



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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### 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)

**WEDNESDAY, October 17, 2018**

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

**5:30 p.m.**

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1. Call to Order
2. Roll Call
3. Citizen Input/Public Participation  
*The CCMHB reserves the authority to limit individual public participation to five minutes and limit total time to 20 minutes.*
4. Approval of Agenda\*
5. President's Comments
6. New Business
  - A. Champaign Community Coalition Summer Youth Initiative Presentation  
*Representative(s) of the Champaign Community Coalition will present a report on the summer initiatives supported with CCMHB funds. Copies of the report will be distributed at the meeting.*
  - B. PY2020 CCMHB Funding Priorities (**pages 3-12**)  
*A Briefing Memorandum on funding priorities and allocation criteria for the Program Year 2020 (7/1/19 - 6/30/20) is included for information only.*
  - C. Draft Funding Guidelines & Audit Policy (**pages 13-34**)  
*A Briefing Memorandum with copies of proposed revisions to the CCMHB Funding Guidelines and*

*Audit Policy attached is included for information only.*

7. Agency Information  
*The CCMHB reserves the authority to limit individual agency participation to five minutes and limit total time to 20 minutes.*
  8. Old Business
    - A. Schedules & Allocation Process Timeline (pages 35-38)  
*Updated copies of meeting schedules and allocation timeline are included in the packet.*
  9. CCDDDB Information
  10. Approval of CCMHB Minutes from 9/12 and 9/26, 2018 (Pages 39-44 )\*  
*Minutes are included. Action is requested.*
  11. Executive Director's Report (pages 45-46)  
A report from Lynn Canfield is in the packet.
  12. Staff/Consultant Reports (pages 47-52)  
*Staff reports from Mark Driscoll, Kim Bowdry, Shandra Summerville, and Chris Wilson are included.*
  13. Board to Board Reports
  14. Financial Information (Pages 53-59)\*  
*The Expenditure Approval List is included in the packet. Action is requested.*
  15. Board Announcements
  16. Adjournment
- \*Board action*



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

**BRIEFING MEMORANDUM**

DATE: October 17, 2018  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: DRAFT PY2020 Allocation Priorities and Decision Support Criteria

“The world needs a sense of worth, and it will achieve it only by its people feeling that they are worthwhile.”

– Fred Rogers

**Overview:**

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2020, July 1, 2019 to June 30, 2020. These are based on board discussions, 2018 community needs assessment, and our understanding of best practices and state and federal service delivery and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers support the mission and goals of the Board. Feedback is sought from Board members, self-advocates, family members, agency service providers, and stakeholders. A final draft of recommendations will be presented to the Board for approval later in the year.

**Statutory Authority:**

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. 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:**

State and federal systems, including health care coverage, long-term supports, and related regulations or their enforcement, remain in flux. Some changes and proposed changes create more risk for people who have behavioral health conditions and/or disabilities, the systems of care and service capacity, safety net, and even state and local economies. This chaotic policy and funding environment is stressful for people who rely on services and leads to “change fatigue” in providers and funders, just when recruiting and retaining a qualified workforce has become harder than ever. While the changes are many and complicated, our hope is to identify opportunities, whether through direct CCMHB funding of agencies, assisting those agencies in securing other funding, promoting system redesign and innovation, coordinating across services, increasing community awareness and education, or other.

Illinois’ new 1115 Medicaid waiver presents some limited opportunities to advance an integrated system of care for behavioral health and support innovative and evidence-based approaches. In the coming months, the State will select pilot communities and clarify changes related to this and State Plan Amendments, trainings on the new required assessment tool, and crisis services.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services. The rate paid for each service is inclusive and taken as payment in full, so that 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. Revised state rules allow for non-certified behavioral health centers. 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 which improve outcomes for people and promote a healthy and safe community, but are not covered by Medicaid.

## **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, at <http://ccmhddbrds.org>. 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 completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late applications will not be accepted.*

3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities (I/DD). How will they improve the quality of life for persons with behavioral health conditions or I/DD?
4. Application must be appropriate to this funding source and include 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.
5. Coordination with providers of similar or related services must be demonstrated.

To preserve the CCMHB's emphasis on PY2020 allocation decision criteria, all applications proposing new services should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Proposals to renew funding for current programs need not align with specific decision criteria but may be subject to redirection or reduction in funding. It is recommended that agencies with past proposals not aligning with specific decision criteria review the PY2019 program summaries for staff comments.

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“How sad it is that we give up on people who are just like us.”

– *Fred Rogers*

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At the center of our work are people who live with conditions which may inhibit realization of their own ambitions and goals or disconnect them from others. To the extent that help from others is desired and effective, services and supports can improve an individual's access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer, and sometimes this is accomplished through coordinated services and supports.

### **Program Year 2020 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 health promotion, prevention, wellness recovery supports, early interventions, effective treatments, and crisis services, along with equitable access across ages, races, and neighborhoods. Input from Champaign County residents who have behavioral health conditions or ID/DD and who seek or use services was sought through online surveys early in 2018. They identify barriers to service as: limited provider capacity, limited ability to pay, transportation issues, available services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. While these concerns are not unique to our County, they can be addressed through Board/staff activities and funded agencies.

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

The CCMHB has a commitment to making community-based behavioral health supports available to people who have mental illness and/or substance use disorders and involvement with the criminal justice system. Local government, law enforcement, service providers, and stakeholders continue to collaborate and have made progress in: data collection and analysis; brief screening, case management, and benefits enrollment for those in jail; and coordinated supports for people in reentry. These resonate with recommendations of the County's Racial Justice Task Force.

Shared goals of the collaborations are: avoiding and reducing unnecessary incarceration and hospitalization through crisis stabilization; improved access to treatments that work; redirecting people to effective supports and services; and keeping them engaged. A two-year collaboration funded by the US Department of Justice and the CCMHB resulted in recommendations to: strengthen the system (see also Innovative Practices priority below), create a coordinating council; make a case manager available to people served by the Public Defender's office; and continue to explore feasibility of a 24 hour 'crisis center' or appropriate alternative, such as coordinated crisis interventions across the community.

In PY2020, the CCMHB will support programs addressing the needs of *survivors of violence, youth* who have a risk of juvenile justice involvement or are in re-entry, and *adults* who have a risk of incarceration or are in re-entry. Program focus may range from decreasing the risk of involvement to support for re-entry. Examples:

- *benefits enrollment*, increasing people's access to services;
- *coordination and 'warm hand-off'* from jail to community or detox to community;
- *peer mentoring and support*;
- intensive or targeted *case management*;
- *juvenile justice diversion services* which are evidence-based, evidence-informed, promising, recommended, or innovative; may include counseling for youth and families and other juvenile delinquency *prevention/intervention* (coordinated with and appropriate to System of Care priority below);
- *counseling and crisis support* specific to victims/survivors of violence or abuse;
- enhanced *crisis response*, including access to detox and crisis stabilization, possibly through a crisis/triage/assessment center;
- support for *specialty courts*.

## Priority – Innovative Practices and Access to Behavioral Health Services

The Behavioral Health/Justice Involvement priority is meant to correct the uncoordinated system in which people in crisis end up in jails, emergency departments, homeless shelters, churches, and public facilities rather than in appropriate care. Across the country, this has been the result of an underdeveloped and underfunded community-based behavioral health system.

Another response is support for access to core services and alternatives to core services, with innovations that are not otherwise funded. Programs may overlap with the above priority, especially in regard to those in crisis.

While advocating for large scale system improvements: *improve access to services* which are billable to public or private insurance; *increase enrollment in health plans*, private or public, as uninsured rates have risen again; identify non-billable services which would *narrow the gaps* in the behavioral health system; *pilot innovative approaches* to improve outcomes for people. Examples:

- *wellness and recovery supports*;
- greater access to *Medication Assisted Treatment* and other recommended clinical responses to opioid addiction and risk, such as cognitive behavioral therapy for pain management, etc.;
- *expanded access to psychiatric care* and other health services;
- *peer support* networks and mentoring, including certified peer support specialists;
- intensive or specialized *case management*;
- *benefits counseling*, such as “SSI/SSDI Outreach, Access, and Recovery” (SOAR), and ‘system’ navigation;
- supports/services for people who have behavioral health conditions and are using *emergency shelters*;
- *employment supports*, including job coaching, development, and paid internships;
- *community living supports*, including for housing;
- *caregiver supports*;
- *self-advocacy and self-determination*, through which people control their service plans, resulting in the most effective supports for them.

#### Priority – 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, family-driven, youth-guided, and culturally responsive youth serving systems. The CCMHB has also funded programs for very young children, including early identification, intervention, and prevention. Services for children and youth can maximize their social/emotional success. Early childhood providers have collaborated effectively and now serve as an example for communities across the country. Recognizing the roles of Adverse Childhood Experiences and the social determinants of health, trauma-informed systems build resilience and reduce 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, disrupting poverty and driving economic development for the entire community. Examples:

- *Supports and services focused on children and youth* and incorporating System of Care principles;
- *Programs of value to the Champaign Community Coalition*, a collaboration which includes representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, youth, families, neighborhoods, faith community, public health, and healthcare;
- *Juvenile justice diversion services* for young people impacted by trauma and/or a mental, behavioral, or emotional disorder, and with multiple system involvement;

- services may be evidence-based or innovative, to improve outcomes for those youth and their families; (also appropriate to Justice Involvement priority, above)
- *Family-driven and youth-guided organizations*, acknowledging the 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 - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) defines the PY2020 allocation amount for developmental disabilities programs and sets 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 state and federal standards and regulations, including Illinois Department of Human Services rules, Home and Community Based Services, Workforce Innovation and Opportunity Act, and United States Department of Justice ADA and Olmstead decisions. In the most self-determined, integrated system:

- *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 more, 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; and
- *people advocate for themselves*, make informed choices, control their service plans, and pursue their own aims.

Providers and parents confirm the impact of the shortage of direct support professionals and respite workers. Nationally only 11% of people with I/DD rely on agency service providers, with the majority of care coming from family, friends, and community. To make matters worse, Illinois consistently ranks among the worst states in the nation in various measures of its investments in I/DD services. Parent and self-advocate networks energize and inform the system of supports, understanding of service preferences, and community awareness.

