



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Mental Health Board (CCMHB)

WEDNESDAY, December 14, 2016

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

5:30 p.m.

1. Call to Order - Dr. Townsend, President
2. Roll Call
3. Citizen Input/Public Participation
4. Additions to the Agenda
5. CCDDDB Information
6. Approval of CCMHB Minutes* (**Pages 4 - 8**)
 - A. 11/16/16
Minutes are included. Action is requested.
7. President's Comments
8. Executive Director's Comments
9. Staff Reports
Staff reports from Mr. Driscoll (Page 9) and Ms. Summerville (Pages 10 -11) are included in the packet.
10. Consultant Report
There is not a report this month.
11. Board to Board Reports
12. Agency Information

13. New Business

- A. Champaign Community Coalition 2016 Summer Youth Initiative Presentation (Tracy Parsons)
(Pages 12 - 32)

Mr. Tracy Parsons will report on the Coalitions 2016 Summer Youth Initiative. A copy of the power point presentation is included in the packet.

- B. Organizational Assessment* (Lynn Canfield)
(Page 33)

Decision Memorandum authorizing the Executive Director and Presidents of the CCMHB and the Champaign County Developmental Disabilities Board to engage a consultant to evaluate the organization and its operations is included in the Board packet. Action is requested.

- C. Anti-Stigma Event* (Lynn Canfield) **(Page 34)**

Decision Memorandum on sponsorship of an anti-stigma film and concurrent anti-stigma activities at the 2017 Roger Ebert's Film Festival is included in the Board packet. Action is requested.

- D. Tap In Leadership Academy Contract Amendment* (Mark Driscoll) **(Pages 35 - 38)**

Decision Memorandum to authorize an amendment to reduce the Tap In Leadership Academy contract is included in the Board packet. Action is requested.

- E. Program Summary Format (Lynn Canfield/Mark Driscoll)

Discussion of the program summary format to identify primary information of interest to include in review of the 2018 applications.

14. Old Business

- A. Three Year Plan with FY17 Objectives* (Mark Driscoll) **(Pages 39 - 46)**

Decision Memorandum with Three Year Plan is included in the Board packet. Action is requested.

- B. FY18 Allocation Criteria* (Lynn Canfield)
(Pages 47 - 54)
Decision Memorandum on the FY18 Allocation Criteria is included in the Board packet. Action is requested.
- C. CCDDDB Allocation Criteria (Lynn Canfield)
(Pages 55 - 62)
Included in the Board packet for information only is a copy of the CCDDDB allocation criteria Decision Memorandum
- D. Meeting Schedule & Allocation Process Timeline
(Lynn Canfield) **(Pages 63 - 64)**
An updated copy of the meeting schedule and allocation timeline is included in the Board packet for information only.
- E. Agency Acronym List **(Page 65)**
List of agency name acronyms is included in the Board packet.

16. Board Announcements

17. Adjournment

**Board action*

G.A.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—November 16, 2016

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

5:30 p.m.

MEMBERS PRESENT: Susan Fowler, Thom Moore, Judi O'Connor, Elaine Palencia, Anne Robin, Julian Rappaport, Margaret White

MEMBERS EXCUSED: Deborah Townsend, Astrid Berkson

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

OTHERS PRESENT: Juli Kartel, Sheila Ferguson, Bruce Barnard, Celeste Blodgett, Rosecrance; Rebecca Woodard, Elise Belknap,, Regional Planning Commission (RPC); Ron Bribiesco, Developmental Services Center (DSC); Becca Obuchowski, Community Choices (CC); Gail Raney, Prairie Center Health Systems (PCHS); Charlene Guldbrandson, Chris Stohr, GROW; Maggie Potter, Brooke Garren, Tori Palmer, Brian Summers, University of Illinois; Diane Zell, Bev Schweighart, National Alliance of the Mentally Ill (NAMI); Angie Adams-Martin, Cunningham children's Home; Nancy Greenwalt, Promise Healthcare

CALL TO ORDER:

Dr. Susan Fowler called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Diane Zell, Co-President of the National Alliance for the Mentally Ill (NAMI) spoke to express her support for the CCMHB funding Ebertfest as an anti-stigma event.

Bev Schweighart expressed to the Board how important it was for her to display and sell her artwork in the artist's tent at Ebertfest.

Charlene Guldbrandson and Chris Stohr from GROW provided a brief presentation on their agency and distributed a handout.

ADDITIONS TO AGENDA:

A Closed Session was added to the agenda earlier in the week.

CCDDB INFORMATION:

Ms. Canfield announced the DSP veto override failed today.

APPROVAL OF MINUTES:

Minutes from the October 19, 2016 Board meeting was included in the Board packet for approval.

MOTION: Dr. Moore made a motion to approve the minutes from the October 19, 2016 Board meeting. Ms. White seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

No comments.

EXECUTIVE DIRECTOR'S COMMENTS:

No comments.

STAFF REPORTS:

Reports from Mr. Driscoll and Ms. Summerville were included in the packet.

CONSULTANT'S REPORT:

A report from Ms. Barbara Bressner was included in the packet. Completed evaluation results were distributed.

BOARD TO BOARD:

None.

AGENCY INFORMATION:

Becca Obuchowski from Community Choices announced a new business called Scotty's Brewhouse has employed 4 clients from Community Choices and they are interested in hiring more.

Angie Adams-Martin from Cunningham Children's Home provided information about their agency.

FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.

MOTION: Ms. Palencia moved to accept the claims as presented. Ms. White seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Reentry Council Presentation:

Mr. Bruce Barnard and Ms. Celeste Blodgette provided an overview of the work by the Champaign County Reentry Council. Dr. Fowler commented the information provided was very impressive. A copy of the Powerpoint will be made available to Board members.

UI Student Presentations:

Maggie Potter, Tori Palmer and Brooke Garren from the University of Illinois School of Social Work shared their research on anti-stigma efforts across the country and our Ebertfest activities. Copies of their research report were distributed to the CCMHB.

Kathy from the University of Illinois reported students from the School of Social Work will be conducting trainings on Ethical Communication and Effective Collaboration on November 29, 2016 and December 5, 2016 at Brookens Administrative Center.

Ashley from the University of Illinois and her partner Brian have a draft of a Community Resource Guide that they intend to finalize and distribute. The draft document was distributed to Board members.

OLD BUSINESS:

Amendment Policy:

A Briefing Memorandum detailing the Amendment Policy and authority it grants to the Executive Director was included in the Board packet for discussion. Dr. Moore had requested a list of examples of past amendments and they were included in the Memorandum.

Multi-Year Contracts:

A Briefing Memorandum on proposed extension of the term of select contracts was included in the Board packet. A list of potential contracts was distributed at the meeting. Discussion followed.

MOTION: Dr. Rapport moved to arrange a study session after July 2017 to discuss multi-year contracts before a decision is made to consider multi-year contracts. Ms. White seconded the motion. A voice vote was taken and the motion passed unanimously.

Draft Three-Year Plan with FY17 Objectives:

A Briefing Memorandum with an updated draft plan was included in the Board packet.

Draft FY18 Allocation Criteria:

A Briefing Memorandum on the FY18 Allocation Criteria was included in the Board packet for review and discussion.

CILA Update:

There is no update at this time.

Meeting Schedule and Allocation Process Timeline:

An updated copy of the meeting schedule and allocation timeline was included in the Board packet for information only.

Agency Acronym List:

A list of agency name acronyms was included in the Board packet for information only.

BOARD ANNOUNCEMENTS:

None.

CLOSED SESSION:

Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of an employee:

MOTION: Dr. Fowler moved to go into a Closed Session pursuant to 5 ILCS 120/2 (c) 1 to consider the employment, compensation, discipline, performance, or dismissal of a specific employee of the Champaign County Mental Health Board and the Champaign County

Developmental Disabilities Board. The Closed Session shall include all members of the CCMHB and Lynn Canfield. Dr. Rappaport seconded the motion. A roll call vote was taken and all members voted aye. The motion passed and the Board went into a Closed Session at 7:17 p.m.

