CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM - *APPROVED*

DATE: November 20, 2024
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director, and Kim Bowdry and Leon Bryson, Associate Directors
SUBJECT: PY2026 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 process which results in contracts for services. Upon approval, this becomes an addendum to Funding Guidelines.

Purpose:

The CCMHB may allocate funds for Program Year 2026 (July 1, 2025 to June 30, 2026), using a timeline which begins with setting allocation priorities and decision support criteria. These describe how the Board may contract for programs furthering the Board's mission and fulfilling its responsibilities to the public. This memorandum offers:

- Data and observations about the needs and priorities of residents, especially those who have behavioral health issues or developmental disabilities.
- Impact of state and federal service and payment delivery systems.
- Priority categories, of which proposals for funding choose one.
- Best Value Criteria, Minimal Expectations, and Process Considerations, to support the Board in evaluating funding requests and making allocation decisions.

Staff recommendations are based on our understanding of the larger context and best practices, using input from funded agencies, board members, and other interested parties. In September, an initial draft was presented to the Board and stakeholders for further input. Revisions based on that input include:

- Linking to and summarizing input from advocates who have I/DD (in "Understanding the Needs of Champaign County Residents.")
- Noting that historically underrepresented or under-resourced may also mean undervalued (in "Operating Environment" and "Eliminating Disparities in Access and Care.")
- Seeking details on how people with relevant lived experience impact programs (in "Self-Determination - Do the People Served Have a Say in Service Planning?")

- Retitling the "Continuation of Services" section to "Technology Access and Use" broadening how technology and training strengthen a program.

Understanding the Needs of Champaign County Residents:

Requests for CCMHB funding include an agency-wide plan based on the National Culturally and Linguistically Appropriate Services (CLAS) Standards, which were introduced to advance health equity, improve quality, and eliminate disparities.

The Principal CLAS Standard:

> *"Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs."*

This is consistent with Champaign County Board Goal 3, to "promote a safe, healthy, just community" and is a priority of University of Illinois at Urbana-Champaign's Campus Community Compact, the iPlan Behavioral Health Workgroup, and other collaborations.

The 2024 County Health Rankings report compares Champaign County with Illinois and the US in health-related measures. Income inequality here is higher than both and can be an indicator of disparate health outcomes. A Kaiser Family Foundation report connects disparate health outcomes across the country to challenges more often encountered by Hispanic, Black, and Asian people, including a lack of providers who understand their background, stigma, unfair treatment, lack of resource information, and other barriers similar to those noted locally.

The CCMHB/CCDDB 2021 community needs assessment pointed to strengths, including green spaces and opportunities, and shortcomings, especially homelessness and violence. People who have a mental illness (MI), substance use disorder (SUD), or intellectual/developmental disability (I/DD) and their supporters made comments relevant to our planning and advocacy. They noted barriers: long waitlists, uncertainty about resources, not enough providers who accept Medicaid and Medicare, distrust in providers, limited ability to pay, lack of transportation, low internet access, and stigma. Residents who had a disability or low income or who were members of racial, ethnic, and gender minorities also encountered barriers to those resources enjoyed by others, resulting in starkly different experiences of this county.

The CCMHB partners with other organizations toward shared goals of creating a more inclusive, welcoming, and healthy community. In the collaborative 2022 Community Health Needs Assessment, respondents prioritized addressing unmet behavioral health needs and impacts of violence, as had been the case even before the peak of COVID-19.

During 2024, the Champaign County Regional Planning Commission (CCRPC) conducted a community needs assessment which showed similar findings:

- Feedback in the areas of housing, health, and basic expenses.

- Access to mental health treatment and stress support were identified needs.
- Youth were concerned with community violence.
- Youth would benefit from: information on substance use, social media safety, and emotional regulation; educational support, mentoring, and after school programs; mental health resources; and basic needs (housing and food).

On April 10, 2024, the Champaign County Community Coalition hosted a youth panel. Participants noted supports for success, barriers to participation, and common themes:

- Barriers were related to gun violence, safety, transportation, parental fears.
- Many hope for community among peers and felt supported by several programs.

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) annually.

PUNS data show:

- The most frequently identified supports (in order): Transportation, Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Physical Therapy, Assistive Technology, Adaptation to Home or Vehicle, Respite, and Intermittent Nursing.
- 238 people (269 last year) wait for Vocational or Other Structured Activities.
- 75 people are seeking out-of-home residential support of less than 24 hours, and 39 seek 24-hour residential support (both counts are similar to last year).

