



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

**Study Session of the
Champaign County Mental Health Board (CCMHB)**

WEDNESDAY, May 13, 2020 at 5:45 p.m.

**This Meeting Will Be Conducted Remotely at
<https://us02web.zoom.us/j/84047570947>**

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1. Call to Order
 2. Roll Call
 3. Zoom Instructions, <https://us02web.zoom.us/j/84047570947> (page 2)
 4. Public Participation/Citizen Input
 5. Approval of Agenda
 6. President's Comments
 7. Study Session:
 - A. Review Responses to Board Questions on PY21 Applications (pages 3-20)
Included for the Board's consideration are agency's written responses to questions posed by the Board during review of PY21 applications. Also included are a few corrections to program summaries received from agencies.
 - B. DRAFT PY21 Funding Recommendations Discussion (pages 21-46)
Draft Decision Memorandum presenting Staff Funding Recommendations for PY21 Allocation Cycle is included in the Board packet for discussion.
 8. Agency Input
 9. Board Announcements
 10. Adjournment

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Instructions for participating in Zoom Conference Bridge for CCMHB Meeting May 13, 2020 at 5:45 p.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast, you will need a webcam.

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When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. If you wish to speak, click "raise hand" and the Chair will call on you to speak.

If you are not a member of the CCMHB or a staff person, please sign in by writing your name and any agency affiliation in the Chat area. This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

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As requested by the MH Board

From: Elise Belknap <ebelknap@co.champaign.il.us>

Sent: Mon, May 4, 2020 at 4:59 pm

To: Lynn Canfield, Kim Bowdry

Cc: Brandi Granse, Hollie Hutchcraft, Christy Martin

7.A.

 Images not displayed. [SHOW IMAGES](#) | [ALWAYS SHOW IMAGES FROM THIS SENDER](#)

Why are the SEDS and SSPC grants separate? How do they work together?

Funding history and rationale:

Head Start has proudly had the Social Emotional Development Specialist (SEDS) role funded for the last 10 or so years alternately or in combination by the MH Board and the DD board. In 2017, we conceived of the Social Skills and Prevention Coaches position (written in the original grant as Mental Health Assistants) as a supplement to the SEDS role. Based on the advice of the board staff we applied under the MH board as it was deemed a better fit.

The two grants fund two separate roles within the same Social Emotional "program" or "department" at Head Start. It may seem strange but they exist that way because of the timing of the development of each role not because it is programmatically logical.... We would be happy and comfortable to combine these two grants into one in the next application cycle if that seems more appropriate. We have kept them separate over the last couple of years because we were seeking funding from the MH board and the DD board.

In previous years, I believe the Social Emotional Development Specialist (SEDS) role was seen as more aligned with the DD board priorities. The SEDS continues to play an important role in supporting and identifying children with developmental delays which includes social/emotional development. I also assist in referring children to a Developmental Pediatrician, Early Intervention, and the school district for a special education evaluation. In my role I have helped identify children with potential developmental delays such as Autism and sensory processing delays. While this role has traditionally been viewed as focused on developmental delays, the role has become more Mental Health oriented over the last several years. This is due to the impact of trauma on our community, the evolving needs of the population we serve, as well as, the skills of the staff person holding the position. The SEDS position relates to both developmental disabilities and mental health.

Activities of the different roles:

The SEDS operates as an [Infant and Early Childhood Mental Health consultant](#) (click on the link to see a description of the Illinois Model of Early Childhood Mental Health Consultation) for the whole program which includes:

All five sites, the home base program, and the Family Home Childcare Partnerships. This role involves reflective consultation with teaching staff and program leadership, families and caregivers. The role also includes observations of individual children or classrooms, supporting the development of behavior plans, training and educating staff on best practices related to child development, stress and trauma, self-care, cultural competency, and other mental health topics.

The coaches are supervised and supported by the SEDS. Their work is based on site and they provide day to day behavior support in the classrooms and hallways, coaching for teachers, and one on one social emotional skill development with students; for example: self-regulation; friendship skills, problem solving, emotional literacy.

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The children who receive services at Head Start are categorized by using The Pyramid Model's tiers of service. All children receive responsive relationships and engaging environments. The S-E team supports this effort by providing consultation, coaching, and support to classroom staff who are in direct daily contact with the children and families to quickly identify and help heal any ruptures in relationships or classroom management problems. The second tier consist of children who need a little more individualized skill focused education and practice in order to find their groove in the classroom. The S-E team and classroom team work together to identify strengths and skill deficits of children and build goals and strategies to support children's success. The third tier of the Pyramid Model includes intensive intervention with teachers, students, and families.

Children might be in this category if the services in the first two tiers where not enough to help the child feel comfortable, safe, and successful in the classroom. This group of children tends to fill the caseload of the SEDS. This group typically requires significant reflective consultation and support for classroom staff and/or families to manage stress, emotional reactions, evaluating effectiveness of strategies, developing hypotheses for the motivation of challenging behaviors.

I hope that is helpful. Please let me know if I can provide any more information or clarification.

ELISE E. BELKNAP, PHD, NCC

Early Childhood Mental Health Consultant

Head Start

A program of the Champaign County Regional Planning Commission

1776 E. Washington St, Urbana, IL 61802

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PEOPLE. POSSIBILITIES.

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Champaign County Health Care Consumers

Responses to CCMHB Agency Program Summary PY2020 Questions
by Claudia Lennhoff, Executive Director

May 4, 2020

CCMHB AGENCY PROGRAM SUMMARY PY2021 QUESTIONS

Champaign County Health Care Consumers - CHW Outreach and Benefit Enrollment

- 1. FY 21 request increases by 31.5% and CCMHB covers 85% of funding. What plans does agency have to seek additional sources of funds (e.g., leverage the CCMHB funds)? Why was only 3k applied from the new 115k grant from Carle?**

CCHCC's requested an increase for this program of 31.5% primarily for two reasons: 1) When the grant application was made for the previous funding cycle (FY19-20), CCHCC's Executive Director had been ill, and was applying to the CCMHB for the first time, under rushed circumstances, and under-budgeted the cost of this program. So, the increased request reflects more accurate costs for CCHCC to provide this program; and 2) Some costs have increased for the new fiscal year, including the cost of health insurance for CCHCC's staff. CCHCC's staff are primarily female, and our small group health insurance – because it is a small group plan – is allowed to charge CCHCC differently for each employee, based on age and gender (insurance companies charge more for insuring females, when they are allowed to do so, as with the small group plans).

CCHCC has plans to seek additional sources of funds, and will try to leverage the CCMHB funding, by applying for additional grants from private foundations and other funders, and also through our grassroots fundraising activities. For example, CCHCC typically conducts four direct mails per year, and in FY20-21, we will dedicated one of our Direct Mails to this work.

We are anticipating a grant in the amount of \$110k from Carle. If we get this grant, we will dedicate \$3k to this program. The reason that we are not dedicating more of the Carle funds to this program is because we will need the Carle funds to help support the rest of our client services work. The MHB funding helps us serve the approximately 35-40% of our client population with MH/SUD issues. The services we provide to the remaining 60-65% of our clients are funded by the Carle grant and other grants and contracts, as well as our grassroots fundraising efforts.

- 2. CCHCC refers clients to Promise Health Care and Carle Community Care for assistance. For those clients who enter Promise Health Care, do they continue to be TPC with CCHCC or do they become engaged with the case management and supports of Promise HC Wellness Program (which provides similar services)? How is this possible transition coordinated? If clients make the transition does this open capacity for CCHCC identifying more individuals who lack medical homes?**

CCHCC does refer clients to Promise Healthcare for medical, dental, and mental health services. We help clients complete their new patient packets and help them establish care at Promise Healthcare. In addition, if clients have medical debt at Carle, or will be seeking care at Carle, we also help them

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apply for the Carle Community Care program so that they can get a discount (up to 100%) on any of their out of pocket costs for care at Carle, and any outstanding medical bills.

The short answer to this question is this: When our clients enter Promise Healthcare, they continue to be TPC with CCHCC (as long as that is their wish) – even if they become engaged with case management at Promise Healthcare. The reason for this is that, while there is some slight overlap with the services that Promise Healthcare provides through its Wellness Program, the services CCHCC provides are different, and more expansive. CCHCC and Promise Healthcare provide different case management services, but we are well-coordinated in our efforts to serve our clients.

Here are the details for a longer answer/explanation: There are some distinctions between CCHCC's and Promise Healthcare's services, including the following:

- a) Promise Healthcare's services through the Wellness Program are only available to Promise Healthcare patients.
- b) CCHCC's services are available to any community member, regardless of where they get their healthcare, and therefore, CCHCC offers conflict-free case management.
- c) The scope of CCHCC's case management services is much more broad, and our goal is to be a "one stop shop" for all benefits enrollment services – whether this be enrollment in health insurance, food stamps, access to a free phone (SafeLink), prescriptions, affordable vision care and eyeglasses, hospital financial assistance, Promise Healthcare sliding scale application, and/or energy assistance (LIHEAP). On occasion, we also help people with housing assistance (such as the Shelter Plus Care program), and applications and appeals for Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).
- d) CCHCC's Community Health Workers can help people apply for all health insurance programs, not just Medicaid and Marketplace plans. We can help people apply for All Kids, KidCare, Medicare, Medicare Advantage or Supplement plans, Medicare Part D plans, and we can also help people apply for the programs that can make Medicare coverage more affordable, including Medicare Extra Help, and Medicare Savings programs. We also help people determine whether COBRA coverage or Marketplace plans would be most beneficial to them and their family members, and we can assist them with issues with employer-based coverage, as well.
- e) Sometimes, CCHCC's services involve having a CCHCC Community Health Worker go to a medical appointment at Promise Healthcare with one of our clients, to ensure that the client gets the most out of his/her medical appointment. Some clients need help understanding the care options that are being discussed, or just need help focusing on their health priorities during an appointment.
- f) All of CCHCC's Community Health Workers (CHWs) are and have always been bi-lingual in English and Spanish, and have been doing benefit enrollment services for many years.
- g) Like Promise Healthcare, CCHCC's CHWs can also help refer people to food pantries and other food programs. But we also routinely help people apply for SNAP (food stamps).
- h) We also have the ability to work with people who have complicated situations – immigration status or self-employed or seasonal work status.
- i) In terms of prescription assistance, CCHCC has an in-house prescription assistance program where we help pay for the costs of people's prescriptions – whether that is the full cost for an uninsured person, or whether it is co-pays for a low-income person. Our in-house Rx Fund covers all kinds of prescriptions, whereas healthcare providers' 340B Programs are limited to certain medications. In fact, it is not unusual for CCHCC to have clients who are getting some prescriptions through a 340B program at Promise Healthcare or Carle, but who need help with other prescriptions, through our Rx Fund.

