DECISION MEMORANDUM *(As Approved)*

DATE: November 18, 2020
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2022 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2022, July 1, 2021 to June 30, 2022. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission of the Board. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. CCMHB members were presented an initial draft on October 21, which was also distributed to service providers, family members, advocates, and other stakeholders, with a request for comments. This draft incorporates input from the Board, staff, and others:

- *In consideration of racial disparities magnified during the time of COVID-19, suggested programming is added to the "Innovative…" and "System of Care" priority areas;*
- *New references to building empathy and managing stress are incorporated in the "Innovative Practices…" Priority and Overarching Considerations; and*
- *To account for the impacts of COVID on type of service and numbers of people served, and to prepare for continuing and future impacts, a new expectation is added to the Overarching Considerations section on Outcomes, and a new category to minimal responsiveness.*

Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review of the decision support criteria and priorities to use in the allocation process. Upon Board approval, this memo becomes an addendum to the Funding Guidelines incorporated in standard operating procedures.

The Operating Environment Prior to 2020:

In previous decision support and priorities memoranda, we have described an operating environment and related challenges for people who have mental health conditions, substance use disorders, or intellectual and developmental disabilities (I/DD), as well as their family members and networks of supporters, providers of service, and even our own planning and funding activities. During some years, the service system has felt in free-fall, such as the two-year period during which Illinois did not have a budget and many areas lost provider capacity. In other years, the barriers to care have increased due to shifts in funding and regulatory complexity. In defiance of the definition of crisis, the system was in one for years, and 2020 further exposed and exacerbated known gaps.

State and federal systems, including health care coverage, mental health and addiction treatment, long-term supports, and related regulations or their enforcement are complex and 'evolving.' Systems of care, safety net, and local economies are all vulnerable, and some proposed changes would make it even more difficult for people who have behavioral health conditions and/or disabilities to secure services, participate in communities, and control their own service plans.

- The chaotic policy and funding environment is stressful for people who rely on services and contributes to "change fatigue" among providers and families, further eroding a system which already struggles to retain a qualified workforce.
- The need for workforce development is acknowledged, and some loan forgiveness programs made available, but these efforts do not keep pace with losses.
- Mental health parity laws vary from state to state and are difficult to enforce. Even when enforced, strong parity laws reach only to insurance products and not to the service array itself.
- An 1115 waiver promises to test integration of behavioral and physical healthcare, along with other innovative, evidence-based approaches. The rollout has not been smooth; to take one example, changes in crisis service categories and rates have not benefited our community, requiring advocacy at the legislative level.
- Medicaid reimbursement rates remain below the actual cost of services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid. Managed Care contracting presents another layer of challenges for community-based providers, insured persons, and other funders.

While federal and state issues are complicated, we have sought to identify opportunities, whether through direct CCMHB funding of agencies, helping agencies to secure other funding, promoting system redesign and innovation, coordinating across services, providing more specific assistance to individuals with qualifying conditions, increasing community awareness and education, or other. CCMHB works with advocates and providers to identify supports and services which improve outcomes for people and promote a healthier, more inclusive community, and supports and services which are indicated and preferred but not covered by other payors.

The Operating Environment After 2020:

The U.S. Centers for Disease Control and Prevention (CDC) offers a snapshot of mental health issues associated with COVID-19 morbidity, mortality, and mitigation activities:

- "U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation."
- "The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers."
- "To reduce potential harms of increased substance use related to COVID-19, resources, including social support, comprehensive treatment options, and harm reduction services, are essential and should remain accessible. Periodic assessment of mental health, substance use, and suicidal ideation should evaluate the prevalence of psychological distress over time. Addressing mental health disparities and preparing support systems to mitigate mental health consequences as the pandemic evolves will continue to be needed urgently."

