



Champaign County Mental Health Board (CCMHB) Study Session Agenda

Wednesday, May 12, 2021 at 5:45PM

Lyle Shields Room, Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682>

312-626-6799, Meeting ID: 813 9367 5682

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate during a meeting, let us know how we might help by emailing leon@ccmhb.org.

If the meeting time is not convenient, you may still communicate with the Board and public by emailing leon@ccmhb.org any written comments which you would like read to the Board during the meeting.

Your feedback is appreciated, though the time for each person's comments may be limited.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual participation to 5 minutes and limit total time to 20 minutes.
5. Approval of Agenda*
6. President's Comments – Joseph Omo-Osagie
7. Study Session
 - A. DRAFT Staff Recommendations for PY22 Agency Allocations (**pages 4-31**)
Included for discussion are a DRAFT Memorandum presenting staff recommendations for allocation of PY22 funding to agencies and a Tier Sheet showing proposed and recommended costs by priority and total.
 - B. Communication with County Executive and Board (**pages 32-35**)
Included for discussion are the first three pages of a memo (leaving out the copied portion of CCMHB Funding Priorities document) from the CCMHB Executive Director, Associate Director for MH/SUD, and Officers to the County Executive and County Board, proposing uses of American Rescue Plan funding. Also included is a Tier Sheet with a scenario for use of this funding.
 - C. DRAFT Revised CCMHB Funding Guidelines (**pages 36-54**)
Included for discussion are a Briefing Memorandum and DRAFT funding guidelines document, with changes highlighted.
8. Board Announcements
9. Adjournment

**Board action is requested.*

Instructions for participating in Zoom Conference Bridge for CCMHB Meeting May 12, 2021 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting
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When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCMHB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

#7A



BRIEFING MEMORANDUM

DATE: May 12, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Recommendations for Allocation of PY2022 Funding

Purpose:

For consideration by the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2022 (July 1, 2021 through June 30, 2022.) 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 "PY2022 Allocation Priorities and Decision Support Criteria" document, as approved by the CCMHB on November 18, 2020, describes formal agreements, collaborations, and related Board actions which commit funding for specific purposes within the priorities. These are considered in recommendations offered by Board staff:

Justice System and Behavioral Health (adult and juvenile justice diversion, victim supports): to better serve adults 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) but more importantly holds the promise of improved well-being. No current application proposes a crisis stabilization center, possibly due to the need for investments

from other sectors and the challenges of cross-sector collaboration. The Board's longstanding commitment to offering young people services and supports to reduce juvenile justice system also continues, supported by data on high rates of placement, child abuse, 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 many local government entities, substantial monthly input from community and neighborhood leaders, service organizations, and faith community. The Coalition sustains System of Care values with youth programming and broad engagement and works to reduce the impact of violence. Many early childhood providers are active in this network and have formed their own collaboration to meet the needs of the County's 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, which for PY2022 totals \$718,521. In addition to agency allocations, the Boards share Community Integrated Living Arrangement (CILA) project costs. CCMHB funding for I/DD changes by the rate change of the property tax levy extension. The PY2021 total was \$746,137, with \$696,137 for agency contracts and \$50,000 'credit' for CILA. Applying a lower than predicted 2021 increase of 3% results in PY2022 total of \$768,521, comprised of \$50,000 'credit' to CILA and \$718,521 for 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 in November 2022. The Board extended ten PY2021 contracts for terms ending June 30, 2022:

CCRPC – Community Services “Homeless Services System Coordination” \$51,906
Courage Connection “Courage Connection” \$127,000
Cunningham Children's Home “ECHO” \$101,604
Cunningham Children's Home “Families Stronger Together” \$403,107
GROW in Illinois “Peer Support” \$77,239
Promise Healthcare “Mental Health Services at Promise” \$350,117
Promise Healthcare “Wellness” \$107,987
Rosecrance Central Illinois “Criminal Justice PSC” \$304,350
Rosecrance Central Illinois “Crisis, Access & Benefits” \$203,960
Rosecrance Central Illinois “Recovery Home” \$200,000

These extended contracts total \$1,927,270 during PY2022. Annual contract amounts do not increase during the second year, and application forms are updated in May or June of 2021. Staff will offer technical assistance as during the open application period.

Flexibilities for recovery from the COVID-19 pandemic. Introduced in all PY21 agency contracts was a new provision allowing agencies to request a change in scope of services and budget during the contract year if related to COVID-19; contract amendments have supported a few such requests and will be helpful during PY2022. Given the profound

and continuing impacts of COVID-19, themes of recovery and trauma are amplified. When confronted with sudden natural disasters, building resilience is key; it will also support our recovery from prolonged, global, once in a century mass trauma. The need for behavioral health and social services has exploded, while resources to meet new and higher needs have not. Our systems' flaws have been magnified, but a stretched workforce rises to the occasion and provides important input for our own future planning and for advocacy to improve other policy and payment systems.

Program Year 2022 CCMHB Priorities:

- *(This section is copied from the funding priorities and decision support criteria memorandum, approved on November 18, 2020.)*

Priority – Crisis Response and Intervention

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

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

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

- *Programs offering an alternative to crisis, hospitalization, arrest, booking, or charging* may include intensive case management, Assertive Community Treatment, enhanced crisis response (access to detox/stabilization, triage center,

or assessment leading to care), counseling and other supports for youth with juvenile justice involvement and their families;

- *Access to treatment/connection to care*, for those with justice system involvement, history of crisis or hospitalization, or chronic homelessness/houselessness as a result of mental illness or substance use disorder, may include benefit enrollment, coordination of discharge/transition to community, peer mentoring and support, and group work (Moral Reconciliation Therapy and anger management, e.g.);
- *Services disrupting the cycle of violence* may include counseling, case management, and crisis support (for survivors of violence or abuse) and trauma-informed programming (for survivors of violence and/or people of any age with justice involvement or in re-entry.)

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems not only lead to unnecessary incarceration and crisis contacts but also to more serious symptoms and loss of life. Community awareness, system advocacy and coordination, and better access to resources are all needed.

Problems of living include untreated conditions for which treatment can be effective and which are compounded by financial and housing insecurity, also barriers to access.

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

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

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

Priority – Systems of Care for Children, Youth, Families

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

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

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

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

Priority - Collaboration with the 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) allocation decisions and includes a specific CCMHB set-aside, which for PY2022 will likely total \$728,818 (PY2021 amount of \$696,137 plus an increase equal to increase in the property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year). In addition to funding agency programs, the Boards share a Community Integrated Living Arrangement (CILA) Expansion project,

which has enabled the purchase, improvement, and maintenance of two small group homes for people with I/DD who would otherwise be unable to live in this community. This effort aligns with the Ligas Consent Decree and Olmstead Decision. The CILA Project is being revisited, likely through a separate, detailed Request for Proposals, in an effort to continue responding to community needs.

This commitment to young children continues for PY2022, with a focus on social-emotional and developmental needs of very young children, with involvement from and support for their families. The CCMHB has funded such programs along with behavioral health supports for very young children and their families, and for which service providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks; identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

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

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

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

- Mental health providers should observe and identify racial trauma as part of evaluation and treatment; as with all trauma disclosure, patients may need time and clinicians education in order to discuss impacts safely and effectively.

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

Justice system involvement: "African Americans are more likely than white Americans to be arrested; once arrested, they are more likely to be convicted; and once convicted, and they are more likely to experience lengthy prison sentences... African-American adults are 5.9 times as likely to be incarcerated than whites and Hispanics are 3.1 times as likely. As of 2001, one of every three black boys born in that year could expect to go to prison in his lifetime, as could one of every six Latinos - compared to one of every seventeen white boys. Racial and ethnic disparities among women are less substantial than among men but remain prevalent."

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

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

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

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

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

Inclusion and Anti-Stigma

Proposals for funding should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual

and/or developmental disabilities. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement helps build empathy, redefine our sense of group identity and "other", reduce stress, and decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in farmer suicide and opioid/other addiction require that we improve awareness and lower the stigma in communities where traditional services are lacking but networks of support could be strengthened. Recognizing that lives are lost when stigma prevents people from seeking support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Stigma is worsening, in spite of the American Psychiatric Association's finding that people with mental illness are more likely to be victims of gun violence than perpetrators.

Outcomes

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

Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCMHB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaborations with other providers and stakeholders (schools, support groups, hospitals, advocates); a commitment to updating information in any resource directory databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all

who have a need are reached. Any written agreements should include details of coordinated services, referral relationships, or partnerships between providers. Applications for funding should acknowledge these relationships. A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service has the potential to reach underserved people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

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

Added Value and Uniqueness

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

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including eligibility questionnaire, before receiving access to online application forms. Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of

Board documents are on the public page of the online system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications for funding are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2022 but later than July 1, 2021, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract, to pay any costs incurred in the preparation of an application, or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at staff discretion, may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.

- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without additional procurement.
- If selected for contract negotiation, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCMHB may deem some programs as appropriate for two-year contracts.

– (end of funding priorities memo, approved November 2020)

Contract Negotiation:

Some recommendations offered below are contingent on completion of contract negotiations, application form revisions, resolution of compliance issues, and hiring of program staff. 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. Failure to submit required information shall result in cancellation of the contract award.

Special Notifications Concerning PY2022 Awards

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2021. For this reason, all PY2022 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 PY2022 contracts will include the following provisions:

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.

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.

Budget Impact:

Approved CCMHB funding rose from \$3,189,290 in PY12 to \$4,562,151 in PY20. For four years, increased allocations resulted from property tax revenue growth plus reductions in administrative costs. The further increase in PY21 was more risky.

Actual revenue in 2020 was lower than budgeted due to an unfavorable court ruling plus lower rate of collection of property taxes. Low collection, slower growth, economic recession, or property tax freeze or abatement could negatively impact 2021 and 2022 revenues. Last year, the CCMHB made an informed decision to award contracts with total value greater than budgeted. Because some agencies returned unspent funds and another’s payments were withheld (late audit), ‘overfunding’ did not result in a deficit in 2020. However, suspended payments will be paid out this year (rather than 2020, as budgeted), further reducing the amount available for allocations. If combined with negative impacts noted above, the PY21 award level does not appear sustainable. This is an unfortunate situation at a time when behavioral health needs have surged, and agencies have stepped up with applications for new or expanded services to meet those needs.