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- j) CCHCC is also mobile in our services – we regularly go to Rantoul where we have “office hours” at the Community Service Center, and we go to the Daily Bread and other locations on a regular basis.
- k) We also hold outreach and education events and meetings, where we provide presentations to community members and to other organizations on health insurance, open enrollment, Medicaid Managed Care, etc. Our services are designed to be accessed by anyone who needs them.
- l) On occasion, because of our broad scope, we are able to access other resources and provide other types of assistance. For example, in April 2020, we received \$5,000 in funding from the United Way for their COVID-19 assistance program. As a result of receiving that funding, we were able to identify and prioritize clients who were in need of financial assistance as a result of poverty, recent job loss, or loss of work hours. We were able to provide up to \$200 in cash assistance to over 25 clients (many of whom are MH/SUD clients) to help them purchase groceries, pay certain utility bills, purchase gas or pay auto insurance, etc.

So, while CCHCC and Promise Healthcare's case management services overlap somewhat – we can both help with Medicaid and Marketplace applications, and make referrals to various other service providers - CCHCC's services are much broader and more diverse, reflecting the nature of our organization. *And CCHCC and Promise Healthcare are able to coordinate well, in order to serve our clients' needs.*

CCHCC is not a health care provider who has to prioritize our patients for these services – we are open to all in the community, and our clients can (and do) stay with us even if they change health care providers or go to multiple different providers.

Our application to provide these and other services is not a duplication of what Promise Healthcare provides, and is not in conflict with Promise Healthcare for our shared clients. But we want to emphasize that in addition to the health insurance enrollment services, CCHCC's Community Health Workers provide a broader array of benefits enrollment services in order to help improve the health and health care access of our community members. This range of services has been developed over many years of working with clients, identifying needs, and creating the services and resources to meet those needs. Clients often have very complicated needs that intersect and overlap, and wherever possible, it is important to minimize the “run around” that many clients face in getting their needs met, and it is important to provide benefits case management to make sure that clients are getting their needs met, qualifying for what's available to them, and maintaining their enrollment status, which fluctuates throughout the year and which must be renewed annually.

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Mark Driscoll

From: Lisa M. Benson <lbenson@ccrpc.org>
Sent: Monday, April 27, 2020 5:06 PM
To: Mark Driscoll
Cc: Lynn Canfield; Thomas E. Bates
Subject: CCMHB question regarding homeless system data

Hello Mark!

During the Homeless Services Coordination program review last week, there was a question about if certain data was collected/ available. I believe that it was Susan that asked the question. Following is the data.

Thanks!

1. *How many people have been placed in housing?*

From 4/1/2019 to 3/31/2020, 223 individuals in CoC provider programs were exited to permanent housing destinations (APR).

2. *Is there information about persons waiting for services?*

Following is the summary of persons on the waitlist as of March 2020.

WAITLIST STATUS (last day of the month)	March 2020
# currently on waitlist	31
Single men	17
Single women	7
Families	7
Number with documented disability:	
Single men	6
Single Women	1
Family member	1

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Mark Driscoll

From: Walters, Patty <PWalters@dsc-illinois.org>
Sent: Wednesday, April 29, 2020 10:13 AM
To: kim@ccmhb.org; mark@ccmhb.org; lynn@ccmhb.org
Cc: Matthews, Danielle; Sikora, Nicole
Subject: RE: FD Application Questions

Importance: High

Good morning to all.

Per your inquiry, please see Nicole Sikora's responses below. We will all be on the call for tonight's study session for CCMHB if there are additional questions. Thank you. Pw

Is the screening of children (0-5) duplicative of Child Find efforts by local school districts, which are required by law to screen for children with disabilities?

There are times when the of the 0-5 screens may be duplicative depending on which entity is providing the screen (school, home visiting, WIC, FD screener, doctor office). All entities are supposed to track the screens they provide and submit them on a specific form to the LIC Coordinator who uploads these to the DHS website. This should help to identify areas of overlap. Additionally, many programs have the families sign consents to share screenings to prevent duplication.

Each school district is responsible for holding their own screenings. This year in an effort to help child locate 0 to 3 children as part of child find the Home-Visiting Consortium has held quarterly screening events in conjunction with the Urbana School District. DSC's FD Screening Coordinator is present at all of these events. The screening coordinator conducts individual screenings in the home, child care center, preschool, or other setting, using the Ages and Stages Questionnaire III screening tool. Children may be monitored through subsequent screenings or referred for further evaluation. FD's Screening Coordinator also holds regular screening events at several daycare facilities.

If not duplicative, how do area school districts and the (0-3) Early intervention program (Child and Family Connections) coordinate their screening and placement efforts?

Early Intervention coordinates by scheduling a transition meeting to meet with the school district team as well as the parents of the child involved to discuss child's progress, ongoing concerns and possible needs for services in Early Childhood. The school then schedules an evaluation for a child and a meeting is scheduled after the evaluation to develop goals for the child in Early Childhood.

Are some children served by DSC FD and by other services such as Early Head Start, Head Start, Pre-k or CFC? If not, are they referred when eligible to these services?

⑨₁

We do have some children who attend early Head start and receive therapy services through Early Intervention. Child and Family Connections may make referrals to multiple programs. Additionally, some of our FD families also are enrolled in the DSC FD Parent Wonders programs which provide home-visiting services. All entities refer to one another routinely.

DSC's Family Development (FD) may continue to provide therapy services for children beyond age 3 that are also seen in these other programs due to outstanding therapeutic needs that will not be fully addressed in these other settings. For example, children using speech-generating devices or children with feeding development issues and/or accessing Play Project sessions. Additionally, there are times FD will continue to see children on the grant if their birthday is in the spring or summer and won't start pre-k until the new school year. This will help them retain their developmental progress and avoid interruptions in services/therapies that are critical for young children throughout developmental stages.

From: kim@ccmhb.org [mailto:kim@ccmhb.org]
Sent: Monday, April 20, 2020 3:31 PM
To: Matthews, Danielle <dmatthews@dsc-illinois.org>; Walters, Patty <PWalters@dsc-illinois.org>
Cc: lynn@ccmhb.org; mark@ccmhb.org
Subject: FD Application Questions

Please see the questions, below, received in advance of the CCMHB meeting.
Please send a written response at your earliest convenience and be prepared to respond if these questions are asked at the meeting.
If not asked and answered at the meeting, responses received by 5/4 will be included in the 5/13 study session packet.

DSC Family Development

Is the screening of children (0-5) duplicative of Child Find efforts by local school districts, which are required by law to screen for children with disabilities? If not duplicative, how do area school districts and the (0-3) Early intervention program (Child and Family Connections) coordinate their screening and placement efforts? Are some children served by DSC FD and by other services such as Early Head Start, Head Start, Pre-k or CFC? If not, are they referred when eligible to these services?

Thanks,

Kim

Kim Bowdry
(pronouns: she/her/hers)
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CCMHB/CCDDB
1776 E. Washington St.
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Developmental Services Center, Inc.

Mark Driscoll

From: karen.shan@growinamerica.org
Sent: Wednesday, April 29, 2020 1:02 PM
To: mark@ccmhb.org
Cc: chris stohr
Subject: GROW questions reply
Attachments: Reply to questions 2 GROW from CCMHB for FY21 April 2020.docx

Hi Mark,

Hope all is going well for you. I have attached the replies to the Questions that you requested.

Have a great day ,

Karen Shan
Grow in Illinois
217-390-2583
www.growinamerica.org

Reply to questions from CCMHB for FY21

April 21, 2020

Due by May 4.

Hello Chris and Karen,

- Please see the questions, below, received in advance of the CCMHB meeting.
- Please send a written response at your earliest convenience and be prepared to respond if these questions are asked at the meeting.
- If not asked and answered at the meeting, responses received by 5/4 will be included in the 5/13 study session packet.

April 28, 2020

GROW:

1. *What plans are underway to seek other sources of support outside of CCMHB?*

In coordination with Rattle The Stars, GROW In Illinois submitted a proposal for IDHS funding for 1484 NOFO - Regions the Living Room (510-RTL) on April 22, 2020. A 'Living Room' is listed in the 6-year Champaign County Strategic Plan [2019]. This Champaign County Board goal has been a long-recognized community-based aspiration among multiple organizations to serve multiple roles for Champaign County:

- Initial contact for those undergoing emotional crisis referral to professional treatment services and peer-support;
- Drop-in Center for those recovering from mental and behavioral illness, substance abuse and suicide/survivor sufferers seeking peer support in an informal setting;
- Location for WRAP, GROW, NAMI, and other mutual help organizations to organize outreach, facilitator training, cross-organizational coordination, and support;
- Point of Referral for people experiencing emotional crisis referral to "One Door" for institutional professional treatment services when this becomes operational;
- CRSS-in-training, learning, outreach, and professional practice experience;
- Offices for small mutual help groups which lack physical office space or address;
- Physical space for weekly mutual-help group meetings of nominally 6-8 persons; and
- Host for virtual online or videoconference meetings and teleconference meetings.

Champaign County mental health organizations who collaborated on the proposal were Rattle the Stars, NAMI [Champaign County affiliate of National Alliance for Mental Illness] and Youth and Family Peer Support Alliance (Illinois Alliance). Rosecrance and LT Joel Sanders of the Urbana Police Department and Crisis Intervention Team were consulted in writing the Living Room grant and advised GROW on the progress of the One Door at CU@Home.

