



Location: Shields-Carter Room, Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
Zoom link: <https://us02web.zoom.us/j/81393675682>
Date/Time: February 22, 2023/5:45 PM

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 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, with a required representative at the physical meeting location listed above. The public may watch the meeting live through this link or later among archived recordings at <https://www.co.champaign.il.us/mhddb/MeetingInfo.php>

Champaign County Mental Health Board (CCMHB) Meeting Agenda

February 22, 2023, 5:45PM

Zoom Link <https://us02web.zoom.us/j/81393675682>

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. Citizen Input/Public Participation** *The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- V. Chairperson's Comments – Dr. Jon Paul Youakim**
- VI. Executive Director's Comments – Lynn Canfield**
- VII. Approval of CCMHB Board Meeting and Study Session Minutes (pages 3 - 8)***
Minutes from the 1/18/23 board meeting and 1/25/23 study session are included. Action is requested.
- VIII. Vendor Invoice List (pages 9-11)***
Action is requested to accept the "Vendor Invoice List" and place it on file.
- IX. New Business**
 - a) Agency Program Mid-Year Progress Report (pages 12-20)**
Rosecrance Central Illinois' Clinical Services Director Dave Kellerhals and Grant Management Administrator/Community Liaison Gail Raney will present on "Child and Family Services," initially funded October 1, 2022.
 - b) Participatory Research Project: Agency Leadership (pages 21-54)**
Included for information are a briefing memo from Associate Director Bryson and project report from UIUC PhD Research Students Sarah Dadoo, Chelsea Alexander, and Ha Young Choi.
 - c) CCMHB Application Review Process (pages 55-62)**
A briefing memo details an application review process. A suggested review checklist and PY24 funding requests for CCMHB, CCDDb, and I/DD SI Funds are attached for information only.
 - d) Risks of Loss Noted in Requirements (pages 63-71)**
For information, a briefing memo offers background on some requirements which relate to potential loss of funds.



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- e) **Special Requests from Agencies (pages 72-76)***
Included in the packet are letters from agencies requesting board consideration. Each requests a separate board action.
- X. **Old Business**
 - a) **Agency PY23 Q2 Service Activity Reports (pages 77-127)**
For information are 2nd quarter PY23 program activity reports.
 - b) **211 Quarterly Reports (pages 128-147)**
For information are October-December 2022 reports on Champaign County 211 calls.
- XI. **CCMHB & CCDDDB Schedules & CCMHB Timeline (pages 148-152) No action needed.**
- XII. **CCMHB Acronyms and Glossary (pages 153-165) No action needed.**
- XIII. **Agency Input**
The Chair may limit individual agency representative participation to 5 minutes and/or total time to 20 minutes.
- XIV. **Champaign County Developmental Disabilities Board Input**
- XV. **Staff Reports (pages 166-173)**
For information are reports from Kim Bowdry, Leon Bryson, and Shandra Summerville.
- XVI. **Board to Board Reports (page 174)**
- XVII. **Board Announcements**
- XVIII. **Other Business - Closed Executive Session**
Motion that the Board move to executive session, exception 5 ILCS 120/2(c)(11) of the Open Meetings Act, to discuss potential litigation, and that the following individuals remain present: members of the Champaign County Mental Health Board, Executive Director Canfield, Operations and Compliance Coordinator Howard-Gallo, and attorney Barbara Mann." When the closed session discussion finishes, a motion to return to Open Session and roll call will be needed, possibly followed by action related to the discussion.
- XIX. **Adjournment**

* Board action is requested.

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—January 18, 2023

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

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Elaine Palencia, Molly McLay, Joseph Omo-Osagie, Jon Paul Youakim, Alexa McCoy, Jen Straub, Jane Sprandel

MEMBERS EXCUSED: Daphne Maurer

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Chris Wilson

OTHERS PRESENT: Pat Ege, Cunningham Children’s Home; Patty Walters, DSC; Gail Raney, Rosecrance; Brenda Eakins, Kerrie Hacker, GROW; Jennifer Henry, Jim Hamilton, Promise Healthcare; Nicole Frydman, Uniting Pride; Laura Lindsay, Courage Connection; Nelson Novak, Terrapin Station Sober Living; Melissa Courtwright, C-U at Home; Sam Smith, Erica Hughes, Redeploy; Cindy Crawford, CSCNCC

CALL TO ORDER:

Dr. Jon Paul Youakim called the meeting to order at 5:45 p.m. Instructions for the zoom meeting were included in the packet. 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 presented for review. The agenda was approved unanimously by a roll call vote.

PRESIDENT'S COMMENTS:

Dr. Youakim announced the passing of Family Service former executive director Sheryl Bautch and expressed his gratitude for her contributions to the community.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Canfield reviewed the agenda items.

APPROVAL OF CCMHB MINUTES:

Meeting minutes from the November 16, 2022 meeting were included in the Board packet.

MOTION: Ms. Sprandel moved to approve the CCMHB minutes from the November 16, 2022 meeting. 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. Palencia 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:

Redeploy Illinois and Juvenile Justice:

Patricia Ege, Cunningham Children's Home; Erica Hughes and Sam Smith, Juvenile Redeploy Planning Grant Coordinator, presented on current Redeploy efforts. For information only, the packet contained background materials and a Powerpoint presentation. Board members were given an opportunity to ask questions following the presentation.

Agency Audit Report Delays:

A Decision Memorandum was included in the packet, regarding delays in the submission of audit or financial review reports.

MOTION: Dr. Youakim moved to approve the release of January, February, and March payments (if needed) for those agencies which have not submitted an approved audit or review at this time but have demonstrated that the deadline was missed due to delays encountered by the independent CPA firm they had engaged in a timely manner. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion was passed unanimously.

MOTION: Ms. Palencia moved to approve the release of January, February, and March payments (if needed) for those agencies which have not submitted an approved audit or review at this time but demonstrate subsequent to this action that the deadline was missed due to delays encountered by the independent CPA firm they had engaged in a timely manner. Ms. Sprandel seconded the motion. A roll call vote was taken and the motion was passed unanimously.

MOTION: Ms. Sprandel moved to approve additional time for the Board and staff review, approval, and subsequent PY2024 contracting with any applicant whose audit or review remains outstanding as of February 10, 2023. Dr. Youakin seconded the motion. A roll call vote was taken and the motion passed unanimously.

OLD BUSINESS:

RFP2022-010 Evaluation Committee Recommendations:

A Decision Memorandum regarding the Family Resiliency Center's response to RFP was included in the packet. The following motions were approved by the CCDDDB earlier in the day by a unanimous vote.

MOTION: Dr. Youakim moved to approve the Family Resiliency Center RFP2022-010 response as proposed, pending similar approval by the CCDDDB. Ms. Palencia seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Mr. Omo-Osagie moved to authorize the Executive Director to enter into a 24-month contract with the Family Resiliency Center for the support as proposed, with a start date of May 1, 2023, end date of April 30, 2025, and total cost \$253,768, pending similar approval by the CCDDDB. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.

Revised CCDDDB and CCMHB Budgets for 2023:

A Decision Memorandum regarding the need for revisions to 2023 budgets was included in the packet, along with attachments detailing each budget, additional revenue to be collected, and the County's new expenditure categories.

MOTION: Ms Sprandel moved to approve the changes to the 2023 CCMHB Budget, with anticipated revenues and expenditures of \$6,387,738. Dr. Youakim seconded the motion. A roll call vote was taken and the motion passed unanimously.

CCDDDB and CCMHB Schedules:

Updated copies of CCDDDB and CCMHB meeting schedules were included in the packet. The meeting on February 15, 2023 will be canceled.

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCDDDB Input:

The CCDDDB met earlier in the day.

Staff Reports:

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

BOARD TO BOARD:

Dr. Youakim attended the monthly Board meeting for Promise Healthcare. Mr. Hausman attended the Campus-Community Compact retreat on December 2.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:36 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDDB Staff

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

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
STUDY SESSION**

Minutes—January 25, 2023

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

5:45 p.m.

MEMBERS PRESENT: Matt Hausman, Joseph Omo-Osagie, Elaine Palencia, Jen Straub, Jane Sprandel, Jon Paul Youakim, Molly McLay

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Pat Ege, Cunningham Children’s Home; Laura Lindsey, Courage Connection; Melissa Courtwright, CU at Home; Brenda Eakins, GROW in Illinois; Claudia Lennhoff, Champaign County Health Care Consumers (CCHCC); Jessica McCann, Champaign County Regional Planning Commission (CCRPC).

CALL TO ORDER:

Dr. Youakim called the study session to order at 5:48 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. Motion to approve was made by Jen Straub and seconded by Jane Sprandel. The agenda was approved unanimously by a roll call vote.

CHAIRPERSON’S COMMENTS:

Dr. Youakim welcomed all and introduced the speakers and topics.

STUDY SESSION –Midyear Progress Reports from New Programs:

CU at Home - Shelter Case Management:

Melissa Courtwright, Executive Director of CU at Home, reported on the Shelter Case Management program, newly funded in PY2023.

Champaign County Health Care Consumers - Disability Application Services:

Claudia Lennhoff, Executive Director of the Champaign County Health Care Consumers, reported on the Disability Application Services program, funded in PY2022 and PY2023.

Following the presentations, Board members were given an opportunity to ask questions and make comments.

AGENCY INPUT:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:02 p.m.

Respectfully

Submitted by: Lynn Canfield
CCMHB/CCDDB Executive Director

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



Champaign County, IL



VENDOR INVOICE LIST

INVOICE P.O. INV DATE INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

1 CHAMPAIGN COUNTY TREASURER

Jan '23	MHB22-006	01/01/2023	4,702.00	01/31/2023	INV	PD	MHB22-006 Children's Advo
Jan '23	MHB22-025	01/01/2023	6,362.00	01/31/2023	INV	PD	MHB22-025 Youth Assessment
Jan '23	MHB23-004	01/01/2023	4,523.00	01/31/2023	INV	PD	MHB23-004 Homeless Servic
Jan '23	MHB23-026	01/01/2023	28,936.00	01/31/2023	INV	PD	MHB23-026 Early Childhood
Jan '23	Office Rent	01/01/2023	2,023.38	01/31/2023	INV	PD	Jan'23 Office Rent
			46,546.38				
10163	CRISIS NURSERY						
Jan '23	MHB22-005	01/01/2023	7,500.00	01/31/2023	INV	PD	MHB22-005 Beyond Blue
10170	DEVELOPMENTAL SERVICES CENTER OF						
Jan '23	MHB22-012	01/01/2023	49,710.00	01/31/2023	INV	PD	MHB22-012 Family Developm
10175	DON MOYER BOYS & GIRLS CLUB						
Jan '23	MHB22-015	01/01/2023	8,333.00	01/31/2023	INV	PD	MHB22-015 C-U Change
Jan '23	MHB22-022	01/01/2023	13,333.00	01/31/2023	INV	PD	MHB22-022 Youth and Fami
Jan '23	MHB22-037	01/01/2023	9,166.00	01/31/2023	INV	PD	MHB22-037 CUNC
			30,832.00				
10183	ALEXANDER F CAMPBELL						
573		12/05/2022	1,118.95	12/20/2022	INV	PD	Annual hosting renewals
10263	I3 BROADBAND - CU						
2685236-1		01/04/2023	144.95	02/01/2023	INV	PD	Internet service 2/4/23 -
10348	MCS OFFICE TECHNOLOGIES INC						
01-698108		12/29/2022	33.75	01/28/2023	INV	PD	Service ticket #33507 - L
01-698117		12/30/2022	33.75	01/29/2023	INV	PD	Service ticket #33520 - O
01-698347		01/01/2023	519.75	01/31/2023	INV	PD	Jan IT Service
			587.25				
10423	PEPSI COLA CHAMPAIGN-URBANA BOTTLING						
81108876		01/17/2023	7.15	01/17/2023	INV	PD	water 5gal jug
10453	QUILL CORPORATION						
30065175		01/10/2023	166.12	02/09/2023	INV	PD	Bottled water, forks, nap
30072057		01/10/2023	48.60	02/09/2023	INV	PD	Cork board
			214.72				
10464	RAPE, ADVOCACY, COUNSELING & EDUCATION SERVICES						
Jan '23	MHB22-002	01/01/2023	5,250.00	01/31/2023	INV	PD	MHB22-002 Sex Violence Pr
10488	ROSECRANCE, 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

Jan '23	MHB22-028	01/01/2023	011323A	14435	14,122.00	01/31/2023	INV	PD	MHB22-028	Specialty Court
Jan '23	MHB23-019	01/01/2023	011323A	14435	6,716.00	01/31/2023	INV	PD	MHB23-019	Benefits Case M
Jan '23	MHB23-020	01/01/2023	011323A	14435	26,666.00	01/31/2023	INV	PD	MHB23-020	Criminal Justic
Jan '23	MHB23-023	01/01/2023	011323A	14435	8,333.00	01/31/2023	INV	PD	MHB23-023	Recovery Home
Jan '23	MHB23-027	01/01/2023	011323A	14435	6,631.00	01/31/2023	INV	PD	MHB23-027	Child & Family
Jan '23	MHB23-030	01/01/2023	011323A	14435	17,329.00	01/31/2023	INV	PD	MHB23-030	Crisis Co-Respo

79,797.00

10583 UNIVERSITY OF ILLINOIS

Sponsor 2023		01/17/2023	012723A	14978	15,000.00	01/17/2023	INV	PD		Diamond level sponsor - 2
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10599 URBANA NEIGHBORHOOD CONNECTION CENTER

Aug	MHB22-024	08/01/2022	011323A	14461	2,125.00	01/29/2023	INV	PD	MHB22-024	Community Study
Dec	MHB22-024	12/01/2022	011323A	14461	2,125.00	01/29/2023	INV	PD	MHB22-024	Community Study
Jul	MHB22-024	07/01/2022	011323A	14461	2,125.00	01/29/2023	INV	PD	MHB22-024	Community Study
Nov	MHB22-024	11/01/2022	011323A	14461	2,125.00	01/29/2023	INV	PD	MHB22-024	Community Study
Oct	MHB22-024	10/01/2022	011323A	14461	2,125.00	01/29/2023	INV	PD	MHB22-024	Community Study
Sep	MHB22-024	09/01/2022	011323A	14461	2,125.00	01/29/2023	INV	PD	MHB22-024	Community Study

12,750.00

10687 XEROX CORPORATION

230520695		01/01/2023	011323A	14477	199.06	01/31/2023	INV	PD		Dec Copier Service
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10703 BARBARA J. BRESSNER

Q1 2023		01/14/2023	012723A	14875	2,500.00	01/31/2023	INV	PD		MHB23-046 '23 DISABILITY
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18092 COURAGE CONNECTION

Jan '23	MHB23-007	01/01/2023	011323A	14333	10,583.00	01/31/2023	INV	PD	MHB23-007	Courage Connect
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18259 CHAMPAIGN COUNTY HEALTH CARE CONSUMERS

Jan '23	MHB23-066	01/01/2023	011323A	14316	5,958.00	01/31/2023	INV	PD	MHB23-066	Disability Appl
Jan '23	MHB22-044	01/01/2023	011323A	14316	6,689.00	01/31/2023	INV	PD	MHB22-044	CHW Outreach an
Jan '23	MHB22-045	01/01/2023	011323A	14316	6,449.00	01/31/2023	INV	PD	MHB22-045	Justice Involve

19,096.00

18305 CUNNINGHAM CHILDRENS HOME

Jan '23	MHB23-018	01/01/2023	011323A	14338	10,604.00	01/31/2023	INV	PD	MHB23-018	ECHO Housing an
Jan '23	MHB23-036	01/01/2023	011323A	14338	33,174.00	01/31/2023	INV	PD	MHB23-036	Families Strong

43,778.00

18343 FAMILY SERVICE OF CHAMPAIGN COUNTY

Jan '23	MHB22-014	01/01/2023	011323A	14355	2,500.00	01/31/2023	INV	PD	MHB22-014	Counseling
Jan '23	MHB22-016	01/01/2023	011323A	14355	2,410.00	01/31/2023	INV	PD	MHB22-016	Self-help Cente
Jan '23	MHB22-017	01/01/2023	011323A	14355	13,529.00	01/31/2023	INV	PD	MHB22-017	Senior Counseli
Jan '23	MHB23-010	01/01/2023	011323A	14355	2,083.00	01/31/2023	INV	PD	MHB23-010	Creative Social

VENDOR INVOICE LIST

INVOICE P.O. INV DATE INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET DUE DATE	TYPE	STS	INVOICE DESCRIPTION
18413 PROMISE HEALTHCARE							
Aug MHB23-013		08/01/2022	011323A	20,522.00	INV	PD	MHB23-013 Mental Health S
Aug MHB23-041		08/01/2022	14419	29,176.00	INV	PD	MHB23-041 Wellness
Dec MHB23-013		12/01/2022	14419	29,176.00	INV	PD	MHB23-013 Mental Health S
Dec MHB23-041		12/01/2022	14419	8,998.00	INV	PD	MHB23-041 Wellness
Jan '23 MHB23-013		01/01/2023	14419	29,176.00	INV	PD	MHB23-013 Mental Health S
Jan '23 MHB23-041		01/01/2023	14419	8,998.00	INV	PD	MHB23-041 Wellness
Jul MHB23-013		07/01/2022	14419	29,176.00	INV	PD	MHB23-013 Mental Health S
Jul MHB23-041		07/01/2022	14419	8,998.00	INV	PD	MHB23-041 Wellness
Nov MHB23-013		11/01/2022	14419	29,176.00	INV	PD	MHB23-013 Mental Health S
Nov MHB23-041		11/01/2022	14419	8,998.00	INV	PD	MHB23-041 Wellness
Oct MHB23-013		10/01/2022	14419	29,176.00	INV	PD	MHB23-013 Mental Health S
Oct MHB23-041		10/01/2022	14419	8,998.00	INV	PD	MHB23-041 Wellness
Sep MHB23-013		09/01/2022	14419	29,176.00	INV	PD	MHB23-013 Mental Health S
Sep MHB23-041		09/01/2022	14419	8,998.00	INV	PD	MHB23-041 Wellness
				267,218.00			
18415 MTF BUSINESS SOLUTIONS LLC							
2023-02		01/10/2023	012023A	1,775.00	INV	PD	Accounting Coaching Proje
18805 C-U AT HOME							
Jan '23	MHB23-021	01/01/2023	011323A	21,391.00	INV	PD	MHB23-021 Shelter CM
19586 TIMOTHY L OFFENSTEIN							
1346		01/16/2023	012723A	1,788.75	INV	PD	MHB23-050 ADA website com
				1,788.75			
				638,309.21			

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

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Child & Family Program

Rosecrance Central Illinois

Dave Kellerhals, LCPC
Director Of Mental Health Services

Gail Raney, MPA
Grant Management Administrator and Community Liaison

February 22, 2023



rosecrance
life's waiting

IX.a

Child & Family Program

- Program overview
- Program implementation to date
- First quarter lessons learned
- Accomplishments



Program Overview



- Community Need
- Team Approach
- Licensed Clinician
 - Counseling and family sessions
 - Case management & linkage to resources
- Nurse
- Psychiatrist

Early Program Progress

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	210	5	20	0
Quarterly Data (NEW Clients)	2	87	7	12	0

Implementation Update

- Clinician trained in play therapy
- Recruitment of nurse
- Outreach and coordination with referral sources
- Walk-ins for assessments
- Evening appointments



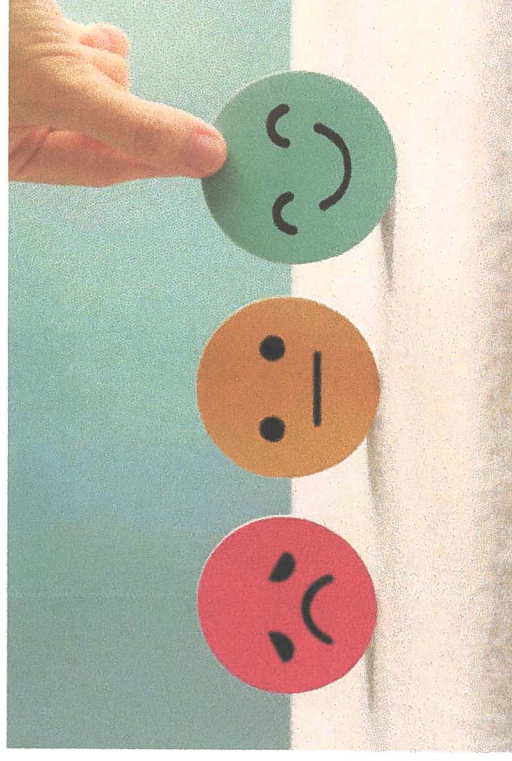
Lessons Learned

- Requests for psychiatry only
- Case management needs
- Planning to provide groups

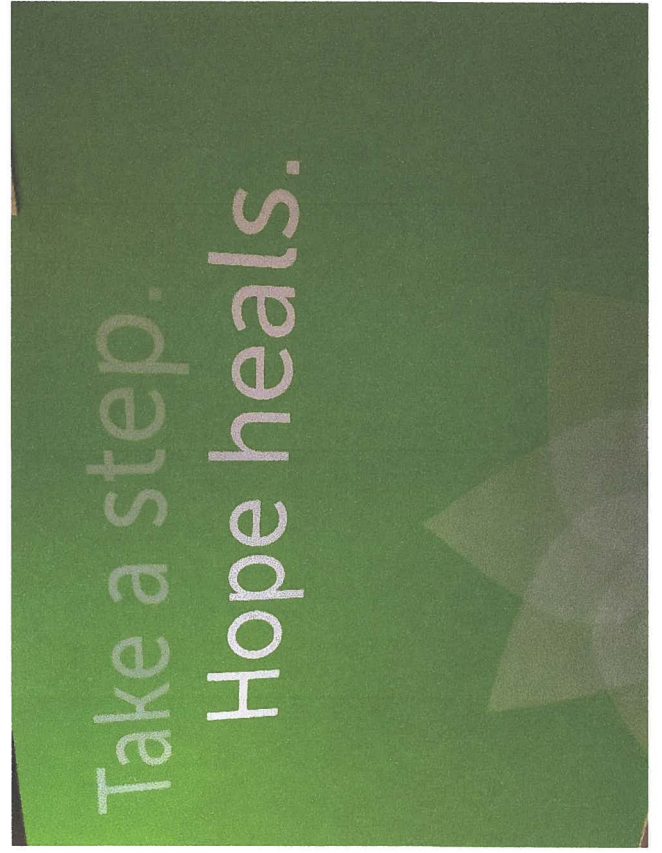
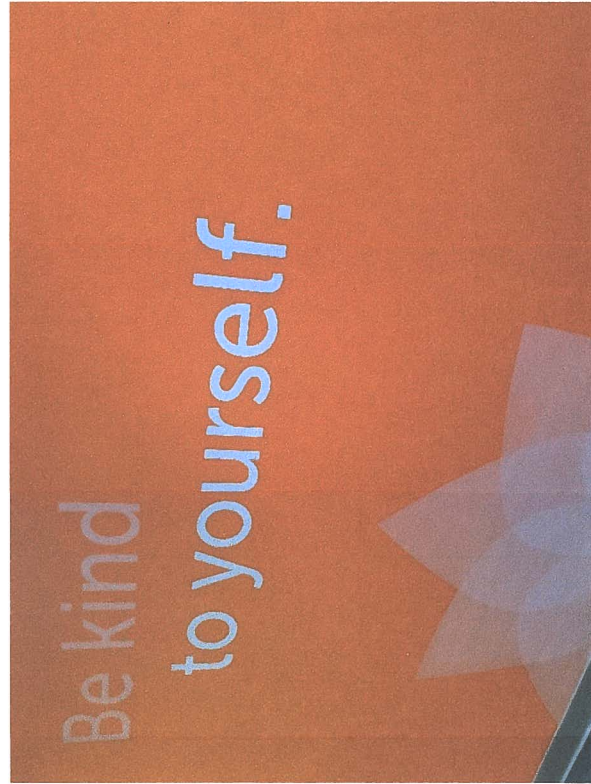


Accomplishments

- No waitlist
- Overall increase in number of youth served
- Positive feedback about psychiatry provider



Mission Moment



Dave Kellerhals
dkellerhals@rosecrance.org

Gail Raney
graney@rosecrance.org



IX.b



BRIEFING MEMORANDUM

DATE: February 22, 2023
TO: Champaign County Mental Health Board Members
FROM: Leon Bryson, Associate Director
SUBJECT: UIUC HDFS Participatory Research Project

Background:

In the summer 2022, Dr. Jacinda Dariotis, Professor of Human Development and Family Studies (HDFS) at the University of Illinois, met with CCMHB/CCDDDB staff about the possibility of collaborating on community participatory research project with her HDFS 581 graduate students. The goal of the project was for the students to work with a community partner on a specific issue by utilizing research designs, methods, and a theoretical framework.

Update:

Over the next few months, I met with the students weekly and outlined the research questions and a conceptual framework for the project. The primary focus of the research was to examine the leadership experiences of CCMHB-funded agency leaders. Specific research questions were developed about agency leadership barriers and solutions the leaders could employ for better future outcomes. The researchers were then connected to the agency leaders to begin data collection and analysis process for the Group Level Assessment (GLA). The GLA is qualitative, participatory research methodology intended for large groups of individuals. This methodology follows a 7-step process in which the agency leaders worked together to generate, analyze, and prioritize ideas that lead to action planning.

The researchers and I went through several hours of GLA training, facilitated by Dr. Dariotis on the UIUC campus. Next, the researchers administered a pre-GLA online survey to the leaders about their experiences as leaders. They received 14 completed surveys and included this data for the GLA session. The GLA session was held on December 9th from 12-2pm at the Champaign Public Library, with 17 agency leaders of different levels who networked and shared their leadership experiences. Based on the leaders' responses from the session and post-survey, the students and Dr. Dariotis analyzed the data and recommended action steps for agency leaders and CCMHB for three main areas: workforce development, leadership development and infrastructure or operational support. The researcher's findings are included in their final report for this Board packet.



Exploring Champaign County Mental Health Service Agency Leaders' Experiences

Final Project Report

Report by

Chelsea Alexander, B.S.

Ha Young Choi, M.A.

Sarah Dodoo, M.S.

Jacinda Dariotis, Ph.D., M.A.S., M.A., M.S.

Project Developed in Partnership with the Champaign County Mental Health Board

& HDFS 581: Participatory Research Methods

January 27, 2022

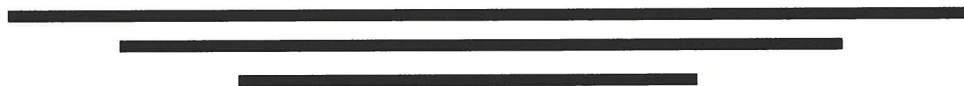


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Executive Summary

Listed below is a summary of **recommendations** resulting from the research project findings:

For **Agency Leaders**:

1

Workforce Development

- Pay attention to staff's individual challenges with respect.
- Identify new partnerships for recruiting qualified staff.
- More frequent in-person interactions.
- Consult with CCMHB to reserve more funds for competitive wages and benefits.
- Flexible work schedules.

