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APPROVED ALLOCATION DECISIONS

**DATE:**  May 22, 2019

**TO:** Members, Champaign County Mental Health Board

**FROM:** Lynn Canfield, Mark Driscoll

**SUBJECT:** STAFF RECOMMENDATIONS FOR PY20 FUNDING

Purpose:

For the consideration of the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2020 contract year (July 1, 2019 through June 30, 2020.) 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 PY20 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:

A portion of funding allocation decisions for PY20 is driven by the Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB), 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:

* 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, proposals offer a range of services, including: case managers in the Champaign County Jail and accessible to law enforcement in the community; peer support; access to treatment for Drug Court clients; Moral Reconation 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 longstanding 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.

In recent years, youth involved with the juvenile justice system were served through Parenting with Love and Limits (PLL), an evidence-based program with clinical supervision and outcome evaluation, and the Youth Assessment Center, selected by the Quarter Cent Administrative Team to address the service needs of youth with behavioral health and juvenile justice/law enforcement involvement. PLL services ended on December 31, 2018. The Youth Assessment Center is primarily funded by the County’s Quarter Cent for Juvenile Justice fund, monitored by a multi-system advisory council.

Recommendations for PY20 funding are primarily for continuing services and supports for people with a range of needs and criminal justice system involvement. No application was related to development of a crisis/triage center, which might offer stabilization services as well as peer supports, and this is likely due to the need for substantial investments from other partners/sectors.

* Innovative Practices and Access to Behavioral Health Services

This category promotes access and availability of behavioral health services and supports with a focus on wellness and recovery. Applications considered under this proposal are a mix of existing programs and new proposals supporting access to care, prevention, peer support, and employment and housing supports. HHS Secretary Azar has acknowledged the value of social determinants of behavioral health but not yet established federal/state funding mechanisms. Population health efforts, including on the ‘diseases of despair’ and social determinants, may help us understand the vulnerabilities of specific groups of people and best ways to support their wellness/recovery, e.g., through peer supports, with relationship building and anti-stigma education.

* Champaign Community Coalition.

This collaborative effort 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, 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. Formed to serve as the System of Care for Champaign County, the Coalition has been a focus for sustaining and building youth-guided, family-driven, justice and trauma informed services and programs.

Some programs recommended for funding align with Board priorities for System of Care, Behavioral Health Supports for those with Justice Involvement, or both, relying on coordinated community efforts. Champaign County’s Youth Assessment Center was designed to offer a point of entry to services. The Youth and Family Peer Support Alliance supports the youth/family voice. Several prevention and positive youth development programs, whether summer initiatives or year round academic enrichment or other support, are highlighted. Efforts to interrupt and reduce the impact of community/gun violence are associated with the Coalition’s Trauma and Resiliency and CU Fresh Start Initiatives.

Two years ago, the CCMHB added early childhood programs to the System of Care priority, in recognition of the needs of the youngest members of the community, for whom care for the family can be bridged. Providers, 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 CCDDB requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside commitment that for the PY20 contract year totals $666,750. In addition to the annual allocation decisions, the Boards share a commitment to Community Integrated Living Arrangement (CILA) Expansion, which has enabled the purchase, improvement, and maintenance of two small group homes in the community, 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, in order to pay off the mortgage. For PY20, agency contracts related to DD services, and for future Program Years, the total allocation amount available will be adjusted by amounts required for CILA operation, which will vary after CCDDB contributions equal those of the CCMHB. The total CCMHB funding for I/DD increases by an amount equal to the Board’s current fiscal year property tax levy extension.

Program Year 2020 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. Board discussions have touched on the need for a balance of health promotion, prevention, wellness recovery supports, early interventions, effective treatments, and crisis services, along with equitable access across ages, races, and neighborhoods. Input from Champaign County residents who have behavioral health conditions or I/DD and who seek or use services was sought through online surveys early in 2018. They identify barriers to service as: limited provider capacity, limited ability to pay, transportation issues, available services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. While these concerns are not unique to our County, they can be addressed through Board/staff activities and funded agencies.

Priority – Behavioral Health Supports for People with Justice System Involvement

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

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

In PY2020, the CCMHB will support programs addressing the needs of *survivors of violence*, *youth* who have a risk of juvenile justice involvement or are in re-entry, and *adults* who have a risk of incarceration or are in re-entry. Trauma-informed practice is appropriate for each group of people, and program focus may range from decreasing the risk of involvement to providing support for re-entry. Examples:

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

Priority – Innovative Practices and Access to Behavioral Health Services

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

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

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

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

Priority – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a commitment to trauma-informed, family-driven, youth-guided, and culturally responsive youth serving systems. The CCMHB has also funded programs for very young children, including early identification, intervention, and prevention. Services for children and youth can maximize their social/emotional success. Early childhood providers have collaborated effectively and now serve as an example for communities across the country. Recognizing the roles of Adverse Childhood Experiences and the social determinants of health, trauma-informed systems build resilience and reduce the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, disrupting poverty and driving economic development for the entire community. Examples:

* *Supports and services focused on children and youth* and incorporating System of Care principles;
* *Programs of value to the Champaign Community Coalition,* a collaboration which includes representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, youth, families, neighborhoods, faith community, public health, and healthcare;
* *Juvenile justice diversion services* for young people impacted by trauma and/or a mental, behavioral, or emotional disorder, and with multiple system involvement; services may be evidence-based or innovative, to improve outcomes for those youth and their families; (also appropriate to Justice Involvement priority, above)
* *Family-driven and youth-guided organizations*, acknowledging the role of peer support, coordination, and planning of the system;
* *Early identification, prevention, and intervention services for children from birth through high school,* including those which keep children excited about learning.

Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) defines the PY2020 allocation amount for developmental disabilities programs and sets an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with state and federal standards and regulations, including Illinois Department of Human Services rules, Home and Community Based Services, Workforce Innovation and Opportunity Act, and United States Department of Justice ADA and Olmstead decisions. In the most self-determined, integrated system:

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

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

Overarching Priorities:

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification in underrepresented populations, as well as reduction of racial disparities in the utilization of services which are mirrored by overrepresentation in justice systems and a disproportionate trauma impact. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified. With rising rates of suicide, depression, and addiction in farming communities across the country, effective supports must be available to Champaign County’s rural residents.

Inclusion and Anti-Stigma

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

Outcomes

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

Coordinated System

Applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.), a commitment to updating information in any resource directories and databases, and participation in trainings or workshops or council meetings with other providers of similar services. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations’ common goals, reducing indirect costs, reporting on shared outcomes, etc.