The Board came out of closed session at 7:50 p.m.

MOTION: Dr. Robin moved to come out of Closed Session and return to Open Session. Dr. Fowler seconded. A roll call vote was taken. All members were present and the vote was unanimous.

ADJOURNMENT:

The meeting adjourned at 7:50 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – December 14, 2016 Board Meeting

Summary of Activity

CCMHB Three-Year Plan with Objectives for FY 2017: Included under Old Business is the Three-Year Plan (2016 - 2018) with Objectives for FY 2017 for action by the Board. Minor changes to the document have been made since the November meeting. The changes are referenced in the Decision Memo accompanying the Three Year Plan.

Allocation Process: The Notice of Funding Availability was published in the News Gazette. Application instructions are being reviewed and updated as needed. The next date of interest in the allocation process is January 4, 2017 when the online application system opens. Updates on the status of the application process will be in the next several staff reports.

Contract Amendments: In the Board packet is a Decision Memorandum seeking authorization to reduce the amount of the contract award to Tap In Leadership Academy. The issue came to light through review of first quarter reports; a process that has taken longer than expected contrary to my November staff report. For more details on the amendment see the Decision Memorandum and supporting attachments.

An amendment to the Early Childhood Mental Health and Development (ECMHD) contract was requested by Rosecrance. The agency is terminating the Healthy Families contract with the Illinois Department of Human Services due to funding issues. This is one of three state contracts associated with the ECMHD program. The request to the Board is to modify the scope of work to remove the Healthy Families program and concentrate services on the other two contracts. Families served under the Healthy Families program will transition to one of the other programs. The amendment is in process.

On a related note, Rosecrance has been notified they are out of compliance regarding filing of the financial audit. The agency has until December 22, 2016 to submit the audit or payments on contracts will be held until the next regularly scheduled monthly payment following receipt of the audit. Rosecrance has acknowledged the issue exists and the audit is expected to be filed by the deadline. The delay is said to be due in part to the merger between Community Elements and Rosecrance as well as late confirmations of state contracts amounts. The latter was an issue cited by other agencies requesting extensions.

Criminal Justice - Mental Health: Regular monthly meetings of the Reentry Council and the Crisis Response Planning Committee are scheduled for December 7th. There will also be a Data Driven Health and Justice conference held at Carle Forum on December 9th. This event is similar to the one I attended on November 3rd in Chicago but is focused on Illinois.

Other Activity: Attended various monthly meetings including the United Way Community Impact Committee, the Continuum of Care/Council of Service Providers to the Homeless, and Prairie Center Youth Prevention Committee. Also participated in the quarterly state association Medicaid Committee conference call. And Lynn and I met with Promise Healthcare on psychiatric services.

December- Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

November was a full month of activities beginning with my first review of 2016 CLC Plans with providers..

I have attended the CU Collaborative Conversations about Race in CU. This is an opportunity to begin to build relationships and solutions about how to address discussion about race and how to move the conversation more intentional. The collaboration has expanded and it was recommended that additional stakeholders become involved that would like to build the bridge of CU Race Relations.

Cradle to Career- Will host their Community Report Card event January 12. I will provide updated information next month about the data received from that event.

Youth Mental Health First Aid has updated the instructor's manual to include more up to date information and additional research. I provide instruction as a part of the Project Aware Grant in collaboration with Champaign Unit 4 School District. I also participated in a Webinar to discuss how to work with Veterans.

My first CLC Review was with Felicia Gooler from DSC. It was the first round of Self-Evaluation and looking how to strengthen the plan

The School of Social Work students – Hosted 2 Trainings

Ethical Communication- On Monday, November 28, 2016 1:30-3:30 – 2 people were in attendance. They received positive feedback about their presentation

Effective Collaboration- Monday, December 5, 2016 at 1:30-3:30 – 3 people were in attendance There was positive feedback.

The students have completed the resource Guide. And will provide copies at the January Meeting.

National Center for Cultural Competence: The National Center for Cultural Competence has developed a new leadership program for DD/IDD populations.

I had another conference call with the Director, Tawara Goode about work with DD/IDD populations and the Transitional Planning for Champaign County. I continued reviewing best practices and researching the disparities within the DD/IDD Populations. In addition, looking at Transition Planning in Illinois for Best Practices

“The Leadership Institute is a collaborative, multifaceted initiative with a goal to increase the number and capacity of leaders to advance and sustain cultural and linguistic competence (CLC) and respond to the growing cultural diversity among people with intellectual and developmental disabilities (I/DD) in the United States, its territories, and tribal communities.

The Institute is funded over a five-year period through a Cooperative Agreement from the Administration on Intellectual and Developmental Disabilities (AIDD), Administration for Community Living, U.S Department of Health and Human Services. The Institute's activities include:

five annual Leadership Academies

a series of web-based learning and reflection forums for the I/DD network

long-term, tailored mentoring to selected organizations to assist them to achieve their cultural diversity and CLC goals. “

(Source: National Center for Cultural Competence nccc.georgetown.edu/leadership/)

I conducted a presentation the Diversity Seminar at the University of Illinois Psychology Department. We had a discussion about talking to children about Race based on a video about a Cheerios Commercial.

I met with Linda Tortorelli and we are having are series of meetings to talk about Transition Planning and what is happening. The meetings will be held on December 5 and December 7. We are first meeting with schools and families. Providers will be included at a later time.



Champaign County Community Coalition Summer Initiatives

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
DEEMBER 14, 2016

12

13. A.

CHAMPAIGN COUNTY COMMUNITY COALITION



PURPOSE and FOUNDATION

The Community Coalition is a collaborative initiative involving governmental partners, park districts, education, law enforcement, mental health, community organizations, and individual community members working together to address and solve community problems of mutual concern.

VISION and MISSION

VISION: To provide a network of organizations and stakeholders that improve the lives of youth and their families resulting in youth who are empowered and safe, to promote effective law enforcement and positive police-community relations, and to support greater knowledge/use of the resources available.

MISSION: To lead the process of analyzing and identifying the needs and strengths of the community at large and facilitating collaboration with an array of organizations to provide interventions to youth and families.

Collaborative County-Wide Approach

The Executive Committee members and Coalition partners continue to meet monthly to discuss the ongoing challenges prevalent in communities throughout Champaign County.

It is imperative that there remains a collaborative, community-wide approach in the goal-focused areas: Community Partnerships; Police-Community Relations; Healthy Youth and Families; and Youth Development.

City of Champaign is the lead organization for the coordination of the Coalition and is responsible for the overall administrative responsibilities and daily coordination of all Coalition partners and activities.



Coalition partners and members from all over Champaign County pack the meeting room at the Champaign Public Library each month.

