



The McLean County Board of Health's Behavioral Health Policy and Funding Committee
Monday, October 2, 2023, at 9:00am
200 W. Front Street, **RM 322**, Bloomington, Illinois.

AGENDA

1. Call to Order
2. Roll Call
3. Public Participation
4. Action Items **PAGES**
 - A. Recommend CY24 Adult Psychiatry and Mobile Crisis Funding Recommendations to the Board of Health
 - B. Recommend revision of the Regional Office of Education's Youth Mental Health First Aid Service Agreement to the Board of Health **2-24**
5. Discussion Items **25-35**
 - A. Board member recommendation for CY4 Quarterly Agency Narrative and Statistical Reports due date change
6. Informational Items
 - A. Information on follow-up responses from renewal applications
7. Adjournment

Request for Budget Revision

Update CY2023

Please use this form for each non-discretionary line transfer request for the following:

1. If you want to move funds to a Category that was previously not approved.
2. If you want to move funds from one approved Category to another approved Category and this does not exceed an increase of 10% in the increased Category. Additionally, if funds are moved to Indirect Administrative Costs, it cannot exceed the 20% cap of total approved budget.

Person Making the Request: **Trisha Malott, ROE #17**

Date of Request: **September 28, 2023**

Please explain the reason(s) for this budget revision and how it will benefit the program:

To date, registration and attendance for all offered Youth Mental Health First Aid trainings has been lower than anticipated, even when providing for stipends for districts or teachers to provide for substitute teachers. It is being requested that funding be allowed to be utilized to have individuals be virtually trained as Youth Mental Health First Aid trainers with a portion of the already allocated funding to ROE for YMHFA. By increasing local trainers, including those that already work within a district, there is significantly greater ease for a district to provide training to their own district teachers and personnel.

This change would allow for more substantial, impactful and longer-range change. We are limited in people being able to attend prior to the end of the calendar year; however, increasing people being trained in Youth Mental Health First Aid within any individual district allows for that district to more easily schedule and coordinate their staff becoming trained and also being recertified once their initial timing runs out.

It is requested that 3 individuals be approved to be trained as trainers. One district has expressed interest, ROE #17 would have one additional staff member trained to be able to more seamlessly offer YMHFA to districts, and it would be offered to other districts to have an individual trained as a trainer. The cost per individual for a virtual training is \$2,200.

There is no request for an overall increase in funding and the request is to move \$6,600 from contractual services to training and education.

Request #1:

1. What budget Category on the budget will be increased?

Personnel

Benefits

- Travel
- Equipment
- Supplies
- Contractual Services

- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

2. Indicate the amount this Category is increasing: **\$6,600**

3. New Total for this Category: **\$15,100**

4. What budget Category is decreasing?

- Personnel
- Benefits
- Travel
- Equipment
- Supplies

- Contractual Services
- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

5. Indicate the amount this Category is decreasing: **\$6,600**

6. New Total for this Category: **\$5,400**

Please fill out the following information if more than one Category is to decrease as a result of the increase in the above Category.

7. What budget Category is decreasing?

- Personnel
- Benefits
- Travel
- Equipment
- Supplies

- Contractual Services
- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

8. Indicate the amount this Category is decreasing:

9. New Total for this Category:

10. What budget Category is decreasing?

- Personnel
- Benefits
- Travel
- Equipment
- Supplies

- Contractual Services
- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

11. Indicate the amount this Category is decreasing:

12. New Total for this Category:

Request #2:

1. What budget Category on the budget will be increased?

- Personnel
- Benefits
- Travel
- Equipment
- Supplies

- Contractual Services
- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

2. Indicate the amount this Category is increasing:

3. New Total for this Category:

4. What budget Category is decreasing?

- Personnel
- Benefits
- Travel
- Equipment
- Supplies

- Contractual Services
- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

5. Indicate the amount this Category is decreasing:

6. New Total for this Category:

Please fill out the following information if more than one Category is to decrease as a result of

the increase in the above Category.

