CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Approved CCMHB PY2025 Allocation Priorities and Decision Support Criteria

Statutory Authority:

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

Purpose:

The CCMHB may allocate funds for the Program Year 2025 (July 1, 2024 to June 30, 2025), using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board may contract with eligible human service providers for programs which further the mission and goals of the Board and fulfill their responsibilities to the public. This memorandum presents:

- Data and observations about the needs and priorities of Champaign County residents, especially those who have behavioral health issues or developmental disabilities.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories; proposals for funding will address at least one.
- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations for all proposals, and Process Considerations. These support the Board in evaluating applications for funding and in making final allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. In September, an initial draft was presented to the Board and distributed to providers, family members, advocates, and stakeholders. Feedback considered for the final draft:

- Affirmation of the priority categories, from an early childhood provider.
- Emphasis on training for behavioral health staff working with multi-system involved people, from a law enforcement officer.

If this or a subsequent version can be approved by the Board prior to December 2023, a Notice of Funding Availability will be published, and the application period will start December 22, giving agencies extra time.

Understanding the Needs of Champaign County Residents:

Champaign County residents contributed to the Boards' 2021 community needs assessment, identifying strengths (green spaces, many opportunities, e.g.) and shortcomings (homelessness, violence, e.g.). People with mental illness (MI), substance use disorder (SUD), or intellectual/developmental disability (I/DD) and their supporters made comments which continue to impact our planning, priorities, and advocacy efforts. Consistent with previous findings, barriers to care were long waitlists, uncertainty about available resources, not enough providers who accept Medicaid and Medicare, distrust in providers, limited ability to pay, lack of transportation, low internet access, and stigma.

Another important theme was that residents who have disabilities or low income or who are members of racial, ethnic, and gender minorities face additional barriers to care and to the resources enjoyed by some. This results in very different experiences of the county.

CCMHB members and staff partner with other organizations toward shared goals of creating a more inclusive, welcoming, and healthy community. One collaboration results in a Community Health Needs Assessment, in which respondents have prioritized behavioral health needs and violence for several years, even before the steep increases seen across the country. Workgroups meet monthly on these priority concerns.

Because the populations of greatest interest to us are not well-represented in large surveys, Board staff conducted focused surveys in 2022, including summer program youth and staff and self-advocates with I/DD:

- 68% of **youth** were happy and 20% excited to attend summer programs.
- 30% were focused on learning.
- 85% valued being with friends, on field trips, swimming, and sports.
- Each had helped someone (homework, anti-bullying, support to the homeless).
- Staff working with youth felt well-suited for the work, comfortable in difficult situations and in asking supervisors for help.
- They also enjoyed helping others.
- 56% were new, and those with experience saw themselves as leaders and mentors.
- 62.5% of **respondents with I/DD** felt good about services, and 25% very good.
- They had positive attitudes toward their staff and were interested in help with cleaning, exercise, MTD, and employment, and in opportunities for travel, sports events, concerts, zoos, museums, antique stores, and joining a bowling league.
- 19% found it hard to ask for new supports, and 6% very hard.
- 25% did not always feel heard when asking for something new.

Self-advocates with I/DD shared detailed observations with us during a Joint Study Session of the Boards on August 16, 2023. They echoed concerns about barriers to services, information, and opportunities and stated that the community does not feel welcoming or respectful of people with disabilities. Their input shapes the PY2025

priorities for all three of the CCMHB, Champaign County Developmental Disabilities Board (CCDDB), and I/DD Special Initiatives Fund.

Data from people with I/DD are collected in the state's Prioritization of Urgency of Need for Services (PUNS), sorted by County, and through an assessment conducted by the Champaign County Regional Planning Commission (CCRPC).

- PUNS data show an increase in unmet need for every service category.
- The most frequently identified PUNS supports are Personal Support, Transportation, Behavioral Supports, and various therapies.
- 269 people wait for Vocational or Other Structured Activities.
- 74 people are seeking out-of-home residential support of less than 24 hours, and 49 seek 24-hour residential support.
- CCRPC preference data show that people: like living with family; have strong interest but low involvement in community employment, volunteering, and groups; are interested in available recreational activities; and are more uncomfortable than comfortable with navigating the system.
- More people are waiting for state funding now than in 2022, more need services within a year, and more have waited longer than five years.
- Less than half receive case management services and engage in locally funded programs while waiting for state funding.

