



Champaign County Mental Health Board (CCMHB) Meeting Agenda

Wednesday, May 26, 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 stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board and public by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 3**)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
6. President's Comments – Joseph Omo-Osagie
7. Executive Director's Comments – Lynn Canfield
8. New Business
 - A. Staff Recommendations for PY22 Agency Allocations (**pages 4-35**)*
A Decision Memorandum presents the staff recommendations for allocation of PY22 funding to agencies, with attached Tier Sheet. Action is requested.
 - B. Additional Input to the County Board (**pages 36-41**)
Included for information are a memo and attachments collecting written input submitted to the Champaign County Board for their public hearing on ARP funds.
 - C. Revised CCMHB Funding Guidelines (**pages 42-60**)*
Included for review and approval are a Decision Memorandum and attached DRAFT of proposed revisions to the Board's Funding Guidelines. If approved during this meeting, corresponding changes will also be made to the PY2022 contracts for agency services. Action is requested.
9. Agency Information

The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.

10. Old Business

A. 211 Data Reports (**pages 61-67**)

Included for information are reports prepared by PATH regarding Champaign County 211 calls. The first is a summary, the second describes problems presented and referrals made in response, and the third lists unmet needs and reasons.

B. Contract Amendment Report (**page 68**)

A briefing memorandum on recently issued contract amendments is included in the packet for information only.

C. Schedules & Allocation Process Timeline (**pages 69-72**)

Updated copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline are included in the packet.

11. CCDDDB Information

12. Approval of CCMHB Minutes (**pages 73-79**)*

Minutes from the April 21, 2021 meeting, April 28, 2021, and May 12, 2021 study sessions are included in the packet. Action is requested.

13. Staff Reports (**pages 80-93**)

Included for information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Chris Wilson.

14. Board to Board Reports

15. Expenditure List (**pages 94-95**)*

Copy of the Expenditure List is included in the packet. Action is requested to accept the list and place it on file.

16. Board Announcements

17. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for CCMHB Meeting May 26, 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
<https://us02web.zoom.us/j/81393675682>
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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.

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8.A.



DECISION MEMORANDUM

DATE: May 26, 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 provision:

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

New language was added to PY2021 contracts for services, given the quickly evolving impacts of COVID-19 and related funding opportunities, and in order to support agencies' mid-contract year responses. As these circumstances continue, all PY2022 contracts will include the following provision:

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

Recommendations include consideration of possible new revenue through federal relief funds, if available to the CCMHB. If they do become available, there is no certainty of timing, and there may be additional reporting requirements and recognition of the short-term nature of this relief funding. To prepare for a best case scenario, all PY2022 contracts will include the following provision:

If this contract is funded, in part or in whole, with new CCMHB revenue through Champaign County's American Rescue Plan Act relief funds, additional information may be requested of the Provider in order for the CCMHB and County to fulfill federal reporting requirements. All parties acknowledge that recovery funding is for a short-term and might not be available in subsequent contract years.

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:

Crisis Response and Intervention

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>
	<i>(compare with PY2021 approved = \$1,030,812)</i>

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*

programs funded through that mechanism, whether in part or in full, may be asked to share additional information in order for 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: delayed effective dates with prorated contract award amounts (as contract compliance issues are resolved); prorated contracts where staff are to be hired; deferral of some proposals for later consideration in the event of additional funding; use of fund balance; and commitment to 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. The final category references applications not recommended for full funding due to fiscal constraints and some technical barriers. If additional revenue becomes available and technical concerns resolved, this set could be funded as Special Initiative contracts for a one-year term. Also in the event of additional revenue, continuing contracts receiving a smaller award than requested may be amended to the full amount.

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 (but delayed in case of full funding): 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: 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 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.*
- *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, offer a two-year term, and increase (both years) to full request if other CCMHB revenue becomes available. **\$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**

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, offer a two-year term, and increase (both years) to full request if other CCMHB revenue becomes available.

\$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.
- 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 and offer a two-year term. **\$169,464**

*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 CCCHC

- 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.*
- *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, offer a two-year term, and increase (both years) to full request if other CCMHB revenue becomes available. **\$77,960**

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*
- *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, offer a two-year term, and increase (both years) to full request if other CCMHB revenue becomes available. **\$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*

- *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, offer a two-year term, and increase (both years) to full request if other CCMHB revenue becomes available. **\$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 and offer two-year term. **\$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; 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**

*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 requested

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).*
- *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. \$204,370 MH**

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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: n/a*
- *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, offer a two-year term, and increase (both years) to full request if other CCMHB revenue becomes available.*

\$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 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 is to fund at PY21 level, offer a two-year term, and to increase (both years) to full request if other CCMHB revenue becomes available. \$18,000**

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.*

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- *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 requested and offer a two-year term, and to increase (both years) to full request if other CCMHB revenue becomes available. **\$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, with adjusted financial reports; 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 \$129,500 greater than current projection of available funding.

Exceeds Allocation Parameters, Any Priority

I/DD 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 were considered for funding by the CCDDB at their May 19th meeting. The CCDDB has recommended 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.

The following are not recommended for funding at this time:

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 (staff w/ felony within 5 years); update eligibility questionnaire.*

- STAFF RECOMMENDATION is to deny funding at this time and to fund in the event additional CCMHB revenue becomes available. **\$0**

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 (staff with felony within 5 years); mid-year presentation to the Board.*
- STAFF RECOMMENDATION is to deny funding at this time and to fund in the event additional CCMHB revenue becomes available. **\$0**

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 deny funding at this time and to fund in the event additional CCMHB revenue becomes available. **\$0**

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 deny funding at this time and to fund 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 deny funding at this time and to fund in the event additional CCMHB revenue becomes available and after sufficient revisions are made and required board composition achieved. **\$0**

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 outcomes project; seek other funding (SAMHSA, state block grant) and, if secured, notify CCMHB staff of need for contract amendment to reduce maximum; update eligibility questionnaire.*
- STAFF RECOMMENDATION is to deny funding at this time and to fund in the event additional CCMHB revenue becomes available. **\$0**

*Champaign Community Coalition

[^]Special Initiative/mid-year report required

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

The following are recommended at amounts lower than requested:

CCRPC-Community Services - Justice Diversion Program

- *Request is for \$207,948. Staff recommendation is for PY21 amount of \$75,308.*
- *Proposed expansion, with full funding, would cost \$132,640 more.*

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

- Request is for \$56,425. Staff recommendation is for PY21 amount of \$52,754.
- Full funding would cost \$3,671 more per year.

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

- Request is for \$80,274. Staff recommendation is for PY21 amount of \$77,960.
- Full funding would cost \$2,314 more per year.

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

- Request is for \$77,394. Staff recommendation is for PY21 amount of \$75,140.
- Full funding would cost \$2,254 more per year.

Community Svc Center of North CC - Resource Connection

- Request is for \$68,609. Staff recommendation is for PY21 amount of \$67,596.
- Full funding would cost \$1,013 more per year.

Crisis Nursery - Beyond Blue- Champaign County

- Request is for \$90,000. Staff recommendation is for PY21 amount of \$75,000.
- Full funding would cost \$15,000 more per year.

DREAAM House - DREAAM Big!

- Request is for \$100,000. Staff recommendation is for PY21 amount of \$80,000.
- Proposed expansion, with full funding, would cost another \$20,000.

Don Moyer Boys and Girls Club - Community Coalition Summer Initiatives

- Request is for \$107,000. Staff recommendation is for lower amount, \$90,000.
- Full funding would cost \$17,000 more.

ECIRMAC (Refugee Center) - Family Support & Strengthening

- Request is for \$62,000. Staff recommendation is for PY21 amount of \$56,440.
- Full funding would cost \$5,560 more per year.

Mahomet Area Youth Club - Members Matter!

- Request is for \$21,905. Staff recommendation is for PY21 amount of \$18,000.
- Full funding would cost \$3,905 more per year.

Rosecrance Central Illinois - Fresh Start

- Request is for \$85,409. Staff recommendation is for PY21 amount of \$79,310.
- Full funding would cost \$6,099 more per year.

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

- Request is for \$86,603. Staff recommendation is for a lower amount, of \$77,423.
- Full funding would cost \$9,180 more per year.

If American Rescue Plan Act funding is made available to the CCMHB, the staff recommendation is to fully fund the above requests, pending completion of requirements identified here and any associated with the federal reporting. NEW programs will be contracted as Special Initiatives.

If American Rescue Plan Act funding is made available but is not sufficient to fund the above requests fully, or if other CCMHB revenue becomes available, the CCMHB will consider individual requests at a future meeting. Some discussion has already occurred, prioritizing programs which have been paused and one new program which has a high 'return on investment' potential.

The total amounts not recommended for funding at this time are less than the difference between anticipated revenue and total requests. Once again, the staff recommendation is to 'overfund'. If American Rescue Plan Act funding is made available, specific contracts may be designated for that funding to lower the risk and restore balance.

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.