(from Czeisler, Lane, Petrosky, et al in "Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic – United States, June 24-30, 2020" as reported in the CDC' Morbidity and Mortality Weekly Report August 14, 2020)

There is a growing appreciation of public health systems and the population health approach, which could lead to a clearer collective understanding of behavioral health as well. Meanwhile we are still living through the COVID-19 crisis and cannot account for long term effects of the pandemic or related impacts, let alone accurately predict critical considerations for the Program Year 2020. Early thoughts are offered:

- Relief funding received by agencies may not become permanent, creating new shortfalls. This short-term funding will also complicate financial accounting and present new risks, such as those associated with funding as payor of last resort;
- People who had not previously sought support for behavioral health concerns are entering a system which is not prepared for the new demand;
- People may be coping with new physical and behavioral health concerns directly and indirectly related to COVID-19;
- Many people who have lost employment will rely on Medicaid coverage for the first time and during a time when the provider shortage continues to deepen;
- Dramatically different personal outcomes are emerging along the racial, ethnic, and socio-economic fault-lines in our service system;
- Deepening or new stressors, such as grief, isolation, and financial insecurity will contribute to the diseases of despair, including addiction and depression, and may persist for many years;
- To a degree we cannot measure, people may be delaying therapies or in other ways holding their breath until communities have fully reopened and

'normalized'. By that time, children may have lost progress, people of all ages may be managing trauma effects, and providers again unprepared for the backlog.

Expectations for Minimal Responsiveness:

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

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.
6. Evidence of planning for continuation of services during pandemic or epidemic.

To preserve the CCMHB's emphasis on PY2022 allocation decision criteria, all applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2021 program summaries and board discussions from April and May of 2020, as observations made during the previous review cycle may be helpful in the development of PY2022 requests for funding.

"I wouldn't trade being manic depressive bipolar for a normal life. It is full of ups and downs, but the palette I was given to color my world is so bright, and so black, I'm so blessed. I live to share what it is that makes me strive through the vast expanse of my canvas. Onwards towards the wilderness."

– *Elijah Griffin*

Assessed Needs of Champaign County Residents:

Champaign County residents who participated in our 2018 community needs assessment identified unsurprising barriers: limited provider capacity, limited ability to pay, transportation issues, services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. In the moment of need for service, finding clear information is already a tough task; add that the system includes many smaller formal partners with specialized resources, and some may give up on navigating to the right kind of help.

The 2021 community needs assessment will rely on findings from a collaborative of public and private entities with similar responsibilities for assessment and strategic plans. This is a work in progress, with CCMHB staff included. Current surveys conducted through Champaign Urbana Public Health District have again identified behavioral health and gun violence as top priorities for citizens of the County.

Related to behavioral health and community violence are a number of the public comments shared during listening sessions on policing and hosted by the City of Champaign. Across five sessions held in September and October, citizens identified the need for improved mental health crisis response and interventions. Possible solutions were also mentioned, many of which are familiar to the CCMHB and partners: mobile crisis response, prevention and training programs for youth and adults, wraparound services, trauma-informed systems, adult diversion, mental health services for people with I/DD, housing as a solution for housing instability, and more.

In April and June reports to the Board, agencies summarized COVID-19 related changes in services and in the needs reported to them by people served. While some activities were successfully offered in online platforms and useful to those with access to technology, some must be delivered in person. The State identified behavioral health and disability support providers as 'essential workers,' for whom physical safety measures involved new expenses and new personal pressures. Most positive programming for young people, specialized therapies, residential supports, and crisis services call for face-to-face service delivery. The demand for these services increased initially and is expected to continue rising even after impacts of the pandemic have come under control.

The support needs of people with Intellectual and Developmental Disabilities (I/DD) are tracked through the Illinois Department of Human Services' monthly reports of all who are enrolled in PUNS (Prioritization for Urgency of Need for Services). The September 2020 report shows that Champaign County residents with I/DD seek, in rank order: personal support, transportation, employment support, behavioral support, and residential support. Through a contract with the Champaign County Developmental Disabilities Board (CCDDB), the Independent Service Unit enquires about additional preferences, and during PY2020, eligible residents prioritized dining out, movies, sporting events, and other recreation, activities enjoyed by other members of our community prior to 2020. Planning should honor the desire of people with I/DD to enjoy the same opportunities.

