



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.

Champaign County Mental Health Board (CCMHB) Retreat

TUESDAY, October 27, 2015

Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St.
Urbana, IL

8:30 a.m.

Retreat Agenda

1. Call to Order - Dr. Townsend, President
2. Roll Call
3. Program Evaluation Study (**pages 3-4**)

The evaluation team will provide an overview of the scope of the evaluation and engage the Board in a discussion on outcomes. Copy of the evaluation scope of work is included in the packet.

4. Funding Priorities

A. Strategic Plan
B. Allocation Criteria
C. Award Process

*The Board and staff will discuss the allocation process and funding priorities. Copies of the draft three year plan (**pages 5-12**), the FY16 allocation criteria decision memo (**pages 13-24**) from last November, and an FY16 allocation spreadsheet (**page 25**) with total program and agency funding noted are included in the packet.*

5. Communication Process

Communication between Board members and between the Board and staff within the terms of Open Meetings Act will be addressed.

6. Adjournment

A Proposal to Build Evaluation Capacity for Programs
Funded by the Champaign County Mental Health Board (CCMHB)

Statement of Purpose:

The aim of this effort is to build evaluation capacity for programs funded by the CCMHB. Evaluation capacity refers to both formative (i.e., questions about process) and summative (i.e., questions about outcomes) facets of program evaluation.

Specific Aims:

To move toward this goal, we propose the following specific aims:

1. Identify evaluation priorities for the CCMHB
2. Identify evaluation priorities for funded agencies
3. Explore current reporting and/or evaluation mandates from a variety of funders (e.g., CCMHB, United Way, DHS)
4. Build scientific/evaluation literacy among key stakeholders (e.g., CCMHB, funded programs)
5. Explore existing capacity for data collection and analysis (i.e., looking at processes and outcomes)
6. Assess the potential (and limitations) of rigorous outcome evaluation (e.g., explore the possibility of random assignment, control groups, waitlist control groups) and process evaluation across funded programs
7. Assess the potential for shared outcome or process assessment across funded programs or subsets of programs
8. Build capacity for data collection and analysis in targeted programs in Year 2 (i.e., looking at processes and outcomes)
9. Plan the implementation of evaluation activities in Year 2 (e.g., instrument development, data collection, data analysis, interpretation and reporting)

Proposed Activities and Deliverables (Year 1)

To advance these aims, we propose the following activities in Year 1 of the effort:

1. Review all agency funding applications (Parts 1 – 3) and consumer outcome and utilization data to
 - a. begin to assess numbers of clients served, nature of service delivery, relevant outcomes, relevant processes
 - b. examine how current funded activities align with stated priorities and goals.
2. With a small number of targeted agencies begin to explore a) evaluation priorities among funded agencies; b) existing evaluation capacity and activities; and c) issues in the process of building evaluation capacity (e.g., unfunded mandates; costs to program in terms of times and resources); d) potential best practices in how evaluation would be sustained (e.g., via agency self-evaluation; CCMHB staff; external evaluator)
3. Conduct interviews with leaders, staff and/or clients from each funded agency to explore evaluation priorities, capacity and activities

4. With input from targeted agencies and the CCMHB, develop a survey of funded programs to be required in the 16/17 fiscal year that assesses evaluation priorities, capacity and activities
5. With input from funded agencies, clients, and the CCMHB, develop an initial plan to implement evaluation activities in a subset of funded agencies (specifics to be determined by engaging in the exploration process)

Deliverables

1. A report to CCMHB that summarizes findings from 1 and 3 in Activities and includes specific recommendations regarding building evaluation capacity
2. A survey to utilize in anticipation of the 16/17 funding year that assesses evaluation priorities, capacity and activities with all CCMHB funded agencies
3. An evaluation plan to implement in Year 2 that reflects priorities and recommendations developed in Year 1. Most likely this would begin with a targeted subset of agencies, but the data gathered in Year 1 would inform the specifics of the evaluation plan developed

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2016
(1/1/16 – 12/31/16)

5

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance abuse disorders, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families that reside in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process and during the allocation decision-making process consider multi-year term for select contract awards.

