



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**

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**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

# Champaign County Mental Health Board (CCMHB)

## Program Year 2024 Application Reviews

Addendum to the CCMHB  
April 19, 2023 Board Meeting Packet and  
April 26, 2023 Study Session Packet

<b>CCMHB PY2024 Agency Requests for Funding</b>			
<i>Agency</i>	<i>Program</i>	<i>Request</i>	<i>BOARD REVIEWERS</i>
CCRPC - Community Services	Youth Assessment Center	\$76,350	Straub/Sprandel
CRIS Healthy Aging	Improving Family Caregiver MH	\$125,000	Palencia/Straub
CU at Home	Shelter Case Management Program	\$403,564	Youakim/Palencia
CU Early	CU Early	\$77,184	Hausman/Youakim
CC Children's Advocacy Center	Children's Advocacy	\$63,911	Sprandel/Hausman
CC Christian Health Center	Mental Health Care at CCCHC	\$33,000	Omo-Osagie/Maurer
CC Health Care Consumers	CHW Outreach and Benefit Enrollment	\$91,054	Palencia/Youakim
	Justice Involved CHW Services & Benefits	\$94,892	Maurer/Straub
Community Svc Center of Northern CC	Resource Connection	\$75,069	Omo-Osagie/Maurer
Crisis Nursery	Beyond Blue-Champaign County	\$100,000	Hausman/Maurer
DSC	Family Development (DD)	\$656,174	Straub/Youakim
Don Moyer Boys and Girls Club	C-U CHANGE	\$100,000	Hausman/Sprandel
	CUNC	\$132,322	Sprandel/McLay
	Community Coalition Summer Initiatives	\$107,000	Omo Osagie/Palencia
	Youth and Family Services	\$160,000	Palencia/Straub
East Central IL Refugee Mutual Assistance	Family Support & Strengthening	\$71,300	Sprandel/Straub
Family Service of CC	Counseling	\$30,000	McLay/Maurer
	Disability Benefits for the Family	\$72,619	Maurer/Youakim
	Self-Help Center	\$28,930	Youakim/Sprandel
	Senior Counseling & Advocacy	\$178,386	Straub/Palencia
Immigrant Services of CU	Immigrant Mental Health Program	\$119,705	Youakim/Straub
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	\$12,000	Hausman/McLay
	MAYC Members Matter!	\$27,405	Sprandel/Hausman
Promise Healthcare	Mental Health Services	\$352,035	Maurer/McLay
	PHC Wellness	\$107,078	Palencia/Hausman
Rape Advocacy, Counseling & Education	Sexual Trauma Therapy Services	\$149,284	McLay/Hausman
	Sexual Violence Prevention Education	\$82,996	Sprandel/Omo-Osagie
Rosecrance Central Illinois	Benefits Case Management	\$80,595	Straub/Palencia
	Child & Family Services	\$83,500	Youakim/Omo-Osagie
	Criminal Justice PSC	\$330,000	Omo-Osagie/Sprandel
	Crisis Co-Response Team (CCRT)	\$207,948	Youakim/McLay
	Recovery Home	\$100,000	Omo-Osagie/Youakim
	Specialty Courts	\$178,000	Straub/Maurer
Terrapin Station Sober Living	Recovery Home	\$79,677	Palencia/McLay
The UP Center of CC	Children, Youth & Families Program	\$190,056	McLay/Sprandel
The Well Experience	Well Family Care Program	\$256,656	McLay /Hausman
Urbana Neighborhood Connections	Community Study Center	\$25,500	McLay/Palencia
WIN Recovery	Community Support ReEntry Houses	\$123,198	Maurer/Omo-Osagie
<i>DSC</i>	<i>Individual &amp; Family Support</i>	<i>\$250,000</i>	<i>for IDD/SI fund</i>
<i>PACE</i>	<i>Consumer Control in Personal Support</i>	<i>\$36,000</i>	<i>for IDD/SI fund</i>

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Youth Assessment Center

**Agency:** CCRPC - Community Services

**Request:** \$76,350

**Why it matters:** "... early intervention and diversion services to youth, particularly minority males, who are overrepresented in the juvenile justice system, and to youth whose behavior may be symptomatic of issues that would be best served by interventions outside the juvenile justice system."

**Selected priority:** Crisis Response and Intervention (not a PY24 priority category)

**Staff/reviewer comment:** The proposal would continue a longstanding CCMHB-funded program with the Youth Assessment Center, which itself resulted from collaboration across local governments and community leaders. There is at least one PY24 priority category appropriate for this program.

### Services and People Served

**Who will benefit:** People aged 10-17 with complex trauma or a trauma with lack of protective factors.

**Scope of services:** Screening for needs, risks, and protective factors; Balanced and Restorative Justice (BARJ) approach to supports with accountability (e.g., for harm related to criminal behavior); completion and review of Station Adjustment, as the working plan; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service hours, and linkage to social service, MH, or SUD treatment. Youth Assessment Screening Inventory (YASI) score and Child and Adolescent Trauma Screen determine access to this program, adding intensive weekly phone counseling, group programming (based in CBT approach), and partnership with UIUC Psychological Services Center/Childhood Adversity & Resiliency Services to reduce barriers to MH treatment.

**Location and frequency of services:** YAC office and if appropriate/preferred, youth's school, home, other provider location; checkins and individual and group programming may occur by phone or zoom. M-F 8AM-6PM, on-call Saturdays 9:30AM-6PM.

**Staff/reviewer comment:** Services section includes more detail. CCMHB staff have learned through engagement with YAC advisory meetings that the program has evolved some excellent youth-driven, appropriate supports.

### Residency of 273 people served in PY2022 and 143 in the first half of PY2023

<b>Champaign</b>	96 for PY22	48 for PY23
<b>Urbana</b>	62 for PY22	46 for PY23
<b>Rantoul</b>	33 for PY22	19 for PY23
<b>Mahomet</b>	39 for PY22	11 for PY23
<b>Other</b>	43 for PY22	19 for PY23

### Demographics of 187 people served during PY2022

<b>Age</b>	
Ages 7-12 -----	32
Ages 13-18 -----	155
<b>Race</b>	
White -----	78
Black / AA -----	100
Other (incl. Native American and Bi-racial)	9

**Gender**

Male ----- 126

Female ----- 61

**Ethnicity**

Of Hispanic/Latino/a Origin ----- 9

Not of Hispanic/Latino/a Origin ----- 67

Not Available Qty ----- (reports 0 but missing some)

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Youth (10-17) exhibiting behavioral issues, including youth with police contact, with an experience of complex trauma or a trauma experience co-occurring with lack of protective factors; youth and family must be willing to participate in intake followed by recommendation for formal station adjustment or engagement agreement; youth must meet specific Law Enforcement Agency Eligibility Guidelines. Youth are referred by police, schools, agencies, and families and service need determined by screening/assessment.

**Outreach to eligible people:** Presentations to inform the public about services; social service agencies, public forums/meetings, schools, police departments, media, etc.; direct referrals from other providers, school professionals, and other program participants and their families, brochure distribution, RPC website, resource guide, 211.

**Within 21 days from referral, 75% of those referred will be assessed.**

**Within 90 days of assessment, 70% of those assessed will engage in services.**

**People will engage in services, on average, for: 3-6 months**

**Additional demographic data:** household information such as composition and income.

**Staff/reviewer comment:** Timelines for assessment and engagement are realistic given the nature of the service and barriers to communication with youth and families of the target population.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. 90% of youth diverted from juvenile court adjudication within 1 year of services.
2. 10% increase in % of youth assessed with moderate/high protective factors at exit as compared to % at intake.
3. 90% of participants will endorse having been informed of resources; 50% will report successful linkage and utilization of services.

**Specific assessment tools and data collection:**

1. Court Services Records/YAC database - Staff comparison of juvenile court records with YAC database to determine # adjudicated within the year.
2. YASI scores at intake and exit - annual comparison by staff.
3. YASI identification of needs, to guide referrals- completed by staff; pre and post service surveys completed by program participants, data compiled by staff.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** annually for adjudication, one year after a YAC case is closed; YASI scores collected at client exit (and presumably at intake).

**Staff/reviewer comment:** The outcomes relate to program impact and positive change in the youth served; each is associated with an appropriate assessment tool and specific measurable target.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** ? youth referred and identified through YASI (at intake) as having experienced complex levels of trauma, or a trauma experience co-occurring with low levels of protective factors; youth must agree to formal station adjustment or engagement agreement.

**Non-Treatment Plan Clients (NTPCs):** ? youth completing services through station adjustment or engagement agreement who do not meet TPC criteria.

**Service Contacts (SCs):** ? referred youth who do not engage beyond initial contact or screening.

**Community Service Events (CSEs):** ? outreach, networking, staff development and program management, including staff presentations, trainings, partner meetings, volunteer recruitment activities, community meetings/events.

**Staff comment:** Specific targets are not included. Program may be miscounting CSE (e.g., in PY23, there is a .5 event) or may be using something other than the definition stated in application, which is itself an expansion of the standard definition of this category - some activities of value which are not 'traditional' CSEs could be counted through the Other category.

**PY24 Targets** not identified.

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	4	3	6	53	38
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Second Quarter	4	0	4	42.5	25
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<i>Annual Targets</i>	<i>TPC-55</i>	<i>NTPC-20</i>	<i>SC-40</i>	<i>CSE-40</i>	<i>OTHER-1</i>
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**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	10	0	9	37	11
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Second Quarter	12	1	9	36	26
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Third Quarter	4	0	1	50	10
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Fourth Quarter	8	1	19	179	57
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<i>Annual Targets</i>	<i>TPC-55</i>	<i>NTPC-20</i>	<i>SC-40</i>	<i>CSE-40</i>	<i>OTHER-50</i>
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## Financial Analysis

**PY2024 CCMHB funding request:** \$76,350

**PY2024 Total Program budget:** \$416,350

**Current year funding (PY2023):** \$76,350

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 18% of total program revenue.** Other revenue is from Champaign County \$320,000 (77%) and Local Grants \$20,000 (5%).

**Personnel-related costs of \$49,855 are the primary expense charged to CCMHB,** at 65% of requested amount. Other expenses: Professional Fees/Consultants \$250; Consumables \$165; General Operating \$8,000 (10%); Occupancy \$15,601 (20%); Conferences/Staff Development \$250; Local Transportation \$229; Lease Rental \$2,000.

**Total Agency budget deficit of \$3,175,699. Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.9 Direct FTEs

**Total program staff:** 4.28 Direct FTEs

**Staff comment:** No increase is requested. Salaries to be charged are 11% of full time Coordinator, 25% of two case managers, and 29% of a third (currently vacant). Full time = 85% due to cost allocation methodology used by CCRPC.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** CCPRC CLC Committee completed a DE&I Plan in 2023 and will add DEI to the Job Descriptions and other places on the website. CLC is now included in reflective supervision and the annual performance evaluation.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** CCRPC has implemented a plan that has included the following departments to incorporate CLC Practices in their policies and procedures: Community Services Division, Champaign County Head Start, Human Resources, The Youth Assessment Center, and Community Action Advisory Committee. They have received training about the American Disabilities Act, Anti-Harassment Training, and Understanding Race and Nutrition. The CLC Committee reviewed “The Crown Act” and discussed how to make their policies culturally relevant based on the training.

**Staff comment:** CCRPC has been intentional about how to reach hard to serve populations. I reviewed their program plans and paid special to the collaborations and written agreements that have been created to serve hard to reach populations as well as working in rural areas to expand services beyond Champaign-Urbana.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through middle and high schools throughout the county, collaboration with Sheriff’s office, referrals from school, law enforcement, rural and other service providers, participation in Rantoul Service Providers Group; meetings can occur at RPC Rantoul LIHEAP office, CSCNCC, by zoom, or over the phone. Outreach to under-resourced minority populations through: middle and high schools; home visits to those not historically engaged by phone; events or presentations such as Urbana schools, Rantoul Providers, Board of Education, Champaign Community Coalition, HACC’s Youth Build, State’s Attorney’s Office, and CEDA (is this Community and Economic Development Association?); and networking efforts such as Community Coalition Against Gun Violence, Gun Violence Response Task Force, and Local Area Networking group.

**Promoting inclusion and reducing stigma:** Principles of BARJ to divert from formal justice system involvement and avoid the associated stigma; assistance with increased community access; encouragement of reflective skills and critical thinking; increased life skills and positive influence of Peer Court group inclusion.

**Outcomes:** Three outcomes of the program’s impact on the individuals served, each associated with appropriate measurement tools, specific targets, collected by staff.

**Coordinated system:** Many partnerships are listed, along with the referral process to the program and from the program to appropriate, desired supports.

**Written collaborative agreements:** The Alliance (Youth & Family Peer Support Alliance), Cunningham Children’s Home Hope Springs, Rosecrance, UIUC Psychological Services Center/Childhood Adversity & Resiliency Services, Champaign Unit 4 School District, Urbana Unit 116 School District, Mahomet-Seymour CUSD 3, Champaign/Urbana/UIUC/Tolono/Mahomet Police Depts, Sheriff’s Office, and State’s Attorney’s Office.

**Budget and program connectedness:** The Budget Narrative identifies other sources of funding for the total program YAC project, provides details for the use of each expense category to be charged to this contract, including how they were determined and specific items within the categories, and describes the agency’s GATA approved indirect cost allocation plan (previously provided to CCMHB-CCDDB staff) and especially impacting Occupancy costs.

**Person Centered Planning:** Describes treatment plan options, some of which can be individualized. Some aspects are required due to nature of referrals (justice).

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and links to information on YASI assessment tool, Moral Reconciliation Therapy (MRT - group), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).

**Staff credentials:** Justice Diversion Coordinator and YAC Supervisor has Master's in Family and Consumer Sciences with minor in psychology and 10 years' experience in social services. YAC Case Managers have bachelor's degrees in social work, criminal justice, or related field plus two years of specialized experience. All have formal training in BARJ and trauma informed care. One trained to become a certified Family and Community Development Specialist.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** While other sources of revenue support the full YAC program, no other payment sources have been secured to support the higher intensity supports for re-referred youth with moderate-high risk screening scores. **Client fees:** No. **Sliding scale:** No. **Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** This program is included in the combined Champaign County Audit, with no negative findings in PY22. Any unexpended revenue is returned to the CCMHB based on fourth quarter financial reports.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Not clear, but it is not likely that other funding sources are available.

**Referral between providers:** Yes, a focus of the program.

**Continuation of services during public health emergency:** Some virtual options.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Rework Utilization Measures to include numeric targets, to align CSE definition with CCMHB standard, and to add Other in order to measure those activities of value that do not fit as CSEs.*
- *A PY24 priority category should be selected.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Improving Family Caregiver MH

**Agency:** CRIS Healthy Aging

**Request:** \$125,000 - a NEW request

**Why it matters:** “The CRIS project will close the gaps in access to care for unpaid caregivers of older adults, usually family members, with dementia. This type of caregiving often leads to depression, social isolation and extreme stress and burden on the family members. This project would also serve the priorities of the I/DD Special Initiatives fund to strengthen the DSP workforce as we offered to assist them with any cases involving dementia as well as train their staff about how to serve clients with dementia which is very common in those with I/DD. Services will include peer support, art therapy, stress reduction.”

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** A new proposal from a newly registered non-profit provider.

### Services and People Served

**Who will benefit:** Low income, unpaid family caregivers who care for loved ones over 60 with dementia; paid caregivers of people with I/DD and dementia; DSP staff training on best practices (I/DD and dementia).

**Scope of services:** To reduce the stress and sense of burden experienced by caregivers: monthly peer support group for unpaid caregivers; Memory Café in which caregiver and receiver interact with similar families through art therapy and music; individual supports using Star C model for fully client-directed case management and problem solving; specialized services for paid and unpaid caregivers of people with I/DD (could include a separate Memory Café and support group and DSP staff training).

**Location of services:** Champaign office and Danville office (if convenient for rural Champaign County residents); Star C intervention remote, with the device provided; groups may meet online through a platform more user-friendly than Zoom.

**Staff/reviewer comment:** Describes services which may fit very well with the I/DD Special Initiatives fund purposes. Mental health support services are also prominent in this application.

### Measures of Client/Participant Access

**Eligibility criteria and determination:** Caregivers of people over 60 or who have I/DD, believe memory loss or dementia is impacting their person and finding this more stressful to providing care. Uses UCLA Loneliness Scale, Geriatric Depression Scale, Stress and Burden Inventory to assess the caregiver’s loneliness, stress, burden, and depression to determine if services may help. Low income and rural residents targeted.

**Outreach to eligible people:** Through partners DSC, Pavilion, Family Services, Senior Task Force of Champaign County, and RPC, and through media such as newspaper, cable access ‘CU Wise TV’ station, and website.

**Within 2 days from referral, 75% of those referred will be assessed.**

**Within 5 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average,** between six weeks and three months.

**Additional demographic data:** veteran status, vaccination status, other health issues.

**Staff/reviewer comment:** Reasonable timelines for assessment and engagement.

### Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. Depression scores of all participants reduced by 20%.



2. Sense of loneliness and isolation reduced by 25% at end of Star C intervention.
3. Caregiver sense of burden decreased by 15% at end of Star C intervention.
4. Caregiver confidence increased by 35% (to combat depression symptoms) by the end of Star C interventions.
5. 100% of clients assessed for barriers to engagement with community.
6. 100% referred to additional mental health supports.
7. Those in training or community education events will improve knowledge of symptoms of dementia and ways to be more dementia friendly.

**Specific assessment tools and data collection:**

1. Geriatric Depression Scale (short form)
2. UCLA Loneliness Scale
3. Caregiver Burden Inventory
4. Caregiver Self-Efficacy Scale
5. Post-treatment survey
6. Post-treatment survey
7. Pre- and post- tests at events

All data are collected and reported by program staff, with input from participants.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** before and after each intervention.

**Staff/reviewer comment:** Excellent outcomes, associated with appropriate assessment tools and specific targets.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 75 people with intensive services based on Star C service plan.

**Non-Treatment Plan Clients (NTPCs):** 40 caregivers attending support groups, memory café, or trainings, without a written treatment plan.

**Service Contacts (SCs):** 2,000 = 1,000 service encounters with TPCs + 500 service encounters with NTPCs + 200 people through CSEs.

**Community Service Events (CSEs):** 25 - twice monthly trainings to law enforcement, healthcare providers, primary caregivers, community-based organizations, and churches/religious organizations (training to 200 people).

**Staff comment:** People may start as NTPCs and engage through the Star C program to become TPCs. The Service Contacts total doesn't equal the subtotals.

## Financial Analysis

**PY2024 CCMHB funding request:** \$125,000 - a NEW request

**PY2024 Total Program budget:** \$277,900 (staff guess, as the forms are not correctly used).

**CCMHB request is for 45% of total program revenue.** Other revenue for the total program MAY be from contributions, listed as \$152,900 (but not included under total agency revenue). The CCMHB amount is not listed under Total Agency or Total Program.

**Personnel-related costs of \$118,771 are the primary expense charged to CCMHB,** at 95% of requested amount. Other expenses of Professional Fees/Consultants \$3,000, Equipment Purchases \$1,500, and Miscellaneous \$1,729 are not listed under Total Agency Expenses. In addition, the Total Program and CCMHB budgeted expenses are identical, so that other Total Program Revenue is not being spent.

**Total Agency budget shows a surplus of \$3,291,824, Total Program budget a surplus of \$27,900, and CCMHB budget is BALANCED.** Surpluses like this might cause us to ask why CCMHB funding is needed, but the information provided is incomplete with regard to total agency and total program expenses and revenues.

**Program staff to be funded by CCMHB:** 1.7 Direct FTEs.

**Total program staff:** Same.

**Staff comment:** Personnel costs to be charged to the CCMHB contract include 50% of a full time Program Manager, 20% of the Director of Strategic Initiatives & Programs, and 100% of a full-time Memory Care Coordinator. No indirect staff are indicated, even as related to the Total Agency, which may pose problems for the organization to meet contract requirements. The Revenue and Expense forms are incomplete, making it difficult to analyze. The Budget Narrative provides some additional details, but they do not match with the Revenue or Expense forms. The above represent our best guesses.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standard?** Yes.

**Highlights from the submitted CLC Plan:** Agency will partner with Carle DEI Team for most of DEI Training. A medical interpreter will provide services and will have the ability to identify cultural barriers.

**Staff comment:** CRIS Healthy Agency has a DEI Plan and Team through Carle. Since Carle is such a large entity, CLC Technical Assistance will be required if funding is awarded. Support will be provided combine the actions to ensure that requirements of CCMHB are met by the organization.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Priority on rural, low income, and minority populations; direct outreach through townships, library, health providers, churches, and civic organizations; service at agency offices and online platforms. Staff trainings on bias, a certified LGBTQ+ organization (through SAGE); word of mouth referrals by clients are encouraged; remote options have high utilization by underserved groups.

**Promoting inclusion and reducing stigma:** Reduces the extreme social isolation typical for family caregivers. Education about dementia and problem solving may normalize many of their feelings and reduce stigma. Peer and memory café support groups to develop new social support and sense of community.

**Outcomes:** Seven outcomes relate to various impacts on program participants, are measurable with specific targets and assessment tools, all completed by staff.

**Coordinated system:** Yes.

**Written collaborative agreements:** with 53 Champaign County agencies. Relevant to this project are: Care Horizon, Carle, Champaign County Health Care Consumers, CCRPC, CUPHD, Circle of Friends, DSC, Family Service, and the Pavilion.

**Budget and program connectedness:** The Budget Narrative describes other revenues, presumably Total Agency; Grant and Fee for Service revenues for the Total Agency match the Revenue form, while the total of various other revenues equals \$466,584 and on Revenue form Miscellaneous is \$466, 560; similarly the total agency revenues listed on revenue form and Budget Narrative differ slightly. The Budget Narrative provides detail on costs of specific personnel to be charged to this contract but does not explain other expenses.

**Person Centered Planning:** Yes, through Star C intervention.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes, and provides multiple links to information on, Star C intervention and Memory Café. Peer Support groups and I/DD DSP training on dementia care are also identified.

**Staff credentials:** Current staff credentials are included, all certified in Star C and as Dementia Practitioners. One with law degree and 20 years' experience in disability and aging services. Another with a bachelor's degree, 3 years' experience with people who have severe depression and bipolar disorder, focus on effective

assessment and data collection. The third has a Master's in Education with over 20 years' experience working with families in crisis, is a Qualified Mental Health Professional, and is a certified trainer for "Stressbusters for Caregivers of Persons with Dementia".

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Funded by the East Central Illinois Area on Aging to provide caregiver services to older adults. However the two existing specialists on dementia are funded through a federal grant from Administration for Community Living, which expires this year. **Client fees:** No. **Sliding scale:** All CRIS services are free to the consumer.

**Willing to participate in Medicaid programs:** Yes.

**Staff/reviewer comment:** Addresses a need and gap in services. Provide DSP staff training to strengthen the DSP workforce. No other funding source for this program.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** A newly registered agency. The eligibility questionnaire responses do not indicate cause for concern about full eligibility or ability to meet funding requirements; for example, there is an annual audit, and the accrual method of accounting is used. The agency is now affiliated with Carle Health but maintains independent non-profit legal status and its own governing board.

**All forms submitted by deadline:** Yes. A great deal of financial information is missing or incorrect, making it difficult to evaluate this application.

**Audit findings:** No audit has been provided to the CCMHB, as this agency has not previously received CCMHB funding. CRIS does have an annual audit. It may be helpful to review their PY22 audit prior to contracting.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Although this application was not submitted to the I/DD Special Initiatives fund for consideration by both the CCMHB and CCDDDB, the portion of it directed to supporting and training the DSP workforce could be funded through that, if approved by both boards.*
- *The financial forms were incomplete and do not match across forms; although this is understandable for a new applicant, instructions covered how to complete them. A contracting condition should be the revision of these forms to expectation. A risk - this may indicate future difficulty in financial reporting.*
- *Consider requiring most recent agency audit and minutes of the board meeting approving application for this program funding.*
- *Consider partial funding through the I/DD Special Initiatives Fund or full funding if the entire amount can be redirected to benefit individuals with I/DD and their caregivers.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Shelter Case Management Program

**Agency:** CU at Home

**Request:** \$403,564

**Why it matters:** "... Homelessness is a result of a crisis and is itself a crisis. The services and support offered through the program meet the client's essential needs in the midst of that crisis... intensive case management to assist the client in moving from crisis to stabilization, and ultimately community integration. The program eliminates the need for clients to be living on the streets decreasing their contact with law enforcement of the need for clients to seek stability through hospitalization."

**Selected priority:** Crisis Stabilization (a PY23 priority)

**Staff/reviewer comment:** This proposal is to increase funding for a program newly funded by MHB during PY23. The program focus shifted during the first six months as the agency moved out of shelter.

### Services and People Served

**Who will benefit:** Adults experiencing homelessness.

**Scope of services:** Mid-Barrier Shelter - 24/7 non-congregate, trauma-informed environment, intensive CM, assistance with goal development to move clients toward stability, includes group activities and linkage to other resources to develop a network of assistance. Advanced Shelter - for people coming out of SUD treatment, in Drug Court, or graduating Mid-Barrier, CM to assist with stabilization. Peer to Peer Support - a Navigator with lived experience offers daily support with activities identified in individual case plans, weekly peer group, mentoring. Data Tracking Program - database to collect and analyze data, follow outcomes, assist with development of processes. (Services not funded through this contract are also described.)

**Location and frequency of services:** Intensive CM at men's and women's shelters; CM and groups at CU at Home office locations; daily/weekly (as above and) as needed.

**Staff/reviewer comment:** The program is newly funded in PY23, so the data below are only for the first 6 months of CCMHB funding, during which time the agency was running the emergency shelter.

#### Residency of 344 people served in the first half of PY2023

<b>Champaign</b>	314 for PY23
<b>Urbana</b>	28 for PY23
<b>Rantoul</b>	1 for PY23
<b>Other</b>	1 for PY23

#### Demographics of 344 people served in the first half of PY2023

<b>Age</b>	
Ages 13-18 -----	4
Ages 19-59 -----	308
Ages 60+ -----	32
<b>Race</b>	
White -----	92
Black / AA -----	115
Asian / PI -----	2
Other (incl. Native American and Bi-racial)	11
Not Available Qty -----	124

<b>Gender</b>	
Male -----	243
Female -----	101
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	5
Not of Hispanic/Latino/a Origin -----	339

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Residents of Champaign County who are 18 or older, unsheltered, moderately physically independent, agree to meet with case management team and develop a client-centered, trauma-informed care case plan. (NTPCs receive brief service without a written plan). Self-report, demonstration of ability to move through shelter and eat without assistance, and signed agreement to CM Services.

**Outreach to eligible people:** Referrals from partner organizations, street outreach, social media, community events, client to client referrals.

**Within 3 days from referral, 95% of those referred will be assessed.**

**Within 3 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for: 12-18 months**

**Additional demographic data:** income.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. 60% of program participants will graduate.
2. 100% will be entered in HMIS for data tracking (monthly).
3. 100% will have initial screening for MH/SUD and be referred as needed.
4. 100% will develop goals and action steps from 4 levels of stability- MH, physical health, financial, housing/life skills.
5. 100% will receive monthly goal evaluations.
6. 100% of mid-barrier participants will be assigned a CM and receive intensive CM (3hrs/wk, 10:1 ratio)  
100% of advanced shelter participants will receive CM.
7. At end of program: 70% will report improved MH; 80%... improved independent living skills; 70%... less stress; 60%... less substance use; and 60%... improved physical health.

### Specific assessment tools and data collection:

For #1-#6, Service Point/HMIS System for data collection (staff)

For #7, pre- and post- screening (intake & discharge interviews between client and staff)

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** monthly, quarterly, yearly.

**Staff/reviewer comment:** Some measures are of the program's performance, some the positive impact experienced by participants. Appropriate assessment tools.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 55 - individuals in shelter program agreeing to case management, including client-centered, trauma-informed care plan.

**Non-Treatment Plan Clients (NTPCs):** 25 - individuals assisted through groups, transportation, or limited case management.

**Service Contacts (SCs):** 5500 - total of 3 weekly contacts with persons in Mid-Barrier and Advanced Shelter Program.

**Community Service Events (CSEs):** 50 - outreach events, speaking engagements, panel discussions to raise awareness about root causes of homelessness and how to assist people experiencing it.

**Staff comment:** Definitions are appropriate, complete, and include targets.

**PY24 Targets** TPC-55 NTPC-25 SC-5500 CSE-50

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	67	148	212	22
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Second Quarter	30	99	236	22
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<i>Annual Targets</i>	<i>TPC-112</i>	<i>NTPC-148</i>	<i>SC-1200</i>	<i>CSE-90</i>
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## Financial Analysis

**PY2024 CCMHB funding request:** \$403,564

**PY2024 Total Program budget:** \$540,147

**Current year funding (PY2023):** \$256,700

**Proposed change in funding - PY2023 to PY2024 = 57%**

**CCMHB request is for 74.7% of total program revenue.** Other revenue is from Contributions \$51,583 (9.5%), HHI Housing Navigator grant \$85,000 (15.7%).

**Personnel-related costs are the only expense charged to CCMHB,** at 100% of requested amount.

**Total Agency budget deficit of \$125,000; Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 1 Indirect and 5 Direct = 6 FTEs

**Total program staff:** 1.5 Indirect and 6 Direct = 7.5 FTEs

**Staff comment:** Additional funding is requesting primarily to cover new staff. Personnel to be charged to this contract include 50% of the full time Associate Director and Executive Director (as Indirect) and 100% of 3 full-time case managers, the full-time lead case manager, and a full-time peer to peer support (to be hired).

Indirect staff activities will include Program Development and Data/Research. The agency will use \$125k in reserves to afford the planned total agency deficit. Fundraising in PY24 will shift to major and planned gifts.

Audit costs may be covered in Total Agency Professional Fees, but none are attributed to total program or this contract.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Staff will receive at least 12 Hours annually for CLC training. CU at Home will partner with an Advisory Council to review and assist with the implementation of policies practices and procedures that will reflect cultural and linguistic competence diversity. There will be on-going assessment of the culturally responsive resources available to clients served at C-U at Home.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report: Highlights from the submitted CLC Progress Report:** "CU at Home has met and worked with an Advisory Council which is made up of diverse members of the community. The group has reviewed policies and procedures and program plans and resources in the community that serve diverse populations." During intake, clients are asked about the preferred language. Due to the capacity C-U at Home has utilized an interpreter on one occasion and will utilize Google Translate in emergency situations to ensure that clients are served in their native language.

**Staff comment:** In the review of the CLC Plan and program plan, there is a lot of training and support for models that support Trauma Informed Practices Policies and procedures. There will be additional support for

staff in implementing Mental Health First Aid and other support for a cultural competence assessment to ensure that individuals are able to provide feedback about the services provided at C-U at Home.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Works with Strides Outreach and Cunningham Township Outreach teams, who may identify rural residents in need of the program; resources and information to rural residents, transportation to the shelter. For under-resourced groups, access to food, clothing, and programming; services in shelters and office.

**Promoting inclusion and reducing stigma:** Work with organizations that assist in ensuring equitable policies and services. Engaged in the Trauma and Equity Learning Collaborative (review policies, etc.)

**Outcomes:** Yes. Seven outcomes are identified and associated with appropriate measurement tools.

**Coordinated system:** No similar or related services are identified.

**Written collaborative agreements:** Urbana Police Department, Rosecrance, GROW. City of Champaign Township is named as a partner in CU at Work services but not listed here.

**Budget and program connectedness:** The Budget Narrative describes all planned PY24 revenues and the roles of all staff associated with the program, with a retirement plan benefit and quarterly stipends staff may use to cover insurance benefits costs.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** A number of sources are identified as the framework for program's design, several with links to articles. Trauma-informed focus.

**Staff credentials:** Required trainings in Trauma Informed Care, Sexual Assault, De-escalation, Harm Reduction, Housing First and (ongoing) Think Cultural Health Program. Required 12 in service hours per year, including training on MH, SUD, or HUD approved. (Qualifications for each position are detailed in Budget Narrative.)

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** None listed in program plan narrative, but the budget narrative and revenue form identify agency and program revenues. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No. While the agency is not a Medicaid-participating provider, effort should be made to direct eligible clients to similar services offered by organizations which can bill other payers.

**Staff/reviewer comment:** Notable engagement with Trauma and Equity Learning Collaborative (to review policies and procedures).

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes. As a newly funded agency in PY23, an audit has not yet been submitted to the CCMHB demonstrating good financial standing. A recent financial site visit revealed no concerns.

**Audit findings:** N/A. The agency has not been funded for a full year so no audit has been required for CCMHB review. It may be helpful to see the agency's PY22 audit prior to offering a PY24 contract, especially if the increase is awarded.

**All forms submitted by deadline:** Yes.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes and planned.

**Referral between providers:** Although referrals are named as a service, more partnerships with providers of housing, MH/SUD services, and resources would amplify the program's impact.

**Continuation of services during public health emergency:** Not a focus.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus.

**Staff/reviewer comment:** Although not mentioned, CU at Home collaborates (very actively) with the Continuum of Service Providers to the Homeless and will join the CIT Steering Committee. The development of an effective Crisis Response System in Champaign County and the region may include programming similar to this within healthcare/BH care settings; coordination across similar efforts will maximize their impact.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select PY24 priority category (“Safety and Crisis Stabilization” e.g.)*
- *The crisis response system is an evolving service sector, so this program should integrate with others in order to maximize impact. Continue current collaborations and consider redirection of effort if other funding and programming become available.*
- *Prorate the contract maximum for any vacancies as of July 1 and amend as those are filled.*
- *If the request is fully funded, consider review of the agency’s PY22 audit first.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: [CU Early](#)

**Agency:** CU Early

**Request:** \$77,184 - a NEW request

**Why it matters:** "... a home visiting program that serves at risk expectant families and children up to age 3... developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track."

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** This proposal is a new request to the CCMHB, to support a portion (one of five staff) within a current early childhood program which partners through the Champaign County Home Visiting Consortium.

### Services and People Served

**Who will benefit:** "At risk" children and families prenatal to age 3, focus on pregnant and parenting teens, homeless families, linguistically isolated/Spanish speaking.

**Scope of services:** Home visits, monthly play groups, weekly teen parent education/support, library groups, toy and book lending library, parent resource library. Goals: support families of infants/toddlers as their child's first teacher; build strong foundation for learning within families; assist parents in preparing children for success in kindergarten and beyond. Baby TALK model and curriculum. Ensuring families receive adequate prenatal and well-baby health care, complete their education, and have the resources/skills to foster the child's optimal development.

**Location and frequency of services:** Family home or other location based on family needs (agency office or other) - biweekly or more frequent; playgroups at Urbana Early Childhood School (agency office) - weekly; CU Early Spanish speaking groups at Champaign, Urbana, and Douglass Libraries- weekly; prenatal teen groups at C and U high schools - weekly; home visits through a virtual option in case of illness or bad weather.

**Staff/reviewer comment:** Section includes data on poverty and language use; focus of the application is to serve 20-25 Spanish speaking families; additional details on the Baby TALK program requirements, professional development plans, and training topics.

### Measures of Client/Participant Access

**Eligibility criteria and determination:** Highest priority: homelessness, involvement with DCFS, domestic violence, SUD, parent an English language learner, family income 50% of federal poverty level (FPL). Second tier: child with developmental delay/IFSP, chronic medical condition, family income 50-100% of FPL. Third tier: family in home without basic utilities, family lives in isolation, family receiving Public Aid, SNAP, or medical card; non-high school graduate, family income 100-130% of FPL. Fourth tier: family member in military service, single parent, low birth weight, prematurity. Eligibility screening of family before enrollment; proof of income; family score of 75 or higher on Baby TALK screening tool.

**Outreach to eligible people:** Through families currently/previously enrolled in CU Early, or who have children attending or having developmental screenings at Urbana Early Childhood School (due to collocation of the program); through referrals from partners in the Home Visiting Consortium; and through community fairs.

**Within 3 days from referral, 100% of those referred will be assessed.**

**Within 3 days of assessment, 95% of those assessed will engage in services.**

**People will engage in services, on average, for: 3 years.**

**Additional demographic data:** # home visits, # parent groups, # attendees at groups, family income, # developmental screenings, languages spoken by parents, highest level of education of parents, date of referral received, dates of enrollment and exit, # prenatal visits, # parent goals set/partially met/achieved, and parent's employment status.

**Staff/reviewer comment:** Some of the data noted relate to program performance rather than demographic characteristics.

## Measures of Client/Participant Outcomes

### **Outcomes and targets:**

1. Improvement of parenting skill & knowledge... 95% of parents will make progress in parenting skills and knowledge.
2. Child Development... 95% of children will make developmental progress from one screening date to the next.
3. Health Care... 95% of children will be current on immunizations and well child exams.

### **Specific assessment tools and data collection:**

1. Piccolo Parent Child Interaction tool (home visitor with parent).  
ISBE Parent Questionnaire (by the parent)  
Results are compiled for annual self-assessment meeting/review.
2. Ages and Stages Developmental Screening tool (parent and home visitor together)  
Screening data and Individual Family Goal plan data (program coordinator compiles for annual review)
3. Well Child exam and immunization record (initially and annually reviewed, compiled by program coordinator).

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** twice a year.

**Staff/reviewer comment:** Well-thought out and relevant to the people served.

## Measures of Utilization

**Community Service Events (CSEs):** no numeric target - events include Read Across America, Prenatal Fair at Parkland, Kindergarten connection through Urbana School District, presentations to service providers through the Home Visiting Consortium, school board presentation, small group presentations promoting the program.

**Staff comment:** Given the nature of the service, it would be appropriate to include a target and description of TPCs, either as a count of children or a count of children plus families. In addition, Service/Screening Contacts are being counted, as we saw in the list of additional (demographic) data to be collected, so adding an estimated annual total for these and describing the service/screening types in that category would be helpful.

## Financial Analysis

**PY2024 CCMHB funding request:** \$77,184 - a NEW request

**PY2024 Total Program budget:** \$491,793

**CCMHB request is for 15.7% of total program revenue.** Other revenue is from ISBE grant \$394,659 (80.2%) and in-kind contributions \$19,950 (4%).

**Personnel-related costs of \$77,184 are the only expense charged to CCMHB,** at 100% of requested amount.

**Total Agency and Total Program budgets have a surplus of \$10; CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 1 Direct FTE

**Total program staff:** 1 Indirect and 4 Direct = 5 FTEs

**Staff comment:** Total program = total agency. The proposal is to fund costs of the full-time bilingual home visitor. 'Flat' ISBE funding plus anticipated 5% increases in staff costs present a threat to continuing the current services, hence the request to CCMHB to support one FTE.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes

**Highlights from the submitted CLC Plan:** Professional Development will be provided through the school district. All employees of the C-U Early will have to attend Racial Equity Training that is required through the school district. The Bilingual Home Visitor will provide materials in the native language for the family that is being served. "CU Early staff will partner with Center for Latin American and Caribbean Studies (CLACS) for Latin American Story Time. The program will consist of bilingual storytelling (English-Spanish-Q'anjob'al), and traditional music and crafts. Families will be invited to attend and encouraged to bring family artifacts to share with others."

**Staff comment:** CU Early is connected to the Urbana School District Early Childhood program. I reviewed the program plan and a clear description about the work of the Home Visitor and the families that are being served. This program within a school district is a clear example of barriers for families that do not speak English as a first language. Listed below is a highlight from the program description of the population that underinvested and underserved: "The bilingual home visitor will work with at risk Hispanic and Mayan families, who face a number of challenges including low levels of literacy, lack of transportation, lack of access to resources provided to citizens, lack of trust in agencies and unfamiliarity with our educational system."

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Outreach and recruitment in rural areas through the HV Consortium, connecting rural residents to providers serving their area; this program will serve an enrolled family which has moved from CU to a rural area, continuing home visiting (virtual is available but not preferred due to nature of the intervention). Hispanic and Mayan families are a focus of this proposal, additional support for linkage to other resources and services, to reduce stress and increase families' energy and time for connection with their child; referrals to EI when appropriate; playgroups help connect families and build new communities of support. Services in locations near these families.

**Promoting inclusion and reducing stigma:** Improve access to community; increase families' connection to each other; improving English through learning the songs and hearing the stories read during groups; free play after groups; sharing stories, joys and challenges.

**Outcomes:** The three outcomes are specific, measurable, and relevant to the people served. Each is associated with appropriate assessment tools. Outcomes based on a logic model.

**Coordinated system:** Yes. Good detail on other available home visiting programs and the work of the HV Consortium, along with other collaborations and referral process. Note on the low # of Spanish speaking home visitors versus high # of Spanish speaking families seeking these services, often waiting.

**Written collaborative agreements:** Crisis Nursery, Champaign School District Unit #4, The Well Experience, CUPHD, Young Lives, United Way, RPC (case management and Head Start), Feeding our Kids, Child and Family Connections, Champaign County Home Visiting Consortium, Champaign County Resource and Referral (is this UIUC Child Care Resource and Referral?), Urbana Adult Education.

**Budget and program connectedness:** The Budget Narrative provides good detail on all other sources of revenue for the program, states that the school district does not have the ability to provide any financial support for the program, describes each expense category (for program and this contract) and how costs within each were calculated, and clarifies the roles of each staff person associated with the program (and how the position is funded).

**Person Centered Planning:** Not specific. It appears that planning is driven by family/child needs and that treatment plans may be individualized.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and links to information about home visiting as a prevention strategy and the specific Baby TALK curriculum/model. Also notes that the program is 'quality confirmed' meaning services align with the Baby Talk Critical Core Principles and concepts.

**Staff credentials:** Program Coordinator - MA in Education, BS and AA in Child Development, 30 years admin experience in Birth to Five programming, with the IL Director Credential level II for professional administrators of Early Children Education. Bilingual Home Visitor - MA in Early Childhood Ed-Early Intervention, fluent in English and Spanish. Home Visitor - MA in Family Services, 15 years working with Birth to 5. Home Visitor - MA in Early Childhood Special Ed, 10 years working with families and children. Bilingual Home Visitor (to be funded through this contract) - BA in Psychology, 10 years' working in early childhood education settings. All staff certified in Baby TALK curriculum.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** ISBE, RPC's Early Childhood program (Head Start/Early Head Start) for materials through United Way, directly to families. **Client fees:** No. **Sliding scale:** N/A

**Willing to participate in Medicaid programs:** No. Program refers eligible clients to Early Intervention.

**Staff/reviewer comment:** The program is under the umbrella of Urbana Schools but also serves children in the Champaign Schools and district. Works (until age out) with families who move from CU to another area of the County and refers new clients from other areas of the County to providers covering their area; due to likelihood of Spanish speaking families to be located in CU, this may be sufficient.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** N/A - not a currently funded agency. It may be helpful to review the agency's PY22 prior to offering a contract.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** The Budget Narrative explains that ISBE Prevention Initiative funding will not increase for PY24 and 25.

**Referral between providers:** Yes. (See notes above, Coordinated System.)

**Continuation of services during public health emergency:** Virtual option in the event of child illness or inclement weather.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus of the application.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 8, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Develop Utilization Targets for TPCs and SCs, which are appropriate to the program description. Estimate the # of CSEs.*
- *Consider requiring most recent agency audit and minutes of the board meeting approving application for this program funding.*

- *It would be helpful to know more about why the school districts (as taxing districts) do not provide financial support to this program.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Children's Advocacy

**Agency:** Champaign County Children's Advocacy Center

**Request:** \$63,911

**Why it matters:** "The trauma-focused, evidence-based, therapeutic intervention provided by the CAC's contractual counselors help reduce the risk of future abuse and other negative social, emotional, development and health outcomes. The contractual counselors utilized by the CAC are all trained in Trauma-Focused Cognitive Behavioral Therapy [CBT], a requirement of the National Children's Alliance standards for accreditation."

**Selected priority:** Behavioral Health Supports for People with Justice System Involvement (not a PY24 priority category)

**Staff/reviewer comment:** Proposal mentions the PY24 priority category "Healing from Interpersonal Violence" and aligns well with it; this request is for continued funding for a long-funding CCMHB program.

### Services and People Served

**Who will benefit:** Children aged 3-18 who have allegedly experienced sexual and serious physical abuse.

**Scope of services:** Child-centered, evidence-based, coordinated response; family-friendly space for initial interview and parent meeting; legally-sound, developmentally appropriate child forensic interview; comprehensive case management to help the family navigate the crisis; crisis counseling to the child and non-offending family members; referrals to specialized medical services; and coordination of investigation through multi-disciplinary case reviews. This contract supports (in part) child forensic interviews, coordination of the MDT, trauma-focused CBT, trauma screenings, MH assessments, and family advocacy.

**Location and frequency of services:** Agency office at CUPHD with locked entrance; counseling at consultants' offices in Champaign, Rantoul, Savoy; available daily. Virtual counseling is an option when in the client's best interest; virtual mandated reporter training available to community agencies.

**Staff/reviewer comment:** Application offers more details on agency services. The data below point to the gravity of what this program does.

#### Residency of 198 people served in PY2022 and 89 in the first half of PY2023

<b>Champaign</b>	68 for PY22	33 for PY23
<b>Urbana</b>	61 for PY22	15 for PY23
<b>Rantoul</b>	42 for PY22	23 for PY23
<b>Mahomet</b>	10 for PY22	3 for PY23
<b>Other</b>	17 for PY22	15 for PY23

#### Demographics of 198 people served during PY2022

<b>Age</b>	
Ages 0 - 6 -----	46
Ages 7 -12 -----	85
Ages 13-18 -----	67
<b>Race</b>	
White -----	111
Black / AA -----	61

Asian / PI -----	3
Other (incl. Native American and Bi-racial)	23
<b>Gender</b>	
Male -----	60
Female -----	138
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	37
Not of Hispanic/Latino/a Origin -----	161

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Children under 18, alleged to have been sexually or seriously physically abused; referrals from law enforcement or IL DCFS; agency protocol for multidisciplinary investigation outlines criteria guided by National Children’s Alliance standards for Accreditation. (Section identifies team.)

**Outreach to eligible people:** Referrals exclusively through law enforcement and DCFS.

**Within 1 day from referral, 90% of those referred will be assessed.**

**Within 2 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for: 6-12 months.**

**Additional demographic data:** Alleged perpetrator’s age, gender, and relationship to victim; use of interpreter for investigation; referring entity; date of referral; date of forensic interview/intake; name of individuals observing the forensic interview; type of abuse/allegation; medical treatment received; non-offending caregiver’s age, race, and gender; # children served and previously served by CAC; # youth in care served.

**Staff/reviewer comment:** Appropriate brief turnaround time to engagement.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Perceived neutral, safe, child and family friendly environment.
2. Child attends counseling session based on trauma screening in order to initiate/facilitate healing process.
3. Information gathered in legally sound manner.
4. Increased provision of medical exams when necessary.
5. Caregivers know why they are at CAC.
6. Perceived feeling of being safe by the child victim.

### Specific assessment tools and data collection:

1. Initial Parent Visit Caregiver Survey - non-offending caregiver, after intake/forensic interview.
2. Counseling spreadsheets - staff track referrals to counseling, attendance, length of engagement and compile monthly.
3. Forensic interview monthly report - staff and court clerks report on hearings.
4. Family advocate report - program and medical staff collect and report data monthly.
5. Initial Parent Visit Caregiver Survey - non-offending caregiver, after intake/forensic interview.
6. Youth Feedback Survey - victims aged 10-17 after forensic interview.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data daily for each client served.**

**Staff/reviewer comment:** Several outcomes relate to positive impact on child/family; each is associated with an appropriate assessment tool; no specific numeric targets.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** ? - total of: Champaign County residents interviewed as potential victims or who fit protocol for case management or crisis counseling.

**Non-Treatment Plan Clients (NTPCs):** ? - total of: Ford County residents; Champaign County residents interviewed as potential non-victim witnesses OR considered at risk of harm for child sexual or physical abuse and did not disclose being victimized; adults with intellectual, developmental, or behavioral disability; ‘in courtesy usage’ for out of county or federal investigations.

**Service Contacts (SCs):** ? sum of contacts with TPCs and NTPCs (Champaign County only)

**Community Service Events (CSEs):** ? - Child Abuse Prevention Month activities, public presentations, consultations with underserved community groups (other providers and classrooms), and meetings with small groups or to promote CAC.

**Staff comment:** The section does not include specific utilization targets, which would have been typical of the now-discontinued Part Two form but are requested here.

**PY24 Targets** *Not identified.*

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	132	12	48	1
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Second Quarter	30	11	41	1
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*Annual Targets TPC-225 NTPC-45 SC-270 CSE-8*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	157	26	62	2
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Second Quarter	35	7	42	1
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Third Quarter	33	11	44	3
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Fourth Quarter	45	5	50	4
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*Annual Targets TPC-225 NTPC-45 SC-270 CSE-8*

## Financial Analysis

**PY2024 CCMHB funding request:** \$63,911

**PY2024 Total Program budget:** \$323,433

**Current year funding (PY2023):** \$56,425

**Proposed change in funding - PY2023 to PY2024 = 13%**

**CCMHB request is for 19.8% of total program/total agency revenue.** Other revenue is from United Way \$2,000, Contributions \$3,972, Contributions from Associated Organizations \$14,187, IL AG grant \$26,443, IL Victims of Crime Assistance grant \$121,944 (37.7%), and IL DCFS \$90,976 (28%).

**Personnel-related costs of \$50,911 are the primary expense charged to CCMHB,** at 79.7% of requested amount. Other expenses are Professional Fees/Consultants \$12,000 (18.8%) and Membership Dues \$1,000.

**Total Agency/Total Program budget has a surplus of \$1, CCMHB budget BALANCED.**

**Program staff to be funded by CCMHB:** 0.33 Indirect and 0.19 Direct = 0.52 FTEs

**Total Agency/Program staff:** 1.00 Indirect and 2.5 Direct = 3.5 FTEs

**Staff comment:** Due to reduction in funding from federal Victims of Crime Assistance grant, \$12,000 is requested through Professional Fees/Consultants to cover trauma-based crisis counseling by four MH clinicians; the amount is based on continued increase in # of Champaign County clients actively engaged in counseling. Personnel costs charged to this contract include a 3% cost of living increase and are 33% of the full-time Executive Director, 5% of full-time MDT Coordinator/Forensic Interview, and 14% of a full-time Family Advocate.



## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** The Multi-Disciplinary Team reviews the protocol and the CLC Plan Annually. CAC Staff reviews and signs the CLC Plan annually after it is approved. There are language services that are provided to the families based on need.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** “All staff attended 6 hours of Diversity; Equity & Inclusion training presented by Dr. Isaiah Pickens on August 23, 2022 & August 25, 2022. During this training CAC staff used the Think Trauma Elevate Program workbook and Work Action Plan to evaluate current practices.”