Budget and Program Connectedness

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

Secondary Decision Support and Priority Criteria:

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

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Evidence of Collaboration: Identify collaborative efforts with other organizations with similar missions, toward a more efficient, effective, inclusive system.
3. Staff Credentials: Highlight staff credentials and/or specialized training.
4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative. *The CCMHB itself is often not eligible to apply directly for federal or state funding but actively encourages and assists eligible entities in identifying and pursuing these opportunities.*

Process Considerations:

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

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs of people who have mental health conditions, substance use disorders, and/or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2020 but later than July 1, 2019, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

* Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
* During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
* Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration.
* Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process. Written working agreements with other agencies providing similar services will be referenced in the application and available for review upon CCMHB request.
* The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB.
* The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB.
* Applications and submissions become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
* The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
* If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
* The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
* The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
* All proposals considered must be complete and received on time and must be responsive to the application instructions. Late or incomplete applications shall be rejected.
* The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant’s ability to perform as stated in the application.
* The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
* The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant’s relevant performance and/or qualifications.
* During and subsequent to its application review process, the Board may deem some programs as appropriate for two-year contracts.

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 Notification Concerning PY20 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 2019. For this reason, all PY20 CCMHB contracts shall be subject to possible reductions in contract maximums necessary to compensate for any CCMHB revenue shortfall. These reductions shall 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. The PY20 contract boilerplate shall also include the following provision:**

***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.***

Recommended Actions:

Approved CCMHB funding has gone from $3,189,290 in PY12 to $4,201,929 in PY19. For three years, increased funding for allocations resulted from greater than anticipated revenues and reductions in CCMHB administrative costs. Other unusual circumstances, including possible state property tax freeze and final decision on the hospital property tax issue, could impact the CCMHB’s revenues. Projections will be reevaluated and adjusted in response to these or any property tax adjustments resulting from changing economic conditions. The recommendations presented here are based on an early projection of 2020 revenues, which incorporates a more modest levy increase than in recent years. Total amount of recommended awards for PY20 is $4,562,151, an increase of $360,222 over the amount awarded for PY19.

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 based on the priority selected by the applicant, and those for which Other/Renewal was selected have been reassigned by staff. The priority categories have been re-ordered for ease of interpretation across several board documents and 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, or technical barriers/other consideration.

Forty-one applications were related to mental health or substance use disorders. These requests total **$4,207,518**. A breakout of amounts by priority finds:

Behavioral Health Supports for People with Justice Involvement $1,032,937

Innovative Practices and Access to Behavioral Health $1,528,524

System of Care for Children, Youth, Families $1,646,057

Another 20 applications for funding for I/DD supports and services were submitted for consideration by the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). These requests total **$4,444,397** and have been evaluated by the CCDDB and staff. Based on current estimates of 2019 tax revenue, the CCMHB’s obligation to I/DD services is **$666,750**. Recommendations are described under the CCMHB Intellectual and Developmental Disabilities (Collaboration with the CCDDB) priority.

**Behavioral Health Supports for People with Justice Involvement SUBTOTAL $970,847**

CCRPC – Community Services Justice Diversion Program $75,308

* *Request is for $75,308, an increase of 16% over PY19 award of $65,074.*
* *For individuals/families with police contact related to crisis call or domestic offense, provides case management and other support services based on assessed need. Service area limited to Rantoul. Coordinates with Rantoul Police Department, convenes Rantoul Service Providers Group to coordinate services and address gaps.*
* *CCMHB funds are 89% of program revenue; increased request offsets where CCRPC is not allocating CSBG funds.*
* *Revisions: financial forms; Consumer Outcomes to be strengthened.*
* *Special provisions: retain PY19 contract provisions, as appropriate; fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

CCRPC – Community Services Youth Assessment Center (YAC)\* $76,350

* *Request is for $87,040, an increase of 14% over PY19 award of $76,350.*
* *YAC intended to serve as primary point of entry for youth experiencing behavioral issues/police contact with referral to community resources. Assessment determines level of engagement/case management, linkage and referral supports. Services provided at YAC and other locations, primarily CCRPC offices. Presence at Community Service Center of Northern Champaign County and as needed through rural schools.*
* *CCMHB funds services for youth with multiple contact with law enforcement and their families. Open to referrals from schools, providers, families but underutilized by these groups, with 90% of referrals from law enforcement.*
* *Increased access to services planned for 2019: Moral Reconation Therapy for Youth by YAC trained staff; U of I Childhood Adversities and Resilience Services Clinic.*
* *Consumer Outcomes are well done, with access (the time from referral to assessment can be up to 3 weeks) the only concern.*
* *No CCMHB funds are allocated to Specific Assistance to aid families to access services, such cost being a potential barrier. If awarded full request, some of the $10,690 increase should be allocated to Specific Assistance. CCMHB funds are 22% of total YAC revenue, with Champaign County providing 61%. For PY20, CSBG funds allocated by CCRPC are increased.*
* *Revisions: financial forms; also, possible impact of federal re-entry funds.*
* *Special provisions: retain PY19 contract provisions, as appropriate; coordinate with CU Neighborhood Champions, if both are funded; fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

Champaign Co. CAC Children's Advocacy Center $52,754

* *Request is for $52,754, an increase of 10% over PY19 award of $47,754.*
* *Serves children/youth alleged victims of sexual abuse and/or severe physical abuse. Agency coordinates multi-disciplinary team meetings and forensic interview of alleged victims. Program provides case management, crisis counseling, and other support services to child/youth and non-offending family members.*
* *Agency/Program has been supported by CCMHB since almost its inception; agency is accredited by the National Children’s Alliance.*
* *Outcomes are improved over PY19; program is utilizing Program Evaluation Team Consultation bank for assistance with logic model to develop outcomes.*
* *CCMHB funding is 16% of total program revenue and support administration, case management, and crisis counseling; requested increase is to support increased access to contracted crisis counselors trained in trauma focused cognitive behavioral therapy.*
* *Special provisions: retain PY19 contract provisions, as appropriate;* *fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

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

* *Request is for $54,775, a new proposal for services funded for several years under subcontract through Rosecrance Crisis, Access, and Benefits 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 impact of proposed services.*
* *CCMHB funding is 57% of total program revenue.*
* *Revisions: financial forms; revisit transportation and audit expenses; specify presence in Rantoul and linkage with CCRPC JSD Case Manager.*
* *Special Provisions: midyear progress report/presentation to Board.*