2

Leadership Development

- Understand one's own leadership strengths and weaknesses.
- Be active in searching and utilizing available resources to enhance leadership and communication skills.
- Share training opportunities for leadership development with other leaders.
- Ask other agency leaders for help and advice.

3

Infrastructure

- Identify which operational support is specifically needed in the agency's context.
- Be sensitive to systemic inequality or issues in the community - i.e., gender, race, socio-economic status.
- Identify staff who are skillful in marketing and delegate a specialized role to make use of social media agency's website.

For **CCMHB**:

1

Workforce Development

- Training protocol for new staff and continuous staff growth.
- Activity protocol for the culture of working together among staff.
- Program protocol for supporting self-care and wellness of staff.

2

Leadership Development

- Leadership training on leading effective meetings / strategic and succession planning / grant writing and reporting / delegation.
- Communication training on highlighting clear expectations / bidirectional communication / soliciting feedback from quieter voices.
- Provide opportunities for mentoring or leadership networking.

3

Infrastructure

- Financial services and support for data analytics / accounting / financial reporting.
- Streamline processes of technology and reporting through data collection system and reducing paperwork.
- Training opportunities to address systemic challenges in the community - i.e., gender, race, socio-economic status
- Training for marketing – i.e., how to better use social media or run an agency's website.

Report Overview

In this final project report, we outline the research project background, share summaries of the findings, and offer recommendations for the next steps and actions. In the first section of the report, we explain the participatory research (PR) approach we used for this project, present a conceptual framework, and share the project's research questions. In the subsequent sections, we discuss our methods, measures, and data analysis. The final sections of the report include recommendations for the next steps. The research team that worked on this project comprised four academic partners (Chelsea Alexander, Ha Young Choi, Sarah Dadoo, and Dr. Jacinda Dariotis) and one community partner (Leon Bryson).

Section I: Project Background

(A) Partnering

Toward a more inclusive approach to conducting research, co-creating knowledge, and empowering communities for positive action, three doctoral students, Chelsea Alexander, Ha Young Choi, and Sarah Dadoo, from the Department of Human Development and Family Studies at the University of Illinois at Urbana-Champaign, enrolled in a Participatory Research Methods course (HDFS 581) during the Fall 2022 academic semester. As part of the course, the doctoral students engaged in a hands-on, experiential learning project conducted in partnership with a community member, Leon Bryson, the Associate Director of the Champaign County Mental Health Board (CCMHB).

CCMHB was approached during the summer of 2022 by Dr. Jacinda Dariotis (Professor of HDFS 581) about partnering with students on a participatory project. Active student engagement with Leon Bryson began in earnest in mid-September 2022. After a series of initial partnership meetings to develop trust, set expectations, and set goals, the focus of the research project was jointly decided to be on the exploration of the experiences of mental service agency leaders within Champaign County.

(B) Participatory Research Approach: What Is It?

Academic institutions engage communities in research in many ways. Depending on the level of involvement, communities can provide input and feedback to researchers, initiate the research agenda, play active roles in the research, lead and own the research, or have no involvement at all in the research. There is a continuum of how actively involved community partners are in the research and decision-making that varies based on partner readiness,

capacity, interest, and other factors. A participatory research (PR) approach was utilized in this project to promote an equitable partnership between academic and community partners. A PR approach to research incorporates the perspectives and priorities of the community partner and centers the community partners' expertise throughout a project. PR approaches promote inclusivity and empowerment for social action by incorporating capacity-building opportunities for community partners.

One main purpose for including community partners in the research process is the co-creation of new knowledge between academic and community partners. Together, community partners bring their local and relevant knowledge to the process, while academic partners bring their skills and knowledge to ensure the scientific rigor of the research process (Vaughn & Jaquez, 2000). For this project, we promoted community involvement by encouraging our community partner to set the research priority (exploring leadership experiences of mental health service agencies), co-developing research questions, co-designing data collection strategies, engaging mental health service agency leaders in data collection and analysis, and joint-dissemination efforts. Unlike traditional research methods that place the 'power' in the hands of academic researchers to determine the research focus and other methodological strategies ("helicopter science" at one extreme), PR methods promote an equitable approach between community and academic partners.

(C) Co-Creating Research Priorities and Questions

As part of our PR approach, we engaged our community partner in setting the research priority and developing research questions. This was done to honor our community partner's needs, which were of utmost importance in this PR project. Through a series of meetings, the main research priority was to explore the experiences of the leaders of mental health service agencies funded by the CCMHB. Specific research questions that were co-developed and reflected our community partner's perspectives include:

1. Across mental health agency leaders in Champaign County, what are the barriers to delegating responsibilities to other agency staff?
2. Across mental health agency leaders in Champaign County, what added challenges, apart from delegation barriers, exist?
3. What are the solutions mental health agency leaders generate that can be used as part of intervention (s) for better leadership outcomes?

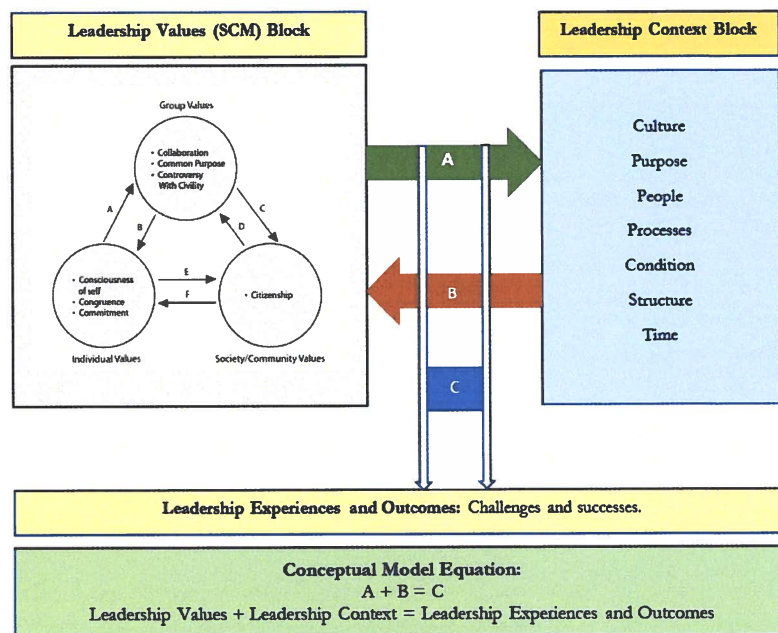
(D) Conceptual Framework

To ensure scientific rigor and to establish connections between the concepts being studied in this project, the academic partners reviewed literature. Theories were then identified to provide a framework for understanding the concept of leadership experiences better. The conceptual model (Figure 1) the academic partners developed for this project seeks to show that for a holistic understanding of leadership experiences and outcomes, a leader’s values, coupled with the context within which the leadership is set, must be examined. As seen in the model, the bi-directional relationship between values (the arrow labeled ‘A’) and contexts (the arrow labeled ‘B’) results in leadership experiences and outcomes (the merged arrow labeled ‘C’). Neither values nor context alone can account for a leader’s experience and outcomes.

The seven values shown in the ‘Leadership Values (SCM) Block’ in the model were adopted from the Social Change Model of Leadership Development (Higher Education Research Institute, 1996). The different contexts shown in the ‘Leadership Context Block’ were adopted from the Contextual Leadership Framework (Fiedler, 1978; Porter & McLaughlin, 2006). A detailed explanation of the values and contexts is provided in the report’s appendix.

Figure 1

Integrated Conceptual Model for Understanding Leadership Experiences and Outcomes.



Section II: Data Collection, Analysis, and Results

(E) Participants

CCMHB has 25 funded mental health service agencies. To facilitate data collection for the project, Mr. Bryson introduced the three doctoral students to agency leaders via email on November 4, 2022. The students then began direct engagement with agency leaders via a series of emails for five weeks. In the sections that follow, we describe the various ways in which we engaged agency leaders in data collection and analysis and how many leaders participated in each procedure.

(F) Procedures

The main data collection procedure that was used for this project was a Group Level Assessment (GLA). GLA was identified as the best approach because it is designed to help groups identify their needs through a collaborative and engaging process (Vaughn & Lohmueller, 2014) and centers participants in the generation and analysis of data. To design and facilitate an effective GLA session, the research team:

- i. Implemented a pre-GLA online survey to gather data that informed the design of the main GLA session.
- ii. Conducted the main GLA session to identify shared themes among agency leaders.
- iii. Used a post-GLA session to evaluate the main GLA session and gather suggestions for the next steps.

Pre-GLA Survey

An online survey was sent to agency leaders from November 9 – 14, 2022, using an anonymous survey link (Qualtrics software). The specific survey questions are presented in the Appendix. A total of 14 responses were received from agency leaders. The main findings are summarized below (see Appendix for detailed results).

The age distribution of the sample was nearly even, ranging across age bands: 30s (28.6%), 40s (28.6%), 50s (21.4%), and 60 or more years (21.4%). According to Table 1, 36% reported working at their current agency for over 10 years, and 57% reported 5 years or less. With respect to total career leadership experience, 64% of agency leaders reported over 10 years of leadership experience, and 50% reported 5 or more different leadership positions suggesting relatively quick transitions. Most participants (79%) had been in their current position for 5 years or less. When asked if they planned to stay in their current job, 50% said

they would stay more than twelve months, 36% preferred not to answer, and 14% planned to leave during the next twelve months.

Table 1

Descriptive Statistics of Leaders' Occupational & Demographic Characteristics (N = 14)

	n	%		n	%
How long have you worked at your current agency?			How long have you been in a leadership role throughout your career?		
Under 1 year	1	7.1	Under 1 year	0	0.0
1-2 years	4	28.6	1-2 years	2	14.3
3-5 years	3	21.4	3-5 years	2	14.3
6-10 years	1	7.1	6-10 years	1	7.1
Over 10 years	5	35.7	Over 10 years	9	64.3
How many different leadership positions have you been in throughout your career?			How long have you been in your current leadership position at your agency?		
1	0	0.0	Under 1 year	3	21.4
2	3	21.4	1-2 years	4	28.6
3	3	21.4	3-5 years	4	28.6
4	1	7.1	6-10 years	1	7.1
5 or more	7	50.0	Over 10 years	2	14.3
Are you planning to leave your current job during the next twelve months?			What best describes your age group?		
Yes	2	14.3	30-39 years	4	28.6
No	7	50.0	40-49 years	4	28.6
Prefer not to answer	5	35.7	50-59 years	3	21.4
			60 or more years	3	21.4

Open-ended questions from the pre-GLA survey captured leaders' perspectives on their leadership experience. We developed categories of open-ended answers to summarize the results. We report the three highest-rated categories per topic in Table 2. Agency leaders reported short staffing, staff management, and funding shortage as challenges they encounter and suggested that improvement in funding, hiring systems, and collaboration can help

overcome these challenges. Listening skills, transparency, and personality were also identified as some characteristics of effective leaders.

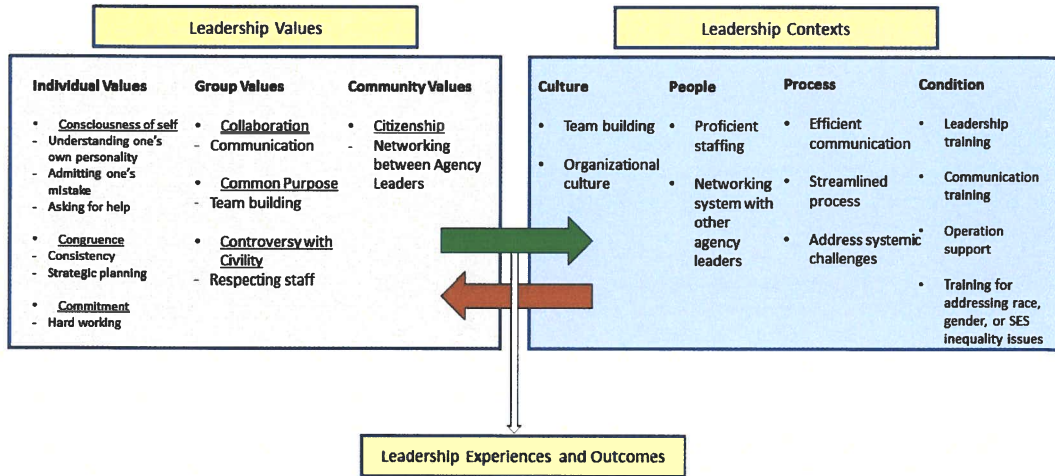
Table 2

Descriptive Statistics of Results from Open-Ended Questions

	n	%		n	%
As an agency leader, what are some challenges you have experienced?			What do you think can help with these challenges?		
Short staffing	10	71.4	Improvement in funding	6	42.9
Staff management	7	50.0	Improvement in hiring system	4	28.6
Funding shortage	6	42.9	Collaboration system	3	21.4
What do you consider are some characteristics of an effective leader?			In what ways is your leadership effective?		
Listening skill	7	50.0	Communication skill	8	57.1
Transparency	7	50.0	Respecting staff	3	21.4
Personality	6	42.9	Flexible	3	21.4
What are some barriers to you being an even more effective leader?			<i>Note.</i> Multiple answers were allowed.		
Lack of proficient staff	7	50.0			
Lack of time	5	35.7			
Lack of funding	2	14.3			

To better understand the pre-GLA survey results, we linked the findings to our conceptual framework about leadership values and contexts. Regarding leadership values, individual, group, and community-level values appeared as significant factors. In addition, culture, people, process, and condition were found to be major components in the context of mental health agency leadership. Specific details of the interpretation of the findings based on our conceptual framework are described in Figure 2. Please note that some of the values and contexts presented in Figure 2 were also derived from results from the main GLA session, which is described next.

Figure 2
The Connection between Results and Conceptual Framework



GLA Session

Once data had been analyzed from the pre-GLA survey, all five team members planned the main GLA session. Before the main GLA, Dr. Jacinda Dariotis organized a training session on November 30, 2022, at the Doris Kelley Christopher Hall for all three doctoral students and Mr. Leon Bryson. It was important for Mr. Bryson to be involved since a critical part of the PR approach is building community partners' capacity. On December 9, 2022, the main GLA session was organized at the Champaign Public Library from 12 pm to 2 pm. In attendance were 17 agency leaders who actively participated in the session. Six of the seven steps described in Table 3 were implemented during the main GLA session.

Table 3
The Seven Steps of Group Level Assessment (GLA)

Step	Description	How the Step was Practiced
Climate Setting	Overview of what will occur in the session with an icebreaker or warm-up exercise.	The Associate Director of CCMHB made an opening remark, lunch was provided, and the research team explained the rules for GLA.
Generating	Participants walk around and respond to prompts prepared by the research team.	Participants were given markers and sticky notes and responded to 10 prompts while walking around.

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Step	Description	How the Step was Practiced
Appreciating	Participants spend time walking around and looking at others' responses.	Participants concurrently performed appreciating and reflecting by voting for the five best responses with dot stickers.
Reflecting	Participants spend time thinking and jotting initial thoughts or observations about the responses.	
Understanding	Participants are divided into smaller groups to discuss and look for themes across the generated data. After that, small groups come together and report their themes to the bigger/whole group.	Each team consisted of 5 to 6 participants and discussed themes from the 3-4 prompts that were assigned to their team.
Selecting	Participants clarify the most important among the generated themes.	Together, all participants discussed and prioritized the themes generated.
Action	Participants discuss possible next steps based on priorities, including future programs, interventions, developments, or other changes.	Due to the lack of time, the action step was not performed. However, some participants shared ideas for action planning during the 'selecting' stage.

The ten prompts used to generate responses and themes were:

1. What leadership skills do you want to acquire, and how can you get them?
2. As a leader, what action will you take to become an even more effective leader in the next 12 months?
3. What advice would you give others to overcome or avoid leadership challenges you experience?
4. What key strategies are needed to attract and retain staff for your organization?
5. How does your organization manage crisis and change?
6. What does burnout look like in your organization, and what can be done to prevent and/or address it?
7. What are the biggest threats to your organization's success in serving the community?
8. What communication challenges does your organization experience?
9. What suggestions for effective communication with staff do you recommend?

10. What interventions, programs, and support would you recommend CCMHB invest in to help you become even more effective as a leader and organization? (a) Short-term (less than one year) (b) Long-term (1 - 3 years)?

The themes generated by leaders from the ten prompts during the ‘selecting’ step, along with recommendations for the next steps, are discussed in Section III of this report.

Post-GLA Survey

After the main GLA session, leaders completed a post-session survey rating the GLA session and suggesting aspects for future improvement (see Appendix for survey items). Highlights from the post-GLA survey are shown in Table 4. Agency leaders shared their interest in networking with other leaders, having the opportunity to enhance their leadership effectiveness, and providing feedback to CCMHB as their motivation for participation. The majority also shared their willingness to engage in similar sessions once every 3 or 6 months.

Table 4

Descriptive Statistics of Post-Survey Results (N = 17)

	n	%		n	%
Motivation for participating in the GLA			Session effectiveness*		
Networking	4	23.5	Networking	11	64.7
Generate solutions with other leaders	4	23.5	Relevant and relatable leadership topics	10	58.8
Enhance leadership effectiveness	5	29.4	Facilitation	9	43.8
Provide feedback to the mental health board	4	23.5	Sufficient time	1	7.14
			Well organized	11	64.7
Dissemination			Frequency of future leadership sessions		
Email results	15	88.2	Once every 3 months	8	47.1
Unclear	2	11.8	Once every 6 months	7	41.1
Assist with writing recommendations	4	23.5	Once every year	2	11.8

Note. *Percentages represent participants who indicated the session was very effective

Section III: Recommendations and Conclusion

(G) Recommendations

Due to the lack of time, there was no action planning (GLA step seven) at the main GLA session. However, a few days after the GLA, the three doctoral students and Dr. Jacinda Dariotis met to review leaders' responses to prompts and notes taken during discussions at the GLA. Based on this post-GLA review, in addition to the themes generated by the leaders at the GLA, we recommend action steps for 3 main areas: 1) workforce development, 2) leadership development, and 3) infrastructure. We developed recommendations for agency leaders and CCMHB per each theme. Table 5 summarizes specific agency-level and CCMHB-level action steps by themes.

First, *workforce development* appears as one of the main themes. It was a predictable result in that many agencies have been suffering a shortage of qualified staff. The workforce development theme highlights the importance of team building, onboarding, work culture, and staff growth from both quantity and quality aspects. To attend to these, we suggest agency-level action steps such as identifying new areas for recruitment, having more frequent in-person meetings, reserving more funds for better wages and benefits, and implementing flexible work schedules. We also indicate specific training, activities, and programs for supporting workforce development that promote a culture of working together and self-care.

Another theme that emerged was *leadership development*, which describes the need for leadership training, communication training, and collaboration and networking among agency leaders. For agency leaders, we recommend that they try to be conscious of their own strengths and weakness in their leadership roles and look for resources or training opportunities to make up for their leadership challenges. We also found possible topics for leadership training from the leaders' responses, such as training on strategic planning and grant writing. We suggest that CCMHB implement a mentoring program to encourage networking among the leaders. Leadership networking can be facilitated not only by the board but also by leaders themselves through sharing knowledge and training opportunities with other leaders or asking for help and advice from one another for more effective leadership skills. There have been no regular networking meetings between agency leaders until now, so leadership networking is expected to open up new opportunities for growth development and solutions.

The last main theme was *infrastructure*, which emphasizes the significance of operations support to help leaders meet funding and agency requirements more efficiently.

The operation-related issues are very broad, ranging from meeting funding requirements, managing data and paperwork, dealing with systemic challenges in terms of gender, race, or social class, and marketing. In that regard, it is important for agency leaders to diagnose which operation support is specifically needed in their agency context. Also, they should be sensitive to systemic issues in their community and identify staff’s specialized skills to delegate tasks. Since many agency leaders have been susceptible to overwork and burnout, it is important to establish an infrastructure that can possibly support more efficient operations. We recommend that CCMHB provide financial services and support to cover areas like accounting, financial reporting, and data analytics for agencies and streamline the reporting process if possible. Also, providing training for agencies to address systemic challenges in the community will prove beneficial. Some recommendations, as presented in Table 5, can be implemented at both the agency level and the board level. We suggest the adoption of recommendations that best fit each agency’s context.

Table 5

GLA Themes and Recommendations

Theme	Description	Recommendations
Workforce Development	○ Team building	Action Steps for Leaders (Agency-level) <ul style="list-style-type: none"> • Pay attention to staff’s individual challenges or difficulties with respect. • Identify new areas or partnerships for recruiting trusted and qualified staff or volunteers. • More frequent in-person meetings and interactions. • Consult with CCMHB to reserve more funds to provide competitive wages and benefits. • Allow flexible work schedules.
	○ Organizational culture and environment	
	○ Staffing: recruitment and retention	Action Steps for CCMHB (Board-level) <ul style="list-style-type: none"> • Training protocol for new staff and continuous staff growth. • Activity protocol for higher accountability and the culture of working together among staff. • Program protocol for supporting self-care and wellness of staff.
Leadership Development	○ Leadership training	Action Steps for Leaders (Agency-level) <ul style="list-style-type: none"> • Understand one’s own leadership strengths and weaknesses. • Be active in searching and utilizing available resources for better leadership and communication skills.
	○ Communication training	

Theme	Description	Recommendations
	<ul style="list-style-type: none"> ○ Collaboration and networking between leaders 	<ul style="list-style-type: none"> • Share knowledge and training opportunities for leadership development with other leaders. • Ask other agency leaders for help and advice for more effective leadership and communication. <p>Action Steps for CCMHB (Board-level)</p> <ul style="list-style-type: none"> • Leadership training for agencies on <ul style="list-style-type: none"> – planning and leading effective meetings – strategic and succession planning – grant writing and reporting – delegation • Communication training on <ul style="list-style-type: none"> – highlighting clear expectations – bidirectional communication – soliciting feedback from quieter voices • Provide opportunities for mentoring and leadership networking
Infrastructure	<ul style="list-style-type: none"> ○ Operation support for agencies to help them meet funding and agency requirements more efficiently 	<p>Action Steps for Leaders (Agency-level)</p> <ul style="list-style-type: none"> • Identify which operation support is specifically needed in the agency’s context. • Be sensitive to systemic inequality or issues in the community - i.e., gender, race, socio-economic status, etc. • Identify staff who are skillful in marketing and delegate a specialized role for making use of social media and managing the agency’s website. <p>Action Steps for CCMHB (Board-level)</p> <ul style="list-style-type: none"> • Financial services and support for <ul style="list-style-type: none"> – data analytics – accounting – financial reporting • Streamline processes of technology and data management and reporting <ul style="list-style-type: none"> – data collection system – reduce paperwork • Training opportunities to address systemic challenges in the community - i.e., gender, race, socio-economic status, etc. • Training for marketing – i.e., how to better use social media or run an agency’s website

(H) Conclusion

The findings from this study contribute to identifying promising leadership practices and advancing leadership and team science. The benefits of this study are not only limited to theoretical lessons but also include practical lessons about local leadership practices in the context of Champaign County mental health agencies. Through a GLA session, this study created an open space for agency leaders to share their thoughts on leadership and

organizational management. This session allowed the participants to reflect on leadership practices they have been doing well and those they wanted to strengthen. For individual leaders, participating in this research might have offered them new insights into an aspect of their life as leaders that they otherwise had not considered or realized. For agencies, the GLA session was a collective reflection process involving the majority of agency leaders.

Findings from this study have implications for overall community benefits since improved leadership would potentially promote higher-quality community services provided by the agencies. Also, the research model used in this study is reusable and applicable to other community needs or future opportunities. Other researchers and service providers may find this study useful if they are involved in participatory research approaches. We hope that the participatory process used in this study inspires collaboration of researchers and community field experts and that it empowers them to self-evaluate and facilitate improvement for their needs.

Although this study has diverse contributions, limitations also exist, which are expected to be complemented by future efforts. First, although we engaged some agency leaders in reviewing recommendations and reflected their feedback in this report, it was the research team (academic partners) who outlined recommendations and action steps (based on leaders' responses to GLA prompts). We highly recommend that future GLA sessions or other future opportunities by CCMHB incorporate action planning steps by agency leaders. Second, we acknowledge that some recommendations that we proposed are not applicable to smaller or larger agencies. For example, leadership training for leaders with dozens of staff should be different from those for leaders with a few staff. In the future, we suggest subdividing the action steps depending on the size of the agencies and the number of staff. Lastly, CCMHB currently provides a variety of support and services, but these were not identified in this report. Adding the list of existing support and services would have improved this report by allowing us to clearly state whether CCMHB should create certain new services or redistribute resources and services that are already available to the leaders. Thus, the prioritized next step for CCMHB will be investigating and organizing the board's current training, programs, or services and making those resources more accessible and visible to agency leaders. Any identified needs and challenges mentioned in this report for which there are no existing resources and support can then be considered with the creation of new programs and services by CCMHB, as applicable per an agency's context.

Some portions of this report were shared with members of the HDFS 581 class on December 13, 2022, as part of our dissemination efforts. Additionally, this report will be made available to Mr. Leon Bryson, who in turn will share it with members of the board and agency leaders. The academic partners remain very grateful to Mr. Leon Bryson for his partnership in this project. His keen interest, openness, and willingness to learn and be a critical part of this participatory approach to research are greatly admired. We are thankful that he continuously shared his expertise with us and offered guidance along the way. We are also very thankful to the agency leaders who participated in the pre-GLA online survey and the main GLA session. Their participation provided us with insights and responses to our three research questions and a much better understanding of their leadership experiences. We are also very grateful to Lynn Canfield, Executive Director of CCMHB, who joined the research team at the dissemination session on December 13, 2022.