**Staff comment:** In my review of the application and CLC Plan, CAC has the same action steps annually. I would like to see how some of the information from the training of the from their Action Plan be incorporated in some of the action steps based on the “Trauma Elevate Program.” I believe this will continue to enhance the work of the CAC and how to continue to incorporate the feedback from the families into their programming.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through referrals; referring agencies ensure transportation to CAC office for initial interview (and to any ongoing services) OR CAC supports through cab rides; Family Advocate refers families to services near residence. For under-resourced minority populations, partner with other organizations on recruitment, engage in assessments and trainings on diversity, equity, and inclusion, and update relevant policies; people from these minority groups receive services at the CAC office, with transportation support as noted above, along with options for virtual services depending on family’s needs.

**Promoting inclusion and reducing stigma:** Through MDT approach, to improve access - MDT/community members work with the agency to reduce the stigma associated with sexual abuse and promote inclusion in MH services to heal from it. Staff receive twice annual training to ensure up to date practices promoting inclusion and free of discrimination.

**Outcomes:** 6 outcomes relate to positive impacts of the program on those it serves; each is associated with specific assessment tools and who is responsible for the data; numeric targets are not included.

**Coordinated system:** Yes, a focus of the program.

**Written collaborative agreements:** DCFS Urbana Field Office, Champaign and Ford County State’s Attorneys and CCSAO Victim Witness Advocates; Champaign and Ford County Sheriffs; Chiefs of Police of Champaign, Urbana, Rantoul, UIUC, Gibson City, Paxton; Illinois State Police Zone 5 Master Sergeant; RACES; Crisis Clinicians; Carle Child Abuse Safety Team; and Carle Hospital Sexual Assault Nurse Examiners.

**Budget and program connectedness:** The Budget Narrative provides thorough explanation of every total agency/program revenue, expense, and staff/consultant associated with the program. Includes detail on how cost to the CCMHB was determined, specific items in each expense category, historical and anticipated grant funding, and pandemic impact.

**Person Centered Planning:** To the extent possible, given nature of the service.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Links to National Childrens Alliance accreditation standards and article on the effectiveness of CACs and MDT approach on prosecution rates, details on the Child First expanded interview model, links to review of forensic interview practices and trauma informed care article, and description of assessment tools - Trauma Screening Checklist for Children/Young Children - with link.

**Staff credentials:** Staff meet the accreditation requirements for each or their positions. The section details specific credentials of all current staff and consultants, including degrees earned, years of related professional experience, specialized trainings, and Spanish-speaker.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** IL DCFS, IL Violent Crimes Victim Assistance grant, Federal Victims of Crime Act grant, Champaign County Fines/fees funding for CACs, Ford County Fines/Fees funding for CACs, Law Enforcement Assessments, and community donations. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** Strong coordination of services to reduce additional trauma to the victim; regular training of staff on changes; the only entity providing these types of services.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** This program is included in the combined Champaign County Audit, with no negative findings in PY22. Any unexpended revenue is returned to the CCMHB based on fourth quarter financial reports.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes - includes detail on reduction of federal funds.

**Referral between providers:** Yes, including law enforcement referrals.

**Continuation of services during public health emergency:** As an essential service, the agency continued to offer the full range of service in person; virtual counseling and mandated reporter training for community organizations.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes - virtual service and training options.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 3, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Identify numeric targets for the utilization service categories.*
- *Select a PY24 Priority Category.*
- *Offer a two-year term.*
- *Because the total program is defined as total agency, care should be taken regarding any unexpended revenue to be returned to the CCMHB (based on fourth quarter financial reports), so that the local MHB fund is treated as payer of last resort and not adding to a reserve fund.*
- *If CCCAC does not have funding specific/exclusive to other counties it serves, care should be taken that CCMHB funding is not only used exclusively for residents but also is not supplanting funds meant to cover the whole region, which includes the county. Increased local need may make this point moot.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Mental Health Care at CCCHC

**Agency:** Champaign County Christian Health Center

**Request:** \$33,000

**Why it matters:** “Addresses innovative practices and access to behavioral health by funding a psychiatrist to see patients and provide a partial salary for the executive director to recruit volunteer mental health professionals to provide mental health care. Since CCCHC sees uninsured and underinsured patients, this proposal also addresses closing the gaps in access and care.”

**Selected priority:** Innovative Practices and Access to Behavioral Health Services (not a PY24 priority)

**Staff/reviewer comment:** This request is to continue a currently funded program.

### Services and People Served

**Who will benefit:** The uninsured and underinsured which often disproportionately includes people of color, the homeless, recently released prisoners, low income, and other populations with unmet healthcare needs. No written verification is required and there is no application form to gain access to services.

**Scope of services:** Mental health care by volunteer MH practitioners. MH patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Services are provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage).

**Location and frequency of services:** Telehealth and at a new facility in a relatively high traffic area where patients can easily reach the clinic. MH treatment will occur during primary care clinic night, every Tuesday and two Wednesdays a month. Telehealth services are available Mon-Fri, 8am-5pm depending on the patients' and volunteer providers' schedules. Follow up for various case management efforts such as referrals, follow up appointments, and troubleshooting will take place during office hours during the day.

#### Residency of 55 people served in PY2022 and 20 in the first half of PY2023

<b>Champaign</b>	20 for PY22	7 for PY23
<b>Urbana</b>	19 for PY22	9 for PY23
<b>Rantoul</b>	3 for PY22	0 for PY23
<b>Mahomet</b>	0 for PY22	3 for PY23
<b>Other</b>	13 for PY22	1 for PY23

#### Demographics of 55 people served during PY2022

<b>Age</b>	
Ages 19-59 -----	50
Ages 60+ -----	5
<b>Race</b>	
White -----	27
Black / AA -----	9
Asian / PI -----	2
Other (incl. Native American and Bi-racial)	14
Not Available Qty -----	3
<b>Gender</b>	

Male -----	31
Female -----	24
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	12
Not of Hispanic/Latino/a Origin -----	42
Not Available Qty -----	1

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Any person calling for an appointment or walking in, self-reported as uninsured or underinsured. No written verification is required, no application form to gain access to services.

**Outreach to eligible people:** Community events (i.e. Farmer’s market), referrals from other health care facilities, word of mouth, billboards, radio ads, and online media.

**Within 5 days from referral, 80% of those referred will be assessed.**

**Within 0 days of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for:** one time only for some, while others may be a patient for years.

**Additional demographic data:** None noted.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

- 1) 500 patients will be screened to assess mental health needs
- 2) 50 patients will receive ongoing mental health care
- 3) 75 patients will have acute mental health issues treated/addressed

**Specific assessment tools and data collection:**

- 1) Electronic Health Records - general patient data
- 2) Electronic Health Records - data files on mental health patients
- 3) Electronic Health Records - data files on mental health patients

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** Weekly or upon appointment completion.

**Staff/reviewer comment:** All outcomes relate to the program’s performance, with an appropriate assessment tool. A measure of change in individual client wellness could be developed.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** ? people assessed by a healthcare provider with at least one behavioral or MH issue to address.

**Non-Treatment Plan Clients (NTPCs):** ? people receiving health education info at outreach events and family members of patients who come to the clinic.

**Service Contacts (SCs):** ? those who call about services and do not come in for appt (either need services beyond agency’s capacity or no-show.)

**Community Service Events (CSEs):** ? screenings at events, meetings with other providers, presentations about the clinic.

**Other:** ? patients referred to other healthcare facilities.

**Staff comment:** Possibly due to our elimination of the Part Two form, numeric targets are missing. The service categories are well-thought out.

**PY24 Targets** TPC-x NTPC-x SC-x CSE-x OTHER-x **(not present in application)**

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	11	50	15	1	20
Second Quarter	12	50	75	3	9
<i>Annual Targets</i>	<i>TPC-160</i>	<i>NTPC-300</i>	<i>SC-50</i>	<i>CSE-6</i>	<i>OTHER-100</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)					
First Quarter	10	17	0	1	
Second Quarter	19	0	0	0	
Third Quarter	16	30	0	1	
Fourth Quarter	10	0	0	0	
<i>Annual Targets</i>	<i>TPC-160</i>	<i>NTPC-80</i>	<i>SC-0</i>	<i>CSE-6</i>	

## Financial Analysis

**PY2024 CCMHB funding request:** \$33,000

**PY2024 Total Program budget:** \$33,000

**Current year funding (PY2023):** \$33,000

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 100% of total program revenue.**

**Personnel-related costs of \$10,000 are 30% of requested amount.** Other expenses are Professional Fees/Consultants \$23,000, explained in the Budget Narrative as covering cost of consulting psychiatrist and portion of independent CPA firm costs for annual audit or review.

**Total Agency budget has a surplus of \$7,068, Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.17 Direct = 0.17 FTEs.

**Total program staff:** same.

**Staff comment:** All staff are listed as Direct, though Budget Narrative describes in detail each position’s responsibilities, which include administrative tasks (typically indirect). The request is for MHB funds to cover 17% of full time Executive Director’s salary, plus independent contract with psychiatrist and portion of agency audit.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training will be conducted during FY24 for board members and staff. Language Interpreters are used for services that are provided to patients that receive care. “During the year, a recognition dinner will be held to acknowledge areas CCCHC is striving towards with CLAS related work.”

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Board training will be held in April or May. CCCHC recognizes that their service provides care for individuals that have been historically underrepresented. “We also will continue to orientate volunteers to be sensitive to the unique circumstances our patients are typically in, such as being low income. In addition, with new state funding, IAFCC (funding agency) will have a diversity person to consult clinics on how to maintain and improve on their diversity, equity (health equity in this case), and inclusion.”

**Staff comment:** I reviewed the program plan to address how they will serve people in rural communities and underinvested populations. “Ever since its start in September of 2004, CCCHC has provided free health care to underserved and underrepresented minority populations. Unfortunately, poverty and lack of insurance tends to be associated with minority and underrepresented groups. As of 2021, 65% of CCCHC clients were non-white (White 35%, Black 28%, Asian 17%, Hispanic 5%, American Indian/Alaskan Native 1%, Mixed Race 10%, No Response 4%) while the mode category of reported income was \$0-\$19,000/year. CCCHC patients are

often subject to issues involving unemployment, lack of education, housing problems, and other socioeconomic concerns.” Additional support will be provided on ways to expand services and engagement in rural areas that may not have access to quality health care. A cultural competence assessment will be provided to learn ways CCCHC can continue to engage with underserved populations.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Historically, CCHCC provided health screenings and assessments at satellite clinics in Rantoul and Urbana and has used Carle’s mobile clinic for greater outreach. Strategic plans are in place for more satellite clinics at Restoration Urban Ministries, the Farmer’s market, Disability Expo, Parish Nurse training (that includes parish nurses across the county) and other community events that includes individuals throughout the county.

**Promoting inclusion and reducing stigma:** CCCHC welcomes people (including other volunteers and staff in addition to patients) of all backgrounds, traditions, ethnicities, sexual orientation, races, economic status, educational levels, and political persuasions.

**Outcomes:** The three outcomes do not measure the impact of the program on the clients.

**Coordinated system:** Partnerships with OSF and Carle Hospitals for free lab work and specialty services.

**Written collaborative agreements:** No written agreements noted at this time.

**Budget and program connectedness:** The Budget Narrative provides thorough details on all agency revenues and how estimated, all agency expenses and which are to be charged to the MHB contract (with detail on costs within each category), and the responsibilities of all paid staff to the total agency (and reliance on volunteers). Amounts match other financial forms (but Equipment Purchases missing), and the activities relate to program plan.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** CCCHC takes a holistic approach to health care; accounting for a person’s mental, physical, social, economic, and spiritual well-being and not their diagnosis or symptoms at the center of their treatment.

<https://www.aacc.net/2018/01/01/the-case-for-faith-celebrating-hope-in-mental-health-care/>

**Staff credentials:** The Executive Director has a Master’s (MBA) degree. The Director of Operations has a PhD in Community Health. All medical providers are current or retired medical providers from local health care organizations with current licenses on file. The Pharmacy Assistance Coordinator possesses an MD degree. The staff of CCCHC have, at minimum, a bachelor’s degree (with 3 staff having graduate degrees). The Outreach Coordinator and Volunteer Coordinators have bachelor’s degrees.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Individual and local organizations contributions, Special Events / Fundraising, U of I Grant, R3 Grant, IAFCC Funding, Rental income. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No. Patients served are without coverage and the agency does not bill Medicaid or other insurance.

**Staff/reviewer comment:** The organization has done a great deal of effective fundraising toward the purchase of a building and has successfully pursued other sources of revenue (e.g., R3).

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during the second, brief open application period, on 3/20/23.

**Audit findings:** The agency’s PY2022 audit was submitted on 1/5/2023; no excess revenue or negative findings required follow up. Payment was suspended for one month due to the delayed audit.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes. Telehealth.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

**Staff/reviewer comment:** The agency used the contract amendment process to revise PY23 budget forms to incorporate additional revenues which were secured during the period.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Missing utilization numeric target.*
- *Select a PY24 priority category (possibly Closing Gaps...)*
- *Consider developing (during the PY24 contract term) an outcome related to client satisfaction.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: CHW Outreach & Benefit Enrollment

**Agency: Champaign County Health Care Consumers**

**Request: \$91,054**

**Why it matters:** "... works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. CHWs help stabilize individuals with resources and benefits and help them navigate the health care system to get their needs met. We establish trust with clients by helping them gain access to needed benefits. We also provide emotional support and help them identify the types of services that they need in a non-stigmatizing and supportive way."

**Selected priority:** Innovative Practices and Access to Behavioral Health Services (PY23 priority category), references Closing the Gaps in Access and Care (PY24)

**Staff/reviewer comment:** This proposal is to continue a currently funded program. A two-year term is requested.

### Services and People Served

**Who will benefit:** People with MH issues, SUD, or self-identifying depression, anxiety, isolation, or other issues that affect their mental health and well-being. Some of these issues arise during engagement for benefits enrollment.

**Scope of services:** Enrollment in Medicaid, private plans through the Marketplace, Medicare and associated programs, hospital/clinic financial assistance (and help with new patient packet), prescription drug assistance, SNAP, SafeLink phone program, and dental and vision care. Case management, referrals and advocacy for other services and resources. Services and materials in English and Spanish.

**Location of services:** Agency office in Champaign, Rosecrance offices, CSCNCC in Rantoul, Daily Bread, and other locations where the target population is served; various remote formats (depending on the client).

**Staff/reviewer comment:** The demographic and residency data for PY22 and PY23 show reach to rural residents and members of under-resourced minority groups.

#### Residency of 191 people served in PY2022 and 83 in the first half of PY2023

<b>Champaign</b>	63 for PY22	34 for PY23
<b>Urbana</b>	64 for PY22	28 for PY23
<b>Rantoul</b>	17 for PY22	3 for PY23
<b>Mahomet</b>	9 for PY22	3 for PY23
<b>Other</b>	38 for PY22	15 for PY23

#### Demographics of 191 people served during PY2022

##### Age

Ages 13-18 -----	8
Ages 19-59 -----	119
Ages 19-59 -----	58
Not Available Qty -----	6

##### Race

White -----	106
Black / AA -----	53
Asian / PI -----	7



Other (incl. Native American and Bi-racial)	15
Not Available Qty -----	10
<b>Gender</b>	
Male -----	87
Female -----	102
Other -----	2
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	24
Not of Hispanic/Latino/a Origin -----	157
Not Available Qty -----	10

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Champaign County residents with MI, SUD, stress, anxiety, depression, grief, or other conditions affecting MH and well-being. Staff establish eligibility, referrals come from behavioral health and other providers and self-referral/self-reporting of needs.

**Outreach to eligible people:** Through public and organizations which may refer clients, extensive collaborations, earned media and social media, community meetings hosted by the agency, and other community events.

**Within 2 days from referral, 90% of those referred will be assessed.**

**Within 1 days of assessment, 70% of those assessed will engage in services.**

**People will engage in services, on average, for:** Months, years - enrollment needed annually and sometimes every six months.

**Additional demographic data:** language preference/need and homelessness.

## Measures of Client/Participant Outcomes

**Outcomes and targets:** Rather than numbered outcomes, there is a statement (including #s of people to be served and # applications) that the results of gaining/maintaining health insurance, SNAP, and other benefits/services will be: access to care, prescriptions, food, free phones, dental and vision care, hospital financial assistance, etc.

**Specific assessment tools and data collection:**

Client Services Intake Form - staff track outcomes for each client.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** daily, with results compiled monthly.

**Staff/reviewer comment:** Section mentions modification of current client services tracking software for greater capability in tracking status of all program efforts.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 160 people using more than one contact, possible case management and assistance with benefit enrollment.

**Non-Treatment Plan Clients (NTPCs):** 25 people using low intensity service or one contact.

**Service Contacts (SCs):** 780 contacts with those served.

**Community Service Events (CSEs):** 8 presentations, community events, and agency mtgs plus media (articles and interviews) and distribution of info.

**Other:** ? - use of Rx fund

**Staff comment:** The proposal offers more detail on the use of each service category. A specific estimate for the 'Other' count appears to be missing; due to its nature, this could be left without a target.

<b>PY24 Targets</b>	TPC-160	NTPC-25	SC-780	CSE-8	OTHER- not included
<b>PY23 First Two Quarters</b> (per submitted Service Activity Reports)					
First Quarter	67	0	221	3	0
Second Quarter	16	0	183	2	6
<i>Annual Targets</i>	<i>TPC-160</i>	<i>NTPC-36</i>	<i>SC-650</i>	<i>CSE-8</i>	<i>OTHER-8</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)					
First Quarter	55	2	181	3	8
Second Quarter	43	0	211	8	3
Third Quarter	34	2	1137	4	1
Fourth Quarter	52	3	306	6	7
<i>Annual Targets</i>	<i>TPC-160</i>	<i>NTPC-36</i>	<i>SC-650</i>	<i>CSE-20</i>	<i>OTHER-32</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$91,054

**PY2024 Total Program budget:** \$106,174

**Current year funding (PY2023):** \$80,274

**Proposed change in funding - PY2023 to PY2024 = 13.4%**

**CCMHB request is for 86% of total program revenue.** Other revenue is from Contributions \$7,500, Special Events/Fundraising \$300, Carle grant \$6,500, and Rental Income \$820.

**Personnel-related costs of \$87,555 are the primary expense charged to CCMHB,** at 96% of requested amount. Other expenses are Professional Fees/Consultants \$3,499.

**Total Agency budget has a surplus of \$2,577, Total Program a deficit of \$1, CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 0.2 Indirect and 0.93 Direct = 1.13 FTEs

**Staff comment:** Increase in request relates primarily to cost of living increase and higher health insurance costs for staff. Personnel to be charged to this contract are: 25% and 30% each of two full time CHWs, 28% of a third (who is at 0.83 FTE), 10% (as Direct) plus 10% (as Indirect) of the full-time Executive Director, and 10% of the half-time Financial and Communications Manager (as Indirect). The only other expense to be charged to the CCMHB is for a portion of the cost of annual independent CPA audit. (The total program budget deficit of \$1 results from professional fees of \$3,500, while the corresponding MHB expense is \$3,499.)

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Champaign County Health Care Consumers provides information to their Board and Staff on a consistent basis based on health inequalities that impact Champaign County. Intake materials are available in Spanish and English and language services are made available to clients. Staff Training will be held annually on specific topics. This year CCHCC will conduct training on disability issues and cultural competence training.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** “Our Board identified three new individuals for recruitment to the Board of Directors in Q2, and they will hopefully join the Board in Q3. We also continue to do education on various topics, including health disparities, throughout the year. We share articles among the Board and staff in a continuous learning/discussion process.” CCHCC is continuously engaged with the community, ensure that outreach and education for culturally responsive to the life after a global pandemic. CCHCC is working with organizations that are serving diverse populations. To ensure that the work is

responsive to families that don't speak English, services are offered in Spanish. The intake data looks at demographic that includes people that don't have a physical address.

**Staff comment:** I reviewed program plan to see how their application aligned with their CLC Plan. CHCC has had challenges scheduling their cultural competence training. Technical Assistance will be provided to ensure that the programs are aligning with the action steps and activities continue to be aligned with their action steps identified in their CLC Plan.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through information to the township offices and post offices, groceries, laundromats, etc. in those areas, through earned and social media, and through information to law enforcement; if rural residents prefer not to travel to C-U or Rantoul locations, staff can travel to rural clients' homes or community site near them. Members of under-resourced minority groups are engaged through referrals, walk-ins, calls, presence at Daily Bread, relationships with Cunningham Township, schools, CUPHD, and others serving the target population; engagement through social media and email; service locations near bus lines, community locations; remote options are also available.

**Promoting inclusion and reducing stigma:** Promotes inclusion by direct outreach to people with MH/SUD needs and agencies serving them. Reduces stigma through access to benefits and services. Information offered in a manner demonstrating that behavioral healthcare is as central to health as medical. Warm referrals to ensure people are treated with respect.

**Outcomes:** The outcomes relate to the positive impact of services on clients but do not include measurable targets or timeframes.

**Coordinated system:** Yes, a focus of the program.

**Written collaborative agreements:** Rosecrance, Champaign County Jail, Cunningham Township, Schnucks Rx Pharmacy, OSF Hospital Pharmacy, UIUC School of Social Work, Carle, OSF, Cunningham Children's Home, CRIS, Daily Bread, Continuum of Service Providers to the Homeless.

**Budget and program connectedness:** The Budget Narrative includes a very detailed and clear description of anticipated agency and program revenues and how they've been allocated, specific use of each expense category and how amounts were determined (for total agency and the program), specific roles of all staff associated with this program, and comments on a new source of revenue which was received in part due to this program's work but has to be used separately (and how that will be done).

**Person Centered Planning:** A specific model is not described.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Good detail on the CHW/public health model, with links to related articles, including on the relationship between benefits enrollment and health.

**Staff credentials:** Many years' experience among current staff. Bilingual in English and Spanish, federally Certified Application Counselors (CHWs maintain this status with regular training); agency is a state certified All Kids Application agency.

**Will the funding be used as match for another source of revenue:** No, but other funding has been secured in part as a result of leveraging MHB funds.

**Other pay sources:** Currently no other payments sources for these services, not billable to health insurance. The other revenues for the program are allocated portions of the total agency's income. **Client fees:** No.

**Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY2022 agency audit was submitted on 10/31/22. Due to the agency's small size, the audit includes findings related to internal controls; the agency board is aware and involved to reduce risk.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes and allows people access to services paid for by other payers.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Phone, email, zoom, mail. Excellent options.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus of the application.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Appropriate for a two-year term.*
- *Select the "Closing the Gaps..." priority (the dropdown selection should not have included PY23 priorities).*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Justice Involved CHW Services & Benefits

**Agency: Champaign County Health Care Consumers**

**Request: \$94,892**

**Why it matters:** "... will help support and help advance the well-being of people in our community who are or have been involved with the criminal justice system. Helping people access public benefits and health care resources can help bring more stability to their lives, thereby helping to improve behavioral health and reduce negative consequences. The services we provide are fundamental for the reentry process..."

**Selected priority:** Behavioral Health Supports for People with Justice System Involvement (PY23 priority) but would align with a PY24 category.

**Staff/reviewer comment:** This proposal seeks continued funding for a current program. A two-year term is requested.

### Services and People Served

**Who will benefit:** People with criminal justice system involvement and behavioral health issues, MH or SUD.

**Scope of services:** Enrollment in Medicaid, private plans through the Marketplace, Medicare and associated programs, hospital/clinic financial assistance (and help with new patient packet), prescription drug assistance, SNAP, SafeLink phone program, and dental and vision care. Case management, referrals and advocacy for other services and resources, including housing programs.

**Location of services:** Champaign County Jail, agency office in Champaign, Rosecrance offices, CSCNCC in Rantoul, Daily Bread, other locations where the target population is served, various remote formats (depending on the client), and communication via third parties (Rosecrance or Jail staff) on behalf of the client.

**Staff/reviewer comment:** The demographic and residency data for PY22 and PY23 show reach to rural residents and members of under-resourced minority groups.

#### Residency of 124 people served in PY2022 and 58 in the first half of PY2023

<b>Champaign</b>	60 for PY22	29 for PY23
<b>Urbana</b>	38 for PY22	9 for PY23
<b>Rantoul</b>	11 for PY22	5 for PY23
<b>Mahomet</b>	3 for PY22	1 for PY23
<b>Other</b>	12 for PY22	14 for PY23

#### Demographics of 124 people served during PY2022

##### Age

Ages 13-18 -----	2
Ages 19-59 -----	93
Ages 60+ -----	16
Not Available Qty -----	13

##### Race

White -----	61
Black / AA -----	41
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	8
Not Available Qty -----	14

<b>Gender</b>	
Male -----	111
Female -----	13
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	6
Not of Hispanic/Latino/a Origin -----	104
Not Available Qty -----	14

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Champaign County residents with criminal justice system involvement and MI or SUD or homelessness. Priority to referrals from Rosecrance and the County Jail; Jail conducts brief screens for all who are booked, and referrals may come from other law enforcement entities in the county, as well as self-referral and self-reporting of these criteria.

**Outreach to eligible people:** Through Rosecrance staff, Jail staff, and agency outreach (especially the agency staff member who works within the Jail); user-friendly handouts on agency services; other providers and organizations such as Daily Bread, Township offices, etc.

**Within 2 days from referral, 80% of those referred will be assessed.**

**Within 1 day of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for:** months/years, with annual and semi-annual enrollments for particular benefits.

**Additional demographic data:** Language preference/need and homelessness.

## Measures of Client/Participant Outcomes

**Outcomes and targets:** Rather than numbered outcomes, there is a statement (including #s of people to be served and # applications) that the results of gaining/maintaining health insurance, SNAP, and other benefits/services will be: access to care, prescriptions, food, free phones, dental and vision care, hospital financial assistance, and other benefits and services.

**Specific assessment tools and data collection:**

Client Services Intake Form - staff track outcomes for each client. Results can be measured as Y/N.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** daily with each client encounter, results compiled monthly.

**Staff/reviewer comment:** These outcomes relate to positive impacts on people served; there is one assessment tool (staff documentation), and the targets are essentially yes/no rather than % changes.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 75 people using more than one contact, possible case management needs.

**Non-Treatment Plan Clients (NTPCs):** 25 people using low intensity service or one contact for information; established clients who meet criteria but are self-sufficient; some not eligible for Medicaid and SNAP due to sentencing to IDOC.

**Service Contacts (SCs):** 200 contacts with those served.

**Community Service Events (CSEs):** 8 presentations, community events, and agency mtgs plus media (articles and interviews) and distribution of info.

**Other:** ? - use of Rx fund

**Staff comment:** The proposal offers more detail on the use of each service category. A specific estimate for the 'Other' count appears to be missing; due to its nature, this could be left without a target number.

**PY24 Targets** TPC-75 NTPC-25 SC-200 CSE-8 OTHER-?

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	21	19	47	3	0
Second Quarter	16	2	38	3	3
<i>Annual Targets</i>	<i>TPC-30</i>	<i>NTPC-20</i>	<i>SC-160</i>	<i>CSE-8</i>	<i>OTHER-8</i>

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	40	4	247	4	3
Second Quarter	9	10	225	3	2
Third Quarter	14	5	124	3	3
Fourth Quarter	27	15	126	2	4
<i>Annual Targets</i>	<i>TPC-100</i>	<i>NTPC-20</i>	<i>SC-160</i>	<i>CSE-8</i>	<i>OTHER-8</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$94,892

**PY2024 Total Program budget:** \$107,192

**Current year funding (PY2023):** \$77,394

**Proposed change in funding - PY2023 to PY2024 = 22.6%**

**CCMHB request is for 86% of total program revenue.** Other revenue is from Contributions \$4,000, Special Events/Fundraising \$300, Carle grant \$6,000, and Rental Income \$2,000.

**Personnel-related costs of \$92,892 are the primary expense charged to CCMHB,** at 98% of requested amount. Other expenses are Professional Fees/Consultants \$2,000.

**Total Agency budget has a surplus of \$2,577, Total Program a deficit of \$1, CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 0.3 Indirect and 1.05 Direct = 1.35 FTEs

**Total Program staff:** Same.

**Staff comment:** Increase in request relates primarily to cost of living increase and higher health insurance costs for staff. Personnel to be charged to this contract - 20% and 75% each of two full time CHWs, 10% (as Direct) plus 5% (as Indirect) of the full-time Executive Director, 15% of the 0.83 FTE Community Health Worker (as Indirect), and 10% of the half-time Financial and Communications Manager (as Indirect). The only other expense to be charged to the CCMHB is for a portion of the cost of annual independent CPA audit.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Champaign County Health Care Consumers provides information to their Board and Staff on a consistent basis based on health inequalities that impact Champaign County. Intake materials are available in Spanish and English and language services are made available to clients. Staff Training will be held annually on specific topics. This year CCHCC will conduct training on disability issues and cultural competence training.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** “Our Board identified three new individuals for recruitment to the Board of Directors in Q2, and they will hopefully join the Board in Q3. We also continue to do education on various topics, including health disparities, throughout the year. We share articles among the Board and staff in a continuous learning/discussion process.” CCHCC is continuously engaged with the community, ensure that outreach and education for culturally responsive to the life after a global pandemic. CCHCC is working with organizations that are serving diverse populations. To ensure that the work is responsive to families that don’t speak English, services are offered in Spanish. The intake data looks at demographic that includes people that don’t have a physical address.

**Staff comment:** I reviewed program plan to see how their application aligned with their CLC Plan. CHCC has had challenges scheduling their cultural competence training. Technical Assistance will be provided to ensure that the programs are aligning with the action steps and activities continue to be aligned with their action steps identified in their CLC Plan.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Outreach is limited by primary focus on people at the Jail. Rural outreach through referrals from Rosecrance, Jail, other providers. information to the township offices and post offices, groceries, laundromats, etc. in those areas, through earned and social media, and through information to law enforcement; if rural residents prefer not to travel to C-U or Rantoul locations, staff can travel to rural community. Outreach to members of under-resourced minority groups through referrals, staff at Jail, phone with follow-up, and word of mouth; services at Jail, downtown Champaign office (near bus lines), other community locations, and various virtual options.

**Promoting inclusion and reducing stigma:** Promotes inclusion by targeting a population with high rates of uninsurance and under-enrollment in programs. Reduces stigma through access to benefits and services. Information offered in a manner demonstrating that behavioral healthcare is as central to health as medical. Warm referrals to ensure people are treated with respect.

**Outcomes:** The outcomes relate to the positive impact of services on clients but do not include measurable targets or timeframes.

**Coordinated system:** Yes, including with township offices, IL Dept of Correction.

**Written collaborative agreements:** Rosecrance, Champaign County Jail, Cunningham Township, Schnucks Rx Pharmacy, OSF Hospital Pharmacy, UIUC School of Social Work, Carle, OSF, Cunningham Children's Home, CRIS, Daily Bread.

**Budget and program connectedness:** The Budget Narrative includes a very detailed and clear description of anticipated agency and program revenues and how they were allocated, specific use of each expense category and how amounts were determined (for total agency and the program), specific roles of all staff associated with this program, and comments on a new source of revenue which was received in part due to the program's work but must be used separately (i.e., why it can't apply to costs associated with this contract).

**Person Centered Planning:** A specific model is not described, but the service is one-on-one.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Notes that many reports confirm the value of Medicaid enrollment on release, value of public health approach of connecting 'hard to reach' people to insurance, significant related needs of this population, and access complicated by jail stay. Links to related articles and NACO Stepping Up information (Champaign County was an innovator county for brief screen at jail - CCHCC was involved).

**Staff credentials:** Current staff has provided these services for 9 years. Bilingual in English and Spanish, federally Certified Application Counselors (CHWs maintain this status with regular training); agency is a state certified All Kids Application agency.

**Will the funding be used as match for another source of revenue:** No, but other funding has been secured in part as a result of leveraging MHB funds.

**Other pay sources:** Currently no other payments sources for these services, not billable to health insurance. The other revenues for the program are allocated portions of the total agency's income. **Client fees:** No.

**Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.



**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY2022 agency audit was submitted on 10/31/22. Due to the agency's small size, the audit includes findings related to internal controls; the agency board is aware and involved to reduce risk.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes and allows people access to services paid for by other payers.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Phone, email, zoom, mail.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus of the application.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Appropriate for a two year term.*
- *Select the "Closing the Gaps..." or "Safety and Crisis Stabilization" priority (the dropdown selection should not have included PY23 priorities)*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Resource Connection

**Agency: Community Service Center of Northern Champaign County**

**Request: \$75,069**

**Why it matters:** "... addresses some social determinants of health impacting behavioral health. The program does this by offering space for other agencies to provide MH and services, a food pantry for all county residents, utility and prescriptions assistance, referrals for free clothing and school supplies, senior transportation, youth recreation vouchers for eligible families, holiday food and toys, homeless and transient help, information and referral. Additionally, the program closes the access gap to an underserved, rural area where 52% of our clients are minorities and many lack transportation to access services elsewhere."

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** This proposal is to fund a longstanding set of services partially funded by the CCMHB, with an increase to cover additional staff time for services and cost of living increases.

### Services and People Served

**Who will benefit:** Low-income families, transient/homeless persons, individuals experiencing crisis. Hosts other agencies providing MH, SUD, and social services, to increase access for northern County/rural residents.

**Scope of services:** Office space for over 12 agencies; Case management and follow-up for frequent users of food pantry and basic needs services; Advocacy/referrals; Screening and referral for youth recreational scholarship program; On-site emergency food pantry; Food delivery; On-site food pantry for Rantoul HS students; Assistance with utility and prescription payments; Senior transportation; Clothing/shelter coordination and referral; Holiday Bureau food baskets/vouchers; Translation, advocacy, etc for Spanish speakers; Clothing Center referrals (plus school supplies); Public phone service; Fax and copy service (small fee); Computer access and assistance; Information/referral (other agency brochures); Bilingual information/referrals; Notary public.

**Location and frequency of services:** Rantoul office, services, walk-in, and by phone 8:30AM-4:30PM M-F; Office space for others, any hours; Food pantry 10AM-4PM M-F.

**Staff/reviewer comment:** Agency helps increase access to MH services for individuals in Rantoul and surrounding areas. Demographic and residency data reported (and summarized below) demonstrate the reach this program intends to have.

#### Residency of 620 people served in PY2022 and 750 in the first half of PY2023

<b>Champaign</b>	17 for PY22	18 for PY23
<b>Urbana</b>	20 for PY22	23 for PY23
<b>Rantoul</b>	491 for PY22	624 for PY23
<b>Mahomet</b>	5 for PY22	3 for PY23
<b>Other</b>	87 for PY22	82 for PY23

#### Demographics of 620 people served during PY2022

<b>Age</b>	
Ages 13-18 -----	3
Ages 19-59 -----	442
Ages 60+ -----	170
Not Available Qty -----	5

<b>Race</b>	
White -----	266
Black / AA -----	150
Asian / PI -----	8
Other (incl. Native American and Bi-racial)	140
Not Available Qty -----	34 (+ 22)
<b>Gender</b>	
Male -----	190
Female -----	420
Not Available Qty -----	10
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	145
Not of Hispanic/Latino/a Origin -----	464
Not Available Qty -----	11

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Low-income residents, esp from northernmost townships, in need of help with MH or social services; (some additional services for) homeless/transient individuals. Photo ID, recent proof of residence; for homeless individuals, Central Intake at RPC.

**Outreach to eligible people:** Articles and occasional newspaper ad; staff from Village and agencies and churches; social media, website, brochures; word of mouth.

**Within 0 days from referral, 50% of those referred will be assessed.**

**Within 0 days of assessment, 99% of those assessed will engage in services.**

**People will engage in services, on average, for:** one time or monthly, depending on service.

**Additional demographic data:** level of education, employment, disability status as needed.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Better access to MH/social services.
2. Immediate assistance with emergency food, clothing referral, prescription/utility assistance, etc.
3. Improved linkage and access to variety of services in one location.
4. Decreased food insecurity.
5. Increased psychological well-being.
6. Perceived cultural competency of staff.
7. Satisfaction with services.

### Specific assessment tools and data collection:

1. Annual survey - clients check all services (CSCNCC and other agency).  
In agency database, staff document # and type of referrals.
2. In agency database, staff document # households/individuals in agency services.
3. Annual survey has 2 items to assess food insecurity (from a validated screening tool)
4. Annual survey includes Personal Well-Being Index-Adult - clients provide data.
5. Annual survey has 6 items from Iowa Cultural Understanding Assessment.

**Outcome data gathered from all participants:** No. Survey of 10% of clients (approx. 140).

**Will collect outcome data** monthly or less, depending on how often they see an individual; annual survey to those who consent, are able, and are present when survey administered.

## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** ? # households/individuals who receive any direct service from the program.

**Service Contacts (SCs):** ? # face to face or phone contacts requesting assistance or information on human services.

**Other:** ? - # client contacts by staff from other agencies using the program's offices.

**Staff comment:** Numeric targets not identified, possibly due to previous use of the defunct Part Two form.

Given actual utilization, PY23 targets might be appropriately continued.

**PY24 Targets** NTPC-? SC-? OTHER-? - *targets not identified*

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	622	1032	280
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Second Quarter	128	1116	140
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*Annual Targets NTPC-1100 SC-3500 OTHER-2100*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	369	681	227
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Second Quarter	98	802	154
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Third Quarter	72	575	314
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Fourth Quarter	81	574	328
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*Annual Targets NTPC-1150 SC-4000 OTHER-2200*

## Financial Analysis

**PY2024 CCMHB funding request:** \$75,069

**PY2024 Total Program budget:** \$290,563

**Current year funding (PY2023):** \$68,609

**Proposed change in funding - PY2023 to PY2024 = 9.4%**

**CCMHB request is for 25.8% of total program revenue.** Other revenue is from United Way \$44,322, Contributions \$94,100, Special Events/Fundraising \$17,200, Village of Rantoul grant \$21,000, Ludlow Township grant \$1,500, Rantoul Township \$3,000, Compromise Township \$1,000, Village of Thomasboro \$1,000, Emergency Food and Shelter Program grant \$9,500, Sales of Goods and Services \$1,100, Interest Income \$7,500, Rental Income \$14,000, and Misc \$272.

**Personnel-related costs of \$75,069 are the only expense charged to CCMHB** and consists only of Salaries/Wages.

**Total Agency, Total Program, and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 1.1 Indirect (error?) and 1.53 Direct = 2.63 FTEs

**Total program staff:** 1.3 Indirect and 2.5 Direct = 3.8 FTEs

**Staff comment:** Personnel charged to this contract include: 80% of 80% (as Indirect) Executive Director (though no \$ amount is listed), 30% of 50% (as Indirect) of Sec/Bookkeeper; 20% of the Executive Director (as Direct), 20% of 30% (as Direct) Sec/Bookkeeper, 50% of full-time Service Coordinator, and 63% of full-time Intake Coordinator. The requested increase would fund cost of living increases for staff and move the Intake Coordinator from part time to full time; to accomplish this, the agency is also requesting an increase from United Way. An amount for the cost of annual CPA audit is included in Total Agency/Program costs but not charged to this contract. Total Agency = Total Program suggests there is no other program than the set of services described; for a small agency, this is appropriate but can mean that if the agency ends the year with surplus revenue, some may be owed back to the MHB.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Board Members and Staff will receive Cultural Competence Training annually and CSCCNC has hired a bilingual staff person.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** “Feedback on survey indicated overall satisfaction with staff’s ability to provide services in a culturally competent manner.” The website and other resources are provided in Spanish. CSCCNC serves as a hub for many organizations to promote services in Champaign County. Cultural Competence Training will be provided to staff in the 4<sup>th</sup> Quarter.

**Staff comment:** I reviewed the application and the program plan for alignment with the CLC Plan. Community Services Center continues to provide support in Northern Champaign County for families in rural communities. There has been a change in leadership, and I will provide Technical Assistance and Support to the new leadership to ensure that requirements continue to align with the program plan and the CLC Plan.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural access is a program focus, with demonstrated impact. Outreach to under-resourced minority populations through Spanish language information; participation in local ministerial group (includes minority churches), Multi-Cultural Center, Uniting Pride, New American Welcome Center, and Refugee Center; and bilingual staff member and Google translate.

**Promoting inclusion and reducing stigma:** Reputation for treating people with dignity and respect. Promotes anti-stigma programs by posting in the office and on social media and by making office space available to them.

**Outcomes:** Five outcomes relate to positive impact for participants; each associated with appropriate assessment tools/method of collection.

**Coordinated system:** Yes. The organization plays a critically important role in making many other resources available to residents of northern Champaign County.

**Written collaborative agreements:** Rosecrance, Courage Connection, Cunningham Children’s Home, CUPHD, GROW, New American Welcome Center, Continuum of Service Providers for the Homeless, Refugee Center.

**Budget and program connectedness:** The Budget Narrative contains thoughtful and thorough detail on agency revenues and expenses and staff, the rationale for this increased request, the prior fiscal year, agency strengths, and financial pressures of this time which made creating the budget difficult.

**Person Centered Planning:** A model is not identified.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Section offers further detail and supporting links regarding the ‘one-stop shop’ value for rural residents, need for rural service integration, colocation benefits for SNAP/WIC recipients, and value of Coordinated Economic Relief Centers.

**Staff credentials:** All have CLC training (online last summer), 3-30 years’ experience relevant to their roles. Service Coordinator - BS in Therapeutic Recreation, licensed therapist. Executive Director - MBA. (Budget Narrative provides more specifics.)

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** While the program plan narrative indicates none, the budget narrative and revenue forms detail all other sources. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY2022 audit was submitted on 1/20/23, delayed by the CPA firm. Continuing internal control issues were noted, for which the agency board accepts the risk due to limited resources to hire accounting staff.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Indirectly. Greatly enhances access, as a hub and provider of resources (SDOH).

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Some staff training online; virtual service options not a focus.

**Staff/reviewer comment:** The agency's new director has transitioned into the role, collaborating with other providers and MHB staff and doing significant outreach to area residents.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Correct possible errors in Personnel form.*
- *Identify numeric annual utilization targets for NTPC, SC, and Other.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Beyond Blue - Champaign County

**Agency:** Crisis Nursery

**Request:** \$100,000

**Why it matters:** "... support to mothers experiencing perinatal depression... focuses on the mental health and well-being of children and families by strengthening the parent child bond through playgroups, support groups, and home visiting services. Through coordination with the Home Visitors Consortium, Crisis Nursery focuses on families who are identified as experiencing perinatal depression and then blends this programming with our Prevention Initiative funding through the Illinois State Board of Education which focuses on the development of children birth-3 years."

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** This request is to continue a currently funded program.

### Services and People Served

**Who will benefit:** Mothers with or at risk of perinatal depression, with children under 1 year of age.

**Scope of services:** Relationship-based, family-focused treatment using Mothers and Babies curriculum, which is evidence-based and guided by cognitive behavioral therapy (CBT) and attachment theory.

Screening with Edinburgh Postnatal Depression Scale (EDPS) at intake.

Home visits to assess symptoms and provide education and crisis counseling.

PCI groups to engage mother and baby, promote bonding, reduce social isolation, discuss child development, demonstrate positive interactions, and enhance mother's self-reliance and baby's self-regulation.

Child development and social-emotional issues tracked by Ages and Stages Questionnaires (ASQ and ASQ-SE).

Support groups; crisis care; respite; linkage to other services and resources; community and provider education on perinatal depression and this program; external consultation with MH professional.

**Location and frequency of services:** Groups at agency office and neutral sites county-wide; home visits biweekly, groups weekly; virtual options offered for flexibility.

**Staff/reviewer comment:** Current and previous year contracts for this program have required that services be delivered to rural residents at greater than 50%; the data below reflect this.

#### Residency of 33 people served in PY2022 and 16 in the first half of PY2023

<b>Champaign</b>	10 for PY22	3 for PY23
<b>Urbana</b>	6 for PY22	4 for PY23
<b>Rantoul</b>	10 for PY22	6 for PY23
<b>Mahomet</b>	2 for PY22	1 for PY23
<b>Other</b>	5 for PY22	2 for PY23

#### Demographics of 33 people served during PY2022

<b>Age</b>	
Ages 13-18 -----	1
Ages 19-59 -----	32
<b>Race</b>	
White -----	15
Black / AA -----	10
Asian / PI -----	1

Other (incl. Native American and Bi-racial)	7
<b>Gender</b>	
Female -----	33
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	12
Not of Hispanic/Latino/a Origin -----	21

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Mothers with or at risk of PD, with children under age 1. Determined by presence of CDC-identified risk factors and score of 10 or greater on EDPS; identified by agency staff, CUPHD’s WIC/Family Management units, area healthcare providers, or program participants.

**Outreach to eligible people:** Through the referral sources listed above; through program info provided in Carle and OSF Labor and Delivery patient packets; through other agencies, churches, medical professionals, and the Home Visitors Consortium.

**Within 2 days from referral, 80% of those referred will be assessed.**

**Within 7 days of assessment, 75% of those assessed will engage in services.**

**People will engage in services, on average, for:** 12 months. Range of service varies from 3-21 months.

**Additional demographic data:** Income, # family members in the home, homeless status of family, DCFS involvement, and DCFS eligibility.

## Measures of Client/Participant Outcomes

**Outcomes and targets:** (Each one regards the mother.)

1. Gain information about PD impact on baby.
2. Decrease depressive symptoms.
3. Develop greater understanding of child’s developmental needs and ability to meet them in positive and growth producing interactions.
4. Learn to reduce stress, seek resources, broaden networks.
5. Improve capacity to engage fully in a reciprocal relationship with their babies, resulting in optimal child development, more successful/satisfying parenting, greater security for both.

**Specific assessment tools and data collection:**

1. EDPS - Family Specialists administer quarterly.
2. ASQ - Family Specialists administer at entry (and again if delay is indicated).
- 3-5. ARCH-CR1 - Family Specialists administer annually (measures client’s sense of well-being and acquisition of parenting skills).

As a result of targeted partnership project, these indicators of progress will also be used:

1. Baby Talk Individual Family Goal Plan
2. PICCOLO observation tool
3. Agency safety checklist
4. Mothers and Babies Provider Post-Implementation Survey (ad end of curriculum)
5. “Alternatives to respite care” survey

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** EDPS quarterly, ARCH CR1 annually.

**Staff/reviewer comment:** Excellent outcomes, each associated with appropriate assessment tools.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 33 = 17 rural + 16 CU mothers with risk of PD.



**Non-Treatment Plan Clients (NTPCs):** 77 = 39 rural + 38 CU, infants and expected infants of participating mothers + other family members.

**Service Contacts (SCs):** 425 = 220 rural + 205 CU, screenings, home visits, referral contacts for TPCs and NTPCs.

**Community Service Events (CSEs):** 100 = 12 PCI groups + 24 support groups + 20 meetings with referral sources + 42 presentations + 2 media contacts + program page on agency website/facebook.

**Other:** 1,025 = 525 rural + 500 CU, hours of crisis care and respite care

**Staff comment:** Section contains a note that service hours target is lowered due to reduction of volunteer force post-pandemic.

**PY24 Targets** TPC-33 NTPC-77 SC-425 CSE-100 OTHER-1025

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	12	38	66	45	1.5
Second Quarter	4	9	76	24	36.75

*Annual Targets* TPC-33 NTPC-77 SC-522 CSE-128 OTHER-1138

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	12	35	76	16	343.5
Second Quarter	11	15	130	9	450
Third Quarter	5	14	124	52	141
Fourth Quarter	5	16	93	27	751

*Annual Targets* TPC-33 NTPC-77 SC-522 CSE-128 OTHER-1138

## Financial Analysis

**PY2024 CCMHB funding request:** \$100,000

**PY2024 Total Program budget:** \$188,957

**Current year funding (PY2023):** \$90,000

**Proposed change in funding - PY2023 to PY2024 = 11%**

**CCMHB request is for 52.9% of total program revenue.** Other revenue is from United Way \$10,000, Contributions \$48,957, Special Events/Fundraising \$15,000, and DHS-DFI grant \$15,000.

**Personnel-related costs of \$92,500 are the primary expense charged to CCMHB,** at 92.5% of requested amount. Other expenses are Professional Fees/Consultants \$600, Consumables \$1,000, General Operating \$1,000, Occupancy \$3,000 (3%), Conferences/Staff Development \$900, Local Transportation \$800, and Lease/Rental \$200.

**Total Agency, Total Program, and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.03 Indirect and 1.5 Direct = 1.53 FTEs

**Total program staff:** 0.25 Indirect and 2.3 Direct = 2.55 FTEs

**Staff comment:** Personnel charged to this contract include 40% of 2 full time Family Specialists (to be hired), 30% of 2 full-time Family Specialists, 10% of full-time Director of Programming-Quality Improvement, all direct, and 3% of Executive Director (as indirect).

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Staff will receive CLC Training annually, and all the staff will have at least 3 hours of training. Each staff member reads and signs the Cultural and Linguistic Competence Plan annually to ensure that they are aware of the activities that are being measured. Crisis Nurse will provide up to 3 holiday gift days to the full time who stays at least 1 year or more.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Crisis Nursery has completed the following training: Culturally Appropriate Positive Guidance for Young Children in Our Care; Talking with Toddlers: The Power of Positive Language; Staying in Relationships when Conversations are Challenging; Cultural Humility Part 2: Supporting Dual Language Learners; Understanding Hope as an Intervention Strategy; Leaning in: From Racism to Racial Equity; Trauma Informed Care for Childcare Providers; Helping your Children Manage Distress in the Aftermath of a shooting; Healthy Communication and Modeling Boundaries with Kids; Undocumented Youth in America; and LGBTQI+ & Youth in Care. Crisis Nursery continues to market their services to rural communities and underserved communities. Beyond Blue was offered in Spanish to clients by a bilingual staff person. Since the staff is no longer employed at Crisis Nursery, there is an effort to recruit a bilingual staff person. Crisis Nursery makes use of the Language Line and Google Translate to serve bilingual clients.

**Staff comment:** In my review of the program plan, CLC values continue to align with programming that is provided by Crisis Nursery. The plan outlines the requirements and is aligned with program planning.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through county-wide referral sources, additional outreach to areas with identified need; services in homes and community locations throughout the county, with virtual options. For historically under-resourced populations, relationship to the total agency, raising awareness of services to apartment complexes and through other providers; services 'where families are' with home visits and groups tailored to meet client's needs, including virtual options.

**Promoting inclusion and reducing stigma:** Inclusion through scheduled visits and follows, access to groups in locations where families reside; reducing stigma and building trust by supporting families to understand their own needs; through awareness and supports the family currently accesses, a system of support can develop in a familiar place.

**Outcomes:** Five outcomes relate to positive impact of the program on mothers (and babies), each associated with appropriate measurement tools administered by staff, but without specific numeric targets.