DECISION SECTION

Motion to approve CCMHB funding as recommended for **Crisis Response and Intervention**, subject to the caveats as presented in this memorandum, pages 14-17:

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve CCMHB funding as recommended for **Innovative Practices and Access to Behavioral Health Services**, subject to the caveats as presented in this memorandum, pages 17-20:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to approve CCMHB funding as recommended for **System of Care for Children, Youth, Families**, subject to the caveats as presented in this memorandum, pages 20-24:

- Approved
- Denied
- Modified

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_____ Additional Information needed

Motion to approve CCMHB funding as recommended for **Collaboration with the CCDDDB (for Intellectual and Developmental Disabilities)**, subject to the caveats as presented in this memorandum, pages 24-25:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to deny CCMHB funding as described in the section, **Exceeds Allocation Parameters, Any Priority**, pages 25-29:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to approve CCMHB funding as described in the section, **Exceeds Allocation Parameters, Any Priority**, subject to the caveats as presented in this memorandum, pages 25-29, in the event that a sufficient amount of American Rescue Plan Act funding is made available to the CCMHB and as soon as is reasonable after that occurs:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to authorize the executive director to conduct **Contract Negotiations** as specified in this memorandum, page 11:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to authorize the executive director to implement contract maximum reductions as described in the section, **Special Notifications Concerning PY2022 Awards**, in this memorandum, pages 11-12:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to authorize the executive director to include in all contracts the COVID-19 Provision described in the section, **Special Notifications Concerning PY2022 Awards**, in this memorandum, pages 11-12:

_____ Approved
_____ Denied

_____ Modified
_____ Additional Information needed

Motion to authorize the executive director to include in all contracts the American Rescue Plan Act Provision described in the section, **Special Notifications Concerning PY2022 Awards**, in this memorandum, pages 11-12:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

CCMHB Allocation Recommendations for PY2022

5/26/2021		PY 2022	Priority	Priority	Priority	Priority	PY2022	PY2022	NOTES
Agency	Program	Request	Crisis	Innovation	SOC	I/DD	Recommend	Deny /Hold	
CCRPC - Community Services	Justice Diversion - EXPANDED	\$207,948	\$75,308				\$75,308	\$132,640	PY21 2 yr
	Youth Assessment Center	\$76,350	\$76,350				\$76,350		
Champaign County Children's Advocacy Center	Children's Advocacy Center	\$56,425	\$52,754				\$52,754	\$3,671	PY21, 2yr
Champaign County Christian Health Center	Mental Health Care at CCHC	\$33,000		\$33,000			\$33,000		full, 2 yr
Champaign County Head Start/Early Head Start	Early Childhood Mental Health Services	\$326,369			\$204,370	\$121,999	\$326,369		full
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	\$80,274		\$77,960			\$77,960	\$2,314	PY21, 2 yr
	Justice Involved CHW Services & Benefit	\$77,394	\$75,140				\$75,140	\$2,254	PY21, 2 yr
	Disability Services - NEW	\$71,500					\$0	\$71,500	hold
Community Svc Center of Northern Champaign C	Resource Connection	\$68,609		\$67,596			\$67,596	\$1,013	PY21, 2 yr
Crisis Nursery	Beyond Blue Champaign County	\$90,000			\$75,000		\$75,000	\$15,000	PY21, 2 yr
DREAAM House	DREAAM Big	\$100,000			\$80,000		\$80,000	\$20,000	PY21
Developmental Services Center	Family Development	\$596,522				\$596,522	\$596,522		full, 2 yr
Don Moyer Boys and Girls Club (DMBGC)	CU Change	\$100,000			\$100,000		\$100,000		full, 2 yr
	CUNC	\$110,000			\$110,000		\$110,000		full, 2 yr
	Community Coalition Summer Initiative	\$107,000			\$90,000		\$90,000	\$17,000	partial
	Youth and Family Services	\$160,000			\$160,000		\$160,000		full, 2 yr
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$62,000		\$56,440			\$56,440	\$5,560	PY21, 2 yr
Family Service of Champaign County	Counseling	\$30,000	\$30,000				\$30,000		full, 2yr
	Self-Help Center	\$28,430		\$28,430			\$28,430		full, 2yr
	Senior Counseling & Advocacy	\$162,350		\$162,350			\$162,350		full, 2yr
FirstFollowers	First Steps Reentry House	\$39,500	\$39,500				\$39,500		full
	Peer Mentoring for Re-entry	\$95,000						\$95,000	hold
Mahomet Area Youth Club	Bulldogs Learning and Succeeding	\$15,000			\$15,000		\$15,000		full, 2 yr
	MAYC Members Matter!	\$21,905			\$18,000		\$18,000	\$3,905	PY1, 2 yr
Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	\$63,000		\$63,000			\$63,000		full, 2 yr
Rattle the Stars	Youth Suicide Prevention Education	\$86,500		\$86,500			\$86,500		full
Rosecrance Central Illinois	Fresh Start	\$85,409	\$79,310				\$79,310	\$6,099	PY21, 2yr
	Prevention Services	\$60,000			\$0		\$0	\$60,000	hold
	Specialty Courts	\$169,464	\$169,464				\$169,464		full
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		\$77,423	\$9,180	partial, 2 yr
The WELL Experience	Family Services	\$80,000						\$80,000	hold
Urbana Neighborhood Connections	Community Study Center	\$25,500			\$25,500		\$25,500		full, 2yr
VIN Recovery	NEW	\$69,488	\$0					\$69,488	hold
TOTALS AND SUBTOTALS		\$3,488,540	\$597,826	\$575,276	\$955,293	\$718,521	\$2,846,916	\$641,624	

plus \$129,500 overbudget
= \$771,124 ARP request

CCMHB PY2021-2022 Multi Year Awards

7/26/2021		Priority	Priority	Priority	Priority	PY22
Agency	Program	Crisis	Innovation	System of C	I/DD	MxYr Award
CRPC - Community Services	Homeless Services System Coordination	n/a	\$51,906			\$51,906
Courage Connection	Courage Connection	n/a		\$127,000		\$127,000
Urbana Childrens Home	ECHO Housing and Employment Support	n/a	\$101,604			\$101,604
	Parenting Model Implementation	n/a		\$403,107		\$403,107
ROW in Illinois	Peer-Support	n/a	\$77,239			\$77,239
Promise Healthcare	Mental Health Services with Promise	n/a	\$350,117			\$350,117
	Promise Healthcare Wellness	n/a	\$107,987			\$107,987
Rosecrance Central Illinois	Criminal Justice PSC	n/a	\$304,350			\$304,350
	Crisis, Access, & Benefits	n/a	\$203,960			\$203,960
	Recovery Home	n/a	\$200,000			\$200,000
TOTALS AND SUBTOTALS			\$304,350	\$1,092,813	\$530,107	\$0
						TOTAL with ARP request, \$4,774,186 PY22 total = \$5,545,310

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

8.B.

DATE: May 26, 2021
TO: Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: ARP Funding Opportunities and Priorities – 250 words

Purpose:

The following are each of five separate statements I submitted to the Champaign County Board prior to May 16, as they establish priorities and allocation decision processes for use of the American Rescue Plan Act fiscal relief funds they will be receiving during 2021. Each references the US Treasury’s Interim Final Rule, and some tie suggested uses to community needs assessments we have completed or participated in previously. Also included are written comments submitted by Board members.

Written Input to the County Board:

#1

Page 8 of the Interim Final Rule states that “payments from the Fiscal Recovery Funds may also be used... to offer premium pay to **essential workers**, in recognition of their sacrifices over the last year.” Direct support professionals (DSPs) and other frontline workers in the local human services organizations are described in NACo and US Treasury webinars as such essential workers. 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. My initial proposal used an annual bonus amount based on data related to the State of Illinois’ Ligas Consent Decree and subsequent federal findings. Between 150 and 170 DSPs work with County residents who have I/DD. Annual ‘premium pay’ to these essential workers could be a one-time payment of \$3,120 to each who worked a 12-month period during the pandemic, with highest total cost of \$530,400. ARP premium pay has caps much more generous than these, up to \$13/hr in addition to wages, with total annual cap \$25,000 (page 48.) The workforce crisis in all social services warrants serious consideration of such reward payments to all direct DD and behavioral health professionals in the County, while the State considers appropriations to increase annual pay sufficiently and permanently. This solution is consistent with our most recent community needs assessment and strategic plans; the CCMHB/CCDDB staff could collect information regarding these essential workers and forward to the County for action.

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#2

The US Treasury's ARP coordinator Jacob Leibenluft describes this funding as "very importantly" applicable to **behavioral health services**. Behavioral healthcare is identified within the public health response to be supported, and in recognition of the disparate impacts of COVID, the guidance also has a strong equity focus. The unprecedented spike in mental health/addiction concerns turned the crisis of early 2020 into another ongoing pandemic, with profound personal and community economic impacts. Treatment for these needs is essential to community recovery.

During annual solicitation of funding requests from non-profit organizations offering behavioral health services, the CCMHB received many applications which address this explosion of mental health, addiction, and related needs. Various proposals address crisis response, children and youth, resilience-building, violence interruption and postvention, and more, but the Board's revenue has not grown with the needs, making it impossible to fund several important new and expanded programs. ARP funding could support additional behavioral healthcare services for those most negatively impacted by COVID-19, including people with low income and people of color. Pages 11 and 19-20 of the Interim Final Rule set the stage for this use, naming non-profits in particular; Page 14 details mental health impacts; and Page 15 notes exacerbation of health inequities. For this solution, which is consistent with our 2018 community needs assessment and the 2020 Champaign County IPlan and assessment, the CCMHB has contracting processes in place appropriate to the types of service and provider, and monitoring and reporting requirements which capture utilization, outcomes, and financial accountability.