Family Service Counseling $30,000

* *Request is for $30,000, an increase of 20% over PY19 award of $25,000.*
* *Long standing contract serving uninsured adults, couples, and families. Drug Court clients are a priority population for the program. Part-time therapists provide individual, couples and family counseling services. Office based services includes evening hours for greater access.*
* *Program is pursuing certification as a Medicaid provider – staff training is remaining step; until certified, program will continue to refer Medicaid clients to other providers.*
* *Outcome, measurement/evaluation tool, and performance target are clearly identified.*
* *CCMHB funds are 47% of total program revenue.*
* *Revisions: expense form.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

First Followers Peer Mentoring for Re-entry $95,000

* *Request is for $146,400, an increase of 109% over PY19 award of $70,000.*
* *Serves previously incarcerated adults on parole or adults and juveniles on probation. Continues peer support at drop-in center using peer mentors, family support, anti-stigma effort targeted to employers, and workforce development course. Proposes two new activities, Transitional Housing and Project Coordination. Transitional Housing is described in Services section but not supported elsewhere in the program narrative and lacks accountability.*
* *CCMHB funding is 57% of total program revenue but does not align with total program expense, which shows a surplus.*
* *Revisions: Revenue, Expense, and Personnel Forms; with support from CCMHB staff, resolve the surplus issue; elements of Outcomes section; include Project Coordinator and delete Housing Transition from proposal.*
* *Special provisions: retain PY19 contract provisions, as appropriate; utilize technical assistance from Program Evaluation Team; pursue membership in Continuum of Service Providers to the Homeless; develop CLC Plan with support from CCMHB staff; complete registration on state grant application system.*
* *Recommend to submit Housing Transition as a separate application for PY21.*

Rosecrance Central Illinois Criminal Justice PSC $304,350

* *Request is for $304,350, a decrease of 10% over PY19 award of $338,643.*
* *Targets adults with behavioral health disorders involved in the criminal justice system. Provides case management, linkage and support services, group therapy using evidence-based models, in the jail and community.*
* *Access and consumer outcomes are well defined.*
* *CCMHB funding is 80% of total program revenue, with Champaign County Board reentry contract accounting for balance of program funding. Decreased request is due in part to elimination of quarter time position not filled in PY19.*
* *No discrepancies are noted across financial documents; no revisions indicated.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

Rosecrance Central Illinois Fresh Start\* $79,310

* *Request is for $79,310, the same as awarded for PY19.*
* *Participants are selected by a multi-disciplinary committee, organized through the Champaign County Community Coalition. Provides intensive case management driven by strengths based individualized service plan.*
* *Access and Consumer Outcomes are defined, some tied to the individual client and to the community at large. Utilization tied to engagement of very specific population identified through the Fresh Start Steering Committee and who respond positively to custom notification, call-in or self-refer.*
* *CCMHB is sole of funder of the program, which is part of a broader, coordinated effort to reduce community violence.*
* *No discrepancies are noted across financial documents; no revisions indicated.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

Rosecrance Central Illinois Specialty Courts $203,000

* *Request is for $203,000, the same as awarded for PY19.*
* *Serves adults with a substance use disorder and history of non-violent felony offenses. Drug Court provides access to continuum of treatment and support services, with CCMHB funding activities which are not billable to other payers.*
* *Access and Consumer Outcomes and associated measures are relevant; positive change in substance use, employment, education, and peer support are tied to graduation. Reduced recidivism is tracked by the Drug Court Coordinator, an employee of the court.*
* *CCMHB funds are 73% of total program revenue. CCMHB has a long history of supporting Drug Court.*
* *No discrepancies are noted across financial documents; no revisions indicated.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

\*Champaign Community Coalition

^Special Initiative/mid-year report required

**Innovative Practices and Access to Behavioral Health Services SUBTOTAL $1,371,244**

CCRPC – Community Services Homeless Services System Coord^+ $51,906 new

* *Request for $51,906 and is a new proposal for PY20.*
* *Primary focus is 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 proposal, placing emphasis on strengthening the network of homeless providers through a dedicated fulltime position responsible for managing responsibilities of the Continuum. Creates new position of Continuum Coordinator.*
* *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.*
* *CCMHB funds 72% of total program revenue, with balance from federal housing grant.*
* *Revisions: financial forms; Part I form.*
* *Special provisions: midyear progress report/presentation to Board; award should be pro-rated and amended upon hiring of Coordinator; fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

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

* *Request for $13,000, a new proposal for PY20.*
* *Proposal seeks support for recruiting mental health providers to volunteer at the clinic. Clinic serves uninsured and underinsured residents of Champaign County, with proposal targeting those patients presenting with mental health needs.*
* *Primary outcome measure is whether mental health providers are recruited.*
* *CCMHB request is 9% of total program revenue. CCMHB funds operating expenses, not personnel responsible for recruiting and managing mental health volunteers.*
* *Revisions: financial forms - Expense, Personnel, and Budget Narrative.*
* *Special provisions: midyear progress report/presentation to Board; identify back-up strategy, such as specialized training for primary care physicians currently volunteering.*

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

* *Request for $59,300 and is a new proposal for PY20.*
* *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; utilization targets are clearly defined.*
* *CCMHB funds account for 44% of total program revenue.*
* *Revisions: financial forms; revisit transportation and Audit expenses.*
* *Special provisions: midyear progress report/presentation to Board; specify presence in Rantoul and rural areas; technical assistance for CLC Plan development.*

CSCNCC Resource Connection $67,596

* *Request is for $67,596, an increase of 1% over PY19 award of $66,596.*
* *Long standing contract, serving Rantoul and nine northern Champaign County townships. Provides access to range of services addressing basic needs, referral services, and serves as satellite site for other providers.*
* *Outcomes are associated with access to services; program currently receiving intensive support from U of I Program Evaluation Team to identify and measure impact.*
* *CCMHB is 27% of total program revenue and agency revenue, all other sources are local funds; agency does not receive any state funds at this time.*
* *Special provisions: retain PY19 contract provisions, as appropriate; complete registration on state grant application system; update outcomes based on Program Evaluation Team technical assistance; report on efforts to expand and market assistance available directly from the agency; participate in Continuum of Service Providers to the Homeless Point in Time Survey.*

Cunningham Children’s Home ECHO Housing and Employment Support\* $95,773

* *Request is for $95,773, an increase of 6.4% over PY19 award of $90,000, the first year for the program.*
* *Serves adults who are homeless or at risk of homelessness. Provides case management and housing and employment supports*
* *Outcomes have clear descriptions, performance targets, and evaluation methods, particularly for consumer outcomes. Mid-year data for utilization exceeds targets, attempted engagement rate is higher than anticipated and targets are adjusted going into second year of program.*
* *CCMHB funding is 18% of total program revenue; allocated expenses include flexible funds to aid clients with basic needs.*
* *Revisions: financial forms, including clarification of other revenue sources.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