Objective #2: Expand use of evidenced informed and evidenced based/best practice models appropriate to the presenting need in an effort to improve outcomes for families with infants, children, and adolescents, as well as for adults and the elderly.

Objective #3: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, and/or developmental disabilities to prevent and reduce early mortality, through support services including enrollment in benefit plans and coordinated access to primary care.

Objective #4: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #5: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid, e.g. Peer Supports.

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Require as part of the providers stated capacity to deliver services evidence of cultural and linguistic competence to meet the needs of the population served submission of a cultural and linguistic competence plan and report on same on a bi-annual basis.

Objective #3: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Continue the collaborative effort with the City Of Champaign and other units of local government to support and expand the Champaign County Community Coalition as the "systems level" body overseeing the system of care for children and youth.

Objective #3: Participate in various coordinating councils whose mission aligns with the needs of the various disability populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #4: Engage other local funders and stakeholders and participate in coordinating bodies as appropriate, to develop new initiatives.

Objective #5: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDDB).

Objective #1: In consultation with the CCDDDB, review and revise as necessary the current CCMHB-CCDDDB Intergovernmental Agreement.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCDDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

Objective #3: Assess alternative service strategies that empower consumers and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #4: Concurrent with the CCDDDB, continue financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #5: Foster communication between the CCMHB and the CCDDDB by holding regular meetings between the Executive Director and the Officers of the two Boards, sharing of information between the Boards, and co-sponsoring public hearings, trainings and anti-stigma events.

Objective #6: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Establish a permanent full time position to manage the Champaign County Community Coalition and to be responsible for all aspects of the SAMHSA/IDHS approved system of care model.

Objective #2: Establish a permanent full time position to coordinate and monitor all Cultural and Linguistic Competence (CLC) activities associated with the CCMHB/SAMHSA/IDHS system of care model.

Objective #3: Continue community based partnerships and coordination of evidence based services and supports for youth and families such as occurring through CHOICES.

Objective #4: Ongoing support of a Champaign County Youth Organization in recognition of the importance of the system of care being youth-guided, with the organizations main focus peer to peer support and advocacy in Champaign County and at the state level assisting with system of care expansion.

Objective #5: Ongoing support of a Champaign County Parent Organization in recognition of the importance of the system of care being parent-driven, to continue the development of a viable parent organization to enable parent input on effectively meeting the needs of multi-system involved youth and families at the local level and at the state level assisting with system of care expansion.

Objective #6: Support System of Care Expansion in Illinois through sharing of knowledge and experience with system of care principles and practices.

Objective #7: Upon completion of the SAMHSA/IDHS Cooperative Agreement System of Care Evaluation Study Final Report schedule a presentation by the Evaluation Team on the results of the study and plans for dissemination of the study to community stakeholders.

Objective #8: Complete the closeout of the SAMHSA Children's Mental Health Initiative Cooperative Agreement.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert as appropriate persons with behavioral health needs from the criminal justice system.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent

involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

Objective #5: Participate in "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails" co-sponsored by the National Association of Counties (NACo), the American Psychiatric Foundation and other stakeholders, and encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders provide an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs through the development of the Behavioral Health Jail Diversion Initiative.

Objective #1: Identify options for developing jail diversion services including a center to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #2: Secure commitment to support and sustain the development of a diversion center from vested stakeholders in the public and private sectors.

Objective #3: Form an advisory committee to develop a request for proposals associated with the Jail Diversion Behavioral Health Initiative, to evaluate proposals submitted, and make recommendations for action to stakeholders including the Champaign County Mental Health Board.

Goal #8: Support interventions for youth at risk of juvenile justice system involvement to reduce contact with law enforcement or deeper penetration into the system.

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #2: Monitor local utilization of PLL and pursue opportunities for expansion to accommodate potential excess capacity.

