



## **DECISION MEMORANDUM - *APPROVED***

DATE: November 16, 2022  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: PY2024 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 2024, July 1, 2023 to June 30, 2024. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Initial draft staff recommendations are based on Board input and our understanding of best practices and state/federal service and payment systems. CCMHB members were presented an initial draft at their October 21 meeting. The draft was distributed to providers, family members, advocates, and stakeholders, with a request for comments. Using highlights and strikethroughs which will be removed in the approved version, this final draft incorporates the following feedback:

- Under “Process Considerations,” shifting away from the expectation that applicants be familiar with all Board materials, toward making the most relevant materials easier to find and use.

### **Statutory Authority:**

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB policies. All funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. CCMHB Funding Requirements and Guidelines require annual review of the decision support criteria and priorities to be used in the allocation process which results in contracts for services from July 1 to June 30. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

### **Assessed Needs of Champaign County Residents:**

In 2021, CCMHB and Champaign County Developmental Disabilities Board (CCDDB) staff engaged in a community needs assessment process. Survey respondents commented on strengths and shortcomings of Champaign County, with as much praise for green spaces as concern about gun violence and homelessness. Some enjoy many recreational,

social, educational, and work opportunities, and some have no access. Comments highlight how differently the community is experienced by different residents. [https://www.co.champaign.il.us/mhbddb/PDFS/Full\\_2021\\_Community\\_Needs\\_Report\\_ENGLISH.pdf](https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf)

Board staff collaborated with other organizations on the 2022 Community Health Plan, for which Champaign County survey respondents once again placed behavioral health issues and gun/community violence as high priorities. [https://www.co.champaign.il.us/mhbddb/PDFS/Champaign\\_County\\_2022.pdf](https://www.co.champaign.il.us/mhbddb/PDFS/Champaign_County_2022.pdf)

Regarding mental health, substance use, I/DD, and other supports, CCMHB/CCDDB survey results and those of other local entities have been consistent with previous findings and those of communities across the country. Respondents mention barriers to care: long waiting lists, lack of clear resource information, not enough providers who accept Medicaid and Medicare, distrust in providers and negative prior experiences, limited ability to pay, transportation or internet barriers, and stigma.

Because the populations of greatest interest are small and not always interested in filling out forms or answering personal questions, CCMHB/CCDDB staff continued to seek qualitative data through small-scale surveys in 2022, of summer youth program participants, their staff, early childhood providers, and self-advocates with I/DD.

Key findings from the survey of **youth attending programs** were: most were happy (68.5%) or excited (20.4%) to attend; some focused on learning (30%) and most valued being with friends (85.5%), enjoying field trips, swimming, and sports; and each had helped someone else (e.g., with homework, anti-bullying, support to the homeless).

Key findings from the **youth program staff** were: they felt well-suited for the work; they were comfortable in difficult situations and could ask supervisors for help; they enjoyed much of what the youth enjoyed, including helping others; and a majority were new to the work (56%). Those with more experience saw themselves as leaders and mentors.

A survey was created to understand the continuing education preferences of **early childhood providers**, regardless of whether funded by either Board. Due to the low response rate, we will rely on post-workshop feedback to learn what will support these providers and the families and children they serve.

The support needs of **people with I/DD** are tracked through the Illinois Department of Human Services' Prioritization of Urgency or Needs for Services (PUNS) database. An August 2022 report shows that Champaign County residents seek: transportation, personal support, behavioral support, speech therapy, vocational or other structured activities, individual supports, occupational therapy, assistive technology, out-of-home residential services, 24-hour respite, home or vehicle modifications, and intermittent nursing services in the home.

Through a contract with the CCDDB, the Independent Service Unit inquires about other preferences. During PY2022, eligible residents expressed interest in working or

volunteering in the community, joining a club or group, going out to eat, visiting parks, festivals, recreational, sporting events, zoos, aquariums, museums, theatres, shopping, and movies, all activities enjoyed by other community members prior to the pandemic. The **self-advocate satisfaction survey** conducted by Board staff and intern in summer 2022 echoed these findings and added that people liked their current supports and staff.

## **Operating Environment:**

In addition to consideration of preferences and needs of Champaign County residents, CCMHB allocation priorities and decision support criteria are developed within a current and likely future operating environment and the constraints or opportunities it presents. Because other pay sources may be available for desired supports, care is taken to avoid supplanting other publicly funded systems and to advocate for improvements in those systems on behalf of our community. An example of recent advocacy would lift a Medicaid restriction so that those who are in jail and not yet adjudicated could continue to use their Medicaid coverage for health and behavioral health services; see <https://www.naco.org/resources/medicaid-inmate-exclusion-policy-miep-advocacy-toolkit>. While this would not lower high rates of incarceration of people who would benefit from behavioral health services, it would alleviate a large cost burden on counties.