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Appendix

Table 6

Components of the Social Change Model of Leadership Used for the Project's Conceptual Framework

Value	Description/Definition
Consciousness of Self	Self-awareness of beliefs, values, and attitudes;
Congruence	An alignment between a leader's actions and their values;
Commitment	The intensity and duration of an investment in an idea or person.
Collaboration	Tapping into a group's diverse strengths and working together in a common effort;
Common Purpose	Shared aims and values with a group
Controversy with Civility	Recognizing that differences abound and resultant issues from these differences must be treated with civility.
Citizenship	A sense of connection and responsibility to one's <i>society/community</i> ,

Table 7

Components of the Contextual Leadership Framework Used for the Project's Conceptual Framework

Context	Description/Definition
Culture	Culture refers to the social and behavioral norms and prominent values reflected within the organization's structure. An organization may place an emphasis on work-life balance where the norms and values of the organization may reflect that by limiting meetings to 9 am – 5 pm hours or providing flexible work schedules.
Purpose	Research suggests that non-profit organizations are more likely to demonstrate transformational leadership behaviors than for-profit organizations, highlighting the context of purpose in assessing an organization.
People	Organizations should have heterogeneous teams to encourage innovation.
Processes	Processes include the structure of an organization which may include scheduled meetings, a code of conduct, and other norms needed to maintain an efficient flow of information in the organization.
Condition	Condition refers to the amount of resources available to the organization, the overall financial health, and the stability of the organization.
Structure	Structure refers to an organization's "size, shape or type; its degree of formalization and/or centralization; hierarchical levels of positions; and spatial distances between leaders and followers" (Porter & McLaughlin, 2006, p. 568), which may define how responsibilities are allocated. Findings from past studies suggest that organization size has large effects on employees' relationships with their bosses, such that larger organization size and heavy workloads decrease positive relationships between a leader and their employees (Green et al., 1996).
Time	Time refers to aspects of leadership that depend on the organization's current life cycle stage, team developmental stage, and other leadership factors that are stage-specific or require a particular duration of time.

Pre-GLA Survey (Questionnaire)

1. How long have you worked at your current agency?
2. How many different leadership positions have you been in throughout your career?
3. How long have you been in your current leadership position at your agency?
4. How long have you been in a leadership role throughout your career?
5. Are you planning to leave your current job during the next twelve months?
6. What best describes your age group?
7. As an agency leader, what are some challenges you have experienced?
8. What do you think can help with these challenges?
9. What do you consider are some characteristics of an effective leader?
10. In what ways is your leadership effective?
11. What are some barriers to you being an even more effective leader?
12. Does Friday, December 9, 12:00 pm - 2:00 pm work for you, or could you shift your schedule to be available at this time on this date?

Table 8*Pre-GLA Survey: Challenges the Leaders Have Experienced*

Category	Description
Short staffing (n = 10)	<ul style="list-style-type: none"> • Volume of open positions and (lack of) candidate job readiness (a). • During the pandemic, hiring has been a major challenge (d). • Hiring is always a challenge (g). • Many challenges related to employee behavior stem from stress, short staffing, and trauma / Difficulty in recruiting staff (k). • Staffing (m). • Sustaining 24/7 staffing and sustaining leadership staff (n). • Staff turnover (c, e, f, i).
Staff management (n = 7)	<ul style="list-style-type: none"> • Leadership pipeline (a). • Keeping my staff motivated (g). • Some center staff members are not used to the difference in leadership styles and expectations. I have been recently disappointed and embarrassed with the lack of staff support and willingness to participate in a much-needed training (i). • Our agency is very small, and our leadership is mainly volunteer. Engaging volunteers and keeping them is defiantly a challenge (j). • Difficult behavior presented by employees either interpersonally or in managing workload has been a challenge (k). • Staff conflicts within the workplace / unreliable staff members/decline in work ethic/increase in staff mental health and personal issues impacting their ability to provide quality work (n). • Training (m).
Funding shortage (n = 6)	<ul style="list-style-type: none"> • Funding (f). • Securing stable funding that will allow us to adequately compensate our employees is difficult (d). • Having to fight for funding for programs that are state or federal mandates (e). • Fundraising and obtaining funds to stay in business (g). • Not enough funds to do all what we would like to do to fulfill our mission (c). • Budgets (m).
Being competent (n = 5)	<ul style="list-style-type: none"> • Institution knowledge (a). • Making the best decisions for the organization (g). • Agency growth from 7 employees to about 25 in 4 years, which requires a lot of skills I did not have, like assisting with payroll, HR, etc. (h). • There is so much information (way too much) to learn, because we have too many grantors. I don't have the knowledge I need to succeed and it is frustrating (i). • Learning the role and being adequately trained (l).
Meeting pay needs of staff (n = 4)	<ul style="list-style-type: none"> • Competing with pay of other job options (a). • Repeated requests for raises from staff (i). • Challenges in meeting pay needs and demands of current and prospective employees (k).

	<ul style="list-style-type: none"> • Maintaining enough funding to cover large increases in minimum wage / Increasing salaries to avoid salary compression for organizational leadership / Not being able to pay people enough money in comparison to other job opportunities in the community (n).
Lack of communication (n =2)	<ul style="list-style-type: none"> • Communication breakdowns / Lack of transparency from executive management down to site management (b). • Communication can be difficult in a larger organization spread across multiple locations (k).
Service delivery (n =2)	<ul style="list-style-type: none"> • Shifts in service delivery models to maintain sustainability (a). • Volunteer shortage (c).
Funding management (n = 2)	<ul style="list-style-type: none"> • Developing and maintaining the best budget for the organization (g). • Funding is often not flexible enough to adapt to changing needs as well (d).
Meeting funding requirements (n = 2)	<ul style="list-style-type: none"> • More and more work for the about the same amount of funding (e). • Responding/reporting regarding multiple grants (f).
Working from home (n =1)	<ul style="list-style-type: none"> • COVID and work from home has been a huge challenge. I know that certain remote staff are working hard, but others I am not as sure of. I want to be flexible, especially since hiring at non-profits is challenging, but this is not an ideal situation for me. I prefer that staff work in the office (h).
Adaptation to changes (n = 1)	<ul style="list-style-type: none"> • Adjust to upcoming changes (a).
Aging equipment and technology (n = 1)	<ul style="list-style-type: none"> • Aging equipment and technology (c).

Note. Different alphabet letters indicate different participants.

Table 9*Pre-GLA Survey: Possible Solutions for Challenges of Leaders*

Category	Description
Improvement in funding (n = 6)	<ul style="list-style-type: none"> • Having funders that are willing to provide more to agencies to address the change in costs of living would be helpful (d). • State and/or feds adequately funding programs (e). • Securing larger grants (federal ones) and eliminating some of the smaller ones may be helpful (i). • Increase in funding to social services (m) • Additional funding (n) • We have applied for several grants to cover equipment, technology, and purchase needed items for our clients (c).
Improvement in hiring system (n = 4)	<ul style="list-style-type: none"> • We have hired excellent staff, we have been actively recruiting volunteers and have brought in several new ones (c). • Best and culturally sensitive hiring practices (g) • Recruiting more mature staff members who have an outstanding track record of service or youth supervision, possibly from the University of Illinois or Parkland College would also be helpful. Unfortunately, many community residents who aren't students have come and gone, even after we try to adjust their schedules to accommodate other obligations and offer solutions to other issues that arise (i). • Expanding recruitment areas and forums (k)
Collaboration system (n = 3)	<ul style="list-style-type: none"> • Service delivery collaboration efforts at the local level with knowledge and planning with state initiatives and funding (a). • Consolidated grant applications and reporting (f) • More interagency support and commitment to refer and to understand the need for all to work together for a common goal. I think as leaders in the field of mental health that we know that it takes time (j).
Training / program (n = 3)	<ul style="list-style-type: none"> • Leadership training / Best and culturally sensitive training methods / Training on how to keep a team motivated (g) • Proper training (l) • Employee assistance program / Staff training on conflict resolution and how to be a quality employee / Stable program leadership / Additional HR support (n)
Increasing staff wages (n = 3)	<ul style="list-style-type: none"> • Higher compensation for employees (f) • Increasing systems to meet pay needs and demands (k) • Advocating for higher wages (m)
Improvement in communication (n = 2)	<ul style="list-style-type: none"> • Return to the office, at least part time. When staff works remotely, it takes more of my time to communicate with them. Getting answers takes longer. We do not have the same kind of opportunities to work collaboratively. I feel that some staff are completely disengaged from the organization (h). • Open dialogue about what is being planned for the agency. Knowledge helps people feel better regulated (b).
More flexibility	<ul style="list-style-type: none"> • Having greater flexibility to cover administrative costs or changing

(n = 1)	needs would be beneficial (d).
Mentoring (n = 1)	• Having a mentor (someone more experienced in this work) outside of the center would be beneficial (i).
Improvement in work schedules (n = 1)	• Flexible and creative work schedules and or roles (k)

Note. Different alphabet letters indicate different participants.

Table 10*Pre-GLA Survey: The Characteristics of an Effective Leader Defined by the Agency Leaders*

Category	Description
Listening skill (n = 7)	<ul style="list-style-type: none"> • Great listening skills (b) • Active listening (g) • Ability to listen (h, l) • Listen well (i) • Having the ability to listen and not judge (j) • Being a good listener (m)
Transparency (n = 7)	<ul style="list-style-type: none"> • Transparency (d) • Honesty (f, h, m, n) • Personal integrity (j) • Integrity (k, n)
Good personality (n = 6)	<ul style="list-style-type: none"> • Kindness, compassion, empathy, humility (c) • Compassion (l, n) • Compassion for team members / understanding (g) • Empathy (h) • Empathy / confident humility (k)
Communication skill (n = 5)	<ul style="list-style-type: none"> • Clear communication (d) • Approachable / Connected / Good communication skills (e) • Effective communication skills (l) • Strong communication skills (n) • Mediator (m)
Work ethic (n = 5)	<ul style="list-style-type: none"> • Strong work ethic (c) • Hard worker (e) • Personal work ethic / Determination (k) • Dedicated (m) • Accountability (n)
Flexibility (n = 4)	<ul style="list-style-type: none"> • Ability to change quickly (a) • Openness (f) • Resilience / Advocacy and openness to change (k) • Flexibility (h)
Caring staff (n = 4)	<ul style="list-style-type: none"> • Relationship building / Showing that you genuinely care (b) • Not only care about their organization, but also the people that they employ (d) • Respect (j) • Care (k)
Collaboration (n = 3)	<ul style="list-style-type: none"> • Collaborative and partnership mindset (a) • Collaboration (f) • Learning that leadership can't be taught it has to be learned together (j)
Guiding skill (n = 3)	<ul style="list-style-type: none"> • Provide quality training / Being available to assist the team when needed (g) • Respond in the best interest of the organization and individuals it serves / Guide people in the right direction while doing the tough work with them (i) • Clear vision of the organization / Reliable (n)

Creativity (n = 2)	<ul style="list-style-type: none"> • Creativity (a) • Creative thinking (k)
Fairness (n = 2)	<ul style="list-style-type: none"> • Fairness (c) • Being objective / Not take things personally (j)
Decentralization (n = 2)	<ul style="list-style-type: none"> • Learning to decentralize (j) • Being leader, not dictator (e)
Knowledgeable (n = 1)	<ul style="list-style-type: none"> • Knowledge (a)
Experienced (n = 1)	<ul style="list-style-type: none"> • Experience (l)
Humorous (n = 1)	<ul style="list-style-type: none"> • Sense of humor (f)
Acknowledging (n = 1)	<ul style="list-style-type: none"> • Celebrating individual and team accomplishments (g)
Delegation (n = 1)	<ul style="list-style-type: none"> • Identify strengths of their staff members and put them in positions where those strengths can shine (i)
Patience (n = 1)	<ul style="list-style-type: none"> • Patience (h)

Note. Different alphabet letters indicate different participants.

Table 11*Pre-GLA Survey: The Strengths that the Agency Leaders Think They Have*

Category	Description
Communication skill (n = 8)	<ul style="list-style-type: none"> • I know my team well. I check on them each day. I answer when they reach out (b). • I am approachable and connected to my staff (e). • I share information, willing to pitch in, available for answering questions and support (f) • My team feels connected to the leadership. I feel I have excellent communication skills, give instructions well, and follow through on tasks (g). • My door is always open to staff. I try to be as responsive as I can to their questions and needs (h). • I am always willing to listen. I am always willing to give of my time (j). • Effective communication skills (l) • Have an open door policy / Working collaboratively with a team (n)
Respecting staff (n = 3)	<ul style="list-style-type: none"> • I set boundaries with them and advocate for theirs as well (b). • I show concern for the staff as people first, then as employees. I try to make the best decisions I can to further my staff in any way I can (c). • Our team often shares my supportive approach as the most effective and helpful for them (k).
Flexible (n = 3)	<ul style="list-style-type: none"> • Willingness to be flexible and adapt to change is an area I have found effective in modeling, as well as in aiming to meet the ever changing needs of clients and staff (k). • Open to new ideas and change (m) • being open to other ideas (n)
Competent performance (n = 2)	<ul style="list-style-type: none"> • Experience with seeing cyclical themes (what works and what doesn't), creative approaches, delegation, and community involvement (a). • Being effective fundraiser / Having expanded programming and our reach to the community (n).
Hard working (n = 2)	<ul style="list-style-type: none"> • I believe my leadership has been effective because my staff see me working harder than anyone else. I work very hard to make the daily work experience enjoyable and fun (c). • I work hard so I set a good example (e).
Creating supportive system (n = 2)	<ul style="list-style-type: none"> • I think my focus on organizational stability and resilience have also positioned us to be in a better place, long term / I have created a strong organizational culture that supports our employees as they provide services that are essential to our community (d). • I follow up with my team, I create systems that work for the team (g)
Problem resolution skill (n = 2)	<ul style="list-style-type: none"> • I am willing to listen to all sides of an issue and come to a consensus (j). • Being calm during stressful events (m)

Asking for help (n = 1)	• If I don't have an answer to your question, I will find it. I am always willing to ask for help if I need it (j).
Admitting one's mistake (n = 1)	• I admit that I am wrong (j)
Consistency (n = 1)	• My consistency with the organization has been effective (n)
Not effective so far (n = 1)	• Sadly, it is not. Most people don't listen to my instructions, respect what I say, or trust me to make the right decisions. It hurts, but it's the current reality (i).

Note. Different alphabet letters indicate different participants.

Table 12

Pre-GLA Survey: Barriers Against Being More Effective Leaders

Category	Description
Lack of proficient staff (n = 7)	<ul style="list-style-type: none"> • Sometimes, the workload is huge due to being understaffed. I want to make sure my team feels supported and has what they need to be successful, productive, and work with fidelity and integrity. Being overloaded and understaffed can lead to a lack of fidelity in the work. I have an amazing team and want to keep them motivated and productive (g). • We lack a cohesive effort at times due to so many part time employees. For example, I can never have a staff meeting where everyone is present, even remotely (h). • not having enough dedicated staff members (i) • Workloads impeding upon ability to focus on areas of improvement, expansion and or quality improvement due to ongoing needs in day to day programming. This is mainly due to staff vacancies (k). • Compassion fatigue, constantly putting out fires, covering for unreliable staff members and staff shortages, navigating employee conflicts. • The biggest barrier is keeping others engaged for the long hall (j). • Lack of professional development opportunities (l)
Lack of time (n = 5)	<ul style="list-style-type: none"> • Having enough time, especially while trying to onboard new people, is difficult (d). • Not enough time in the day to do everything I'd like to do (e). • Time (f) • Another barrier is the sheer amount of work I have to accomplish. I wish I had the time to learn more about management of a larger organization. I would like to be more supportive of my staff and provide them more developmental opportunities. I feel like my life is consumed by this job right now (h). • not having enough hours in the day to get everything done that I need (i)
Lack of funding (n = 2)	<ul style="list-style-type: none"> • Lack of funds to be able to pay people better, lack of funds to provide for our clients like we would like to (c). • The lack of flexible funding is also difficult (d).
Weak personality (n = 2)	<ul style="list-style-type: none"> • My kind nature (i) • Challenging myself not to worry about the future for all ideas (m)
Unpredictable changes (n = 1)	<ul style="list-style-type: none"> • Struggle to keep up with the changes in service delivery due to competing issues related to COVID (workforce) (a).
Gaps between federal and local initiatives (n = 1)	<ul style="list-style-type: none"> • State/federal initiatives not aligning with local efforts (a).
Old age (n = 1)	<ul style="list-style-type: none"> • My age (i)

Lack of information (n = 1) • Not having access to information (i)

Note. Different alphabet letters indicate different participants.

Post-GLA Survey (Questionnaire)

CCMHB Leaders GLA - Post-Session Survey

Thank you for joining us today! Please take some time to share your thoughts about this GLA session and the next steps.

◆-----◆

Question 1: What motivated you to participate in the GLA session?

Question 2: How would you rate the effectiveness of this session in relation to the following?

	Not effective at all	Not quite effective	Neutral	Somewhat effective	Very effective
Opportunity to engage with other agency leaders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The questions asked were relevant and relatable to leadership topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facilitation process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sufficient time to give insights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Well organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Question 3: How would you like to receive a summary of the findings from this GLA session?

Question 4: Would you be interested in helping us write up the recommendations to CCMHB based on the GLA findings?

Yes No

Question 5: If you showed interest in helping us to write up the recommendations, please share your details for us to contact you.

Name: _____

Organization: _____

Email Address: _____

Question 6: If CCMHB brings leaders of mental health service agencies for future discussions on leadership, how often do you think this should be?

- | | |
|--|--|
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Once every 6 months |
| <input type="checkbox"/> Once every 3 months | <input type="checkbox"/> Once a month |

Question 7: Would you attend a similar GLA session in the future if/when organized by CCMHB?

- | | | |
|------------------------------|-----------------------------|--------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Maybe |
|------------------------------|-----------------------------|--------------------------------|

Question 8: Do you have any additional feedback for us about how we could have improved this GLA session?

Question 9: Is there anything you would like to share that we have not asked about?



IX.c

BRIEFING MEMORANDUM

DATE: February 22, 2023
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Application Review Process

Background:

Six years ago, the CCMHB implemented a process for Board members to evaluate agency applications for funding. Modifications have been made each year as we learn which activities require more time or fuller board discussion, such as alignment with priorities, relationships between programs for best impact, affordability of final awards, and contract considerations to be addressed through special provision or negotiation.

Update:

With agency requests for PY2024 funding submitted on or before February 10, 2023, staff review begins. This will result in a program summary for each complete application. Discussion of applications will be supported by the staff reviews and organized by priority. The timeline below, from our 'allocation process timeline,' supports that practice. If a different approach is preferred, adjustments will be made to the timeline.

In previous years, board members were assigned specific applications to review and then discuss during April (and May). Individual members' questions or concerns may be directed to staff prior to meetings or posed during the full Board discussion. The staff review of funding requests and preparation of funding recommendations is also supported by board discussion of their expectations of the process.

During the ‘open’ application period, January 2 to February 10, organizations were able to register (if they had not done so before) and submit all required forms. A list of PY24 funding requests is attached.

From the Allocation Process Timeline:

- *April 12* is the deadline for staff program summaries to be made available to the board and public, posted online as part of the board packet for the following week’s meeting.
- *April 19* and *April 26* are a meeting and a study session of the CCMHB, with focus on Board review of agency applications, supported by staff program summaries.
- *May 10* is the staff deadline for recommendations to the board about allocations for Program Year (PY) 2024. A draft decision memorandum, along with board packet for the following week’s study session, will be posted online and paper copies mailed out.
- *May 17* is a study session, for board discussion of allocations of funding for PY2024.
- *May 24* is a regular meeting, with goal to finalize decisions about allocation of funding for PY2024.
- Following the final board decisions, staff plan to complete contract negotiations in early June to allow time for preparation of contracts, completion of required revisions by agency staff, and full execution so that July payments may be released in a timely fashion.

Expectations and Considerations:

Throughout the review and decision processes, staff are available to work with board members. These conversations are critical to our program summary process and eventual recommendations. The timeline is intended to support the Board’s mission of allocating funds for the benefit of the community and may be modified to allow more or less time. Limitations of the process have been frustrating for some; we hope to improve this.

- A template checklist for (optional) Board use is attached.
- When program summaries are presented, Board members may have questions for staff or applicant agency staff, to be answered as time allows. While Board questions may be made in writing, responses must be brief and in direct response to the question.

- Agency representatives should attend specific meetings (April and possibly May) during which their applications will be reviewed.
- The second meeting for Board reviews is just one week prior to the deadline for staff funding recommendations. It can be challenging to incorporate results of follow-up questions in time for publication. As a result, the recommendations memorandum may be revised between the May study session and the May board meeting, or a subsequent board meeting may be required.

CCMHB PY2024 Agency Requests for Funding		PY2023	PY2024	PY23-PY24
Agency	Program	Contract	Request	Contract
CCRPC - Community Services	Homeless Services System Coordination	\$54,281	n/a	\$54,281
	Youth Assessment Center	\$76,350	\$76,350	n/a
CRIS Healthy Aging	Improving Family Caregiver MHB	NEW in PY24	\$125,000	n/a
CU at Home	Shelter Case Management Program	\$256,700	\$403,564	n/a
CU Early	CU Early	NEW in PY24	\$77,184	n/a
CC Children's Advocacy Center	Children's Advocacy	\$56,425	\$63,911	n/a
CC Christian Health Center	Mental Health Care at CCCHC	\$33,000	\$0	n/a
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	\$347,235	n/a	\$347,235
CC Health Care Consumers	CHW Outreach and Benefit Enrollment	\$80,274	\$91,054	n/a
	Justice Involved CHW Services & Benefits	\$77,394	\$94,892	n/a
	Disability Services	\$71,500	n/a	\$71,500
Community Svc Center of Northern	Resource Connection	\$68,609	\$75,069	n/a
Courage Connection	Courage Connection	\$127,000	n/a	\$127,000
Crisis Nursery	Beyond Blue-Champaign County	\$90,000	\$100,000	n/a
Cunningham Childrens Home	ECHO Housing and Employment Support	\$127,249	n/a	\$127,249
	Families Stronger Together	\$398,092	n/a	\$398,092
DSC	Family Development (DD)	\$596,522	\$656,174	n/a
Don Moyer Boys and Girls Club	C-U CHANGE	\$100,000	\$0	' n/a
	CUNC	\$110,000	\$0	' n/a
	Community Coalition Summer Initiatives	\$107,000	\$0	' n/a
	Youth and Family Services	\$160,000	\$0	' n/a
East Central IL Refugee Mutual As	Family Support & Strengthening	\$62,000	\$71,300	' n/a
Family Service of CC	Counseling	\$30,000	\$0	' n/a
	Creative Social Connectivity for Seniors	\$25,000	\$0	' n/a
	Self-Help Center	\$28,430	\$0	' n/a
	Senior Counseling & Advocacy	\$162,350	\$0	' n/a
FirstFollowers	FirstSteps Community Reentry House	\$39,500	n/a	\$39,500
	Peer Mentoring for Reentry	\$95,000	n/a	\$95,000
GROW in Illinois	Peer-Support	\$129,583	n/a	\$129,583
Immigrant Services of CU	Immigrant Mental Health Program	NEW in PY24	\$119,705	n/a
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	\$15,000	\$0	n/a
	MAYC Members Matter!	\$21,905	\$0	n/a
Promise Healthcare	Mental Health Services	\$350,117	\$352,035	n/a
	PHC Wellness	\$107,987	\$107,078	n/a
Rape Advocacy, Counseling & Edu	Sexual Trauma Therapy Services	NEW in PY24	\$149,284	n/a
	Sexual Violence Prevention Education	\$63,000	\$82,996	n/a
CCMHB PY2024 Agency Requests for Funding (continued)		PY2023	PY2024	PY23-PY24 Contract

Rosecrance Central Illinois	Benefits Case Management	\$80,595	\$80,595	n/a
	Child & Family Services	\$60,000	\$83,500	n/a
	Criminal Justice PSC	\$320,000	\$330,000	n/a
	Crisis Co-Response Team (CCRT)	\$207,948	\$207,948	n/a
	Recovery Home	\$100,000	\$100,000	n/a
	Specialty Courts	\$169,464	\$178,000	n/a
Terrapin Station Sober Living	Recovery Home	\$61,000	\$79,677	n/a
The UP Center of CC	Children, Youth & Families Program	\$86,603	\$190,056	n/a
The Well Experience	Well Family Care Program	\$100,000	\$256,656	n/a
Urbana Neighborhood Connectio	Community Study Center	\$25,500	\$25,500	' n/a
WIN Recovery	Community Support ReEntry Houses	\$93,283	\$123,198	' n/a
	PY23 Requests plus 2 Yr Contracts		\$4,300,726	\$1,389,440
	Total (PY23 Awards vs PY24 Requests plus 2 Yr Contracts)	\$5,371,896	\$5,690,166	
	Total CCMHB MH/SA (excludes DD amount)	\$4,625,708	\$4,884,326	MH/SA requests
	Total CCMHB DD amount	\$746,188	\$805,840	DD requests
			<i>(DSC FD and DD portion of HS-EHS)</i>	
	PY24 MH/SA requests are greater than PY23 MH/SA awards by \$258,618			

CCDDDB and CCMHB I/DD Funding Requests for PY2024

July 1, 2023 thru June 30, 2024

Agency	Program Name	Current Awards		PY23		PY24		
		DDB Award	DDB Amended	MHB	DDB/MHB	% change	Reviewer	
<i>Priority: Self-Advocacy</i>								
CU Autism Network	Community Outreach Program (funded PY22, not PY23)	-	n/a		\$79,132	n/a	KF/GS	
CU Autism Network	CUAN Planning Seed Grant NEW	-	n/a		\$65,217	n/a	VN/GS	
<i>Priority: Linkage and Coordination</i>								
CCRPC - Community Services	Decision Support PCP	\$388,271	\$370,388		\$433,777	17%	AR/GS	
DSC	Service Coordination	\$468,000	n/a		\$496,080	6%	GS/DR	
<i>Priority: Home Life</i>								
Community Choices, Inc.	Inclusive Community Support (formerly Community Living)	\$203,000	\$193,874		\$198,000	2%	DR/KF	
DSC	Community Living (formerly Apartment Services)	\$536,000	n/a		\$565,480	6%	KF/VN	
<i>Priority: Personal Life</i>								
Community Choices, Inc.	Transportation Support NEW	-	-		\$119,500	n/a	VN/DR	
DSC	Clinical Services	\$184,000	n/a		\$241,000	31%	VN/AR	
DSC	Individual & Family Support	\$390,000	n/a		\$250,000	-36%	AR/DR	
PACE	Consumer Control in Personal Support	\$27,367	n/a		\$36,000	32%	GS/KF	
<i>Priority: Work Life</i>								
Community Choices, Inc.	Customized Employment	\$217,500	n/a		\$226,500	4%	DR/VN	
DSC	Community Employment	\$435,000	n/a		\$459,606	6%	KF/AR	
DSC/Community Choices	Employment First	\$85,000	n/a		\$90,100	6%	VN/GS	
<i>Priority: Community Life</i>								
Community Choices, Inc.	Self-Determination Support	\$171,000	n/a		\$176,500	3%	AR/DR	
DSC	Community First	\$847,658	n/a		\$890,042	5%	GS/KF	
DSC	Connections	\$95,000	n/a		\$106,400	12%	DR/VN	
<i>Priority: Strengthening the I/DD Workforce</i>								
Community Choices	Staff Recruitment and Retention NEW	-	-		\$34,000	n/a	GS/AR	
DSC	Workforce Development and Retention	\$227,500	n/a		\$227,500	n/a	multiyear	
<i>Priority: Young Children and their Families (CCMHB focus)</i>								
DSC	Family Development		n/a	\$596,522	\$656,174	MHB Reque	KF/AR	
CC Head Start/Early Head Start	Early Childhood Mental Health Svs (MH & DD) <i>(the amount here is dedicated to DD)</i>		n/a	\$149,666	\$149,666		multiyear	
TOTAL		\$4,275,296	\$5,021,484	\$746,188	\$5,500,674			
		<i>total PY2023 = \$5,021,484</i>						<i>total PY2024 requests, to both boards and including multi year</i>

I-DD Special Initiatives Funding Requests for PY2024

July 1, 2023 thru June 30, 2024

Agency		Program Name	Requests PY24	Reviewer
<i>Priority: Strengthening the DSP Workforce</i>				
X			\$0	
<i>Priority: Individual Supports to Underserved People</i>				
X			\$0	
X			\$0	
X				
<i>Priority: Community Education and Advocacy</i>				
X			\$0	
X			\$0	
<i>Priority: Housing Supports</i>				
X			\$0	
X			\$0	
X			\$0	
TOTAL			\$0	

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IX.d



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

TO: Members, Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDB) and Representatives of Funded Agencies
FROM: Lynn Canfield, Executive Director
DATE: February 22, 2023
RE: Risks of Loss Noted in Funding Requirements and Contracts

Purpose:

To manage and account for the funds overseen by the CCDDB and CCMHB, some considerations which are important to Board and staff members should be clarified for our partners who receive the funding and for others with a stake in the local systems of services and supports. These considerations fall into four categories:

- **Distinction between Independent Contractor and Employee**
- **Unexpended Revenue and Payer of Last Resort**
- **Supplanting of State or Federal Funds**
- **Supplementation of Medicaid**

Rules and procedures for compliance are referenced in Funding Requirements and Guidelines, most recently revised during public meetings of each Board in 2021. Many are echoed in application forms and standard contract provisions. All relate to protecting against loss, especially in our community's service capacity. As CCDDB and CCMHB members and staff request information from contracted agencies, to affirm that expectations are met and the public trust funds used appropriately, further explanation might be most useful in one memo.