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2. *Clarify rate of participation: In FY 2019, GROW served 63 individuals (22 continuing and 41 new) (target 92). So far this year served 45 with a planned target of 110. In 2020, 21 are continuing and 24 are new. To what extent are the 21 continuing a subset from prior year's new group of 41 versus the continuing group of 22? Alternatively, how many times, on average, did new members attend GROW meetings? Do you have data on length of participation?*

These are 2nd quarter numbers for FY20. Third quarter we had another 27 new. At the end of the 3rd Quarter we are at 72, target is 110 by end of 4th Quarter.

The continuing participants are committed Growers (having attended 3 meetings and who wish to identify actively with GROW's aims and methods, at the end of the year. These are determined by our attendance recorders and fieldworker assessment.

We will go through our attendance records to find out how long new members attended GROW. However, we do keep track of how many times an individual comes to group per month (new and old). Our January 2020 records show that 12 people came 1 to 2 times, 4 people came 3 times and another 12 came 4 to 5 times. Our semiannual survey asks how long the individual has been attending GROW.

Two of the GROW groups meet at the Champaign County Satellite jail which has a relatively high rate of turnover.

3. *Moving to online meetings is a great plan given difficulty with access. What is the timeline and how has this been piloted?*

GROW In Illinois leaders learned about the use of video conferencing in Australia while attending the 50th Anniversary and GROW In Ireland conference in September 2019. We began experimenting with videoconferencing in the fall of 2019 as a method for promoting participation where in-person attendance at group meetings in rural areas interferes with personal comfort and the GROW aim to preserve anonymity, and where there are obstacles for those with transportation issues.

GROW is a 12-step group of recovery but also for mental health prevention [sometimes called mental health hygiene]. Social gatherings of GROWers, spouses, and friends has been temporarily curtailed by the shelter-in-place directive, consequently, GROW members have begun two innovative ways for meeting:

1. Zoom for coffee. Instead of meeting at coffee shops for 12-step work and socializing, the GROWers are employing the Zoom videoconferencing to have virtual meetings. Meeting by arrangement is not preferred but satisfies the third aspect of GROW i.e., Friendship to support recovery.
2. Another GROWer-inspired innovation is the Movie Night. The members find a movie that can be shared and watch the movie together [over Zoom], enjoy discussion and snacks afterward. Although not as satisfying as meeting at a common area where snacks, drinks and friendship can be shared but it will have to do until the COVID-19 quarantine ends. Will look into ways in which movies can be accessed through the library or a rental

source. GROW promotes the importance of friendship [socializing, etc.] as part of the 'Three Basic Changes' i.e., Change of Thinking, Ways, and Relationships.

4. *Do the service contacts (1132 in 2019 and thus far 867) include attendance at weekly meetings, or does it represent other contacts to support members by field staff?*

Weekly meetings and socials are the only counted service contacts and do not represent other contacts that are made. Meetings at the Champaign County Satellite Jail have been suspended for several weeks however, we have provided books and literature as requested by those housed there.

5. *Report notes difficulty with collecting initial baseline data on clients and annual checks. How will this improve through work with the U of I evaluation team? What does the current data base look like?*
- We are asking the UIUC to put the baseline and annual questionnaires online to preserve anonymity.
 - The jail groups are more problematic because the turnover in the groups over the course of a year.
 - We use an Excel spreadsheet as a database.

Mark Driscoll

From: Nancy Greenwalt <NGreenwalt@promisehealth.org>
Sent: Tuesday, April 28, 2020 1:24 PM
To: mark@ccmhb.org
Cc: Lynn Canfield; stephanie@ccmhb.org
Subject: Re: Questions on Wellness application

Hello Mark –

Here are answers to the questions from board member(s). I plan to attend the Zoom study session on Wednesday. Thanks.

Nancy.

Nancy Greenwalt
Promise Healthcare Executive Director
Frances Nelson – SmileHealthy – Urbana School Health Center – OSF HMMC CRC – Walnut St.
Office (217) 403-5401 Mobile (217) 390-5365 Fax (217) 366-0160
www.promisehealth.org

From: "mark@ccmhb.org" <mark@ccmhb.org>
Date: Tuesday, April 21, 2020 at 12:33 PM
To: Nancy Greenwalt <NGreenwalt@promisehealth.org>
Cc: 'Lynn Canfield' <lynn@ccmhb.org>, Stephanie Howard-Gallo <stephanie@ccmhb.org>, Mark Driscoll <mark@ccmhb.org>
Subject: Questions on Wellness application

Hello Nancy

A board member has submitted questions on the Wellness application.

- Please see the questions, below, received in advance of the CCMHB meeting.
- Please send a written response at your earliest convenience and be prepared to respond if these questions are asked at the meeting.
- If not asked and answered at the meeting, responses received by 5/4 will be included in the 5/13 study session packet.

RE: Promise Health Care Wellness

Comment: FY 21 increase is nearly double prior year (58k to 108 k) but this is offset by significant increase in federal funds, for which CCMHB funds served as leverage. This is notable and positive.

1. Was this leveraging required for the HHS grant as a match? If it is a match, does this explain the increase for CCMHB funds? If not, does the increase in requested funds represent expanded opportunity and capacity to serve more clients?

The requested increase in funding from CCMHB is to partially support adding three positions to Promise and the program: a team leader for coordinators who will not only help supervise and train but will also deliver services, a

340B coordinator who will manage our 340B inventory and work with providers and patients to make sure that affordable medications are available to patients, and add an enrollment person to assist in getting people enrolled in health coverage to address the growing number of uninsured. The funding should help Promise serve current patients with more services, serve more patients, and develop Wellness program strength and stability.

2. What is the relationship with Rosecrance and Promise Health Care for use of the Walnut site? Is this a cooperative rental arrangement? Is there support from Rosecrance for PHC or is PHC fulfilling a need by Rosecrance to provide medical case management for clients seen for mental health or SUD?

Promise Healthcare sublets space from Rosecrane through a lease agreement. Our relationship can be described as co-located—which improves patient support and collaboration. There is no financial relationship between Promise and Rosecrance beyond the rent Promise pays for space at Walnut. We do have an MOU that outlines our collaborative relationship.

Most of the services Promise and Rosecrance provide are different from and coordinated with each other. For example, Promise holds psychiatry time each day for Rosecrance clients in respite or crisis. Some Promise patients benefit from Rosecrance case managers—who assist patients in different ways than Promise medical case management. Promise medical case management may assist a shared patient but requires the patient is seen by Promise for primary medical, behavioral health or dental care and works through the patient's Promise Healthcare electronic medical record.

Thank you.

Mark

Mark Driscoll
Associate Director
CCCMHB/CCDDB

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Mark Driscoll

From: Nancy Greenwalt <NGreenw@ccmhb.org>
Sent: Tuesday, April 28, 2020 1:00 PM
To: mark@ccmhb.org
Cc: Lynn Canfield; stephanie@ccmhb.org
Subject: Re: PY21 Program Summary

*Agency corrections to
program summaries*

→ PROMISE HC

→ RACES

*Several other agencies
sent comments or corrections
to application errors. Those
are not included. Will be
addressed during contract phase.*

Hello Mark –

Comments to our program summaries

Mental Health Services – In a couple of places you mention a fee for commercial health insurance and uninsured over 200% of the federal poverty level. For Medicaid, MCOs and Medicare we bill at our encounter rate. For low-income uninsured patients, we charge a nominal fee. Instead of adding all that, it would be more accurate to eliminate the words “fee for” and leave “from services billings . . .”. And yes the PY21 Annual Targets for child psychiatry should be deleted. They are not accounted for anywhere else in the grant and must have been an error in preparing the proposal.

Wellness – No changes to the program summary. If funded, Promise will correct the donation in the budget narrative and will discuss prorating funding related to open positions.

Nancy.

Nancy Greenwalt
Promise Healthcare Executive Director
Frances Nelson – SmileHealthy – Urbana School Health Center – OSF HMMC CRC – Walnut St.
Office (217) 403-5401 Mobile (217) 390-5365 Fax (217) 366-0160
www.promisehealth.org

From: "mark@ccmhb.org" <mark@ccmhb.org>
Date: Wednesday, April 15, 2020 at 9:23 AM
To: Nancy Greenwalt <NGreenw@promisehealth.org>
Cc: 'Lynn Canfield' <lynn@ccmhb.org>, Stephanie Howard-Gallo <stephanie@ccmhb.org>, Mark Driscoll <mark@ccmhb.org>
Subject: PY21 Program Summary

Dear Executive Director,

Your program summaries represent our initial review of your organization's application(s) to Champaign County Mental Health Board (CCMHB) for FY2021 funding of services and other supports for prevention and treatment of mental illness, substance use disorders, and intellectual/developmental disabilities. The program summaries are attached, and can be also found online as part of the April 22, 2020 CCMHB Board Packet at:

http://co.champaign.il.us/mhbddb/agendas/mhb/2020/200422_Meeting/200422_agendafull.pdf

The document(s) are marked “DRAFT” and should be considered a work in progress and may be subject to additions and corrections. You are encouraged to review the document(s) and notify the CCMHB Executive Director in writing if there are factual errors in the analysis of the submitted application. Differences of opinion, clarifications, and correction of errors or omissions will not be considered. Required corrections will be addressed prior to completion of the award process.

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We are aware that needs, resources, and rules are changing due to the pandemic. We hope to address any necessary changes through the contracting process and during the term of the contract.

The application(s) were reviewed and evaluated by CCMHB staff and that analysis is presented in the program summary. Board members are also reviewing the applications independent of staff review. The reviews are based on criteria and guidelines approved by the CCMHB (i.e., decision memoranda titled "CCMHB Program Year 2021 Allocation Priorities and Decision Support Criteria"). A copy of the criteria is accessible through the on-line system at ccmhddbrds.org.