**Coordinated system:** Yes.

**Written collaborative agreements:** Champaign County Home Visiting Consortium (GREAT Start at CUPHD, CC Head Start/Early Head Start, CU Early, Healthy Start at the Baby Fold, Parent Wonders at DSC, Children's Home & Aid Healthy Families and Doula program, Carle's Healthy Beginnings and Family Foundation programs); Champaign County Continuum of Service Providers to the Homeless (Carle Health-Community Health Initiatives, Center for Youth & Family Solutions, CCRPC, Champaign-Ford ROE, Champaign Park District, CUPHD, Child Care Resource Service, Cities of Champaign and Urbana, CSCNCC, Courage Connection, CU at Home, Cunningham Children's Home, Cunningham Township, DSC, Eastern Illinois Foodbank, GCAP, Habitat for Humanity, Housing Authority, Land of Lincoln, Pavilion, Rosecrance, Salvation Army, United Way, UI School of Social Work, UP Center); Crisis Nursery Coalition of IL, Dept of Human Services, RACES, Family Advocacy Center.

**Budget and program connectedness:** The Budget Narrative describes all revenues for the total program and how they were determined, provides detail on each expense to be charged to the CCMHB contract and the role of each staff person.

**Person Centered Planning:** Not a focus though some services are individual.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and links to further information on Parent-Child Interaction groups, Edinburgh screening tool, ASQ and ASQ-SE tools, Baby TALK model, and Mothers and Babies curriculum.

**Staff credentials:** Describes credentials and experience of current staff, including MSW/LCSW (Executive Director), Master of Science in Cultural Foundations of Education and Bachelor of Arts in Black Studies and Cultural Anthropology (Director of Programming), MSW/LCSW (Director of Quality Improvement & Integrity).

Family Specialists hold Bachelor's or Master's degrees in education, social service or related, and have experience with parents and very young children.

**Will the funding be used as match for another source of revenue:** No. **Other pay sources:** Donations, annual events, seeking grant and donor opportunities for new/expanded programming. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** Other revenue for the program is allocated from total agency sources (donations, state grant, e.g.), and if increased, could cover more of the costs associated with this contract.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on October 25, 2022, indicating no findings of concern.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes, for flexibility.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Other sources of revenue for this program should be pursued.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Family Development

**Agency: Developmental Services Center**

**Request: \$656,174 - a DD program**

**Why it matters:** "... responds to the needs of young children and their families with culturally responsive, innovative, evidence-based services that fill gaps left by insufficient state reimbursement... Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within family routines and environments..."

**Selected priority:** Collaboration with the CCDDDB (Young Children and their Families)

**Staff/reviewer comment:** This proposal is to fund a continuing program, with increase to cover various increased costs.

### Services and People Served

**Who will benefit:** Children (birth to 5) with DD, delay, or risk; their families.

**Scope of services:** Free developmental screenings using Ages & Stages Questionnaire (ASQ-3) to assess communication, gross motor, fine motor, problem solving, and personal-social. Referrals to resources such as schools, Early Intervention (EI), Child & Family Connections (CFC), Champaign County Home Visiting Consortium, Head Start. Helps families with referral and intake process. Developmental Therapy, Speech Therapy, Occupational Therapy, Physical Therapy, Developmental Play Groups, Parent Support Groups, PLAY Project, linkage and collaboration, assistance identifying need, support in home programming, and consultation. CCMHB funding for skilled providers offering wraparound support and services which are not billable to other payers.

**Location and frequency of services:** Home visits in family homes or virtual, screenings in local childcare and community centers, rural public schools, public events. Weekly to monthly services, based on need.

**Staff/reviewer comment:** Fills in gaps to serve clients who do not meet state funding requirements, and some services are not billable. Effectively uses funding streams to provide uninterrupted care; providing services in the community is a positive; makes conscious effort to reach rural areas of the County.

### Residency of 815 people served in PY2022 and 592 in the first half of PY2023

<b>Champaign</b>	307 for PY22	205 for PY23
<b>Urbana</b>	143 for PY22	109 for PY23
<b>Rantoul</b>	122 for PY22	108 for PY23
<b>Mahomet</b>	55 for PY22	40 for PY23
<b>Other</b>	188 for PY22	130 for PY23

### Demographics of 815 people served during PY2022

<b>Age</b>	
Ages 0-6 -----	815
<b>Race</b>	
White -----	532
Black / AA -----	154
Asian / PI -----	33

Other (incl. Native American and Bi-racial) 96

**Gender**

Male ----- 469

Female ----- 346

**Ethnicity**

Of Hispanic/Latino/a Origin ----- 150

Not of Hispanic/Latino/a Origin ----- 665

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Children, birth to age 5, with or at risk of DD or delay, county residency, assessed need for service. Comparison with the state’s EI criteria - this program funds children who have the risk but are not eligible for EI.

**Outreach to eligible people:** Through collaboration with hospitals, clinics, childcare centers, Crisis Nursery, local prevention initiative programs, other agencies; through outreach events; Developmental screener participates in quarterly screening events in conjunction with the Home Visiting Consortium; Child and Family Connections refers children to FD therapists.

**Within 14 days from referral, 100% of those referred will be assessed.**

**Within 30 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for:** one service or ongoing to age 5.

**Additional demographic data:** N/A

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. 90% of caregivers will feel more competent/comfortable in meeting/supporting/advocating for their child’s needs.
2. 90% of children will progress in goals identified on their Individualized Family Service Plan (IFSP).

**Specific assessment tools and data collection:**

1. Caregiver surveys to random sample of families at end of year - self-reported comfort and confidence, plus questions on best practice and program principles.
2. IFSP based on initial and ongoing evaluation/collaboration with families; evaluation using ASQ, Battelle Developmental Inventory II, Rossetti Infant Toddler Language - program director monitors IFSP progress biannually.

**Outcome data gathered from all participants:** No.

**Will collect outcome data** satisfaction surveys (random distribution) annually; IFSP reviews quarterly.

**Staff/reviewer comment:** Excellent outcomes, focused on the experiences of people participating in the program. Includes info that for the current year, these (same) outcome targets are met at mid-year.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 655 - # children in program services.

**Service Contacts (SCs):** 200 - # developmental screenings conducted by the screening coordinator.

**Community Service Events (CSEs):** 15 - opportunities to increase awareness of early identification and intervention, reduce stigma, and promote community-based solutions.

**Staff comment:** Service contacts and service hours associated with TPCs are documented in online reporting system. Targets continue as in prior program years. TPCs were provided 10,554 hours of service during PY22.

**PY24 Targets** TPC-655 SC-200 CSE-15

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	519	39	5
Second Quarter	73	49	6
<i>Annual Targets</i>	<i>TPC-655</i>	<i>SC-200</i>	<i>CSE-15</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)			
First Quarter	613	68	1
Second Quarter	74	42	3
Third Quarter	67	33	4
Fourth Quarter	61	30	5
<i>Annual Targets</i>	<i>TPC-655</i>	<i>SC-200</i>	<i>CSE-15</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$656,174

**PY2024 Total Program budget:** \$958,203

**Current year funding (PY2023):** \$596,522

**Proposed change in funding - PY2023 to PY2024 = 10%**

**CCMHB request is for 68.5% of total program revenue.** Other revenue is from United Way \$50,000, Early Intervention \$247,240 (25.8%), Other Fee for Service \$449, and Miscellaneous \$4340.

**Personnel-related costs of \$567,758 are the primary expense charged to CCMHB,** at 86.5% of requested amount. Other expenses are Professional Fees/Consultants \$4,614, Consumables \$5,368, General Operating \$9,582, Occupancy \$16,823 (2.6%), Conferences/Staff Development \$3,549, Local Transportation \$15,845 (2.4%), Equipment Purchase \$818, Lease/Rental \$14,264 (2.2%), Membership Dues \$5,013, and Miscellaneous \$12,540 (1.9%).

**Total Agency budget surplus of \$64,301; Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 1.11 Indirect and 6.98 Direct = 8.09 FTEs

**Total program staff:** 1.67 Indirect and 10.26 Direct = 11.93 FTEs

**Staff comment:** The increased request relates to increased salary and benefits; program has run at a deficit. Salary costs to be charged include: small portions (of less than 1% and up to 6%) of 21 full-time Indirect Staff (the total then adjusted by -\$20,100); 68% of 8 full-time positions (Billing Specialist, 4 Developmental Therapists, Occupational Therapist, Physical Therapist, Speech Language Pathologist), 58% of full-time Director of FD, 55% of full-time Screening Coordinator, 21% of a part-time SLP, 17% of full-time EVP/Clinical Services. The EVPCS and Director of Program Assurance are each listed as full-time direct and full-time indirect. Allocated income from outside training revenue as ‘Other Fee for Service’ is included. Misc revenue is 4% of the total agency’s Misc revenue (total program revenue is 6% of agency revenue), noted to be from “management fee and other income from” M&G.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

**If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23?** Yes.

**Highlights from the submitted CLC Progress Report:** “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

**Staff comment:** I reviewed the DSC FD Program to see if there were specific engagement strategies to reach families of underinvested populations. “The FD program collaborates with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding. In addition, these outreach efforts and collaboration build access for children from underinvested populations. Program staff continually build new and maintain ongoing relationships with agencies serving underinvested groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, Urbana Early Childhood, and Carle Hospital among others.” There will be on-going support provided to DSC on ways to engage families in diverse ways.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural reach (43%) into 21 towns and villages; HV program allows staff to travel to families; screenings in family home, childcare centers, community centers; therapies in child’s home (personal items in the family home are incorporated into services); virtual options also available. Outreach to people in rural areas or from underinvested groups is described in CLC review (above); services in the family home, local daycare centers, churches, etc.

**Promoting inclusion and reducing stigma:** Family driven plan, culturally responsive through relationships with family, honoring diverse customs, views, and languages as assets, CLC as ongoing communication process with those served. Cross-discipline training and relationship with other local organizations and community settings (mass screenings, staff education for local childcare centers as examples.)

**Outcomes:** One outcome measures the family’s experience (positive impact), the other the impact on the child; appropriate assessment strategies for each.

**Coordinated system:** Yes, part of the Home Visiting Consortium; other partners.

**Written collaborative agreements:** Birth to 3 Council; Champaign County Home Visiting Consortium (lists the members); CUPHD; Child and Family Connections; Down Syndrome Network; Multicultural Community Center; PLAY Project License Agreement; Salt & Light Ministries; TAP; YMCA.

**Budget and program connectedness:** In addition to clarifying each program revenue and expense to be charged to this contract, the Budget Narrative explains recent and planned salary increases to remain competitive as minimum wage increases, increased costs of worker’s compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of all Direct staff with salaries partially charged to the contract, along with a statement about the Allocated Program Expense formula (reviewed annually by auditors) and Indirect staff roles.

**Person Centered Planning:** through the IFSP.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Positive impacts of early services from a research summary by Harvard’s Center on the Developing Child, link to NAPA Center article.

**Staff credentials:** Speech Therapists, Physical Therapist, Occupational Therapist, Developmental Screening Specialist, Developmental Therapists, one of whom is PLAY Project credentialed. Program includes an ISBE funded prevention initiative home visiting program focused on strengthening parent-child relationships.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** United Way, Early Intervention, and insurance when applicable. (ISBE funding not listed here or in revenue form, but part of the total Family Development program.) **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** Program serves significant number of rural residents.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern. During PY23, they requested a contract amendment to realign key staff positions and continued to share monthly reports regarding all other personnel changes.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Virtual options.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus but continued virtual.

**Staff/reviewer comment:** Agency completed and submitted application forms on February 7, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *In the Personnel form, the EVP of Clinical Services and the Director of Program Assurance are both listed as both full-time direct and full-time indirect, which has the effect of inflating total agency and program salary amounts, though not the amounts to be charged to this contract. Revise so that indirect and direct portions of these positions each equal 1.*
- *Consider continuing the PY23 special provisions.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: C-U Change

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

**Request:** \$100,000

**Why it matters:** "...supports youth at risk with mental health and case management services, designed to take on issues encountered in the educational setting, social settings, family, and community. With a focus on graduating from high school with a plan for the future."

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** This request is to continue a currently funded program, with no increase.

### Services and People Served

**Who will benefit:** Youth aged 11-17 who are: reading one or level behind; in danger of or have been held back to repeat one or more academic years; attends an alternative school or has truancy issues; involved or at-risk to involvement in the juvenile justice system; involved with DCFS; experience of negative emotional/behavior due to trauma.

**Scope of services:** Intake, case management, quarterly CANS/FANS assessments, intervention planning, progress reviews, and family engagement activities. After school programming in Improving Educational Performance, Life Skills Education and Intervention Techniques. During the summer: Youth will be engaged in activities to prevent involvement in the juvenile justice system. These activities will include case management, academic enrichment, life skills development, field trips, employment support, etc.

**Location and frequency of services:** After School: agency office or community depending on residence. Summer: home, agency, and community locations (summer school, JDC, etc.)

**Staff comment:** Shift of service location from home to the Club.

### Residency of 35 people served in PY2022 and 6 in the first half of PY2023

<b>Champaign</b>	16 for PY22	5 for PY23
<b>Urbana</b>	14 for PY22	1 for PY23
<b>Rantoul</b>	3 for PY22	0 for PY23
<b>Other</b>	2 for PY22	0 for PY23

### Demographics of 35 people served during PY2022

#### Age

Ages 7-12 -----	4
Ages 13-18 -----	31

#### Race

White -----	2
Black / AA -----	29
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	4

#### Gender

Male -----	16
Female -----	19

#### Ethnicity

Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	25

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Youth who are residents of Champaign County as shown by address; have evidence of a need for service based on an assessment; and have limited financial resources to meet the cost of their care; have one or more of the identified risk factors; age 11-17 and/or grades 6 to 12

**Outreach to eligible people:** Community engagement events (community fairs, workshops, presentations, school staff meetings, check-ins, etc.) and direct referrals.

**Within 5 days from referral, 95% of those referred will be assessed.**

**Within 7 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for: 12-24 months.**

**Additional demographic data:** Household composition and Income.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

- 1). 100% of all youth... will participate in Project Learn, Positive Action, and SMART Leaders.
- 2). 100% of all youth will be matched with a caring adult/mentor and meet at least once per week.
- 3). 70% of all youth will participate in an average of one (1) service to community activity per month.
- 4). 70% of all participants with school suspensions will show a decrease in school suspensions.
- 5). 60% of all participants serving probation will show improved compliance with Probation and Court Services.
- 6). 70% of all participants involved in the juvenile justice system will show decreased interaction with the juvenile justice system.
- 7). 80% of all parent/guardians or caring adults will participate in at least one school progress meeting during each school year.
- 8). 80% of all parent/guardians or caring adults will participate in trauma-based or family engagement activities (including "When Trauma Meets Home Sessions).
- 9). 70% of all parent/guardians or caring adults will participate in quarterly progress reviews, planning sessions and family engagement activities.
- 10). 75% of all participants will demonstrate improvement in school attendance and have no more than 6-7 unexcused absences per quarter.
- 11). 100% of participants who complete the program will develop a documented plan for the future.
- 12). 80% of all youth will demonstrate progress in their self-assessment level of well-being.

### Specific assessment tools and data collection:

- 1.) 100% (50 of 50) –Intensive Case Management, KidTrax Member Management System
- 2.) 100% (50 of 50) – Intensive Case Management (“
- 3.) 70% (35 of 50) – Intensive Case Management Case Management (“
- 4.) 70% (14 of 20) - CANS/FANS Assessment, Intensive Case Management, Progress Reports and Report Cards.
- 5.) 60% (12 of 19) - CANS/FANS Assessment, Case Management, School Districts and Champaign County Probation Services.
- 6.) 70% (14 of 20) - CANS/FANS Assessment, Case Management, School Districts and Champaign County Probation Services.
- 7.) 80% (40 of 50) - CANS/FANS Assessment and Intensive Case Management Case Management-Parent Update Meetings, Client and Case Manager
- 8.) 80% (40 of 50) - Intensive Case Management, Parent Update Meetings.

- 9.) 70% (35 of 50) - CANS/FANS Assessment and Intensive Case Management, Parent Update Meetings
- 10.) 75% (38 of 50) - Intensive Case Management, Progress Reports and Report Cards.
- 11.) 100% (50 of 50) - CANS/FANS Assessment and Intensive Case Management
- 12.) 80% (40-50) - Well-Being for Youth (WIT-Y) readiness survey

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** Collected and updated every six months.

**Staff/reviewer comment:** Too many outcomes for an intensive case management program. Should stick to 3-4 outcomes.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 45 - youth/families clearly engaged in program services.

**Non-Treatment Plan Clients (NTPCs):** 35 - unduplicated # parents, family members, or individuals connected to TPCs.

**Service Contacts (SCs):** 700

**Community Service Events (CSEs):** 125

**Staff comment:** Definitions for SC and CSE are missing, and those for TPC and NTPC were included in Scope of Services; should be moved and targets revised to match. May want to revise CSE number given the case management intensity.

**PY24 Targets** TPC-45 NTPC-35 SC-700 CSE-125

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	7	0	92	40
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Second Quarter	4	1	98	30
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*Annual Targets* TPC-50 NTPC-45 SC-1000 CSE-144

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	26	6	30	26
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Second Quarter	0	0	0	13
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Third Quarter	0	6	12	9
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Fourth Quarter	1	2	130	35
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*Annual Targets* TPC-50 NTPC-70 SC-1000 CSE-144

## Financial Analysis

**PY2024 CCMHB funding request:** \$100,000

**PY2024 Total Program budget:** \$117,561

**Current year funding (PY2023):** \$100,000

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 85% of total program revenue.** Other revenue is from Contributions \$17,561.

**Personnel-related costs of \$100,000 are the only expense charged to CCMHB.**

**Total Agency budget has a deficit of \$309,475, Total Program budget a deficit of \$11,839, and the CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 0 Indirect and 2 Direct = 2 FTEs

**Total program staff:** 0 Indirect and 2 Direct = 2 FTEs

**Staff comment:** The other program revenue is used to cover the remaining amount of payroll taxes and all of the program staff benefits, consumables, and transportation costs of the program. Personnel form appears up to date, charging 100% of the salaries of two full-time Direct staff, the Teen CU Change Case Manager and Teen CU Change Program Manager, both positions filled at time of application. The Budget Narrative amounts

for program revenue from Contributions and for some of the program expenses do not match details in the Revenue and Expense forms. The total agency budget deficit reported in this form does not match the amount reported in others; total agency expenses and revenues should match across all of the agency's applications for funding.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training will be provided to the Board Members and Staff about the following topics: Cultural Competence, Diversity, Equity and Inclusion, and Trauma Informed Care. Staff will modify the schedule for meetings to ensure that parent meetings do not interfere with work schedules. The facility will be assessed and modified to ensure accessibility for all the members and guests and the cultural representation. At least two focus groups will be offered to families to receive feedback about the services and programs of Don Moyer Boys and Girls Club.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** There has been a new CEO Hired at DMBC therefore, training will be completed and conducted during the 3<sup>rd</sup> quarter. The Elementary program have been relocated to the Marten's Center. The Park Street location houses the Teen Program. The building will have some immediate building upgrades and a full renovation is in the planning phase. There will be a Child and Family Engagement Social Worker to provide services to youth and families to enhance the family and youth voice in the services and programs that are offered at DMBC.

**Staff comment:** I reviewed the program plans to learn how each program will serve families from rural areas, underrepresented populations, and underinvested communities. The focus of all the programs is to ensure that services are brought in the neighborhoods of the families with a focus on being trauma and justice informed. Many of the families served have been impacted by violence and toxic stress from their environment and lack of resources in the neighborhood. The programs are designed to engage the entire family instead of the focus on the family. A meeting with the CEO to provide support and training about the cultural competence requirements and any additional resources to support culturally and linguistically appropriate services.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through the clients' home, school, or an area in their immediate local community. Transportation will be provided for additional services (i.e., counseling services, cohort groups, core programs) held at Don Moyer Boys & Girls Club.

**Promoting inclusion and reducing stigma:** Referrals from Juvenile Probation, Local School Districts, Champaign County Youth Assessment Center, and other community organizations serving youth at risk. Program Staff meet with families, in their home when needed. The program is inclusive of all child serving systems, social agencies, family support organizations, faith-based organizations, civic/social groups and community-based entities that have a vested interest to improve outcomes for youth and families, including those located in rural areas.

**Outcomes:** Program outcomes are measured by CANS/FANS Assessment, Intensive Case Management, Progress Reports and Report Cards.

**Coordinated system:** Yes.

**Written collaborative agreements:** Champaign Unit 4 Schools, Urbana 116 Schools, Rantoul City Schools #137, Champaign County Juvenile Probation, Champaign Police Department, Urbana Police Department, Rantoul Police Department, Champaign County Youth Assessment Center, Regional Planning Commission, University of Illinois Social Work Department, Rosecrance, United Way of Champaign County, Center for Women in

Transition, Courage Connection, Cunningham Children's Home, Mahomet Area Youth Club, Dreaam House, Parkland College.

**Budget and program connectedness:** The Budget Narrative explains each program revenue and expense, the amounts of each expense to be charged to the MHB, further details on what is included in each expense category (at program and MHB levels), and which staff are charged to this contract. The total of salaries is miscalculated in one place, and that total appears on the expense form. The level of detail offered is helpful, but the inconsistent amounts complicate the picture.

**Person Centered Planning:** through Individual treatment plans.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes Positive Action (another program run by the agency) for youth ages 4 to 18 and provides two links, plus a related research citation link. Also describes SMART Leaders program and offers related links.

**Staff credentials:** Director of Operations-Bachelor's and minimum 5 years' work experience in a Boys & Girls Club or similar. Program Manager- Bachelor's degree in related field, or 4 years' experience in counseling and/or social work. Case Manager- Bachelor's degree and minimum of 1 year experience working with at risk youth and/or gang involved youth.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** No. **Client fees:** No **Sliding scale:** No. **Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during the brief, second open application period.

**Audit findings:** PY2022 agency audit was submitted on 11/16/22, with no findings which required follow-up. Unexpended revenue of \$13,649 was returned. Payments were suspended for one month due to late PY23 Q1 reports.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** No.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Not addressed.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Revise financial forms to match.*
- *Revise Program Plan Narrative to include definitions of each category, consider a lower CSE target due to the core service being intensive case management.*
- *Given low utilization and high staff turnover in recent years, along with a relatively large amount of associated unexpended revenue, consider a lower award amount and lower utilization targets.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: CUNC

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

**Request:** \$132,322 (possibly \$131,322)

**Why it matters:** "... affect regulation, stress reduction, and healing centered wellness interventions help participants with impulse control, anger management, positive coping, and de-escalation – all tools that are correlated/associated with interpersonal violence."

**Selected priority:** System of Care for Children, Youth, and Families (a PY23 priority)

**Staff/reviewer comment:** This is a request to continue funding for a current program, managed by Don Moyer Boys and Girls Club as a subcontract with CU Trauma & Resiliency Initiative (TRI), as they build their capacity. Need to select PY24 priority category.

### Services and People Served

**Who will benefit:** Young adults, ages 16-30 impacted by adverse community experiences. Essential Workers in human/social services who also meet the ALICE family criteria (Asset Limited, Income Constrained, Employed). Adults over 45 with unmet mental/behavioral health, and/or addiction needs in neighborhoods impacted by structural inequities. Individuals adversely impacted by (long) COVID. Community-level peer leaders/"natural helpers" providing culturally responsive, strength-based and trauma sensitive interventions. Providers who plan to further develop trauma informed practices, policies, and procedures to increase healthy outcomes for their clients and community.

**Scope of services:** A variety of education, training, and workshops to support individuals, families, or groups affected by traumatic events.

**Location and frequency of services:** In neighborhoods and settings of TRI events; Champaign office for some trainings, small groups, 1:1 activities, drop-in hours, and group-based psycho-educational workshops; training & learning collaboratives at agency sites. 24-7 phone support.

**Staff/reviewer comment:** Fills gaps in training and services to a population of families with unmet needs. In the data reported below, PY22 totals of 170 and 213 do not match; from service reports, NTPCs totaled 215. From report comments, misplaced data collected from one group explains some of this. No operational office hours mentioned in the application.

#### Residency of 170 people served in PY2022 and 88 in the first half of PY2023

<b>Champaign</b>	64 for PY22	53 for PY23
<b>Urbana</b>	4 for PY22	0 for PY23
<b>Rantoul</b>	1 for PY22	0 for PY23
<b>Mahomet</b>	1 for PY22	0 for PY23
<b>Other County</b>	10 for PY22	
<b>Other</b>	90 for PY22	35 for PY23 (data not collected)

#### Demographics of 213 people served during PY2022

<b>Age</b>	
Ages 13-18 -----	62
Ages 19-59 -----	143
Ages 60+ -----	8
<b>Race</b>	

White -----	44
Black / AA -----	103
Asian / PI -----	3
Other (incl. Native American and Bi-racial)	5
Not Available Qty -----	58 (data on one group lost)
<b>Gender</b>	
Male -----	55
Female -----	100
Not Available Qty -----	58
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	8
Not of Hispanic/Latino/a Origin -----	147
Not Available Qty -----	58

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Open to all, based on needs, location, and income.

**Outreach to eligible people:** Flyers, newsletters, listserv, social media, community events, hosting regular open events - book discussions, presentations, talks, Word of mouth, The CU TRI Show on UPTV, Facebook and Youtube.

**Within 7 days from referral, 75% of those referred will be assessed.**

**Within 14 days of assessment, 75% of those assessed will engage in services.**

**People will engage in services, on average, for: 12-16 weeks.**

**Additional demographic data:** School-based activities, some zip code data is collected. Referral source data collection. Educational training activity, only collection of location and place information--no collection of residence zip code data.

**Staff/reviewer comment:** The 24/7 phone access may be helpful since the organization is likely not big enough to staff regular office hours.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

- For Individuals and families participating in group-based services who complete our survey:
  - 75% will participate in more than one session of a skill building group.
  - 75% will refer or invite a friend/family member/colleague to participate.
  - 90% of participants will acquire increased understanding of trauma & adversity plus information about wellness & resiliency, acquiring skills they can use at home, school, or in the community.
- Every group/workshop participant will receive a resource or linkage to other needed supports/services.
- 75% of participants in a trauma group intervention for at least 4 weeks will report:
  - They felt supported & reconnected back to their community
  - New useful coping skills/distress tolerance skills
  - Will have identified a natural or a community resource
  - That 100% will receive information about trauma, toxic stress, PTSD & will understanding these things better
  - 20 individuals for more intensive services and supports and everyone will receive at least 2 referrals to community-based services/resources/and/or supports.

### Education & Training Initiatives:

- 90% report that the training was helpful and useful.

- 90% report acquiring skills they can use at home, school, and/or in the community.
- 80% of those who complete the Psychological First Aid or Skills for Psychological Recovery feel equipped to use the skills acquired (to support someone who is experiencing emotional distress)

#### Learning Collaborative (LC):

- 90% of those participating in the LC organizational assessment/training process report improvements in their understanding of trauma, having more tools to respond to people impacted by trauma, and are more able to avoid retraumatizing themselves and others.
- All the organizations participating in the learning collaboratives identify a change plan with 2-3 targeted goals and clear implementation strategies & timelines.

#### **Specific assessment tools and data collection:**

##### Direct Service/Group Support

1. Referral data is collected via enrollment forms.
2. Trauma screenings and resilience assessments are collected before an intervention occurs or during the first week of a group/individual intervention.
3. We collect evaluations at the end of every session/intervention/group session (when possible).
4. Participants receiving a trauma informed intervention (individual or group) complete a pre-post KAB assessment.

##### Education, Training and Social Marketing Events

##### Trauma Informed Organizational Assessment:

The tool used is based on Falot & Harris's Creating Cultures of Trauma Informed Care Organizational Assessment which is aligned to measure

- an organization's knowledge about trauma/trauma informed care & cultural competency;
- use of trauma informed practices;
- alignment & use of trauma informed practices related to the following domains: safety, trustworthiness, collaboration, peer leadership/consumer voice, & empowerment.

The trauma informed organizational assessments also help organizations reflect on how their policies, procedures & practice may traumatize or retraumatize their clients, staff, and the communities they serve.

**Outcome data gathered from all participants:** No.

**Will collect outcome data** collected at the end of a group. Or in pre-post increments.

**Staff/reviewer comment:** Numbered outcomes are slightly edited here, as some numbers were repeated in the application. Many outcomes of value are included, associated with various activities of the program and appropriate measurement tools. If they are too numerous for practical data collection and reporting (presuming a reliable database is in place), the organization might benefit from engagement with the new evaluation capacity building project to be launched this summer.

## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** 165 - individuals who attend a psychoeducation, trauma informed intervention or group-based supports (groups with more than just one session).

**Service Contacts (SCs):** 150 - Linkage & Referrals provided to program participants, community callers, or those who ask for follow-up at community events. Individuals who receive psychological first/crisis response supports will also be included in this category.

**Community Service Events (CSEs):** 175- Trauma Specific/Resiliency Building Groups, workshops, monthly educational events-- UPTV, radio shows, Complex Trauma Trainings and Trauma Informed Community Building Trainings, Psychological First Aid Trauma Trainings, monthly workshops for professionals, Trauma Informed Criminal Just Series, Learning Collaborative Events.



**Staff comment:** Appropriate use of the categories (CSE includes classes and trainings open to the public, presumably) with targets adjusted for PY24.

<b>PY24 Targets</b>	NTPC-165	SC-150	CSE-175	
<b>PY23 First Two Quarters</b> (per submitted Service Activity Reports)				
First Quarter	34	66	15	
Second Quarter	54	67	31	
<i>Annual Targets</i>	<i>NTPC-150</i>	<i>SC-220</i>	<i>CSE-115</i>	
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)				
First Quarter	59	52	30	0
Second Quarter	48	52	29	17
Third Quarter	39	39	41	0
Fourth Quarter	69	0	29	0
<i>Annual Targets</i>	<i>NTPC-120</i>	<i>SC-150</i>	<i>CSE-127</i>	<i>OTHER-0</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$132,322 - *may be in error, also appears as \$131,322*

**PY2024 Total Program budget:** \$659,625

**Current year funding (PY2023):** \$110,000

**Proposed change in funding - PY2023 to PY2024 = 20.3%**

**CCMHB request is for 20% of total program revenue.** Other revenue is from Contributions \$18,000, Miscellaneous Program grants \$37,661, CDBG Neighborhood grant \$466,642, and In-Kind \$6,000. (MHB revenue is listed as \$131,322 in the total program revenue column and \$132,322 in the MHB column.)

**Personnel-related costs of \$95,004 are the primary expense charged to CCMHB,** at 71.8% of requested amount. Other expenses: Professional Fees/Consultants \$8,800; Consumables \$2,500; General Operating \$3,318; Occupancy \$7,200; Specific Assistance \$1,500; and Miscellaneous \$14,000.

**Total Agency budget has a deficit of \$321,676, Total Program budget a surplus of \$527,303, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 0 Indirect and 1.15 Direct = 1.15 FTEs

**Total program staff:** 0 Indirect and 1.15 Direct = 1.15 FTEs

**Staff comment:** No indirect staff salaries are charged to this contract. The Direct staff salaries to be charged include: 100% of a 0.45 FTE Executive Director, a 0.33 FTE Program Director, 0.25 FTE Community Engagement (vacant), and four 0.03 FTE part-time (vacant). These amounts are the same for total agency, total program, and MHB costs, which may be contributing to the total program budget surplus. This large surplus appears to result from lack of information of the total program's operating expenses (because all are identical to the MHB portion in Personnel and Expense Forms); if the expense representation is not in error, the surplus indicates that this funding is not needed. The revenue form provides information related to CU TRI, the organization contracted through DMBGC for these services; this is very helpful and important for us to understand where the MHB contract fits in. The revenue form has an error (amount of this request does not match within the form across columns). The total agency budget deficit reported in this form does not match the deficit amount reported in others; total agency expenses and revenues should match across all of the agency's applications for funding; the unique arrangement associated with this contract seems to complicate this.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards? Yes.**

**Highlights from the submitted CLC Plan:** Training will be provided to the Board Members and Staff about the following topics: Cultural Competence, Diversity, Equity and Inclusion, and Trauma Informed Care. Staff will modify the schedule for meetings to ensure that parent meetings do not interfere with work schedules. The facility will be assessed and modified to ensure accessibility for all the members and guests and the cultural representation. At least two focus groups will be offered to families to receive feedback about the services and programs of Don Moyer Boys and Girls Club.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** There has been a new CEO Hired at DMBC therefore, training will be completed and conducted during the 3<sup>rd</sup> quarter. The Elementary program have been relocated to the Marten’s Center. The Park Street location houses the Teen Program. The building will have some immediate building upgrades and a full renovation is in the planning phase. There will be a Child and Family Engagement Social Worker to provide services to youth and families to enhance the family and youth voice in the services and programs that are offered at DMBC.

**Staff comment:** I reviewed the program plans to learn how each program will serve families from rural areas, underrepresented populations, and underinvested communities. The focus of all the programs is to ensure that services are brought in the neighborhoods of the families with a focus on being trauma and justice informed. Many of the families served have been impacted by violence and toxic stress from their environment and lack of resources in the neighborhood. The programs are designed to engage the entire family instead of the focus on the family. A meeting with the CEO to provide support and training about the cultural competence requirements and any additional resources to support culturally and linguistically appropriate services.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Priority to African Americans and other people of color who have been historically marginalized by structural violence. Staff will travel outside of Champaign, Urbana and Rantoul areas and provide support to essential workers, individuals over 45 years of age with MH and SUD needs.

**Promoting inclusion and reducing stigma:** Trauma informed practices designed to advocate for services to be different, to meet the needs of individuals, families, and communities, which can potentially improve individual engagement, treatment, and health outcomes.

**Outcomes:** Complex and numerous outcomes and measurement tools, focused on positive impact.

**Coordinated system:** Yes.

**Written collaborative agreements:** Champaign County Community Coalition, First Followers, Don Moyers Boys & Girls Club, Youth & Family Peer Support Alliance, H3, Cunningham Township Trustee’s Office, Urbana Schools, The City of Champaign – Blueprints for Peace, CU @ Home, RPC (Housing Voucher), Housing Authority, The LIFT Program.

**Budget and program connectedness:** The Budget Narrative provides some clarification regarding the attributed personnel costs and how they were determined. This is very helpful given the unique arrangement represented in this arrangement (and as contracted for the last few years). Excellent detail is included on costs and how they were calculated; amounts match with other forms with the exception of the MHB requested amount and the Misc expense (\$13,000 here and \$14,000 in the Expense form). Miscellaneous expense is for administrative fees paid to the agency as fiscal agent/reporter.

**Person Centered Planning:** Through diverse program/educational options.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes SAMSHA’s Trauma Informed Community Pillars and provides links to Psychological First AID, Skills for Psychological

Recovery (SPR), Samaritan Wellness Curriculum, American Institute Research (National Council for Well Being/Trauma Informed Care Project).

**Staff credentials:** Program Assistant-Bachelor's degree. Interns-Bachelor's & Master's degrees. (While some positions' qualifications are not listed, the section offers detail on their responsibilities.)

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** In-Kind Donations, City of Champaign, Donations/Contributions, Contracts: Cunningham Children's Home, University of Illinois. **Client fees:** No. **Sliding scale:** No

**Willing to participate in Medicaid programs:** No

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during the brief, second open application period.

**Audit findings:** PY2022 agency audit was submitted on 11/16/22, with no findings which required follow-up. Unexpended revenue of \$8,717.79 was returned.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes

**Continuation of services during public health emergency:** Not explicitly stated.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Education, training and activities for essential workers are primarily virtual to meet scheduling and time needs.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Revise financial forms for any errors and to be consistent across the application and agency.*
- *If the program surplus is correct, the request is not justified. However, a more complete listing of program costs may lower the projected surplus and suggest an award amount.*
- *A possible estimate for PY24 award would be to use PY23 amount and reduce by the amount of unexpended revenue returned, or \$101,282, though this would not allow the program to cover increased costs.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Community Coalition Summer Youth Initiatives

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

**Request:** \$107,000

**Why it matters:** "... services and activities to support youth and community mental health needs during critical out of school time over the summer months where a lack of services is prevalent. Activities and services are particularly focused on violence prevention and the enhancement of positive community engagement."

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** This request is to continue a current program coordinated by the Champaign County Community Coalition and Don Moyer leadership.

### Services and People Served

**Who will benefit:** Youth ages 9 to 18 with serious emotional disturbance (SED) and multi-agency system-involvement.

**Scope of services:** Academic enrichment, recreational activities, arts exploration, and leadership skill building. Community engagement activities will be provided for general participation that will address community violence, racial understanding, and community advocacy. Services and support are provided by subcontractors who will be directly accountable to the Don Moyer Boys and Girls Club. Don Moyer Boys and Girls Club will provide administration, coordination, and support service.

**Location and frequency of services:** Services and activities will be provided at partner organization facilities, various local venues, community sites, as well as regional and state sites during the summer months.

**Staff/reviewer comment:** PY22 data were reported as fourth quarter PY21, likely due to the programming occurring from May to September 2021.

### Residency of 692 people served in PY2022 and 570 in the first half of PY2023

<b>Champaign</b>	499 for PY22	380 for PY23
<b>Urbana</b>	147 for PY22	148 for PY23
<b>Rantoul</b>	46 for PY22	38 for PY23
<b>Mahomet</b>	0 for PY22	1 for PY23
<b>Other</b>	0 for PY22	3 for PY23

### Demographics of 692 people served during PY2022

<b>Age</b>	
Ages 7-12 -----	50
Ages 13-18 -----	483
Ages 19-59 -----	159
<b>Race</b>	
White -----	16
Black / AA -----	574
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	83
<b>Gender</b>	
Male -----	417
Female -----	275

## Ethnicity

Of Hispanic/Latino/a Origin -----	19
Not of Hispanic/Latino/a Origin -----	0 (?)

## Measures of Client/Participant Access

**Eligibility criteria and determination:** At-risk and underserved youth in Champaign County determined by each contracted service partner service or activity registration process.

**Outreach to eligible people:** Contracted service partner provides public information and outreach to eligible participants. The Champaign County Community Coalition promotes programs and activities at its regular community meetings.

**Within 0 days from referral, 0% of those referred will be assessed.**

**Within 0 days of assessment, 0% of those assessed will engage in services.**

**People will engage in services, on average, for:** Not applicable due to the specialized and limited focus of the program.

**Additional demographic data:** None.

**Staff/reviewer comment:** These access measures could be defined and are applicable, though it may be a challenge to collect all data into one database. The average length of service probably ranges from 1 week to 4 months.

## Measures of Client/Participant Outcomes

**Outcomes and targets:** Not applicable due to the specialized and limited focus of the program

**Specific assessment tools and data collection:** Not applicable due to the specialized and limited focus of the program.

**Outcome data gathered from all participants:** No

**Will collect outcome data:** Not applicable due to the specialized and limited focus of the program.

**Staff/reviewer comment:** MHB contract has supported this program (and set of subcontracts) for several years, and much has been learned about what is practical and what may matter to the young people participating. A measurable outcome could be based on a very brief client satisfaction survey or interview at the end of each program/session/course; the assessment tool could even be group discussion of the value of the specific program, with each youth's response documented by staff. MHB staff or consultant (evaluation capacity building project) could help design a simple tool and process for use by all participating youth. Positive outcomes of programs could include: self-esteem, connection to peers and adults, learning a new skill, etc.

## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** All participants (in a subcontracted program option)

**Service Contacts (SCs):** Engagements by partner organizations, with each participant, from all services and activities.

**Community Service Events (CSEs):** Includes meetings with contracting organization, Community meetings, planning meetings for program.

**Other:** Participants engaged in summer initiative group activities related to anti violence, racial harmony, community advocacy education and training, peace initiatives, etc.

**Staff comment:** Targets are not included in the application, possibly due to our discontinuation of the Part Two form, a chart with previous, current, and future targets and actuals.

**PY24 Targets** TPC-x NTPC-x SC-x CSE-x OTHER-x

**PY23 First Two Quarters** (per submitted Service Activity Reports)

DMBGC COALITION SUMMER YOUTH INITIATIVES- 2

First Quarter	870	11400	32	300
<i>Annual Targets</i>	<i>NTPC-900</i>	<i>SC-14000</i>	<i>CSE-40</i>	<i>OTHER-500</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)				
Summer data were reported in the PY21 Q4 form, for May-Sept 2021.				
PY22	692	13840	40	840
<i>Annual Targets</i>	<i>NTPC-582</i>	<i>SC-12320</i>	<i>CSE-40</i>	<i>OTHER-700</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$107,000

**PY2024 Total Program budget:** \$107,000

**Current year funding (PY2023):** \$107,000

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 100% of total program revenue.**

**The primary expense charged to CCMHB is General Operating \$96,300**, or 90% of requested amount. Other expense is Professional Fees/Consultants \$10,700, for administrative services performed by the agency.

**Total Agency budget has a deficit of \$402,878; Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB: 0**

**Staff comment:** While no staff are to be charged to this contract, the submitted personnel form has names of people no longer employed by the agency, suggesting this form was not updated from the cloned PY23 version; this may also have caused errors in Total Agency expenses. The contract has been organized this way for several years, so that the Agency receives the Professional Fees amount as payment for serving as the fiscal agent and coordinating required reports. General Operating costs are the amount distributed across 10 or 14 organizations contracted to provide summer programs, for materials, equipment, fees, supervision, transportation, food, and other direct support costs. Of concern is that the total agency budget deficit reported in this form does not match the amount reported in others; total agency expenses and revenues should match across all of the agency’s applications for funding.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training will be provided to the Board Members and Staff about the following topics: Cultural Competence, Diversity, Equity and Inclusion, and Trauma Informed Care. Staff will modify the schedule for meetings to ensure that parent meetings do not interfere with work schedules. The facility will be assessed and modified to ensure accessibility for all the members and guests and the cultural representation. At least two focus groups will be offered to families to receive feedback about the services and programs of Don Moyer Boys and Girls Club.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** There has been a new CEO Hired at DMBC therefore, training will be completed and conducted during the 3<sup>rd</sup> quarter. The Elementary program have been relocated to the Marten’s Center. The Park Street location houses the Teen Program. The building will have some immediate building upgrades and a full renovation is in the planning phase. There will be a Child and Family Engagement Social Worker to provide services to youth and families to enhance the family and youth voice in the services and programs that are offered at DMBC.

**Staff comment:** I reviewed the program plans to learn how each program will serve families from rural areas, underrepresented populations, and underinvested communities. The focus of all the programs is to ensure that services are brought in the neighborhoods of the families with a focus on being trauma and justice

informed. Many of the families served have been impacted by violence and toxic stress from their environment and lack of resources in the neighborhood. The programs are designed to engage the entire family instead of the focus on the family. A meeting with the CEO to provide support and training about the cultural competence requirements and any additional resources to support culturally and linguistically appropriate services.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Contracted service providers will provide outreach to youth from throughout the community.

**Promoting inclusion and reducing stigma:** Summer Initiative programs and activities will be open to all eligible participants regardless of race, ethnicity or sexual origin.

**Outcomes:** Not applicable due to the specialized and limited focus of the program.

**Coordinated system:** N/A - while this was not answered, the Coalition coordinates across many organizations, and it is possible that referrals come from some of these partners.

**Written collaborative agreements:** N/A

**Budget and program connectedness:** The Budget Narrative is very brief, explaining the two expenditure categories, listing a sample of 15 organizations which may subcontract, and stating that no personnel are charged (staffing responsibility is through the subcontracts.)

**Person Centered Planning:** Not a focus; through agencies subcontracting, the summer programs are meant to offer many options.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** N/A

**Staff credentials:** N/A

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** None are identified. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** Written agreements subcontracting the specific program services through Don Moyer will be provided to MHB staff for the contract file.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during the brief, second open application period.

**Audit findings:** PY2022 agency audit was submitted on 11/16/22, with no findings which required follow-up.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Not included.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes, some virtual.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus of the application, but specific programs may offer this, as they have in previous years.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Update financial forms wherever there is more current information.*
- *Continue PY23 special provisions, esp for copies of all program subcontracts.*

- *Revise the program plan narrative to provide more clarity about how this program works, who is involved, etc.*
- *Develop a simple outcome measure and tool which can be utilized in all program options.*
- *Identify numeric utilization targets.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Youth and Family Services

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

**Request: \$160,000**

**Why it matters:** "...Parents trying to identify and access appropriate services for their child may find child-serving systems (e.g., mental health, education, juvenile justice, child welfare, substance use treatment) very difficult to navigate and overwhelming. Through the Youth & Family Services program parents can get help with navigating systems more effectively. They will also learn from the experiences of other families, feel less alone, and gain hope, ideas, and information. The type of support we offer can help parents meet their children's needs more efficiently, and with greater confidence and hope."

**Selected priority:** System of Care for Children, Youth, and Families (PY23 priority category)

**Staff/reviewer comment:** This request is to fund a longstanding peer mentoring program run by the Youth and Family Peer Support Alliance, sustaining System of Care efforts and contracted through Don Moyer. Need to select PY24 priority category.

### Services and People Served

**Who will benefit:** Parents/caregivers of youth clinically diagnosed; experiencing social, emotional, and/or behavioral health challenges impacted by trauma, the juvenile justice or child welfare system.

**Scope of services:** Peer-support and youth advocacy, counseling, casework, system of care technical assistance and trainings/workshops to assist individuals/families struggling with trauma, grief, loss, abuse, neglect, and other life challenges.

**Location and frequency of services:** Meeting places, times and mode of communication (including Zoom, Google Hangouts etc.) will vary based on the need of the family.

**Staff/reviewer comment:** Seems to be providing effective program opportunities over a long-term. A well-written proposal.

### Residency of 25 people served in PY2022 and 10 in the first half of PY2023

<b>Champaign</b>	10 for PY22	3 for PY23
<b>Urbana</b>	1 for PY22	4 for PY23
<b>Rantoul</b>	7 for PY22	3 for PY23
<b>Mahomet</b>	5 for PY22	0 for PY23
<b>Other</b>	2 for PY22	0 for PY23

### Demographics of 25 people served during PY2022

<b>Age</b>	
Ages 13-18 -----	4
Ages 19-59 -----	19
Ages 60+ -----	2
<b>Race</b>	
White -----	12
Black / AA -----	11
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	2

### Gender

Male -----	3
Female -----	22
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	0
Not of Hispanic/Latino/a Origin -----	25

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Family disclosure of child clinically diagnosed with a social, emotional, or behavioral disorder and/or who is exhibiting challenges that negatively impact academic performance, healthy socialization, or family/community relationships.

**Outreach to eligible people:** Word of mouth, community service events, agency website, social media, and through organizations.

**Within 14 days from referral, 70% of those referred will be assessed.**

**Within 30 days of assessment, 70% of those assessed will engage in services.**

**People will engage in services, on average, for:** 9-18 months.

**Additional demographic data:** primary and secondary systems involvement (education, juvenile justice, child welfare, DD, MH) and MH diagnosis, if applicable.

**Staff/reviewer comment:** Parents of children struggling in these ways may benefit from faster engagement in services.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Types of Support: 75% Parents/caregivers will report a greater breadth of types of supporters they have access to when facing the challenge of raising a youth with emotional behavioral needs.
2. Coping with Stress: 75% of parents/caregivers will report greater coping with stress when they face challenges in their lives.

### Specific assessment tools and data collection:

1. & 2. The FAST (Family Assessment Tool; developed by the National Wraparound Implementation Center (NWIC)). This tool has six domains designed to help the peer supporter and parent/caregiver to determine the type and array of support needed for their family.

**Outcome data gathered from all participants:** No

**Will collect outcome data** information will be gathered from TPC only.

**Staff/reviewer comment:** The outcomes relate to positive impact experienced by program participants and are associated with numeric targets and an appropriate assessment tool.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 25-parents/caregivers who have completed intake and enrollment with development of a service plan.

**Non-Treatment Plan Clients (NTPCs):** 20-parents/caregivers who may have completed intake and enrollment but not developed a service plan; their access to linkage and engagement includes short-term community support services (attend IEP meetings; court hearings; review IEP's; apply for public assistance etc.). Also youth and parents contacting the agency through website, etc for linkage and engagement information.

**Service Contacts (SCs):** 400-unduplicated face-to-face and phone contacts.

**Community Service Events (CSEs):** 10-public presentations, stakeholder meetings, agency meetings, support groups etc.

**Staff comment:** The TPC target is lowered slightly, for the second year in a row.

<b>PY24 Targets</b>	TPC-25	NTPC-20	SC-400	CSE-10
<b>PY23 First Two Quarters</b> (per submitted Service Activity Reports)				
First Quarter	4	0	130	8
Second Quarter	2	4	97	14
<i>Annual Targets</i>	<i>TPC-30</i>	<i>NTPC-20</i>	<i>SC-400</i>	<i>CSE-10</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)				
First Quarter	8	1	111	3
Second Quarter	8	5	237	4
Third Quarter	2	1	320	3
Fourth Quarter	0	7	172	11
<i>Annual Targets</i>	<i>TPC-35</i>	<i>NTPC-20</i>	<i>SC-400</i>	<i>CSE-10</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$160,000

**PY2024 Total Program budget:** \$160,000

**Current year funding (PY2023):** \$160,000

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 100% of total program revenue.**

**Personnel-related costs of \$120,805 are the primary expense charged to CCMHB**, at 75.5% of requested amount. Other expenses: Professional Fees/Consultants \$500; Consumables \$7,600; General Operating \$25,500; Conferences/Staff Development \$750; Local Transportation \$1,095; Specific Assistance \$1,000; Lease/Rental \$750; and Misc \$2,000.

**Total Agency budget has a deficit of \$276,876; Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.33 Indirect and 1.61 Direct = 1.94 FTEs

**Total program staff:** 0.33 Indirect and 1.61 Direct = 1.94 FTEs

**Staff comment:** No increase is requested. This contract pays for services from Youth and Family Peer Support Alliance, as a subcontract through Don Moyer, which has provided overhead and administrative (fiscal/reporting) supports for several years; the agency is paid for these services as portion (\$24,000) of the General Operating expense category. Indirect salaries to be charged are 100% of a 0.15 FTE Executive Director, 0.10 FTE Office Manager, and 0.08 FTE Project Manager. Direct salaries are: 100% of 0.31 FTE Youth Advocate, 0.50 FTE Youth Advocate, 0.80 FTE and Project Director. These amounts are the same for Total Agency, Total Program, and MHB columns and result from the unique arrangement associated with this contract; as a result, all are presumed to be correct (details and total match with Budget Narrative as well). The total agency budget deficit reported in this form does not match the amount reported in others; total agency expenses and revenues should match across all of the agency’s applications for funding.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training will be provided to the Board Members and Staff about the following topics: Cultural Competence, Diversity, Equity and Inclusion, and Trauma Informed Care. Staff will modify the schedule for meetings to ensure that parent meetings do not interfere with work schedules. The facility will be assessed and modified to ensure accessibility for all the members and guests and the cultural representation. At least two focus groups will be offered to families to receive feedback about the services and programs of Don Moyer Boys and Girls Club.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** There has been a new CEO Hired at DMBC therefore, training will be completed and conducted during the 3<sup>rd</sup> quarter. The Elementary program have been relocated to the Marten’s Center. The Park Street location houses the Teen Program. The building will have some immediate building upgrades and a full renovation is in the planning phase. There will be a Child and Family Engagement Social Worker to provide services to youth and families to enhance the family and youth voice in the services and programs that are offered at DMBC.