ECIRMAC (Refugee Center) Family Support & Strengthening $56,440

* *Request is for $56,440, an increase of 17% over PY19 award of $48,239.*
* *Serves the refugee, asylum, immigrant communities and their natural support networks. Provides range of support services and educational activities enabling these new residents to navigate various systems and assimilate into new culture/society. Agency is rather unique in who it serves and the services it offers to them.*
* *Access and Consumer Outcomes are sufficient to evaluate performance.*
* *CCMHB has long standing relationship with agency, increases in funding have occurred only over last few years. CCMHB funds account for 18% of total program revenue, wide range of other sources comprise balance of revenue. CCMHB revenue exceeds budgeted expenses, requiring an adjustment, possibly to audit expense.*
* *Revisions: financial forms; consumer outcome section.*
* *Special provisions: retain PY19 contract provisions, as appropriate; set designated hours for presence in Rantoul; participate in Rantoul Service Provider meetings.*

Family Service Self-Help Center $28,430

* *Request is for $28,430, a decrease of almost $500 from PY19 award of $28,928.*
* *Long standing contract, serving self-help groups and those interested in participating. Program assists with start-up, facilitation, and promotion of support groups, and information and referral to individuals and professionals about specific groups. Self-Help Center is not a direct service provider per se, serving as a clearinghouse for information about local self-help groups.*
* *Outcomes are more process oriented with services focused on supporting the functioning of the self-help groups.*
* *CCMHB funding is 91% of program revenue, other source is Carle Foundation Hospital.*
* *Revisions: financial forms.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

Family Service Senior Counseling & Advocacy $162,350

* *Request is for $162,350, an increase of 14% over PY19 award of $142,337.*
* *Long standing contract, requested increase in funding is first in many years. Serves seniors age 60 with an emphasis on those with limited resources, adults with disabilities and family caregivers are eligible for some services. Provides a continuum of services, from information and referral to screening and assessment to advocacy, case management, and counseling depending on the seniors expressed needs.*
* *Access and* *Consumer Outcomes, evaluation tools, and performance targets are clearly identified. Utilization reported reflects level of need or care required to serve client.*
* *CCMHB funding is 37% of total program revenue, some of which is used to meet local match requirements to leverage federal funds.*
* *Revisions: financial forms.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

GROW in Illinois Peer-Support $77,239

* *Request is $77,239, an increase of 290% over PY19 award of $20,000.*
* *Provides peer support services for adults in recovery including group in the county jail. Requested increase in funding supports increase in staff time dedicated to the program and expansion of number and location of groups offered. Program has one paid staff with requested increase moving position from part-time to fulltime. Staff pursuing certification as Certified Recovery Support Specialist from Illinois Department of Human Services*.
* *Outcome measures and evaluation methods are sufficient to measure the impact of participation in groups.*
* *CCMHB funding is 72% of total program budget, balance of revenue is in-kind contributions. GROW received $800 for equipment, reducing request to $77,239.*
* *Revisions: CLC Plan and financial forms; support available from CCMHB staff.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

Promise Healthcare Mental Health Services with Promise $242,250

* *Request is $242,250, an increase of 9% over PY19 award of $222,000.*
* *Serves patients at Frances Nelson and Promise Healthcare satellite site at Rosecrance Walnut Street location. Provides mental health counseling, adult psychiatry at Frances Nelson and satellite site, and support services to patients under care of psychiatrists and primary care doctors. Requested increase in funding supports addition of pediatric psychiatry one half day per week.*
* *Consumer Outcome evaluation tools and frequency of use are noted, although some format and content issues present, Access section clearly states eligibility for services.*
* *CCMHB funding accounts for 15% of total budget and pays costs associated with serving uninsured, underinsured, self-pay clients and/or services not billable to another source. All supported staff positions are involved in direct service to patients.*
* *Revisions: Consumer Outcomes section.*
* *Special provisions: retain PY19 contract provisions, as appropriate; fiscal year is calendar year requiring Special Provision on completion and submission of audit.*

Promise Healthcare Promise Healthcare Wellness $58,000

* *Request is for $58,000, the same as awarded for PY19.*
* *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.*
* *Outcome measurement is based on contacts and resolution of need but not a measure of client’s wellness although program plans to implement survey to measure wellness. Utilization reported reflects level of patient need, but targets do not align with past performance.*
* *CCMHB funds account for 72% of total program revenue. All funds support staff involved in providing services to patients.*
* *Revisions: Part I - staff qualifications, format of Consumer Outcomes, utilization targets.*
* *Special provisions: retain PY19 contract provisions, as appropriate; fiscal year is calendar year requiring Special Provision on completion and submission of audit.*

Rattle the Stars Youth Suicide Prevention Education\* $55,000

* *Request is $55,000, an increase of 1% over PY19 award of $54,500.*
* *Targets youth, parents, and other adults having regular contact with youth. Services are directed at developing peer supports through education about mental illness, supportive communications skills, and knowledge of community resources.*
* *Access includes outreach to schools and other groups with presentation tailored to audience. Consumer Outcomes presented, tools to measure some outcomes still being developed with technical assistance from U of I Program Evaluation Team.*
* *Mid-year utilization reported is below targets, with agency and program being a new start-up, allowance is made for developing program and working relationships.*
* *CCMHB is sole funder for the program and responsible for all expenses.*
* *Revisions: financial forms.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

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

* *Original request of $255,440 adjusted to $203,960, reduced to account for CCHCC subcontract of $51,480 recommended for funding under separate proposal.*
* *Serves persons in crisis, excluding Mobile Crisis Response eligible children and youth, or those interested in accessing services and/or needing assistance with enrolling in a benefit plan. Provides crisis line/crisis services, access to screenings for persons not experiencing a crisis and referral for assessment, and assistance with enrolling in benefit entitlement/insurance plans. Rosecrance Benefits Case Manager has expertise completing SSI/SSDI applications. Champaign County Health Care Consumers (CCHCC), who for several years assisted with benefits enrollment under a subcontract with Rosecrance, submitted PY 20 application to CCMHB.*
* *Outcomes are process rather than results oriented, possibly a result of initial contact associated with access to crisis or other screening service.*
* *CCMHB funds 18% of total program revenue, no increase included in original request.*
* *Revisions: Utilization section of Part I form.*
* *Special provisions: retain PY19 contract provisions, as appropriate; assess viability of affiliation with National Suicide Prevention Lifeline to support coordinated crisis response and training.*

Rosecrance Central Illinois Recovery Home^ $200,000

* *Request is for $200,000, the same as awarded for PY19. Initial PY19 award of $200,000 was tied to start-up of new Recovery Home with final contract amount of $83,330 pro-rated based on delayed start date.*
* *Serves adults 18 or older needing structured substance use free living environment as they transition back to independent living from residential inpatient facility. Provides intensive case management and peer supports in compliance state licensed recovery home standards, as part of broader continuum of substance use disorder treatment.*
* *Access, consumer outcomes, and evaluation measures are addressed in sufficient detail.*
* *CCMHB funds account for 87% of total program revenue.*
* *Special provisions: retain PY19 contract provisions, as appropriate; midyear progress report/presentation to Board.*

\*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 $1,553,310**

CCRPC Head Start/EHS Early Childhood Mental Health Services\* $214,668

* *Request is for $286,225 a 218% increase over PY19 award of $90,120.*
* *Targets children from HS classrooms whose need for support is identified through regular screenings or observed behaviors, with final determination of eligibility by the Social-Emotional Development Specialist (funded through another contract) who attends Community Coalition, CU Trauma and Resiliency, and early childhood collaborations.*
* *Clear outcomes, measurement tools, frequency, and performance targets. Client specific targets for PY20 provide a means for measuring engagement not present in PY19.*
* *Supports an increase from 3 to 4 Social Skills and Prevention Coaches (SSPC), each responsible for supporting teachers, children, and parents at one Head Start center. Also increases salaries by one-third, taking all from 30 to 37.5 hours/week and uses indirect cost allocation approach approved by GATA.*
* *CCMHB is the sole funder of this program. Recommendation is to fund all increases except for the addition of 4th staff person.*
* *Special provision: continued collaboration with other early childhood programs to avoid duplication, maximize positive outcomes for children and families, and inform the Boards of service gaps.*

Champaign Urbana Area Project TRUCE\* $50,000/$75,224

* *Request is for $75,224, a 51% increase over PY19 award of $50,000.*
* *Serves young people through self-report or referral from community partner. To reduce violence: prevention activities in schools and community; support after gun violence incidents; 2 Peace Circle events; Community Restorative Neighborhood Board.*
* *Agency has history of engaging underrepresented/minority populations. Gun violence impacts primarily CU, but rural residents may join community education activities. Program is associated with Champaign Community Coalition. Coordination with other systems and providers as appropriate to the neighborhood, family, or individual.*
* *Method of outcome evaluation, performance target, and projected level of change measure the impact of the 2 Community Peace Circles. New for PY20 is the NTPC target tied to TPS engagement with youth/young adults.  Other category is redefined for PY20, tracking TPS response to incidents of violence and activities in at-risk neighborhoods.*
* *CCMHB continues as sole source of support; agency does not receive any state funds at this time.**Given the severity of gun violence and the lack of other interventions, this work would be enhanced by additional local funding.*
* *Revisions: CLC Plan and financial forms, with support available from CCMHB staff; also reconfigure financial forms to shift focus from indirect to direct staff, to compensate those doing field work.*
* *Special provisions: retain PY19 contract provisions as appropriate; complete registration on state grant application system; hold $25,224 of request as one-to-one match for other local funding secured during the contract year.*

Courage Connection Courage Connection+ $127,000

* *Request is for $127,000, same as PY19 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. Locations in CU and a presence in Rantoul for court advocacy and counseling. Outreach and engagement with criminal justice system, community education on domestic violence, and other providers.*
* *Access and Consumer Outcomes are sufficient to measure impact of proposed services. Targets and activity measured are same as PY19. No target for clients seen by the therapist (a new position not filled in PY19/retained in PY20 proposal) or counselors.*
* *CCMHB funding is 10% of total program revenue. CCMHB funds are used as local match to leverage funding from Illinois Department of Human Services and/or the Illinois Coalition Against Domestic Violence.*
* *Revisions: outcome narrative should be reformatted to include numbered outcomes and associated measures (ongoing work with Program Evaluation team); revise financial forms and CLC Plan with CCMHB staff guidance; rewrite Staff Qualifications response; specify how often Court Advocate and Counselor present in Rantoul.*
* *Special provisions: set designated hours for presence in Rantoul, participate in Rantoul Service Provider meetings, CIT-SC meetings, and if System of Care is focus, work with Champaign Community Coalition and CU Trauma & Resiliency Initiative; funds supporting therapist or as appropriate other vacant positions should be withheld and pro-rated once position(s) filled.*

Crisis Nursery Beyond Blue Champaign County $75,000

* *Request is for $85,000, a 13% increase over PY19 award of $75,000.*
* *A longstanding CCMHB contract, with few changes. Program originated as co-funded initiative with Board of Health. Serves mothers with or at risk of perinatal/postnatal depression and are pregnant or have a child under one year old, establishing need for intervention for mother and child’s well-being. To promote healthy parenting and parent/child interactions, fostering child development: home visits, parent child interaction groups, support groups, respite care, case management, and community education. Uses evidence-based instruments for screening. Over half of mothers served must reside outside of CU. Program has not had difficulty reaching eligible CU residents as occurs with rural residents. Partners with other volunteer run parent home visiting service, Sistering CU.*
* *Good detail on referral sources, eligibility, screening tools, length of engagement, Access, Outcome measures, evaluation methods, and performance targets. Utilization targets consistent with past performance. Referral and engagement of rural families pose a challenge. PY19 actual is lower than expected, at mid-year, not likely to meet all targets (or all PY18 levels).*
* *CCMHB funds staff and expenses associated with Beyond Blue services, primarily Family Specialists. CCMHB funds 40%; other revenue is agency contributions and special event proceeds, United Way, and a small amount of allocated state funds.*
* *Revisions: financial forms - revenue form and budget narrative form match.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*
* *Recommend PY19 level funding, due to lower than expected utilization from outside CU.*

Cunningham Children’s Home Parenting Model Planning/Implement\*^ $280,955 new

* *Request is for $280,955, proposal for planning and implementation of a new program.*
* *Youth age 10 -17 and parent/caregiver; to address gap in services created through loss of PLL.  Assessment of youth/family needs and eligibility, based on the needs of those referred to other community-based programs at not only Cunningham but also other agencies’ youth programs. CCMHB participation in planning phase is necessary as well as other stakeholders, e.g., State’s Attorney, Community Coalition. Whether rural residents will be served in their homes or sites near their homes, or otherwise receive transportation assistance, is to be determined during planning phase. Services offered in the home if clients/families prefer. Referral, assessment, and engagement process to be evaluated/defined during planning phase. Measures and utilization targets contingent on selected model. TPC and NTPC targets of 13 and 12 are placeholders.*
* *Personnel forms lists various therapist, case manager and clinical coordinator positions as place holders. Actual staffing pattern to be determined based on selected model.*
* *Special provisions: coordinate within the juvenile justice diversion collaboratives and rely on stakeholders’ input in both phases; CCMHB represented in stakeholder group; monthly progress reports during planning phase; minor revision and further development of financial forms; contract maximum subject to negotiation pending selection of model; pro-rate award between planning cost and implementation, adjusting payment schedule accordingly. Projected planning cost is $18,410.*

