



DECISION MEMORANDUM *APPROVED*

DATE: December 15, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2023 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 2023, July 1, 2022 to June 30, 2023. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals 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 20, which was then distributed to providers, family members, advocates, and stakeholders with a request for comments. Comments were received in support of specific sections. Using highlights and strikethroughs which will be removed in the approved final version, this draft uses feedback from Board, staff, and public:

- *Confusing statement about re-registration (page 10) will be removed.*
- *The sixth and final of Expectations for Minimal Responsiveness expands on use of technology and internet access.*

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, per the laws of the State of Illinois. CCMHB Funding Guidelines require annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon Board approval, this memo becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Operating Environment:

The story of the COVID-19 global pandemic is still being written. As noted in the CCDDDB/CCMHB 2021 Community Needs Assessment, weaknesses and gaps in our social service and health care systems have been revealed and deepened, with the virus and mitigation efforts causing great harm to people who have mental health or substance use disorders or intellectual/developmental disabilities. While the behavioral health

system prepares to address the greater needs of these individuals, unpaid caregivers, children and young adults, and members of racial and ethnic minorities, it will also be stretched to treat the general population's increased alcohol and drug use, anxiety, depression, and suicidal ideation. With changes in fortune, many have become eligible for or enrolled in Medicaid for the first time; newcomers may be as unprepared for Medicaid and the system of publicly funded community behavioral health care as the system will be for them.

In previous decision support and priorities memoranda, we described an operating environment filled with challenges for people who have mental health conditions, substance use disorders, or intellectual and developmental disabilities (I/DD), their family members and networks of supporters, and providers of service. These challenges continue and include: insufficient state/federal funding of safety net and community-based behavioral health services; loss of provider capacity, especially for people with I/DD; longer waiting lists for services; outdated and inflexible rules; state budget disruptions and program cuts; incomplete or unsuccessful service delivery and payment system redesign; a difficult to navigate service system, especially by those in crisis; complicated benefits enrollment processes; and various barriers to accessing care.

Because the COVID-19 crisis is not over, its long-term effects are not yet clear. The service system and funders should continue to be flexible and find opportunities.

- Telehealth and virtual services were implemented out of necessity, but they proved their usefulness and should continue. They also failed to reach many who would have benefited, so internet access and use must be improved.
- There is a growing appreciation of public health systems and the population health approach, which could lead to better understanding of behavioral health.
- Increased attention to mental health and substance use issues may remove some of the stigma that keeps people from treatment and recovery. While state and federal legislators have taken a great interest in these issues, efforts to strengthen the system will take time, care, and appropriations.
- Relief funding received by agencies during 2020 and 2021 is not guaranteed to continue. Some short-term funding may also complicate accounting or determination of the payor of last resort.
- The profound impacts of grief, isolation, and financial insecurity will contribute to the diseases of despair, including addiction and depression, and may persist for many years. Our service systems must be trauma-informed to promote recovery.

In spite of the complicated operating environment and unprecedented emerging needs, the CCMHB can respond more quickly to specific local needs, through direct funding of agencies, helping agencies to secure other funding, promotion of system redesign and innovation, coordination of service providers or across systems, community awareness efforts, resource information, and other strategies. The CCMHB has an interest in supports and services which improve outcomes for people and promote a healthier, more inclusive community, especially where those supports and services are not covered by other payors or not available to eligible individuals.

Assessed Needs of Champaign County Residents:

Participants in our 2021 community needs assessment commented on the strengths and shortcomings of Champaign County, with as much praise for the beautiful natural environment as concern about rising gun violence and homelessness. Some people enjoy many recreational, social, educational, and employment opportunities, and some have none. Comments made by focus group members and people directly interviewed for the survey echoed these striking contrasts in how a single community can be experienced by different residents. One asked what would change as a result of answering our questions.

Community needs surveys conducted by other local organizations and a collaborative have also found behavioral health and gun violence to be high priorities.