**Staff comment:** I reviewed the program plans to learn how each program will serve families from rural areas, underrepresented populations, and underinvested communities. The focus of all the programs is to ensure that services are brought in the neighborhoods of the families with a focus on being trauma and justice informed. Many of the families served have been impacted by violence and toxic stress from their environment and lack of resources in the neighborhood. The programs are designed to engage the entire family instead of the focus on the family. A meeting with the CEO to provide support and training about the cultural competence requirements and any additional resources to support culturally and linguistically appropriate services.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Staff travel to rural schools and homes, which includes referrals from Rosecrance and the Youth Assessment Center.

**Promoting inclusion and reducing stigma:** Assist peers with finding and following their own recovery path, without judgement, expectation, rules, or requirements.

**Outcomes:** Measured by FAST (Family Assessment Tool; developed by the National Wraparound Implementation Center (NWIC)).

**Coordinated system:** Not addressed in the application. Other providers identify both Don Moyer and the Youth and Family Peer Support Alliance as a collaborator.

**Written collaborative agreements:** RPC Youth Assessment Center

**Budget and program connectedness:** The Budget Narrative identifies the program revenue (MHB the only source) and brief descriptions of specific items and costs associated with each expense category to be used. All amounts match with the other financial forms.

**Person Centered Planning:** Yes. Developed with/by families.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Identifies and links to Mental Health America advantages of peer support programs and Family and Youth Peer Support Literature Review.

**Staff credentials:** All Parent-Peer Support Providers must be willing to disclose (lived experience) that they are a parent/caregiver of a youth with behavioral health challenges and/or social/emotional needs.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** None listed. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** Would like to see more description of the collaborative partnerships to support youth and families and participation in Rantoul Service Providers meetings.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during the brief, second open application period.

**Audit findings:** PY2022 agency audit was submitted on 11/16/22, with no findings which required follow-up.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** No.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Virtual supports.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Video conferencing available to families.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select a PY24 priority category.*
- *Require participation with relevant collaborations (e.g., Rantoul Service Providers), especially to support referrals to and from the program.*
- *During the contract year, demonstrate efforts to secure other sources of funding, if there are opportunities appropriate to this type of support.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Family Support & Strengthening

**Agency:** East Central Illinois Refugee Mutual Assistance Center (The Refugee Center)

**Request:** \$71,300

**Why it matters:** “Services provided assist immigrant and Limited English Proficient families navigate social services available in Champaign County. We serve over ten languages in house, with other languages available through qualified translators... offers a connection to area resources that is culturally and linguistically appropriate. Our staff often accompanies clients on appointments as advisors and trusted advocates. The goal is to give low-income immigrants better access to quality care and services, leading to thriving families and client self-sufficiency.”

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** This proposal is to fund a current and longstanding program funded by the CCMHB.

### Services and People Served

**Who will benefit:** Low-income immigrants, refugees, and asylees, and Limited English Proficient Champaign County residents.

**Scope of services:** Assistance with public benefit enrollment, case management, navigating many aspects of US life, linkage with MH service providers, interpretation and translation during appointments with MH providers, explanation of cultural barriers encountered in sessions, mediation, culturally appropriate education, counseling and/or education; collaboration with Courage Connection and Trafficking Victims assistance program; Newcomer Immigrant Support Program (tutoring, workshops for those in k-8, etc.) - staff liaisons as advocates and program leader, support with issues such as classroom expectations, bullying, special needs, etc.; certified medical interpreters for medical appts and court appearances; IL Welcoming Center - one-stop wraparound case management, etc.; developing an e-newsletter. (All agency services are funded in part by the CCMHB.)

**Location and frequency of services:** Agency office, client homes, schools, medical or other service provider offices, police stations, courthouse, and jail. Services ongoing/as needed by clients. Walk-ins at agency office Monday through Friday 9AM to 5PM.

**Staff/reviewer comment:** The below are related to attendees at CSEs and therefore duplicated. The utilization measures section contains more detail and our comments on possible changes to what is measured and reported.

#### Residency of 2841 people served in PY2022 and 1815 in the first half of PY2023

<b>Champaign</b>	1200 for PY22	858 for PY23
<b>Urbana</b>	1090 for PY22	609 for PY23
<b>Rantoul</b>	388 for PY22	218 for PY23
<b>Mahomet</b>	13 for PY22	10 for PY23
<b>Other</b>	150 for PY22	120 for PY23

(some unknown, some out of county, some rural Champaign County)

#### Demographics of 2841 people served during PY2022

<b>Age</b>	
Ages 0-6 -----	469
Ages 7-12 -----	381

Ages 13-18 -----	271
Ages 19-59 -----	1663
Ages 60+ -----	57
<b>Race</b>	
White -----	2155
Black / AA -----	158
Asian / PI -----	512
Not Available Qty -----	16
<b>Gender</b>	
Male -----	1448
Female -----	1349
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	1977
Not of Hispanic/Latino/a Origin -----	860
Not Available Qty -----	4

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Focus on residency, immigration status, income (for benefits), but open to anyone needing assistance with information and referrals, translation, and interpretation.

**Outreach to eligible people:** Through word of mouth, social service providers, workshops, Newcomer Immigrant Support program, school visits, faith-based organizations, employers, Adult Diversion Program, multi-lingual outreach through mass outreach events, website, social media, flyers, newsletters, and public benefits sessions.

**Within 2 days from referral, 99% of those referred will be assessed.**

**Within 2 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for:** one year.

**Additional demographic data:** languages spoken.

**Staff/reviewer comment:** Efficient timelines, appropriate to the target populations.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

For 90% of clients to achieve one or more of these within one year of service:

1. Applications for social service/public benefits completed.
2. If unemployed, obtain permanent employment.
3. Improve quality of life.
4. Improve outlook on life.
5. Improve relationships with others.
6. Improve connections with the community.

### Specific assessment tools and data collection:

1. Case notes and IDHS and ICIRR databases (for application records); case notes on referral and information.
2. Case notes.
3. Personal Well Being Index- Adult (PWI-A) or ARISE survey.
4. PWI-A
5. PWI-A
6. Case notes and PWI-A; other organizations' attendance data (for connection to community).

**Outcome data gathered from all participants:** No. Surveys offered to any willing participant on an ongoing basis.

**Will collect outcome data** four times a year.

**Staff/reviewer comment:** Outcomes relate to the client experience and are associated with appropriate measurement tools, though attendance data from other organizations might be difficult to acquire on behalf of some. Describes the PWI-A and development of both an ARISE survey (collaboration with CUPHD and IDPH) and an information and referral form to track client follow up.

## Measures of Utilization

**Community Service Events (CSEs):** 50 - wide variety of support group meetings, public and class presentations, public benefits sessions, workshops.

**Other:** # of intake forms for every new case.

**Staff comment:** CSE target continues as in recent years. Use of Other category not defined. As noted with demographic and zip code data above, it may be helpful to provide NTPC information to reduce duplication, as people may be participating in more than one CSE. When people complete intake or attend classes, workshops, and support groups, they can be counted once a year as (unduplicated) NTPCs, but a total # of SCs (rather than CSE) could represent those activities offered. The CSE category could be used for events in which the agency presents to the public or to other agencies, or large community events at which such information is distributed.

**PY24 Targets** CSE-50 OTHER-?

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	19	0
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Second Quarter	34	7
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*Annual Targets CSE - 50 OTHER - 15*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	34	0
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Second Quarter	15	3
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Third Quarter	19	3.5
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Fourth Quarter	21	6.5
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*Annual Targets CSE - 50 OTHER - 15*

## Financial Analysis

**PY2024 CCMHB funding request:** \$71,300

**PY2024 Total Program budget:** \$1,203,877

**Current year funding (PY2023):** \$62,000

**Proposed change in funding - PY2023 to PY2024 = 15%**

**CCMHB request is for 5.9% of total program revenue.** Other revenue is from United Way Allocation \$35,000, United Way Designated Donation \$5,500, Contributions \$72,452 (6%), Special Events/Fundraising \$69,850 (5.8%), SNAP grant \$17,500, IFRP grant \$182,485 (15%), Victor Hoersch grant \$1,700, WIC grant \$24,000, Illinois Welcoming Center grant \$350,000 (29%), Orange Krush grant \$1,500, JUF EECM/NASS grant \$125,000 (10%), JUF U4U grant \$75,000 (62%), USCCB Preferred Communities grant \$70,065 (5.8%), ARPA Mental Health & Language Access grant \$25,510, CUPHD ARISE \$17,500, Interpreter Fees \$500, Document translation fees \$2,500, and US Conference of Catholic Bishops Resettlement Programming \$56,875 (4.7%).

**Personnel-related costs of \$63,267 are the primary expense charged to CCMHB,** at 88.7% of request. Other expenses: Professional Fees/Consultants \$3,105; Consumables \$350; General Operating \$1,330; Occupancy



\$477; Conferences/Staff Development \$125; Local Transportation \$792; Lease/Rental \$954; and Fundraising Activities \$900.

**Total Agency, Total Program, and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.25 Indirect and 1.09 Direct = 1.34 FTEs

**Total program staff:** 7.06 Indirect and 16.35 Direct = 23.41 FTEs

**Staff comment:** Salaries to be charged to this contract include: 5% of 5 full-time indirect staff (Executive Director, Admin Assistant, Grants Manager - TBH, Operations Manager, and Ass't Dir of Operations); 15% of two full-time Bilingual Caseworkers, 13% and 10% of a third and fourth, 11% of a ¾ time Bilingual Caseworker, 7% of a half-time Bilingual Caseworker, and 5% of a half-time Bilingual Caseworker; 10% of a full-time Resettlement Caseworker and a full-time Junior Bilingual Caseworker; 5% of full-time Asst Dir of Programs and half-time Hourly Bilingual Caseworker - TBH; 2% of half-time Resettlement Program Manager; and 1% of half-time Tutoring Program Coordinator. Fundraising expenses are not an allowable MHB cost even though funds raised will be allocated as program revenue.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Annual CLC Training is provided to the Board of Directors. The CLC Plan is reviewed and acknowledged in the Board meeting minutes. There is a satisfaction survey provided to clients when they first receive services from Eastern Illinois Refugee Center. There is a grievance policy available to all clients that is posted in the waiting areas in several preferred languages of the clients that come to the organization in person.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** "The Refugee Center receives regular site visits and desk reviews from grantors such as the US Conference of Catholic Bishops, the Jewish Federation of Metropolitan Chicago and the Illinois Coalition for Immigrant and Refugee Rights that includes an evaluation of our cultural competency. Many case workers are immigrants who serve clients from the same culture. Countries of origin include Mexico, Vietnam, and OR Congo. Other staff are second generation immigrants and are familiar with the culture. Our Board includes several immigrants, representing Vietnam and OR Congo."

**Staff comment:** I reviewed the program application and the CLC Plan for alignment with priorities and funding requirements. All the clients that are serviced are members of underserved and underrepresented. Most of their engagement are from current client and former client word of mouth, social service provider referrals (like IDHS, DCFS, WIC), workshops, Newcomer Immigrant Support program, school visits, faith-based organizations, employers, Adult Diversion Program, and bilingual outreach to refugee/immigrant populations through mass outreach events, flyers, website and social media, newsletters, and public benefits sessions. Many of the in-person events were paused due to COVID-19. Since Qualified Language Access Services is in our community. There was funding awarded to increase the agency's capacity to serve immigrant families.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** See CLC review (above) regarding outreach. Services at CSCNCC in Rantoul (a Spanish bilingual counselor), plan to expand days in the area using a dedicated office; counselors visit people in their homes, agency office, other providers' offices, police stations, jail; while video not often used, many communicate through WhatsApp.

**Promoting inclusion and reducing stigma:** Many caseworkers themselves are immigrants, with common experience to promote trust and understanding; through these relationships, staff encourage and support clients to seek opportunities/resources in the community.

**Outcomes:** Six outcomes relate to positive changes experienced by clients; each is measured by an appropriate assessment tool (staff document, with client input). Measurable in that the program seeks for 90% of participants to experience the positive changes.

**Coordinated system:** Yes, a focus.

**Written collaborative agreements:** IDHS Immigrant Family Resource Program and Illinois Welcoming Center; MOU with US Conference of Catholic Bishops (to receive refugees); Jewish Federation of Metropolitan Chicago; CUPHD for ARISE health equity grant; RACES Community Partnership Agreement; US Committee for Refugees & Immigrants Trafficking Victims Assistance Program; United Way; ARPA grant for increased language access and MH resources for immigrants with New American Welcome Center, the Immigration Project, Pixan Konab and ISCU; CRIS Healthy Aging; and PACE.

**Budget and program connectedness:** The Budget Narrative provides thorough detail about each program revenue, indicating those applied for and anticipated, each expense to be charged to the program and CCMHB contract, describing what is included and how calculated, and staff responsibilities with portions/amounts to be charged to the contract. Additional comments describe response to clients, who are increasing in number and need, esp. due to COVID, warranting advocacy; the agency is expanding staff who have BSWs and MSWs.

**Person Centered Planning:** Not a focus.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Immigrant staff, ability to accommodate 10 languages. Links to an Issue Brief from The Colorado Trust “Trusted Hands: The Role of Community-Based Organizations in Enrolling Children in Public Health Insurance Programs” and University of Minnesota Extension website for “Building trust in communities.”

**Staff credentials:** Describes qualifications of current staff: Executive Director - licensed attorney with immigration law training; Asst Dir of Programs - 3 years’ experience at refugee resettlement office; a medically certified translator; some staff with decades’ experience serving immigrants in Champaign County; some staff are immigrants with shared common experience; all receive regular language assessment and training through DuPage Federation, public benefit eligibility, application, outreach and training pertinent to immigration issues through the IL Coalition for Immigrant and Refugee Rights and IDHS.

**Will the funding be used as match for another source of revenue:** No. Program activities include benefits enrollment which is a way of leveraging this funding to increase use of other payers.

**Other pay sources:** Grants through IDHS, IL Coalition for Immigrant and Refugee Rights, Cunningham Township/City of Urbana, United Way, USCCB, Jewish Federation of Metropolitan Chicago, private donors, and fundraising events. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on March 31, 2023, with some follow-up needed, e.g., to demonstrate payer of last resort; at the time of this writing, our review of the audit continues. Payments were suspended for three months due to audit not submitted by 12/31/22 and so forth.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes, though virtual options not preferred by clients.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Revise the Utilization targets and descriptions of how the categories are to be used, to better align with MHB definitions and to track unduplicated clients without losing the detail of # of activities hosted and attended.*
- *Rework expense form (see above).*
- *Determine whether the PY23 audit will be completed prior to next deadline. Letter of engagement for that work should be provided prior to contract execution.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Counseling

**Agency:** Family Service of Champaign County

**Request:** \$30,000

**Why it matters:** "... trauma-informed, affordable, accessible counseling services to individuals, couples, and families residing in Champaign County. We offer a sliding fee scale for those who are uninsured... offer a relationship assessment and counseling services to individuals who are part of the Champaign County Drug Court."

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** This request is to continue a program currently funded by the CCMHB.

### Services and People Served

**Who will benefit:** People seeking MH counseling, who are low-income or do not have insurance; priority to those referred from Drug Court for outpatient individual, couple, and family therapy.

**Scope of services:** MH assessment, treatment plan development, counseling for individuals, couples, and families. For Drug Court clients, progress notes to the Judge and Drug Court counselor, and for the client and their family, relationship assessment. For all program clients, needs of individual and family members are addressed, can include anger management, abuse, child behavioral issues, family discord, trauma, grief, SUD.

**Location and frequency of services:** Office in Champaign; telehealth and some evening hours; frequency determined by client need (weekly to monthly); sessions one hour.

**Staff/reviewer comment:** It is possible that the PY23 data listed below do not include clients who continued from PY22 and were served in the first quarter.

#### Residency of 37 people served in PY2022 and 4 in the first half of PY2023

<b>Champaign</b>	10 for PY22	2 for PY23
<b>Urbana</b>	17 for PY22	1 for PY23
<b>Rantoul</b>	2 for PY22	0 for PY23
<b>Mahomet</b>	2 for PY22	1 for PY23
<b>Other</b>	6 for PY22	0 for PY23

#### Demographics of 37 people served during PY2022

##### Age

Ages 13-18 -----	2
Ages 19-59 -----	31
Ages 60+ -----	4

##### Race

White -----	26
Black / AA -----	9
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	2

##### Gender

Male -----	20
Female -----	17

##### Ethnicity

Of Hispanic/Latino/a Origin ----- 1  
 Not of Hispanic/Latino/a Origin ----- 36

## Measures of Client/Participant Access

**Eligibility criteria and determination:** People as young as 5; direct contact or referral, brief phone screening to discuss issues and determine if needs are within scope (appropriate referrals are made, if not).

**Outreach to eligible people:** Community fairs; program brochures and flyers to providers of services, housing, food assistance; agency website and social media; information shared with places of worship and schools.

**Within 2 days from referral, 90% of those referred will be assessed.**

**Within 5 days of assessment, 85% of those assessed will engage in services.**

**People will engage in services, on average, for:** Varies greatly - one session to several years.

**Additional demographic data:** Gross family income (for sliding fee).

**Staff/reviewer comment:** Timelines are quite reasonable given the nature of the service.

## Measures of Client/Participant Outcomes

**Outcomes and targets:** All regard the people receiving service.

1. ... improvement in 4 areas of functioning: individual, relational, social, and overall
2. ... (with treatment plan) meet treatment goals they established with their therapist.
3. ... (with treatment plan) improvement in functioning over the course of treatment.
4. Drug Court clients will complete relationship assessment with therapist; therapist will recommend additional services if appropriate.

**Specific assessment tools and data collection:**

1. Outcome Rating Scale developed by Miller & Duncan - self-report questionnaire client completes when treatment plan is reviewed/revise, with 0-10 scale in each domain.
2. Quarterly review of treatment plan by client and therapist and upon closing by therapist.
3. Global Assessment of Functioning, at initial MH assessment and whenever plan is updated or case closed. Scale 0-100.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** Outcomes 1, 2, and 3 - quarterly and when closed; Outcome 4 at completion of assessment.

**Staff/reviewer comment:** The outcomes relate directly to positive impact experienced by participants, with appropriate assessment tools for each. Numeric targets are not included, but improvement and meeting goals are measurable.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 40 people seen for at least 3 sessions, opportunity to develop treatment plan.

**Non-Treatment Plan Clients (NTPCs):** 20 - Drug Court clients seen for one-time relationship assessment PLUS clients who engage in service but discontinue before treatment plan is complete.

**Staff comment:** For PY23, it appears the agency did not report any continuing clients during the first quarter - is this an oversight or did no TPCs or NTPCs continue from PY22?

**PY24 Targets**      TPC-40    NTPC-20

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter            1            1

Second Quarter        2            0

*Annual Targets*      TPC-40    NTPC-30

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	27	6
Second Quarter	3	3
Third Quarter	4	4
Fourth Quarter	2	0
Annual Targets	TPC-40	NTPC-35

## Financial Analysis

**PY2024 CCMHB funding request:** \$30,000

**PY2024 Total Program budget:** \$74,448

**Current year funding (PY2023):** \$30,000

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 40.3% of total program revenue.** Other revenue is from Contributions \$14,000, Special Events/Fundraising \$4,448, and Program Service Fees \$26,000.

**Personnel-related costs of \$25,511 are the primary expense charged to CCMHB,** at 85% of requested amount. Other expenses: Professional Fees/Consultants \$340; Consumables \$100; General Operating \$695; Occupancy \$2,204; Lease/Rental \$50; Membership Dues \$50.

**Total Agency budget has a deficit of \$163, Total Program and CCMHB budgets are each BALANCED.**

**Program staff to be funded by CCMHB:** 0.18 Indirect and 0.52 Direct = 0.7 FTEs

**Total program staff:** 0.45 Indirect and 1.25 Direct = 1.7 FTEs

**Staff comment:** No increase is requested; all costs are described in the Budget Narrative. Indirect staff salaries to be charged to MHB: 8% of a 0.24 FTE Admin Assistant; 3% of 0.14 FTE Bookkeeper/Client Billing; 2% of full-time Executive Director (open) and Controller; and 1% of 0.80 FTE Admin Assistant, half-time Bookkeeper, and 0.16 FTE Receptionist. Direct staff salaries: 22% of 0.53 FTE Therapist; 21% of half-time Therapist; and 9% of 0.53 FTE Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training is provided annually to all staff and volunteers. Position descriptions have a cultural competence requirement for all staff and volunteers. All staff receive a copy and must sign the Cultural Competence Plan annually. Two engagement activities are held in the community. This will ensure that services that are offered at Family Service of Champaign County.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Family Service has an advisory committee that reviews that client satisfaction surveys and provides feedback to the leadership. "All programs continue to use assessment tools and treatment plans that address cultural and linguistic preferences, are strength-based, client driven and identify and utilize family and other natural support systems wherever possible. Employee performance reviews and interviews with prospective employees included an assessment of their knowledge of cultural competence." Training topics: Cultural Humility: People, Principles and Practices, Intergenerational Trauma & Unprocessed Grief, Reframing Aging, De-escalation Skills & Strategies for Helping Professionals. Most of the staff participated in the training that was offered.

**Staff comment:** I reviewed the program plans submitted by the agency. The programs are providing support to seniors, people with disabilities, and community members that seek support groups. Ageism, and victimization of vulnerable populations is a focus that requires staff be trauma informed, culturally aware, and practice cultural competence with all the diverse backgrounds of the clients served. Family Services continues to provide support in rural communities by offering virtual options and home visits.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through: distribution of information to schools, places of worship, community centers, and libraries; information packets to rural school social workers and guidance counselors; and Human Services Council and Rantoul Providers group. Limited evening hours offered to those traveling further to the Champaign office; telehealth for those who access services from home.

Outreach to historically under-resourced populations through many agencies, CUPHD, flyers on public bulletin boards at Lincoln Square, grocery stores, Salt & Light, etc. Some flexibility through limited evening hours and telehealth; sliding fee scale and Medicaid participation.

**Promoting inclusion and reducing stigma:** Trauma-informed, philosophy of self-determination and respect; therapeutic environment sensitive to culture, values, beliefs, traditions, customs, family values, trust, personal preferences; reassurance of the benefits of MH services.

**Outcomes:** Three outcomes for all TPCs, one specific to Drug Court clients; appropriate assessment tools and processes.

**Coordinated system:** Yes.

**Written collaborative agreements:** Champaign County Drug Court, CUPHD, Rosecrance.

**Budget and program connectedness:** The Budget Narrative describes other sources of revenue for the program, each expense category, how they were calculated, and specific costs included in each. The amounts match Expense Form.

**Person Centered Planning:** Individual treatment plans.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Cites articles on the importance of family therapy for family members of Drug Court participants, identified by National Association of Drug Court Professionals in Adult Drug Court Best Practice Standards.

**Staff credentials:** Therapists are an LCSW and LCPC with many years' experience in MH, with IDCFS Trauma-Informed Credential. Director has a Masters in Nonprofit Administration and background working with psychiatric patients, training in Seeking Safety (for those with trauma and SUD).

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Donations and client fees. **Client fees:** Yes. **Sliding scale:** Yes. VERY good detail on all payment amounts by household income brackets.

**Willing to participate in Medicaid programs:** Yes. The program receives fees for the service when other payers can be charged.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during a brief, second application period.

**Audit findings:** PY2022 agency audit was submitted on 12/29/22, with no findings requiring follow-up or unexpended revenue owed back to the CCMHB.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Telehealth continues; training not a focus of the application.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Determine whether there were continuing clients in Q1 PY23 who were not reported and correct this, if in error.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Disability Benefits for the Family - NEW program request

**Agency:** Family Service of Champaign County

**Request:** \$72,619 - NEW request

**Why it matters:** "... designed to develop a program that assists families with children with disabilities in navigating the SSI/SSDI application/redetermination/appeal process. Additionally, this program creates a support group for parents of children with various disabilities and will provide services such as information/referral, advocacy, and other wrap-around supports which will assist the family in gaining/maintaining stability while the application/appeal is being processed."

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** This request would support a new program at the agency.

### Services and People Served

**Who will benefit:** Families and support systems of children/youth up to age 18 with mental/emotional, physical, intellectual/developmental, and/or sensory disabilities in the benefits enrollment process.

**Scope of services:** Focus is MH support for families in this process, through direct support with application and through support groups. Comprehensive, cross-disability support system for parents of children with disabilities, through: outreach; application/appeal/redetermination counseling (in-depth intake, care plan with supports identified, etc.); appeal/redetermination; peer-directed support group.

**Location of services:** In-person at Champaign office, client home, or public location which offers privacy; agency is considering a Rantoul office location; telephone appointments via Champaign office; remote (Zoom) meetings.

**Staff/reviewer comment:** Section includes more detail on each component. Frequency of services not indicated, but the program would be developed through this grant. Addresses an important aspect of benefits enrollment, which is the stress on families during the process.

### Measures of Client/Participant Access

**Eligibility criteria and determination:** People who support someone who has a disability; child's disability documented by a doctor, school, government agency, or statement that the disability impacts the child's activities of daily living.

**Outreach to eligible people:** Targeted communication to area parents, medical facilities, Social Security Administration (SSA), schools, social service agencies.

**Within 5 days from referral, 90% of those referred will be assessed.**

**Within 5 days of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for: 6-9 months.**

**Additional demographic data:** statistics on the types of disabilities.

### Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. 60% approval rate of disability applications, completed within 3 months of initiation. (Initial approval rate 30%.)
2. 75% will report decrease in anxiety due to support for the application, appeal, or redetermination process.

**Specific assessment tools and data collection:**

FAMILY SERVICE DISABILITY - 1

1. Decision document from SSA, follow-up contacts with clients. Data collection and reporting by staff.
2. Modified versions of evidence-based PHQ-2 and GAS-10 assessments, screening stress/anxiety at intake and upon application submission.

**Outcome data gathered from all participants:** No. TPCs may complete the assessment, to evaluate the program's impact; NTPCs in support group may complete assessment for impact of the support group.

**Will collect outcome data** at open and close, for TPCs; at open for NTPCs and closed if applicable. Annually if active for greater than one year.

**Staff/reviewer comment:** The second outcome measures a near-term positive impact on families; both have appropriate assessment tools and measurable targets.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 30 - people completing SSI/SSDI application or appealing; treatment plan with other supports.

**Non-Treatment Plan Clients (NTPCs):** 40 - people meeting with staff to discuss applying for SSI/SSDI but choosing not to go PLUS support group participants.

**Service Contacts (SCs):** 300 - total of meetings with TPC and with others on their behalf plus direct interactions with NTPCs.

**Community Service Events (CSEs):** 6 - events to reach large # family members and support networks or professional groups/referral sources.

**Staff comment:** The categories are well thought out and targets seem reasonable.

**PY24 Targets** TPC-30 NTPC-40 SC-300 CSE-6

## Financial Analysis

**PY2024 CCMHB funding request:** \$72,619 - NEW request

**PY2024 Total Program budget:** \$72,619

**CCMHB request is for 100% of total program revenue.**

**Personnel-related costs of \$59,107 are the primary expense charged to CCMHB**, at 81.4% of requested amount. Other expenses: Professional Fees/Consultants \$2,000; Consumables \$2,500; General Operating \$1,760; Occupancy \$1,650; Conferences/Staff Development \$470; Local Transportation \$275; Equipment Purchases \$3,500; Lease/Rental \$90; Membership Dues \$57; and Miscellaneous 1,210.

**Total Agency budget has a deficit of \$163, Total Program CCMHB budgets are BALANCED (and the same).**

**Program staff to be funded by CCMHB:** 0.20 Indirect and 1.30 Direct = 1.50 FTEs

**Total program staff:** same.

**Staff comment:** Salaries to be charged to the CCMHB contract include 100% of a 20% time SOAR Data Manager as Indirect; Direct staff salaries are 100% of a quarter-time SOAR Caseworker, full-time SOAR Coordinator, 0.03 FTE SOAR Therapist, and 0.02 FTE SOAR Director. All positions are currently vacant. Because some of the positions appear to be for very part-time positions, it is possible errors exist in the personnel form, Total Agency. If true, this would have the effect of understating Total Agency expenses though not necessarily Total Program/CCMHB. There is a statement that a part-time staff member for this program will be employed with the agency's Senior Counseling program as well, with the salary split, so it is possible that these small amounts are not errors.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training is provided annually to all staff and volunteers. Position descriptions have a cultural competence requirement for all staff and volunteers. All staff receive a copy and must sign the Cultural Competence Plan annually. Two engagement activities are held in the community. This will ensure that services that are offered at Family Service of Champaign County.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Family Service has an advisory committee that reviews that client satisfaction surveys and provides feedback to the leadership. "All programs continue to use assessment tools and treatment plans that address cultural and linguistic preferences, are strength-based, client driven and identify and utilize family and other natural support systems wherever possible. Employee performance reviews and interviews with prospective employees included an assessment of their knowledge of cultural competence." The following training topics: Cultural Humility: People, Principles and Practices, Intergenerational Trauma & Unprocessed Grief, Reframing Aging, De-escalation Skills & Strategies for Helping Professionals. Most of the staff participated in the training that was offered.

**Staff comment:** I reviewed the program plans submitted by the agency. The programs are providing support to seniors, people with disabilities, and community members that seek support groups. Ageism, and victimization of vulnerable populations is a focus that requires staff be trauma informed, culturally aware, and practice cultural competence with all the diverse backgrounds of the clients served. Family Services continues to provide support in rural communities by offering virtual options and home visits.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural reach through postings at post offices, libraries, gas stations, churches, and other community gathering spaces, targeted Facebook marketing; staff travel to meet clients in their homes or preferred community spots, phone and zoom meeting options are available, and rural office location(s) being explored. Outreach to under-resourced populations through churches and organizations serving racial, ethnic, and gender minorities and low-income families; (service options as with rural).

**Promoting inclusion and reducing stigma:** Access and services to assist with financial and other stability. A sense of inclusion and reduction of stigma through interacting with staff who routinely serve people with similar needs. While not mentioned, the peer support group may also foster inclusion.

**Outcomes:** Two outcomes measure program performance (successful disability applications) and positive impacts experienced by participants (reduced anxiety/stress), with specific targets and appropriate assessment tools.

**Coordinated system:** Partnerships with many relevant organizations; coordinate these as the program is built.

**Written collaborative agreements:** Champaign County Drug Court, CUPHD, Rosecrance, PACE Inc., Parkland College; UIUC Center for Healthy Aging and Disability, and Urbana Park District.

**Budget and program connectedness:** The Budget Narrative describes all expenses, with detail on what is to be included in each category, supporting the program plan. Amounts are consistent with other financial forms. There are no other revenues for the program.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Identifies SOAR trainings and methods and links to SAMHSA website page on SOAR.

**Staff credentials:** (Both to be hired) full-time SOAR Coordinator - minimum Bachelor's degree and 2 years' experience in social services or related; half-time SOAR Specialist - minimum Associate's and 1 year experience in social services or related. Family Service Senior Resource Center is a member of Association of Information & Referral Specialists; certification is an option for new program staff.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** None. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No. Purpose is to connect people with benefits, including public payers such as Medicaid.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. They were submitted during a second, brief open application period.

**Audit findings:** PY2022 agency audit was submitted on 12/29/22, with no findings requiring follow-up or unexpended revenue owed back to the CCMHB.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes, to the mental health of family and other caregivers.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Would develop with partners identified in the application (and others, presumably).

**Continuation of services during public health emergency:** Due to Zoom option, yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus but virtual and phone appointment option continue.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *If errors exist in the Personnel Form (particularly Total Agency column), these should be addressed. If not in error, then hopefully the positions are not too part-time to find candidates.*
- *if any vacancies exist at the beginning of the contract year, prorate the contract maximum and amend as each vacancy is filled.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Self-Help Center

**Agency:** Family Service of Champaign County

**Request:** \$28,930

**Why it matters:** "... to encourage and promote peer support and mentoring opportunities throughout Champaign County. The Self-Help Center promotes peer support groups and assists individuals and professionals in finding, developing, and maintaining peer support groups. Peer support groups promote resilience, recovery, wellness, and support for a wide range of individuals..."

**Selected priority:** Innovative Practices and Access to Behavioral Health Services (not a PY24 category)

**Staff/reviewer comment:** This request is to continue funding a long-standing program which hosts a conference every other year. Although the total request is for the amount normally associated with a conference year, PY24 is not the year for this event.

### Services and People Served

**Who will benefit:** Individuals seeking self-help/support groups or trying to start one (if needs unaddressed by existing groups); group leaders experiencing group challenges or wishing to improve visibility and functioning; professionals seeking to work with and/or refer clients to groups.

**Scope of services:** Information database on groups; directory every other year; internet home page listing (over 200) groups and activities; 11 specialized lists by theme (on public bulletin boards and events); consultation and educational packets for those starting/improving group; coordination of day-long conference (not PY24 but in PY25); two half-day workshops on group skill development (in PY24); participation at community fairs and forums for public and professionals; quarterly newsletter for group leaders, members, and professionals.

**Location and frequency of services:** Assistance by phone, email, website, directory, video conference, or in-person at locations convenient to the individual; conferences and workshops accessible to public transportation, virtual options.

**Residency of 36 people served in PY2022 and 0 in the first half of PY2023** (because all calls and emails received are anonymous and confidential; data are only collected at workshops or conferences.)

<b>Champaign</b>	14 for PY22
<b>Urbana</b>	4 for PY22
<b>Rantoul</b>	1 for PY22
<b>Mahomet</b>	0 for PY22
<b>Other</b>	17 for PY22

#### Demographics of 38 people served during PY2022

##### Age

Ages 19-59 -----	10
Ages 19-59 -----	5
Not Available Qty -----	23

##### Race

White -----	10
Black / AA -----	1
Asian / PI -----	1

Other (incl. Native American and Bi-racial)	1
Not Available Qty -----	23
<b>Gender</b>	
Male -----	0
Female -----	17
Not Available Qty -----	23 (error?)
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	0
Not of Hispanic/Latino/a Origin -----	7
Not Available Qty -----	23

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Champaign County residents.

**Outreach to eligible people:** Website, social media, newsletters, directory, flyers in public locations; info shared with MH providers and hospital and school social workers.

**Within 0 days from referral, 0% of those referred will be assessed.**

**Within 0 days of assessment, 0% of those assessed will engage in services.**

**People will engage in services, on average, for:** N/A

**Additional demographic data:** Limited info from information and referral calls - topic, professional or lay person; at event registration, voluntary data on gender, ethnicity, age group, lay or professional, and zip code.

**Staff/reviewer comment:** Good timelines for engagement, realistic given the service.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. ... individuals and families will be made aware of the existence of self-help groups and will be provided information and/or referral to a group(s) appropriate to address their needs (when one is available). (List of 3 main strategies.)
2. ... individuals wanting to start a group and group leaders experiencing difficulties will be able to effectively start and lead groups and group visibility will increase. (Lists 3 strategies.)
3. ... professionals will be able to locate self-help groups to which they can refer their clients and will know how to work effectively with groups. (Includes a strategy.)
4. ... coordinator will monitor and track the existence of the support groups in Champaign County to better know and understand the demographics of the groups and maintain relationships with group leaders.

**Specific assessment tools and data collection:**

1. Tracked by coordinator through log of contacts and directory distribution, # phone calls, # emails, # consultations, and topic/# of events.
2. Coordinator has developed an evaluation tool for conference and workshop attendees, regarding skills acquisition, knowledge, satisfaction, and implementation of information.
3. Support group directories sent to professionals.
4. Annual survey of self-help and support group leaders, regarding demographics, concerns, and training needs.

**Outcome data gathered from all participants:** No.

**Will collect outcome data** after workshops or conferences, post service surveys; annually from group leaders completing a support group survey on concerns, challenges, and training needs.

**Staff/reviewer comment:** Two outcomes measure participant impact and two measure program performance. The assessment tools are appropriate, though #3 is not clear. Numeric targets are not included.

## Measures of Utilization

**Community Service Events (CSEs):** 270 - participation in public presentations, Support Group directory and Specialized lists, and quarterly newsletter to the support group mailing list.

**Staff comment:** Indicates that the CSE target is lowered during years when the conference is not held. Traditionally in a non-conference year the request is lowered by \$500.

**PY24 Targets** CSE-270

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter 83

Second Quarter 76

*Annual Targets* CSE-300

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter 71

Second Quarter 72

Third Quarter 70

Fourth Quarter 78

*Annual Targets* CSE-270

## Financial Analysis

**PY2024 CCMHB funding request:** \$28,930

**PY2024 Total Program budget:** \$31,422

**Current year funding (PY2023):** \$28,930

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 92% of total program revenue.** Other revenue is from Carle Foundation Hospital \$2,492.

**Personnel-related costs of \$23,434 are the primary expense charged to CCMHB,** at 81% of requested amount. Other expenses: Professional Fees/Consultants \$992; Consumables \$250; General Operating \$730; Occupancy \$1,300; Conferences/Staff Development \$1,800; Local Transportation \$9; Equipment Purchases \$100; Lease/Rental \$45; Membership Dues \$100; and Miscellaneous \$170.

**Total Agency budget deficit of \$163, Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.12 Indirect and 0.57 Direct = 0.75 FTEs

**Total program staff:** 0.12 Indirect and 0.63 Direct = 0.69 FTEs

**Staff comment:** The increase of \$500 has typically been for conference costs, but this year it is simply an increase (over non-conference year amount). Indirect salaries to be charged to the MHB include: 5% of 0.24 FTE Admin Assistant; 2% of full-time Executive Director (open), Controller, and 0.8 FTE Admin Assistant; and 1% of half-time Bookkeeper. Direct salaries to be charged are 48% of 0.53 FTE Coordinator and 9% of 0.53 FTE Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training is provided annually to all staff and volunteers. Position descriptions have a cultural competence requirement for all staff and volunteers. All staff receive a copy and must sign the Cultural Competence Plan annually. Two engagement activities are held in the community. This will ensure that services that are offered at Family Service of Champaign County.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Family Service has an advisory committee that reviews that client satisfaction surveys and provides feedback to the leadership. “All programs continue to use assessment tools and treatment plans that address cultural and linguistic preferences, are strength-based, client driven and identify and utilize family and other natural support systems wherever possible. Employee performance reviews and interviews with prospective employees included an assessment of their knowledge of cultural competence.” Training topics: Cultural Humility: People, Principles and Practices, Intergenerational Trauma & Unprocessed Grief, Reframing Aging, De-escalation Skills & Strategies for Helping Professionals. Most of the staff participated in the training that was offered.

**Staff comment:** I reviewed the program plans submitted by the agency. The programs are providing support to seniors, people with disabilities, and community members that seek support groups. Ageism, and victimization of vulnerable populations is a focus that requires staff be trauma informed, culturally aware, and practice cultural competence with all the diverse backgrounds of the clients served. Family Services continues to provide support in rural communities by offering virtual options and home visits.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural residents via online, phone, email, directory at local libraries, mailing list of libraries and places of worship (to distribute directory and meeting notices); info at community fairs; Coordinator can arrange video call or face to face meeting at a location convenient to the rural resident. Similar outreach to under-resourced populations, along with distribution to organizations serving them (Salt & Light, Restoration Urban Ministries, CU at Home, e.g.); specialized support group lists, professional referrals matching transportation needs, and agency office on CU Mass Transit route.

**Promoting inclusion and reducing stigma:** Those contacting the Center have different needs, addressed individually and confidentially. Collaboration with AIR and Expo steering committees, focused on inclusion.

**Outcomes:** Four outcomes are presented, three with appropriate assessment tools; specific numeric targets are not included; two measures relate directly to the impact on people engaging with the program (a third could as well.)

**Coordinated system:** Works with Carle, OSF, and other organizations offering support groups; partners on AIR and Expo Steering Committees; Self-Help Center Advisory Council with members from UI College of Nursing, OSF, UI Child Development Lab, Family Advocacy Center, etc.

**Written collaborative agreements:** No written agreements.

**Budget and program connectedness:** The Budget Narrative describes other sources of revenue for the program, each expense category, how they were calculated, specific costs included in each, and relevance to the program. The amounts of other revenues and all expenses do not match those listed in the Revenue and Expense forms, possibly the result of not fully updating the form cloned from PY23.

**Person Centered Planning:** Not a focus.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Cites review of studies on self-help and mutual aid support groups, describes/cites two, focus on AA and elder bereavement group.

**Staff credentials:** Coordinator has BS, Ed.M, and PhD in Education, responsible for the Center since 2019, prior experience listed; Program Director has Master’s in Nonprofit Administration and relevant prior experience.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Carle donation, workshop/conference fees (when held in person). **Client fees:** No. **Sliding scale:** No. **Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.



**All forms submitted by deadline:** No. Forms were submitted during a brief, second application period.

**Audit findings:** PY2022 agency audit was submitted on 12/29/22, with no findings requiring follow-up or unexpended revenue owed back to the CCMHB.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Indirectly related to many support needs, as an information clearinghouse and support for support groups and professionals.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes. A longstanding and well-known program.

**Continuation of services during public health emergency:** Yes, as many options not in person are appropriate to the service.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select a PY24 priority category.*
- *Revise financial forms to match (errors are most likely in the Budget Narrative).*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Senior Counseling & Advocacy

**Agency: Family Service of Champaign County**

**Request: \$178,386**

**Why it matters:** "... assist older adults in coping with anxiety and feelings of loss, assist with social isolation, help apply for medical and financial benefits, and then provide direct assistance with services such as HomeCare, Transportation, and Meals on Wheels."

**Selected priority:** Innovative Practices and Access to Behavioral Health Services (not a PY24 priority category)

**Staff/reviewer comment:** This request is to continue a longstanding MHB funded program and add a component which was piloted in PY23. Need to select PY24 priority (*Closing the Gaps in Access and Care* is suggested).

### Services and People Served

**Who will benefit:** Adults 60 and older, below the area median income, have multiple emotional and/physical health needs, and require assistance in completing numerous applications and contacts with various safety net programs and service providers.

**Scope of services:** Case management services to assist with applying for benefits; reviewing Medicare options; determining eligibility for financial assistance program; monthly calls to make progress on these supports. Assessment to measure anxiety & loneliness and a client-directed Care Plan to assess further needs beyond their primary concern which may include after-care services.

**Location and frequency of services:** Client's home, agency office, or community. Casework is also occurring over the phone and in requested situations over services such as Zoom. Office hours available 8:30 a.m. – 5:00 p.m. M-F. After-hours services if needed. Advocacy services may be a one-time phone call and referral, or staff can work with the client until services are in place. Non-treatment plan services generally are completed within one to two months.

**Staff/reviewer comment:** Very available to clients. This longstanding program will absorb the agency's PY23 pilot, Creative Social Connectivity. It proposes a collaboration with another organization to increase service reach.

#### Residency of 429 people served in PY2022 and 255 in the first half of PY2023

<b>Champaign</b>	180 for PY22	110 for PY23
<b>Urbana</b>	129 for PY22	69 for PY23
<b>Rantoul</b>	22 for PY22	18 for PY23
<b>Mahomet</b>	18 for PY22	19 for PY23
<b>Other</b>	80 for PY22	39 for PY23

#### Demographics of 429 people served during PY2022

<b>Age</b>	
Ages 13-18 -----	9
Ages 19-59 -----	73
Ages 60+ -----	310
Not Available Qty -----	37
<b>Race</b>	

White -----	268
Black / AA -----	95
Asian / PI -----	10
Other (incl. Native American and Bi-racial)	10
Not Available Qty -----	46
<b>Gender</b>	
Male -----	137
Female -----	292
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	10
Not of Hispanic/Latino/a Origin -----	336
Not Available Qty -----	83

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Adults 60 and older who reside in an independent living setting, as well as their support networks. Those measured in the "Other" category can be under 60 if they are looking for resources on behalf of a person/people 60+. For the Senior Counseling program (PEARLS), a person 60+ must score a 2 or higher on the PHQ-2 (Patient Health Questionnaire 2) to be eligible.

**Outreach to eligible people:** Word of mouth, other agency referrals, brochures and other printed materials distributed throughout the community, health fairs and other community events, their faith community or first responders, media such as phone book ads, Facebook, Instagram, and website.

**Within 14 days from referral, 90% of those referred will be assessed.**

**Within 7 days of assessment, 95% of those assessed will engage in services.**

**People will engage in services, on average, for:** A senior client can remain open for many years. A support to the senior, one-day to several months.

**Additional demographic data:** Financial information, living arrangement, living status (alone or with others), marital status, if limited English speaking.

**Staff/reviewer comment:** Timeline is good for this type of service; appropriate assessment tool for PEARLS.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. People will be referred to needed services for anxiety, depression, and/or social isolation.
2. People will have reduced anxiety, depression, and social isolation scores.
3. PEARLS clients will have reduced PHQ9 scores.
4. People beginning Healthy-Aging classes will complete the series.

### Specific assessment tools and data collection:

1. Geriatric Anxiety, (PHQ-2), and UCLA Loneliness Scale - assessment of an elder by a caseworker.
2. PEARLS PHQ9 (DSM Major Depression) tracking sheet - completed by caseworker.
3. Report produced by Data & Grants Manager

**Outcome data gathered from all participants:** No. Only TPCs receive the Geriatric Anxiety and the UCLA scales; PEARLS clients receive PHQ-2. Tracked data for Healthy-Aging class participants. Currently, only NTPCs participating in social isolation programs will regularly receive UCLAs.

**Will collect outcome data** on anxiety every 6 months; UCLA, up to every 3 months; PHQ, as required; tracked Healthy-Aging participants.

**Staff/reviewer comment:** Two outcomes measure positive impact experienced by clients, one measures program performance, and another addresses completion of classes. Appropriate assessment tools; no numeric targets. Presumably, PHQ2 measures #1 and #2, and PHQ9 measures outcome #3.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 325-Clients who require help with long-term or complex needs including mental health issues (including interventions to lower risk to mental health).

**Non-Treatment Plan Clients (NTPCs):** 700 - Clients who require interventions to address short-term, specific, or less complex needs. These needs tend to be targeted, and lead to less frequent client communication.

**Service Contacts (SCs):** 2900 -Number of contacts with TPCs and NTPCs (this represents the instances in which Family Service staff/volunteers interact with clients, or other entities directly on the behalf of a specific client.

**Community Service Events (CSEs):** 4 CSEs to conduct outreach to the greater Champaign County community, with a focus on distributing our event attendance at events throughout various parts of Champaign County

**Other:** 2,500 - to track the number of Information and Referral contacts we complete. These contacts occur typically over the phone, but also take place in meetings with other organizations, at events, and through channels such as email and social media.

**Staff comment:** Categories are used appropriately, with reasonable targets, based on previous data and additional supports through the program.

**PY24 Targets** TPC-325 NTPC-700 SC-2900 CSE-4 OTHER-2500

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	153	140	279
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Second Quarter	1	34	307
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*Annual Targets* TPC-400 NTPC-500 SC-1910

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	195	95	233
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Second Quarter	26	54	180
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Third Quarter	42	23	369
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Fourth Quarter	83	10	216
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*Annual Targets* TPC-400 NTPC-500 SC-2500 (IR Calls)

*Data from the PY23 program "Creative Social Connectivity for Seniors"*

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	0	88	18
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Second Quarter	3	127	10
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*Annual Targets* NTPC - 50 SC-250 CSE- 54

## Financial Analysis

**PY2024 CCMHB funding request:** \$178,386

**PY2024 Total Program budget:** \$546,314

**Current year funding (PY2023):** \$162,350

**Proposed change in funding - PY2023 to PY2024 = 9.9%**

**CCMHB request is for 32.7% of total program revenue.** Other revenue is from United Way designated donations \$14,280, Contributions \$96,187 (17.6%), Special Events/Fundraising \$50,000, Hoersch Trust grant \$1,795, ECIAAA Reducing Social Isolation grant \$19,000, Title XX grant \$23,986, ECIAAA Title III Caregiver grant \$26,381, ECIAAA Title III Sr. Counseling grant \$25,500, ECIAAA CDSMP/DSMP/MOB grant \$24,000, ECIAAA Title

VII M-Team grant \$500, City of Urbana Arts grant \$4,999, FOP Lodge 17 grant \$500, ECIAAA SIS grant \$60,000 (11%), ECIAAA MIPPA grant \$7,000, ECIAAA Options Counseling grant \$1,500, ECIAAA Stress Busters grant \$12,000, LIHEAP fees \$300.

**Personnel-related costs of \$145,542 are the primary expense charged to CCMHB**, at 81.6% of requested amount. Other expenses: Professional Fees/Consultants \$5,000; Consumables \$6,357; General Operating \$3,251; Occupancy \$4,600; Conferences/Staff Development \$1,736; Local Transportation \$3,200; Equipment Purchases \$2,800; Lease/Rental \$300; Membership Dues \$400; and Misc \$5,200.

**Total Agency budget has a deficit of \$163, Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.48 Indirect and 3.41 Direct = 3.89 FTEs

**Total program staff:** 1.61 Indirect and 8.08 Direct = 9.69 FTEs

**Staff comment:** The increased request relates to incorporating the Creative Social Connectivity for Seniors, \$25,000, (as suggested by MHB staff and board last year). Indirect salaries to be charged to the MHB contract are: 13% of the full-time Executive Director (open) and Controller; 11% of 0.80 FTE Administrative Assistant; 5% of 0.16 FTE Clerical Assistant; and 2% of 0.16 FTE Receptionist, half-time Bookkeeper, and 0.53 FTE Coordinator. Direct salaries to be charged are: 100% of a full-time Caseworker (open); 33% of full-time Manager; 30% of full-time Manager; 24% of a 0.73 FTE Caseworker; 21% of full-time Program Director and a 0.63 FTE Caseworker; 20% of full-time Receptionist/I&R; 17% of half-time Caseworker; 16% of three 0.48 FTE Caseworkers; 8% of a 0.23 FTE Caseworker; 2% of a 0.80 FTE Coordinator and a full-time Coordinator; and 1% of a full-time Manager and a 0.02 FTE Caseworker.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training is provided annually to all staff and volunteers. Position descriptions have a cultural competence requirement for all staff and volunteers. All staff receive a copy and must sign the Cultural Competence Plan annually. Two engagement activities are held in the community. This will ensure that services that are offered at Family Service of Champaign County.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Family Service has an advisory committee that reviews that client satisfaction surveys and provides feedback to the leadership. "All programs continue to use assessment tools and treatment plans that address cultural and linguistic preferences, are strength-based, client driven and identify and utilize family and other natural support systems wherever possible. Employee performance reviews and interviews with prospective employees included an assessment of their knowledge of cultural competence." The following training topics: Cultural Humility: People, Principles and Practices, Intergenerational Trauma & Unprocessed Grief, Reframing Aging, De-escalation Skills & Strategies for Helping Professionals. Most of the staff participated in the training that was offered.