These explanations are meant to clarify some CCDDB and CCMHB processes and requirements, especially as they relate to State and Federal laws. We are sensitive to the challenges government funding poses for non-profit agencies. Incorporating public and agency input and what we learn through state and national associations, our staff and board members seek to improve processes and policies where we have the authority to do so. Publicly funded systems are framed by regulations

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which may be less than perfect. Even indirect limits on flexibility can negatively impact those non-profit organizations best suited to deliver the social impact.

Additional Context:

The Boards' missions are like those of funded organizations and depend on them:

“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.”

“The mission of the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) is the advancement of a local system of programs and services for the treatment of people with intellectual and/or developmental disabilities, in accordance with the assessed priorities of the citizens of Champaign County.”

To review the statutes governing the two Boards and forming the bases of their current funding requirements and guidelines, refer to:

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1499>
https://www.co.champaign.il.us/mhbddb/PDFS/MHB_Funding_Guidelines_122021_FINAL.pdf

<https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3834&ChapterID=11>
https://www.co.champaign.il.us/mhbddb/PDFS/DDB_Funding_Guidelines_122021_FINAL.pdf

For archived recordings, board packets, and CCMHB and CCDDB schedules:

<https://www.co.champaign.il.us/MHBDDDB/MHBMeetingDocs.php>
<https://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Other public documents and items of interest to agencies and board members are on the public page of the application/reporting website at:

<https://ccmhddbrds.org>

It is also important that **agency board members** understand that they share liability for financial loss. Concerns related to agency boards and policies are addressed in this and similar sites:

<https://www.501c3.org/avoiding-conflicts-of-interest/>

For newer and/or smaller organizations, this toolkit from the federal Substance Abuse and Mental Health Services Administration (SAMSHA) provides guidance for establishing standard operating procedures and practices for long-term success:

<https://suicideprevention.nv.gov/uploadedFiles/suicidepreventionnv.gov/content/SP/SAMHSAtoolkitCommunityFaith.pdf>

This SAMSHA toolkit is relevant because Champaign County and the CCMHB and CCDDDB share an interest in ‘grassroots,’ locally-driven non-profit organizations, which are well-suited to address local concerns quickly and effectively and to mobilize local assets.

A further aspiration of the CCDDDB and CCMHB and their staff has been that, with support from local taxes, some agencies will expand and sustain their operations with funding from larger sources such as state and federal agencies. However, the newer and/or smaller non-profit agencies tend to operate on limited budgets or without sufficient business office and legal services to safeguard against the kind of risks discussed here, adding to any other ‘growing pains.’

Distinction between Independent Contractor and Employee:

Funded organizations are required to provide the CCDDDB/CCMHB staff with copies of all subcontracts related to the services to be paid for (in part or in full) through contracts with the Boards. These should affirm that all parties understand subcontractors are subject to the provisions of the CCDDDB or CCMHB contract.

Agencies should avoid such contractual arrangements when employment would be appropriate, whether to fulfill a contract’s service deliverables or to support the agency’s operations. One risk of loss, when employment would have been appropriate but was not used, is an IRS penalty for unpaid payroll taxes. Such

surprise costs can be high, jeopardizing an agency's financial standing and reputation and depleting funds which could have supported services.

Guidance regarding Independent Contractor status under the Fair Labor Standards Act has changed in recent years:

<https://www.lawandtheworkplace.com/2022/10/dols-new-independent-contractor-rule-a-return-to-2020/#:~:text=In%20March%202021%2C%20the%20Biden,was%20unlawful%2C%20and%20restored%20it>

The reliance on contractual arrangements rather than employees may be seen as a cost-saving strategy among non-profits and others, and more recently the practice may have helped fill growing workforce gaps. However, diligence is necessary, and the links below may be helpful in determining when a contractual arrangement is appropriate and permitted.

<https://www.irs.gov/pub/irs-pdf/p1779.pdf>
<https://www.thebalancesmb.com/how-the-irs-determines-independent-contractor-status-398618>
<https://www.stoketalent.com/blog/irs-20-factor-test/#What-is-the-IRS-20-Factor-Test>
<https://www.dominionsystems.com/blog/employee-misclassification-what-happens-when-you-mistake-an-employee-for-an-independent-contractor>
<https://bench.co/blog/accounting/independent-contractor-vs-employee/>
<https://www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee>
<https://www.irs.gov/newsroom/understanding-employee-vs-contractor-designation>
<https://www.cpajournal.com/2019/02/11/employee-versus-independent-contractor/>

Unexpended Revenue and Payer of Last Resort:

In recent years, the Boards have allocated more to agency contracts than was projected to be available for a given funding cycle. This strategy is meant to ensure service capacity to meet rising needs, and it anticipates the eventual return of excess (unexpended) revenue. In a perfect year, agencies have enough resources to meet the service needs and to provide all services as contracted. Unfortunately, just as service needs are not always matched with adequate funding, adequate funding

is not always matched with full staffing, leading to unexpended revenue. Since 2020, some agencies have received additional funding for services, increasing their total program revenues, but have not been able to fully staff and implement programs, decreasing actual expenses. The latter circumstance was the case prior to 2020, and agencies routinely return unexpended revenue after the contract year. It is then used for the following year's agency allocations, allowing us to continue maximizing what is available for services.

Most non-profit human service providers are not used to surprise additional revenue. When it happens, it is a good thing, as it might stabilize services and expand their reach to more people. The circumstances around unexpended revenue are considered case-by-case, with attention to the terms of the other funding agreements. In some cases, unspent funds are owed to the Boards after the contract year because CCDDDB and CCMHB funding should be used only after all other resources which can be applied to the contracted services have been exhausted.

“The Board shall be the Payer of Last Resort... Providers shall coordinate their services, seek and utilize payment from other revenue sources prior to Board funding, thus making the Board payer of last resort. Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider's charges.”

- Section C. 4 of contracts with agencies

Because “payer of last resort” provisions may be present in other public funding agreements, a similar rule in a contract with the State (e.g.) complicates the issue. The rationale for using local tax funds *last* is that Champaign County residents also contribute to Federal and State tax funds, so to use local funds where Federal or State funds are available to cover the cost of a service is to charge the people of Champaign County twice for one service. If State funds are available and also to be treated as payer of last resort, the state can recover the unexpended revenue. This not only causes Champaign County residents to pay twice but also benefits the State with no gain at all for the agency.

If an agency receives more funding from other sources than anticipated when the application budget forms were submitted and then incorporated into a contract, this can create the appearance of excess revenue unless there is also a plan to spend those funds fully. Adjustments to revenue or expenditures during the contract year may warrant revision of the application/contract forms, to describe the total agency, total program, and contract-specific financial plans more accurately. This is done through a contract amendment. Depending on the scope of services

contracted with other funders, the revised forms might better reflect distinct service deliverables, for purposes not described in the CCDDDB or CCMHB contract.

“An approved provider plan indicating projected levels of expenses and revenues is required... funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. [CCDDDB or CCMHB] funds in excess of actual reimbursable expenses by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required... The same costs shall not be claimed and reported for more than one [CCDDDB or CCMHB] contract or programs funded by other funding sources...”

- From Funding Guidelines (pages 5-6)

Review of the agreements associated with other funding for the program or other programs run by the agency can clarify whether unexpended total program revenue will be owed back to the Board.

“...when the Provider submits grant applications to any local, state, or federal government funding source during the term of this contract, the Provider shall submit in writing what government entity the application was made to, the type, the amount and the focus of the application. Per 405 ILCS 20/3e (1) (j), the Board reserves the right to request a full copy of the application...”

- Section C. 26 g. of the contract

“The provider will be expected to... Make available for inspection by the [CCDDDB or CCMHB] copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the [CCDDDB or CCMHB]; Make available for annual inspection by the [CCDDDB or CCMHB] copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority...”

- From Funding Guidelines (pages 3-4)

“The provider shall not use [CCDDDB or CCMHB] funds to establish or add to a reserve fund... Providers shall notify the [CCDDDB or CCMHB] of any applications for funding submitted to other public and private funding organizations for services funded by the [CCDDDB or CCMHB], especially those that result in a funding overlap.”

- From Funding Guidelines (pages 10-11)

Supplanting State or Federal Funds:

Avoiding supplantation of other public funding limits the potential risk of taxing Champaign County residents unnecessarily and compels us to advocate at state and federal levels on behalf of this community and the people who desire services. Where the larger service delivery and funding systems fall short, we should seek solutions, such as through rule change and adequate state appropriations. While filling gaps in care is a unique and ethical opportunity offered by CCDDDB and CCMHB funds, they should not repair other systems' flaws permanently.

An example of supplanting of other funding is the explicit exclusion from use of CCDDDB funds for any service or support described in the School Code Article 14. A school district might even document that they do not provide a service an agency might offer, but if this service is covered under the school code, the agency cannot use CCDDDB funding to cover the cost of that service.

When CCDDDB or CCMHB funds are used to pay for services funded by other taxing bodies, including services delivered directly by those units of government, extra attention may be necessary to avoid such risks as: duplication of funding for the same service; exhaustion of other sources of funding; supporting the use of institutional settings which do not connect people to community-based care; and services not available to all Champaign County residents who would qualify under our rules.

CCDDDB and CCMHB funds can be very helpful in filling service gaps, but when those gaps result from flaws in other systems, care should be taken to guard against loss of local funds where other funding would apply.

“The following expenses are non-allowable... Supplanting funding from another revenue stream... Supplementation of state or federal funds and/or payments subject to the coordination of benefits...” - From Funding Guidelines (pages 6-7)

Supplementation of Medicaid:

Federal rule prohibits the supplementation of Medicaid payments by a third-party amount. Penalties can include recovery by the State of the third-party payment amount, at times an extrapolation of error across all billings, which can result in loss of agency/service capacity. This is not common, but Medicaid fraud

allegations destroyed community-based behavioral health in New Mexico in 2013 - <https://www.healthfinancejournal.com/index.php/johcf/article/view/261>

A former Home and Community Based Services administrator from Center for Medicare and Medicaid Services told me that there tends to be confusion about the anti-supplementation rule in states where the systems are bifurcated, such as is the case in Illinois, with the separate Health and Family Services and Department of Human Services. A few years ago, a pamphlet was being distributed by IDHS to service provider agencies, explicitly advising them to seek supplemental funds to fill the gap between Medicaid rates and actual cost. This contradicts the federal rule and calls for advocacy to reform the rates and/or the rule, so that service provider agencies can operate and even expand their capacity to meet demand. In the meantime, care is taken to avoid using these local funds to supplement Medicaid rates and to support the important work in other ways.

Final Notes:

Illinois local authorities such as the CCDDDB and CCMHB must operate within the broader system. The statutes which allow communities to create such boards were established during a time when federal support for community-based services might have been more robust if it had been fully implemented. In any case, it was recognized that community-based care had the potential to offer a humane and cost-effective alternative to institutional care.

The CCDDDB and CCMHB are local authorities and trustees of a public trust fund designed to expand community-based care which is responsive to the preferences of the local community. The principal and interest monies of a public trust fund are for the benefit of the public rather than an individual or company. This is the context in which we plan and monitor within the intent of the law and under the authority of the trustees (board members).

An organization must decide whether they have the desire and capacity to operate within these terms. We rely on each to contemplate these issues prior to submitting an application for funding and then prior to committing to a contract. Each newly registered agency attests to having read and understood the Funding Requirements and Guidelines. This is repeated at submission of a request for funding. The document is incorporated in each contract for services. While it is very dry reading (not unlike this memorandum), it begins with this understanding:

“This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems... Acceptance of [CCDDB or CCMHB] funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms, and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting [CCDDB or CCMHB] compliance standards for financial management, internal controls, audits, and periodic reporting.”

- From Funding Guidelines (page 1)

ix.e



February 12, 2023

The Well Experience
PO Box 51
Urbana, IL 61803

RE: Financial Request

Dear Champaign County Mental Health Board,

The Well Experience is working with an accountant to complete an audit and return to a state of compliance with the CCMHB. An accountant from a local company is prepared to engage with us. They have shared some information that I need to share with you as I am reaching out to make a request.

We were informed that the cost to perform our first audit and prepare a report is \$18,900. The accountant is aware that the amount is greater than their typical fee for an audit. We were informed that this decision was made based on the financial test that was completed once the auditor received our internal financial reports and tax returns. We were also informed that due to our current financial position, the accounting firm requires that the amount be paid prior to the completion of the audit.

During the CCMHB application process, our organization budgeted \$15,000 specifically for the completion of the audit, which CCMHB informed us was a requirement. To expedite this process, I am requesting an advance of the funds allocated in the approved budget for The Well Experience. The Well Experience is prepared to pay the remaining amount of \$3,900. If CCMHB will release these funds to us, the accountant will be able to begin this process immediately. Please consider allowing us to receive the funds needed to begin and complete the audit process.

Thank you for your consideration.

Kind Regards,

Stephanie Cockrell
Executive Director



Champaign County Christian Health Center

Clinic Address: 1401 S. State St. Champaign, IL 61820

Mailing Address: PO Box 5005, Champaign, IL 61824-1400

Website: CCCHC2003.org

Date: February 11, 2023

To: Mental Health Board

From: Jeffrey Trask, Founder, Champaign County Christian Health Center

Re: Missed deadline for MHB Grant

Our organization, the Champaign County Christian Health Center (CCCHC) respectfully request the opportunity to submit a late application for the fiscal year beginning July 1, 2023. There were a host of circumstances that led to CCCHC missing the deadline. Our organization has been going through a tremendous amount of transition recently. It has been for the positive, but has been overwhelming as we re-calibrate our organization. For one, CCCHC recently purchased a facility see patients and have a regular, consistent space that will provide a permanency the organization has never experienced regarding facilities. In this process, considerable time has been spent in both administration (loan process, contracts, etc.) and facility management (remodeling, utility set up, signage, etc.). Additionally, CCCHC recently added staff based on a recent grant award. Three new people have been added to the team which required recruitment, interviewing, onboarding/training, etc. Additionally, CCCHC has had to develop a more rigorous human resources set up given the increased team size.

In addition to the organizational transitions, as the primary grant writer for the clinic (among several other roles and hats I wear), I have had a number of life transitions that led to me missing the deadline. I am currently preparing to transition my full-time employment and have a company that I manage which recently distracted me from noting the deadline for the grant. When adding the CCCHC building work, and having the new reporting requirements for the new grant, I just missed the mark.

Thankfully, as we settle in with our new team, I will be able to share the load with other staff members. I hope that you will allow CCCHC to continue to partner with the MHB to help provide mental health care to the community. This grant has allowed us to hire (part time) a psychiatrist to see our patients, provided an increase salary for our executive director to recruit a psychologist and social workers that see our patients, and pay for a financial review/audit to ensure our financial records are accurate and financial policies are up to date.

If allowed to apply still, we will have a grant application submitted as soon as we are allowed to apply.

Thank you for your time and consideration. If you have any questions, please do not hesitate to contact me at 217-766-6425 or jtrask@illinois.ed or tysonfaith@yahoo.com.



**DON MOYER
BOYS & GIRLS CLUB**

Dear CCMHB,

I'm very embarrassed to have to ask for your consideration to allow Don Moyer Boys & Girls Club a deadline exception with applying for MHB programming for PY2024. The failure to submit the application by the required time came about due to emergency circumstances related to my filling the role of Interim CEO at the DMBGC. Unfortunately, the staffing situation at the BGC has caused me to be directly involved with service to youth in the program on a daily basis. While my intent was to finalize PY24 applications for submission prior to the deadline time, youth issues at a crisis level, required my involvement and caused me to not get back to process the application for the four DMBGC programs in time.

I particularly regret this circumstance as DMBGC has served as program oversight and administrative source for three important programs that I pray will not be impacted by this situation. I certainly won't go into the demands of the situation with my service as Interim CEO, but I hope that you will note that for several years prior to this one, DMBGC has provided these same programs completing the application process in a timely fashion. I regret not doing so for this year's deadline and hope that you will allow this one exception, particularly to not impact the three programs operating under DMBGC. If granted, I will work in whatever manner is required to process the application with CCMHB staff.

Thank you for your consideration and work on behalf of individuals and families in Champaign County. I look forward to your decision.

Sincerely

Sam Banks, MSW
Interim CEO

GREAT FUTURES START HERE.

201 East Park Street Champaign, Illinois 61820 217-355-KIDS (5437) www.dmbgc.org



February 10, 2023

To the Directors of the Champaign County Mental Health Board

Thank you for offering us the opportunity to formally appeal to you for an extension of the deadline for submitting our grants.

We were able to submit our organizational information, our Cultural Competency plan and all of our financial materials – budgets, income, expense, budget narrative – as well as the program narrative for two programs. We entered the program narrative for our Senior Counseling & Advocacy program and a new, innovative program to provide assistance and resources to families with disabled children.

Through a technical issue on our part, we were not able to push the “Submit” button on those two narratives. Neither our Senior Resource Center’s director nor I could see any word count or notification that our narratives had exceeded the number of words allowed. We made a desperate attempt to cut words to make the deadline but, without an indication of the word count, we did not get it done by 4:30.

We appreciate the help that Leon, Shandra and Lynn provided throughout the day to help us.

The Champaign County Mental Health Board and Family Service have had a long and successful partnership, bringing needed services and resources to people in our area, especially older adults. Your support is extremely important to us because it is the heart of what we do for our clients.

I am hopeful that you will grant us this extension. We do not need a lot of time since the two narratives are ready to go.

Thank you for your consideration.

Sincerely,

Joan M. Dixon
Interim Executive Director



700 W. Main Street
Mahomet, IL 61853
Phone: 217-586-6323
www.mahometyouth.org

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Casey Ryan

Champaign County Mental Health Board
Brookens Administrative Bldg, Suite 201
1776 E. Washington St,
Urbana, IL 61802

February 11, 2023

Dear CCMHB Board members,

I am writing today to request a consideration of exception to the deadline of 4:30pm on 2/10/23 for consideration of the application for Mahomet Area Youth Club.

As you may know, MAYC has been without an executive director since April 9, 2022. We have had some difficulties in finding a new executive director, and during that time I have been trying to handle the ED responsibilities as well as continuing to work full time as the CFO at the Piatt County Mental Health Center, to allow the Program Director to focus on the programming and keep activities going.

I have been working on the application since it opened and had to do a lot of studying to learn some of the information needed, submitting sections after completing, reviewing and double-checking. I was finishing it up on the morning of the 10th prior to going to work. Having all portions of the application in submitted status with the exception of one program's plan narrative, three questions still needed typed in, and the authorization/cover form, I had to get to work and planned to complete those at work, knowing the deadline was 4:30pm. I have all the information, it just needs to be typed in. Unfortunately, we discovered 4 gas leaks in our office and were dealing with getting it fixed and trying to get everything started back up, with which we had some difficulties. As forgiving as my boss is about handling some non-work things at the office, there are times when my job must have my attention at work, and dealing with an issue such as this was one of those times. When we finished I was prepared to finish these two sections, but I looked at the clock and it was 4:43pm.

It would be devastating to MAYC to lose over \$30,000 in revenue supporting their programs, especially since our lone full-time staff person has been taking on so much to keep things working in the absence of an ED. I'm really not sure if it would be able to recover, and would have to look at reducing some services.

We have been able to hire a new executive director who will be starting on March 6, and this would be a huge issue for her to walk in to deal with a solution, because I had an emergency at work. I do hope you will consider allowing the application. The youth in Mahomet are the benefactors of the service.

With appreciation,

Darlene Baker
MAYC Board President
217-840-1030
dar.baker930@gmail.com

X.a

PY2023
2nd Quarter
Program
Activity Reports

for all programs funded by
the Champaign County Mental Health Board



Quarterly Program Activity / Consumer Service Report

Agency: C-U at Home, Inc.

Program: Shelter Case Management Program Period Second Quarter PY23

Submitted 01/27/2023 by MCOURTWRIGHT

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	90	1200	148	112	0
Quarterly Data (NEW Clients)	22	236	99	30	0
Continuing from Last Year (Q1 Only)					

Comments:



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Homeless Services System Coordination** Period **Second Quarter PY23**

Submitted **01/24/2023** by **KHARMON@CCRPC.ORG**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	26	40	0	49	0
Quarterly Data (NEW Clients)	2	9	0	0	
Continuing from Last Year (Q1 Only)					

Comments:

Quarter 2 Community Service Events -

12/13/22 - Fair Housing Workshop Planning (6 attendees)

12/14/22 - Homeless Services Continuum Diagram Planning with United Way and CCMHB (3 attendees)

* To note, the CoC Coordinator, Katie Harmon, started in the position on 11/28/22.



Quarterly Program Activity / Consumer Service Report
Agency: CCRPC - Community Services
Program: YAC (Companion Proposal) Period Second Quarter PY23
Submitted 01/16/2023 by LBRITT@CCRPC.ORG

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	40	40	20	55	1
Quarterly Data (NEW Clients)	42.5	4	0	4	25
Continuing from Last Year (Q1 Only)					

Comments:

During quarter 2, the Youth Assessment Center received a total of 56 referrals.. There was a total of 7 repeat referrals with 4 assessed at Moderate-High risk level with service linkages provided on a formal Station Adjustment or Engagement Agreement. Case management staff were unable to make contact with four of the Treatment Plan Clients referred, however engagement efforts were attempted via email, mailed letters, random phone calls at differing times of the day and police follow up to the home.

Twenty-five first time eligible client referrals engaged in Youth Assessment Center Services through connection via police or community referral sources and provided with services.. There were no police drop-off's this quarter, however clients placed on Formal Station Adjustments continued to receive curfew checks for the duration of their agreement, when successfully closed.

Community service events were met by both case managers attending increased professional development opportunities and newly hired staff gaining certification (Family and Community Development Specialist working with individuals, families and the communities that experience poverty) for continuing education in assessing the needs of YAC target high-risk population(s).

Youth Assessment Center (YAC) Success Story:
 Referred 8/24/22; Intake 9/7/22; closed 12/9/22

Joe was referred to YAC due to theft at his place of employment. This is his fourth referral with YAC over the past year. The YASI assessment indicated an overall risk, Moderate-High.

The Formal Station Adjustment included the following terms and conditions: Attending school daily, Daily curfew, No association with the 2 coworkers due being victim of the crime at his work location, Staying away from the geographic restriction of Urbana Country Club (prior employment, location of the offense), Reflections programming, Weekly check ins, Peer Court participation and obeying all local ordinances and state laws.

Initially, Joe appeared to be in the Pre-Contemplation stage of change, appearing to not take the charges seriously due to minimizing and rationalization. He also declined counseling as a recommendation during intake due to lacking accountability. He started to failing the Station Adjustment by not completing weekly check-in's with his case manager,

however after repetitive dialogue about how he was in violation of his agreement and potentially being closed unsuccessfully, Joe started to correct this behavior.

The youth participated in Peer Court and was assigned by the Peer Jurors 10 hours community service, a 1-page essay on the 8 core components of Lincoln Challenge Academy and a research paper on the effects of shoplifting/stealing. Additionally, he completed a "self" Apology Letter as part of his Reflections curriculum (in-house YAC programming offered during 1:1 session to work on Accountability and corrective criminal behaviors). Joe highlighted personal struggles and his hopes to repair soon. While completing community service hours at READY, Joe exclaimed that this experience provided a feeling of self-worth and continued to complete post-hours due to intrinsic motivation! Eventually his teacher at READY School offered him a paid opportunity through Workforce Innovations and Opportunities Act (WIOA) to earn incentives by completing his education. This has given Joe a new look on his education, schooling, and future goals.

Upon closure Joe continued with counseling through Child Adversity and Resiliency Services (CARS) which is a program out of the U of I Clinical-Community Psychology Center and continued with Cognitive Behavioral Therapy (CBT) once his case was closed. He stated that he is now able to see a future for himself and make actionable plans towards achievement



Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Children's Advocacy Center

Program: Champaign County Children's Advocacy Cen Period Second Quarter PY23

Submitted 01/17/2023 by KMAY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	270	45	225	0
Quarterly Data (NEW Clients)	1	41	11	30	0
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report
Agency: Champaign County Christian Health Center
Program: Mental Health Care at CCCHC Period Second Quarter PY23
Submitted 01/27/2023 by JTRASK

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	6	50	300	60	100
Quarterly Data (NEW Clients)	3	75	50	12	9
Continuing from Last Year (Q1 Only)					

Comments:

Other are those that are strictly seen by the psychiatrist or psychologist
 Other patients receive mental health care from primary care providers

We just purchased our new building and expect to move in early to mid February

We had an event where we brought healthcare services to the homeless shelter and participated in two other events that involved community screening



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: Champaign County Head Start/Early Head Start MHB

Program: Early Childhood Mental Health Svcs Period Second Quarter PY23

Submitted 01/27/2023 by BELKNAP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	3000	380	90	12
Quarterly Data (NEW Clients)	0	959	206	20	2
Continuing from Last Year (Q1 Only)					

Comments:



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **CHW Outreach and Benefit Enrollment** Period **Second Quarter PY23**

Submitted **01/27/2023** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	650	36	160	32
Quarterly Data (NEW Clients)	2	183	0	16	6
Continuing from Last Year (Q1 Only)					

Comments:

The second quarter was hectic with two overlapping enrollments - one for Medicare Open Enrollment, and one for ACA Marketplace plans. We believe that we under-counted Treatment Plan Clients for this program in this second quarter simply because we were very overwhelmed in this quarter, in part because of the state retiree health insurance situation (Aetna and Carle issue). State retirees literally overwhelmed our office, panicking and insisting on immediate services. Negotiating the demand for our services may have resulted in an undercount for this program, this quarter, so we are reviewing our client data. We are certain that we served more than 16 TPC in this quarter, but we have not yet finished our review of our data in time for this report.