CCRPC preference data show:

- Continued strong interest but low involvement in community employment, volunteering, and groups; interest in available recreational activities; and increased comfort in navigating the system.
- 94% of respondents have been on the PUNS list longer than one year, 30% three to five years, and 45% over five years.
- 62% of respondents lived with family and preferred it, and 42% preferred living alone; 33% lived in their own home with occasional support.
- 60% would choose to live in Champaign, 24% in Urbana, 8% in Mahomet, 8% outside of Illinois, 6% in Savoy, and 5% Rantoul.

Self-advocates with I/DD shared observations with the CCMHB and CCDDB during a study session on September 25. They affirmed our understanding of unmet needs, agreed with many allocation considerations, and underscored the importance of people having a say in their own service plans as well as in the direction of programs meant to serve them.

Many challenges identified through collaborations which focus on Champaign County residents with MI and SUD helped shape previous year priorities and continue:

- Co-occurring MI and SUD can disrupt people's stability: when one is untreated, the other may worsen, but 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.
- More community-based youth MI and SUD treatment is needed.
- Community-based providers have difficulty coordinating with schools.

- Data-sharing across sectors would also help connect people who are in jail or coming out of prison with community providers and resources.
- People in reentry need support with public benefits, voting, housing, student loans, employment, holistic care, and family reunification.
- County-wide collaborations have suffered from workforce shortages, waitlists for inpatient care, slow access to forensic beds, and implementation of 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.

Some residents' 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. Services for some identified needs and populations are presumed to be adequately funded through these other pay sources, and they 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. Long-term solutions require system advocacy, to establish parity and equity across populations.

According to the Champaign County Coroner, in 2023, there were 54 overdose drug deaths in Champaign County, 8 related to heroin, 42 to illicit fentanyl, 13 to methamphetamines, 14 to cocaine, and 7 to alcohol. The County's Opioid Task Force has set up an online data tool which shows who has been most vulnerable, where their death occurred, which type of drug was involved, and whether Narcan was used.

The Champaign County Board is among decision makers determining best uses of opioid settlement funds for their jurisdictions. Illinois will receive over $1.3b, to be used over many years. The State of Illinois Overdose Action Plan emphasizes social equity, prevention, evidence-based treatment and recovery services, harm reduction to avert overdose deaths, and public safety. The Illinois Opioid Remediation Advisory Board recommends abatement strategies such as increased access to Narcan. Although the County will be investing in Opioid Use Disorder (OUD) prevention and treatment in the coming years, Illinois DHS-SUPR and the CCMHB should continue to support SUD care generally, as non-opioid drugs contribute to loss of life and loss of quality of life here.

Operating Environment:

In addition to responding to identified 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.

The 2024 State of Mental Health in America Report includes findings of concern:

- 2022 saw the highest number recorded of US residents who died by suicide.
- While mental distress increased among students, IEPs addressing it decreased rather than keeping up with the need.
- For youth, Illinois' rates of major depressive episode, SUD, and serious thoughts of suicide were each higher than the national average, though not the highest.
- Over half of youth with recent major depressive episode did not receive treatment.
- 25% of US adults with a need for mental health care could not see a doctor due to cost. The rate in Illinois was 24.54%.
- Illinois' prevalence rates of adults with SUD and of adults with serious thoughts of suicide were each just above the national average.
- 64% of uninsured adults said they could not afford health insurance.
- 10% of adults with MI were uninsured. Illinois' rate was 9.3%.
- 77% of adults with an SUD did not receive treatment.
- Illinois had the highest rate of adults who needed but did not receive SUD care.

The report has some encouraging data:

- Over 60% of US youth had improved school engagement and positive outcomes, and Illinois showed the second highest rate of youth "flourishing."
- Illinois youth with major depressive episode received more mental health services than those in 46 other states. Private health insurance was more likely to cover their mental or emotional problems than in 40 other states.
- Illinois had an overall ranking of 15 among states and District of Columbia; determined by combining 15 measures, a ranking of 1-13 showed lower prevalence of MI and higher rates of access to care.
- Illinois' poor adult ranking of 29 is in contrast to the high youth ranking of 4.
- Illinois had one of the lower rates of adult prevalence of MI, at #8 with 22.01%.

In recovery from the global pandemic and social isolation, national data give Illinois something to celebrate. According to a DocVA study analyzing CDC's National Center for Health Statistics data on anxiety and depression, Illinois had the greatest decrease in reported symptoms (50.34%) from 2020 to 2024. Next are New Jersey, Hawaii, New York, and California. The Governor's Office lists strategies contributing to recovery.