Program Year 2022 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system, which also includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods.

Priority – Crisis Response and Intervention

Community-based behavioral health and other resources that lead to wellness should be available to people who have significant 'problems in living' when and where they appear to be in need of support. These supports should reduce unnecessary or inappropriate institutional care (hospitals, prisons, jails, e.g.) and counterproductive encounters with law enforcement or other systems not designed to address serious mental illness or addiction issues. The safety of individuals in crisis, their families, and members of their community are all important; qualified professionals, including certified peer supporters, should engage people where they are and connect them to care, to help people move toward wellness and away from criminalization or containment. Without a functional crisis response system and effective interventions, individuals suffer, and other public systems are stressed.

Collaborations of law enforcement, local government and funders, service providers, and stakeholders emphasize: data sharing and analysis; Drug Court coordination; brief screening, case management, peer support, and benefits enrollment for people in jail; and coordinated supports for those in reentry. Recommendations from a previous project funded by US Department of Justice and the CCMHB are still relevant: strengthen the system; create a coordinating council; add case management for those served by the Public Defender's office; and explore feasibility of a 24 hour 'crisis center' or alternative, such as coordinated crisis interventions across the community. Where there is overlap with public safety or public health interests, co-funding by appropriate entities will amplify these efforts and ensure we are not duplicating or interfering with similar work.

Supports and services should: improve health and quality of life; connect people to care and out of crisis; increase access to effective treatments; reduce contact with law enforcement and inappropriate incarceration or hospitalization; decrease length of stay in jails and hospitals; and facilitate successful, healthy transition to the community:

- *Programs offering an alternative to crisis, hospitalization, arrest, booking, or charging* may include intensive case management, Assertive Community Treatment, enhanced crisis response (access to detox/stabilization, triage center, or assessment leading to care), counseling and other supports for youth with juvenile justice involvement and their families;
- *Access to treatment/connection to care,* for those with justice system involvement, history of crisis or hospitalization, or chronic homelessness/houselessness as a result of mental illness or substance use disorder, may include benefit enrollment, coordination of discharge/transition to community, peer mentoring and support, and group work (Moral Reconation Therapy and anger management, e.g.);
- *Services disrupting the cycle of* violence may include counseling, case management, and crisis support (for survivors of violence or abuse) and trauma-

informed programming (for survivors of violence and/or people of any age with justice involvement or in re-entry.)

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems not only lead to unnecessary incarceration and crisis contacts but also to more serious symptoms and loss of life. Community awareness, system advocacy and coordination, and better access to resources are all needed. *Problems of living* include untreated conditions for which treatment can be effective and which are compounded by financial and housing insecurity, also barriers to access.

The **social determinants of health** (access to food, healthcare, and housing, e.g.) impact behavioral health but have not been the traditional purview of behavioral health systems. Collaboration and co-funding by other appropriate entities will add value to an application and ensure that we are not duplicating or interfering with similar efforts.

Barriers to community care include: stigma, siloed care, outdated regulations, insufficient provider capacity, difficulty securing insurance coverage, high costs of care even with coverage, and limited transportation or resources. To increase access to care and support innovations which are not otherwise funded:

- *Guiding people to services which are billable to insurance, through* wellness and recovery supports, mobile crisis response, home visits, transportation, specialized case management (in some cases used as match for supportive housing), and self-advocacy/self-determination;
- *Enrollment in well-matched health plans, using* benefits enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR);
- *Offering treatment services to people with severe mental illness and no insurance;*
- *Innovations which narrow gaps in the service system and improve outcomes for people, such as* assistance for caregivers, social connections for seniors, employment services, community living support, suicide prevention education;
- *Building empathy, resilience, recovery, and a greater sense of collective wellness through* youth and adult peer support and mentoring, groups which foster creativity and the sharing of creative efforts, and the promotion of stress management through physical activity, music, etc.
- *Educational or treatment programs* specifically addressing racism and racial trauma, to reduce their negative mental health impacts.