7. What budget Category is decreasing?

- Personnel
- Benefits
- Travel
- Equipment
- Supplies

- Contractual Services
- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

8. Indicate the amount this Category is decreasing:

9. New Total for this Category:

10. What budget Category is decreasing?

- Personnel
- Benefits
- Travel
- Equipment
- Supplies

- Contractual Services
- Telecommunications
- Training & Education
- Patient/Client Care
- Indirect Administrative Costs

11. Indicate the amount this Category is decreasing:

12. New Total for this Category:

Agency Supervisor Signature and Date

Behavioral Health Program Manager or other MCHD Designee Signature and Date

Approved

Not Approved

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

McLean County Health Department:

Name of Program: **Youth Mental Health First Aid**

Grantee:

Name of Agency: **Regional Office of Education #17**

REVENUES	Total
McLean County Health Department Requested:	
Budget Expenditure Categories	
1. Personnel	
2. Fringe Benefits	
3. Travel	
4. Equipment	
5. Supplies	
6. Contractual Services	\$ 12,000.00
7. Telecommunications	
8. Training and Education	\$ 8,500.00
9. Patient/Client Care	
10. Total Direct Costs (add lines 1-9)	\$ 20,500.00
11. Indirect Costs	
12. Total Costs MCHD Grant Funds Lines 10 and 11 MUST EQUAL REVENUE TOTALS ABOVE	\$ 20,500.00

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

REVENUES	Total
a) Cash	
b) Non-Cash	
c) other Funding and Contributions	
Total Non-MCHD Funds	\$ -
Budget Expenditure Categories	
1. Personnel	
2. Fringe Benefits	
3. Travel	
4. Equipment	
5. Supplies	
6. Contractual Services	
7. Telecommunications	
8. Training and Education	
9. Patient/Client Care	
10. Total Direct Costs (add lines 1-9)	\$ -
11. Indirect Costs	
12. Total Costs MCHD Grant Funds Lines 10 and 11 MUST EQUAL REVENUE TOTALS ABOVE	\$ -

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

1). Personnel

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time devoted to the project and length of time working on the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. Include a description of the responsibilities and duties of each position in relationship to fulfilling the project goals and objectives in the narrative space provided below. Also provide a justification and description of each position (including vacant positions). Relate each position specifically to program objectives. Personnel cannot exceed 100% of their time on all active projects.

Name	Position	Yearly Salary	% Time	Personnel Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			MCHD Total	\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Non-MCHD Total	\$0.00
			Total Personnel	\$0.00

Personnel Narrative (MCHD):

Personnel Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

2). Benefits

Benefits should be based on actual known costs or an established formula. Benefits are for the personnel listed in Category (1) direct salaries and wages, and only for the percentage of time devoted to the project. Provide the benefit rate used and a clear description of how the computation of benefits was done. If a benefit rate is not used, show how the benefits were computed for each position. The budget justification should be reflected in the budget description. Elements that compose benefits should be indicated.

Name	Position	Base	Rate %	Benefit Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			MCHD Total	\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Non-MCHD Total	\$0.00
			Total Benefits Benefits	\$0.00

Benefits Narrative (MCHD):

Fringe Benefits Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

3). Travel

Travel should only include expenses for agency staff that need to travel for the function and success of this program. There shall be documentation indicating the purpose of the travel, the function of the purpose as it relates to this program, the total amount of mileage, and the dates of travel. Travel will not be reimbursed for purposes not directly related to this program.

Name	Position	Cost Rate Per Mile	Quantity	Travel Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			MCHD Total	\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Non-MCHD Total	\$0.00
			Total Travel	\$0.00

Travel Narrative (MCHD):

Travel Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**
Name of Agency: **Regional Office of Education #17**

4). Equipment

Provide justification for the use of each item and relate them to specific program objectives. Equipment is defined as an article of tangible personal property. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Equipment that is not directly related to the objectives and purpose of this program will not be funded.

Item	Quantity/Cost Rate	Cost per Item	Equipment Cost
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		MCHD Total	\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Non-MCHD Total	\$0.00
		Total Equipment	\$0.00

Equipment Narrative (MCHD):

Equipment Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

Supplies

List items by type (office supplies, postage, training material, copying paper, printing, and other expendable items such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project. Supplies that are not directly related or used in this program will not be funded.

Item	Quantity/Cost Rate	Cost per Item	Supplies Cost
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		MCHD Total	\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Non-MCHD Total	\$0.00
		Total Supplies	\$0.00

Supplies Narrative (MCHD):

Supplies Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

Contractual Services

Provide a description of the product or service to be procured by contract and an estimate of the cost. Contractual services shall be directly specific to this program. Contractual services that are specific to the goals of the agency as a whole and not directly to this program shall not be funded.