## **Overarching Priorities:**

### Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a



CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address 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; engagement strategies should be identified. With rising rates of suicide, depression, and addiction in farming communities across the country, effective supports must be available to Champaign County's rural residents.

#### Inclusion and Anti-Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It is likely the main cause of decreased State and Federal support for effective treatments. Stigma harms communities and individuals. People are most safe when they have regular connections to others in their community, whether co-workers, neighbors, church members, fitness or recreation activities, or social networks. Community involvement also helps decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in farmer suicide and opioid/other addiction require that we improve awareness and work through stigma in communities where traditional services are lacking and may be less effective. The CCMHB has an interest in creative approaches to building resilience, increasing community awareness, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

#### Outcomes

Each application will identify measures of access for people seeking to participate in the proposed program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support to agencies through a research team from University of Illinois at Urbana Champaign's Department of Psychology. This support includes training and technical assistance on 'theory of change' logic modeling, an 'outcome bank', and a template for reporting. Agencies using these resources may gain an advantage when competing for other funding, in an increasingly competitive funding environment. Those reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Outcomes reflect what people want, as well as demonstrate a program's successes.

#### Coordinated System

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.), a commitment to updating information in any resource directories and databases, and participation in

trainings or workshops or council meetings with other providers of similar services. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

#### 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 all indirect costs. Per the Board's approved Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the proposed program. 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.

### **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. Evidence of Collaboration: Identify collaborative efforts with other organizations with similar missions, toward a more efficient, effective, inclusive system.
3. Staff Credentials: Highlight staff credentials and/or specialized training.
4. 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. *The CCMHB itself is often not eligible to apply directly for federal or state funding but actively encourages and assists eligible entities in identifying and pursuing these opportunities.*

## 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, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs of 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. 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. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2020 but later than July 1, 2019, in the event of greater than expected Board revenue.

### Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract 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.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at 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. Written working agreements with other agencies providing similar services will be referenced in the application and available for review upon CCMHB request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB.
- 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 and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract 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 final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be complete and received on time and must be responsive to the application instructions. Late or incomplete 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 PY20, two-year applications will be considered as part of the award process.



L.C.

## BRIEFING MEMORANDUM

DATE: October 17, 2018  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Proposed Revisions to CCMHB Funding Guidelines and Audit Policy

### Background:

The Champaign County Mental Health Board Requirements and Guidelines for Allocation of Funds were last reviewed, revised, and approved by the Board on December 15, 2009. One year later, requirements were further refined through an Audit & Financial Accountability Addendum. Since adoption of those policies, the cost of independent audits has become prohibitive for agencies of certain size, and the Board's own practices have evolved so that a review of the guidelines and requirements is appropriate.

### Overview:

CCMHB staff sought input from a variety of sources regarding the relevance of the existing Funding Guidelines and Addendum. Other 708 Boards offered their policies for comparison. United Way of Champaign County described current financial accountability requirements and contracting processes. Internal discussions of specific issues and comments from funded agencies also inform the attached drafts. Staff requested information on the costs of agency audits and compared agencies' total revenues to CCMHB contract amounts in order to understand where there might be vulnerabilities.

Attached are the current approved documents with many proposed revisions. These are identified by ~~strikethrough~~ of any language to be removed and *italics* for new language. Many changes are minor corrections of error or style or formatting, and there are several new items listed as non-allowable expenses.

Substantial suggested revisions include:

- introduction of a new requirement, to replace the independent audit with a financial review for those organizations with less than \$300,000 total revenue
- increase in the threshold below which an audit or review is not required of an agency (from \$20,000 per contract to \$25,000 total of CCMHB and CCDDDB contracts)
- changes in the presentation of allocation decision memoranda
- changes in the contract amendment approval processes
- clarification of non-compliance notification and sanctions processes
- clarification of some audit requirements, to match current contract boilerplate
- the addition of some non-allowable costs and clarification of others
- details about the timing of return of excess revenue
- increased limit on the portion of cost of an audit to be charged to the CCMHB
- limit on the portion of cost of a financial review to be charged to the CCMHB
- other clarifications in the Audit & Financial Accountability Addendum (e.g., accrual method of accounting and internal control standards, references to funding guidelines rather than boilerplate)
- details of the Auditor's Checklist added to the Audit & Financial Accountability Addendum
- requirement of a foundation 990, where applicable, to the Auditor's Checklist

### **Actions to Consider:**

Using any additional input from the Boards, staff will incorporate the Audit & Financial Accountability Addendum into the Funding Guidelines document and strike redundancies. The Executive Director and Financial Manager will seek the opinions of independent audit firms regarding any risk related to substantial changes which are included in the proposed draft and to develop the requirements associated with the 'financial review'. A final version will be brought to the Board for further consideration and approval.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS**

**AUDIT & FINANCIAL ACCOUNTABILITY ADDENDUM  
~~Adopted December 14, 2010~~**

**ACCOUNTABILITY REQUIREMENTS FOR CCMHB AND CCDDDB CONTRACTORS**

This policy should be reviewed by all agency staff responsible for contract management including those who prepare applications for funding as well as those who record and report on contract activities, ~~and~~ deliverables, *and financials*. This document is offered as supplemental guidance for contract administration and compliance and is intended to provide clarification and specificity about expectations for fiscal accountability. CCDDDB and CCMHB site visits and monitoring activities may include a random review of the provider's internal financial management system.

Please refer to your contract for other topics related to contract administration.

**ACCOUNTABILITY REQUIREMENTS**

~~The CCMHB and CCDDDB are part of Champaign County Government. They receive annual appropriations from property taxes as specified by statute along with the terms and conditions of the original referenda. As such, the CCMHB and CCDDDB are charged with a fiduciary responsibility to see that tax dollars are used appropriately and to require proper accountability from the provider agencies with whom we contract.~~

Acceptance of CCMHB and CCDDDB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables, and is responsible for meeting CCMHB and CCDDDB compliance standards for financial management, internal controls, audits, and periodic reporting.

**FINANCIAL MANAGEMENT STANDARDS**

There are many options for implementing financial management systems. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. It is expected all funded agencies shall meet the standards specified below, and failure to do so may be cause for *suspension of payment or termination of the contract*. In addition, ~~the agencies~~ *an agency* not in compliance with financial management standards shall not be eligible for ~~future application for CCMHB or CCDDDB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.~~

- \* The contractor shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCMHB or CCDDDB contract.
- \* Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts.
- \* Financial records shall be maintained on a current month basis and balanced monthly.
- \* Costs may be incurred only within the term of the contract as defined in the boilerplate and all obligations must be closed out no later than thirty (30) days following the contract ending date.
- \* Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCMHB or CCDDDB contract, or programs funded by other funding sources.
- \* Employees whose salary is charged in whole or in part to a CCMHB or CCDDDB contract are required to maintain personnel activity reports in order to account for all compensated time including time spent on other activities.
- \* *All agencies shall use an accrual method of accounting.*

## INTERNAL CONTROL STANDARDS

Funded agencies shall provide safeguards for all funds provided through CCMHB and CCDDDB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:

- \* Cash receipts should be recorded immediately and deposited daily. *Deposits should be reconciled by a second party.*
- \* All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
- \* Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded ~~and documented~~. *The staff member responsible for issuing check payments should not have signing authority.*
- \* The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.



## AUDIT/REVIEW STANDARDS

All providers who contract with either the CCDDDB or CCMHB with a contract maximum of \$20,000 or greater with total revenue from the CCDDDB and CCMHB of \$25,000 or greater shall be obligated to meet the audit or review requirements as delineated in the contract boilerplate funding guidelines.

In the course of doing business, agencies funded by the CCMHB and the CCDDDB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible for audit. Failure to provide the auditor with accurate and reliable information could result in questioned costs and disallowances.

All funded agencies awarded contracts for direct services awarded as part of the normal allocation cycle are required to have an audit or financial review conducted for the term of the CCMHB or CCDDDB contract. Contracts with family organizations, consultants and other specified vendors are exempt from this requirement. If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is required for the CCMHB contract, the funded agency may budget for and charge up to \$6,000 (total) to CCMHB or the CCDDDB will pay the funded agency up to \$2,500 to offset for costs associated with this requirement. If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is required for the CCMHB contract, the funded agency may budget for and charge up to \$3,000 (total) to CCMHB for costs associated with this requirement. In the event that the funded provider is required by another funding organization to have an independent audit or financial review, the cost is to be pro-rated across revenue sources.

Specific requirements for audits of CCMHB and CCDDDB contracts are fully delineated in the contract boilerplate and funding guidelines. An independent audit is required of an organization with greater than \$300,000 total revenue, and a financial review allowed for those below this threshold, with the exception noted above. Whether reviewed by an independent auditor or submitted directly to the staff of the CCMHB, items described in the "Auditor's Checklist" will be required of all funded organizations. These include:

- Board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories;
- Board review of financial statements at Agency Board meetings and Source Document – Board meeting minutes (dated);
- Board Minutes with motion approving CCMHB/DDB grant applications for current year;
- Board minutes with motion approving budget for Fiscal Year under review;
- Verification the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable;
- Demonstration of tracking of staff time (e.g. time sheets);
- Proof of payroll tax payments for one quarter, with payment Dates;

- *Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period;*
- *W-2s and W-3, comparison to the gross on 941;*
- *Verification of 501-C-3 status (IRS Letter), if applicable;*
- *IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained;*
- *IRS 990 Form or AG990-IL for associated foundation, if applicable;*
- *Secretary of State Annual Report.*

Adopted 12/14/10

## CHAMPAIGN COUNTY MENTAL HEALTH BOARD REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS

### INTRODUCTION

It is the policy of the Champaign County Mental Health Board (CCMHB) that: services ~~should~~ be provided in the least restrictive environment appropriate to the needs of the individual ~~client~~; ~~that~~ CCMHB funding support ~~shall~~ be community based; and ~~the~~ CCMHB ~~will coordinate its~~ planning and funding efforts *be coordinated* with governmental and non-governmental providers of services.

