/24/23 **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY2024
- 6/1/23 *For contracts with a PY23-PY24 term, all updates to
Cloned PY24 forms should be completed and submitted
by this date.*
- 6/17/23 *Deadline for agency application/contract revisions
Deadline for agency letters of engagement w/ CPA firms
PY2024 agency contracts completed*
- 6/21/23 **Regular Board Meeting**
Draft FY2024 Budget, Election of Officers
- 6/30/23 *Agency Independent Audits, Reviews, or Compilations due
(only applies to those with calendar FY, check contract)*
- 7/19/23 **Regular Board Meeting**
- 8/16/23 **Regular Board Meeting - tentative**
- 8/25/23 *Agency PY2023 4th Quarter reports, CLC progress
reports, and Annual Performance Measure Reports due*
- 9/20/23 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2024 Objectives
- 9/27/23 **Study Session**
- 10/18/23 **Regular Board Meeting**
Release Draft Program Year 2025 Allocation Criteria

- 10/25/23 **Joint Study Session with CCDDB**
- 10/27/23 *Agency PY2024 First Quarter Reports due*
- 11/15/23 **Regular Board Meeting (off cycle)**
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY25 Allocation Criteria
- 12/10/23 *Public Notice of Funding Availability to be published by
date, giving at least 21-day notice of application period.*
- 12/20/23 **Regular Board Meeting (off cycle) – tentative**
- 12/31/23 *Agency Independent Audits, Reviews, Compilations due*
- 1/2/24 *Online system opens for applications for PY25 funding*

Agency and Program Acronyms

BLAST – Bulldogs Learning and Succeeding Together, a program of Mahomet Area Youth Club

CC – Community Choices

CCCAC or CAC – (Champaign County) Children’s Advocacy Center

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)

CCMHB or MHB – Champaign County Mental Health Board

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

CSCNCC - Community Service Center of Northern Champaign County, may also appear as CSC

CU TRI – CU Trauma & Resiliency Initiative, affiliated with the Champaign Community Coalition and CUNC, funded through Don Moyer Boys & Girls Club

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

ECHO – a Housing and Employment Support program of Cunningham Children’s Home

ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center, also The Refugee Center

ECMHS - Early Childhood Mental Health Services, a program of Champaign County Regional Planning Commission Head Start Department

FD – Family Development, previously Family Development Center, a DSC program

FS - Family Service of Champaign County

FST – Families Stronger Together, a program of Cunningham Children’s Home

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

IAG – Individual Advocacy Group, Inc., a provider of I/DD services

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

MRT – Moral Reconciliation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WIN Recovery – Women in Need Recovery

YAC – Youth Assessment Center. Screening and Assessment Center developed by the Champaign County Regional Planning Commission-Social Services Division with Quarter Cent funding.

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADL- Activities of Daily Living

A/N- Abuse and Neglect

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARMS – Automated Records Management System. Information management system used by law enforcement.

ASAM – American Society of Addiction Medicine. May be referred to in regards to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ATOD – Alcohol, Tobacco and Other Drugs

CADC – Certified Alcohol and Drug Counselor, substance abuse professional providing clinical services that has met the certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CALAN or LAN – Child and Adolescent Local Area Network

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CBCL – Child Behavior Checklist

CBT- Cognitive Behavioral Therapy

CC – Champaign County

CCBoH – Champaign County Board of Health

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CDC – federal Centers for Disease Control and Prevention

CDS – Community Day Services, day programming for adults with I/DD, previously Developmental Training

C-GAF – Children’s Global Assessment of Functioning

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement, Medicaid-waiver funded residential services for people with I/DD

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

CQL – Council on Quality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application/program plan. It relates to the number of public events (including

mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPH – Continuum of Service Providers to the Homeless

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY23

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed as IDSUPR or SUPR

DBT -- Dialectical Behavior Therapy

DCFS – Illinois Department of Children and Family Services.

