



DECISION MEMORANDUM

DATE: May 25, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Recommendations for Allocation of PY2023 Funding

Purpose:

For consideration by the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2023 (July 1, 2022 through June 30, 2023). Staff recommendations were reviewed during a May 18 study session of the Board. Some recommendations presented in this memorandum were modified as a result of that discussion and in consideration of information provided and actions taken by applicants since the time of writing of the initial draft. In this final draft, each recommendation is followed by a suggested action the Board may take. Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across disability type and service intensity.

Statutory Authority:

Champaign County Mental Health Board (CCMHB) funding policies are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et. seq.) All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. Recommendations described in this memorandum are based on staff assessment of how closely applications align with statute, CCMHB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the contract negotiation process.

Background and Other Considerations:

The text of the “PY2023 Allocation Priorities and Decision Support Criteria” document, as approved by the CCMHB on December 15, 2021, describes formal agreements, collaborations, and related Board actions which commit funding for specific purposes within the priorities. In addition to these, community input shapes the requests under consideration and the staff recommendations for PY23 funding.

Justice System and Behavioral Health (adult and juvenile justice diversion, victim supports): to better serve people who have justice system involvement and behavioral health needs and/or intellectual/developmental disabilities (I/DD). Community-based care has dramatic cross-system cost-shift impacts (every \$1 spent saves \$2-\$10 in other systems) and improves the quality of life of individuals and families. The Board's commitment to services and supports which reduce justice system and law enforcement involvement is appropriately continued given local data on placement rates, child abuse, domestic and community violence, and disparities in access and care.

The Champaign County Community Coalition shares the Board's interest in building resilience through trauma-informed and culturally responsive practices. This large collaboration includes leadership from local government, community-based organizations, neighborhoods, schools, and the faith community. The Coalition sustains System of Care values with youth programming and addresses the impacts of violence. Early childhood providers are active in this network along with their own collaborations on behalf of young children and their families.

Commitment to I/DD Services and Supports. The Board's Intergovernmental Agreement with the CCDDDB requires integrated planning of I/DD supports and includes a CCMHB set-aside commitment; CCMHB funding for I/DD services changes by the rate change of the property tax levy extension. The PY2022 total was \$768,521, with \$718,521 for agency contracts and \$50,000 'credit' for the Boards' shared Community Integrated Living Arrangement (CILA) project. Applying the 2022 rate increase of 3.6% results in PY2023 total of \$796,188, with \$50,000 CILA 'credit' leaving \$746,188 to be allocated to agency contracts. For the coming program year, the CCMHB maintains its interest in services for very young children and their families, also a priority of the CCDDDB.

Two-year Contracts approved for PY22 and PY23. The Board extended twenty-three PY2022 contracts to terms ending June 30, 2023. These commitments total \$2,220,326. With one exception, annual contract amounts do not increase during the second year, and application forms are updated in May, with technical assistance available as during the open application period.

- CCRPC - Youth Assessment Center \$76,350
- CCCAC - Children's Advocacy Center \$56,425
- CC Christian Health Center – Mental Health Care at CCCHC \$33,000
- CC Health Care Consumers - CHW Outreach and Benefit Enrollment \$80,274
- CC Health Care Consumers - Justice Involved CHW Services & Benefits \$77,394
- Community Services Center of Northern CC - Resource Connection \$68,609
- Crisis Nursery – Beyond Blue \$90,000
- DSC – Family Development \$596,522
- Don Moyer Boys & Girls Club - CU Change \$100,000
- Don Moyer Boys & Girls Club – CUNC \$110,000
- Don Moyer Boys & Girls Club – Summer Coalition Youth Initiatives \$107,000
- Don Moyer Boys & Girls Club - Youth and Family Services \$160,000
- East Central Illinois Refugee Mutual Assistance Center – Family Support & Strengthening \$62,000

Family Service – Counseling \$30,000
Family Service – Self Help Center \$28,430 (and \$28,930 during PY23)
Family Service – Senior Counseling & Advocacy \$162,350
MAYC – BLAST \$15,000
MAYC – Members Matter! \$21,905
RACES – Sexual Violence Prevention Education \$63,000
Rosecrance – Specialty Courts \$169,464
UP Center (Uniting Pride) – Children, Youth, & Families Program \$86,603
Urbana Neighborhood Connections -Community Study Center \$25,500

Flexibilities for recovery from the COVID-19 pandemic. Introduced in all PY21 agency contracts, and continued in PY22, was a provision allowing agencies to request a change in scope of services and budget during the contract year if related to COVID-19. The global pandemic continues to have profound impacts on people with behavioral health conditions or IDD, as well as on the workforce providing care. The need for services has exploded, while capacity to meet these needs has not. The systems’ vulnerabilities have been magnified, and solutions will take substantial resources and time.