The Champaign County Mental Health Board meeting on Wednesday, April 22, 2020 at 5:45 pm and the study session scheduled for Wednesday, April 29, 2020 at 5:45 pm will include a review of the program summaries. Agency executive directors are encouraged to attend the virtual meetings (<https://zoom.us/j/676542336>) and study session (<https://zoom.us/j/95760644255>) and be prepared to answer questions that may be directed to them by the CCMHB members or staff. Applicant organizations may also have the opportunity to respond in writing to Board questions raised during the review process. If allowed, responses will be due no later than Monday, May 4, 2020.

The CCMHB will consider funding recommendations in May. Initial funding recommendations will be formatted in a draft Decision Memorandum for the May 13, 2020 CCMHB study session. Any written responses to Board generated questions would be included in the packet for the study session. A final Decision Memorandum with funding recommendations will be presented for action by the Board at the May 20, 2020 meeting. Final allocation decisions may be made by the CCMHB at the May 20, 2020 meeting or deferred to a public meeting held prior to June 30, 2020.

We appreciate the time and effort involved in the preparation of your application(s) and thank you for your interest in working with the Champaign County Mental Health Board.

Sincerely,

Lynn Canfield
Executive Director
Champaign County Mental Health Board and
Champaign County Developmental Disabilities Board

Mark Driscoll
Associate Director
CCCMHB/CCDDB

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RACES

Rape Advocacy, Counseling,
& Education Services

April 20, 2020

Mark Driscoll for the Champaign County Mental Health Board
1776 E. Washington
Urbana, IL 61802

Dear Mr. Driscoll,

Thank you for sending the draft program summary regarding our proposed new program Sexual Violence Counseling.

Please note that our Rantoul-based contractual counselor is housed at the Wellness Center (214 S. Garrard, Rantoul) rather than Community Service Center of Northern Champaign County as stated at the top of page 2.

Please do contact me if you need any further information.

Sincerely,

Adelaide Aime, MSW, LCSW
Executive Director



7.B.

DRAFT DECISION MEMORANDUM

DATE: May 13, 2020
TO: Members, Champaign County Mental Health Board
FROM: Lynn Canfield, Mark Driscoll
SUBJECT: STAFF RECOMMENDATIONS FOR PY20 FUNDING

Purpose:

For consideration by the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2021 contract year (July 1, 2020 through June 30, 2021.) Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across disability type and service intensity.

Statutory Authority:

The Champaign County Mental Health Board (CCMHB) policies on funding are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et. seq.) All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The recommendations included in this memorandum are based on our assessment of how closely applications align with statutory mandates, CCMHB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the negotiation process for authorized PY2021 contracts. The CCMHB reserves the right to refrain from making an award when such action is deemed to be in the best interest of the County.

Background and Policy Considerations:

The text of the "PY2021 Allocation Priorities and Decision Support Criteria" document, as approved by the CCMHB on November 20, 2019, appears below. It includes references to the Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDDB), Memoranda of Understanding, collaborations, and previous actions taken by the CCMHB which commit funding for specific purposes predicated by established Board priorities. These are incorporated in the final allocation recommendations:

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- Criminal Justice and Behavioral Health (including adult jail diversion efforts, juvenile justice, and victim supports): to better serve adults with criminal justice system involvement who also have serious and persistent mental illness, substance use disorders, and/or intellectual/developmental disabilities, current and proposed programs include: case managers and clinicians accessible to people booked in and/or leaving the Champaign County Jail or interacting with law enforcement in the community; peer support; access to treatment for Drug Court clients; Moral Reconciliation Therapy (MRT) and anger management group therapy; crisis line and crisis team; and assistance with enrollment in health insurance and other benefits. The CCMHB has a continuing commitment to three programs offering support to victims of crime: Champaign County Children's Advocacy Center; Courage Connection; and Rape Advocacy Counseling and Education Services.

The Board's longstanding commitment to youth who are involved with the juvenile justice system, or who may become involved, continues through a newly implemented family therapy model which was identified through a broad stakeholder collaboration, and the Youth Assessment Center, selected by a similar stakeholder group several years ago. The Youth Assessment Center is primarily funded by the County's Quarter Cent for Juvenile Justice fund and is monitored by a multi-system advisory council.

Recommendations for PY2021 funding continue services and supports for people with a range of needs and justice system involvement. No application was submitted proposing to develop a crisis or triage center, with stabilization services and peer supports; this is likely due to the need for substantial investments from other sectors. A group of agencies did seek state funding for a regional Living Room, as a component or complement to a center, and while the application was unsuccessful, the coordinated effort is praiseworthy.

- Champaign Community Coalition. This collaboration includes leadership from Champaign County, the City of Urbana, the City of Champaign, the University of Illinois, Champaign Public Schools, Urbana Public Schools, the States' Attorney, Champaign Chief of Police, Urbana Chief of Police, University of Illinois Chief of Police, Parkland Chief of Police, Champaign County Sheriff, Champaign Urbana Public Health District, United Way, Urbana Park District, Champaign Park District, the Champaign County Developmental Disabilities Board, and the Champaign County Mental Health Board. To sustain the System of Care work and values, the Coalition has a focus on building youth-guided, family-driven, justice and trauma informed services and programs.

To advance System of Care values, programs recommended for PY2021 funding, and some PY2020 contracts previously approved for a one-year extension, rely on coordinated community efforts. The Youth Assessment Center was designed to offer a point of entry to services. The Youth and Family Peer Support Alliance ensures the youth/family voice. Prevention and positive youth development programs, whether summer initiatives or year-round academic enrichment or other support, have innovated and made use of community strengths and partnerships. Efforts to interrupt and reduce the impact of community violence are associated with the Coalition's Trauma and

Resiliency Initiative, in which CUNC plays a lead role, and the CU Fresh Start Initiative. Three years ago, the CCMHB added early childhood programs to the System of Care priority, in recognition of the needs of the community's youngest members, for whom care for the family can be bridged. Providers have been active in the Coalition network and other collaborative entities, incorporate trauma-informed care, and build resiliency.

- Intergovernmental Agreement and Commitment to I/DD Services and Supports.
The Intergovernmental Agreement (IGA) with the CCDDDB requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside commitment, which for PY2021 totals \$696,137. In addition to agency allocations, the Boards share a commitment to a Community Integrated Living Arrangement (CILA) project, which enables the operation of two small group homes, consistent with the terms of the Ligas Consent Decree and Olmstead decision of the Americans with Disabilities Act. The agreement was modified February 20, 2019 by both Boards, to pay off the mortgage and guide future actions. CCMHB funding for I/DD increases by the percentage increase in the Board's current fiscal year property tax levy extension: PY2020 amount of \$666,750 (agency contracts) + \$50,000 ('contribution' to CILA) = \$716,750. 2020 levy increase of 4.1% results in PY2021 total of \$746,137 = \$50,000 ('contribution' on CILA) + \$696,137 (for agency contracts). For PY2021, the CCMHB has expressed an interest in funding agency programs which address the needs of very young children and their families.

- Two-year Contracts approved in November 2019.
The Board extended a set of PY2020 contracts by one year, for terms ending June 30, 2021:
CCRPC – Community Services “Justice Diversion Program” \$75,308
CCRPC – Community Services “Youth Assessment Center (YAC)” \$76,350
Champaign Co. CAC “Children’s Advocacy Center” \$52,754
CSCNCC “Resource Connection” \$67,596
Crisis Nursery “Beyond Blue Champaign County” \$75,000
DREAAM House “DREAAM” \$80,000
Don Moyer Boys and Girls Club “C-U CHANGE” \$100,000
Don Moyer Boys and Girls Club “Community Coalition Summer Initiatives” \$107,000
Don Moyer Boys and Girls Club “Youth and Family Services” \$160,000
ECIRMAC (Refugee Center) “Family Support & Strengthening” \$56,440
Family Service “Counseling” \$30,000
Family Service “Self-Help Center” \$28,430 (\$28,930 in the second year, to cover the costs of the self-help conference.)*
Family Service “Senior Counseling & Advocacy” \$162,350
First Followers “Peer Mentoring for Re-entry” \$95,000
Mahomet Area Youth Club “BLAST” \$15,000
RACES “Sexual Violence Prevention Education” \$63,000
Rosecrance Central Illinois “Fresh Start” \$79,310
Rosecrance Central Illinois “Prevention Services” \$60,000
Rosecrance Central Illinois “Specialty Courts” \$203,000
Urbana Neighborhood Connections “Community Study Center” \$25,500

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These extended contracts total \$1,612,538 during PY2021. Annual contract amounts do not increase during the second year, with one exception*, and all application forms must be updated during May or June of 2020. Staff will offer technical assistance similar to that available during the open application period.

Amendments extending the terms for all of these contracts were executed earlier this year. Further amendment updating contract language and special provisions will be processed as necessary. For example, the Decision Section includes a recommendation to authorize a new provision giving the Board flexibility to respond to the pandemic or other disasters: *“This contract shall be subject to realignment, reconfiguration, or redirection in scope of services, financial presentation, and/or contract maximum, as deemed necessary by the Board to respond to the COVID-19 pandemic or other declared natural or man-made disasters.”*

Program Year 2021 CCMHB Priorities:

The PY2021 funding priorities memorandum opened with a quote from Jiddu Krishnamurti:

“It is no measure of health to be well adjusted to a profoundly sick society.”

While we had no way to predict the disease, 2020 ushered in a whole new sick, frightened, and grieving world, with the magnification of existing vulnerabilities and disparities. Mental health, substance use disorder, and intellectual/developmental disabilities supports are now, and will continue to be, front of mind for more people than ever before. We should also prepare for surprises. In that spirit, CCMHB staff offer recommendations for funding with a plan to rely on the contract amendment process, information shared through agency collaborations, and a new contract provision for redirection due to COVID-19, to adjust any funded agency’s contract to meet new or increased needs during the contract year. The remainder of this section is the content of the approved funding priorities memorandum.