Item	Cost Rate	Cost per Item	Contractual Services Cost
Teacher Stipend for July/August attendees	80	150	\$12,000.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		MCHD Total	\$12,000.00
			\$0.000
			\$0.000
			\$0.000
			\$0.000
			\$0.000
		Non-MCHD Total	\$0.00
		Total Contractual Services	\$12,000.00

Contractual Services Narrative (MCHD):

Teachers are not paid during summer months and work-related activities during summer months are attended better with stipends being offered to account for their time, and recognizing the value of both the training and the value of their educator time. While this amount is not likely to equate to their hourly amount for the amount of time spent for Youth Mental Health First Aid, a stipend of \$150 for a day of training is likely to be enough to encourage attendance during summer months.

Four full day trainings would be offered during the month of July and first two weeks of August, with anticipated total attendance of 80 educators during these trainings.

Contractual Services Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

Telecommunications			
List items and descriptions by major type and the basis of the computation. Explain how telecommunication expenses are allocated for distribution as an expense directly related to the program/service. NOTE: This budgetary line item is to be used for direct program telecommunications. All other indirect or administrative telecommunication costs should be listed in the indirect expense section of the Budget worksheet.			
Description	Quantity/Cost Rate	Cost	Telecommunication Cost
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		MCHD Total	\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Non-MCHD Total	\$0.00
		Total Telecommunications	\$0.00

Telecommunications Narrative (MCHD):

Telecommunications Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

Training and Education			
Describe the training and education costs associated with employee development. The following may be Included: rental space, training materials, speaker fees, and any other applicable expenses related to the training. When training materials (pamphlets, notebooks, videos, and other various handouts) are ordered for specific training activities, these items should be itemized below. The objectives of the training shall be directly related to the program objectives. Trainings that do not directly benefit the function of the program shall not be funded.			
Description	Quantity/Cost Rate	Cost	Training and Education Cost
Youth Mental Health First Aid trainings for parents	100.00	\$25.00	\$2,500.00
ental Health First Aid Trainings for educators/school p	160.00	\$25.00	\$4,000.00
mer Youth Mental Health First Aid trainings for educa	80.00	\$25.00	\$2,000.00
			\$0.00
			\$0.00
			\$0.00
		MCHD Total	\$8,500.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Non-MCHD Total	\$0.00
		Total Training and Education	\$8,500.00

Training and Education Narrative (MCHD):

Five full day sessions would be offered between July and December to accommodate parents of children in McLean County school districts, with a goal of 100 parents attending and being trained on Youth Mental Health First Aid. Educator sessions during the school year, beginning in mid-August, would be offered for a series of four 2-hour training sessions. These series of sessions would be offered four times, with two series occurring simulataneously, with a goal of 20+ attendees per series. This would allow 160 educators to be trained and also not miss their typical school duties during the school day. A

goal of 207 attendees per series. This would allow 100 educators to be trained and also not miss their typical school duties during the school day. A separate line item has been added for ease to identify the cost of the training for summer attendees who attend for full-day training sessions.

Training and Education Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

Patient/Client Care

Provide a description of needed services to be provided to a patient or client.

Description	Patient/Client Care Cost
MCHD Total	\$0.00
Non-MCHD Total	\$0.00
Total Patient/Client Care	\$0.00

Patient/Client Care Narrative (MCHD):

Patient/Client Care Narrative (Non-MCHD)

**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

Indirect Costs

Provide a breakdown and narrative of the indirects costs associated with the program. The indirect costs of this program shall not equal more than 10% of the program budget.

Description	Quantity/Cost Rate	Cost	Indirect Administrative Costs
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		MCHD Total	\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Non-MCHD Total	\$0.00
		Total Indirect Cost	\$0.00

Indirect Cost Narrative (MCHD):

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Indirect Cost Narrative (Non-MCHD)

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**McLean County Health Department
UNIFORM BUDGET TEMPLATE**

**McLean County Health Department
Grantee:**

Name of Program: **Youth Mental Health First Aid**

Name of Agency: **Regional Office of Education #17**

Budget Narrative Summary

When you have completed the budget category pages, the totals for each category should appear in the corresponding rows below. Additionally, the amount of MCHD requested funds and non-MCHD funds that will support the project are also listed. Verify the amounts and the Total Project Costs.