#3

On pages 22-23 of the Interim Final Rule, "Evidence-based **community violence intervention** programs to prevent violence or mitigate the increase in violence during the pandemic" would be eligible in qualified census tracts and broader communities, as long as there is support for the "determination that the pandemic resulted in disproportionate public health or economic outcomes to the specific populations, households, or geographic areas to be served." This is in recognition that "pre-existing social vulnerabilities" caused greater health disparities during the pandemic, so that "services to address health disparities are presumed to be responsive to the public health impacts of the pandemic." An eligible use of ARP funds appears to be broader implementation of trauma-informed care which can support people affected by gun violence and domestic violence and 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 calls for expansion of trauma-informed care and violence interruption/intervention. Substantial additional funds are necessary to scale up efforts in each of these areas, beyond projects currently funded by the CCMHB. For this

solution, which is consistent with our 2018 community needs assessment and the 2020 Champaign County IPlan and needs assessment, the CCMHB could build on current contracts or develop an RFP.

#4

Two projects long identified as important to local government and community members involve crisis intervention. Behavioral health workforce shortage and high total cost of full projects are persistent barriers. Partnerships exist among public and private entities, which could oversee and benefit from these projects. During the pandemic, crisis response became more difficult to implement. For a county-wide **mobile crisis co-response** program (mental health professionals with law enforcement) would cost between \$2m and \$3m annually. A short-term local effort could bridge us to 2022, when the federal government will launch a national crisis system and require states to implement fuller crisis supports. Similarly, a **crisis center/triage center/diversion center**, could be established and funded. Total budgets for successful centers elsewhere in Illinois are \$3.5m and greater; a design which captures Champaign County's current strengths, including existing collaborations, may have a different cost. 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. For this solution, which is consistent with our community needs assessment, three-year plan, and current allocation priorities, the CCMHB has planning, contracting, and monitoring processes in place but has not had capacity to be the sole funder of these projects due to cost and the need for shared oversight.

#5

Page 38 of the IFR identifies uses related to "Building Stronger Communities through Investments in **Housing and Neighborhoods**" with recognition that COVID-19's greatest economic impacts tend to be in lower-income neighborhoods with high unemployment, limited opportunities, and housing insecurity. Eligible services that could "alleviate the immediate economic impacts" while addressing the contributing factors include: supportive housing; affordable housing development to increase affordable, high quality units; and housing vouchers, residential counseling, or housing navigation assistance. Some of these services are available in Champaign County but could be scaled up and gaps filled. There may be limits to the scope of eligible use (general infrastructure, e.g.), but this community has had a difficult time maintaining adequate capacity for permanent supportive housing and emergency shelter, and data demonstrated this local need prior to the pandemic. In 2019, Champaign County's poverty rate of 19.9% was the fifth highest in the state (IL poverty rate was 11.4%), and the child poverty rate of 18.8% here also higher than the 15.6% rate for Illinois. The American Academy of Pediatrics published a study showing that the majority of homeless children's behavioral health issues were resolved by simply acquiring housing.

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From: [Rappaport, Julian](#)
To: [Lynn Canfield](#)
Subject: FW: Memo Re: County Board May 25 Study Session
Date: Tuesday, May 11, 2021 11:14:38 AM

FYI

From: Julian Rappaport <rappapor@illinois.edu>
Date: Tuesday, May 11, 2021 at 11:06 AM
To: "mrobinson@co.champaign.il.us" <mrobinson@co.champaign.il.us>
Subject: Memo Re: County Board May 25 Study Session

TO: Champaign County Board
RE: Use of American Rescue Plan Act Funds
FROM: Julian Rappaport
Member, County Mental Health Board

This memo suggests that the Champaign County Board work closely with its County Mental Health Board as it makes decisions concerning the use of American Rescue Plan Act funds.

It is widely understood that the pandemic has greatly increased mental health stress on ordinary people. For Champaign County residents who already live with stressful life circumstances the increased demands of coping for themselves, their children, and their neighbors is overwhelming. These mental health needs have quickly translated into a demand for human services that exceeds existing capacity. In response to the increased demand for help from a wide array of citizens, current and would-be local service providers have made requests to the County Mental Health Board for funding assistance that far exceeds available dollars. Each of these requests have already been closely evaluated by the Mental Health Board. It would make sense for the County Board, in considering how to best use the American Rescue Plan Act funds, to collaborate with the County Mental Health Board. This collaboration would assure consideration of needs expressed by a wide representation of County citizens.

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To the Champaign County Board:

I write to support requests made by Lynn Canfield, Executive Director, Champaign County Mental Health and Disabilities Boards, for American Rescue Plan funds.

As a Mental Health Board member, former Disabilities Board member, and parent of an adult son with severe mental and physical disabilities, I can attest to the need for additional funds to support our citizens with mental health issues, substance abuse issues, and/or intellectual and developmental disabilities.

Request #1:

It is said that the next pandemic will be a mental health pandemic. On the Mental Health Board, I have seen a rise in requests for funding to help those who have become even more at risk due to COVID. This year, requests from local agencies supersede our projected funds by nearly \$800,000. Without additional funds, we will have to underfund established agencies and refuse funding to those applying to us for the first time.

Request #2:

Our son, who requires 24-hour attention, lived at home for 28 years. Now he is fortunate to receive day programming and housing from a local agency. The Direct Support staff who make his independent life possible are woefully underpaid. He forms bonds with his caregivers only to see them disappear, one after another, in search of a living wage. This is wrenching for him. Also, low workforce numbers put his health and safety at risk. I ask that DSPs be given a lump-sum payment as described in Lynn Canfield's memo.

Respectfully submitted,

Elaine Fowler Palencia

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8.C.

DECISION MEMORANDUM

DATE: May 26, 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 today, the 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.
- Addition of the requirement for letter from CPA firm prior to contracting.
- 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.

DECISION SECTION

Motion to approve the attached DRAFT of revised “Champaign County Mental Health Board Requirement and Guidelines for Allocation of Funds.” Upon approval, strikethroughs and highlights will be removed from the final version:

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

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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.

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- (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,

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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 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;

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- (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.

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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.

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- (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;

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- (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.

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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

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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

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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.

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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.

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- (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

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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.

Prior to the execution of a contract between the provider and the CCMHB, the provider will demonstrate engagement with an independent CPA firm, through a letter from the firm stating that they will be performing the audit, review, or compilation, and specifying the timeline.

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.

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- (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

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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":

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- (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.

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10.A



Get Connected. Get Help.™

United Way 2-1-1 Report

Champaign County

January 1 – March 31, 2021

Submitted by: Susan Williams, Database Manager, PATH, Inc.

TEXTING! 898211 or TXT211

People can now text 211 for help. Text your zip code to 898211 or this easy-to-remember number – TXT211.

If someone does not text their zip code (or enters a word), it will return a message telling them they need to text their zip code (this is so it routes to the correct call center).

Currently, live texting is available Monday through Friday, 8:30 am - 4:30 pm. Please get the word out to your community that texting is another way for people to access 211 information and referrals by including this in the 211 marketing materials you publish or give out!

FYI – We have responded to 77 texts to date across all counties we cover.

211 COUNTS

Please be reminded that you can access data for your county through 211 Counts.
<https://uwaypath.211counts.org/>

If you need guidance on using the dashboard, please feel free to call me for help: 309-834-0513.

The statistics listed below are some of the data elements that 211 Counts does not collect. I will not be showing any "0" values under Contact Person Type or Referral Source.

Follow-Ups

Number Performed	105
Received Assistance	19
Did Not Receive Assistance	14
Attempted/no answer/number did not work/referral not contacted	72

Call Time

8:00 am – 5:00 pm	506
6:00 pm – 11:00 pm	81
Midnight – 7:00 am	32

Contact Person Type

Individual	571
Third Party	35
Agency	10
School	2
Business	1

Referral Source

Self-Referral	442
Agency	123
Family/Friend	22
Television	6

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Business	5
School	4
Internet	4
Doctor/Hospital/Clinic	3
Police/Fire	3
Newspaper/Magazine	3
United Way	3
Clergy/Church	1

COVID-19 Contacts

Out of the 619 total contacts for Champaign County, 166 were directly related to COVID-19.

Top Agency Referrals

Champaign County Regional Planning Commission	211
Illinois Department of Commerce & Economic Opportunity	87
City of Champaign Township	74
Salvation Army of Champaign County	65
C-U at Home	46
Champaign-Urbana Public Health District	44
Austin's Place Emergency Shelter for Women	35
City of Urbana Grants Management Division	33
Cunningham Township	27
Housing Authority of Champaign County	19
Rosecrance Central Illinois	17

***All 211 Calls – Data from ACD – InContact
01-01-2021 through 03-31-2021***

Service Level % = Percentage of calls answered within 90 seconds. Our goal is 80%. Our goal for abandoned calls is 9%.