**Staff comment:** I reviewed the program plans submitted by the agency. The programs are providing support to seniors, people with disabilities, and community members that seek support groups. Ageism, and victimization of vulnerable populations is a focus that requires staff be trauma informed, culturally aware, and practice cultural competence with all the diverse backgrounds of the clients served. Family Services continues to provide support in rural communities by offering virtual options and home visits.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Outreach in rural areas includes written material and talks at libraries, health fairs, senior/community centers, senior potlucks, meetings with medical providers in rural populations. Staff are assigned specific areas and agencies for collaborative partnerships to better serve rural seniors.

**Promoting inclusion and reducing stigma:** Individual/Family care plans address challenges seniors face such as ageism, mental and physical health diagnoses, and victimization. The staff represents diversity of age, race, ethnicity, and social background. Family Service building is accessible for those with hearing or mobility impairments. Transportation to services is provided but prefers to meet the clients in their homes.

**Outcomes:** Four positive impact outcomes with appropriate assessment tools.

**Coordinated system:** Yes. Intra-agency support from HomeCare and Meals on Wheels programs. For more intensive caregiver support, caregivers or others who call will be referred to CRIS for assistance. An internal speed dial is set up which allows transfers of Adult Protective Services calls to Care Horizon.

**Written collaborative agreements:** CRIS Healthy Aging Center, Care Horizon, Moultrie County Counseling Center, Refugee Center, DSC, Rosecrance, OSF Peace Meals, Office of the Coroner, Champaign County PACE.

**Budget and program connectedness:** Budget Narrative offers detail on each program revenue and all expenses to be charged to the MHB, including specific items within each category. Discrepancies between Budget Narrative and other financial forms may be the result of the former not being updated from the cloned PY23 version. This makes it more difficult to understand and evaluate the request.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and links to details on PEARLS. Also describes Chronic Disease Self-Management, Diabetes Self-Management, Matter of Balance falls prevention, and Friendly Caller telephone reassurance programs.

**Staff credentials:** All Caseworkers and Program Supervisor have at least a bachelor's degree and qualify in at least one or more of the following: 1) a Community Resource Specialist - Aging & Disabilities through Illinois AIRS; 2) a SHIP (Senior Health Insurance Program) counselor; and 3) PEARLS (Program to Encourage Active, Rewarding Lives) counselor. Two Caseworkers have Master's degrees in Social Work. All caseworkers receive individual clinical supervision every other week. Group supervision and/or training is done every other week (on the opposite weeks as individual supervision).

**Will the funding be used as match for another source of revenue:** Yes.

**Other pay sources:** Yes. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** Yes.

**Staff/reviewer comment:** While the MHB contract would be the largest single source of funding, numerous other funding sources have been identified, demonstrating diligence.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during a brief, second application period.

**Audit findings:** PY2022 agency audit was submitted on 12/29/22, with no findings requiring follow-up or unexpended revenue owed back to the CCMHB.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes. Title XX federal grant, East Central Illinois Area Agency on Aging grants, United Way grant, Urbana Arts Council, Illinois Arts Council Agency, corporate sponsorship, private trusts/foundations, donations.

**Referral between providers:** Yes

**Continuation of services during public health emergency:** Many services are provided over the phone, in the home of the elder or in the community with them or on their behalf. Other local community sites are used for meetings for the senior's convenience.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Zoom calls maintained as an option, per the client or family's request.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select a PY24 priority category.*
- *Revise financial forms to reconcile discrepancies (possibly the Budget Narrative).*
- *If explicit approval is needed to use these funds as local match for another revenue source, more detail is needed.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Immigrant Mental Health Program

**Agency: Immigrant Services of CU**

**Request: \$119,705 - a NEW request**

**Why it matters:** “Champaign-Urbana has become a major destination for immigrants and refugees from difficult countries from where people are fleeing violence, persecution and poverty. Many bring their traumas with them, but they also need to overcome new barriers in language, legal status, employment and housing. Sadly, access to mental health care for the specific needs of these immigrants is almost totally absent in Champaign-Urbana. The Immigrant Mental Health Program will fill that gap through a variety of platforms: tele-mental and in-person counseling, small group therapy, forensic mental health evaluations for asylum seekers, and walk-in consultations with the ISCU social work team.”

**Selected priority:** Closing the Gaps in Access and Care

### Services and People Served

**Who will benefit:** Poor, uninsured immigrants residing in Champaign County and experiencing MH or SUD concerns, problems with spousal or parent-child relations, bullying in school, etc.

**Scope of services:** The total agency provides a range of services with a holistic approach, including support with rent and utility assistance, transportation to local, ICE, and Immigrant Court appointments (Chicago and IN), finding health insurance, health education, COVID mitigation and vaccination, free furniture, household items, toddler clothing, ESL classes, school registration, job searches, legal assistance.

This proposal is for partial funding: tele-mental health counseling, individual in-person counseling, small group therapy, forensic MH evaluations for asylum seekers, Living Room for walk in consultations with social work team, eligibility assessment, selection of culturally appropriate providers, support to counseling (transportation and phone reminders), and help identifying other appropriate resources.

**Location of services:** Telehealth services are provided in a private office space to avoid connectivity and privacy issues associated with client’s smart phones; small group sessions in locations appropriate to specific groups (e.g., mosque, other faith-based organizations); forensic evaluations and Living Room at agency offices and at Immigrant Cooperative space at CUPHD.

**Staff/reviewer comment:** Collaborating with other immigrant service providers is a plus. Contains a statement on local needs and the agency’s work so far. A different section estimates how many will receive counseling (50 individual), groups (avg 5 people in each of 6 sessions of 8 group events), forensic MH evaluations (12), and Living Room drop-in (80).

### Measures of Client/Participant Access

**Eligibility criteria and determination:** Immigrants, refugees, migrant workers residing in Champaign County, without health insurance or the means to pay for services; assessed by agency caseworker for eligibility and nature of MH concern (and whether to refer to counseling or other resources).

**Outreach to eligible people:** Agency social media and 24/7 helpline (returns calls within 2 business days); flyers in various languages distributed to over 25 sites frequented by immigrants, plus faith-based and social service organizations; community health fairs.

**Within 2 days from referral, 90% of those referred will be assessed.**

**Within 5 days of assessment, 90% of those assessed will engage in services.**

**People will engage in services, on average, for: 5-6 sessions, followed by consultation on further steps.**



**Additional demographic data:** Income level, employment status, housing conditions, immigration status, minors living in the household and their progress in schooling.

**Staff/reviewer comment:** Great timelines for assessment and engagement.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

The first 6 are considered 'direct' impacts and the last 4 'indirect' -

1. Increased # in MH counseling and accessing social services and resources.
2. Decrease in SUD.
3. Decrease in DV and increase in satisfaction in relationships.
4. Decrease of physical, emotional, and sexual abuse of children.
5. Decrease of # and severity of depressions
6. Increase in resilience and capacity to cope.
7. Improved employment and income.
8. Improved housing.
9. Better performance in school.
10. Improved food security.

### Specific assessment tools and data collection:

1. Client records on assessment input, scheduling, attendance at counseling and post counseling resource meeting.
2. Risk Behavior Survey - pre and post- counseling and later.
3. Patient Stress questionnaire and qualitative survey on frequency and nature of DV and child abuse (self-reported?) - pre- and post-counseling and later.
4. As in #3.
5. Patient Stress questionnaire; for children and teenagers, Social Competence Scale - pre- and post-counseling and later.
6. Adult Needs and Strengths Assessment using Need/Stability measures - pre- and post-counseling and later.
7. Quality of Life and Wellness Assessments - pre-counseling, 6 and 12 months later. Qualitative survey on housing, employment, and food security (self-reported?)
8. As in #7.
9. Social Competence Scale - pre- and post-counseling and later.
10. As in #7.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** at intake (as baseline), at conclusion of counseling and after one month and quarterly.

**Staff/reviewer comment:** The outcomes are a list of desired direct and indirect impacts for program participants, but not all are numbered, and no specific targets are included. The assessment tools are appropriate to each desired impact of the program; assume that staff collect and report data but that program participants complete the surveys mentioned.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 60 people assessed and receiving MH counseling and those approved for forensic MH evaluation for asylum seekers.

**Non-Treatment Plan Clients (NTPCs):** 130 people assessed as not needing MH counseling, who are enrolled in group therapy or use Living Room drop-in service.

**Service Contacts (SCs):** ? contact episodes with clients.

**Community Service Events (CSEs):** ? agency-hosted events plus information tables at other community events; have included back-to-school information events or cultural events with music and performance, etc. **Staff comment:** Two utilization categories are described but lack targets. Not all categories need to be used for every program, but the descriptions provided in the application are of interest. Lack of historical data, but the choice of Charity Tracker database may help with this.

## Financial Analysis

**PY2024 CCMHB funding request:** \$119,705 - a NEW request

**PY2024 Total Program budget:** \$155,505

**CCMHB request is for 77% of total program revenue, although the program revenue is not fully budgeted to cover costs.** Other revenue is from United Way \$5,000 and Champaign County ARPA \$30,800 (19.8%).

**Personnel-related costs of \$88,975 are the primary expense charged to CCMHB,** at 74% of requested amount. Other expenses: Professional Fees/Consultants \$20,680 (17%); Consumables \$1,900; General Operating \$3,650 (3%); Local Transportation \$1,000; Specific Assistance \$2,000; Lease/Rental \$1,500.

**Total Agency budget has a surplus of \$24,737, Total Program budget a surplus of \$34,300, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 1.75 Direct FTEs

**Total program staff:** Same as for CCMHB, although other program revenues could be applied to staff costs.

**Staff comment:** Professional Fees/ Consultants include counseling and group therapy by mental health providers, interpreters, speakers for linguistic and cultural training, and cost of audit. Personnel costs to be charged include: 20% of salaries of each of the full-time Executive Director, half-time Driver (to be hired), and two half-time Community Health Workers; 25% of the half-time Fiscal Coordinator; and 55% of full-time Bilingual Case Manager. No indirect staff are indicated, even related to Total Agency; Fiscal Coordinator and Executive Director could be considered Indirect staff (or partially Indirect and partially Direct, appropriate for a small organization). Surpluses in Total Agency and Total Program budget indicate there is not a need for as much CCMHB funding as requested; CCMHB funding should be treated as the payer of last resort, not contributing to a surplus or reserve fund.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** CLC Training will be provided annually to staff. There will be a Cultural Competence Committee that will be appointed to ensure the actions of the CLC Plan align with the services. Staff will conduct satisfaction surveys from the clients to ensure that services are culturally responsive. There will be a grievance subcommittee that will be established to ensure there is client representation in the CLC Planning.

**Staff comment:** Immigrant Services of Champaign Urbana is a new program application. I reviewed the CLC Plan and the Program plan for alignment of services. Their organization plans serve residents only Champaign, Urbana, and Rantoul. I would like to provide support to learn about the capacity of their service area to ensure that rural communities are aware of the services that are available.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through 24/7 helpline and responses from Community Navigator; distribution of flyers promoting the services. Racial and ethnic minority populations are the focus, often among the poorest residents of the county, with limited or no access to many resources, so

the program is designed to reach them and connect them. Services at CUPHD, faith-based and community centers, and telehealth sites.

**Promoting inclusion and reducing stigma:** Holistic approach to integrate diverse communities through the total agency and program services and broad public education about immigrants.

**Outcomes:** Ten outcomes relate to positive impacts of the program on its participants. Each is associated with an assessment tool. Detail on who reports/collects these data, along with specific targets for each outcome, would complete the section.

**Coordinated system:** Yes. The organization continues to develop relationships with organizations involved with the target populations, broadening its reach.

**Written collaborative agreements:** New American Welcome Center, United Way, Illinois Public Health Association, City of Urbana (pending), Champaign County Board, Common Ground Food Co-op.

**Budget and program connectedness:** The Budget Narrative includes good detail about all other anticipated revenues for the program and all expenses to be charged to the CCMHB, along with specific items within each category and the role of each staff person associated with this contract.

**Person Centered Planning:** While a model is not identified, assessment and planning appear sensitive to individual choice.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Tele-MH counseling, individual in-person counseling, and small group therapy are listed, along with specific weekly groups, value of small group counseling (with reference), forensic mental health evaluations for asylum seekers (with link), and the 'Living Room' model (with link).

**Staff credentials:** A full-time case worker has experience as a Child Welfare Specialist and social service case manager, is fluent in Spanish, and can communicate in other languages including Portuguese and Q'anjob'al. The consultant under contract has an MSW, LCSW, specialized training and certification in small group therapy and forensic MH evaluation and is a native Urdu speaker. Core program staff are supported by UIUC School of Social Work intern program and Family Assistance Coordinator - both bilingual native Spanish speakers.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** County ARPA funds for Immigrant Cooperative, one of two projects relate to MH services; United Way; and Community Health Partnership. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** Yes. The program would refer people to providers who can bill Medicaid and other insurance for covered services.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** A newly registered agency. The eligibility questionnaire includes many thorough explanations of the organization's work. Most responses indicate eligibility, but the current accounting method is cash (plan to transfer to accrual), and written financial policies are not yet in place. Agency has annual independent audits.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency is not currently funded and was not funded in PY2022, so we do not have information related to their most recent audit. Given the uncertainties regarding accounting method and submitted financial forms, a copy of the PY22 audit could be helpful prior to contracting.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Many are identified, some for the coming Program Year, but not all revenues will be expended, which means they are not maximized.

**Referral between providers:** Yes, a focus of the program.

**Continuation of services during public health emergency:** Not addressed, though the organization collaborated with CUPHD during the PHE on behalf of this population.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Develop the outcomes and targets.*
- *Reduce the contract amount so that other program revenues are fully expended along with CCMHB revenue. \$85,405 would cover this.*
- *While the Cover & Auth form says the CCMHB would be the sole funder, the application forms show other funding; clarification will be helpful.*
- *The agency's transition to accrual accounting should be completed prior to a contract.*
- *Written financial and standard operating policies should be developed either prior or during the first quarter of funding.*
- *Consider requiring most recent agency audit and minutes of the board meeting approving application for this program funding.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Bulldogs Learning and Succeeding Together (BLAST)

**Agency: Mahomet Area Youth Club**

**Request: \$12,000**

**Why it matters:** "... to develop, support, and encourage youth in the community for lifelong success. The after-school program emphasizes our five core values: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression; and Sports and Recreation."

**Selected priority:** System of Care for Children, Youth, and Families (not a PY24 category)

**Staff/reviewer comment:** This request is to continue funding a current program, at a lower amount.

### Services and People Served

**Who will benefit:** Children in the Mahomet community who come from low-income households (20-25% of total), per free or reduced lunch and consistent with overall district demographics.

**Scope of services:** For students in K-5, enrichment activities, academic help, and cultural/community-based programming. Safe, structured environment. Activities in the child's own school community, additional contact with teachers, school staff, social workers, and guidance counselors, access to specialized learning spaces... activities in arts, culture, life skills, recreation ... cooking classes, Code Studio, Zumba, Being Creative with Literacy, Wacky Science, Veterinary Medicine, 3D Printing, Money Matters, etc.

**Location and frequency of services:** Mahomet Seymour School District facilities; BLAST courses are 4 days a week, 5-week sessions, 4 times during the school year; Kid's Club is everyday after school.

**Staff/reviewer comment:** Due to increased financial commitment from the district (2019 and 2020- should this section be updated?), the focus with MHB funding is scholarships for students who cannot afford to participate.

#### Residency of 126 people served in PY2022 and 65 in the first half of PY2023

<b>Mahomet</b>	120 for PY22	61 for PY23
<b>Other</b>	6 for PY22	4 for PY23

#### Demographics of 126 people served during PY2022

##### Age

Ages 0-6 -----	16
Ages 7-12 -----	107
Ages 13-18 -----	3

##### Race

White -----	102
Black / AA -----	8
Asian / PI -----	4
Other (incl. Native American and Bi-racial)	11
Not Available Qty -----	1

##### Gender

Male -----	43
Female -----	83

##### Ethnicity

Of Hispanic/Latino/a Origin -----	7
Not of Hispanic/Latino/a Origin -----	118
Not Available Qty -----	1

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Elementary age youth in Mahomet Seymour School District, with financial need per free and reduced lunch guidelines.

**Outreach to eligible people:** Through district-wide communication platform, school website, MAYC website and social media, BLAST informational meetings, direct contact from Programming Director to parents of summer program students; teachers, social workers, and principals also encourage participation.

**Within 7 days from referral, 100% of those referred will be assessed.**

**Within 7 days of assessment, 95% of those assessed will engage in services.**

**People will engage in services, on average, for:** 10 weeks for BLAST, 36 weeks for Kid’s Club.

**Additional demographic data:** Income, family size, and family makeup.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. ... 60% of children are more engaged in school due to afterschool program
2. ... 40% of parents expect better attendance when child is enrolled in BLAST.
3. ... 70% of children make new friends as part of BLAST.
4. ... 70% of parents feel there is enough variety in BLAST offerings to provide a broad spectrum of subject area content for exposure into new areas.

### Specific assessment tools and data collection:

All are measured through survey questions related to each area; tracked by BLAST coordinator.

**Outcome data gathered from all participants:** No. Survey is voluntary; all survey data reported and tracked.

**Will collect outcome data** at the end of each semester.

**Staff/reviewer comment:** Outcomes focus on positive changes for youth and families, measured through one appropriate assessment tool.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 12 - youth with economic need, IEPs, special classroom consideration, and other developmental requirements.

**Non-Treatment Plan Clients (NTPCs):** 80 - youth with economic need.

**Service Contacts (SCs):** 2200 - courses and days met for BLAST and Kid’s Club.

**Community Service Events (CSEs):** 1000 - registration, program check-in, and end of program survey.

**Staff comment:** Maintains the specific targets as in previous years. Not a standard use of the CSE category but could be reported as Other instead.

<b>PY24 Targets</b>	TPC-12	NTPC-80	SC-2200	CSE-1000
<b>PY23 First Two Quarters</b> (per submitted Service Activity Reports)				
First Quarter	3	31	0	0
Second Quarter	1	30	0	0
<i>Annual Targets</i>	<i>TPC-12</i>	<i>NTPC-80</i>	<i>SC-2200</i>	<i>CSE-1000</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)				
First Quarter	6	41	1476	252
Second Quarter	6	29	2016	432
Third Quarter	2	25	1920	432

Fourth Quarter      3            28            1850            430  
Annual Targets TPC-12 NTPC-80 SC-2200 CSE-1000

## Financial Analysis

**PY2024 CCMHB funding request:** \$12,000

**PY2024 Total Program budget:** \$13,929

**Current year funding (PY2023):** \$15,000

**Proposed change in funding - PY2023 to PY2024 = -20%**

**CCMHB request is for 86% of total program revenue.** Other revenue is from Contributions \$900, Special Events/Fundraising \$979, and Miscellaneous \$50.

**The only expense charged to CCMHB is Specific Assistance.**

**Total Agency budget is balanced, Total Program budget has a deficit of \$1,562, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** None.

**Total program staff:** 0.06 Indirect and 0 Direct = 0.06 FTEs

**Staff comment:** Simple and straightforward budget presentation without apparent errors.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** MAYC provides annual training CLC Training for Staff during the summer. The Board Reviews the CLC Plan annually during a board meeting with staff. MAYC looks to recruit non-traditional board members from families of former participants and former staff. Language and Communication Assistance is addressed by partnering with social workers, the school district, and organizations like The Reading Group to provide support and to have protocols for language when needed. "Staff will assess spaces for necessary improvement and make suggestions to the board for approval as needed. Games, toys, and related needs will be kept in good working condition and be available for use. ACTNOW standards will be reviewed to confirm facility is up to benchmarked standards." The newsletter is used to communicate the services and programs that are offered at MAYC.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** MAYC continues to look at ways to create a diverse board of directors. There is communication in the monthly newsletter that provides updates about the services that are available to families at Mahomet Area Youth Club. There surveys provided to the families at the end of each program period. The surveys will measure the satisfaction of families that participate in the programming.

**Staff comment:** I reviewed the program plans for MAYC to learn what ways they are engaging youth that are underserved and underinvested. "All youth between the ages of 6 and 16 are eligible for our Members Matter programming during school breaks, and low-income families are prioritized for spots in all programs. As a result, 50% of the youth that participate in our spring, winter and summer break programs are eligible for scholarships. For the Jr. High Program, 70% of the youth in the program qualify for free and reduced lunch based on the Federal Guidelines." MAYC has hired a new director, technical assistance and support will be provided to the new director to update them on the requirements for cultural competence requirements CCMHB.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach due to school district residency. BLAST and Kids' Club offered at two elementary schools. Priority on under-resourced population based on economic need, with 100% of children given a spot in Kids' Club and 1<sup>st</sup> or 2<sup>nd</sup> choice of BLAST courses.

**Promoting inclusion and reducing stigma:** Inclusive environment for all activities; interaction with community members, mentors, and other students; program hours of 3-6PM are also peak hours for juvenile crime, bullying, substance experimentation, and sex, whereas the program offers education and recreation to improve academic performance and self-esteem.

**Outcomes:** Four outcomes measure the positive impact experienced by children and parents; one assessment tool (survey) captures data for all; specific targets are included.

**Coordinated system:** Specific to residency; relationships with other youth centers also serving local children.

**Written collaborative agreements:** Mahomet School District; Eastern IL Foodbank; Soul Care; Root 2 Branches. Informal agreements with Mahomet Helping Hands, It Takes a Village, Mom's Pantry, Candlewood Trailer Park, local churches, and Mahomet Public Library. (Details of these agreements are shared.)

**Budget and program connectedness:** The Budget Narrative explains all other sources of revenue for the program and the intent for MHB funding to offset costs to the district, to ensure that low-income youth can have priority access to the program, through scholarships (the only expense charged to MHB). It also describes other program expenses (which exceed revenues and are personnel costs), explains the roles of Executive Director and Program Director/Coordinator, and comments on efforts related to the lower amount of this year's request.

**Person Centered Planning:** Not a focus, but diverse topics are offered to match many interests.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes Act Now After School Network benchmarks of attendance and engagement, links to website.

**Staff credentials:** BLAST leaders are content experts (school, UI, Park District, etc). Majority have teaching degrees, some have background in social work; when the lead instructor of a particular course does not, a certified aide or teacher is present to support. Kids' Club staff hired and trained by the district.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Kids' Club has funding for some youth; BLAST fees are not covered by another source.

**Client fees:** Yes. **Sliding scale:** Yes. MAYC covers the cost for those on free and reduced lunch and those with temporary financial hardship; for others, a per-class fee is variable and dependent on material and instructional costs of each program. Section describes the sliding fee scale and categories.

**Willing to participate in Medicaid programs:** Yes.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during a brief, second application period.

**Audit findings:** PY2022 agency audit was submitted on March 31, 2023, with some follow-up (currently underway), including to demonstrate consistency with payer of last resort rule; at the time of this writing, our review of the audit continues. Three months of payments were suspended due to delayed audit. Other payment suspensions related to PY22 Q4, PY23 Q1 not submitted by deadline.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Indirect through enrichment and social opportunities.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Not discussed.



**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus of the application.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select a PY24 priority category.*
- *Consider revising the Program Plan Narrative Utilization measures to redefine CSE and use Other.*
- *Determine whether the PY23 audit will be completed prior to next deadline. A letter of engagement for that work should be submitted prior to contract execution.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Members Matter!

**Agency: Mahomet Area Youth Club**

**Request: \$27,405**

**Why it matters:** "... out-of-school programs that are in alignment with the MAYC mission to develop, support, and encourage youth in the community for lifelong success. The full day out-of-school programs and the after-school program both emphasize our five core values: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression; and Sports and Recreation."

**Selected priority:** System of Care for Children, Youth, and Families (not a PY24 category)

**Staff/reviewer comment:** This request is to continue a current program funded by the CCMHB, with an increase.

### Services and People Served

**Who will benefit:** After School - Junior High age youth, primarily from Mahomet-Seymour School District, focus on those struggling academically and/or socially; Out of School - youth ages 6-16, focus on low-income children with working parents.

**Scope of services:** MAYC Junior High Club is the After School program, safe and supervised environment focused on academic achievement and social emotional skills development, with academic goals and social goals. Activities are: studying, socializing, sports, games, and establishing relationship with caring adults. Serves up to 40 students who are struggling academically or socially, at no cost. Out-of-school programs operate during spring, winter, and summer breaks, with STEM activities, arts and crafts, recreation and fitness, community trips; the goals are increased connection to adults and peers, physical activity, food security, brain stimulating activities.

**Location and frequency of services:** MAYC Clubhouse, Mahomet United Methodist Church; After School - 36 weeks, on school days until 5:30PM; Out of School - winter, spring, summer breaks for 13 weeks total, 5 days/week from 7:30AM to 5:30PM; some one-day programs for out-of-school days for working families who don't have those days off.

### Residency of 400 people served in PY2022 and 193 in the first half of PY2023

<b>Champaign</b>	2 for PY22	3 for PY23
<b>Urbana</b>	6 for PY22	3 for PY23
<b>Rantoul</b>	0 for PY22	0 for PY23
<b>Mahomet</b>	355 for PY22	172 for PY23
<b>Other</b>	37 for PY22	15 for PY23

### Demographics of 400 people served during PY2022

#### Age

Ages 0-6	-----	26
Ages 7-12	-----	270
Ages 13-18	-----	103
Ages 19-59	-----	1

#### Race

White	-----	362
Black / AA	-----	6

Asian / PI -----	3
Other (incl. Native American and Bi-racial)	29
<b>Gender</b>	
Male -----	195
Female -----	197
Other (non-binary or non-conforming) --	6
Not Available Qty -----	2
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	17
Not of Hispanic/Latino/a Origin -----	383

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Out-of-school - Youth aged 6-16, scholarships based on income (sliding fee scale); for those over 13, programs are free. All must be MAYC members (\$20 annual fee per student). After-school - Mahomet-Seymour Junior High School students, free.

**Outreach to eligible people:** School district advertising, agency emails to members, program info via social media and local press, referrals from current or past members and school staff.

**Within 3 days from referral, 100% of those referred will be assessed.**

**Within 3 days of assessment, 75% of those assessed will engage in services.**

**People will engage in services, on average, for:** at least three years.

**Additional demographic data:** IEP and 504 eligibility, household income, family size, family makeup.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

Out of school programs -

1. Increased enrollment (mirrors increased need)...
2. Reduction of youth home alone over school breaks.
3. Improved relationships with peers and caring adults in the community.
4. Increased educational and recreational experiences for students of low-income families.

Junior High After school program -

1. Ensure graduation occurs on-time... 90% will move to next grade level on time.
2. Improve graduation rate... 80% will have passing grades across Math, Science, and English.
3. Improve success in high school... 60% will hold steady or improve grades across Reading, Math, and Science.
4. Improved engagement and attendance... 75% will miss less than 5 days of school during the school year.

### Specific assessment tools and data collection:

Out of school - #1 by member and registration database, #2, 3, 4 by parent survey/feedback.

After school - #1, 2, 3 by report card data from schools, #4 by school attendance records.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** quarterly.

**Staff/reviewer comment:** Outcomes seem doable, with a good number of outcomes, related to positive change for participants.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 15 - (definition is not direct)

**Non-Treatment Plan Clients (NTPCs):** 150 - socio-economically disadvantaged youth, many with multiple risk factors which may limit success.

**Service Contacts (SCs):** 5750 - total of homework checks (3/week for 36 weeks for 40 participants) and weekly check-ins with parents of 110 students per session as part of 13 weeks of out of school offerings.

**Community Service Events (CSEs):** 200 - 4 events per week.

**Staff comment:** Maintains the specific targets as in previous years. CSE and TPC could be clarified. Section refers to 2022, indicating it was not revised (forms are cloned from one year to the next for convenience of continuing programs.)

<b>PY24 Targets</b>	TPC-15	NTPC-150	SC-5750	CSE-200
<b>PY23 First Two Quarters</b> (per submitted Service Activity Reports)				
First Quarter	23	118	385	72
Second Quarter	6	46	50	14
<i>Annual Targets</i>	<i>TPC-15</i>	<i>NTPC-150</i>	<i>SC-5750</i>	<i>CSE-200</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)				
First Quarter	12	141	3420	90
Second Quarter	4	42	772	53
Third Quarter	10	38	1624	53
Fourth Quarter	12	167	435	85
<i>Annual Targets</i>	<i>TPC-15</i>	<i>NTPC-150</i>	<i>SC-5750</i>	<i>CSE-200</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$27,405

**PY2024 Total Program budget:** \$176,530

**Current year funding (PY2023):** \$21,905

**Proposed change in funding - PY2023 to PY2024 = 25%**

**CCMHB request is for 15.5% of total program revenue.** Other revenue is from United Way designated donations \$1,200, Contributions \$15,000, Special Events/Fundraising \$73,425, Contributions from Associated Organizations \$9,000, Other grant \$12,500, Membership Dues \$37,500, and Misc \$500.

**Personnel-related costs of \$15,415 are the primary expense charged to CCMHB,** at 56% of requested amount. Other expenses: Professional Fees/Consultants \$3,000; Consumables \$4,218; General Operating \$1,107; Occupancy \$1,315; Local Transportation \$2,350.

**Total Agency budget is balanced, Total Program budget has a deficit of \$2,800, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 0 Indirect and 0.35 Direct = 0.35 FTEs

**Total program staff:** 0.65 Indirect and 2.85 Direct = 3.5 FTEs

**Staff comment:** The portion of staff salary to be charged to the CCMHB is 35% of full-time Program Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** MAYC provides annual training CLC Training for Staff during the summer. The Board Reviews the CLC Plan annually during a board meeting with staff. MAYC looks to recruit non-traditional board members from families of former participants and former staff. Language and Communication Assistance is addressed by partnering with social workers, the school district, and organizations like The Reading Group to provide support and to have protocols for language when needed. "Staff will assess spaces for necessary improvement and make suggestions to the board for approval as

needed. Games, toys, and related needs will be kept in good working condition and be available for use. ACTNOW standards will be reviewed to confirm facility is up to benchmarked standards.” The newsletter is used to communicate the services and programs that are offered at MAYC.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** MAYC continues to look at ways to create a diverse board of directors. There is communication in the monthly newsletter that provides updates about the services that are available to families at MAYC. There surveys provided to the families at the end of each program period. The surveys will measure the satisfaction of families that participate in the programming.

**Staff comment:** I reviewed the program plans for MAYC to learn what ways they are engaging youth that are underserved and underinvested. “All youth between the ages of 6 and 16 are eligible for our Members Matter programming during school breaks, and low-income families are prioritized for spots in all programs. As a result, 50% of the youth that participate in our spring, winter and summer break programs are eligible for scholarships. For the Jr. High Program, 70% of the youth in the program qualify for free and reduced lunch based on the Federal Guidelines.” MAYC has hired a new director, technical assistance and support will be provided to the new director to update them on the requirements for cultural competence requirements CCMHB.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach due to school district residency. Out of school and After school programs offered at two Mahomet locations. Priority on under-resourced population based on economic need, 50% eligible for scholarships; preference given to those with economic, social, or behavioral need.

**Promoting inclusion and reducing stigma:** Integrates students from households of all income-level and family situation, increasing inclusion, understanding, and empathy; guest speakers, community leaders to share various support opportunities; trips across the county for service activities and interaction with community members, mentors, and other students. (Note about the particular hours of programming as peak hours for risk behaviors among this age group.)

**Outcomes:** Four outcomes for each of the main programs, measuring the program’s impact; appropriate assessment tools and specific targets are included.

**Coordinated system:** Specific to residency; relationships with other youth centers also serving local children.

**Written collaborative agreements:** Mahomet School District; Eastern IL Foodbank; Soul Care; Root 2 Branches. Informal agreements with Mahomet Helping Hands, It Takes a Village, Mom’s Pantry, Candlewood Trailer Park, local churches, and Mahomet Public Library. (Details of these agreements are shared.)

**Budget and program connectedness:** The Budget Narrative describes all other revenues, with amounts matched to revenue form and portions allocated to this program (different specific portions, with membership dues nearly all applied), a plan to increase other revenue through fundraising, and a comment that increased request to MHB is to offset growing costs of staff, audit, etc. Similar details on all expenses to be charged to the MHB, the recent need to increase staff to effectively fun programs, and the responsibilities of each staff member.

**Person Centered Planning:** Not a focus.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** x

**Staff credentials:** Program Director - bachelor’s in social work, teaching, organizational leadership, or similar, plus history working with “at-risk” youth. All program staff are trained in youth development, first aid/CPR, ACES & trauma-informed care, youth MHFA, group management techniques, and the value of diversity, equity, and inclusion.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Families pay for out-of-school programs on sliding scale; United Way support for afterschool program; fundraising. **Client fees:** Yes. **Sliding scale:** Yes. (Details provided.)

**Willing to participate in Medicaid programs:** Yes.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** No. Forms were submitted during a brief, second application period.

**Audit findings:** PY2022 agency audit was submitted on March 31, 2023, with follow-up related to payer of last resort; at the time of this writing, our review of the audit continues. Three months of payments were suspended due to delayed audit. Other payment suspensions when PY22 Q4 and PY23 Q1 reports were not submitted by deadline.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Indirectly through social and educational opportunities.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Not addressed.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus of the application.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Clarify the use of Utilization categories (CSE and TPC).*
- *Select a PY24 priority category.*
- *Determine whether the PY23 audit will be completed prior to next deadline. A letter of engagement for that work should be submitted prior to contract execution.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Mental Health Services

**Agency:** Promise Healthcare

**Request:** \$352,035

**Why it matters:** "... will enhance access to Psychiatry and Counseling services in Champaign County, as well as further enhance depression screening for medical and dental patients. The project will also develop a robust internal referral process where patients at risk of depression are screened and connected to psychiatry and counseling services and provided with case management and enabling services."

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** This proposal is to continue funding a current program.

### Services and People Served

**Who will benefit:** Promise' medical and dental patients who have an MH need identified through depression screenings.

**Scope of services:** Psychiatric and Counseling services with no other pay sources. The Behavioral Health Director will develop internal referral process for depression screening of all medical and dental patients. Data & Workflow analyst will help develop EHR workflow and reporting capabilities. Case Management specific to BH services, screenings, outreach to patients scoring 10+ on PHQ-9 screen (moderate/severe depression) to refer to Counseling and Psychiatry and address any barriers, help with scheduling, etc.

**Location and frequency of services:** Champaign offices on Bloomington Road (7:15AM-8PM Monday, 7:15AM-6PM Tu-F) and Neil Street (7:45AM-5 M-Th, 7:45AM-4PM Friday), and Urbana School Health Center (7:45AM-5PM M-F); telehealth options with several counselors and one psychiatrist.

**Staff/reviewer comment:** There may be some duplication among data reported below, related to overlap across counseling and psychiatric clients (which have been reported as separate programs) as well as to possible double counts the agency has worked to adjust.

#### Residency of 1980 people served in PY22 and 2292 in the first half of PY23

<b>Champaign</b>	961 for PY22	1107 for PY23
<b>Urbana</b>	569 for PY22	633 for PY23
<b>Rantoul</b>	178 for PY22	222 for PY23
<b>Mahomet</b>	73 for PY22	93 for PY23
<b>Other</b>	199 for PY22	237 for PY23

#### Demographics of 1955 people served during PY2022

##### Age

Ages 13-18 -----	29
Ages 19-59 -----	1595
Ages 60+ -----	331

##### Race

White -----	1212
Black / AA -----	464
Asian / PI -----	45
Other (incl. Native American and Bi-racial)	54
Not Available Qty -----	180

**Gender**

Male ----- 843

Female ----- 1112

**Ethnicity**

Of Hispanic/Latino/a Origin ----- 149

Not of Hispanic/Latino/a Origin ----- 1748

Not Available Qty ----- 58

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Available to anyone requesting MH services, regardless of ability to pay. Internal screening and referral of medical and dental patients, PHQ-2s administered, which may trigger the need for PHQ-9 tool. PHQ-9 scores of 0-4 indicate no depression, 5-9 mild, 10-14 moderation, and 15+ severe. People scoring 10+ will be offered enhanced case management (CM).

**Outreach to eligible people:** Collaborations, referring agencies/providers, marketing, social media, word of mouth from family and friends. Media outreach includes paid advertising on social media, radio, local print. Patient Ambassador ensures that those using Promise medical or dental services are aware of the behavioral health services.

**Within 14 days from referral, 50% of those referred will be assessed.**

**Within 30 days of assessment, 70% of those assessed will engage in services.**

**People will engage in services, on average, for:** Counseling 12-15 months; Psychiatric ongoing.

**Additional demographic data:** health coverage, veteran, migrant worker status, homelessness, preferred language, sexual orientation, gender identify, and household income and size.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. Serve 800 clients with Counseling and 1900 with Psychiatry.
2. Screen primary care and dental patients and refer those with moderate depression (target to refer 80% of medical and 20% of dental).
3. Increase in patients with depression and referred for assessment/treatment. Of those 12 and older with major depression or dysthymia, 5% more will reach remission within 14 months of an index event.
4. Behavioral Health CM will contact 100% of those scoring 10 or higher on the PHQ-9 to offer CM services.
5. 100 people will be identified as in need of counseling or psychiatry based on scoring 10 or higher on the PHQ-9. Of these, 50 will receive assessment by Counseling or Psychiatry.

**Specific assessment tools and data collection:**

1. Nextgen EHR (electronic health record) - staff report quarterly on #s served in Psy/Couns.
2. Nextgen EHR - staff report annually on #s screened with PHQ-2 and PHQ-9.
3. After initial PHQ-9, % of patients who achieve remission after 12 months (+/- 60 days), measured by UDS report annually (data compiled from medical patients' screenings).
4. Nextgen EHR, reported quarterly regarding BH case manager outreach.
5. Tool not identified.

Data & Workflow Analyst will be responsible for pulling the data for reporting.

**Outcome data gathered from all participants:** No.

**Will collect outcome data** quarterly from EMR. UDS data annually.

**Staff/reviewer comment:** Most measure the program's performance. #3 measures a positive impact on clients taken as a whole, with more patients achieving remission from depression.



## Measures of Utilization

**Treatment Plan Clients (TPCs):** 1400 = 1000 in adult Psychiatry + 400 in Counseling.

**Non-Treatment Plan Clients (NTPCs):** 1300 = 900 served in Psychiatry + 400 in Counseling, just once in a program year.

**Service Contacts (SCs):** 2700 - encounters with patients from Counseling or Psychiatry staff.

**Community Service Events (CSEs):** 4 = 2 presentations for Psychiatry and 2 for Counseling, on behavioral health topics.

**PY24 Targets** TPC-C-400/P-1000 NTPC-C-400/P-900 SC-2700 CSE-4

**PY23 First Two Quarters** (per submitted Service Activity Reports)

Q1	C-271/P-2169	C-68/P-631	C-787/P-2005	2	100%
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Q2	C-155/P-645	C-88/P-75	C-842/P-1911	3	100%
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*Targets TPC C-475/P-1675 NTPC C-400/P-950 SC C-2200/P-8000 CSE-4 OTHER denials-40%*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

Q1	C-134/P-1173	C-48/P-266	C-456/P-1946	0	25%
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Q2	C-31/P-271	C-39/P-135	C-435/P-1883	0	4%
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Q3	C-27/P-209	C-29/P-119	C-470/P-1975	0	3%
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Q4	C-25/P-156	C-47/P-61	C-409/P-2033	3	3%
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*Targets TPC C-500/P-1650 NTPC C-500/P-900 SC C-2750/P-8000 CSE-5 OTHER denials-60%*

## Financial Analysis

**PY2024 CCMHB funding request:** \$352,035

**PY2024 Total Program budget:** \$1,775,832

**Current year funding (PY2023):** \$350,117

**Proposed change in funding - PY2023 to PY2024 = 0.55%**

**CCMHB request is for 19.8% of total program revenue.** Other revenue is from US Dept HHS \$383,189 (21.6%), Medicaid \$503,281 (28.3%), Medicare \$372,280 (21%) Self-Pay \$11,844, and Private Insurance \$153,203.

**Personnel-related costs of \$287,545 are the primary expense charged to CCMHB,** at 81.7% of requested amount. Other expenses are Professional Fees/Consultants \$35,000 and Lease/Rental \$29,490.

**Total Agency, Total Program, CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.25 Indirect and 2.7 Direct = 2.95 FTEs

**Total program staff:** 1.55 Indirect and 8.38 Direct = 9.93 FTEs

**Staff comment:** Indirect staff associated with this contract are 20% of full time Data & Workflow Analyst and 5% of full time Director of Revenue Cycle. Direct personnel: 10% of full-time LCSW, 15% of 2 full-time LCPCs, 15% of full-time psychiatrist, 80% of full-time LCPC/BH Director, 15% of 0.80 FTE psychiatrist, 70% of full-time nurse, and 50% of half-time Behavioral Health Case Manager (to be hired). In the agency's other application's Personnel form, this last position is listed as 50% of full-time - suggests one of them is in error.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Staff reads and signs a summary of the agency CLC Plan. There is a CLC subcommittee is part of Quality Improvement Quality Assurance Committee. Documentation in the files is reviewed to ensure strength-based language. Individuals and their family or identified support system will have a primary decision-making for the care plan. Language Access services are provided by staff and the Language line is available 24 hours. CLC articles are periodically featured in the In Focus weekly staff newsletter.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** “CLC maintains an annual cultural competence training plan for staff and board. November- December of 2022 staff completed training. A new training platform (Zywave) was rolled out.” “All new employees review and sign the CLC Plan. CLC Committee minutes are being maintained. Promise is currently preparing its UDS report that is due Feb. 15th and conducting a review to ensure 95% accuracy for patient registration. The QI/QA Committee continues to monitor physical facility needs including those at the recently opened Neil Street Health Center.”

**Staff comment:** I reviewed the program plan and CLC Plan for alignment. Promise Healthcare would like to build a healthier community by delivering primary medical, behavioral health, and dental care to the underserved. Promise works eliminate barriers to care, which includes providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. The board makes of 50% of patients that are receiving care from Promise Health Care. Zip Codes are connected to the demographic information collected to ensure that patients from rural areas are served. There are IT improvements that are made to ensure that services can be provided virtually for patients.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Outreach activities in Rantoul, with insurance enrollment events at the library and participation in the Christmas parade, as this is a growing need-area. Serves people regardless of ability to pay, offering language interpretation (all sites and programs), and CLC training for board and staff; focus on ensuring adequate services to 2SLGBTQIA+ population, partnering in Uniting Pride events. Services at clinic locations; some counseling telehealth options, and one psychiatrist offers telehealth visits.

**Promoting inclusion and reducing stigma:** Patients are 53% of current Promise board members, and 23% identify as racial/ethnic minorities. CLC training for board and staff initially and annually.

**Outcomes:** Includes five measurable outcomes with appropriate assessment tools. One outcome measures positive impact on patients.

**Coordinated system:** Yes. Recent efforts and plans for PY24 are described.

**Written collaborative agreements:** LabCorps, Carle Foundation Hospital, Carle Foundation Hospital Family Medicine Residency, Carle Patient Advisory Nurse, Champaign County Board of Health, CCRPC Head Start/Early Head Start, Hudson Drug, Urbana Walmart, Rantoul Walmart, DSC. (Details on each are provided.)

**Budget and program connectedness:** The Budget Narrative offers explanations for all program revenues and expenses, and how each item to be charged to the CCMHB was determined (20% of total program, excluding some expense categories). There is additional information about staff associated with the program and this contract. Consistent across financial and program forms.

**Person Centered Planning:** A specific model not identified. Case management can support client-directed care.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** To achieve integrated medical and behavioral health (and dental) care, the FQHC integrates behavioral health into primary care. Links to SAMHSA page on this model.

**Staff credentials:** Board certified Psychiatrists; Therapists with various credentials - 2 LCPCs, 2 LCSWs; Medical and Dental Assistants; Primary Care and Dental Providers; Behavioral Health CM is a new position - ideally with a Bachelor’s in SW or related, with significant experience with CM and BH services.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Patient revenue, HRSA grant funds. CM and patient ambassador and administrative costs do not have other payment sources. **Client fees:** Yes. **Sliding scale:** Fees are described, with how they’re determined, for psychiatric, counseling, medical, and dental services for people of various income level. No charge for most CM and patient ambassador services.

**Willing to participate in Medicaid programs:** No, in that these services are not covered under Medicaid OR the patients served do not have any coverage; the agency does bill Medicaid and other insurance for covered services on behalf of covered people. Explicit statement about not supplementing Medicaid payments, along with clarification of MHB funds as payer of last resort. For an organization with multiple funding sources, serving people with and without coverage, these assurances are helpful.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency uses a calendar year fiscal year. The audit for 2021 was due June 30, 2022; the deadline was extended by six months (payments suspended) and audit submitted 12/29/22, with corrective action plan approved by the agency board (and underway) to strengthen financial management and reporting. This plan was shared with CCMHB staff. Later one month of payments were suspended in relation to the need for Q2 financial report variance comments, which has been resolved.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes. Virtual options.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Maintained as options.

**Staff/reviewer comment:** Agency completed and submitted application forms on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Correct any error in financial forms.*
- *Consider financial reporting requirements to clarify across the agency's fiscal year (our contract year is within 2 of the agency's FYs).*
- *Prorate the contract amount until the new position is filled.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: PHC Wellness

**Agency:** Promise Healthcare

**Request:** \$107,078

**Why it matters:** "... Enabling services provide assistance to patients to address barriers to care, to include access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, as well as enrollment in Medication Assistance Programs. The project will also establish a process for incoming referrals for behavioral health services and enabling services..."

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** The proposal is to fund an updated version of a currently funded program.

### Services and People Served

**Who will benefit:** Promise' medical and dental patients who have an MH need identified through depression screenings.

**Scope of services:** Patient Assistance: 'enabling staff' provide medication access, social service needs, linkages, etc. Case Manager and Community Health Workers use PRAPARE or other screen to identify SDOH and barriers to healthcare. Patient Ambassador will identify community members in need of services. Insurance Navigation and Enrollment by CHWs. Community Outreach by 'enabling staff' participation in community presentations and events. Referral Process for Community Partners - a process will be developed for community partners and health care providers to refer patients.

**Location and frequency of services:** Champaign offices on Bloomington Road (7:15AM-8PM Monday, 7:15AM-6PM Tu-F) and Neil Street (7:45AM-5 M-Th, 7:45AM-4PM Friday), and Urbana School Health Center (7:45AM-5PM M-F); CHWs working on insurance enrollment can offer via phone.

**Staff/reviewer comment:** Having all services in house seems convenient for patients. Possible error in target population statement, which does not match with the description provided elsewhere in this application. Similar/related services are described; the focus here is on Promise' patients, with the community partner referral process to begin halfway through the program year.

### Residency of 215 people served in PY2022 and 164 in the first half of PY2023

<b>Champaign</b>	110 for PY22	87 for PY23
<b>Urbana</b>	62 for PY22	47 for PY23
<b>Rantoul</b>	24 for PY22	20 for PY23
<b>Mahomet</b>	5 for PY22	4 for PY23
<b>Other</b>	14 for PY22	6 for PY23

### Demographics of 215 people served during PY2022

#### Age

Ages 0 - 6 -----	5
Ages 7-12 -----	2
Ages 13-18 -----	2
Ages 19-59 -----	140
Ages 60+ -----	66

#### Race

White -----	87
Black / AA -----	79
Asian / PI -----	3
Other (incl. Native American and Bi-racial)	7
Not Available Qty -----	39
<b>Gender</b>	
Male -----	105
Female -----	110
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	49
Not of Hispanic/Latino/a Origin -----	151
Not Available Qty -----	15

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Available to anyone, regardless of ability to pay. Primarily serving adults who are uninsured, face financial barriers, below 200% of federal poverty level.

**Outreach to eligible people:** Internal referrals. Call center staff arrange appointments with CHW and other ‘enabling staff’ when patients call to schedule appointments. CHWs run weekly reports to identify uninsured patients and call to assess their need for support. Outreach also through social media, radio, and print media. Community partner referral program info through social media and direct email.

**Within 3 days from referral, 40% of those referred will be assessed.**

**Within 3 days of assessment, 25% of those assessed will engage in services.**

**People will engage in services, on average, for:** one day to ongoing.

**Additional demographic data:** health coverage, veteran, migrant worker status, homelessness, preferred language, sexual orientation, gender identify, and household income and size.

**Staff/reviewer comment:** Assessment and engagement timelines are quick but rates seem low- some clarification may be needed.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Help 600 patients remove barriers to accessing healthcare services and treatment plans.
2. Develop a robust referral system for community partner organizations and community members that can refer people who are in need of help accessing healthcare services. (Service to partner entities.)
3. Implement PRAPARE screening tool; complete 40 patient assessments.

### Specific assessment tools and data collection:

1. Nextgen EMR (EHR) - staff keep count of patients and their needs.
2. Nextgen EMR (EHR) - staff will develop the system and track external referrals.
3. PRAPARE screenings - staff screen patients.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** quarterly from EMR (electronic medical records/electronic health records). Enrollment data quarterly.

**Staff/reviewer comment:** The outcomes measure the program’s performance, though two of them include how many patients will participate.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 200 patients in case management with more than one contact or assisted through several barriers.

**Non-Treatment Plan Clients (NTPCs):** 400 patients served once in the program year.

**Service Contacts (SCs):** 1600 patient assist encounters.

**Community Service Events (CSEs):** 30 - participation in outreach events, including those focused on people in the criminal justice system.

**Other:** 1900 people enrolled in health coverage.

**Staff comment:** From submitted reports and description of what is to be counted as CSE, some appear to be attendance at community meetings but not necessarily including sharing of program information (e.g. Coalition meetings).

**PY24 Targets** TPC-200 NTPC-400 SC-1600 CSE-30 OTHER-1900

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	63	126	130	6	570
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Second Quarter	111	184	418	18	244
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*Annual Targets* TPC-205 NTPC-480 SC-1600 CSE-30 OTHER-2400

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	57	146	153	14	1325
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Second Quarter	73	80	358	8	585
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Third Quarter	36	3	184	13	585
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Fourth Quarter	73	4	178	3	550
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*Annual Targets* TPC-205 NTPC-480 SC-1600 CSE-30 OTHER-2400

## Financial Analysis

**PY2024 CCMHB funding request:** \$107,078

**PY2024 Total Program budget:** \$354,914

**Current year funding (PY2023):** \$107,987

**Proposed change in funding - PY2023 to PY2024 = -0.8%**

**CCMHB request is for 30% of total program revenue.** Other revenue is from US Dept HHS \$242,014 (68%) and Medicaid \$5,822.

**Personnel-related costs of \$106,078 are the primary expense charged to CCMHB,** at 99% of requested amount. Other expenses: Professional Fees/Consultants \$1000 (allocated to cover grant management costs).