Thirty submitted proposals, plus three submitted later, relate to **mental health or substance use disorders (MH/SUD)**. These requests total \$2,770,019. Ten previously approved MH/SUD multi-year contracts total \$1,927,270. By priority, total amounts proposed for PY22 versus award for PY21 are:

<u>Crisis Response and Intervention</u>	
PY2022 Proposed	\$772,478
with proposals submitted in April	\$134,500
Multi-Year commitments under this priority	\$304,350
	<i>PY2022 total multi-year + proposed = \$1,211,328</i>

(compare with PY2021 approved = \$1,030,812)

Innovative Practices & Access to Behavioral Health Services

PY2022 Proposed	\$702,663
with proposal submitted in April	\$80,000
Multi-Year commitments under this priority	\$1,092,813
<i>PY2022 total multi-year + proposed = \$1,875,476</i>	
<i>(compare with PY2021 approved = \$1,585,589)</i>	

System of Care for Children, Youth, Families

PY2022 Proposed	\$1,080,378
Multi-Year commitments under this priority	\$530,107
<i>PY2022 total multi-year + proposed = \$1,610,485</i>	
<i>(compare with PY2021 approved = \$1,631,266)</i>	

Taken together, these equal **\$4,697,289**, exceeding last year's total MH/SUD awards of **\$4,247,667**, by \$449,622. The recommendations presented here are based on an early projection of 2022 revenues, with a more modest levy increase than for 2021. Including multi-year contracts, the projected total available for all agency contracts for PY22 is **\$4,644,686**, a \$299,118 decrease from total PY21 awards of **\$4,943,804** to MH/SUD and I/DD contracts. The MH/SUD portion was intentionally overfunded in PY21, while the I/DD portion grew only by the amount permitted in intergovernmental agreement. The Board may again choose to award MH/SUD contracts more generously, but the I/DD amount is set. With new and expanded MH/SUD applications, the difference between requests for funding and the projected available is **\$771,124**. *(At the time of writing, we have submitted a request to the County Board for this amount, through their federal direct relief funds. If approved, the new and expanded requests can be awarded. Any contracts funded through that mechanism would have a Special Provision related to conformity with federal reporting requirements.)*

Nineteen applications proposing I/DD supports and services were submitted for consideration by the CCDDDB or CCMHB. One was later withdrawn due to the pressures of COVID. These adjusted requests total \$4,499,413 and have been evaluated by the CCDDDB and staff. The two most closely aligned with the CCMHB focus on Very Young Children and their Families were reviewed by members of the CCMHB. Based on estimates of property tax revenue collected this year, the CCMHB's obligation to I/DD agency programs is **\$718,521**. Recommendations are described under the CCMHB priority for Collaboration with the CCDDDB.

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

Recommended Actions:

Staff recommendations are organized by priority to support discussion and decisions. The priority categories are not organized by importance or amounts of funding. **NOT YET DEVELOPED:** The final category references applications not recommended for full funding due to fiscal constraints, low alignment with priorities, technical barriers, or other considerations.

Following February 12 submission, all funding requests were examined for complete required forms, and all eligibility questionnaires reviewed. One newly registered agency had made progress but not finished in time, another missed the deadline, and a third chose not to apply due to time constraints. All of the initially submitted proposals were found eligible with some concerns to be addressed, and draft staff program summaries were developed and presented to support the Board's review processes during April. During a brief second application period, 3 additional funding requests were submitted. Due to timing, these were not fully reviewed by staff, but some issues addressed.

Crisis Response and Intervention SUBTOTAL \$597,826 of \$906,978 requested

CCRPC-Community Services - Justice Diversion Program^

- *Request is for \$207,948, a 176% increase over PY21 amount of \$75,308.*
- *The requested increase expands beyond the Rantoul area, with another case manager following up on contacts with Sheriff deputies.*
- *Serves residents of northern/rural county who have had law enforcement contact.*
- *Outcomes relate to positive changes for those served and for related systems.*
- *CCMHB funding is 93% of total program.*
- *Required prior to contract: revisions to application program and financial forms (if the expansion is not funded).*
- *Special Provisions (to address during the contract year): retain SPs for excess revenue based on Q4 report, participation in outcomes evaluation project, relationship with justice system/possible realignment, and CIT response; seek other funding for the program (especially through Medicaid, federal, and state, and especially if it could be further expanded) and notify CCMHB staff if such resources become available; update board member list and eligibility questionnaire; mid-year presentation, if the expansion is funded.*
- **STAFF RECOMMENDATION** is to continue PY21 level funding for the original program and defer decision/hold the request for expansion in the event more CCMHB revenue becomes available. **\$75,308**

CCRPC-Community Services - Youth Assessment Center*

- *Request is for \$76,350, no increase over PY21 amount.*
- *Serves youth referred 2 or more times to the YAC and with moderate/high assessed risk (per YASI.)*

- *Outcomes focus on positive changes in the individual, positive cross-system change, could elaborate on data collection and analysis.*
- *CCMHB funding is 22% of total YAC but 100% of this program.*
- *Required prior to contract: define fees per service category to prepare for fee for service contract (to reduce unspent revenue); select a PY22 priority.*
- *Special Provisions (to address during the contract year): retain SPs for excess revenue based on Q4 report (unless FFS), engaging with CUNC and DMBGC, participation in outcome evaluation project and Coalition, definition of recidivism, relationship to justice system/possible realignment; update the agency Board member list and eligibility questionnaire; examine other outreach strategies relevant to virtual services and shorten timeframes to engagement.*
- **STAFF RECOMMENDATION is to fund the full request through a fee for service contract and offer a two-year term. \$76,350**

Champaign Co. Children's Advocacy Center - Children's Advocacy

- *Request is for \$56,425, a 7% increase over PY21 amount of \$52,754.*
- *Serves those under 18 who are alleged to have been abused (statutory definition.)*
- *Outcome measures are based on logic model, with tools to measure each, including a measure of the child's sense of safety.*
- *CCMHB funding would be 17% of the total program revenue.*
- *Required prior to contract: n/a (revisions to financial forms due if lower award.)*
- *Special Provisions (to address during the contract year): retain SPs for excess revenue based on Q4 report and participation in outcomes project; consult with CLC Coordinator and revise the CLC Plan during the first quarter; complete a new eligibility questionnaire.*
- **STAFF RECOMMENDATION is to fund at PY21 level, unless other CCMHB revenue becomes available, and offer a two-year term. \$52,754**

Champaign Co. Health Care Cons - Justice Involved CHW Services & Benefits

- *Request is for \$77,394, a 3% increase over PY21 amount of \$75,140.*
- *Serves adults reentering the community, primarily exiting the Champaign County Jail. Provides benefit case management, assisting with enrolling and maintaining health insurance coverage, and other benefit plans. Existing relationships with other reentry providers/criminal justice system anticipated to facilitate smooth transition from subcontracted service to independent provider.*
- *Outcome measure is for change in insurance and other benefit status; includes relevant benchmarks for access and utilization.*
- *CCMHB funding is 81% of total program revenue.*
- *Required prior to contract: revisions to financial forms; select PY22 priority.*
- *Special Provisions (to address during the contract year): retain SPs for presence in Rantoul, participation in Rantoul providers group and CIT steering committee; revisit scope of services and budget if changes in state and federal rules impact the program.*
- **STAFF RECOMMENDATION is to fund at PY21 level, unless other CCMHB revenue becomes available, and offer a two-year term. \$75,140**

Family Service - Counseling

- *Request is for \$30,000, no increase over PY21 amount.*
- *Serves individuals as young as 5, couples, families, priority to Drug Court clients.*
- *Outcomes are relevant and thorough.*
- *CCMHB funding is 41% of total program revenue.*
- *Required prior to contract: revise expense form to eliminate bad debt; there is no audit finding (our error in program summary).*
- *Special Provisions (to address during the contract year): retain SP for participation in outcomes project; Board input from Problem Solving Court partners; complete a new eligibility questionnaire.*
- **STAFF RECOMMENDATION is for full funding, two-year term. \$30,000**

First Followers - FirstSteps Community Re-entry House^{^+}

- *Request is for \$39,500, no increase over PY21 amount (new in PY21).*
- *Serves (2-4 at a time) adult men returning from state or federal prisons or county jail and who are in need of housing. Transitional Housing, related supports, case management, community navigator, and overnight staff are proposed services.*
- *CCMHB funding is 81% of total program revenue.*
- *Required prior to contract: financial form revisions; select PY22 priority; if staff vacancies, pro-rate the contract and amend when these are filled; PY20 audit submitted, reviewed, and any compliance issues resolved.*
- *Special Provisions (to address during the contract year): retain SPs for participation in Continuum and Reentry Council, eligibility determination, and exception to C27j; update eligibility questionnaire.*
- **STAFF RECOMMENDATION is to fund the request. \$39,500**

First Followers - Peer Mentoring for Re-entry

- *Request is for \$95,000, no increase over PY21 amount.*
- *Serves people impacted by criminal justice involvement, especially those on parole and overwhelmingly of low income, male, and African American. Drop In Center, Workforce Development Course, social media campaign (anti-stigma), and trauma informed care education events.*
- *Outcomes relate to improved access, self-esteem, and employment skills. Specific targets and evaluation strategies are included.*
- *CCMHB request is for 67% of total program revenue.*
- *Required prior to contract: financial form revisions; select PY22 priority; if staff vacancies, pro-rate the contract and amend when these are filled; PY20 audit submitted, reviewed, and compliance issues resolved.*
- *Special Provisions (to address during the contract year): retain SPs for participation in Continuum, outcomes evaluation project, and Reentry Council and exception to C27j; update eligibility questionnaire.*
- **STAFF RECOMMENDATION is to defer decision/hold until additional CCMHB revenue becomes available. \$0**