SKILL NAME	TOTAL CALLS	AVG HANDLE TIME	ABAN-DONS	AVG INQUEUE TIME	ABAN-DONS	AVG ABANDON TIME	SERV. LEVEL
United Way 211	12,205	00:06:28	1,795	00:01:12	12.81%	00:01:31	72.43%

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PATH, Inc.
Statistical Report
Search Option - County and AIRS Problem Needs and Referral Count
01/01/2021 To 03/31/2021

Total Contacts in Date Range: 12575

619	4.922%	Champaign			
		328	52.989%	Housing	
				347	105.793% Rent Payment Assistance
				102	31.098% Homeless Shelter
				74	22.561% Low Income/Subsidized Rental Housing
				9	2.744% Transitional Housing/Shelter
				7	2.134% Homeless Drop In Centers
				6	1.829% Housing Authorities
				5	1.524% Domestic Violence Shelters
				4	1.22% Housing Search Assistance
				4	1.22% Mortgage Payment Assistance
				3	0.915% Eviction Prevention Legal Assistance
				2	0.61% Crisis Nurseries/Child Care
				2	0.61% Tenant Rights Information/Counseling
				1	0.305% Family Permanent Supportive Housing
				1	0.305% Homeless Motel Vouchers
				1	0.305% Runaway/Youth Shelters
					568 TOTAL Referral Count
		81	13.086%	Utility Assistance	
				125	154.321% Utility Assistance
				1	1.235% Water Service Shutoff Suspension Programs
					126 TOTAL Referral Count
		58	9.37%	Health Care	
				26	44.828% COVID-19 Immunization Clinics
				13	22.414% Dental Care
				7	12.069% Immunizations
				2	3.448% Community Clinics
				2	3.448% COVID-19 Control
				2	3.448% Glasses/Contact Lenses
				2	3.448% Home Health Care
				2	3.448% Medicaid
				2	3.448% Medical Equipment/Supplies
				2	3.448% Prescription Expense Assistance
				2	3.448% Public Health Information/Inspection/Remedia
				2	3.448% Referral to Dental Practitioners Accepting Mec
				1	1.724% Communicable Disease Control
				1	1.724% General Medical Care
				1	1.724% Hospitals
				1	1.724% Medical Care Expense Assistance
				1	1.724% Wheelchairs/Wheeled Mobility
					69 TOTAL Referral Count
		58	9.37%	Information Services	
				4	6.897% Information and Referral
				2	3.448% Information Sources
				1	1.724% Comprehensive Information and Referral

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		1	1.724%	Directory/Resource List Publication
		1	1.724%	Outreach Programs
		9 TOTAL Referral Count		
39	6.3%	Mental Health/Addictions		
		43	110.256%	General Counseling Services
		10	25.641%	Crisis Intervention
		5	12.821%	Substance Use Disorder Treatment Programs
		4	10.256%	Detoxification
		4	10.256%	Psychiatric Inpatient Units
		2	5.128%	Adolescent/Youth Counseling
		2	5.128%	General Psychiatry
		2	5.128%	Sexual Assault Hotlines
		1	2.564%	Psychiatric Disorder Counseling
		1	2.564%	Recovery Homes/Halfway Houses
		1	2.564%	Sexual Assault Counseling
		75 TOTAL Referral Count		
36	5.816%	Individual, Family and Community Support		
		5	13.889%	Case/Care Management
		5	13.889%	Home Maintenance and Minor Repair Services
		5	13.889%	Support Groups
		3	8.333%	In Home Assistance
		2	5.556%	Adult Protective Intervention/Investigation
		2	5.556%	Child Care Centers
		2	5.556%	Extended Child Care
		1	2.778%	Animal Control
		1	2.778%	Charities/Grantmaking Organizations
		1	2.778%	Emergency Alert
		27 TOTAL Referral Count		
33	5.331%	Legal, Consumer and Public Safety Services		
		18	54.545%	General Legal Aid
		3	9.091%	Municipal Police
		2	6.061%	Identification Cards
		2	6.061%	Immigration/Naturalization Legal Services
		1	3.03%	911 Services
		1	3.03%	Child Passenger Safety Seat Inspections
		1	3.03%	Divorce Mediation
		1	3.03%	General Benefits Assistance
		1	3.03%	Long Term Care Ombudsman Programs
		1	3.03%	Reduced Cost Motor Vehicle Registration
		1	3.03%	State Police
		1	3.03%	Utility Service Complaints
		1	3.03%	Veteran Benefits Assistance
		34 TOTAL Referral Count		
32	5.17%	Income Support/Assistance		
		28	87.5%	Tax Preparation Assistance
		5	15.625%	General Relief
		3	9.375%	State Unemployment Insurance
		3	9.375%	TANF
		1	3.125%	SSI
		40 TOTAL Referral Count		
26	4.2%	Food/Meals		
		130	500%	Food Pantries
		5	19.231%	Food Stamps/SNAP
		3	11.538%	Home Delivered Meals

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		1	3.846%	Agricultural Financing
		1	3.846%	Food Cooperatives
		1	3.846%	Grocery Ordering/Delivery
		141 TOTAL Referral Count		
17	2.746%	Transportation		
		8	47.059%	Transportation Expense Assistance
		3	17.647%	Non-Emergency Medical Transportation
		1	5.882%	Disability Related Transportation
		1	5.882%	Transportation Passes
		13 TOTAL Referral Count		
8	1.292%	Clothing/Personal/Household Needs		
		3	37.5%	Clothing
		2	25%	Furniture
		1	12.5%	Cell Phones
		1	12.5%	Diapers
		1	12.5%	Household Goods
		1	12.5%	Personal/Grooming Supplies
		1	12.5%	Thrift Shops
		10 TOTAL Referral Count		
5	0.808%	Other Government/Economic Services		
		3	60%	Small Business Financing
		3 TOTAL Referral Count		
4	0.646%	Volunteers/Donations		
		34	850%	Volunteer Opportunities
		34 TOTAL Referral Count		
2	0.323%	Disaster Services		
		1	50%	Extreme Cold Warming Centers
		1	50%	Extreme Weather Shelters
		2 TOTAL Referral Count		
2	0.323%	Employment		
		1	50%	Comprehensive Job Assistance Centers
		1 TOTAL Referral Count		
1	0.162%	Arts, Culture and Recreation		
1	0.162%	Education		
		1	100%	Colleges/Universities
		1 TOTAL Referral Count		
1	0.162%	Not Recorded		
732 TOTAL AIRS Problem Needs				
619 TOTAL Search Option - County				

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PATH, Inc.
Statistical Report
Search Option - County and Unmet Need Count and Unmet Need Reasons
01/01/2021 To 03/31/2021

Total Contacts in Date Range: 12575

619	4.922%	Champaign			
		7	1.131%	Homeless Motel Vouchers	
				5	71.429% Service is unavailable
				5 TOTAL Unmet Need Reasons	
		6	0.969%	Rent Payment Assistance	
				2	33.333% Does not meet eligibility guidelines for program
				1	16.667% COVID19 - Service unavailable or caller not eligible
				1	16.667% Service referral is refused
				1	16.667% Service unavailable because of eligibility waiting period
				5 TOTAL Unmet Need Reasons	
		6	0.969%	Utility Assistance	
				3	50% Service unavailable because of eligibility waiting period
				2	33.333% Does not meet eligibility guidelines for program
				1	16.667% Service is out of funds
				6 TOTAL Unmet Need Reasons	
		3	0.485%	Support Groups	
				1	33.333% Service is unavailable
				1	33.333% Service is unavailable for men
				2 TOTAL Unmet Need Reasons	
		2	0.323%	Homeless Permanent Supportive Housing	
				2	100% Service is unavailable
				2 TOTAL Unmet Need Reasons	
		2	0.323%	Tax Preparation Assistance	
				1	50% COVID19 - Service unavailable or caller not eligible
				1	50% Service is unavailable
				2 TOTAL Unmet Need Reasons	
		2	0.323%	Temporary Financial Assistance	
				2	100% Service is unavailable
				2 TOTAL Unmet Need Reasons	
		1	0.162%	Building Code Enforcement/Appeals	
				1	100% Service is unavailable
				1 TOTAL Unmet Need Reasons	
		1	0.162%	Domestic Violence Shelters	
				1	100% COVID19 - Service unavailable or caller not eligible
				1 TOTAL Unmet Need Reasons	
		1	0.162%	Grocery Ordering/Delivery	
				1	100% Service is unavailable
				1 TOTAL Unmet Need Reasons	
		1	0.162%	Historic Preservation	
				1	100% Service is unavailable
				1 TOTAL Unmet Need Reasons	
		1	0.162%	Homeless Shelter	
				1	100% Service referral is refused
				1 TOTAL Unmet Need Reasons	
		1	0.162%	Job Search/Placement	
				1	100% Service is unavailable
				1 TOTAL Unmet Need Reasons	
		1	0.162%	Mortgage Payment Assistance	
				1	100% Service is unavailable
				1 TOTAL Unmet Need Reasons	

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1	0.162%	Needle Exchange Program
		1 100% Service referral is refused
		1 TOTAL Unmet Need Reasons
1	0.162%	Outreach Programs
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.162%	Senior Ride Programs
		1 100% Does not meet eligibility guidelines for program
		1 TOTAL Unmet Need Reasons
1	0.162%	Substance Use Disorder Counseling
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons

39 TOTAL Unmet Need Count

619 TOTAL Search Option - County

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10.B.