Out of respect for the time given to collaborations on behalf of people with MI and SUD, and given the challenges involved with cross-sector and intergovernmental efforts, issues raised within these groups help us understand local needs and shape PY2025 priorities.

- Co-occurring MI and SUD can disrupt people's stability at work or home. When one is untreated, the other may worsen. Treating both is a challenge, due in part to separate funding systems and stigma.
- The stigma around SUD, especially opioid use, stalls funding, implementation, and utilization of best practice and harm reduction strategies.
- There is a lack of availability for community-based youth MI and SUD treatment.
- Youth service providers have difficulty coordinating with school staff on behalf of young people. Partnership with agencies (and co-funding) would help students.
- Collaboration and data-sharing across sectors would also help connect people who are in jail or coming out of prison with community providers and resources. Clear information about existing programs and a universal referral form might help.
- People in reentry need help with public benefits, voting, housing, student loans, and employment. Holistic care for the person, with family reunification and support, appears scarce but potentially very helpful.
- Longstanding county-wide collaborations such as Reentry Council, Problem Solving Courts, and Crisis Intervention Training (CIT) Steering Committee have been challenged by workforce shortages in all sectors, the impacts of COVID and mitigation strategies, long waitlists for inpatient treatment, difficulty accessing forensic beds, and most recently, new legislation.
- Children are held in the Juvenile Detention Center for more serious, dangerous offenses than in prior years.
- Families are utilizing peer mentoring and advocacy services less frequently.

- Barriers specific to racial, ethnic, gender, and other minority groups may be structural or related to stigma. To remove these barriers, the Champaign County Community Coalition's Race Relations group holds Youth Race Talks in schools and anti-racism workshops in the community and promotes related efforts such as the Black Mental Health and Wellness Conference and training events.

Some residents' MI, SUD, and I/DD service needs are met through private insurance or Medicaid and Medicare, designed to cover long term support and mental and physical healthcare for older people. Because many services for identified needs are presumed to be adequately funded through these other pay sources, some populations are not emphasized in CCMHB priorities. Where that presumption is incorrect, there are gaps in access and care. Gaps may relate to 'siloed' regulatory and payment systems, to those systems not covering all effective approaches, to difficulty securing and maintaining coverage, or to low availability of participating providers.

Operating Environment:

In addition to responding to the needs and priorities of Champaign County residents with MI, SUD, or I/DD, CCMHB allocations are determined within an operating environment and the constraints and opportunities it presents. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in those larger systems.

One ongoing effort calls for reform of the federal Medicaid Inmate Exclusion Policy (MIEP). Because people cannot use Medicaid coverage for care received while in jail, counties bear the cost. Any related interruption of medical or psychiatric treatment compounds the many poor outcomes related to incarceration. MIEP applies to people staying in jail even before they have been adjudicated. In 2022, coordinated advocacy to lift this exclusion was partially successfully, applying to youth who await adjudication.

Some states use "1115" demonstration waivers to test partial exceptions to MIEP or to pilot programs which increase social determinants of health (e.g., housing). Illinois seeks to extend its transformation waiver which includes this type of program. A federal innovation supported in some states and planned for all is the Certified Community Behavioral Health Center. Illinois is not fully covered, but Champaign County has a site. Increased prevalence of anxiety, depression, substance use, loss, economic insecurity, loneliness, and other distress pulls broad attention to the country's mental health 'epidemic' and deaths from suicide and overdose. County and city health officials have formed a nationwide behavioral health program, and county officials a commission on mental health and wellbeing. Law enforcement agencies lead mental health awareness campaigns. Hopeful federal and state legislation has been introduced, e.g., the landmark bipartisan Community Mental Wellness & Resilience Act. While substantial increases in community-based behavioral health funding and workforce capacity would be ideal, this level of attention alone could reduce stigma and elevate non-traditional approaches, such as described in this report on Recovery and Peer Support as Suicide Prevention.

Lessons still being learned from the global pandemic are its likely role in the above and clarity about pre-existing flaws in the service systems which deepened and contributed to the worst outcomes for people who were already not well-served or resourced. People with MI, SUD, or I/DD and those involved in their care were among them. Individual and social impacts of COVID-19 may be long-lasting. Telehealth and regulatory changes were introduced quickly to maintain health and human services during periods of low in-person contact. Some became permanent at the end of the public health emergency, but expanded access to Medicaid has ended, and other improvements are still sought, such as removing barriers to access to methadone or interstate licensure for social workers.