Detox – abbreviated reference to detoxification. It is a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

DDD or IDHS DDD – Illinois Department of Human Services - Division of Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMH or IDHS DMH – Illinois Department of Human Services - Division of Mental Health

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional, a certification required for those serving people with I/DD

DT – Developmental Therapy (children), or Developmental Training (adults), now Community Day Services

EAP-- Employee Assistance Program

EBP: Evidence Based Practice

EHR – Electronic Health Record

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, for the county runs from December to following November. Changing in 2015 to January through December.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

HBS – Home Based Support, a Medicaid-waiver program for people with I/DD

HCBS – Home and Community Based Supports, a federal Medicaid program

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HIPPA – Health Insurance Portability and Accountability Act

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

I&R – Information and Referral

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID or I/DD – Intellectual Disability or Intellectual/Developmental Disability

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDHS DDD or DDD – Illinois Department of Human Services - Division of Developmental Disabilities

IDHS DMH or DMH – Illinois Department of Human Services - Division of Mental Health

IDOC – Illinois Department of Corrections

IDSUPR or SUPR – Illinois Division of Substance Use Prevention & Recovery

IM+CANS – The Illinois Medicaid Comprehensive Assessment of Needs and Strengths

IOP – Intensive Outpatient Treatment

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health (APEX-PH)* model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

MBSR -- Mindfulness-Based Stress Reduction

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response. Previously known as SASS. It is a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP - Mental Health Professional. Rule 132 term, typically referring to a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MI – Motivational Interview

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and

actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs, the number of new clients in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OCD: Obsessive-Compulsive Disorder

ODD: Oppositional Defiant Disorder

OMA – Open Meetings Act

ODD/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PWI – Personal Well-being Index

PY – Program Year, runs from July 1 to following June 30. (Also referred to as Contract Year – CY - and often the Agency Fiscal Year)

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention programming. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term, that simply stated refers to a Master’s level clinician with field experience that has been licensed.

REBT – Rational Emotive Behavior Therapy

RFI – Request for Information

RFP – Request for Proposals

RTC -- Residential Treatment Center

SA – Substance Abuse

SAD -- Seasonal Affective Disorder

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application.

SDOH – Social Determinants of Health

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

SOAR - SSI/SSDI Outreach, Access, and Recovery. Assistance with completing applications for Social Security Disability and Supplemental Income, provided to homeless population

SSI – Supplemental Security Income, a program of Social Security

SSDI – Social Security Disability Insurance, a program of Social Security

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

SUPR or IDSUPR – (Illinois Division of) Substance Use Prevention & Recovery

TANF- Temporary Assistance for Needy Families

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale. Used by Champaign County Head Start.

TPOT - Teaching Pyramid Observation Tool. Used by Champaign County Head Start.

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center.

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Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities Staff Report – November 2022

CCDDB/CCMHB: PY2023 1st Quarter Program Reports for CCDDB and CCMHB I/DD funded programs are in the CCDDB Board packet for review. PY2023 1st Quarter Claims reports for CCDDB and CCMHB I/DD funded programs were created using the data entered in the system by agency staff. I am reviewing and documenting the information provided in the reports. This information was also added to the CCDDB and CCMHB I/DD funded program Performance Data Charts.

I met with staff from one agency to review claims to be uploaded into the Online Reporting System. I also spent time reviewing claims errors in the Online Reporting System so the claims could be entered.

CU Able's Financial Compilation has not been received. CU Autism Network was granted an extension until 12/31/2022 to submit the agency Financial Review. Champaign County Down Syndrome Network has not submitted the PY20 audit.

CCRPC Head Start/Early Head Start requested an extension for the Early Childhood Mental Health Services program PY23 1st Quarter Service Data report. I will work with program staff to reopen the program to upload claims into the Online Reporting System.

Program Site Visits for DSC's Individual and Family Support program and Service Coordination were completed by November 1st. All remaining site visits notes are in progress.

Learning Opportunities: Elise Belknap, Ph.D., NCC presented, "De-escalation Skills and Strategies for Helping Professionals" on November 10, 2022. See flyer attached for more information.

Each session offers Social Work CEUs, approved by the University of Illinois School of Social Work. Prior to each workshop, I prepare required documents and send these documents to the School of Social Work for approval. QIDP CEUs are provided for each session, as well. After the presentations are over, I create QIDP CEU Certificates and Certificates of Attendance, and email them to attendees along with any relevant workshop materials. The sign-in sheet is also sent to UIUC School of Social Work for Social Work CEUs for certification.