Budget Category	MCHD	Non-MCHD	Total Project Costs
1. Personnel	\$0.00	\$0.00	\$0.00
2. Benefits	\$0.00	\$0.00	\$0.00
3. Travel	\$0.00	\$0.00	\$0.00
4. Equipment	\$0.00	\$0.00	\$0.00
5. Supplies	\$0.00	\$0.00	\$0.00
6. Contractual Services	\$12,000.00	\$0.00	\$12,000.00
7. Telecommunications	\$0.00	\$0.00	\$0.00
8. Training and Education	\$8,500.00	\$0.00	\$8,500.00
9. Patient/Client Care	\$0.00	\$0.00	\$0.00
10. Total Direct Costs (add lines 1-9)	\$20,500.00	\$0.00	\$20,500.00
11. Indirect Costs	\$0.00	\$0.00	\$0.00
12. Total Costs Grant Funds	\$20,500.00	\$0.00	\$20,500.00

Request for more information from the Behavioral Health Policy and Funding Committee

Please email response to Amy Hopper by end of business day on Monday, September 25, 2023

Parent Education and Support in Schools Program:

How was the Family Engagement program decided? Is this created from an evidenced-based model?

The Family Engagement program is a result of ongoing dialogues with districts, families, and community members about the known need to continue to support parents if we also want to see continued improvement and well-being in youth. Engaging parents comes with challenges, which is why the primary delivery method is focused on being virtual, to allow parents to engage from wherever they may be and not need to rely on transportation to participate. A better conceptualization may be: supporting parents through their schools to better support their children.

There are evidence-based strategies for family engagement for schools, and ISBE has guidance on family engagement. Most districts already engage in these strategies. The purpose of this request and pilot is to engage parents through a different lens and with the exception of the one meeting in person with the school, to allow parents to engage virtually.

The monthly educational groups would be evidence based and/or rooted in research. These groups would include a provider from a community organization presenting on a different topic monthly, including best practices for handling mental health or other challenges with youth. The monthly support groups would be for emotional support for parents. Youth thrive when the adults in their lives are emotionally regulated. These engagement efforts would strive to reach that goal (improving emotional regulation and knowledge in adults).

Embedded Psychiatry in Schools Program:

In the future, what could this program look like in more schools/districts; considering the finite resources of a child psychiatrist? What could be the overall capacity of this program?

The intent would be that this expands over time; however, the timing and the ability to expand will depend on a number of variables. Year one is a true pilot to determine best next steps for expansion and overall cost to do so. Our prediction is that after year one, the pilot could expand to two other rural districts. Given initial discussions with Carle, it is anticipated that there could be increased unreimbursed expenses with expansion, which would be expected since time, schools and potential for collaborative discussions increase with the addition of new schools and students. However, Carle and ROE #17 are both committed to seeking long-term viable and sustainable solutions. A transition to telehealth has made psychiatrists more accessible, as has expanded training programs for psychiatric nurse practitioners. When these facts are paired with Carle's recent ability to expand providers and services, there is not a current concern about an ability to slowly scale.

There is no intention to expand rapidly, as it is preferred by all to be done well, to ensure students are served adequately, and those who can be transitioned to traditional outpatient visits will be. It would be ideal that this program could expand to serve all schools within McLean County; however, there is not enough information at present time to determine timing of that progression, cost, and capacity.

Request for more information from the Behavioral Health Policy and Funding Committee

Please email response to Amy Hopper by end of business day on Monday, September 25, 2023

Funding Model:

In the 211 application, it was reported that McLean County is about 20% of the 211 calls, but is providing more funding than 20% of the funding toward 211. What is the reasoning for McLean County paying into the program more than larger counties using PATH 211 services?

To be clear, this question addresses two separate concepts, and the two should not be confused or intermingled. McLean County traditionally accounts for about 20% of 211 calls to PATH Inc., but McLean County simultaneously only accounts for 4.29% of the total population serviced by PATH Inc.'s 211 call center.

The submitted total 211 program budget indicated a total of \$522,470.23, and MCHD is proposed to provide \$91,285.88, or 17.47% of the total 211 program budget for CY24. The budget form provided by MCHD did not have a category for occupancy (which is paid for out of non-MCHD funds), so while the numbers PATH shared are accurate, the total 211 program budget is actually higher than we were able to share on the form due to no option to enter occupancy costs, meaning MCHD's share of the total 211 budget is actually less than 17.47%. If measured by call volume per capita, McLean County is by far PATH Inc.'s highest call volume.

From a more qualitative standpoint, PATH Inc.'s various crisis lines have been a longtime staple in McLean County—this is one of the reasons McLean County has such a high rate of callers per capita—and have continuously served as a connecting point to various services within McLean County (“no wrong door”). This is not changing. PATH Inc.'s call center program contributes much more to McLean County systems as a whole than it does all other counties served via attendance in County meetings, direct relationships with other providers, etc. While 211 no longer handles suicide-related calls directly due to an extensive national shift (these calls are safely passed on to 988), it has been shared that PATH Inc.'s call center programs are in flux and will be in flux for at least 5 years starting from the inception of 988. The call center is in transition. 211 handles many human service crises of its own, and the funding scenario has only further complicated in the short-term with the potential addition of IL grant funds for IL 211 call centers (more below).