Here are some additional comments from this period: The rush and overwhelming call volume has subsided now that Open Enrollment Season is over, but that does not mean that enrollments are completely done. Many people are realizing that they might have missed their opportunity to change plans or update information for the Marketplace and Medicare. Most information changes can be done at any time, but plan changes are a little harder to do once the open enrollment periods are over.

One client never signed up for her Part D even though she had been on Medicare for several years now. She did not realize that she had to sign up for Part D and was facing a penalty for not having prescription coverage. There was a chance that she would have to wait another year to apply for a Part D plan during the Medicare Open Enrollment Period (which was now over for 2023), but we were able to find a solution!

After checking her income, we realized that she qualified for the Extra Help program which would reduce her prescription costs, grant her a quarterly Open Enrollment period, and protect her from the Part D penalty. We completed the application and she was able to choose a prescription plan this month at a reduced cost with reduced copays.

Medicare Parts A and B have a rolling initial enrollment. That means that anyone turning 65 during the year has three months before their birthday month and three months after (for a total of 7 months) to sign up for Medicare benefits. We are already talking to new Medicare beneficiaries about their options and sharing the next steps with them.

Medicare enrollments can be complicated since coverage options can depend on employment status and current

coverage. If a client is still working and has health insurance coverage, they might not need Part B coverage or they might have other options available for their coverage.

Marketplace enrollments will also still happen through Special Enrollments and information updates. The same will also apply for Medicaid especially as we see renewals start up again in the spring. Luckily, we will be here to help guide clients through the sometimes complicated processes.



Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **Disability Application Services Period Second Quarter PY23**

Submitted **01/27/2023** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	700	10	30	7
Quarterly Data (NEW Clients)	2	384	1	13	6
Continuing from Last Year (Q1 Only)					

Comments:

The word is getting out and we are getting many more referrals for help with disability applications. Our clients are in all stages of the disability application process, from initial application all the way to Administrative Law Judge (ALJ) hearing after appeals, to one who was denied at the ALJ hearing and attempted to appeal that decision and failed in that appeal. In that particular case, we will be starting from scratch and beginning a whole new application. We did not do the original application in that case. We get quite a few referrals from Cunningham Township. Other people find their way to us as they've heard by word of mouth. And some people come to us because, in the past - even if it has been over 15 years ago - we helped someone in their extended family and it was suggested to them that they contact us. Some clients are able to assist to varying degrees in their own applications, while others are not able to be very helpful. Our approach to this work is an empowerment approach - so if the client is able to do some things for themselves, we support them in doing so, but step in when needed, including to answer questions, track progress, and review the work being done. This is definitely a minority of our clients, but when the client is able to do more of the application for themselves, it proves to be very empowering. As I mentioned during my program presentation to the Mental Health Board, we have learned some very disheartening information about SSI in the state of Illinois, and the devastating impact of some very cruel and unhelpful policies. We plan to work with Lynn Canfield and others to help advocate for changes to both the SSI and SSDI programs. As I also mentioned at the MHB presentation, I am especially excited about working with a particular client to help document our correspondence and turn it into a guide that we can share with other clients and internally with staff. This client is very bright and a very good writer, and we are working on her application while communicating via email and text. She asks excellent questions and I try to respond as comprehensively as possible, but without overwhelming her, and I check in to make sure my answers make sense to her. I think our correspondence will form the basis for a helpful guide. This client is very excited to be able to "help someone else" and to "contribute to this program to help people apply for disability".



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Champaign County Health Care Consumers**

Program: **Justice Involved CHW Services & Benefits Period Second Quarter PY23**

Submitted **01/27/2023** by **CLAUDIALENNHOFF**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	160	20	30	8
Quarterly Data (NEW Clients)	3	38	2	16	3
Continuing from Last Year (Q1 Only)					

Comments:

During this quarter, I have not received many referrals from Rosecrance or the Sheriff's Office at the jail. I do check in with them once a week, if I have not gotten referrals, just to make sure that I have not missed anything. Currently, I am not physically in the jail because of the pandemic, but I get referrals over email, and work with the clients over the phone and by email with staff. Likewise, I have not received as many referrals from the Urbana Cunningham Township during this quarter. Many would-be referrals at the jail are waiting to be transferred to IDOC and therefore do not qualify for Medicaid or SNAP (food stamps).

In addition to the referrals I have gotten, I continue to reach out to clients that I'd met with years ago and had done an intake with but never completed an application for benefits. For the most part these clients ended up going to IDOC and are either recently released or about to be released. I'm hoping that this will increase our numbers as well as provide outreach and remind clients that we are still around and able to help. I have also started having in person appointments as an option for some of my harder to reach clients. A lot of times they don't have reliable ways to reach me unless it's through their case workers or walking in, so it's easier to take them in person. We practice covid mitigation efforts in our office, requiring masks of everyone. We also have air purifiers and hand sanitizer in our office.

A new program at the jail - required by law starting this month - may also help increase referrals. All jails in Illinois are now required to offer Pregnant and Parenting classes to inmates. CCHCC will be providing these classes once a week for the jail. I hope to receive referrals through this program, and to help get or keep moms and babies covered, and ensure that they are qualifying for other benefits. I hope to have a positive update on this for my next quarterly report.



Mental Health Board

Quarterly Program Activity / Consumer Service Report
 Agency: **Community Service Center of Northern Champaign County**
 Program: **Resource Connection Period Second Quarter PY23**
 Submitted **01/24/2023** by **CSCRANTOUL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		3500	1100	0	2100
Quarterly Data (NEW Clients)		1116	128	0	140
Continuing from Last Year (Q1 Only)					

Comments:

Our NTPC increased 31% from the same quarter the previous year and we saw a 39% increase in screening contacts as well. These both are most likely due to inflationary forces affecting the population necessitating more people to inquire about and utilize services available, as well as greatly increased agency marketing efforts. The number of "other" agency contacts has significantly decreased to 140. This has been due to several factors, 1. The optometrist who saw low income clients here for years retired and he was unable to find anyone to replace him, 2. CCRPC relocated to another facility with their Senior Services and Liheap programs, 3) CRIS Healthy Aging was acquired by Carle and moved to another facility, and 4. Rosecrance's counselor retired and they are working on a replacement. Conversely, Cunningham Children's Home's Hope Springs and Community Services have increased their client loads here and we have added a new agency, the New American Welcome Center of the University of Illinois YMCA. Those along with our other existing agencies make us optimistic that overall other agency activity will increase. Of the agency contact number, 53 of those were CCMHB funded programs.



Quarterly Program Activity / Consumer Service Report

Agency: **Courage Connection**

Program: **Courage Connection** Period **Second Quarter PY23**

Submitted **01/27/2023** by **LLINDSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	150	700	200	750	
Quarterly Data (NEW Clients)	37	99	44	139	
Continuing from Last Year (Q1 Only)					

Comments:

Counseling clients - 32 clients received 49 hours of in-person counseling

Therapy clients - 18 clients received 83.5 hours of individual therapy and 8 clients received 18 hours of evaluation/assessment



Quarterly Program Activity / Consumer Service Report

Agency: Crisis Nursery

Program: Beyond Blue Champaign County Period Second Quarter PY23

Submitted 01/26/2023 by CRISISNURSERY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	128	522	77	33	1138
Quarterly Data (NEW Clients)	24	76	9	4	36.75
Continuing from Last Year (Q1 Only)					

Comments:

Successes:

Family Specialist Hannah Hensley, discusses the impact of the Beyond Blue program’s ability to create a safe space to normalize conversations surrounding mental health: Throughout this quarter, I have noticed that the mothers I serve through the Beyond Blue program have greatly benefited from discussing their mental health during home visits. They simply enjoy being able to talk with someone about the challenges and difficulties they face when it comes to their day to day lives and trying to better their mental health. They enjoy talking about their babies and developing new ways to bond with their babies through home visiting services.

Family Specialist, Taylor Wallis, discusses strengthening of parent child bond: This month I connected with a family during a visit. I felt this particular family needed more prompting when it came to discussion regarding their daughter. We had multiple visits where similar topics were discussed but lately their responses had changed. Prior to these last couple visits, the family would answer questions with mostly a, “yes” or, “no” response. Lately, the family excitedly discussed how their daughter was standing up by herself and starting to cruise along the couch quickly. I also noticed the family talked frequently amongst themselves about what she will be doing next.

Challenges:

Family Specialist, Taylor Wallis, discusses difficulties with consistency and meeting the required amount of home visits for each family, per month: One challenge this quarter has been meeting with families consistently. The families on my caseload have been struggling with various sickness and cannot seem to catch a break. I was really struggling to reschedule missed visits with these families. This quarter I will offer virtual visits more often to increase accessibility to those experiencing illness.

Family Specialist, Esther Kim, discusses the barriers in place that limit the facilitation of the Mothers and Babies curriculum:

A challenge that I found when leading Beyond Blue with my family was how the Mothers and Babies curriculum was structured. The curriculum allows one to be as creative as they’d like when discussing topics and/or learning about the postpartum and young infant journey. However, when I ask my family how they were feeling about our visits, they mentioned they don’t always like to journal and/or talk about the topics that the curriculum follows. Therefore, it challenged me to think outside of the box and to be creative in how to run the Mothers and Babies curriculum with her,

but at the same time, do it in a way that best fits the family. Another challenge that I found was this mother's experience in her journey of motherhood. As she is a mother of her 5th child, a lot of the time, she knew how and what to expect when it came to her baby's development.

Testimonials

Family Specialist Esther Kim, discusses the impact of Beyond Blue with a mother engaged with program services: I had a mom enter the Beyond Blue program with her 3-week-old baby boy. Even though this was her 5th baby, she entered into the program willing to learn and eager to participate. She shared that the program allowed her to focus on herself as she navigates her new growing family. During the time of the program, she got to think about herself and who she is, before she is a mother and wife to her family. When asking her what her experience was like with Beyond Blue, she stated, that being a part of the program had "positively impacted her family by helping them find resources and just being able to have someone to talk to". At the time of her enrollment and early visits, this mom was on maternity leave with her family. Since her main interactions were always with her children and husband, she appreciated the adult interactions she got to have outside of her home when participating in Beyond Blue.

Family Specialist, Hannah Hensley, discusses how the topic of self-care has become an important concept for an expecting mother: I have been serving a mother that is expecting in the Beyond Blue program for about a month now. She is familiar with the program and was enrolled when her two other children were infants. I have learned that this mom really enjoys having meaningful conversations during visits about the challenges she's facing, her mental health journey, and her hopes and plans for her baby. I have been utilizing the Mothers and Babies curriculum with this mom during visits. She has struggled with the concept of self-care and feels she isn't able to implement this into her daily life due to the overwhelming stress she is under. She also has been struggling with her pregnancy and the symptoms that come along with it. During visits, we discuss her current struggles, coping skills she can lean on to deal with these challenges, pleasurable activities she can do at least once a week to decrease her stress, and how she can utilize Safe Children's childcare respites when she needs time to de-stress and get some sleep. This mom has expressed that she always looks forward to the home visits and having someone she can talk to and having the support of the Beyond Blue program to help her along with this journey.



Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **ECHO Housing and Employment Support** Period **Second Quarter PY23**

Submitted **01/26/2023** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	510	15	20	0
Quarterly Data (NEW Clients)	5	220	5	1	0
Continuing from Last Year (Q1 Only)					

Comments:

Eighteen (18) clients received services in the ECHO program during the second quarter of FY23. There were 12 continuing TPC, one (1) new TPC, and five (5) new NTPC. There were no program discharges.

There were a total of 25 inquiry contacts. As appropriate, inquiries were referred to RPC for Centralized Intake (three were enrolled in ECHO as new clients). One new client enrolled was referred to the program by an existing ECHO client. There were a total of 195 service contacts (and an additional 11 attempted contacts). The target number of service contacts for the year is 510. The program is on track to exceed the target for FY 23.

There were five (5) community service events during the quarter, including a large group event that reached over 50 community agencies.



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

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Cunningham Children's Home**

Program: **Families Stronger Together Period Second Quarter PY23**

Submitted **01/26/2023** by **APOSEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	1050	25	50	0
Quarterly Data (NEW Clients)	1	256	1	8	0
Continuing from Last Year (Q1 Only)					

Comments:

We served a total of 42 clients during the second quarter of FY23. Twenty-one (21) clients were continuing TPC and eight (8) were new TPC. Additionally, twelve (12) were continuing NTPC and one (1) was a new NTPC. The program is currently projected to serve the target number of TPC's and NTPC's for FY23. Nine (9) clients were discharged during the second quarter.

We completed 188 Service Contacts with treatment plan clients, and 68 Service Contacts with non-treatment plan clients (for a total of 256). An additional 60 attempts to contact clients and/or caregivers were made. The quarterly target for Service Contacts is 263. The program is currently slightly below the projected annual target of 1050 Service Contacts.

There was (1) Community Service Event during the second quarter of FY23- this event was a large group event that reached over 50 community agencies. The program is on track to complete the annual target of ten (10) Community Service Events for FY23.



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development** Period **Second Quarter PY23**

Submitted **01/25/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200		655	
Quarterly Data (NEW Clients)	6	49		73	
Continuing from Last Year (Q1 Only)					

Comments:

Community Service Events included a trunk-or-treat event at Countrybrook Apartment complex, two developmental screening events open to the community at the Stephen's Family YMCA and two other developmental screening events at the Y on the Fly location, and a holiday party open to the families that Family Development supports which included developmental activities for children, parent networking opportunity, and lots of family fun!



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

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **C-U CHANGE** Period **Second Quarter PY23**

Submitted **01/27/2023** by **SBANKS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	144	1000	45	50	
Quarterly Data (NEW Clients)	30	98	1	4	
Continuing from Last Year (Q1 Only)					

Comments:

We wanted to focus on increasing our presence with schools and mental health agencies over this last quarter. We had some success in that regard and continue to build more referral relationships. Since the start of quarter 3 we have already admitted new TPC's because of an increase in referrals. This is a direct result of our efforts from quarter 1 and 2. We have helped get TPC's transitioned from alternative schools back into public schools during quarter 2. This shows us that we are truly making an impact with the children involved in our program. The Don Moyer Boys and Girls Club has experienced a lot of organizational changes over the last 2 quarters which has presented some transition issues that we are working through.. This program and the organization as a whole are headed in a direction that will continue to increase the advancement of the goals and outcomes for the program.



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **CUNC Period Second Quarter PY23**

Submitted **01/27/2023** by **KSIMMS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	115	220	150	0	
Quarterly Data (NEW Clients)	31	67	54	0	
Continuing from Last Year (Q1 Only)					

Comments:

CSE (27) : We continued our GRITT/Wellness Series at Restoration Urban Ministries (bi-weekly), Novak Academy(weekly), Countrybrook (for Seniors - Monthly) , Youthbuild (monthly), Parkland's Highway & Construction Program (monthly).

We also:

- Participated and assisted in organizing the wellness fair for Victory Fest
- Conducted Psychological First Aid Trainings for Social Workers at Urbana and a separate community training
- Conducted trauma 101 training for the Odessey Project, CU One 2 One Mentors, Dr. Howard
- Participated in the YMCA Friday Forum's discussion on Community Violence,
- Organized and co-facilitated the Campus-Community Compact Health & Wellness collaborative event,
- Hosted 3 TRI Shows,
- Hosted a showing of Mission Joy,
- Meet with CUPHD's Equity Council and held learning collaborative planning activities
- Held 3 Learning Collaborative Meeting
- And we held a training and debriefing with the Youthbuild Team after the death of one of their students

SC:

These are information and referral services or direct 1:1 contacts
 At Victory Fest we helped and provided "Affect Regulation/Keep Calm Kits) to 52 individuals
 After Cunningham Townships Harvest Fest, we were able to have follow up contacts with 7 individuals
 Our Wisdom Leaders provided direct services and support to 8 individuals

NTPC:

Participants in our long term/targeted interventions (at Restoration (14), Novak (22), Parkland High & Constuction (14) and Countrybrook (4)
 We did no collect demographic data for our work with YouthBuild

The Executive Director is also involved in the certification for the NCTSN Complex Trauma Training Consortium
 And in an ACES Clinic development effort that hopes to implement the National Hospital Violence Intervention Model

and a maternal health ACES prevention here in CU in partnership with medical providers, Peer Interventionists/navigators, and mental health supports.



Quarterly Program Activity / Consumer Service Report

Agency: **Don Moyer Boys & Girls Club**

Program: **Youth & Family Services Period Second Quarter PY23**

Submitted **01/26/2023** by **RCRIDER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	400	20	30	0
Quarterly Data (NEW Clients)	14	97	4	2	0
Continuing from Last Year (Q1 Only)					

Comments:

GLAM Girls: There were nine GLAM (Growing-Learning-And-Maturing) Girls groups held this quarter at three different sites in collaboration with Urbana School District #116 Freedom School and DREAM with an additional site in Rantoul. This quarter across all three sites the girls worked on establishing rules and expectations for the groups. During their sessions the girls worked on identifying positive and negative qualities of friendships. As an activity they made friendship bracelets. In another session the girls identified positive and negative qualities and situations in romantic relationships. To help them transition into a new year the groups worked on creating vision boards in order to establish goals for themselves. The last group of the year the girls worked on a self-love activity which focused on who they admired and why.

Training/Conference: Participated in the Empowering Family Voice conference planning meeting call for the Community Behavioral Healthcare Association of IL (CBHA) 50th Annual conference. (1 call) Served as a panelist during the Empowering Family Voice session of the CBHA conference.

Participated in the Illinois Collaboration on Youth (ICOY) planning call for the November Members Call. (1 call) Facilitated a call with Kristine Herman (HFS) and Stephanie Barisch (CYF Solutions). Discussed the the role out of the Pathways to Success Program: •Definition of Eligible Population and Assessment Process; • Updates and Intent of IM+CANS; •Review of New Services and Provider Types; •Review of Changes to Mobile Crisis Response; •Relationships between Pathways and Managed Care; •Overall Timeline of Implementation; and •Update on DCFS Youth in Care Participation.

Policy Discussion with U.S. Surgeon General’s Office on Youth Mental Health: key staff from the Surgeon General’s office (Dr. Vivek Murthy) met with local policy makers and experts to discuss evidence-based findings and innovative practices on youth mental health that have been developed in Chicago and Illinois,. The staff from the Surgeon General’s office gave a presentation about their policy priorities and plans.

Quarterly Program Activity / Consumer Service Report

Agency: East Central Illinois Refugee Mutual Assistance Center

Program: Family Support & Strengthening Period Second Quarter PY23

Submitted 02/06/2023 by REFUGEE CENTER ADMIN

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50		0	0	15
Quarterly Data (NEW Clients)	34		0	0	7
Continuing from Last Year (Q1 Only)					

Comments:

A. Hispanic & Latinx Support Group, 1 instance

12/01/2022 Public Benefits Workshop, TRC: 11 attendees, 1 hour

B. Afghan Support Group, 3 instances

10/07/2022 Financial Literacy Workshop I, TRC: 19 attendees, 1.5 hours

11/20/2022 Benefits Workshop, Flex n Gate: 17 attendees, 2 hours

12/09/2022 Financial Literacy Workshop II, 12 attendees, 1.5 hours

C. Vietnamese Support Group, 1 instance

11/19/2022 Energy Conservation Workshop, TRC: 24 attendees, 1 hour

D. Youth Tutoring Program, 5 instances

10/08/2022 CIMIC: 9 students, 3 tutors

10/29/2022 CIMIC: 4 students, 6 tutors

11/12/2022 CIMIC: 11 students, 3 tutors

12/03/2022 CIMIC 13 students, 4 tutors

12/17/2022 CIMIC: 15 students, 8 tutors

E. Community Education Consultation Linkage, 4 instances

10/27/22 Presentation about The Refugee Center's services to Clark-Lindsey residents (30 in attendance)

11/30/22 Presentation to New American Welcome Center interns (5 in attendance)

12/09/22 Visit to TRC from Pixan Konab and Q'an'jobal interpreter cohort to learn about TRC services and resources (6 in attendance)

12/16/22
arrivals.

WEFT Radio interview: Interview about the immigration issues and recent

Continuing Facebook outreach regarding COVID-19, vaccine clinics, and other important news in multiple languages.

F. Community Collaboration, 25 instances

10/03/22	Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting
10/04/22	Multi Agency Resource Center (MARC) site identification meeting with local
stakeholders	
10/06/22	Human Service Council meeting
10/06/22	Southern Border Immigrants Pre-Mobilization Planning Mtg
10/13/22	Community Foundation of East Central IL (CFECI) Exec Directors meeting
10/13/22	Southern Border Immigrants Pre-Mobilization Planning Mtg
10/17/22	Rantoul Service Providers Meeting
10/17/22	Immigration Stakeholders policy meeting with Gov. JB Pritzker's office
10/18/22	United Way Executive Directors meeting
10/20/22	Multi Agency Resource Center (MARC) site identification meeting with local
stakeholders	
10/25/22	CCMHB/DDB Council meeting
10/26/22	CCMHB Study session on homelessness
10/27/22	Southern Border Immigrants Pre-Mobilization Planning Mtg
11/03/22	Human Service Council meeting
11/10/22	Southern Border Immigrants Pre-Mobilization Planning Mtg
11/14/22	Rantoul Service Providers Meeting
11/15/22	United Way Executive Directors meeting
11/22/22	CCMHB/DDB Council meeting
12/05/22	Jewish Federation of Metropolitan Chicago (JFMC) Executive Council meeting
12/06/22	CUPHD WIC office meet and greet
12/09/22	CCMHB Leadership Lunch and discussion
12/12/22	Rantoul Service Providers Meeting
12/13/22	Urbana City Council meeting
12/16/22	JFMC Employment Working Group meeting
12/19/23	Rantoul Service Providers Meeting



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Counseling Period Second Quarter PY23**

Submitted **01/25/2023** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			30	40	
Quarterly Data (NEW Clients)			0	2	
Continuing from Last Year (Q1 Only)					

Comments:

We continue to have no waiting list and client appointments are scheduled quickly when referrals come in. The therapist schedules continue to include evening hours on Mondays and Thursdays when the Children First classes are held.

The program-related changes made due to the COVID-19 pandemic remain in place. Counseling sessions continue to be held via telephone or video based on the preferences of the clients.

As part of our CCMHB grant, Family Service has a commitment to provide service to individuals participating in the Champaign County Drug Court. The program director attends the weekly Drug Court team meetings and attended some courtroom proceedings this quarter. The Program Director attended the Drug Court Winter Graduation which took place in October. Our therapists are available to provide individual, couples and family counseling to individuals referred by the Drug Court. Family Service is providing ongoing counseling services for one Drug Court client.

The program director is an active participant on the Human Services Council of Champaign County and attends the monthly meetings for outreach and promotion of the Counseling program. This quarter the Program Director met with Hannah Hensley from Crisis Nursery to share more about our services.

We continue to promote the information that we accept most Medicaid plans. Our Facebook page is used on a regular basis to promote our Counseling program. It is also used as a source of information about mental health and wellness.



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Creative Social Connectivity for Seniors** Period **Second Quarter PY23**

Submitted **01/27/2023** by **JRAYMER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	54	500	50	0	0
Quarterly Data (NEW Clients)	10	127	3		
Continuing from Last Year (Q1 Only)					

Comments:

All outcomes are within parameters



Quarterly Program Activity / Consumer Service Report

Agency: **Family Service of Champaign County**

Program: **Self-Help Center** Period **Second Quarter PY23**

Submitted **01/25/2023** by **JJONES**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	300		0	0	
Quarterly Data (NEW Clients)	76				
Continuing from Last Year (Q1 Only)					

Comments:

Dr. Patton was out of the office for two months due to ankle fusion surgery but he was able to work from home for most of that time. The workshop originally scheduled for November 4, 2022, was rescheduled to February 10th, 2023, at Restoration Urban Ministries in Champaign, Illinois. Speakers will include Dr. Peter Patton, Ervin Williams, Founder and Executive Director, Restoration Urban Ministries and Temeka Couch, Deputy Director, Housing Authority of Champaign County. We planned to have a poverty simulation as part of the workshop but the presenter of the simulation requested date changes. The workshop moved to 2023 to fit the presenters request. The presenter subsequently was unresponsive to our emails and phone calls so a decision was made to exclude the poverty simulation.

In addition to this planning, the SHC is working on the Biennial Conference for the spring. The conference will be held on May 5th, 2023, at the I Hotel in Champaign, Illinois, and will focus on the problems facing seniors as they age. We have four speakers lined up for the conference and we have feelers out for one more. This conference will last from approximately 8:00 AM to 3:30 PM and will include a box lunch. Exhibitors will also be present. We have sent out an application form for vendors and exhibitors and have already received several vendor and registration forms.

Program coordinator statistics for the Second Quarter:

- 299 e-mail contacts
- 1 information and referral calls
- 351 page views on SHC website.
- 5 Support Group Directories distributed

- Directory Planning
- o Support group updates were solicited from support group contacts and entered into the database
- o Edited Self-Help Group directory

- Planning Meetings
- o Human Services Council (X4)
- o SHC Advisory Council (X2)
- o Senior Task Force Meeting (X1)

Disability Expo Meeting (X1)

Research

- o Research for the Winter Newsletter
- o Research for the Fall workshop
- o Research for the Spring Conference

Conference/Workshop Planning
Planning for the SHC Biennial Conference
Planning for the Fall workshop



Mental Health Board

Quarterly Program Activity / Consumer Service Report
 Agency: **Family Service of Champaign County**
 Program: **Senior Counseling & Advocacy Period Second Quarter PY23**
 Submitted **01/26/2023** by **JRAYMER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		2500	500	200	
Quarterly Data (NEW Clients)		307	34	1	
Continuing from Last Year (Q1 Only)					

Comments:

This is the first quarter without Adult Protective Services, and the related drop in the TPC target .