Priority – Systems of Care for Children, Youth, Families

For two decades, the CCMHB has focused on ***youth*** with multi-system involvement, funding evidence-based programs to reduce juvenile justice system contact among those with serious emotional disturbance. Several programs promote positive youth development. The System of Care for Youth and Families includes initiatives for summer youth programming and community crisis response to mitigate the harm caused by gun violence, racial trauma, and other. Where such community efforts overlap with public safety and public health interests, co-funding by appropriate entities will strengthen this work and ensure that we are not duplicating or interfering with similar efforts.

The CCMHB has also funded programs for ***young children***, including perinatal supports, early identification, prevention, and treatment. Coordination of early childhood provider organizations has resulted in a Home Visitors Consortium, a "no wrong door" System of Care for very young children and their families, building self-determination and resilience, with consideration of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk, as well as offering supports for the families of these children, aligned with Collaboration with the Champaign County Developmental Disabilities Board (CCDDB) priority below.

For best outcomes and to avoid criminalizing behavioral and developmental issues, Systems of Care should be strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive. Early involvement improves individual and community health and disrupt poverty. Year-round, positive opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. Success is sustainable when families and communities are resilient. Of interest are:

- *Family-driven and youth-guided organizations* which acknowledge the role of peer support and mentoring, coordination, and system planning and advocacy;
- *Behavioral health supports* organized through partnerships such as the Community Coalition or the Home Visitors Consortium;
- *Evidence-based, evidence-informed, innovative, or promising programs* for children or youth who have been impacted by trauma, including violence or racial trauma, or a mental, behavioral, or emotional disorder or who have multiple system involvement; and
- *Positive programs for girls, young women, and youth of any gender*, to mirror successful programs for males.

<u>Priority - Collaboration with the Champaign County Developmental Disabilities Board</u>
The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside, which for PY2022 will likely total $728,818 (PY2021 amount of $696,137 plus an increase equal to increase in the property tax levy extension, adjusted by previous CILA contribution of $50,000 per year). In addition to funding agency programs, the Boards share a Community Integrated Living Arrangement (CILA) Expansion project, which has enabled the purchase, improvement, and maintenance of two small group homes for people with I/DD who would otherwise be unable to live in this community. This effort aligns with the Ligas Consent Decree and Olmstead Decision. The CILA Project is being revisited, likely through a separate, detailed Request for Proposals, in an effort to continue responding to community needs.

This commitment to young children continues for PY2022, with a focus on social-emotional and developmental needs of very young children, with involvement from and support for their families. The CCMHB has funded such programs along with behavioral

health supports for very young children and their families, and for which service providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks; identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the "2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity" and by the Substance Abuse and Mental Health Services Administration. This overarching consideration further emphasizes the theme, across priority areas and service types, of connecting people to care appropriate to their needs and strengths. Correcting disparities associated with race, ethnicity, culture, and language is critically important. To take three examples closely related to priority categories:

Trauma history: Psychiatrists and other providers have developed an awareness of the impacts of sexual trauma and gender inequity. Individual narratives are built from family history and systems, childhood memories, culture, and biology, but the regular impacts of racism as trauma are largely unexamined:

- Mental health services are disproportionately inaccessible by people of color, and only 2% of psychiatrists identify as Black;
- Significant racial disparities in diagnosis include Black patients twice as likely as white ones to be diagnosed with serious mental illness;
- Adverse Childhood Experiences (ACEs) build a trauma history predicting future physical and mental health concerns. The impacts of abuse, neglect, parental substance use disorder, parental absence, marital violence, and similar are acknowledged. While recent surveys include experiences of racism as ACEs, the CDC does not yet count them among official causes of harm;
- Mental health providers should observe and identify racial trauma as part of evaluation and treatment; as with all trauma disclosure, patients may need time and clinicians education in order to discuss impacts safely and effectively.