Impacts of the COVID-19 pandemic continue, including that it deepened existing flaws in the social service and healthcare systems and caused the greatest harm to those who were already not well-served. Much of the Operating Environment described in previous memoranda remains relevant, with problems intensified:

- Pre-pandemic challenges for people with a mental illness (MI), substance use disorder (SUD), or intellectual and developmental disability (I/DD) and those involved in their care: insufficient state/federal funding of safety net systems; accelerated loss of provider capacity; long waiting lists; inflexible rules; hard-to-navigate systems, especially when in crisis; complicated benefits; and disparities in access and care.
- The pandemic harmed people with MI, SUD, or I/DD more than those without.
- The formal service system was already not meeting needs, let alone increased needs of these individuals, unpaid caregivers, children and young adults, and members of racial and ethnic and gender minorities.
- The formal system might not stretch to support those newly struggling with alcohol and drug use, anxiety, depression, and suicidal ideation.
- Many newly eligible for Medicaid may find it and the system of publicly funded care hard to navigate without support.
- The formal system should stay flexible as the pandemic's long-term effects manifest (e.g., telehealth, social determinants of behavioral health, trauma-informed systems, to recover from grief, social isolation, and financial insecurity).
- Increased attention to behavioral health could decrease stigma in access and care.

See PY2023 priorities memo, pages 64-75 of the CCMHB December 2021 board packet: [https://www.co.champaign.il.us/mhbddb/agendas/mhb/2021/211215\\_Meeting/211215\\_Agenda.pdf](https://www.co.champaign.il.us/mhbddb/agendas/mhb/2021/211215_Meeting/211215_Agenda.pdf)

For 2022, we can add to the list even more distress associated with climate disaster and displacement, political division, economic instability, social isolation, neurological impacts of ‘long COVID’, and grief related to excess mortality from COVID, gun violence, substance use disorder, and suicide. While COVID was the fifth leading cause of death in Champaign County, compared to third across the state and country, we were not protected from increased rates of suicide and opioid overdose deaths.

As the state and federal legislatures consider solutions within the limitations of an election season, our safety net systems might not become as robust or responsive as hoped. The near future may be harder to predict and prepare for than ever, but social connection and empathy are tools we can use. Social isolation is not a new concern to those with MI, SUD, or I/DD, but it has caught the attention of the healthcare system, appearing to have a role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental and physical health. In “Capturing the Truth Behind Causes of Death,” Dr. Perissinotto of University of California, San Francisco calls for cross-sector investigation. See <https://www.endsocialisolation.org/cesil-blog/capturing-the-truth-behind-causes-of-death>.

Community-based care is a promising solution to the country’s mental health crisis, if and when that care is adequately funded and available to all. Until the larger systems reach those goals, local funding is useful and may even address underlying causes. Anxiety and depression are appropriate responses to stress, uncertainty, and trauma. Champaign County has certain assets which may be mobilized to help all members of the community recover and thrive: trauma-informed system groundwork, many natural spaces and opportunities (as mentioned in 2021 surveys), a system of urban and rural public libraries, many peer support networks and non-profit organizations which have emerged in response to the community’s specific concerns, a spirit of helpfulness, cross-system collaborative entities, a demonstration Certified Community Behavioral Health Clinic, an established Federally Qualifying Health Center, growing cultural and linguistic diversity, this public trust fund, and more.

In spite of the complicated operating environment and new support needs, the CCMHB can respond through direct funding of agencies, identification of other resources, promotion of system innovation, coordination of providers or across systems, community awareness efforts, resource information, and policy advocacy. The CCMHB has an interest in supports and services which improve outcomes for people and promote a healthier, more inclusive community, especially where these approaches are not covered by other payors or are not available to eligible individuals.

## **Program Year 2024 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 resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness

recovery, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, ethnic groups, genders, and neighborhoods.

### **Priority – Safety and Crisis Stabilization**

Community-based behavioral healthcare reduces reliance on institutional care as well as on counterproductive encounters with law enforcement or other systems which were not designed to treat serious mental illness or addiction issues. Qualified professionals, including certified peer supporters, should engage people where they are and connect them to care and away from criminalization or containment. The safety of individuals in crisis, their families, and members of their community are all important. Without a crisis response continuum that includes deflection to effective intervention and treatment, people suffer, and the public systems are stressed. Local efforts to fill such gaps may be expanded during PY2024 thanks to new state and federal rules and funding opportunities, and new programs should connect to existing efforts for maximum impact and sustainability. Mobile crisis response, co-response, and follow-up approaches are being piloted, in collaboration with law enforcement and other local government. Where public safety and public health interests are served, co-funding by appropriate entities will amplify efforts and ensure we are not duplicating or interfering with similar work.