Since completing the reporting period, we have added .96 FTE caseworkers. We believe this will allow us to increase client numbers by us being able to provide more robust services, and thus increase the feedback loop of potential clients contacting us as word-of-mouth communicates that we are able to assist.



Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **FirstSteps Community Reentry House** Period **Second Quarter PY23**

Submitted **01/25/2023** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	10	27	6	0
Quarterly Data (NEW Clients)	2	2	6	2	0
Continuing from Last Year (Q1 Only)					

Comments:

The FirstSteps House continues to run smoothly. Resident number 9 enrolled in the U of I for fall semester, and moved out of the house in October to his own apartment. He left after working for FirstFollowers for over a year and has become involved in statewide campaigns to reduce the obstacles faced by people coming home from prison. Also in October a new resident arrived, number 11. He had considerable support from his family to help him settle in. He got his driver's license on the way from the prison to our house. He then began his search for work which landed him some temporary factory work while he submitted other applications. He also signed up for the Commercial Drivers' License course at Parkland to begin in the new year. FirstFollowers has an arrangement with the SWIFT program at Parkland which can get him enrolled for free. After a second visit to Kewanee Lifeskills Training Center, we were flooded with applications and now have at least four people lined up for early 2023, all of whom completed at least ten years in prison with an outstanding record of completing programs and making solid plans for the future.

The other former residents of our house continue to do well. All of them have completed parole without an incident of rearrest. One has used accumulated savings to purchase a house in Rantoul. Another works at Caterpillar and also works part-time doing graphic arts for FirstFollowers. He re-did our website, produced flyers for our events and a video of our successes in 2022 which can be viewed on our website.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **FirstFollowers**

Program: **Peer Mentoring for Re-entry** Period **Second Quarter PY23**

Submitted **01/25/2023** by **JKILGORE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	75	280	120	0
Quarterly Data (NEW Clients)	3	10	60	17	0
Continuing from Last Year (Q1 Only)					

Comments:

Our drop-in center received an unprecedented amount of traffic with 77 total service provisions of which 20 were looking for housing, 15 for employment, 3 for bus passes, 2 for ID and clothing. We followed up on 21 previous clients and did outreach directly to 13. We successfully engaged with landlords and convinced a major landlord in C-U to stop doing background checks and to address our clients on a case by case basis. This is a major triumph. We also successfully housed an individual who had spent more than two decades in solitary confinement after being tortured by an associate of the notorious Jon Burge in Chicago in the early 1980s. Working in tandem with other agencies, we assisted him in procuring an eight year housing voucher through RPC which will cover all his power and water bills along with the rent. Before he came to us, he had been living in an abandoned car for several months. We also provided temporary housing and employment search assistance to a woman who had spent six and a half years in Federal prison in Detroit. With our support, she was able to relocate to her home county of Champaign and be reunited with her family and her six children. We also assisted a young man who, after coming out of the county jail, was shot and lost the use of his legs. We provided support for his rent and also helped him move to an apartment complex where he could live on the ground floor and be able to access his apartment with a wheelchair. Previously he had been in a second floor apartment which he could only access by sliding up and down the steps on his back side.

Apart from this support work, we also expanded our GoMAD program to nine young men. They spent the bulk of their working time renovating two houses which will be set aside in 2023 for low income families. Three of them also participated in a high school diploma program and two completed their diplomas in December. through a Penn-Foster online course supported by our own tutorial assistant.

Apart from this, we worked with eleven other organizations to develop the H3 coalition, a group of non-profits engaged in campaign work against violence. We had weekly meetings throughout the quarter under the direction of an organizational consultant. We are optimistic that this coalition will have a direct impact on the violence in the community, especially gun violence impacting young Black men. As H3 we also showed up at events sponsored by the City of Champaign aimed at setting up a functioning Pop-Up park in Garden Hills. We helped set up weekly game sessions there as well as two market days where local businesses set up booths and sold their wares and services to local residents. We worked in partnership with Business Elevator and Boyz2Men to run a weekly chess club for twelve young men, with our peer mentor who perfected his chess game during 24 years in prison taking the lead in instruction. We also worked to extend our vision and network beyond the county, with seven of us attending a national conference of formerly incarcerated people in Atlanta.



Quarterly Program Activity / Consumer Service Report

Agency: **GROW in Illinois**

Program: **Peer-Support** Period **Second Quarter PY23**

Submitted **01/24/2023** by **BEAKINS**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	24	1800	150	0	
Quarterly Data (NEW Clients)	5	439	40		
Continuing from Last Year (Q1 Only)					

Comments:

We started a Education and discussion / orientation group at OSF. We are going in weekly this is helping us to come in contact with new clients every week. We did not get to go in as often to the CU@home group because they were relocating. We will be resuming that group Feb 1st. We also just got word that they are planning to resume programing at the jail. This is good news. We continue to reach out to the community and to find ways of reaching new and prospective GROW'ers. We worked with the students at the university the first semester, finding new ways of marketing our program and strengthening our volunteer base. This has been a real challenge for us. We had a few students come to our social in December and we are planning to continue that partnership. We are looking to work with some of the organizations on campus to not only organize a group in the future but to work with us on creating a team that will help us engage volunteers. We enjoyed working with the students. We had really good attendance at the expo in October many of the GROW'ers volunteered to set up and man the table. We enjoyed all of the different organization that participated. We have good participation at socials, organizers and recorders meeting and leaders meetings. We will be planning monthly trainings and workshop that help GROW'ers work on there leadership skills and writing skills. I am thrilled with the progress the program is making after the covid restriction were lifted. It has made it much easier for us to develop and make contacts in person in the community.



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Mahomet Area Youth Club**

Program: **Bulldogs Learning & Succeeding Together** Period **Second Quarter PY23**

Submitted **02/08/2023** by **DBAKER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	1000	2200	80	12	
Quarterly Data (NEW Clients)	15	380	30	1	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Mahomet Area Youth Club**

Program: **MAYC Members Matter!** Period **Second Quarter PY23**

Submitted **01/31/2023** by **DBAKER**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	200	5750	150	15	
Quarterly Data (NEW Clients)	14	50	46	6	
Continuing from Last Year (Q1 Only)					

Comments:



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services with Promise** Period **Second Quarter PY23**

Submitted **01/17/2023** by **AMANDAFERGUSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	8000	950	1675	40
Quarterly Data (NEW Clients)	3	1911	75	645	100
Continuing from Last Year (Q1 Only)					

Comments:

Psychiatry:

CSE - 3

* Trauma Informed Care for Trans and Gender Diverse Individuals - Jennifer Potter, MD; Harvard Medical School

* Top Health Issues for LGBT Population Information and Resources Kit - SAMHSA

* Gender Affirming Care is Trauma Informed Care - The National Child Trauma Stress Network

SC - 1911 kept appointments with Psychiatrist by Champaign County residents.

NTPC - 75 Champaign County residents were prescribed their Behavioral Health medications by PCP.

TPC - 645 unique Champaign County residents served by Psychiatrists.

Other - 100% of denials addressed.



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Mental Health Services with Promise Period Second Quarter PY23**

Submitted **01/17/2023** by **AMANDAFERGUSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	2200	400	475	0
Quarterly Data (NEW Clients)	0	842	88	155	0
Continuing from Last Year (Q1 Only)					

Comments:

Counseling

SC - 842 kept appointments with counselors by Champaign County residents.

NTPC - 88 Champaign County residents who did not complete assessment or chose not to engage in therapy.

TPC - 155 unique Champaign County residents served by counselors.



Quarterly Program Activity / Consumer Service Report

Agency: **Promise Healthcare**

Program: **Promise Healthcare Wellness Period Second Quarter PY23**

Submitted **01/17/2023** by **AMANDAFERGUSON**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	30	1600	480	205	2400
Quarterly Data (NEW Clients)	18	418	184	111	244
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 18 Outreach and Community events attended during the quarter:

- Be a Hero 5K
- Visit Champaign County/Chambana Welcome Crew
- CI Living
- Disability Expo
- Trunk or Treat
- Champaign-Urbana Winter Farmers Market (4 times)
- Urbana Winter Farmers Market
- Tuscola Library Marketplace Assistance
- World Aids Day
- Stride Emergency Shelter Presentation
- Campus Community Compact to Accelerate Social Justice
- Marketplace Promo Events
- Champaign County Community Coalition
- C-U's Wallstreet at Christmas
- Community Service Center of Northern Champaign County

15 Adult Wellness Community Partnerships/Collaborations:

- Rosencrance
- DHS Rehabilitation Services
- Land of Lincoln
- C-U Public Health
- MTD
- Pace
- Family Services
- RACES
- Restoration Urban Ministries
- Church of Living God
- Champaign Park District

Meijer Pharmacy
Daily Bread Soup Kitchen
Empty Tomb

SC: 418 patient encounters during the quarter

NTPC: 184 patient who were helped at least once during the quarter and not seen in previous quarters of this project year.

TPC: 111 patient who had 2 or more contacts/assists during the quarter and were not seen in previous quarters of this project year.

Other: 244 patients enrolled in health coverage



Quarterly Program Activity / Consumer Service Report

Agency: Rape Advocacy, Counseling, & Education Services

Program: Sexual Violence Prevention Education Period Second Quarter PY23

Submitted 01/19/2023 by JKOLISSETY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	600	4000	0	0	40
Quarterly Data (NEW Clients)	68	554	0	0	0
Continuing from Last Year (Q1 Only)					

Comments:

As noted in previous reports, we do not report participants until the quarter an education cycle is complete. This year, we have nine elementary schools that started, but did not complete the full cycle in in quarter 2. They are all scheduled to finish the cycle (four sessions total) in quarter 3 or quarter 4 of this fiscal year. Spreading out sessions across the school year can be beneficial and the approach of only counting students once they have completed the cycle allows us to report unduplicated numbers of students. However, this approach has had the unintended consequence of making it appear that our staff are behind on their provision of programs. Across all funding sources, RACES' Prevention Educators provided over 500 hours of educational programming during the first half of the year and are anticipated to reach the CSE (number or sessions) and SC (number of students reached) targets listed here.

The Juvenile Detention Center Continues to reject our offer of programming. RACES Educators have been promoting a new bar bystander intervention training for bar staff and conducting the Darkness to Light Stewards of Children training for professionals in the time that would normally be devoted to the JDC. Although staff have found new ways to contribute to a safer community, RACES will continue to advocate for the resumption of programming with the JDC.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Benefits Case Management Period Second Quarter PY23

Submitted 01/22/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	625	250	0	0
Quarterly Data (NEW Clients)	0	141	20	0	0
Continuing from Last Year (Q1 Only)					

Comments:

This is the first year for this program to be solely Benefits Case Management activities. The Benefits Case Manager, Kathy Finley, links Champaign County clients from across Rosecrance Central Illinois programs with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs.

In the second quarter, she served 20 new Champaign County residents (NTPC). She provided 141 contacts (SC) such as in-person sessions, phone calls, applications submitted, letters written, and other communications on behalf of clients to help them access benefits.

There are currently no other funding sources available for this service.



Quarterly Program Activity / Consumer Service Report

Agency: **Rosecrance Central Illinois**

Program: **Child & Family Services** Period **Second Quarter PY23**

Submitted **01/22/2023** by **GAIL.RANEY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	210	5	20	0
Quarterly Data (NEW Clients)	2	87	7	12	0
Continuing from Last Year (Q1 Only)					

Comments:

This was the first quarter of services for this program. We anticipate the caseload continuing to grow.

CSE: 2: Number of visits with community partners or other events to explain the program, invite referrals, and educate the community and/or referral sources about services for youth and families. Meetings took place with DCFS referral sources and Carle Behavioral Health administrators to educate them about this new service at Rosecrance.

SC: 87: Number of contacts with youth and families, to include sessions with youth and/or family as well as transportation, case management, or care coordination activities with the youth and/or family.

NTPC: 7: Number of youth and families who enroll in services but do not engage in an assessment or treatment plan. 5 of these clients completed the assessment but did not meet criteria for treatment services. 2 clients did not complete the assessment.

TPC: 12: Number of youth and families who complete an assessment and treatment plan for services. A total of 7 of these participated in telepsychiatry services.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Criminal Justice PSC Period Second Quarter PY23

Submitted 01/24/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	500	100	60	0
Quarterly Data (NEW Clients)	0	226	27	8	0
Continuing from Last Year (Q1 Only)					

Comments:

SC (Screening Contacts): 226 request slips from the jail which were completed.

NTPC (Non Treatment Plan Clients): 27 persons screened and given referral information, but who did not engage in case management services.

TPC (Treatment Plan Clients): 8 clients who completed an IM-CANS assessments and received case management services.

The Criminal Justice Program did not have any vacant positions this quarter.



Quarterly Program Activity / Consumer Service Report
 Agency: Rosecrance Central Illinois
 Program: Crisis Co-Response Team (CCRT) Period Second Quarter PY23
 Submitted 01/22/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	250	140	50	0
Quarterly Data (NEW Clients)	16	67	3	24	0
Continuing from Last Year (Q1 Only)					

Comments:

Positions for both the Village of Rantoul and Champaign County Sheriff's Office were filled this quarter. Shelby Mooreland, CCRT Team Leader, provided services for the Rantoul Police Department and Champaign County Sheriff Office jurisdictions when no other staff were available to cover. Multiple community and stakeholder meetings continued this quarter in an effort to continue program development and relationship building.

As processes continue to be developed and improved, we are seeing more treatment plan clients than originally anticipated. We are also working to improve our tracking of non-treatment plan clients, and anticipate this number increasing in future quarters.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Recovery Home Period Second Quarter PY23

Submitted 01/22/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	65	0	22	0
Quarterly Data (NEW Clients)	0	22	0	5	0
Continuing from Last Year (Q1 Only)					

Comments:

Total Champaign County clients participating in program in Second Quarter FY23: 5 new Champaign County residents
 Total out of county clients participating in program in First Quarter FY23: 5
 Report reflects persons who were Champaign County residents prior to entering the Recovery Home. The Recovery Home is considered their permanent address upon admission.

During the second quarter, we completed a total of 28 interviews for applicants, 22 of which were from Champaign County (SC). Champaign County residents receive priority as beds become available.

Recovery Home staff provide intensive case management based on individualized service plans to address social determinants of health, support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance linking clients to medical, psychiatric, counseling, dental, and other ancillary services in the community; education on money management/budgeting; accessing peer or community supports and activities (i.e. church, AA/NA meetings, recreational activities); and provision of service work/volunteer/work opportunities. There is one current Recovery Home Specialist staff vacancy at this time. Other staff are helping to cover during the vacancy.



Quarterly Program Activity / Consumer Service Report

Agency: Rosecrance Central Illinois

Program: Specialty Courts Period Second Quarter PY23

Submitted 01/22/2023 by GAIL.RANEY

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1000	0	45	4500
Quarterly Data (NEW Clients)	2	144	0	13	82
Continuing from Last Year (Q1 Only)					

Comments:

CSE: 2 CSE this quarter, as Drug Court Graduation took place on 10/17/22, and was featured with an article in the News Gazette, as well as on social media.

SC: A total of 144 Drug Court reports were completed this quarter. Time spent on gathering data and compiling the reports is not billable to insurance or Medicaid.

Other: 82 hours of case management took place in Quarter 2. This includes staff hours spent transporting clients, helping clients to access and engage with other community resources.

Number of Drug Court participants was lower than anticipated in first two quarters of this year. However, we are seeing a recent increase, and anticipate numbers improving for this program in Q3 and Q4.



Quarterly Program Activity / Consumer Service Report

Agency: Terrapin Station Sober Living NFP

Program: Recovery Home Period Second Quarter PY23

Submitted 01/06/2023 by NELSONKNOVAK

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			13	0	
Quarterly Data (NEW Clients)			2		
Continuing from Last Year (Q1 Only)					

Comments:

We have obtained 2 new clients in quarter 2. One, who has lived here with his addiction his whole life, we had convinced to try and find somewhere he could stay out of town to prevent relapse. Shortly after this conversation, he found someone he could live with in Springfield. He claims to be doing well. The other is still with us and is doing very well. The first is a person of color, the second is our first openly gay client.



Quarterly Program Activity / Consumer Service Report

Agency: **The UP Center of Champaign County**

Program: **Children, Youth & Families Program** Period **Second Quarter PY23**

Submitted **01/24/2023** by **NFRYDMAN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	50	250	90	0	
Quarterly Data (NEW Clients)	107	185	49	0	
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **Urbana Neighborhood Connections Center, Inc**

Program: **Community Study Center-ACCESS Initiative Period Second Quarter PY23**

Submitted 01/30/2023 by **LCANFIELD**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	0	75	0	0
Quarterly Data (NEW Clients)	0	0	6	0	0
Continuing from Last Year (Q1 Only)					

Comments:

(6 distinct names removed by system administrator)

These are all new students enrolled in the after-school program this quarter.



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

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **The Well Experience**

Program: **Well Family Care Program** Period **Second Quarter PY23**

Submitted **01/19/2023** by **THEWELL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	2000	250	234	4
Quarterly Data (NEW Clients)	2	610	37	11	0
Continuing from Last Year (Q1 Only)					

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **WIN Recovery**

Program: **Re-Entry & Recovery Home** Period **Second Quarter PY23**

Submitted **01/17/2023** by **WIN4RECOVERY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	10	50	0	40	0
Quarterly Data (NEW Clients)	2	18	0	14	0
Continuing from Last Year (Q1 Only)					

Comments:

WIN Recovery The CEO represented WIN Recovery in 2

October 26, 2022 - Provided Slides about WIN Recovery and participated in the conversation "A Journey through to a Shelter System" Study Session Discussion with United Way and CCMHB

October 16th, 2022 - Event at Wesley Church recognizing "Good Samaritans Among Us" the Wesley Church about the services and population that we serve.

SC - WIN Recovery screened 18 individuals during the course of the second quarter.

NTPC - N/A

TPC - WIN Recovery had 7 different participants that have treatment plans through the 1st phase, 4 participants moving to the 2nd phase of program in Independent House of our program design, and 3 participants move onto Housing Voucher and Independent Living.

Other- N/A

From the CEO

X.b

Greetings Stakeholders!!

I hope all of you had a happy holiday season!! 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.

- **Grocery Worker's Appreciation Fund:** United Way Worldwide launched this program two years ago and provides a \$250 gift card to grocery workers who apply and meet eligibility requirements. Funds are limited and the [application and details are found here](#). To date, the program has provided more than 2,100 gift cards to workers. Consider making a referral to this program for eligible callers.
- **Kendall County:** I am pleased to announce that 211 has rolled out in Kendall County. This is funded by an independent community organization of partners called Kendall County 211 Inc.

Best Regards,



Chris Workman
CEO PATH Inc.



From the Director of Database Services

Hello!

Thank you to those of you who filled out the feedback form this past quarter. It seems that people are generally satisfied with the current format of the quarterly reports, but we will continue to monitor new responses (which you can [submit here](#)) to see if there is anything we can improve in future reports.

We did receive one question about 211 Counts that I thought I'd go ahead and answer here for everyone:

Q: Why doesn't the AIRS Problem Needs breakdown in the report match what is shown in 211 counts? Is one source more accurate?

A: 211 Counts accesses the same raw data gathered from our calls, but it is processed by an independent agency which uses its own categories and methods for determining what counts as what. This report uses standard AIRS categories, which are built into the database software we use. Between those two things, we have no control over how 211 Counts processes their data and are unable to change the categories used in our system. That said, neither version is inherently more or less "accurate" than the other. Rather, think of them as two different lenses through which to view the same data.

Please feel free to reach out via phone or email if you have any additional questions for me!

Sincerely,

Chris Baldwin
Director of Database Services
309-834-0590



Champaign County

United Way 211 Report 4th Quarter

Oct 1st - December 31st, 2022

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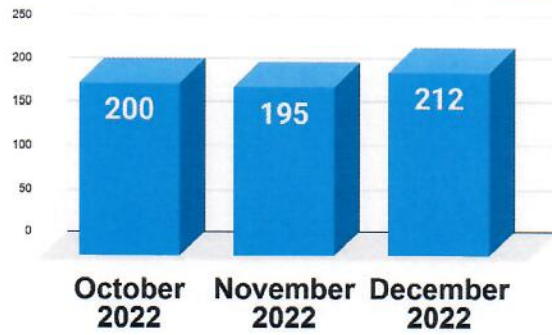
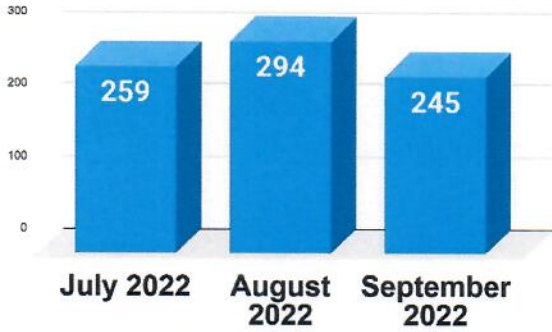


Get Connected. Get Help.™



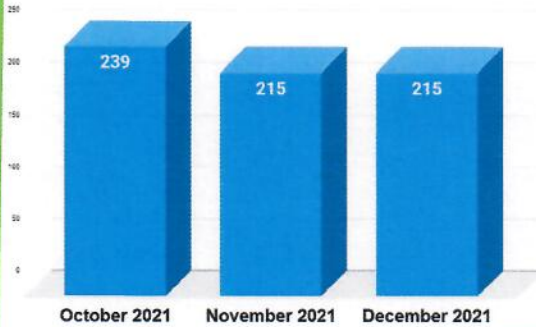
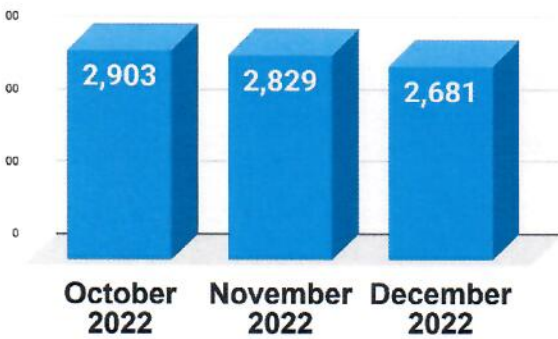
Overview

Total 211 Contacts 



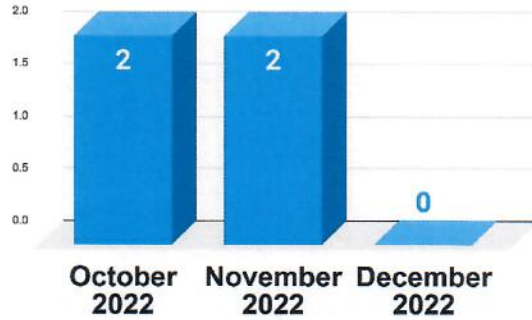
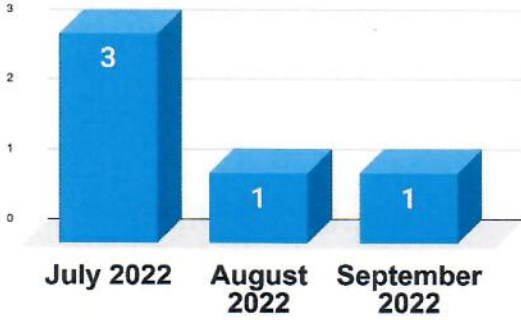
Last Quarter **This Quarter**

All of PATH 211 **Last Year**



Overview, Cont.

Total 211 Texts 

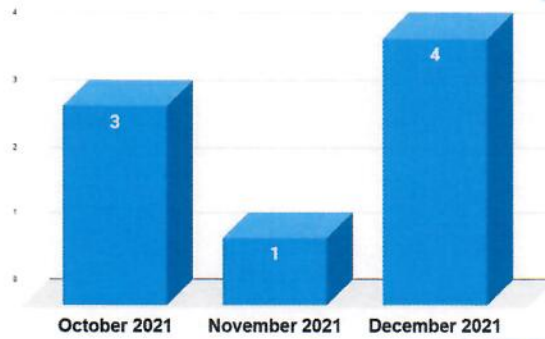
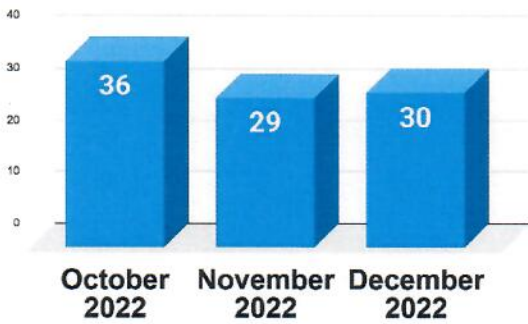


5
Texts
Champaign
County

4
Texts
Champaign
County

Last Quarter This Quarter

All of PATH 211 Last Year

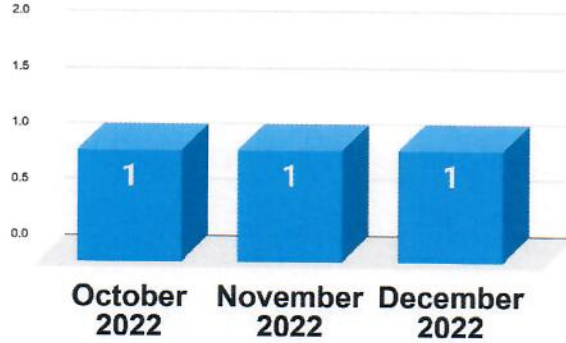
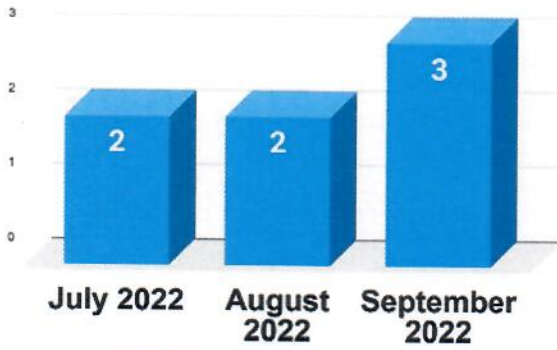


95
Texts
PATH 211

8
Texts
Champaign
County

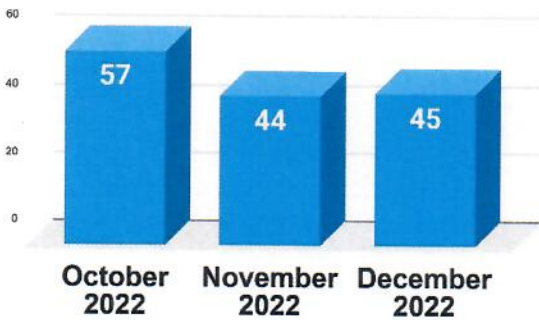
Overview, Cont.