What are the billing formulas for other counties where PATH provides 211 services?

Prior administration at PATH Inc. frankly did not have a formula. Deals were made with some funding entities at lower rates than others, and these decisions were less based on data and more based on what the prior administration felt was fair or feasible at the time for both parties. The contracts that have been in place for many years were not built for growth, and PATH Inc. is now starting to see how that affects our current ability to secure higher funding from these entities. As an agency, and hopefully as a State, we are moving to a more reliable system. One of Chris Workman's (now deceased) major projects when he came in as the new executive director/CEO was to improve transparency with the IL 211 Board and funders (primarily United Ways) about our funding needs for the 211 call center. This led to larger-sized contracts, like with Will County United Way, that actually provided us with the ability to put paid staff (instead of only volunteers) into our call center during busier periods. Additionally, the various contracts held with United Ways are less restrictive than MCHD on how the funds need to be used. The funds from most of our other funders are used not only for 211 call center staff directly handling calls, but things like computers, headsets, parts of administrative personnel salaries, occupancy, insurance, and more.

The model that Chris Workman was moving towards involved being compensated a certain amount of cents per capita of the service area being funded, as well as accounting for rural, urban, and suburban areas served (it is generally anticipated to receive more calls per capita in an urban area vs. a rural area). Now that the State of IL is moving towards funding 211 as well, seemingly under a similar model, PATH Inc. is certainly in the mix regarding how this affects our current contracts with other 211 funders, how stable the funding will be to PATH Inc. during the years moving forward, and what the IL 211 Board’s overall plan is to equitably fund 211 call centers across Illinois via a State grant. We need to identify whether this State funding will be enough, but this process is in such early stages right now that we do not have a clear answer about statewide funding for 211 centers at this time. It is unclear whether there will be an RFP process, how much funds we would be able to apply for, etc. or whether there will simply be a line item of funding distributed to current IL 211 centers based on a formula like what is mentioned above. There are too many ‘what-if’s to be able to provide a clear answer on the trajectory of funding for IL 211 call centers until there is more processing and sharing by the IL 211 Board. Long-term, one of PATH Inc.’s goals is to grow to be a much more self-sustainable agency than we have traditionally been through large-scale independent fundraising. This is one of the focuses of our current Interim CEO, Martha Evans. Raising more funds independently at a level that has not been done in PATH Inc.’s prior history will allow us to move forward with our mission for the 211 call center without relying on unclear future grant funding. The work continues on all fronts.

The table below is a screenshot from the budget and includes personnel that support the 211 program but are not funded by the Board of Health. Please provide an explanation as to (1) how each of the staff members identified below plays a role in the 211 program and (2) how are these positions currently funded.

				\$0.00
			MCHD Total	\$80,140.00
Olivia Jurgovan	\$40,000.00	211 Call Center Supervisor	0.00	\$0.00
TBD (Previously Katie Neal)	\$40,000.00	211 Call Center Supervisor (After-Hours)	0.50	\$20,000.00
Kevin Richardson	\$90,000.00	Director of Call Center Operations	0.36	\$32,500.00
Multiple	\$22,100.00	211 Call Center Shift Supervisors	2.00	\$44,200.00
Multiple	\$17,680.00	211 Resource Database/Community Navigators	5.00	\$88,400.00
Martha Evans	\$110,000.00	Interim CEO	0.41	\$45,000.00
Chris Baldwin	\$55,000.00	Director of Database Services	0.50	\$27,500.00
Ryan Opalk	\$45,000.00	Asst. Director of Database Services	0.50	\$22,500.00
Vacation Payout	\$3,000.00	N/A	1.00	\$3,000.00
Employee Appreciation	\$2,500.00	N/A	1.00	\$2,500.00

This answer was provided in the original non-MCHD personnel budget narrative for this section and addresses part of this question:

“Olivia Jurgovan's other portion of her salary is paid for by a grant in our homeless services program (non-211), which is why she is listed as 0% in non-MCHD. Kevin Richardson is only listed as 36.11% in non-MCHD because the other portion of his salary is covered by 988 (non-211). The call center supervisors (both full- and part-time) are responsible for ongoing support and supervision of call center specialists, including ensuring we maintain proper handling of higher-risk calls. Director and Assistant Director of Database Services, Chris Baldwin and Ryan Opalk, are both paid half by 988 and half by 211 (non-MCHD). They lead the database program and ensure that the 3,000+ agencies in our database are updated to accreditation standards. Martha Evans, Interim CEO, has a portion of her salary covered by 211 moneys. Resource database/community navigators serve a dual role of maintaining PATH Inc.'s resource of Database and supporting the phone line to handle 211 calls. We have also budgeted for employee appreciation and vacation payouts if 211 staff leave and are owed for unused vacation time.”