Advocacy and Service Data. Last year, Board staff completed a community needs assessment report with input from self-advocates, families, service providers, and community members. This report guided the new strategic plan and funding priorities and is available at:

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf and

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ESPANOL.pdf.

Also informative are the PY21 funded programs’ performance outcomes reports:

<https://www.co.champaign.il.us/mhbddb/PDFS/CCDDB%20PY21%20Performance%20Measure%20Outcome%20Report.pdf>

(The following is copied from the funding priorities and decision support criteria memorandum, approved on December 15, 2021.)

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 and 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.

(end of funding priorities memo, approved December 15, 2021)

Requests for Funding and Budget Impact:

Approved CCMHB funding rose from \$3,189,290 in PY12 to \$4,562,151 in PY20. For four years, increased allocations had resulted from property tax revenue growth plus reductions in administrative costs. Among the surprises of 2020 was actual revenue lower than budgeted, due to a lower rate of collection of property taxes. For PY21 allocations, the CCMHB made an informed decision to award contracts greater than budgeted. Due to unspent funds being returned and some payments suspended, 'overfunding' did not result in a deficit in 2020. Suspended payments were released during 2021, reducing the amount available for allocations, and the level of awards was not sustainable. Because behavioral health needs had surged and agencies had applied to provide new and expanded services, the County provided one-time American Rescue Plan fiscal relief funds, increasing PY22 awards by \$770,436. For PY23, allocations will be based on projected property taxes for 2022 and 2023, without substantial other revenue.

Following submission of proposals, eligibility questionnaires were reviewed. Two newly registered agencies do not appear to use the required accounting method; others identified potential issues. All proposals were reviewed by board and staff, with draft staff program summaries to support Board discussion during public meetings and study session.

Twenty-seven submitted proposals relate to **mental health or substance use disorders (MH/SUD)**. One was withdrawn on April 22. The remaining requests total \$3,125,895, and one adds \$149,666 for developmental services, to \$3,275,561. As described above, the twenty-two previously approved multi-year contracts include one for I/DD services at \$596,522 and the rest for MH/SUD at \$1,623,804. By priority, the total amounts of funding proposed plus those previously committed are:

<u>Crisis Stabilization, Victim Services</u>	
PY2023 Proposed	\$1,012,431
Multi-Year commitments under this priority	\$409,633
<i>total multi-year + proposed =</i>	<i>\$1,422,064</i>
 <u>Innovative Practices & Access to Behavioral Health Services</u>	
PY2023 Proposed	\$1,230,803
Multi-Year commitments under this priority	\$498,163
<i>total multi-year + proposed =</i>	<i>\$1,728,966</i>
 <u>SOC for Youth and Families, SOC for Very Young Children and Families</u>	
PY2023 Proposed	\$882,661
Multi-Year commitments under this priority	\$716,008
Subtotal	\$1,598,669
(within this category is Collaboration with CCDDDB, adding another \$746,188)	
<i>total multi-year + proposed =</i>	<i>\$2,344,857</i>

Taken together, the **MH/SUD** amounts total **\$4,749,699**, exceeding last year’s MH/SUD awards of \$4,697,289 by \$52,410. As noted, PY22 awards were supported by additional ARPA funds to address the increased and new demand. Based on an early projection of 2023 revenue, the total available for PY23 allocations is \$5,437,551, with \$4,691,363 for MH/SUD and \$746,188 for I/DD. This is an increase of \$21,741 over PY22 total awards of \$5,415,810. Total funds requested are greater than the projected available by \$58,336.

Fifteen applications related to **I/DD** were submitted for consideration by the CCDDDB or CCMHB. These total \$4,424,962 and were evaluated by the CCDDDB and staff. One which aligned with the CCMHB focus on Young Children was reviewed by both Boards. Another is funded through a two-year contract with the CCMHB.