DREAAM House DREAAM\* $80,000

* *Request is for $80,000, no increase from PY19 level.*
* *For boys 7 to 13, after school, summer enrichment, physical health, and parent support.  Spectrum and content of services continue to grow, i.e., child services related to incarcerated parent or no father present, child physical wellness, and parent wellbeing. Summer enrichment and Saturday physical activity programming also in Rantoul. Expansion to rural areas possible with CCMHB support; focus to date has been on underrepresented minority youth (male).*
* *Outreach and referral process, eligibility criteria, screening tools, and selection criteria clearly stated, timeframes provided. Consumer outcomes, performance measures and projected level of change for each are present. Access and outcomes sections well done; program worked with U of I Evaluation Team in PY18. Different levels of engagement in services distinguish TPCs from the new addition of NTPCs.*
* *CCMHB funds 37% of total program revenue. Illinois Department of Human Services contract accounts for another 37% (not in Budget Narrative.) United Way funds services to 5 and 6 year-olds. CCMHB funds 25% of executive director, 25% site coordinator, and 50% achievement coach (direct staff) and 25% of the operations manager (indirect).*
* *Revisions: minor corrections to budget narrative, possibly personnel form; if IDHS revenue is an error, correction of all financial forms.*
* *Special provisions: retain PY19 contract provisions, as appropriate.*

Don Moyer Boys and Girls Club C-U CHANGE\*+ $100,000

* *Request is for $100,000, as in PY19.*
* *Youth in middle or high school, with a wide range of youth/family risk factors. Case management in consultation with schools and family. Site based after school programming to improve decision making and education performance. Several national Boys and Girls Club model programs are offered. Open to youth county-wide but primarily used by CU residents. Two Unit 4 School District initiatives serve as partners and referral sources for CU Change. Long term engagement.*
* *Measures, consumer outcome, performance target, and evaluation tool are presented clearly. Targets are adjusted based on past performance. Some turnover in participation in PY19 as new TPCs were added in second quarter.*
* *CCMHB is primary funder, with allocations of contributions to the agency. CCMHB funds 3 direct staff positions (plus travel and consumables). Part-time CU Change Case Manager is vacant, and when hired, CCMHB would pay salary and portion of benefits and taxes. Fulltime program coordinator is supported in part by CCMHB, and fulltime case manager in full.*
* *Revision: expense form to show audit cost in Professional Fees.*
* *Special provisions: retain PY19 contract provisions as appropriate; funds for part-time CU Change Case Manager position should be withheld and pro-rated once position(s) filled.*

Don Moyer Boys and Girls Club CUNC\*+ $110,195

* *Request is for $110,195, a 120% increase over PY19 contract for similar program.*
* *For residents of neighborhoods impacted by community violence, natural support networks, and professionals engaging with those impacted by trauma. Greater emphasis on client engagement than in the past; PY20 adds wraparound to engage survivors and others impacted by violence. Trauma informed resiliency building approach, supports for individuals to develop skill sets for recovery.*
* *Timeframes and targets for referral through engagement. Assessment tool and evaluation survey are to be created, with sensitivity to families completing them. Outcomes with performance targets are identified. Outcome data on clients fully engaging in services.*
* *Attempts to fill a void within the system by providing post-crisis intervention and supports. Coordination/collaboration with other crisis and community resources.*
* *CCMHB is primary funding source, with in-kind as 33%. Given the severity of gun violence in CU and the lack of other interventions for residents of effected neighborhoods, this work would be greatly enhanced by additional local funding.*
* *Revisions: expense form; show in-kind in total program; budget narrative descriptions.*
* *Special provisions: partner with Youth Assessment Center and LAN; funds for fulltime CUNC Coordinator position should be withheld and pro-rated once position(s) filled.*

Don Moyer Boys and Girls Club Community Coalition Summer Initiatives\* $107,000

* *Request is for $107,000, as in PY19.*
* *For children and youth, especially those be impacted by community violence or unable to access summer programs, a range of activities promoting positive development and work experience. Access for rural residents limited; primary population is underrepresented minority youth.*
* *Outcome data not reported. Due to volume of subcontracts and average award, not practical to measure impact beyond numbers served and demographic data. Targets are adjusted for PY20; based on past performance, targets may be optimistic.*
* *CCMHB is sole funder of the program, through subcontracts, supplementing some existing activities to enable more children and youth to be served*.
* *Special provisions: report to the Board on all activities during the fall; all subcontract agreements should be made available to CCMHB; agency should encourage those programs otherwise funded by CCMHB to clarify Summer Initiatives revenue and to report utilization separately.*

Don Moyer Boys and Girls Club Youth and Family Services\* $160,000

* *Request is for $160,000, as in PY19.*
* *For multi-system involved youth and families/caregivers, peer support for navigating various systems such as education, juvenile justice, child welfare, healthcare. Open to referrals county-wide but has primarily served CU and Rantoul. For system of care, workshops and trainings about challenges families face in navigating systems and how they can be supported through that process; technical assistance and training at systems level, engaging policymakers, stakeholders, providers. Peer support in settings determined by the family.*
* *Outcome, evaluation tool, and performance goals are identified for peer support activity only; outcomes relate to domains the evaluation tool is designed to measure. Describes engagement with families but not how systems level engagement is to occur. Targets for TPC, NTPC, and SC service categories are lowered. Systems level efforts not tracked.*
* *Direct staff time is decreased from 1.66 to 0.56 FTE, and indirect staff time increased from .66 to .88 FTE. The two direct staff supported with CCMHB funds are part-time.*
* *Revisions: expense form and budget narrative, to assign costs to appropriate categories and cover audit cost; clarify roles of independent accountant and grant consultant; reconfigure financial forms to shift focus from indirect to direct staff; develop utilization targets related to system level work.*
* *Special provisions: as in PY19 contract, where appropriate; participate in Rantoul Service Provider meetings.*