Rosecrance Central Illinois - Fresh Start*

- *Request is for \$85,409, 7.7% increase over PY21 amount of \$79,310.*
- *Serves adults who have justice system involvement and have been identified as likely to benefit from support/services, many with substance use disorders.*
- *Outcomes are appropriate to program goals, relate to staff activity (not always the client) and important to community.*
- *CCMHB request is for 100% of total program revenue.*
- *Required prior to contract: select PY22 priority.*
- *Special Provisions (to address during the contract year): retain SPs for participation with Coalition and outcomes project; seek other funding (especially Medicaid, federal, state) and, if secured, notify CCMHB staff of need for contract amendment to reduce maximum; update eligibility questionnaire; Evaluation Consultation Bank to further develop outcomes.*
- **STAFF RECOMMENDATION is to fund at PY21 level, unless additional CCMHB revenue is available; offer a two-year term.** **\$79,310**

Rosecrance Central Illinois - Specialty Courts

- *Request is for \$169,464, a 16.5% decrease from current award of \$203,000. This decrease relates to decrease in staff assigned to the program.*
- *Serves adults referred from Drug Court, per team recommendation.*
- *Outcomes are relevant and measurable, one a measure of program performance.*
- *CCMHB request is for 100% of total program revenue.*
- *Required prior to contract: select PY22 priority; determine fees per service.*
- *Special Provisions (to address during the contract year): retain SPs for participation in outcomes evaluation project and for Board input from Problem Solving Court partners; seek other funding (especially Medicaid, federal, state) and revise program/budget if secured; update eligibility questionnaire.*
- **STAFF RECOMMENDATION is to fund the full request as a fee for service contract; offer two-year term.** **\$169,464**

WIN Recovery - WIN Recovery^{^+}

- *Request is for \$69,488 for a NEW program and agency.*
- *Serves women and LGBTQ2+ individuals who have substance use disorders/co-occurring diagnoses and justice involvement, reentering the community.*
- *Outcomes relate to positive changes for people served, with assessment tools but general targets ('increase' or 'decrease.')*
- *CCMHB request is for 52% of total program revenue.*
- *Required prior to contract: revisions to financial forms; confirmation of use of accrual accounting; define outcome targets more specifically; pro-rate the contract and amend when staff vacancies are filled.*
- *Special Provisions (to address during the contract year): special initiative; work with CLC Coordinator to develop the CLC Plan fully during the first quarter; participate in outcomes project, Reentry Council, and Continuum; exception to C27j; mid-year presentation to the Board.*

- STAFF RECOMMENDATION is to defer decision/hold in the event additional CCMHB revenue becomes available. \$0

*Relationship to Champaign Community Coalition

^Special Initiative/mid-year report required

+Pro-rate award and amend contract upon filling vacant/new hire position

Innovative Practices and Access to Behavioral Health Services – SUBTOTAL

\$575,276 of \$782,663 requested

Champaign Co. Christian Health Ctr - Mental Health Care at CCHC

- *Request is for \$33,000, a 154% increase over PY2021 amount of \$13,000.*
- *Serves uninsured/underinsured people who have mental health needs.*
- *Outcomes relate to patients' self-reports of improved mental health and agency's recruitment of mental health provider volunteers.*
- *CCMHB request is for 25% of total program revenue.*
- *Requested increase is to cover a greater portion of paid staff, while the agency takes on new occupancy cost.*
- *Required prior to contract: revisions to program plan (one clarification).*
- *Special Provisions (to address during the contract year): retain SPs for alternative plan if recruitment is unsuccessful and for bookkeeping services; update eligibility questionnaire.*
- STAFF RECOMMENDATION is for full funding and a two-year term. **\$33,000**

Champaign Co. Health Care Cons - CHW Outreach and Benefit Enrollment

- *Request is for \$80,274, a 3% increase over PY2021 amount of \$77,960.*
- *STAFF RECOMMENDATION is to fund at PY21 level and offer a two-year term.*
- *Serves a diverse population with range of health needs or risk factors, targeting those with mental health/substance use disorders - benefit case management providing assistance with enrollment in benefit plans, accessing other entitlement or assistance programs, advocacy, and outreach.*
- *Outcomes for change in insurance or other benefit status; relevant benchmarks for access and utilization.*
- *CCMHB request is 81% of total program revenue.*
- *Required prior to contract: revisions to financial forms.*
- *Special Provisions (to address during the contract year): retain SPs to have a presence in Rantoul and participate in the Rantoul providers meeting.*
- STAFF RECOMMENDATION is to fund at PY21 level, unless other CCMHB revenue becomes available, and offer a two-year term. **\$77,960**

Champaign Co. Health Care Consumers - Disability Services^+

- *Request is for \$71,500, for a NEW program.*
- *Serves population similar to other CCHCC programs but seeking SSI/SSDI.*
- *Outcome for acquiring SSI/SSDI status.*
- *CCMHB request is 100% of total program revenue.*

- *Required prior to contract: revisions to financial forms; pro-rate the contract and amend when new staff starts.*
- *Special Provisions (to address during the contract year): any agency contract special provisions which may apply (e.g., participation in Outcomes project); mid-year presentation to the board.*
- STAFF RECOMMENDATION is to defer decision/hold in the event additional CCMHB revenue becomes available. **\$0**

Community Svc Center of North CC - Resource Connection

- *Request is for \$68,609, a 1.5% increase over current amount of \$67,596.*
- *Serves residents of northern Champaign County with multiple support needs.*
- *Outcomes are applicable and appropriate. Evaluation processes can be clarified and fewer outcomes assessed.*
- *CCMHB request is 26% of total program revenue.*
- *Required prior to contract: n/a (budget revisions if a lower award.)*
- *Special Provisions (to address during the contract year): retain SP for participation in Point in Time survey and with outcomes evaluation project; participate in Rantoul providers meeting; update eligibility questionnaire.*
- STAFF RECOMMENDATION is to fund at PY21 level, unless additional CCMHB funding becomes available, and offer two-year term. **\$67,596**

ECIRMAC (Refugee Center) - Family Support & Strengthening

- *Request is for \$62,000, a 9.9% increase over current amount of \$56,440.*
- *The increase is to align staff pay with market and minimum wage.*
- *Serves support networks within ethnic minority and immigrant communities.*
- *Outcomes relevant to consumer and to program, with assessment tools for each. A short survey is in use, allowing those with limited English to participate.*
- *CCMHB request is 14% of total program revenue.*
- *Required prior to contract: n/a (budget revisions if lower award.)*
- *Special Provisions (to address during the contract year): retain SPs for presence for Rantoul, participation with Rantoul providers' group, Coalition, and outcomes project; update the eligibility questionnaire.*
- STAFF RECOMMENDATION is to fund at PY21 level, unless additional CCMHB funding becomes available, and offer two-year term. **\$56,440**

Family Service - Self-Help Center

- *Request is for \$28,430, lower than current contract amount by \$500 (cost for biennial conference).*
- *Serves individuals seeking self-help groups, leaders of such groups, and professionals referring clients to groups.*
- *Outcomes are relevant to services and people served, with measurable targets.*
- *CCMHB request is 91% of total program revenue.*
- *Required prior to contract: n/a; there was no negative audit finding.*

- *Special Provisions (to address during the contract year): retain SP for participation in outcomes project; update eligibility questionnaire.*
- STAFF RECOMMENDATION is to fund as requested; offer a two-year term, with \$500 additional in the second year, to support biennial conference. **\$28,430**

Family Service - Senior Counseling & Advocacy

- *Request is for \$162,350, no increase over PY20/PY21 amount.*
- *Serves seniors (60+) with mental health needs or those who may have experienced abuse, exploitation, neglect, and self-neglect.*
- *Outcomes are appropriate to the program, could be clarified.*
- *CCMHB request is 33% of total program revenue.*
- *Required prior to contract: n/a; (there was no negative audit finding.)*
- *Special Provisions (to address during the contract year): retain SP for participation in outcomes project; update eligibility questionnaire; clarify outcome targets and assessment tools, possibly with UIUC outcomes team.*
- STAFF RECOMMENDATION is to fund as requested. **\$162,350**

RACES - Sexual Violence Prevention Education

- *Request is for \$63,000, no increase over current amount.*
- *Serves any county resident seeking information to prevent sexual violence, priority to underserved, focus on schools and JDC.*
- *Outcomes are relevant and measurable.*
- *CCMHB request is for 24% of total program revenue.*
- *Required prior to contract: revisions to financial forms and select PY22 priority; prorate contract amount if there are vacancies at July 1, amend when filled.*
- *Special Provisions (to address during the contract year): retain SP for participation in outcomes project; update eligibility questionnaire.*
- STAFF RECOMMENDATION is to fund as requested, two-year term. **\$63,000**

Rattle the Stars - Youth Suicide Prevention Education*

- *Request is for \$86,500, no increase over current amount.*
- *Serves youth, parents, and other adults having regular contact with youth: prevention, intervention, and postvention services directed at developing peer supports through education, supportive communications skills, and knowledge of community resources.*
- *Outcomes are relevant to the service, measurable, potentially redundant.*
- *CCMHB request is for 85% of total program revenue.*
- *Required prior to contract: revisions to financial forms; identify a strategy to increase utilization, including during pandemic.*
- *Special Provisions (to address during the contract year): retain SPs for collaboration with NAMI and promotion of Lifeline or similar services; update eligibility questionnaire; use Evaluation Consultation Bank to further develop outcomes/benchmarks.*
- STAFF RECOMMENDATION is to fund as requested. **\$86,500**

Terrapin Station Sober Living - Recovery Home ^

- *Request is for \$47,000, for a NEW program, new agency.*
- *Serves those in need of a structured sober/recovery-based living arrangement.*
- *Outcomes of value to those served; targets and assessment tools not clear.*
- *CCMHB request is 100% of total program revenue.*
- *Required prior to contract: revisions to financial forms; develop strategies for outreach to underserved groups; bring the agency board into full compliance.*
- *Special Provisions (to address during the contract year): work with CLC Coordinator to develop CLC Plan during the first quarter; consult Evaluation Capacity project for improved outcomes; mid-year presentation to the Board.*
- **STAFF RECOMMENDATION** is to defer decision/hold in the event additional CCMHB revenue becomes available and after sufficient revisions are made and required board composition achieved. **\$0**