To add to our original submission:

The director of call center operations oversees the general running of the 211 call center, including but not limited to grant management, reporting, hiring of essential staff, relationships with outside entities, etc. The

CEO oversees all agency operations, 211 included, and engages in high-level conversations oftentimes with potential funders; that CEO salary is funded in part by all of PATH Inc.'s main programs (homeless services, 988, 211). The other staff (community navigators, shift supervisors, and vacation payout) are covered collectively under other 211 funds received from other contracts, which again are less restrictive in terms of use of funds. No current 211 contract (outside of MCHD) with PATH Inc. dictates which staff or categories those funds must be used for.

Texting Service:

What are the future plans for the texting portion of 211 program becoming more robust/ user-available? As with calls, all of PATH Inc.'s current 211 contracts indicate that the funding entity is responsible for marketing of 211 services. PATH Inc. provides the service but is not responsible for marketing. The texting system itself is in line with other 211 call centers across the nation ("text your zip code to 898-211 to get started") in terms of user availability. Long-term, we would love to have our own marketing department that would of course contribute to marketing the texting option for 211. Currently, there is no direct avenue to funding such a department, but deepening our marketing strategy is one of the considerations with independent agency fundraising. At this time, it should be noted that PATH Inc. does not directly control the 211 call/text volume, and this marketing strategy is standard and established in all our independent contracts with all United Way funders.

Also note, referring to data shared during nonpublic quarterly IL 211 Call Center Committee meetings, the total percentage of texts as a portion of all 211 interactions in Illinois is under 3%, meaning more than 97% of 211 interactions in IL are via phone. PATH Inc.'s rate is about 1.5%, and this is not the lowest rate among 211 providers in IL.

What is the future growth plan to upscale the texting model?

The more paid staff and volunteers we have dedicated to 211, the more availability we will have to provide texting 24/7. It should be noted that ALL texts to 898-211 in PATH Inc.'s service area are always handled but may not necessarily get handled until the next business day. Our official 211 texting hours are M-F 8:30am-4:30pm, but texts are often responded to after-hours and on weekends if a staff/volunteer is signed into the platform and available.

What is the consideration of the future texting model in regard to many of the volunteers being reported as not being text savvy?

We have recently adjusted our 211 training program to include the texting platform as well, meaning that when staff/volunteers finish their initial 211 training, they are equipped and expected to handle both calls and texts. In the past, 211 texting training came after the call training, and some people were only dedicated to handling calls. The texting platform is separate from the call platform, so it does take additional training to be able to use, as well as understanding the nuanced differences between phone and text conversations in regards to tone, language used, etc. Our plan moving forward is to continue this text software training during the initial training period and require that all dedicated 211 staff/volunteers handle texts as well as calls during their shifts, including after-hours/weekends. We are not currently in a position to confidently announce that texting is fully available 24/7, but again, texts are still often answered during non-business hours and are always answered the next business day.

Request for more information from the Behavioral Health Policy and Funding Committee

Please email response to Amy Hopper by end of business day on Monday, September 25, 2023

Responses are italicized

Programming Questions:

Board expectations regarding MRT: Referrals for MRT services need to go to CYFS if CYFS is receiving funding for MRT services. MRT needs to be provided in a group setting, based on the fidelity of the program being evidence-based.

What are some steps that can be taken to address the referral process for CYFS: MRT?

We have already started the process that any PSC participant required MRT programming will be referred to CYFS. These changes allow for CYFS to return to offering a group MRT service vs. individual MRT sessions. Drug Court is our only PSC program that requires MRT completion (Phase 3). Recovery Court and Veterans Treatment Court can be referred to as needed.

What have been the estimated number of referrals to CYFS: MRT that have been provided over the past year?
4 Drug Court and 2 Recover Court referrals were made in the last year. However, our PSC officers preferred referring to MRT in house (Court Services group) due to convenience and fidelity. Due to several Drug Court participants being in early/later phases of the program, many have either already completed MRT or have yet to be referred.