Prolonged periods of social distancing proved the poor physical and mental health impacts of losing connection to others. "Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community" acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation has a role in the progression of 'diseases of despair' (e.g., depression and SUD), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental and physical health. An article published by the Coalition to End Social Isolation & Loneliness, "Capturing the Truth Behind Causes of Death" calls for investigation and mitigation.

As enthusiastic as federal agencies are about the 2022 implementation of **988** for a mental health crisis call system, state and local authorities and providers grapple not only with the organization and staffing of call centers but also with standing up a full continuum of crisis response services and supports for people to utilize beyond the initial crisis call or text. In Illinois, the launch of 988 coincided with new laws, some amended or otherwise delayed, which change the responsibilities of law enforcement, court services, and behavioral health systems for individuals in crisis. The Pretrial Fairness Act, part of Public Act 101-0652, requires such changes. Justice system partners will prepare using task force and committee guidance and Office of Statewide Pretrial Services Resources.

Through passage of the Mental Health Inpatient Facility Access Act - Public Act 102-0913, Illinois acknowledged the need for greater access to inpatient psychiatric beds in state operated facilities. In fulfillment of the Act, a strategic plan is almost complete. The Administrative Office of the Illinois Courts (AOIC) used county-level details, including ours, on excessive wait times for transfer from county jails and the negative impacts of these. Efforts to update the competency to stand trial system and to increase deflection and diversion to community care are consistent with the National Judicial Task Force on State Courts' Response to Mental Illness Report and Recommendations released last October. The AOIC's Statewide Behavioral Health Administrator has provided support to CCMHB staff and Champaign County government officials, including toward establishing a Mental Health Court and strengthening ongoing efforts.

The Champaign County Board is among state and local decision makers determining best uses of opioid settlement funds in their jurisdictions. Combining all national settlements, Illinois will receive over $1.3b, some of which can be used over a span of 15 years. The State of Illinois Overdose Action Plan addresses social equity, prevention, evidence-

based treatment and recovery services, harm reduction to avert overdose deaths, and public safety. More recently, the Illinois Opioid Remediation Advisory Board identified abatement strategies, with greater access to Narcan among them.

Illinois' Farm Family Resource Initiative was successfully piloted in six counties and will expand to cover all 102. The State will offer other grant opportunities to improve mental health care and access in rural areas. There is some hope that workforce shortages will be relieved by increased Medicaid rates for some services and changes in billable service categories and providers. It is not clear whether this relief is felt in Champaign County and elsewhere downstate.

Illinois' Community Mental Health Act was enacted when the promise of community alternatives to institutional care was new. In the four decades since, federal and state authorities have not fully developed or invested in that promise, shifting safety net responsibilities to local governments. Illinois' mental health boards fill gaps and innovate with their funds, promote and advocate for better systems, raise community awareness, share resource information, and coordinate with local stakeholders. The latter has become harder to sustain due to increased demands and staff shortages, and many stakeholders compete for human and funding resources or 'speak different languages.' We defy the odds with longstanding intergovernmental and interagency efforts to reach shared goals.

Program Year 2025 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system as a whole, which includes substantial resources not funded by the CCMHB, should balance health promotion, prevention, wellness recovery, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, ethnic groups, genders, and neighborhoods. Broad categories used in PY2024 continue, but each has been revised to account for developments in the field or in Champaign County.

PRIORITY: Safety and Crisis Stabilization
The Reentry Council, CIT Steering Committee, Problem Solving Courts, Continuum of Service Providers to the Homeless, Rantoul Service Providers, and less formal coalition for in-jail programs all focus on assisting people out of crisis and toward stability. Many approaches are being tested and adapted, toward a full crisis response system and in response to increased houselessness, violence, overdose, etc. The safety of people who are in crisis, their families, and members of their community are all important. Where public safety and public health interests are served, co-funding and coordination will amplify efforts and ensure we are not duplicating or interfering with similar efforts to:

- Improve people's health and quality of life, increase access to community-based care, reduce contact with law enforcement, incarceration, hospitalization, length of stay in these settings, and unnecessary emergency department visits, and facilitate transition to full community life.

- Enhance the crisis response continuum through triage and assessment to help people find the most appropriate treatment, or through intensive case management or benefits enrollment to secure ongoing care.
- Coordinate and collect and share data across systems, with and on behalf of people who have justice system involvement, history of hospitalization, or chronic housing instability as a result of MI or SUD.