Programs should improve health and quality of life, reduce contact with law enforcement and incarceration, reduce hospitalization and unnecessary emergency department visits, decrease length of stay in jails and hospitals, increase access to appropriate community-based treatments, and facilitate transition to the community. Programs might:

- Deflect from hospitalization, arrest, booking, or charging by engaging with intensive case management, such as models which may be funded by the state of Illinois (Assertive Community Treatment, Community Support Team).
- Build on the new 988 call system through enhanced crisis response (assessments, crisis triage) which connects people to appropriate treatments and benefits enrollment which to secure ongoing care.
- Coordinate across systems, with and on behalf of people who have justice system involvement, history of crisis or hospitalization, or chronic housing instability as a result of mental illness or substance use disorder, e.g., transition support at the jail or upon re-entry from jail or prison, Specialty Court services.

### **Priority- Healing from Interpersonal Violence**

Previously under the Crisis priority were services focused on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health and success for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt cycles of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs might:

- Amplify state-funded services and supports to address increased needs or to serve those who are not covered by another pay source.
- Fill gaps where other funding does not exist, such as for violence prevention education or linkage and coordination of resources preferred by the individual.

### **Priority – Closing the Gaps in Access and Care**

Outdated regulations, vanishing provider capacity, labyrinthine benefit enrollment and resource information, limited transportation, language proficiency and preference, and stigma are barriers to access and care. Inadequate safety net systems have led to loss of health and life. Countering these and other barriers to care can improve services to individuals, community awareness, advocacy, coordination, and resource information, even while some of the sought-after treatment resources are core traditional mental health and substance use disorder services primarily funded by the state and federal partnership. *Problems in living* are compounded by social isolation, financial and housing insecurity, and even by the stress of attempting to access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the 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. To connect people to services they seek and those which can be billed to other payors, or to support innovations which are not otherwise funded, programs might:

- Individualize wellness and recovery supports, including through home visits, transportation, language services, specialized case management (in some cases as match for supportive housing).
- Assist with benefits enrollment, especially by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR).
- Extend core behavioral health treatments to those with severe mental illness or substance use disorder who are currently without insurance coverage.
- Assist people managing ‘problems in living’, through employment or independent living support, social connections for seniors, support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Nurture individual and collective empathy, resilience, recovery, and wellness through peer support and mentoring or through groups which foster creativity and sharing of creative efforts, stress reduction through physical activity, music, etc.
- Reduce negative mental health impacts of racial trauma through educational or treatment programs specifically designed for this purpose.

### **Priority – Thriving Children, Youth, and Families**

To improve mental health and well-being of children, youth, and families, supports should avoid criminalizing behavioral and developmental issues and should embody the System of Care principles. Strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services will help children and their families thrive. 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. Programs might:

- Offer peer support, mentoring, coordination, and advocacy support through family-driven, youth-guided organizations.

- Amplify the impact and reach of behavioral health supports through partnerships such as the Champaign County Community Coalition (youth) or the Home Visitors Consortium (young children).
- Create and expand opportunities for girls, young women, and youth of any gender, similar to the established successful programs for boys and young men.
- Expand trauma-informed system capacity, to help the community recover from the worst impacts of the global pandemic, focusing on those children, youth, and families who experienced disproportionate losses of health and security.

For youth with multi-system involvement and serious emotional disturbance, programs should reduce encounters with law enforcement and increase engagement with positive supports. Programs may focus on prevention education, youth social-emotional development, summer or after-school programming that matches with individual preferences, and support intended to mitigate the harm caused by community violence and trauma. Where these 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 providers through a Home Visitors Consortium has led to a “no wrong door” approach for very young children and their families, with self-determined and strengths-based planning and attention to Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay, disability, or risk and 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 PY2024 will likely total \$807,494 (PY2023 amount of \$746,188 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 PY2024, 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, might:

- Coordinate home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family.
- Provide early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other providers.

- Strengthen personal and family support networks through coaching, education, and facilitation.
- Identify and mobilize individual and family gifts and capacities, to access community associations and learning spaces.

Other applications submitted to the CCDDDB for funding and aligned with the CCDDDB priorities may be of interest to the CCMHB and result in CCMHB contracts for services.