If final awards exceed available funds, it may be necessary to balance with: delayed effective dates with prorated contract award amounts (as contract compliance issues are resolved); prorated contracts where staff remain to be hired; deferral of some proposals for later consideration in the event of additional funding; fee for service or purchase of service contracts; use of fund balance; and commitment to lower total awards next year.

DECISION SECTIONS:

Contract Negotiations and Special Notifications

Some recommendations are for awards contingent on completion of contract negotiations, application form revisions, resolution of compliance issues, and hiring of program staff. Awards may be adjusted by the cost of a staff vacancy and amended when that vacancy is filled. An applicant may be required to revise program or financial forms to align with CCMHB planning, budget, and policy specifications. An applicant may be asked for more information prior to contract execution, to reach terms agreeable to both parties. If requirements are not met prior to completion of the contract, a later contract start date will be established and the award reduced commensurate with the shorter term. Failure to submit required information shall result in cancellation of the contract award.

Motion to authorize the executive director to conduct contract negotiations as specified in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2022. For this reason, all PY2023 CCMHB contract maximums will be subject to reductions necessary to compensate for any CCMHB revenue shortfall. These reductions will be documented by contract amendment at the discretion of the CCMHB Executive Director, with every effort made to maintain the viability and integrity of prioritized contracts. All PY2023 contracts will include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if, in any fiscal year, the tax that is levied, collected, and paid into the “Community Mental Health Fund” is judged by the CCMHB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Motion to authorize the executive director to implement contract maximum reductions as described in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Language was added to PY2021 contracts to support agencies’ mid-contract year responses to impacts of COVID-19. As these evolve, and as state and federal funding and

service delivery systems may respond with opportunities, all PY2023 contracts will include the following provision:

This contract shall be subject to realignment, reconfiguration, or redirection in scope of services, financial presentation, and/or contract maximum, as deemed necessary by the Board to respond to the COVID-19 pandemic or other declared natural or man-made disasters.

Motion to include in all contracts the COVID-19 Provision described in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

A new provision is recommended, to clarify that the terms of an agency’s contract may supersede a specific provision of the funding guidelines, if the particular exception is deemed to be in the best interest of the CCMHB and Champaign County.

The CCMHB Requirements and Guidelines for Allocation of Funds is attached hereto and incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines. If the contract and funding guidelines are not in agreement, the contract shall prevail. For example, if the provider will incur higher cost for an audit, review, or compilation than allowed per the Funding Requirements and Guidelines, a formal written request may be made for the greater amount to be allowed.

Motion to include in all contracts the provision referencing specific exceptions to Funding Requirements and Guidelines, as described in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Staff Recommendations for Agency Allocations

To support Board consideration, staff recommendations are organized in roughly the order in which they were reviewed. Some recommendations are to defer a decision until additional information is available for board review and discussion. Some programs are not recommended for funding due to concerns about service capacity. Many are recommended with special conditions prior to contracting or during the contract year. In each case there are prerequisites to contracting which, if not completed before June 24 (and for some, July 1), could result in delayed payments or lower contract maximum.

“*” indicates involvement with the Champaign County Community Coalition.

All are welcome to participate in the large collaborative.

“^” indicates that a Special Initiative/mid-year report is required.

The Board may request updates from other funded programs during the year.

“+” indicates to Pro-rate award and amend contract upon filling vacant or new positions or other prerequisite.

CCRPC-Community Services – Homeless Services System Coordination

- *Request: \$54,281, 72% of total program revenue*
- *Priority: Innovative Practices/Access*
- ***Required prior to contract:*** *revise the budget narrative to describe the anticipated professional services expenditure(s).*
- ***Special Provisions*** *(to address during contract year): excess revenue based on Q4 report; if a two-year term, excess revenue cannot be spent in 2nd year; share the 5-year CSPH strategic plan for CCMHB contract file when it is completed.*
- ***Recommendation:*** *fund at requested annual level; offer a two-year term. \$54,281*

Motion to approve CCMHB funding of **\$54,281 per year and offer a two-year term**, as recommended for **CCRPC – Community Services – Homeless Services System Coordination**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

C-U at Home – Shelter Case Management Program^{^+}

- *NEW Program Request: \$256,700, 55% of total program revenue*
- *Priority: Crisis Stabilization*
- ***Required prior to contract and during the term:*** *for any staff vacancies, pro-rate the contract, amend when they are filled, necessitating financial form revisions.*
- ***Special Provisions*** *(to address during the contract year): partner with other organizations serving this population; participate in CSPH and CIT Steering Committee; demonstrate efforts to seek other funding for the program; work with CLC Coordinator to strengthen strategies; mid-year progress report to the Board.*
- ***Recommendation:*** *fund at the requested level reduced for any staff vacancies and adjust contract maximum as they are filled. \$256,700*