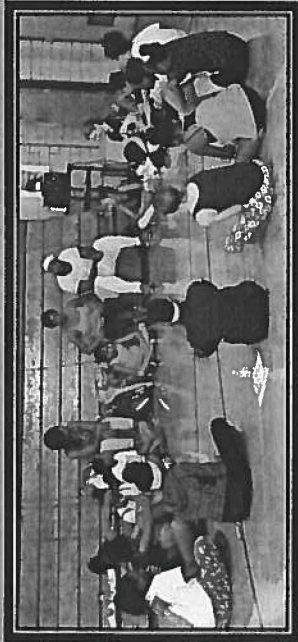
CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB)



- May 18, 2016 – CCMHB approved a total of \$535,000 to support the system of care sustainability
- \$428,000 set aside to sustain youth-guided, family-driven, justice and trauma-informed services and programs for FY17 (July 1, 2016 through June 30, 2017)
- \$107,000 set aside to support the work of the Champaign County Community Coalition's Summer Initiatives
- A contract was issued to the Don Moyer Boys and Girls Club to administer and manage subcontracts with Community Coalition Partners and agencies to implement the summer initiatives
- Each subcontractor submitted proposals on their programs and activities for funding
- Community Coalition Executive Committee approves the plan for funding the summer initiatives

Community Coalition 2016 Summer Initiatives
Arts Initiatives

Let's Dance (new initiative)



Community Coalition 2016 Summer Initiatives
Arts Initiatives

Banks Bridgewater Lewis Academy



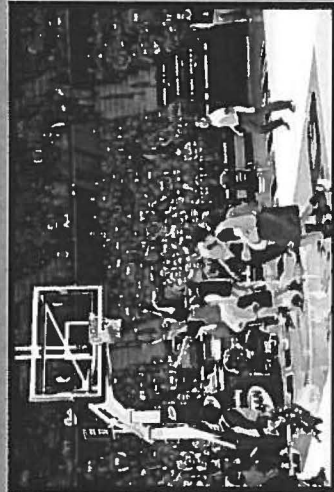
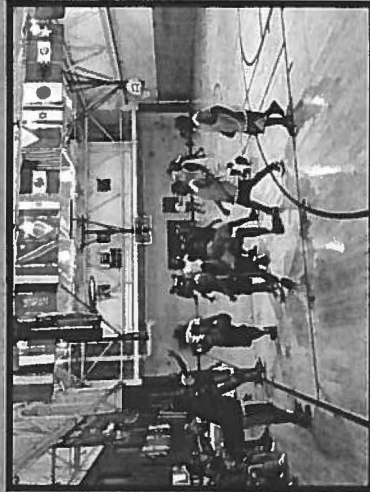
Community Coalition 2016 Summer Initiatives
Arts Initiatives

Urbana Arts Project (new initiative)



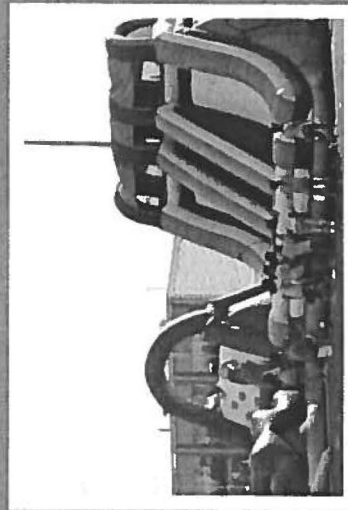
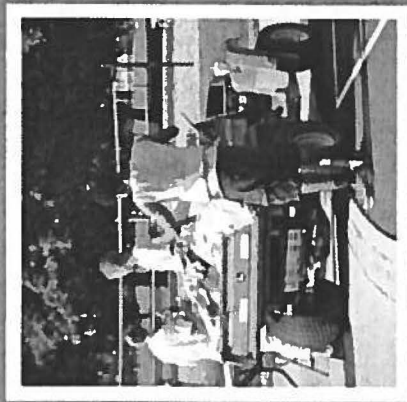
Community Coalition 2016 Summer Initiatives Recreation Initiatives

Midnight Basketball



*Community Coalition 2016 Summer Initiatives
Recreation Initiatives*

Community Campus Connection (C3)



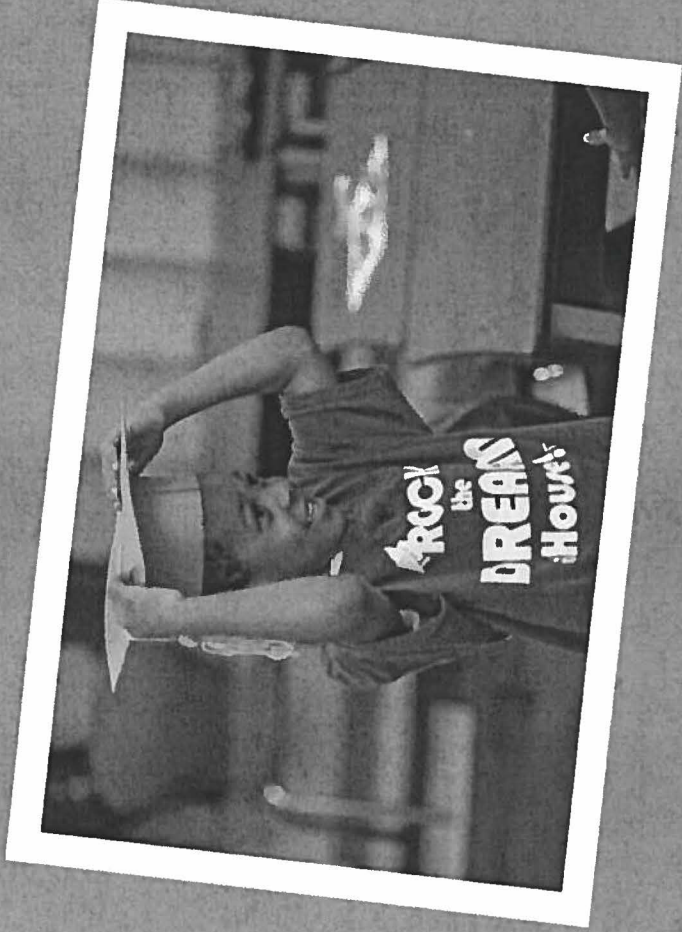
Community Coalition 2016 Summer Initiatives
Recreation Initiatives

First String



Community Coalition 2016 Summer Initiatives
Education Initiatives

DREAM House



Community Coalition 2016 Summer Initiatives Education Initiatives

Freedom School



Community Coalition 2016 Summer Initiatives Leadership & Mentoring Initiatives

Dream Girls Academy



Dream Girls Academy participants recently created "safe space" pillow cases. Penned with their own reminders of positive self-talk, affirmations, happy memories, these pillows help the Dream Girls create a safe space and reminders of positive coping skills for themselves.



Community Coalition 2016 Summer Initiatives Leadership & Mentoring Initiatives

Operation Hope, Jr.



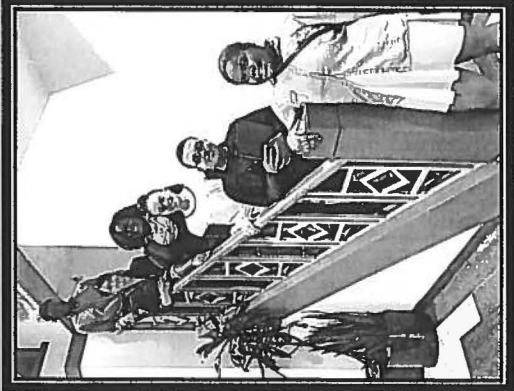
Community Coalition 2016 Ongoing Initiatives

Responding to issues of youth employment, race, and gun violence...

Summer Youth Employment Program

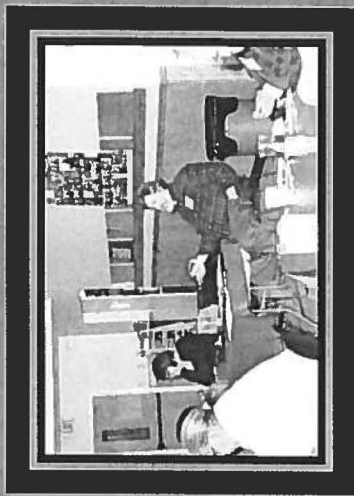
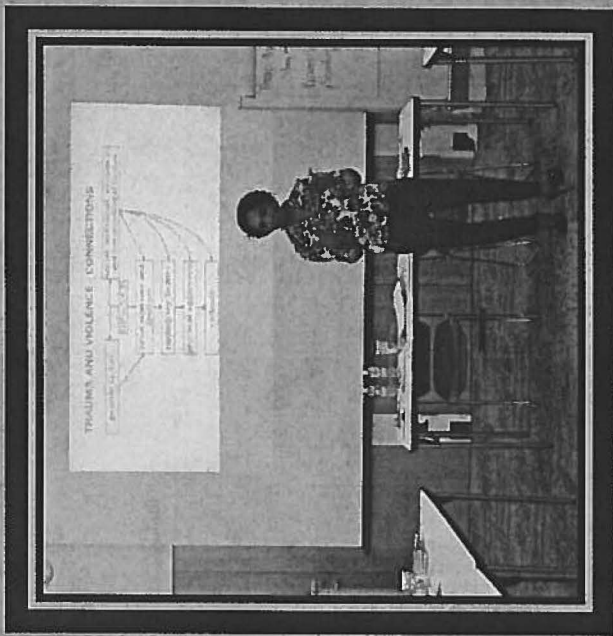


"Lunch and Learn" with Mayor Feinen and City Staff



Ready for City Council meeting!