A federal innovation being introduced in ten states each year is the Certified Community Behavioral Health Center. Illinois has now been selected to implement the model fully and has identified provider organizations and launched the planning phase.

The National Association of Counties' Commission on Mental Health and Wellbeing identified four categories for policy advocacy:

- Amend the Medicaid Inmate Exclusion Policy (MIEP) and the Institutions for Mental Diseases (IMD) Exclusion Policy
- Enhance local crisis response systems
- Strengthen the mental health workforce
- Enforce mental health parity.

The final report acknowledges youth and vulnerable populations, equity and access to services, for which system advocacy and funded programs are solutions.

As of September 2024, Illinois continues to struggle with 'bottlenecking' and inappropriate incarceration. Over 100 people in jails await transfer to inpatient care, some waiting more than three months. The state is considering legislative solutions. Another factor in continued overincarceration statewide is the lack of supportive housing.

Because people cannot use Medicaid coverage for care while in jail, counties have carried the cost. Any interruption of medical or psychiatric treatment can compound the 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 successful, applying to youth who await adjudication. In 2024, Illinois received approval to test this benefit for certain pre-release services for adults 90 days prior to re-entry. It will be tested first in Cook County, not available to Champaign County for some time.

This MIEP exception is one component of Illinois' "1115" waiver recently approved by Centers for Medicare and Medicaid Services. The approval also:

- Extends Illinois' transformation waiver.
- Makes it the first state to include screening and needs assessments, trauma therapy, and similar services for people who have experienced violence.
- Adds "health related social needs" such as housing supports, home-remediation, nutrition counseling, nutrition prescriptions related to health risks, and home-delivered and medically tailored meals.

The impacts of violence and victimization are profound, calling attention to effective responses. A Victim Needs Assessment report shared by Illinois Criminal Justice Information Authority (ICJIA) examines the need for victim-centered services statewide, along with barriers to access. Survey participants reported crime and victimization:

- 76% had experienced intimate partner violence.
- 74% threats of physical or aggravated assault.
- 69% physical assault and 51% sexual assault.
- 48% robbery.
- 33% sex or labor trafficking.
- 32% consumer fraud or identity theft.
- 25% stalking victimization.
- 22% kidnapping, 21% shot or shot at, and 20% witnessing a murder.

68% of those who had experienced intimate partner violence sought formal help, the lowest rate among the prevalent types of victimization. For all types combined, the most typical help-seeking was to tell a loved one (94%) and the least frequent was seeking support from a spiritual leader (18%), with social services in the middle (41%). The report also finds that services must be enhanced to serve undervalued groups.

Following the 2022 implementation of the national **988** mental health crisis call system, state and local authorities and providers continue efforts to develop and retain a continuum of crisis response services and supports beyond the initial crisis call or text. Also in 2022, new laws in Illinois impacted responsibilities of law enforcement, court services, and behavioral health systems. The Pretrial Fairness Act, part of Public Act 101-

0652, and the Community Emergency Services and Support Act (CESSA) will change jail-based supports and crisis response respectively. Local government officials and service providers participate in statewide planning. The Administrative Office of the Illinois Courts (AOIC)'s Statewide Behavioral Health Administrator continues to offer assistance to Champaign County, especially to expand Problem Solving Courts.

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. While this has become harder to sustain due to increased demands and staffing shortages, we continue intergovernmental and interagency efforts to reach shared goals.

Program Year 2026 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The entire service system, 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 PY2025 continue, but each has been revised to account for developments in the field or in Champaign County.

NEW PRIORITY: Strengthening the Behavioral Health Workforce
Agencies have struggled to maintain proposed levels of staffing in many programs, with turnover and vacancies at all levels. This threatens the quality of care and accelerates staff burnout. Recruiting and retaining a qualified workforce is a concern across the US.

Despite agreement on the need for a more diverse and representative workforce, multiple barriers must be overcome. An agency's Cultural and Linguistic Competence (CLC) Plan will describe efforts to improve the situation. These might be through system reform and legislative advocacy, community/anti-stigma education, or partnering with providers and educators, including relevant degree programs or even earlier outreach through secondary education. Those activities for which MHB funding is not needed would strengthen an agency's CLC Plan. A specific program request might accelerate progress in PY2026.