WELL Experience - Family Services^{^*+}

- *Request is for \$80,000, a NEW program, new agency.*
- *Serves Black/African American girls, teens, women, and families with social support needs, through groups.*
- *Outcomes could be clarified; could improve strategies for measuring the others, explore whether there are evidence-based tools to determine impact of services.*
- *CCMHB request is for 66% of total program revenue.*
- *Required prior to contract: revisions to financial forms, agency board reaching full compliance (paid staff and relatives of staff members should not be on the board); ensure that accrual accounting is in use; pro-rate the contract and amend when staff vacancies are filled.*
- *Special provisions: special initiative; to develop the CLC Plan fully during the first quarter, work with CLC Coordinator; participation with Coalition and outcomes project, mid-year presentation to the Board.*
- **STAFF RECOMMENDATION** is to defer decision/hold in the event additional CCMHB revenue becomes available and after sufficient revisions are made and required board composition achieved. **\$0**

*Champaign Community Coalition

[^]Special Initiative/mid-year report required

+Pro-rate award and amend contract upon filling vacant/new hire position

System of Care for Children, Youth, Families SUBTOTAL \$955,293 of \$1,080,378

CCRPC Head Start/EHS - Early Childhood Mental Health*

- *Request is for \$326,369, a net decrease of -5.4% from COMBINED current contracts for DD and MH under this program, which total \$330,987.*
- *Serves children from Head Start- Early Head Start whose need for developmental or social/emotional support is identified through screenings or observations; eligibility determined by Consultant who attends Community Coalition, CU Trauma and Resiliency Initiative, and early childhood collaborations.*

- *Outcomes use evidence-based measures; specific about the child-focused outcome, could improve strategies for measuring the others.*
- *CCMHB request is for 100% of total program revenue, although an additional Social Skills and Prevention Coach (SSPC) is paid through other funding.*
- *Required prior to contract: revisions to financial forms (to reflect ISBE funded staff) and program plan (detail on developmental services); identify fees for each service category and develop a fee for service contract.*
- *Special Provisions (to address during the contract year): retain SPs regarding excess revenue (based on Q4 report), informing families of PUNS, collaboration with early childhood providers, report on other funding sought, service claims reporting each quarter; partner with the Coalition and outcome evaluation project; actively seek funding for this program through Head Start (to be increased federally) and notify CCMHB staff of need for contract amendment to reduce the maximum; update agency Board member list and complete a new eligibility questionnaire.*
- *STAFF RECOMMENDATION is to fund the full request, with \$121,999 as I/DD and \$204,370 as MH/SUD funding. \$204,370 is counted toward this subtotal, with DD amount counted below, but under one contract. Develop a fee for service contract and offer a two-year term.* **\$204,370 MH**

Crisis Nursery - Beyond Blue- Champaign County

- *Request is for \$90,000, a 20% increase over current amount of \$75,000.*
- *Serves mothers who have or are at risk of perinatal depression. Collaborates with other early childhood providers. Emphasis on rural families.*
- *Outcomes from a variety of perspective, using evidence-based tools; could link outcomes with measures and clarify some.*
- *CCMHB request is 40% of total program revenue.*
- *Required prior to contract: revisions to financial forms.*
- *Special Provisions (to address during the contract year): retain SPs for 50% rural, collaboration with early childhood providers, discharge planning, and participation in outcome project and Coalition; update eligibility questionnaire.*
- *STAFF RECOMMENDATION is to fund at PY21 level, unless additional CCMHB revenue becomes available, and offer a two-year term.* **\$75,000**

DREAAM House - DREAAM Big!*^

- *Request is for \$100,000, a 40% increase over current amount of \$80,000.*
- *The increase is for expansion of services.*
- *Serves boys aged 5-13 and female siblings, with chronic stress and low emotional-social support, risk of behavioral challenge or system involvement, or incarcerated parent.*
- *Outcomes are well thought out, could be narrowed to focus on most relevant.*
- *CCMHB request is 40% of total program revenue.*
- *Required prior to contract: all PY21 compliance issues resolved; revisions to financial forms; if the expansion is approved, pro-rate the contract amount and amend when staff vacancies are filled.*

- *Special Provisions (to address during the contract year): retain SPs to participate with Coalition and outcomes project; work with CLC Coordinator to update CLC Plan during the first quarter; complete a new eligibility questionnaire; mid-year presentation to the Board.*
- STAFF RECOMMENDATION is to fund the continuing portion of the program and defer decision/hold funding on the expansion until additional CCMHB revenue becomes available. **\$80,000**

Don Moyer Boys and Girls Club - CU Change*+

- *Request is for \$100,000, no change from the PY21 amount.*
- *Serves youth aged 11-17 who have academic and behavioral support needs.*
- *Outcomes include process measures and outcomes of value to families and child-serving systems; well defined targets and assessment tools.*
- *CCMHB funds 87% of total program.*
- *Required prior to contract: revisions to program plan (correct CSE definition and add a simple outcome for youth readiness); if staff vacancies, pro-rate the contract and amend when these are filled.*
- *Special Provisions (to address during the contract year): retain SPs for staff vacancies, participation in outcomes project and with Coalition; update the CLC Plan to include standards; during the first quarter; develop strategies to increase utilization, especially virtual; and complete a new eligibility questionnaire.*
- STAFF RECOMMENDATION to fund request, offer a two-year term. **\$100,000**

Don Moyer Boys and Girls Club - CUNC*^+^

- *Request is for \$110,000, a 0.2% decrease from current amount of \$110,195.*
- *Serves young adults, families, parents of children impacted by structural violence, toxic stress, and trauma. Also prepares organizations and their leadership to develop and implement trauma-informed practices.*
- *Outcomes are measurable and relevant to various impacts on the consumer, including self-report of positive change.*
- *CCMHB request is for 80% of total program revenue.*
- *Required prior to contract: revisions to financial forms; copies of subcontracts for program services; if staff vacancies, pro-rate the contract and amend when these are filled.*
- *Special Provisions (to address during the contract year): retain SP for collaboration with YAC; update the CLC Plan during the first quarter; participate with Coalition and in outcomes project; mid-year presentation to the board; complete new agency eligibility questionnaire.*
- STAFF RECOMMENDATION to fund request, offer a two-year term. **\$110,000**

Don Moyer Boys and Girls Club - Community Coalition Summer Initiatives*+

- *Request is for \$107,000, no change from the PY21 amount.*
- *Serves youth aged 9 to 18 who have serious emotional disturbance and multi-agency system involvement.*
- *Outcomes have not been developed.*

- *CCMHB revenue is 100% of the total program revenue.*
- *Required prior to contract: revise program plan to include estimated length of service and a simple outcome.*
- *Special Provisions (to address during the contract year): retain SPs for Coalition lead, DMBGC admin fee and role, monitoring and reporting to Coalition, Coalition oversight of programs and report to the board in fall, copies of subcontracts upon execution, subcontractor reporting, first quarter report, and payment schedule; update CLC Plan during the first quarter; complete a new eligibility questionnaire; provide copies of all subcontracts for services.*
- *STAFF RECOMMENDATION is to fund the request partially, only due to CCMHB financial constraints. If additional CCMHB revenue becomes available, fund the full request.* **\$90,000**

Don Moyer Boys and Girls Club - Youth and Family Services*

- *Request is for \$160,000, no change from the PY21 amount.*
- *Serves parents, caregivers, and child-serving organizations supporting youth who have social, emotional, and behavioral challenges and clinical diagnosis, history of trauma, and various system involvement.*
- *Outcomes are relevant to parents/caregivers, with rationale for each and measured using Family Assessment Tool.*
- *CCMHB funds 100% of the total program.*
- *Required prior to contract: n/a*
- *Special Provisions (to address during the contract year): retain SPs to attend Rantoul providers meeting, collaborate with YAC and Coalition, and participate in outcomes project; update CLC Plan during the first quarter; agency to complete a new eligibility questionnaire.*
- *STAFF RECOMMENDATION is to fund and offer two-year term.* **\$160,000**

Mahomet Area Youth Club - BLAST*

- *Request is for \$15,000, equal to PY21 award.*
- *Serves students of Mahomet and Seymour area schools who are members of low-income families and interested in enrichment and academic activities.*
- *Outcomes relate to the programs' goals and are measurable and relevant.*
- *CCMHB funding is 11% of total program revenue.*
- *Required prior to contract: resolve utilization discrepancies in program forms.*
- *Special Provisions (to address during the contract year): retain SPs to collaborate with Coalition and participate in outcome project; update eligibility questionnaire.*
- *STAFF RECOMMENDATION is to fund and offer two-year term.* **\$15,000**

Mahomet Area Youth Club - Members Matter!*

- *Request is for \$21,905 a 21.7% increase over original PY21 award of \$18,000.*
- *Serves students of Mahomet and Seymour area schools who are members of low-income families and would benefit from academic support.*
- *Outcomes relate to program goals, are measurable, relevant to children served.*

- *CCMHB funding request is for 13% of total program revenue.*
- *Required prior to contract: n/a*
- *Special Provisions (to address during the contract year): collaborate with Coalition and youth centers; participate in outcome project; update eligibility questionnaire.*
- **STAFF RECOMMENDATION:** fund at PY21 level, unless additional CCMHB revenue becomes available; offer two-year term. **\$18,000**

Rosecrance Central Illinois - Prevention*

- *Request is for \$60,000, equal to PY21 contract amount.*
- *Serves youth, parents, community, through substance use prevention information.*
- *Outcomes are relevant and measurable.*
- *CCMHB request is for 13% of total program revenue.*
- *Required prior to contract: identify a strategy for increased utilization, including during pandemic.*
- *Special Provisions (to address during the contract year): retain SPs for collaboration with Coalition and participation in outcome evaluation project; seek other funding (especially SAMHSA and state block grant) and, if secured, notify CCMHB staff of need for contract amendment to reduce maximum; update agency eligibility questionnaire.*
- **STAFF RECOMMENDATION** is to defer decision/hold in the event additional CCMHB revenue becomes available and other revenue does not. **\$0**