**Total Agency, Total Program, CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0 Indirect and 2.15 Direct = 2.15 FTEs

**Total program staff:** 0.37 Indirect and 5.55 Direct = 5.92 FTEs

**Staff comment:** Personnel (all direct) associated with this contract are 100% of a full-time CHW, 20% of full-time BH Director, 45% of full-time Patient Ambassador, and 50% of full-time Behavioral Health Case Manager (to be hired). In the agency's other application's Personnel form, this last position is listed as 50% of half-time, suggesting that one of them is in error.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Staff reads and signs a summary of the agency CLC Plan. There is a CLC subcommittee is part of Quality Improvement Quality Assurance Committee. Documentation in the files is reviewed to ensure strength-based language. Individuals and their family or identified support system will

have a primary decision-making for the care plan. Language Access services are provided by staff and the Language line is available 24 hours. CLC articles are periodically featured in the In Focus weekly staff newsletter.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023? Yes.**

**Highlights from the submitted CLC Progress Report:** “CLC maintains an annual cultural competence training plan for staff and board. November- December of 2022 staff completed training. A new training platform (Zywave) was rolled out.” “All new employees review and sign the CLC Plan. CLC Committee minutes are being maintained. Promise is currently preparing its UDS report that is due Feb. 15th and conducting a review to ensure 95% accuracy for patient registration. The QI/QA Committee continues to monitor physical facility needs including those at the recently opened Neil Street Health Center.”

**Staff comment:** I reviewed the program plan and CLC Plan for alignment. Promise Healthcare would like to build a healthier community by delivering primary medical, behavioral health, and dental care to the underserved. Promise works eliminate barriers to care, which includes providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. The board makes of 50% of patients that are receiving care from Promise Health Care. Zip Codes are connected to the demographic information collected to ensure that patients from rural areas are served. There are IT improvements that are made to ensure that services can be provided virtually for patients.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Outreach activities in Rantoul, with insurance enrollment events at the library and participation in Christmas parade; the area has a large Spanish-speaking population working for ag employers. Serves people regardless of ability to pay, offering language interpretation and CLC training for board and staff; focus on ensuring adequate services to 2SLGBTQIA+ population, partnering in Uniting Pride events. Services at all clinic locations; telephone appointments; IT improvements will allow patients to safely transmit documents for insurance enrollment; looking into offering video enabling visits.

**Promoting inclusion and reducing stigma:** Patients are 53% of current Promise board members; 23% of board members identify as racial/ethnic minorities. CLC training for board and staff initially and annually.

**Outcomes:** Three outcomes measure the program’s performance and #s of people served or other agencies referring.

**Coordinated system:** Yes.

**Written collaborative agreements:** LabCorps, Carle Foundation Hospital, Carle Foundation Hospital Family Medicine Residency, Carle Patient Advisory Nurse, Champaign County Board of Health, CCRPC Head Start/Early Head Start, Hudson Drug, Urbana Walmart, Rantoul Walmart, DSC. (Details on each are provided.)

**Budget and program connectedness:** The Budget Narrative offers explanations for all program revenues and what is to be included in each expense category. Consistency across financial and program forms.

**Person Centered Planning:** Yes. PRAPARE assessment is followed by contributions from each individual to their plan of services.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Description of the roles of Community Health Workers (and other ‘enabling staff’), link to Illinois Public Health Association page regarding CHWs, link to CHW learning resources, and link on the effectiveness of Patient Ambassadors (from Patient Centered Outcomes Research Institute and NIH).

**Staff credentials:** Behavioral Health Director/Project Director - has MS in Counseling, BS Humanities, LPC. Behavioral Health CM is a new position - ideally with a Bachelor’s in SW or related, with significant experience with CM and BH services. CM - experience in Care Coordination and working with patients with multiple diagnoses. CHWs - CHW training through IPHCA (and certification being developed), majority are Certified

Insurance Navigators, experienced with Medicaid and Marketplace and other assistance programs, and are Spanish-speaking. Patient Ambassador - experience in customer service.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Community donations, federal FQHC funding, and funding through the Primary Care Association that helps fund Marketplace promotion and enrollment. **Client fees:** No. **Sliding scale:** Fees are described, with how they're determined, for psychiatric, counseling, medical, and dental services for people of various income level. No charge for enabling services.

**Willing to participate in Medicaid programs:** No, in that these services are not covered under Medicaid OR the patients served do not have any coverage; the agency does bill Medicaid and other insurance for covered services on behalf of covered people. Includes a statement that the program will avoid supplementing Medicaid payments, along with clarification of MHB funds as payer of last resort. For an organization with multiple funding sources, serving people with and without coverage, these assurances are helpful.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency uses a calendar year fiscal year so that the audit for 2021 was due June 30, 2022. The MHB approved extension of deadline by six months, with payments suspended until the audit was submitted 12/29/22. The agency shared its corrective action plan, in response to audit findings and approved by the agency board (and underway) to strengthen financial management and reporting. A subsequent one month payment suspension was related to financial variance comments needed in the Q2 report; this was resolved.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Plan to develop this process.

**Continuation of services during public health emergency:** Some services by phone.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes. Developing portal for patient use.

**Staff/reviewer comment:** Agency completed and submitted application forms on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Correct any errors in the Program Plan Narrative or financial forms.*
- *Consider financial reporting requirements to clarify across the agency's fiscal year (our contract year is within 2 of the agency's FYs).*
- *Prorate the contract amount until the new position is filled.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Sexual Trauma Therapy Services

**Agency:** Rape Advocacy, Counseling & Education Services

**Request:** \$149,284 - a NEW request

**Why it matters:** "... improving the health and success of survivors by providing confidential trauma therapy and crisis intervention services to survivors of sexual violence and stalking... the federal funding that has been supporting much of the therapy program is expected to decrease by over 50% in PY24. CCMHB funding would fill a significant portion of the gap in funding that this decrease will cause and allow RACES to continue to provide critical services to survivors."

**Selected priority:** Healing from Interpersonal Violence

**Staff/reviewer comment:** This proposal is to fund an existing agency program not currently funded by the CCMHB; RACES' prevention education program is currently funded by the MHB.

### Services and People Served

**Who will benefit:** Survivors of sexual violence and/or stalking, aged 3 and up, and their non-offending significant others.

**Scope of services:**

Trauma-informed, culturally competent therapy through multiple treatment modalities to meet individuals' identified needs: Cognitive Behavioral Therapy (CBT), Eye Movement Desensitization and Reprogramming (EMDR), and arts-based therapy. Crisis intervention and advocacy services: sexual assault hotline; medical advocacy and support (responds to emergency department). Support navigating the legal system. Prevention Education program. Survivor-centered approach to services and planning. This program would support trauma therapy at the higher level currently available through federal funding (which will decrease).

**Location and frequency of services:** Offices in Urbana (Lincoln Square) and Rantoul, at schools, partner agency offices, other locations convenient to the client; walk-in in-person 8:30AM-5PM; 24 hour crisis hotline and medical advocacy (ER); virtual services provided on a secure, confidential platform; phone available; evening appointments offered 2 days/week.

**Staff/reviewer comment:** Can provide referrals for people who have committed acts of sexual violence (can't serve them).

### Measures of Client/Participant Access

**Eligibility criteria and determination:** People aged 3 and older who have experienced sexual violence or stalking and their non-offending significant others (parents, partners, siblings); screened through simple internal referral.

**Outreach to eligible people:** Through Prevention Education program or community events; through agency therapy and legal advocacy services while in ER; through referrals from other providers, informational material at numerous locations, social media, and media interviews.

**Within 1 day from referral, 95% of those referred will be assessed.**

**Within 60 days of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for:** one year.

**Additional demographic data:** data on the individuals who harmed clients; client's sexual orientation, location where harmed, income information.

## Measures of Client/Participant Outcomes

### **Outcomes and targets:**

Increased feelings of well-being.

Decreased PTSD and trauma symptoms.

Tools to foster self-care and resilience.

### **Specific assessment tools and data collection:**

IES-R to monitor changes, used by therapist and client.

Satisfaction survey after services, completed by clients.

**Outcome data gathered from all participants:** Yes - recognizing clients' need to have agency and therefore not mandating, if there is another trauma-informed option for assessing their progress (per client and therapist).

**Will collect outcome data** at intake and every six months for Service Planning; upon discharge for satisfaction surveys.

**Staff/reviewer comment:** Due to use of new tool, the Impact of Event Scale (IES-R), rather than numbered outcomes with specific numeric targets, the section identifies client impacts and program performance and will begin collecting data on each. Year end results may show the effectiveness of the new tool.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 189 - clients who attend one or more individual, couple, or family sessions with a RACES therapist.

**Non-Treatment Plan Clients (NTPCs):** ? - # of medical advocacy and legal advocacy clients.

**Service Contacts (SCs):** ? - # of non-client crisis intervention contacts.

**Community Service Events (CSEs):** 3 - participation in large community events.

**Other:** ? - will track # of therapeutic groups: survivor group; parents of child survivors; LGBTQ+ youth survivors. (Up to 10 people each.)

**Staff comment:** Specific targets are not identified for all categories, but some current and historical data on utilization is.

## Financial Analysis

**PY2024 CCMHB funding request:** \$149,284 - a NEW request

**PY2024 Total Program budget:** \$492,886

**CCMHB request is for 30% of total program revenue.** Other revenue is from United Way \$6,920, Contributions \$19,600, Special Events/Fundraising \$11,200, VOCA \$22,819 (4.6%), IL General Revenue Funds \$131,648 (27%), IL AG Violent Crime Victim Assistance grant \$133,990 (27%), Family Violence Prevention & Services Act ARPA \$17,415, Interest Income \$10.

**Personnel-related costs of \$133,713 are the primary expense charged to CCMHB,** at 90% of requested amount. Other expenses: Professional Fees/Consultants \$13,571 (9%); Conferences/Staff Development \$2,000.

**Total Agency budget has a surplus of \$65,291, Total Program budget a deficit of \$183,123, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 2 Direct FTEs

**Total program staff:** 1.34 Indirect and 6.62 Direct = 7.96 FTEs

**Staff comment:** The proposal is to fund 100% of two full-time therapists. Professional Fees will cover a portion of annual audit, accounting, IT, Language Line subscription, payroll processing, etc. The indirect cost allocation plan is described in the Budget Narrative.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** The CLC Committee monitors and creates the action steps to share with the board of directors. There is an annual assessment that looks for deficits in cultural competence. There is a plan in place to remedy actions by the Board of Directors in a timely manner. There is assessment of the physical space to ensure compliance with ADA standards and will be monitored and modified if needed. The materials produced are available in multiple languages. There is media coverage on topics of ways that people can support survivors. There is interagency collaboration and partnership to ensure that Sexual Assault Awareness Month activities are completed in the community.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Thanks to staff recommendations RACES here are some of the highlights to their CLC Progress Report:

- A subscription to Black Mental Health Today Magazine, as recommended by a staff member who has attended the Black Mental Health Symposium two years in a row.
- More tailored programs for K-12 students with disabilities, including students who use assistive technology for communication, due to the work of our Education Supervisor.
- Representation on the People of Color Committee and the LGBTQ+ Committee for the Illinois Coalition Against Sexual Assault (ICASA).

“As part of a newly developed anti-racism/racial justice plan developed in accordance with guidance from the Illinois Coalition Against Sexual Assault, RACES has chosen the “Institutional Assessment Quiz,” found in the Annie E. Casey Foundation Respect Advancing the Mission: Tools for Equity, Diversity, and Inclusion report, as a tool that staff will utilize in early 2023.”

**Staff comment:** I reviewed the program plan for alignment with the CLC Plan. RACES provides services to people who are members of historically underinvested communities through the schools, a partnership with The Well and CU Pridefest. The reporting shows they are continuing to assess how to strengthen partnerships in rural areas as well.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through Prevention Education and other; phone and virtual therapy options reduce transportation barriers; staff travel to schools or partner agency offices to meet those unable to travel to Urbana or Rantoul; feedback from residents of a small town that they preferred not to receive counseling so close to home. Anti-oppression framework to address barriers to care experienced by under-resourced minority populations; seeks diversity in staff, training on culturally competent services; partnerships and community events with other organizations focused on underserved populations; seeking funding to better serve survivors with disabilities; services at office, partner agencies’ office, virtual, or phone, based on client preference.

**Promoting inclusion and reducing stigma:** Reduces survivors’ feelings of shame and victim-blaming from society; Prevention Education includes material to counter harmful myths contributing to this stigma. Services are empowerment focused, and agency public awareness efforts are listed.

**Outcomes:** Positive impacts of the program on its participants are to be measured by a tool new to the agency, along with satisfaction surveys; as a result the outcome targets will develop over the year.

**Coordinated system:** Yes.

**Written collaborative agreements:** Carle, OSF, CUPHD, Children’s Advocacy Center, Crisis Nursery, Cunningham Children’s Home, DSC, Community Choices, CCRPC, CSCNCC, PACE, Uniting Pride, READY

Program, UI Public Safety, Champaign County Sheriff, and Rantoul and Tolono Police Depts. Several more pending.

**Budget and program connectedness:** Budget Narrative provides excellent detail on: all other sources of revenue for the Total Agency and Total Program, including historical and anticipated grants: each expense category, how determined and items included in the category (along with helpful comments); the role of each staff person to be funded through the CCMHB and other agency; and additional comments regarding other funding, current and anticipated client need, and ICASA match requirement.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and provides link to further info on CBT for treatment of PTSD, EMDR for PTSD or other specific disorders, and links to an article on cost impact of EMDR.

**Staff credentials:** Therapists - Master's degree in license eligible fields; currently all have MSW and two have LCSW, one LCPC; have completed 40-hour Sexual Assault Crisis Intervention training required of all IL rape crisis workers, 30 hours of training on SV counseling related topics, 40 hours on counseling young survivors. Subsequent years, 6 hours CEUs with two focused on children and families. 3 of 5 therapists are EMDR trained, the other 2 due to finish in March.

**Will the funding be used as match for another source of revenue:** YES - requests authorization to use any CCMHB amount as match toward other funding through ICASA.

**Other pay sources:** Current Victims of Crime Act (VOCA) funding will decrease in PY24; United Way supports part of Outreach & Group Services Therapist; requesting Violent Crime Victim's Assistance to support an additional therapist (also historically funded by VOCA). **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY2022 audit was submitted on 11/23/22 and indicated no findings of concern.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes. The organization requests this funding (and other) in order to avoid a gap which will occur from loss of other funds.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Virtual and telephone options are available for therapy.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed; continues virtual and phone option, per client choice.

**Staff/reviewer comment:** The agency completed all application forms and submitted February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Add specific utilization targets (esp for NTPC and SC).*
- *Agency notes that 88% of clients are County residents and the 2 therapists to be supported by CCMHB funding would serve Champaign County only. If the agency does not have funding for this service to cover other counties (one of the advantages of federal and state funding), care should be taken that*

*CCMHB funding is not only used exclusively for residents but also is not supplanting funds which are meant to cover the whole region, including county residents.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Sexual Violence Prevention Education

**Agency:** Rape Advocacy, Counseling & Education Services

**Request:** \$82,996

**Why it matters:** "... age-appropriate, trauma-informed, evidence-informed programs [which] address multiple levels of the social-ecological model... Programming at the individual level focuses on addressing risk factors for perpetuation of sexual violence [and] contribute to the Safety and Crisis Stabilization priority, by reducing the likeliness of an individual enacting these forms of harm, which could lead to their involvement in the criminal system and/or a survivor's hospitalization."

**Selected priority:** Healing from Interpersonal Violence

**Staff/reviewer comment:** Proposal to continue CCMHB funding for current program.

### Services and People Served

**Who will benefit:** People aged 3 and up - students, parents, teachers, community members. Special attention to inclusion of people from racial and ethnic minorities, rural residents, LGBTQ+ community, and those with disabilities.

**Scope of services:** To prevent sexual violence on multiple levels...

Age-appropriate, trauma-informed, evidence-informed programs which are evaluated annually. School-based programs are multi-session and fulfill Erin's Law (SV prevention programming) and National Sexuality Education Standards:

Pre-school and elementary - Second Step - Child Protection Unit;

Middle school - Boundaries Matter, Safer Relationships (designed by RACES), Safe Dates;

High school - I [Heart] Consent (developed by RACES staff).

For adults, Darkness to Light, professional trainings, and Bar Outreach Program, and for community, the agency provides SV prevention info at events.

**Location and frequency of services:** Schools or location of the requesting organization; if space not available, agency will help identify one; primarily in person but can offer virtual synchronous and asynchronous options. Multiple sessions.

**Staff/reviewer comment:** Unique programming, evidence- and trauma-informed models, inclusive curriculum, development of greater rural outreach. Is there diversity among the staff who conduct these programs in the schools?

### Residency of 5757 people served in PY22 and 1000 in the first half of PY23

<b>Champaign</b>	3542 for PY22	644 for PY23
<b>Urbana</b>	741 for PY22	27 for PY23
<b>Rantoul</b>	459 for PY22	0 for PY23
<b>Mahomet</b>	0 for PY22	0 for PY23
<b>Other</b>	1015 for PY22	329 for PY23

### Demographics of people served during PY2022

Not collected for this program.

### Measures of Client/Participant Access

**Eligibility criteria and determination:** Schools and organizations in Champaign County.

**Outreach to eligible people:** Letters to school superintendents, principals, and social workers across the County (in August) followed by emails; promoted through community events, agency social media and website.

**Within 3 days from referral, 100% of those referred will be assessed.**

**Within 8 days of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for:** 3-4 sessions for school; 1 for adults.

**Additional demographic data:** large groups and multiple sessions, so race, ethnicity, age, and gender data are not collected.

**Staff/reviewer comment:** Good timelines for assessment and engagement.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

Increased knowledge.

Decreased acceptance of measures related to risk factors.

Increased acceptance of measures related to protective factors.

### Specific assessment tools and data collection:

Four empirically validated assessments by curriculum providers and two assessments created with UIUC Evaluation Consultation Bank; age-appropriate pre- and post- tests to measure knowledge gained and attitude changes.

For preschool and elementary participants, tools to measure #1 and #3.

For middle and high school, tools to measure change related to all 3.

For adults, Darkness to Light program to measure change related to #1 and #3.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** on the last day of each program.

**Staff/reviewer comment:** The outcomes measure positive change in participants and are associated with appropriate measurement tools, though they do not have specific targets.

## Measures of Utilization

**Service Contacts (SCs):** 4,000 unduplicated participants in presentations at K-12 schools.

**Community Service Events (CSEs):** 600 presentations in-person in K-12 educational settings.

**Other:** 40 presentations (10 unique sessions) at Juvenile Detention Center or community groups; when JDC is ready for in person programming again, the agency will accommodate.

**Staff comment:** Targets continue as in PY23 and PY22.

**PY24 Targets**    *SC-4000*    *CSE-600*    *OTHER-40*

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter            446            75            0

Second Quarter        554            68            0

*Annual Targets*    *SC-4000*    *CSE-600*    *OTHER-40*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter            160            33            0

Second Quarter        1194           221           0

Third Quarter           271            85            0

Fourth Quarter        4132           625           0

*Annual Targets*    *SC-4000*    *CSE-600*    *OTHER-40*

## Financial Analysis

**PY2024 CCMHB funding request:** \$82,996

**PY2024 Total Program budget:** \$272,478

**Current year funding (PY2023):** \$63,000

**Proposed change in funding - PY2023 to PY2024 = 33%**

**CCMHB request is for 30% of total program revenue.** Other revenue is from United Way \$3,080, Contributions \$8,400, Special Events/Fundraising \$4,800, Violence Against Women Act grant (through ICASA) \$40,004 (14.7%), IL General Revenue Funds \$102,880 (38%), Family Violence Prevention & Services Act ARPA \$30,313 (11%), Interest Income \$5.

**Personnel-related costs of \$72,451 are the primary expense charged to CCMHB,** at 87% of request. Other expenses: Professional Fees/Consultants \$7,545 (9%); Consumables \$3,000.

**Total Agency budget has a surplus of \$65,291, Total Program budget a deficit of \$17,183, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 1.3 Direct FTEs

**Total program staff:** 0.66 Indirect and 3 Direct = 3.66 FTEs

**Staff comment:** The proposal is to fund 50% of one full time Educator and 80% of another. Professional Fees will cover a portion of annual audit, accounting, IT, Language Line subscription, payroll processing, etc. The indirect cost allocation plan is described in the Budget Narrative.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** The CLC Committee monitors and creates the action steps to share with the board of directors. There is an annual assessment that looks for deficits in cultural competence. There is a plan in place to remedy actions by the Board of Directors in a timely manner. There is assessment of the physical space to ensure compliance with ADA standards and will be monitored and modified if needed. The materials produced are available in multiple languages. There is media coverage on topics of ways that people can support survivors. There is interagency collaboration and partnership to ensure that Sexual Assault Awareness Month activities are completed in the community.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Thanks to staff recommendations RACES here are some of the highlights to their CLC Progress Report:

- A subscription to Black Mental Health Today Magazine, as recommended by a staff member who has attended the Black Mental Health Symposium two years in a row.
- More tailored programs for K-12 students with disabilities, including students who use assistive technology for communication, due to the work of our Education Supervisor.
- Representation on the People of Color Committee and the LGBTQ+ Committee for the Illinois Coalition Against Sexual Assault (ICASA).

“As part of a newly developed anti-racism/racial justice plan developed in accordance with guidance from the Illinois Coalition Against Sexual Assault, RACES has chosen the “Institutional Assessment Quiz,” found in the Annie E. Casey Foundation Respect Advancing the Mission: Tools for Equity, Diversity, and Inclusion report, as a tool that staff will utilize in early 2023.”

**Staff comment:** I reviewed the program plan for alignment with the CLC Plan. RACES provides services to people who are members of historically underinvested communities through the schools, a partnership with The Well and CU Pridefest. The reporting shows they are continuing to assess how to strengthen partnerships in rural areas as well.



## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Staff travel throughout the county, wherever services are requested and regardless of distance; longstanding relationships with rural schools; developing supplemental virtual asynchronous programming. This program can be the first point of contact people have, increasing its importance for rural reach; advocates and therapists travel to rural schools or offer telehealth, as preferred. Recognizing higher risk of victimization and unique service barriers among racial, ethnic, and LGBTQ+ minorities, curricula are designed to be inclusive; focus on these populations through events and partnerships with organizations serving them; services at location preferred by requestor; virtual option exists, in person is recommended.

**Promoting inclusion and reducing stigma:** Increasing empathy for survivors of SV; this training can impact others beyond survivors and centers the intersection of SV and all other forms of violence. Many survivors do not disclose due to stigma and labeling; educational programming and public awareness alleviate these concerns.

**Outcomes:** Three positive impacts of the educational sessions on participants are measured by 6 age-appropriate assessment tools; pre- and post- test data determine change, but specific numeric targets are not included.

**Coordinated system:** Yes.

**Written collaborative agreements:** Carle, OSF, CUPHD, Children's Advocacy Center, Crisis Nursery, Cunningham Children's Home, DSC, Community Choices, CCRPC, CSCNCC, PACE, Uniting Pride, READY Program, UI Public Safety, Champaign County Sheriff, and Rantoul and Tolono Police Depts. Several more pending.

**Budget and program connectedness:** Budget Narrative provides excellent detail on: all other sources of revenue for the Total Agency and Total Program, including historical and anticipated grants: each expense category, how determined and items included in the category (along with helpful comments); the role of each staff person to be funded through the CCMHB and other agency; and additional comments regarding other funding, current and anticipated client need, and ICASA match requirement.

**Person Centered Planning:** Not applicable.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Best practice guidelines from CDC, consistent with 9 principles of effective prevention programs identified by Dr. Nation et al (link included). CDC STOPSV program described, with a link. Uses public health approach (link included). Agency develops a 3-year comprehensive prevention plan for IL Coalition Against Sexual Assault, submitted to CDC.

**Staff credentials:** All complete 40 hours of initial SV crisis intervention training, with 4 hours addressing oppression. Prevention staff complete 6 hours of education related to SV and 12 hours on SV prevention. Specific credentials of the current Educators and Education Coordinator are described. All are certified facilitators of Darkness to Light program and have completed Bar Outreach Project train the trainer program through Our VOICE; they are required to know all RACES' curricula and the agency's prevention plan.

**Will the funding be used as match for another source of revenue:** YES - requests authorization to use any CCMHB amount as match toward other funding through ICASA.

**Other pay sources:** State of IL General Revenue Funds and federal Violence Against Women Act (VAWA), which are distributed through ICASA, along with ARPA funds for FY23-25. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** The application includes a statement affirming this understanding: if the agency does not have funding for this service for the other three counties it serves, care should be taken that CCMHB

funding is not only used exclusively for residents but also is not supplanting funds meant to cover the whole region, which includes the county.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY2022 audit was submitted on 11/23/22 and indicated no findings of concern.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Primarily from county-wide K-12 schools.

**Continuation of services during public health emergency:** Virtual options.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes, developing asynchronous virtual program option.

**Staff/reviewer comment:** The agency completed all application forms and submitted February 5, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Continue to ensure that CCMHB funding is not only used exclusively for residents but also is not supplanting funds meant to cover the whole region, which includes the county.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Benefits Case Management

**Agency:** Rosecrance Central Illinois

**Request:** \$80,595

**Why it matters:** "... addresses the 'labyrinth' of benefit enrollment and resource information stigma and barriers to care. Through assisting with benefits enrollment, outreach and education, benefits counseling, and assistance with obtaining a myriad of resources available to behavioral health clients, the program aims to help clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. The Benefits Case Manager may also assist clients in addressing social determinants of health (housing, employment, healthy food, etc.) while working with clients."

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** This request would continue the program as funded in PY23; in prior years, these services were combined with Crisis, which has been impacted by state and federal crisis system changes and funding secured by the agency from other sources.

### Services and People Served

**Who will benefit:** Champaign County residents seeking behavioral health services, not linked with benefits/public programs, referred from all Rosecrance programs.

**Scope of services:** Assistance with applications, submissions, and appeals to obtain coverage for behavioral health and medical services and other public benefit programs; provides additional specific benefits information when needed. Assistance accessing resources such as food, clothing, shelter, transportation, legal services, and coordination with the person's primary treatment provider.

**Location and frequency of services:** Community locations, client home, agency offices; M-F 9AM-5:30PM and/or by appointment.

**Staff/reviewer comment:** Notes that the complexity of application and appeals processes can keep people from treatment, whereas benefit enrollment improves access to care and positive health outcomes and lowers reliance on emergency department care. The following data\* are for PY22, which was a larger contract and program, making them less comparable, and for PY23, during which the program is more similar to this proposal.

#### Residency of 535\* people served in PY22 and 90 in the first half of PY23

<b>Champaign</b>	246 for PY22	63 for PY23
<b>Urbana</b>	145 for PY22	18 for PY23
<b>Rantoul</b>	32 for PY22	6 for PY23
<b>Mahomet</b>	22 for PY22	2 for PY23
<b>Other</b>	90 for PY22	1 for PY23

#### Demographics of 535\* people served during PY2022

<b>Age</b>	
Ages 0 - 6 -----	1
Ages 7 - 12 -----	10
Ages 13- 18 -----	22
Ages 19- 59 -----	400

Ages 60+ -----	57
Not Available Qty -----	45
<b>Race</b>	
White -----	288
Black / AA -----	118
Asian / PI -----	22
Other (incl. Native American, Bi-racial) -	47
Not Available Qty -----	60
<b>Gender</b>	
Male -----	247
Female -----	243
Not Available Qty -----	45
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	24
Not of Hispanic/Latino/a Origin -----	451
Not Available Qty -----	60

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Rosecrance clients seeking/in need of behavioral health services, interested in applying for benefits.

**Outreach to eligible people:** Agency staff and other service providers.

**Within 5 days from referral, 100% of those referred will be assessed.**

**Within 1 day of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for: 3-6 months.**

**Additional demographic data:** Income, education, living arrangement, # of dependents, contact information, primary language, religion, and veteran, marital, employment, and legal status.

**Staff/reviewer comment:** Good timeline for engagement.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. 100% of those seeking support will receive an appointment.
2. Those seeking services will be offered an appointment within 5 days.
3. 100% of eligible clients will receive this assistance.
4. 600 annual contacts to assist clients.

### Specific assessment tools and data collection:

Rosecrance's electronic health record, entered by staff.

Benefits Referral & Tracking Worksheet, application progress tracked by staff.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** quarterly.

**Staff/reviewer comment:** Access and utilization measures, with indirect impact on clients. Because the goal of the program is to connect people to benefits that connect them to services that result in positive health/wellness outcomes, it may be a challenge to capture the impact within the period and scope of this program's efforts. The rationale provided in other sections of the proposal might suggest a client outcome such as increased willingness to seek treatment or increased confidence/knowledge of the specific entitlement.

## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** 250 people receiving program services.

**Service Contacts (SCs):** 600 contacts on behalf of a person (phone calls, applications submitted, letters written, other communications) to access benefits.

**Staff comment:** \*PY22 data and targets relate to a larger contract and program and so are not easily comparable to PY23 and the proposal.

**PY24 Targets**      NTPC-250   SC-600

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter                      70      126

Second Quarter                    20      141

*Annual Targets*      NTPC-250   SC-625

**\*PY22 All Four Quarters** (per submitted Service Activity Reports)

First Q            0            190            896            63

Second Q        2            177            951            54

Third Q           3            159            927            57

Fourth Q        3            142            731            51

*Targets*   CSE-15   NTPC-1000   SC-3000   OTHER-250 benefit applications

## Financial Analysis

**PY2024 CCMHB funding request:** \$80,595

**PY2024 Total Program budget:** \$584,049

**Current year funding (PY2023):** \$80,595

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 13.8% of total program revenue.** Other revenue (for agency's case management department) is from Medicaid \$462,131 (79%), other Insurance \$28,206, US Probation program fees \$5,404, Interest Income \$1,258, Rental Income \$6,000, and Misc \$455.

**Personnel-related costs of \$63,848 are the primary expense charged to CCMHB,** at 79% of requested amount. Other expenses: Professional Fees/Consultants \$7,624 (9.5%); Consumables \$382; General Operating \$5,595 (6.9%); Occupancy \$2,613 (3%); Local Transportation \$533.

**Total Agency budget has a deficit of \$386,602, Total Program budget and CCMHB budget are BALANCED.**

**Program staff to be funded by CCMHB:** 0.07 Indirect and 1 Direct = 1.07 FTEs

**Total program staff:** 1.74 Indirect and 4.8 Direct = 6.54 FTEs

**Staff comment:** Indirect salaries to be charged to the MHB contract include 3% of full-time Director of Clinical Services and 4% of full-time ES technician. Direct salary is 100% of a full-time Case Manager. The financial forms are consistent and do not appear to have errors.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Rosecrance has a DEI committee that is organization wide and there is a Community Advisory committee that reviews the CLC Plan for CCMHB. Rosecrance utilizes the CLAS Standards to guide the work for DEI for the entire organization and works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. "RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and/or advocacy

events each year; these may be held virtually or in-person.” Language access services are provided for clients with coordination of the supervisors.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** “This past semester, Rosecrance Central Illinois hosted 2 interns as a way to build and develop staff. Additionally, to retain and recruit staff, Rosecrance, Inc. began a “Community of Champions” and “Champions of Hope” human resources campaign to include increased internal staff recognition and external outreach for recruitment. Diversity, Equity, Inclusion, and Belonging is not only a standing Performance Improvement committee for all of Rosecrance but was also included throughout the Rosecrance FY23 Strategic Plan.”

**Staff comment:** I have reviewed all the program plans for alignment with the CLC Plan. The program plans are aligned with the programs. Rosecrance is a large organization; Rosecrance Central Illinois maintains alignment with CLAS Standards in their programming in addition to the DEI (Diversity, Equity and Inclusion).

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Serves people in their homes and community settings throughout the County; assists with linkage to other resources based on individual needs; data show high engagement with Black or African American residents, improving access to care to reduce health disparities.

**Promoting inclusion and reducing stigma:** Immediate access to care and support with other social determinants of health reduces barriers. Uses a model which is person centered, strengths-based, culturally appropriate.

**Outcomes:** Participant outcomes are access and utilization measures; could include one related to participant’s experience as a result of the service.

**Coordinated system:** Yes. Mentions Champaign County Health Care Consumers (CCHCC)

**Written collaborative agreements:** Carle, Land of Lincoln, CCHCC, OSF, Promise, Eastern Illinois Food Bank, Courage Connection, Crisis Nursery, CCRPC, CUPHD.

**Budget and program connectedness:** Yes. The Budget Narrative provides information on all other program revenues, on the expenses to be charged to this contract (how they were calculated, and items included in each category), on personnel costs assigned to the contract (a few specific staff rather than allocating portions of all who contribute to the program), and the very detailed cost allocation methodology. Although some total program revenues amounts differ from those in the Revenue Form, the totals match.

**Person Centered Planning:** Strengths Based Case Management.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Strengths Based Case Management described and linked.

**Staff credentials:** Master’s level licensed clinician with training on state and federal benefits acquisition, SOAR, Motivational Interviewing, cultural competence and diversity, and trauma-informed care.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** None for this portion; the total program includes other Case Management and associated funding. **Client fees:** No. **Sliding scale:** N/A

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** Although not a Medicaid program, the effort leads to clients being eligible for services covered by Medicaid. Benefit enrollment for those with no other pay source allows the cost of the more expensive treatment services to be shifted to other payers, lowering local costs and improving health and wellness.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** No concerns.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on 11/10/22; our follow-up questions addressed (CPA fixed a typo error; agency explained a revenue correction).

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Not addressed.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- N/A (possible continuation of PY23 special provisions)

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Child & Family Services

**Agency:** Rosecrance Central Illinois

**Request:** \$83,500

**Why it matters:** "... to improve mental health and well-being of children, youth, and families through provision of mental health counseling, transportation, case management, wellness, and psychiatric services for youth who have been impacted by trauma or mental, behavioral, or emotional disorders. Thus, expanding trauma-informed system capacity, providing strengths-based, coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services to help children and their families thrive."

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** Proposal is to continue funding for this program, which was newly funded by the CCMHB on October 1, 2022.

### Services and People Served

**Who will benefit:** Champaign County residents aged 5 to 17 (and their families), with assessed MH disorder and need for counseling, psychiatric, or case management services, and with limited financial resources... many have experienced trauma and... exposure to violence, bullying, living in poverty, or parent/caregiver's mental illness.

**Scope of services:** MH counseling, transportation, case management, wellness, and psychiatric services which are supported by a licensed nurse who provides medication education, health and wellness promotion, and care coordination; multi-disciplinary team and coordination between psychiatrist and clinician; counseling can be individual, group, or family sessions, using skill-building, psychoeducation, Cognitive Behavior Therapy, and Play Therapy; transportation.

**Location and frequency of services:** Agency Walnut St. location in Champaign, schools, homes, other safe private locations throughout the County; CSCNCC in Rantoul for counseling or case management; frequency varies based on individual assessed needs.

**Staff/reviewer comment:** Will provide psychiatric services if needed; child psych is a huge need in our community; using trauma-informed practices. Includes rationale for services delivered in this way and identifies which services are not covered by Medicaid and therefore can be charged to this contract.

**Residency of 12 people served in Second Quarter of PY2023:** Champaign - 5, Urbana - 4, and Other - 3.

### Measures of Client/Participant Access

**Eligibility criteria and determination:** People aged 5-17 assessed with MH diagnosis; IM-CANS is the MH assessment tool, administered by clinician.

**Outreach to eligible people:** Referrals can be internal, through the agency's mobile crisis response team, counselors, case managers, and others, or external through parent organizations, pediatricians, school social workers, hospitals, case workers, or other service providers.

**Within 14 days from referral, 100% of those referred will be assessed.**

**Within 7 days of assessment, 75% of those assessed will engage in services.**

**People will engage in services, on average, for:** 120 days.

**Additional demographic data:** Income, education, living arrangement, # dependents, contact information, primary language, religion, and veteran, marital, legal, and employment status.

**Staff/reviewer comment:** Given the nature of the service, good timeline for engagement.



## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Improvement in overall functioning level.
2. Improvement in common problems reported by the client.
3. Improvement in level of functioning in areas of daily activity (relationships, recreation, self-direction, motivation, e.g.)
4. Improvement or no decrease in severity and immediacy of suicide risk.

### Specific assessment tools and data collection:

1. Children's Global Assessment Score. Clinician rates the child's level.
2. Ohio Scale Problem/symptom severity. Reported by youth receiving behavioral health services. (Presumably documented by staff.)
3. Ohio Scale Functioning scale. (Presumably documented by staff.)
4. Columbia Scale. Clinician assesses suicide risk.

### Outcome data gathered from all participants: Yes.

**Will collect outcome data** at admission to program, every six months after, and at discharge (if the client is available).

**Staff/reviewer comment:** It is likely that Outcome 4 was meant to capture no 'increase' in suicidality rather than no 'decrease.' Targets are for any positive change, not specific %. Outcomes relate to positive impact experienced by clients, and each is associated with a specific assessment tool, though numeric targets are not included.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 30 youth and families who complete an assessment and treatment plan for services.

**Non-Treatment Plan Clients (NTPCs):** 10 youth and families who enroll in services but do not engage in assessment or plan.

**Service Contacts (SCs):** 250 contacts with youth and families (sessions, transportation, case management, care coordination).

**Community Service Events (CSEs):** 5 visits with community partners or events to explain the program, invite referrals, educate the community about the program.

**Staff comment:** Program launched October 1, 2022, and while there are notes about targets being estimates, current actual data support the increase of some targets for PY24.

**PY24 Targets**    TPC-30    NTPC-10    SC-250    CSE-5

**PY23 Second Quarter** (per submitted Service Activity Report)

Second Quarter    12    7    87    2

*Annual Targets*    TPC-20    NTPC-5    SC-210    CSE-5

## Financial Analysis

**PY2024 CCMHB funding request:** \$83,500

**PY2024 Total Program budget:** \$116,498

**Current year funding (PY2023):** \$59,682 for a nine-month period (annualized to \$79,576)

**Proposed change in funding - PY2023 to PY2024 = 5%**

**CCMHB request is for 72% of total program revenue.** Other revenue is from MCR Service Fees \$2,387, Client Fees \$1,200, Insurance \$3,694, OSF \$24,943 (21%), Interest Income \$542, Misc \$232. (Total estimated Medicaid billings = \$32,224.)

**Personnel-related costs of \$17,785 are 21% of the total amount requested from the CCMHB.** Other expenses: Professional Fees/Consultants \$59,655 (71%); Consumables \$353; General Operating \$2,927 (3.5%); Occupancy \$1,330; Local Transportation \$1,450.

**Total Agency budget has a deficit of \$386,602, and Total Program and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0.06 Indirect and 0.2 Direct = 0.26 FTEs

**Total program staff:** same

**Staff comment:** Indirect personnel salaries to be charged to this contract are 1% of each of the full-time Medical Record Clerk and ES Supervisor and 2% of each of the full time Director of Clinical Services and Executive Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Rosecrance has a DEI committee that is organization wide and there is a Community Advisory committee that reviews the CLC Plan for CCMHB. Rosecrance utilizes the CLAS Standards to guide the work for DEI for the entire organization and works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. "RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and/or advocacy events each year; these may be held virtually or in-person." Language access services are provided for clients with coordination of the supervisors.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** "This past semester, Rosecrance Central Illinois hosted 2 interns as a way to build and develop staff. Additionally, to retain and recruit staff, Rosecrance, Inc. began a "Community of Champions" and "Champions of Hope" human resources campaign to include increased internal staff recognition and external outreach for recruitment. Diversity, Equity, Inclusion, and Belonging is not only a standing Performance Improvement committee for all of Rosecrance but was also included throughout the Rosecrance FY23 Strategic Plan."

**Staff comment:** I have reviewed all the program plans for alignment with the CLC Plan. The program plans are aligned with the programs. Rosecrance is a large organization, Rosecrance Central Illinois maintains alignment with CLAS Standards in their programming in addition to the DEI (Diversity, Equity and Inclusion).

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Outreach to schools county wide (including rural) throughout the year; some services available in locations convenient to and appropriate to the individual and family; telehealth counseling for some; transportation support; agency reaches a high percentage of members of under-resourced populations (data provided).

**Promoting inclusion and reducing stigma:** Person-centered, strengths-based, culturally appropriate services, with immediate access to variety of BH services anywhere in the County, broad outreach in a variety of methods.

**Outcomes:** Four outcomes relate to improved experience of the person participating in services; each is measured by an appropriate standard tool, primarily completed by staff/clinician; some details could be added/possible error.

**Written collaborative agreements:** (those relevant to this program) OSF Urbana, Promise, Cunningham Children’s Home, Carle, Crisis Nursery, Champaign Unit 4 School Dist, Urbana Unit 116 School Dist, Uniting Pride, Pavilion, Urbana/Mahomet/Rantoul Police Depts, RPC Youth Assessment Center, Champaign County Probation, RACES, and CUPHD.

**Budget and program connectedness:** Budget Narrative provides information on all other program revenues, on the expenses to be charged to this contract (with the items included in each category), a brief note on indirect personnel salaries assigned to the contract (i.e., that a few specific staff are included rather than very small portions of all who contribute), and Administrative and Program cost allocation descriptions.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and links to information about Cognitive Behavioral Therapy, Play Therapy, Pharmacotherapy, and Strengths-Based Case Management for Youth.

**Staff credentials:** MH Counseling - master’s level licensed clinician directly supervised by master’s level LCSW or LCPC, may refer youth and family to psychiatrist when there is an assessed need. Board certified, licensed psychiatrist with special interest in child and adolescent psychiatry, supported by licensed nurse. All staff who conduct MH assessments are trained in IM-CANS; also trainings in recovery-oriented programming, evidence-based approaches to care, trauma-informed care, care coordination and integration, and continuity planning.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Medicaid or Managed Care **Client fees:** No. **Sliding scale:** N/A

**Willing to participate in Medicaid programs:** Yes. Medicaid (and other) will be billed for covered services on behalf of covered individuals.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** No concerns.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on 11/10/22; our follow-up questions were addressed (CPA fixed a typo error; agency explained revenue correction). This new program was not included in that audit.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** From other providers, schools, hospitals, physicians, youth-serving organizations, families, and Rosecrance mobile crisis response team.

**Continuation of services during public health emergency:** Telehealth is an option for counseling if appropriate to the child.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not directly addressed.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Possible error in Outcome 4.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Criminal Justice PSC

**Agency:** Rosecrance Central Illinois

**Request:** \$330,000

**Why it matters:** "... to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system where they are at - in the... jail, at probation, or in the community. Following a person-centered, client-driven plan, the staff help coordinate across systems, with and on behalf of people with justice system involvement, providing case management and other supports to assist persons in the jail as well as to help with the transition from incarceration to re-entry into the community."

**Selected priority:** Safety and Crisis Stabilization

**Staff/reviewer comment:** The proposal features services currently/previously funded by the CCMHB and central to collaborations with other county departments.

### Services and People Served

**Who will benefit:** People with behavioral health disorders and justice-involvement - adults presently or recently charged with a crime, on community supervision, found unfit to stand trial, on conditional release due to not guilty/insanity plea, or currently at Champaign County Correctional Center.

**Scope of services:** Screening, assessment, case management (CM), group therapy.

Screenings - for eligibility, for all referred or requesting services while in the jail.

Motivational interviewing - goal-directed, client-centered counseling style, to engage people in services.

Assessments - for those seeking CM in community.

Strengths-based CM - focus on strengths of the person, who directs their care; linkage to treatment and resources.

Group therapy - Moral Reconciliation Therapy and Coping With Anger.

**Location and frequency of services:** Various community locations, jail, client's home, and virtual; frequency varies with client need.

**Staff/reviewer comment:** Provides more detail about the group therapy models. Continues current/prior year program services.

### Residency of 83 people served in PY2022 and 22 in the first half of PY2023

<b>Champaign</b>	35 for PY22	12 for PY23
<b>Urbana</b>	40 for PY22	4 for PY23
<b>Rantoul</b>	4 for PY22	1 for PY23
<b>Mahomet</b>	1 for PY22	1 for PY23
<b>Other</b>	3 for PY22	4 for PY23

### Demographics of 83 people served during PY2022

#### Age

Ages 19-59 ----- 80

Ages 60+ ----- 3

#### Race

White ----- 26

Black / AA ----- 44

Asian / PI -----	1
Other (incl. Native American and Bi-racial)	12
<b>Gender</b>	
Male -----	58
Female -----	25
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	5
Not of Hispanic/Latino/a Origin -----	78

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Age 18 and above, criminal justice involvement within the last six months, and MH or SUD need identified through a completed screening.

**Outreach to eligible people:** Primarily referred by correctional staff, probation, parole, or community partners, word of mouth from others residing in the jail.

**Within 15 days from referral, 70% of those referred will be assessed.**

**Within 20 days of assessment, 70% of those assessed will engage in services.**

**People will engage in services, on average, for: 5 months.**

**Additional demographic data:** None.

**Staff/reviewer comment:** Timeline is reasonable given the target population and needs.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Increase client access to resources (reporting on linkages to housing, employment, education, insurance, other benefits, primary care, behavioral health, transportation, and other).
2. Length of jail stay for people with MI or co-occurring disorders.

### Specific assessment tools and data collection:

1. Case managers enter linkage data into specific spreadsheet for agency analysis.
2. Staff enter booking and release dates into spreadsheet for agency analysis.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** Quarterly and annually.

**Staff/reviewer comment:** Presume the second outcome means to measure decreased lengths of stay, though this is not stated.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 60 people in CM (impacted by COVID restrictions at the jail).

**Non-Treatment Plan Clients (NTPCs):** 100 people receiving screening and referral information but choosing not to have CM.

**Service Contacts (SCs):** 500 request slips completed (for assistance, messages, questions about MH/SUD services - received via email when COVID restrictions are in place at jail.)

**Staff comment:** Current year targets are continued.

**PY24 Targets**    TPC-60    NTPC-100    SC-500

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	14	57	202
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Second Quarter	8	27	226
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*Annual Targets*    TPC-60    NTPC-100    SC-500

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	6	18	99
Second Quarter	13	25	66
Third Quarter	9	17	125
Fourth Quarter	46	173	169
<i>Annual Targets</i>	<i>TPC-90</i>	<i>NTPC-125</i>	<i>SC-600</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$330,000

**PY2024 Total Program budget:** \$479,844

**Current year funding (PY2023):** \$320,000

**Proposed change in funding - PY2023 to PY2024 = 3.1%**

**CCMHB request is for 69% of total program revenue.** Other revenue is from Champaign County Reentry \$100,000, Medicaid \$47,681, Interest Income \$1,543, Misc \$620.

**Personnel-related costs of \$228,987 are the primary expense charged to CCMHB,** at 69% of requested amount. Other expenses: Professional Fees/Consultants \$73,210 (22%); General Operating \$16,757 (5%); Occupancy \$8,306 (2.5%); Conferences/Staff Development \$1,294; Local Transportation \$1,446.

**Total Agency budget has a deficit of \$386,602; Total Program budget and CCMHB budget are BALANCED.**

**Program staff to be funded by CCMHB:** 0.18 Indirect and 3.7 Direct = 3.88 FTEs

**Total program staff:** 0.77 Indirect and 4.8 Direct =5.57 FTEs

**Staff comment:** Direct staff salaries charged to this contract include 95% each of 2 Case Managers, 100% of a third Case Manager, and 80% of Team Leader; indirect staff salaries include 3% for Medical Record Clerk, 5% Director of Clinical Services, 6% ES Technician, and 4% Executive Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Rosecrance has a DEI committee that is organization wide and there is a Community Advisory committee that reviews the CLC Plan for CCMHB. Rosecrance utilizes the CLAS Standards to guide the work for DEI for the entire organization and works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. "RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and/or advocacy events each year; these may be held virtually or in-person." Language access services are provided for clients with coordination of the supervisors.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** "This past semester, Rosecrance Central Illinois hosted 2 interns as a way to build and develop staff. Additionally, to retain and recruit staff, Rosecrance, Inc. began a "Community of Champions" and "Champions of Hope" human resources campaign to include increased internal staff recognition and external outreach for recruitment. Diversity, Equity, Inclusion, and Belonging is not only a standing Performance Improvement committee for all of Rosecrance but was also included throughout the Rosecrance FY23 Strategic Plan."

**Staff comment:** I have reviewed all the program plans for alignment with the CLC Plan. The program plans are aligned with the programs. Rosecrance is a large organization, Rosecrance Central Illinois maintains alignment with CLAS Standards in their programming in addition to the DEI (Diversity, Equity and Inclusion).

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Staff travel to community locations as needed and as clinically appropriate; assist with transportation services; referrals primarily from the jail where people of color and people with low income are over-represented, often with no/low access to healthcare; individualized engagement to support better access to resources; virtual options.

**Promoting inclusion and reducing stigma:** Based on principles of recovery - power of fellowship, hope, and the desire of every human spirit to heal. Hope and non-judgement, strengths-based service approach, to help people define themselves by strengths rather than diagnosis or negative life event; education on disease concept and trauma, to help reduce shame and stigma, build supports, and reduce isolation.

**Outcomes:** Two outcomes relate to the client's experience, one with many sub-measures of linkage, and the other presumably seeking a decrease in length of stay at jail.

**Coordinated system:** Works with other organizations and providers to meet individual requests for referrals and resources; participate in monthly Re-Entry meetings.

**Written collaborative agreements:** Carle, OSF, The Pavilion, CCHCC, Champaign County Probation, CCRPC, CCSO, Champaign/Mahomet/Rantoul Police Depts, CUPHD, GROW, Land of Lincoln, Urbana Adult Ed.

**Budget and program connectedness:** The Budget Narrative provides information on all other program revenues, on the expenses to be charged to this contract (with the items included in each category), a brief note on indirect personnel salaries assigned to the contract (that a few specific staff are included rather than very small portions of all who contribute), and Administrative and Program cost allocation descriptions.

**Person Centered Planning:** Yes - described in various sections.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and links to information on each of Motivational Interviewing, Strengths-Based Case Management, Moral Reconciliation Therapy, and Coping with Anger.

**Staff credentials:** CMs have bachelor's degrees in counseling or related, experience working with service MI, valid driver's license; Team Leader has Master's degree in counseling or related, 3 years clinical experience, LCSW or LCPC or pursuing either, valid driver's license; all have required agency trainings and trainings on Motivational Interviewing, Moral Reconciliation Therapy, Coping with Anger, and Trauma Informed Care.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Medicaid billed for some clients (details in application) for some services (transportation not billable). **Client fees:** No. **Sliding scale:** N/A

**Willing to participate in Medicaid programs:** Yes. Clarifies that Medicaid will be billed for those services which are covered, on behalf of some clients.