Community Coalition 2016 Ongoing Initiatives
Responding to issues of youth employment, race, and gun violence...
CU Neighborhood Champions



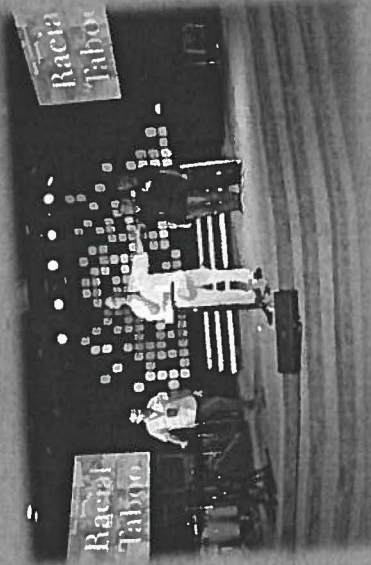
*Community Coalition 2016 Ongoing Initiatives
Responding to issues of youth employment, race, and gun violence....*

Walk As One Events



*Community Coalition 2016 Ongoing Initiatives
Responding to issues of youth employment, race, and gun violence...*

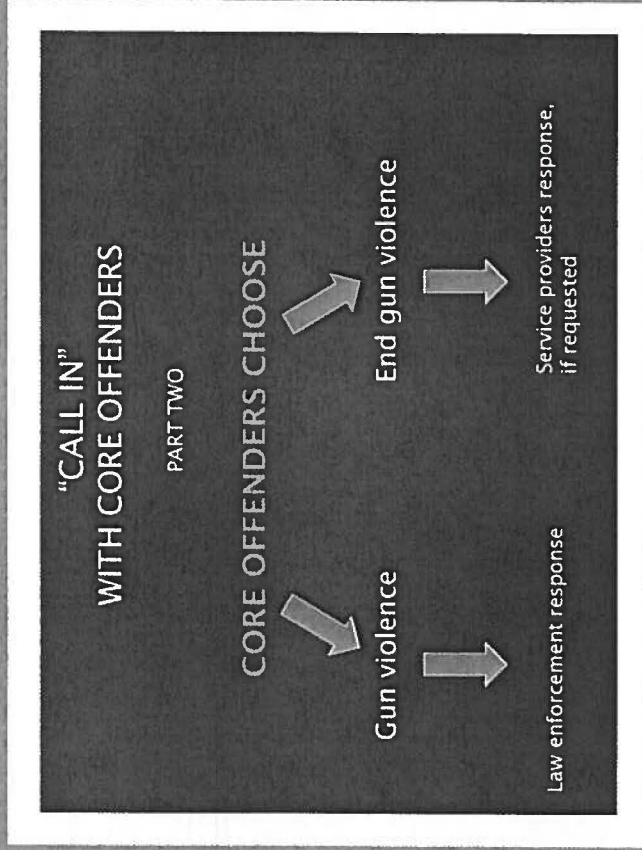
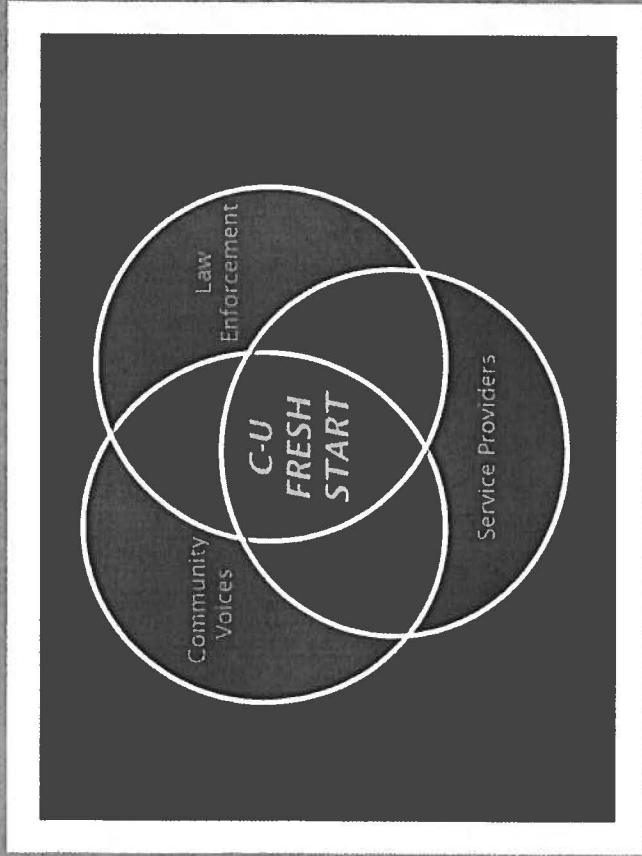
Racial Taboo



Community Coalition 2016 Ongoing Initiatives

Responding to issues of youth employment, race, and gun violence....

CU Fresh Start



CHAMPAIGN COUNTY COMMUNITY COALITION



Contact Information

Tracy Parsons, Community Relations Manager
City of Champaign
Community Relations Office
102 North Neil Street
Champaign, IL 61820
217-403-8830

Tracy.Parsons@champaignil.gov

Coalition Meeting Information

When: 2nd Wednesday of each month
Time: 3:30 PM to 5:00 PM
Where: Champaign Public Library
200 West Green Street
Robeson Pavilion Rooms A & B

THANK YOU

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Thoughts?

Suggestions?

Recommendations?



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Organizational Assessment

Recommended Action: The purpose of this memorandum is to seek approval for the Executive Director to work with the Presidents of the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) on identifying a qualified external evaluator who has a fund of knowledge of services and systems of the State of Illinois, for the purpose of conducting an assessment of allocation process, board and staff roles, staff operations, and collaborations with stakeholders.

Issue: The CCDDB and CCMHB share administrative services with new leadership. This transition offers an opportunity to improve the organization in deliberate ways. An outside consultant with relevant experience may be best able to integrate input from board members, staff, and stakeholders and recommend specific enhancements and guidance to the Director.

Decision Section: Motion to approve the Executive Director negotiating and executing a contract, with approval of the presidents of the CCDDB and CCMHB, for external evaluation of the organization and its operations.

- Approved
- Denied
- Modified
- Additional Information Needed



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Anti-Stigma Community Event – Roger Ebert’s Film Festival 2017

Recommended Action: The purpose of this memorandum is to seek approval for the Executive Director to commit to working with the Alliance for Inclusion and Respect to sponsor an anti-stigma film at the 2017 Roger Ebert’s Film Festival and related concurrent anti-stigma activities.

Issue: The Roger Ebert’s Film Festival is the centerpiece of our anti-stigma efforts in Champaign County. Our status as a primary sponsor has grown over the years, reaping increased exposure and media coverage, special attention from Chaz Ebert and festival staff, high-profile concurrent art exhibits, and increased collaboration with alliance members, university students, and community stakeholders in ongoing and future ‘pro-inclusion’ partnerships. Supports Mental Health, Developmental Disabilities, and Substance Use Disorder community awareness and education.