Motion to approve CCMHB funding of **\$256,700** as recommended for **C-U at Home – Shelter Case Management Program**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

CC Head Start/Early Head Start - Early Childhood Mental Health Svcs*

- *Request: \$347,235, 100% of total program revenue (possibly an error)*
- *Priorities: System of Care (\$197,569); Collaboration with CCDDDB (\$149,666)*
- **Required prior to contract:** *revise financial forms (to reflect ISBE-funded Social Skills and Prevention Coach, demonstrating that the total program IS supported by other revenue) and Plan Narrative, to justify 43% for developmental supports.*
- **Special Provisions** *(to address during the contract year): excess revenue based on Q4 report; if a two-year term, any 1st year excess revenue cannot be spent in 2nd year; inform families of PUNS and CCRPC ISC; online service claims reports; report on other funding sought; share information on technology training and access for staff and clients.*
- **Recommendation:** *fund at requested level; \$149,666 for DD and \$197,569 for MH; offer two-year term.* **\$347,235**

Motion to approve CCMHB funding of **\$347,235 per year and offer a two-year term**, as recommended for **Champaign County Head Start/Early Head Start – Early Childhood Mental Health Svcs**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Champaign County Health Care Consumers – Disability Application Services^{^+}

- *Request: \$71,500, 77% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA for PY22 audit; revisions to Plan Narrative or Utilization form so that NTPC targets match.*
- **Special Provisions** *(to address during the contract year): if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term; report disability type, including any clients with a qualifying I/DD per IDHS-DDD; partner with DSC and CCRPC ISC to refer such individuals for benefits enrollment; collaborate with other organizations using SOAR; participate in CSPH; mid-year progress report to the Board.*
- **Recommendation:** *fund at requested annual level; offer two-year term.* **\$71,500**

Motion to approve CCMHB funding of **\$71,500 per year and offer a two-year term**, as recommended for **Champaign County Health Care Consumers – Disability Application Services**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Courage Connection-Courage Connection

- *Request: \$127,000, 6% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *revise program plan narrative to select a PY23 priority category.*

Special Provisions (to address during the contract year): *office hours in Rantoul, participate in Rantoul Service Providers Group; in quarterly report comments, indicate # of clients engaging in therapy and # in counseling; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year; avoid use of this contract to serve non-residents and demonstrate revenue specific to them which could not be used to offset the cost of this service to Champaign County residents.*

- **Recommendation:** *fund at requested annual level; offer a two-year term; approve use of this grant as match for those cited in the request.* **\$127,000**

Motion to approve CCMHB funding of **\$127,000** per year and offer a two-year term, as recommended for **Courage Connection – Courage Connection**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Motion to approve use of these funds as match for other funding as described in the proposal:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Cunningham Children’s Home – ECHO Housing and Employment Support

- *Request: \$127,249, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit.*
- **Special Provisions** (to address during the contract year): *if a two-year term, excess revenue from 1st year cannot be spent in 2nd year; in quarterly reports comments, indicate # of clients previously served through DCFS funded agency program and now re-engaged through this contract; collaborate with other organizations which use SOAR.*
- **Recommendation:** *fund at requested annual level; offer two-year term.* **\$127,249**

Motion to approve CCMHB funding of **\$127,249** per year and offer a two-year term, as recommended for **Cunningham Children’s Home – ECHO Housing**

and Employment Support, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Cunningham Children’s Home – Families Stronger Together*

- *Request: \$398,092, 100% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; revise Budget Narrative to match other financial forms; select PY23 priority.*
- **Special Provisions** *(to address during the contract year): participate with Coalition; if a two-year term, any 1st year excess revenue cannot be spent in the 2nd year.*
- **Recommendation:** *fund at requested annual level; offer two-year term. \$398,092*
- Motion to approve CCMHB funding of \$398,092 per year and offer a two-year term, as recommended for **Cunningham Children’s Home – Families Stronger Together**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