The UP Center of Champaign Co. - Children, Youth, & Families Program*

- *Request is for \$86,603, a 173% increase over PY2021 amount of \$31,768. The increase would support direct service staff.*
- *Serves LGBTQ children, youth, and their families, many support groups.*
- *Outcomes are comprehensive, appropriate to the program, using evidence-based measurement tools, could be reduced in number to the most relevant.*
- *CCMHB request is for 67% of total program revenue, the balance contributions.*
- *Required prior to contract: revisions to financial forms; select key outcome measures to focus on; complete the transition to accrual accounting and other issues discussed with MHB staff.*
- *Special Provisions (to address during the contract year): retain SP to report on other funding sought; update the agency eligibility questionnaire.*
- **STAFF RECOMMENDATION** is to fund at a lower level than request, adjusted by program budget surplus amount; offer a two-year term. **\$77,423**

Urbana Neighborhood Connections - Community Study Center*

- *Request is for \$25,500, no increase over current contract amount.*
- *Serves children in Urbana schools who will benefit from academic and social emotional enrichment.*
- *Outcomes are appropriate to program goals, many focused on staff activity.*
- *CCMHB request is for 13% of total program revenue.*
- *Required prior to contract: n/a.*

- *Special Provisions (to address during the contract year): retain SPs for collaboration with Coalition; work with CLC Coordinator to enhance policies; work with Outcome Evaluation project to develop an outcome for SE; audit deadline set with agency fiscal year and financial reports adjusted accordingly; update eligibility questionnaire.*
- STAFF RECOMMENDATION is to fund as requested, two-year term. **\$25,500**

*Champaign Community Coalition

^Special Initiative/mid-year report required.

+Pro-rate award and amend contract upon filling vacant/new hire position.

Collaboration with the CCDDDB (for I/DD programs) SUBTOTAL \$718,521

CILA Expansion CCMHB Commitment (previous approval)

- *During PY19, the MHB paid the full balance of the mortgage. For each year until the CCDDDB's contribution equals that of the CCMHB, \$50,000 is considered part of the MHB's I/DD allocations for the purpose of calculation. Because no funds will be transferred, the dollar amount is not included here.* **\$0**

CC Head Start - (DD portion of combined contract, above)

- *Request has been combined with the Mental Health Services program, as suggested by the Board last year. \$121,999 of the total contract is for children with developmental needs.*
- *See above for summary of the combined program proposal.*
- STAFF RECOMMENDATION is to fund and offer two-year term. **\$121,999**

DSC - Family Development

- *Request is for \$596,522, PY21 level.*
- *Services for children birth to 5 with assessed risk; developmental screenings, therapies; uses Early Intervention funding instead when children are eligible; collaborates with other early childhood providers.*
- *Outcomes relate to child's progress, measured by family survey and assessment tools commonly used by early childhood providers.*
- *Required prior to contract: n/a*
- *Special Provisions (to address during the contract year): retain SPs to inform families of PUNS, collaborate with early childhood providers and Coalition, submit claims data quarterly, submit personnel reports monthly, and participate in outcome evaluation project; agency to complete a new eligibility questionnaire.*
- STAFF RECOMMENDATION is to fund and offer two-year term. **\$596,522**

TOTAL PY22 FUNDING RECOMMENDED - \$2,846,916

This total is \$84,500 greater than current projection of available funding.

Regarding Allocation Parameters

Intellectual and Developmental Disabilities applications not included above are subject to integrated planning with the Champaign County Developmental Disabilities Board

(CCDDB). The I/DD requests not recommended for funding by the CCMHB total \$3,780,892 and will be considered for funding by the CCDDB at their May 19th meeting. The CCDDB will forward a recommendation for CCMHB funding awards equal to \$718,521 for the Board's consideration.

While applications were well-thought out, many addressing the surge in behavioral health needs, CCMHB revenue has not risen with these needs or with agencies' willingness to meet them. Many requests are not recommended for funding and many recommended at lower than requested levels. If additional revenue becomes available, it is the staff opinion that the CCMHB should increase the lower awards to requested levels and make as many additional awards as possible. The difference between projected available funding and total requests is \$771,125. Total MH/SUD requests = \$2,770,019; total recommended here = \$2,128,395; and total current projection of available funding for new MH/SUD contracts = \$1,998,895. Total of previously approved MH/SUD two-year contracts = \$1,927,270. THIS SECTION CAN LIST RECOMMENDATIONS WHICH ARE LOWER THAN REQUESTED, esp if helpful.

Board Decision Authority

As noted, final decision authority rests with the Board and their sole discretion and judgment. An informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. The service system includes programs and resources *not* funded by the CCMHB, and taken as a whole, it should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, with equitable access across ages, races, and neighborhoods.

CCMHB Allocation Recommendations PY22									
5/21/2021									
Agency	Program	PY 2022 Request	Priority Crisis	Priority Innovation	Priority System of C	Priority ID/DD	HOLD	NOTES	PY22 Recommend
CCRPC - Community Services	Justice Diversion - EXPANDED	\$207,948	\$75,308				\$132,640	PY21	\$75,308
	Youth Assessment Center	\$76,350	\$76,350					FFS, 2yr	\$76,350
Champaign County Children's Advocacy Center	Children's Advocacy Center	\$56,425	\$52,754				\$3,671	PY21, 2yr	\$52,754
Champaign County Christian Health Center	Mental Health Care at CCCHC	\$33,000		\$33,000				full, 2 yr	\$33,000
Champaign County Head Start/Early Head Start	Early Childhood Mental Health Services	\$326,369			\$204,370	\$121,999		full	\$326,369
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	\$80,274		\$77,960			\$2,314	PY21, 2 yr	\$77,960
	Justice Involved CHW Services & Benefit	\$77,394	\$75,140				\$2,254	PY21, 2 yr	\$75,140
	Disability Services - NEW	\$71,500					\$71,500	hold	\$0
Community Svc Center of Northern Champaign Co.	Resource Connection	\$68,609		\$67,596			\$ 1,013	PY21, 2 yr	\$67,596
Crisis Nursery	Beyond Blue Champaign County	\$90,000			\$75,000		\$ 15,000	PY21, 2 yr	\$75,000
DREAAM House	DREAAM Big	\$100,000			\$80,000		\$ 20,000	partial	\$80,000
Developmental Services Center	Family Development	\$596,522				\$596,522		full, 2 yr	\$596,522
Don Moyer Boys and Girls Club (DMBGC)	CU Change	\$100,000			\$100,000			full, 2 yr	\$100,000
	CUNC	\$110,000			\$110,000			full, 2 yr	\$110,000
	Community Coalition Summer Initiatives	\$107,000			\$90,000		\$ 17,000	partial	\$90,000
	Youth and Family Services	\$160,000			\$160,000			full, 2 yr	\$160,000
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$62,000		\$56,440			\$ 5,560	PY21, 2 yr	\$56,440
Family Service of Champaign County	Counseling	\$30,000	\$30,000					full, 2yr	\$30,000
	Self-Help Center	\$28,430		\$28,430				full, 2yr	\$28,430
	Senior Counseling & Advocacy	\$162,350		\$162,350				full, 2yr	\$162,350
FirstFollowers	First Steps Reentry House	\$39,500	\$39,500					full	\$39,500
	Peer Mentoring for Re-entry	\$95,000					\$95,000	hold	
Mahomet Area Youth Club	Bulldogs Learning and Succeeding	\$15,000			\$15,000			full, 2 yr	\$15,000
	MAYC Members Matter!	\$21,905			\$18,000		\$3,905	PY1, 2 yr	\$18,000
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	\$63,000		\$63,000				full, 2 yr	\$63,000
Rattle the Stars	Youth Suicide Prevention Education	\$86,500		\$86,500				full	\$86,500
Rosecrance Central Illinois	Fresh Start	\$85,409	\$79,310				\$6,099	PY21, 2yr	\$79,310
	Prevention Services	\$60,000			\$0		\$60,000	hold	
	Specialty Courts	\$169,464	\$169,464					full, FFS	\$169,464
Terrapin Station Sober Living	Recovery Home - NEW	\$47,000		\$0			\$ 47,000	hold	
The UP Center of Champaign County	Children, Youth, & Families Program	\$86,603			\$77,423		\$ 9,180	adj, 2 yr	\$77,423
The WELL Experience	Family Services	\$80,000					\$ 80,000	hold	
Urbana Neighborhood Connections	Community Study Center	\$25,500			\$25,500			full, 2yr	\$25,500
WIN Recovery	NEW	\$69,488	\$0				\$ 69,488	hold	
TOTAL		\$3,488,540	\$597,826	\$575,276	\$955,293	\$718,521	\$641,624		\$2,846,916
CCMHB Allocation PY21-22 Multi Year Awards									
5/21/2021									
Agency	Program		Priority Crisis Respo	Priority Innovation/	Priority System of C	Priority ID/DD			PY22 MxYr Award
CCRPC - Community Services	Homeless Services System Coordination			\$51,906					\$51,906
Courage Connection	Courage Connection				\$127,000				\$127,000
Cunningham Childrens Home	ECHO Housing and Employment Support			\$101,604					\$101,604
	Parenting Model Implementation				\$403,107				\$403,107
GROW in Illinois	Peer-Support			\$77,239					\$77,239
Promise Healthcare	Mental Health Services with Promise			\$350,117					\$350,117
	Promise Healthcare Wellness			\$107,987					\$107,987
Rosecrance Central Illinois	Criminal Justice PSC		\$304,350						\$304,350
	Crisis, Access, & Benefits			\$203,960					\$203,960
	Recovery Home			\$200,000					\$200,000
TOTAL			\$304,350	\$1,092,813	\$530,107	\$0			\$1,927,270
CCMHB TOTAL									\$4,774,186

#7B



BRIEFING MEMORANDUM

DATE: April 27 and May 11, 2021
TO: Champaign County Executive and Members, Champaign County Board
FROM: Joseph Omo-Osagie, President, CCMHB
Dr. Jon Paul Youakim, Vice-President/Secretary, CCMHB
Leon Bryson, Associate Director Mental Health/Substance Use Disorders,
and Lynn Canfield, Executive Director, CCMHB
SUBJECT: Increased Behavioral Health and Developmental Disability Support Needs

Purpose:

For consideration by the Champaign County Executive and the Champaign County Board, this memorandum presents potential options for use of American Rescue Plan Act direct relief funds the County will receive in the coming months. The question of whether these are allowable expenses is an important one, for which some guidance is provided by the National Association of Counties (NACo.) It appears that Counties can transfer funds to a special-purpose unit of local government. The Champaign County Mental Health Board (CCMHB) plans for and funds services for people with Mental Health issues, Substance Use Disorders, or Intellectual and Developmental Disabilities (I/DD) and has systems in place which could fulfill the federal requirement for periodic reports.