MHDDAC: I participated in the October meeting of the MHDDAC. During the October meeting, staff from Carle Addiction Recovery Center and staff from the Refugee Center presented information about their services/programs to the group. Each month, agencies will have an opportunity to share information about their services/programs to the full MHDDAC group.

ACMHAI: I participated in the November meeting of the ACMHAI I/DD Committee.

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Disability Resource Expo: The DISABILITY Resource Expo was held on October 22, 2022 at Market Place Mall. A year-end wrap-up meeting is being planned in the coming weeks. At this meeting, the Steering Committee members will review and discuss participant and exhibitor evaluations, discuss what worked and what did not work during 2022, and begin thinking about the 2023 Expo.

UIUC School of Social Work Community Learning Lab: I continue working with four University of Illinois BSW seniors on a weekly basis. The students are working to create more DISABILITY Resource Expo exhibitor videos. The students have recorded two videos, one for Larkin's Place and another for the Champaign County Clerk and Recorder of Deeds. The students are currently working on editing their videos.

Other activities: I participated in several webinars. I participated in the November CIT Steering Committee meeting.

I attended the PACE, Arc of Illinois, and Family Matters 'Making the Connection' event held at the Champaign Public Library. I have reached out to Family Matters to schedule a presentation for the Case Management workshops.

I attended the November Human Services Council meeting. The Alzheimer's Association Illinois Chapter provided a presentation to the group. The group will consider returning to in-person meetings or a hybrid model again in the spring.

I participated in the Race Relations Subcommittee Meeting.

Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

Staff Report- November 2022

Summary of Activity

Included in this Board packet is a decision memo for the FY2022-2024 Three Year Plan with FY2023 Objectives. The CCMHB Three Year Plan for 2022-2024 with Objectives for Fiscal Year 2023 continues the commitment to many prior objectives. The Plan is meant to be responsive to emerging issues. The Three-Year Plan with proposed objectives for 2023 was presented in the September 21, 2022 Board packet and distributed to agency providers and stakeholders. Suggestions were made by two board members and are incorporated in the final draft: Goal #2 Objective #2.6 adds consideration of gender minorities; Goal #4 Objective #4.1 removes reference to the support continuum and focuses instead on people with I/DD.

PY23 1st Quarter reports were due on October 28th 11:59PM CST. Several agencies requested and were granted extensions to complete their reports. The agencies are required to fill out a Request for Extension Report form and have a window of time to complete their reports.

PY22 Utilization Summaries for MHB programs are also presented in this Board packet. I compiled data from the PY22 4th Quarter reports for PY2022 CCDDDB and CCMHB I/DD Programs.

I am currently working with the UIUC Department of Human Development & Family Studies graduate students on a Leadership project for MHB agency leaders. An introductory email went out to agency leaders informing them of a pre-survey in the coming week.

Audit Delays/Suspension of Funding: Compliance letters were mailed out by Ms. Stephanie Howard-Gallo to Don Moyer Boys and Girls Club, MAYC and Urbana Neighborhood Connections Center for out of compliance with the terms and conditions of their contracts.

Contract Amendments: In October, the Board approved a contract amendment for Family Services Senior Counseling and Advocacy program which allowed the agency to adjust their PY23 program service TPC targets from 400 to 200.

Site Visits: Attended a financial site visit with Mr. Chris Wilson for The Well Experience.

I assisted Ms. Kim Bowdry with an in-person site visit at RPC Head Start/Early Start for the purpose of assuring accountability and compliance with the terms of the service contract. The visit yield no significant issues at the time of this report.

I conducted an in-person site visit at GROW for the purpose of assuring accountability and compliance with the terms of the service contract. The visit yield no significant issues at the time of this report.

I assisted Ms. Kim Bowdry with an in-person site visit at DSC. The visit yield no significant issues at the time of this report.

Criminal Justice-Mental Health: I attended the Champaign County Drug Court's Graduation Ceremony on Monday, October 17th via zoom. Four graduates were recognized and spoke during the ceremony.