**Staff/reviewer comment:** Includes more detail on current staff and credentials beyond the minimum requirements.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** No concerns.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on 11/10/22; our follow-up questions were addressed (CPA fixed a typo error; agency explained revenue correction).

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Some services virtual; access to clients limited when COVID precautions restrict visits to the jail.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *N/A (consider retaining PY23 special provisions.)*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Crisis Co-Response Team (CCRT)

**Agency:** Rosecrance Central Illinois

**Request:** \$207,948

**Why it matters:** "... to reduce counterproductive encounters with law enforcement, with qualified professionals meeting those involved with Rantoul Police Department (RPD) or Champaign County Sheriff's Office (CCSO) where they are at in the community. Case Managers engage people and connect them to care and away from criminalization or containment. The program aims to reduce contact with law enforcement, reduce hospitalization and unnecessary emergency room visits, and increase access to appropriate community-based treatment and resources."

**Selected priority:** Safety and Crisis Stabilization

**Staff/reviewer comment:** This is a request to continue a program new to the agency in PY23 (previously run by another organization.)

### Services and People Served

**Who will benefit:** Individuals and families in RPD and CCSO coverage area who have had Crisis Intervention Team (CIT) or domestic offense police contact... to fulfill an identified need for behavioral health support that goes beyond the scope and expertise of patrol officers. Many are from lower income households or ethnic minority populations, often hard to reach, but no limits to service based on gender, age, income, race, ethnicity.

**Scope of services:** While Urbana residents receive this service through other funding, this proposal is for support for residents of Rantoul and rural county who have had CIT or domestic-related contact with law enforcement or are recommended for support by the program staff who review daily police logs. Attempts to contact all individuals referred, to reduce contact with law enforcement for social emotional behavioral needs, the program links people to available services and increases their capacity to engage in treatment. May involve immediate response with police. After contact, assessment to determine if the crisis can be resolved without further action or if a treatment plan is indicated. If the former, resource information is offered. If the latter, staff offer short-term care planning, coordination, and monitoring, possible linkage to housing, food, clothing, behavioral health services, counseling, education, vocational training, financial education, employment, peer support.

**Location and frequency of services:** Community locations, client homes, with officers and in the field. M-F 10AM-6:30PM and by appointment.

**Staff/reviewer comment:** This service was provided by a different organization in PY22; data are for Q1 and Q2 of the current contract year only.

#### Residency of 26 people served in the first half of PY23

Champaign	1
Urbana	7
Rantoul	11
Mahomet	1
Other	6

#### Demographics of 26 people served in the first half of PY23

Age

Ages 7 - 12 -----	2
Ages 13- 18 -----	9
Ages 19- 59 -----	12
Ages 60+ -----	3
<b>Race</b>	
White -----	18
Black / AA -----	5
Other (incl. Native American, Bi-racial) -	3
<b>Gender</b>	
Male -----	12
Female -----	14
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	25

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Individuals and families in Rantoul and areas served by CCSO who have CIT or domestic related police contact; referred by RPD or CCSO or have a police contract record.

**Outreach to eligible people:** Referred by law enforcement; program staff distribute fliers and do community outreach.

**Within 7 days from referral, 65% of those referred will be assessed.**

**Within 0 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for: 1-3 months.**

**Additional demographic data:** none.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Increase individual's capacity to engage in treatment/access resources. (improved score on Self-Sufficiency Matrix)
2. Reduce # repeat calls - no more than 25% of requests for law enforcement assistance for social emotional behavioral needs will be repeat requests.

### Specific assessment tools and data collection:

1. Entry and Exit Self-Sufficiency Matrix - TPCs complete this with staff, who then enter scores in the electronic health record; quarterly reports with # and % of clients with decreased needs.
2. Team Leader tracks and reports quarterly on the # repeat requests to law enforcement.

**Outcome data gathered from all participants:** TPCs only, through exit assessment to determine change in level of social emotional behavioral need.

**Will collect outcome data** quarterly.

**Staff/reviewer comment:** The outcomes are associated with appropriate assessment tools. One has a specific numeric target.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 70 people receiving short-term care planning, coordination, and monitoring.

**Non-Treatment Plan Clients (NTPCs):** 10 people whose screening indicates crisis can be resolved without further action from the program or law enforcement - no treatment plan needed. Information and resources offered to address the issue.

**Service Contacts (SCs):** 250 attempts to contact and engage individuals and families with CIT or domestic-related police contact.

**Community Service Events (CSEs):** 50 community meetings/events and presentations, meetings with providers, schools, community members, and public officials to provide program information.

**Staff comment:** This service was provided by a different organization in PY22; data are for Q1 and Q2 of the current contract year only.

<b>PY24 Targets</b>	TPC-70	NTPC-10	SC-250	CSE-50
<b>PY23 First Two Quarters</b> (per submitted Service Activity Reports)				
First Quarter	2	2	6	26
Second Quarter	24	3	67	16
<i>Annual Targets</i>	<i>TPC- 50</i>	<i>NTPC-140</i>	<i>SC-625</i>	<i>CSE-20</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$207,948

**PY2024 Total Program budget:** \$487,668

**Current year funding (PY2023):** \$207,948

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 42.6% of total program revenue.** Other revenue is from Certified Community Behavioral Health Clinic \$278,532 (57%), Interest Income \$872, and Misc \$316.

**Personnel-related costs of \$122,499 are the primary expense charged to CCMHB,** at 59% of request. Other expenses are Professional Fees/Consultants \$69,879 (33.6%), Consumables \$578, General Operating \$12,937 (6.2%), Occupancy \$219, Conferences/Staff Development \$770, and Local Transportation \$1,066.

**Total Agency budget has a deficit of \$386,602, Total Program budget and CCMHB budget are BALANCED.**

**Program staff to be funded by CCMHB:** 0.09 Indirect and 2 Direct = 2.09 FTEs

**Total program staff:** 0.19 Indirect and 6.18 Direct = 6.37 FTEs

**Staff comment:** Direct staff salaries charged to this contract include 100% each of 2 CCRT Clinicians; indirect staff salaries are 4% for Medical Record Clerk, 4% Office Support Supervisor, and 2% Executive Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Rosecrance has a DEI committee that is organization wide and there is a Community Advisory committee that reviews the CLC Plan for CCMHB. Rosecrance utilizes the CLAS Standards to guide the work for DEI for the entire organization and works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. "RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and/or advocacy events each year; these may be held virtually or in-person." Language access services are provided for clients with coordination of the supervisors.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** "This past semester, Rosecrance Central Illinois hosted 2 interns as a way to build and develop staff. Additionally, to retain and recruit staff, Rosecrance, Inc. began a "Community of Champions" and "Champions of Hope" human resources campaign to include increased internal staff recognition and external outreach for recruitment. Diversity, Equity, Inclusion, and Belonging is not only a standing Performance Improvement committee for all of Rosecrance but was also included throughout the Rosecrance FY23 Strategic Plan."

**Staff comment:** I have reviewed all the program plans for alignment with the CLC Plan. The program plans are aligned with the programs. Rosecrance is a large organization, Rosecrance Central Illinois maintains alignment with CLAS Standards in their programming in addition to the DEI (Diversity, Equity and Inclusion).

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Serves people in places they and the program staff feel safe, which can include client homes or community locations convenient to them; office sites in C, U, and Rantoul for meetings. Attention to meeting the National Culturally and Linguistically Appropriate Services standards; many Rantoul referrals are members of under-resourced racial minority groups, and the Rantoul Service Providers seek to identify and reduce barriers for residents of northern county.

**Promoting inclusion and reducing stigma:** Client and family-guided, trauma-informed, culturally competent approach to addressing issues and improving access to resources and services, with personalized goals, offered in the clients' community or home at times convenient to them.

**Outcomes:** Measures for increased engagement with treatment or resources and for reduced contact with law enforcement. A specific assessment instrument is identified.

**Coordinated system:** Yes.

**Written collaborative agreements:** Carle, Champaign County Probation, CCSO, Mahomet and Rantoul Police Departments, Community Service Center of Northern Champaign County, Courage Connection, Crisis Nursery, CRIS Healthy Aging, Family Service, GROW in Illinois, Land of Lincoln, CCHCC, OSF, Promise, Eastern Illinois Food Bank, CCRPC, CUPHD, RACES, The Pavilion, Uniting Pride, and Urbana Adult Education.

**Budget and program connectedness:** The Budget Narrative provides information on all other program revenues, on the expenses to be charged to this contract (with items included in each category), on personnel costs assigned to the contract (a few specific staff rather than allocating portions of all who contribute), and Administrative and Program cost allocation descriptions.

**Person Centered Planning:** Strengths Based Case Management

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Self-Sufficiency Matrix described and linked (used initially, to determine follow up, used at exit to measure change in need). Strengths Based Case Management described and linked.

**Staff credentials:** Bachelor's in human or social services or related, 3 years direct client service, or combination of education and experience. Master's preferred. Training in motivational interviewing, cultural competence, Crisis Prevention Institute, and trauma-informed service delivery. Encouraged to participate in professional development. Weekly supervision.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** No other payment sources for this service for RPD and CCSO areas; agency has SAMHSA funding for these services to Champaign and Urbana. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** No concerns.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on 11/10/22; our follow-up questions were addressed (CPA fixed a typo error; agency explained revenue correction). This new program was not included in that audit.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Not addressed.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- N/A (consider continuing PY23 special provisions.)

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Recovery Home

**Agency:** Rosecrance Central Illinois

**Request:** \$100,000

**Why it matters:** "... provides individuals a safe, supportive living environment in which to learn how to successfully implement a peer support recovery program while developing independent living skills in a community setting... addressing 'problems in living' and the social determinants of health... mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports."

**Selected priority:** Closing the Gaps in Access and Care

**Staff/reviewer comment:** This proposal continues a program funded by the CCMHB in PY23 and previous years.

### Services and People Served

**Who will benefit:** People aged 18 and up with substance use disorders. Often homeless or living below poverty rate.

**Scope of services:** Intensive case management and individualized services within a recovery-oriented system of care environment. Therapeutic interventions to facilitate removal of barriers for safe/support housing; 12-step support involvement; independent living skills; education/vocational skills; identification and use of natural supports and community resources; peer support. A 'step down' from inpatient (residential) treatment, people receive SUD treatment services, often through Rosecrance's continuum. Evidence based practices: 12-step model and peer support; level system (hierarchical model to gradually adjust to community living while increasing sustainability of recovery efforts); and case management.

**Location and frequency of services:** RH is at the agency's Moreland facility in Champaign, staffed 24/7, 365 days a year. Case Management throughout the County, with RH staff assisting with transportation. Fellowship activities (alumni) also throughout the county.

**Staff/reviewer comment:** The only accredited Recovery Home in the County, with program requirements mandated by Illinois Administrative Code Title 77, Part 2060.

#### Residency of 27 people served in PY2022 and 24 in the first half of PY2023

<b>Champaign</b>	17 for PY22	17 for PY23
<b>Urbana</b>	4 for PY22	5 for PY23
<b>Rantoul</b>	1 for PY22	2 for PY23
<b>Other</b>	5 for PY22	0 for PY23

#### Demographics of 27 people served during PY2022

##### Age

Ages 19-59 -----	24
Ages 60+ -----	3

##### Race

White -----	18
Black / AA -----	5
Other (incl. Native America & Bi-racial)-	4

##### Gender

Male -----	18
Female -----	9
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	3
Not of Hispanic/Latino/a Origin -----	24

## Measures of Client/Participant Access

**Eligibility criteria and determination:** People 18 and older, who have recently completed SUD treatment services, apply for services within alcohol/drug free housing, with rules, peer-led groups, staff activities to maintain sobriety. Must meet American Society for Addiction Medicine criteria for Level II (intensive outpatient) or Level I (outpatient) care, and exhibit treatment resistance, relapse potential, and lack of suitable recovery living environment.

**Outreach to eligible people:** As a “step-down,” referred from Rosecrance or other residential service providers. Also referred by outpatient counselors, spiritual leaders, members of the recovery community, family members, other providers.

**Within 3 days from referral, 100% of those referred will be assessed.**

**Within 2 days of assessment, 70% of those assessed will engage in services.**

**People will engage in services, on average, for: 3-6 months.**

**Additional demographic data:** Income, education, living arrangement, # dependents, contact information, primary language, religion, and veteran, marital, legal, and employment status.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Successful linkage to items in individualized plan (housing, vocational or educational resources, medical, dental, psychiatric, or counseling services, 12-step support groups)
2. Step down to less intensive services.
3. Secured housing.
4. Secured employment or engagement in education program.

### Specific assessment tools and data collection:

(Presumably staff) track clients’ accomplishments in the agency electronic health record. The outcome areas are SAMHSA National Outcome Measures.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** at intake and discharge.

**Staff/reviewer comment:** Outcomes relate to positive change for clients, using national measures.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 22 people in the program with a recovery services plan.

**Service Contacts (SCs):** 65 unduplicated individuals interviewed for access to RH services.

**Staff comment:** Targets from PY23 are maintained for PY24.

**PY24 Targets**            TPC-22    SC-65

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter            19        25

Second Quarter        5        22

*Annual Targets*        TPC-22    SC-65

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	9	15
Second Quarter	4	14
Third Quarter	5	15
Fourth Quarter	9	17
Annual Targets	TPC-22	SC-70

## Financial Analysis

**PY2024 CCMHB funding request:** \$100,000

**PY2024 Total Program budget:** \$411,250

**Current year funding (PY2023):** \$100,000

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 24% of total program revenue.** Other revenue is from Client Fees \$8,409, IDHS - Substance Use Prevention & Recovery \$301,310 (73%), Interest Income \$1,124, and Misc \$407.

**Personnel-related costs of \$75,690 are the primary expense charged to CCMHB,** at 76% of requested amount. Other expenses are Professional Fees/Consultants \$24,310 (24%).

**Total Agency budget has a deficit of \$386,602; Total Program budget and CCMHB budget are BALANCED.**

**Program staff to be funded by CCMHB:** 0.03 Indirect and 1.35 Direct = 1.38 FTEs

**Total program staff:** 0.19 Indirect and 3 Direct = 3.19 FTEs

**Staff comment:** Direct staff salaries charged to this contract include 45% of 2 full-time Recovery Home Specialists and of a full-time Lead Recovery Home Specialist (the position is vacant at time of application). Indirect staff salaries include 2% for Receptionist and 1% Executive Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Rosecrance has a DEI committee that is organization wide and there is a Community Advisory committee that reviews the CLC Plan for CCMHB. Rosecrance utilizes the CLAS Standards to guide the work for DEI for the entire organization and works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. "RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and/or advocacy events each year; these may be held virtually or in-person." Language access services are provided for clients with coordination of the supervisors.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** "This past semester, Rosecrance Central Illinois hosted 2 interns as a way to build and develop staff. Additionally, to retain and recruit staff, Rosecrance, Inc. began a "Community of Champions" and "Champions of Hope" human resources campaign to include increased internal staff recognition and external outreach for recruitment. Diversity, Equity, Inclusion, and Belonging is not only a standing Performance Improvement committee for all of Rosecrance but was also included throughout the Rosecrance FY23 Strategic Plan."

**Staff comment:** I have reviewed all the program plans for alignment with the CLC Plan. The program plans are aligned with the programs. Rosecrance is a large organization, Rosecrance Central Illinois maintains alignment with CLAS Standards in their programming in addition to the DEI (Diversity, Equity and Inclusion).



## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Transportation support to locations county-wide, for those for home lack of transportation is a barrier to engagement in services or transition back to home community. Referrals from inpatient treatment programs which serve members of under-resourced populations. Various outreach from the agency to these providers and their clients. Intake includes cultural inventory questions which inform the individualized service plan. Natural and traditional supports important to recovery.

**Promoting inclusion and reducing stigma:** Support and advocacy to access various community resources, to overcome barriers to a life of sustained recovery. Special events to celebrate individuals' successes and cultural holidays; communal living is new for many, so with support they learn about others' backgrounds to create a safe emotional space.

**Outcomes:** Client outcomes relate to National Outcome Measures; each seeks improvement, without specific numeric targets, measured by staff tracking related events.

**Coordinated system:** Intensive CM with multiple contacts with other providers, plus transportation. Staff advocate and help clients gain access to resources and programs; linkage to peer or community supports and activities and volunteer or work opportunities.

**Written collaborative agreements:** (specific to program) Urbana Adult Ed, EI Food Bank, Family Services, Courage Connection, Crisis Nursery, RACES, The Pavilion, Promise, Carle, OSF, U of I Extension, Land of Lincoln, CCRPC, Shelter Plus Care, CUPHD, Uniting Pride.

**Budget and program connectedness:** Budget Narrative provides information on the other program revenues, on the expenses to be charged (with items included in each category), a brief note that a few specific indirect staff are included rather than very small portions of all who contribute to the program, and Admin/Program cost allocation descriptions.

**Person Centered Planning:** Yes. Individualized.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and links to info on 12-step/peer support, Level System, and Case Management.

**Staff credentials:** Team Leader - Bachelor's and CADAC required, Master's preferred, plus training/experience in SUD. Recovery Home Specialists - HS diploma required, Bachelor's preferred, training in facilitating recovery groups, trauma-informed care, suicide risk assessment, knowledge of drugs of abuse and recovery concepts, and basic knowledge or dual diagnosis issues. Some have lived experience, provide structure and accountability with empathy and insight regarding the recovery journey.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Illinois DHS-SUPR daily rate based on bed census; client self pay. **Client fees:** Yes. **Sliding scale:** (not visible.)

**Willing to participate in Medicaid programs:** No. Explains that clients have limited or no other payer source. Medicaid and Medicaid MCO do not fund Recovery Home or the peer support or case management services which result in improved engagement and completion rates.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** No concerns.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on 11/10/22; our follow-up questions were addressed (CPA fixed a typo error; agency explained revenue correction).

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes. Referred by Champaign County Drug Court, family, recovery community, SUD treatment providers, and other providers.

**Continuation of services during public health emergency:** Not addressed.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *N/A (consider PY23 special provisions).*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Specialty Courts

**Agency:** Rosecrance Central Illinois

**Request:** \$178,000

**Why it matters:** "... to coordinate across systems, with and on behalf of people with substance use disorders or mental illness who have justice system involvement."

**Selected priority:** Safety and Crisis Stabilization

**Staff/reviewer comment:** This proposal is to continue funding for a long-standing CCMHB funded program to coordinate services and to participate in cross-system collaboration which includes the judiciary, CCMHB staff, other County government, service providers, and peers.

### Services and People Served

**Who will benefit:** People aged 18 and up, referred by Champaign County Court; many have had multiple MH or SUD treatment episodes, some have been incarcerated. Needs assessed using Diagnostic Statistical Manual-5 and American Society of Addiction Medicine criteria.

**Scope of services:** Access to continuum of agency services including inpatient, outpatient, and housing. Assessments, individualized treatment plans, group and individual counseling services, and weekly Specialty Court team meetings and court sessions. More intensive coordination and collaboration than typical for participants of other agency programs. Many activities are outside of those billable to other payors and include: transportation; connection to resources such as food, housing, clothing, medical, dental, vocational, educational; alcohol/drug tests; drafting of court reports; weekly staffing with the court; planning and participation in Specialty Court graduation and other special events; required trainings; and quarterly meetings.

**Location and frequency of services:** Most at agency, Probation, or County Jail; case management (CM) may take place in homes or locations county-wide; some virtual during public health emergency. Frequency (and some location) based on individuals' needs/plans.

#### Residency of 28 people served in PY2022 and 33 in the first half of PY2023

<b>Champaign</b>	9 for PY22	9 for PY23
<b>Urbana</b>	14 for PY22	15 for PY23
<b>Rantoul</b>	2 for PY22	3 for PY23
<b>Mahomet</b>	0 for PY22	2 for PY23
<b>Other</b>	3 for PY22	4 for PY23

#### Demographics of x people served during PY2022

<b>Age</b>	
Ages 19-59 -----	27
Ages 19-59 -----	1
<b>Race</b>	
White -----	15
Black / AA -----	11
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	2
<b>Gender</b>	

Male -----	22
Female -----	6
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	0
Not of Hispanic/Latino/a Origin -----	27

## Measures of Client/Participant Access

**Eligibility criteria and determination:** For Drug Court, a person must have a felony conviction, not be classified as high risk or dangerous, not convicted of a non-probationable offense, not have a severe MI or a DD which would interfere with completing requirements; they must complete a Drug Court Assessment, be willing to engage with treatment and supervision requirements, and be residents of the County at time of offense. Validated risk and needs assessment (approved by Drug Court) must show 'medium to high risk/high needs' and that the participant has an SUD; this assessment is completed prior to Drug Court placement.

**Outreach to eligible people:** People are identified for this program by defense counsel, state's attorney, law enforcement, family, and friends. People can request to be assessed for the program through their attorney.

**Within 0 days from referral, 100% of those referred will be assessed.**

**Within 3 days of assessment, 45% of those assessed will engage in services.**

**People will engage in services, on average, for: 1-1.5 years.**

**Additional demographic data:** Income, education, living arrangement, # dependents, contact info, language, religion, and veteran/marital/employment/legal status.

**Staff/reviewer comment:** MH Court criteria are currently being determined; IM-CANS will be assessment tool. Drug Court uses a specific assessment tool. The exclusion criterion which appears to be disability-based could be more clearly defined, especially if there are cases for which an accommodation is appropriate.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. # of graduates = 15.
2. A. 65% of graduates do not experience recidivism.
- B. 100% with barriers receive case mgt.

**Specific assessment tools and data collection:**

1. Client charts, entered by clinical staff at admission and discharge (SAMHSA National Outcome Measures).
2. A. Coordinator tracks recidivism rate of graduates, i.e., new drug charge or revocation of probation.
- B. Case Managers enter data on services in the client chart. Expected to lead to positive changes in symptoms, employment, education, 12-step/peer involvement.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** at intake and discharge.

**Staff/reviewer comment:** Outcomes 1 and 2B measure the program's output without connecting explicitly to the client experience. #1 could be time-framed (within a 12- or 18-month period, e.g.) and tied to the impact on a participant (and their family) of connection, belonging, abstinence, etc. improving quality of life.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 45 people with strengths-based individualized treatment plans

**Service Contacts (SCs):** 800 weekly reports submitted to Specialty Courts

**Community Service Events (CSEs):** 4 - 2 media reports on Specialty Court, 2 Graduations

**Other:** 1,000 hours of Case Management service

**PY24 Targets**    TPC-45    SC-800    CSE-4    OTHER-1000 hours

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	20	181	0	155
Second Quarter	13	144	2	82
<i>Annual Targets TPC-60 SC-1000 CSE-4 OTHER-4500</i>				

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	21	184	0	1136
Second Quarter	1	163	1	946
Third Quarter	5	168	0	840
Fourth Quarter	1	148	2	503
<i>Annual Targets TPC-60 SC-1400 CSE-4 OTHER-5000</i>				

## Financial Analysis

**PY2024 CCMHB funding request:** \$178,000

**PY2024 Total Program budget:** \$178,800

**Current year funding (PY2023):** \$169,464

**Proposed change in funding - PY2023 to PY2024 = 5%**

**CCMHB request is for 99.6% of total program revenue.** Other revenue is from Interest Income \$587 and Misc \$213.

**Personnel-related costs of \$118,668 are the primary expense charged to CCMHB,** at 67% of requested amount. Other expenses: Professional Fees/Consultants \$37,760 (21%); Consumables \$929; General Operating \$7,774 (4.4%); Occupancy \$7,047 (4%); Conferences/Staff Development \$4,795; Local Transportation \$1,027.

**Total Agency budget deficit of \$386,602, Total Program budget deficit of \$3,652, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 0.15 Indirect and 2.07 Direct = 2.22 FTEs.

**Total program staff:** Same.

**Staff comment:** Direct staff salaries charged to this contract include 95% of one full-time Outreach Worker, 85% of another full-time Outreach Worker, 20% of full-time Team Leader, and 7% of full-time Outpatient Supervisor. Indirect staff salaries include 4% of each of full-time Receptionist and Administrator of Grant Management, 2% for Medical Record Clerk, Office Support Supervisor, and part-time Receptionist, and 1% of each of full-time ES Supervisor and Executive Director.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Rosecrance has a DEI committee that is organization wide and there is a Community Advisory committee that reviews the CLC Plan for CCMHB. Rosecrance utilizes the CLAS Standards to guide the work for DEI for the entire organization and works with staff to ensure program/office hours allow for accessibility that does not conflict with work hours for individuals served. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. "RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and/or advocacy events each year; these may be held virtually or in-person." Language access services are provided for clients with coordination of the supervisors.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** "This past semester, Rosecrance Central Illinois hosted 2 interns as a way to build and develop staff. Additionally, to retain and recruit staff, Rosecrance, Inc. began a "Community of Champions" and "Champions of Hope" human resources campaign to include increased

internal staff recognition and external outreach for recruitment. Diversity, Equity, Inclusion, and Belonging is not only a standing Performance Improvement committee for all of Rosecrance but was also included throughout the Rosecrance FY23 Strategic Plan.”

**Staff comment:** I have reviewed all the program plans for alignment with the CLC Plan. The program plans are aligned with the programs. Rosecrance is a large organization, Rosecrance Central Illinois maintains alignment with CLAS Standards in their programming in addition to the DEI (Diversity, Equity and Inclusion).

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Due to the nature of referral process, participants may be those with less access to care; service connects them to range of resources, includes transportation, safe housing support, 12-step/recovery group access, and coordination of care. Flexibility of location of case management services; focus on strengths, trauma-informed care, sensitive to culture, race, ethnicity, age, gender, sexual orientation, disability, and sense of community with other Specialty Court participants and peers.

**Promoting inclusion and reducing stigma:** Similar to the above; access to community resources to improve quality of life.

**Outcomes:** Includes three measures, two of which could be more closely focused on the client/participant experience; uses appropriate assessment tools.

**Coordinated system:** Yes.

**Written collaborative agreements:** Champaign County Court, Probation, State’s Attorney, Sheriff, and Public Defender; Carle Hospital, OSF, Promise, Family Services, Cognition Works, SAFE House, Courage Connection, Urbana Adult Ed, El Food Bank, Crisis Nursery, RACES, CCRPC, CUPHD, and CU at Home.

**Budget and program connectedness:** Yes. Budget Narrative groups other program revenue, lists expenses within each expense to be charged to this contract, note about assignment of a few specific personnel, and includes the admin/program cost allocation methodology.

**Person Centered Planning:** Yes (somewhat limited by the nature of the support.)

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Matrix Model, Seeking Safety, Hazelden Co-Occurring Disorders program, Cognitive Behavioral Therapy, gender-specific group therapy, intensive case management; the latter is funded through this contract. Section links to, and quotes, SAMHSA source on the model.

**Staff credentials:** Outreach Workers - Bachelor-level, supervised by master’s level certified licensed Outpatient Supervisor. Team Leader - Master’s level clinician. Agency focus on relevant internal and external trainings; for Certification through the Administrative Office of Illinois Courts, state and national trainings held by IL Association of Problem Solving Courts and National Association of Drug Court Professionals.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** agency Charity Care program, which reduces self-pay balance for those clients unable to pay in full. **Client fees:** Yes. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** Yes. Distinguishes program services from those typically billable to Medicaid or other payers.

**Staff/reviewer comment:** The agency, funder, and partners should pay attention for funding opportunities to expand these services or replace the need for local funding; a great deal of state and federal attention has recently been paid to Specialty Courts and to the people who may benefit from participation in these (as well as in pre-adjudication diversion programs).

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** No concerns.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted on 11/10/22; our follow-up questions were addressed (CPA fixed a typo error; agency explained revenue correction).

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes. While there may be newer sources of funding appropriate to a project like this (e.g., ARPA, Opioid Settlement Funds, Redeploy), expansion of Drug Court or establishment of a Champaign County Mental Health Court could be supported by other funds if and when available.

**Referral between providers:** Yes, and referral from other public systems.

**Continuation of services during public health emergency:** Some virtual services.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not addressed.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *N/A (consider retaining PY23 special provisions.)*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: [Recovery Home](#)

**Agency:** Terrapin Station Sober Living

**Request:** \$79,677

**Why it matters:** "...housing for dual diagnosis persons in recovery from drug addiction, homelessness and the justice system in a manner that is forward thinking and original."

**Selected priority:** Innovative Practices and Access to Behavioral Health Services (a PY23 priority)

**Staff/reviewer comment:** This is a proposal to continue a program initially funded in PY22.

### Services and People Served

**Who will benefit:** People with SUD, MI, physical disabilities, and homelessness and demonstrating need for this type of support.

**Scope of services:** Strength based case management. Weekly group services and house meetings. Intensive support based on individualized needs, support activities for daily living and relapse prevention; linkage to other programs, services, and resources; education on money management and how to access peer/community supports and work/volunteer opportunities. Upon request: Animal Therapy, Aroma Therapy, Red Light Therapy, Transcendental Meditation, Group Music Sessions, Music Lesson, Drum Circles, education on entrepreneurship, Health Coaching (for eating disorders), and more.

**Location and frequency of services:** In the Recovery Home and community; daily.

**Staff/reviewer comment:** PY22 data below may be duplicated or inaccurate, as totals do not match. PY23 reporting is correct.

#### Residency of 15 people served in PY2022 and 6 in the first half of PY2023

**Urbana**            15 for PY22    6 for PY23

#### Demographics of 12 people served during PY2022

**Age**

Ages 19-59 ----- 12

**Race**

White ----- 6

Black / AA ----- 2

Asian / PI ----- 1

Other (incl. Native American and Bi-racial) 2

**Gender**

Male ----- 12

**Ethnicity**

Of Hispanic/Latino/a Origin ----- 5

Not of Hispanic/Latino/a Origin ----- 1

### Measures of Client/Participant Access

**Eligibility criteria and determination:** Adults with SUD, MI, homelessness, and/or physical disabilities, with 30 days sobriety, employment within 2 weeks or disability benefits, clean initial urine screen, no conviction for sex offense. Initial intake by phone, then in person, review by Board of Directors with decision within 24 hours



**Outreach to eligible people:** Through residential treatment, halfway houses, social media, internet.

**Within 3 days from referral, 100% of those referred will be assessed.**

**Within 1 day of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for: 3 months.**

**Additional demographic data:** (includes unrelated response)

## Measures of Client/Participant Outcomes

### Outcomes and targets:

Rather than specific, numbered outcomes, this section includes a statement that the program intends to: decrease likelihood of relapse, homelessness, and recidivism; support adjustment to community living; and increase sustained recovery. The estimate is that 1 of 5 people successfully complete the program.

### Specific assessment tools and data collection:

Specific tools not identified, but House Manager will track: successful completion, recidivism rates, permanent housing, length of sobriety.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** Quarterly.

**Staff/reviewer comment:** The above outcomes are measurable and could have specific targets. A specific assessment tool could be as simple as confidential client notes maintained by staff, regarding plans and progress reviewed by staff and participant.

## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** ? - Individuals participating in the program.

**Staff comment:** Measures of utilization should be identified, with specific targets included. Residents should be TPCs, each with an individual plan, even if the plan is innovative. Service contacts could be measured. Sharing information about the program could be done through CSEs or through Other (i.e., if not done through events). These could also have targets. As a very small program, it may take time to develop more than one of these appropriate utilization measures. The data reported below are accurate.

**PY24 Targets** NTPC-not identified

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter 3

Second Quarter 2

*Annual Targets NTPC-13*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter 3

Second Quarter 3

Third Quarter 0

Fourth Quarter 2

*Annual Targets NTPC-13*

## Financial Analysis

**PY2024 CCMHB funding request:** \$79,677

**PY2024 Total Program budget:** \$97,677

**Current year funding (PY2023):** \$61,000

**Proposed change in funding - PY2023 to PY2024 = 31%**

**CCMHB request is for 81.6% of total program revenue.** Other revenue is from Program Service Fees \$2,000, Sales of Goods and Services \$2,500, and Rental Income \$13,500 (13.8%).

**Personnel-related costs of \$36,977** are 46.4% of requested amount. Other expenses are Professional Fees/Consultants \$9,000, Consumables \$3,000, General Operating \$6,000, Occupancy \$2,000, Conferences/Staff Development \$200, Local Transportation \$3,000, Specific Assistance \$4,000, Equipment Purchases \$14,000 (17.5%), and Misc \$1,500.

**Total Agency, Total Program, and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 1 Direct FTE

**Total program staff:** same.

**Staff comment:** Increase in request relates to loss of other program revenue through sale of goods (plan to restore that income over time). Professional fees include cost of the annual agency financial review and other. Some expenses listed will require demonstration of effort to lower them, as follows. The Occupancy cost is to assist with property taxes, but the house is a service setting for a non-profit and could be tax exempt, which the agency pursued with Champaign County Assessor's Office in prior years. Equipment Purchase expense category includes potential home repairs and replacements, for which the agency should seek assistance through CCRPC programs which may cover the cost (of some) due to income level of program participants; although not guaranteed, this step should be taken prior to using CCMHB funds.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Terrapin Station will have a directory of culturally responsive resources to coordinate with its residents. Terrapin Station is working to create a diverse board. Since House Manager is the only staff member, they will attend trainings offered by CCMHB.

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** "Implementation of committee with ongoing assessment in accordance with the National Culturally and Linguistically Appropriate Services Standards. Annual training for Management and Board Member completion." "It is very difficult to find anyone willing to be a part of a committee in an organization that is already so small. We take in whoever fits the criteria to live with us, although this year we have had many more POC and LGBTQ persons than any year prior."

**Staff comment:** Due to the house manager providing services and administration at Terrapin Station, if they are funded, they will be required to consult with the CLC Coordinator on building infrastructure on creating capacity for volunteers and other support. This will ensure that services for Terrapin will continue to provide quality care for the people that are living in the Sober Home.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Anyone meeting criteria may engage. Specific outreach and engagement to rural or under-resourced groups is not identified.

**Promoting inclusion and reducing stigma:** Expands on what has been learned through Halfway Houses, Sober Living Homes and other recovery programs; focus on returning residents (from prison, rehab, military), homeless, and people with physical disabilities. House Manager is also a peer and housemate.

**Outcomes:** Lists intended positive impacts of the program on participants, but more details are needed.

**Coordinated system:** Yes. CUPHD for Narcan and needle exchange; if needed, referrals to Jesus House, Restoration Urban Ministries, CU at Home, Courage Connection, Recovery Options, or Rosecrance Sober Living.

**Written collaborative agreements:** None.

**Budget and program connectedness:** The Budget Narrative thoroughly explains all other revenues, each expense to be charged to the CCMHB, the role of staff, and that the increase in requested funding has to do with loss of a major revenue source, hopefully to be restored.

**Person Centered Planning:** Strength Based Case Management. Unclear if written treatment plans are developed, but this model would guide them.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Mentions and links to details on each of Peer Based Recovery Services and Strength Based Case Management.

**Staff credentials:** House Manager is a peer mentor in recovery, trained in Narcan administration, Harm Reduction. An LCSW volunteers as need with residents and for professional consultation on the program.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Small donations. **Client fees:** Yes. **Sliding scale:** Yes, based on individual's income (no fee initially if no income).

**Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes. The agency has recruited a board of directors with representative residency and has eliminated risk of conflicts of interest. They have also worked with CCMHB consultant and staff toward audit-readiness of financial records.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY2022 financial review was submitted on 1/26/23, with no findings of concern.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Some.

**Continuation of services during public health emergency:** Not addressed.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus of the proposal.

**Staff/reviewer comment:** The agency completed all application forms and submitted on February 5, 2023, prior to the deadline. They participated in Phase Two of financial management support funded by the CCMHB through a consulting accountant, took action to recruit a fully eligible board of directors, with actions reported quarterly and with success, and made appropriate requests for contract amendments to describe expense changes during PY23.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select a PY24 priority category.*
- *Establish definitions and targets for one or two utilization measures. It is reasonable to estimate # served as TPCs and moved toward written treatment plans rather than NTPC utilization.*
- *Outcomes and measurement tools could be developed further during PY24.*
- *As a non-profit, the organization should apply for property tax exemption annually and remove the associated cost from budget. It should also, prior to using CCMHB funding for certain house repairs, pursue assistance through CCRPC programs due to eligibility of low-income residents/program participants.*
- *During PY24, the program should establish relationships with Champaign County Drug Court, providers of homeless services, and MH/SUD care providers.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Children, Youth & Families Program

**Agency: Uniting Pride (UP Center) of Champaign County**

**Request: \$190,056**

**Why it matters:** "... to create a county inclusive of LGBTQ+ children, youth, adults, and families by providing programming and support across the lifespan... increase participants' sense of belonging and support. The trainings we provide to Champaign County organizations, agencies, schools, and more work to build inclusive communities accepting of LGBTQ+ members. Violence, anti-LGBTQ+ rhetoric and legislation are increasing across the country, and requests for new programs and events are far surpassing current organizational capacity. Working to meet community requests and creating environments and opportunities for LGBTQ+ people to thrive is more important than ever."

**Selected priority:** System of Care for Children, Youth, and Families (a PY23 priority)

**Staff/reviewer comment:** This request is to continue funding a program, with increased request to meet increased needs through additional service and staff.

### Services and People Served

**Who will benefit:** Sexual and gender minority youth and adults. LGBTQ+ people experience unique MH challenges and stress related to minority status and potentially hostile environments. Rates of depression, anxiety, SUD, suicidal ideation, and suicide deaths are higher than for cisgender, heterosexual peers.

**Scope of services:** Support groups, social groups, specific assistance, community-building events (excluding the fundraisers), educational workshops, and online resources. Expanded in last two years.

**Location of services:** Support groups in person at agency office or other community locations and zoom, per participant preference; community conversations via Discord; staff meet with clients as needed in person or virtually; events at various locations.

**Staff/reviewer comment:** Services section contains additional rationale for the array of programs and notes on increased need; the agency has reached maximum capacity and cannot meet the need without expanding staff.

### Residency of 145 people served in PY2022 and 128 in the first half of PY2023

<b>Champaign</b>	64 for PY22	67 for PY23
<b>Urbana</b>	55 for PY22	43 for PY23
<b>Rantoul</b>	1 for PY22	5 for PY23
<b>Mahomet</b>	4 for PY22	4 for PY23
<b>Other</b>	21 for PY22	9 for PY23

### Demographics of 145 people served during PY2022

#### Age

Ages 7-12 -----	9
Ages 13-18 -----	9
Ages 19-59 -----	109
Ages 60+ -----	18

#### Race

White -----	122
Black / AA -----	5

Asian / PI -----	4
Other (incl. Native American and Bi-racial)	14
<b>Gender</b>	
Male -----	28
Female -----	65
Other -----	51
Not Available Qty -----	1
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	8
Not of Hispanic/Latino/a Origin -----	137

## Measures of Client/Participant Access

**Eligibility criteria and determination:** People self-identifying as LGBTQ+; their partners and family members; groups requesting educational workshops; individuals attending events.

**Outreach to eligible people:** Website, newsletter, social media, outreach events, community referrals, direct contact with staff and board members; people self-report eligibility per LGBTQ+ or ally.

**Within 0 days from referral, 100% of those referred will be assessed.**

**Within 4 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for:** one year, but individualized.

**Additional demographic data:** gender and sexual identity.

**Staff/reviewer comment:** Impressive assessment and engagement timelines. If people are engaged for a year, it may be reasonable to have written individualized treatment plans.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. Improved knowledge about LGBTQ+ communities (25% increase).
2. Improved confidence to create LGBTQ+ affirming environments (20% increase).

**Specific assessment tools and data collection:**

1. Multidimensional Scale of Perceived Social Support
2. Rosenberg Self-Esteem Scale

Online (survey monkey), group participants complete survey every 6 months; for training, complete at end of each training. Staff compile.

**Outcome data gathered from all participants:** No. Anyone can opt out. Requested of all group participants through in person group, zoom, email, and server, to drive survey completion. Request survey of all training attendees.

**Will collect outcome data** every 6 months for group; after each training.

**Staff/reviewer comment:** Agency developed an evaluation tool for all training/education participants, to assess impact of programming and need for improvement.

## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** 100 people (LGBTQ+) attending support groups and (non-LGBTQ+) trainings.

**Service Contacts (SCs):** 300 people contacting for services, training, referrals to others.

**Community Service Events (CSEs):** 100 events in the community with goal of promoting inclusion of LGBTQ+ individuals, including visits with organizations, schools, and GSAs to promote group programs, annual Pride, Prom, education, fundraising, and social events.

**Staff comment:** Continuing NTPCs are mentioned but not included in the target, so we assume the total to be 100. Some CSE activities may be outside the standard use of the category.

**PY24 Targets** NTPC-100 SC-300 CSE-100

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	79	154	85
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Second Quarter	49	185	107
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*Annual Targets* NTPC-90 SC-250 CSE-50

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	58	69	28
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Second Quarter	18	75	57
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Third Quarter	32	91	94
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Fourth Quarter	37	98	94
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*Annual Targets* NTPC-65 SC-250 CSE-50

## Financial Analysis

**PY2024 CCMHB funding request:** \$190,056

**PY2024 Total Program budget:** \$323,596

**Current year funding (PY2023):** \$86,603

**Proposed change in funding - PY2023 to PY2024 = 119%**

**CCMHB request is for 58.7% of total program revenue.** Other revenue is from United Way \$5,000, Contributions \$30,000, Special Events/Fundraising \$95,000 (29%), and in-kind contributions \$3,500.

**Personnel-related costs of \$132,189 are the primary expense charged to CCMHB,** at 69.6% of requested amount. Other expenses are Professional Fees/Consultants \$25,080 (13%), Consumables \$5,000, General Operating \$10,694, Conferences/Staff Development \$3,498, Specific Assistance \$1,375, Equipment Purchases \$1,750, Lease/Rental \$10,284, and Membership Dues \$186.

**Total Agency budget has a surplus of \$3,773, Total Program surplus of \$47,373, and CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 2.8 Direct FTEs

**Total program staff:** 4 Direct FTEs

**Staff comment:** Personnel assigned to the contract are 70% of full time Operations Manager, Finance/Admin (to be hired), Director of Operations, and Operations Coordinator. All are described as Direct, where typically at least the Finance person would be Indirect, along with a portion of Director's time. Total Agency expenses differ from Total Program, but revenues are identical, suggesting either an error in Expense Form (Fundraising costs not attributed to program), or that total agency and total program are NOT meant to be the same. If the former (i.e., agency does not operate any other programs than the one funded by the CCMHB, which is suggested in program plan narrative descriptions of all agency activities), other funds raised can cover costs of this proposed contract, lowering the amount of MHB funding needed to accomplish the Program (= Agency) goals. A planned total program budget surplus of \$47,373 should instead be used to cover the costs to be paid by CCMHB, lowering the request.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** All staff and board members review and sign the CLC Plan Annually. LGBTQ+ community members who are food insecure have access to food and snack items in a safe, affirming

location has access to small food pantry within UP through the “Eat UP” program. “LGBTQ+ community members will be able to safely access well-fitting gender affirming clothing items.”

**Did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** UP Center has hired a Spanish speaking staff member to the team to support people that speak Spanish. Closed Captioning is offered during online meetings to ensure full participation. The online support groups are provided for people in rural communities and those that have transportation issues. “Update existing directory of local providers, organizations, and other community supports and provide to consumers: we rebuilt our Affirming Faith Directory, added new orgs to our Health Care Directory, and the board is engaged in a project to revamp and expand our Business Directory.” “Ensure that rural residents can utilize agency services by providing transportation assistance or online services: all our support groups either always meet online or alternate between online and in person to ensure continued access when travel is an issue.”

**Staff comment:** The UP Center is the only provider that specializes in LGBTQIA2-S in Champaign County. In my review of the program application, the actions align with the CLC Plan. Due to the engagement of services in the community there has been an increased interest in the services that are offered by the UP Center. The current staff structure is at capacity for serving more people in Champaign County.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Open to all, hybrid and zoom increase rural residents’ access, and staff travel for trainings, school/club visits, presentations, and partnering on rural community programming; options as described in CLC review (above). Similar access efforts for under-resourced populations; anti-racism framework, collaborations with those serving ethnic and racial minority groups and low-income populations; internal development for hiring, board and volunteer recruitment; community trainings inclusive and address specific needs of LGBTQ+ communities of color.

**Promoting inclusion and reducing stigma:** Foster a sense of belonging and inclusion; events provide positive visibility; expanded services and more access to LGBTQ+ affirming services, which enhance belongingness, social support, self-sufficiency, and self-efficacy. Increase affirming practices through education and advocacy, educational trainings for professionals at public schools, healthcare providers, religious affiliates, other non-profits, etc.

**Outcomes:** The outcomes relate to positive program impact on two categories of participants, have specific measurable targets, and are associated with appropriate assessment tools. Good detail on all.

**Coordinated system:** Yes. The agency has developed resource directories specific to this target population and related to many types of service.

**Written collaborative agreements:** RACES, CUPHD, Urbana Park District, Elliott Counseling, Center for Youth and Family Solutions, Cup of Tea Counseling, Community Choices, and Bodhi Counseling. Many more working relationships and informal partnerships are listed.

**Budget and program connectedness:** The Budget Narrative provides thorough explanations of the budget plan, with details on all agency revenues and how program revenues were estimated, rationale and specific costs for each expense category to be charged to the CCMHB, role of each staff person to the program (including planned increase from part to full time and a new position), with helpful additional comments.

**Person Centered Planning:** A specific model is not identified, but written treatment plans are not developed for program participants.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Uses Relational - Cultural Theory model, for which a link and description are offered. Rationale for services also present, though citations not easy to access (link gone?)



**Staff credentials:** Detail on current staff's years of relevant experience and education. Group facilitators (volunteers) have experience as LGBTQ+ advocates, advanced degrees, and experience in education, counseling, and therapeutic work. Active Board of directors - their years of experience and education are also listed.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Personal and organizational donations through fundraising (online, at events and programs), seeking other grants, corporate sponsorship, and foundation funds. Small United Way grant (hope for renewal). **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** No.

**Staff/reviewer comment:** Given the individualized approach, written treatment plans may be a nice next step for people receiving services through groups or case management.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY22 financial review was submitted on 2/2/23, delayed by the contracted CPA firm, with no negative findings. (An earlier version of the work had included errors by the CPA firm.) Not all funds raised were spent: if understood by contributors to be for something other than services offered through this program, unexpended total program revenue is not owed back. Payments were suspended for two months due to lateness of the audit.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** No.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes. Virtual options.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes. Increasing online programming.

**Staff/reviewer comment:** They participated in Phase Two of financial management support funded by the CCMHB through a consulting accountant.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select a PY24 priority category.*
- *Possible revisions to budget forms and personnel form (some Indirect could be included).*
- *A surplus program budget is planned, which is not consistent with MHB requirements and standard contract provisions. A request/award of \$142,683 would align with this requirement.*
- *Due to strategic planning and increasing needs, the agency does not prefer a multi-year contract for this program.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Well Family Care Program

**Agency: The Well Experience**

**Request: \$256,656**

**Why it matters:** “Issues of generational poverty, systemic racism, and generational trauma create the context and need for the Well Family Care Program. The obstacles families are facing impact their ability to receive support, build sustainability, and create a stable living environment for their families, TWE staff help families develop a system of care that helps children, youth, and families thrive. The Well Family Care Program meets the needs by involving families in the planning and implementation of their care.”

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** The proposal is to continue a program funded since PY22, with an increase to expand its staffing/service capacity to meet local needs.

### Services and People Served

**Who will benefit:** Primarily Black women and youth of all ages, with a focus on family.

**Scope of services:** Wraparound Support; Counseling, Case Management, Life Coaching, and Group & Individual Therapeutic Support & Services; Financial Assistance Program; Well Educated (WE) Family Learning (groups); WELL Mentoring; Girls to Life; The SET (safe space); Moms GROW; TEEN Talk; Family Game Night; After School and Summer programs.

**Location and frequency of services:** Urbana offices, telehealth meetings (case management software); many services M-F; some weekly sessions/ongoing; Family Learning and Teen Talk biweekly.

**Staff/reviewer comment:** Wealth of services, including wraparound. Some are open to the public. The section contains detail on each component, acknowledges that similar programs exist but that WELL is reaching women and families who had not been connected, also offering some unique supports. The agency made efforts to revise PY22 data (below) for accuracy and to eliminate duplication. Due to the nature of some services, not all data categories were collected.

#### Residency of 590 people served in PY2022 and 355 in the first half of PY2023

<b>Champaign</b>	117 for PY22	126 for PY23
<b>Urbana</b>	296 for PY22	203 for PY23
<b>Rantoul</b>	42 for PY22	26 for PY23
<b>Mahomet</b>	0 for PY22	0 for PY23
<b>Other Rural</b>	18 for PY22	0 for PY23
<b>Not Disclosed</b>	117 for PY22	0 for PY23

#### Demographics of 590 people served during PY2022

<b>Age</b>	
Ages 0-6 -----	88
Ages 7-12 -----	155
Ages 13-18 -----	89
Ages 19-59 -----	110
Ages 60+ -----	21
Not Available Qty -----	127

#### Race

White -----	11
Black / AA -----	557
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	22
<b>Gender</b>	
Male -----	109
Female -----	474
Other (non-binary or non-conforming) --	7
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	17
Not of Hispanic/Latino/a Origin -----	45
Not Available Qty -----	406

## Measures of Client/Participant Access

**Eligibility criteria and determination:** “Black women and girls impacted by racial trauma, youth or parent in crisis; marginalized and underserved populations, referrals from partnering organizations; families with children experiencing a crisis; youth, women, teens from households equal to or below the poverty line; women and girls who have experienced incarceration; youth needing support to prevent incarceration; women and girls who have experienced domestic violence; youth and teens living in communities where violence is present (even if not directly connected).” Determined through Initial Survey and Assessment.

**Outreach to eligible people:** Various marketing (social media, brochures, newsletters), networking with providers serving similar populations, word of mouth; emphasis on social media due to demonstrated impact on this involvement.

**Within 14 days from referral, 80% of those referred will be assessed.**

**Within 14 days of assessment, 75% of those assessed will engage in services.**

**People will engage in services, on average, for:** 6-12 months; universal supports beyond program completion.

**Additional demographic data:** marital status, income, education, employment, # children in the home.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. Youth and family/caregivers in wraparound will develop understanding of their traumatic experiences and core beliefs.
2. Those in restorative programs will: increase family connection, emotional and physical safety, and positive family relationships; develop positive identity.
3. Those in wraparound will experience decrease in violent encounters.
4. Those in mentoring, counseling, and life coaching will cultivate/apply a growth mindset.
5. (Program will) decrease # incarcerated youth.
6. Those in Moms Grow will: develop/enhance parenting skills, social-emotional learning, and understanding of their traumatic experiences and core beliefs; decrease # repeat teen pregnancies.
7. Youth, teens, and families will: develop/enhance social-emotional intelligence, positive coping skills, and tools for self-regulation; decrease self-harming behaviors.