For **people with I/DD**, the pandemic took a deeply flawed state system and added danger for people served, their families, and those providing services, who were considered essential workers by the State. NACo interprets that American Rescue Plan direct relief may be used for *“workers performing essential work during the COVID-19 public health emergency... by providing premium pay to eligible workers of the county or ... grants to eligible employers that have eligible workers who perform such essential work.”*

The gap between what Illinois has budgeted and what is recommended for annual pay for the essential I/DD workers, known as Direct Support Professionals (DSP), equates to \$3,120 per worker. These are the people celebrated as ‘angels’ and ‘heroes’ but whose pay has fallen near minimum wage. The recommendation comes from a rates study commissioned by the State as part of a federal consent decree regarding the inadequate I/DD service system. The federal judge and court monitor take this very seriously. While making up this pay gap may be more fair than it is premium, it would be a good start.

We estimate that there are 170 DSPs working with Champaign County residents who have I/DD. Annual ‘premium pay’ to these essential workers could be a one-time payment of \$3,120 to each DSP who has worked a 12-month period during the pandemic, with highest total cost of **\$530,400**.

To respond to surging **behavioral health** concerns, the clearest path indicated by NACO may be use of American Rescue Plan direct relief funding to “*mitigate the public health emergency with respect to the COVID-19 emergency or its negative economic impacts.*” The unprecedented spike in mental health/addiction treatment needs is part of the public health emergency, turning the crisis of early 2020 to an additional, ongoing pandemic. The economic impacts of mental illness and addiction are profound in an ordinary year.

During the annual solicitation of funding requests from qualified provider agencies, the CCMHB received many applications which not only fit the priorities (see Addendum) and address the explosion of mental health, addiction, and related needs (some of which have quadrupled since March 2020), but which will also lead our community through recovery from the pandemic’s impacts.

In May, the CCMHB will finalize funding decisions related to what these service providers believe they can do *right now*, with the workforce they have or believe can be recruited quickly, to address those mental health and substance use disorder needs which increased so dramatically with the pandemic. Agencies submitted highly detailed applications, and CCMHB members and staff have reviewed them, identifying strengths and potentials. Projected revenue falls short of requests by **\$771,125**. By priority, the total cost of funding from July 1, 2021 to June 30, 2022 would be:

<u>Crisis Response and Intervention</u>	PY2022 total = \$1,211,328
<u>Innovative Practices & Access to Behavioral Health</u>	PY2022 total = \$1,875,476
<u>System of Care for Children, Youth, Families</u>	PY2022 total = \$1,610,485
<u>Collaboration with the CCDDDB per intergovernmental agreement</u>	= \$718,522

There are high priority items for which either no request was made or for which a larger amount of service activity will be necessary to address the needs.

Diversion from the justice system - including reduced use of Jail and Juvenile Detention Center and fewer contacts with law enforcement – is important to the CCMHB, other local government, and community members who find themselves or a loved one in crisis. The CCMHB funds several programs in this area but has not received a request for funding to develop a crisis center. The workforce shortage has made it impractical, and the project cost would be much greater than available funding.

Another high need area is for broader implementation of trauma-informed care which can support people affected by **gun violence and domestic violence** and also disrupt these cycles of violence. As all are aware, rates of violence have risen dramatically, and continue to rise, here and across the country. Recovery from the pandemic itself will require expansion of trauma-informed care.

Substantial additional funds are necessary to scale up efforts in each of these areas. Whether these would be short-term depends not only on effective treatments toward a healed community but also on the state and federal funding and service delivery systems making good on their promises of new, increased appropriations and system redesign.

For Consideration by the Champaign County Board:

A First Step: If American Rescue Plan Act direct relief funding can be used to more properly compensate the heroes of our I/DD care system, as 'premium pay' to essential workers, one-time payments could be made to individual DSPs whose service during the pandemic could be verified by the CCMHB/CCDDB team with each eligible agency.

A Second Step: If direct relief funding can be used to meet the increased behavioral health needs of our community, a total of **\$771,125** to the Mental Health Fund would allow the enhanced/new agency projects to operate for one year. CCMHB revenue has not kept pace with the increased needs and agencies' readiness to meet those needs.

Future Steps: There are two projects of importance to the CCMHB, the County Board, other units of government, and community members. These have long been identified by various collaborations and in CCMHB priorities, but applications have not addressed them fully. As noted above, workforce shortage and high cost are barriers. Partnerships already exist, across publicly funded systems and private entities, which could advise and benefit from these projects. During the pandemic, this kind of crisis response has become even more difficult to implement. The CCMHB has planning, allocation, contracting, and monitoring processes in place but has not had capacity to be the sole funder of these projects due to their cost and the need for shared oversight:

- For a county-wide **mobile crisis co-response** program (mental health professionals with law enforcement) as proposed in Winnebago County, based on a successful pilot there, the first-year cost would be close to the **\$5m** requested there. As noted, this could be a short-term annual project to do the right thing here while the state and federal payment and service delivery systems catch up.
- Similarly, a **crisis center/triage center/diversion center**, such as has been long discussed, long prioritized, and much desired, could be established and funded. Total budgets for successful centers elsewhere in Illinois are **\$3.5m** and up.

If there is interest in pursuing these using direct relief funds, services and costs could be proposed by qualified providers through a competitive application process, followed by review and decision processes such as those we have in place. Whether directly or indirectly involved, the CCMHB shares an interest and has access to information about best practices and successful similar projects in other communities.

Thank you for your time and attention to these critically important issues.

Joseph Omo-Osagie, Jon Paul Youakim, Leon Bryson, Lynn Canfield
Champaign County Mental Health Board Officers and Staff

CCMHB Allocation Recommendations PY22, if including ARP relief funds							COUNTY	MHB PY22
5/12/2021		PY 2022	Priority	Priority	Priority	Priority		
Agency	Program	Request	Crisis	Innovation	System of C I/DD	System of C I/DD	Recommend	Recommend
CCRPC - Community Services	Justice Diversion - EXPANDED	\$207,948					\$207,948	
	Youth Assessment Center	\$76,350	\$76,350					
Champaign County Children's Advocacy Center	Children's Advocacy Center	\$56,425	\$56,425					\$56,425
Champaign County Christian Health Center	Mental Health Care at CCCHC	\$33,000		\$33,000				\$33,000
Champaign County Head Start/Early Head Start	Early Childhood Mental Health Services	\$326,369			\$204,370	\$121,999		\$326,369
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	\$80,274		\$80,274				\$80,274
	Justice Involved CHW Services & Benefit	\$77,394	\$77,394					\$77,394
	Disability Services - NEW	\$71,500					\$71,500	
Community Svc Center of Northern Champaign Co	Resource Connection	\$68,609		\$68,609				\$68,609
Crisis Nursery	Beyond Blue Champaign County	\$90,000			\$90,000			\$90,000
DREAAM House	DREAAM Big	\$100,000					\$100,000	
Developmental Services Center	Family Development	\$596,522				\$596,522		\$596,522
Don Moyer Boys and Girls Club (DMBGC)	CU Change	\$100,000			\$100,000			\$100,000
	CUNC	\$110,000			\$110,000			\$110,000
	Community Coalition Summer Initiatives	\$107,000			\$107,000			\$107,000
	Youth and Family Services	\$160,000			\$160,000			\$160,000
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$62,000		\$62,000				\$62,000
Family Service of Champaign County	Counseling	\$30,000	\$30,000					\$30,000
	Self-Help Center	\$28,430		\$28,430				\$28,430
	Senior Counseling & Advocacy	\$162,350		\$162,350				\$162,350
FirstFollowers	First Steps Reentry House	\$39,500					\$39,500	
	Peer Mentoring for Re-entry	\$95,000					\$95,000	
Mahomet Area Youth Club	Bulldogs Learning and Succeeding	\$15,000			\$15,000			\$15,000
	MAYC Members Matter!	\$21,905			\$21,905			\$21,905
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	\$63,000		\$63,000				\$63,000
Rattle the Stars	Youth Suicide Prevention Education	\$86,500		\$86,500				\$86,500
Rosecrance Central Illinois	Fresh Start	\$85,409	\$85,409					\$85,409
	Prevention Services	\$60,000					\$60,000	
	Specialty Courts	\$169,464	\$169,464					\$169,464
Terrapin Station Sober Living	Recovery Home - NEW	\$47,000					\$47,000	
The UP Center of Champaign County	Children, Youth, & Families Program	\$86,603			\$86,603			\$86,603
The WELL Experience	Family Services	\$80,000					\$80,000	
Urbana Neighborhood Connections	Community Study Center	\$25,500			\$25,500			\$25,500
WIN Recovery	NEW	\$69,488					\$69,488	
	TOTAL	\$3,488,540	\$495,042	\$584,163	\$920,378	\$718,521	\$770,436	\$2,718,104
							county	ccmhb
CCMHB Allocation PY21-22 Multi Year Awards							COUNTY	PY22
5/21/2021			Priority	Priority	Priority	Priority		
Agency	Program		Crisis Resp	Innovation/	System of C I/DD	System of C I/DD	Recommend	Z yr Award
CCRPC - Community Services	Homeless Services System Coordination			\$51,906				\$51,906
Courage Connection	Courage Connection				\$127,000			\$127,000
Cunningham Childrens Home	ECHO Housing and Employment Support			\$101,604				\$101,604
	Parenting Model Implementation				\$403,107			\$403,107
GROW in Illinois	Peer-Support			\$77,239				\$77,239
Promise Healthcare	Mental Health Services with Promise			\$350,117				\$350,117
	Promise Healthcare Wellness			\$107,987				\$107,987
Rosecrance Central Illinois	Criminal Justice PSC		\$304,350					\$304,350
	Crisis, Access, & Benefits			\$203,960				\$203,960
	Recovery Home			\$200,000				\$200,000
	TOTAL		\$304,350	\$1,092,813	\$530,107	\$0		\$1,927,270
								\$4,645,374
								MHB TOTAL