DREAAM - Dream Big!*

- *Request: \$100,000, 38% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *submit approved PY21 audit and resolve any issues it identifies; letter of engagement with CPA firm for PY22 audit; revise Program Plan Narrative to include specific increases and decreases in outcome targets and align the Utilization categories with standard definition of a treatment plan (which may require changing the targets).*
- **Special Provisions** *(to address during the contract year): collaborate with other youth centers and with Coalition; TPCs should have a self- and family-directed and approved, written treatment plan (those without may be counted as NTPCs).*
- **Recommendation:** *fund at the requested level. \$100,000*

Motion to approve CCMHB funding of \$100,000 as recommended for **DREAAM – Dream Big!**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

Family Service of Champaign County – Creative Social Connectivity for Seniors^

- *NEW Program Request: \$25,000, 65% of total program revenue*
- **Required prior to contract:** *completed.*
- **Special Provisions** *(to address during the contract year): mid-year progress report to the Board; consider combining with other Senior program if applying for PY24 funding for both.*
- **Recommendation:** *fund at requested level.* **\$25,000**

Motion to approve CCMHB funding of **\$25,000** as recommended for **Family Service of Champaign County – Creative Social Connectivity for Seniors**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

FirstFollowers - FirstSteps Community Reentry House

- *Request: \$39,500, 61% of total program revenue*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; financial form revisions; select PY23 priority; resolve any remaining audit issues.*
- **Special Provisions** *(to address during the contract year): retain SPs for participation in Continuum and Reentry Council, documentation of client residency pre-incarceration, and exception to C27j; collaborate with Rosecrance Criminal Justice program (if it is also funded); if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.*
- **Recommendation:** *fund at requested annual level; offer two-year term.* **\$39,500**

Motion to approve CCMHB funding of **\$39,500 per year and offer a two-year term**, as recommended for **FirstFollowers – FirstSteps Community Reentry House**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

FirstFollowers – Peer Mentoring for Re-entry

- *Request: \$95,000, 61% of total program revenue*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *share subcontracts with CCMHB office; letter of engagement with CPA firm for PY22 audit; financial form revisions; select PY23 priority; resolve any remaining audit issues.*

- **Special Provisions** (to address during the contract year): retain SPs for participation in Continuum and Reentry Council, documentation of client residency pre-incarceration, and exception to C27j; collaborate with Rosecrance Criminal Justice program (if it is also funded); if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.
- **Recommendation:** fund at requested annual level; offer two-year term. **\$95,000**

Motion to approve CCMHB funding of **\$95,000** per year and offer a two-year term, as recommended for **First Followers – Peer Mentoring for Re-entry**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

GROW in Illinois – Peer-Support+

- **Request:** \$129,583, 94% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit; resolve mismatches in utilization targets, clarify and justify SC target, and identify the national outcome benchmarks; financial form revisions; if staff vacancies, pro-rate the contract and amend when these are filled (during the contract term), necessitating financial form revisions.
- **Special Provisions** (to address during the contract year): participation in Continuum, CIT Steering Committee, and Reentry Council; avoid use of this contract to serve non-residents and demonstrate revenue specific to them which could not be used to offset the cost of this service to Champaign County residents; if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.
- **Recommendation:** fund at requested annual level; offer two-year term. **\$129,583**

Motion to approve CCMHB funding of **\$129,583** per year and offer a two-year term, as recommended for **GROW in Illinois – Peer-Support**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Promise Healthcare – Mental Health Services with Promise

- **Request:** \$350,117, 12% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** revise financial forms to balance proposed CCMHB contract budget, resolve discrepancies, demonstrate the agency position accurately, and justify this or a lower amount of funding request; include

statement warranting no supplementation; revise utilization and program plan forms so that targets match; in program plan narrative, delete reference to Pediatric Residency.

- **NOTE:** payments will be held from July 1 until submission of approved 2021 audit report and resolution of any relevant findings, or September 30, 2022, whichever is earlier; letter of engagement for 2022 audit will be submitted when 2021 audit is finished.
- **Special Provisions** (to address during the contract year): retain SPs for details on financial statements for calendar year Jan 1-Dec 31; collaborate with CC Christian Health Center.
- **Recommendation:** fund at the requested level. **\$350,117**

Motion to approve CCMHB funding of **\$350,117** as recommended for **Promise Healthcare- Mental Health Services at Promise**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Promise Healthcare – Promise Healthcare Wellness