BRIEFING MEMORANDUM

TO: Members, Champaign County Mental Health Board
FROM: Lynn Canfield and Leon Bryson
DATE: May 26, 2021
RE: Contract Amendment Report

CCMHB Funding Guidelines include a section on contract amendments which gives the Executive Director authority to review and act on amendments, allows for the Board President and the Executive Director to choose which amendments should be brought to the Board for action, and stipulates certain requests requiring Board approval. In all cases, the Board is to be informed of contract amendments.

Current contracts include a provision to adapt the scope of services and budgets as programs shift in response to COVID-19 and restrictions. Previously this flexibility wouldn't have been needed or typical.

First Followers: The PY20/PY21 Peer Mentoring for Reentry contract and the PY21 FirstSteps contract are amended to describe changes in personnel and expenses, particularly as related to COVID-19, along with additional revenue from other sources. The contract maximums and scope of services for each program are not changed, but COVID restrictions continue to have an impact, especially on the Peer Mentoring program.

DREAM House: The PY20/PY21 DREAM contract is amended to capture changes made in response to COVID-19 restrictions and needs of the people served. These impact the scope of services, personnel, and budgeted expenses.

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10.c.

CCMHB 2021 Meeting Schedule

5:45PM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81393675682>
312-626-6799, Meeting ID: 813 9367 5682

- ~~May 19~~ – ~~Shields-Carter Room~~ - *cancelled*
- May 26 – Shields-Carter Room
- June 23 – Shields-Carter Room
- July 21 – Shields-Carter Room
- September 15 – Shields-Carter Room – *joint study session*
- September 22 – Shields-Carter Room
- October 20 – Shields-Carter Room
- October 27 – TBD – *study session*
- November 17 – Shields-Carter Room
- December 15 – Shields-Carter Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.
All meetings and study sessions include time for members of the public to address the Board.
Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

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 in a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

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CCDDB 2021 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81559124557>

312-626-6799, Meeting ID: 815 5912 4557

May 19 – Shields-Carter Room

June 23 – Shields-Carter Room

July 21 – Shields-Carter Room

August 18 – Shields-Carter Room – *tentative*

September 15 5:45PM – Shields-Carter – *study session with CCMHB*

September 22 – Putman Room

October 20 – Shields-Carter Room

November 17 – TBD

December 15 – Shields-Carter Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at

<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

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 in a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

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DRAFT January to December 2021 Meeting Schedule with Subject and Allocation Timeline for PY2022 continued, moving into PY2023

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through 2021. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included are tentative dates for steps in the funding allocation process for Program Year 2022 (July 1, 2021 – June 30, 2022) and deadlines related to PY2021 agency contracts. **2021 meetings are scheduled to begin at 5:45PM; these may be confirmed by contacting Board staff.**

- | | |
|---------|--|
| 1/04/21 | <i>Online System opens for Agency Registration and Applications for PY2022</i> |
| 1/20/21 | Regular Board Meeting: Election of Officers |
| 1/27/21 | Study Session: Mid-Year Program Presentations |
| 1/29/21 | <i>Agency PY21 2nd Q Reports and CLC Progress Reports due</i> |
| 2/12/21 | <i>Agency deadline for submission of applications for PY2022 funding. Online system will not accept forms after 4:30PM.</i> |
| 2/16/21 | <i>List of Requests for PY2022 Funding assembled</i> |
| 2/17/21 | Regular Board Meeting
Discussion of Board Members' Review of Proposals;
Mid-year updates on new agency programs |
| 2/24/21 | Study Session: Mid-Year Program Presentations |
| 3/17/21 | Regular Board Meeting: FY2020 Annual Report
(includes utilization data from agencies for PY20) |
| 4/14/21 | <i>Program summaries released to Board, copies posted online with CCMHB April 21, 2021 meeting agenda</i> |
| 4/21/21 | Regular Board Meeting
Program Summaries Review and Discussion |
| 4/28/21 | Study Session
Program Summaries Review and Discussion |
| 4/30/21 | <i>Agency PY2021 3rd Quarter Reports due</i> |

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5/5/21 *Allocation recommendations released to Board; copies posted online with CCMHB meeting agenda*

5/12/21 **Study Session:** Allocation Recommendations

~~5/19/21 **Regular Board Meeting:** - cancelled~~

5/26/21 **Regular Board Meeting:**
Allocation Decisions; Authorize Contracts for PY2022

6/23/21 **Regular Board Meeting**
Approve FY2022 Draft Budgets

6/23/21 *PY2022 Contracts Completed*

7/21/21 **Regular Board Meeting**

8/27/21 *Agency PY2021 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due*

9/15/21 **Joint Study Session with CCDDB**

9/22/21 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2022 Objectives

10/20/21 **Regular Board Meeting**
Release Draft Program Year 2023 Allocation Criteria

10/27/21 **Study Session**

10/28/21 *Agency Independent Audits, Reviews, or Compilations Due*

10/29/21 *Agency PY2022 First Quarter Reports Due*

11/17/21 **Regular Board Meeting**
Approve Three Year Plan with FY2022 Objectives
Allocation Decision Support – PY23 Allocation Criteria

12/13/21 *Public Notice to be published on or before this date, giving at least 21-day notice of application period.*

12/15/21 **Regular Board Meeting - tentative**

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**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
REGULAR MEETING**

Minutes—April 21, 2021

This meeting was held remotely and at the Brookens Administrative Center, Urbana, IL

5:45 p.m.

MEMBERS PRESENT: Susan Fowler, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Jon Paul Youakim

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Lisa Benson ,Ashley Salinetto CCRPC; Sheryl Bautch, Family Service, Laura Lindsey, Courage Connection; Patty Walters, Josh Cornwell, Nicoke Sikora, DSC; Hannah Sheets, Darya Shahgheibi, Courtney Cuthbertson, Uniting Pride; Elise Belknap, Head Start; Kari May, Children’s Advocacy Center; Jeff Trask, Crystal Hogue, Christian Health Center; Regina Crider, Charles Burton, Don Moyer Boys and Girls Club; Andy Kulczycki, Community Service Center of Northern Champaign County; Gail Raney, Joey King, Rosecrance, Inc.; Lisa Wilson, Refugee Center; Daphne Maurer, Citizen; Carla Zarnsy, Crisis Nursery

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:48 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

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APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

PRESIDENT'S COMMENTS:

Mr. Joe Omo-Osagie made some brief comments.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the agenda.

APPROVAL OF CCMHB MINUTES:

Minutes from the March 17, 2021 meeting were included in the Board packet.

MOTION: Ms. Palencia moved to approve the CCMHB minutes from March 17, 2021. Dr. Youakim seconded the motion. A roll call vote was taken. The motion passed.

EXPENDITURE LIST:

The Expenditure List was included in the packet.

MOTION: Ms. Palencia moved to accept the Expenditure List as presented. Dr. Fowler seconded the motion. A roll call vote was taken and the motion passed unanimously.

NEW BUSINESS:

Review of PY22 Funding Applications:

Program summaries for applications were included in the Board packet for review and comment. Primary and secondary reviewers of the CCMHB provided a brief summary of the programs and questions posed were directed to the agency representative or to staff. The Board reviewed and discussed applications from CCRPC Justice Diversion and Youth Assessment Center; Children's Advocacy Center; Champaign County Christian Health Center; Head Start MH Services; Champaign County Health Care Consumers Outreach and Enrollment, Justice Involved Services, and Disability Application Services; Community Service Center of Northern Champaign County; Crisis Nursery; DREAAM House; DSC Family Development; Don Moyer Boys and Girls Club CU Change, Summer Initiatives and Youth and Family Services. The remainder of the applications will be reviewed at the April 28, 2021 meeting.

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AGENCY INFORMATION:

None.

OLD BUSINESS:

Schedules & Allocation Process Timeline:

Copies of CCMHB and CCDDDB meeting schedules and CCMHB allocation timeline were included in the packet. The May 19th meeting will be canceled. A meeting on May 26th will be added.

Staff Reports

There were no staff reports this month.

Board to Board Reports:

Ms. Palencia attended a Community Coalition meeting.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:27 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDDB Staff

*Minutes are in draft form and subject to CCMHB approval.

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**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
STUDY SESSION**

Minutes—April 28, 2021

This meeting was held remotely and at the Brookens Administrative Center, Urbana, IL

5:45 p.m.

MEMBERS PRESENT: Susan Fowler, Matt Hausman, Daphne Maurer, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Jon Paul Youakim

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Lisa Benson, Ashley Salinetto CCRPC; Sheryl Bautch, Family Service, Laura Lindsey, Patty Walters, Josh Cornwell, Nicoke Sikora, DSC; Hannah Sheets, Darya Shahgheibi, Courtney Cuthbertson, Uniting Pride; Elise Belknap, Head Start; Regina Crider, Charles Burton, Don Moyer Boys and Girls Club; Gail Raney, Joey King, Rosecrance, Inc.; Lisa Wilson, Refugee Center; Janice Mitchell, Urbana Neighborhood Connections; Kim Bryan, Rattle the Stars

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:47 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.



APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

PRESIDENT'S COMMENTS:

Mr. Joe Omo-Osagie made some brief comments.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the agenda.

NEW BUSINESS:

Review of PY22 Funding Applications:

Program summaries for applications were included in the Board packet for review and comment. Primary and secondary reviewers of the CCMHB provided a brief summary of the programs and questions posed were directed to the agency representative or to staff. The Board reviewed and discussed applications from Don Moyer Boys and Girls Club, East Central Illinois Mutual Assistance Center, Family Services, Mahomet Area Youth Club, RACES, Rattle the Stars, Rosecrance, Inc., Terrapin Station Sober Living, Uniting Pride Center, Urbana Neighborhood Connections, and WIN Recovery.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:41 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

*Minutes are in draft form and subject to CCMHB approval.

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD
STUDY SESSION**

Minutes—May 12, 2021

This meeting was held remotely and at the Brookens Administrative Center, Urbana, IL

5:45 p.m.

MEMBERS PRESENT: Susan Fowler, Matt Hausman, Daphne Maurer, Joseph Omo-Osagie, Elaine Palencia, Kyle Patterson, Julian Rappaport, Jane Sprandel, Jon Paul Youakim

STAFF PRESENT: Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo

OTHERS PRESENT: Sheryl Bautch, Family Service, Danielle Matthews, DSC; Elise Belknap, Head Start; Gail Raney, Rosecrance, Inc.; Lisa Wilson, Refugee Center; Andy Kulczycki, Community Service Center of Northern Champaign County (CSCNCC); Stephanie Record, Crisis Nursery (CN); Claudia Lenhoff, Champaign County Health Care Consumers (CCHCC); Jason Greenly, RACES

CALL TO ORDER:

Mr. Joe Omo-Osagie called the meeting to order at 5:47 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Claudia Lenhoff from Champaign County Health Care Consumers spoke about the programs at the agency.

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APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

PRESIDENT'S COMMENTS:

Mr. Joe Omo-Osagie made some brief comments.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the agenda.

NEW BUSINESS:

DRAFT Staff Recommendations for PY22 Agency Allocations:

Included for discussion was 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. Board members discussed the American Rescue Plan. Recommendations were reviewed by priority.

Communication with County Executive and Board:

Included for discussion was 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 was a Tier Sheet with a scenario for use of this funding.

DRAFT Revised CCMHB Funding Guidelines:

Included for discussion was a Briefing Memorandum and DRAFT funding guidelines document, with changes highlighted. There was a Board discussion regarding the audit requirements. Additional language will be added on the requirement before a final draft is presented for review.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:41 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

*Minutes are in draft form and subject to CCMHB approval.



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Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities Staff Report – May 2021

CCDDB: I cloned the PY21 3rd Quarter programs to create the 4th programs for data entry into the Online Claims system for programs with claims requirements.

PY2021 3rd Quarter Service Data Reports and Program Reports for CCDDB and CCMHB I/DD funded programs were printed. I am currently reviewing 3rd Quarter reports.

An extension was given to Champaign County Head Start/Early Head Start for PY21 3rd Quarter reports. Champaign County Down Syndrome Network has not yet completed their 2nd or 3rd Quarter Program Reports, Zip Code Reports, or Demographics Reports. 3rd Quarter Financial Reports have not been completed either. The Down Syndrome Network has not yet submitted their Financial Review. A non-compliance letter was sent to the Down Syndrome Network in January 2021 and payments were suspended.

A Contract Amendment was completed for the CU Autism Network in April. The agency requested the amendment to reduce and reallocate budgeted funds to cover the agency Financial Compilation for PY21. CU Autism Network reallocated \$2,237 to Professional Fees to cover the cost of the Agency's Financial Compilation.

I participated in Financial Site Visits with the CCMHB/CCDDB Financial Manager and other CCDDB/CCMHB staff for Champaign County Healthcare Consumers, Community Service Center of Northern Champaign County, CU Autism Network, Cunningham, and DREAM House.

I also spent time working with the CCMHB/CCDDB Associate Director for Mental Health & Substance Use Disorders after he joined the team in mid-March. I also cloned Application Forms for programs with multi-year contracts with the CCMHB/CCDDB Executive Director and Associate Director for Mental Health & Substance Use Disorders.

I participated as a panelist in the UIUC School of Social Work Grant-a-thon, sharing information about the CCDDB/CCMHB granting process and requirements. I participated in a Planning Meeting for the Community Needs Assessment that we will work on through the summer. I participated in Zoom meetings and phone conversations with representatives from a few different CCDDB funded agencies.

CCDDB Mini-Grant: I completed another Mini-Grant purchase for one recipient. This person requested materials for a fence. There was a delay with this purchase due to a shortage of lumber. I continue to communicate with individuals who have purchases remaining and I have been unsuccessful at reaching a few. At the time of this writing, total purchases have been made in the amount of \$51,560.

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Learning Opportunities: On April 29, 2021, Dr. Elise E. Belknap, Ph.D., NCC presented “The Elephant in the Room: Practices for Nervous System Smart Mental Health Professionals.” There was approximately 22 people in attendance for this virtual event. After the presentation, I created Certificates of Attendance and CEU Certificates. Certificates were sent, along with presentation materials, to attendees. I coordinated with staff from the University of Illinois School of Social to certify the presentation for Social Work CEUs.

I am coordinating with Martin Hood for a Bookkeeping for Non-Profit Programs training. This is tentatively scheduled for May 27, 2021. Karen Robinson Simms is scheduled to present on June 24, 2021.

MHDDAC: I participated in the February, March, and April meetings of the MHDDAC. The Community Data Clinic from the University of Illinois presented their 211 Online Prototype to the group during March and April. In April, Karen Robinson Simms shared her work on Addressing Racism on Campus and in the Community, as part of the Campus/Community Compact Wellness Subcommittee.

ACMHAI: I participated in the March and May meetings of the ACMHAI I/DD Committee. I participated in the ACMHAI Spring Business Meeting. I also participated in two ACMHAI webinars, “Perspectives on Advocacy Issues and COVID's Impact on the I/DD Community” and “Racism, Inequity, and Trauma: An Introduction.”

Disability Resource Expo: I participated in the Expo Steering Committee meetings in March and May. I also participated in three meetings of the Disability Resource Expo Ad Hoc committee. The purpose of this Ad Hoc committee is to explore possibilities for planning the safest possible in-person Expo versus doing another Virtual Expo Event. The committee met with a representative from the Champaign-Urbana Public Health District, she also presented to the full Expo Steering Committee at a subsequent meeting.

Three surveys were developed and distributed to the Steering Committee members, Expo Exhibitors, and Interpreters to determine comfort levels of possibly returning to an in-person event if it can be done safely and within CDC guidelines. I provided technical support for distribution of these surveys.

The next Disability Resource Expo Steering Committee meeting is being planned for early June.

Community Coalition Race Relations Subcommittee: I participated in meetings with the Race Relations Subcommittee meeting. I also continue to participate in the United Way Equity Challenge and complete the Weekly Challenge activities, including a showing and discussion of the documentary, “Open Wounds.”

Other activities: I participated in the March and May meetings of the Transition Planning Committee. I participated in meetings with the University of Illinois Community Data Clinic. I

participated in the March and April Champaign County LIC meeting. I participated in approximately 30 webinars and/or Facebook lunchtime chats. I also participated in the May Human Services Council meeting. I participated in the Crisis Co-Responder Model--Community Partners Conversation, hosted by Carle and Rosecrance.

Prioritization of Urgency of Needs for Services (PUNS) Summary Reports: Updated "PUNS Summary by County and Selection Detail for Champaign County" and the "Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS by Zip Code" reports are attached. The most recent version of these reports was posted by IDHS on January 11, 2021. These documents detailing the number of Champaign County residents enrolled in the PUNS database can be found below and online at https://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_Summary_by_Count_and_Selection_Detail.pdf.