Another important collaboration of the Boards is through the new “I/DD Special Initiatives” Fund, which focuses on shorter-term special projects intended to bolster the local system of services. Priority areas identified for that fund are:

- Strengthening the DSP Workforce
- Individual Supports to Underserved People
- Community Education and Advocacy
- Housing Supports

Due to overlap between these and CCDDDB priorities, an applicant should consider that: long term supports and services may be more appropriately funded by the CCDDDB of CCMHB; short term projects piloting an approach or purchasing non-service supports may be more appropriately funded by the I/DD Special Initiatives Fund; agencies seeking a specific exception to requirements typical of CCDDDB and CCMHB funding but offering unique solutions may be more appropriately funded by I/DD Special Initiatives.

## **Overarching Considerations:**

### Eliminating Disparities in Access and Care

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 (SAMHSA). 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 had especially harmful impacts on members of racial and ethnic minorities and deepened the inequity. Applications should address early identification and treatment for members of these 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 all 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 applicant for funding. 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). Technical assistance is also available through CCMHB staff.



### Promoting Inclusion and Reducing Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or I/DD. Stigma limits people's participation, inhibits economic self-sufficiency, increases vulnerability, and may drive inadequate State and Federal support for effective community-based care. Stigma harms communities and individuals, especially those who have been excluded due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are safer when they have routine contacts with others, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Positive community involvement helps build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Young adults are at risk due to brain development, social and academic pressure, and fear of being exposed as having a behavioral health condition. Nationally, increases in suicide and substance use disorders among members of farming communities call for improved awareness wherever traditional services are lacking but where informal networks of support can be strengthened. Recognizing that lives are lost when stigma keeps people from 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 increased the stigma associated with MI and SUD.

### Outcomes

Applications should identify measures of access for people seeking to participate in the program and the outcomes expected to result from this participation. Because defining and measuring outcomes of value can be challenging, the Board has offered support through a research project, with training and technical assistance, online resource bank, workshops, and a template for year-end reports. Continuation or expansion of that support is being sought for PY24. 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 are common, behavioral health and I/DD programs may ask if people's lives are better as a result. Outcomes reflect what people want and demonstrate a program's successes.

### 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 similar missions. An application might propose to share infrastructure, such as office space, data systems, and professional services, to support the common goals and improve administrative functions such as bookkeeping and reporting. Strategies to strengthen and stabilize the workforce would be appropriate for collaboration across agencies. 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. Another collaboration of interest would be the coordination of internet 'access and use' efforts with other local broadband projects, to increase efficiency and impact and to ensure these innovations also benefit people with MI, SUD, or I/DD.

#### Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components, clarifying 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 to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

#### Person Centered Planning

Every person who participates in a program should have the opportunity to collaborate on their service plan. Person Centered Planning (PCP) is well-defined for people with I/DD, for full compliance with Medicaid rules. The Illinois Department of Human Services – Division of Developmental Disabilities recently revised its guidelines and forms, which can be found here: <https://www.dhs.state.il.us/page.aspx?item=96986>.

Applications should describe the service planning process to be used and how it relates what people indicate that they want and need to the specific services in their plan. A shared decision-making process centers the person and strikes a balance between what is important to a person and what is important for a person. An individual's plan should be responsive to their preferences, needs, and cultural values, helping them recognize and develop their own strengths and abilities, especially toward desired outcomes. Recovery-oriented behavioral health services support people toward greater self-determination, as autonomy, competence, and connection to others increase well-being.

#### Added Value and Uniqueness

Applications should identify unique approaches, staff qualifications, and 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, in order to be considered for funding.
- **Staff Credentials:** Highlight staff credentials and specialized training.
  - **Resource Leveraging:** 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 application Budget Narrative.

## **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 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. *The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.*
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 continuation of services during a public health emergency. Programs should build on their successes with technology and virtual platforms, increasing training and access for staff and people served.
7. An applicant should be prepared to demonstrate their capacity for financial clarity, especially if they have answered ‘no’ to any question in the ‘Organization Eligibility Questionnaire’ (completed during registration) or do not have a recent independent audit report without findings of concern.

To preserve the CCMHB’s emphasis on PY2024 criteria, applications should align with one or more of the priorities above. Applications should describe the relationship between proposed services and mental health conditions, substance use disorders, or I/DD. Those seeking continued funding for a program are encouraged to review PY2023 program summaries and board discussions of those prior applications, as observations made during the review cycle may impact PY2024 requests for funding.

## **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. *There are changes in the PY2024 application forms, so that any applicant seeking to submit a 'continuing' program should carefully review forms for accuracy if copied from PY2023.*

Criteria described in this memorandum are intended as guidance for the Board in assessing requests 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. An applicant may learn more about the Board's stated goals, objectives, operating principles, and public policy positions from downloadable documents 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 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 2024 but later than July 1, 2023, 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, 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 have 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 through this process may be renegotiated and/or amended 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 16, 2022*