Objective #3: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #4: Through participation and engagement in the Community Coalition and other community focused initiatives, promote and encourage multi-collaborative approaches for prevention, reduction and elimination of increase in youth violence trends and activities.

Objective #5: Promote and support those targeted interventions that specifically address African American and other minority youth disproportionately impacted in multiple systems.

Objective #6: Utilize the principals from "Models for Change" to reduce the disproportionate minority contact of law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disAbility Resource Expo: Reaching Out for Answers and the National Children's Mental Health Awareness Week.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #5: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other state and national associations.

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities.

Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports

and to the broader human services network under contract with the State of Illinois.

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion.

DECISION MEMORANDUM

DATE: November 19, 2014
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Peter Tracy, Executive Director
SUBJECT: FY16 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to provide recommendations pertaining to the FY16 (July 1, 2015 through June 30, 2016) Champaign County Mental Health Board (CCMHB) allocation decision support criteria and funding priorities. Stakeholders were invited to review, comment and identify additional priorities for the Board's consideration.

Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY15 (July 1, 2014 through June 30, 2015) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Coordination of Funding

Changes in law, rules and regulations at the federal and State levels will require local government funders (i.e., CCMHB/CCDDB) to be cognizant of the terms and conditions of Federal and State contracts with local service providers that also receive our funding. Many of these changes including the shift to Medicaid as the primary funding source place limitations on how our funding can be used, and have resulted in

realigning our dollars to purchase services and supports for people who are not covered by Medicaid, or for services which are not included specifically as Medicaid Benefits.

All CCMHB/CCDDB contracts specify the eligible populations and the services/supports which are to be delivered consistent with budgeted revenue and costs. Local funding is therefore not to be used to supplement Medicaid services which are provided to Medicaid eligible persons through direct contracts with State of Illinois agencies. The CCMHB/CCDDB requires separate cost centers for all contracts and does not allow providers to comingle local funding with State of Illinois funding, or comingled with a provider's State-Agency cost center. Additionally, CCMHB/CCDDB contracts require our funding to be the last funds used if other funding is available. This means Medicaid eligible clients receiving services from providers via contracts with State Agencies are excluded from access to local (CCMHB/CCDDB) funding for services that are covered by Medicaid or other State of Illinois contracts. It is our position that CCMHB/CCDDB funding shall not be used for services/supports that could be billed to the State of Illinois (i.e., Medicaid), and local funding shall not be used to supplant other funding sources, particularly Medicaid which is an entitlement with a defined set of benefits for enrolled and eligible individuals.

Insofar as local provider contracts with State of Illinois agencies, the Medicaid rate paid for a service or support is, by law, all-inclusive and must be taken as payment in full by the provider. Because the Medicaid rate is all-inclusive and considered payment in full, the provider is prohibited from charging any amount over and above what Medicaid pays for a covered service to an eligible client. The provider is not allowed to accept additional payment for service by billing any third party, whether or not the third party is willing to help (i.e., supplement). In addition, the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program specifically states in Item #6 **“Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider’s charges.”**

Expectations for Minimal Responsiveness

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

FY16 Decision Priorities and Decision Support Criteria

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board

Full compliance with the terms and conditions of the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). This agreement defines the FY16 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

There have been significant changes in law, rules, and regulations that have altered the nature of ID/DD services and supports, and these changes also define, to a great extent, the parameters for allocation of funds. The changes have been extended by court orders and recent legislation. These include (a) Olmstead, (b) Ligas Consent Decree (c) Williams Consent Decree, (d) the Illinois Employment First Act, (e) the final CMS Home and Community Based Rule, (f) the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) class action lawsuit in Illinois, (g) executive orders in three states which phase out the use of segregated centers and/or sheltered workshops, (h) the Oregon lawsuit to eliminate segregated centers and sheltered

workshops, (i) the Affordable Care Act, (j) the proposed Illinois 1115 Waiver, and (k) the implementation of ID/DD managed care in Illinois.