Community-based care reduces reliance on institutional care and counterproductive encounters with law enforcement or other systems not designed to treat MI or SUD. While not easy to access, intervention and treatment reduces the cost to other publicly funded systems and results in better quality of life for people and their families. Qualified professionals, including peer supporters, meet people where they are and provide service or connect them to resources. Without a continuum that includes deflection to treatment, people suffer, and public systems are stressed. Efforts to fill these gaps have expanded due to state and federal opportunities, but challenges remain.

Increased prevalence and attention to anxiety and depression and substance use might not be enough to overcome the stigma related to the most serious conditions.

> "Fear is dangerous. It creates an environment in which it's acceptable to treat those experiencing poverty and homelessness with anger and hate. The first step to stopping this is to realize that this fear is unfounded and dangerous."
> — Terence Lester, I See You: How Love Opens Our Eyes to Invisible People

PRIORITY: Healing from Interpersonal Violence

Stabilization from crisis also involves the care and healing of people who have experienced interpersonal violence. The treatment approach should be appropriate to the type of harm and to the individual and their supporters. Champaign County providers and stakeholders have had access to trauma-informed care and system training, putting us in an excellent position to take on high rates of domestic violence and community trauma. Acknowledgement of the need for healing can extend to collective trauma and violence.

For survivors of domestic violence, sexual assault, or child abuse or neglect, programs should improve health and success, respond to the crisis when the person is ready, and reduce the associated stigma and isolation. To ensure the best care for people who have experienced interpersonal or community violence:

- Amplify state- and federally- funded services to meet increased needs and to further implement trauma informed systems of care.
- Serve those who are not covered by another pay source, using evidence-based or promising approaches of equal or higher quality.
- Fill gaps where other funding does not exist, such as for violence prevention education or linkage and coordination of resources.
- Assist children and their families, and other survivors of violence, in staying connected to others, especially given the harmful impacts of social isolation.

During PY2024, CCMHB funding was necessary to fill gaps left by reductions in Victims of Crime Act funding. This may continue to be necessary in PY2025. Federal and state funding should be accessed first when available.

To improve a cross-sector system's responses to children, youth, and families impacted by violence, the Illinois Criminal Justice Information Authority piloted a project in Southern Illinois with early findings in Illinois Helping Everyone Access Linked Systems: Interim Report. Among recommendations were: clarifying the roles of staff; identifying strategies to connect with people in informal settings; and improving partners' knowledge of programs. Efforts to disrupt the cycles of violence, promote healing, and reduce further harm are of interest to other Champaign County government, funders, and service providers, again calling for coordination of effort to maximize positive impact.

PRIORITY: Closing the Gaps in Access and Care

Barriers to access and care may relate to difficulty navigating service or benefit systems, low service provider capacity and long waitlists for core services, stigma, lack of transportation, low ability to pay, and more. Because CCMHB funding is well-suited for filling gaps and testing promising approaches, this priority category overlaps with others.

In its effort to expand peer support across the country, Substance Abuse and Mental Health Services Administration (SAMHSA) defines recovery as "a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential" and identifies pillars of recovery as Health, Home, Community, and Purpose. SAMHSA's framework and proposed standards are appropriate for Champaign County's peer-led organizations even without certification.

Increasing the Social Determinants of Health (e.g., housing, healthcare, healthy food) and building neighborhood-level resilience are public health approaches to wellness and recovery identified in workgroups of the Community Health Plan, the Champaign County Community Coalition, and the UIUC Campus Community Compact. Co-funding by other entities adds value to a program and ensures we are not duplicating or interfering with similar efforts. Proposed programs would connect people to care billable to other payers or offer approaches not otherwise available, now that more people seek support:

- Benefit enrollment assistance, especially by enrollment specialists and system navigators, with outreach and education regarding benefits and service options.
- Core treatment for those who have severe mental illness (SMI) or SUD but are without insurance coverage.
- Wellness and recovery support such as home visits, transportation, language services, and specialized case management.
- Assistance with 'problems in living' through employment or independent living support, social connection, support for paid and unpaid caregivers, suicide prevention education, self-advocacy training, etc.
- Peer support and mentoring to nurture individual and collective empathy, resilience, recovery, and wellness.
- Groups to foster creativity, sharing of creative efforts, stress reduction through physical activity, music, and similar antidotes.

- Education for providers on the negative mental health impacts of racial trauma.