What has been the estimated number of referrals to Probation Officers providing MRT to PSC clients over the past year?

In the last year, 5 Drug Court participants have been referred. Due to several Drug Court participants being in early/later phases of the program, many have either already completed MRT or have yet to be referred.

Are MRT fidelity checks being completed by CYFS and Court Services (for the Court Services staff providing MRT in the PSC program)? *I do not believe that they are being done at this point. However, we plan to communicate with CYFS making sure that they are completing MRT programming in group setting and in turn CYFS will communicate with us that we are referring necessary participants. All documentation will be structured in a consistent manner highlighting both agencies' fidelity.*

Has Court Services staff received the accredited training to provide MRT (for the Court Services staff providing MRT in the PSC program)? *Yes, our two probation officers that provide MRT programming are certified/trained. They have boosters available and fidelity meetings.*

Regarding the entire PSC program, how many clients expect to enter program in the next year?

We are unable to provide a specific number. However, if we were to venture a guess based on previous years, we would estimate 35.

Funding/ Sustainability Questions:

What grants are being applied for to support this program? *(There will be a follow-up to this question in six months to see if there have been any grants applied for in the next six months). We have reached out to Lynn Moore, Grant Manager with AOIC. She encouraged us to follow up with Sherrine Peyton with AOIC, who provided us with an application for a federal grant that does not open until beginning of 2024.*

Can opioid settlement money be used to help financially support this program?

See attachment received "OSF Recommendation Form 8.4.23 updated.docx"(attached below)

Follow-up question from Amy:

A follow-up question regarding the State's opioid settlement process and application. Is Court Services planning on applying for any of the funding for PSC?

Also, the Board is more specifically requesting information on the County's opioid settlement agreement and if PSC is able to use any of that funding to support PSC? I think the answer to this question would need to come from Cassy and/or the County Board.

The opioid settlement funding has two streams at this point; the state RFP process and that's the application you provided AND Counties received money to allocate and that does not follow the application you provided.

We were unaware of details of the State's opioid settlement process and application prior to you asking. Since then, we have reached out for guidance/information to the administration for additional information. Our previous feedback response was based on the information we received. Based on the information received, it does not appear that Court Services has the staff/capacity needed to apply and execute the expectations/work flow needed for the State's Opioid settlement process and application.

I agree your 2nd question. Likely need response to come from Cassy and/or the County Board.

Hopefully, once the application is available, we will have a better idea on how to apply and potentially utilize this grant funding opportunity.

If you are aware of additional information that you could supply to us other than what we have already received from County Admin, please share.

We certainly would not want to miss out on an opportunity due to lack of information available.

From Suzanne Re: County opioid settlement funding:

Heard back from Cassy. She stated we would not be able to utilize the opioid funding for PSC.

Future PSC Accountability:

What are Court Service's staff expectations of the PSC for the upcoming year?

Hopeful for staff retention to build experienced officers within our programs.

How often will you plan to meet with the subcontracted agencies outside of the quarterly site visits? What would these meetings entail?

We all signed the same MOU and are held to expectations to provide necessary information. As long as communication is consistent not sure additional meetings are needed outside of quarterly visits.

What are your plans to work collaboratively with contracted agencies to ensure clients are getting the needed services in a timely manner?

Attending weekly staffings provide all stake holders the same information when it come to agency updates. We have a communication program that all team members have access to (Microsoft Teams). We have a specific channel "Vacation and Agency Update Schedule" to communicate collaboratively.

Is there a "plan b" if an agency is not delivering?

Communicate and clarify expectations needed to continue MOU.

What happens if the agency(s) are short staffed, etc. and clients not being seen?

When clients are admitted to PSC services are provided. When short staffed referrals to outside agencies are made to supplement needed services.

**Opioid Settlement Funding (OSF)
Core Abatement Strategy Recommendation**

Submission Form

As per the Illinois Opioid Allocation Agreement, the Illinois Opioid Remediation Advisory Board (IORAB) will provide nonbinding recommendations regarding the administration and distribution of the Illinois Remediation Fund. It is in the best interest of the people of Illinois that its programs and policies equitably distribute funds to foster prevention and treatment access for individuals and communities in a way that alleviates disparities.