If asked to identify a common denominator for all of the changes listed above, it is pretty clear that it would be inclusion and integration of people with intellectual and developmental disabilities (I/DD). All of the major areas of services and supports require movement away from segregated centers and services which limit the person's access to the community. In fact, the new CMS rule actually emphasizes that States are expected to ensure that people with I/DD have the same level of access to the community as people that do not have a disability. Using the Person Centered Planning process as a guide, the emerging changes are focused on integration, quality of life, self-determination, human and civil rights, advocacy, and protection. That said, the CCDDDB strongly believes and will support programs, services and supports which manifest the following:

- Individuals with disabilities have the opportunity to live like those without disabilities, and have control over their day and over where and how they live.
- Supports for individuals with disabilities that focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities that focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

As a local funding organization responsive to changes in law, rule, and regulation, all applications associated with the priorities shall be evaluated using the “lens of inclusion and integration.”

Priority #2 – ACCESS Initiative Sustainability

The CCMHB has committed to sustaining our system-of-care after the term of the cooperative agreement with IDHS expires on September 30, 2015. A concept briefing memorandum outlines the proposed components of the ACCESS Initiative sustainability plan and is a separate agenda item presented for CCMHB consideration. The proposed plan includes the following components: (1) Facilitation of the Community Coalition to serve as the planning/policy integration mechanism for the post-cooperative agreement System-of-Care; (2) an enhanced in-house Cultural and Linguistic Competence coordinator to build on the accomplishments of the ACCESS Initiative; (3) an Integrated Service and Support Network including coordination with CHOICES; (4) A youth organization; (5) a family organization; (6) and, leadership and coordination with State of Illinois System of Care Expansion.

Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance.

Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to efficaciously address the needs of multi-system involved youth with SED by supporting the following services and supports:

(a) Parenting with Love and Limits (PLL) – Maintenance of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families, as well as other youth involved in the juvenile justice system.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface.

Continuation during FY16 of the reconfigured behavioral health system which was designed to assure appropriate linkage to behavioral health services following

incarceration, deflection of people with serious behavioral health problems prior to incarceration, and improved coordination between community based service providers and the Champaign County Jail's behavioral health service provider for people during their incarceration. Included under this priority is our continued support of the specialty courts, related services and supports. Full compliance with memoranda of understandings pertaining to specialty courts will be continued during FY16. Stakeholder input has identified a need for and recommended development of a diversion alternative such as a recovery center, in Champaign County. Proposals to develop a plan for establishing a recovery center will be accepted under this priority.

Priority #5 – Wellness for People with Disabilities

The CCMHB believes that disparities in life expectancy for people with disabilities is unacceptable, and to the extent possible we should prioritize funding for programs, services and supports consistent with SAMHSA's Eight Dimensions of Wellness. In this context wellness means overall well-being and incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life.

The significant mortality gap for people with disabilities is predicated on the combination of (1) a higher occurrence of risk factors for chronic diseases and some types of cancer; (2) the iatrogenic effects of some psychiatric medications; (3) higher rates of suicide, accidental and violent death; and (4) poorer access to physical healthcare than for the general population. The following are salient factors which are of specific concern:

- People with serious and persistent mental illness have a life expectancy a full 25 years shorter than people without significant behavioural health needs. Three out of five die from preventable chronic diseases such as asthma, diabetes, cancer, heart disease and cardiopulmonary conditions.
- People with intellectual or developmental disabilities (IDD) experience disparities in oral health outcomes, a key factor in the quality of life and life expectancy of people with disabilities.

- Women with significant disabilities were 57 percent less likely to report receiving Pap tests and 56 percent less likely to report receiving mammograms compared with women who did not have disabilities, regardless of age.
- People with disabilities of all ages have more than twice the incidence of diabetes than those without disabilities.
- People with disabilities older than 18 have a 10% higher incidence of hypertension than adults without disabilities (29.3% versus 39.3%).

The CCMHB is committed to addressing these issues in Champaign County and is seeking applications which provide solutions to these problems by focusing on prevention/health promotion, screening, and access to quality, integrated, individualized care and treatment. Supportive activities could include counselling, advocacy, prevention, and education.