#7C



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

BRIEFING MEMORANDUM

DATE: May 12, 2021
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Revised CCMHB Funding Guidelines

Purpose:

For consideration by the CCMHB, the attached DRAFT document presents proposed revisions to the “Champaign County Mental Health Board Requirements and Guidelines for Allocation of Funds,” most recently revised in November 2018. If approved at the May 26 meeting of the CCMHB, these changes in policy will be incorporated into contracts for services provided by agencies in the Program Year 2022 (July 1, 2021 to June 30, 2022.) Each proposed revision is highlighted in the attached DRAFT, with strikethroughs if language is being replaced or eliminated:

- Addition of the requirement for an agency CLC Plan.
- Adjustments to the highest amounts which can be charged to the CCMHB contract for each of the independent CPA audit, financial review, and compilation reports:
The audit amount increases from \$6,000 to \$8,500.
The financial review amount increases from \$3,000 to \$5,000.
The compilation amount increases from \$1,000 to \$2,500.
These are based on agencies’ experiences since implementation of the 2018 guidelines.
- Renaming “Auditor’s Checklist” to “Financial Accountability Checklist” for clarity.
- Adding to the Financial Accountability Checklist an item confirming that the Accrual Accounting Method is in use, as required and consistent with accounting standards.
- Changing the deadline for all audits, financial reviews, and compilations to six months after the close of the agency’s fiscal year, from the current four months. This adjustment will make it possible for more agencies to maintain compliance with requirements. Some CCMHB/CCDDB staff tasks will be reorganized around this change.
- Removing the option for extensions of this deadline. Payments will be automatically suspended if the deadline is missed, and after three months, the contract will be terminated. These changes allow CCMHB/CCDDB staff to manage the impacts of late reports on our own accounting, evaluation, and reporting activities.

DRAFT

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS**

INTRODUCTION

It is the policy of the Champaign County Mental Health Board (CCMHB) that: services be provided in the least restrictive environment appropriate to the needs of the individual; CCMHB funding support be community based; and CCMHB planning and funding efforts be coordinated with governmental and non-governmental providers of services.

Funds allocated by the CCMHB shall be used to contract for mental health, developmental disability, and substance use disorder supports and services for Champaign County residents, pursuant to the authority contained in the Community Mental Health Act, ILCS, Chapter 405, Act 20, Section 0.1, et.seq.

This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms “applicant,” “agency,” “organization,” and “provider” refer to the entity seeking or receiving funding from the CCMHB. Acceptance of CCMHB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms, and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting CCMHB compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. Eligible Applicants for CCMHB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing mental health, developmental disability, or substance use disorder supports and services to residents of Champaign County.
- (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national board or organization that demonstrates financial reliability and stability and who demonstrates appropriate service, fiscal, and administrative accountability is eligible to apply for funding.

- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. No staff member of the agency or relative of a staff member will be allowed to serve on the agency board.
- (d) For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCMHB.
- (e) The CCMHB and Champaign County Developmental Disabilities Board (CCDDB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB or CCDDB. The management of such funds will comply with the CCMHB and/or CCDDB Funding Guidelines.
- (f) Government agencies, other than taxing bodies, are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available.
- (g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCMHB are eligible to apply.

2. Administrative Requirements of Applicants

- (a) Corporate by-laws at a minimum shall: encourage consumer representation on the board; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCMHB, and if approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual preference, national origin, ancestry, or disability. Services shall not be denied based on a client's inability to pay.
 - (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion,

national origin, ancestry, gender, sexual preference, or physical or mental disability.

- (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disabilities be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCMHB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
- (iii) The CCMHB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCMHB, its agents, or employees to enforce it, the CCMHB assumes no responsibility for enforcement of, or compliance by the recipient organization with, any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCMHB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees and premised on the CCMHB's provision of these funds.
- (d) The provider shall implement and report on a Cultural and Linguistic Competence Plan related for the agency's staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards.
- (e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCMHB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCMHB-funded and CCDDDB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCMHB.
- (f) The provider will be expected to:
 - (i) Make available for inspection by the CCMHB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority;
 - (ii) Cooperate fully in program evaluation and onsite monitoring as conducted by CCMHB staff pursuant to the mandate contained in the Community Mental Health Act;

- (iii) Make available for inspection by the CCMHB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCMHB;
 - (iv) Make available for annual inspection by the CCMHB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority;
 - (v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement; and
 - (vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (g) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
 - (h) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
 - (i) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
 - (j) All programs shall certify that they do not use CCMHB funds:
 - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation;
 - (ii) For direct or indirect medical (physical health) services that are not related to mental health, substance use disorder, or developmental disabilities;
 - (iii) For programs or services under the jurisdiction of public school systems.

3. Accreditation Requirements for Eligible Applicants

All CCMHB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services. For example, the CCMHB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission of Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, Commission on Accreditation of Rehabilitation Facilities, and the Council on Quality and Leadership.

Accredited agencies and programs shall provide the CCMHB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCMHB staff shall determine what documents and correspondence are relevant for the CCMHB monitoring purposes.

4. Organization Requirements in Lieu of Accreditation
All CCMHB funded agencies and programs not accredited by a recognized accrediting body shall make available for annual inspection by the CCMHB copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCMHB staff may develop, make available to agencies, and periodically review a set of compliance indicators.

5. Organization Board Meetings
Agency governing boards must notify the CCMHB of all board meetings, meet in session open to the CCMHB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCMHB with copies of minutes of all open meetings of the governing board. A request for waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. Fiscal Requirements
 - (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCMHB or CCDDDB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
 - (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCMHB funded program.
 - (c) The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCMHB contract are required to maintain personnel activity reports in order to account for all compensated time including time spent on other activities.
 - (d) CCMHB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCMHB funds in excess of actual reimbursable expenses by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).
 - (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.
 - (i) All accounting entries must be supported by appropriate source documents.

- (ii) Amounts charged to CCMHB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records for individual employees.
 - (iii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCMHB contract.
 - (iv) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts.
 - (v) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCMHB contract or programs funded by other funding sources.
 - (vi) Financial records shall be maintained on a current month basis and balanced monthly.
 - (vii) Costs may be incurred only within the term of the contract as defined in the boilerplate, and all obligations must be closed out no later than thirty (30) days following the contract ending date.
 - (viii) All fiscal records shall be maintained for five (5) years after the end of the contract term.
 - (ix) The CCMHB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) CCMHB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCMHB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCMHB funded program must be allocated to all programs, both funded and non-funded.
- (g) The following expenses are non-allowable:
- (i) Bad debts;
 - (ii) Contingency reserve fund contributions;
 - (iii) Contributions and donations;
 - (iv) Entertainment;
 - (v) Compensation for board members;
 - (vi) Fines and penalties;
 - (vii) Interest expense;
 - (viii) Sales tax;
 - (ix) Purchase of alcohol;
 - (x) Employee travel expenses in excess of IRS guidelines;
 - (xi) Lobbying costs;
 - (xii) Depreciation costs;
 - (xiii) Rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented;

- (xiv) Capital expenditures greater than \$500, unless funds are specified for such purpose;
 - (xv) Supplanting funding from another revenue stream. The CCMHB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
 - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits;
 - (xvii) Expenses or items not otherwise approved through the budget or budget amendment process;
 - (xviii) Expenses incurred outside the term of the contract;
 - (xix) Contributions to any political candidate or party or to another charitable purpose;
 - (xx) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% (subject to review by the CCMHB) of the non-administrative portion of the budget, unless approved by the CCMHB;
 - Any indirect administrative costs that exceed those approved in the program/service budget;
 - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCMHB.
- (h) Funded agencies shall provide safeguards for all funds provided through CCMHB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:
- (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
 - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
 - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
 - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. All CCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCMHB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.

2. The CCMHB application for funding process shall include the following steps:
 - (a) Public notification of the availability of funding shall be issued via the News Gazette during the month of December. This announcement will provide information necessary for an organization to submit an application for funding and how to request access application materials.
 - (b) Funding priorities and criteria will be approved no later than the December Board meeting.
 - (c) All potential applicants must register with the CCMHB. Information on the registration process will be provided by the CCMHB upon request. Access to application forms and instructions follows completion of the registration process.
 - (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.
 - (e) Completed application(s) will be due in the month of February on a date specified in the public notice. The CCMHB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCMHB online application system.
 - (f) Access to application(s) will be provided to member(s) of the CCMHB upon a member(s) request and in a medium preferred by the member.
 - (g) The CCMHB may require some or all applicants to be present at an April or May Board meeting to answer questions about their application(s).
 - (h) Staff will complete a summary of each application, for review and discussion by the CCMHB at the April Board meeting. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support "match-up" process comparing the application to established and contemporaneous CCMHB criteria will be provided.
 - (i) Staff will complete preliminary funding recommendations for CCMHB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCMHB shall review, discuss and come to a decision concerning authorization of funding, and a spending plan for the contract year.
 - (j) Once authorized by the CCMHB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, the staff is authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCMHB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCMHB as part of the funding priorities and criteria.
 - (k) Allocation decisions of the CCMHB are final and not subject to reconsideration.
 - (l) The CCMHB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures

Agencies awarded CCMHB funds shall receive a letter of notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award.

2. Contracting Format and Implementation Procedures

The contract shall include the boilerplate (i.e., standard language and provisions applicable to all contracts), the program plan, personnel form (if applicable), rate schedule (if a fee for service contract), budget, required financial information, and agency Cultural and Linguistic Competence Plan. Completion of the contract requires the signatures of authorized representatives of the CCMHB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

3. Types of CCMHB Contracts

(a) Grant Contract

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCMHB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCMHB and is based on the appropriateness of this format to the objectives of the program plan.

(b) Fee for Service Contract

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an “advance and reconcile” approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCMHB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.