Fiscal/Budget Impact: The total cost for the event/sponsorship was initially anticipated to be \$30,000, divided between the CCMHB and CCDDDB. The CCDDDB share is charged as part of the administrative fee paid under the Intergovernmental Agreement. Total cost is reduced by contributions from Alliance members and ticket sales. In FY16, members contributed \$6,500.

Related Actions to Date: On June 22, 2016, the CCMHB approved “up to \$17,355 as the CCMHB share, contingent on approval of \$12,645 by the CCDDDB, to sponsor an anti-stigma film and concurrent anti-stigma activities at the 2017 Roger Ebert’s Film Festival.” At the July 20th meeting of the CCDDDB, the motion “to approve up to \$12,645 as the CCDDDB share, with CCMHB approved share of up to \$17,355 to sponsor an anti-stigma film” was tabled until new members were seated and a new director hired. A lower sponsorship cost has been negotiated, at \$15,000. The cost of concurrent activities and promotions can be offset by contributions. At their December 14, 2016 meeting, the CCDDDB will decide whether to approve funding for film sponsorship and related anti-stigma activities. If the CCDDDB decides NOT to approve up to \$6,322.50 to sponsor an anti-stigma film and activities, with CCMHB cost to \$8,677.50, the CCMHB may choose to approve the entire cost of sponsorship and activities or not to sponsor a film in the 2017 festival.

Decision Section:

Motion to approve up to \$15,000 as the CCMHB share, to sponsor an anti-stigma film and concurrent anti-stigma activities at the 2017 Roger Ebert’s Film Festival.

- Approved
Denied
Modified
Additional Information Needed

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13. D.

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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Mark Driscoll, Associate Director
SUBJECT: Contract Amendment – Tap In Leadership Academy

Recommended Action: The purpose of this memo is to seek approval of an amendment to the Tap In Leadership Academy contract. The amendment would reduce the contract award by 50%.

Issue: The Tap In Leadership Academy has not implemented the program for which it was awarded a contract by the Board but has been receiving monthly payments. The decision not to start the program was conveyed through the first quarter report (copy attached). The report narrative indicates CCMHB funded services will not start up before late January 2017. In that no formal communication regarding the decision to delay the program was initiated by Ms. Sally Carter, the agency executive director, clarification on the status of the program was requested in an e-mail sent to her on November 17, 2016. Ms. Carter acknowledge the delay and outlined plans for moving forward. A copy of the November 17, 2016 communication and Ms. Carter’s response is attached.

The amount of the contract award is \$35,000. Five monthly payments have been made to the agency for a combined total of \$14,580. However, a temporary hold has been placed on the December payment pending action on the amendment by the Board.

The Board has the authority to either terminate the contract or take other corrective action under Section C. 8. Services, item (a) of the contract. That section reads in part “Failure to implement services as stipulated in the Program Plan may be cause for termination of the Contract. The Board may at its discretion require corrective action by the Provider including but not limited to repayment of funds.” With the start-up of the program delayed at least six months, staff recommends the contract maximum be reduced by 50% from \$35,000 to \$17,500. Rather than require repayment of the funds, six future payments would be withheld starting with the December 2016 payment.

Fiscal/Budget Impact: Reduces contract award to Tap In Leadership Academy by \$17,500.

Decision Section:

Motion: Move to authorize staff to issue an amendment to Tap In Leadership Academy contract (MHB17-035) to reduce the contract maximum by 50% from \$35,000 to \$17,500 and adjust future payments as necessary to account for the reduction in the contract award.

- Approved
Denied
Modified
Additional Information Needed

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▶ Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency **TAP In Leadership Academy**
- Board **Mental Health Board**
- Program **The Kickback Lounge (2017)**
- Period **2017 - First Quarter FY17**

Status Submitted

[Change Status] to Submitted ▼

Date Submitted 10/26/2016 04:07 PM

Submitted By TAPINLEADERS

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	75		
Quarterly Data (NEW Clients)	0	0		
Continuing from Last Year (Q1 Only)				

Comments Tap In Leadership Academy's Kick Back Lounge (KBL) funded partially through the Champaign County Mental Health Board is designed to serve middle schoolers throughout Champaign County. This program is supplemental to the services our organization provides through our Afterschool Enrichment Program (AEP). 21st Century Community Learning Centers (21st CCLC) is the primary funder of our AEP. Although the 21st CCLC grant is made possible through federal funds, it is disbursed through the Illinois State Board of Education (ISBE). Due to the state of Illinois's budget crisis, fund disbursement has been delayed until October 21, 2016. We have since submitted our continuation application and are waiting on budget approval. Based on our past experience with 21st CCLC, we anticipate starting to serve Scholars through our AEP on Tuesday, January 17, 2016.

Unfortunately, this delay adversely affects our KBL as Team Members hired through our AEP work on the weekends at the KBL. During this time, their hourly wages are paid through CCMHB funding. The majority of youth participants that attend the KBL are recruited through our AEP, but without ongoing program, we are left with limited means to recruit. Due to the multitude of factors significantly impacting our ability to run program at the KBL, we have decided to halt the start of program. Members of the CCMHB have been notified of our decision.

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Mark Driscoll

From: Mark Driscoll <mark@ccmhb.org>
Sent: Thursday, November 17, 2016 11:52 AM
To: Sally Carter (1skcarter@gmail.com)
Cc: Lynn Canfield (lynn@ccmhb.org); Nancy Crawford (nancy@ccmhb.org)
Subject: Notification of delay in starting program

Hello Sally Carter,

Desk reviews are being completed on first quarter reports. As a new agency with a program under contract with the Champaign County Mental Health Board, I read with interest the Tap In Leadership Academy first quarter report. However, the report raises a number of questions and concerns.

The narrative provided in the comment section states Tap In Leadership Academy has decided to halt the start of the program. It appears from the narrative the earliest the program would start up is late January 2017. Please confirm the decision to halt the program and anticipated start date.

Be advised it is incumbent on you as executive director to inform the Board in writing of significant changes to the operation of the contracted program and services. I am not aware of any such notice having been provided to the Board. Once you have formally notified the Board of the change in status of the program, an amendment to the contract will be necessary. It is likely the amendment will reduce the contract maximum to account for delay in implementing the program per the terms of the contract.

It would also be helpful if you addressed costs charged to the CCMHB contract for a program that is not being implemented. According to the first quarter expense report, the CCMHB has been charged \$1,222 for lease/rental expenses. If the program has not started, how is it the CCMHB is being charged for that expense?

Thank you for your prompt attention to this very important matter.

Regards,

Mark Driscoll
Associate Director
CCMHB/CCDDB
1776 East Washington St.
Urbana, IL 61802
217/367-5703

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Mark Driscoll

From: Sally K Carter <1skcarter@gmail.com>
Sent: Wednesday, November 30, 2016 8:01 AM
To: Mark Driscoll
Cc: Lynn Canfield; Nancy Crawford; Tracy Parsons
Subject: Re: Notification of delay in starting program

Good morning,

First and foremost, I apologize for my delayed response. I have been dealing with two sudden deaths and illnesses in my family all within the last two weeks. I am working as diligently as I can to catch up and I sincerely thank you for your understanding.

Upon notification of our approval for funding through the CCMHB, my Team and I immediately solidified any final details to implement our Kick Back Lounge. We had every intention of starting program at the beginning of the 2016-2017 academic year.

Around early October, we received news from our primary funding source for our out-of-school time program that the release of funds would be delayed. Our funder did not provide us with any other details, and at this time, has yet to release any of our grant award. Because our award from the CCMHB is used to supplement program expenses, we would not be able to sustain an active program for the full duration of the grant period on that one funding source alone. The plan to begin in January allows time: 1) for our 21st Community Learning Center grants to release funds owed to us, 2) to hire quality staff, 3) to reevaluate our program plans, and 4) if necessary, to restructure our funding pyramid to make CCMHB the primary funding source for this program, supplemented by donations and registration fees.