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

April 12, 2021

County: Champaign

Reason for PUNS or PUNS Update	958
New	27
Annual Update	317
Change of Category (Seeking Service or Planning for Services)	6
Change of Service Needs (more or less) - unchanged category (Seeking Service or Planning for Services)	9
Person is fully served or is not requesting any supports within the next five (5) years	264
Moved to another state, close PUNS	28
Person withdraws, close PUNS	29
Deceased	21
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	3
Individual Determined Clinically Ineligible	8
Unable to locate	57
Submitted in error	1
Other, close PUNS	187
CHANGE OF CATEGORY (Seeking Service or Planning for Services)	400
PLANNING FOR SERVICES	116
EXISTING SUPPORTS AND SERVICES	358
Respite Supports (24 Hour)	10
Respite Supports (<24 hour)	19
Behavioral Supports (includes behavioral intervention, therapy and counseling)	143
Physical Therapy	40
Occupational Therapy	84
Speech Therapy	110
Education	164
Assistive Technology	49
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	2
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	28
Medical Equipment/Supplies	35
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	176
TRANSPORTATION	341
Transportation (include trip/mileage reimbursement)	79
Other Transportation Service	233
Senior Adult Day Services	1
Developmental Training	75
Regular Work/Sheltered Employment	62
Supported Employment	62
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	46
Other Day Supports (e.g. volunteering, community experience)	16
RESIDENTIAL SUPPORTS	75
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	7

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

April 12, 2021

Community Living Facility	1
Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	4
Child Care Institutions (Including Residential Schools)	7
Other Residential Support (including homeless shelters)	9
SUPPORTS NEEDED	367
Personal Support (includes habilitation, personal care and intermittent respite services)	318
Respite Supports (24 hours or greater)	17
Behavioral Supports (includes behavioral intervention, therapy and counseling)	144
Physical Therapy	45
Occupational Therapy	70
Speech Therapy	88
Assistive Technology	47
Adaptations to Home or Vehicle	16
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	81
TRANSPORTATION NEEDED	326
Transportation (include trip/mileage reimbursement)	272
Other Transportation Service	307
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	258
Support to work at home (e.g., self employment or earning at home)	5
Support to work in the community	232
Support to engage in work/activities in a disability setting	96
Attendance at activity center for seniors	2
RESIDENTIAL SUPPORTS NEEDED	108
Out-of-home residential services with less than 24-hour supports	67
Out-of-home residential services with 24-hour supports	49
Total PUNS:	57,741

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**Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
 Summary of Total and Active PUNS by
 Zip Code**

Updated
 04/12/21

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactives05102016.pdf>

Zip Code		Active PUNS	Total PUNS	
60949	Ludlow	0	3	
61801	Urbana	30	85	
61802	Urbana	55	128	
61815	Bondville (PO Box)	1	1	
61816	Broadlands	1	3	
61820	Champaign	43	94	
61821	Champaign	72	193	
61822	Champaign	51	105	
61826	Champaign	0	1	
61840	Dewey	0	2	
61843	Fisher	6	12	
61845	Foosland	1	1	
61847	Gifford	0	1	
61849	Homer	1	6	
61851	Ivesdale	1	2	
61852	Longview	1	1	
61853	Mahomet	26	71	
61859	Ogden	3	12	
61862	Penfield	0	2	
61863	Pesotum	0	2	
61864	Philo	3	11	
61866	Rantoul	27	87	
61871	Royal (PO Box)	--	--	no data
61872	Sadorus	2	2	
61873	St. Joseph	13	26	
61874	Savoy	6	18	
61875	Seymour	2	3	
61877	Sidney	4	10	
61878	Thomasboro	0	2	
61880	Tolono	5	25	
Total		354	909	

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**Leon Bryson, Associate Director for Mental Health & Substance Abuse Services
Staff Report-May 26, 2021 Board Meeting**

Summary of Activity:

PY 22 Allocation Process: Managing the allocation process has been the primary focus over the last few months. Program summaries completed and presented at the April CCMHB meetings, attention turned to compiling agency responses to questions raised during the review process. Collaborative effort was spent on developing the draft Decision Memorandum and funding recommendations.

CCMHB Third Quarter Reports: PY 2021 3rd Quarter Service Data Reports were due by Friday, April 30th at 4:30pm. Reports are under review. When necessary, clarification or minor changes are requested. In general, only a small number of reports requires any changes. Three programs requested and were granted extensions to file the third quarter report.

Financial Site Visits:

Several agencies had Financial Site Visits with the CCMHB/CCDDB Financial Manager and other CCDDB/CCMHB staff. Those agencies were Champaign County Healthcare Consumers, Community Service Center of Northern Champaign County, CU Autism Network, Cunningham, and DREAAM House. This was a thorough experience to learn how agencies prepare their financial statements and check to ensure records are being stored properly.

Moreover, I spent time working with the CCMHB/CCDDB Associate Director for Developmental Disabilities after I joined the team in mid-March on how to navigate the online system. I also cloned Application Forms for programs with multi-year contracts with the CCMHB/CCDDB Executive Director and Associate Director for Developmental Disabilities.

Criminal Justice-Mental Health:

Champaign County Reentry Council continues to meet on a monthly basis. At the April meeting, the topic was reviewing PY 2021 goals and objectives. The next meeting will address the new direction with input from the council. State Representative Senator Scott Bennett will be speaking in June on the Criminal Justice Reform and how these laws will impact the direct service we provide to the reentry population. Lastly, the council mentioned a new detox center opening in Champaign County named Navis Health. Navis not only treats drug and alcohol but address co-occurring mental health disorders and trauma as well.

IPLAN Behavioral Health workgroup meeting in March and April. In this meeting there was discussion on a potential pilot called the One Door project. Carle Hospital President is currently looking at community crisis models like in Winnebago County. One Door would serve as a single-door solution that offers the opportunity for those battling mental illness to be recognized, evaluated, stabilized, and engaged with. The overall goal is to enhance the already

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established resources and to decrease law enforcement contact. Partners include: Champaign County Law Enforcement, C-U at Home, Rosecrance and Carle Health Care System. This dual model approach to treatment can either take place in the facility or on scene, perhaps at a residence. In the meeting there was some push-back to the idea of having law enforcement arriving at the crisis.

At the Champaign County Sheriff's Office Meeting (CSCO), the discussion focused on retaining mental health and substance abuse services at the County Jail. For those who begin receiving services while incarcerated, many lose access, sometimes immediately, when they return to the community. The goal is to establish a system that supports people as they transition both in and out of incarceration.

ACMHAI:

I attended and participated in the March and May meeting of the ACMHAI I/DD Committee. I participated in the ACMHAI Spring Business Meeting and attended two ACMHAI webinars, "Perspectives on Advocacy Issues and COVID's Impact on the I/DD Community" and "Racism, Inequity, and Trauma: An Introduction."

Medicaid and Managed Care Committee

We discussed several goals during this meeting. Goal 1: Medicaid Access and Capacity. The objective is to monitor Medicaid rolls and consider our opportunities as funders to assist in building Medicaid infrastructure in our local service areas. Goal 2: Respond to Emerging Legislative Issues. A committee member noted specific legislation on Medicaid reimbursement for ABA therapy and autism. HB 16 is in committee and will allocate Medicaid dollars to AMA therapy. There has been a lot of advocacy around this bill by IL Autism Insurance Coalition and others. It is likely that it will not move forward. Goal 3: Monitor the Healthcare and Family Services (HFS) Transformation Plan. A committee member noted that HFS released the notice of funding opportunity for critical access hospitals and disproportionate share hospitals. Goal 4: Federal investment into Certified Community Behavioral Health Clinic. There are 5 in Illinois, including Chestnut and a small one in southern IL. These are similar to FQHCs and are required to provide comprehensive care and have some primary care affiliations. The goal is to have allocation from the state which would allow for enhanced rate. There was recently a SAMSHA NOFO to establish CCBHC. The American Rescue Plan allocated \$420 M for creation of these across the county. Thresholds has applied for one in McHenry County. Grant is \$2m a year for 2 years. Goal 5: Rural Impact/Broadband/Telehealth. There is a broadband benefit for rural communities that a member shared with the committee. A suggestion was made to reach out to Illinois Farm Bureau for a better understanding of rural needs. Another member also recommended reaching out to U of I extension offices in addition to the Farm Bureau, FFA, and 4H. She also suggested ACMHAI host a mini meeting on pressing issues for rural members. The committee secretary is working on webinar topics for the Professional Development series and will follow up with the Farm Bureau and U of I extension for a panel discussion to be held sometime after the fall harvest. Goal 6: External Engagement. A committee member would like to bring in a special guest from one of the state trade associations at every other committee meeting to give an overview on their advocacy efforts.

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CCMHDDAC: I participated in the March and April meetings of the CCMHDDAC. Dr. Anita Chan, The Community Data Clinic from the University of Illinois, presented their 211 Online Prototype to the group during March and April. In April, Karen Simms shared her work on Addressing Racism on Campus and in the Community, as part of the Campus/Community Compact Wellness Subcommittee.

Continuum of Care/Council of Service Providers to the Homeless (CSPH): I attended March and April meetings. The group provided Funding Updates: IDHS Homeless Prevention & FY22 Emergency Solutions Grants Update on FY21 CoC NOFA

IDHS Homeless Prevention

- CCRPC was the only agency to submit a proposal/letter of intent, \$114,778 for Homeless Prevention Funding
- FY22 Emergency Solutions Grants
 - Most competitive ESG process in CSPH history with four agencies requesting \$349,949 in funding. Only \$154,671 funding is available.
- ESG-CV Round 2
 - IDHS shared exact amount of funding on April 2nd.
 - Rating and Ranking Group is meeting to make determinations on adjusted numbers from IDHS
- 2021 Continuum of Care NOFA
 - There will be a Competitive CoC NOFA this year.
 - Agencies are strongly encouraged to start formulating their proposals.
 - While CoC NOFA traditionally focuses on Permanent Housing, details of what is allowable will come from the NOFA when it is released.
 - Funding amount is not known at this time.