Total Spanish 211 Calls



Last Quarter This Quarter

All of PATH 211 Last Year

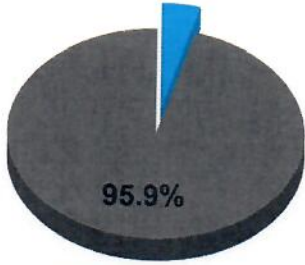


Note: Previous quarterly reports did not break this information down by month.



Overview, Cont.

COVID-19 Contacts



● COVID-19 ● Not-COVID-19

33

Contacts related to COVID-19



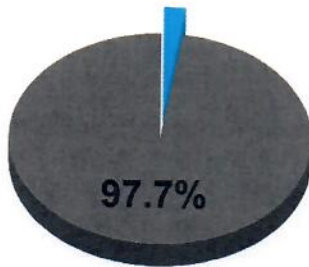
● COVID-19 ● Not-COVID-19

12

Contacts related to COVID-19

Last Quarter This Quarter

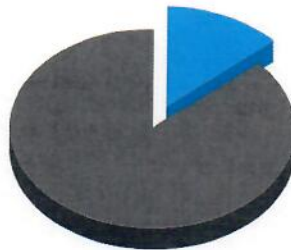
All of PATH 211 Last Year



● COVID-19 ● Not-COVID-19

194

Contacts related to COVID-19



● COVID-19 ● Not-COVID-19

88

contacts related to COVID-19

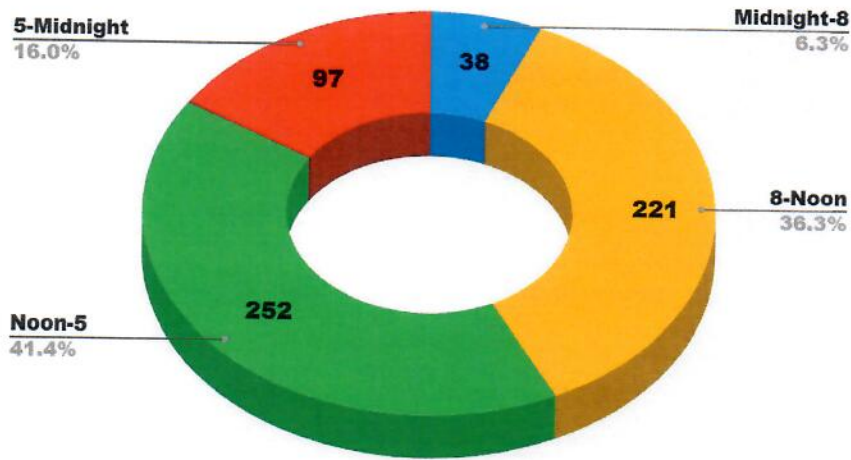
134

Contact Stats

Call Time

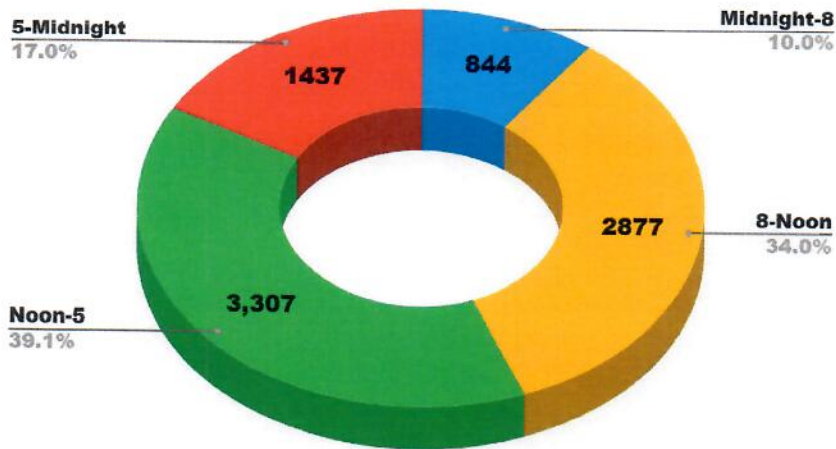
Chart describes the distribution of calls received during 4 different time periods:

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

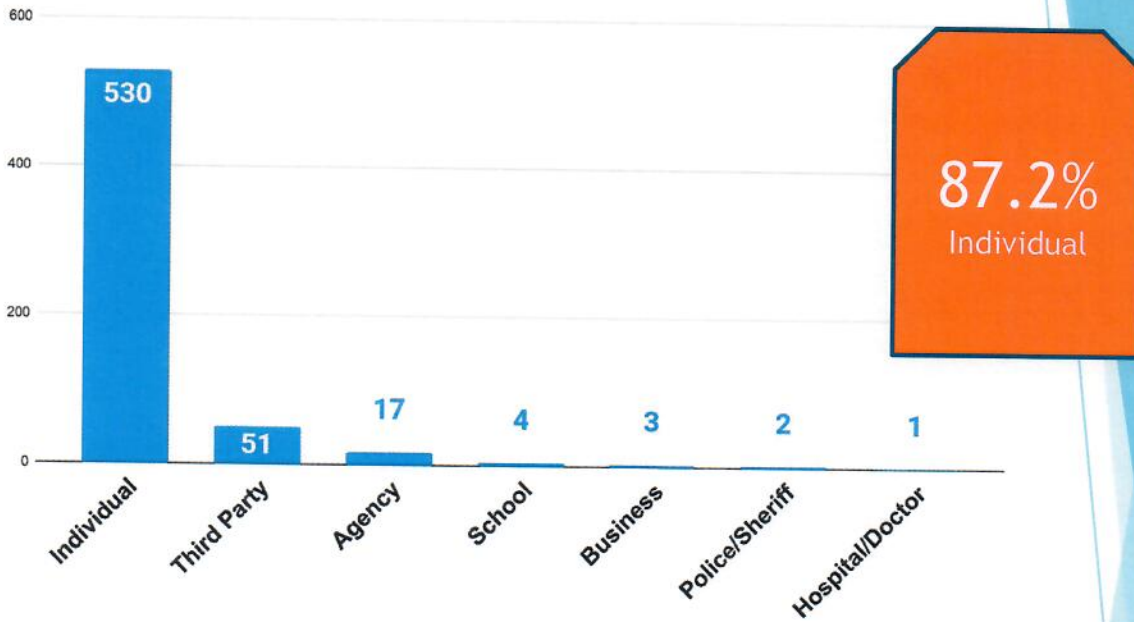


Contact Stats, Cont.

Contact Person Type

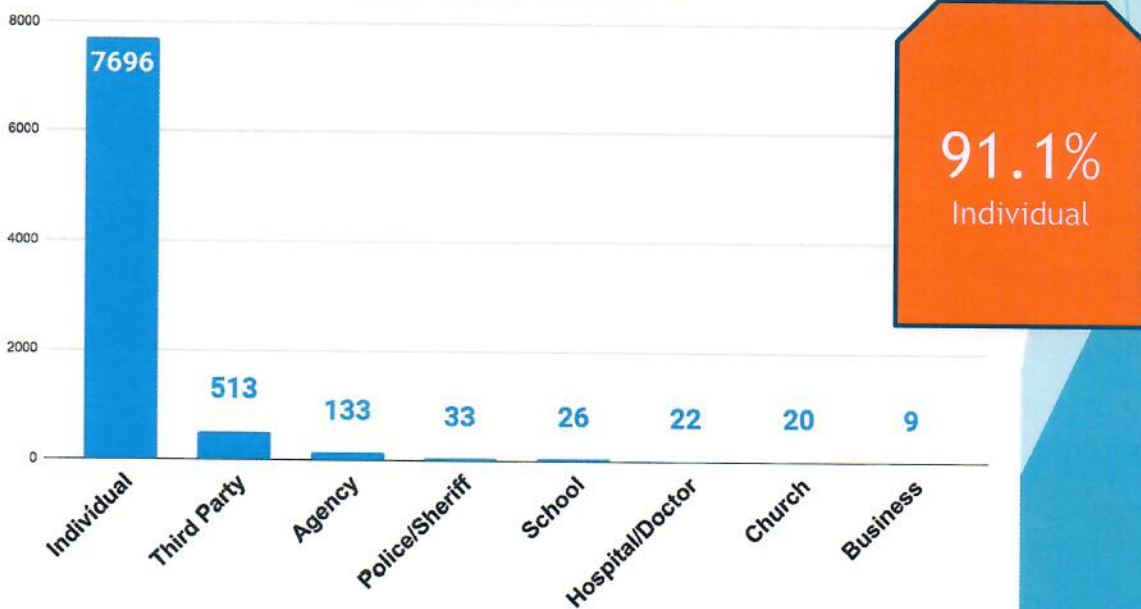


Contact Person Type describes the 211 caller and their role in contacting I&R services.



Local

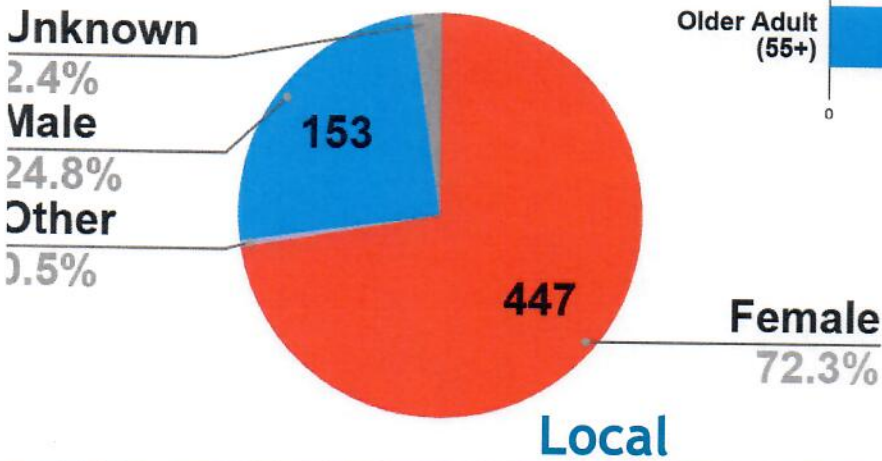
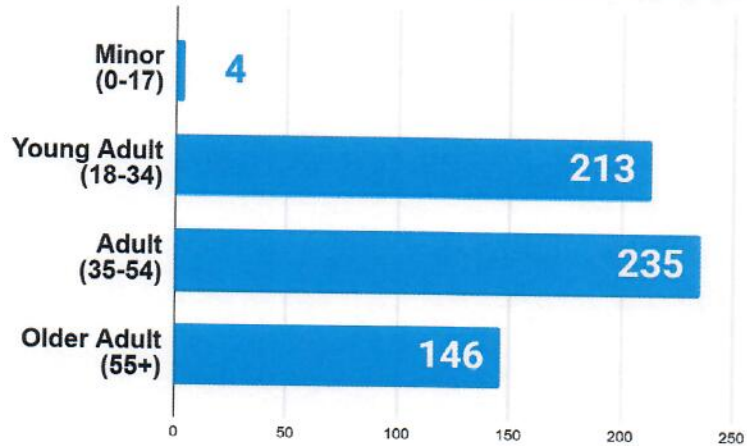
All of PATH 211



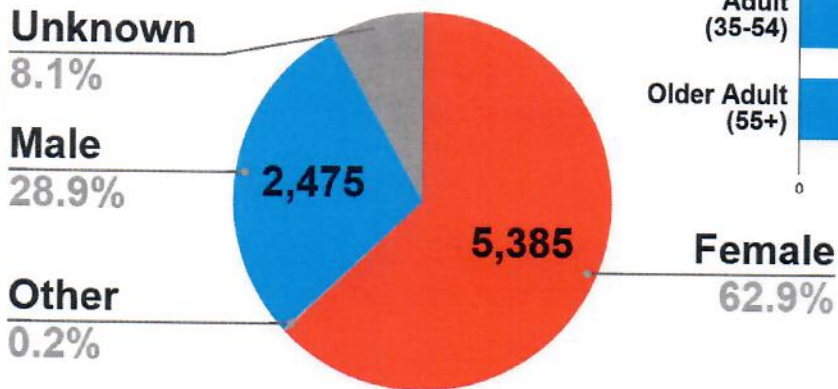
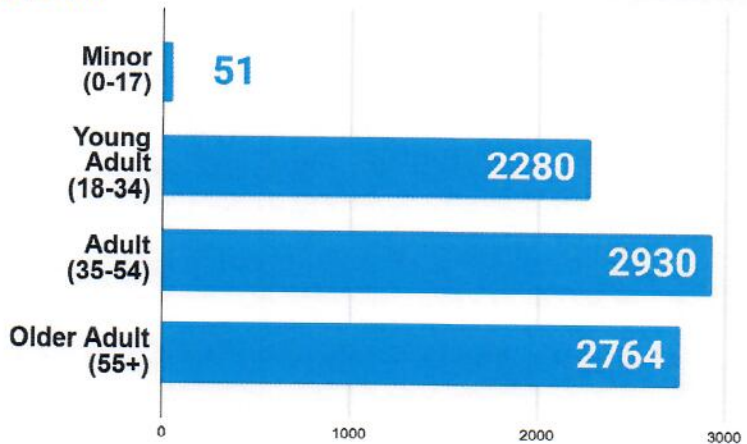
Contact Stats, Cont.

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

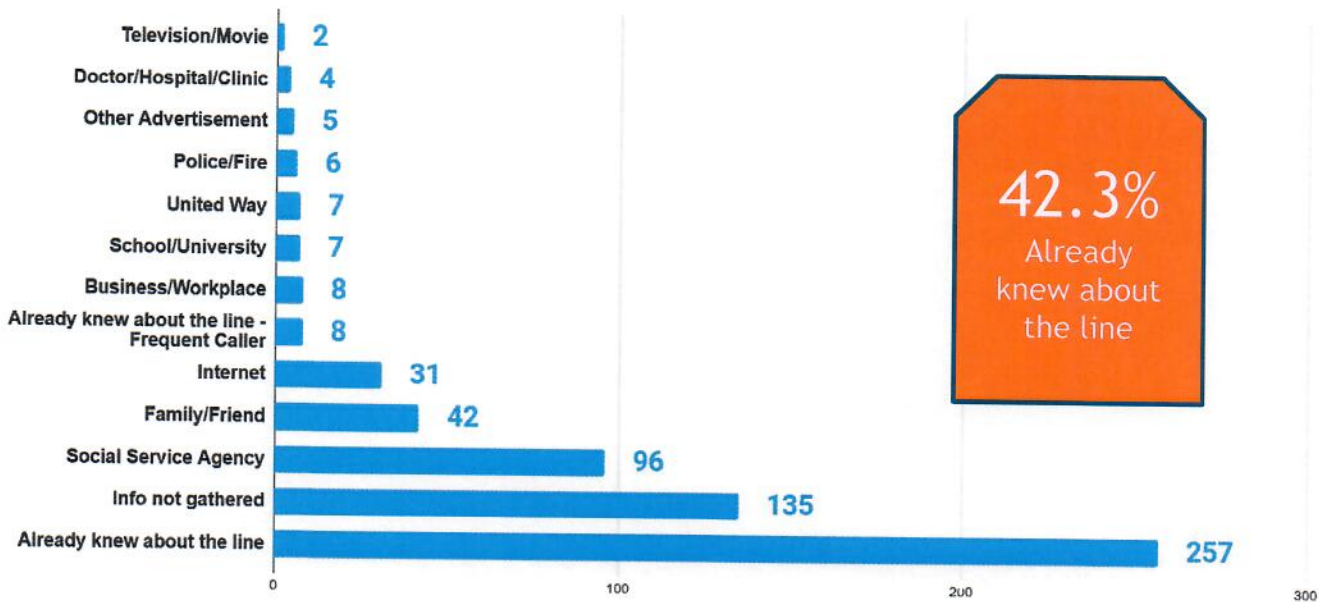


Contact Stats, Cont.

Referral Source

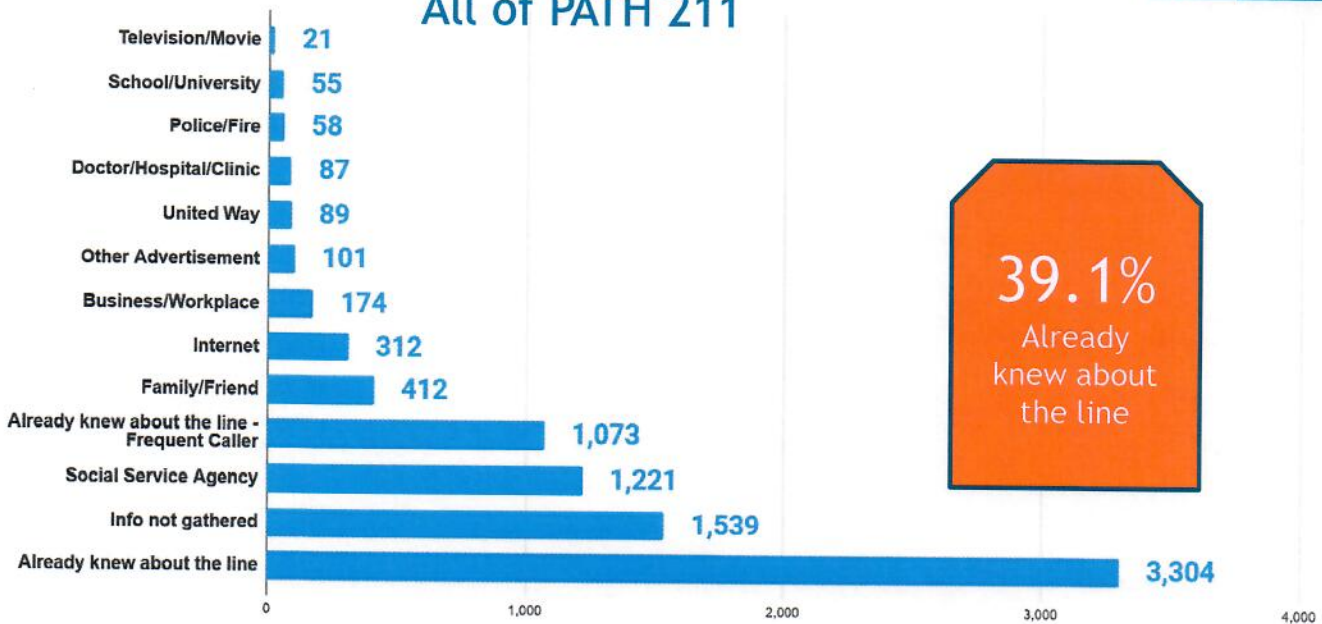
Referral source refers to how the caller found out about 211 services.

Note: This report includes new categories, altering the data distribution compared to last quarter's report.



Local

All of PATH 211



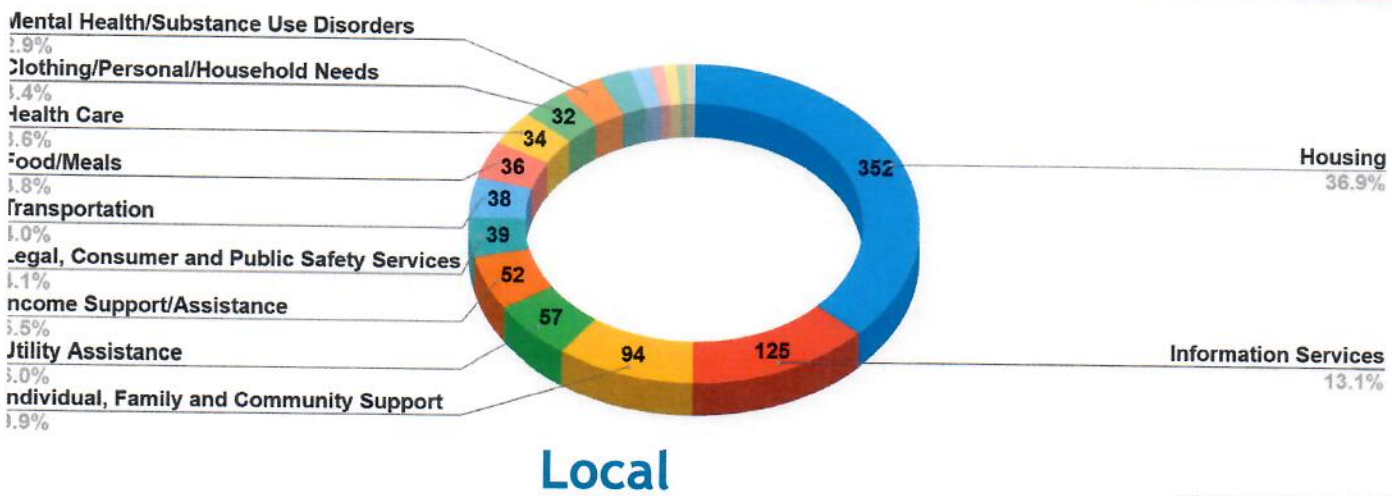
Contact Needs

AIRS Problem Needs

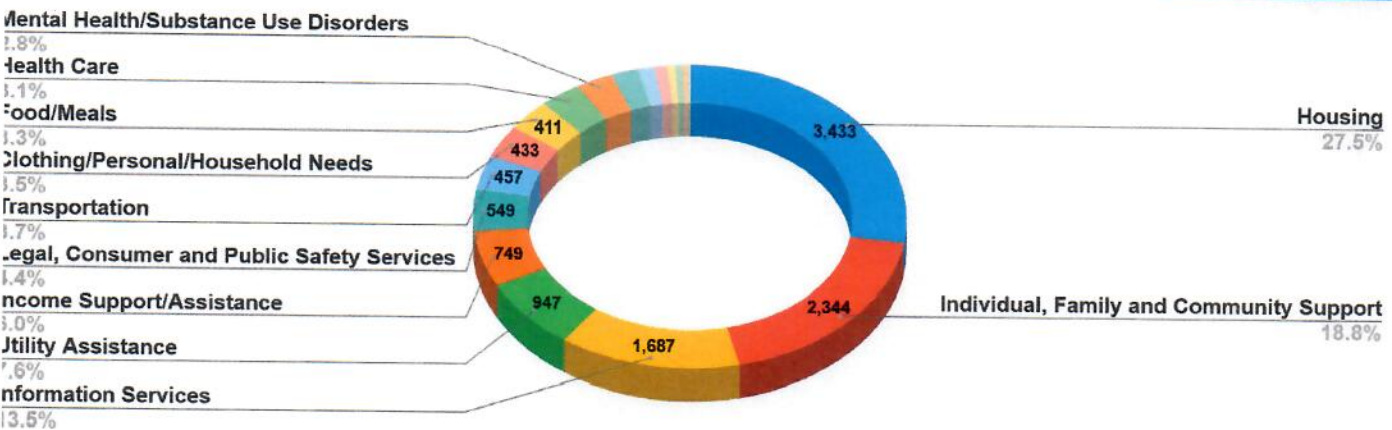
This chart describes how AIRS Problem Needs were reported across all contacts. There are often multiple needs recorded per call. Colors do not correspond to the same categories in both charts.

- 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 608 total 211 contacts and all of PATH had 8,413 total 211 contacts.



All of PATH 211



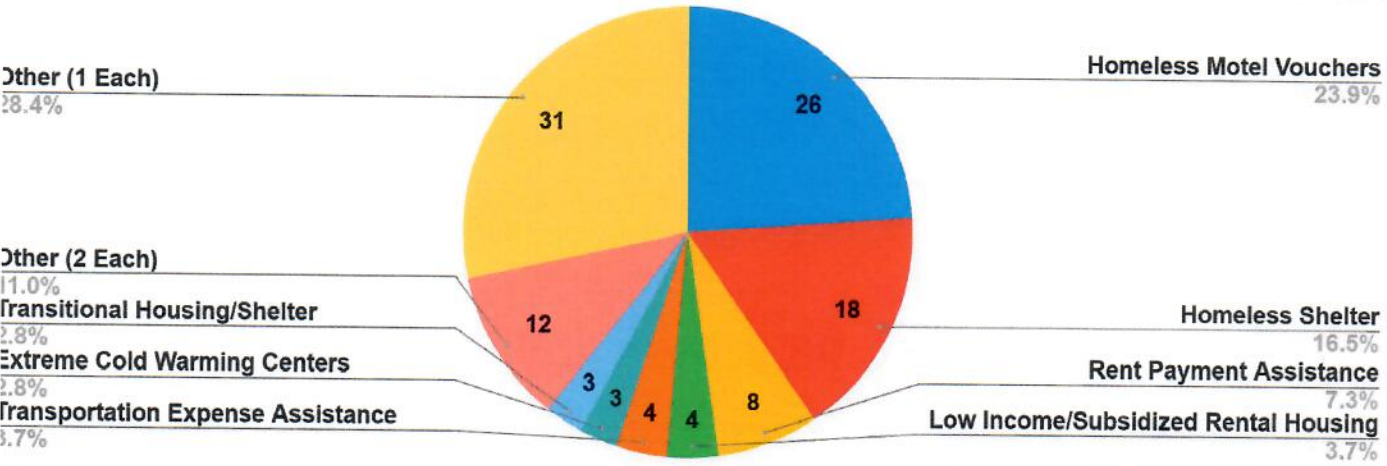
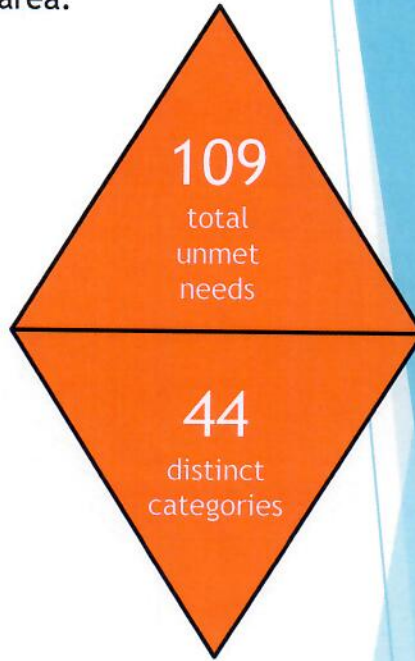
Contact Needs, Cont.

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.

109 total unmet needs were recorded in Champaign County across 44 distinct categories. Refer to the "Raw Data" link at the end of the report for the complete list.