We secured the program location with every intention of operating a full service Kick Back Lounge program. That obligation must be maintained regardless of when program truly begins. The space also stores all program equipment and supplies required for the success of the program.

At this time, would you like for me to submit an amendment?

Sincerely,

Sally

On Thu, Nov 17, 2016 at 11:52 AM, Mark Driscoll <mark@ccmhb.org> wrote:

Hello Sally Carter,

Desk reviews are being completed on first quarter reports. As a new agency with a program under contract with the Champaign County Mental Health Board, I read with interest the Tap In Leadership Academy first quarter report. However, the report raises a number of questions and concerns.

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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: Approve Three-Year Plan 2016-2018 with FY 2017 Objectives

The Three Year Plan (2016 – 2016) with FY 2017 Objectives has been finalized and is attached for the Board's consideration and action. An initial draft was included in the September Board packet. The plan was distributed for public comment following the September Board meeting. Minor changes to the plan were made based on the comments received and the updated draft provided to the Board for discussion at the November meeting. The request made at the November meeting for a study session on multi-year contracts has been added as an objective. The Plan is presented for final review and action.

Decision Section:

Motion: Move to approve the Three-Year Plan (2016 – 2018) with Fiscal Year 2017 Objectives as presented.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2017
(1/1/17 – 12/31/17)**

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

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

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

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

Objective #5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #6: As enrollment in health insurance and Medicaid managed care plans reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of Medicaid, e.g. Peer Supports.

Objective #7: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Require a cultural competence and linguistic competence plan, with bi-annual reports, as evidence of the provider's capacity to provide services to meet the needs of the population served.

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

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

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

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

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

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

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

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

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

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

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

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

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

Objective #1: Support the efforts of the Champaign County Community Coalition and other system of care initiatives.

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

Objective #3: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." Encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

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

Objective #1: Serve on the Crisis Response Planning Committee, the planning body established under the Justice and Mental Health Collaboration award

from the Department of Justice, and commit resources necessary to meet the matching funds requirement of the DoJ award.

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

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

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

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

Objective #1: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #2: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #3: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

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

Objective #5: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #6: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

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

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination, such as the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including

disABILITY Resource Expo: Reaching Out for Answers and the National Children's Mental Health Awareness Day.

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

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

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

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA) and other state and national associations.

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

Objective #3: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.

Objective #4: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.



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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2018 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) FY2018 allocation period, July 1, 2017 to June 30, 2018. These recommendations emerge from board discussions and input from agency representatives and other stakeholders throughout the year, along with previous public input and our understanding of the transforming service delivery and payment systems. This document has been shared with stakeholders and provider organizations for their input, and a final draft now presented for approval by the board.

State of Illinois funding for community-based mental health, substance use disorder, and developmental disabilities services has steadily declined since 2008, driving the anxiety shared by people who desire services, by advocates and supporters of those people, and by providers of services. General revenue funds have been reduced as Medicaid has expanded to be the primary fund source, even with notoriously low reimbursement rates and siloed systems. Medicaid Managed Care has accompanied efforts to control costs with little regard for the impact on the community behavioral health system in Illinois. That community-based system is changing rapidly in response, with local providers exploring mergers and consortia in order to survive, and some not surviving. Each year we say that citizens of Illinois have endured a year of unprecedented change and challenge. Each year we may be unable to imagine a worse situation, and then one unfolds. With the diminishment of core services traditionally funded by the state, such as psychiatry, detox, counseling, and support services for victims of sexual assault, the CCMHB will again face difficult choices, possibly between shoring up these core services and preserving successful local responses to local needs. Our obligations to the citizens of Champaign County include protecting the interest of its most vulnerable members and doing so through wise investments.

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Statutory Authority:

The CCMHB funding policies are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review and revision of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum shall become an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

Medicaid:

As the State of Illinois prepares an 1115 waiver proposal focused on behavioral health supports and system of care, maximizing federal matching revenue and taking advantage of CMS' current interest in innovative approaches, the limitations of the rules and rates and the changing requirements of Medicaid will continue to impact how local funding can best support the people it is intended to serve.

There is little debate about Illinois' inadequate Medicaid reimbursement rates. Each year we see the negative impact on the people who use Medicaid and Medicaid-waiver services and on the community-based organizations providing them. Yet the rate paid for a service or support is, by law, inclusive and must be taken as payment in full by the provider. Providers are prohibited from charging an amount greater than what Medicaid pays for a covered service to an eligible client or from accepting additional payment for that service from a third payer. Supplementation can result in penalties to the provider or simply cost the taxpayers of Champaign County twice.

In addition, the implementation of Medicaid Managed Care continues to present challenges for community-based providers and insured persons, and the CCMHB intends to be responsive as new problems call for new remedies.

The CCMHB will work with providers and stakeholders to identify services and supports not covered by Medicaid but which promise to improve behavioral health outcomes for individuals and promote a healthier, safer community.

Expectations for Minimal Responsiveness:

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

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities programs, services, and supports.

4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program/service.

To preserve the CCMHB's emphasis on FY2018 allocation decision criteria, all applications proposing new services should align with one or more of the specific priorities. Proposals to renew contracts to continue existing services need not align with specific allocation decision criteria but may be subject to redirection or reduction in funding.

FY2018 CCMHB Priorities:

The focus established during a CCMHB retreat in October 2015 continues, with three primary priority areas identified for the fiscal year 2017, still relevant as State and Federal service delivery and payment systems evolve. A fourth priority area has been added, due to staff discussions and emerging opinion that, while Medicaid rules prohibit use of our funding for some important core services, there are innovations not currently billable to Medicaid which improve access to those core services. While the proposed 1115 waiver promises an integrated system of care, funding is not yet available from the State to cover supports such as intensive case management or peer mentoring. Local funding could provide an interim, short term source of support to establish this initial system of care.

Priority #1: Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) defines the FY18 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services are being transformed toward fullest integration, consistent with Center for Medicare and Medicaid Services (CMS) Home and Community Based Services regulations, Workforce Innovation and Opportunity Act provisions, the ambitions of Employment First, and recent Olmstead decisions. Applications should include measurable objectives, goals, and timelines. The CCMHB values programs that result in:

- people controlling what they do with their day, and how, where, and with whom they live and interact
- people building connections to their community as they choose, for work, play, learning, and other, in places other community members use and when they use them
- people creating networks of support for themselves, to include friends, family members, community members with similar interests, and allies they choose
- people advocating for themselves, making informed choices, and controlling their own service/support plans, with measurable outcomes they value

In addition, with the established ongoing success of the disAbility Resource Expo, applications to coordinate planning, implementation, and evaluation of the event will be considered.

Priority #2 – System of Care for Youth and Families

The CCMHB has focused on youth with serious emotional disturbance (SED) and multi-system involvement since 2001. Continuing the commitment to a sustainable system of care will include these initiatives:

- The Champaign Community Coalition (System of Care) brings together representatives of key systems, including local government, public and private funders, secondary and higher education, child welfare, park districts, juvenile justice, mental health and substance use disorder treatment providers, neighborhood and community leaders, representatives of the faith community, and other stakeholders. CCMHB efforts should align with this manifestation of our system of care.
- Development of optimal Cultural and Linguistic Competence by providers of service and other child- and youth-serving systems.
- Maintaining investment in juvenile justice diversion services for young people with serious emotional disturbance and multiple system involvement, assuring clinical efficacy and the attainment of desired outcomes.
- Coordination with Choices Coordinated Care Solutions behavioral health managed care plan to assure enrollment of all youth who require Wraparound services and supports and are eligible.
- Support of family and youth organizations to assure that all services are “family-driven” and “youth guided,” acknowledging the critical role of peer support
- Reducing the negative impacts of trauma on youth and families, especially those exposed to gun violence.