- **Request:** \$107,987, 33% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** revise financial forms to balance proposed CCMHB contract budget, resolve discrepancies, demonstrate the agency position accurately, and justify this or a lower amount of funding request; include statement warranting no supplementation; revise utilization and program plan forms so that targets match; in program plan narrative, delete reference to Pediatric Residency and clarify whether other funding could support some or all of these services, decreasing the need for local funding to support them.
- **NOTE:** payments will be held from July 1 until submission of approved 2021 audit report and resolution of any relevant findings, or September 30, 2022, whichever is earlier; determination of any excess revenue will be made and letter of engagement for 2022 audit will be submitted when the 2021 audit is finished.
- **Special Provisions** (to address during the contract year): retain SPs for details on financial statements for calendar year Jan 1-Dec 31; collaborate with CC Christian Health Center and CC Healthcare Consumers; prorate total amount of contract if there are any vacancies at July 1 and amend as filled.
- **Recommendation:** fund at the requested level. **\$107,987**

Motion to approve CCMHB funding of **\$107,987** as recommended for **Promise Healthcare – Promise Healthcare Wellness**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied

_____ Modified
_____ Additional Information Needed

Rosecrance Central Illinois – Benefits Case Management

- *Request: \$80,595, 14% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit*
- **Special Provisions** *(to address during the contract year): collaborate with providers of similar services, especially those using SOAR; continue to maximize other sources of funding.*
- **Recommendation:** *fund at requested annual level. \$80,595*

Motion to approve CCMHB funding of **\$80,595** as recommended for **Rosecrance Central Illinois – Benefits Case Management**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Rosecrance Central Illinois – Criminal Justice PSC

- *Request: \$320,000, 68% of total program revenue*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; select PY22 priority; add long term outcome for connection to supports.*
- **Special Provisions** *(to address during the contract year): retain SPs for input from justice system partners to CCMHB staff, maximizing other funding; collaborate with First Followers; as feasible and with CCSO, report on # screened at jail, # referred for assessment, and # found eligible for services.*
- **Recommendation:** *fund at requested annual level. \$320,000*

Motion to approve CCMHB funding of **\$320,000** as recommended for **Rosecrance Central Illinois – Criminal Justice PSC**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Rosecrance Central Illinois – Crisis Co-Response Team (CCRT)^

- *NEW Program Request: \$207,948, 99% of total program revenue*

- *Although new to this agency, this is not a new program for the CCMHB but rather continuation of a program established by a different provider, taken on by Rosecrance as it is complemented by new services funded through a federal grant.*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit.*
- **Special Provisions** *(to address during the contract year): input from justice system partners to CCMHB staff; response to RPD using CIT forms; maximize other funding; participate in CIT Steering Committee; mid-year progress report.*
- **Recommendation:** *fund at requested annual level. \$207,948*

Motion to approve CCMHB funding of \$207,948 as recommended for **Rosecrance Central Illinois – Crisis Co-Response Team**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Prevention Services*

- *Request: \$60,000, 12% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit. Develop a different approach targeting youth SUD, either to use this funding for an additional counselor, possibly at JDC, or toward a model similar to Snowball.*
- **Special Provisions** *(to address during the contract year): retain SPs for collaboration with Coalition and related programs and maximizing other funding; report on successful and unsuccessful attempts to engage with schools and increase Illinois Youth Survey participation.*
- **Recommendation:** *deny request as presented but reserve this funding amount in the event an acceptable alternative can be developed for within PY23, for an additional counselor or toward a more intensive approach. \$60,000 DEFER*

Motion to deny the request as presented and DEFER a decision on an alternative proposal for CCMHB funding for **Rosecrance Central Illinois – Prevention Services:**

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Rosecrance Central Illinois – Recovery Home

- *Request: \$100,000, 22% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit.*

- **Special Provisions** (to address during the contract year): retain SPs for Board input from Problem Solving Court partners, maximizing other funding, and if a two-year term, 1st year excess revenue cannot carry over; report each quarter the # of clients who were Champaign County residents prior.
- **Recommendation:** fund at requested level. **\$100,000**

Motion to approve CCMHB funding of **\$100,000** as recommended for **Rosecrance Central Illinois – Recovery Home**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

