



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) STUDY SESSION

WEDNESDAY, October 25, 2017
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

1. Call to Order - Elaine Palencia, Vice President
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and total time to 20 minutes.
4. Approval of Agenda*
5. Vice President's Comments
6. Funding Priorities for PY19 (pages 2-9)
Included in the packet for information is a Briefing Memo with recommended priorities for funding for the period of July 1, 2018 to June 30, 2019.
7. Application Review Process (pages 10-11)
The Draft Allocation Process Timeline is included to support discussion of a Board process for reviewing applications for PY19 funding. Applications may be submitted on the online system between 1/5/18 and 2/2/18.
8. Liaison Assignments
Discussion of the practice of board to board liaison service.
9. Strategic Planning (pages 12-18)
Because fulfillment of the Board's mission is broader than impactful allocation of funding to agency programs, a community needs assessment and strategic plan are completed every three years, and objectives relating to board and staff responsibilities, including the allocation process, are reviewed and modified each year. Included in the packet for information is the DRAFT Three Year Plan for 2016-2018 with Objectives for 2018. 2018 is the final year for this plan.
10. Adjournment

**Board action*





CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: October 18, 2017
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2019 Allocation Priorities and Decision Support Criteria

“Everyone else is swimming, diving and frolicking freely, while I’m alone, stuck in a tiny boat, swayed from side to side.”

– Naoki Higashida. *Fall Down Seven Times, Get Up Eight.*

Overview:

The purpose of this memorandum is to propose allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2019 period, July 1, 2018 to June 30, 2019. These recommendations emerge from board discussions, input from agency representatives and other stakeholders, and our understanding of the transforming service delivery and payment systems. This document will be shared with stakeholders and provider organizations for their input, and a final draft will be presented to the board for approval at a November or December meeting.

Statutory Authority:

The CCMHB funding policies are based on 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. CCMHB Funding Guidelines require that there be annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum becomes an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

The Operating Environment:

Throughout 2017, the future of health care has been in the news. Many of the proposed plans to ‘repeal and replace’ the Affordable Care Act would have had devastating near-term and long-term effects on Illinois, on Champaign County, and on people who have behavioral health conditions and/or disabilities. For the moment, no proposed legislation

is moving toward a vote, but changes in the enforcement of existing rules are likely to result in increased cost and decreased coverage.

At this writing, the federal agency, Centers for Medicare and Medicaid Services (CMS), has yet to approve an 1115 waiver submitted by the State of Illinois. This Medicaid waiver would promote an integrated system of care for behavioral health, maximizing federal matching revenue and supporting innovative and evidence-based approaches. Even if approved, the limitations of state appropriations and the uncertain futures of public and private insurance will continue to impact services and systems.

Many of Illinois' Medicaid reimbursement rates remain well below the actual cost of their covered services. Because the rate paid for each service is inclusive and taken as payment in full, providers cannot charge more for a covered service to an eligible client or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community based behavioral health providers to meet the needs of people who use Medicaid and waiver services. The damage now includes a growing workforce shortage. Revised state rules would allow for non-certified behavioral health centers, which may attract more service providers but not with the promise of better outcomes for people. Medicaid Managed Care contracting also presents challenges for community-based providers, insured persons, and other funders. The CCMHB will work with traditional and non-traditional providers to identify services not covered by Medicaid but which improve outcomes for individuals and promote a healthier, safer community. With growing uncertainty about the operating environment, a balance of prevention, treatment, and crisis services is indicated.

Expectations for Minimal Responsiveness:

Applications that do not meet these thresholds are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late applications will not be accepted.*
3. Application must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. How will it improve the quality of life for persons with behavioral health conditions or ID/DD?
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.

To preserve the CCMHB's emphasis on FY2019 allocation decision criteria, all applications proposing new services should align with one or more of the priorities below. Proposals to continue funding for existing programs need not align with specific decision criteria but may be subject to redirection or reduction in funding.

“Spoken language is a blue sea. Everyone else is swimming, diving and frolicking freely, while I’m alone, stuck in a tiny boat, swayed from side to side. Rushing towards me are waves of sound... When I’m working on my alphabet grid or my computer, I feel as if someone’s cast a magic spell and turned me into a dolphin.”

– Naoki Higashida. *Fall Down Seven Times, Get Up Eight.*

At the center of our work are people with conditions which isolate them. Naoki Higashida is such a person, reminding us about the power of specific supports to create access to and from the broader community.

FY2019 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. Board discussions have touched on the need for a balance of prevention, wellness and recovery supports, effective treatments, and crisis interventions, along with equitable access across ages, races, and neighborhoods. Stakeholder input has pointed to the need for improved coordination and clarity about services. Direct input from Champaign County residents who have behavioral health conditions or ID/DD and who use or seek services is rare. Through ‘consumer’ needs surveys, we hope to learn about the supports and services people currently use and those they want and need; these results may be available in spring 2018.

Priority #1 – Behavioral Health Supports for People with Justice System Involvement

The CCMHB continues its commitment to people with serious mental illness and/or substance use disorder who have involvement with the criminal justice system. Local government, law enforcement, community-based providers, and other stakeholders collaborate on these shared and growing concerns, especially where incarceration could be avoided or shortened by improved access to treatments that work, redirecting people with complex conditions to effective supports and services and keeping them engaged. A two-year collaborative effort resulted in recommendations which include strengthening the community-based behavioral health support system (see Priority #2), though not necessarily through a 24 hour ‘crisis center.’

In FY19, the CCMHB will support programs addressing the needs of people with justice involvement, including *victims of violence*, *youth* at risk of or subsequent to juvenile justice involvement, and *adults* at risk of incarceration or in re-entry. Program focus may range from decreasing the risk-of-involvement to support for re-entry:

- benefits enrollment, increasing people’s access to services, including Medicaid;

- coordination and ‘warm hand-off’ from jail to community or detox to community;
- peer mentoring and support;
- intensive case management;
- access to psychiatric services and other health services;
- juvenile justice diversion services (see Priority #3), evidence-based or innovative;
- counseling and crisis support specific to victims/survivors of violence or abuse;
- enhanced crisis response;
- access to medical detox and crisis stabilization;
- support for specialty courts.

Priority #2 – Innovative Practices and Access to Community Based Behavioral Health Services

Priority #1 points to the fragile nature of the current community-based behavioral health system. If it is not shored up, we can expect jails, emergency departments, homeless shelters, churches, and public buildings to continue as the default system.

Each year, we comment on the fiscal and legislative uncertainties of the State of Illinois, the shortcomings of Medicaid and Managed Care, and the unknown impact of evolving or interrupted federal programs. The promised community-based behavioral health system, like other elements of the ‘safety net’, was never fully implemented and has been steadily eroded, especially through the last decade. Local funding has not grown enough to rescue the system or supplant other funding. While advocating and hoping for relief, whether through an 1115 waiver or enforcement of mental health/substance use disorder parity rules, we can: *improve access to services* which are billable to public or private insurance; *identify non-billable services and narrow the gaps* in the behavioral health system; *pilot innovative approaches* to improve outcomes for people. Examples:

- wellness and recovery supports;
- peer mentoring and peer support networks;
- intensive or specialized case management;
- benefits counseling and navigation;
- employment and other community living supports;
- caregiver supports;
- self-advocacy, as the most effective supports result from self-determination, where people control their service plans.

Priority #3 – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a commitment to trauma-informed, youth-guided, family-driven, and culturally and linguistically competent youth serving systems. The CCMHB has also funded programs for very young children, including early identification, intervention, and prevention. Some are evidence-based and some innovative. Prevention services for children and youth can maximize their academic and social/emotional success; providers and

interested parties have collaborated through the Birth to Six Council and the CU Cradle to Career Kindergarten Readiness Group, and many are also connected to the Champaign Community Coalition. There is growing recognition of the importance of Adverse Childhood Events and the social determinants of health. Trauma-informed systems mitigate the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, driving economic development for the community. Components include:

- *Programs consistent with the work of the Champaign Community Coalition.* Representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, families, neighborhoods, faith-based organizations, public health, and others collaborate on planning and improving the System of Care;
- *Juvenile justice diversion services* (see Priority #1) for young people with serious emotional disturbance and multiple system involvement, whether evidence-based or innovative, to improve outcomes for those youth and their families;
- *Family and youth organizations*, acknowledging the critical role of peer support, coordination, and planning of the system;
- *Early identification, prevention, and intervention services for children from birth through high school*, including those which keep children excited about learning.

Priority #4: Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) defines the FY19 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with the Home and Community Based Services regulations, provisions of the Workforce Innovation and Opportunity Act, and Department of Justice ADA Olmstead findings. Most funded services for people with ID/DD are tracked through a new system to clarify utilization. In the most self-determined, integrated system, with various types of support:

- people control their day, what they do and where, and with whom they interact;
- people build connections to their community as they choose, for work, play, learning, and other, in places other community members use and at the same times they use them;
- people create and use networks of support consisting of friends, family, community members with similar interests, and allies they choose;
- people advocate for themselves, make informed choices, control their service plans, and pursue their own aims.

Nationally only 11% of people with ID/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. The disAbility Resource Expo is an established community awareness/networking project of the CCMHB and CCDDB; applications to coordinate, implement, and evaluate the event will be considered.

Overarching Priorities:

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. A Cultural and Linguistic Competence Plan is required of each applicant agency, and the online system holds a template aligned with requirements of Illinois Department of Human Services. The template has been modified for PY2019 so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services.

Inclusion and Anti-Stigma

Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of decreased State and federal support for effective treatments. The personal cost of stigma is mirrored by the cost to our communities. Young adults at colleges and universities find themselves in crisis not only because of pressure to perform in school but also fear of being exposed as having a behavioral health condition. The CCMHB is interested in creative approaches to increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Outcomes

Each application's program plan narrative will identify measures of access for people seeking to participate in the program and outcomes which will result from this participation. Because defining and measuring valuable outcomes is challenging, the Board has engaged with the University of Illinois at Urbana Champaign's Department of Psychology for guidance and training on 'theory of change' logic modeling, development of an 'outcome bank', and a template for organizations to use in reporting. Organizations which are required to report on particular outcomes to other funders may consider including those outcomes, if relevant, in the application for CCMHB funding.

Coordinated System

Without a central location for all services and all providers, and given the known limitations of online resource guides, applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.) and a commitment to updating information about the program in any resource directories.

Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will include detail about the relevance of all expenses, including indirect costs. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Realignment of Existing PY18 Contracts to Address Priorities

The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the PY19 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria:

The process items included in this section will be used as discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to the online application forms.

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

Process Considerations:

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have mental health conditions, substance use disorders, and/or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

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 online 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 that is deemed to be in the best interest 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.
- 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 disallowance or 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 application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- 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 reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY19, two-year applications will be considered as part of the award process.

DRAFT

July 2017 to June 2018 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2018 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed.

Study sessions may be scheduled throughout the year with potential dates listed. Study session topics will be based on issues raised at board meetings, brought to the CCMHB by staff, or in conjunction with the Champaign County Developmental Disabilities Board.

Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2019 (July 1, 2018 – June 30, 2019).

Timeline	Tasks
7/19/17	Regular Board Meeting Approve Draft Budget Approve 2016 Annual Report
9/20/17	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY18 Objectives U of I Program Evaluation Presentation
9/27/17	Study Session
10/18/17	Regular Board Meeting Release Draft Contract Year 2019 (CY19) Allocation Criteria Community Coalition Summer Initiatives Report
10/25/17	Study Session
11/15/17	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY19 Allocation Criteria
11/29/17	Study Session
12/13/17	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/13/17	Regular Board Meeting (tentative)

01/05/18	<i>Open CCMHB/CCDDB Online System access to CCMHB CY19 Agency Program and Financial Plan Application forms.</i>
1/17/18	Regular Board Meeting Election of Officers
1/24/18	Study Session
2/2/18	<i>Online System Application deadline – System suspends applications at 4:30PM (CCMHB close of business).</i>
2/9/18	<i>List of Requests for CY19 Funding</i>
2/21/18	Regular Board Meeting List of Requests for CY19 Funding
2/28/18	Study Session
3/21/18	Regular Board Meeting 2017 Annual Report
3/28/18	Study Session
4/11/18	<i>Program summaries released to Board, copies posted online with CCMHB April 18, 2018 meeting agenda</i>
4/18/18	Regular Board Meeting Program Summaries Review and Discussion
4/25/18	Study Session Program Summaries Review and Discussion
5/9/18	<i>Allocation recommendations released to Board, copies posted online with CCMHB May 16, 2018 meeting agenda</i>
5/16/18	Study Session Allocation Decisions
5/23/18	Regular Board Meeting Allocation Decisions Authorize Contracts for CY19
6/27/18	Regular Board Meeting Approve FY19 Draft Budget
6/28/18	<i>CY19 Contracts completed/First Payment Authorized</i>

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 2018
(1/1/18 – 12/31/18)**

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 residing in Champaign County.

Objective #1: Conduct a needs assessment to inform development of the next three year plan.

Objective #2: 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.

~~Objective #2: Hold a study session on multi-year contracts including potential impact on the budget of extending contract term for select programs and contingent on action by the Board, implement multi-year contracts for select programs.~~

Objective #3: Expand use of evidenced informed, evidenced based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.

Objective #4: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.

Objective #5: As practicable in light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, Pursue, as feasible, support 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 #6: 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 #7: 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 a cultural competence and linguistic competence plan, with bi-annual reports, as evidence of the provider's capacity to provide services to meet the needs of the population served.~~

Objective #2: 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.

Objective #3: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' 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: Participate in various coordinating councils whose mission aligns with the needs of the various populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

Objective #5: Investigate options for development of a web based compilation of local resources and or directories targeted to specific populations.

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: 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 #2: Assess alternative service strategies that empower people with ID/DD and increase access to integrated settings as exemplified by the collaborative approach to the Employment First Act.

Objective #3: Concurrent with the CCDDDB, continue financial commitment to maintain and, if demonstrated, expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #4: 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: Support the efforts of the Champaign Community Coalition and other system of care initiatives.

~~Objective #2: Continue community based partnerships and coordination of evidence based services and supports for youth and families such as occurring through CHOICES.~~

Objective #2: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

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 from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

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: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." 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 or developmental disabilities.

Objective #1: Contingent on the award of the Department of Justice Implementation grant, Serve on the Crisis Response Planning Committee, the planning body established under the Justice and Mental Health Collaboration award from the Department of Justice, and commit resources necessary to meet the matching funds requirement of the award and serve on the coordinating body.

Objective #2: 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 #3: Secure commitment to support and sustain the development of a diversion center from vested stakeholders in the public and private sectors.

Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.

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

Objective #1: Investigate evidence based or recommended juvenile justice models as an alternative to the Parenting with Love and Limits (PLL) program.

Objective #2: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #3: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #4: 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 #5: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence ~~trends and activities~~.

Objective #6: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #7: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with 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 efforts to challenge stigma and discrimination and other community education events including disABILITY Resource Expo: Reaching Out for Answers, and the National Children's Mental Health Awareness Day.

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 #4: 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 such as the National Association of Counties (NACo).

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 or seeking fuller integration in their 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. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.~~

Objective #3: 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. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.