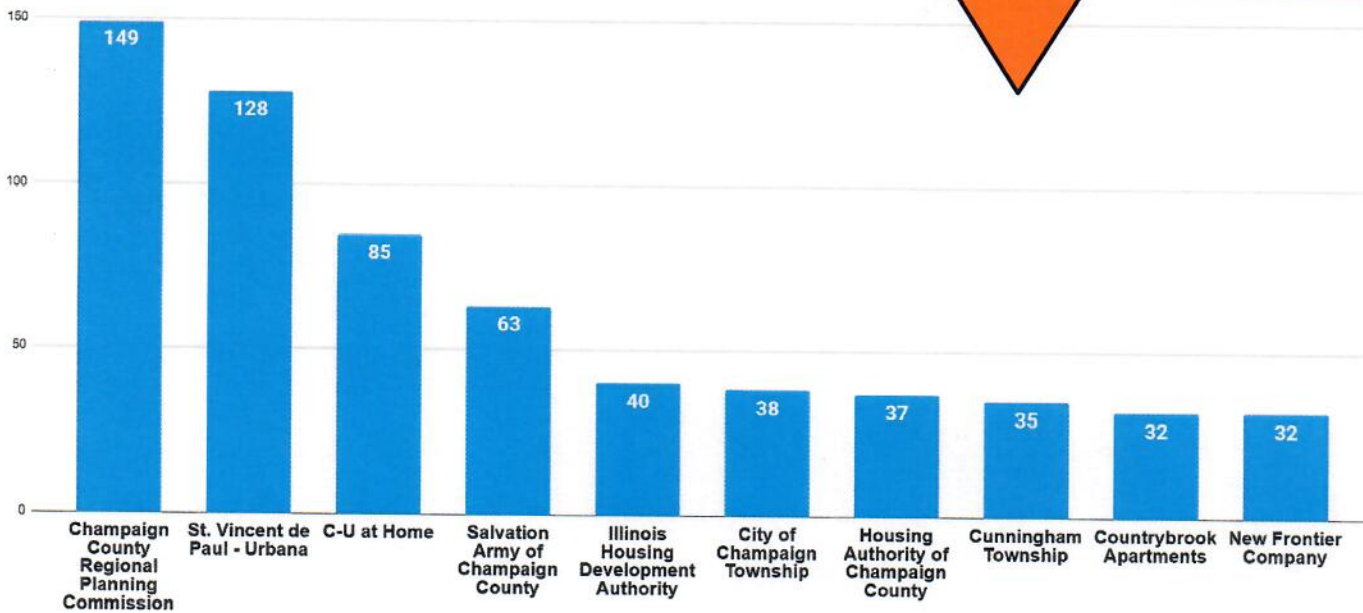
140

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.

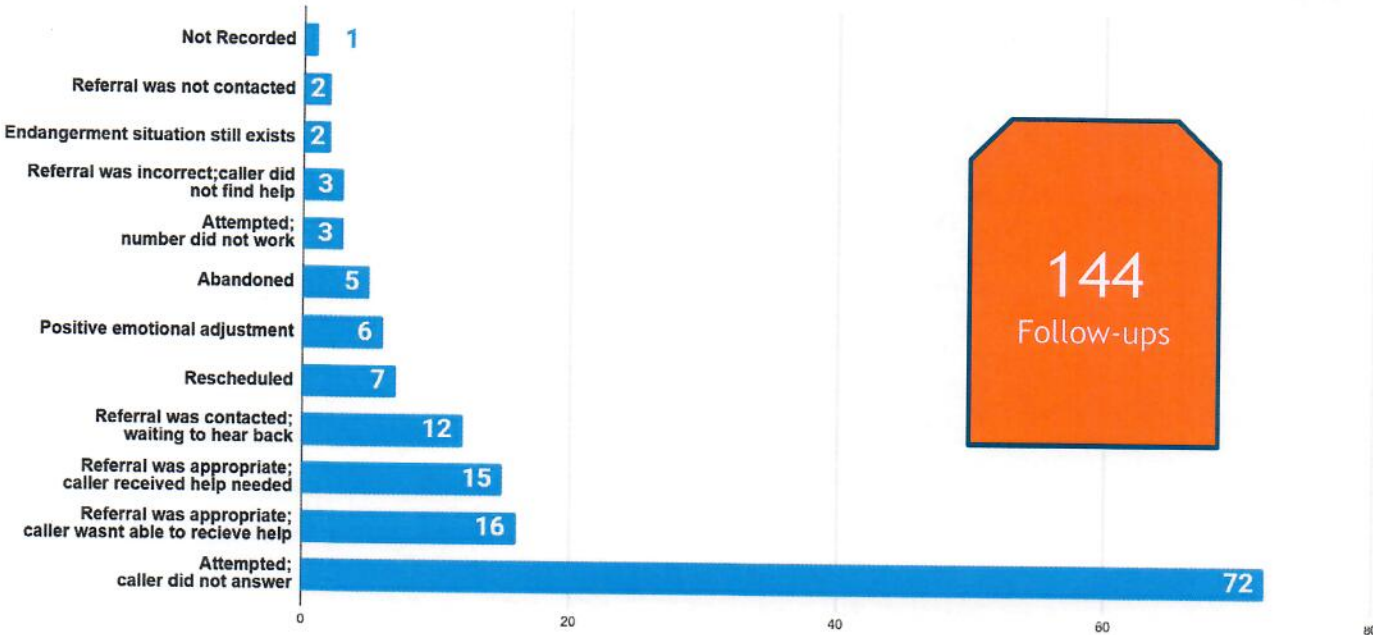
1,948 total referrals were made in Champaign County across 252 distinct agencies.



Contact Needs, Cont.

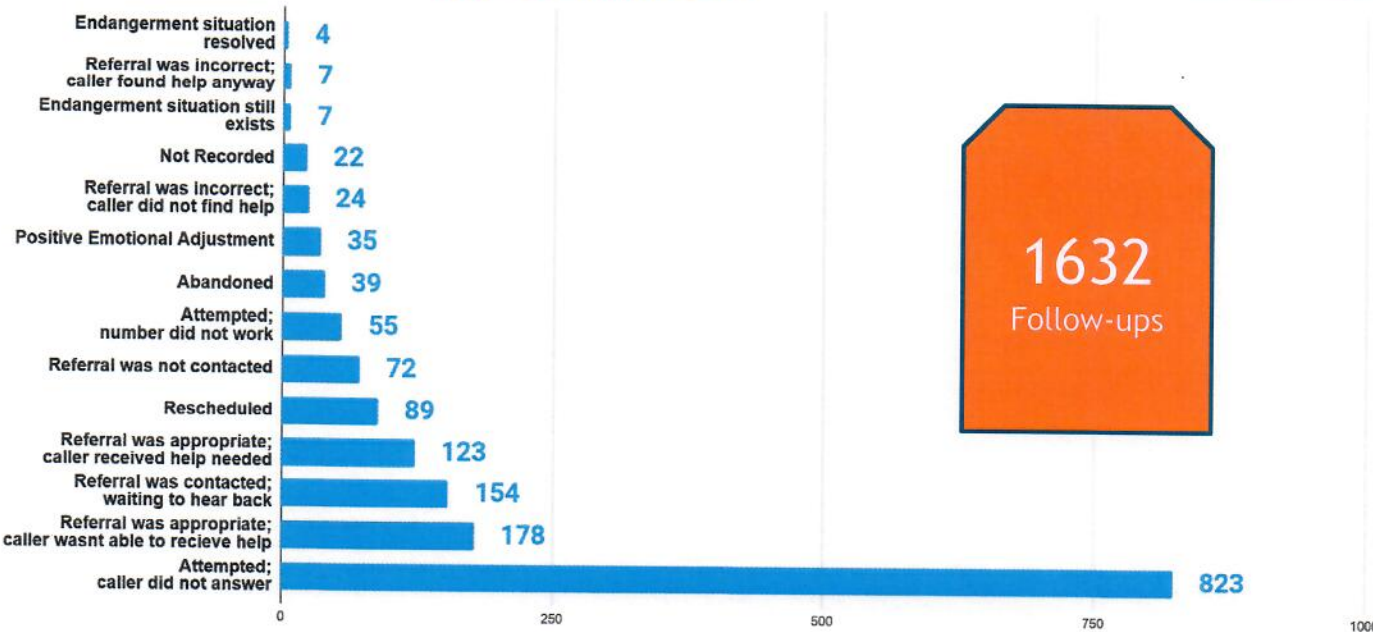
Follow-Ups ↻

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



142

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

0:21

Average InQueue Time

0:18
Last Quarter

9:12

Average Handle Time

10:00
Last Quarter

Spanish

0:15

Average InQueue Time

0:18
Last Quarter

7:52

Average Handle Time

8:11
Last Quarter

Service Level

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

English

94.55%

Service Level

95.18%
Last Quarter

Spanish

96.00%

Service Level

93.93%
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



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

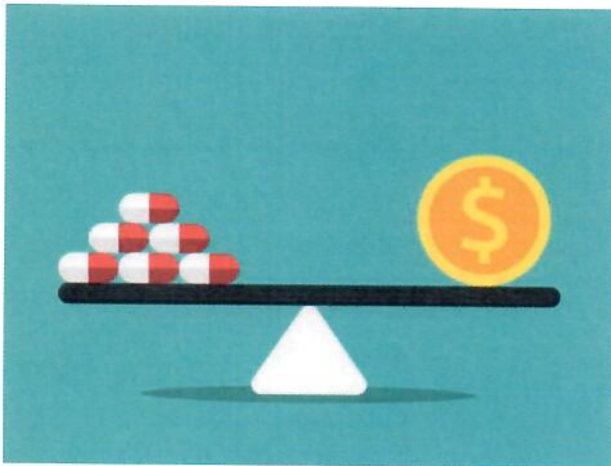


Caller had recently moved to Illinois, escaping a domestic abuse situation in another state. She has a job and is working on getting back on her feet, but she still has outstanding bills (her ex wouldn't contribute to family finances), needs to sign her kids up for school, and is looking for an apartment.

We were able to connect her to several programs in her area to help with her housing situation and getting set up for a new life here. With the holiday season coming up, we were also able to connect her to a Christmas toy program to improve the season for her children.

Story 2

An older caller was having trouble coming up with the copay needed for her medication. We were able to commiserate with her about the cost of healthcare while providing referrals for a couple agencies that can help pay for prescription costs. We also looked up local food pantries for her as a way for her to potentially cut down on other costs to afford her medication. At the end of the call, she was very thankful and eager to hang up with us so she could move on to reaching out to the referrals we had provided.



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/1cN4pRNNual3JDgUUrxySLidO_LEAzEK438CL1RM3aLQ/edit?usp=sharing

Submitted by:

Chris Baldwin

Director of Database Services

cbaldwin@pathcrisis.org

309-834-0590



CCMHB 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> (if it is an option)

- February 22, 2023** – Shields-Carter Room (*Ash Wednesday*)
- 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@cmhb.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, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@cmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@cmhb.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 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>

- January 18, 2023 – Shields-Carter Room
- February 22, 2023 – Shields-Carter Room (*Ash Wednesday*)
- 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, whether virtually or in person, 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 - 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 | <i>Online system open for applications for PY24 funding</i> |
| 1/18/23 | Regular Board Meeting |
| 1/25/23 | Study Session: Mid-Year Program Presentations |
| 1/27/23 | <i>Agency PY23 2nd Quarter and CLC progress reports due</i> |
| 2/10/23 | <i>Deadline for submission of applications for PY24 funding
(Online system will not accept any forms after 4:30PM)</i> |
| 2/22/23 | Regular Board Meeting
<i>List of Requests for PY2024 Funding assembled</i> |
| 3/1/23 | <i>If approved, new Evaluation Capacity contract issued</i> |
| 3/22/23 | Regular Board Meeting: 2022 Annual Report |
| 3/29/23 | Study Session |
| 4/12/23 | <i>Program summaries released to Board, posted
online with CCMHB April 19 meeting agenda and packet</i> |
| 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 CCDDDB**

- 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 commonly used by the CCMHB

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

OUD/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.

XV

**Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – February 2023**

CCDDB/CCMHB: PY2023 2nd Quarter Program Reports for CCDDB and CCMHB I/DD funded programs are in the CCDDB Board packet for review. PY2023 2nd 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 added to the CCDDB and CCMHB I/DD funded program Performance Data Charts. I provided technical assistance to three agencies for Quarterly Reporting and/or Claims Uploads.

The deadline for PY2024 application submission was February 10, 2023, at 4:30 PM CST. A list of all I/DD related funding requests for PY2024 can be found in this Board packet. I will be spending the next few months reviewing all I/DD applications. Final funding recommendations will be presented to the Board in May. I met with an independent reviewer to discuss review of new funding requests.

Community Choices submitted their PY22 audit on January 20, 2023. Contract amendments were issued for Customized Employment and Inclusive Community Support (see below).

PACE did not submit their 2nd Quarter Report by the deadline, nor request an extension. A letter of suspension was mailed and emailed on January 30, 2023. PACE staff communicated with CCDDB staff via phone and email and all reports were submitted on January 30, 2023, except the CLC Plan 2nd Quarter Progress Report, which was uploaded into the Online Reporting System on February 6, 2023.

I created Board packets for the February CCDDB meeting and assisted in the creation of CCMHB packets.

I have continued working on PY2022 Utilization Samples per client and comparing overlap between programs. I plan to present this information in the March packet.

I informed the UIUC Family Resiliency Center that both boards approved their RFP. I also assisted Executive Director Canfield with development of the UIUC FRC contract for their review.

CCDDB Contract Amendments: The Community Choices Customized Employment and Inclusive Community Support contracts were amended to change 'Total Program'

amounts, so they match the CCDDDB/CCMHB definition. There was a misinterpretation of the 'Total Program' definition. Making these changes allows for accuracy in PY23 reporting and the agency audit.

Learning Opportunities: Dr. Elise Belknap presented 'Foundational Skills for Handling Conflict: Nonviolent Communication' on January 26, 2023. This was a follow-up to the 'Crisis Prevention and De-Escalation Begins with You: Curiosity, Presence, and Skills' presentation from Dr. Belknap in November and requested by an attendee at the November presentation.

Tim Offenstein, Falling Leaf Productions will be presenting two accessibility workshops. The first on February 23, 2023, "Accessibility Training: Make Your WORD Documents Accessible." On March 30, 2023, Mr. Offenstein will present "Accessibility Training: Building Accessible Websites."

Disability Resource Expo: I participated in the Expo Steering Committee Meeting on February 13, 2023. The Steering Committee is interested in recruiting new members, determining a date for the 2023 Expo (possibly October 28, 2023), and being present at other local community events, such as the CU Autism Network Walk & Resource Fair and Ebertfest.

Human Services Council: I attended the February Human Services Council Meetings. There was discussion about whether the Council should continue and adding people to leadership roles due to only having one person in a leadership role at this time. Returning to in-person meetings, with a hybrid option, was also discussed. A survey will be developed and sent to the membership about the continuance of the group, interest in leadership roles, and location of the meetings. The membership also shared agency announcements. The next meeting is scheduled for March 2, 2023.

Other: I participated in the January Transition Planning Committee meeting. Consuelo Puente, Family Matters presented 'Supported Decision-Making: A New Alternative to Guardianship' at the January TPC meeting. The TPC is also planning a Parent Transition Event on March 28, 2023, from 5:30-8:30 pm at the Champaign Public Library. I participated in the January LIC meeting. The LIC is planning Child Find Screening Events for the spring. I participated in the Community Coalition Race Relations Subcommittee meeting. The group is planning events for the Spring relating to racism and health. I attended 'Mental Health and the Black Community' at Parkland College. This discussion was led by Donna Tanner-Harold, Joycelyn Landrum-Brown, and Joe Omo Osagie. I also participated in several other webinars.

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

Staff Report- February 2023

Summary of Activity

The deadline for PY24 application funding was February 10th at 4:30pm CST. Twenty-seven applications for PY24 funding were submitted to CCMHB. Four new proposals were received, one from current provider and three from new providers. Champaign County, Christian Health Center, Family Service, Mahomet Area Youth Center, and Don Moyer Boys & Girls Club missed the deadline for different reasons. Each agency submitted a letter asking the Board for permission to apply late. During this open period, I assisted several agencies with technical support with the registration/application system.

PY23 2nd Quarter reports were due on January 27th 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. I am in the process of reviewing those reports for clarification and changes and updating the data charts.

Audit Delays/Suspension of Funding: The WELL Experience submitted a letter to the Board seeking approval to release funds to cover some of the cost for their audit. A compliance letter was mailed out to Don Moyer Boys and Girls Club for being out of compliance with their CLC Plan. Three other agencies with already suspended payments due to late audits received emails for late 2nd quarter reports.

IPlan Behavioral Health Workgroup: Lynn covered the January workgroup. I will attend the February 16th meeting.

CCMHDDAC Meeting: The committee met on January 24th. We heard Agency presentations from CCRPC Youth Assessment Center, Uniting Pride, and Family Services.

Reentry Executive Committee & Council Meetings: The Executive Committee met on January 24th. Jennifer Locke is the newest member of the Council and the Executive Committee. She is a former public defender in McLean County and replaced County Board member Jim McGuire. The Council met on February 1st. Lisa Benson from the Champaign County Regional Planning Commission informed the Council about their centralized intake staff, rent assistance, Emergency Shelter for Families services, and how homeless vouchers work. The Council was also updated on the Safety Act and Cash Bail system.

ACMHAI: Attended the ACMHAI I/DD Committee meeting on January 10th. Members heard a presentation from Dr. Amie Lulinski, Executive Director of the Arc of Illinois.

NACBHDD BH & Justice Committee: I participated in the monthly NACBHDD meeting.

Continuum of Service Providers to the Homeless (CSPH): The members received an update on 2023 Point-in-Time Count. The count went well on January 26th 8-10pm and the data is being collected for the number of unsheltered/sheltered individuals in a future meeting.

Rantoul Service Provider's Meeting: I participated in the January 23rd meeting. Starting in February, Jo Dial – Crisis Co-Responder Clinician for Rosecrance stationed at Rantoul Police Department will be facilitating meetings moving forward. We heard agency updates from several agencies.

Other Activities: The CSPH reconvened the Compliance and Monitoring Committee to monitor FY22 ESG funded programs (as required by HUD). Local funders with experience of monitoring local programs were asked to serve on the committee. I am part of the committee that comprises of John Ruffin from the City of Champaign, Angelique Forney from the VA, and Beverly Baker from United Way. Beverly and I sent letters sent to Champaign County Regional Planning and the City of Urbana for their participation in the monitoring process.

Chris Wilson and I are working with the UIUC GIES College of Business students for the Spring semester on an experiential Action Learning project. We will collaborate with six business students who will work with us to solve an agency bookkeeping challenge.

Lynn, Kim, and I met with a consultant who has agreed to contract with us to review the three board-approved funding applications over the next few weeks.

Learning Opportunities (Trainings and Webinars) : I participated in the Foundational Skills for Handling Conflict: Nonviolent Communication. Dr. Elise Belknap.

- The College for Behavioral Health: *Mental Health Reform and the Recovery (R)Evolution*. We learned about the history of the mental health reform and the fight for recovery.
- County Health Rankings and Roadmaps: *Racial healing for health*. A one-hour interactive virtual discussion and dialogue with peers about experiences with equity.
- CSPH Point-in-Time (PIT) Volunteer training. Attended the online training for the January 26th PIT count.
- PsychU-*Decriminalizing Mental Health Podcast*—Informational on the meaning of “criminalization of mental health” to better understand this disparity.

February 2023 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:

PY 24 Applications were due Friday, February 10, 2023

The Following organizations reached out for Technical Assistance and Support for their CLC Plan:

The UP Center

Urbana Neighborhood Connections

Champaign County Healthcare Consumers

Family Service Center of Champaign County

Terrapin Station

PACE

Don Moyer Boys and Girls Club

PY 23- update to 2nd Quarter Reports – Reports are due January 27, 2022. There is a new form that was created to streamline the reporting process and gather information about the Board Demographics and training information. Please see the form at the end of my report for the completed reports.

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/>

Anti-Stigma Activities/Community Collaborations and Partnerships

NNEDLearn 2023

“The Substance Abuse and Mental Health Services Administration (SAMHSA) invites National Network to Eliminate Disparities in Behavioral Health (NNED) members to participate in its thirteenth annual training opportunity for community-based organizations, NNEDLearn 2023. The goal of NNEDLearn is to develop members’ skills in evidence-supported and culturally appropriate mental illness and substance use prevention and treatment practices and to support practice implementation. This training model includes two introductory webinars, a 3-

February 2023 Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

day virtual intensive training, and four follow-up virtual coaching sessions. *The 3-day virtual intensive training for 2023 will be held April 25 – 27, 2023, 11:00 am – 4:30 pm ET via Zoom.*”

Source: National Network to Eliminate Disparities.

<https://nnet.net/opportunities/nnetlearn/apply-nnetlearn-2023/>

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. The team met with the Vice Chancellor of Diversity and Inclusion on December 8, 2022, to discuss the Chancellor’s Call to Action to address Racism. We discussed the importance of strengthening community engagement with agencies that serve marginalized communities.

ACMHAI

I attended the Children's Behavioral Health Committee. I have connected the Chairperson of the committee with the National Federation of Families. The conference is in November 2023 in Chicago, Illinois. ACMHAI is working to build support in Illinois for the conference.

I want to make sure that Champaign County is aware of

Pathways to Success Building a System of Care for Children with Complex Behavioral Health Needs

Illinois System of Care will begin implementation in 2023. There was an extensive presentation about the implementation for the State of Illinois. For additional information visit the website:

<https://www2.illinois.gov/hfs/MedicalProviders/behavioral/pathways/Pages/default.aspx>

United Way Emerging Community Leader Program (ECL):

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. Here is the application for the Emerging Community Leaders Program.

<https://www.unitedwaychampaign.org/ecl-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

February 2023 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

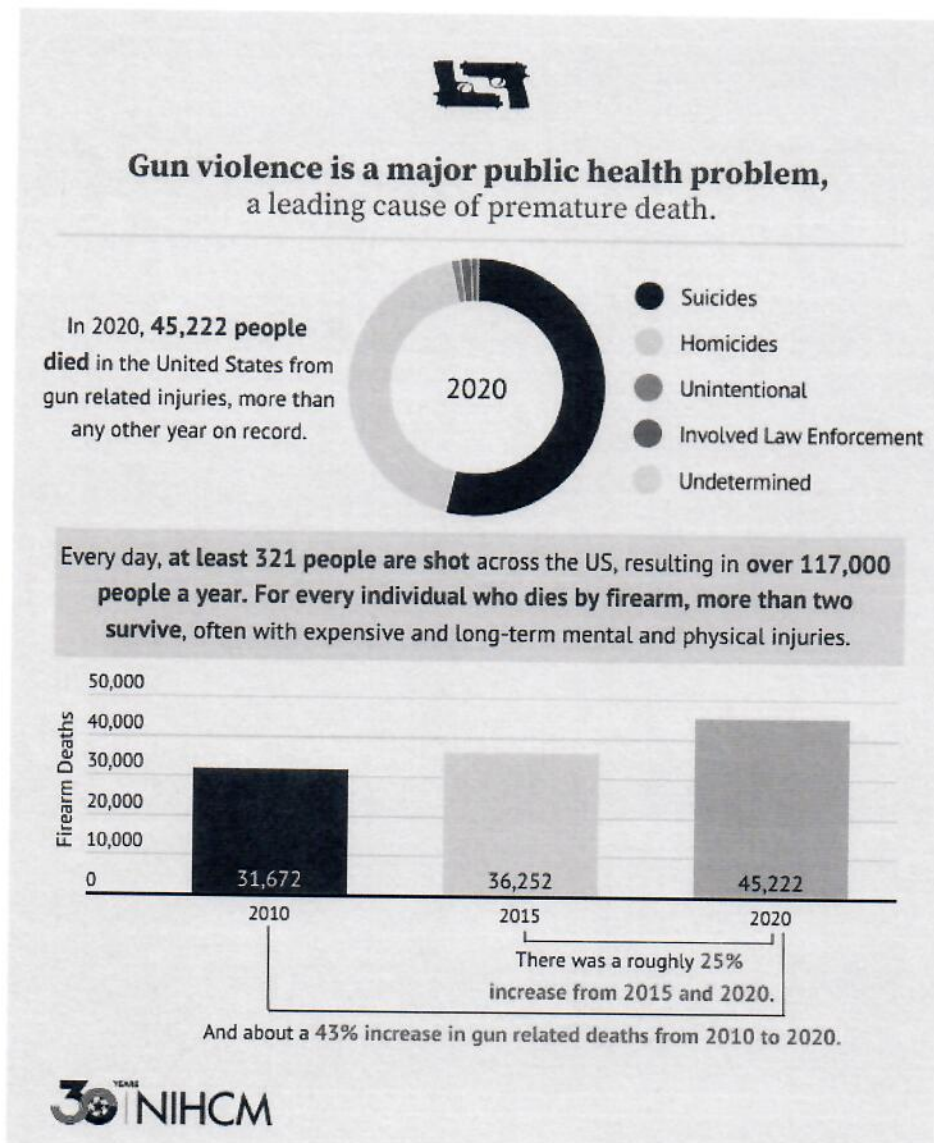
has also charged a steering committee and four working groups to identify the work that we must commit to now, in order to create a campus that is free of structural and systemic racism and bias.

Long COVID: What We Know

https://nihcm.org/publications/long-covid-what-we-know?utm_source=NIHCM+Foundation&utm_campaign=acf3ca233d-Long_COVID_Infographic_020223&utm_medium=email&utm_term=0_6f88de9846-acf3ca233d-167751988

Gun Violence: The Impact on Public Health updated January 23, 2023

<https://nihcm.org/publications/updated-gun-violence-the-impact-on-public-health>



February 2023 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

2023 CCMHB/DDB Agency Cultural and Linguistic Reporting Form as of 1/30/2023	
Agency	2nd Quarterly Reports Completed
C-U at Home, Inc.	Yes
CCRPC - Community Services	Yes
Champaign County Children's Advocacy Center	Yes
Champaign County Christian Health Center	YEs
Champaign County Head Start/Early Head Start MHB	YEs
Champaign County Health Care Consumers	Yes
Community Choices, Inc. DDB	Yes
Community Service Center of Northern Champaign County	Yes
Courage Connection	Yes 1/29/2023 (Late)
Crisis Nursery	Yes
Cunningham Children's Home	Yes
DREAAM	No
Developmental Services Center	Yes
Don Moyer Boys & Girls Club	No
East Central Illinois Refugee Mutual Assistance Center	No
Family Service of Champaign County	Yes
FirstFollowers	Yes
GROW in Illinois	Yes
Mahomet Area Youth Club	No
PACE, Inc.	No
Promise Healthcare	Yes
Rape Advocacy, Counseling, & Education Services	Yes
Rosecrance Central Illinois	Yes
Terrapin Station Sober Living NFP	Yes
The UP Center of Champaign County	Yes
The Well Experience	Yes
Urbana Neighborhood Connections Center, Inc	No
WIN Recovery	Yes

CCMHB Liaison Choices 2023

	Jane Sprandel	Daphne Maurer	Elaine Palencia	Jen Straub	Jon Paul Youakim	Joe Omo-Osagie	Alexa McCoy	Molly McRay
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)								
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)								
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 1st Wed., 10am)								
Community Coalition (2nd Wed., 3:30pm)								
Expo Committees (various)								

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