Funds allocated by the CCMHB shall be used to contract for mental health, developmental disability, and substance ~~abuse~~ *use disorder treatment supports and* services for Champaign County residents, pursuant to the authority contained in the Community Mental Health Act, ILCS, Chapter 405, Act 20, Section 0.1, et.seq.

### GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

#### 1. Eligible Applicants for CCMHB Funding

Applicants for funding may be an individual or a public or private entity providing mental health, developmental disability or substance ~~abuse~~ *use disorder prevention and/or* treatment services to residents of Champaign County.

An individual who is appropriately certified or licensed by the applicable state or national board or organization that demonstrates financial reliability and stability and who demonstrates appropriate service, fiscal and administrative accountability is eligible to apply for funding.

Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. No staff member of the agency or relative of a staff member will be allowed to serve on the agency board.

For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCMHB.

The CCMHB/CCDDB may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the

respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB *or* CCDDDB. The management of such funds will comply with the CCMHB *and/or* CCDDDB Funding Guidelines.

Government agencies, *other than taxing bodies*, are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available.

Departments and units within the University of Illinois and Parkland College related to ~~the disability areas included in~~ the mission of the CCMHB are eligible to apply.

## 2. Administrative Requirements of Applicants

- (a) Corporate by-laws at a minimum shall: encourage consumer representation on the board; specify the number of members of the board and include a mandatory board rotation policy ~~approved by the CCMHB~~; reference term limits for each board office; describe policies for recruitment, nomination and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCMHB, and if approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual preference, national origin, ancestry, or disability. Services shall not be denied based on a client's inability to pay.
  - (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, *or* physical or mental disability ~~unrelated to ability~~.
  - (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, *or* physical or mental disabilities ~~unrelated to ability~~ be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCMHB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining

agreement. Failure to comply with this provision shall result in immediate termination of the contract.

- (iii) The CCMHB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCMHB, its agents, or employees to enforce it, the CCMHB assumes no responsibility for enforcement of, or compliance by the recipient organization with, any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCMHB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees and premised on the CCMHB's provision of these funds.
- (d) Shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services *and to ensure best outcomes for people using or seeking those services*. Said agreements must be updated and on file annually. Because of the CCMHB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all *Champaign County Developmental Disabilities Board (CCDDB) and CCMHB-funded agencies and programs* and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program has ~~significant interaction~~ *similar mission* may be required by the CCMHB.
- (e) Make available copies of site, monitoring compliance, licensure/certification, evaluation, and audit visits performed by any funding authority for annual inspection.
- (f) Cooperate fully in program evaluation and onsite monitoring as conducted by CCMHB staff pursuant to the mandate contained in the Community Mental Health Act.
- (g) Make available for annual inspection by the CCMHB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCMHB.
- (h) Make available for annual inspection by the CCMHB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority.
- (i) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement.

- (j) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (k) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
- (l) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
- (m) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
- (n) All programs shall certify that they do not use CCMHB funds:
  - To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation;
  - For direct or indirect medical (physical health) services that are not related to mental health, substance ~~abuse~~—*use disorder*, or developmental disabilities;
  - For programs or services under the jurisdiction of public school systems.

3. Accreditation Requirements for Eligible Applicants

All CCMHB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services.

For example, the CCMHB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission of Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, ~~and~~ Commission on Accreditation of Rehabilitation Facilities, *and the Council on Quality and Leadership*.

Accredited agencies and programs shall provide the CCMHB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCMHB staff shall determine what documents and correspondence are relevant for the CCMHB monitoring purposes.

4. Organization Requirements in Lieu of Accreditation

All CCMHB funded agencies and programs not accredited by a recognized accrediting body shall *make available for annual inspection by* ~~provide~~ the CCMHB ~~with~~ copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCMHB staff may develop, make available to agencies, and periodically review a set of compliance indicators.

5. Organization Board Meetings

Agency governing boards must notify the CCMHB of all board meetings, meet in session open to the CCMHB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCMHB with copies of minutes of all open meetings of the governing board.

6. Fiscal Requirements for All Applicants

- (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management.
- (b) An approved provider plan indicating projected levels of expenses and revenues *is required* for each CCMHB funded program.
- (c) CCMHB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. ~~For grant-in-aid contracts,~~ CCMHB funds in excess of actual reimbursable expenses by the program are subject to recovery:
  - *upon completion of an independent audit, if one is required (i.e., agency has total revenue of \$300,000 or greater and receives total combined CCMHB/CCDDB revenue of \$25,000 or greater);*
  - *upon completion of a financial review, if one is required (i.e., agency has total revenue of less than \$300,000 and receives total combined CCMHB/CCDDB revenue of \$25,000 or greater);*
  - *upon completion of fourth quarter financial reports, if no audit or financial review is required (in the case of total combined CCMHB/CCDDB revenue of less than \$25,000 or other waiver of requirement).*
- (d) The organization must not deny Champaign County residents access to CCMHB funded services ~~regardless of their ability or~~ *on the basis of* inability to pay.
- (e) Organizations will establish and maintain a modified accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.
  - All accounting entries must be supported by appropriate source documents.
  - All fiscal records shall be maintained for five (5) years after the end of each contract(s) term.
  - Amounts charged to CCMHB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records for individual employees.
  - The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel ~~matrix attachment~~ *to form incorporated into the contract.*
  - The CCMHB may establish additional accounting requirements for any funded programs.
  - CCMHB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific

CCMHB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCMHB funded program must be allocated to all programs, both funded and non-funded.

- The following is a listing of non-allowable expenses:
  - (1) Bad debts;
  - (2) Contingency reserve fund contributions;
  - (3) Contributions and donations;
  - (4) Entertainment;
  - (5) Compensation for board members;
  - (6) Fines and penalties;
  - (7) Interest expense;
  - (8) *Sales tax*;
  - (9) *Purchase of alcohol*;
  - (10) *Employee travel expenses in excess of IRS guidelines*;
  - (11) *Lobbying costs*;
  - (12) *Depreciation costs*;
  - (13) Rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented;
  - (14) Capital expenditures greater than \$500, unless funds are specified for such purpose;
  - (15) Supplanting funding from another revenue stream. The *Board boards* may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
  - (16) Expenses or items not otherwise approved through the budget or budget amendment process;
  - (17) Expenses incurred outside the term of the contract;
  - (18) Contributions to any political candidate or party or to another charitable purpose;
  - (19) Excessive administrative costs including:
    - Any indirect administrative cost rate in excess of 20% of the non-administrative portion of the budget, *unless approved by the Board*;
    - Any indirect administrative costs that exceed those approved in the program/service budget;
    - *Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCMHB*;
  - (20) *Supplementation of state or federal funds and/or payments subject to the coordination of benefits.*

~~The CCMHB at their discretion may elect not to fund an application based on what is deemed to be in the best interest of the county.~~

- (f) Each agency with total revenue of \$300,000 or greater is required to have an annual audit unless otherwise waived by CCMHB, as of *completed following* the close of its fiscal year. The audit is to be performed ~~in accordance with generally~~



~~accepted auditing standards~~ by an independent certified public accountant registered by the State of Illinois. The resultant audit report is to be prepared in accordance with ~~generally accepted~~ auditing standards *generally accepted in the United States of America and the standards applicable to financial audits contained in* ~~and~~ "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated.

(g) The following supplementary financial information shall be included in the audit reports (*and failure to do so will make the report unacceptable*):

- Schedule of Operating Income by *CCMHB Funded Program*: This schedule is to be developed using CCMHB approved source classification ~~& and format~~ modeled after the ~~agency plan~~ *CCMHB Revenue Report form*. *Detail shall include separate columns listing total program as well as CCMHB-funded only revenue*. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as "State of Illinois" or "Federal Government."
- Schedule of Operating Expenses by *CCMHB Funded Program*: This schedule is to be developed using CCMHB approved operating expenses categories ~~& and format~~ modeled after the ~~agency plan~~ *CCMHB Expense Report form*. *Detail shall include separate columns listing total program as well as CCMHB-funded only expenses*. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs. *The schedule shall exclude any expense charged to the Board from the list of non-allowable expenses (above)*.
- CCMHB Payment Confirmation: CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit is to be secured from the CCMHB office.
- Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by *CCMHB Funded Program* and Operating Expenses by *CCMHB Funded Program*. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the

information and the extent of his/her examination and responsibility assumed, if any.

- Capital Improvement Funds: If the agency has received CCMHB capital improvement funds during the last year, the audit shall include an accounting of the receipt and use of those funds.
- Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCMHB's funding. Copies of these communications are to be forwarded to the CCMHB with the audit report.
- Filing of Audit Report: The audit report is to be filed with the CCMHB within 120 days of the end of the agency's fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year.
- Request for Exceptions: A request for exceptions to these audit requirements or for an extension of time to file the audit report, must be submitted in writing to the executive director of the CCMHB. In all cases, approval shall be obtained prior to extensions and/or exceptions being implemented.
- Penalty: Failure to meet these audit requirements shall be cause for termination or suspension of CCMHB funding.
- *If the provider organization does not comply with the requirement to produce an audit or financial review as specified, the organization shall repay all Board funds allocated for such purpose.*
- Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit, related records must be retained until the matter is completely resolved.

*(h) An agency with total revenue of less than \$300,000 will be required to submit a financial review, performed by a [REQUIREMENTS OF FINANCIAL REVIEW]*

*(i) At the discretion of the CCMHB, independent audit or financial review requirements may be waived for contracts with consultants, family support groups, or other special circumstances. The waiver provision shall be specified in the contract.*

*[INCORPORATE AUDIT & FINANCIAL ACCOUNTABILITY ADDENDUM]*

## **ALLOCATION AND DECISION PROCESS**

↳ All CCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCMHB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.