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. The service system, which also includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods. Champaign County residents who participated in our community needs assessment identified some unsurprising barriers: limited provider capacity, limited ability to pay, transportation issues, 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 programs.

Priority – Behavioral Health Supports Which Reduce Incarceration

Community-based behavioral health supports and other resources that lead to wellness should be available to people who have mental illness, substance use disorder, or disability support needs. These should reduce contact with the criminal justice system. Counties bear the cost of care for people who are incarcerated, whereas care provided in the community allows for payment by

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state, federal, and other funding sources. More importantly, people move toward wellness and away from 'criminalization'. Supports and services should: improve health and quality of life; connect and engage the most vulnerable people; increase access to effective treatments; reduce contact with law enforcement; 'divert' to services rather than arrest, booking, or charging; eliminate inappropriate incarceration; decrease the amount of time people spend in jail; and facilitate transition to the community from jail or prison.

Current collaborations of law enforcement, local government and funders, service providers, and stakeholders emphasize: data sharing analysis; Drug Court coordination; brief screening, case management, peer support, and benefits enrollment for people in jail; and coordinated supports for those in reentry. Recommendations from a previous project funded by US Department of Justice and the CCMHB are still relevant: strengthen the system; create a coordinating council; add case management for those served by the Public Defender's office; and explore feasibility of a 24 hour 'crisis center' or alternative, such as coordinated crisis interventions across the community. In collaborations which overlap with public safety or public health interests, co-funding by appropriate entities will reflect their commitment and ensure that we are not duplicating or interfering with similar efforts

Programs offering an alternative to arrest, booking, or charging:

- intensive or targeted *case management*, Assertive Community Treatment;
- enhanced *crisis response*, including access to detox and crisis stabilization, possibly through a crisis/triage/assessment center;
- *juvenile justice diversion supports* which are evidence-based, evidence-informed, promising, recommended, or innovative; may include counseling for youth and families and *prevention/intervention programs (also Systems of Care priority)*.

Access to treatments, for those with justice system involvement:

- *benefits enrollment*, increasing people's access to healthcare and services;
- *coordination of transition* from jail, prison, detox, or hospital to community;
- *peer mentoring and support* in jail and for those in re-entry;
- Moral Reconnection Therapy, anger management training, or similar, for those participating in *specialty courts, court services, or in jail*.

Services disrupting the cycle of violence:

- *counseling, case management, crisis support* for survivors of violence or abuse;
- trauma-informed programming for *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.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient behavioral healthcare and safety net systems not only lead to unnecessary incarcerations and hospitalizations but also to worsening of symptoms and loss of life; community awareness, system advocacy, and improved access to care and resources are all needed. Although Champaign County Jail's frequent visitors (5 or more bookings per year) decreased 54% between 2013 and 2018, high rates of housing instability, emergency department

visits, and crisis intervention contacts continue. A strengthened partnership of providers could help secure housing and other basic needs for people with behavioral health conditions.

Barriers to appropriate community care include: siloed care and outdated regulations; insufficient provider capacity; difficulty securing insurance coverage for essential services; high costs of care even with coverage; stigma; and limited transportation or resources. The US Secretary of Health and Human Services acknowledges the value of the social determinants of health/behavioral health, e.g., access to food, healthcare, and housing. Illinois is testing promising practices through a new 1115 waiver. Because social determinants have not been the traditional purview of behavioral health systems, collaboration and co-funding by other appropriate entities will add value to an application and ensure that we are not duplicating or interfering with similar efforts. Locally we can improve access to care and support innovations not otherwise funded:

Access to services which are billable to public or private insurance, through

- *wellness and recovery supports,*
- *mobile crisis response,*
- *getting people to services or bringing the services to people,*
- *intensive or specialized case management,* in some cases used as match for supportive housing, and
- *self-advocacy/self-determination,* for people to have a say in service plans;

Increased enrollment in health plans, private or public, using

- *benefits enrollment specialists, system navigators,*
- *outreach and education,* and
- *benefits counseling,* such as SSI/SSDI Outreach, Access, and Recovery (SOAR);

Behavioral healthcare for people who have severe mental illness and no insurance;

Non-billable and innovative approaches, to narrow gaps in the service system and improve outcomes for people, such as

- *peer support networks and mentoring,* including certified peer support specialists,
- *behavioral health services and supports for those in emergency housing,*
- *employment supports,* including job coaching, development, and paid internships,
- *community living supports,* including for housing,
- *caregiver supports,* and
- *suicide prevention education.*

Priority – Systems of Care for Children, Youth, Families

Since 2001, the CCMHB has focused on *youth* with multi-system involvement, funding evidence-based programs to reduce juvenile justice system contact among those with serious emotional disturbance. Programs have been introduced which promote positive youth development. The System of Care for Youth and Families includes the Champaign County Community Coalition, with initiatives for summer youth programming and community crisis response to mitigate the harm caused by gun violence and other trauma. Where such community efforts overlap with public safety and public health interests, co-funding by appropriate entities

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will demonstrate their commitment and ensure that we are not duplicating or interfering with similar efforts.

The CCMHB has also funded programs for *young children*, including perinatal supports, early identification, prevention, and treatment. Coordination of public and private early childhood provider organizations has resulted in a Home Visitors Consortium which aims to become a “no wrong door” System of Care for very young children and their families, building resilience and self-determination, with an understanding of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk, as well as offering supports for the families of these children, aligned with Collaboration with CCDDDB priority below.

For best outcomes and to avoid criminalizing behavioral and developmental issues, Systems of Care should be strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive. Early involvement has potential to improve individual and community health and disrupt poverty. Year-round, positive opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. Success is sustainable when families and communities are resilient. Of interest are:

- *Family-driven and youth-guided organizations* which acknowledge the role of peer support, coordination, and system planning and advocacy;
- *Behavioral health supports* organized through partnerships such as the Community Coalition or the Home Visitors Consortium;
- *Evidence-based, evidence-informed, innovative, or promising programs* for children or youth who have been impacted by trauma or a mental, behavioral, or emotional disorder or who have multiple system involvement;
- *Positive programs for girls, young women, and youth of any gender*, to mirror successful programs for males, e.g., DREAM and Midnight Basketball.

Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement (IGA) with the Champaign County Developmental Disabilities Board (CCDDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside, which for PY2021 will likely total \$696,137 (PY2020 amount of \$666,750 plus an increase equal to increase in the property tax levy extension). In addition to funding agency programs, the Boards share a Community Integrated Living Arrangement (CILA) Expansion project, which has enabled the purchase, improvement, and maintenance of two small group homes for people with I/DD who would otherwise be unable to live in this community. This effort aligns with the Ligas consent decree and Olmstead decision.

This commitment continues for PY2021, with a particular interest in programs focused on the developmental needs of very young children and support for their families. In recent years, the

CCMHB has funded such efforts as they complement an array of approaches to behavioral health support for very young children and their families, and for which service providers collaborate toward a System of Care for children and families (see above). Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might 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; identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Applications should explain how services, across levels of intensity of support, are as family driven, self-determined, and integrated as possible, consistent with state and federal standards.

Overarching Considerations:

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 Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online 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, accurate identification in members of underrepresented populations and reduction of racial disparities in the utilization of services, mirrored by overrepresentation in justice and child welfare systems and a disproportionate trauma impact. Underserved groups and people living in rural areas should have access to quality services; engagement strategies should be identified.

Inclusion and Anti-Stigma

Proposals for funding 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, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those 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 routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement 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 lower the stigma in communities where traditional services are lacking but networks of support could be strengthened. Recognizing that lives are lost when stigma prevents people from seeking support, the CCMHB has an interest in building

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resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Stigma is worsening, in spite of the American Psychiatric Association's finding that people with mental illness are more likely to be victims of gun violence than perpetrators.

Outcomes

Proposals for funding should identify measures of access for people seeking to participate in the program and of outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with 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. Applicant organizations reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes.

Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCMHB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaborations with other providers and stakeholders (schools, support groups, hospitals, advocates); a commitment to updating information in any resource directory databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached. Any written agreements should include details of coordinated services, referral relationships, or partnerships between providers. Applications for funding should acknowledge these relationships. A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service has the potential to reach underserved people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources (*see above, Underserved/Underrepresented Populations and Countywide Access*).

Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering 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.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. 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. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative. *The CCMHB itself is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which 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 online application forms. 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 Board documents are on the public page of the online 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 support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating 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 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 for funding 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 2021 but later than July 1, 2020, 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, 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 staff discretion, may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without additional procurement.
- If selected for contract negotiation, 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 agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- 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.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this 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 CCMHB may deem some programs as appropriate for two-year contracts.

- (end of funding priorities memo, approved November 2019) –

Contract Negotiation Considerations

Many recommendations in the decision section of this memorandum are provisional, with funding contingent on the completion of successful contract negotiation, revision, and/or inclusion of special provisions. This can include significant modification of the budget, program plan, and personnel matrix in order to align a contract more closely with CCMHB planning, budget, and policy specifications. 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 shall result in cancellation of the contract award.

Special Notifications Concerning PY2021 Awards

The recommendations in this decision memorandum are based on revenue estimates which will not be finalized until the CCMHB budget is approved by the Champaign County Board in November or December of 2020. For this reason, all PY2021 CCMHB contracts will be subject to possible reductions in contract maximums necessary to compensate for any CCMHB revenue shortfall. These reductions will be documented by contract amendment at the discretion of the CCMHB executive director with every effort made to maintain the viability and integrity of prioritized contracts. PY2021 contracts will also include the following provisions:

Obligations of the Board will cease immediately without penalty or further payment being required if, in any fiscal year, the tax that is levied, collected, and paid into the "Community Mental Health Fund" is judged by the CCMHB executive director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

This contract shall be subject to realignment, reconfiguration, or redirection in scope of services, financial presentation, and/or contract maximum, as deemed necessary by the Board to respond to the COVID-19 pandemic or other declared natural or man-made disasters.

PY2020 contracts with terms extended through PY2021 will be amended to include the COVID-19 Special Provision described above.