Priority #3 – Behavioral Health Supports for Adults with Justice System Involvement

The CCMHB continues its commitment to addressing the needs of adults with serious mental illnesses and/or substance use disorder who have involvement with the criminal justice system, at any intercept, and most particularly with the Champaign County Jail. Local government, law enforcement, community-based providers of service, and other stakeholders have invested much time and energy over the last two years to address shared and growing concerns, such as incarceration which could be prevented or shortened by improved access to treatments that work, redirecting those with complex conditions to effective supports and services, and keeping them engaged. Collaborations around these issues include the Crisis Intervention Training Steering Committee, Reentry Council, Champaign Community Coalition, and the Crisis Response Planning Committee. In FY18, the CCMHB will continue to support programs addressing the needs of this population.

- enhanced crisis response, through a co-responder system, intensive case management, or other diversion strategy
- expanded access to psychiatric services
- peer mentoring and support
- detoxification and psychiatric stabilization
- connections or ‘warm handoffs’ between jail and community and detox and community

- wellness programming
- specialty courts and related services
- support services at the jail
- Mental Health First Aid training for law enforcement and first responders

Priority #4 – Innovative Practices to Support Access to Core Services

Many of the services and supports listed in the above priorities will also support the broader population’s access to core services traditionally not funded by local behavioral health authorities. While not directly paying for treatment which can be billed to Medicaid or other payor, the CCMHB may invest in programs, supports, and services not currently billable, which help people locate and secure such services and advocate effectively for themselves. Examples are:

- Intensive or specialized case management associated with a core service or special population
- Peer supports and mentoring
- Benefits counseling and advocacy

Overarching Priorities:

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, MD. A Cultural and Linguistic Competence Plan is required for the agency, and a template is provided which aligns with requirements of Illinois Department of Human Services. The agency’s Cultural and Linguistic Competence Plan may include specific activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should focus on improved, earlier identification of I/DD in underrepresented populations, as well as on the reduction of racial and service disparities. Members of underserved minority populations and people living in rural areas of the county should have access to quality services.

Inclusion and Anti-Stigma Efforts

Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. The CCMHB is interested in creative approaches toward the goals of increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Budget and Program Connectedness

Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. “What is the Board buying?” is the salient question that must be answered in the proposal, and clarity is required. For example, programs offering multiple services, such as those that involve services funded by Medicaid, identifying non-Medicaid activities and associated costs and personnel within the program is necessary and should be addressed in the Budget Narrative.

Realignment of Existing FY17 Contracts to Address Priorities

The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the four FY18 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies interested in 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: All applications are required to cite evidence-informed, evidence-based, research-based, or promising practices and address fidelity to the model under which services are to be delivered. In the absence of such models/approaches to meet defined community need, applications demonstrating creative, innovative approaches, including method of evaluation, will be considered.
2. Staff Credentials: Applications are required to highlight staff credentials and specialized training.
3. Resource Leveraging: Consideration will be given to applications that involve additional grant funding, community support, volunteer initiatives, and other creative approaches that amplify resources. If Board funds are to be used to meet a match requirement, the funder requiring said match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding. However, they are not the sole considerations in finalizing funding decisions. Other considerations include the judgment of the Board and its staff, evidence about 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 and objectives as well as operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on many variables. This process is not a request for proposals (RFP.) Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have mental illnesses, substance use disorders, or developmental disabilities. The nature and scope of applications will vary widely and will include treatment and early intervention models, and a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on

what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.

- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY18, two-year applications will be considered as part of the award process.

Decision Section:

Motion to approve the CCMHB FY2018 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- _____ Approve
- _____ Deny
- _____ Modify
- _____ Request Additional Information



14.C.

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

DECISION MEMORANDUM

DATE: December 14, 2016
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2018 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDDB) FY2018 allocation period, July 1, 2017 to June 30, 2018. The foundation of these recommendations is formed by board discussions and input from citizens, agency representatives, and other stakeholders during board meetings throughout the year, along with previous public input and our understanding of the transforming service delivery and payment systems.

From the September 18, 2013 Consolidated Statement of Priorities of Champaign County Stakeholders, the local service system was described as *“complicated, even for its most expert users; incomplete, meeting some of the needs of many and none of the needs of others; and fragmented,”* and problems associated with inadequate investments were identified across the lifespan. The experiences reported by families, advocates, individuals, and providers do not sound very different three years later.

An initial draft of this document was shared with stakeholders and provider organizations. Observations made by board members and others have been incorporated as revisions.

Statutory Authority:

The CCDDDB funding policies are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDDB Funding Guidelines require that there be annual review and revision of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum shall become an addendum to the CCDDDB Funding Guidelines incorporated in standard operating procedures.

Medicaid Rates, Waivers, and Supplementation:

As the State of Illinois has shifted its investments from grant contracts to DD waiver programs to capture federal matching revenue, the limitations of the waivers and rates and



the changing requirements of Medicaid have impacted how local funding can best support the people it is intended to serve.

There is little debate about Illinois' inadequate Medicaid reimbursement rates. Each year we see their negative impact on the people who use Medicaid and Medicaid-waiver services and on the community-based organizations providing them. Yet the rate paid for a service or support is, by law, inclusive and must be taken as payment in full by the provider. Providers are prohibited from charging an amount greater than what Medicaid pays for a covered service to an eligible client or from accepting additional payment for that service from a third payer. Such supplementation can result in penalties to the provider or simply cost the taxpayers of Champaign County twice. Item #6 of the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program: "Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider's charges."

The CCDDDB will work with Providers and stakeholders to identify services and supports not included in the waivers but identified by individuals' person centered plans as important for achieving their ambitions and fullest inclusion in their communities. Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state, so their enrollment in the PUNS database not only positions them for selection but may justify the use of local funding to provide relief for those waiting. The CCDDDB may consider other investments which lead to the highest quality of life for Champaign County residents with I/DD.

Expectations for Minimal Responsiveness:

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

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. Late applications will not be accepted.
3. Application must relate directly to intellectual/developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program/service.

Overarching Priorities:

Inclusion and Integration

All applications for CCDDDB funding shall be assessed for movement toward community integration and away from segregated services and settings. The emphasis on inclusion

aligns with changes in federal regulations and interpretation of the Olmstead Decision of the Americans with Disabilities Act.

The CCDDDB values programs that result in:

- people controlling what they do with their day, and how, where, and with whom they live and interact;
- people building connections to their community as they choose, for work, play, learning, and more, in places other community members use and when they use them;
- people creating networks of support for themselves, to include friends, family members, community members with similar interests, and allies they choose;
- and people advocating for themselves, making informed choices, and controlling their own service/support plans, with measurable outcomes they value.

Applications should explain how services are being transformed toward fullest integration, consistent with Center for Medicare and Medicaid Services (CMS) Home and Community Based Services regulations, Workforce Innovation and Opportunity Act provisions, the aspirations of Employment First, and recent Olmstead decisions. Applications will be required to include measurable objectives, goals, and timelines.

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. A Cultural and Linguistic Competence Plan is required of each applicant organization, and a template is provided which aligns with requirements of Illinois Department of Human Services. The agency's Cultural and Linguistic Competence Plan may include specific activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should focus on improved, earlier identification of I/DD in underrepresented populations, as well as on the reduction of racial and service disparities. Members of underserved minority populations and people living in rural areas of the county should have access to quality services; outreach strategies should be identified.

Anti-Stigma Efforts

Applications should describe how the program contributes to reduction of the stigma associated with I/DD. The CCDDDB is interested in creative approaches toward the goals of increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Budget and Program Connectedness

Applications should clearly explain the relationship between budgeted costs and program components. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required. For example, programs offering multiple services, such as those that involve services funded by Medicaid, identifying non-Medicaid activities and associated costs and personnel within the program is necessary and should be addressed in the Budget Narrative.