The CCMHB application for funding process shall include the following steps:

- (a) Public notification of the availability of funding shall be issued via the News Gazette during the month of December. This announcement will provide information necessary for an organization to submit an application for funding and how to request access application materials.
- (b) Funding priorities and criteria will be approved no later than the December Board meeting.
- (c) All potential applicants must register with the CCMHB. Information on the registration process will be provided by the CCMHB upon request. Access to application forms and instructions follows completion of the registration process.
- (d) Technical assistance ~~will be made available upon request by Board staff may be requested~~ at any time prior to the due date of the application, *with the caveat that availability may be limited in the final week.* ~~predicated on staff time available.~~
- (e) Completed application(s) will be due in the month of February on a date specified in the public notice. ~~and by clicking the Agency Links button on the CCMHB/CCDDB web page.~~ *The CCMHB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCMHB online application system.*
- (f) Access to application(s) will be provided to member(s) of the CCMHB upon a member(s) request and in a medium preferred by the member.
- (g) The CCMHB may require some or all applicants to be present at ~~the~~ *an* April *or* May Board meeting to answer questions about their application(s).
- (h) Staff will complete a summary of each application, for review and discussion by the CCMHB at the April Board meeting. Program summaries will include fiscal and service data, *population served*, ~~needs assessment~~, and expected outcomes in relation to the funding priorities and criteria *and goals of the Board. CCMHB Three Year Plan, and Program Service Plan.* In addition, a decision support “match-up” process comparing the application to established and contemporaneous CCMHB criteria will be provided.
- (i) Staff will complete preliminary funding recommendations for CCMHB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCMHB shall review, discuss and come to a decision concerning authorization of funding, and a spending plan for the contract year.
- (j) Once authorized by the CCMHB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, the staff is authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, *agency Board President*, and the CCMHB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCMHB as part of the funding priorities and criteria.

- (k) Allocation decisions of the CCMHB are final and not subject to reconsideration.
- (l) The CCMHB does not consider out-of-cycle funding requests or proposals.

## THE AWARD PROCESS, CONTRACTS, AND AMENDMENTS

### 1. Award Procedures:

Agencies awarded CCMHB funds shall receive a letter of notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, *program application receiving the award*, ~~the services to be delivered utilizing the funds~~, and any additional conditions, stipulations, or *need for a negotiation of provisions* attached to the award.

### 2. Contracting Format and Implementation Procedures:

The contract shall include the boilerplate (i.e., standard language and provisions applicable to all contracts), the program plan, personnel ~~matrix~~ *form* (if applicable), rate schedule (~~for~~ *if a fee for service* contracts), budget, and required financial information. Completion of the contract requires the signatures of authorized representatives of the CCMHB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

### 3. Types of CCMHB Contracts:

#### (a) Grant Contract.

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a grant based contract is subject to *the allocation process and may result in re-negotiation of terms* based on provider performance, needs assessment findings, or a desire by the CCMHB to redirect funding in response to a change in goals, objectives, or priorities.

The decision to use the grant contract format rests with the CCMHB and is based on the appropriateness of this format with the objectives of the program plan.

#### (b) Fee for Service Contract.

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCMHB contracts will establish rates based on those used by the State of Illinois (~~e.g., Part 132, Medicaid Community Mental Health Services Program~~). *Fee for service contracts may be converted to a grant or value based payment structure.*

#### (c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract ~~and included as a portion of the overall contract maximum.~~ *Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.*

(d) Special Initiative Contract

~~This type of contract is used for all applications that are not identified as “Tier One.”~~ The format can be either grant or fee-for-service and is subject to the same terms as described in the boilerplate. ~~All~~ *Most* approved applications from “new” providers shall be classified as special initiatives *for a period up to three years.*

(e) Capital Contract

Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.

(f) Intergovernmental Agreement

The CCMHB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.

4. *Along with decisions for contract awards to be funded at July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional revenues which can be allocated to contracts.*  
~~Incumbent contracts identified as “Tier One” shall receive priority consideration for funding. These contracts are typically related to a core mental health, substance abuse or developmental disability program/service.~~
5. ~~“Tier Two” contracts are subject to redirection of effort based on CCMHB priorities and defined funding criteria.~~
6. ~~“Tier Three” contracts may be subject to reduction or termination.~~
7. 5. Contract Amendments: The need for a contract amendment is driven by a change in conditions delineated in the original agreement. The provider is required to report changes that modify the administrative structure and/or implementation of the program plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives. The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.

In general, decisions about ~~most~~ amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. At their discretion, the Board President or the Executive Director may ask for a full CCMHB review and approval of a proposed amendment at the next regularly scheduled meeting. *An amendment proposing an increase or decrease to any contract award amount shall require the formal approval of the CCMHB.*

~~Proposed amendments that increase or decrease an agency's total allocation shall require the formal approval of the CCMHB. Related redirection amendments specific to supporting said an increase or decrease shall be brought to the Board's attention as well.~~

Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCMHB.

### **GENERAL REQUIREMENTS FOR CCMHB FUNDING**

1. CCMHB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCMHB funds to establish or add to a reserve fund.
3. If the provider accumulates CCMHB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.
4. CCMHB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the explicit purpose of the contract, or is approved as part of the program plan.
5. CCMHB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCMHB. Request for advance payment will follow the contract amendment process.
6. Providers shall maintain accounting systems, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCMHB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
7. Providers shall notify the CCMHB of any applications for funding submitted to other public and private funding organizations for services funded by the CCMHB, *especially those* that could result in a funding overlap.

8. Provider Reporting Requirements:
  - (a) Financial and service reporting requirements are delineated in the contract boilerplate and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, *special initiative*, and grant contracts. Monthly billings *are* is required for fee for service contracts.
  - (b) Change in the Provider's corporate status shall be reported within 30 days of the change.
  - (c) Change in the Provider's accreditation status shall be reported within 30 days of the change.
  - (d) The Provider shall notify the CCMHB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
  - (e) Additional reporting requirements may be included as provisions of the contract.
  
9. Monitoring and evaluation:
  - (a) CCMHB staff shall conduct Provider financial *and program* site visits ~~no less than once a year and program site visits no less than~~ once a year for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
  - (b) CCMHB may survey all non-accredited agencies and programs for compliance with CCMHB Requirements in Lieu of Accreditation on an annual basis.
  - (c) CCMHB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.
  - (d) The primary responsibility for on-going evaluation of services rests with the agencies and programs. In order for the CCMHB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCMHB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
  - (e) Additional monitoring and evaluation activities may be included as provisions of the contract.
  
10. Non-Compliance with the Terms and Conditions of the Contract

The CCMHB Executive Director or their representative shall notify the Provider Executive Director and Board President in writing of any non-compliance issue. The Provider shall ~~correct the deficiency or~~ provide a corrective action plan within *10 days and correct the deficiency within* 30 days of receipt of the notification. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to suspend, reduce, or terminate funding.



- (a) Suspension of Funding: Cause for suspension of funding shall exist when the Provider: (1) fails to comply with terms of the award letter; (2) fails to comply with terms and conditions of the contract, or; (3) fails to comply with CCMHB monitoring and reporting requirements. The following procedures will be followed in the process of suspension of funding:
- i. The Provider Executive Director and Board President shall be notified in writing, via certified mail, return receipt requested, by CCMHB staff that the agency funding has been suspended.
  - ii. The notification of suspension will include a statement of the requirements with which the Provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
  - iii. The Provider shall respond in writing to the CCMHB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
  - iv. The Provider may be requested to appear before the CCMHB.
  - v. Failure to respond *within 10 days as required* shall be just cause for ~~reduction or termination~~ *suspension* of funding.
  - vi. *Failure to correct within 30 days shall be cause for suspension.* A suspension of funding shall remain in effect until the non-compliance leading to the suspension has been corrected ~~or until the agency demonstrates the necessary corrective action is being taken, all to take place within ninety days of the notification of suspension.~~
- (b) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a Provider fails to expend CCMHB funds or deliver services in accord with the ~~Grant or Fee for Service~~ contract, *which includes* ~~or the approved~~ Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
- i. The reduction of the grant amount shall be in an amount determined by the CCMHB.
  - ii. The Provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested, by CCMHB staff that the contract maximum is being reduced.
  - iii. The notification of reduction will include a statement of the cause for reduction and include the amount by which the grant amount is reduced.
  - iv. Within thirty days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced.
- (c) Termination of Funds: Due cause for termination of funding exists when a Provider fails to take adequate action to comply with CCMHB requirements



within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCMHB as stated in the notification of award; the contract; the applicable provisions of this document; or in the monitoring procedures and requirements of the CCMHB. The following procedures will be followed in the process of termination of funding:

- i. The Provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested by the CCMHB Executive Director that termination of funding is being recommended to the Board.
- ii. The notification of possible termination will include a statement of the requirements with which the Provider is non-compliant; a statement of the actions of the CCMHB taken to urge the Provider to avert termination and move to compliance with CCMHB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
- iii. The Board shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
- iv. Termination of funding will be undertaken only after the CCMHB has made reasonable effort to reach an acceptable settlement with the Provider.

(d) Appeal procedures: The CCMHB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may however, delegate monitoring responsibility to other CCMHB staff. The following procedures will be followed in the appeal of suspension, reduction or termination of funding:

- i. The Provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request that details the reasons for reconsideration within fourteen (14) days of being notified of the staff decision.
- ii. The Executive Director shall review information from both the CCMHB monitoring staff and the Provider in arriving at a decision.
- iii. Any decision by the Executive Director that a Provider is in non-compliance with provisions of this chapter shall be communicated in writing to the agency or program within fourteen (14) calendar days of receipt of the appeal.
- iv. Only decisions by the CCMHB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCMHB. Such appeals must be made in writing by the Provider.
- v. CCMHB shall review information from the CCMHB Executive Director and the agency or program in arriving at a decision *at the next regularly scheduled meeting following the notification of*

*the agency, or at an intervening special meeting if the Board so chooses. The agency or program shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision.*

## **EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES**

All exceptions to the Funding Guidelines must have the prior approval of the CCMHB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCMHB's designee. Requests for exceptions that require the CCMHB's approval must be submitted to the Executive Director for review and submission to the ~~appropriate CCMHB committee~~. Subsequently, the CCMHB's written decision will be transmitted to the agency.

If the contract and funding guidelines are not in agreement, the contract shall prevail.

~~Adopted by the CCMHB on 12/15/09~~



8.A.

**CCMHB 2018 Meeting Schedule**

First Wednesday after the third Monday of each month--5:30 p.m.  
Brookens Administrative Center  
Lyle Shields Room  
1776 E. Washington St., Urbana, IL (unless noted otherwise)

*October 17, 2018*

*October 24, 2018 – study session (Crisis Services)*

*November 14, 2018*

*November 28, 2018 – joint study session (Housing, MI, DD)  
with CCDDDB (Dimit Room)*

*December 19, 2018 – tentative*

*\*This schedule is subject to change due to unforeseen circumstances. Please call the  
CCMHB-CCDDDB office to confirm all meetings.*

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## **CCDDB 2018 Meeting Schedule**

### **Board Meetings**

**8:00AM except where noted**

**Brookens Administrative Building, Lyle Shields Room  
1776 East Washington Street, Urbana, IL**

October 24, 2018 – Dimit Conference Room (7:30AM)

November 14, 2018 – Lyle Shields Room (8AM)

November 28, 2018 – tentative study session, John Dimit Room (5:30PM)

December 19, 2018 – Dimit Conference Room (7:30AM)

*This schedule is subject to change due to unforeseen circumstances.  
Please call the CCMHB/CCDDB office to confirm all meetings.*

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## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### DRAFT

#### July 2018 to June 2019 Meeting Schedule with Subject and Allocation Timeline

The schedule provides dates and subject matter of meetings of the Champaign County Mental Health Board through June 2019. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled with potential dates listed; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Developmental Disabilities Board. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2020 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2019) agency contracts.

8/31/18	<i>Agency PY2018 Fourth Quarter and Year End Reports Due</i>
9/12/18	<b>Study Session</b> U of I Program Evaluation Presentation
9/26/18	<b>Regular Board Meeting</b> Draft Three Year Plan 2019-2021 with FY19 Objectives
10/17/18	<b>Regular Board Meeting</b> Draft Program Year 2020 (PY20) Allocation Criteria Community Coalition Summer Initiatives Report
10/24/18	<b>Study Session</b> – Mental Health Crisis Services
10/26/18	<i>Agency PY2019 First Quarter Reports Due</i>
10/31/18	<i>Agency Independent Audits Due</i>
11/14/18	<b>Regular Board Meeting</b> Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY20 Allocation Criteria
11/28/18	<b>Study Session</b> (John Dimit Room) – Housing/MI/SUD/DD
12/12/18	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/19/18	<b>Regular Board Meeting</b> (tentative)
01/04/19	<i>CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY20 Funding.</i>

1/23/19                    **Regular Board Meeting**  
Election of Officers

1/25/19                    *Agency PY2019 Second Quarter Reports Due*

1/30/19                    **Study Session**

2/8/19                     *Agency deadline for submission of applications for PY2020  
funding. Online system will not accept forms after 4:30PM.*

2/12/19                    *List of Requests for PY2020 Funding assembled*

2/20/19                    **Regular Board Meeting**  
Assignment of Board Members to Review Proposals

2/27/19                    **Study Session**

3/20/19                    **Regular Board Meeting**  
2018 Annual Report

3/27/19                    **Study Session**

4/10/19                    *Program summaries released to Board, copies posted  
online with CCMHB April 17, 2019 meeting agenda*

4/17/19                    **Regular Board Meeting**  
Program Summaries Review and Discussion

4/24/19                    **Study Session**  
Program Summaries Review and Discussion

4/26/19                    *Agency PY2019 Third Quarter Reports Due*

5/8/19                     *Allocation recommendations released to Board, copies  
posted online with CCMHB May 15, 2018 meeting agenda*

5/15/19                    **Study Session**  
Allocation Recommendations

5/22/19                    **Regular Board Meeting**  
Allocation Decisions  
Authorize Contracts for PY2020

6/19/19                    **Regular Board Meeting**  
Approve FY2020 Draft Budget

6/27/19                    *PY2020 Contracts completed/First Payment Authorized*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
STUDY SESSION**

*Minutes—September 12, 2018*

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

*5:30 p.m.*

**DRAFT**

- 
- MEMBERS PRESENT:** Joe Omo-Osagie, Thom Moore, Elaine Palencia, Kyle Patterson, Julian Rappaport, Anne Robin
  - MEMBERS EXCUSED:** Susan Fowler, Judi O'Connor, Margaret White
  - STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo
  - OTHERS PRESENT:** Isak Griffiths, Courage Connection; Vicki Tolf, DSC; Patti Petrie, Champaign County Board
- 

**CALL TO ORDER:**

Ms. Elaine Palencia called the meeting to order at 5:30 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

The agenda was approved.

**PRESIDENT'S COMMENTS:**

None.

**DRAFT**

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**STUDY SESSION:**

Included in the Board packet was a report on “Building Evaluation Capacity for Programs Funded by the Champaign County Mental Health Board Year 3”. Dr. Nicole Allen, Dr. Mark Aber, and Chelsea Birchmier presented the report authored by them and Hope Holland. A PowerPoint presentation was shared.

A history of the evaluation process was discussed. Board members were given the opportunity to participate in a Logic model exercise. Board members were given an opportunity to ask questions. Isak Griffiths from Courage Connection shared her experiences with the evaluation process and the evaluators.

**BOARD ANNOUNCEMENTS:**

A walk to raise awareness and funds for suicide prevention called “Out of the Darkness” will be held on September 22, 2018 at Crystal Lake Park beginning at 10:00 a.m.

**ADJOURNMENT:**

The meeting adjourned at 7:30 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

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

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—September 26, 2018*

**DRAFT**

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

*5:30 p.m.*

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**MEMBERS PRESENT:** Susan Fowler, Judi O'Connor, Thom Moore, Joe Omo-Osagie, Elaine Palencia, Kyle Patterson, Anne Robin

**MEMBERS EXCUSED:** Julian Rappaport, Margaret White

**STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

**OTHERS PRESENT:** Gail Raney, Chris Gleason, Rosecrance; Nancy Greenwalt, Promise Healthcare; Isak Griffith, Autumn Daniels, Courage Connection; Nicole Sikora, DSC

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**CALL TO ORDER:**

Dr. Fowler called the meeting to order at 5:35 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

The agenda was approved as presented.

**DRAFT**

## **PRESIDENT'S COMMENTS:**

Dr. Fowler reviewed the agenda. She reported the evaluation of the Executive Director has been completed.

## **NEW BUSINESS:**

### **Needs Assessment:**

A Briefing Memorandum with the Needs Assessment and a compilation of various documents was included in the Board packet. Dr. Fowler requested these documents be made available online as well. Mark Driscoll briefly reviewed the documents with Board members. Board members shared their reactions to the findings.

### **Draft Three Year Plan with FY19 Objectives:**

The Draft CCMHB Three Year Plan with FY19 Objectives was included in the Board packet along with a Briefing Memorandum. Service providers and other stakeholders will have an opportunity to provide input and a revised draft will be presented for approval at a later date. Dr. Fowler would like the document to reflect which objectives are Board responsibilities and which are staff responsibilities.

### **Fund Balances, Tax Liabilities & Unanticipated Revenues:**

A Briefing Memorandum reviewing issues raised in the current budget process along with possible next steps was included in the packet for information only.

### **CCMHB FY2018 Budget:**

A Decision Memorandum with an updated CCMHB Fiscal Year 2019 Budget was included in the Board packet.

**MOTION: Dr. Moore moved to approve the 2019 CCMHB Budget with anticipated revenues and expenditures of \$5,404,493. Mr. Patterson seconded. The motion passed unanimously.**

**MOTION: Mr. Patterson moved to approve the 2019 CILA Fund Budget with anticipated revenues and expenditures of \$123,300. Payment to this fund is consistent with the term of the Intergovernmental Agreement between the CCDDDB and CCMHB.**

### **Agency Information:**

Mr. Chris Gleason from Rosecrance, Central Illinois (RCI) gave a Recovery Home update. They hope to open in mid-December.

Isak Griffith from Courage Connection spoke in regard to the re-entry programs.

Nancy Greenwalt from Promise Healthcare announced the agency has received a \$246,000 grant.

**OLD BUSINESS:**

**Schedules and Allocation Process Timeline:**

An updated copy of the meeting schedule and allocation timeline was distributed for information only.

**CCDDB INFO:**

The CCDDB met earlier in the day.

**APPROVAL OF MINUTES:**

Minutes from June 27, 2018 CCMHB meeting were included in the Board packet for review.

**MOTION: Dr. Moore made a motion to approve the minutes from the June 27, 2018 meeting. Ms. Palencia seconded the motion. A voice vote was taken and the motion passed.**

**EXECUTIVE DIRECTOR'S COMMENTS:**

None.

**STAFF REPORTS:**

Staff reports from Mark Driscoll, Kim Bowdry, Shandra Summerville, and Stephanie Howard-Gallo were included in the packet for review.

**BOARD TO BOARD:**

Dr. Fowler attended a DREAAM House celebration.

**FINANCIAL INFORMATION:**

The Expenditure Approval Report from the Champaign County Auditor's Office was included in the packet for review.

**MOTION: Dr. Robin moved to approve the Expenditure Approval Report as presented in the packet. Dr. Rappaport seconded the motion. A voice vote was taken and the motion passed. The claims report was approved.**

**BOARD ANNOUNCEMENTS:**

Dr. Robin announced Carle Foundation Day on November 1, 2018. Stigma issues will be addressed.

**ADJOURNMENT:**

The meeting adjourned at 7:00 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

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

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# Executive Director Report

## **Housing/Homelessness/Emergency Shelter for Women and Families:**

Met with stakeholder group for summary of the proposal so far and to understand concerns and potential roles/contributions. Met privately with leadership involved in the expansion of emergency shelter for men. John Fallon of Corporation for Supportive Housing will be here, for 48 hours of meetings on housing, homelessness, MI, and DD, and our joint study session on November 28; may need more contacts to fill that 48 hours.