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Recommended Actions:

Approved CCMHB funding has gone from \$3,189,290 in PY12 to \$4,562,151 in PY20. For four years, increased funding for allocations resulted from greater than anticipated revenues plus reductions in CCMHB administrative costs. Unforeseen or unusual circumstances, including economic recession, property tax freeze or abatement, and court decisions on specific tax revenue, could impact the CCMHB's revenues. Projections will be reevaluated and adjusted in response to these or any other adjustments. The recommendations presented here are based on an early projection of 2021 revenues, with a more modest levy increase than for 2020. Including multi-year contracts previously approved, the projected total available for agency contracts for PY21 is \$4,843,997, an increase of \$281,846 over the amount awarded for PY20.

The staff recommendations are organized by priority as a means of facilitating discussion and moving forward with decisions based on CCMHB commitments, set-asides, and priorities. Proposals are listed under the priority selected by the applicant. The priority categories are not organized by importance or amounts of funding. The final grouping references applications not recommended for full funding due to fiscal constraints, low alignment with priorities, technical barriers, or other considerations.

Shortly after the deadline for submission, all requests for funding were examined for successful submission of required forms. One proposal was disqualified from consideration due to incomplete and unsubmitted forms, and a detailed letter was sent to the applicant with suggestions for improvement and an invitation to seek staff support prior to or during the next application period. All other proposals were considered for funding, and draft staff program summaries were developed and presented to support the Board's review and decision processes.

Twenty-one proposals relate to mental health or substance use disorders. These total **\$2,818,067**. Twenty PY2020 contracts were extended. Contract and proposed amounts by priority:

<u>Behavioral Health Supports which Reduce Incarceration</u>	<i>PY2020 approved = \$970,847</i>
	<i>Total of PY2021 proposed and committed = \$1,051,212</i>
PY2021 Proposals	\$439,490
Multi-Year contracts under this priority	\$611,722
<u>Innovative Practices and Access to Behavioral Health</u>	<i>PY2020 approved = \$1,371,244</i>
	<i>Total of PY2021 proposed and committed = \$1,651,786</i>
PY2021 Proposals	\$1,336,470
Multi-Year contracts under this priority	\$315,316
<u>System of Care for Children, Youth, Families</u>	<i>PY2020 approved = \$1,553,310</i>
	<i>Total of PY2021 proposed and committed = \$1,727,607</i>
PY2021 Proposals	\$1,042,107
Multi-Year contracts under this priority	\$685,500

Nineteen applications proposing I/DD supports and services were submitted for consideration by the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). These

requests total \$4,421,693 and have been evaluated by the CCDDDB and staff. The two most closely aligned with the CCMHB priority for Very Young Children and their Families were also reviewed by members of the CCMHB. Based on current estimates of 2020 tax revenue, the CCMHB's obligation to I/DD agency programs is \$696,137. Recommendations are described under the CCMHB priority for Collaboration with the CCDDDB.

In this season, against the backdrop of unprecedented needs and pressures related to the COVID-19 pandemic and measures taken to limit its spread, and with funded and applicant organizations making early efforts to adapt to the times on behalf of the people they serve, the emphasis in staff recommendations is less on service mix and more on financial preparation and accountability. Agencies which were funded for the first time in PY2020, are recommended to hold at current levels to allow for review of the initial independent audit, review, or compilation prior to increasing funding. Some organizations will be expected to work with a bookkeeper in order to improve records and reports. Further, with the uncertainty of future Board funds, many recommendations are for awards lower than requested.

Behavioral Health Supports Which Reduce Incarceration SUBTOTAL \$398,725

Champaign Co. Health Care Cons Justice Involved CHW Services & Ben^ \$54,775

- *Request is for \$75,140, a 37% increase over PY2020 contract amount of \$54,775.*
- *Although a new proposal to the CCMHB in PY2020, the contract pays for services which had been funded for several years under subcontract through a Rosecrance contract.*
- *Serves adults reentering the community, primarily exiting the Champaign County Jail. Provides benefit case management, assisting with enrolling and maintaining health insurance coverage, and other benefit plans. Existing relationships with other reentry providers/criminal justice system anticipated to facilitate smooth transition from subcontracted service to independent provider.*
- *Outcome measures are sufficient to measure the impact of services.*
- *CCMHB funding is 91% of total program revenue. The increase requested relates primarily to more accurate budget preparation and increased cost of staff benefits.*
- *Revise Utilization section targets and narrative and Personnel form – allocation of indirect/direct time of Executive Director. This correction was attempted at the end of the application cycle, and the system would not accept the change.*
- *Special provisions: retain PY2020 provisions, as appropriate; midyear progress report/presentation, if requested by the Board.*

First Followers FirstSteps Community Re-entry House^ \$39,600 new

- *Request is for \$60,000 for a new proposal.*
- *Serves (2-4 at a time) adult men returning from state or federal prisons or county jail and who are in need of housing. Transitional Housing, related supports, case management, community navigator, and overnight staff are proposed services.*
- *CCMHB funding is 61% of total program revenue, but with surpluses in total agency and especially total program (\$20,400).*
- *Revisions: length of stay criteria to qualify as a TPC and add to NTPC; add a consumer outcome related to recidivism (relates to comparison of financial and human costs of treatment versus incarceration and other justice involvement); balance revenue and*

expense forms and clarify further, as agency revenue and expense columns do not fully represent financial condition of the agency; personnel form should include other agency staff (Peer Reentry); CLC Plan - work with CLC Coordinator on aspects of the plan.

- *Due to the complexity of revisions and the need for clarity in financial presentations, the staff recommendation is for a funding amount based on an adjustment using surplus total program revenue (\$20,400). The agency may request to redirect funds from current/continuing contract for Peer Re-entry, where adjustments may already be appropriate in response to COVID 19 and social distancing.*
- *Special provisions: provisions from other program contract, as appropriate; transition to accrual accounting method, as required in funding guidelines and contract; secure bookkeeper services; for eligibility, document participants' Champaign County residency immediately prior to incarceration; for eligibility, document participants' mental illness and/or substance use disorder; midyear progress report/presentation to Board.*

Rosecrance Central Illinois Criminal Justice PSC \$304,350

- *Request is for \$304,350, no increase over the current contract amount.*
- *Targets adults with behavioral health disorders and who are involved in the criminal justice system. Services include screening and assessment, case management, and group therapy, in the jail and community.*
- *Access and consumer outcomes are well defined.*
- *CCMHB funding is 68% of total program revenue, with Champaign County Board reentry contract and some Medicaid billing accounting for balance of program funding.*
- *Revisions: in Budget Narrative, provide an explanation of the role of the half-time team leader position which is supported with CCMHB funds.*
- *Special provisions: retain PY2020 provisions as appropriate. Offer a two-year contract term.*

^Special Initiative/mid-year report required

Innovative Practices and Access to Behavioral Health Services SUBTOTAL \$791,976
(deferring decisions on a total of an additional \$458,104)

CCRPC – Community Services Homeless Services System Coord^ \$50,373

- *Request is for \$53,877, a 7% increase over PY2020 contract amount of \$50,373.*
- *A new program for PY2020, with primary focus on improving coordination/collaboration of Continuum of Service Providers to the Homeless, leading to better outcomes for those who are homeless or at-risk of homelessness. Unique approach with emphasis on strengthening the network of homeless providers through a dedicated fulltime position responsible for managing responsibilities of the Continuum.*
- *Outcomes align with goal of strengthening the Continuum's capacity to address homelessness. Utilization targets reflect focus on serving and engaging agencies rather than serving individuals. PY21 proposal includes a new outcome to account for the importance of expanding data collection through HMIS.*
- *CCMHB funds 72% of total program revenue, with balance from federal housing grant.*

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- *Special provisions: retain PY2020 provisions, as appropriate; midyear progress report/presentation, if requested by the Board; 4th quarter financial reports will be used to determine whether excess revenue is due to the Board. Offer a two-year contract term.*

Champaign Co. Christian Health Ctr Mental Health Care at CCCHC^ \$13,000

- *Request is for \$33,000, a 154% increase over PY2020 contract amount of \$13,000.*
- *Current year is the first year of CCMHB funding. Clinic serves uninsured and underinsured residents of Champaign County, with proposal targeting those patients presenting with mental health needs. The requested increase is for increased salary of Director plus a part time psychiatrist.*
- *Outcomes relate to clients' self-reports of improved mental health and to recruitment of mental health providers.*
- *CCMHB request is for 19% of total program revenue*
- *Revisions: correct error on Personnel Form and any related financial presentation; verify that agency is using the accrual method of accounting; address/use the budget surplus.*
- *Special provisions: retain PY2020 provisions, as appropriate; transition to accrual accounting method, as required in funding guidelines and contract; secure bookkeeper services; midyear progress report/presentation, if requested by the Board.*

Champaign Co. Health Care Cons CHW Outreach and Benefit Enrollment^ \$59,300

- *Request is for \$77,960, a 32% increase over PY2020 contract amount of \$59,300.*
- *Provider works with a diverse population with range of health needs or risk factors with proposal targeting those presenting with mental health/substance use disorders. Services include benefit case management providing assistance with enrollment in benefit plans, accessing other entitlement or assistance programs, advocacy, and outreach.*
- *Access and Consumer Outcomes are sufficient to measure impact of proposed services.*
- *CCMHB request is 84% of total program revenue. Requested increase relates to more accurate budget preparation and increased cost of staff benefits.*
- *Revisions: utilization section targets and narrative; personnel form, with allocation of indirect/direct time of Executive Director (this correction was attempted at the end of the application cycle and the system would not accept the change).*
- *Special provisions: retain PY2020 provisions, as appropriate; midyear progress report/presentation, if requested by the Board.*