Priority #6 - Local Funder Collaboration on Special Initiatives

It is recommended we continue to monitor local funder collaborations intended to expand the availability of psychiatric services in Champaign County, development of alcohol and substance use detoxification services, and/or development of an emergency shelter for families facing homelessness. Expansion of psychiatric services could include supporting a partnership between community based behavioral health providers and the Federally Qualified Health Center (FQHC) in Champaign County. The only caveat to this item pertains to how the ACA and Medicaid expansion addresses this deficiency. The implementation of Medicaid managed care could conceivably address this issue. An emergency shelter for families was piloted in the community last winter and spring. The prospect exists for those involved with the pilot to lead an effort to establish a permanent facility. As part of any collaboration with other local funders on an emergency shelter for families, consideration would be given to providing support services at the shelter.

Overarching Decision Support Considerations

The FY16 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY16 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D. In addition, actions should align with the Culturally and Linguistically Appropriate Services (CLAS) standards outlined in "A Blueprint for Advancing and Sustaining CLAS Policy and Practice."
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Budget and Program Connectedness** - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required.
4. **Realignment of Existing FY15 Contracts to Address Priorities** – The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the six FY16 priorities listed in this memorandum.
5. **Anti-Stigma Efforts** – Activities that support efforts to reduce stigma associated with mental health, substance use disorders, and intellectual disabilities/developmental disabilities by increasing community awareness and challenging negative attitudes and discriminatory practices.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an on-line system for agencies interested in applying for funding. An agency must complete the one-time registration process including the Organization Eligibility Questionnaire before receiving access to the on-line application forms.

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

Staff Credentials: Applications that address and highlight staff credentials and specialized training will receive additional consideration.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience we can anticipate the nature and scope of applications will

vary significantly and will include treatment, early intervention and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the 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 Champaign County.
- Applications and submissions 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. Materials submitted will not be returned or deleted from the on-line system.

- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. 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 there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.

- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Decision Section:

Motion: Move to approve the FY16 Allocation Priorities and Decision Support Criteria as described in this memorandum.