Mahomet Area Youth Club BLAST\* $15,000

* *Request is for $15,000, as in PY19.*
* *Within a program open to Mahomet-Seymour School District students age 6 to 17, scholarships for students from low-income families. Enrichment program and Kid's Club activities expose students to wide range of age appropriate topics/experiences. In collaboration with Mahomet-Seymour School District using two elementary schools for the after-school enrichment program, enabling access to rural residents.*
* *In PY19, MAYC turned to a scholarship based targeted assistance approach rather than reporting on all BLAST participants as in PY18.*
* *Outcomes with performance measure, method of measurement, and past performance for comparison are provided. Outcome measures do not specify if they are for all participants or only for scholarship recipients. Anticipate 500 participants for entire program; results specific to scholarship recipients would provide a more comprehensive evaluation of program performance and benefit of scholarships.*
* *Funding supports scholarships to low-income students rather than to direct operations. CCMHB is sole funding for scholarships; contributions and United Way funds received by the agency are allocated to support administration of scholarships.*
* *Revisions: expense form and budget narrative for cost of independent financial review.*
* *Special provisions: retain PY19 contract provisions as appropriate; develop set of CLC Plan actions with support from CCMHB staff.*

Mahomet Area Youth Club MAYC Members Matter!\* $18,000

* *Request is for $18,000, same as PY19 award.*
* *For children and youth from Mahomet area, prevention-based after school services throughout the school year (middle school students) and summer programming, for children and youth age 6 to 17, in a safe supportive learning environment; summer scholarships for children and youth from low-income families.*
* *Outcomes, performance measure, method of measurement, and past performance for comparison provided. Service Contact count measuring homework and CSE target are unrelated to funded activity (summer). Target for NTPCs appears low based on past performance, although Narrative references that summer program had 116 participants last year. This allows for some growth.*
* *CCMHB is 15% of total program revenue. CCMHB funds 4 part-time staff for summer.*
* *Revisions: expense form and budget narrative for cost of independent financial review.*
* *Special provisions: retain PY19 contract provisions as appropriate; develop set of CLC Plan actions with support from CCMHB staff.*

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

* *Request is for $10,000, a new proposal.*
* *For persons with mental illness and their families, peer led supports and community education campaigns. Program leaders training includes NAMI standards for inclusion and tolerance. Monthly Chapter meetings held in Champaign; peer-led services offered county-wide and to any adult; other activities for middle and high school students.*
* *Consumer Outcomes, measures, performance targets, and evaluation methods for two peer led training/education programs, one for adults, one for youth in school. Outcome to improve understanding of mental illness and symptomology to reduce stigma and increase peer/family led supports. Evaluation tools and projected level of change are identified. Utilization targets may need to be further defined and realigned.*
* *CCMHB would be the primary funder; other from donations/contributions. CCMHB funds for new part-time Executive Director, coordinating volunteer run peer programs and community education.*
* *Revisions: expense form to balance the CCMHB budget and allow for cost of financial compilation; budget narrative form to clarify some items; detail on SC, CSE, and Other service categories and adjust targets accordingly.*
* *Special provisions: technical assistance for CLC Plan development; coordinate similar efforts with school districts and Rattle the Stars.*

RACES Sexual Violence Prevention Educ.+ $63,000

* *Request is for $70,000, a 276% increase over PY19 award of $18,600.*
* *Prevention education with age appropriate messaging. Effort to engage specific marginalized populations. By request, education programs are held throughout the county, primarily through schools. Two staff attend each session in case of abuse disclosure during a session. The only local agency providing sexual violence prevention education. Coordinates with other agencies on public education campaigns, makes referrals, is active in the sexual violence prevention coalition.*
* *Outcomes, method of evaluation, and measurement tools are referenced. PY19 results will serve as benchmark for future comparison. Targets are adjusted based on past performance and proposed new staff, as demand for presentations has exceeded capacity.*
* *Requested increase is for 90% of two new positions, with 10% from state GRF to fund activities occurring outside Champaign County. Some portion of the new Champaign County staff should be supported with GRF. CCMHB funds three positions; one fulltime position is partially supported by CCMHB; the other two, one fulltime and one part-time, are new and currently vacant.*
* *Revisions: all financial forms, to reflect total program expenses; a portion of new staff positions should be supported with GRF, minimum of 10%, to equal the amount allocated for out of county services. Recommendation is for a resulting total award of $63,000.*
* *Special provision: retain PY19 contract provisions as appropriate; funds supporting two new positions should be withheld and pro-rated once position(s) filled.*

Rosecrance Central Illinois Prevention Services\* $60,000

* *Request is for $60,000, no increase over PY19. (Prairie Center program in PY18.)*
* *Substance use prevention education activities community-wide, age appropriate for diverse populations. Program held in schools throughout the county, promoted to rural districts; services primarily in CU middle schools. Services to any students enrolled in program; collaborations and access to all who request services. SAMHSA-approved curricula have demonstrated positive impact with members of underserved minority populations and areas.*
* *Access and consumer outcomes and how they are measured are clearly defined; linked to well-researched, classroom-based curricula. The intent to improve County schools’ participation in the IL Youth Survey is appreciated, important for community needs assessments and strategic planning. Where the program has had a presence over several years, staff report improved retention rates for each subsequent grade through increased pre-test scores at next grade level.*
* *CCMHB funding allows Prevention services to reach a wider audience and impact youth at a younger age. Funds 100% of Prevention Specialist, 2% of Administrator, 1% of Executive Director.*
* *Requires revision to Part One form or Part Two form, so that CSE targets match.*
* *Special provisions: retain PY19 contract provisions as appropriate.*

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

* *Request is for $35,938, a 95% increase over PY19 award of $18,423.*
* *Serves LGBTQ youth and their families; case management and groups. Relational-Cultural Theory model = individuals grow and heal through growth-fostering connections to supportive and affirming others; connections within the social context to help people understand how cultural and political factors impact individual and community well-being.*
* *Requested increase is to develop programming requested by youth, increase rural connections, and broaden outreach. CCMHB is primary funder accounting for 91% of program revenue. Other sources are contributions and in-kind.*
* *Revisions: financial forms (to correct errors which initially resulted in surplus), and budget for financial review. Proposed expenses total $31,768.*
* *Special provisions: retain PY19 contract provisions as appropriate.*

Urbana Neighborhood Connections Community Study Center\* $25,500

* *Request is for $25,500, a 31% increase over PY19 award of $19,500.*
* *Primarily underserved minority youth in Urbana; positive social, emotional and life-skills experiences through a non-traditional, practical treatment approach for addressing obstacles faced by many youth in home and community life. Includes group sessions. Low rural participation; assistance with travel. Staff attend school meetings, consult with parents/guardians, maintain classroom to community academic and behavioral resources, and collaborate with similar providers for best academic, recreational, social emotional enrichments for participating youth.*
* *Outcomes are directed at increasing academic performance, cultural awareness, and preventing involvement with criminal justice system. Utilization has exceeded target for 200 NTPCs each year, but a lower target is proposed.*
* *Requested increased is for additional Activity Leaders and Special Group Leader. Total program relies on sources other than CCMHB for 90% of revenues. In current contract, CCMHB funds portions of Literary Specialist, Activity Leader, and Operations Manager and all of (10% time) Special Groups Leader, totaling $10,000, or 0.60 FTE Direct Staff.*
* *Revisions: consumer access section (plan narrative), all financial forms (various errors/sections; and CLC Plan. Technical support available from CCMHB staff.*
* *Special provisions: retain PY19 contract provisions as appropriate.*

\*Champaign Community Coalition.