IPlan Behavioral Health Workgroup: Members discussed staff burnout/workforce development, substance use, list of substance use providers in the community and mobile unit strategies. The Coordinator and I debrief later in the week on how things are going in the group meetings.

CCMHDDAC Meeting: The committee met on October 25th. We heard two agency presentations from Carle Addiction Recovery Center and The Refugee Center about the services each provides.

Reentry Executive Committee & Council Meetings: The Executive Committee members met on Oct. 25th for the first time this fiscal year and worked on the agenda for the Reentry Council meeting.

The Reentry Council Committee met on November 2nd. We discussed several barriers individuals face upon returning to the community such as housing vouchers, background /credit check issues, application fees, building trust with landlords, transportation, so on.

ACMHAI CoP Crisis Response Monthly Discussion Group: Members heard from Crisis Intervention Team Enhanced Speaker: Bernadette May, Executive Director, Family Service Association of the Greater Elgin.

Continuum of Service Providers to the Homeless (CSPH): Mr. Belcher, the Chair provided a brief update on the Summer Point in time count. In his report, he noted that 120 total households and 194 total individuals sheltered and unsheltered experienced homelessness on a single night. These numbers are up 22% and 42% respectively from the 2022 winter. Members also heard presentations from New American Welcome Center on Migrant Assistance Planning and Response, City of Urbana and City of Champaign Housing and Homeless Innovation grant program, and updates from City of Champaign Township—Emergency shelter and Family Shelter Committee. The next meeting is Tuesday, December 6th.

Rantoul Service Provider's Meeting: Attended the meeting via zoom on October 17th. Members provided updates are working on effective communication regarding referrals, data sharing, and strategizing ways to solve gaps and barriers to service. The next meeting is Monday, November 21st.

Disability Resource Expo: I participated in the final Expo Steering Committee meetings prior to the Oct. 22nd event. Ms. Canfield and I took photos for a sponsor at Market Place Mall. The morning of the event, I assisted with setting up tables, folding t-shirts, placing Expo displays throughout the mall, and check on the Welcome tables for support. It was nice to see and speak with some of our funded agencies in attendance.

Other Activities:

I facilitated the Homelessness discussion in the October 26th CCMHB/CCDDB Joint Study Session.

Ms. Canfield, Mr. Wilson, and I met with Katie Shumway, Director of Community Learning Lab at UIUC to discuss a master's-level accountancy class to help MHB agencies with bookkeeping tasks.

Ms. Canfield and I met with CU@Home Admin team for an update on the low barrier shelter.

Learning Opportunities (Trainings and Webinars) :

Vaping and Marijuana - Drugs Trends for Teens in 2022. Presenter - Aaron Weiner, PhD, ABPP

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – November 2022 Board Meeting

SUMMARY OF ACTIVITY:

Audits/Financial Reviews:

Promise Healthcare, DREAM, CU Able, and CU Autism Network (CUAN) still owe audits, financial reviews, or compilations from last year.

First Quarter Reporting:

First Quarter reports were due October 28, 2022. I sent out a reminder to all the agencies in early October. Three agencies will receive late payments due to not reporting by the deadline. One agency received a letter of suspension of funding. They will receive payments once their reports are received and approved.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):

The art show at the Disability Expo on October 22, 2022 was a success.

Request for Proposals (RFP):

I submitted the public notice to the News Gazette and the Daily Illini for the RFP. It reads:

Notification of Bid Process: The Champaign County Developmental Disabilities Board and the Champaign County Mental Health Board are seeking bid proposals from academic research teams to continue or expand the “Evaluation Capacity Building” project. For details, see RFP2022-010 at www.co.champaign.il.us/bids.

The proposal should identify researchers’ qualifications and experience, the plan to support agencies funded by the Boards in the measurement and reporting of outcomes, and annual costs and timeline associated with implementing the project. The Boards will select the proposal which offers the best value and will negotiate a two-year contract with renewal option. The Boards reserve the right to reject any and all proposals. Proposals

are due to the CCDDDB/CCMHB Executive Director by no later than Noon on Wednesday, December 21, 2022. Email stephanie@ccmhb.org and lynn@ccmhb.org.