## **Toward Improved Rural Response:**

Due to the rising index of despair (depression, suicide, substance use disorder) in rural communities, I sought insight from leaders of our rural communities and explored: possible community awareness activities such as Mental Health First Aid trainings and anti-stigma cafes, in addition to our annual Expo; identification of non-pharmaceutical, effective pain management strategies, including physical therapy, mindfulness training, etc; low-cost web-based tools for behavioral health support, such as webpsychology.com, OSF's SilverCloud, MHU app developed by Bexar County, betterhelp.com, sleep curriculum as offered through federal VA, app version of local online resource directories (to be developed), crisis responders use of skype or facetime; possible legislative goal of improved internet connectivity to support these, whether through federal or state funding, along with expanded access to Medication Assisted Treatment and education to de-stigmatize its use; and clarity about phone-based crisis response services such as 211, 24 hour crisis hotline, 24 hour rape hotline, Choices, Pavilion, and Rosecrance crisis services. We will learn more from these providers at the October 24 study session.

## **CIT Steering Committee:**

Bimonthly meeting; inviting new community advocates (behavioral health and I/DD) to attend. Side project on training for I/DD with Community Choices staff and self-advocates.

## **Champaign Community Coalition:**

Monthly executive meeting and monthly goal teams meeting.

## **UIUC School of Social Work Community Learning Lab:**

Met with instructors of three Social Work classes, two of which will have undergraduate class projects organized with Kim Bowdry, and the third a graduate class in policy for which I will frame a problem that the students will research and respond to with policy briefs and mock hearing.

## **ACMHAI:**

Attended quarterly ACMHAI meeting in September; participated in regular conference calls of the Executive, Legislative, and Medicaid/Managed Care committees; and chaired I/DD committee call.

## **NACBHDD:**

Participated in an I/DD committee call, with a presentation on the direct support workforce shortage, and a monthly Behavioral Health committee call, developing a white paper on meaningful outcomes, to set ourselves and agencies up for the shift to a value-based payment system. Contacted the co-chair of the Justice Committee who developed an app for mental health crisis support and is working on one to support our learning community. The next phase of NACBHDD's National Decarceration Initiative may be based on participant's survey responses; we might like technical support from mentor if we develop a behavioral health coordinating council.

**NACO:**

Participated in monthly Health Committee conference calls and Regional calls; attended a meeting of NACO's early childhood program, as Champaign County is a pilot community, led by Head Start.

**Toward a Coordinated Crisis and Recovery Response:**

After our summer meeting with a large group of stakeholders (crisis, healthcare, behavioral health, homeless providers, peer supporters, funders, and advocates), I developed a possible executive summary for one of the hospitals. Two of the three options I drafted would not work for them, so we had a small meeting about current capacities, anticipated changes to state-funded crisis services, and funding opportunities for other improvements. Details of the Peoria and Rockford crisis/triage centers were shared. The Reentry Council might be willing to form the basis for a community advisory or behavioral health/justice coordinating committee for any crisis collaboration by health and behavioral health providers. Illinois Division of Mental Health Director Diana Knaebe and her team will meet with us and several peer support groups to discuss the successes of peer recovery programs in other states and opportunities for Champaign County.

**Review of application and reporting requirements:**

Met with United Way and with our online application system developer to discuss revisions of our application, program summary, and review processes. We compared funding priorities and current contracts with United Way staff, to discuss overlap and reporting requirements. I updated our online system's organizational eligibility questionnaires and interagency cooperation agreements, and then proposed a set of changes to the Program Plan Part One forms, which are being reviewed by staff.

**Parkland College Foundation:**

Met with CCMHB and CCDDDB presidents and Tracy Wahlfeld of the Parkland Foundation, to discuss a possible scholarship fund for people who have behavioral health conditions or intellectual/developmental disabilities. In November, CCMHB/CCDDDB staff will meet with Ms. Wahlfeld and Parkland College deans to identify programs which might be of value to people, provided the supports they need are available.

**Regional Champaign-Vermilion Executive Committee:**

Monthly conference calls continue: this is a partnership of public and private entities with a shared obligation to complete community needs assessments and develop strategic (health) plans every three years.

**Mark Driscoll**  
**Associate Director for Mental Health & Substance Abuse Services**

**Staff Report – October 17, 2018 Board Meeting**

**Summary of Activity**

Operating Procedures: Lynn Canfield initiated a review of the CCMHB Funding Guidelines/Standard Operating Procedures and the Audit Policy previously established as a supplement to the Funding Guidelines. The guidelines have not had a complete review for quite some time. Following an initial review by Lynn Canfield, I have provided additional comment and suggestions for revisions. This has included references back to contract language. The same is true for the Audit Policy.

Most of the staff met with Alex Campbell about updates to the online application system. My limited input on the application system concerned changes to the personnel form, more prominent notice to agencies about forms yet to be submitted to complete an application, and a few other minor adjustments on the administrative side of the system. Other staff proposed more substantive changes. All changes proposed by staff are expected to be completed well before the start of the next application cycle. Revisions to the content of the program plan is also under consideration.

Draft CCMHB Three Year Plan: The initial draft of the Three-Year Plan with Objectives for FY2019 was presented to the Board at the September meeting. As is customary following the release of the Plan to the Board, the document has been sent out to providers and other interested parties for comment. It has also been posted as a downloadable document to the home page of the online system. Any input received will be given consideration in preparation of the final document. The deadline to submit comments is October 26, 2018. A final draft will be presented to the Board at the November 14<sup>th</sup> meeting for review and action.

Subsequent to the release of the draft Three-Year Plan, development of draft allocation priorities and associated criteria for the 2020 allocation cycle has moved to the forefront. Lynn prepared the initial draft of priorities. I have reviewed and provided comment on the priorities at her request, as have other members of the team.

Criminal Justice – Mental Health: The October meeting of the Reentry Council included discussion of the CIT one-year report, particularly the data on repeat contacts. Also reported at the meeting was data on screenings completed at the jail during booking. In September, 381 screens were completed with 81 being referred to jail case managers for full screenings. Not all 81 were screened due to timing of referral, being released from jail, or refusing further screening. Of those able to be screened by a case manager, 20 were positive. Case management including linkage and referral is provided to those with a positive screen.

In other business, the Council received an update from Champaign County Regional Planning Commission on the Department of Labor grant award supporting workforce development and employment services to young adults who are formerly incarcerated or under court supervision. Initial planning on how to implement the grant, including the referral process, is underway. First Followers and DREAM House are sub-recipients of the CCRPC award. The Housing Authority



has been awarded 24 new housing vouchers for people with disabilities. These “Mainstream Vouchers” will issued starting November 1, 2018.

While not a topic at the meeting, it appears Champaign County was not awarded the Justice and Mental Health Collaboration Program Implementation Grant.

Champaign County Continuum of Care: After several months of joint meetings, the Continuum of Care and the Council of Service Providers to the Homeless have merged into one organization. In the past both organizations met separately but meetings followed one after the other. The Continuum of Care’s Centralized Intake for Homeless, managed by CCRPC, has established walk-in hours at the WorkNet Center on Thursday mornings and at TIMES Center on Tuesday afternoons. Intake is also available in Rantoul at the Community Service Center on the afternoon of the fourth Wednesday. A centralized intake hotline is also available, 217-819-4117. The CU Men’s Emergency Shelter will open in mid-November at TIMES Center. The shelter is expected to have a fifty bed capacity.

Fourth Quarter Reports: Fourth quarter program reports have been received from all agencies. Desk reviews of each quarterly report have been completed. Reported utilization - number of clients served and related quantifiable activity – is posted to an excel spreadsheet used to track the data. In a few instances, follow-up contact on reported service volume has been necessary. These contacts have been about minor issues and the need to make such inquiries is becoming less frequent.

Annual performance outcome reports are also submitted as part of the closeout of the program year. One agency has not filed the performance outcome report. Stephanie and I have attempted multiple contacts with the agency about the missing report. The agency has acknowledged the report is late and not met subsequent commitments to file the report. The agency has been notified the October payment will be held until the report has been submitted.

Audits are due at the end of October. As part of the audit, the CCMHB requires supplemental schedules be filed. This includes what is referred to as the Auditor’s Checklist. Rosecrance held a conference call with Chris Wilson and I to discuss this requirement. The auditor will file the checklist but will do so as a separate report from the financial audit.

United Way Community Impact Committee: The committee reviewed the local United Way funding priority outcomes and measures to those identified in the United Way Global Reference Framework. While there are some slight differences such as presentation of direct service impact and systems impacts and consideration of local conditions, the two documents are in alignment. A year from now, United Way will begin the next application cycle. The comparison to the Global Reference Framework is the start of the planning process. Future committee discussions will focus on refining outcomes and measures and potential changes in breadth of local needs encompassed in the three priority areas: Education, Financial Stability, and Health.

Following a meeting of the local funders group earlier in the summer, United Way and CCMHB staff agreed to meet to have a more in-depth discussion of priorities, application processes, and areas of mutual interest. The group met in late September.



**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – October 2018**

**NACBHDD:** I participated in monthly NACBHDD I/DD committee calls.

**CCDDB Reporting:** 1<sup>st</sup> Quarter reports are due on October 26, 2018. Audits are due at the end of October.

**MHDDAC:** I participated in monthly meetings of the Mental Health & Developmental Disabilities Agencies Council.

**Webinars & More:** I participated in an “Empowering People with Disabilities” webinar. I participated in a “Sexuality on the Spectrum” webinar. I also briefly attended the “Focus on Self” youth conference.

**Alliance for Inclusion & Respect:** I attended the Family Fun Fest at Market Place Mall on October 6, 2018 with some of the AIR artists. We had foam pumpkin crafts as a children’s art activity.

**DisABILITY Resource Expo:** I participated in a planning meeting for the DisABILITY Resource Expo Steering Committee. The 12<sup>th</sup> Annual DisABILITY Resource Expo is scheduled for March 30, 2019 at the Vineyard Church. “Save the Date” magnets and posters are in, please let us know if you’re interested in picking up some for your office or community.

**United Way:** Lynn, Mark, and I met with staff from the United Way at the end of September to discuss application processes and funding priorities.

**Learning Opportunities:** The first Case Management Learning Opportunity was held on Thursday, October 4, 2018 and was a great success. All feedback from attendees was positive. Several attendees asked when the presenter would be back to present again.