Recommendation for Funding as listed:

Agency	Project Name	Type	Rec. Amount	Admin Amt
CCRPC	Emergency Shelter for Families	ES	\$25,000	\$675
CCRPC	Case Mgmt. for C-U at Home	ES	\$34,175	\$923
CTSO	Bridge to Home	RRH	\$36,678	\$991
CCRPC	ESF Security Deposits	RRH	\$2,400	\$65
CCRPC	Homeless Security Deposits and Water Bill Arrearage	RRH	\$5,000	\$135
CCRPC	HMIS	HMIS	\$47,339	\$1,278

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Learning Opportunities:

SAMHSA: GAINS Early Diversion VLC Part 1: Strategies for Addressing Treatment Engagement Challenges with Certain Individuals webinar. The presenters addressed multi-faceted approaches to improve individual outcomes and system response. The dilemma being, are we speaking of individuals who are resistant to services or services that are resistant to these individuals? The presenters discussed strategies including care coordination, targeted case management, data-driven responses, motivational interviewing, peer-based responses, and trauma-informed services.

The 5th Annual Grant-A-Thon with the UIUC School of Social Work webinar. We learned the basics of grant writing from local experts, network with professionals from nonprofit agencies, and practice these skills in a break-out session by working with community partners on current grant applications. Kim Bowdry did an excellent job as a panelist in describing the CCDDB/CCMHB granting process and requirements.

NACo Webinar Opportunities:

Public Engagement in Policy and Budgeting

This webinar offered solutions to help county leaders develop and leverage tools to address community priorities within their budget. The speakers discussed the Government Finance Officers Association (GFOA), the Government Alliance on Race and Equity (GARE) and county leaders who are implementing principles of participatory decision-making.

Federal Funding at the Intersection of Behavioral Health and Criminal Justice

The presenters discussed how federal funding is a key component of implementing critical local justice system efforts. Emphasis was placed on COVID-19 pandemic and how it has deeply impacted local communities but also provided new opportunities to enhance collaboration and addressed some of the root causes of justice-system involvement. The National Association of Counties (NACo) and the National League of Cities (NLC) held a joint webinar to provide a primer on federal funding opportunities that counties and cities can leverage to support local programs at the intersection of criminal justice and behavioral health. Speakers also spoke on funding opportunities through the American Rescue Plan (ARP) Act, the Department of Justice's Bureau of Justice Assistance (BJA) and the Substance Abuse and Mental Health Services Administration (SAMHSA).

NACBHDD

Addiction & Mental Health As The Nation Moves Toward Recovery from COVID-19 - guest speaker Patrick Kennedy, founder of the Kennedy Forum, discussed mental health/addiction abuse treatment and recovery. COVID-19 pandemic has allowed us to pivot and make significant changes in how we view mental health and addiction, continuity of care, and a call for new reform.

State of Illinois Behavioral Health System Design

Speaker Scott A. Block, Executive Director of McHenry County Mental Health Board shared in detail how the Illinois Behavioral Health System is designed and changing to meet evolving needs of individuals who struggle with mental health and substance abuse issues. He broke down the state agencies that fund behavioral health and the Medicaid FFS program benefits. He also compared the difference between a Behavioral Health Clinic and a Community Mental Health Center.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – May 2021 Board Meeting

SUMMARY OF ACTIVITY:

Audit Compliance:

Audits/financial reviews have not been received from three agencies. Formal letters of suspension were sent and payments to them have been paused since January 1, 2021. They are: First Followers (FF), Promise Healthcare (both CCMHB funded) and Down Syndrome Network (DSN) (CCDDB funded).

Other Compliance:

Formal letters requesting “corrective action plans” were sent to Down Syndrome Network (DSN) (CCDDB funded), Uniting Pride (UP Center), Champaign County Christian Health Center (CCCHC), GROW, First Followers (FF), DREAM House, and Rattle the Stars (CCMHB funded) for various compliance issues. Many of these letters were followed up with a zoom meeting with the agency director. They all have completed their corrective action plans.

Third Quarter Reporting:

Third Quarter financial and program reports were due at the end of April. Most agencies report on time. Two agencies asked for and were granted an extension to complete their reports. Several agencies were asked to revise and/or correct their reports. No letters of non-compliance were sent out for the 3rd quarter. Board members can contact one of us if you would like to review the reports.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):

We were able to have artists at Market IN the Square during the Saturday mornings in March and April. We are keeping in contact with the artists and encouraging them to send photos of their recent work and to keep their contact information updated. We are planning for the Ebertfest Art show in September.

Contracts:

I am updating various documents associated with the contract process.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing detailed minutes from the meetings.
- Participating in virtual meetings and study sessions for the CCDDB/CCMHB.

- Attended a steering committee meeting leading up to the next disAbility Expo. A representative from CU Public Health was at the meeting to help with the planning for a safe Expo, should it return to an in-person gathering.
- Attended financial site visits for DREAM House, Champaign County Health Care Consumers (CCHCC), Uniting Pride (UP Center), and Community Service Center of Northern Champaign County (CSCNCC) with our Financial Manager, Chris Wilson and other staff.

Champaign County Mental Health Board
 FY21 Revenues and Expenditures as of 03/31/21

Revenue	Q1	YTD	Budget	% of Budget
Property Tax Distributions	\$ -	\$ -	\$ 5,312,965.00	0.00%
From Developmental Disabilities Board	\$ 98,193.00	\$ 98,193.00	\$ 404,296.00	24.29%
Gifts & Donations	\$ 100.00	\$ 100.00	\$ 18,000.00	0.56%
Other Misc Revenue	\$ -	\$ -	\$ 113,000.00	0.00%
TOTAL	\$ 98,293.00	\$ 98,293.00	\$ 5,848,261.00	1.68%

Expenditure	Q1	YTD	Budget	% of Budget
Personnel	\$ 135,689.70	\$ 135,689.70	\$ 580,633.00	23.37%
Commodities	\$ 1,258.21	\$ 1,258.21	\$ 16,295.00	7.72%
Contributions & Grants	\$ 1,402,720.00	\$ 1,402,720.00	\$ 4,882,008.00	28.73%
Professional Fees	\$ 38,881.11	\$ 38,881.11	\$ 140,000.00	27.77%
Other Services	\$ 51,732.94	\$ 51,732.94	\$ 229,055.00	22.59%
TOTAL	\$ 1,630,281.96	\$ 1,630,281.96	\$ 5,847,991.00	27.88%

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Champaign County Developmental Disability Board
 FY21 Revenues and Expenditures as of 03/31/21

Revenue	Q1	YTD	Budget	% of Budget
Property Tax Distributions	\$ -	\$ -	\$ 4,360,483.00	0.00%
From Mental Health Board	\$ -	\$ -	\$ 6,800.00	0.00%
Other Misc Revenue	\$ -	\$ -	\$ 19,000.00	0.00%
TOTAL	\$ -	\$ -	\$ 4,386,283.00	0.00%

Expenditure	Q1	YTD	Budget	% of Budget
Contributions & Grants	\$ 923,593.32	\$ 923,593.32	\$ 3,931,987.00	23.49%
Professional Fees	\$ 98,193.00	\$ 98,193.00	\$ 404,296.00	24.29%
Transfer to CILA Fund	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	100.00%
TOTAL	\$ 1,071,786.32	\$ 1,071,786.32	\$ 4,386,283.00	24.43%

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

5/07/21

PAGE 1

VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
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* FUND NO. 090 MENTAL HEALTH

* DEPT NO. 053 MENTAL HEALTH BOARD

12	CHAMPAIGN COUNTY	TREASURER					618720	4/16/21	090-053-522.06-00	POSTAGE, UPS, FED EXPRESSMENT HLTH PSTG	MAR	70.16
										POSTAGE REIMBURSEMENT		
												VENDOR TOTAL
												70.16 *

41	CHAMPAIGN COUNTY	TREASURER					619455	4/30/21	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	APR HI, LI & ADMIN	3,242.12
										HEALTH INSUR FND 620		
												VENDOR TOTAL
												3,242.12 *

88	CHAMPAIGN COUNTY	TREASURER					619459	4/30/21	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 4/9 PR	1,104.65
										I.M.R.F. FUND 088		
												VENDOR TOTAL
												1,104.65 *

176	CHAMPAIGN COUNTY	TREASURER					618726	4/16/21	090-053-513.05-00	UNEMPLOYMENT INSURANCE	2021 UNEMP TAX Q1	1,415.23
										SELF-FUND INS FND476		
												VENDOR TOTAL
												1,415.23 *

188	CHAMPAIGN COUNTY	TREASURER					619466	4/30/21	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	4/9 PR	1,230.06
										SOCIAL SECUR FUND188		
												VENDOR TOTAL
												1,230.06 *

15400	CHAMPAIGN MULTIMEDIA GRP-MHB						618760	4/16/21	090-053-533.70-00	LEGAL NOTICES, ADVERTISING	GAD 838558 3/21	60.80
										DBA NEWS GAZETTE		
												VENDOR TOTAL
												60.80 *

18430	CONSOLIDATED COMMUNICATIONS						619028	4/23/21	090-053-533.33-00	TELEPHONE SERVICE		29.56
												VENDOR TOTAL
												29.56 *

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