(from "Including Racism in a Trauma History: A Clinician's Reflections" by Mindy Oshrain, MD, August 24, 2020)

Justice system involvement: "African Americans are more likely than white Americans to be arrested; once arrested, they are more likely to be convicted; and once convicted, and they are more likely to experience lengthy prison sentences… African-American adults are 5.9 times as likely to be incarcerated than whites and Hispanics are 3.1 times as likely. As of 2001, one of every three black boys born in that year could expect to go to

prison in his lifetime, as could one of every six Latinos - compared to one of every seventeen white boys. Racial and ethnic disparities among women are less substantial than among men but remain prevalent."

(from The Sentencing Project: Research and Advocacy for Reform. Report to the United Nations on Racial Disparities in the US Criminal Justice System, 2018.)

Delayed early diagnosis: Black children are almost 5.5 years old before they receive a diagnosis of autism. Diagnosis and effective treatment can begin as early as age 2, making this is a critical delay with harmful outcomes. Washington University researchers studied 584 Black children seen in autism specialty centers and found:

- Diagnosis of autism occurred six months later than for their white peers;
- This delay occurred in spite of parents having reported their concerns about the child's development for more than three years and to multiple specialists;
- This delay was not associated with access to health insurance;
- Although autism prevalence is consistent across racial groups, there was a disproportionate burden of I/DD in this sample, with absence of predictive factors, and researchers warn that racial disparities should be taken very seriously.

(as reported in "Black Children Wait Longer for Autism Diagnosis" by Shaun Heasley, Disability Scoop, August 25, 2020)

A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). Applications should address early identification and treatment for members of underrepresented populations, reduction of racial disparities in justice and child welfare systems, and disproportionate trauma impacts. Underserved groups and people living in rural areas should have access to quality services; engagement strategies should be identified which might overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time.

<u>Inclusion and Anti-Stigma</u>

Proposals for funding should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement helps build empathy, redefine our sense of group identity and "other", reduce stress, and decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition.

Nationally, increases in farmer suicide and opioid/other addiction require that we improve awareness and lower the stigma in communities where traditional services are lacking but networks of support could be strengthened. Recognizing that lives are lost when stigma prevents people from seeking support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Stigma is worsening, in spite of the American Psychiatric Association's finding that people with mental illness are more likely to be victims of gun violence than perpetrators.

Outcomes

Proposals for funding should identify measures of access for people seeking to participate in the program and of outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, an 'outcome bank', and a template for reporting. Agencies using these resources may gain an advantage when competing for other funding, in an increasingly competitive funding environment. Applicant organizations reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes. All applicants should offer insights into how COVID-19 has impacted the services they provide; if awarded funding for PY2022, accounting for these impacts, if they continue, may be done through the quarterly program reports or year-end outcome reports.

Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCMHB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaborations with other providers and stakeholders (schools, support groups, hospitals, advocates); a commitment to updating information in any resource directory databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached. Any written agreements should include details of coordinated services, referral relationships, or partnerships between providers. Applications for funding should acknowledge these relationships. A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service has the potential to reach underserved people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and costs to be charged to the CCMHB. While CCMHB funds should not pay for activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including eligibility questionnaire, before receiving access to online application forms. Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of Board documents are on the public page of the online system, at http://ccmhddbrds.org. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating methodology is not relevant or feasible. Our

focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications for funding are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2022 but later than July 1, 2021, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract, to pay any costs incurred in the preparation of an application, or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at staff discretion, may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without additional procurement.
- If selected for contract negotiation, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online

application process will be given equal opportunity to update proposals for the newly identified components.

- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCMHB may deem some programs as appropriate for two-year contracts.

Approved November 18, 2020