Other:

- Prepared meeting materials for CCMHB/CCDDDB regular meetings, special meetings, and study sessions/presentations.
- Composed minutes from the CCDDDB/CCMHB meetings.
- Participated in meetings and study sessions for the CCDDDB/CCMHB.

November 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

Agency Support and Technical Assistance:

- **Reminder about CLC Required Training:**
Community Choices Human Rights and Advocacy Group- A training has been developed by the members of the Human Rights Advocacy Group. This training focuses on how to work with people living with a disability. If your organization will utilize this as a training as a funding requirement, please include me in your correspondence with Hannah Sheets.

HRA Training Guidelines

- 5 trainings in FY23 for DDB/CCMHB Funded Organizations.
- Preferred day of the week is on Thursdays at 10am or 3pm
- You must Schedule your training at least one week before the training dates.

Please contact Hannah Sheets at hannah@communitychoicesinc.org to schedule your presentation.

PY 23- update to 2nd Quarter Reports - I have reviewed the 4th Quarter Reports for the CCMHB/DDB Funded Organizations. Reminder that 2nd Quarter requirement will be the requirement of add the demographics of board that will show the reflection of the value of diversity, cultural competence, and qualities of the Board Composition. Please see the sample 2nd Quarterly Report Form that will be uploaded to system.

Cultural Competence Training/Support

Community Choices Board of Directors CLC Training November 30, 2022

CLC Coordinator Direct Service Activities

Mental Health First Aid-

Mental Health First Aid now has a statewide coordinated person. For information, please refer to the website: <http://mhfaillinois.org/>

CLC Site Visits: I have started to schedule CLC Site visits for organizations. There will be a comprehensive review of CLC Work within the agencies that will review the PY22 Activities.

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo Committee- I attended the Disability Resource Expo on Saturday October 22, 2022. I assisted Becca Obuchowski with setting up and the volunteer needs for the

November 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Expo thanks to the community members and committee members for all of your service to the first in person Expo since 2019.

C-HEARTS African American Storytelling Project:

The ASPIRE program is a youth-centered intervention that is co-created between trusted adult facilitators and middle school youth that facilitates psychological health. This team meets bi-weekly as a research team. The research team is working with DREAM to implement the program in the spring of 2023.

ACMHAI

The Children's Behavioral Health Committee will meet on November 17, 2022. I will continue to provide updates from National Federation of Families and the changes that are taking place for Peer Support.

United Way Emerging Community Leader Program:

Emerging Community Leaders is a program in partnership with United Way of Champaign County. This program is to work with future leaders to introduce them to non-profit organizations and board service in Champaign County. I attended the graduation event and will continue to serve on the alumni committee. There are 70 people that completed the program from the community and the University of Illinois.

Short Reading List to continue the conversation about Racism and Trauma as a decision maker.

Call to Action to Address Racism & Social Injustice at the University of Illinois (Highly Recommended)

<https://calltoaction.illinois.edu/>

The University of Illinois Call to Action to Address Racism & Social Injustice is a commitment by our university to put the need to address systemic racism and generationally embedded racial disparity into concrete action to find new solutions. Announced by Chancellor Robert J. Jones in July 2020, the Call to Action includes an \$2 million annual commitment designed to quickly and permanently transform the way our own university supports, prioritizes, and recognizes the research of scholars working on issues of systemic racism in the United States. Chancellor Jones has also charged a steering committee and four working groups to identify the work that we must commit to now, in order to create a campus that is free of structural and systemic racism and bias.

Every Moment Count: Resource from National Federation of Families

<https://everymomentcounts.org/>

Every Moment Counts is a multi-pronged mental health promotion initiative to help all children and youth be mentally healthy in order to succeed in school, at home, and in the community. Emphasis is on promoting positive mental health which is associate with feeling good emotionally and doing well functionally in everyday life. The focus is on making every moment count toward helping all children and youth participate in and enjoy their day from the moment they enter school to the time they go home.