^Special Initiative/mid-year report required.

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

**Collaboration with the CCDDB (for I/DD programs) SUBTOTAL $666,750**

CILA Expansion CCMHB Commitment (previous approval) $ 0

* *During PY19, the MHB paid the full balance on the mortgage. For each year until the CCDDB’s contribution equals that of the CCMHB, $50,000 is considered to be 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 or paid, it is not reflected here.*

Champaign Co. Head Start Social Emotional Development Services $87,602

* *Request is for $112,004, a 52% increase over PY19 award of $73,605.*
* *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. During 2018, the agency further strengthened this collaborative approach, as the recipient of a private foundation grant award to lead in the effort.*
* *Requested increase relates to expansion of services, increased staff time and salary, GATA approved indirect cost allocation.*
* *Special provision: continued collaboration with other early childhood programs to avoid duplication, maximize positive outcomes for children and families, and inform the Boards of service gaps.*
* *Recommend CCDDB award of $24,402 and CCMHB award of $87,602 to support the program fully.*

DSC Family Development $579,148

* *Request is for $579,148, a 3% increase over PY19 award of $562,280.*
* *Services for children birth to 5 with assessed risk; developmental screenings, various therapies, uses Early Intervention funding when children are eligible.*
* *Consumer Outcomes of value to families and children.*
* *During 2018, the program gained a new director with experience in a similar program; otherwise has fairly low turnover of staff with specialized training and credentials, i.e., relatively stable program.*
* *Increase relates to increases in salary and cost of medical benefits.*
* *Collaborates with other funded programs toward system of care approach.*
* *Special provisions: 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.*

**TOTAL PY20 FUNDING RECOMMENDED - $4,562,151**

**Exceeds Allocation Parameters**

Intellectual and Developmental Disabilities applications not included above are subject to integrated planning with the Champaign County Developmental Disabilities Board (CCDDB). The requests not recommended for funding by the CCMHB total $3,753,245 and will be considered for funding by the CCDDB at their May 22nd meeting.

UCP Land of Lincoln - Vocational Training and Support

* *Request is for $105,000, a 143% increase over PY19 award of $43,238.*
* *Although Other/Renewal was selected as priority area, supports for employment for people with behavioral health conditions should be considered an Innovative Practice. Partners with Rosecrance, CCRPC, and Division of Rehab Services to offer job development, training, coaching, etc. to adults with mental health conditions.*
* *Outcomes relate to consumer goals and program performance, using assessment tools appropriate to employment supports and endorsed by accreditor (CARF). Substantial (67%-100%) increases in TPC and service hour targets are planned for PY20.*
* *Requested increase is to cover increased cost of operations (office space, staff and salaries) to meet greater than expected needs.*
* *Revisions: financial forms, with support from CCMHB staff. PY18 audit was not delivered by extended deadline, was also not in compliance with contract requirements and funding guidelines. Payment is suspended until corrections are made.* *Agency board should include at least one resident of Champaign County.*
* *Special provisions: develop CLC Plan with support from CCMHB staff; payments will be paused when any reporting or other compliance deadline is not met; consider fee for service contract, with rates similar to those of Illinois DHS-Division of Rehab Services employment services.*
* *Not recommended for funding at this time due to unresolved contract compliance issues.*

All other applications are recommended for funding, although some at lower than requested levels and some subject to contract negotiation. The difference between requested and recommended levels is $312,117. Total MH/SUD requests = $4,207,518 and total I/DD requests = $4,444,397.

Programs recommended for an amount lower than that requested include:

CC Head Start – Social Emotional Disabilities Services (request is $24,402 more than available through MHB, with the balance to be awarded by CCDDB)

CC Head Start - Early Childhood Mental Health Services (less by one position)

CCRPC – YAC (PY19 level)

\*CU Area Project – TRUCE (reduced, holding the balance as match)

Crisis Nursery (PY19 level)

First Followers (PY19 level + Project Coordination)

GROW (reduced by amount for equipment)

RACES (reduced by portion of GRF funds)

\*Rosecrance Central Illinois - Crisis, Access, & Benefits (less the amount of previous subcontract with CCHCC)

UP Center – Children, Youth, & Families Program (reduced to equal budgeted expenses)

*\* Agencies for which the total PY20 recommendations are lower than total agency PY19 funding.*

DECISION SECTION

Motion to approve CCMHB funding as recommended for **Behavioral Health Supports for People with Justice System Involvement** subject to the caveats as presented in this memorandum:

\_\_\_\_\_X\_\_\_\_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:

\_\_\_\_\_X\_\_\_\_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:

\_\_\_\_\_X\_\_\_\_Approved

\_\_\_\_\_\_\_\_\_\_Denied

\_\_\_\_\_\_\_\_\_\_Modified

\_\_\_\_\_\_\_\_\_\_Additional Information needed

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

\_\_\_\_\_X\_\_\_\_Approved

\_\_\_\_\_\_\_\_\_\_Denied

\_\_\_\_\_\_\_\_\_\_Modified

\_\_\_\_\_\_\_\_\_\_Additional Information needed

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

\_\_\_\_\_X\_\_\_\_Approved

\_\_\_\_\_\_\_\_\_\_Denied

\_\_\_\_\_\_\_\_\_\_Modified

\_\_\_\_\_\_\_\_\_\_Additional Information needed

Motion to authorize the executive director to implement contract maximum reductions as described in the **Special Notification Concerning PY20 Awards** section of this memorandum:

\_\_\_\_\_X\_\_\_\_Approved

\_\_\_\_\_\_\_\_\_\_Denied

\_\_\_\_\_\_\_\_\_\_Modified

\_\_\_\_\_\_\_\_\_\_Additional Information needed