Agencies may propose strategies to strengthen and diversify the workforce, improve staff knowledge of relevant service models and technologies, and expand service capacity to meet the needs of Champaign County residents with behavioral health needs. Agencies might collaborate on a joint application proposing system-wide solutions:

- Educational assistance directly relating to the professions, such as certification, licensure, student loan, or tuition payment assistance, stipends for students,
- sign-on bonuses and periodic retention payments with a performance standard,
- intermittent payments for exceptional performance,

- increased salaries and wages for those providing direct services,
- group and individual staff membership in professional associations which respect the behavioral health workforce roles and offer networking and advocacy opportunities, and
- high quality trainings or certifications specific to the staff roles, combined with recognition and payment upon completion.

PRIORITY: Safety and Crisis Stabilization

Champaign County Reentry Council, Crisis Intervention Team Steering Committee, Problem Solving Courts, Continuum of Service Providers to the Homeless, and Rantoul Service Providers focus on supporting people from crisis to stability. Since introduction of 988 crisis call centers, much state and local attention has been on building up a full crisis response system which can also respond to increased houselessness, violence, and substance use. Where the interests of public safety and public health systems are served, co-funding and coordination should 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.
- Collect and share data across systems, with and on behalf of people impacted by the justice system, hospitalization, or 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 or ideal for treatment of MI, SUD, or I/DD. Appropriate treatment for these conditions results in better quality of life for people and their families and reduces the cost to other publicly funded systems. Qualified professionals, including peer supporters, meet people where they are and provide service or connect them to resources, including inpatient care when needed.

PRIORITY: Healing from Interpersonal Violence

Support and recovery 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. Acknowledgement of the need for healing can extend to collective trauma and violence. Champaign County's cultural and linguistic diversity requires appropriate service responses, often a challenge.

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 programs to meet increased needs and to implement and improve 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 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.

For two program years, CCMHB funding has been necessary to fill gaps left by reductions in Victims of Crime Act funding. While this may continue to be a gap in PY2026, federal and state funding should be accessed first when available.

This priority category overlaps with another, particularly regarding long-term impacts of violence. In the CCRPC 2024 community needs assessment, the most frequently identified challenge for teens was community safety, violence, and the associated trauma. 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, so that coordination will have the most positive impact.

PRIORITY: Closing the Gaps in Access and Care

Barriers to access and care may relate to difficulty navigating the service or benefit systems, low service provider capacity generally and in areas of the County outside of Champaign and Urbana specifically, long waitlists for core services, stigma, limited language options (and limited training resources for providers who use languages other than English), lack of transportation or childcare, low ability to pay, and more. CCMHB funding may help to fill some of these gaps or test promising approaches.

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" with pillars of recovery Health, Home, Community, and Purpose. SAMHSA's framework and proposed standards are appropriate for peer-led organizations, even those 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 and ensures we are not duplicating or interfering with similar efforts.

Proposed programs might connect people to services which are billable to other payers or might offer approaches not otherwise available:

- 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' related to employment, independent living, social connection, or similar.
- 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 which 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 multi-system involvement. On behalf of children, youth, and families, the Champaign County Community Coalition, Child and Adolescent Local Area Network, Transition Planning Committee, Youth Assessment Center Advisory Committee, and the state-funded Redeploy Illinois project bring representatives of youth-serving systems together to improve access, care, resources, and individual outcomes. Services related to mental health, substance use, and trauma may be funded by the state, county, cities, villages, townships, CCMHB, United Way, or other, as the wellness of children is a priority for all. Responses may overlap with public safety and public health interests, due to heightened focus on youth mental health. CCMHB funding should help sustain effective programs while not duplicating or impeding other efforts.

Proposed programs should not criminalize 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 our community's System of Care principles. Strength-based, coordinated, family-driven, youth-guided, person-centered, trauma-informed, and culturally responsive supports and services allow children and their families to thrive. Programs might expand on current successes or address gaps/challenges:

- 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, mentoring, and advocacy by family-led, youth-guided organizations.
- Unique responses to the mental health needs of youth in farming communities.
- Trauma-informed system work, disrupting the impacts of violence and disproportionate threats to health and security.
- Direct support to mitigate the harm caused by community violence and trauma.
- Prevention education, social-emotional development support, summer or after-school options matched to individual preferences.

The CCMHB has funded programs for very young children and their families, including perinatal support, early identification, prevention, and treatment. Many providers participate in 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 serving children who have a developmental delay, disability, or risk might align with the final priority.

PRIORITY: Collaboration with the CCDDB: Young Children and their Families
The Intergovernmental Agreement with the CCDDB requires integrated planning of I/DD allocations and a CCMHB set-aside, which for PY2026 will equal the PY2025 amount of $889,119 increased by the percentage increase in property tax levy extension.

The commitment to young children and their families continues for PY2026, 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. Following the global pandemic, providers of services to young children have seen increases in developmental and social-emotional needs. Early identification and treatment can lead to great gains later in life. Services and supports not covered by Early Intervention or under the School Code may be pivotal for young children and their families and might 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 to strengthen personal and family support networks, and
- Maximization of individual and family gifts and capacities, to access community associations, resources, 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. During or resulting from the allocation award process, the CCMHB might elect to 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 MI, SUD, or I/DD. Some 'best value' considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness - What is the Board Buying?
Details on what the Board would purchase are 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 for describing: 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. Budget and Program Connectedness includes and builds on two Minimal Expectations.

The first is financial clarity, demonstrated by a recent independent CPA firm audit, financial review, or compilation report, or audited balance sheet. These reports, and the resolution of any negative findings, will support the Board's application review and allocation decision processes. Another Minimal Expectation is evidence that other funding is not available or has been maximized. The Budget Narrative submitted with each program proposal is an excellent place to describe efforts to secure other funding. Programs with services billable to Medicaid or other insurance should attest that they will not use CCMHB funds to supplement those. They may identify activities not billable to other payers which can be charged to the proposed contract. While CCMHB funds should not supplant other public systems, programs should maximize resources for long-term sustainability. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources, also described with Unique Features, below.

Participant Outcomes

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways are people's lives improved and how will we know? Simple, measurable outcomes are ideal. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. Applicants may view short videos or 'microlearnings' related to outcomes. A previously compiled 'measurement bank' is also available, compiling information on outcome measures appropriate to various services and populations.

In a separate section, a proposal will describe how people learn about and access the program and will define 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 are required with every proposal.

Self-Determination - Do the People Served Have a Say in Service Planning?

The most meaningful participant outcomes will be developed 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, so that 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 service planning and should connect the program activities to what people have indicated they want and need. SAMHSA's Issue

Brief on Person Centered Planning may be helpful to providers serving people who have mental health or substance use disorders. In addition to planning their individual services, people who have personal knowledge of the issues addressed by a program may also contribute to its development and operation. An application should describe how input from people with lived experience and/or expertise helps to shape or run the program.

Eliminating Disparities in Access and Care
Programs should move the local service systems toward equitable care, for the sake of optimal health and quality of life for all community members. Barriers specific to some groups should be identified and minimized. Programs should improve access and offer appropriate care for people from historically under-resourced/undervalued populations, as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. These groups, as well as people living in rural areas and those with limited English language proficiency, should have access to supports and services. Applications should identify strategies to engage people and eliminate barriers to care.

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

Promoting Inclusion and Reducing Stigma
Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may even be a driver of insufficient State and Federal support for community-based services. Stigma limits communities' potential and isolates people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are also safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social networks. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

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

Technology Access and Use
Applications should describe how people will be served in the event of a public health emergency which severely limits in-person contact, now that the negative impacts of

social isolation are understood. While in-person services may be preferred over virtual options, some capacity should be maintained. Telehealth and remote services connect more people to virtual care, overcoming transportation and other barriers, and they can also enhance people's access to other resources. Access to and training in the use of technology and virtual platforms, not only for people who participate in services but also for the direct staff involved in their care, will build on the existing successes and might also decrease the need for some in person staff supports.

Unique Features

A **best value** is also demonstrated through characteristics of the service approach, staff qualifications, or a funding mix unique to a proposed program. Proposals will describe other program resources, skills specific to the program's staff, and any recommended or innovative service models which will effectively meet the needs and preferences of program participants.

- 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 established model, describe an innovative approach and how it will be evaluated.
- Staff Credentials: highlight credentials and trainings related to the program.
- Resource Leveraging: describe how the program maximizes other resources, including state, federal, or local funding, volunteer or student support, and community collaborations. If CCMHB funds are to meet a match requirement, reference the funder requiring this local 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. Instructions on how to register and how to apply are posted there. Accessible documents and technical assistance on using the online tools, are available upon request through CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate 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.
   NEW FOR PY2026: Unless already provided under prior contract with the CCMHB, applicant should submit their most recent audit, review, or compilation. If one has not been conducted, an audited balance sheet should be submitted.
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 service system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient system, application should acknowledge collaborative efforts and 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 20, 2024.