November 2022 Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

GUIDING PRINCIPLES

- Every moment counts - small moments make big differences in how children feel and function
- Enjoyable experiences throughout the day promote feelings of emotional well-being
- Everyone can be a mental health promoter
- Addressing the mental health needs of all students with and without disabilities and/or mental health challenges does not involve doing more but doing differently – namely through embedded strategies

(Source: Every Moment Counts Website)

Hunger in America

[https://nihcm.org/publications/hunger-in-america?utm_source=NIHCM+Foundation&utm_campaign=d1b4b99c2e-Hunger in America infographic&utm_medium=email&utm_term=0_6f88de9846-d1b4b99c2e-167751988](https://nihcm.org/publications/hunger-in-america?utm_source=NIHCM+Foundation&utm_campaign=d1b4b99c2e-Hunger%20in%20America%20infographic&utm_medium=email&utm_term=0_6f88de9846-d1b4b99c2e-167751988)

What Health System Characteristics are Associated with Overuse of Health Care in the US?

[https://nihcm.org/publications/what-health-system-characteristics-are-associated-with-overuse-of-health-care-in-the-us?utm_source=NIHCM+Foundation&utm_campaign=e0fedcc5e1-092922 Segal Overuse RI&utm_medium=email&utm_term=0_6f88de9846-e0fedcc5e1-167751988](https://nihcm.org/publications/what-health-system-characteristics-are-associated-with-overuse-of-health-care-in-the-us?utm_source=NIHCM+Foundation&utm_campaign=e0fedcc5e1-092922%20Segal%20Overuse%20RI&utm_medium=email&utm_term=0_6f88de9846-e0fedcc5e1-167751988)

**November 2022 Staff Report- Shandra Summerville
 Cultural and Linguistic Competence Coordinator
 Second Quarter Sample Board Demographic Collection**

Board Composition- Please tally the areas where the members of your Board are represented. You do not need to provide their names just tally the areas where they are represented. Please understand that some areas will overlap so it will not add up to number of people on your board. The purpose is to see who is represented on your board and areas that you can increase representation in areas that might need additional perspective for the growth and development of the organization.

Gender	Ethnic Group	County Location	Skills	Constituency
Non-Binary	African American	Champaign	Fundraising	Business
Female	Caucasian	Urbana	Public Relations	Government
Male	Native American	Rantoul	Event Planning	Person with Lived Experience
AGE	Latino/Hispanic	Mahomet	Financial	Young Adult (18-26)
19-28	Asian-American	Tolono	Personnel	Service Provider
29-45	Other:	Other:	Legal	Community
45-60			Media	Other
60			Other	

CCMHB Liaison Choices 2022

	Jane Sprandel	Daphne Maurer	Matthew Hausman	Elaine Palencia	Kyle Patterson	Jon Paul Youakim	Joe Omo-Osagie	Alexa McCoy	Molly McLay
Courage Connection (4th Mon., 5:30pm)									
CCRPC (Head Start and Community Services)									
Cunningham Children's Home(meets qtrly)									
**Children's Advocacy Ctr (4th Thurs., 9 am)									
CC Health Care Consumers(4th Thurs., 6 p.m.)									
Christian Health Center (last Sat., 10 a.m.)									
Community Service Ctr (3rd Thurs., 4:30 pm)									
Crisis Nursery (2nd Wed., 5:30 pm)									
Don Moyer (3rd Tues., 7 am)									
DSC (4th Thurs., 5:30 pm)									
DREAM House (2nd Thurs., 9 am)									
ECIRMAC (Refugee Ctr (2nd Tues., 4 pm)									
Family Service (2nd Mon., noon)									
First Followers (generally 3rd Fri., 5 pm)									
GROW in IL (last Mon., 7 pm)									
Mahomet Area Youth Club (2nd Tues., 7 am)									
Promise Healthcare (4th Tues., 6 pm)									
RACES (3rd Thurs., 6 pm)									
Rosecrance (last Tues, 4:30 pm)		X							
Terrapin Station Sober Living									
UP Center (3rd Thurs., 6 pm)									
Urbana Neighborhood Conn.(2nd Thurs., 6 pm)									
Well Experience (4th Sat at noon)									
WIN Recovery (2nd Monday, 5:30 p.m.)									
Crisis Intervention Team (bi-monthly Wed 9am)									
Community Coalition (2nd Wed., 3:30pm)			X						
Expo Committees (various)	X								