Terrapin Station Sober Living NFP - Recovery Home

- **Request:** \$61,000, 73% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** letter of engagement with CPA firm for 2022 audit; submit CLC Plan; revise financial forms; resolve any accounting issues; corrective action plan for board composition.
- **Special Provisions** (to address during the contract year): develop/revise consumer outcomes; develop and provide copy of agency board policy and staffing backup plan (i.e., collaboration with another provider); details on schedule of expenses and revenues for fiscal year Jan 1-Dec 31.
- **Recommendation:** fund at requested level. **\$61,000**

Motion to approve CCMHB funding of **\$61,000** as recommended for **Terrapin Station Sober Living NFP – Recovery Home**, subject to the caveats as presented in this memorandum:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information Needed

THRIVING: Families – Project JDC*^+

- **NEW Program Request:** \$3,000, 100% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.
- **Special Provisions** (to address during the contract year): collaborate with Coalition and providers of related services; work with CLCC to strengthen strategies; share program information to 211; mid-year progress report.
- **Recommendation:** deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.

Motion to deny CCMHB funding for **THRIVING: Families – Project JDC:**

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

THRIVING: Families – The Garden Hills Project*^+

- *NEW Program Request: \$5,421, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- **Special Provisions** *(to address during the contract year): collaborate with Coalition, CU TRI, and providers of related services; work with CLCC to strengthen strategies; share program information to 211; mid-year progress report to the Board.*
- **Recommendation:** *deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – The Garden Hills Project:**

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

THRIVING: Families – THRIVING: Community^+

- *NEW Program Request: \$3,730, 76% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- **Special Provisions** *(to address during the contract year): collaborate with providers of related services; work with CLC Coordinator to strengthen strategies; share program information to 211; mid-year progress report.*
- **Recommendation:** *deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – THRIVING: Community:**

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

THRIVING: Families – THRIVING: CU^+

- *NEW Program Request: \$11,520, 61% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- **Special Provisions** *(to address during the contract year): collaborate with providers of related services; work with CLC Coordinator to strengthen strategies; share program information to 211; mid-year progress report.*
- **Recommendation:** *deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – THRIVING: CU:**

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

The Well Experience – Well Family Care Program*

- *Request: \$100,000, 55% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; revise financial forms to justify or lower the request; clarify utilization targets and categories.*
- **Special provisions:** *continue participation with Coalition and youth centers; develop and revise consumer outcomes.*
- **Recommendation:** *fund at requested level.* **\$100,000**

Motion to approve CCMHB funding of **\$100,000** as recommended for **The Well Experience – Well Family Care Program**, subject to the caveats as presented in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

WIN Recovery – Re-Entry & Recovery Home

- *Request: \$93,283, 43% of total program revenue*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; select PY23 priority; revisions to financial forms, including shifts from personnel/salaries to professional fees.*
- **Special Provisions** *(to address during the contract year): participate in Reentry Council and Continuum; exception to C27j (staff with felony within 5 years);*

document client residency pre-incarceration; report quarterly on # of people in the home for greater than three months.

- **Recommendation:** *fund at requested level.* **\$93,283**

Motion to approve CCMHB funding of **\$93,283** as recommended for **WIN Recovery – Re-Entry & Recovery Home**, subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

“*” indicates involvement with the Champaign County Community Coalition.

All are welcome to participate in the large collaborative.

“^” indicates that a Special Initiative/mid-year report is required.

The Board may request updates from other funded programs during the year.

“+” indicates to Pro-rate award and amend contract upon filling any vacant or new position or other prerequisite.

Total PY23 Funding Recommended - ~~\$2,733,966~~ \$3,192,070

Total PY23 Requests Recommended for Deferral (later decision) - ~~\$458,104~~ \$60,000

Total PY23 Requests Recommended for Denial - \$23,491

Exceeds Allocation Parameters, Any Priority

Combining the total \$2,220,326 of PY22 obligations which continue for PY23 (see two year contracts listed above) with the total PY23 requests recommended for funding at this time is lower than the projected amount available. Adding those recommended for deferral results in a total amount which exceeds the projected available by \$34,845.

I/DD applications (not listed) are subject to integrated planning with the Champaign CCDDB. I/DD requests not recommended for funding by the CCMHB total \$4,275,296, are not included in the above total, and were considered for CCDDB funding at their May 18th meeting. The CCDDB recommends for CCMHB funding an award of \$149,666 (listed above), which combined with the current CCMHB multi-year contract for DSC Family Development totals \$746,188, fulfilling the intergovernmental agreement.