Person Centered Planning (PCP)

Applications should reference a PCP process used to develop an individual's service and support plan, specific to CCDDDB funding, which identifies and mobilizes community partnerships and resources that exist beyond the service system. To the extent possible, CCDDDB funding will be associated with people rather than programs and will focus on PCP-driven supports and services.

Programs should promote self-directed and culturally appropriate, individualized service plans, with measurable desired outcomes striking a balance between what is "important to" and "important for" an individual. Planning processes should be outcome-based, focused on and directed by the individual, building on their gifts and strengths. Planning activities should include the participation of those chosen by the individual, such as family members, friends, or community partners in whom the person has indicated trust, especially where an individual may have difficulty expressing their preferences. Plans should be documented in a way that is meaningful and useful to the individual and those involved with plan implementation. Additional detail about the specific PCP process may be requested as an addendum to the program plan prior to execution of a contract for services.

Workforce Development and Stability

The board's investments in other priorities are contingent on a stable and qualified workforce. The challenges to attracting and retaining this workforce follow from Illinois' inadequate investment in community-based services, in particular through low Medicaid rates. The board seeks to emphasize efforts to reward this important work with competitive wages and advancement opportunities. Applications should propose creative solutions for recruitment and retention of direct support staff. Systemic problems associated with the workforce shortage include:

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

FY2018 CCDDDB Priorities:

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

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding. Conflict-free Case Management is a requirement for all Home and Community Based Services, and intensive case management services have demonstrated value for people with I/DD as they define their own goals and how to achieve them. Applications proposing advocacy, linkage, and other service coordination activities, with minimal or no conflict of interest and emphasis on person-centered service planning, will be prioritized. In addition, with the established ongoing success of the disAbility Resource

Expo, applications to coordinate planning, implementation, and evaluation of the event will be considered.

Priority: Employment Services and Supports

Applications featuring job readiness training, job development and matching, job coaching, and innovative employment supports will be prioritized. These should incorporate evidence based practices, the principles of Employment First, and a focus on people's specific employment aspirations and abilities, in the most integrated settings possible. Community employers who understand the benefits of employing people who have I/DD may be identified and cultivated as partners in the effort to maximize outcomes for all.

Priority: Non-Work Community Life and Flexible Support

Applications emphasizing flexible support for people with I/DD, to stabilize home life in person-centered, family-driven, and culturally appropriate ways, and those emphasizing social and community integration for people with I/DD and behavioral or physical support needs will be prioritized. Selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other opportunities; and development of networks of support for individuals and families.

Priority: Comprehensive Services and Supports for Young Children

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

Priority: Self-Advocacy and Family Support Organizations

Applications highlighting sustainable self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other allies, will be prioritized. Activities may center on: improved understanding of I/DD, supports, and rights; peer mentoring; navigating the system of care; social connections; engaging in system advocacy; and other.

Priority: Expansion of Integrated Residential Opportunities

Applications offering creative approaches to expanding the availability of smaller residential settings (e.g., CILA homes for up to four people) in Champaign County will be prioritized.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations.

1. Approach/Methods/Innovation: Applications proposing evidence-informed, evidence-based, or research-based approaches and addressing fidelity to the model cited. Applications demonstrating creative, innovative approaches to meet defined community need.
2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by people with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. Resource Leveraging: Applications that involve additional grant funding, community support, “natural supports” in employment and community settings, volunteer initiatives, and other creative approaches that amplify resources.
4. Staff Credentials: Applications highlighting staff credentials and specialized training.
5. Records System Reflecting CCDDDB Values and Priorities: Applications proposing to develop and utilize records systems for individual supports, programs, and projects that clearly reflect CCDDDB values and priorities. Such records systems can be used to provide rapid feedback to CCDDDB on the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day-to-day management, supervision, and mentoring/coaching.

Process Considerations

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCDDDB funding. However, they are not the sole considerations in finalizing funding decisions. Other considerations include the judgment of the Board and its staff, evidence about the provider’s ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board’s stated goals and objectives as well as operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCDDDB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability support areas, and decision-support match up.

The CCDDDB allocation of funding is a complex task predicated on multiple variables. This process is not a request for proposals (RFP.) Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have developmental disabilities. In many respects our task is more difficult than conducting an RFP. Based on past experience, we can anticipate that the nature and scope of applications will vary widely and will include treatment and early intervention models. For these reasons, a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and

priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines.
- 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.
- The CCDDDB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.

- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY2018, two-year applications will be considered as part of the award process.

Decision Section:

Motion to approve the CCDDDB FY2018 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- _____ Approve
- _____ Deny
- _____ Modify
- _____ Request Additional Information

14.D.

DRAFT
2016-2017 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting, held immediately following the board meeting, or during the Champaign County Developmental Disabilities Board meeting. Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2018 (July 1, 2017 – June 30, 2018).

<u>Timeline</u>	<u>Tasks</u>
9/21/16	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY 2017 Objectives
10/19/16	Regular Board Meeting Presentation by UIUC Community Learning Lab Students: Stigma Release Draft CY18 Allocation Criteria
10/24/16	Trainings on Trauma and Implicit Bias Study Session of the CCDDDB and CCMHB, 12:30-4:30PM
11/16/16	Regular Board Meeting Reentry Council Presentation Final Presentations of UIUC Community Learning Lab Groups Draft Three Year Plan with One Year Objectives Draft Allocation Decision Support – CY 2018 Allocation Criteria Draft Two-Year Contract Proposal
12/14/16	Public Notice published on or before this date, giving at least 21 day notice of the open application period.
12/14/16	Regular Board Meeting Champaign Community Coalition Report /Presentation on 2016 Summer Initiatives Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY 2018 Allocation Criteria
(12/21/16)	(Optional Study Session)
1/4/17	CCMHB/CCDDDB Online System opens for CCMHB CY 2018 application cycle.
1/18/17	Regular Board Meeting

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Election of Officers

- (1/25/17) (Optional Study Session)
- 2/10/17 Online System Application deadline – System suspends access to CY18 applications at 4:30 p.m. (CCMHB close of business).
- 2/22/17 Regular Board Meeting
Liaison Assignments
List of Funding Requests
- (3/1/17) (Optional Study Session)
- 3/22/17 Regular Board Meeting
Approve FY 2016 Annual Report
- (3/29/17) (Optional Study Session)
- 4/12/17 Program summaries released to Board and copies posted online with the CCMHB April 20, 2016 Board meeting agenda.
- 4/19/17 Regular Board Meeting
Program Summaries Review and Discussion
- (4/26/17) (Optional Study Session)
- 5/10/17 Allocation recommendations released to Board and copies posted online with the CCMHB May 18, 2016 Board meeting agenda.
- 5/17/17 Regular Board Meeting
Allocation Decisions
Authorize Contracts for CY 2018
- (5/24/17) (Optional Study Session)
- 6/21/17 Regular Board Meeting
Approve FY 2018 Draft Budget
- (6/28/17) (Optional Study Session)
- 6/30/17 Contracts completed.

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings and allocation process deadlines.*

14.E.

Agency Name	Acronym
Champaign County Regional Planning Commission	CCRPC
Champaign County Children's Advocacy Center	CAC
Community Choices	
Community Elements	CE
Community Service Center of Northern Champaign County	CSCNCC
Courage Connection	
Crisis Nursery	CN
Don Moyer Boys & Girls Club	DMBGC
Developmental Services Center	DSC
East Central Illinois Refugee Mutual Assistance Center	ECIRMAC
Family Service of Champaign County	FS
Mahomet Area Youth Club	MAYC
Promise Healthcare	
Prairie Center Health Systems	PCHS
Rape Advocacy Counseling Education Services	RACES
The UP Center	
Urbana Neighborhood Connections Center	UNCC

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