### Specific assessment tools and data collection:

Mixed-method, with formative and summative evaluation for in-depth and contextual understanding of participants’ progress or identification of areas to improve... relationship with Lead for Equity and Engagement LLC (consultant for program evaluation and issues of equity and justice).

**Outcome data gathered from all participants:** No. Data are not collected from those attending only one or two group sessions and MH activities (open to the public). Data are collected from those who visit for extended periods and choose to complete surveys after specific events.

**Will collect outcome data** at intake, half-way through, and end of program.

**Staff/reviewer comment:** Includes a statement regarding the plan to expand services/reach, and the anticipated positive impacts of services on people participating. The defined outcomes (some paraphrased here) were not numbered, associated with separate specific assessment tools, or attributed specific numeric targets, but most relate to positive changes program participants experience through these supports. The agency worked with Evaluation Capacity Building team to develop assessment and data tracking system. Not clear if that tracking system or other(s) are in use.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 300 people in services, supports and treatment on consistent basis, based on a plan... with planned outcomes.

**Non-Treatment Plan Clients (NTPCs):** 400 people at community wellness sessions, family events, connected to wraparound teams, or involved in agency activities.

**Service Contacts (SCs):** 2000+ successful client contacts (various), # people participating in sessions (various).

**Community Service Events (CSEs):** 7-10 events, presentations, meetings, follow-ups, referral meetings to promote the program, build partners, assist in family or youth plan, follow-up on client progress, participate on wrap teams, etc.

**Other:** (not in use but could be added - see below)

**Staff comment:** CSE includes some activities beyond the standard use of this category, many of which could be Service Contacts. If there is a need to separate them from SCs as defined in the application, the category of Other should be used. CSE should focus on community events in which the program is promoted. Agency made efforts to revise PY22 data (below) for accuracy, but there may be some duplication related to earlier reports.

<b>PY24 Targets</b>	TPC-300	NTPC-400	SC-2000	CSE-10
<b>PY23 First Two Quarters</b> (per submitted Service Activity Reports)				
First Quarter	146	161	852	5
Second Quarter	11	37	610	2
<i>Annual Targets</i>	<i>TPC-234</i>	<i>NTPC-250</i>	<i>SC-2000</i>	<i>CSE-12</i>
<b>PY22 All Four Quarters</b> (per submitted Service Activity Reports)				
First Quarter	62	124	76	1
Second Quarter	5	9	42	2
Third Quarter	2	14	35	13
Fourth Quarter	157	262	1542	7
<i>Annual Targets</i>	<i>TPC-50</i>	<i>NTPC-150</i>	<i>SC-2000</i>	<i>CSE-4</i>

## Financial Analysis

**PY2024 CCMHB funding request:** \$256,656

**PY2024 Total Program budget:** \$505,656

**Current year funding (PY2023):** \$100,000

**Proposed change in funding - PY2023 to PY2024 = 157%**

**CCMHB request is for 50.8% of total program revenue.** Other revenue is from United Way \$40,000, IDHS Reimagine Youth Development grant \$75,000, IMC Incubator Program grant \$20,000, and City of Urbana ARPA grant \$94,000.

**Personnel-related costs of \$182,381 are the primary expense charged to CCMHB,** at 71% of requested amount. Other expenses: Professional Fees/Consultants \$15,000 (5.8%); Client Wages/Benefits \$36,000 - an error; General Operating \$7,800; Occupancy \$3,375; Conferences/Staff Development \$1,000; Lease/Rental \$11,100.

**Total Agency budget surplus of \$10,332, Total Program budget surplus of \$110, CCMHB budget is BALANCED.**

**Program staff to be funded by CCMHB:** 0.43 Indirect and 4.46 Direct = 4.89 FTEs

**Total program staff:** 2.05 Indirect and 11.7 Direct =13.75 FTEs

**Staff comment:** Salaries of indirect staff to be charged to the MHB include 20% of a full time HR Support Coordinator (currently vacant), 17% of full-time Director of Operations/Life Coach, and 6% of a ¼ time Building Service Worker. Direct staff salaries to be charged include 50% of a half-time WFC Outreach Worker, 48% of a ??-time WFC Outreach/Clinical Support & Crisis Team member, 50% of a full-time WFC Outreach Worker/Case Manager, 50% of one full-time BSW/MSW Intern and 100% of a second (both possibly vacant), 25% of the full-time Executive Director, 55% of a 45% time WFC Outreach Worker/Counselor, 25% of a full-time Youth Development Leader, 50% of a full-time WFC Outreach Worker/Life Coach, 100% of a ?-time Clinical Counselor/Supervisor, 48% of a 45% time WFC Outreach Worker/Social Worker, and 50% of a full-time WFC Outreach Worker/Case Manager/Doula. Several errors in the Personnel form (i.e., Total Program portions and costs cannot be greater than those of Total Agency, by definition) result in incorrect total expenses, possibly affecting the request. The agency director notified us that an Expense was in error (\$36,000 for Client Wages); this and other apparent errors make it difficult to understand the request and contribute to total program surplus, i.e., expenses to be charged to the CCMHB cannot be greater than those charged to Total Program.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** Training for staff will be held annually Board, Leadership and Staff. Written Agreements are updated annually to ensure collaboration and culturally responsive services for families that are served at The Well.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** 8 hours of training is provided for staff. Demographic data is collected in an electronic record in a secure management information system on race, ethnicity, and primary language of families served at The Well. Families that have received services and those who were formally enrolled in services are part of the engagement and outreach in the community. Wraparound Services are provided for families that are culturally responsive and trauma informed.

**Staff comment:** I reviewed the program plan and CLC Plan for alignment. The Well Programs and the CLC Plan are in alignment with the CLC Requirements. There will be technical assistance as requested and needed for additional support.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural outreach through social media and brochures/flyers shared to community health centers and service providers; focus (including program design) on underserved/oppressed populations; childcare, meals, culturally responsive/non-judgmental environment, holistic care, MH professionals who look like them; Urbana office services, virtual programming, transportation support.

**Promoting inclusion and reducing stigma:** Safe space for Black/African American families (esp. women and girls); trauma-informed shift to healing-centered engagement; SEL and MH services focused on their specific experiences and needs; focus on community violence prevention and decreased teen pregnancy and infant mortality; facilitates racial healing, increases presence and sustainability of Black women and teen girls in the workforce; educated in and sensitive to generational, racial, and systemic needs of Black/African American families and individuals... healing-centered environment.

**Outcomes:** Seven important consumer-focused outcomes are listed, with one customized assessment tool possibly in use (perhaps for all); specific targets could be added.

**Coordinated system:** Yes.

**Written collaborative agreements:** RACES, UI Women in Engineering; UI Cooperative Extension; UI School of Social Work; No More Bound: Therapeutic Support for Women & Girls; Urbana School District 116.

**Budget and program connectedness:** The Budget Narrative includes a general statement regarding revenue, explanation for some expenses and how they were calculated, and descriptions of most staff associated with the program. A comment about staff indicates that some would be contract workers rather than employees; expenses associated with independent consultants on contract should be included in Professional Fees/Consultants rather than the Personnel form. There are statements regarding the agency's plan to seek other funds and to grow to meet local needs, consistent with the Program Plan Narrative.

**Person Centered Planning:** Yes, including Wraparound and assessment tool.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes and cites (but does not link to) three articles on the value of: MH and race; safe space for young girls; culturally sensitive safe space for youth.

**Staff credentials:** Director with over 18 years' experience in family and individual support services; current staff include those with BS, MSW, LSW, SCSW, Master of Education and trainings in MH First Aid, Healing Solutions, Trauma-Informed CBT, Psychotherapy for Adolescents, Cultural Competency, Positive Behavior Interventions, Case Mgt, Paraprofessional, Child Development Associate, Financial Literacy Coaching.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** (see program revenues above) adults assessed a \$10 for missed appts (with no notification); parents are asked to pay a small monthly fee for afterschool or summer program - assistance for those who cannot afford to. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** Yes. Because the program includes professionals who may be eligible Medicaid providers, if there are services covered by Medicaid for clients who have coverage, this (and any other payers) should be billed; as a new and growing organization, this may take time. Some services are not covered.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes. (A concern is that accrual accounting was not in place until recently. This is a requirement for funding.)

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency has not yet submitted a PY2022 audit. Payments have been suspended since January due to lateness of the audit, but two months of payments were released per agency/CPA firm request and MHB approval. Because the agency was first funded during PY22, the MHB does not have an earlier year audit to reference, making it difficult to understand the agency's standing.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:**

Virtual supports, including telehealth, continue; as a growing program, virtual options may also grow.

**Staff/reviewer comment:** The agency has worked with UIUC evaluation support and participated in Phase One and Phase Two of financial management support funded by the CCMHB through a consulting accountant.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Elaborate on the database or assessment tools being used to track outcomes (and other data).*
- *Revisions to financial forms are necessary to understand how much MHB funding is needed to accomplish the plan as proposed.*
- *The MHB has not yet received an audit from this organization, funded initially in PY22, so it is difficult to determine their financial standing and whether MHB funds have been used according to contracts so far.*
- *Complicating the picture are errors in financial forms, but an award amount of \$220,656 may be closer, provided the agency is ready to expand this program.*
- *Delay a contract until the PY22 audit has been submitted and reviewed, establishing continued good standing.*
- *Determine whether the PY23 audit will be completed prior to next deadline and, prior to contract execution, submit a letter of engagement for that work.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Community Study Center

**Agency:** Urbana Neighborhood Connections Center

**Request:** \$25,500

**Why it matters:** “Our Community Study Center provides marginalized youth with access to quality academic, social-emotional, and recreational materials and experiences that enhance their lives during the after-school, school days out, and summer programming terms, which ultimately helps them thrive.”

**Selected priority:** Thriving Children, Youth, and Families

**Staff/reviewer comment:** This proposal is to continue a longstanding MHB funded program, with no increase in the amount.

### Services and People Served

**Who will benefit:** K-12 students in Urbana School District, priority on underserved youth who could benefit from community-based efforts to address increasing self-esteem/self-image and social functioning.

**Scope of services:** In-person academic and social/emotional services; social skills, life skills, conflict resolution groups, family focused events, linkage, and referral to provider agencies. During the school year, after-hours programming: staff assist children with academic enrichment activities assigned by their classroom teacher or agency activity leaders; after academics, options to participate in recreational activities, arts and crafts, dance groups, social responsibility groups, movies, video games, digital learning. During the school year on “School Out Days” (PT conference or teacher institute), similar to summer programming. Summer Enrichment Camp: small group academic enrichment sessions; afternoon rec and leisure (k-8).

**Location and frequency of services:** At the center in Summer, M-F 7:30AM-5:30PM for seven weeks; during academic school year, M-F 3-6PM or 8-5 on school out days.

**Staff/reviewer comment:** Provides services in an area that is not rich in youth service programs.

### Residency of 97 people served in PY2022 and 74 in the first half of PY2023

<b>Champaign</b>	18 for PY22	3 for PY23
<b>Urbana</b>	78 for PY22	69 for PY23
<b>Other</b>	1 for PY22	2 for PY23

### Demographics of 97 people served during PY2022

#### Age

Ages 0 - 6 -----	20
Ages 7 -12 -----	53
Ages 13-18 -----	24

#### Race

White -----	0
Black / AA -----	83
Asian / PI -----	2
Other (incl. Native American and Bi-racial)	12

#### Gender

Male -----	50
Female -----	47

#### Ethnicity



Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	96

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Champaign County residents (specific outreach in Urbana), enrolled in local school districts (K12), willing to participate in a continuum of structured and supervised out of school time academic, social-emotional, and recreational enrichment activities.

**Outreach to eligible people:** School referrals and events; family-to-family, informational fliers, social media advertisement, local scholarship event advertising (cotillion ball, Pink Panache, etc.), community events and parent-teacher conferences--events where we have an informational booth or table set up)

**Within 1 day from referral, 100% of those referred will be assessed.**

**Within 2 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for: 1-9 years.**

**Additional demographic data:** income level via free and reduced lunch, SNAP, or Child Care Resource Services (CCRS) applications.

**Staff/reviewer comment:** Exceptional timelines for assessment and engagement.

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. Engage targeted youth in structured out of school time educational, social emotional development, and recreational activities.
2. Reduced and/or minimal criminal activities by engaged youth.
3. Expose targeted high school students to various college and career related activities.
4. Implementation and accomplishment of 2 of the Cultural Competency Plan goals and objectives.

**Specific assessment tools and data collection:**

1. Daily Attendance Records.
2. Consultation with parents and school personnel.
3. Graduation diploma, verification of employment and/or college admission letter.
4. Use of Skyward Data Base per Urbana School District approval.
5. Informal observation of increases/decreases in student visits to the Calming Corner for self-regulation, dismissal from group activity participation, etc.
6. Any additional data collected by Center staff (graphs/charts or narratives of student completion and mastery of presented concepts)

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** quarterly. Grades and behavior both in-school and in-program will be monitored weekly.

**Staff/reviewer comment:** The outcomes primarily measure program performance and are associated with appropriate assessment tools (not clear which of the 6 tools are used for each of 4 measures). Numeric targets are not included.

## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** ? - those in multiple programs within the Community Study Center.

**Service Contacts (SCs):** ? - transportation, meals, tutoring or other academic supports, SEL, STEAM, and recreational programming (for enrolled youth).

**Community Service Events (CSEs):** ? - parent meetings, open lab nights, open house, community roundtable, Coalition information sharing discussion panel, back-to-school night, Juneteenth Celebration, Jettie Rhodes

Neighborhood Community Day, Champaign-Urbana Days, CU Community Sponsors school supply giveaway and trunk-or-treat, parent-teacher conferences - events where an info booth/table is set up.

**Staff comment:** Targets are not identified for the categories which will be reported. The agency is collecting and reporting data on youth, hours of service, etc., suggesting some could be treated as TPCs instead of NTPCs. Parent meetings included as CSEs might fit better as Service Contacts or Other. Some definitions also describe services.

**PY24 Targets** NTPC-x SC-x CSE-x - *numeric targets not identified*

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter 74

Second Quarter 6

*Annual Targets NTPC-75*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter 143

Second Quarter 7

Third Quarter 0

Fourth Quarter 13

*Annual Targets NTPC-75*

## Financial Analysis

**PY2024 CCMHB funding request:** \$25,500

**PY2024 Total Program budget:** \$166,600

**Current year funding (PY2023):** \$25,500

**Proposed change in funding - PY2023 to PY2024 = 0%**

**CCMHB request is for 15.3% of total program revenue.** Other revenue is from United Way allocation \$50,000 (30%), United Way designated donations \$3,600, Special Events/Fundraising \$8,500, City of Urbana Grant \$17,000 (10%), DHS Teen REACH grant \$10,000, ISBE Nutrition Program grant \$30,000 (18%), Membership Dues \$2,500, In-Kind Contributions \$2,500, and Misc \$2,000.

**Personnel-related costs charged to CCMHB are limited to \$894 of payroll taxes.** Other expenses: Professional Fees/Consultants \$4,000; Consumables \$1,106; General Operating \$4,000; Occupancy \$3,000; Local Transportation \$2,000, Equipment Purchases \$2,000, and Lease/Rental \$500.

**Total Agency budget has a deficit of \$131,064, Total Program budget deficit of \$29,500, and CCMHB budget a surplus of \$8,000.**

**Program staff to be funded by CCMHB:** 0 Indirect and 0 Direct = 0 FTEs

**Total program staff:** 0 Indirect and 0 Direct = 0 FTEs

**Staff comment:** The budgets not being balanced, and the absence of salaries charged to total program or CCMHB indicate potential errors in financial forms. This is confirmed in the Budget Narrative, that the request was meant to cover \$8,000 of salary costs, for 2 part time activity leaders and 1 part time life skills/social skills group leader (all at 4 hrs/wk, \$15/hr). An appropriate amount for payroll taxes is included, along with \$4,000 to cover the costs of audits and financial services.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** CLC Training will be provided annually to staff. UNCC will maintain adequate technology for youth communication with school personnel while providing available staff to assist

with any communication barriers for families that have remote learning days. Satisfaction surveys and focus groups will capture the input from families about the quality of services that are provided by UNCC.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** A Directory of providers was created, completed, and distributed to all employees, program youth and families by end of 1st quarter. UNCC will work with the CLC Coordinator to complete additional training that will be made available to staff.

**Staff comment:** I reviewed the CLC Plan and the Program Plan for alignment. Upon my review, it was not captured that UNCC is in East Urbana in proximity of Dr. Preston Williams Neighborhood. There are no youth services provided in this area during the summer. While they stated in their application, they don't serve rural areas, some of the students that are served live outside the city limits of the City of Urbana.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** See CLC Plan comments above. However, UNCC's programs are available and accessible to rural residents if interested.

**Promoting inclusion and reducing stigma:** UNCC offers academic and mental health wellness groups for K-12 for the purpose of empowering, engaging social/emotional learning and teaching life-skills.

**Outcomes:** Engage targeted youth in structured out of school time educational, social emotional development and recreational activities. Reduced and/or minimal criminal activities by engaged youth. Expose targeted high school students to various college and career related activities.

**Coordinated system:** Yes.

**Written collaborative agreements:** CU Community Fab Lab, Alpha Kappa Alpha Sorority, Inc., Urbana Park District, Rosecrance, Urbana School District 116

**Budget and program connectedness:** The Budget Narrative offer detail (including amounts) on agency and program revenues and each expense to be covered by the CCMHB, along with items within the expense categories. The explanation of what was to be charged to Salaries shows that there are errors in Personnel form and therefore in Expense form (as a result of Personnel form).

**Person Centered Planning:** Does not include treatment plans.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Links regarding Second Step Program and Student Success Secrets; mentions of the book "Success in School" and Urbana schools SEL program for grades 3-5.

**Staff credentials:** Executive Director has a Master's degree; Intensive Literacy Tutor has LCSW, MEd degree; Social Worker has MSW degree; Social Emotional Learning Educator has MA degree; May incorporate University of Illinois MSW students.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** While the application indicates no other payment sources, several program revenue sources are identified (see Financial Analysis above). **Client fees:** Yes. **Sliding scale:** Yes. Parents pay a small monthly fee for students' enrollment; payment plan if behind.

**Willing to participate in Medicaid programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** The 2021 version of eligibility questionnaire has not been submitted, but the older version is in place. No known concerns.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency has not yet submitted a PY2022 audit. Payments have been suspended since January due to lateness of the audit. Other payment suspensions were related to 2021 audit delay and half-year 2022 audit.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes

**Evidence that other sources of funding have been maximized:** No

**Referral between providers:** Yes

**Continuation of services during public health emergency:** No. Does not state in application.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Identify numeric targets for the utilization categories which will be reported on.*
- *Consider use of TPC (where individualized planning is appropriate) and revised use of CSE and SC categories (to align more closely with standard definitions).*
- *Revise financial forms to resolve errors and justify the requested amount.*
- *Complete the eligibility questionnaire, which was developed for 2021, to allow updated information on agencies funded for many years.*
- *Delay a contract award until the PY22 audit has been submitted and reviewed, establishing continued good standing. Determine whether the PY23 audit will be completed prior to next deadline and require letter of engagement for that work prior to contract execution.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Community Support ReEntry Houses

**Agency:** WIN Recovery

**Request:** \$123,198

**Why it matters:** "... because of the urgent, immediate needs our populations experience when entering society. There needs to be more prison reentry preparation to prepare released individuals to navigate a foreign world when released. WIN Recovery services as the Bridge to provide a safe foundation during a vulnerable time of their lives. We can offer the physical house stability and the individuals that will assist them in finding professional services and wrap-around services that the community providers."

**Selected priority:** Crisis Stabilization (PY23 priority)

**Staff/reviewer comment:** Aligns with PY24 category, Crisis Stabilization and Safety. The request is to continue a funded program, through a two-year contract, with increase related to serving a greater number of people.

### Services and People Served

**Who will benefit:** Justice impacted women and LGBTQ2+ individuals with SUD or co-occurring diagnoses, reentering the community.

**Scope of services:** Gender-responsive, trauma-informed health-promoting services as an alternative to incarceration upon reentry, including housing, case management, WIN Recovery Support Plan (self-identified goals and assessments), physical/mental health care, SUD/trauma recovery, education, employment, legal assistance, leadership training, peer groups, civic participation, family therapy/reunification, compliance with parole/probation/DCFS/other, and recovery based community programming.

**Location and frequency of services:** Community support reentry housing or agency office, all in Champaign; based on individual's recovery; after the onsite living phase, assistance as needed.

#### Residency of 42 people served in PY2022 and 25 in the first half of PY2023

<b>Champaign</b>	24 for PY22	16 for PY23
<b>Urbana</b>	15 for PY22	4 for PY23
<b>Rantoul</b>	0 for PY22	1 for PY23
<b>Mahomet</b>	0 for PY22	0 for PY23
<b>Other</b>	3 for PY22	4 for PY23

#### Demographics of 42 people served during PY2022

<b>Age</b>	
Ages 19-59 -----	42
<b>Race</b>	
White -----	36
Black / AA -----	5
Asian / PI -----	0
Other (incl. Native American and Bi-racial)	1
<b>Gender</b>	
Male -----	4
Female -----	36
Other (non-binary/non-conforming) ----	2
<b>Ethnicity</b>	

Of Hispanic/Latino/a Origin -----	0
Not of Hispanic/Latino/a Origin -----	42

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Women or LGBTQ2+ community, from jail, prison, halfway house, or treatment center, with felony background or current criminal justice involvement; on parole, probation, or pretrial services, with DCFS involvement, MI, SUD, trauma history, or homeless. Brief eligibility questionnaire, assessment by coordinator (intake form), and leadership review of case eligibility.

**Outreach to eligible people:** From treatment centers, Illinois Department of Corrections (IDOC), Court Services, Illinois Parole Reentry Group, and other State agencies; virtual information sessions; work of mouth; reentry summits in Decatur and Logan Correctional Centers.

**Within 2 days from referral, 100% of those referred will be assessed.**

**Within 2 days of assessment, 100% of those assessed will engage in services.**

**People will engage in services, on average, for:** 275-365 days (transitional housing).

**Additional demographic data:** Identification documents, family reunification, criminal history, treatment completion, social economic status, income, employment status, education, recovery milestones, formerly incarcerated, and number of children.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

12 evidence-based benchmarks from A New Way of Life’s Safe House Replication model, plus family reunification when relevant:

1. Housing stability.
2. Acquiring personal identification.
3. Maintenance of sobriety.
4. Development of self-identified goals.
5. Progress toward achieving self-identified goals.
6. Compliance with conditions of probation or parole.
7. No re-incarceration.
8. Ability to access benefits or assistance.
9. Regular attendance at recovery meetings.
10. Enrollment in school.
11. Access resources to employment.
12. Sought employment.
13. Family reunification (if applicable).

### Specific assessment tools and data collection:

MissionTracker for tracking all; data collection frequency varies with relevance to each outcome; includes details on frequency of collection of each, with self-reports by clients and documentation in staff case notes.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** 1<sup>st</sup> phase, 2<sup>nd</sup> phase, 3<sup>rd</sup> phase, and 3 months into independent living.

**Staff/reviewer comment:** The section includes description of the program’s theory of change model and a statement that they are working with the UIUC evaluation capacity team to develop an evaluation - this support has not been available since PY22, so revision to this section may be needed. An appropriate assessment tool and process is use of MissionTracker, and the timeline for data collection is excellent.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** ? - eligible individuals residing in the agency's homes and with a recovery support plan upon entering the program.

**Non-Treatment Plan Clients (NTPCs):** ? - family members reuniting with TPCs during engagement. (Program also tracks mothers who regain custody from DCFS.)

**Service Contacts (SCs):** ? - people who contact the program but are not eligible, referred to similar organizations within their community.

**Community Service Events (CSEs):** ? - Reentry Summits, educational opportunities, panel discussions, and civic engagement events.

**Staff comment:** The use of each category is consistent with standard definitions and meaningful to the services, some with useful additional details, but specific targets are not included. Some include statements on why these are hard to predict. Each TPC is presumed to have an individual, written treatment plan.

**PY24 Targets**    TPC-?    NTPC-?    SC-?    CSE-?

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter            11            2            12            6

Second Quarter        14            0            18            2

*Annual Targets*    TPC-40    NTPC-0    SC-50    CSE-10

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter            16            0            7            6

Second Quarter        14            5            24            1

Third Quarter            6            2            12            4

Fourth Quarter        6            2            22            2

*Annual Targets*    TPC-30    NTPC-0    SC-20    CSE-7

## Financial Analysis

**PY2024 CCMHB funding request:** \$123,198

**PY2024 Total Program budget:** \$277,792

**Current year funding (PY2023):** \$93,283

**Proposed change in funding - PY2023 to PY2024 = 32%**

**CCMHB request is for 44.3% of total program revenue.** Other revenue is from WestSide Justice grant \$25,000 (9%), Walmart grant (Champaign) \$1,000, Walmart grant (Sams) \$1,500, Pritzker Foundation grant \$89,500 (32%), United Way DEI grant \$20,000 (7.2%), Program Fees \$7,000 (2.5%), and IDOC Fees \$10,594 (3.8%).

**CCMHB Expenses:** Personnel-related costs of \$51,975 are 42% of requested amount. Other expenses are Professional Fees/Consultants \$10,000; Consumables \$7,500; General Operating \$9,453; Occupancy \$10,555; Conferences/Staff Development \$1,500; Local Transportation \$1,500; Specific Assistance \$4,715; Equipment Purchases \$8,500; and Lease/Rental \$17,500.

**Total Agency, Total Program, and CCMHB budgets are BALANCED.**

**Program staff to be funded by CCMHB:** 0 Indirect and 1.25 Direct = 1.25 FTEs

**Total program staff:** 0 Indirect and 2.8 Direct = 2.8 FTEs

**Staff comment:** Increase in request is explained in the Budget Narrative as related to increased costs of additional staff and house (to serve more people) and to cover 50% of audit cost, 25% of bookkeeping service. The salary costs to be charged include 75% of that of a full-time Client Resource Director and 50% of full-time Client Resource Coordinator (currently vacant). A peer mentor position is vacant, but no portion will be charged to this contract. The 3.5 FTE Total Agency staff are all listed as Direct; some activities associated with Indirect staff (e.g., financial management) are contracted through a firm, reasonable for a small organization.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** 5 DEI programs will be created to expand knowledge and awareness of the workable community. There will be annual training offered to the Staff and Board to meet the training requirements. Hard copy and a digital copy of qualified interpreters will be available to use as needed when needed for clients that need language services.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** The staff completed 6 hours of virtual training and 2 hours of self-taught training via the State of Illinois website. Hard copies of the interpreters list were given to employees and a list of resources in the community were made available.

**Staff comment:** I reviewed the CLC Plan and Program plan for alignment. Training and support will continue to be provided to WIN to ensure there the CLC Plan is aligned with the program. WIN met the requirements and additional information should be included in the CLC Plan about the services that are being offered.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural residents through wraparound programs (as agency facilities are in Champaign); outreach for additional support through health and social service providers; HACC vouchers provided to those leaving the residential program can be used throughout the county... follow up includes lists of local services and support from the agency as needed. The target population are historically under-resourced, and these services focus on bridging the gap to them (see also CLC review above).

**Promoting inclusion and reducing stigma:** Core values... diverse team and leadership with relevant experience... redefine formerly incarcerated individuals' narrative, breaking stigma and discrimination faced by clients, encouraging them to share their experience, strength, and hope with the community to change the stigma. Training at all levels on intersectionality.

**Outcomes:** 13 outcomes of value to the participants are associated with assessment tools, some estimates.

**Coordinated system:** Yes. Several service providers, Drug Court, and Probation are listed as partners.

**Written collaborative agreements:** Housing Authority of Champaign County, Illinois Department of Corrections (IDOC). (Application includes specifics about each.)

**Budget and program connectedness:** The Budget Narrative is very helpful, with descriptions of all other program revenues (and why some will vary), rationale for the increased request, details on what is to be included in each expense category and how determined, and the role of each staff position to this program. Amounts match across financial forms, and all categories are consistent with MHB guidelines.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Details on the program's model, A New Way of Life (ANWOL) Reentry Project, with link. Describes and links to research on multiple barriers faced by women with dual diagnoses and value of trauma-informed SUD treatment.

**Staff credentials:** Executive Director - MSW with concentration in mental health, Bachelors in Communication, and is a QMHP, specialized training, support, and mentoring through SAFE House Network. Resource Director - experience with family in recovery/SUD. Lived experience with incarceration and reentry, peer led approach.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** as listed in Revenue form plus private donor funds, and seeking R3 funds, IDHA, National fellowships and other private foundations (says FY2022). **Client fees:** Yes. **Sliding scale:** Yes. For financial literacy and planning for housing voucher use, those who are working may contribute 30% of paycheck as program fee - not required, and these funds go to client-specific programming.



**Willing to participate in Medicaid programs:** No. Agency has referral relationships, including to Medicaid-participating providers.

**Staff/reviewer comment:** Because FY2022 is mentioned, an update may be needed regarding other revenues.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency has not yet submitted a PY2022 audit. Payments have been suspended since January due to lateness of the audit. Because the agency was first funded during PY22, the CCMHB does not have an earlier year audit to reference, making it difficult to understand the agency's standing.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes, also across sectors due to the nature of the service.

**Continuation of services during public health emergency:** Yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Not a focus. Virtual sessions for sharing information about the program.

**Staff/reviewer comment:** The agency worked with UIUC Evaluation Capacity Building and Phase One of the CCMHB financial management support project.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Select a PY24 priority category and revise any other Program Plan Narrative sections which were not updated for PY24.*
- *Specific utilization targets should be included, with acknowledgement of the difficulty in predicting.*
- *Agency should be involved with the Re-entry Council (through Champaign County).*
- *Consider a two-year contract, as requested by the agency.*
- *Delay a contract award until the PY22 audit has been submitted and reviewed, establishing continued good standing. Determine whether the PY23 audit will be completed prior to next deadline and require letter of engagement for that work prior to contract execution.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Individual and Family Support

**Agency:** DSC

**Request:** \$250,000

**Why it matters:** "... to expand services for families and individuals. Families seek respite support that can be defined/designed by the primary caregiver. With a redirection (and reduction) of IFS funding, DSC proposes a new position with dedicated time for deliberate recruitment of providers, which is identified as the greatest barrier to accessing this service. The new Resource Coordinator will also prioritize education, guidance, and support for individuals with needs and interests related to Advocacy, Human Rights, and Sexuality."

**Selected priority:** Personal Life

**Staff/reviewer comment:** This proposal continues portions of a long-standing program, adds a new position for linkage, with a reduced total cost.

### Services and People Served

**Who will benefit:** Champaign County residents of any age with I/DD, including those with behavioral, medical, or support needs; their family caregivers.

**Scope of services:** Resource Coordinator (new) to build on the respite model, inviting more families to traditional respite and support for: CUSR camps, after-school programs, summer camps with specialized support, YMCA and fitness club memberships, overnight trips to conferences, social skills training, home modifications, sensor/therapy/accessibility equipment not otherwise funded (or affordable). Will seek input from adults on interest areas (human rights, sexuality, advocacy, e.g.) and offer education and virtual opportunities.

**Location and frequency of services:** Flexible services and locations based on primary caregiver (family), many possible community sites, with in-person and virtual options and increased access through technology.

**Staff/reviewer comment:** A new staff position to identify resources which would increase engagement, especially of rural residents.

#### Residency of 41 people served in PY2022 and 36 in the first half of PY2023

<b>Champaign</b>	22 for PY22	21 for PY23
<b>Urbana</b>	8 for PY22	5 for PY23
<b>Rantoul</b>	1 for PY22	0 for PY23
<b>Mahomet</b>	3 for PY22	4 for PY23
<b>Other</b>	7 for PY22	6 for PY23

#### Demographics of 41 people served during PY2022

<b>Age</b>	
Ages 0-6 -----	7
Ages 7-12 -----	8
Ages 13-18 -----	14
Ages 19-59 -----	12
<b>Race</b>	
White -----	31
Black / AA -----	4
Asian / PI -----	4

Other (incl. Native American and Bi-racial)	2
<b>Gender</b>	
Male -----	29
Female -----	12
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	39

## Measures of Client/Participant Access

**Eligibility criteria and determination:** For those over age 3, people with diagnosis of I/DD as defined by IDHS-DD, PUNS enrollment. For birth to 3, assessed delay or risk.

**Outreach to eligible people:** Various referral sources - support groups, physicians, other agencies, schools, self and family, word of mouth. Also outreach through community events, agency intake, website, social media, brochures, other materials.

**Within 30 days from referral, 90% of those referred will be assessed.**

**Within 60 days of assessment, 80% of those assessed will engage in services.**

**People will engage in services, on average, for:** as long as needed.

**Additional demographic data:** N/A

## Measures of Client/Participant Outcomes

**Outcomes and targets:**

1. 20 individuals will participate in education opportunities and advocacy efforts, community and virtual.
2. 90% of families receiving IFS respite will be satisfied with services.

**Specific assessment tools and data collection:**

1. # documented by Resource Coordinator.
2. Satisfaction survey provided to all participating families to complete - reviewed by program staff.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** quarterly review.

**Staff/reviewer comment:** One measure relates to utilization (# participants) rather than to positive impact on participants. The other is a satisfaction measure appropriate to the program and measurement tool/strategy.

## Measures of Utilization

**Treatment Plan Clients (TPCs):** 30 families receiving IFS Respite.

**Non-Treatment Plan Clients (NTPCs):** 20 people working with Resource Coordinator.

**Service Contacts (SCs):** 8 people seeking the service, presented to Admissions Committee.

**Community Service Events (CSEs):** 3 public presentations, engagement/speaking with community groups, representation at community events.

**Staff comment:** Service contacts and service hours associated with TPCs are documented in online reporting system. 8,535.25 hours of service was provided to TPCs during PY22.

**PY24 Targets** TPC - 30 NTPC - 20 SC - 8 CSE - 3

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	9	27	5	1
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Second Quarter	0	0	0	1
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*Annual Targets TPC-19 NTPC-27 SC-8 CSE-2*

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	8	30	1	0
Second Quarter	0	0	0	0
Third Quarter	1	0	2	2
Fourth Quarter	2	0	3	2
<i>Annual Targets</i>	<i>TPC-17</i>	<i>NTPC-32</i>	<i>SC-8</i>	<i>CSE-2</i>

## Financial Analysis

**PY2024 CCDDDB funding request:** \$250,000

**PY2024 Total Program budget:** \$251,263

**Current year funding (PY2023):** \$390,000

**Proposed change in funding - PY2023 to PY2024 = -36%**

**CCDDDB request is for 99.5% of total program revenue.** Other revenue is from Program Service Fees Other \$118, and Miscellaneous \$1145, allocated portions of agency revenue from outside training and from “management fee and other income from” M&G.

**Personnel-related costs of \$214,914 are the primary expense charged to CCDDDB,** at 85.9% of requested amount. Other expenses are Professional Fees/Consultants \$1,813, Consumables \$805, General Operating \$2,492, Occupancy \$1,342, Conferences/Staff Development \$514, Local Transportation \$314, Specific Assistance \$22,884 (9.2%), Equipment Purchase \$362, Lease/Rental \$1,023, Membership Dues \$952, and Misc \$2,585.

**Total Agency budget surplus of \$64,301, Total Program deficit \$727, and CCDDDB budget BALANCED.**

**Program staff to be funded by CCDDDB:** 0.31 Indirect and 1.04 Direct = 1.35 FTEs

**Total program staff:** 0.31 Indirect and 1.05 Direct = 1.36 FTEs.

**Staff comment:** The decreased request (-\$140,000 from current year) relates to increases in state Medicaid-waiver awards, so that a portion of this program is discontinued. The large amount for Specific Assistance is to cover items and services used by individuals and their families, determined on a case-by-case basis. The low amount for transportation reflects the change in program focus. Indirect staff salaries to be charged include small portions (1% to 2%) of 16 full-time positions (including DPA - see note below). Direct staff salaries are: 99% of a full-time Resource Coordinator (open position); 99% of an undisclosed number of part time IFS Respite Providers (because they are not listed individually, there is no way to determine whether any are vacant); and 5% of Director of Program Assurance (also listed as full-time indirect).

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

**If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23?** Yes.

**Highlights from the submitted CLC Progress Report:** “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s

native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

**Staff comment:** I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Rural engagement will increase with the addition of Resource Coordinator, outreach to individuals, parents, RPC ISC, and other providers; respite in family home/community; proposed new supports in community and virtual. Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); services in family home/community, or virtually.

**Promoting inclusion and reducing stigma:** Promotes community access for participants; ongoing presence of people with I/DD educates the community, expanding inclusion for all; one on one support allows family members greater access to life outside their home, increases caregiver comfort and confidence.

**Outcomes:** Includes an outcome for family satisfaction with the service, plus an appropriate assessment tool. The other outcome is a utilization measure.

**Coordinated system:** Yes.

**Written collaborative agreements:** PACE.

**Budget and program connectedness:** Budget Narrative explains program revenues and expenses to be charged to this contract, planned salary increases, increased costs of worker’s compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of specific staff, and a statement about Allocated Program Expense formula (reviewed by auditors and provided to CCDDDB staff). It echoes the Program Plan Narrative, regarding the shift in program focus/costs.

**Person Centered Planning:** Yes.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Cites and links to a Joint Position Statement from AAIDD and the ARC, on the country’s increasing reliance on families for I/DD care and how to support them more effectively.

**Staff credentials:** Resource Coordinator - full IDHS-DDD mandated DSP training. Training is open to families. Part time providers - demonstrate cultural responsiveness, open to individualized training specific to the client.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** None. **Client fees:** No. **Sliding scale:** No.

**Willing to participate in Medicaid programs:** Yes. The increase in Medicaid-waiver awards for similar services is discussed.

**Staff/reviewer comment:** The program should coordinate with organizations funded by the state to provide the more limited types of Respite. Currently, they share information about those programs with families and refer them; working with them might improve reach and impact.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** Yes.

**All forms submitted by deadline:** Yes.

**Audit findings:** The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern. Excess revenue associated with this program (\$54,510) had been identified from 4<sup>th</sup> quarter reports and returned earlier. Program staff vacancies reported during PY22 were the main source of unexpended revenue.

**Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served:** Yes.

**Evidence that other sources of funding have been maximized:** Yes. Identifies the two organizations offering Respite through state funding, notes that these are for in-home only; notes that for specific assistance (home/auto modifications, sensory equipment), need must be demonstrated and other funding sources exhausted.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Yes.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Through new position.

**Staff/reviewer comment:** Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *In the Personnel form, the Director of Program Assurance is listed as both full-time direct and full-time indirect, inflating the total agency and program salaries amounts, though possibly not changing the amounts which were intended to be charged to this contract. The form should be revised so that the indirect and direct portions of this position = 1.*
- *Given the lack of clarity regarding Part Time IFS Respite workers, rather than change the Personnel form, a different ongoing report may need to be developed specific to this program, as the current monthly personnel change reports do not indicate who is currently working or their pay.*
- *Appropriate for a fee for service contract format, with consideration of the Specific Assistance process (reimburse for purchases pre-approved by not only the DPA but also CCDDDB staff.)*
- *The contract amount may be prorated until the new position is hired, then adjusted to cover the cost.*
- *The program plan may align well with IDD Special Initiatives fund priorities, so if not funded through the CCDDDB, consider negotiation of a contract through IDDSI, possibly greater focus on technology.*
- *Consider continuing the PY23 special provisions.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCDDDB staff in writing of any factual errors made by CCDDDB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending

## Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

### Program: Consumer Control in Personal Support

**Agency:** PACE, Inc.

**Request:** \$36,000

**Why it matters:** "... supports the consumers in choosing, interviewing, and selecting a PSW... supports a consumer's overall health and wellbeing. It supports consumers and PSWs by providing instructions, guidance and trainings on how to utilize technologies to receive trainings and connect with PSWs... The program also offers guidance on how to improve employer and employee relationships and additional trainings to improve consumers' and PSWs' relationships."

**Selected priority:** Personal Life and Resilience ("Personal Life" is the PY24 version)

**Staff/reviewer comment:** This request is to continue funding for a 4<sup>th</sup> year. Also aligns with Workforce Development priority.

### Services and People Served

**Who will benefit:** People seeking their first job as a Personal Support Worker (PSW) for those with I/DD or who have worked as PSWs and want to be employed by others. They tend to: be unemployed or underemployed; have worked in healthcare or teaching; looking for a job that makes a difference; or have personal connections to I/DD.

**Scope of services:** PSW orientations in person, online, and over the phone. Assists interested persons in navigating the online platform. Recruits new PSWs. After orientation, those who pass the post-orientation quiz and Illinois and National Sex Offender, Healthcare Registry and CANTS checks are then placed on a registry, allowing consumers to search for matches to their preferences. Orientation topics: Independent Living philosophy; PSW tasks; avoiding stigma and encouraging inclusion; I/DD and MI; and avoiding fraud, abuse, neglect, and exploitation.

**Location and frequency of services:** Agency office in Urbana, online, by phone. Monthly.

**Staff/reviewer comment:** Proposal is a continuation of the currently funded program. Notes a drastic decline in people interested in becoming a PSW since the onset of the public health emergency; the response is to increase recruitment efforts through online services, word of mouth, and organizations with broad reach (Arc, UIUC Community Learning Lab, Family Matters).

### Residency of 30 participants in PY22 and 12 in the first half of PY23

<b>Champaign</b>	15 for PY22	6 for PY23
<b>Urbana</b>	9 for PY22	4 for PY23
<b>Rantoul</b>	2 for PY22	1 for PY23
<b>Mahomet</b>	0 for PY22	0 for PY23
<b>Other</b>	4 for PY22	1 for PY23

### Demographics of 30 participants in PY2022

#### Age

Ages 19-59 -----	26
Ages 60+ -----	4

#### Race

White -----	6
Black / AA -----	18
Other (incl. Native American, Bi-racial)-	5
Not Available -----	1
<b>Gender</b>	
Male -----	1
Female -----	29
<b>Ethnicity</b>	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	28
Not Available -----	1

## Measures of Client/Participant Access

**Eligibility criteria and determination:** Pass CANTS check annually, along with National and IL Sex Offender and Healthcare Registry checks, seeking work in Champaign County, and providing accurate, up to date, and complete information. Determined by datasheet, checks, testing by staff, updates by staff and consumers.

**Outreach to eligible people:** website and social media, online job boards, newspaper ad, word of mouth, agency partners, flyers and brochures, job fair, collaboration with other organizations.

**Within 20 days from referral, 85% of those referred will be assessed.**

**Within 60 days of assessment, 85% of those assessed will engage in services.**

**People will engage in services, on average, for:** 180 days.

**Additional demographic data:** contact information, disability status, referral source, and veteran and voter registration status.

## Measures of Client/Participant Outcomes

### Outcomes and targets:

1. 30 PSWs to be added to the registry during PY24.
2. Agency will attend 20 CSEs for program outreach.
3. 9 consumers will match with/hire PSWs.
4. Will report on # of people utilizing the PSW referral service and referrals shared with consumers.
5. Will hold quarterly PSW advisory (meetings?) for consumers and PSWs, with PACE Annual Satisfaction Survey sent to all consumers seeking PSWs.

### Specific assessment tools and data collection:

1. Sign-in sheets. Staff enter details on attendance on DDB reports; event tracker for # of contacts between potential consumers and PSWs during events.
2. Staff track this in CILsFirst database at Pace and in PACE Event Tracker.
3. Tracked in consumer service records by staff (for consumers funded by DHS). Matches are reported on DDB quarterly service activity reports.
4. Staff enter data in PSW Registry and Consumer Service Records - goal 250 service contacts.
5. Staff track this in Consumer Service Records, using info from annual Satisfaction Survey, provided by clients.

**Outcome data gathered from all participants:** Yes.

**Will collect outcome data** during each visit, at least quarterly.

**Staff/reviewer comment:** In addition to the outcomes being measures of program activity (and overlapping with utilization measures and targets), the section includes comments on PY23 successes and related to matches and numbers of referrals.



## Measures of Utilization

**Non-Treatment Plan Clients (NTPCs):** People who complete PSW orientation, paperwork, and background checks. A numeric target is not identified.

**Community Service Events (CSEs):** Events hosted by PAC to the community to share information about the program and the CCDDDB. A number target is not identified.

**Service Contacts (SCs):** Individual contacts with NTPCs and people attending CSEs or receiving information (potential PSWs, agencies, or families seeking PSWs.) A numeric target is not included.

**Other:** Successful matches, including # individuals with I/DD who have received names of PSWs, # of referral lists distributed, and # of PSWs referred to people with I/DD. No numeric target.

**Staff comment:** Service hours associated with NTPCs are documented in online reporting system; during PY22, a total of 856.25 hours were reported. The agency did not include targets, perhaps being in the habit of using the now-defunct Part Two form to do so. The targets appear to be included in the Outcomes section. The definition of CSE does not match exactly.

**PY24 Targets** NTPC-? SC-? CSE-? OTHER-?

**PY23 First Two Quarters** (per submitted Service Activity Reports)

First Quarter	56	105	7	4
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Second Quarter	4	93	6	4
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*Annual Targets* NTPC-65 SC-200 CSE-15 OTHER-6

**PY22 All Four Quarters** (per submitted Service Activity Reports)

First Quarter	56	47	6	0
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Second Quarter	7	120	8	6
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Third Quarter	7	75	5	0
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Fourth Quarter	6	117	4	1
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*Annual Targets* NTPC-65 SC-200 CSE-15 OTHER-3

## Financial Analysis

**PY2024 CCDDDB funding request:** \$36,000

**PY2024 Total Program budget:** \$38,280

**Current year funding (PY2023):** \$27,367

**Proposed change in funding - PY2023 to PY2024 = 32%**

**CCDDDB request is for 94% of total program revenue.** Other program revenue is from Contributions \$2,280.

**Personnel-related costs of \$24,761 are the primary expense charged to CCDDDB,** at 69% of requested amount.

Other expenses: Professional Fees/Consultants \$38; Consumables \$287; General Operating \$456; Occupancy \$1,073; Conferences/Staff Development \$200; Lease/Rental \$2,911, Membership Dues \$274, and Misc \$6,000 (16.7%).

**Total Agency budget surplus \$21,805; Total Program and CCDDDB budgets are BALANCED.**

**Program staff to be funded by CCDDDB:** 0.42 Direct = 0.42 FTEs.

**Total program staff:** same.

**Staff comment:** The increased request is related to salary increase and allocation of indirect expenses.

Personnel costs to be charged to this contract include 42% of the full time PA & PSW Coordinator's salary.

## Agency Cultural and Linguistic Competence Plan

**Does the CLC Plan include required benchmarks and CLAS Standards?** Yes.

**Highlights from the submitted CLC Plan:** The Board of Directors has allocated 8 hours of staff time dedicated to cultural and linguistic competence training. PACE has a list of updated interpreters for sign-language and other languages upon the request of clients that are served. PACE has a Diversity Advisory Board that meets quarterly to plan outreach for the clients and community.

**If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes.

**Highlights from the submitted CLC Progress Report:** Self-Assessments have been completed by staff and supervisory assessments. Staff has received training in the following on the following topics: Successful Aging with I/DD; Open Wounds Documentary- A documentary on being Trauma Informed; ADA healthcare access I/DD; and Racial Healing for Health.

**Staff comment:** I reviewed the program plan to learn how PACE will apply CLAS Standards to their engagement. PACE only provides services at their office location. Their outreach includes collaboration with other organizations to ensure the community is aware of services. Additional support will be provided to ensure that PACE continues engage underserved and underinvested population. Here is a statement directly outlining how they will serve underserved communities: "PACE's plan includes diversity-enhancing goals related to outreach to board members, staff, and consumers. Additionally, use of a diversity mailing list and advisory is integrated into long-range plans and annual goals and objectives. PACE staff perform outreach by providing presentations to diverse groups; in return we ask that other agencies educate our staff and consumers about their organization through staff/peer counseling in-services."

## Overarching Decision Support Criteria

**Eliminating disparities in access and care:** Outreach through agencies which serve rural residents. Agency 'diversity-enhancing' goals, mailing list, and advisory, integrated into plans. Staff present to diverse groups and seek information from other agencies, esp regarding staff/peer counseling.

**Promoting inclusion and reducing stigma:** Repeats detail on diversity-enhancing efforts.

**Outcomes:** The outcomes overlap with utilization measures. It may be difficult to develop an outcome directly connected to the value for a person with I/DD, but this would be preferred.

**Coordinated system:** Referrals and collaborations are described. The agency is active in CCDDDB related collaborations and board meetings as well.

**Written collaborative agreements:** Division of Rehabilitation Services.

**Budget and program connectedness:** Yes. The Budget Narrative provides detail on all projected total agency revenues, on expenses to be charged to this contract (with details for each expense category), and on personnel associated with the program. There is a note about allocation of indirect management and general expenses (capped at 20%) per federal and state requirement.

**Person Centered Planning:** Not a direct service - N/A.

**Evidence-based, evidence-informed, recommended, promising, or innovative practice:** Describes the innovation to build relationships between PSWs and people with I/DD. Refers to general Independent Living Philosophy and specific program aspirations (no link).

**Staff credentials:** Program is currently led by a Qualified Intellectual Disabilities Professional (over 20 years' experience) who holds a Bachelor's degree in Psychology. She is an approved QIDP train the trainer and has taught the IDHS Direct Support Professional Curriculum for several years.

**Will the funding be used as match for another source of revenue:** No.

**Other pay sources:** Independent Living Unit contract covers services for those requiring PSWs. **Client fees:** No.

**Sliding scale:** No. There is, however, a refundable \$5 deposit for orientation. This is paid at registration (when they pick up the datasheet) and refunded upon completion of orientation. It is waived due to orientations currently offered online. Can be waived if unaffordable. (Detail on other small fees to the total agency, not this program.)

**Willing to participate in DD Medicaid-waiver programs:** No.

## Expectations for Minimal Responsiveness

**Organizational eligibility questionnaire:** No issues noted.

**All forms submitted by deadline:** Yes.

**Audit findings:** PY2022 agency audit was submitted 12/20/22 and excess revenue was returned. Auditor expressed concern regarding the agency's reductions in grant revenues and net assets, but no significant weaknesses noted.

**Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD:** Yes.

**Evidence that other sources of funding have been maximized:** Yes.

**Referral between providers:** Yes.

**Continuation of services during public health emergency:** Virtual options are available.

**Builds on successes with technology and virtual platforms, increasing training and access for staff and people served:** Yes. Virtual trainings a focus.

## Process Considerations and Caveats

**Contracting considerations:** If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Specific utilization targets should be added to the Program Plan Narrative Form.*
- *Consider continuation of PY23 special provisions.*
- *Consider funding this program through the I/DD Special Initiatives fund.*

**Review and input:** The applicant is encouraged to review this document upon receipt and notify CCDDDB staff in writing of any factual errors made by CCDDDB staff or reviewers which should be corrected prior to completion of the award process.

**Recommendation:** Pending