(c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.

(d) Special Initiative Contract

The format can be either grant or fee-for-service and is subject to the same terms as described in the boilerplate. Most approved applications from “new” providers shall be classified as special initiatives for a period up to three years.

(e) Capital Contract

Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.

(f) Intergovernmental Agreement

The CCMHB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.

4. Along with decisions for contract awards to be funded at July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional revenues which can be allocated to contracts.

5. Contract Amendments

The need for a contract amendment is driven by a change in conditions delineated in the original agreement and may be initiated by either party. The provider is required to report changes that modify the administrative structure and/or implementation of the program plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives.

- (a) The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.
- (b) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. The Board shall be informed of all contract amendments.
- (c) The Board President or the Executive Director may ask for a full CCMHB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease any contract award amount.
- (d) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCMHB.

GENERAL REQUIREMENTS FOR CCMHB FUNDING

1. CCMHB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCMHB funds to establish or add to a reserve fund.
3. If the provider accumulates CCMHB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.

4. CCMHB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the explicit purpose of the contract or is approved as part of the program plan.
5. CCMHB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCMHB. Request for advance payment will follow the contract amendment process.
6. Providers shall maintain accounting systems, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCMHB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
7. Providers shall notify the CCMHB of any applications for funding submitted to other public and private funding organizations for services funded by the CCMHB, especially those that could result in a funding overlap.
8. Provider Reporting Requirements
 - (a) Financial and service reporting requirements are delineated in the contract boilerplate and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Monthly billings are required for fee for service contracts.
 - (b) Change in the Provider's corporate status shall be reported within 30 days of the change.
 - (c) Change in the Provider's accreditation status shall be reported within 30 days of the change.
 - (d) The Provider shall notify the CCMHB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
 - (e) Additional reporting requirements may be included as provisions of the contract.
9. Monitoring and Evaluation
 - (a) CCMHB staff shall conduct Provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
 - (b) CCMHB may survey all non-accredited agencies and programs for compliance with CCMHB Requirements in Lieu of Accreditation on an annual basis.
 - (c) CCMHB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.

- (d) CCMHB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
- (e) The primary responsibility for on-going evaluation of services rests with the agencies and programs. In order for the CCMHB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCMHB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
- (f) Additional monitoring and evaluation activities may be included as provisions of the contract.

10. Non-Compliance with the Terms and Conditions of the Contract

- (a) The CCMHB Executive Director or their representative shall notify the Provider Executive Director and Provider Board President in writing of any non-compliance issue. The Provider shall provide a corrective action plan within 10 days and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to suspend, reduce, or terminate funding.
- (b) Suspension of Funding: Cause for suspension of funding shall exist when the Provider: (1) fails to comply with terms of the award letter; (2) fails to comply with terms and conditions of the contract, or; (3) fails to comply with CCMHB monitoring and reporting requirements.
- (c) The following procedures will be followed in the process of suspension of funding:
 - (i) The Provider Executive Director and Provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCMHB staff that the agency funding has been suspended.
 - (ii) The notification of suspension will include a statement of the requirements with which the Provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
 - (iii) The Provider shall respond in writing to the CCMHB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
 - (iv) The Provider may be requested to appear before the CCMHB.
 - (v) Failure to respond within 10 days shall be just cause for suspension of funding.
 - (vi) Failure to correct within 30 days shall be cause for suspension. A suspension of funding shall remain in effect until the non-compliance leading to the suspension has been corrected.
- (d) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a Provider fails to expend CCMHB funds or deliver services in accord with the contract, which includes approved Agency Program and

Financial Plans. The following procedures will be followed in the process of reduction of funding:

- (i) The reduction of the grant amount shall be in an amount determined by the CCMHB.
 - (ii) The Provider Executive Director and Provider Board President shall be notified, in writing, via certified mail, return receipt requested, by CCMHB staff that the contract maximum is being reduced.
 - (iii) The notification of reduction will include a statement of the cause for reduction and include the amount by which the grant amount is reduced.
 - (iv) Within thirty days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced.
- (e) Termination of Funds: Due cause for termination of funding exists when a Provider fails to take adequate action to comply with CCMHB requirements within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCMHB as stated in the notification of award; the contract; the applicable provisions of this document; or in the monitoring procedures and requirements of the CCMHB. The following procedures will be followed in the process of termination of funding:
- (i) The Provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested by the CCMHB Executive Director that termination of funding is being recommended to the Board.
 - (ii) The notification of possible termination will include a statement of the requirements with which the Provider is non-compliant; a statement of the actions of the CCMHB taken to urge the Provider to avert termination and move to compliance with CCMHB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
 - (iii) The CCMHB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
 - (iv) Termination of funding will be undertaken only after the CCMHB has made reasonable effort to reach an acceptable settlement with the Provider.
- (f) Appeal procedures: The CCMHB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may however, delegate monitoring responsibility to other CCMHB staff. The following procedures will be followed in the appeal of suspension, reduction or termination of funding:
- (i) The Provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request that details the reasons for reconsideration within fourteen (14) days of being notified of the staff decision.
 - (ii) The Executive Director shall review information from both the CCMHB monitoring staff and the Provider in arriving at a decision.
 - (iii) Any decision by the Executive Director that a Provider is in non-compliance with provisions of this chapter shall be communicated in writing to the

agency or program within fourteen (14) calendar days of receipt of the appeal.

- (iv) Only decisions by the CCMHB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCMHB. Such appeals must be made in writing by the Provider.
- (v) CCMHB shall review information from the CCMHB Executive Director and the agency or program in arriving at a decision at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if the Board so chooses. The agency shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCMHB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCMHB contract and following the close of its fiscal year. These reports must contain schedules using CCMHB/CCDDB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

1. Independent Audit

- (a) An independent CPA firm performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.
- (b) The resultant audit report is to be prepared in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.
- (c) A funded agency with total revenue of \$300,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than \$300,000 and greater than \$30,000 may choose or be required to have an independent audit performed.

- (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to ~~\$6,000~~ \$8,500 (total) to CCMHB for costs associated with this requirement.

2. Independent Financial Review

- (a) An independent CPA firm performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).
- (c) A funded agency with total revenue of less than \$300,000 and greater than \$30,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required to have an independent audit rather than a financial review, this should be made clear prior to contract execution.
- (d) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCMHB contract, the funded agency may budget for and charge up to ~~\$3,000~~ \$5,000 (total) to CCMHB for costs associated with this requirement.

3. Compilation

- (a) An independent audit firm prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.
- (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
- (c) A funded agency with total revenue of \$30,000 or less will be required to have a compilation performed by an independent audit firm.
- (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCMHB contract, the funded agency may budget for and charge up to ~~\$1,000~~ \$2,500 (total) to CCMHB for costs associated with this requirement.

4. Shared Cost

In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.

5. Supplementary Information

The following supplementary financial information shall be completed by an independent CPA firm and included in the audit, review, or compilation report (and failure to do so will make the report unacceptable):

- (a) **Schedule of Operating Income by CCMHB-Funded Program:** This schedule is to be developed using CCMHB approved source classification and format modeled after the CCMHB Revenue Report form. Detail shall include separate columns listing total program as well as CCMHB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as “State of Illinois” or “Federal Government.”
- (b) **Schedule of Operating Expenses by CCMHB-Funded Program:** This schedule is to be developed using CCMHB approved operating expenses categories and format modeled after the CCMHB Expense Report form. Detail shall include separate columns listing total program as well as CCMHB-Funded only expenses. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall exclude any expense charged to the Board from the list of non-allowable expenses (above).
- (c) **CCMHB Payment Confirmation:** CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCMHB office.
- (d) **For Audit Only, Auditor Opinion on Supplementary Information:** The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCMHB-Funded Program and Operating Expenses by CCMHB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.
- (e) **Capital Improvement Funds:** If the agency has received CCMHB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
- (f) **For Audit Only, Internal Controls:** The independent auditor should communicate, in written form, material weaknesses in the agency’s internal controls when it impacts on the CCMHB’s funding. Copies of these communications are to be forwarded to the CCMHB with the audit report.
- (g) **Items described in the “Auditor’s Financial Accountability Checklist”:**
 - (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories;
 - (ii) Agency board review of financial statements at Agency Board meetings and Source Document – Agency Board meeting minutes (dated);

- (iii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year;
- (iv) Agency board minutes with motion approving the budget of the fiscal year under review;
- (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable;
- (vi) Demonstration of tracking of staff time (e.g. time sheets);
- (vii) Proof of payroll tax payments for one quarter, with payment Dates;
- (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period;
- (ix) W-2s and W-3, comparison to the gross on 941;
- (x) Verification of 501-C-3 status (IRS Letter), if applicable;
- (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained;
- (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable; and
- (xiii) Secretary of State Annual Report; and
- (xiv) Accrual Accounting Method in use.

6. **Filing:** The audit or review or compilation report is to be filed with the CCMHB within ~~120 days~~ **6 months** of the end of the agency's fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year.

~~7. **Request for Exceptions:** A request for exceptions to these requirements or for an extension of time to file the report, must be submitted in writing to the executive director of the CCMHB. In all cases, approval shall be obtained prior to extensions and/or exceptions being implemented. **Late Audit, Review, or Compilation:** in the event that an independently performed audit, review, or compilation report is not submitted to the CCMHB office prior to the deadline, payments on the agency's contract(s) will be suspended for three months or until the required report is received. If the report is not received within three months, the contract(s) will be terminated and the withheld payments released upon submission of the required report. An agency will not be eligible for subsequent CCMHB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.~~

8. **Penalty:** Failure to meet these requirements shall be cause for termination or suspension of CCMHB funding.

9. If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all CCMHB funds allocated for such purpose.

10. **Records:** All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.

11. At the discretion of the CCMHB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

All exceptions to the Funding Guidelines must have the prior approval of the CCMHB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCMHB's designee. Requests for exceptions that require the CCMHB's approval must be submitted to the Executive Director for review and submission to the CCMHB. Subsequently, the CCMHB's written decision will be transmitted to the agency. If the contract and funding guidelines are not in agreement, the contract shall prevail.