I also participated in the afternoon session with Mr. Almazar, “Systemic Approaches to Addressing Adverse Community Experiences.” This session was also very well received.

I attended a “Trauma Informed Care: NOW WHAT?” training on Friday, October 12, 2018. This was a follow up to the training hosted by the CCMHB/CCDDB on October 4, 2018 and also presented by Mr. Almazar, RN, MA.

On November 1, 2018 we will have a presentation from 211. “Law Enforcement Rules and Regulations in Response to Crisis Situations” will be presented on December 6, 2018.

**Draft CCDDB Three Year Plan:** A draft of the Three-Year Plan with FY2019 Objectives was presented to the Board at the September 26, 2018 meeting. This document was then sent out to providers and stakeholders for comment. Mark posted it to the homepage of the online system as a downloadable document. The deadline to submit comments is October 26, 2018. A final draft will be presented to the Board in November.

## **October 2018 Monthly Staff Report- Shandra Summerville**

### **Cultural and Linguistic Competence Coordinator**

#### **Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies**

There was a Trauma Training for Case Managers and Community Stakeholders held on October 4, 2018. I provided staff support and personally attended the Community Stakeholders Training. This was an opportunity to learn tools on ways a community can be Trauma Informed.

Children's Advocacy Center scheduled their annual CLC Training for Board Members.

#### **CLC Coordinator Direct Service Activities:**

I worked the team to update the funding priorities and review the applications. I also met with Alex Campbell about making changes CLC Reporting for the FY 2020. This will hopefully streamline the process for organizations.

**CLC Training Series:** I met with Community Choices about the IN Project. This is an opportunity for self-advocates to provide training on effective ways of learning how to serve people with a developmental disability and intellectual disability. I will begin a collaboration with Community Choices to ensure that other organizations are able to take advantage of this training. The IN-Project Training will be able to fulfill the Annual Training Requirement for one year.

#### **Georgetown Leadership Academy: Increasing Cultural Diversity and Cultural and Linguistic Competence in Networks Supporting Individuals with Intellectual and Developmental Disabilities:**

I had my first coaching call with Professor Tawara Goode from the National Center for Cultural Competence. We focused on the efforts that are happening in Champaign County and how to increase Cultural Competence

**ACHMAI-** I was contacted by ACHMAI to conduct a Cultural Diversity Training during this fiscal year. Cultural Diversity training is one of the priorities in the strategic plan for ACHMAI.

#### **Anti-Stigma Activities/Community Collaborations and Partnerships**

##### **Alliance for Inclusion and Respect-**

The first Art Sale and Showcase was held on Saturday, October 6<sup>th</sup> 2018 at Marketplace Mall. Due to location of the artists there was not a lot of mall traffic. We will meet to discuss the outcome of the event and work on additional promotion to build the support for the artists.

If you are looking to purchase gifts for the holidays and other celebrations, you will have an opportunity to purchase during the upcoming events:

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1. Winter Farmers Market at Lincoln Square November-January
2. Ebert Festival Art Show April 20, 2019- 9:00am-2:00pm

### **Ebert Festival 2019**

I attended the first Ebert Symposium on October 1, 2018. The focus was on “Empathy and the Universe.” The symposium highlighted what Roger Ebert stood for,” including empathy, compassion and inclusion, whether we are talking about the earth, the cosmos or our oceans” according to Mrs. Chaz Ebert.

The festival has implemented an Ebert Fest Student Ambassador Program for high school students. Students will be selected based on their interest in film, public relations, and marketing. We will be partnering with Champaign and Urbana Schools to select students to participate in this program. This is an effort to expand the audience of Ebert Fest Attendance to include more community members and young adults.

### **New American Welcome Center**

There is a resource guide that is being created for the New American Welcome Center. I have provided technical assistance to their cultural competence efforts as they start recruiting volunteers and families. I reviewed the resource guide for gaps and provided feedback to their team on the first draft.

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**Champaign County Mental Health Board**  
Revenues and Expenditures as of 9/30/18

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	\$ 1,969,177.13	\$ 4,485,558.30	\$ 4,661,225.00	96.23%
From Developmental Disabilities Board	\$ 84,630.00	\$ 253,890.00	\$ 338,515.00	75.00%
Gifts & Donations	\$ 3.70	\$ 21,612.73	\$ 20,000.00	108.06%
Other Misc Revenue	\$ 11,001.97	\$ 36,514.73	\$ 500.00	>100%
<b>TOTAL</b>	<b>\$ 2,064,812.80</b>	<b>\$ 4,797,575.76</b>	<b>\$ 5,020,240.00</b>	<b>95.56%</b>

  

Expenditure	Q3	YTD	Budget	% of Budget
Personnel	\$ 133,941.88	\$ 369,870.56	\$ 538,373.00	68.70%
Commodities	\$ 1,282.86	\$ 6,280.97	\$ 20,983.00	29.93%
Contributions & Grants	\$ 1,027,422.00	\$ 2,746,414.00	\$ 3,947,244.00	69.58%
Professional Fees	\$ 70,663.48	\$ 207,510.05	\$ 300,000.00	69.17%
Transfer to CILA Fund	\$ -	\$ 50,000.00	\$ 50,000.00	100.00%
Other Services	\$ 22,294.64	\$ 85,458.29	\$ 163,640.00	52.22%
<b>TOTAL</b>	<b>\$ 1,255,604.86</b>	<b>\$ 3,465,533.87</b>	<b>\$ 5,020,240.00</b>	<b>69.03%</b>

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**Champaign County Developmental Disability Board**  
Revenues and Expenditures as of 9/30/18

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	\$ 1,642,422.90	\$ 3,741,305.12	\$ 3,887,208.00	96.25%
From Mental Health Board	\$ -	\$ -	\$ 8,000.00	0.00%
Other Misc Revenue	\$ 6,280.48	\$ 16,636.36	\$ 300.00	>100%
<b>TOTAL</b>	<b>\$ 1,648,703.38</b>	<b>\$ 3,757,941.48</b>	<b>\$ 3,895,508.00</b>	<b>96.47%</b>

  

Expenditure	Q3	YTD	Budget	% of Budget
Contributions & Grants	\$ 827,403.00	\$ 2,481,045.00	\$ 3,506,993.00	70.75%
Professional Fees	\$ 84,630.00	\$ 253,890.00	\$ 338,515.00	75.00%
Transfer to CILA Fund	\$ -	\$ 50,000.00	\$ 50,000.00	100.00%
<b>TOTAL</b>	<b>\$ 912,033.00</b>	<b>\$ 2,784,935.00</b>	<b>\$ 3,895,508.00</b>	<b>71.49%</b>

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25	CHAMPAIGN COUNTY TREASURER	10/02/18 03 VR 53- 377			581735	10/05/18	RENT-GENERAL CORP 090-053-533.50-00	FACILITY/OFFICE RENTALS	OCT OFFICE RENT VENDOR TOTAL	1,775.97 1,775.97 *
41	CHAMPAIGN COUNTY TREASURER	9/20/18 03 VR 620- 139			581243	9/21/18	HEALTH INSUR FND 620 090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	JUL-SEP FSA ADMIN	35.10
		10/02/18 06 VR 620- 152			581736	10/05/18	090-053-513.06-00	EMPLOYEE HEALTH/LIFE INS	SEP HI, LI, & ADMIN VENDOR TOTAL	3,850.30 3,885.40 *
88	CHAMPAIGN COUNTY TREASURER	9/11/18 04 VR 88- 46			581050	9/13/18	I.M.R.F. FUND 088 090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 8/31 P/R	1,282.49
		10/02/18 06 VR 88- 48			581742	10/05/18	090-053-513.02-00	IMRF - EMPLOYER COST	IMRF 9/14 P/R VENDOR TOTAL	1,219.51 2,502.00 *
104	CHAMPAIGN COUNTY TREASURER	10/02/18 03 VR 53- 349			581745	10/05/18	HEAD START FUND 104 090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT EARLY CHILD MH	7,510.00
		10/02/18 03 VR 53- 349			581745	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SOC/EMOT DEV VENDOR TOTAL	6,133.00 13,643.00 *
161	CHAMPAIGN COUNTY TREASURER	10/02/18 03 VR 53- 350			581747	10/05/18	REG PLAN COMM FND075 090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT JUSTICE SYS DIV	5,422.00
		10/02/18 03 VR 53- 350			581747	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YOUTH ASSMT CTR VENDOR TOTAL	6,362.00 11,784.00 *
176	CHAMPAIGN COUNTY TREASURER	9/27/18 03 VR 119- 55			581448	9/28/18	SELF-FUND INS FND476 090-053-513.04-00	WORKERS' COMPENSATION	INSWK CMP 8/6,17,31 P/ VENDOR TOTAL	256.80 256.80 *
179	CHAMPAIGN COUNTY TREASURER	10/02/18 03 VR 53- 348			581748	10/05/18	CHLD ADVC CTR FND679 090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CAC VENDOR TOTAL	3,979.00 3,979.00 *

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188	CHAMPAIGN COUNTY TREASURER							SOCIAL SECUR FUND188				
	9/11/18	04	VR	188- 78		581054	9/13/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	8/31 P/R	1,190.65	
	10/02/18	06	VR	188- 82		581749	10/05/18	090-053-513.01-00	SOCIAL SECURITY-EMPLOYER FICA	9/14 P/R	1,132.18	
										VENDOR TOTAL	2,322.83 *	
544	AAIM EMPLOYERS ASSOCIATION											
	9/10/18	07	VR	53- 309		581055	9/13/18	090-053-533.07-00	PROFESSIONAL SERVICES	INV 335620	8/29	1,200.00
	9/24/18	03	VR	53- 345		581452	9/28/18	090-053-533.07-00	PROFESSIONAL SERVICES	INV 337010	9/7	1,200.00
										VENDOR TOTAL	2,400.00 *	
5780	BP COMPUTER SERVICES											
	10/02/18	03	VR	53- 371		581761	10/05/18	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR COMPUTER SV		750.00
										VENDOR TOTAL	750.00 *	
12595	CARLOS' SIGN & GRAPHICS											
	9/24/18	03	VR	53- 344		581472	9/28/18	090-053-533.98-00	DISABILITY EXPO	INV 1106201691	9/14	593.00
										VENDOR TOTAL	593.00 *	
15495	CHAMPAIGN URBANA AREA PROJECT											
	10/02/18	03	VR	53- 351		581767	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CU NGHBRHD CHAM		4,166.00
	10/02/18	03	VR	53- 351		581767	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT TRUCE		4,166.00
										VENDOR TOTAL	8,332.00 *	
16930	CHRISP MEDIA, LLC											
	10/02/18	03	VR	53- 373		581768	10/05/18	090-053-533.07-00	PROFESSIONAL SERVICES	4TH QTR PROF FEE		234.00
										VENDOR TOTAL	234.00 *	
18230	COMMUNITY SERVICE CENTER OF NORTHERN CHAMPAIGN COUNTY											
	10/02/18	03	VR	53- 352		581780	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT RESOURCE CONNEC		5,550.00
										VENDOR TOTAL	5,550.00 *	
18430	CONSOLIDATED COMMUNICATIONS											
	9/21/18	02	VR	28- 88		581487	9/28/18	090-053-533.33-00	TELEPHONE SERVICE	2173843776/0	9/1	30.27
										VENDOR TOTAL	30.27 *	

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19260	COURAGE CONNECTION	10/02/18	03 VR 53-	353		581787	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COURAGE CONNECT VENDOR TOTAL	10,583.00 10,583.00 *
19346	CRISIS NURSERY	10/02/18	03 VR 53-	354		581788	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT BEYOND BLUE VENDOR TOTAL	6,250.00 6,250.00 *
20271	CUNNINGHAM CHILDREN'S HOME	10/02/18	03 VR 53-	355		581790	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT INDEPEND LIV OP VENDOR TOTAL	7,500.00 7,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	10/02/18	03 VR 53-	356		581795	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM DEV CENTER VENDOR TOTAL	46,856.00 46,856.00 *
22730	DON MOYER BOYS & GIRLS CLUB	10/02/18	03 VR 53-	357		581797	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CU CHANGE OCT YOUTH/FAMILY SV VENDOR TOTAL	8,333.00 13,333.00 21,666.00 *
22870	DREAM HOUSE	10/02/18	03 VR 53-	358		581799	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT DREAM VENDOR TOTAL	6,666.00 6,666.00 *
24095	EMK CONSULTING LLC	9/24/18	03 VR 53-	343		581495	9/28/18	090-053-533.07-00	PROFESSIONAL SERVICES	INV 289 9/16 INV 290 9/16 VENDOR TOTAL	1,045.00 2,144.00 3,189.00 *
24215	EAST CNTRL IL REFUGEE MUTUAL ASSIST CTR	10/02/18	03 VR 53-	359		581804	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM SUP/STRENGT VENDOR TOTAL	4,019.00 4,019.00 *

\*\*\* FUND NO. 090 MENTAL HEALTH

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26000	FAMILY SERVICE OF CHAMPAIGN COUNTY					GRANTS				
		10/02/18 03 VR 53-	360		581808	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT COUNSELING	2,083.00
		10/02/18 03 VR 53-	360		581808	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SELF HELP CENTE	2,410.00
		10/02/18 03 VR 53-	360		581808	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SENIOR CNSL/ADV	11,861.00
									VENDOR TOTAL	16,354.00 *
26760	FIRST FOLLOWERS									
		10/02/18 03 VR 53-	361		581812	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER MNTR REENT	5,833.00
									VENDOR TOTAL	5,833.00 *
30550	GROW IN ILLINOIS									
		10/02/18 03 VR 53-	362		581819	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PEER SUPPORT	1,667.00
									VENDOR TOTAL	1,667.00 *
42890	LEAPFROG, LLC									
		9/24/18 03 VR 53-	346		581521	9/28/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	INV 403793 5/1	258.00
									VENDOR TOTAL	258.00 *
44570	MAHOMET AREA YOUTH CLUB									
		10/02/18 03 VR 53-	363		581841	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT BLAST	1,250.00
		10/02/18 03 VR 53-	363		581841	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MEMBERS MATTER	1,500.00
									VENDOR TOTAL	2,750.00 *
47690	MINUTEMAN PRESS									
		10/02/18 03 VR 53-	378		581848	10/05/18	090-053-533.98-00	DISABILITY EXPO	INV 51307 9/21	45.00
									VENDOR TOTAL	45.00 *
50106	NATL ASSC OF CNTY BEHAVRL HLTH & DEV DIS NW, SUITE 500									
		10/02/18 03 VR 53-	379		581850	10/05/18	090-053-533.93-00	DUES AND LICENSES	2018 NACBDD DUES	825.00
									VENDOR TOTAL	825.00 *
54650	PEPSI COLA CHAMPAIGN-URBANA BOTTLING									
		9/24/18 03 VR 53-	342		581537	9/28/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81107065 9/4	18.60

\*\*\* FUND NO. 090 MENTAL HEALTH



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***	FUND NO. 090	MENTAL HEALTH								
	9/24/18 03 VR	53- 342			581537	9/28/18	090-053-522.02-00	OFFICE SUPPLIES	INV 81107211 9/17	12.60
									VENDOR TOTAL	31.20 *
57196	PROMISE HEALTHCARE									
	10/02/18 03 VR	53- 364			581864	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT MENTAL HLTH SVC	20,525.00
	10/02/18 03 VR	53- 364			581864	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT WELLNESS	4,833.00
									VENDOR TOTAL	25,358.00 *
59434	RAPE, ADVOCACY, COUNSELING & EDUC SRVCS									
	10/02/18 03 VR	53- 365			581867	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SEX VIOL PREV/E	1,550.00
									VENDOR TOTAL	1,550.00 *
59472	RATTLE THE STARS									
	10/02/18 03 VR	53- 366			581869	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT YTH SUIC PREV/E	4,541.00
									VENDOR TOTAL	4,541.00 *
61780	ROSECRANCE, INC.									
	10/02/18 03 VR	53- 367			581874	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRIMNL JUSTC PS	28,220.00
	10/02/18 03 VR	53- 367			581874	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CRIS/ACCS/BENF	21,286.00
	10/02/18 03 VR	53- 367			581874	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT FRESH START	6,609.00
	10/02/18 03 VR	53- 367			581874	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PARENT LOVE/LIM	32,749.00
	10/02/18 03 VR	53- 367			581874	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT PREVENTION SVCS	5,000.00
	10/02/18 03 VR	53- 367			581874	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT SPECIALTY COURT	16,916.00
									VENDOR TOTAL	110,780.00 *
62674	SAVANNAH FAMILY INSTITUTE, INC.									
	10/02/18 03 VR	53- 375			581875	10/05/18	090-053-533.07-00	PROFESSIONAL SERVICES	2ND QTR CONSULT FEE	32,375.00
									VENDOR TOTAL	32,375.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN									
	10/02/18 03 VR	53- 368			581888	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT VOCATIONAL SVCS	3,603.00
									VENDOR TOTAL	3,603.00 *

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76867	UNIV OF IL SPONSORED PROG & RESEARCH ADM									
		10/02/18 03 VR	53-376		581889	10/05/18	090-053-533.07-00	PROFESSIONAL SERVICES	OCT MHB19-039 CONSL	4,444.00
									VENDOR TOTAL	4,444.00 *
77280	UP CENTER OF CHAMPAIGN COUNTY									
		10/02/18 03 VR	53-369		581891	10/05/18	090-053-533.92-00	CONTRIBUTIONS & GRANTS	OCT CHLD/YTH/FAM PR	1,535.00
									VENDOR TOTAL	1,535.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH									
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 NADD 8/14	392.00
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 IPHA 8/21	125.00
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 MARRIOTT 9/8	365.76
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-533.95-00	CONFERENCES & TRAINING	3930 MARRIOTT 9/8	101.92
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-533.89-00	PUBLIC RELATIONS	3930 AMAZON 9/10	64.95
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-522.02-00	OFFICE SUPPLIES	3930 AMAZON 9/10	76.20
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 8/11	116.42
		9/18/18 01 VR	53-341		581372	9/21/18	090-053-533.29-00	COMPUTER/INF TCH SERVICES	3930 COMCAST 9/11	116.42
									VENDOR TOTAL	1,358.67 *
602572	BOWDRY, KIM									
		9/10/18 07 VR	53-340		581174	9/13/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	56.2 MILE 8/8-29	30.63
		9/10/18 07 VR	53-340		581174	9/13/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARK 8/8-29	8.49
									VENDOR TOTAL	39.12 *
602880	BRESSNER, BARBARA J.									
		10/02/18 03 VR	53-372		581918	10/05/18	090-053-533.07-00	PROFESSIONAL SERVICES	OCT PROFESSIONAL FE	2,260.00
									VENDOR TOTAL	2,260.00 *
604568	CANFIELD, LYNN									
		9/24/18 03 VR	53-347		581588	9/28/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	172 MILE 8/1-30	93.74
		9/24/18 03 VR	53-347		581588	9/28/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARK 8/1-30	8.25
									VENDOR TOTAL	101.99 *

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*** FUND NO. 090 MENTAL HEALTH										
611802	DRISCOLL, MARK	9/10/18 07 VR 53-	338		581192	9/13/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	175 MILE 7/3-8/28	95.38
		9/10/18 07 VR 53-	338		581192	9/13/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	PARK 8/28	1.00
									VENDOR TOTAL	96.38 *
619548	HOWARD-GALLO, STEPHANIE	9/10/18 07 VR 53-	339		581203	9/13/18	090-053-533.12-00	JOB-REQUIRED TRAVEL EXP	44 MILE 7/10-8/27	23.98
									VENDOR TOTAL	23.98 *
630360	MAYER, JAMES	10/02/18 03 VR 53-	374		581934	10/05/18	090-053-533.07-00	PROFESSIONAL SERVICES	OCT PROFESSIONAL FE	906.00
									VENDOR TOTAL	906.00 *
									DEPARTMENT TOTAL	381,502.61 *
									FUND TOTAL	381,502.61 *

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