Regarding mental health, substance use, I/DD, and other social services, supports, and resources, responses were consistent with previous findings and with experiences of other communities across the country. Barriers to care were not enough providers (especially those who take Medicaid and Medicare), long waiting lists, lack of resource information, distrust in providers and negative past experiences, limited ability to pay, transportation or internet barriers, services hard to figure out, and stigma.

The support needs of people with I/DD are tracked through the Illinois Department of Human Services' reports of preferences of those enrolled in PUNS. The July 14, 2021 report shows that Champaign County residents with I/DD seek: transportation, personal support, employment or structured activities, behavioral supports, speech therapy, other individual supports and therapies, out-of-home residential services, 24-hour respite, and home/vehicle modifications. Through a contract with the Champaign County Developmental Disabilities Board (CCDDB), the Independent Service Unit asks about other preferences, and during PY2021, eligible residents prioritized going out to recreation/sports events, eating out, zoos/aquariums, parks, and movies, all activities enjoyed by other members of our community prior to the pandemic. Planning should respect the desire of people with I/DD to enjoy the same opportunities.

Expectations for Minimal Responsiveness:

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

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**

4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. This will be especially important in 2022, as federal and state opportunities may apply to projects supported by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.
6. Application must describe planning for continuation of services during a public health pandemic or epidemic. Programs should build on their successes with technology and virtual platforms, increasing training and access for direct staff and people served.

To preserve the CCMHB's emphasis on PY2023 allocation decision criteria, 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 PY2022 program summaries and board discussions from April and May of 2021, as observations made during the previous review cycle may inform PY2023 requests for funding.

Program Year 2023 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 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 Stabilization

Community-based behavioral health supports can reduce unnecessary 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 and away from criminalization or containment. Without a functional crisis response system and effective interventions, individuals suffer, and other public systems are stressed. Local efforts to fill these safety net gaps may be expanded during PY2023 as a result of new state and federal rules and funding opportunities; efforts should be made to connect any new programs to existing efforts for maximum impact and for sustainability beyond local funding. Various crisis response, co-response, and follow-up approaches are being tested in collaboration with law enforcement agencies. 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; increase access to appropriate treatments; reduce contact with law enforcement and incarceration; reduce unnecessary hospitalization; decrease length of stay in jails and hospitals; and facilitate successful, healthy transition to the community. These may include:

- programs offering an alternative to hospitalization, arrest, booking, or charging, such as intensive case management, Assertive Community Treatment;
- enhanced crisis response (detox/stabilization, triage center, or assessment leading to care), counseling, and other supports; and
- connection to treatment 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, through benefit enrollment, Specialty Court services, coordination of reentry and transition to community, peer mentoring and support, or other group work (Moral Reconciliation Therapy and anger management, e.g.).

Priority- Victim Services

Previously under the Crisis/Reduce Incarceration priority were services which focus on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health outcomes for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt the cycle of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs may amplify state-funded services and supports, address increased needs, or fill gaps where other funding does not exist, such as for violence prevention education or linkage to other resources as preferred by the individual.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems can also lead to worsened symptoms and loss of life. During the global COVID-19 pandemic, gaps and disparities in the systems have been exaggerated. Community awareness, system advocacy and coordination, and better access to resources are needed. *Problems of living* include untreated conditions which may be compounded by financial and housing insecurity and even by the stress of attempting to find and access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the traditional purview of behavioral health systems. Collaboration and co-funding by other entities, e.g., those addressing the social determinants of health, will add value to an application and ensure that we are not duplicating or interfering with similar efforts.

Stigma, inflexible regulations, low provider capacity, difficulty securing insurance and other benefits, high cost of care even with coverage, limited transportation and language can all be barriers to effective treatment. To connect people to appropriate services which can be billed to other payors or to support innovations which are not otherwise funded, applications may propose:

- wellness and recovery supports, home visits, transportation, language services, specialized case management (in some cases used as match for supportive housing), and self-advocacy/self-determination;

- enrollment in well-matched health plans and other benefits, by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR);
- treatment for people with severe mental illness and no insurance;
- 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 peer support and mentoring, groups which foster creativity and sharing of creative efforts, and stress management through physical activity, music, etc.; and
- educational or treatment programs specifically addressing racism and racial trauma, to reduce their negative mental health impacts.

Priority – System of Care for Youth and Families

Priority – System of Care for Very Young Children and Families

The CCMHB has a strong interest in programs that improve the mental health and well-being of children, youth, and families. For best outcomes and to empower families and 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 disrupts poverty. Year-round opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. 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 (youth) or the Home Visitors Consortium (young children);
- evidence-based, evidence-informed, innovative, or promising programs for those who have been impacted by trauma or mental, behavioral, or emotional disorder;
- positive programs for girls, young women, and youth of any gender, mirroring those long-standing programs which focus on males; and
- expansion of trauma-informed systems efforts, to facilitate the community’s recovery from the worst impacts of the global pandemic, focusing on children and families who experienced disproportionate losses of health and security.

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

The CCMHB has funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. Coordination of early

childhood provider organizations through a Home Visitors Consortium has led to a “no wrong door” approach 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 and may offer support to their families. These programs align with “Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)” priority category below.

Priority - Collaboration with Champaign County Developmental Disabilities Board

The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocations and includes a specific CCMHB set-aside, which for PY2023 will likely total \$746,341 (PY2022 amount of \$718,521 plus an increase equal to the increase in property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year).

The commitment to very young children and their families continues for PY2023, with a focus on their social-emotional and developmental needs and with involvement from and support for their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of very young children and their families, and for which providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, may 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 childcare providers, pre-school educators, medical professionals, and other service providers;
- education, coaching, and facilitation to focus on strengthening personal and family support networks; and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another opportunity for Collaboration with the CCDDB is through their new priority category for strengthening the I/DD workforce. To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would maintain current service capacity and allow it to grow to meet the needs of all eligible residents of Champaign County.

In addition to contracts for agency programs, the Boards have shared a Community Integrated Living Arrangement (CILA) project, for the operation of small group homes for people with I/DD and complex support needs. Due to the critical workforce shortage, other appropriate uses of the fund are being explored.

Overarching Considerations:

Underinvested Populations and Countywide Access

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

Inclusion and Anti-Stigma

Applications 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 historically underinvested 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 suicide and substance use disorders among farmers and members of farming communities require that we improve awareness wherever traditional services are lacking but networks of support can be strengthened. Recognizing that lives are lost when stigma prevents people from receiving support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. In spite of the American Psychiatric Association’s finding that people with serious mental illness are more likely to be the victims of gun violence than perpetrators, increasing violence has also increased the stigma associated with mental illness and substance use disorders.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. For defining and measuring outcomes, 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, a consultation 'bank', workshops on reporting, and a template for year-end reports. Agencies using these resources may gain an advantage when competing for other funding. A 'theory of change' logic model is the preferred framework for defining outcomes of value in applications submitted to the CCMHB. Applicant organizations already reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health care asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes. Applicants may offer insights into how COVID-19 has impacted the services they provide and the people they serve; if awarded funding for PY2023, accounting for continued or long-term impacts may be done through quarterly program reports or year-end outcome reports.

Coordinated System

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

A joint application may be submitted by two or more agencies with 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 may benefit people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain 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 or other insurance should identify non-billable activities for which the costs may be charged to the CCMHB. While CCMHB funds should not pay for activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple

resources in order to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

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 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 interpreted as local match for other 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 an organizational eligibility questionnaire, before receiving access to online application forms. *Note: During 2021, agencies who registered several years earlier are required to submit a new organizational eligibility questionnaire prior to the application deadline.*

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 application and reporting system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across service and support needs, and alignment with decision support criteria.

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

intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have the above qualifying conditions, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. If applications 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 2023 but later than July 1, 2022, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, the applicant may be required to prepare and submit additional information prior to final contract execution, 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 December 15, 2021