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed

24

FY16 Funding - MHB Awards, Program Total-All Sources, and Total Agency-All Sources*									
Agency	Program	MHB Awards	MHB Total	Program Total	MHB % of Program Total	Total Agency All Sources	MHB % of Total Agency		
Champaign Co. Children's Advocacy Center	Children's Advocacy	\$37,080	\$37,080	\$193,593	19%	\$193,593	19%		
Champaign Co. RPC - Social Services	Youth Assessment Center (MHB proposal)**	\$26,000	\$26,000	\$341,061	8%	\$493,541	5%		
CCMHB/CCDDB CILA	CILA Expansion - MHB FY16 allocation	\$50,000	\$50,000	\$100,000	50%	\$100,000	50%		
Community Choices, Inc.	Community Living	\$60,000	\$60,000	\$111,000	54%	\$111,000	54%		
Community Choices, Inc.	Customized Employment	\$55,000	\$55,000	\$120,000	46%	\$120,000	46%		
Community Choices, Inc.	Self-Determination Support	\$55,000	\$55,000	\$72,000	76%	\$72,000	76%		
Community Elements, Inc.	Criminal Justice (Includes CCHCC subcontract)	\$306,816	\$170,000	\$517,083	59%	\$517,083	59%	\$303,000	56%
Community Elements, Inc.	Crisis Access, Benefits & Engagement	\$200,000		\$705,234	28%	\$705,234	28%		
Community Elements, Inc.	Early Childhood Mental Health & Development	\$90,000		\$772,914	12%	\$772,914	12%		
Community Elements, Inc.	PLL Front End	\$283,079		\$283,079	100%	\$283,079	100%		
Community Elements, Inc.	Psychiatric/Primary Care Services	\$100,000		\$1,011,350	10%	\$1,011,350	10%		
Community Elements, Inc.	TIMES Center (Screening MI/SA)	\$48,000		\$470,778	10%	\$470,778	10%		
Community Service Center of Northern Champaign Co.	Resource Connection	\$65,290	\$1,027,895	\$257,560	25%	\$8,665,447	12%	\$317,154	21%
Courage Connection	Courage Connection	\$66,948	\$66,948	\$767,358	9%	\$1,818,400	4%		
Crisis Nursery	Beyond Blue-Champaign County	\$70,000	\$70,000	\$171,700	41%	\$1,047,495	7%		
Developmental Services Center	Individual and Family Support	\$376,144	\$376,144	\$408,857	92%	\$12,229,170	3%		
Don Moyer Boys and Girls Club	Community Engagement & Social Marketing	\$78,000		\$78,000	100%	\$78,000	100%		
Don Moyer Boys and Girls Club	Youth & Families Engagement Services	\$170,000		\$170,000	100%	\$170,000	100%		
Don Moyer Boys and Girls Club	Total	\$170,000	\$248,000	\$170,000	100%	\$1,186,050	21%	\$1,186,050	21%
East Central IL Refugee Mutual Assistance Center	Family Support & Strengthening	\$13,000	\$13,000	\$216,219	6%	\$254,319	5%		
Family Service of Champaign County	Counseling	\$40,000		\$86,085	46%	\$86,085	46%		
Family Service of Champaign County	Self-Help Center	\$28,428		\$31,248	91%	\$31,248	91%		
Family Service of Champaign County	Senior Counseling & Advocacy	\$142,337		\$495,636	29%	\$495,636	29%		
Family Service of Champaign County	Total	\$142,337	\$210,765	\$495,636	29%	\$1,718,267	12%		
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	\$15,000		\$248,100	6%	\$248,100	6%		
Mahomet Area Youth Club	Universal Screening MAVC Members Matter!	\$10,000							
Mahomet Area Youth Club	Total	\$10,000	\$25,000	\$248,100	10%	\$248,100	10%		
Prairie Center Health Systems, Inc.	Criminal Justice Substance Use Treatment	\$10,000		\$16,069	62%	\$16,069	62%		
Prairie Center Health Systems, Inc.	Drug Court Vivitrol Pilot	\$10,192		\$77,842	13%	\$77,842	13%		
Prairie Center Health Systems, Inc.	PLL Extended Care	\$291,903		\$291,903	100%	\$291,903	100%		
Prairie Center Health Systems, Inc.	Prevention	\$56,550		\$248,542	23%	\$248,542	23%		
Prairie Center Health Systems, Inc.	Specialty Courts	\$187,425		\$338,431	55%	\$338,431	55%		
Prairie Center Health Systems, Inc.	Youth Services	\$105,000		\$189,057	56%	\$189,057	56%		
Prairie Center Health Systems, Inc.	Total	\$105,000	\$661,070	\$189,057	56%	\$4,727,518	14%		
Promise Healthcare	FNHHC Wellness & Justice	\$40,000		\$84,641	47%	\$84,641	47%		
Promise Healthcare	Mental Health Services at FNHC	\$165,000		\$420,508	39%	\$420,508	39%		
Promise Healthcare	Total	\$165,000	\$205,000	\$420,508	39%	\$4,903,844	4%		
Rape Advocacy, Counseling & Education Services	Counseling & Crisis Services	\$18,600	\$18,600	\$133,697	14%	\$391,455	5%		
The UP Center of Champaign County	Children, Youth, & Families Program	\$12,000	\$12,000	\$20,539	58%	\$54,143	22%		
University of IL - Psychological Services Center	Girls Advocacy Program	\$25,683	\$25,683	\$25,683	100%	\$25,683	100%		
Urbana Neighborhood Connections Center	Community Study Center	\$12,000	\$12,000	\$12,000	100%	\$12,000	100%		
	Total	\$3,320,475	\$3,320,475	\$9,487,767	35%	\$38,803,679	9%		

*Based on CCMHB application form - does not include adjustments to FY16 state contracts
 **Budget information provided limited to YAC specific awards plus CSBG total