It is highly recommended that the following documents are reviewed prior to completing this form:

- [Illinois Opioid Remediation Advisory Board Webpage](#)
- [Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf \(nationalopioidsettlement.com\)](#)
- [State Overdose Action Plan](#)
- [Executive Order 2020-02.pdf](#)
- [Executive order 2022-19](#)

Email the completed form to the Office of Opioid Settlement Administration (OOSA):
sherrine.peyton@illinois.gov Subject Line: **Core Abatement Strategy (CAS) Recommendation**

The recommendation form will be reviewed by the Office of Opioid Overdose Administration (OOSA) for the completion of information. The form is intended to facilitate requests and thorough information for the OOSA and consideration for the Illinois Opioid Remediation Advisory Board (IORAB); therefore, the OOSA may contact you for clarification and/or additional information. Funding for specific organizations' proposals cannot be reviewed; these proposals should be submitted in response to a Notice of Funding Opportunity.

If the recommendation aligns with the Illinois Opioid Allocation Agreement, the OOSA will submit the request to the IORAB for review and consideration (the IORAB needs three weeks to review recommendation packets prior to a quarterly meeting).

Recommendations are voted upon at the IORAB quarterly meetings. If approved, they are submitted as a non-binding recommendation to Opioid Prevention and Recovery Steering Committee (Committee) for consideration at their next quarterly meeting. If approved by the Committee, the recommendation, is reviewed for certification that it aligns with Exhibit B (List of Remediation Uses) in the [Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf \(nationalopioidsettlement.com\)](#).

Once the recommendation is approved and certified, the OOSA is responsible for the funding of the strategy following state procurement protocols established under the Grant Accountability and Transparency Act. Funding opportunities for the Opioid Settlement Funds will be posted on the [Illinois Opioid Remediation Advisory Board Webpage](#).

If you have any questions regarding this form or the process, please contact Sherrine Peyton, Statewide Opioid Settlement Administrator, at sherrine.peyton@illinois.gov or 217-720-7250 during regular business hours.

Please complete all sections. Additional information may be submitted as an attachment
Date request is submitted [Click or tap here to enter text.](#)

I. Contact Information Section

Person and Organization or Committee submitting the request [Click or tap here to enter text.](#)
Contact Information (email, cell/phone) [Click or tap here to enter text.](#)

II. Core Abatement Strategy and Priority | see Exhibit B; Schedule A of [Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf \(nationalopioidsettlement.com\)](#)

Indicate the Core Abatement Strategy being proposed (select the main purpose even if the proposal includes portions of other strategies).

- A. Naloxone
- B. Medication Assisted Treatment
- C. Pregnant & Postpartum People
- D. Treatment for Neonatal Abstinence Syndrome
- E. Warm hand-off programs and recovery services
- F. Treatment for Incarcerated Population
- G. Prevention Program
- H. Expanding Syringe Service Programs
- I. Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state

III. Review the Approved Uses listed in Exhibit B: Schedule B of [Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf \(nationalopioidsettlement.com\)](#)

Based on the list, indicate which strategy or strategies in Part 1, 2, or 3 (letters A-L) does your recommendation fall under? Indicate the letter(s) and their heading as stated in the Exhibit:

IV. Statewide Overdose Action Plan (SOAP) Priority

Indicate the main SOAP Priority category the project falls under (check one):

- Social Equity
- Prevention
- Treatment and Recovery
- Harm Reduction
- Justice-Involved Population and Public Safety

V. Priority Population and Need

As stated in the SOAP, certain communities and racial groups have been disproportionately impacted by the overdose crisis and face greater difficulties treatment and recovery support services. Data show that, while opioid overdose deaths among non-Hispanic White residents in Illinois has decreased, deaths among non-Hispanic Black residents have increased and non-

Hispanic Blacks were more than twice as likely to die from any drug overdose than non-Hispanic Whites. (SOAP, March 2022, p.7)

If there is a priority geographic area, and/or population to consider for the proposed strategy, please describe the priority, include any data, citations, or reports that describe the need for prioritizing the geographic area and/or population. If the recommendation is not intended for all seven regions of the state, please explain what specific geographic areas/regions is the recommendation for.

What disparities and Social Determinants of Health will be impacted?

Provide any data that demonstrate the need for the strategy as well as data that will demonstrate that the strategy will address an issue that has potentially contributed to the overdose crisis: (e.g., data trending in a negative direction, lack of access, increase in emergency department overdoses, etc.). Include publications, if applicable, but not required.

List any known data sources, collection and reporting that currently exist that would inform the goals of the recommended.

List links to any known Evidence-Based curriculum/guides, best-practices, research, toolkits, or other information that will help the advisory board determine if the strategy meets the guideline of

Additional information for consideration (not required).