



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, November 14, 2018

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

1. Call to Order
2. Roll Call
3. Citizen Input/Public Participation
The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.
4. Approval of Agenda*
5. President's Comments
6. New Business
 - A. PY2020 Application Revisions (**pages 4-23**)
Briefing Memorandum on enhancements and other technical changes to the online application forms and system is included in the packet.
7. Agency Information
The CCMHB reserves the authority to limit individual agency participation to 5 minutes and limit total time to 20 minutes.
8. Old Business
 - A. Draft Three Year Plan with FY 2019 Objectives* (**pages 24-31**)
Decision Memorandum with final draft of the FY2019-2021 Three Year Plan with FY2019

Objectives is included in the packet. Action is requested

B. Draft PY2020 CCMHB Allocation Criteria*(pages 32-42)

Decision Memorandum on allocation priorities and decision support criteria is included in the packet. Action is requested.

C. Draft PY2020 CCDDDB Allocation Criteria (pages 43-52)

CCDDDB Decision Memorandum on allocation priorities and decision support criteria is included in the packet for information only.

D. Draft CCMHB Funding Guidelines* (pages 53-73)

Decision Memorandum with draft CCMHB Funding Guidelines is included in the packet. Action is requested.

E. Schedules & Allocation Process Timeline (pages 74-77)

Updated copies of meeting schedules and allocation timeline are included in the packet.

9. CCDDDB Information

10. Approval of CCMHB Minutes from 10/17 and 10/24, 2018 (pages 78-82)*

Minutes are included. Action is requested.

11. Executive Director's Report

12. Staff/Consultant Reports

Staff reports from Mark Driscoll (pages 83-91), Kim Bowdry (pages 92-98), Shandra Summerville (pages 99-101), Stephanie Howard-Gallo (page 102) and Barbara Bressner (pages 103-104) are included.

13. Board to Board Reports

14. Board Announcements

15. Closed Session

Closed session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance,

*or dismissal of an employee of the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB). The closed session shall include members of the CCMHB and may include the CCDDB Board President and Ms. Lynn Canfield.**

16. Executive Director's Contract*
Action is requested.

17. Adjournment

***Board action**



6.A.

BRIEFING MEMORANDUM

DATE: November 14, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Changes to Online Application and Reporting System

Background:

The CCMHB/CCDDB online application and reporting system has been in place since 2011, at <http://ccmhddbrds.org>. The registration, application, and report forms were all based on the documents in use prior to that time, and the intent was to make the process more convenient and accessible for applicants, funded agencies, and staff and members of the CCMHB and CCDDB. Moving to online tools is a challenge for all units of government, where cost and compliance with prevailing statutes are important and inevitable limiters. Over the years, each enhancement of the system has been carefully considered and implemented, not always resulting in greater convenience.

Since the system's launch, other 708 and 377 boards across the state have set up similar online systems and designed additional features to improve transparency and function. In 2016 and 2017, we incorporated some of those innovations: a financial accounting section allowing board and staff members full access to budgets, transactions, and various reports; a home page with overview, agency log-in, current policy documents, etc.; a 'public page' showing all of the currently funded programs and detail on service activities; a program summary template section automating some aspects of the reviews of applications and offering text areas for multiple staff to contribute analysis; and service-level reporting system with bulk upload for agencies with large sets of 'claims'.

Each year, adjustments have been made to the content and occasionally the form of the application and reporting materials. The presentation of instructions and board documents and home page have been revised toward greater accessibility and transparency. Cultural and Linguistic Competence Plans and Progress Report templates have been revised each year to reflect the changing state and federal expectations. Most recently, the work of UIUC researchers and agency pilot programs

resulted in a template for the reporting of Outcomes at the end of each contract year; this replaced the less specific annual performance measure report requirement. These changes and refinements did not require additional effort from the website developer.

New for PY2020 Applications and Reports:

Attached are revised organizational eligibility questionnaires, to be completed during the registration process, and interagency cooperation agreements, required with applications. The Program Plan Part One form template has been reworked with the goals of a clearer application process for agency users and more streamlined application review process for board members and staff.

In recent years, some improvements suggested by agency users and board members were not implemented due to cost or technical limitations. For the coming application cycle, these changes are being made:

- At the top of each application page and form, the **deadline for application** will appear;
- At the top of the agency user's page for applications, progress toward completion will be shown in RED (not started), YELLOW (in progress), and GREEN (submitted) along with a message to look at the "Cover Page" form for details about what remains to do;
- Quarterly **financial** reports (Revenue and Expense) will be linked to the original application forms for Revenue and Expense;
- When an agency user completes the quarterly report forms, the system will automatically identify variances and notify the user when a comment is required to explain a variance of greater than 5%, eliminating the need for uploaded financial variance reports;
- **Personnel form** will allow an applicant to identify all staff and salaries not associated with the proposed program as "Other" and present them in aggregate form, allowing the FTE amount to exceed 1.0 in this case;
- **Cultural and Linguistic Competence Plans** will now appear as a fillable form within the application page, eliminating the need for download of a template and upload of its completed version; the semi-annual progress reports will be available as fillable forms within the agency user's reporting page, again eliminating uploads; although only one CLCP and set of progress reports is required per agency (rather than per program, as the other forms), this should improve tracking of completion by agency users and board staff.
- **The Program Plan Part I Form** (program narrative) has been modified to include many specific questions, particularly around program coordination and measures of consumer access and outcomes. Word limits for many sections are smaller now, since applicants are not responding to all expectations in a few sections but rather many separate sections. The new template form is attached.
- A signed, postmarked, and mailed copy of the **Cover Authorization Form** will no longer be required.

CCMHB Organizational Eligibility Questionnaire

This organizational eligibility questionnaire serves as a self-assessment of alignment with standards described in the document, Champaign County Mental Health Board Requirements and Guidelines for Allocation of Funds.

Program Name

Organization Mission Statement

What is the focus of your Organization?

Developmental Disabilities (Y/N) (If YES, please register under Developmental Disabilities Board as well)

Mental Health (Y/N)

Substance Abuse-Use Disorder (Y/N)

Juvenile Justice (Y/N)

Explain relevancy to categories marked "Yes"

Briefly describe the type of service ~~that will~~ to be funded by the CCMHB:

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

What are the primary funding sources for your organization?

Describe any networking agreements or contracts your organization may have with other local organizations: list all organizations:

Corporate status of your organization:

- not for profit corporations must complete the following: list your current Board of Directors; are relatives of staff members allowed to serve on the Board? y/n; Is your current Board of Directors representative of the service area? y/n; Please describe how your board is representative of the service area.

-For profit corporations must complete the following: do you have a community based advisory committee representative of the service area in place?; If yes, please describe how your advisory committee is representative of the services area:

Do your corporate by-laws address the following: encourage consumer representation on the board? y/n; include a mandatory board rotation policy? y/n; reference term limits for each board office? y/n; include policies for recruitment, nomination, and election of board member and officers? y/n; address removal and replacement of board members? y/n; ~~inclusion of~~ include indemnification clause? y/n; ~~description of~~ describe committee structures? y/n

Are the principle offices for your organization located within Champaign County? y/n

(6)

Does your organization have written policies in place to address the following?

Written policies on non-discrimination in the acceptance of clients, employment of personnel, or appointments to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, or disability. y/n

Policies with respect to safeguarding the use and disclosure of confidential information regarding recipients of services. y/n

Written admission and discharge procedures. y/n

Specific licensing requirements of the professional staff to provide services under the terms of the proposal. y/n

Are the program's facilities in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements? y/n

Measures to assure access and effective response to the needs of people from racially, culturally, ethnically, and linguistically diverse groups.

Measures in place for staff and board training and development activities to include cultural awareness and linguistic competency.

If applicable, list your organization's accreditation and certification status for MI, DD, and SA SUD:

In Lieu of Accreditation – Does your organization have written policies including standard operating procedures? y/n

Financial Information

Is your organization managed in a manner consistent with sound fiscal standards (GAAP)? y/n

Does your organization maintain written policies and procedures regarding fiscal activities, including but not limited to payroll, purchasing, case management, relevant fee schedules, contracts, and risk management? y/n

Does your organization have in effect a ~~modified~~ accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit tracking? y/n

Are accounting entries supported by appropriate source documents that are available upon request? y/n

Is your organization aware that CCMHB funding is not allowed for the following: bad debts, contingency reserve fund contributions, contributions and donations, entertainment, compensation for board members, fines and penalties, depreciation costs, interest expense, ~~rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented,~~ duplicate funding when another source of funding is made available for costs included in the CCMHB contract ~~and~~, capital expenditures unless funds are specified for such purpose, excessive administrative costs, contributions to any political candidate or party, expenses incurred outside the term of the contract, and expenses or

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items not approved in the budget or through a budget amendment, and that rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented? y/n

Does the organization have a yearly audit in accordance with generally accepted auditing standards by an independent certified public accountant registered by the State of Illinois at the close of its fiscal year? y/n

Is the following supplementary financial information included in your audit report?
Schedule of Operating Income by Program y/n
Schedule of Operating Expenses by Program y/n

Does your auditor currently communicate in written form any material weakness in the agency's internal controls when it impacts funding received? y/n

Have current operating budget documents ~~have~~ been provided to CCMHB? y/n

If you answered "no" to any question other than focus of Organization, consider whether your organization will make the changes required in order to answer "yes" prior to receiving funding from the Champaign County Mental Health Board. If that is not likely or possible, do not submit a proposal for funding at this time.

By selecting "I Agree," the applicant acknowledges this application and the information contained herein will be used as a basis for decision-making by the staff and Board of the CCMHB. The applicant warrants the information to be correct and is an accurate representation of the applicant organization. I agree.

Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

✓ **Updates Complete**

✕

▼ **Instructions**

This is an electronic form. Please answer each of the questions in any order. Questions that require an answer are highlighted in yellow until they have been answered.

You may press the **Save My Responses** button at any time. Upon doing so, your responses will be reviewed and a red message will indicate any missing or incorrectly formatted responses.

To return to the application, first **Save My Responses** then press the **Return to Application** button.

At any time you may print this form using your browser's **Print** button.

When you have successfully completed the form, press **Save My Responses** and you will see a red OK message. You will also see a new button **Submit My Responses** which submits the information on this form to the Board. A warning will be displayed to remind you to carefully review your answers before submitting because no further changes will be allowed once you press OK to submit the form.

After submitting the form, your responses will be shown in green. Although they cannot be edited they CAN be printed using your browser's print button.

Form on REP_RESPONSES

Mental Health Board Organization Eligibility Questionnaire

Agency Eligibility Q TEST

Fiscal Year 2020

Status Pending

Did not select "I Agree".

Missing required response for 36 questions. (See yellow highlights)

Missing response re. Accreditation or In Lieu of Accreditation

⑨

Return to Online Registration Delete All Responses (start over)
Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

Save My Responses (Do not submit yet)

This organizational eligibility questionnaire serves as a self-assessment of alignment with standards described in the docur Board Requirements and Guidelines for Allocation of Funds.

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Organization Mission Statement

What is the focus of your organization?

=====

Developmental Disabilities (if YES, please register under Developmental Disabilities Board as well)

Mental Health

Substance Use Disorder

Explain relevancy to category(ies) marked "Yes"

Briefly describe the type of service to be funded by the CCMHB:

The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or en substance use disorders in accordance with the assessed priorities of the citizens of Champaign County. How does your pr CCMHB?

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Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

What are the primary funding sources for your organization?

[Empty text box for funding sources]

Describe any networking agreements or contracts your organization may have with other local organizations: List all organ

[Empty text box for networking agreements]

Corporate status of your organization (select 1)

[Dropdown menu for corporate status]

Not for Profit Corporations must complete the following:

=====

List your current Board of Directors (required)

[Empty text box for Board of Directors list]

Are relatives of staff members allowed to serve on the Board?

[Dropdown menu for relatives on board]

Is your current Board of Directors representative of the service area?

[Dropdown menu for board representativeness]

Please describe how your board is representative of the service area:

[Empty text box for board representativeness description]

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For Profit Corporations must complete the following:

Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

Do you have a community based advisory committee representative of the service area in place?

If yes, please describe how your advisory committee is representative of the service area:

Do your corporate by-laws address the following?

=====

Encourage consumer representation on the Board?

Include a mandatory Board rotation policy?

Reference term limits for each board office?

Include policies for recruitment, nomination, and election of board member and officers?

Address removal and replacement of board members?

Include indemnification clause?

Describe committee structures?

Are the principle offices for your organization located within Champaign County?

Does your organization have written policies in place to address the following?

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Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B

Written policies on non-discrimination in the acceptance of clients, employment of personnel, or appointment to the board on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, or disability.

Policies with respect to safeguarding the use and disclosure of confidential information regarding recipients of services.

Written admission and discharge procedures.

Specific licensing requirements of the professional staff to provide services under the terms of proposal.

Are the program's facilities in compliance with applicable State of Illinois licensure requirements and local ordinances with sanitation, health, and safety requirements?

Measures to assure access and effective response to the needs of people from racially, culturally, ethnically, and linguistically diverse backgrounds.

Measures in place for staff and board training and development activities to include cultural and linguistic competency.

If applicable, list your organization's accreditation and certification status for MI, DD, and SUD:

In Lieu of Accreditation – Does your organization have written policies including standard operating procedures?

Financial Information

Is your organization managed in a manner consistent with sound fiscal standards (GAAP)?

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Does your organization maintain written policies and procedures regarding fiscal activities, including but not limited to payroll, travel, purchase orders, contracts, and risk management?

Does your organization have in effect an accrual accounting system in accordance with generally accepted accounting principles, documentation, classification of entries, and audit tracking?

Are accounting entries supported by appropriate source documents that are available upon request?

Is your organization aware that CCMHB funding is not allowed for the following: bad debts, contingency reserve fund contribution, entertainment, compensation for board members, fines and penalties, depreciation costs, interest expense, duplicate funds made available for costs included in the CCMHB contract, capital expenditures unless funds are specified for such purpose, contributions to any political candidate or party, expenses incurred outside the term of the contract, and expenses or items not in a budget amendment, and that rental income received must be used to reduce the reimbursable expense by CCMHB fund?

Does the organization have a yearly audit in accordance with generally accepted auditing standards by an independent certified public accountant in the State of Illinois at the close of its fiscal year?

Is the following supplementary financial information included in your audit report?

=====

Schedule of Operating Income by Program

Schedule of Operating Expenses by Program

Does your auditor currently communicate in written form any material weakness in the agency's internal controls when it is identified?

Have current operating budget documents been provided to CCMHB?

If you answered "no" to any question other than focus of Organization, consider whether your organization will make the necessary changes to meet the requirements of the "yes" prior to receiving funding from the Champaign County Mental Health Board. If that is not likely or possible, do not submit the application.

=====

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By selecting "I Agree" the applicant acknowledges this application and the information contained herein will be used as a l
Champaign County Mental Health Board (CCMHB) and Developmental Disabilities B
and Board of the CCMHB. The applicant warrants the information to be correct and is an accurate representation of the ap

Save My Responses (Do not submit yet)



release 1.0 [Set Screen Reader Mode On](#)

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CCMHB Agreement for Interagency Cooperation

The above agency does hereby affirm its commitment to cooperation in the planning, delivery, and evaluation of comprehensive services for the residents of Champaign County. In demonstration of this commitment, the above named agency agrees to:

1. Receive referrals of eligible people from other agencies, subject to the above named agency's admission policy and procedures.
2. Transfer or refer eligible people without delay to other mental health, healthcare, intellectual disabilities/developmental disabilities (ID/DD), or substance use disorder (SUD) service provider(s) whenever such a transfer or referral is clinically indicated and is in the best interest of the person, and when informed consent has been obtained from the person or when legally prescribed involuntary commitment procedures have been observed.
3. Make available, upon obtaining consent for release of information, necessary clinical information concerning a person, which was obtained by the above named agency to those responsible for that person's care within another mental health, ID/DD, or SUD service provider/agency.
4. Where service from more than one agency is indicated, and with the person's consent, collaborate with other agency(ies) in service planning and delivery or through consultation, and allow access to the person in residential or day setting when practicable and clinically indicated.
5. For Champaign County, recognize the Champaign County Mental Health Board (CCMHB) as the designated unit of local government for mental health, ID/DD, and SUD prevention and treatment planning, coordination, and priority setting.
6. Provide input into the development of the CCMHB's Three-Year Plan.
7. Provide those elements of comprehensive mental health, ID/DD, and SUD prevention and treatment services, which are contained in the Agency Program and Financial Plan, and maintain facilities for those purposes.
8. Cooperate with other mental health, ID/DD, and SUD service providers and such other agencies as appropriate in developing and maintaining an integrated program of mental health, ID/DD, and SUD prevention and treatment services for residents of Champaign County.
9. Develop and maintain written working agreements specifying at a minimum the areas of interaction between the agencies, procedures for carrying out these interactions in an efficient and effective manner, and any contractual obligations. These agreements are to be reviewed by participating agencies at least every three years.

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10. Keep the CCMHB informed of any perceived needs for changes in the system of available mental health, ID/DD, and SUD prevention and treatment services and any agency plans to address those needs, including applications for new or for substantially increased revenue from other funders.

11. Collect and make available to the CCMHB and other appropriate agencies statistical, evaluation, progress, cost and other information necessary to assure compliance with this Agreement.

12. Maintain active participation in the Mental Health and Developmental Disabilities Agencies Council to foster collaboration in support of a comprehensive system of care.

Action Processed. [X]

Instructions

Deadline

This is the application deadline message.

Report Details

[Delete All Responses (start over)]

[Return to Reports / Application Home]

Mental Health Board

NEW Program Part 1

Agency Test Agency

● Program lynnchecking (2019)

Status Pending

[Change Status] to Pending [v]

Missing required response for 41 questions. (See yellow highlights)

Date Submitted

Submitted By

Report Lines (new entry)

[Save My Responses (Do not submit yet)] [SUBMIT My Responses (No further edits will be allowed.)]

Type of Contract

[] [v]

Allocation Priority

[] [v]

Description of "Other" Contract

[]

Focus of Organization Application

[] [v]

Target Population (200 word limit)

[] [v] [v]

Required Eligibility criteria for funded services. (This statement must be retained in all plans submitted). CCMHB will contract with the applicant for services to people who meet the following criteria: (a) are residents of Champaign County as shown by address; (b) have evidence of a need for service based on an assessment; (c) have limited financial resources to meet the cost of their care.

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Scope of Services (provide a brief description of all program services; then identify the specific activities or supports to be funded by the CCMHB - 300 word limit)

^v

Are similar or related services/supports available to this target population through another organization in Champaign County?

List similar or related services/supports and the provider organizations. (250 word limit)

^v

How will your organization's proposed program coordinate or partner with these providers on behalf of the target population? (200 word limit)

^v

List all organizations with which you have written working agreements. (200 word limit)

^v

Cite the evidence-based, evidence-informed, recommended, promising, or innovative practice/approach featured in the proposed service(s) or support(s), including a link. (250 word limit)

^v

List staff qualifications, credentials, and/or specialized training. (200 word limit)

^v

Where will the proposed service activity or support occur? How often will it occur? (100 word limit)

^v

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Access, Inclusion, and Stigma

How will this program engage and serve residents of rural areas, especially the medically underserved Townships - Ayers, Colfax, Crittenden, Pesotum, Philo, Raymond, Sadorus, Sidney, South Homer, and Tolono? (200 word limit)

Empty text box with expand/collapse arrows on the right side.

Where will rural residents be served? (100 word limit)

Empty text box with expand/collapse arrows on the right side.

How will this program engage and serve people who are members of underserved or underrepresented minority populations? (200 word limit)

Empty text box with expand/collapse arrows on the right side.

Where will people from underserved/underrepresented groups be served? (100 word limit)

Empty text box with expand/collapse arrows on the right side.

On behalf of the target population, how will the program promote inclusion, reduce stigma or discrimination, or improve access to the community? (200 word limit)

Empty text box with expand/collapse arrows on the right side.

PROGRAM PERFORMANCE MEASURES (See Instructions)

Consumer Access (100 word limit per question, unless otherwise noted)

What are the eligibility criteria for this program?

Empty text box with expand/collapse arrows on the right side.

How do you determine if a person meets criteria?

20

[Empty text box with scroll arrows]

How do people in the target population learn about this program?

[Empty text box with scroll arrows]

Estimate the percentage of people who seek assistance or are referred who will receive services/supports through this program.

[Empty input field]

Estimate the length of time (number of days) from referral/assistance-seeking to assessment of eligibility/need.

[Empty input field]

Estimate the percentage of people referred/seeking assistance who will be assessed for eligibility/need within that timeframe.

[Empty input field]

Estimate the length of time (number of days) from assessment of eligibility/need to engagement in services.

[Empty input field]

Estimate the percentage of eligible persons who will engage in services within that timeframe.

[Empty input field]

Estimate the average length of participant engagement in services. (Identify and use the unit most appropriate to this program.)

[Empty input field with dropdown arrow]

Beyond the required race, ethnicity, age, gender, and zip code information, what demographic data will you collect?

[Empty text box with scroll arrows]

Consumer Outcomes

What impact will this program have on the people it serves? Provide Numbered Outcomes. (300 word limit)

[Empty text box with scroll arrows]

For each of these outcomes, list the specific survey or assessment tool to be used to collect information on the outcome, and indicate who will provide the data. Associate each with a Numbered Outcome. (300 word limit)

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Will outcome information be gathered from (or regarding) every person who receives the service/support?

If NO, how will you choose the people whose outcome information will be collected and reported? (100 word limit)

How many total participants do you anticipate for the program year?

How often will outcome information be collected?

Is there a target or benchmark level for program services?

If YES, what is that target/benchmark, and where does it come from? (200 word limit)

Utilization/Production Data Narrative (Referencing the data in Part II Form, provide a short description for each service category you plan to collect and report on, as well as the projected target for that category. Indicate by "n/a" if you will not report on a given category.)

=====

Treatment Plan Clients (TPC) (100 word limit)

Non-Treatment Plan Clients (NTPC) (100 word limit)

Community Service Events (CSE) (100 word limit)

Service Contacts (SC) (100 word limit)

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Other (200 word limit)

Client/Consumer Service Fees

=====

What other payment sources are available for this service/support? (100 word limit)

Are all clients asked to pay some fee?

Does the program use a sliding fee scale?

Sliding Fee Scale, if applicable (200 word limit)

Fees to be paid by CCMHB (Include Service Category, Unit Specification, CCMHB Unit Rate) (200 word limit)

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[Spreadsheet](#) | [PDF](#)

[Save My Responses \(Do not submit yet\)](#) | [SUBMIT My Responses \(No further edits will be allowed.\)](#)

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

DECISION MEMORANDUM

DATE: November 14, 2018
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: FY 2019-2021 Three-Year Plan with FY 2019 Objectives

The Three-Year Plan for Fiscal Years 2019 - 2021 (1/1/19 - 12/31/21) with Fiscal Year 2019 (1/1/19-12/31/19) Objectives has been finalized and is attached for the Board's consideration and action.

An initial draft of the Plan accompanied by the 2018 needs assessment, was included in the September Board packet. Following the release of the Plan to the Board, the Plan was distributed for public comment and posted to the Welcome Page of the online system. Discussion at the Board meeting and subsequent public comment resulted in some modification to the initial draft. Comments included suggested additions to objectives, technical corrections, and addressing consistency between CCMHB and CCDDDB mutually identified I/DD objectives.

New objectives added in response to input and staff review concern impact of incarceration on families and communities (Goal #3, Objective 5), increase access of rural residents to services (Goal #3, Objective #6), address impact of community violence on families and neighborhoods (Goal #5, Objective #3), and sustain commitment to trauma informed care (Goal#5, Objective #5).

Input from the Board at the September meeting included a request to classify objectives particularly those relating to allocation priorities. Three broad classifications were created to encompass the breadth of topics covered by the objectives. Each objective has been identified as being either an Allocation Priority/Criteria Objective, a Collaboration/Coordination Objective, or a Policy Objective.

Decision Section:

Motion: Move to approve the Three-Year Plan for Fiscal Years 2019 - 2021, with Fiscal Year 2019 Objectives.

- Approved
Denied
Modified
Additional Information Needed

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
THREE-YEAR PLAN
FOR**

**FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/2021)**

**WITH
ONE YEAR OBJECTIVES
FOR**

**FISCAL YEAR 2019
(1/1/19 – 12/31/19)**

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

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SYSTEMS OF CARE

Goal #1: Support a continuum of services to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.

Objective #1: Expand use of evidence informed, evidence based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters. (Allocation Priority/Criteria Objective)

Objective #2: Promote wellness for people with mental illnesses, substance use disorders, intellectual and/or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care. (Allocation Priority/Criteria Objective)

Objective #3: In light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, support development or expansion of residential and employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act. (Allocation Priority/Criteria Objective)

Objective #4: Support broad based community efforts to prevent opiate overdoses and expand treatment options. (Allocation Priority/Criteria Objective)

Objective #5: Build resiliency and support recovery e.g. Peer Supports, outside of a therapeutic environment. (Allocation Priority/Criteria Objective)

Objective #6: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois to further positive outcomes of those engaging in funded services. (Policy Objective)

Goal #2: Sustain commitment to addressing health disparities experienced by underrepresented and diverse populations.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County. (Allocation Priority/Criteria Objective)

Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served. (Collaboration/Coordination Objective)

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

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence. (Policy Objective)

Objective #5: Where families and communities are disproportionately impacted by incarceration, encourage the development of social networks and improved access to resources. (Policy Objective)

Objective #6: Address the needs of residents of rural areas and encourage greater engagement by community-based organizations. (Policy Objective)

Goal #3: Improve consumer access to and engagement in services.

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

Objective #2: Participate in various coordinating councils whose missions align with the needs of the populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services. (Collaboration/Coordination Objective)

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

Objective #4: Engage with CUPHD, United Way, Carle Foundation Hospital, and OSF in the collaborative planning process for the next Community Health Improvement Plan. (Collaboration/Coordination Objective)

Objective #5: Increase awareness of community services and access to information on when, where, and how to apply for services. (Collaboration/Coordination Objective)

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

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual/developmental disability (I/DD) service and support continuum. (Allocation Priority/Criteria Objective)

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

Objective #3: With the CCDDB, continue financial commitment to community-based housing for people with I/DD from Champaign County and as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes. (Allocation Priority/Criteria Objective)

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Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on promoting inclusion and respect for people with I/DD. (Collaboration/Coordination Objective)

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

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

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives. (Collaboration/Coordination Objective)

Objective #2: Sustain support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles in use of peer support specialists, and other peer-to-peer supports to assist multi-system involved youth and their families (Allocation Priority/Criteria Objective)

Objective #3: Assess the impact of community violence on the children and youth whose families and neighborhoods are most impacted and where indicated, encourage the development of appropriate supports as prevention and early intervention strategies. (Policy Objective)

Objective #4: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems. (Allocation Priority/Criteria Objective)

Objective #5: Sustain commitment to trauma-informed, family-driven, youth-guided, and culturally responsive systems. (Policy Objective)

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Divert from the criminal justice system, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis service providers on implementing mobile crisis response in the community. (Collaboration/Coordination Objective)

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services such as the Champaign County Problem Solving Court and reentry services. (Allocation Priority/Criteria Objective)

Objective #3: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Reentry Council or similar body to address needs identified in the Sequential Intercept Map gaps analysis. (Collaboration/Coordination Objective)

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through collaborative and mentorship opportunities aimed at improving outcomes for those with behavioral health needs and justice system involvement. (Collaboration/Coordination Objective)

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: Support initiatives providing housing and employment supports for persons with a mental illness, substance use disorder, and/or intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration. (Allocation Priority/Criteria Objective)

Objective #2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County. (Collaboration/Coordination Objective)

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

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders, or as appropriate, an acceptable alternative. (Allocation Priority/Criteria Objective)

Objective #2: Through participation on the Youth Assessment Center Advisory Board advocate for community and education-based interventions contributing to positive youth development and decision-making. (Collaboration/Coordination Objective)

Objective #3: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence. (Collaboration/Coordination Objective)

Objective #4: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system. (Policy Objective)

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination, the disABILITY Resource Expo: Reaching Out for Answers, National Children's Mental Health Awareness Day, and other related community education events. (Collaboration/Coordination Objective)

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

Objective #3: Participate in behavioral health community education initiatives, such as National Depression Screening Day, to encourage individuals to be screened and seek further assistance where indicated. (Collaboration/Coordination Objective)

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual and/or developmental disabilities into community life in Champaign County. (Allocation Priority/Criteria Objective)

Goal #10: Engage with other local, state, and federal stakeholders on emerging issues.

Objective #1: Monitor implementation of state Medicaid Plan amendments, 1115 waiver pilot projects, and use of Managed Care Organizations to implement the expansion of Medicaid by the State of Illinois and advocate through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other statewide associations and advocacy groups. (Collaboration/Coordination Objective)

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual and/or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities. (Policy Objective)

Objective #3: Maintain active participation in the National Association of County Behavioral Health and Developmental Disability Directors (NACHBDD), National Association of Counties (NACo), and like-minded national organizations, to monitor activities and advocate at the federal level. (Collaboration/Coordination Objective)



8.B.

DECISION MEMORANDUM

DATE: November 14, 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. Members of the CCMHB were presented with an initial draft in the packet for their October 17, 2018 meeting. On October 18, that draft version was shared prior to that date with service providers, family members, advocates, and other stakeholders, with a request for comments. The current draft, presented for board consideration and approval, incorporates subsequent input: correction of grammatical error; board authority in the designation of multi-year contracts; clarification and expansion regarding underserved and underrepresented people and stigma; and trauma-informed practice for those with Justice Involvement.

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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.

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

– Fred Rogers

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.

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. Trauma-informed practice is appropriate for each group of people, and program focus may range from decreasing the risk of involvement to providing 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 (CCDDB) 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 which are mirrored by overrepresentation in justice systems and a disproportionate trauma impact. 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. It can be especially harmful to people who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have regular connections to others in their community, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other 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 details 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.
- During and subsequent to its application review process, the Board may deem some programs as appropriate for two-year contracts.

Decision Section:

Motion to approve the CCMHB Program Year 2020 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed



8.01

DECISION MEMORANDUM

DATE: November 14, 2018
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: 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 Developmental Disabilities Board (CCDDB) 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. Members of the CCDDB were presented with an initial draft in the packet for their October 24, 2018 meeting. That draft version was shared on October 18 with service providers, family members, advocates, and other stakeholders, with a request for comments. The current draft, presented for board consideration and approval, incorporates input.

Statutory Authority:

The County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq) is the basis for CCDDB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDB 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

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memorandum becomes an addendum to the CCDDDB 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 intellectual/developmental disabilities (I/DD), 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 CCDDDB 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’ Medicaid reimbursement rates remain well below the actual cost of services; this is especially true with I/DD rates. 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 person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid and waiver services. Medicaid Managed Care contracting would also present significant challenges for providers, insured persons, and other funders.

Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state. Their enrollment in the Illinois Department of Human Services – Division of Developmental Disabilities’ Prioritization ~~for~~ of Urgency of Need for Services (PUNS) database not only lets the state know who is waiting but also creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

The CCDDDB will work with traditional and non-traditional providers to identify services which improve outcomes for individuals and promote a healthier, more inclusive community and which are not covered by Medicaid or the DD waivers. Through person-centered plans, people with I/DD direct those services and supports and the outcomes of value to them.

Workforce Shortage Threat:

The board’s investments in most organizations are contingent on a stable and qualified workforce. Although this is now a threat to I/DD services across the country, attracting and retaining this workforce is especially difficult in Illinois, due to inadequate investment in community-based services (e.g., low Medicaid rates). A modest wage increase for direct support professionals has been implemented, an important but small step. The work should be professionalized and rewarded with competitive wages and advancement opportunities, to improve recruitment and retention. Systemic problems associated with the workforce shortage include:

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- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- service capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;
- turnover adds significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff, as the need increases in other systems (e.g., care of older citizens.)

Expectations for Minimal Responsiveness:

Applications that do not meet the expectations below 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 CCDDDB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. How will they improve the quality of life for persons with I/DD, including those with co-occurring conditions helped by treatment?
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.

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

— Fred Rogers

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, a well-coordinated system of 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 contribute meaningfully to the community’s health, culture, economy, and mood.

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Through our 2018 needs assessment surveys and subsequently, people with I/DD shared some of what is important to them and what they don't like:

"I want to work part time, hang out with my mom, and live a low-key life."

"I do not like DHS or DCFS. They are not fair."

"More free events, fun events, not just going to library events. If they want to do a paid trip but has no money, being treated once in a while."

"community involvement and accessibility"

"make a way for someone else"

"advocating for myself and for others"

"I don't care about exposure. I want to make money."

Program Year 2020 CCDDDB Priorities:

Priority: Linkage and Advocacy for People with Intellectual and Developmental Disabilities

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding. Conflict-free Case Management is a requirement for all Home and Community Based Services, and intensive case management services have value for people with I/DD as they define their own goals and how to achieve them. Intensive case management supports may be valuable to people with more complex support needs related to aging, co-occurring physical or behavioral health conditions, or traumatic experiences. Advocacy, linkage, and other service coordination activities should have minimal or no risk of conflict of interest.

Priority: Employment Services and Supports

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports continue as a high priority. Proposed programs should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people's specific employment aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day/habilitation programs. Job matching and educating employers about the benefits of working with people who have I/DD should result in employment of people with I/DD.

Priority: Non-Work Community Life and Flexible Support

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration for people with I/DD. Delivered in the least segregated environments and selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other opportunities; and development of networks of support for individuals and families. Of these, respite care appears to be the most urgently needed.

Priority: Comprehensive Services and Supports for Young Children

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, will be prioritized. Examples include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks (including community partners); systematic identification and mobilization of individual gifts and capacities, to access community associations and learning spaces.

Priority: Self-Advocacy and Family Support Organizations

Nationally only 11% of people with I/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. Sustainable self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other allies will be prioritized. Activities may center on: improved understanding of I/DD, supports, and rights; peer mentoring; navigating the system of care; social connections; engaging in system advocacy; and distributing up to date information to new families and the relevant professionals.

Priority: Expansion of Independent Community Residential Opportunities

The CCDDDB encourages efforts to support people who have disabilities to live in settings of their choice with staff supports and the use of natural supports. Applications offering creative approaches to expanding independent community living opportunities in Champaign County will be a priority.

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 of I/DD 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.

Inclusion, Integration, and Anti-Stigma

All applications for funding should promote the fullest possible community integration. People are most safe when they have regular connections to others in their community, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social networks. Community involvement also helps decrease

stigma. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of declining State and Federal support. Stigma harms communities and individuals. It can be especially harmful to people who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in creative approaches to building resilience, increasing community awareness, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with Home and Community Based Services rules, Workforce Innovation and Opportunity Act provisions, and Department of Justice ADA/Olmstead findings across the country. Although legislation and rules are complicated, the paradigm shift they represent is clear.

Outcomes

Applications for funding will identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are available online. Organizations reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. The Council on Quality and Leadership and the National Core Indicators share a focus on:

- *Personal Outcomes* – improve people's positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support real **work**, and increase people's **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information**, **planning**, **access**, and **support**, give them **choice and control**, and maximize **satisfaction**.

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 details 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 CCDDDB. While these 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.

Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan which is directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP. In a 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 own service plans, and pursue their own aims.

Applications for funding will describe how specific services relate to what people have indicated that they want and need. Funded programs will report on specific service activities, demonstrating the complicated service mix and utilization patterns.

Secondary Decision Support and Priority Criteria:

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB 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 serving or directed by people with I/DD and members of their support networks, toward a more efficient, effective, inclusive system.
3. Staff Credentials: Highlight staff credentials and specialized training.

4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDDB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCDDDB 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 CCDDDB 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 CCDDDB 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 CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. These allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the CCDDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable citizens, 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 CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB 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 CCDDDB 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 CCDDDB 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 CCDDDB request.
- The CCDDDB retains the right to accept or reject any or all applications or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB.
- Applications and submissions become the property of the CCDDDB 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 CCDDDB 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 CCDDDB.
- The CCDDDB 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 CCDDDB 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 CCDDDB 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 CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
 - The CCDDDB 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 PY2020, two-year applications will be considered as part of the award process.~~
 - During and subsequent to its application review process, the CCDDDB may deem some programs as appropriate for two-year contracts.

Decision Section:

Motion to approve the CCDDDB Program Year 2020 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

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J.D.

DECISION MEMORANDUM

DATE: November 14, 2018
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Revised 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

A variety of sources contributed to proposed revisions of the Funding Guidelines and Addendum: the policies of other local mental health and developmental disabilities boards and United Way of Champaign County; issues raised by board members and staff, funded agency representatives, and stakeholders; comparison of recent costs of agency audits; independent consultant reviews of agency audits; comparison of agencies' total revenues with CCDDDB or CCMHB contract amounts; guidance from independent CPAs.

Attached is a final draft document which merges the Funding Guidelines and Addendum, eliminates (some) redundancy and resolves contradictions, corrects inconsistencies of word choice and format, and incorporates changes suggested earlier, with further modifications. This final version is presented to the Board for consideration and approval.

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Review of Changes and Updates

Revisions made in the first draft and carried to the final draft:

- changes in the presentation of allocation decision memoranda;
- 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 on the timing and conditions of return of excess revenue;
- increased limit on the portion of cost of 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);
- incorporation of the Auditor's Checklist; and
- requirement of a foundation 990, where applicable, to the Auditor's Checklist.

The first draft was presented at the CCMHB's October 17 meeting. Subsequent input, particularly from board members and CPAs and especially with regard to any risk related to substantial changes and new requirements associated with financial reviews and compilations, informed the final draft of Funding Guidelines.

Changes proposed in the earlier draft which are further developed in the final draft 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
 - *conditions and definitions have since been added.*
- 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 CCDDDB and CCMHB contracts
 - *the audit waiver is eliminated and a new requirement in its place, for agencies with total revenue of \$30,000 or below to have a 'compilation' performed by an independent audit firm; conditions and definitions have been added.*
- changes in the contract amendment approval processes
 - *these are further defined.*

Other changes incorporated in the final draft include:

- merging of the addendum contents into the Funding Guidelines, along with many formatting changes, reorganization of sections, and minor corrections;
- clarification of 'board president' as CCMHB President or Agency/Provider Board President;

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- an agency can request modification of the requirement to provide copies of all agency board meeting minutes;
- change in frequency of onsite monitoring, to a minimum of every other year and at other times as needed;
- addition of desk reviews, to a minimum of four times per year and at other times as needed;
- elimination of ‘modified accrual’ – only accrual method of accounting will be allowed (the documents disagreed on this issue);
- definitions of audits, reviews, and compilation, with limits on allowable charges;
- compilation is added, as an alternative to a full audit, with limit on the cost to be charged to the CCMHB;
- elimination of the waiver of any audit requirement;
- due in part to higher costs of audit, review, or compilation by independent audit firms, a qualifier on the indirect cost limit, allowing the board to revisit the limit as they deem appropriate or circumstances warrant;
- change of title of “Accountability Requirements” to “Audit and Financial Accountability Requirements”; and
- further clarification of Supplementary Information requirements.

Decision Section

Motion to approve the attached revised “Champaign County Mental Health Board Requirements and Guidelines for Allocation of Funds,” referred to as “Funding Guidelines.”

_____ Approved

_____ Denied

_____ Modified

_____ Additional Information Needed

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DRAFT

**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 be provided in the least restrictive environment appropriate to the needs of the individual; CCMHB funding support be community based; and CCMHB 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 use disorder 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.

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, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms “applicant,” “agency,” “organization,” and “provider” refer to the entity seeking or receiving funding from the CCMHB. Acceptance of CCMHB 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 compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. Eligible Applicants for CCMHB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing mental health, developmental disability or substance use disorder supports and services to residents of Champaign County.
- (b) An individual/sole proprietor 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.

- (c) 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.
- (d) 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.
- (e) The CCMHB and Champaign County Developmental Disabilities Board (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 CCDDB. The management of such funds will comply with the CCMHB and/or CCDDB Funding Guidelines.
- (f) 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.
- (g) Departments and units within the University of Illinois and Parkland College related to 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; 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.
- (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 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) The provider 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 CCMHB-funded and CCDDDB-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 have a similar mission may be required by the CCMHB.
- (e) The provider will be expected to:
- (i) Make available for inspection by the CCMHB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority;
 - (ii) Cooperate fully in program evaluation and onsite monitoring as conducted by CCMHB staff pursuant to the mandate contained in the Community Mental Health Act;

- (iii) Make available for 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;
 - (iv) 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;
 - (v) 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; and
 - (vi) 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.
- (f) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
 - (g) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
 - (h) 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.
 - (i) All programs shall certify that they do not use CCMHB funds:
 - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation;
 - (ii) For direct or indirect medical (physical health) services that are not related to mental health, substance use disorder, or developmental disabilities;
 - (iii) 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, 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 the CCMHB 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. A request for waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. Fiscal Requirements
 - (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. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible 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.
 - (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCMHB funded program.
 - (c) The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCMHB contract are required to maintain personnel activity reports in order to account for all compensated time including time spent on other activities.
 - (d) CCMHB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCMHB funds in excess of actual reimbursable expenses by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).
 - (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.
 - (i) All accounting entries must be supported by appropriate source documents.

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- (ii) 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.
 - (iii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCMHB contract.
 - (iv) 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.
 - (v) 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 contract or programs funded by other funding sources.
 - (vi) Financial records shall be maintained on a current month basis and balanced monthly.
 - (vii) 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.
 - (viii) All fiscal records shall be maintained for five (5) years after the end of the contract term.
 - (ix) The CCMHB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) 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.
- (g) The following expenses are non-allowable:
- (i) Bad debts;
 - (ii) Contingency reserve fund contributions;
 - (iii) Contributions and donations;
 - (iv) Entertainment;
 - (v) Compensation for board members;
 - (vi) Fines and penalties;
 - (vii) Interest expense;
 - (viii) Sales tax;
 - (ix) Purchase of alcohol;
 - (x) Employee travel expenses in excess of IRS guidelines;
 - (xi) Lobbying costs;
 - (xii) Depreciation costs;
 - (xiii) Rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented;

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- (xiv) Capital expenditures greater than \$500, unless funds are specified for such purpose;
 - (xv) Supplanting funding from another revenue stream. The CCMHB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
 - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits;
 - (xvii) Expenses or items not otherwise approved through the budget or budget amendment process;
 - (xviii) Expenses incurred outside the term of the contract;
 - (xix) Contributions to any political candidate or party or to another charitable purpose;
 - (xx) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% (subject to review by the CCMHB) of the non-administrative portion of the budget, unless approved by the CCMHB;
 - 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.
- (h) Funded agencies shall provide safeguards for all funds provided through CCMHB 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:
- (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
 - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
 - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
 - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. 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

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on how well an application matches up with the statutory mandates, priorities, and criteria.

2. 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 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.
 - (e) Completed application(s) will be due in the month of February on a date specified in the public notice. 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 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, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. 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.

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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, name of program application receiving the award, 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 form (if applicable), rate schedule (if a fee for service contract), budget, required financial information, and agency Cultural and Linguistic Competence Plan. 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, with May and June payments combined and released in June. 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 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 to 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. Typically, an "advance and reconcile" approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. 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. 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. Consultation contracts are not subject to the allocation process

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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

The format can be either grant or fee-for-service and is subject to the same terms as described in the boilerplate. 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.

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.

- (a) 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.
- (b) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board.
- (c) 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, including a request to increase or decrease any contract award amount.
- (d) 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 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 every two years 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) CCMHB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
- (e) 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.
- (f) Additional monitoring and evaluation activities may be included as provisions of the contract.

10. Non-Compliance with the Terms and Conditions of the Contract

- (a) The CCMHB Executive Director or their representative shall notify the Provider Executive Director and Provider Board President in writing of any non-compliance issue. The Provider shall 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.
- (b) 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.
- (c) The following procedures will be followed in the process of suspension of funding:
 - (i) The Provider Executive Director and Provider 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 shall be just cause for 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.
- (d) 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 contract, which includes 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 Provider 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.
- (e) 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 CCMHB 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.
- (f) 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 shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCMHB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible for review. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCMHB contract and following the close of its fiscal year. These reports must contain schedules using CCMHB/CCDDB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

1. Independent Audit

- (a) An independent CPA firm performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses.
- (b) The resultant audit report is to be prepared in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "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. Supplementary Information (see below) will also be required with the audit.

- (c) A funded agency with total revenue of \$300,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than \$300,000 and greater than \$30,000 may choose or be required to have an independent audit performed.
- (d) If a funded agency 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 to be completed for the CCMHB contract, the funded agency may budget for and charge up to \$6,000 (total) to CCMHB for costs associated with this requirement.

2. Financial Review

- (a) An independent CPA firm performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. 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. Some of the supplementary information required for an audit will also be required in a review (see below).
- (c) A funded agency with total revenue of less than \$300,000 and greater than \$30,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required to have an independent audit rather than a financial review, this should be made clear prior to contract execution.
- (d) 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 to be completed 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.

3. Compilation

- (a) An independent audit firm prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.
- (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
- (c) A funded agency with total revenue of \$30,000 or less will be required to have a compilation performed by an independent audit firm.
- (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCMHB contract, the funded

agency may budget for and charge up to \$1,000 (total) to CCMHB for costs associated with this requirement.

4. Shared Cost

In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.

5. Supplementary Information

The following supplementary financial information shall be included in the audit, review, or compilation report (and failure to do so will make the report unacceptable):

- (a) Schedule of Operating Income by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved source classification and format modeled after the 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."
- (b) Schedule of Operating Expenses by CCMHB-Funded Program: This schedule is to be developed using CCMHB approved operating expenses categories & format modeled after the 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).
- (c) CCMHB Payment Confirmation: CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCMHB office.
- (d) For Audit Only, 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.
- (e) Capital Improvement Funds: If the agency has received CCMHB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
- (f) For Audit Only, 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.

- (g) Items described in the "Auditor's Checklist":
- (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories;
 - (ii) Agency board review of financial statements at Agency Board meetings and Source Document – Agency Board meeting minutes (dated);
 - (iii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year;
 - (iv) Agency board minutes with motion approving the budget of the fiscal year under review;
 - (v) Verification that 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;
 - (vi) Demonstration of tracking of staff time (e.g. time sheets);
 - (vii) Proof of payroll tax payments for one quarter, with payment Dates;
 - (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period;
 - (ix) W-2s and W-3, comparison to the gross on 941;
 - (x) Verification of 501-C-3 status (IRS Letter), if applicable;
 - (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained;
 - (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable; and
 - (xiii) Secretary of State Annual Report.
6. Filing: The audit or review or compilation 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.
7. Request for Exceptions: A request for exceptions to these requirements or for an extension of time to file the 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.
8. Penalty: Failure to meet these requirements shall be cause for termination or suspension of CCMHB funding.
9. If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all CCMHB funds allocated for such purpose.
10. 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 or review or compilation, related records must be retained until the matter is completely resolved.

11. At the discretion of the CCMHB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

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 CCMHB. 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.

8.E.

CCMHB 2018-2019 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)

November 14, 2018

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

December 19, 2018 – tentative

January 23, 2019

January 30, 2019 – study session

February 20, 2019

February 27, 2019 – study session

March 20, 2019

March 27, 2019 – study session

April 17, 2019

April 24, 2019 – study session

May 15, 2019 – study session

May 22, 2019

June 19, 2019

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

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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	Study Session U of I Program Evaluation Presentation
9/26/18	Regular Board Meeting Draft Three Year Plan 2019-2021 with FY19 Objectives
10/17/18	Regular Board Meeting Draft Program Year 2020 (PY20) Allocation Criteria Community Coalition Summer Initiatives Report
10/24/18	Study Session – 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	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY20 Allocation Criteria
11/28/18	Study Session (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	Regular Board Meeting (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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CCDDB 2018-2019 Meeting Schedule

Board Meetings

8:00AM except where noted

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

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

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

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

January 23, 2019 – Lyle Shields Room (8AM)

February 20, 2019 – Lyle Shields Room (8AM)

March 20, 2019 – Lyle Shields Room (8AM)

April 24, 2019 – Lyle Shields Room (8AM)

May 22, 2019 – Lyle Shields Room (8AM)

June 26, 2019 – Lyle Shields Room (8AM)

*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
BOARD MEETING**

Minutes—October 17, 2018

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

5:30 p.m.

DRAFT

- MEMBERS PRESENT:** Susan Fowler, Judi O'Connor, Thom Moore, Joe Omo-Osagie, Kyle Patterson, Julian Rappaport, Margaret White
- MEMBERS EXCUSED:** Elaine Palencia, Anne Robin
- STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Shandra Summerville
- OTHERS PRESENT:** Juli Kartel, Rosecrance; Autumn Daniels, Courage Connection; Vicki Tolf, DSC; Jonathon Westfield, Youth Assessment Center (YAC); Sam Banks, Don Moyer Boys and Girls Club (DMBGC); Tracy Parsons, City of Champaign

CALL TO ORDER:

Dr. Fowler called the meeting to order at 5:34 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Jonathon Westfield with the Youth Assessment Center (YAC) announced the agency has now moved to Round Barn Rd. They are finalizing operation agreements with the area schools.

APPROVAL OF AGENDA:

The agenda was approved as presented.

DRAFT

PRESIDENT’S COMMENTS:

Dr. Fowler briefly reviewed the agenda.

NEW BUSINESS:

Champaign Community Coalition Summer Youth Initiative Presentation:

Tracy Parsons and Sam Banks reported on the summer initiatives supported with CCMHB funds. They distributed handouts and did a Powerpoint presentation.

PY2020 CCMHB Funding Priorities:

A Briefing Memorandum on funding priorities and allocation criteria for the Program year 2020 (7/1/19 to 6/30/20) was included in the Board packet for review. Lynn Canfield reviewed the document. A final document will be brought back to the Board at a later date.

Draft Funding Guidelines and Audit Policy:

A Briefing Memorandum with proposed revisions to the CCMHB Funding Guidelines and Audit Policy was included in the Board packet for review.

Agency Information:

None.

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 will meet next week.

APPROVAL OF MINUTES:

Minutes from the September 12 and September 26, 2018 CCMHB meetings were included in the Board packet for review.

MOTION: Dr. Rappaport made a motion to approve the minutes from the September 12, 2018 meeting. Ms. O’Connor seconded the motion. A voice vote was taken and the motion passed.

MOTION: Mr. Patterson made a motion to approve the minutes from the September 26, 2018 meeting with one name correction. Mr.

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Omo-Osagie seconded the motion. A voice vote was taken and the motion passed.

EXECUTIVE DIRECTOR'S COMMENTS:

A written report from Lynn Canfield was included in the packet for review.

STAFF REPORTS:

Staff reports from Mark Driscoll, Kim Bowdry, Shandra Summerville, and Chris Wilson were included in the packet for review.

BOARD TO BOARD:

Deferred.

FINANCIAL INFORMATION:

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

MOTION: Dr. Moore moved to approve the Expenditure Approval Report as presented in the packet. The motion was seconded by Ms. O'Connor. A voice vote was taken and the motion passed. The claims report was approved.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:52 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
STUDY SESSION**

Minutes—October 24, 2018

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

5:30 p.m.

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

MEMBERS EXCUSED: Margaret White

STAFF PRESENT: Lynn Canfield, Stephanie Howard-Gallo

OTHERS PRESENT: Isak Griffiths, Courage Connection; Dale Morrissey, DSC; Patti Petrie, Champaign County Board; Chris Gleason, Monica Cherry, Juli Kartel, Rosecrance Inc.; Martha Jarmuz, Phil Cohen, choices; Chris Bruns, Eric Erlinbush, The Pavilion; Rebecca Woodard, Karissa Yu, Regional Planning Commission (RPC)

CALL TO ORDER:

Dr. Fowler 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:

Dale Morrissey from DSC read a response from the agency posted on a social media site in response to some social media gossip. He also read a response from Gordy Hulten, Champaign County Clerk in response to the gossip.

APPROVAL OF AGENDA:

The agenda was approved.

DRAFT

PRESIDENT'S COMMENTS:

None.

STUDY SESSION: CRISIS SERVICES IN CHAMPAIGN COUNTY

Representative from Choices Coordinated Care Solutions, The Pavilion, and Rosecrance Central Illinois presented on their respective roles in providing crisis intervention services to adults and families experiencing a mental health crisis in Champaign County. Representatives provided a brief overview of their organization. They discussed crisis intervention services and crisis stabilization services. Coordination and collaboration with other providers was discussed. Board members were given an opportunity to ask questions following the presentation.

BOARD ANNOUNCEMENTS:

ADJOURNMENT:

The meeting adjourned at 6:55 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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Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – November 14, 2018 Board Meeting

Summary of Activity

CCMHB Three-Year Plan with Objectives for FY 2019: Included under Old Business is the FY 2019 - 2021 Three-Year Plan with Objectives for FY 2019 for action by the Board. Minor revisions have been made to the plan since the draft was released in September.

FY2020 Application Forms: As reported last month, updates are being made to the online application system. As part of this process, the Program Plan Part I form that defines target populations, scope of services and performance outcomes is being modified. I have provided input on proposed changes and tested aspects of the new subsections of the form. Some clarification has been made to the Eligibility Questionnaire agencies complete as part of the registration process on the online system. Language added identifies the instrument as a self-assessment of how well the agency aligns with CCMHB mission and program and financial management expectations per the Funding Guidelines. Lynn Canfield has led the review process and drafted the changes to these documents.

Contract/Program Related Activity: An amendment to the Rosecrance Parenting with Love and Limits contract has been issued. The amendment modifies the fee for service payment schedule reducing the number of advance payments from six to four. Ongoing staff vacancies continue to be an issue resulting in very limited service activity billable under terms of the fee for service contract. After processing the August and September billings, it was evident ending advance payments was warranted and Rosecrance concurred. As reported in my September staff report, Rosecrance has had difficulty recruiting staff to fill PLL positions and is expected to present a proposal for revamping the program with options for moving forward including other possible models.

The Recovery Home contract with Rosecrance is expected to be issued in the near future, pending receipt of a formal request from the agency. The state has licensed Rosecrance to operate the Recovery Home as part of the Residential program which is said to be on track to open at the new Moreland Boulevard address before the end of the year. The Recovery Home contract amount will be pro-rated to reflect the reduced term.

Family Service has notified staff three contracts from the East Central Illinois Area Agency on Aging supporting services to Champaign County residents were awarded to a provider from Vermilion County. The contracts are three-year awards and were up for competitive bid this year. Family Service which had a long history of administering the contracts, appealed the decision but to no avail. Following loss of the appeal, Family Service requested a meeting with CCMHB staff. The loss of funding will impact the agencies ability to respond to requests for information and brief interventions addressing an immediate need but not services requiring longer term supports addressing multiple needs. The change in funding will impact program services starting in the second quarter. Staff has requested Family Service provide in writing specifics on the loss in funding, impact on staffing and level of services. Impact on reported level of service activity is also to be included in subsequent quarterly reports.

Dreaam House also requested a meeting with staff to provide an update on program activities and status of the audit. Dreaam House is to provide a written description of the changes for the record and as part of quarterly reports additional detail in the comment section on any duplication of students served and Board training.

Dreaam House has consolidated Champaign and Urbana Kindergarten through 4th grade afterschool services into one location, the University Place Christian Church. Dreaam House has started offering a service it calls "100 Boys Matter." It involves life coaching including sports activities. Those participating will be reported as Non-Treatment Plan Clients. Some overlap may exist between students participating in the after-school program and 100 Boys Matter. Services offered in Rantoul are limited to Saturday activities and summer programming. Participating students will be reported as Non-treatment Plan Clients. The program is also increasing supports to parents of Dreaam House involved students. In the Fall, parents will engage in Effective Black Parenting groups and then move into support groups in the Spring. Parents served will be reported under the Other category on quarterly reports.

Dreaam House has contracted for an audit. However due to the delay in hiring the auditor, a request for an extension to file the audit was made and approved. In addition to sending Dreaam House a letter approving the extension, I also sent a similar notice to Courage Connection in response to their request for an audit. Several other requests for extensions were handled by Stephanie Howard-Gallo.

CCMHB 2019 First Quarter Reports and 2018 Performance Outcome Reports: Program Year 2019 first quarter reports were due the last Friday of October. The reports are currently under review and if necessary clarification or corrections requested. As part of the first quarter review process, hard files are being created for each program and the excel spreadsheet used to track service activity updated. The hard files include the program applications and as the year progresses program related notes and documents.

A review of the PY 2018 Performance Outcome Reports (POR) has been completed. All the PY18 Performance Outcome Reports have been compiled into one document. The compilation is quite long, almost three hundred pages, and includes a table of contents. The compilation has been posted to the Welcome/Log-in page of the online system as a downloadable document titled CCMHB FY18 Performance Outcome Reports.doc. <https://ccmhddbrds.org>

Agencies were encouraged to submit the year end outcome reports using the new POR template developed by the U of I Program Evaluation Team last year. All but a few programs voluntarily choose to use the template this year. From a staff perspective, the uniform format makes review of the reported outcomes much easier. It should also aid providers in identifying weaknesses in data collection and reporting outcome results. For PY2019, all programs will be required to use the template when filing the report. The template mirrors performance outcome requirements identified for 2019 applications. Those requirements are being incorporated directly into the format of the outcome section of the 2020 Program Plan Part I application form.

Other Activity: Attended and/or involved in planning various meetings.

- Winter Emergency Shelter Press Conference, October 15, 2018: Representatives from various entities involved in providing emergency shelter services spoke at the event facilitated by United Way. A "Winter Services 2018-19" guide was distributed at the press conference, copy attached.

- PROMPT Task Force Meeting, October 16, 2017: C-UPHD leads the eleven-county task force. The quarterly meetings serve to update task force members and other attendees like myself on members activities. PROMPT stands for Partnership to Reduce Opiate Mortality & Promote Training and quite accurately describes the work of the task force. The C-UPHD has executed the FY19 state contract, year two of the three-year contract award. Seventy percent of the FY18 funding was used to purchase the Narcan/Naloxone distributed to law enforcement and community members trained in the administration of the drug to treat an opiate overdose.
- National Depression Screening Day event, October 17, 2018, at Parkland College: New video “It’s Real: College Students and Mental Health” followed by panel presentation. Regrettably the event this year was poorly attended.
- Coordinated arrangements and packet materials for Crisis Intervention Services Study Session.
- Assisted Kim Bowdry with arrangements for presenter at second case manager training and on day of event opened and closed the session. Topic was the 211 information and referral system.
- Am serving on Reentry Council Executive Committee that meets between full council meetings. Most recent meeting focused on planning for the Council’s November meeting. That meeting will review jail “frequent flyer” data, reentry program update, act on Council bylaws, and provider information/education.
- Attended Peer Recovery Support Specialist presentation. Following the ACMHAI September quarterly meeting, Diana Knaebe, Director of the Division of Mental Health at the Illinois Department Huna Services, who spoke at the meeting, contacted Lynn Canfield about doing a session on the state Peer Recovery Support Specialist credential and value of peer to peer supports in recovery. Lynn with some input from me then coordinated arrangements for the event. Agencies participating in the October 29th session included Family Service, GROW, NAMI, Rattle the Stars, Rosecrance, the Youth and Family Peer Support Alliance. Also present were the Champaign County Sheriff’s Office and the CCMHB.

WINTER SERVICES

2018 – 2019

Compiled by United Way of Champaign County

Printed 10/15/2018

This guide has been produced as a quick reference to winter housing and food resources. It is not intended to be a comprehensive list of all services in our community. Community resources are subject to change.

For the most current information, always call 2-1-1.



United Way
of Champaign County

Centralized Intake

If you are experiencing or are at risk of homelessness please call (217) 819-4117. This phone is answered live Monday through Friday between 10:00 am and 1:00 pm, except on county holidays, to screen callers for eligibility. You may also send an email to homeless-services@ccrpc.org. Walk-in hours are available for people experiencing homelessness as follows:

- Tuesday at the Phoenix from 1:00 – 4:00 PM, located at 70 E Washington St in Champaign
- Thursdays at the WorkNet Center from 9:00 am – 12:00 pm at 1307 N. Mattis Ave.
- Every 4th Wednesday from 1:00 pm – 3:00 pm at Community Service Center of Northern Champaign County, 520 E Wabash Ave, Rantoul

Walk-in to complete a priority assessment and, if eligible, be registered on the priority list for a variety of services and housing options.

You must bring:

- Verification of your homeless situation, for example, an eviction notice, or a letter from someone like a case manager or friend, stating where you are currently sleeping. It must include the date and their contact information.
- Photo ID
- Social Security card(s)
- Birth Certificate of minor child(ren)
- Disability verification (if applicable)

When your situation is highest priority compared to others, you will be offered the housing or service options that you are eligible for as vacancies occur.

Families/Children

Emergency Shelter for Families with children:

Contact Centralized Intake (217-819-4117). If space is not available, Centralized Intake will place families on waiting list.

One or more parent (or legal guardian) age 18 or over with child(ren) under the age of 18 and Champaign County residents. Family household size: max 6 people. The head of the household needs to be biologically or legally related to the child(ren). Expecting women with no current children may be housed by program (must be in last trimester of pregnancy). Guest will be allowed 3-5 day increments of stay, as long as the guests are actively participating in case management services and working toward finding more stable housing option.

Contact Centralized Intake (CIH) (217-819-4117) to be assessed and registered on the CIH priority list.

Crisis Nursery

Crisis Nursery is the only emergency-based child care facility **open 24 hours, 365 days a year serving ages birth through six**. It is open for the entire community to access with no fees or income eligibility. Besides safe shelter for children, we also provide family support and parenting education to strengthen parent skills and confidence. Tours are also available upon request-please call in advance to schedule an appointment for this. We believe that asking for help is a sign of strength. Families who may be experiencing a crisis are welcome to call (217)337-2730 to begin the process of scheduling care for their child/children.

Regional Office of Education:

Is a resource for homeless families with children and youth who are of school age. Pre-school aged children also receive services to ensure access to early childhood and preschool programs. Verification of school enrollment will be required. Services include providing school supplies, physical education clothing, transportation, alarm clocks, or special school fees such as those for field trips, pictures, and book clubs. In addition, funding is also available for tutoring and to assist with the cost of educational summer programs. Limited emergency shelter is available.

Call 217-893-3219 8:00 AM-4:30 PM Monday-Friday.

Women Only

Austin's Place – winter emergency shelter for women

Austin's Place: Overnight Winter Emergency Shelter for Women provides overnight emergency shelter for women during the winter months. **Open December 15, 2018 - March 15, 2019* from 7:30pm to 7am.** Screening and in-take occur at Courage Connection, 504 E. Church Street, from 6:00 – 7:30 each evening. Transportation to the shelter at First United Methodist Church is provided by shelter volunteers. Light snacks are provided. Showers and laundry are not available. Guests will be provided with bus tokens in the morning. For more information contact Scott Easton at (217) 278-1416. Follow Austin's Place on Facebook for the latest news and events. Interested people can find more information at <http://shelter-austinsplace.weebly.com>

St. Andrews Church

909 S. Wright St, Urbana

5:45 PM Community meal (free) on Wednesday's followed by fellowship, Bible study and discussion. Showers available for women on Tuesday and Friday from 10:30am - 2pm during the Austin's Place operating season.

Men Only

CU Men's Shelter

Emergency Winter Shelter for men provided **November 12, 2018 – March 31, 2018 (8:30 PM-7:30 AM) at New C-U at Home (70 E. Washington, Champaign/the former TIMES Center location).** Light snacks available, but no meals served. Showers and laundry are *not* available. Contact Cory Blackwell at Faith United Methodist Church for more information: 217.359.3631 www.champaignfaith.org

Food

Daily Bread Soup Kitchen

Hot meal served seven days a week from 11-12:30 at 116 N. First Street, Champaign. Doors open at 10:30 a.m. (217) 356-7687 or visit dailybreadsoupkitchen.com

Canteen Run:

The Canteen Run is a mobile truck that offers food, drinks, blankets and human kindness to those on the streets on **Sundays 3PM-5PM and Monday, Tuesday & Thursday 6:30PM- 9PM**. Drivers are needed and require a background check. Training is provided on the spot.

Contact Barb Davies or Jason Fisher at cucanteenrun@gmail.com

Visit www.cucanteenrun.org to learn more

The Jubilee Café

Located in the basement of the Community United Church of Christ, located at 805 S. Sixth St. in Campustown.

The volunteer-based café will provide fresh, home-cooked meals every Monday from 5-6:30 p.m. to college students, as well as local residents, who struggle with food insecurity.

General Services

The Phoenix Daytime Drop-In Center

Provides a year-round drop-in center and winter daytime warming site for those in our community that need a place to be. Hours of operation include **Tuesday-Friday from noon-5:00pm. Additional hours to be added (ranging between 7:30am-8:30pm) when daytime temperature drops below 10* and are based on volunteer manpower.** The Phoenix is located at 70 East Washington Street in Champaign (the former TIMES Center facility). For more information please contact the Phoenix at [\(217\) 819-4569](tel:2178194569) . Visit www.cuathome.us to learn more."

The Salvation Army Stepping Stone Program and Daytime Warming Center

The Stepping Stone Program will house men, women and families who present as homeless and who commit to working the program. Capacity is 2 families or individuals as of November, 2017, so agencies must contact Program Manager before referring. The Salvation Army Red Shield Center on Market St. also serves as a daytime warming center from 9 am to 4 pm, Monday through Friday. Weekends we will be available for the same hours but located at 502 N. Prospect, and only when requested by County Emergency Management.

Additional Daytime warming options include:

The Phoenix, public buildings such as libraries, municipal (city, state and federal) buildings during normal business hours are also available.

Additional resources

Call 2-1-1 or 1-888-865-9903

Community Resource Center at OSF Heart of Mary Medical Center hours 7:00 AM- 6:30 PM 337-2635

Contact Beverley@uwayhelps.org or (217)352-5151 to add resources or make changes

Emergency Management would like to be notified when emergency shelters or services are made available or the above information changes.

Contact Champaign County EMA at 384-3826 ema@co.champaign.il.us

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

CCDDB Reporting: I have started reviewing FY19 1st Quarter reports and finished all of FY18 4th Quarter and Performance Outcome Measure reports. I provided technical assistance to multiple agency providers regarding the online claims system.

FY18 Audits: The following CCDDB funded agencies have requested and been granted audit extensions for their FY18 Audits: DSC, CTF, IAMC, & PACE.

DisABILITY Resource Expo: I participated in a planning meeting for the DisABILITY Resource Expo Steering Committee. The 12th 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. I also visited The Vineyard with members of the Children’s Room Subcommittee to view the new space. The space will allow for more options for children visiting the Expo with their families.

Learning Opportunities: On November 1, 2018 we hosted the second Case Management Learning Opportunity at the Champaign Public Library. Karen Zangerle, the Executive Director and Kevin Richardson, Call Center Manager of PATH, Inc. gave a presentation on 2-1-1. The presentation included basic information and offered expanded ways for case managers to utilize services that extend beyond a first call for information. Ms. Zangerle and Mr. Richardson then demonstrated how operators handle 2-1-1 calls through role play.

This presentation was also very well received by attendees, many commenting that they did not know much about 2-1-1 and the support that they provide to callers. Attendees commented that they appreciated the role play and the examples provided. Representatives from eight different CCDDB and/or CCMHB funded agencies attended the 2-1-1 Presentation.

“Law Enforcement Rules and Regulations in Response to Crisis Situations” will be presented on December 6, 2018 at the Champaign Public Library. Stay tuned for future presentations.

Independent Service Coordination Notice of Funding Opportunity: The following information was sent by email from Don Moss & Associates regarding the ISC NOFO:

“ISCs SUBMIT CONCERNS REGARDING THE CREDIBILITY OF THE ISC NOFO TO DHS/DDD

The Department of Human Services – Division of Developmental Disabilities (DHS/DDD) has released a Notice of Funding Opportunity for the purpose of awarding grants for the service of Independent Service Coordination. Independent Service Coordination aids individuals with intellectual and developmental disabilities and their families to navigate the developmental

disability system in Illinois. The Notice of Funding Opportunity (ISC/NOFO) was released for application on September 10, 2018 and will close on November 12, 2018.

There are significant concerns with the ISC/NOFO as it currently stands and as such, a request has been made to delay the implementation of the ISC/NOFO (#20-444-24-1731-0). This request is being made by 13 of the 17 current independent service coordination (ISC) agencies and several statewide associations and is being done for the following reasons, all of which are explained in greater detail in the document included below:

- 1. The ISC/NOFO does not meet the technical requirements outlined by the Governor's Office of Management and Budget's Grant Accountability and Transparency Unit's Uniform Notice of Funding Opportunity Summary Information (FY19 Version).*
- 2. The ISC/NOFO does not provide enough justification nor level of information to applicants on the overarching goals of the NOFO and clear outcomes for awardees.*
- 3. The ISC/NOFO will significantly disrupt the existing service delivery system and infrastructure without an overarching vision for improving case management or service delivery.*

NOFO CONCERNS DOCUMENT

If you and/or your agency is interested in supporting this initiative please contact me and I will be happy to help you in any way I can to get the message out far and wide."

PUNS Selection & Reports: The Illinois Department of Human Services-Division of Developmental Disabilities selected fifteen people from Champaign County from the PUNS database in June 2018. Four of those 15 people have already received award letters - three for Home Based Services (HBS) and one for CILA. One person has refused services. Nine people are working with a CCRPC ISC to complete the pre-admission screening (PAS) process. Of the ten individuals actively pursuing services, two are interested in CILA, seven are interested in HBS, and one person is still undecided.

I have attached updated (October 10, 2018) PUNS Summary by County and Selection Detail for Champaign County. I have also included the Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS By Zip Code and the Summary of PUNS - Total of All Clients by ISC Agency (Including closed records).



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

October 10, 2018

County: Champaign

Reason for PUNS or PUNS Update

New	78
Annual Update	257
Change of category (Emergency, Planning, or Critical)	53
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	44
Person is fully served or is not requesting any supports within the next five (5) years	184
Moved to another state, close PUNS	19
Person withdraws, close PUNS	22
Deceased	15
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	38
Submitted in error	1
Other, close PUNS	161

EMERGENCY NEED(Person needs in-home or day supports immediately)

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	6
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	7
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	3
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

EMERGENCY NEED(Person needs out-of-home supports immediately)

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	22
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	9
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	8
6. Other crisis. Specify:	72

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	146
2. Person has a care giver (age 60+) and will need supports within the next year.	89
3. Person has an ill care giver who will be unable to continue providing care within the next year.	26
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	88
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	33
6. There has been a death or other family crisis, requiring additional supports.	9
7. Person has a care giver who would be unable to work if services are not provided.	61
8. Person or care giver needs an alternative living arrangement.	28
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	195
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	8
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	11
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	8
15. Person is losing eligibility for Intermediate Care Facility for People with Developmental Disabilities supports in the next year.	1

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

October 10, 2018

17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	6
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1
19. Person is leaving jail, prison or other criminal justice setting in the next year.	1
20. Person wants to leave current setting within the next year.	10
21. Person needs services within the next year for some other reason, specify:	27

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)

1. Person is not currently in need of services, but will need service if something happens to the care giver.	152
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	3
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
8. Person or care giver needs increased supports.	42
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
14. Other, Explain:	6

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	13
Respite Supports (<24 hour)	12
Behavioral Supports (includes behavioral intervention, therapy and counseling)	148
Physical Therapy	41
Occupational Therapy	101
Speech Therapy	129
Education	184
Assistive Technology	46
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	65
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	135

TRANSPORTATION

Transportation (include trip/mileage reimbursement)	143
Other Transportation Service	311
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	80
Supported Employment	93
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	69
Other Day Supports (e.g. volunteering, community experience)	30

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)Family	3
Community Integrated Living Arrangement (CILA)Intermittent	4
Community Integrated Living Arrangement (CILA)Host Family	1
Community Integrated Living Arrangement (CILA)24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	5

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

October 10, 2018

Supported Living Arrangement	8
Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	6
Child Care Institutions (Including Residential Schools)	9
Children's Foster Care	2
Other Residential Support (including homeless shelters)	12
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	357
Respite Supports (24 hours or greater)	23
Behavioral Supports (includes behavioral intervention, therapy and counseling)	137
Physical Therapy	48
Occupational Therapy	80
Speech Therapy	103
Assistive Technology	59
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	85
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	355
Other Transportation Service	355
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	8
Support to work in the community	275
Support to engage in work/activities in a disability setting	144
Attendance at activity center for seniors	1
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	97
Out-of-home residential services with 24-hour supports	90

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_by_county_and_selection_detail110916.pdf

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**Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS By Zip Code**

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactives05102016.pdf>

Zip Code	Active PUNS	Total PUNS	
60949 Ludlow	2	4	
61801 Urbana	49	88	
61802 Urbana	58	105	
61815 Bondville (PO Box)	1	1	
61816 Broadlands	3	3	
61820 Champaign	44	83	
61821 Champaign	88	178	
61822 Champaign	52	97	
61840 Dewey	0	2	
61843 Fisher	10	12	
61845 Foosland	1	1	
61847 Gifford	1	1	
61849 Homer	0	5	
61851 Ivesdale	1	1	
61852 Longview	1	1	
61853 Mahomet	34	61	
61859 Ogden	5	11	
61862 Penfield	1	2	
61863 Pesotum	1	2	
61864 Philo	5	10	
61866 Rantoul	29	79	
61871 Royal (PO Box)	--	--	no data on website
61872 Sadorus	2	2	
61873 St. Joseph	14	25	
61874 Savoy	5	10	
61875 Seymour	2	3	
61877 Sidney	4	9	
61878 Thomasboro	0	3	
61880 Tolono	9	29	
Total	422	828	

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<http://www.dhs.state.il.us/page.aspx?item=56039>

Updated
10/10/18

ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Total*		1007**	1.87%	244,880	1.90%
ISC	Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Active*		457**	2.36%	244,880	1.90%

*Totals include Ford & Iroquois Counties

**Increase

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November 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

I provided Technical Assistance to the following organizations:

Children's Advocacy Center- On ways the Board can increase diversity with the skills that are needed to raise awareness about the work that is happening at the Children's Advocacy Center.

Community Choices- How to adapt the training for healthcare professionals working with persons with disabilities to other organizations that work with persons that are living with a DD/IDD. In addition, they requested information on ways to conduct a CLC Organizational Assessment. I will also complete their annual cultural competence training for their board members.

Grow Illinois- I scheduled a cultural competence and cultural literacy training with the members of the Grow Illinois Organization.

Family Service Center of Champaign County- I am a member of the Self-Help Advisory Council and we are planning for the Self- Help Conference in May of 2019. Additional information about registration will be available soon. I will be a presenter at the conference on the topic of Cultural Competence at the conference.

CLC Coordinator Direct Service Activities:

I reviewed the 3-year Plan and provided updates and revisions that there is language that includes how we can support activities that create accessibility and culturally responsive services and supports in Champaign County.

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 talked about my leadership regarding cultural diversity, cultural and linguistic competence, and language and communication assistance. I will be reviewing resources that will assist organizations with community engagement as well as cultural competence organizational assessments.

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-

If you are looking to purchase gifts for the holidays and other celebrations, you will have an opportunity to purchase from the following AIR Artists:

1. Winter Farmers Market at Lincoln Square November-January

Nov 3 – Alison Boot

Nov 10 – Victoria Kramer

Nov 17 – Mel McGhiey

Nov 24 – Alexandria James

Dec1 – Victoria Kramer

Dec 8 – NAMI

Dec 15 – open but am going to see if Bruce and Cindy or Mark R want it

Dec 22 – Alexandria James

Ebert Festival 2019

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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**Community Healing and Resistance Through
Storytelling (C-HeARTS) Collaborative**

The C-HeARTS Collaborative is a university-
community collaborative exploring
community healing among African
Americans experiencing racial trauma
living in Urbana-Champaign

**November 27, 2018 | Douglass Community
Center | 6:00-7:30 PM**

COMMUNITY MEETING

Come share your thoughts and ideas, or just
come learn more about who we are!

WE WANT TO HEAR FROM YOU

**QUESTIONS? CONTACT US AT 217-300-7607
OR CHEARTS.RESEARCH@GMAIL.COM**

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Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

November 2018 Board Meeting

SUMMARY OF ACTIVITY:

First Quarter Reporting:

First Quarter financial and program reports for all funded programs were due October 26th at the close of business. 3 agencies did not submit reports by the due date and were issued a non-compliance notification. 2 agencies requested an extension of time to complete the reporting, which was approved by staff. 4 agencies were sent notification to correct errors on their financial reports. As of this writing, no payments have been withheld.

Audits:

Audits are required for all agency programs receiving over \$20,000 per year. Audits were due on October 31, 2018. Nine agencies have asked for an extension of time to complete their audit.

2019 DisABILITY Expo:

I attended an Expo planning meeting on October 23rd. The Expo will take place on March 30, 2019 at the Vineyard. "Save the Date" magnets and posters are available for anyone interested. Sub-committees are being formed and I have volunteered to help organize the volunteers for the Expo.

FOIA/OMA Certification:

As the Open Meeting Act Designee and the Freedom of Information Act Officer for the CCMHB/CCDDB, I must successfully complete training on an annual basis. I completed the 2018 trainings and submitted my certificates to Lynn Canfield on October 30th, 2018.

211 PRESENTATION:

I attended a learning opportunity organized by Kim Bowdry and sponsored by the CCMHB/CCDDB. The 211 presentation provided basic information and then offered expanded ways to utilize services that extend beyond a first call for information. Roleplays demonstrated how operators handle 2-1-1 calls and the standards 2-1-1 follows to assure the quality of services. This was presented by Karen Zangerle, Executive Director, PATH, Inc. and Kevin Richardson, Call Center manager of PATH. As a staff member, our office receives frequent inquiries by walk in and telephone looking for services and this was valuable information. The training was held November 1st at the Champaign Library and was well attended, with approximately 24 attendees.

Other:

- Lynn, Mark, Chris, and I attended a meeting with Tracy Dace from DREAM House and Deloris Henry, DREAM Board member in order to discuss program changes and their audit.
- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- On October 29, 2018 I celebrated 20 years with the CCMHB.

disABILITY Resource Expo: Reaching Out For Answers
Board Report
November, 2018

The 12th annual Expo will be held on Saturday, March 30th at The Vineyard Church in Urbana.

The Expo Steering Committee met on Oct. 23. Our next meeting will be December 11 at 1:00 pm at the IL Worknet Center in Champaign. The Exhibitor, Accessibility/Entertainment, Marketing/Sponsorship, and Children's Activities Subcommittees, also, met in October.

Exhibitors – The Exhibitor Subcommittee met on Oct. 17. Their first order of business was to select a theme for the next Expo. The theme this year will be TV Shows that highlight actors/actresses with disabilities, of which the group has identified at least a dozen. This is very timely with the popular TV culture we're seeing now. This theme will be integrated into the seek and find game that we develop for children visiting the Expo this year.

The Call for Exhibitors will go out very early in Jan., with an application return date of Feb. 15. The group came up with an extensive list of potential new exhibitors that will be added to our invite list. In order to cut down on congestion at the main door, there will be 3 check-in points for exhibitors.

Accessibility/Entertainment – We hope to identify 6 sign language interpreters, as this need has been great in the past. Two Personal Assistants and a Spanish translator have been identified. We would like to develop a contract for these individuals to help clarify their duties and streamline invoices. Courage Connections will, again, be donating the services of a Spanish interpreter.

Entertainment ideas for 2019 include a service dog demonstration, disaster preparedness demonstration, and a puppet show. Due to past noise concerns in the exhibitor areas, we will avoid live musical performances. Instead, we plan to have a playlist and play background music of artists with disabilities.

Marketing/Sponsorship -

Booth fees will be adjusted this year as follows: For Profit – Early Bird \$300 and \$400 after deadline; Not for Profit – Early Bird \$30 and \$50 after deadline. Early Bird fees are unchanged from last year, while after deadline fees have been increased. We hope this will be more of an incentive for exhibitors to get their registration materials submitted to us in a timely manner.

Donation request letters will go out very soon to previous and potential new donors. With the help of the Steering Committee, we are putting together a list of potential new donors. We are interested in identifying a business that might donate a grand prize for adult visitors, that will be linked to completion of our participant evaluation. A weekend hotel package was suggested for this. This will, hopefully, increase the number of evaluations that are returned. We will, also, be giving an exhibitor prize to, hopefully, increase the feedback from this group, as well. As usual, we will plan to have a number of small prizes for the children completing the game.

The number of school flyers we distribute will likely be decreased, in lieu of other opportunities to promote within the schools in our county. A more targeted approach with the flyers and yard signs on school property are just a couple of ideas we're looking into.

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The subcommittee is exploring the use of participant paper bracelets as a way to get a more accurate count of the number of attendees at the Expo.

Children's Activities – Several members of the Children's Activity Subcommittee met at The Vineyard to view the new area we will be utilizing for our children's activities. We're very excited about the new space, which is much larger, and will afford us the ability to implement a broader range of activities, including some live entertainment on stage. We are pleased to welcome Kim Spencer from Larkin's Place at the YMCA to this subcommittee. Diane Gordon with CU Able has offered their group to assist with our Children's Activity Subcommittee, as well.

Respectfully submitted,

Barb Bressner & Jim Mayer

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