PRIORITY: Thriving Children, Youth, and Families

Champaign County's population is young, with high rates of child poverty, homelessness, and justice and other system involvement. Many programs have developed to support children in positive ways when they are not in school. On behalf of children, youth, and families, the Champaign County Community Coalition, Child and Adolescent Local Area Network, Transition Planning Committee, and Youth Assessment Center Advisory Committee bring partners from healthcare, education, law enforcement, and other governmental or service organizations to improve access, care, resources, and individual outcomes. The Coalition hosts direct input from young people.

Important to these efforts, and to the more recent Youth Redeploy Illinois planning group, are services and supports related to MI and SUD. These may be funded by the state, county, cities, villages, townships, CCMHB, United Way, or other, as the wellness of children is a high priority, and the 'return on investment' substantial. Some responses may overlap with public safety and public health interests, and heightened focus on youth mental health across the country may result in new funding. CCMHB funding should not duplicate or impede other efforts, but co-funding helps to sustain effective programs.

Proposed programs should avoid criminalizing behavioral and developmental issues. For young people with serious emotional disturbance (SED), SMI, or SUD, programs should reduce the negative impacts of any criminal justice or child welfare system involvement and increase positive engagements and connection to resources. Programs should embody the System of Care principles identified through Champaign County's 2010-2016 SAMHSA-funded cooperative agreement. Strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive supports and services allow children and their families to thrive.

- Early involvement, to improve individual/community health and disrupt poverty.
- Year-round opportunities for children across the county, of any age and gender, to maximize social/emotional success and keep them excited about learning.
- Peer support and mentoring, coordination, and advocacy through family-driven, youth-guided organizations.
- Consideration for the stresses unique to farming, as the mental health needs of farm youth may require a specific response.
- Trauma-informed system capacity building, to disrupt the impacts of violence and of the global pandemic, focusing on those children, youth, and families who experience disproportionate losses of health and security.
- Direct support to mitigate the harm caused by community violence and trauma.
- Prevention education, youth social-emotional development, summer or after-school programming matched to individual preferences.

The CCMHB has also funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. In addition to the 'child find' activities of the Local Interagency Council for Early Intervention, providers partnered to form a Home Visiting Consortium with a "no wrong door"

approach for these children and families, using self-directed, strengths-based planning and attention to Adverse Childhood Experiences and trauma-informed care. Programs may serve children who have a developmental delay, disability, or risk and offer support to their families. These service activities align with the priority for "Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)".

PRIORITY: Collaboration with CCDDB: Young Children and their Families
The Intergovernmental Agreement with the CCDDB requires integrated planning concerning I/DD allocations and specifies a CCMHB set-aside, which for PY2025 will total $913,454 (PY2024 amount of $859,883 plus increase equal to the 6.23% increase in property tax levy extension).

The commitment to young children and their families continues for PY2025, with a focus on children's social-emotional and developmental needs, as well as support for and from their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of young children and their families, and for which providers collaborate actively. As a result of the pandemic, 20-30% of children in Head Start/Early Head Start have been identified as having Social-Emotional needs, a significant increase. Team members Dr. Belknap and Ms. McGhee also reported a steep rise in speech referrals and diminished capacity with staff. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, and for their families, may include:

- Coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family.
- Early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers.
- Coaching and facilitation to strengthen personal and family support networks.
- Identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another collaboration of the Boards is through the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. Where there may be overlap with CCDDB or CCMHB priorities, an applicant should consider that long term support and services are more appropriately funded by the CCDDB or CCMHB. Short term projects piloting a unique solution or purchasing non-service supports will fit better with the I/DD Special Initiatives Fund.

During or resulting from the allocation award process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

Criteria for Best Value:

An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward

final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness

Detail on what the Board would purchase is critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an 'audit-ready' state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program's relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCMHB funding does not supplant other public systems.

Participant Outcomes

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people's lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program's success in helping people achieve positive impacts, an applicant should use outcomes which consider participants' gifts and preferences. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the 'measurement bank' developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be discovered through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCMHB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) A toolkit for these standards may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCMHB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCMHB has an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

Continuation of Services

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.

- Resource Leveraging: describe how CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCMHB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are "non-responsive" and will not be considered. Applicants must be registered at http://ccmhddbrds.org. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered 'no' to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to mental health or substance use disorders or I/DD. **How will they improve the quality of life for persons with MI, SUD, or I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCMHB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

Process Considerations:

The CCMHB uses an online system for organizations applying for funding. Downloadable documents on the Board' goals, objectives, operating principles, and public policy positions are also posted on the application website, at https://ccmhddbrds.org. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. CCMHB funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but 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, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from 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 the 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 application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Approved November 15, 2023