Cunningham Children's Home ECHO Housing and Employment Support* \$101,604

- *Request is for \$101,604, an increase of 6% over PY2020 contract award of \$95,773.*
- *Serves adults and families who are homeless or at risk of homelessness, including young adults with prior service history with the agency. Provides case management, housing, and employment supports, primarily in natural (non-office) settings. There is a plan to reach underrepresented groups, such as LGBTQ youth and rural residents.*
- *Access and Consumer Outcomes are comprehensive. Consumer outcomes, performance targets, and evaluation methods are clearly stated and well done. Utilization targets have been adjusted with experience.*
- *CCMHB funding is 100% of total program revenue, primarily supporting staff costs and with some flexible funds to aid clients with basic needs.*

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- *The staff recommendation is for the Board to defer decision on this proposal until an audit is submitted and any negative findings resolved. The contract maximum will be prorated if a contract is not awarded, negotiated, and executed by July 1, 2020. It may be necessary to develop a PY2020 contract amendment/extension and special provision to ensure that payments will be released to the agency for services already delivered under the current agreement, when the 2018 audit is submitted.*

Promise Healthcare Promise Healthcare Wellness+ DEFER \$107,987

- *Request is for \$107,987, an 86% increase over PY20 award of \$58,000.*
- *Serves Frances Nelson patients receiving mental health services and experiencing barriers to care. Provides case management and other support services to assist patient with accessing food pantries, energy assistance, enrolling in managed care plans, or establishing a medical home. Funding increase and other resources are sought to expand capacity to address clients' needs.*
- *Program plan identifies outcomes and performance measures. Evaluation is based on contacts and resolution of need and used as an indicator of improved wellness.*
- *CCMHB funds account for 30% of total program revenue. All funds support staff involved in providing services to patients.*
- *Revision: contributions amount on Budget Narrative to match amount on Revenue form.*
- *Special provisions: retain PY2020 provisions, as appropriate; fiscal year is calendar year requiring different deadline for submission of audit; because three staff positions are vacant, pro-rate the contract and adjust the award once positions filled; due to recent difficulty meeting the requirement for independent audit report, and in consideration of the underlying issues which contributed to the difficulty, regular updates to CCMHB staff will be required and payments held if 2019 audit is not submitted on time. Offer an extended term, through June 30, 2022.*
- *The staff recommendation is for the Board to defer decision on this proposal until an audit is submitted and any negative findings resolved. The contract maximum will be prorated if a contract is not awarded, negotiated, and executed by July 1, 2020. It may be necessary to develop a PY2020 contract amendment/extension and special provision to ensure that payments will be released to the agency for services already delivered under the current agreement, when the 2018 audit is submitted.*

Rattle the Stars Youth Suicide Prevention Education* \$86,500

- *Request is for \$118,000, a 115% increase over PY20 award of \$55,000.*
- *Targets youth, parents, and other adults having regular contact with youth. Prevention, intervention, and postvention services are directed at developing peer supports through education about mental illness, supportive communications skills, and knowledge of community resources.*
- *Access and Consumer Outcomes sections are well done. The exception is the lack of estimated level of change under consumer outcomes.*
- *While target was increased for PY20, reported activity through the first half of the year is on track to meet last year service level but to be well under the current target.*
- *CCMHB request is for 94% of total program revenue, with United Way and Contributions comprising the balance (and surplus). The increased request is primarily for a new fulltime Education Coordinator.*

- *Revisions: add detail on qualifications of the new Education Coordinator under staff qualifications; in Services section, identify the roles and responsibilities of the new Education Coordinator versus those of the Prevention Coordinator; provide an estimated level of change for Consumer Outcomes; revise financial forms to use surplus revenue.*
- *The staff recommendation for funding is PY2020 level plus an amount to cover half of the new position, incidentals, accountant, equipment, and increase for Director.*
- *Special provisions: retain PY2020 provisions, as appropriate; transition to accrual method of accounting, as required in funding guidelines and contract; connect and coordinate with other providers doing similar work; link with and promote National Suicide Prevention Lifeline and similar resources.*

Rosecrance Central Illinois Crisis, Access, & Benefits \$203,960

- *Request is for \$203,960, current contract award.*
- *Serves persons in crisis and those needing assistance with enrollment in Medicaid, Managed Care, other public benefits (SSI, SSDI). Supports activities not billable to other contracts. Provides crisis line/crisis services, community presentations, consultation. This contract supports, in part, Crisis Team Leader, Crisis Line Liaison, and Benefits Case Manager.*
- *Outcomes appear process oriented. Consumer outcomes focus primarily on crisis contacts. Response to estimated level of change is incomplete and needs clarification.*
- *CCMHB funds 12% of total program revenue. Other revenue from state and local sources, e.g., state billing reimbursements and new Mobile Crisis Response contract.*
- *Revisions: clarify 'anticipated level of change' response under Consumer Outcomes.*
- *Special provisions: retain PY2020 provisions, as appropriate; assess viability of affiliation with National Suicide Prevention Lifeline to support coordinated crisis response and training; stipulate community education targeting underserved populations. Offer a two-year contract term.*

Rosecrance Central Illinois Recovery Home^ \$200,000

- *Request is for \$200,000, no increase over current award.*
- *Serves adults with substance use disorders in a long-term supportive living environment while they engage in treatment. Research supporting such an approach is referenced. An intermediate step or bridge, between in-patient residential care and intensive outpatient treatment, Recovery Home may also be used by those waiting to enter residential treatment. Services are based on assessment and include evidence-based approaches involving life skills and 12-step peer support groups, case management, and support with accessing community-based resources, primary care, and continuing substance use disorder treatment.*
- *Access and consumer outcomes, with associated measures, addressed in sufficient detail.*
- *CCMHB request is for 47% of total program revenue, with the balance from fee for service state contract and a small amount of client fees. Personnel the primary expense.*
- *Revisions: more detail on what constitutes billable activity for the fee for service revenue; resolve the program budget surplus issue, possibly through revision of budget forms; if the CLC Plan does not include specific outreach activities to underserved/underrepresented populations, address this issue.*

- *Special provisions: retain PY2020 provisions, as appropriate; midyear progress report/presentation, if requested by the Board. Offer a two-year contract term.*

*Champaign Community Coalition

^Special Initiative/mid-year report required

+Pro-rate award and amend contract upon filling vacant/new hire position

System of Care for Children, Youth, Families **SUBTOTAL \$945,766**

CCRPC Head Start/EHS Early Childhood Mental Health Services* \$209,906

- *Request is for \$209,906, a 2% decrease from PY2020 level of \$214,668.*
- *Serves children from Early Head Start and Head Start classrooms whose need for support is identified through regular screenings or observed behaviors; determination of eligibility by SED Specialist (funded through another contract) who attends Community Coalition, CU Trauma and Resiliency, and early childhood collaborations.*
- *Access outcomes describe eligibility determination, tools used, and team collaborative process. Consumer outcome section is comprehensive and well done.*
- *CCMHB request is for 100% of total program revenue. Supports 4 Social Skills and Prevention Coaches (SSPC), each responsible for supporting teachers, children, and parents at one Head Start center.*
- *Revisions: personnel and program expenses to match request.*
- *Special provisions: retain PY2020 provisions, as appropriate; continued collaboration with other early childhood programs to avoid duplication, maximize positive outcomes for children and families, and inform the Boards of service gaps; use fourth quarter financial reports to determine whether excess revenue is due to the Board; demonstrate effort to secure other funding during PY21. In future applications, include a portion (or all) of the SEDS currently funded with I/DD \$.*

Courage Connection Courage Connection \$127,000

- *Request is for \$127,000, same as PY2020 award.*
- *For victims of domestic violence and their children: emergency and transitional housing, counseling, court advocacy, 24/7 DV hotline, transportation to shelter, services for English and Spanish speakers. New: mandated DV training for cosmetologists. Locations in CU, presence in Rantoul for court advocacy and counseling. Outreach/engagement with criminal justice system, community education on domestic violence, other providers.*
- *Access and consumer outcomes are sufficient to measure impact of proposed services. Utilization needs some updating and corrections.*
- *CCMHB funding is 9% of total program revenue. CCMHB funds are used as local match to leverage funding from Illinois Department of Human Services DV and Illinois Coalition Against Domestic Violence VOCA grants.*
- *Revisions: remove reference to Connections store from Location/Frequency section of program plan narrative; revise underrepresented/underserved population response; correct/edit Utilization section.*
- *Special provisions: retain PY2020 provisions, as appropriate; require the program to track, and include in quarterly report narrative section, an accounting of clients engaged in therapy and then those engaged in counseling. Offer a two-year contract term.*

- Cunningham Children's Home Parenting Model Planning/Implement*^+ \$403,107
- Request is for \$403,107, a 44% increase over PY2020 level (new, partial year of service).
 - Youth age 10 -17 and parent/caregiver, to deflect youth from involvement with juvenile justice system while building family resiliency. Uses Attachment, Regulation, and Competency (ARC) model. Services and length of service based on need, various service locations, including family home, some flexible funding for families without resources.
 - Access and Consumer Outcome sections are comprehensive. The Consumer Outcome section is particularly noteworthy.
 - CCMHB request is to fund 100% of total program revenue.
 - Revisions: Service Contact and Community Service Event definitions; indirect staff section of Personnel Form; update program name to Families Stronger Together; adjust expense form - trainings should be split out to "Conferences/Staff Development."
 - Special provisions: retain PY2020 provisions, as appropriate; as initial staff vacancies are filled, pro-rate award and adjust contract amount; mid-year program report to the Board. Offer a two-year term for this contract.

- Don Moyer Boys and Girls Club CUNC* \$110,195
- Request is for \$130,181, a 20% increase over current award of \$110,195.
 - Program seeks to increase understanding of the impact of trauma. Intent is to address needs of residents in neighborhoods disproportionately impacted by community violence, natural support networks within these communities, and professionals engaging with those impacted by trauma. Trainings for community and organizations, consultations for the latter, individual/group support services for those directly impacted by community violence, psycho-educational groups, and Community Violence Response network.
 - Access and Consumer Outcomes are identified. Consumer outcomes are provided for the various targeted groups and activities. Benchmarks will be determined through the course of PY21.
 - CCMHB request is for 68% of total program revenue.
 - Revisions: expand on operation/function of Community Violence Response network in Scope of Services section; rework the Budget Narrative; remove expenses not supported with a commitment of an in-kind contribution; correct Revenue and Expense forms with regard to City of Champaign grant revenue and client wages/benefits expense; account for the ICJIA violence prevention grant award – funding and activities supported; an updated CLC Plan should be developed prior to contract.
 - Special provisions: retain PY2020 provisions, as appropriate; if agency is unable to use the full amount of award for Coalition Summer Initiatives as a result of COVID-19, funds may be redirected to increase this contract - \$19,986 would fully fund the request.

- Mahomet Area Youth Club MAYC Members Matter!* \$18,000
- Request is for \$40,513, a 125% increase over current award of \$18,000.
 - For school-aged children and youth from Mahomet area, where 50% qualify for scholarship, after school services for middle school students and summer programming open to students of all ages, in a safe supportive learning environment.
 - Program has open access and offers scholarships. Consumer outcomes and evaluation methods are different for Out of School and Jr. High Afterschool programs. Of the two

sets, the Jr. High Afterschool outcomes, evaluation methods, and performance measures are more focused.

- *CCMHB request is for 23% of total program revenue. Several new positions would be added as the program expands to meet growing population and needs of youth served.*
- *Revisions: possible \$5k discrepancy to resolve.*
- *Special provisions: retain PY2020 provisions, as appropriate; transition from cash to accrual method of accounting, as required by funding guidelines and contract. Offer a two-year contract term.*

NAMI Champaign County NAMI Champaign County^ \$10,000

- *Request is for \$35,000, a 250% increase over PY2020 amount of \$10,000.*
- *For youth and adults with mental illness and their families, peer led supports and community education campaigns. With increased funding, proposal to add provider orientation and recovery support group.*
- *Agency is a volunteer-driven family advocacy organization under contract with the CCMHB for the first time, and this is the first time managing a government contract.*
- *Access and Consumer outcomes are appropriate to the volunteer-driven family focused nature of the organization. A brief five question survey will be used to evaluate various peer support groups and education courses.*
- *CCMHB is the sole funder. Proposal to add services and to increase Executive Director from quarter time to half time.*
- *Revisions: revise and complete personnel, revenue, and expense forms; balance budget.*
- *Special provisions: retain PY2020 provisions, as appropriate; connect and coordinate with other providers doing similar work; link with and promote National Suicide Prevention Lifeline and similar resources; secure bookkeeper services.*

RACES Sexual Violence Counseling^+ \$35,790 new

- *Request is for \$35,790 for a NEW program, though the CCMHB has previously funded this service and has a current contract with the agency for prevention education.*
- *For survivors of sexual assault from age four up and non-offending family members/partners. Office-based in Urbana and Rantoul, various treatment approaches used. Individual and group sessions, trauma-informed and culturally responsive.*
- *Access outcome provides a general description of referral, intake, and engagement process. One concern is length of time from assessment to engagement. Consumer outcomes are identified, as is method of evaluation.*
- *CCMHB request is for 10% of total program revenue, to add one new therapist, with Attorney General funding covering 1/3 and CCMHB 2/3 of the position.*
- *Revisions: add match requirement with referenced state/federal contract language to Budget Narrative.*
- *Special provisions: award should be contingent on the receipt of Attorney General funds; pro-rate and adjust the contract award amount based on filling the new therapist position; require participation in CIT Steering Committee meetings; CCMHB funding should be used to serve new clients, with current clients continuing to be served through existing resources (to ensure that CCMHB funds are used to expand services and not supplant existing resources.)*

The UP Center of Champaign Co. Children, Youth, & Families Program* \$31,768

- Request is for \$60,610, a 91% increase over PY2020 award of \$31,768.
- Serves LGBTQ children, youth, and their families; three support groups, case management, and community events. Weekly youth group, monthly group targeted to parents and families with young children, with topics determined by participant interests. Case management provides supports and referrals based on identified needs. This service is a very low volume activity with a service target of three cases in a year.
- CCMHB request is for 84% of total program revenue, with the balance contributions. The requested increase is support direct service staff.
- Agency is working with the Program Evaluation Team as one of three CCMHB targeted programs. Some preliminary measures are identified.
- Revisions: update access and consumer outcome measures; revise responses to questions related to coordination and collaboration; in CLC Plan, address how to support rural residents if no sites outside of CU.
- Special provisions: retain PY2020 provisions, as appropriate; agency should broaden grant-based support.

*Champaign Community Coalition.

^Special Initiative/mid-year report required.

+Pro-rate award and amend contract upon filling vacant/new hire position.

Collaboration with the CCDDDB (for I/DD programs) SUBTOTAL \$696,137

CILA Expansion CCMHB Commitment (previous approval) \$ 0

- During PY19, the MHB paid the full balance on the mortgage. For each year until the CCDDDB's contribution equals that of the CCMHB, \$50,000 is considered part of the MHB's I/DD allocations for the purpose of calculation per intergovernmental agreement between the boards, but since no amount will be transferred, it is not reflected here.

CC Head Start Social Emotional Development Svs \$99,615 (with \$21,466 CCDDDB)

- Request is for \$121,081, an 8.1% increase over the combined (CCMHB and CCDDDB) PY20 awards of \$112,004.
- Serves children who are enrolled in HS/EHS and for whom a need has been identified through observation or scheduled screenings.
- Consumer outcomes relate to changes in children's behavior and skills.
- Collaborates with other funded programs toward system of care approach.
- Special provisions: retain PY2020 provisions, as appropriate; continued collaboration with other early childhood programs to avoid duplication, maximize positive outcomes for children and families, and inform the Boards of service gaps.
- Submit application forms to CCMHB and share copies of MOUs once obtained.
- Recommend CCDDDB offer \$21,466 and CCMHB \$99,615 to support the full request.

DSC Family Development \$596,522

- Request is for \$596,522, a 3% increase over PY20 award of \$579,148.
- Services for children birth to 5 with assessed risk; developmental screenings, various therapies, uses Early Intervention funding when children are eligible.

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- *Consumer Outcomes of value to families and children.*
- *Increase relates to increases in salaries.*
- *Collaborates with other funded programs toward system of care approach.*
- *Application forms updated to reflect CSE definition requirements.*
- *Budgets should be adjusted so that CCMHB budget is balanced.*
- *Special provisions: retain PY2020 provisions, as appropriate; continued collaboration with other early childhood programs to avoid duplication of effort, maximize positive outcomes for children and families, and inform the Boards of service gaps; monthly reports of personnel changes. Offer a two-year term for this contract.*

TOTAL PY21 FUNDING RECOMMENDED - \$2,832,604

With deferred decisions totaling \$458,104, the new total would be \$3,290,708, \$59,249 greater than current projection of available total \$3,231,459.

Exceeds Allocation Parameters

Intellectual and Developmental Disabilities applications not included above are subject to integrated planning with the Champaign County Developmental Disabilities Board (CCDDDB). The I/DD requests not recommended for funding by the CCMHB total \$3,725,556 and will be considered for funding by the CCDDDB at their May 20th meeting.

All but two applications are recommended for funding, although most at lower than requested levels and some subject to contract negotiation. The difference between projection of available funding and total requests is \$283,000. Total MH/SUD requests = \$2,818,067; total available for new MH/SUD contracts = \$2,535,322; total of previously approved MH/SUD two-year contracts = \$1,612,538; and total I/DD requests = \$4,421,693.

Programs recommended for an amount lower than requested include:

- CC Christian Health Center - Mental Health Care (PY2020 level)
- CC Head Start - Social Emotional Disabilities Services (*request is \$21,466 more than available through MHB I/DD \$ - this balance may be awarded by CCDDDB*)
- CC Health Care Consumers - Justice Involved CHW Services & Benefits (PY2020 level)
- CC Health Care Consumers - CHW Outreach and Benefit Enrollment (PY2020 level)
- CCRPC - Homeless Services System Coordination (PY2020 level)
- Don Moyer Boys and Girls Club - CUNC (PY2020 level)
- GROW in Illinois - Peer-Support (PY2020 level)
- FirstFollowers - FirstSteps Reentry House NEW (*lower than request, by budget surplus*)
- Mahomet Area Youth Club - MAYC Members Matter! (PY2020 level)
- NAMI Champaign County - NAMI Champaign County (PY2020 level)
- Rattle the Stars - Youth Suicide Prevention Education (PY2020 level *plus some costs*)
- UP Center of Champaign Co. - Children, Youth, & Families Program (PY2020 level)

Deferred for Future Board Action

An unusual recommendation included here is that the Board defer decision on two applications for PY2021 until such time as the agency is able to provide additional information regarding its financial position, prior to contracting. These decisions will be brought to the Board when the information is available and a staff recommendation can be formed. Because revenue projections

may change, and because some contracts recommended above may be adjusted downward due to initial staff vacancies, there may be a smaller difference between available and recommended funding amounts by the time these are brought for consideration.

Promise Healthcare - Mental Health Services with Promise
Promise Healthcare - Promise Healthcare Wellness

DEFER \$350,117
DEFER \$107,987

DRAFT DECISION SECTION

For consideration at the regular meeting of the CCMHB on May 20, 2020:

Motion to approve CCMHB funding as recommended for **Behavioral Health Supports Which Reduce Incarceration** subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Motion to approve CCMHB funding as recommended for **Innovative Practices and Access to Behavioral Health Services** subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to approve CCMHB funding as recommended for **System of Care for Children, Youth, Families** subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to approve CCMHB funding as recommended for **Collaboration with the CCDDDB (for Intellectual and Developmental Disabilities)** subject to the caveats as presented in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to authorize the executive director to conduct **Contract Negotiations** as specified in this memorandum:

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed

Motion to authorize the executive director to implement contract maximum reductions as described in the **Special Notifications Concerning PY21 Awards** section of this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Motion to authorize the executive director to include in all new PY21 contracts, and to amend PY20 contracts with extended terms through PY21 to include, the COVID-19 Special Provision described in the **Special Notifications Concerning PY21 Awards** section of this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed