



Champaign County Mental Health Board (CCMHB) Study Session Agenda

Wednesday, May 18, 2022 at 5:45PM

Held remotely, at <https://us02web.zoom.us/j/81393675682> 312-626-6799, Meeting ID: 813 9367 5682 with required representation in the Shields-Carter Room, Brookens, 1776 E. Washington Street, Urbana, IL

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the CCMHB President's determination that holding this meeting in person is not prudent at this time due to health concerns with COVID-19 cases and hospitalizations reported in the county, this meeting will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at <https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>.

Public Input: All are welcome to attend the Board's meetings to observe and offer thoughts during "Citizen Input/Public Participation. For support, let us know how we might help by emailing stephanie@ccmhb.org. You may also communicate with the Board by emailing stephanie@ccmhb.org any written comments you would like read into the record.

1. Call to Order
2. Roll Call
3. Zoom Instructions (**page 2**)
4. Approval of Agenda*
5. Citizen Input/Public Participation - *The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.*
6. President's Comments – Joseph Omo-Osagie
7. **STUDY SESSION – Review of Applications for Funding and Recommendations**
 - A. *This review continues from the Board's 4/20/22 meeting and 4/27/22 study session. For board review are two additional program summaries of agency applications for PY23 funding and spreadsheets showing requests and total commitments. (pages 3-18)*
 - B. *Included in the packet for Board review and discussion is a DRAFT memo of staff recommendations for funding for PY23, with Tier Sheet and written feedback from agencies regarding the staff program summaries of their applications. (pages 19-48)*
 - C. *Agency Responses to Staff Program Summaries are also included. (pages 49-70)*
 - D. *Glossary and Acronyms (pages 71-82)*
8. Agency Input - *The CCMHB reserves the authority to limit individual public participation to 5 minutes and limit total time to 20 minutes.*
9. Board Announcements
10. Adjournment
**Board action requested*

#3

**Instructions for participating in Zoom Conference Bridge for
CCMHB Study Session
May 18, 2022 at 5:45 p.m.**

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

Go to Join Zoom Meeting
<https://us02web.zoom.us/j/81393675682>
Meeting ID: 813 9367 5682

One tap mobile

+13126266799,,81393675682# US (Chicago)

+13017158592,,81393675682# US (Washington D.C)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 301 715 8592 US (Washington D.C)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 813 9367 5682

Find your local number: <https://us02web.zoom.us/u/kclgvKiumy>

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

Join with computer audio.

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

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

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

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

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

#7.A.

Continued Review of
PY2023
CCMHB
Funding Requests

Agency: Promise Healthcare

Program: Mental Health Services with Promise

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$350,117

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: While open to all ... [target] are patients of a Promise program or our collaboration with Rosecrance... on-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare (NCCBH) and the National Association of Community Health Centers (NACHC). Research conclusively supports that patients often address behavioral health issues with the primary health care provider. With the assistance of our CCMHB Mental Health Services grant, team based care utilizing primary care providers and psychiatric providers, patients may be prescribed a behavioral health medication by Psychiatry or Primary care.

Scope, Location, and Frequency of Services:

Scope:

Counseling Services - Mental health services to our patients are provided by James Hamilton, LCPC (1.0 FTE), Cindy Lam, LCPC and by Shae Ellington, LCSW (1.0 FTE) to established medical patients who are referred by one of the health center's primary care medical providers.

Adult Psychiatry - Dr. Archana Chopra (.50FTE), a psychiatrist, provides services for patients with acute or chronic/serious mental illness who are often in need of a behavioral health medication. Dr. Chopra is available for provider education on behavioral health issues and to meet with PCPs individually for case consultation. Dr. Chopra welcomes both internal referrals and patients new to the health center. Dr. Hayng-Sung Yang (1 FTE) and Dr. Feiteng Su (.50 FTE) are psychiatrists who work with patients supported by Promise Healthcare primary care providers, counselors, Rosecrance counselors and case managers for psychiatry visits, and patients new to Promise or Rosecrance.

Nursing Support for Mental Health - Registered nurses support our patients who are prescribed psychiatric medications including anti-depressants for depression, mood stabilizers for bi-polar disorder, stimulants for ADHD and attention issues, and anti-anxiety for anxiety, panic and PTSD, and administer injection clinics. Our mental health nurses also provide extended triage coverage for patients under the care of our psychiatrists and/or the care of our primary care providers prescribing psych meds.

AR Claims Specialist - With CCMHB funding Promise has staff whose work will include processing behavioral health claims denied by Medicaid managed care organizations and other payors.

Location/Frequency: all Promise Healthcare locations

Access to Services for Rural Residents: Although there is no priority given for rural residents, Promise continues to serve anyone, and many patients are from rural areas including medically underserved Townships.

Access to Services for Members of Historically Underinvested Populations: Promise Healthcare works to execute its mission to create a healthier community by delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. More than 50% of our board of directors are patients of the health center including our behavioral health services.

Residency of 1808 People Served in PY21 and 2376 in the first half of PY22

Champaign	1,074 (59.4%) for PY21	1,111 (46.8%) for PY22
Urbana	323 (17.9%) for PY21	692 (29.1%) for PY22
Rantoul	154 (8.5%) for PY21	224 (9.4%) for PY22
Mahomet	58 (3.2%) for PY21	94 (4.0%) for PY22
Other	199 (11.0%) for PY21	255 (10.7%) for PY22

Demographics of 1808 People Served in PY21

Age

Ages 13-18 -----	29 (1.6%)
Ages 19-59 -----	1,504 (83.2%)
Ages 60-75+ -----	275 (15.2%)

Race

White -----	1,125 (62.2%)
Black / AA -----	451 (24.9%)
Asian / PI -----	23 (1.3%)
Other (incl. Native American and Bi-racial) -	99 (5.5%)
Not Available Qty -----	110 (6.1%)

Gender

Male -----	758 (41.9%)
Female -----	1,046 (57.9%)
Other (may include non-binary and gender non-conforming people)	(.2%)

Ethnicity

Of Hispanic or Latino/a origin -----	124 (6.9%)
Not of Hispanic or Latino/a Origin -----	1,592 (88.1%)
Not Available Qty -----	92 (5.1%)

Staff Comment: the PY21 total of 1808 is below the total of both TPC year-end totals; during that program year, one demographic and one residency report were submitted each quarter; the PY22 Q1 and Q2 total of 2376 is equal to the Psychiatric TPCs, but the agency did submit reports for the Counseling TPCs, showing that 87 or 31% were from Urbana, 144 or 51% were from Champaign, 21 or 7.5% were from Rantoul, 7 or 2.5% were from Mahomet, and 21 or 7.5% were from Other Champaign County.

Program Performance Measures

CONSUMER ACCESS: available to anyone regardless of ability to pay. Promise works on promotion several ways including working with collaborators and referring agencies and providers, marketing and social media. However, most patients learn about our mental health services through word of mouth from family and friends.

Within 14 days from referral, 100% of those referred will be assessed.

Within 30 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 12-15 months for counseling; psychiatric services ongoing.

Additional Demographic Data: health coverage, veteran, migrant worker status, homelessness, and preferred language.

CONSUMER OUTCOMES:

We expect that clients in counseling and psychiatry will have

1. decrease in emotional distress or mental health symptoms
2. work to support patients to achieve their optimal health

3. increase in percentage of denied claims that are addressed

Measured by:

1. Decrease in emotional distress or mental health symptoms will be measured using the Patient Stress Questionnaire (PSQ) in the electronic health record. The PSQ includes The Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tool. The data is reported to the behavioral health provider and entered into the electronic health record.
2. Work to support patients to achieve their optimal health is measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through monthly patient experience surveys.
3. Promise business office measures and reports the percentage of denials addressed.

Outcome gathered from all participants? No. *(see below, benchmark response)*

Anticipate 2100 total participants for the year.

Will collect outcome information: throughout the year. *(see below, benchmark response)*

Is there a target or benchmark level for program services? Yes. PSQ in the electronic health record with the Patient Health Questionnaire (PHQ-9), and the AUDIT screening tool are collected for every patient engaged in therapy as part of the initial assessment and after six months of engagement. Psychiatry does not use a tool but instead subjective clinical judgement. Promise offers surveys to every patient at every encounter on a monthly basis. We expect our health center to perform at or above state and national averages for community health centers. Promise screens for depression as part of medical visits for all eligible patients throughout the year. The CDC's Healthy People 2020 has set a goal for 87% of patients screened with follow up plans. As Promise works to reach the HP2020 goal, we have set an internal target of 80%.

Estimated levels of change: majority of the patients demonstrate improvement in the PSQ scores with an improvement of 5% over 2021 scores. Since we are offering patient surveys monthly rather than yearly, we have set a minimum number of completed patients surveys of >7 per month per provider. For the goal of depression screening with a follow up plan, in 2022 we plan to maintain or improve the goal the percentage over 2020 by >10% of appropriate medical patients are screened for depression with appropriate follow up.

UTILIZATION:

Treatment Plan Clients (TPCs): continuing and new patients to counseling or seeing a psychiatrist (unduplicated) will be counted as Treatment Plan Clients. We are projecting 1,600 TPC in adult psychiatry and increasing to 300 in counseling with the HRSA funded position. *Staff Comment: targets do not match those listed in the Utilization Forms.*

Non-Treatment Plan Clients (NTPCs): 400 patients who receive their behavioral health medications from their Promise Healthcare primary care provider with continued support provided by our psychiatrists—usually tracked in psychiatry. When a patient does not complete assessment or chooses to not engage in therapy with one of our therapists, this is tracked as NTPC for counseling.

Service Contacts (SCs): 2,200 counseling encounters and appointments with psychiatrists will be tracked using SC to count each encounter or kept appointment. We are projecting >9,500 psychiatry encounters and increasing the number of encounters in counseling by 10% over the numbers reported in 2021. *Staff Comment: target for psychiatric encounters does not match the one listed in Utilization Form.*

Community Service Events (CSEs): outreach staff promoting the mental health program or educating about mental health awareness outside the health center—typically a community event or health fair. For psychiatry reporting, CSE is where we will track staff and provider trainings related to behavioral health issues. In FY22 we are projecting four trainings related to behavioral health care from all-staff trainings on how to handle patients in crisis to bringing outside speakers to talk about managing chronic pain.

Other: not projecting Other for counseling. In the adult psychiatry tracking Promise business office will report the percentage of denials addressed as Other. Our funded position addresses all denied claims.

Staff Comment: during PY21, all but the CSE target for psychiatric services were met, and CSEs did not occur due to COVID mitigation; actual utilization for counseling services was below targets; in PY22 targets are likely to be met, with psychiatric TPCs exceeded during the first half of the year. As a result, the proposed changes to targets which are detailed in the Utilization Form seem appropriate, as do some described in the Program Plan Narrative, but these forms should be revised to match.

PY2023 Annual Targets (per Utilization Form)

	TPC- Psych/Couns	NTPC-Psych/Couns	SC-Psych/Couns	CSE-Psych/Couns	OTHER-Psych/Couns
<i>Annual Target</i>	1675/475	950/400	8000/2200	7/0	40%/0
PY2022 First two quarters (per submitted Service Activity Reports)					
First Quarter PY22	1173/182	266/0	1946/456	0/0	25%/0
Second Quarter PY22	1203/144	243/0	1883/435	0/0	4%/0
<i>Annual Target</i>	1650/500	900/500	8000/2750	5/0	60%/0
PY2021 all four quarters (per submitted Service Activity Reports)					
First Quarter PY21	1261/136	235/0	1978/0	0/0	0/0
Second Quarter PY21	146/60	236/0	1984/432	0/0	0/0
Third Quarter PY21	128/150	219/0	1853/434	0/0	0/0
Fourth Quarter PY21	118/74	234/0	1763/492	0/0	40%/0
<i>Annual Target</i>	1600/500	850/0	7500/2750	4/0	50%/0

Financial Analysis

PY2023 CCMHB Funding Request: \$350,117

PY2023 Total Program Budget: \$2,990,906

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$350,117

CCMHB request is for 12% of total program revenue. Other revenue is from Contributions \$75,000 (3%), US Dept HHS Grant \$344,000 (12%), Medicaid fees \$709,684 (24%), Medicare fees \$398,261 (13%), Self-pay \$2,276, Private insurance \$153,203(5%), and Program Service Fees from 340B \$958,365 (32%).

Personnel related costs of \$456,766 are the primary expense to CCMHB, at over 100% of request.

Total Agency Budget has a Surplus of \$1,793, Total Program Budgets a Surplus of \$2,068,354, and Total CCMHB Budget a deficit of \$106,649.

Program Staff to be funded by CCMHB: 0.63 Indirect and 3.30 Direct = 3.93 FTEs

Total Program Staff: 2.10 Indirect and 12.05 Direct = 14.15 FTEs

Staff Comments: there is a total program surplus of over \$2M indicating that the program is more than funded without the need for MHB dollars. The MHB budget shows a deficit of over \$100k, and none of the amounts itemized in the budget narrative match what was entered on the Personnel, Revenue, and Expense forms.

Audit Findings: *The agency uses a calendar year fiscal year, with audit report due by June 30. The most recent audit report was for 2020 and was submitted in October 2021. The findings reported have been addressed by the agency and its board in a corrective action plan. The appearance of surplus revenue in total agency/program may indicate excess revenue owed to the CCMHB, but a determination is not possible until the 2021 audit is available for comparison. The 2021 audit report is due on or before June 30, 2022.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes.

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility*

Questionnaire, no problems identified. Some required forms were submitted by the deadline and others after the deadline, per special instruction of the CCMHB. Proposed services/supports relate to mental health and how



they will improve the quality of life for persons served. Some evidence is provided regarding other sources of funding for the program. Virtual services are not a focus.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *many board members are also patients; each CLAS standard is addressed, some using feedback from patient surveys.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *no update for annual training; CLC committee continue to meet every other month; good detail on patient supports for communication and language access as well as continuous improvement (all new employees receive a summary of the CLCP, e.g.); quarterly peer reviews of medical and behavioral health and dental; annual patient satisfaction survey started.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: *Promise recruits board members from our current active patients – ensuring inclusion of an underserved population. We offer training for board and staff on cultural and linguistic competency as part of onboarding and annually and have a diverse staff committee that works to address CLC.*

Outcomes: *two outcomes relate directly to the client experience, the first measured by a validated tool or patient survey and the second by tracking clinical care gaps; a third outcome measures program impact by tracking denials, which is of value to individuals and the broader system.*

Virtual Service Option(s): *not a focus of the application, though telehealth could benefit some patients.*

Coordinated System: *Rosecrance provides adolescent and adult mental health counseling available to those covered by Medicaid or other insurance. Hope Springs provides pediatric counseling to those with health coverage and a sliding fee scale. Carle provides some counseling and psychiatry to covered individuals and through a community benefit program. OSF has added psychiatry access for adults and children. Promise has active collaborations with all these providers. Promise Healthcare is co-located with Rosecrance at their Walnut St. clinic and holds psychiatry access for their CRC (formerly Respite) and Crisis programs. Rosecrance case managers coordinate care with Promise. Promise is in regular communication with Hope Springs and often refers our very young children to Hope Springs for in-home services which we do not offer. Promise collaborates with Carle in several ways including hosting a Carle Illinois College of Medicine psychiatry residency program outpatient clinic at our Walnut St. clinic.*

Staff comment: excellent details; the final listed collaboration seems critically important for the future of community-based mental health services.

Budget and Program Connectedness: *budget narrative details don't match other financial forms; generally the program and budget presentations are connected but these details should be addressed, and the agency should warrant that these funds will not supplement Medicaid or other insurance.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes integration of behavioral health into primary care and primary care into behavioral health, links to SAMHA resources.*

Evidence of Collaboration: *written working agreements with: Carle Foundation Hospital, and for Interpreter Services, Family Medicine Residency, Pediatric Residency, Psychiatry Residency Program; Carle Patient Advisory Nurse; Champaign County Board of Health; CCRPC's Head Start/Early Head Start; Hudson Drug; LabCorp; OSF Healthcare Heart of Mary Medical Center; and Rosecrance.*

Staff Credentials: *section identifies a full-time LCSW, 2 full-time LCPCs, full-time RN (20% to this program) and a full-time RN psychiatric nurse, 3 psychiatrists (totalling 2 FTE), and 1 AR Claims Specialist.*

Resource Leveraging: *if total program revenues have been recorded correctly, CCMHB would provide 12% of funding for these services. Other Pay Sources:* *The primary source of funding for the program will be patient revenue. Most patient revenue will be billing a patient's health covering including Medicaid, managed care*

plans, Medicare and commercial insurance. **Client Fees:** Yes. **Sliding Scale:** Yes. Mental Health – Uninsured patients living at or below 100% of the Federal Poverty Level (FPL) are charged \$5 for a visit with our psychiatrist and \$4 for a visit with one of our therapists. Charges slide from there to \$10 and \$15 for those between 100% and 200% of the FPL. Over 200% are full charges. Medical – Uninsured patients living at or below 100% of the FPL are charged a \$10 nominal fee for a visit but no other charges, even if the visit includes lab work. Charges slide from \$25 to \$45 for those living between 100% and 200% of the FPL. Over 200% are full charges. Dental - Uninsured patients living at or below 100% of the FPL are charged \$20 for an exam visit and \$40 for a treatment visit. Charges slide from \$30 to \$70 for those living between 100% and 200% of the FPL. Over 200% are full charges. Patients can apply to have their nominal fees waived for a year at a time if truly indigent.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Correct errors and resolve discrepancies across all financial forms. Address the total program budget surplus issue, particularly because it does not appear that MHB funding is needed. If a justification can be provided through revisions, the CCMHB column budget should be balanced and total program should not show a surplus.*
- *Because care should be taken to avoid supplementation of Medicaid, managed care, and other insurance coverage, include a statement in the budget narrative.*
- *Reconcile utilization target mismatches between Plan Forms 1 and 2.*
- *The 2021 audit is due before July 1, as is a letter of engagement with CPA firm for 2022 audit. These are pre-requisite to contracting.*
- *Retain PY21-PY22 Special Provisions: presentation of financials due to calendar year fiscal year (with deadline prior to audit deadline); if a two-year contract, any excess revenue from the first year cannot be spent during the second year; prorate total amount of contract if there are vacancies at July 1; collaborate with Champaign County Christian Health Center.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2023 CCMHB Program Analysis

Agency: Promise Healthcare

Program: Promise Healthcare Wellness

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$107,987

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: patients with non-clinical barriers to achieving optimum medical and mental health. Specifically the program will target patients who have a mental health need, those who have psycho-social support needs, and those who have been identified as having barriers to executing their treatment plan.

Scope, Location, and Frequency of Services:

Scope: coordinators work with patients to remove barriers from reaching optimum medical and mental health... assisting patients with access to medications, social service needs, linkage with other agencies, and enrolling eligible patients in Medicaid/Marketplace insurance. The program is also charged with supporting collaborations and outreach. With the support of a CCMHB grant... on site mental health services at Frances Nelson, school-based health center and at our location on Walnut to achieve the integration of medical and behavioral health care.

Patient Assistance and Case Management –unique supports to help patients increase access to elements of their treatment plan. The project coordinators work with our medical/mental health providers and referring partners to identify patients who need assistance removing treatment plan barriers... [and] to establish a medical home and access to behavioral health services, transportation assistance, medication assistance, utility assistance, legal assistance, dental care, food support, and more.

Promise Healthcare on Walnut Satellite – facilitating patient access to... our primary care providers and psychiatrists.

Community Outreach – ... the Re-entry Resource Fair, Love Clinic at the Church of the Living God, Champaign Urbana Days at Douglas Park, the Disability Expo, Church Women United Back to School Event in Rantoul, St. Mary's Latino Fair, and more.

Service Collaboration – with several agencies in town to help provide resources to our patients.

Location/Frequency: Frances Nelson Health Center in Champaign, M-F, 7:30 – 5:30; Promise Healthcare on Walnut and Urbana School Health Center by appointment.

Access to Services for Rural Residents: Although there is no priority given for rural residents, Promise Healthcare routinely sees patients from rural areas including underserved Townships.

Access to Services for Members of Historically Underinvested Populations: Promise Healthcare works to execute its mission to create a healthier community by targeting delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. More than 50% of our board of directors are patients of the health center. There is no charge for Promise Healthcare wellness support.

Residency of 288 People Served in PY21 and 485 in the first half of PY22

Champaign	174 (52.7%) for PY21	122 (43.7%) for PY22
Urbana	101 (30.6%) for PY21	100 (35.8%) for PY22
Rantoul	34 (10.3%) for PY21	30 (10.8%) for PY22
Mahomet	4 (1.2%) for PY21	8 (2.9%) for PY22
Other	17 (5.2%) for PY21	19 (6.8%) for PY22

Demographics of 329 People Served in PY21

Age		
Ages 0-6 -----	5	(1.5%)
Ages 7-12 -----	3	(.9%)
Ages 13-18 -----	7	(2.1%)
Ages 19-59 -----	208	(62.8%)
Ages 60-75+ -----	108	(32.6%)
Race		
White -----	129	(39.0%)
Black / AA -----	125	(37.8%)
Asian / PI -----	10	(3.0%)
Other (incl. Native American and Bi-racial)	56	(16.9%)
Not Available Qty -----	11	(3.3%)
Gender		
Male -----	122	(37.1%)
Female -----	207	(62.9%)
Ethnicity		
Of Hispanic or Latino/a origin -----	79	(24.0%)
Not of Hispanic or Latino/a Origin -----	246	(74.8%)
Not Available Qty -----	4	(1.2%)

Staff Comment: for PY21, mismatches occur across data because the agency reported residency and demographic data on 185 people in Q1 (compared to 107 TPCs), 59 in Q2 (compared to 93 TPCs), 60 and 61 in Q3 (compared to 62 TPCs) – residency and demographic data are to be associated with TPCs and should match in total counts; for PY22 the agency appears to have reported residency and demographic data of NTPCs rather than TPCs in the Q1 and Q2. All of these records should be revised to align with standard uses of the categories, instructions, and prior year program plans.

Program Performance Measures

CONSUMER ACCESS: coordinators assist anyone who is a Promise Healthcare patient. Outreach and Enrollment assist patients and all community members. Promise Healthcare’s primary medical, behavioral health and dental services are available to anyone regardless of their ability to pay. Anyone is eligible for our services... primarily referred from our own staff and providers. Coordinators are paged to rooms and tasked in the electronic health record.

Within 3 days from referral, 100% of those referred will be assessed.

Within 3 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: varies from one day to ongoing.

Additional Demographic Data: Health coverage, veteran, migrant worker status, homelessness, and preferred language

CONSUMER OUTCOMES:

Promise Healthcare's Adult Wellness Program will work to:

1. Help patients remove barriers to their treatment plan.
2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2000 people enroll in coverage (all programs, includes non-Promise patients as well).
3. The program will work to support patients to achieve their optimal health.

Measured by:

1. Help patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.
2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2200 people enroll in coverage (all programs, includes non-Promise patients as well). Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured. This will be a ratio of visits and count of people enrolled in coverage.
3. The program works to support patients to achieve their optimal health which can be measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through monthly patient satisfaction surveys.

Outcome gathered from all participants? Yes

Anticipate 600 total participants for the year.

Will collect outcome information: through surveys as part of the patient experience survey every month.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: Promise strives to have helped all interested patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.

UTILIZATION:

Treatment Plan Clients (TPCs): Patients who are engaged with more than one contact or assisted through several barriers are considered case management. Promise projects 175 patients served as TPC.

Non-Treatment Plan Clients (NTPCs): those who are just helped once in a program year. A service contact may be a referral from their primary care provider, mental health provider, or referring partner. Promise projects 460 patients served as NTPC.

Service Contacts (SCs): encounters with patients assisted either through adult wellness or medication assistance program. Promise projects 1100 patient assist encounters.

Community Service Events (CSEs): at least 12 community service events during the grant year, as long as safe to do so during COVID pandemic. Promise Healthcare welcomes referrals seeking to participate in outreach events to target those involved in the criminal justice system. The Wellness Program executes at least 15 appropriate collaborations with area agencies... all supported by our Adult Wellness Coordinator.

Other: number of people estimated to have been enrolled in health coverage including Medicaid and the Medicaid managed care organizations. Promise projects 1,900 people enrolled in coverage.

Staff Comment: all targets described in the Program Plan Narrative (and copied above) differ from the targets identified in Utilization Part Two form (see tables below) and appear to continue the targets defined in PY21. These differences should be reconciled by revisions to one or both forms.

PY2023 Annual Targets (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	205	480	1600	30	2400

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	273	97	153	14	775
Second Quarter PY22	212	182	358	8	585
Annual Target	205	480	1600	30	2400
PY2021 all four quarters (per submitted Service Activity Reports)					
First Quarter FY21	107	78	306	15	550
Second Quarter FY21	93	59	152	0	174
Third Quarter FY21	62	62	124	0	228
Fourth Quarter FY21	26	26	108	0	249
Annual Target	175	460	1500	27	2200

Financial Analysis

PY2023 CCMHB Funding Request: \$107,987

PY2023 Total Program Budget: \$326,461

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$107,987

CCMHB request is for 33% of total program revenue. Other revenue is from Contributions \$16,250 (5%) and US Dept HHS \$172,000 (53%) and Medicare Fees \$30,224 (9%).

Personnel related costs of \$131,626 are the primary expense to CCMHB, at over 100% of request.

Total Agency Budget shows a Surplus of \$1,793, Total Program Budget a Surplus of \$40,128, and Total CCMHB Budget a deficit of \$23,639.

Program Staff to be funded by CCMHB: 0 Indirect and 3.10 Direct = 3.10 FTEs

Total Program Staff: 0.22 Indirect and 5.20 Direct = 5.42 FTEs

Staff Comments: total program has a surplus of \$40k, while the CCMHB budget has a deficit of almost \$24k. A surplus suggests that the CCMHB revenue is not needed. None of the amounts itemized in the budget narrative match details entered on the Personnel, Revenue, and Expense forms.

Audit Findings: *The agency uses a calendar year fiscal year, with audit report due by June 30. The most recent audit report was for 2020 and was submitted in October 2021. The findings reported have been addressed by the agency and its board in a corrective action plan. The appearance of surplus revenue was primarily due to our suspension of several months of payments, which were released in a subsequent different program year. The 2021 audit report is due June 30, 2022.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, no problems identified. Some required forms were submitted by the deadline and after the deadline, per special instruction of the CCMHB. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Some evidence is provided regarding other sources of funding for the program. Virtual services are not a focus.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *many board members are also patients; each CLAS standard is addressed, some using feedback from patient surveys.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *no update for annual training; CLC committee continue to meet every other month; good detail on patient supports for communication and language access as well as continuous improvement (all new employees receive a summary of the CLCP, e.g.); quarterly peer reviews of medical and behavioral health and dental; annual patient satisfaction survey started.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: Promise recruits board members from our current active patients – ensuring inclusion of an underserved population. We offer training for board and staff on cultural and linguistic competency as part of onboarding and annually.

Outcomes: *two outcomes relate directly to the client experience, one measured using patient surveys and the other through clinical care gaps plus survey input; a third outcome measures program impact on benefits enrollment, which is of value to individuals and the broader system.*

Virtual Service Option(s): *not a focus of the application, but likely possible given the services.*

Coordinated System: Rosecrance provides case management for many Promise patients. Medicaid and managed care organizations offer transportation assistance. Family Service, OSF's Community Resource Center, and many others offer related services that we coordinate. Promise's program is designed to help our patients and coordinate with other organizations. Promise Healthcare is co-located with Rosecrance at the Walnut St. clinic and has a location at Urbana School Health Center. Rosecrance case managers coordinate with Promise. Wellness works with several agencies in town to help provide resources to our patients.

Staff comment: because some listed programs primarily offer information and/or referrals, also activities of this program, additional information would clarify how patient outcomes are maximized and cost-effective impacts achieved; this could be done through mid-year report to the MHB, rather than demonstrated in the application.

Budget and Program Connectedness: *budget narrative details don't match other financial forms; generally the program and budget presentations are connected but these details should be addressed, and the agency should warrant that these funds will not supplement Medicaid or other insurance.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes alignment with the Community Health Worker movement and how the program promotes good health outcomes, provides links to SAMHSA peer support resources and the article, "Mounting Evidence of the Effectiveness and Versatility of Community Health Workers."*

Evidence of Collaboration: *written working agreements with: Carle Foundation Hospital, and for Interpreter Services, Family Medicine Residency, Pediatric Residency, Psychiatry Residency Program; Carle Patient Advisory Nurse; Champaign County Board of Health; CCRPC's Head Start/Early Head Start; Hudson Drug; LabCorp; OSF Healthcare Heart of Mary Medical Center; and Rosecrance.*

Staff Credentials: *section identifies one case manager, two program coordinators, and two certified application counselors. Qualifications and competencies: Bachelor's in Social Work or related field preferred, or 5 years of successful work experience in social services; working knowledge of local medical and social service systems; ability to work collaboratively with all clinic staff members and patients; strong computer and database skills; strong verbal and communication skills; ability to maintain confidentiality. Outreach and enrollment staff additionally required to be certified application counselors.*

Resource Leveraging: *if total program revenues have been recorded correctly, CCMHB would provide one third of funding for these services.* **Other Pay Sources:** Promise does not charge patients for this service and does have additional payment resources available to support the program beyond a small amount of community donations and federal FQHC funding. **Client Fees:** No. **Sliding Scale:** Yes. Promise does not charge for adult wellness services. Mental Health – Uninsured patients living at or below 100% of the Federal Poverty Level (FPL) are charged \$5 for a visit with our psychiatrist and \$4 for a visit with one of our therapists. Charges slide from there to \$10 and \$15 for those between 100% and 200% of the FPL. Over 200% are full charges. Medical – Uninsured patients living at or below 100% of the FPL are charged a \$10 nominal fee for a visit but no other charges, even if the visit includes lab work. Charges slide from \$25 to \$45 for those living between 100% and

200% of the FPL. Over 200% are full charges. Dental - Uninsured patients living at or below 100% of the FPL are charged \$20 for an exam visit and \$40 for a treatment visit. Charges slide from \$30 to \$70 for those living between 100% and 200% of the FPL. Over 200% are full charges. Patients can apply to have their nominal fees waived for a year at a time if truly indigent.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Correct errors and resolve discrepancies across all financial forms. Address the total program budget surplus issue - or fund at a lower amount, adjusted by the amount of the total program surplus. CCMHB column budget should be balanced.*
- *Because care should be taken to avoid supplementation of Medicaid, managed care, and other insurance coverage, include a statement in the budget narrative.*
- *Reconcile utilization target mismatches between Plan Forms 1 and 2.*
- *The 2021 audit is due before July 1, as is a letter of engagement with CPA firm for 2022 audit. These are pre-requisite to contracting.*
- *Retain PY21-PY22 Special Provisions: presentation of financials due to calendar year fiscal year (with deadline prior to audit deadline); if a two-year contract, any excess revenue from the first year cannot be spent during the second year; prorate total amount of contract if there are vacancies at July 1.*
- *New special provisions: establish collaborative relationships with CC Healthcare Consumers and CC Christian Health Center, to maximize patient outcomes and systems efficiencies.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

CCMHB PY2023 (26) APPLICATIONS

Agency	Program	Request	Selected Priority
CCRPC - Community Services	Homeless Services System Coordination	\$54,281	Innovative/Access
CU at Home	Shelter Case Management	\$256,700	Crisis
CC Head Start/Early Head Start	Early Childhood Mental Health Services	\$347,235	SOC/DD
CC Health Care Consumers	Disability Services	\$71,500	Innovative/Access
Courage Connection	Courage Connection	\$127,000	SOC
Cunningham Children's Home	ECHO	\$127,249	Innovative/Access
	FST	\$398,092	SOC
DREAAM House	DREAAM House	\$100,000	SOC
Family Service of CC	Creative Social Connectivity for Seniors	\$25,000	Innovative/Access
FirstFollowers	FirstSteps Community Reentry House	\$39,500	Crisis
	Peer Mentoring for Re-entry	\$95,000	Crisis
GROW in Illinois	Peer Support	\$129,583	Innovative/Access
Promise Health Care	Mental Health Svcs	\$350,117	Innovative/Access
	Wellness	\$107,987	Innovative/Access
Rosecrance Central Illinois	Benefits Case Management	\$80,595	Innovative/Access
	Criminal Justice PSC	\$320,000	Crisis
	Crisis Co-Response Team (CCRT)	\$207,948	Crisis
	Prevention	\$60,000	SOC Youth
	Recovery Home	\$100,000	Innovative/Access
Terrapin Station Sober Living	Recovery Home	\$61,000	Innovative/Access
THRIVING: Families	Project JDC	\$3,000	Innovative/Access
	The Garden Hills Project	\$5,241	Innovative/Access
	THRIVING: Community	\$3,730	Innovative/Access
	THRIVING: CU	\$11,520	Innovative/Access
Well Experience	Well Family Care Program	\$100,000	Innovative/Access
WIN Recovery	Recovery and Reentry Home	\$93,283	Crisis
	CCMHB only	\$3,275,561	
<i>excludes the set of multiyear contracts which continue into PY23 and total \$2,220,326 of these multi year contracts, \$596,522 is for DD services multiyear MH/SA commitments total \$1,623,804</i>			

16

CCMHB AGENCY PROGRAM PY2023 APPLICATION LIST		PY2022	PY2023	PY22 Contract
Agency	Program	Award	Request	Extended for PY23
CCRPC - Community Services	Homeless Services System Coordination	\$51,906	\$54,281	n/a
	Justice Diversion Program	\$207,948	\$0	n/a
	Youth Assessment Center	\$76,350	\$0	\$76,350
CU at Home	Shelter Case Management Program	\$0	\$256,700	n/a
CC Children's Advocacy Center	Children's Advocacy	\$56,425	\$0	\$56,425
CC Christian Health Center	Mental Health Care at CCCHC	\$33,000	\$0	\$33,000
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	\$326,369	\$347,235	n/a
CC Health Care Consumers	CHW Outreach and Benefit Enrollment	\$80,274	\$0	\$80,274
	Justice Involved CHW Services & Benefits	\$77,394	\$0	\$77,394
	Disability Services	\$71,500	\$71,500	n/a
Community Svc Center of Northern	Resource Connection	\$68,609	\$0	\$68,609
Courage Connection	Courage Connection	\$127,000	\$127,000	n/a
Crisis Nursery	Beyond Blue-Champaign County	\$90,000	\$0	\$90,000
Cunningham Childrens Home	ECHO Housing and Employment Support	\$101,604	\$127,249	n/a
	Families Stronger Together	\$403,107	\$398,092	n/a
DREAAM House	DREAAM House	\$100,000	\$100,000	n/a
DSC	Family Development Center (DD)	\$596,522	\$0	\$596,522
Don Moyer Boys and Girls Club	C-U CHANGE	\$100,000	\$0	\$100,000
	CUNC	\$110,000	\$0	\$110,000
	Community Coalition Summer Initiatives	\$107,000	\$0	\$107,000
	Youth and Family Services	\$160,000	\$0	\$160,000
East Central IL Refugee Mutual Assis	Family Support & Strengthening	\$62,000	\$0	\$62,000
Family Service of CC	Counseling	\$30,000	\$0	\$30,000
	Creative Social Connectivity for Seniors	\$0	\$25,000	
	Self-Help Center	\$28,430	\$0	\$28,930
	Senior Counseling & Advocacy	\$162,350	\$0	\$162,350
FirstFollowers	FirstSteps Community Reentry House	\$39,500	\$39,500	n/a
	Peer Mentoring for Reentry	\$95,000	\$95,000	n/a
GROW in Illinois	Peer-Support	\$77,239	\$129,583	n/a
Mahomet Area Youth Club	Bulldogs Learning and Succeeding Together	\$15,000	\$0	\$15,000
	MAYC Members Matter!	\$21,905	\$0	\$21,905
Promise Healthcare	Mental Health Services with Promise	\$350,117	\$350,117	n/a
	Promise Healthcare Wellness	\$107,987	\$107,987	n/a
Rape Advocacy, Counseling & Educa	Sexual Violence Prevention Education	\$63,000	\$0	\$63,000
Real Life Families	Family Coaching on the Go	\$0	\$53,167	
Rattle the Stars	Suicide Prevention Education	\$86,500	\$0	n/a

CCMHB AGENCY PROGRAM PY2023 APPLICATION LIST (continued)		PY2022	PY2023	PY22-PY23 Contract
Rosecrance Central Illinois	Benefits Case Management NEW	\$0	\$80,595	
	Criminal Justice PSC	\$304,350	\$320,000	n/a
	Crisis, Access, & Benefits	\$203,960	\$0	n/a
	Crisis Co-Response Team (CCRT) NEW	\$0	\$207,948	
	Fresh Start	\$85,409	\$0	
	Prevention	\$60,000	\$60,000	n/a
	Recovery Home	\$200,000	\$100,000	n/a
	Specialty Courts	\$169,464	\$0	\$169,464
Terrapin Station Sober Living	Recovery Home	\$47,000	\$61,000	n/a
The UP Center of CC	Children, Youth, & Families Program	\$86,603	\$0	\$86,603
The Well Experience	Well Family Care Program (was Family Services)	\$80,000	\$100,000	n/a
THRIVING: Families	Project JDC	\$0	\$3,000	
	The Garden Hills Project	\$0	\$5,241	
	THRIVING: Community	\$0	\$3,730	
	THRIVING: CU	\$0	\$11,520	
Urbana Neighborhood Connections	Community Study Center	\$25,500	\$0	\$25,500
WIN Recovery	Recovery & Re-Entry	\$69,488	\$93,283	n/a
	PY23 Requests plus 2 Yr Contracts		\$3,328,728	\$2,220,326
Total (PY22 Awards vs PY23 Requests plus 2 Yr Contracts)		\$5,415,810	\$5,549,054	
Total CCMHB (excludes ARPA amount of \$770,436)		\$4,645,374	\$5,549,054	
Total CCMHB MH/SA (excludes DD amount)		\$3,926,853	\$4,802,866	MH/SA requests
Total CCMHB DD amount		\$718,521	\$746,188	DD (no CILA \$)
			<i>(DSC FD and DD portion of HS-EHS and?)</i>	
PY23 MH/SA requests are greater than PY22 MH/SA awards by \$417,909				

#7.B.



BRIEFING MEMORANDUM

DATE: May 18, 2022
TO: Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Recommendations for Allocation of PY2023 Funding

Purpose:

For consideration by the Champaign County Mental Health Board (CCMHB), this memorandum presents staff recommendations for funding for the Program Year (PY) 2023 (July 1, 2022 through June 30, 2023). The recommendations are to be reviewed during a May 18 study session of the Board. Each recommendation is followed by a suggested action the Board may take at their regular meeting on May 25. Decision authority rests with the CCMHB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across disability type and service intensity.

Statutory Authority:

Champaign County Mental Health Board (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 are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. Recommendations described in this memorandum are based on staff assessment of how closely applications align with statute, CCMHB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the contract negotiation process.

Background and Other Considerations:

The text of the “PY2023 Allocation Priorities and Decision Support Criteria” document, as approved by the CCMHB on December 15, 2021, describes formal agreements, collaborations, and related Board actions which commit funding for specific purposes within the priorities. In addition to these, community input shapes the requests under consideration and the staff recommendations for PY23 funding.

Justice System and Behavioral Health (adult and juvenile justice diversion, victim supports): to better serve people who have justice system involvement and behavioral health needs and/or intellectual/developmental disabilities (I/DD). Community-based care

has dramatic cross-system cost-shift impacts (every \$1 spent saves \$2-\$10 in other systems) and improves the quality of life of individuals and families. The Board's commitment to services and supports which reduce justice system and law enforcement involvement is appropriately continued given local data on placement rates, child abuse, domestic and community violence, and disparities in access and care.

The Champaign County Community Coalition shares the Board's interest in building resilience through trauma-informed and culturally responsive practices. This large collaboration includes leadership from local government, community-based organizations, neighborhoods, schools, and the faith community. The Coalition sustains System of Care values with youth programming and addresses the impacts of violence. Early childhood providers are active in this network along with their own collaborations on behalf of young children and their families.

Commitment to I/DD Services and Supports. The Board's Intergovernmental Agreement with the CCDDDB requires integrated planning of I/DD supports and includes a CCMHB set-aside commitment; CCMHB funding for I/DD services changes by the rate change of the property tax levy extension. The PY2022 total was \$768,521, with \$718,521 for agency contracts and \$50,000 'credit' for the Boards' shared Community Integrated Living Arrangement (CILA) project. Applying the 2022 rate increase of 3.6% results in PY2023 total of \$796,188, with \$50,000 CILA 'credit' leaving \$746,188 to be allocated to agency contracts. For the coming program year, the CCMHB maintains its interest in services for very young children and their families, also a priority of the CCDDDB.

Two-year Contracts approved for PY22 and PY23. The Board extended twenty-three PY2022 contracts to terms ending June 30, 2023. These commitments total \$2,220,326. With one exception, annual contract amounts do not increase during the second year, and application forms are updated in May, with technical assistance available as during the open application period.

- CCRPC - Youth Assessment Center \$76,350
- CCCAC - Children's Advocacy Center \$56,425
- CC Christian Health Center – Mental Health Care at CCCHC \$33,000
- CC Health Care Consumers - CHW Outreach and Benefit Enrollment \$80,274
- CC Health Care Consumers - Justice Involved CHW Services & Benefits \$77,394
- Community Services Center of Northern CC - Resource Connection \$68,609
- Crisis Nursery – Beyond Blue \$90,000
- DSC – Family Development \$596,522
- Don Moyer Boys & Girls Club - CU Change \$100,000
- Don Moyer Boys & Girls Club – CUNC \$110,000
- Don Moyer Boys & Girls Club – Summer Coalition Youth Initiatives \$107,000
- Don Moyer Boys & Girls Club - Youth and Family Services \$160,000
- East Central Illinois Refugee Mutual Assistance Center – Family Support & Strengthening \$62,000
- Family Service – Counseling \$30,000
- Family Service – Self Help Center \$28,430 (and \$28,930 during PY23)
- Family Service – Senior Counseling & Advocacy \$162,350

MAYC – BLAST \$15,000
MAYC – Members Matter! \$21,905
RACES – Sexual Violence Prevention Education \$63,000
Rosecrance – Specialty Courts \$169,464
UP Center (Uniting Pride) – Children, Youth, & Families Program \$86,603
Urbana Neighborhood Connections -Community Study Center \$25,500

Flexibilities for recovery from the COVID-19 pandemic. Introduced in all PY21 agency contracts, and continued in PY22, was a provision allowing agencies to request a change in scope of services and budget during the contract year if related to COVID-19. The global pandemic continues to have profound impacts on people with behavioral health conditions or I/DD, as well as on the workforce providing care. The need for services has exploded, while capacity to meet these needs has not. The systems' vulnerabilities have been magnified, and solutions will take substantial resources and time.

Advocacy and Service Data. Last year, Board staff completed a community needs assessment report with input from self-advocates, families, service providers, and community members. This report guided the new strategic plan and funding priorities and is available at:

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf and

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_SPANOL.pdf.

Also informative are the PY21 funded programs' performance outcomes reports:

<https://www.co.champaign.il.us/mhbddb/PDFS/CCDDB%20PY21%20Performance%20Measure%20Outcome%20Report.pdf>

(The following is copied from the funding priorities and decision support criteria memorandum, approved on December 15, 2021.)

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. All required online application forms must be completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB staff.

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support

- should be identified and explored. This will be especially important in 2022, as federal and state opportunities may apply to projects supported by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.
 6. Application must describe planning for continuation of services during a public health pandemic or epidemic. Programs should build on their successes with technology and virtual platforms, increasing training and access for direct staff and people served.

To preserve the CCMHB's emphasis on PY2023 allocation decision criteria, applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2022 program summaries and board discussions from April and May of 2021, as observations made during the previous review cycle may inform PY2023 requests for funding.

Program Year 2023 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local needs and strengths when allocating funds. The service system, which includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods.

Priority – Crisis Stabilization

Community-based behavioral health supports can reduce unnecessary institutional care (hospitals, prisons, jails, e.g.) and counterproductive encounters with law enforcement or other systems not designed to address serious mental illness or addiction issues. The safety of individuals in crisis, their families, and members of their community are all important. Qualified professionals, including certified peer supporters, should engage people where they are and connect them to care and away from criminalization or containment. Without a functional crisis response system and effective interventions, individuals suffer, and other public systems are stressed. Local efforts to fill these safety net gaps may be expanded during PY2023 as a result of new state and federal rules and funding opportunities; efforts should be made to connect any new programs to existing efforts for maximum impact and for sustainability beyond local funding. Various crisis response, co-response, and follow-up approaches are being tested in collaboration with law enforcement agencies. Where there is overlap with public safety or public health interests, co-funding by appropriate entities will amplify these efforts and ensure we are not duplicating or interfering with similar work.

Supports and services should: improve health and quality of life; increase access to appropriate treatments; reduce contact with law enforcement and incarceration; reduce unnecessary hospitalization; decrease length of stay in jails and hospitals; and facilitate successful, healthy transition to the community. These may include:

- programs offering an alternative to hospitalization, arrest, booking, or charging, such as intensive case management, Assertive Community Treatment;
- enhanced crisis response (detox/stabilization, triage center, or assessment leading to care), counseling, and other supports; and
- connection to treatment for those with justice system involvement, history of crisis or hospitalization, or chronic homelessness/houselessness as a result of mental illness or substance use disorder, through benefit enrollment, Specialty Court services, coordination of reentry and transition to community, peer mentoring and support, or other group work (Moral Reconciliation Therapy and anger management, e.g.).

Priority- Victim Services

Previously under the Crisis/Reduce Incarceration priority were services which focus on victims/survivors of domestic violence, sexual assault, or child abuse/neglect. These programs improve health outcomes for survivors, respond to the crisis when the person is ready, reduce the stigma and isolation associated with such experiences, and disrupt the cycle of violence. To ensure trauma-informed care and crisis response for people who have experienced interpersonal or community violence, programs may amplify state-funded services and supports, address increased needs, or fill gaps where other funding does not exist, such as for violence prevention education or linkage to other resources as preferred by the individual.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient safety net systems can also lead to worsened symptoms and loss of life. During the global COVID-19 pandemic, gaps and disparities in the systems have been exaggerated. Community awareness, system advocacy and coordination, and better access to resources are needed. *Problems of living* include untreated conditions which may be compounded by financial and housing insecurity and even by the stress of attempting to find and access resources. The social determinants of health (housing, employment, healthy food, etc.) impact behavioral health but have not been the traditional purview of behavioral health systems. Collaboration and co-funding by other entities, e.g., those addressing the social determinants of health, will add value to an application and ensure that we are not duplicating or interfering with similar efforts.

Stigma, inflexible regulations, low provider capacity, difficulty securing insurance and other benefits, high cost of care even with coverage, limited transportation and language can all be barriers to effective treatment. To connect people to appropriate services which can be billed to other payors or to support innovations which are not otherwise funded, applications may propose:

- wellness and recovery supports, home visits, transportation, language services, specialized case management (in some cases used as match for supportive housing), and self-advocacy/self-determination;
- enrollment in well-matched health plans and other benefits, by enrollment specialists and system navigators, outreach and education, and benefits counseling, such as SSI/SSDI Outreach, Access, and Recovery (SOAR);
- treatment for people with severe mental illness and no insurance;

- assistance for caregivers, social connections for seniors, employment services, community living support, suicide prevention education;
- building empathy, resilience, recovery, and a greater sense of collective wellness through peer support and mentoring, groups which foster creativity and sharing of creative efforts, and stress management through physical activity, music, etc.; and
- educational or treatment programs specifically addressing racism and racial trauma, to reduce their negative mental health impacts.

Priority – System of Care for Youth and Families

Priority – System of Care for Very Young Children and Families

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

- family-driven and youth-guided organizations which acknowledge the role of peer support and mentoring, coordination, and system planning and advocacy;
- behavioral health supports organized through partnerships such as the Community Coalition (youth) or the Home Visitors Consortium (young children);
- evidence-based, evidence-informed, innovative, or promising programs for those who have been impacted by trauma or mental, behavioral, or emotional disorder;
- positive programs for girls, young women, and youth of any gender, mirroring those long-standing programs which focus on males; and
- expansion of trauma-informed systems efforts, to facilitate the community’s recovery from the worst impacts of the global pandemic, focusing on children and families who experienced disproportionate losses of health and security.

For youth with multi-system involvement and serious emotional disturbance, evidence-based programs may reduce encounters with law enforcement and increase engagement with appropriate, positive supports. Programs may also focus on prevention education, positive youth development, summer or after-school programming, and targeted support to mitigate the harm caused by community violence and trauma. Where these community responses overlap with public safety and public health interests, co-funding by appropriate entities will strengthen and sustain programs and ensure that CCMHB funding is not duplicating or interfering with similar efforts.

The CCMHB has funded programs for very young children and their families, including perinatal supports, early identification, prevention, and treatment. Coordination of early childhood provider organizations through a Home Visitors Consortium has led to a “no wrong door” approach for very young children and their families, building self-determination and resilience, with consideration of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified

developmental delay or disability (DD) or risk and may offer support to their families. These programs align with “Collaboration with the Champaign County Developmental Disabilities Board (CCDDB)” priority category below.

Priority - Collaboration with Champaign County Developmental Disabilities Board

The Intergovernmental Agreement with the Champaign County Developmental Disabilities Board (CCDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocations and includes a specific CCMHB set-aside, which for PY2023 will likely total \$746,341 (PY2022 amount of \$718,521 plus an increase equal to the increase in property tax levy extension, adjusted by previous CILA contribution of \$50,000 per year).

The commitment to very young children and their families continues for PY2023, with a focus on their social-emotional and developmental needs and with involvement from and support for their families. The CCMHB has funded programs which complement those addressing the behavioral health needs of very young children and their families, and for which providers collaborate toward a System of Care for children and families. Services and supports not covered by Early Intervention, for young children with developmental and social-emotional concerns, may 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 childcare providers, pre-school educators, medical professionals, and other service providers;
- education, coaching, and facilitation to focus on strengthening personal and family support networks; and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Another opportunity for Collaboration with the CCDDB is through their new priority category for strengthening the I/DD workforce. To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would maintain current service capacity and allow it to grow to meet the needs of all eligible residents of Champaign County.

In addition to contracts for agency programs, the Boards have shared a Community Integrated Living Arrangement (CILA) project, for the operation of small group homes for people with I/DD and complex support needs. Due to the critical workforce shortage, other appropriate uses of the fund are being explored.

Overarching Considerations:

Underinvested Populations and Countywide Access

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the “2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity” and by the Substance

Abuse and Mental Health Services Administration. This overarching consideration further emphasizes the theme, across priority areas and service types, of connecting people to care appropriate to their needs and strengths. Correcting disparities associated with race, ethnicity, culture, and language is critically important, as the global public health pandemic has had especially harmful direct and indirect impacts on members of racial and ethnic minorities, deepening the existing disparities. Applications should address early identification and treatment for members of underinvested populations, reduction of racial disparities in justice and child welfare systems, and the impacts of historical and community trauma. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A Cultural and Linguistic Competence Plan (CLCP) is required of each organization applying for funding, and the online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards).

Inclusion and Anti-Stigma

Applications should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are historically underinvested due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation activities, or other social clubs/networks. Community involvement helps build empathy, redefine our sense of group identity and "other", reduce stress, and decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in suicide and substance use disorders among farmers and members of farming communities require that we improve awareness wherever traditional services are lacking but networks of support can be strengthened. Recognizing that lives are lost when stigma prevents people from receiving support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. In spite of the American Psychiatric Association's finding that people with serious mental illness are more likely to be the victims of gun violence than perpetrators, increasing violence has also increased the stigma associated with mental illness and substance use disorders.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. For defining and measuring outcomes, the Board offers support through a research team from University

of Illinois at Urbana Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, a consultation 'bank', workshops on reporting, and a template for year-end reports. Agencies using these resources may gain an advantage when competing for other funding. A 'theory of change' logic model is the preferred framework for defining outcomes of value in applications submitted to the CCMHB. Applicant organizations already reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health care asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes. Applicants may offer insights into how COVID-19 has impacted the services they provide and the people they serve; if awarded funding for PY2023, accounting for continued or long-term impacts may be done through quarterly program reports or year-end outcome reports.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCMHB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in any resource directories and databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. Written working agreements should include details of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service may benefit people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCMHB. While CCMHB funds should not pay for activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability and to ensure that CCMHB funding does not supplant other public funding.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

- **Approach/Methods/Innovation:** Cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
- **Staff Credentials:** Highlight staff credentials and specialized training.
- **Resource Leveraging:** While ‘leveraging’ is interpreted as local match for other funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms. *Note: During 2021, agencies who registered several years earlier are required to submit a new organizational eligibility questionnaire prior to the application deadline.*

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

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have mental health conditions, substance use disorders, or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have the above qualifying conditions and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of

applications using criteria and priorities approved by the CCMHB. If applications for funding are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCMHB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2023 but later than July 1, 2022, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCMHB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCMHB and residents of Champaign County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of the CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCMHB.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.

- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCMHB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCMHB may deem some programs as appropriate for two-year contracts.

(end of funding priorities memo, approved December 15, 2021)

Requests for Funding and Budget Impact:

Approved CCMHB funding rose from \$3,189,290 in PY12 to \$4,562,151 in PY20. For four years, increased allocations had resulted from property tax revenue growth plus reductions in administrative costs. Among the surprises of 2020 was actual revenue lower than budgeted, due to a lower rate of collection of property taxes. For PY21 allocations, the CCMHB made an informed decision to award contracts greater than budgeted. Due to unspent funds being returned and some payments suspended, 'overfunding' did not result in a deficit in 2020. Suspended payments were released during 2021, reducing the amount available for allocations, and the level of awards was not sustainable. Because behavioral health needs had surged and agencies had applied to provide new and expanded services, the County provided one-time American Rescue Plan fiscal relief funds, increasing PY22 awards by \$770,436. For PY23, allocations will be based on projected property taxes for 2022 and 2023, without substantial other revenue.

Following submission of proposals, eligibility questionnaires were reviewed. Two newly registered agencies do not appear to use the required accounting method; others identified potential issues. All proposals were reviewed by board and staff, with draft staff program summaries to support Board discussion during public meetings and study session.

Twenty-seven submitted proposals relate to **mental health or substance use disorders (MH/SUD)**. One was withdrawn on April 22. The remaining requests total \$3,125,895, and one adds \$149,666 for developmental services, to \$3,275,561. As described above, the twenty-two previously approved multi-year contracts include one for I/DD services at \$596,522 and the rest for MH/SUD at \$1,623,804. By priority, the total amounts of funding proposed plus those previously committed are:

<u>Crisis Stabilization, Victim Services</u>	
PY2023 Proposed	\$1,012,431
Multi-Year commitments under this priority	\$409,633
<i>total multi-year + proposed =</i>	<i>\$1,422,064</i>

<u>Innovative Practices & Access to Behavioral Health Services</u>	
PY2023 Proposed	\$1,230,803
Multi-Year commitments under this priority	\$498,163
<i>total multi-year + proposed =</i>	<i>\$1,728,966</i>

<u>SOC for Youth and Families, SOC for Very Young Children and Families</u>	
PY2023 Proposed	\$882,661
Multi-Year commitments under this priority	\$716,008
Subtotal	\$1,598,669
(within this category is Collaboration with CCDDDB, adding another \$746,188)	
<i>total multi-year + proposed =</i>	<i>\$2,344,857</i>

Taken together, the MH/SUD amounts total **\$4,749,699**, exceeding last year's MH/SUD awards of \$4,697,289 by \$52,410. As noted, PY22 awards were supported by additional ARPA funds to address the increased and new demand. Based on an early projection of 2023 revenue, the total available for PY23 allocations is \$5,437,551, with \$4,691,363 for MH/SUD and \$746,188 for I/DD. This is an increase of \$21,741 over PY22 total awards of \$5,415,810. Total funds requested are greater than the projected available by \$58,336.

Fifteen applications related to **I/DD** were submitted for consideration by the CCDDDB or CCMHB. These total \$4,424,962 and were evaluated by the CCDDDB and staff. One which aligned with the CCMHB focus on Young Children was reviewed by both Boards. Another is funded through a two-year contract with the CCMHB.

If final awards exceed available funds, it may be necessary to balance with: delayed effective dates with prorated contract award amounts (as contract compliance issues are resolved); prorated contracts where staff remain to be hired; deferral of some proposals for later consideration in the event of additional funding; fee for service or purchase of service contracts; use of fund balance; and commitment to lower total awards next year.

DECISION SECTIONS (for action on May 25):

Contract Negotiations and Special Notifications

Some recommendations are for awards contingent on completion of contract negotiations, application form revisions, resolution of compliance issues, and hiring of program staff. Awards may be adjusted by the cost of a staff vacancy and amended when that vacancy is filled. An applicant may be required to revise program or financial forms to align with CCMHB planning, budget, and policy specifications. An applicant may be asked for more information prior to contract execution, to reach terms agreeable to both parties. If requirements are not met prior to completion of the contract, a later contract

start date will be established and the award reduced commensurate with the shorter term. Failure to submit required information shall result in cancellation of the contract award.

Motion to authorize the executive director to conduct contract negotiations as specified in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2022. For this reason, all PY2023 CCMHB contract maximums will be subject to reductions necessary to compensate for any CCMHB revenue shortfall. These reductions will be documented by contract amendment at the discretion of the CCMHB Executive Director, with every effort made to maintain the viability and integrity of prioritized contracts. All PY2023 contracts will include the following provision:

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

Motion to authorize the executive director to implement contract maximum reductions as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information needed

Language was added to PY2021 contracts to support agencies' mid-contract year responses to impacts of COVID-19. As these evolve, and as state and federal funding and service delivery systems may respond with opportunities, all PY2023 contracts will include the following provision:

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

Motion to include in all contracts the COVID-19 Provision described in this memorandum:

- Approved
- Denied

~~_____ Modified
_____ Additional Information needed~~

A new provision is recommended, to clarify that the terms of an agency's contract may supersede a specific provision of the funding guidelines, if the particular exception is deemed to be in the best interest of the CCMHB and Champaign County.

The CCMHB Requirements and Guidelines for Allocation of Funds is attached hereto and incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines. If the contract and funding guidelines are not in agreement, the contract shall prevail. For example, if the provider will incur higher cost for an audit, review, or compilation than allowed per the Funding Requirements and Guidelines, a formal written request may be made for the greater amount to be allowed.

Motion to include in all contracts the provision referencing specific exceptions to Funding Requirements and Guidelines, as described in this memorandum:

~~_____ Approved
_____ Denied
_____ Modified
_____ Additional Information needed~~

Staff Recommendations for Agency Allocations

To support Board consideration, staff recommendations are organized in roughly the order in which they were reviewed. Some recommendations are to defer a decision until additional information is available for board review and discussion. Some programs are not recommended for funding due to concerns about service capacity. Many are recommended with special conditions prior to contracting or during the contract year. In each case there are prerequisites to contracting which, if not completed before June 24 (and for some, July 1), could result in delayed payments or lower contract maximum.

“*” indicates involvement with the Champaign Community Coalition.

All are welcome to participate in the large collaborative.

“^” indicates that a Special Initiative/mid-year report is required.

The Board may request updates from other funded programs during the year.

“+” indicates to Pro-rate award and amend contract upon filling vacant or new positions or other prerequisite.

CCRPC-Community Services – Homeless Services System Coordination

- *Request: \$54,281, 72% of total program revenue*
- *Priority: Innovative Practices/Access*
- ***Required prior to contract: revise the budget narrative to describe the anticipated professional services expenditure(s).***

- **Special Provisions** (to address during contract year): excess revenue based on Q4 report; if a two-year term, excess revenue cannot be spent in 2nd year; share the 5-year CSPH strategic plan for CCMHB contract file when it is completed.
- **Recommendation:** fund at requested annual level; offer a two-year term. **\$54,281**

Motion to approve CCMHB funding as recommended for **CCRPC – Community Services – Homeless Services System Coordination**, subject to the caveats as presented in this memorandum:

Approved
 Denied
 Modified
 Additional Information Needed

C-U at Home – Shelter Case Management Program^{^+}

- **NEW Program Request:** \$256,700, 55% of total program revenue
- **Priority:** Crisis Stabilization
- **Required prior to contract and during the term:** for any staff vacancies, pro-rate the contract, amend when they are filled, necessitating financial form revisions.
- **Special Provisions** (to address during the contract year): partner with other organizations serving this population; participate in CSPH and CIT Steering Committee; demonstrate efforts to seek other funding for the program; work with CLC Coordinator to strengthen strategies; mid-year progress report to the Board.
- **Recommendation:** fund at the requested level reduced for any staff vacancies and adjust contract maximum as they are filled. **\$256,700**

Motion to approve CCMHB funding as recommended for **C-U at Home – Shelter Case Management Program**, subject to the caveats as presented in this memorandum:

Approved
 Denied
 Modified
 Additional Information Needed

CC Head Start/Early Head Start - Early Childhood Mental Health Svcs*

- **Request:** \$347,235, 100% of total program revenue (possibly an error)
- **Priorities:** System of Care (\$197,569); Collaboration with CCDDDB (\$149,666)
- **Required prior to contract:** revise financial forms (to reflect ISBE-funded Social Skills and Prevention Coach, demonstrating that the total program IS supported by other revenue) and Plan Narrative, to justify 43% for developmental supports.
- **Special Provisions** (to address during the contract year): excess revenue based on Q4 report; if a two-year term, any 1st year excess revenue cannot be spent in 2nd year; inform families of PUNS and CCRPC ISC; online service claims reports; report on other funding sought; share information on technology training and access for staff and clients.

- **Recommendation:** fund at requested level; \$149,666 for DD and \$197,569 for MH; offer two-year term. **\$347,235**

Motion to approve CCMHB funding as recommended for **Champaign County Head Start/Early Head Start – Early Childhood Mental Health Svcs**, subject to the caveats as presented in this memorandum:

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

Champaign County Health Care Consumers – Disability Application Services^{^+}

- **Request:** \$71,500, 77% of total program revenue
- **Priority:** Innovative Practices/Access
- **Required prior to contract:** letter of engagement with CPA for PY22 audit; revisions to Plan Narrative or Utilization form so that NTPC targets match.
- **Special Provisions (to address during the contract year):** if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term; report disability type, including any clients with a qualifying I/DD per IDHS-DDD; partner with DSC and CCRPC ISC to refer such individuals for benefits enrollment; collaborate with other organizations using SOAR; participate in CSPH; mid-year progress report to the Board.
- **Recommendation:** fund at requested annual level; offer two-year term. **\$71,500**

Motion to approve CCMHB funding as recommended for **Champaign County Health Care Consumers – Disability Application Services**, subject to the caveats as presented in this memorandum:

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

Courage Connection-Courage Connection

- **Request:** \$127,000, 6% of total program revenue
- **Priority:** System of Care
- **Required prior to contract:** letter of engagement with CPA firm for PY22 audit; revise program plan narrative to select a PY23 priority category.
- **Special Provisions (to address during the contract year):** office hours in Rantoul, participate in Rantoul Service Providers Group; in quarterly report comments, indicate # of clients engaging in therapy and # in counseling; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year; avoid use of this contract to serve non-residents and demonstrate revenue specific to them which could not be used to offset the cost of this service to Champaign County residents.

- **Recommendation:** fund at requested annual level; offer a two-year term; approve use of this grant as match for those cited in the request. **\$127,000**

Motion to approve CCMHB funding as recommended for **Courage Connection – Courage Connection**, subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve use of these funds as match for other funding as described in the proposal:

- Approved
- Denied
- Modified
- Additional Information Needed

Cunningham Children’s Home – ECHO Housing and Employment Support

- *Request: \$127,249, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- *Required prior to contract: letter of engagement with CPA firm for PY22 audit.*
- *Special Provisions (to address during the contract year): if a two-year term, excess revenue from 1st year cannot be spent in 2nd year; in quarterly reports comments, indicate # of clients previously served through DCFS funded agency program and now re-engaged through this contract; collaborate with other organizations which use SOAR.*
- **Recommendation:** fund at requested annual level; offer two-year term. **\$127,249**

Motion to approve CCMHB funding as recommended for **Cunningham Children’s Home – ECHO Housing and Employment Support**, subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

Cunningham Children’s Home – Families Stronger Together*

- *Request: \$398,092, 100% of total program revenue*
- *Priority: System of Care*
- *Required prior to contract: letter of engagement with CPA firm for PY22 audit; revise Budget Narrative to match other financial forms; select PY23 priority.*
- *Special Provisions (to address during the contract year): participate with Coalition; indicate in Quarterly report comments the # of clients served through*

the DCFS funded program and now re-engaged through this contract; if a two-year term, any 1st year excess revenue cannot be spent in the 2nd year.

- **Recommendation:** fund at requested annual level; offer two-year term. **\$398,092**

Motion to approve CCMHB funding as recommended for **Cunningham Children's Home – Families Stronger Together**, subject to the caveats as presented in this memorandum:

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

DREAAM - Dream Big!*

- *Request: \$100,000, 38% of total program revenue*
- *Priority: System of Care*
- **Required prior to contract:** *submit approved PY21 audit and resolve any issues it identifies; letter of engagement with CPA firm for PY22 audit; revise Program Plan Narrative to include specific increases and decreases in outcome targets and align the Utilization categories with standard definition of a treatment plan (which may require changing the targets).*
- **Special Provisions** *(to address during the contract year): collaborate with other youth centers and with Coalition; TPCs should have a self- and family-directed and approved, written treatment plan (those without may be counted as NTPCs).*
- **Recommendation:** fund at the requested level. **\$100,000**

Motion to approve CCMHB funding as recommended for **DREAAM – Dream Big!**, subject to the caveats as presented in this memorandum:

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

Family Service of Champaign County – Creative Social Connectivity for Seniors^

- *NEW Program Request: \$25,000, 65% of total program revenue*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit.*
- **Special Provisions** *(to address during the contract year): mid-year progress report to the Board; consider combining with other Senior program if applying for PY24 funding for both.*
- **Recommendation:** fund at requested level. **\$25,000**

Motion to approve CCMHB funding as recommended for **Family Service of Champaign County – Creative Social Connectivity for Seniors**, subject to the caveats as presented in this memorandum:

- _____ Approved

~~_____ Denied
_____ Modified
_____ Additional Information Needed~~

FirstFollowers - FirstSteps Community Reentry House

- *Request: \$39,500, 61% of total program revenue*
- *Priority: Crisis Stabilization*
- *Required prior to contract: letter of engagement with CPA firm for PY22 audit; financial form revisions; select PY23 priority; resolve any remaining audit issues.*
- *Special Provisions (to address during the contract year): retain SPs for participation in Continuum and Reentry Council, documentation of client residency pre-incarceration, and exception to C27j; collaborate with Rosecrance Criminal Justice program (if it is also funded); if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.*
- *Recommendation: fund at requested annual level; offer two-year term. \$39,500*

Motion to approve CCMHB funding as recommended for **FirstFollowers – FirstSteps Community Reentry House**, subject to the caveats as presented in this memorandum:

~~_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed~~

FirstFollowers – Peer Mentoring for Re-entry

- *Request: \$95,000, 61% of total program revenue*
- *Priority: Crisis Stabilization*
- *Required prior to contract: share subcontracts with CCMHB office; letter of engagement with CPA firm for PY22 audit; financial form revisions; select PY23 priority; resolve any remaining audit issues.*
- *Special Provisions (to address during the contract year): retain SPs for participation in Continuum and Reentry Council, documentation of client residency pre-incarceration, and exception to C27j; collaborate with Rosecrance Criminal Justice program (if it is also funded); if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.*
- *Recommendation: fund at requested annual level; offer two-year term. \$95,000*

Motion to approve CCMHB funding as recommended for **First Followers – Peer Mentoring for Re-entry**, subject to the caveats as presented in this memorandum:

~~_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed~~

GROW in Illinois – Peer-Support+

- *Request: \$129,583, 94% of total program revenue*
- *Priority: Innovative Practices/Access*
- ***Required prior to contract:** letter of engagement with CPA firm for PY22 audit; resolve mismatches in utilization targets, clarify and justify SC target, and identify the national outcome benchmarks; financial form revisions; if staff vacancies, pro-rate the contract and amend when these are filled (during the contract term), necessitating financial form revisions. Address the anticipated turnover in leadership.*
- ***Special Provisions (to address during the contract year):** participation in Continuum, CIT Steering Committee, and Reentry Council; avoid use of this contract to serve non-residents and demonstrate revenue specific to them which could not be used to offset the cost of this service to Champaign County residents; if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.*
- ***Recommendation:** fund at requested annual level; offer two-year term. \$129,583*

Motion to approve CCMHB funding as recommended for **GROW in Illinois – Peer-Support**, subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

Promise Healthcare – Mental Health Services with Promise

- *Request: \$350,117, 12% of total program revenue*
- *Priority: Innovative Practices/Access*
- ***Required prior to contract:** submit audit for 2021 and letter of engagement with CPA firm for 2022 audit; revise financial forms to balance proposed CCMHB contract budget, resolve discrepancies, demonstrate the agency position accurately, and justify this or a lower amount of funding request; include statement warranting no supplementation; revise utilization and program plan forms so that targets match.*
- ***Special Provisions (to address during the contract year):** retain SPs for February submission of financials related to calendar year fiscal year; collaborate with CC Christian Health Center; if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.*
- ***Recommendation:** defer Board decision until the 2021 audit is available and application revisions have been made, including those which clarify the need for funding at or below the requested annual amount of \$350,117. **\$350,117 DEFER***

Motion to defer a decision regarding CCMHB funding for **Promise Healthcare-Mental Health Services at Promise:**

- Approved

~~_____ Denied
_____ Modified
_____ Additional Information Needed~~

Promise Healthcare – Promise Healthcare Wellness

- *Request: \$107,987, 33% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *submit audit for 2021 and letter of engagement with CPA firm for 2022 audit; revise financial forms to balance proposed CCMHB contract budget, resolve discrepancies, demonstrate the agency position accurately, and justify this or a lower amount of funding request; include statement warranting no supplementation; revise utilization and program plan forms so that targets match; clarify whether the agency or a collaborator could bill another funding source for some or all of these services, decreasing the need for local funding to support them.*
- **Special Provisions** *(to address during the contract year): retain SPs for February submission of financials related to calendar year fiscal year; collaborate with CC Christian Health Center and CC Healthcare Consumers; prorate total amount of contract if there are any vacancies at July 1; if a two-year term, excess revenue from 1st year cannot be spent in 2nd year.*
- **Recommendation:** *defer Board decision until the 2021 audit is available and application form revisions made, including those which clarify the need for funding at or below the requested annual amount of \$107,987. **\$107,987 DEFER***

Motion to defer a decision regarding CCMHB funding for **Promise Healthcare – Promise Healthcare Wellness**:

~~_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed~~

Rosecrance Central Illinois – Benefits Case Management

- *Request: \$80,595, 14% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit*
- **Special Provisions** *(to address during the contract year): if a two-year term, excess revenue from 1st year cannot be spent in 2nd year; collaborate with providers of similar services, especially those using SOAR; continue to maximize other sources of funding.*
- **Recommendation:** *fund at requested annual level; offer two-year term. **\$80,595***

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Benefits Case Management**, subject to the caveats as presented in this memorandum:

____ Approved
____ Denied
____ Modified
____ Additional Information Needed

Rosecrance Central Illinois – Criminal Justice PSC

- *Request: \$320,000, 68% of total program revenue*
- *Priority: Crisis Stabilization*
- ***Required prior to contract:** letter of engagement with CPA firm for PY22 audit; select PY22 priority; add long term outcome, e.g. recidivism vs supports.*
- ***Special Provisions (to address during the contract year):** retain SPs for input from justice system partners to CCMHB staff, maximizing other funding, and if a two-year term, excess revenue from 1st year cannot be spent in 2nd year; collaborate with First Followers; as feasible and with CCSO, report on # screened at jail, # referred for assessment, and # found eligible for services.*
- ***Recommendation:** fund at requested annual level; offer two-year term. \$320,000*

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Criminal Justice PSC**, subject to the caveats as presented in this memorandum:

____ Approved
____ Denied
____ Modified
____ Additional Information Needed

Rosecrance Central Illinois – Crisis Co-Response Team (CCRT)^

- *NEW Program Request: \$207,948, 99% of total program revenue*
- *Although new to this agency, this is not a new program for the CCMHB but rather continuation of a program established by a different provider, taken on by Rosecrance as it is complemented by new services funded through a federal grant.*
- *Priority: Crisis Stabilization*
- ***Required prior to contract:** letter of engagement with CPA firm for PY22 audit.*
- ***Special Provisions (to address during the contract year):** input from justice system partners to CCMHB staff; response to RPD using CIT forms; maximize other funding; participate in CIT Steering Committee; mid-year progress report.*
- ***Recommendation:** fund at requested annual level; offer two-year term. \$207,948*

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Crisis Co-Response Team**, subject to the caveats as presented in this memorandum:

____ Approved
____ Denied
____ Modified
____ Additional Information Needed

Rosecrance Central Illinois – Prevention Services*

- *Request: \$60,000, 12% of total program revenue*
- *Priority: System of Care*
- *Required prior to contract: letter of engagement with CPA firm for PY22 audit. Concerns about the current model warrant a different approach, either to use this funding for an additional counselor or toward an approach similar to Snowball.*
- *Special Provisions (to address during the contract year): retain SPs for collaboration with Coalition and related programs and maximizing other funding; report on successful and unsuccessful attempts to engage with schools and increase Illinois Youth Survey participation.*
- *Recommendation: deny request as presented but reserve this funding amount in the event an acceptable alternative can be developed for within PY23, for an additional counselor or toward a more intensive approach. \$60,000 DEFER*

Motion to deny the request as presented and DEFER a decision on an alternative proposal for CCMHB funding for **Rosecrance Central Illinois – Prevention Services:**

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

Rosecrance Central Illinois – Recovery Home

- *Request: \$100,000, 22% of total program revenue*
- *Priority: Innovative Practices/Access*
- *Required prior to contract: letter of engagement with CPA firm for PY22 audit.*
- *Special Provisions (to address during the contract year): retain SPs for Board input from Problem Solving Court partners, maximizing other funding, and if a two-year term, 1st year excess revenue cannot carry over; report each quarter the # of clients who were Champaign County residents prior.*
- *Recommendation: fund at requested level. \$100,000*

Motion to approve CCMHB funding as recommended for **Rosecrance Central Illinois – Recovery Home**, subject to the caveats as presented in this memorandum:

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

Terrapin Station Sober Living NFP - Recovery Home

- *Request: \$61,000, 73% of total program revenue*

- *Priority: Innovative Practices/Access*
- **Required prior to contract:** letter of engagement with CPA firm for 2022 audit; submit CLC Plan; revise financial forms; resolve any accounting issues; corrective action plan for board composition.
- **Special Provisions** (to address during the contract year): develop/revise consumer outcomes; develop and provide copy of agency board policy and staffing backup plan (i.e., collaboration with another provider).
- **Recommendation:** fund at requested level. **\$61,000**

Motion to approve CCMHB funding as recommended for **Terrapin Station Sober Living NFP – Recovery Home**, subject to the caveats as presented in this memorandum:

Approved
 Denied
 Modified
 Additional Information Needed

THRIVING: Families – Project JDC*^+^

- *NEW Program Request: \$3,000, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.
- **Special Provisions** (to address during the contract year): collaborate with Coalition and providers of related services; work with CLCC to strengthen strategies; share program information to 211; mid-year progress report.
- **Recommendation:** deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.

Motion to deny CCMHB funding for **THRIVING: Families – Project JDC:**

Approved
 Denied
 Modified
 Additional Information Needed

THRIVING: Families – The Garden Hills Project*^+^

- *NEW Program Request: \$5,421, 100% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.
- **Special Provisions** (to address during the contract year): collaborate with Coalition, CU TRI, and providers of related services; work with CLCC to strengthen strategies; share program information to 211; mid-year progress report to the Board.
- **Recommendation:** deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.

Motion to deny CCMHB funding for **THRIVING: Families – The Garden Hills Project:**

- Approved
- Denied
- Modified
- Additional Information Needed

THRIVING: Families – THRIVING: Community^+

- *NEW Program Request: \$3,730, 76% of total program revenue*
- *Priority: Innovative Practices/Access*
- *Required prior to contract: financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- *Special Provisions (to address during the contract year): collaborate with providers of related services; work with CLC Coordinator to strengthen strategies; share program information to 211; mid-year progress report.*
- *Recommendation: deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – THRIVING: Community:**

- Approved
- Denied
- Modified
- Additional Information Needed

THRIVING: Families – THRIVING: CU^+

- *NEW Program Request: \$11,520, 61% of total program revenue*
- *Priority: Innovative Practices/Access*
- *Required prior to contract: financial form revisions; contract should be held if accrual accounting is not in place; if issued later, adjust contract maximum.*
- *Special Provisions (to address during the contract year): collaborate with providers of related services; work with CLC Coordinator to strengthen strategies; share program information to 211; mid-year progress report.*
- *Recommendation: deny funding due to concerns about eligibility and readiness; assist the agency to partner with a larger agency and/or develop infrastructure.*

Motion to deny CCMHB funding for **THRIVING: Families – THRIVING: CU:**

- Approved
- Denied
- Modified
- Additional Information Needed

The Well Experience – Well Family Care Program*

- *Request: \$100,000, 55% of total program revenue*
- *Priority: Innovative Practices/Access*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; revise financial forms to justify or lower the request; clarify utilization targets and categories.*
- **Special provisions:** *continue participation with Coalition and youth centers; develop and revise consumer outcomes.*
- **Recommendation:** *fund at requested level.* **\$100,000**

Motion to approve CCMHB funding as recommended for **The Well Experience – Well Family Care Program**, subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

WIN Recovery – Re-Entry & Recovery Home

- *Request: \$93,283, 43% of total program revenue*
- *Priority: Crisis Stabilization*
- **Required prior to contract:** *letter of engagement with CPA firm for PY22 audit; select PY23 priority; revisions to financial forms, including shifts from personnel/salaries to professional fees.*
- **Special Provisions** *(to address during the contract year): participate in Reentry Council and Continuum; exception to C27j (staff with felony within 5 years); document client residency pre-incarceration; report quarterly on # of people in the home for greater than three months.*
- **Recommendation:** *fund at requested level.* **\$93,283**

Motion to approve CCMHB funding as recommended for **WIN Recovery – Re-Entry & Recovery Home**, subject to the caveats as presented in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

“*” indicates involvement with the Champaign Community Coalition.

All are welcome to participate in the large collaborative.

“^” indicates that a Special Initiative/mid-year report is required.

The Board may request updates from other funded programs during the year.

“+” indicates to Pro-rate award and amend contract upon filling any vacant or new position or other prerequisite.

TOTAL PY23 FUNDING RECOMMENDED - \$2,733,966

TOTAL PY23 Requests Recommended for Deferral (later decision) - \$518,104

TOTAL PY23 Requests Recommended for Denial - \$23,491

Exceeds Allocation Parameters, Any Priority

The total recommended for funding at this time is lower than projected available. Adding those recommended for deferral results in a total amount which exceeds the projected available by \$34,845.

I/DD applications (not listed) are subject to integrated planning with the Champaign CCDDDB. I/DD requests not recommended for funding by the CCMHB total \$4,275,296, are not included in the above total, and were considered for CCDDDB funding at their May 18th meeting. The CCDDDB recommends for CCMHB funding an award of \$149,666 (listed above), which combined with the current CCMHB multi-year contract for DSC Family Development totals \$746,188, fulfilling the intergovernmental agreement.

CCMHB Funding Requests and Recommendations for PY2023

Agency	Program	Priority			Priority	Recommendations	
		Crisis/Victim	Innovation	SOC		I/DD	MHB PY23 ONE YEAR
CCRPC - Community Services	Homeless Svcs Coord		\$54,281				
CU at Home	Shelter CM - NEW	\$256,700				\$256,700	\$54,281
CC Head Start/Early Head Start	Early Childhood Mental Health Svcs			\$197,569	\$149,666		\$347,235
CC Health Care Consumers	Disability Services		\$71,500				\$71,500
Courage Connection	Courage Connection			\$127,000			\$127,000
Cunningham Childrens Home	ECHO Housing and Employment Support		\$127,249				\$127,249
DREAAM	Parenting Model Implementation			\$398,092			\$398,092
Family Service of Champaign County	Dream Big!			\$100,000		\$100,000	
FirstFollowers	Creative Social - NEW		\$25,000			\$25,000	
GROW in Illinois	First Steps Reentry House	\$39,500					\$39,500
Promise Healthcare	Peer Mentoring for Re-entry	\$95,000					\$95,000
Rosecrance Central Illinois	Peer-Support		\$129,583				\$129,583
	Mental Health Services with Promise		\$350,117			\$350,117	
	Promise Healthcare Wellness		\$107,987			\$107,987	
	Benefits Case Management		\$80,595				\$80,595
	Criminal Justice PSC	\$320,000					\$320,000
	Crisis Co Response (CCRT) - NEW	\$207,948					\$207,948
	Prevention Services			\$60,000		\$60,000	
	Recovery Home		\$100,000			\$100,000	
	Recovery Home		\$61,000			\$61,000	
THRIVING: Families	Project JDC - NEW		\$3,000				
	The Garden Hills Project -NEW		\$5,241				
	THRIVING: Community - NEW		\$3,730				
	THRIVING: CU - NEW		\$11,520				
The Well Experience	Well Family Care Program		\$100,000			\$100,000	
WIN Recovery	Re-Entry & Recovery Home		\$93,283			\$93,283	
	TOTAL	\$1,012,431	\$1,230,803	\$882,661	\$149,666	\$1,254,087	\$1,997,983

47

#7.C.

Agency Responses to
Staff Program
Summaries of
PY2023
CCMHB
Funding Requests

FirstSteps House

Consumer Access

Comment: "The low estimates for assessment (40%) and engagement (5%) per cent may be an agency error."

Response:

These figures are accurate because a number of those referred are immediately not eligible due to being on sex offender registry, not being eligible to parole in Champaign county, distant release date or the need to live with children. The 5% represents the number of individuals who actually end up living in the house. We get lots of queries and applications but can only accommodate a few.

Comment:

"Virtual services not addressed."

Response:

We have provided virtual services throughout the pandemic period, holding house meetings and one on one consultations via Zoom as needed. Our staff has also connected to other services providers for referrals through virtual platforms. We have provided residents with laptops and have trained them in the use of Zoom and other online applications and platforms.

Status filing: We filed our application for reinstatement as a 501 c(3) in August of 2021. We contacted the IRS by phone in March 2022 and they said at the point they were processing reinstatement applications filing on June 27th, 2021, indicating they were three months from ours.

Audit ready: We have made major changes to our financial management in FY22. We have contracted a CPA to handle our finances, have financial review meetings once per week, and have made the change from cash to accrual accounting. We also changed auditing firms, moving to a nationally recognized firm, CLA. We have worked with them to make the necessary changes for a smooth audit process in 2023. We will make adjustments requested in comments.

We are prepared to collaborate with Rosecrance Criminal Justice Program.

Additional note: Through an agreement with the Housing Authority of Champaign County our residents can access Housing Vouchers once they complete their residence in FirstSteps.

PY Priority not selected: Should be Crisis Stabilizatoin

New Registrations/Eligibility Questionnaire form mistakenly submitted. We consulted with CCMHB Director and filled out the proper form for a previously funded organization. We have never had a staff family member on our board and at our board meeting of April 15th, the board approved a motion to deny board membership to any family members of staff.

Peer Mentoring

Workforce Development-

“Stipends are funded by a state grant from ILCJIA.”

Our response: Funding for this now comes from WIOA and City of Champaign.

Status filing: We filed our application for reinstatement as a 501 c(3) in August of 2021. We contacted the IRS by phone in March 2022 and they said at the point they were processing reinstatement applications filing on June 27th, 2021, indicating they were three months from ours.

Audit ready: We have made major changes to our financial management in FY22. We have contracted a CPA to handle our finances, have financial review meetings once per week, and have made the change from cash to accrual accounting. We also changed auditing firms, moving to a nationally recognized firm, CLA. We have worked with them to make the necessary changes for a smooth audit process in 2023. We will make adjustments requested in comments.

Financial Analysis

The total agency surplus identified here does not match the total agency surplus in the other application, and it is lower than the large total program deficit. The mismatch suggests errors in expense forms. If the program truly has a deficit of this magnitude, how does the agency plan to continue operating this program?

PY Priority: Crisis Stabilization

DRAFT PY2023 CCMHB Program Analysis

Agency: GROW in Illinois

Program: Peer Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$129,583

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: mental health sufferers of all ages, races and gender, including those seeking prevention or personal growth. Participants in GROW are referred by group members, professional mental health caregivers, other agencies, and hospitals [new program planned]. The GROW 12-step program complements work of professional providers. It connects people in need with others in similar situations and empowers participants to do that part which they can do for themselves and with one another. A majority of participants in the program have been hospitalized with psychiatric disorders, diagnosed with mental illness, emotional problems, including misuse of drugs and alcohol. GROW continues work with the Champaign County Sheriff's Office to organize meetings at the Champaign County Jail to serve the inmate population which began in March 2017, CCMHB priority for "Behavioral Health Supports for Adults with Justice System Involvement." Inmates, parolees and those on supervised probation fully participating in the 12-step program while incarcerated are expected to benefit personally and have an opportunity to continue their recovery and rehabilitation by attending a community group upon release. GROW is anonymous, members are required to keep confidential the personal testimonies and discussions during meetings.

Scope, Location, and Frequency of Services:

Scope: network of GROW groups and recovery support activities: Champaign Group; Rantoul Group; Male and Female County Jail Groups [2]; Videoconference Group; Christian Health Center Groups [hiatus]; Social Activities as can be arranged, Leadership Meetings [6], Organizers and Recorders Meetings [6], Bi-Monthly GROW Leadership Program Trainings.

The goal... personal recovery and mental health of individual sufferers which may include addictions. GROW is committed to community mental health including prevention, rehabilitation and restoration of the person to their families and society. The preferred outcome for individual participants is maturity (personal growth), and to effectively employ skills learned for coping with mental health problems. Weekly meetings of 3 to 15 members lasting up to two hours are run by GROWers who have advanced in their recovery and volunteered to be organizers for the group. Group Organizer's duties include the development of new groups, quality control all GROW Groups [adherence to program], Orientations, and Social Activities in Champaign County. GROW will participate in anti-stigma awareness campaigns, disability expos, and other community health fairs. GROW Organizers are GROW Seasoned Leaders most often with lived experience.

Location/Frequency: during the pandemic, videoconferences/teleconferences weekly... Teleconferences preferred by those who lack or do not want to participate using videoconferencing technology.

GROW groups meet:

Mondays, First Presbyterian Church, Champaign [teleconference] and popular GROW videoconference group;
Tuesday [male] and Thursday [female], Champaign County Satellite Jail, Urbana [on hiatus];
Wednesday, Champaign County Christian Health Center [monthly, on hiatus];
Thursday, First United Methodist Church, Rantoul [videoconference];
Saturday, Church of the Living God [monthly, on hiatus]; "Welcome To GROW" orientation [videoconference, TBA]; Vineland Church [TBA]; and establish a community group for re-entry.

Access to Services for Rural Residents: ... Videoconferencing Group serves all of Champaign County... "Welcome to GROW" Orientation Group bi-monthly serving all of Champaign County. The GROW group

organizers will meet with police, hospital, clinics and health care providers outside of Urbana and Champaign where rural residents seek services to introduce them to the GROW program. By its nature, the peer to peer group method relies upon meeting attendance which is hindered by transportation and distance challenges which are more problematic in rural areas. The fieldworkers will work with family members, religious and community organizations to find meeting places and ways to transport GROW participants to meetings. We are using videoconferencing to allow participation by those who are unable or otherwise cannot travel to meetings. Currently GROW has one group meeting in Rantoul meeting in the United Methodist church [weekly, currently meeting by videoconference]. Formation of additional rural groups in other areas will be explored as pandemic restrictions are fully lifted. Location of new groups to be determined...

Access to Services for Members of Historically Underinvested Populations:... working with inmates and those re-entering community after release. Many of this group are black and a few are mixed race or Hispanic. We have met with Hispanic leaders but have not yet formed a group oriented toward that demographic. Lack of a field worker whose native language is Spanish is a limitation. No outreach has been made to Asians and Africans, but we are looking toward serving that group also. GROW groups are nondenominational and are not organized by cultures, genders, or life experiences although we are encouraging Group Organizers to recruit members from underserved/underrepresented groups. Exploring developing relationships with community organizations working to reduce [gun] violence.... participates in monthly clinic at the Church of the Living God and weekly Christian Health Center [on hiatus] which serves low income and underserved communities.

Residency of 50 People Served in PY21 and 325 in the first half of PY22

Champaign	11 (22%) for PY21	89 (27.4%) for PY22
Urbana	30 (60%) for PY21	18 (5.5%) for PY22
Rantoul	6 (12%) for PY21	12 (3.7%) for PY22
Mahomet	2 (4%) for PY21	2 (0.6%) for PY22
Other	1 (2%) for PY21	204 (62.8%) for PY22

Demographics of 52 People Served in PY21

Age	
Ages 19-59 -----	44 (86.3%)
Ages 60-75+ -----	6 (11.8%)
Not Available Qty -----	1 (2.0%)
Race	
White -----	38 (73.1%)
Black / AA -----	12 (23.1%)
Other (incl. Native American and Bi-racial) -----	1 (1.9%)
Not Available Qty -----	1 (1.9%)
Gender	
Male -----	18 (34.6%)
Female -----	33 (63.5%)
Other (may include non-binary and gender non-conforming people) -----	(1.9%)
Ethnicity	
Of Hispanic or Latino/a origin -----	1 (1.9%)
Not of Hispanic or Latino/a Origin -----	50 (96.2%)
Not Available Qty -----	1 (1.9%)

Staff Comment: there is a small difference in total people reported in PY21; is there an error or did 2 people choose not to share demographic data?

The global pandemic caused several in-person meetings to go on hiatus: two [2] satellite jail groups, all community groups went to virtual meetings which was a problem for some GROWers who did not participate or do not use Internet, and work with Christian Health Center and Church of Living God was suspended because of public health advice.

GROW meetings are anonymous and discussion of personal stories of suffering are confidential. Members are not pressured into providing information that they feel might jeopardize their anonymity.

Program Performance Measures

CONSUMER ACCESS: 18 years or older, while participation by anyone under 18 years old would need a parent's approval... Phone call and discussion with parent for those under 18 years of age... no other criteria needed to participate... From our annual survey in 2021 [of 12]... 18% of participants heard about GROW through professional referral, 73% through family and friends, and 9% through other means (advertisement, Champaign County Jail, hospital stay).

Within 1 day from referral, 100% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services for: Varies. Jail inmates may only participate for a few weeks. Community GROWers may participate for years.

Additional Demographic Data: military service, hospitalizations, spirituality, diagnosed illness, how many medications, and attempted suicides.

CONSUMER OUTCOMES:

1. decreased hospitalization frequency
2. decreased medication use [under medical supervision]
3. increased use of social resources
4. increased personal growth
5. increased wellbeing
6. increased number of participants in leadership roles
7. satisfaction with the GROW program.

Participants in the GROW program recover to return to family, productive work, and community. Recoveries vary in extent, completeness, and duration. Furthermore, recovery may occur over varying lengths of time.

These outcomes are measured by:

- 1., 2., and 7. - GROW Survey - Growers
3. - Internal & GROW Survey (2-Way Social Support Scale and the NIH Toolbox Emotional Support Survey) - Growers & Fieldworker
4. - internal (using guidelines from GROW book) - Fieldworker
5. - GROW Survey (Personal Wellbeing Index) - Growers
6. - GROW survey – Growers & tabulation sheets

Outcome gathered from all participants? No. Only those who consented to the GROW survey and are present at a survey collection session. This will undercount participants.

Anticipate 70 total participants for the year.

Will collect outcome information: Once per year in the spring or summer. New members will be administered a baseline survey.

Is there a target or benchmark level for program services? Yes. We aim to compare survey responses from baseline to follow-up, but it was difficult to collect baseline data while keeping responses confidential.

1. We would like to compare incoming GROWers at baseline to 1 year follow-up to see if hospitalizations changed.
2. Because we do not have enough baseline data, for now we set a target of 1 or less hospitalizations in the past year. A 2001 report from the National Association of State Mental Health Program Directors describes some of the risks of taking multiple psychiatric medications at the same time. The target was for participants to take less than 5 medications for mental health reasons.
3. Not enough baseline data for comparison currently.
4. No benchmark
5. The average range for adults in Western nations is between 70 and 80 points (International Wellbeing Group, 2013). The benchmark was for GROWERS to score within 10 points of the international average score of 70. The FY20-21 Wellness Index is higher than last year likely because the jail group was not surveyed and a limited number of GROW participants were surveyed using a tablet computer.

- 6. To add at least 1 leadership role per group this year.
- 7. No benchmark

Estimated levels of change for each outcome:

- 1. 100% of GROWERS did not require hospitalization.
- 2. 89% of GROWERS were taking fewer than 5 medications for mental health
- 3., 4., and 7. N/A
- 5. 70% of GROWERS
- 6. 58% of GROWERS participated in leadership roles

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): (*Utilization form says 115, this section totals 110.*) 20 Continuing NTPC's and up to 90 First Timers to GROW meetings depending upon resumption of group meetings as allowed by public health authorities.

Service Contacts (SCs): (*Utilization form says 1,000.*) Up to 500 SCs because of uncertainty of post-quarantine restrictions due to COVID-19 and varying policies of institutions including Champaign County Satellite Jail. Our plans are to begin "Welcome to GROW" Orientations [virtual], and resume orientations at Champaign County Christian Health Service and Church of the Living God as allowed. We are continuing 2 community groups in Champaign and Rantoul... group meeting by videoconferencing/teleconferencing.

Community Service Events (CSEs): (*Utilization form says 3, this section "at least 2"*) - one Disability Expo depending upon resumption of group meetings as allowed by public health authorities; one public education event about GROW and mental health [conference or one article for Self-Helper Newsletter; other events as time and staff permit and public health authorities and venues allow.

Other: Public health restrictions prevented routine surveys of in-person GROW groups including the Champaign County Jail during May-June 2021. Only a few GROWERS were surveyed at their residence using a tablet computer and technical help from GROW Group Organizers. We anticipate larger participation in 2022 if public health restrictions permit in-person meetings and Jail groups resume.

PY2023 Annual Targets (per Utilization Form)

Quarter	NTPC	SC	CSE
<i>Annual Target</i>	115	1000	3 - these do not match the program plan narrative.

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	194	0	0
Second Quarter PY22	123	0	1
<i>Annual Target</i>	115	1000	3

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter PY21	57	202	1
Second Quarter PY21	0	146	0
Third Quarter PY21	0	192	0
Fourth Quarter PY21	7	331	9
<i>Annual Target</i>	115	1200	4

Financial Analysis

PY2023 CCMHB Funding Request: \$129,583

PY2023 Total Program Budget: \$137,733

Proposed Change in Funding - PY2022 to PY2023 = 67.8%

Current Year Funding (PY2022): \$77,239

CCMHB request is for 94% of total program revenue. Other revenue is from Contributions \$8,000 (6%). **Personnel related costs of \$98,370 are the primary expense charged to CCMHB, at 76% of request.** Other expenses are: Professional Fees/Consultants \$8,050 (6%); Consumables \$500; General Operating \$11,763

MAY 11 2022

(9%); Conferences/Staff Development \$500; Local Transportation \$3,600 (3%); Lease/Rental \$1,200 (1%); Membership Dues \$3,600 (3%); and Miscellaneous \$2,000 (2%).

Total Agency and Program Budgets show Surpluses of \$2,050. Total CCMHB Budget is BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 2.5 Direct = 2.5 FTEs

Total Program Staff: 0.25 Indirect and 2.5 Direct = 2.75 FTEs

Staff Comments: the budget narrative is highly detailed and helpful, differs slightly (\$117 more in General Operating) from expense form; could \$2050 total agency/program surplus reduce the total CCMHB request? The program surplus should be explained or forms revised.

The program surplus is a relatively small amount and should be considered a contingency to cover expenses not charged to the CCMHB such as for extra training, GROW social expenses, annual meeting travel [if held in Chicago], and for Certified Recovery Support Specialist [CRSS] application preparation and assistance such as provided by Gift of Voice.

Audit Findings: *The FY2021 Financial Review was submitted on 2/23/22, in spite of timely engagement and due to problems within the CPA firm office. The agency has responded to four CPA comments/concerns, and excess revenue of \$4,296 returned to the CCMHB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, no problems identified. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Evidence is included that other sources of funding are not available or have been maximized. Virtual services available during and beyond the pandemic.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *GROW submitted a CLC Plan that included their commitment to Cultural Competence and clear Grievance Procedures. The plan also states the community meeting spaces where GROW has meeting.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"The GROW program has embraced mental health sufferers and all persons who want to improve their mental health with friendship and understanding. All are welcome regardless of gender, religious practice, and ethnic background. GROW continues to work with the University of Illinois at Urbana-Champaign Psychology Department to build an anonymous database of members and staff, record demographic information while maintaining confidentiality, and develop a web-based, anonymous, confidential method to complete annual surveys. The goal is to quantify the number, ethnicity and demographics progress of participants in the GROW program with respect including age, ethnicity, gender, service in armed forces, frequency and attendance in meetings, participation in leadership roles, number of medications, employment or volunteer work, problem with substance use/abuse, current or continuing criminal behavior, self-assessment and recovery accurately and anonymously."*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: *Yes – fully addressed in the Program Plan Narrative.*

Outcomes: *relevant to the people using services, most are measured by survey of participants.*

Virtual Service Option(s): *included.*

Coordinated System: *a 12-step program that was originally based upon the Alcoholics Anonymous program. The GROW program differs in that it is oriented entirely toward mental health and maturity. GROWers who have participated in AA have remarked that they like the GROW program because the program addresses underlying causes for unacceptable behavior i.e., undiagnosed, untreated mental and behavior health problems.*

GROW is a peer-to-peer support group that has some similarity with the National Alliance for Mental Illness (NAMI) program. However, GROW's peer counseling strictly adheres to the GROW 12-steps, order of meeting procedure, group method, and program reference materials. GROW is a community mental health program for those who are seeking preventative mental health and maturity. Nearly everyone suffers mental health and behavioral health problems even if transitory or temporary. The GROW program can help individuals through these crises and reduce severity or likelihood of reoccurrence.

Budget and Program Connectedness: *budget narrative is thorough and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section cites peer-reviewed research at UIUC and University of Tasmania Psychology Department on the effectiveness of this approach.*

Evidence of Collaboration: *written working agreements with Rosecrance Health Network, Youth and Family Peer Support Alliance, Rattle the Stars, and the Reentry Council.*

Staff Credentials: GROW staff were working toward Certified Recovery Support Specialist (CRSS) certification. Preparation and completion was interrupted by the global COVID pandemic and is expected. GROW field workers have received formal and informal training in the GROW 12-step program and peer-to-peer counseling based on the program. GROW holds monthly training sessions on a variety of topics led by senior GROW leaders some of whom have professional and medical degrees. All field workers have 'lived experience' and are routinely counseled not to provide advice to GROWers, but refer to the 12-step program materials, books, training manuals and other GROWers. GROWers are asked to write their testimonies of decline and recovery citing how the GROW program helped them change thinking, behavior and relationships. Supplemental training includes workshops, lectures and programs preferably offered locally or nearby. GROWers attend and are invited to lead or participate in conferences and training events. Additional formal and informal training will be scheduled as time and resources permit.

Resource Leveraging: *CCMHB is the primary revenue source, with contributions.* **Other Pay Sources:** GROW participants are not asked to pay for attendance except for purchase of program books and sometimes to bring a snack for social to conclusion of meetings. **Client Fees:** No. **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Correct error in financial form(s) and revise to resolve the total program budget surplus or fund at a lower amount, adjusted by the amount of program surplus.*
 - o *BRENDA and KEYSA – please review the finances and determine where they see an error.*
- *Address the risks associated with recent turnover in leadership and bookkeeper.*
 - o *New leadership is seeking a bookkeeper, Treasurer and board members.*
- *Reconcile utilization target mismatches between Plan Forms 1 and 2; clarify and justify SC target.*
 - o *BRENDA and KEYSA – please review and explain change in Service Contacts made by Kerri.*
- *Retain PY21-22 Special Provisions; if a two-year contract, any excess revenue from the first year cannot be spent during the second year; contract for bookkeeping services to ensure compliance with reporting requirements and audit-readiness.*
 - o *New bookkeeper should insure that the Accrual Method is used for accounting purposes.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency: Promise Healthcare

Program: Mental Health Services with Promise

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$350,117

The focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: While open to all ... [target] are patients of a Promise program or our collaboration with Rosecrance... on-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare (NCCBH) and the National Association of Community Health Centers (NACHC). Research conclusively supports that patients often address behavioral health issues with the primary health care provider. With the assistance of our CCMHB Mental Health Services grant, team based care utilizing primary care providers and psychiatric providers, patients may be prescribed a behavioral health medication by Psychiatry or Primary care.

Scope, Location, and Frequency of Services:

Scope:

Counseling Services - Mental health services to our patients are provided by James Hamilton, LCPC (1.0 FTE), Cindy Lam, LCPC and by Shae Ellington, LCSW (1.0 FTE) to established medical patients who are referred by one of the health center's primary care medical providers.

Adult Psychiatry - Dr. Archana Chopra (.50FTE), a psychiatrist, provides services for patients with acute or chronic/serious mental illness who are often in need of a behavioral health medication. Dr. Chopra is available for provider education on behavioral health issues and to meet with PCPs individually for case consultation. Dr. Chopra welcomes both internal referrals and patients new to the health center. Dr. Hayng-Sung Yang (1 FTE) and Dr. Feiteng Su (.50 FTE) are psychiatrists who work with patients supported by Promise Healthcare primary care providers, counselors, Rosecrance counselors and case managers for psychiatry visits, and patients new to Promise or Rosecrance.

Nursing Support for Mental Health - Registered nurses support our patients who are prescribed psychiatric medications including anti-depressants for depression, mood stabilizers for bi-polar disorder, stimulants for ADHD and attention issues, and anti-anxiety for anxiety, panic and PTSD, and administer injection clinics. Our mental health nurses also provide extended triage coverage for patients under the care of our psychiatrists and/or the care of our primary care providers prescribing psych meds.

AR Claims Specialist - With CCMHB funding Promise has staff whose work will include processing behavioral health claims denied by Medicaid managed care organizations and other payors.

Location/Frequency: all Promise Healthcare locations

Access to Services for Rural Residents: Although there is no priority given for rural residents, Promise continues to serve anyone, and many patients are from rural areas including medically underserved Townships.

Access to Services for Members of Historically Underinvested Populations: Promise Healthcare works to execute its mission to create a healthier community by delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. More than 50% of our board of directors are patients of the health center including our behavioral health services.

Residency of 1808 People Served in PY21 and 2376 in the first half of PY22

Champaign	1,074 (59.4%) for PY21	1,111 (46.8%) for PY22
Urbana	323 (17.9%) for PY21	692 (29.1%) for PY22
Rantoul	154 (8.5%) for PY21	224 (9.4%) for PY22
Mahomet	58 (3.2%) for PY21	94 (4.0%) for PY22
Other	199 (11.0%) for PY21	255 (10.7%) for PY22

Demographics of 1808 People Served in PY21

Age

Ages 13-18 -----	29 (1.6%)
Ages 19-59 -----	1,504 (83.2%)
Ages 60-75+ -----	275 (15.2%)

Race

White -----	1,125 (62.2%)
Black / AA -----	451 (24.9%)
Asian / PI -----	23 (1.3%)
Other (incl. Native American and Bi-racial) -	99 (5.5%)
Not Available Qty -----	110 (6.1%)

Gender

Male -----	758 (41.9%)
Female -----	1,046 (57.9%)
Other (may include non-binary and gender non-conforming people)	(.2%)

Ethnicity

Of Hispanic or Latino/a origin -----	124 (6.9%)
Not of Hispanic or Latino/a Origin -----	1,592 (88.1%)
Not Available Qty -----	92 (5.1%)

Staff Comment: the PY21 total of 1808 is below the total of both TPC year-end totals; during that program year, one demographic and one residency report were submitted each quarter; the PY22 Q1 and Q2 total of 2376 is equal to the Psychiatric TPCs, but the agency did submit reports for the Counseling TPCs, showing that 87 of 31% were from Urbana, 144 or 51% were from Champaign, 21 or 7.5% were from Rantoul, 7 or 2.5% were from Mahomet, and 21 or 7.5% were from Other Champaign County.

Response: Data reporting needs to be corrected in the portal. See Attachment B- ProductionMHPsych and Attachment A-ProductionMHCounseling. 2023 targets are reasonable as we emerge from the pandemic.

Program Performance Measures

CONSUMER ACCESS: available to anyone regardless of ability to pay. Promise works on promotion several ways including working with collaborators and referring agencies and providers, marketing and social media.

However, most patients learn about our mental health services through word of mouth from family and friends.

Within 14 days from referral, 100% of those referred will be assessed.

Within 30 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: 12-15 months for counseling; psychiatric services ongoing.

Additional Demographic Data: health coverage, veteran, migrant worker status, homelessness, and preferred language.

CONSUMER OUTCOMES:

We expect that clients in counseling and psychiatry will have

1. decrease in emotional distress or mental health symptoms
2. work to support patients to achieve their optimal health
3. increase in percentage of denied claims that are addressed

Measured by:

1. Decrease in emotional distress or mental health symptoms will be measured using the Patient Stress Questionnaire (PSQ) in the electronic health record. The PSQ includes The Patient Health Questionnaire (PHQ-9), General Anxiety Disorder (GAD-7), and the AUDIT screening tool. The data is reported to the behavioral health provider and entered into the electronic health record.
2. Work to support patients to achieve their optimal health is measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through monthly patient experience surveys.
3. Promise business office measures and reports the percentage of denials addressed.

Outcome gathered from all participants? No. *(see below, benchmark response)*

Anticipate 2100 total participants for the year.

Will collect outcome information: throughout the year. *(see below, benchmark response)*

Is there a target or benchmark level for program services? Yes. PSQ in the electronic health record with the Patient Health Questionnaire (PHQ-9), and the AUDIT screening tool are collected for every patient engaged in therapy as part of the initial assessment and after six months of engagement. Psychiatry does not use a tool but instead subjective clinical judgement. Promise offers surveys to every patient at every encounter on a monthly basis. We expect our health center to perform at or above state and national averages for community health centers. Promise screens for depression as part of medical visits for all eligible patients throughout the year. The CDC's Healthy People 2020 has set a goal for 87% of patients screened with follow up plans. As Promise works to reach the HP2020 goal, we have set an internal target of 80%.

Estimated levels of change: majority of the patients demonstrate improvement in the PSQ scores with an improvement of 5% over 2021 scores. Since we are offering patient surveys monthly rather than yearly, we have set a minimum number of completed patients surveys of >7 per month per provider. For the goal of depression screening with a follow up plan, in 2022 we plan to maintain or improve the goal the percentage over 2020 by >10% of appropriate medical patients are screened for depression with appropriate follow up.

UTILIZATION:

Treatment Plan Clients (TPCs): continuing and new patients to counseling or seeing a psychiatrist (unduplicated) will be counted as Treatment Plan Clients. We are projecting 1,600 TPC in adult psychiatry and increasing to 300 in counseling with the HRSA funded position. *Staff Comment: targets do not match those listed in the Utilization Forms. Response: See Attachment A-ProgramPlanMH(Form1) which has been revised. Data in Forms 1 and 2 now align.*

Non-Treatment Plan Clients (NTPCs): 400 patients who receive their behavioral health medications from their Promise Healthcare primary care provider with continued support provided by our psychiatrists—usually tracked in psychiatry. When a patient does not complete assessment or chooses to not engage in therapy with one of our therapists, this is tracked as NTPC for counseling.

Service Contacts (SCs): 2,200 counseling encounters and appointments with psychiatrists will be tracked using SC to count each encounter or kept appointment. We are projecting >9,500 psychiatry encounters and increasing the number of encounters in counseling by 10% over the numbers reported in 2021. *Staff Comment: target for psychiatric encounters does not match the one listed in Utilization Form. Response: Utilization Forms have been revised.*

Community Service Events (CSEs): outreach staff promoting the mental health program or educating about mental health awareness outside the health center—typically a community event or health fair. For psychiatry reporting, CSE is where we will track staff and provider trainings related to behavioral health issues. In FY22

we are projecting four trainings related to behavioral health care from all-staff trainings on how to handle patients in crisis to bringing outside speakers to talk about managing chronic pain.

Other: not projecting Other for counseling. In the adult psychiatry tracking Promise business office will report the percentage of denials addressed as Other. Our funded position addresses all denied claims.

Staff Comment: during PY21, all but the CSE target for psychiatric services were met, and CSEs did not occur due to COVID mitigation; actual utilization for counseling services was below targets; in PY22 targets are likely to be met, with psychiatric TPCs exceeded during the first half of the year. As a result, the proposed changes to targets which are detailed in the Utilization Form seem appropriate, as do some described in the Program Plan Narrative, but these forms should be revised to match.

*Response: See Attach A- Revised Program Plan MH
See Attachment B- Production MHPsych
See Attachment C- Production MHCounseling*

PY2023 Annual Targets (per Utilization Form)

	TPC- Psych/Couns	NTPC-Psych/Couns	SC-Psych/Couns	CSE-Psych/Couns	OTHER-Psych/Couns
<i>Annual Target</i>	1675/475	950/400	8000/2200	7/0	40%/0
PY2022 First two quarters (per submitted Service Activity Reports)					
First Quarter PY22	1173/182	266/0	1946/456	0/0	25%/0
Second Quarter PY22	1203/144	243/0	1883/435	0/0	4%/0
<i>Annual Target</i>	1650/500	900/500	8000/2750	5/0	60%/0
PY2021 all four quarters (per submitted Service Activity Reports)					
First Quarter PY21	1261/136	235/0	1978/0	0/0	0/0
Second Quarter PY21	146/60	236/0	1984/432	0/0	0/0
Third Quarter PY21	128/150	219/0	1853/434	0/0	0/0
Fourth Quarter PY21	118/74	234/0	1763/492	0/0	40%/0
<i>Annual Target</i>	1600/500	850/0	7500/2750	4/0	50%/0

Financial Analysis

PY2023 CCMHB Funding Request: \$350,117

PY2023 Total Program Budget: \$2,990,906

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$350,117

CCMHB request is for 12% of total program revenue. Other revenue is from Contributions \$75,000 (3%), US Dept HHS Grant \$344,000 (12%), Medicaid fees \$709,684 (24%), Medicare fees \$398,261 (13%), Self-pay \$2,276, Private insurance \$153,203(5%), and Program Service Fees from 340B \$958,365 (32%).

Personnel related costs of \$456,766 are the primary expense to CCMHB, at over 100% of request.

Total Agency Budget has a Surplus of \$1,793, Total Program Budgets a Surplus of \$2,068,354, and Total CCMHB Budget a deficit of \$106,649.

Program Staff to be funded by CCMHB: 0.63 Indirect and 3.30 Direct = 3.93 FTEs

Total Program Staff: 2.10 Indirect and 12.05 Direct = 14.15 FTEs

Staff Comments: there is a total program surplus of over \$2M indicating that the program is more than funded without the need for MHB dollars. The MHB budget shows a deficit of over \$100k, and none of the amounts itemized in the budget narrative match what was entered on the Personnel, Revenue, and Expense forms.

Response: See Attachment D - All Revenue and Expense data has been reviewed and updated to reflect the need for funding and fiscal responsibility.

Audit Findings: The agency uses a calendar year fiscal year, with audit report due by June 30. The most recent audit report was for 2020 and was submitted in October 2021. The findings reported have been addressed by the agency and its board in a corrective action plan. The appearance of surplus revenue in total

cel

agency/program may indicate excess revenue owed to the CCMHB, but a determination is not possible until the 2021 audit is available for comparison. The 2021 audit report is due on or before June 30, 2022.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, no problems identified. Some required forms were submitted by the deadline and others after the deadline, per special instruction of the CCMHB. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Some evidence is provided regarding other sources of funding for the program. Virtual services are not a focus.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *many board members are also patients; each CLAS standard is addressed, some using feedback from patient surveys.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *no update for annual training; CLC committee continue to meet every other month; good detail on patient supports for communication and language access as well as continuous improvement (all new employees receive a summary of the CLCP, e.g.); quarterly peer reviews of medical and behavioral health and dental; annual patient satisfaction survey started.*

Response: See Attachment E Update. The Progress Report has been updated to include the missing information.

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: *Promise recruits board members from our current active patients – ensuring inclusion of an underserved population. We offer training for board and staff on cultural and linguistic competency as part of onboarding and annually and have a diverse staff committee that works to address CLC.*

Outcomes: *two outcomes relate directly to the client experience, the first measured by a validated tool or patient survey and the second by tracking clinical care gaps; a third outcome measures program impact by tracking denials, which is of value to individuals and the broader system.*

Virtual Service Option(s): *not a focus of the application, though telehealth could benefit some patients.*

Coordinated System: *Rosecrance provides adolescent and adult mental health counseling available to those covered by Medicaid or other insurance. Hope Springs provides pediatric counseling to those with health coverage and a sliding fee scale. Carle provides some counseling and psychiatry to covered individuals and through a community benefit program. OSF has added psychiatry access for adults and children. Promise has active collaborations with all these providers. Promise Healthcare is co-located with Rosecrance at their Walnut St. clinic and holds psychiatry access for their CRC (formerly Respite) and Crisis programs. Rosecrance case managers coordinate care with Promise. Promise is in regular communication with Hope Springs and often refers our very young children to Hope Springs for in-home services which we do not offer. Promise collaborates with Carle in several ways including hosting a Carle Illinois College of Medicine psychiatry residency program outpatient clinic at our Walnut St. clinic.*

Staff comment: excellent details; the final listed collaboration seems critically important for the future of community-based mental health services.

Budget and Program Connectedness: *budget narrative details don't match other financial forms; generally the program and budget presentations are connected but these details should be addressed, and the agency should warrant that these funds will not supplement Medicaid or other insurance.*

Response: See Attachment F- The Budget Narrative has been revised/updated. As previously noted, budget forms and info are updated in Attachment D.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes integration of behavioral health into primary care and primary care into behavioral health, links to SAMHA resources.*

Evidence of Collaboration: *written working agreements with: Carle Foundation Hospital, and for Interpreter Services, Family Medicine Residency, Pediatric Residency, Psychiatry Residency Program; Carle Patient Advisory Nurse; Champaign County Board of Health; CCRPC's Head Start/Early Head Start; Hudson Drug; LabCorp; OSF Healthcare Heart of Mary Medical Center; and Rosecrance.*

Staff Credentials: *section identifies a full-time LCSW, 2 full-time LCPCs, full-time RN (20% to this program) and a full-time RN psychiatric nurse, 3 psychiatrists (totalling 2 FTE), and 1 AR Claims Specialist.*

Resource Leveraging: *if total program revenues have been recorded correctly, CCMHB would provide 12% of funding for these services.*

Other Pay Sources: The primary source of funding for the program will be patient revenue. Most patient revenue will be billing a patient's health covering including Medicaid, managed care plans, Medicare and commercial insurance. **Client Fees:** Yes. **Sliding Scale:** Yes. Mental Health – Uninsured patients living at or below 100% of the Federal Poverty Level (FPL) are charged \$5 for a visit with our psychiatrist and \$4 for a visit with one of our therapists. Charges slide from there to \$10 and \$15 for those between 100% and 200% of the FPL. Over 200% are full charges. Medical – Uninsured patients living at or below 100% of the FPL are charged a \$10 nominal fee for a visit but no other charges, even if the visit includes lab work. Charges slide from \$25 to \$45 for those living between 100% and 200% of the FPL. Over 200% are full charges. Dental - Uninsured patients living at or below 100% of the FPL are charged \$20 for an exam visit and \$40 for a treatment visit. Charges slide from \$30 to \$70 for those living between 100% and 200% of the FPL. Over 200% are full charges. Patients can apply to have their nominal fees waived for a year at a time if truly indigent.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Correct errors and resolve discrepancies across all financial forms. Address the total program budget surplus issue, particularly because it does not appear that MHB funding is needed. If a justification can be provided through revisions, the CCMHB column budget should be balanced and total program should not show a surplus.*

Narrative in the Project Plan Form has been revised to match data in the Production/Utilization forms.

Forms have been updated and info dovetails across forms.

- *Because care should be taken to avoid supplementation of Medicaid, managed care, and other insurance coverage, include a statement in the budget narrative.*

:Language has been added to the Program Plan and the Budget Narrative.

- *Reconcile utilization target mismatches between Plan Forms 1 and 2.*

Forms have been updated and are attached- Attachments ,A, B, C

- *The 2021 audit is due before July 1, as is a letter of engagement with CPA firm for 2022 audit. These are pre-requisite to contracting.*

Letter of engagement previously provided to the Executive Director

- *Retain PY21-PY22 Special Provisions: presentation of financials due to calendar year fiscal year (with deadline prior to audit deadline); if a two-year contract, any excess revenue from the first year cannot be spent during the second year; prorate total amount of contract if there are vacancies at July 1; collaborate with Champaign County Christian Health Center.*

Language has been added to the Program Plan Document, Attachment A regarding plans for collaboration with the Christian Health Center.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2023 CCMHB Program Analysis

Agency: Promise Healthcare

Program: Promise Healthcare Wellness

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$107,987

Focus of Application: Mental Health

Type of Contract: Grant

Priority: Innovative Practices and Access to Behavioral Health Services

Services and People Served

Target Population: patients with non-clinical barriers to achieving optimum medical and mental health. Specifically the program will target patients who have a mental health need, those who have psycho-social support needs, and those who have been identified as having barriers to executing their treatment plan.

Scope, Location, and Frequency of Services:

Scope: coordinators work with patients to remove barriers from reaching optimum medical and mental health... assisting patients with access to medications, social service needs, linkage with other agencies, and enrolling eligible patients in Medicaid/Marketplace insurance. The program is also charged with supporting collaborations and outreach. With the support of a CCMHB grant... on site mental health services at Frances Nelson, school-based health center and at our location on Walnut to achieve the integration of medical and behavioral health care.

Patient Assistance and Case Management –unique supports to help patients increase access to elements of their treatment plan. The project coordinators work with our medical/mental health providers and referring partners to identify patients who need assistance removing treatment plan barriers... [and] to establish a medical home and access to behavioral health services, transportation assistance, medication assistance, utility assistance, legal assistance, dental care, food support, and more.

Promise Healthcare on Walnut Satellite – facilitating patient access to... our primary care providers and psychiatrists.

Community Outreach – ... the Re-entry Resource Fair, Love Clinic at the Church of the Living God, Champaign Urbana Days at Douglas Park, the Disability Expo, Church Women United Back to School Event in Rantoul, St. Mary's Latino Fair, and more.

Service Collaboration – with several agencies in town to help provide resources to our patients.

Location/Frequency: Frances Nelson Health Center in Champaign, M-F, 7:30 – 5:30; Promise Healthcare on Walnut and Urbana School Health Center by appointment.

Access to Services for Rural Residents: Although there is no priority given for rural residents, Promise Healthcare routinely sees patients from rural areas including underserved Townships.

Access to Services for Members of Historically Underinvested Populations: Promise Healthcare works to execute its mission to create a healthier community by targeting delivering primary medical, behavioral health, and dental care to the underserved. We work to eliminate barriers to care including providing care to patients regardless of ability to pay, offering language interpretation for all sites and programs, and investing in ongoing cultural and linguistic competency training for board and staff. More than 50% of our board of directors are patients of the health center. There is no charge for Promise Healthcare wellness support.

Residency of 288 People Served in PY21 and 485 in the first half of PY22

Champaign	174 (52.7%) for PY21	122 (43.7%) for PY22
Urbana	101 (30.6%) for PY21	100 (35.8%) for PY22
Rantoul	34 (10.3%) for PY21	30 (10.8%) for PY22
Mahomet	4 (1.2%) for PY21	8 (2.9%) for PY22
Other	17 (5.2%) for PY21	19 (6.8%) for PY22

Demographics of 329 People Served in PY21

Age	
Ages 0-6 -----	5 (1.5%)
Ages 7-12 -----	3 (.9%)
Ages 13-18 -----	7 (2.1%)
Ages 19-59 -----	208 (62.8%)
Ages 60-75+ -----	108 (32.6%)
Race	
White -----	129 (39.0%)
Black / AA -----	125 (37.8%)
Asian / PI -----	10 (3.0%)
Other (incl. Native American and Bi-racial)	56 (16.9%)
Not Available Qty -----	11 (3.3%)
Gender	
Male -----	122 (37.1%)
Female -----	207 (62.9%)
Ethnicity	
Of Hispanic or Latino/a origin -----	79 (24.0%)
Not of Hispanic or Latino/a Origin -----	246 (74.8%)
Not Available Qty -----	4 (1.2%)

Staff Comment: for PY21, mismatches occur across data because the agency reported residency and demographic data on 185 people in Q1 (compared to 107 TPCs), 59 in Q2 (compared to 93 TPCs), 60 and 61 in Q3 (compared to 62 TPCs) – residency and demographic data are to be associated with TPCs and should match in total counts; for PY22 the agency appears to have reported residency and demographic data of NTPCs rather than TPCs in the Q1 and Q2. All of these records should be revised to align with standard uses of the categories, instructions, and prior year program plans.

Response: See Attachment G for an explanation on data reporting challenges and corrected data.

Program Performance Measures

CONSUMER ACCESS: coordinators assist anyone who is a Promise Healthcare patient. Outreach and Enrollment assist patients and all community members. Promise Healthcare’s primary medical, behavioral health and dental services are available to anyone regardless of their ability to pay. Anyone is eligible for our services... primarily referred from our own staff and providers. Coordinators are paged to rooms and tasked in the electronic health record.

Within 3 days from referral, 100% of those referred will be assessed.

Within 3 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: varies from one day to ongoing.

Additional Demographic Data: Health coverage, veteran, migrant worker status, homelessness, and preferred language

66

CONSUMER OUTCOMES:

Promise Healthcare’s Adult Wellness Program will work to:

1. Help patients remove barriers to their treatment plan.
2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2000 people enroll in coverage (all programs, includes non-Promise patients as well).
3. The program will work to support patients to achieve their optimal health.

Measured by:

1. Help patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.
2. Maintain a percentage of mental health visits where patients do not have coverage to under 15% through outreach and enrollment efforts and help 2200 people enroll in coverage (all programs, includes non-Promise patients as well). Financial reporting shows the percentage of patients seen by therapists and psychiatrists that were uninsured. This will be a ratio of visits and count of people enrolled in coverage.
3. The program works to support patients to achieve their optimal health which can be measured by patients who are also medical patients through tracking clinical care gaps. Clinical care gaps are HRSA and CMS evidence-based standards of care. Patients of the mental health program can also anonymously report program experience through monthly patient satisfaction surveys.

Outcome gathered from all participants? Yes

Anticipate 600 total participants for the year.

Will collect outcome information: through surveys as part of the patient experience survey every month.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: Promise strives to have helped all interested patients remove barriers to their treatment plan. This will be a count of patients and the issues a patient needs support and assistance addressing to move towards wellness.

UTILIZATION:

Treatment Plan Clients (TPCs): Patients who are engaged with more than one contact or assisted through several barriers are considered case management. Promise projects 175 patients served as TPC.

Non-Treatment Plan Clients (NTPCs): those who are just helped once in a program year. A service contact may be a referral from their primary care provider, mental health provider, or referring partner. Promise projects 460 patients served as NTPC.

Service Contacts (SCs): encounters with patients assisted either through adult wellness or medication assistance program. Promise projects 1100 patient assist encounters.

Community Service Events (CSEs): at least 12 community service events during the grant year, as long as safe to do so during COVID pandemic. Promise Healthcare welcomes referrals seeking to participate in outreach events to target those involved in the criminal justice system. The Wellness Program executes at least 15 appropriate collaborations with area agencies... all supported by our Adult Wellness Coordinator.

Other: number of people estimated to have been enrolled in health coverage including Medicaid and the Medicaid managed care organizations. Promise projects 1,900 people enrolled in coverage.

Staff Comment: all targets described in the Program Plan Narrative (and copied above) differ from the targets identified in Utilization Part Two form (see tables below) and appear to continue the targets defined in PY21. These differences should be reconciled by revisions to one or both forms.

Response: See Attachment H, Revised Form 1, and Attachment I, a Revised Form 2- Production data that includes revised data reported on for 2021 and 2022.

PY2023 Annual Targets (per Utilization Form)

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	205	480	1600	30	2400

67

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	273	97	153	14	775
Second Quarter PY22	212	182	358	8	585
Annual Target	205	480	1600	30	2400

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	107	78	306	15	550
Second Quarter FY21	93	59	152	0	174
Third Quarter FY21	62	62	124	0	228
Fourth Quarter FY21	26	26	108	0	249
Annual Target	175	460	1500	27	2200

Financial Analysis

PY2023 CCMHB Funding Request: \$107,987

PY2023 Total Program Budget: \$326,461

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$107,987

CCMHB request is for 33% of total program revenue. Other revenue is from Contributions \$16,250 (5%) and US Dept HHS \$172,000 (53%) and Medicare Fees \$30,224 (9%).

Personnel related costs of \$131,626 are the primary expense to CCMHB, at over 100% of request.

Total Agency Budget shows a Surplus of \$1,793, Total Program Budget a Surplus of \$40,128, and Total CCMHB Budget a deficit of \$23,639.

Program Staff to be funded by CCMHB: 0 Indirect and 3.10 Direct = 3.10 FTEs

Total Program Staff: 0.22 Indirect and 5.20 Direct = 5.42 FTEs

Staff Comments: total program has a surplus of \$40k, while the CCMHB budget has a deficit of almost \$24k. A surplus suggests that the CCMHB revenue is not needed. None of the amounts itemized in the budget narrative match details entered on the Personnel, Revenue, and Expense forms

Response: See Attachment D, which includes revised revenue, expense and personnel data. Agency, program and grant funds all have 0 expenses over revenue and the need for grant assistance demonstrated.

Audit Findings: *The agency uses a calendar year fiscal year, with audit report due by June 30. The most recent audit report was for 2020 and was submitted in October 2021. The findings reported have been addressed by the agency and its board in a corrective action plan. The appearance of surplus revenue was primarily due to our suspension of several months of payments, which were released in a subsequent different program year. The 2021 audit report is due June 30, 2022.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? Yes.

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire, no problems identified. Some required forms were submitted by the deadline and after the deadline, per special instruction of the CCMHB. Proposed services/supports relate to mental health and how they will improve the quality of life for persons served. Some evidence is provided regarding other sources of funding for the program. Virtual services are not a focus.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

68

Highlights from the submitted CLC Plan: *many board members are also patients; each CLAS standard is addressed, some using feedback from patient surveys.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *no update for annual training; CLC committee continue to meet every other month; good detail on patient supports for communication and language access as well as continuous improvement (all new employees receive a summary of the CLCP, e.g.); quarterly peer reviews of medical and behavioral health and dental; annual patient satisfaction survey started.*

Response: See Attachment E for a revised CLC Progress Report that includes the missing information.

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: *Promise recruits board members from our current active patients – ensuring inclusion of an underserved population. We offer training for board and staff on cultural and linguistic competency as part of onboarding and annually.*

Outcomes: *two outcomes relate directly to the client experience, one measured using patient surveys and the other through clinical care gaps plus survey input; a third outcome measures program impact on benefits enrollment, which is of value to individuals and the broader system.*

Virtual Service Option(s): *not a focus of the application, but likely possible given the services.*

Coordinated System: *Rosecrance provides case management for many Promise patients. Medicaid and managed care organizations offer transportation assistance. Family Service, OSF's Community Resource Center, and many others offer related services that we coordinate. Promise's program is designed to help our patients and coordinate with other organizations. Promise Healthcare is co-located with Rosecrance at the Walnut St. clinic and has a location at Urbana School Health Center. Rosecrance case managers coordinate with Promise. Wellness works with several agencies in town to help provide resources to our patients.*

Staff comment: because some listed programs primarily offer information and/or referrals, also activities of this program, additional information would clarify how patient outcomes are maximized and cost-effective impacts achieved; this could be done through mid-year report to the MHB, rather than demonstrated in the application.

Budget and Program Connectedness: *budget narrative details don't match other financial forms; generally the program and budget presentations are connected but these details should be addressed, and the agency should warrant that these funds will not supplement Medicaid or other insurance.*

Response: See Attachment J- Revised Wellness Budget Narrative

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes alignment with the Community Health Worker movement and how the program promotes good health outcomes, provides links to SAMHSA peer support resources and the article, "Mounting Evidence of the Effectiveness and Versatility of Community Health Workers."*

Evidence of Collaboration: *written working agreements with: Carle Foundation Hospital, and for Interpreter Services, Family Medicine Residency, Pediatric Residency, Psychiatry Residency Program; Carle Patient Advisory Nurse; Champaign County Board of Health; CCRPC's Head Start/Early Head Start; Hudson Drug; LabCorp; OSF Healthcare Heart of Mary Medical Center; and Rosecrance.*

Staff Credentials: *section identifies one case manager, two program coordinators, and two certified application counselors. Qualifications and competencies: Bachelor's in Social Work or related field preferred, or 5 years of successful work experience in social services; working knowledge of local medical and social service systems; ability to work collaboratively with all clinic staff members and patients; strong computer and database skills; strong verbal and communication skills; ability to maintain confidentiality. Outreach and enrollment staff additionally required to be certified application counselors.*

Resource Leveraging: *if total program revenues have been recorded correctly, CCMHB would provide one third of funding for these services. Other Pay Sources:* *Promise does not charge patients for this service and does have additional payment resources available to support the program beyond a small amount of community donations and federal FQHC funding. Client Fees:* *No. Sliding Scale:* *Yes. Promise does not charge for adult*

wellness services. Mental Health – Uninsured patients living at or below 100% of the Federal Poverty Level (FPL) are charged \$5 for a visit with our psychiatrist and \$4 for a visit with one of our therapists. Charges slide from there to \$10 and \$15 for those between 100% and 200% of the FPL. Over 200% are full charges. Medical – Uninsured patients living at or below 100% of the FPL are charged a \$10 nominal fee for a visit but no other charges, even if the visit includes lab work. Charges slide from \$25 to \$45 for those living between 100% and 200% of the FPL. Over 200% are full charges. Dental - Uninsured patients living at or below 100% of the FPL are charged \$20 for an exam visit and \$40 for a treatment visit. Charges slide from \$30 to \$70 for those living between 100% and 200% of the FPL. Over 200% are full charges. Patients can apply to have their nominal fees waived for a year at a time if truly indigent.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Correct errors and resolve discrepancies across all financial forms. Address the total program budget surplus issue - or fund at a lower amount, adjusted by the amount of the total program surplus. CCMHB column budget should be balanced.*

→ *Response- forms have been corrected and information aligns across forms.*

- *Because care should be taken to avoid supplementation of Medicaid, managed care, and other insurance coverage, include a statement in the budget narrative.*

→ *A Statement has been added to the Budget Narrative, Attachment J.*

- *Reconcile utilization target mismatches between Plan Forms 1 and 2.*

→ *Forms 1 and 2 have been corrected and are in Attachments H and I.*

- *The 2021 audit is due before July 1, as is a letter of engagement with CPA firm for 2022 audit. These are pre-requisite to contracting.*

- *Retain PY21-PY22 Special Provisions: presentation of financials due to calendar year fiscal year (with deadline prior to audit deadline); if a two-year contract, any excess revenue from the first year cannot be spent during the second year; prorate total amount of contract if there are vacancies at July 1.*

- *New special provisions: establish collaborative relationships with CC Healthcare Consumers and CC Christian Health Center, to maximize patient outcomes and systems efficiencies.*

→ *In Form 1, Attachment H, information has been added on plans to collaborate with the Christian Health Center*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

#7.D.

Agency and Program Acronyms

BLAST – Bulldogs Learning and Succeeding Together, a program of Mahomet Area Youth Club

CC – Community Choices

CCCAC or CAC – (Champaign County) Children's Advocacy Center

CCCHC – Champaign County Christian Health Center

CCDDB or DDB – Champaign County Developmental Disabilities Board

CCHCC – Champaign County Health Care Consumers

CCHS – Champaign County Head Start, a department of the Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)

CCMHB or MHB – Champaign County Mental Health Board

CCRPC or RPC – Champaign County Regional Planning Commission

CN - Crisis Nursery

CSCNCC - Community Service Center of Northern Champaign County, may also appear as CSC

CU TRI – CU Trauma & Resiliency Initiative, affiliated with the Champaign Community Coalition and CUNC, funded through Don Moyer Boys & Girls Club

Courage Connection – previously The Center for Women in Transition

DMBGC - Don Moyer Boys & Girls Club

DREAAM – Driven to Reach Excellence and Academic Achievement for Males

DSC - Developmental Services Center

ECHO – a Housing and Employment Support program of Cunningham Children's Home

ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center, also The Refugee Center

ECMHS - Early Childhood Mental Health Services, a program of Champaign County Regional Planning Commission Head Start Department

FD – Family Development, previously Family Development Center, a DSC program

FS - Family Service of Champaign County

FST – Families Stronger Together, a program of Cunningham Children’s Home

GAP – Girls Advocacy Program, a program component of the Psychological Service Center.

IAG – Individual Advocacy Group, Inc., a provider of I/DD services

JDP – Justice Diversion Program, a Regional Planning Commission program

MAYC - Mahomet Area Youth Club

MRT – Moral Reconciliation Therapy, a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning.

NAMI – National Alliance on Mental Illness

PATH – regional provider of 211 information/call services

PEARLS - Program to Encourage Active Rewarding Lives

PHC – Promise Healthcare

PSC - Psychological Services Center (University of Illinois)

RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center

RACES – Rape Advocacy, Counseling, and Education Services

RCI – Rosecrance Central Illinois

RPC or CCRPC – Champaign County Regional Planning Commission

UNCC – Urbana Neighborhood Community Connections Center

UP Center – Uniting Pride

UW or UWCC – United Way of Champaign County

WIN Recovery – Women in Need Recovery

YAC – Youth Assessment Center. Screening and Assessment Center developed by the Champaign County Regional Planning Commission-Social Services Division with Quarter Cent funding.

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ACA – Affordable Care Act

ACEs – Adverse Childhood Experiences

ACMHAI – Association of Community Mental Health Authorities of Illinois

ANSA – Adult Needs and Strengths Assessment

APN – Advance Practice Nurse

ARMS – Automated Records Management System. Information management system used by law enforcement.

ASAM – American Society of Addiction Medicine. May be referred to in regards to assessment and criteria for patient placement in level of treatment/care.

ASD – Autism Spectrum Disorder

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ATOD – Alcohol, Tobacco and Other Drugs

CADC – Certified Alcohol and Drug Counselor, substance abuse professional providing clinical services that has met the certification requirements of the Illinois Alcoholism and Other Drug Abuse Professional Certification Association.

CALAN or LAN – Child and Adolescent Local Area Network

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CBCL – Child Behavior Checklist

CC – Champaign County

CCBoH – Champaign County Board of Health

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CDC – federal Centers for Disease Control and Prevention

CDS – Community Day Services, day programming for adults with I/DD, previously Developmental Training

C-GAF – Children's Global Assessment of Functioning

CHW – Community Health Worker

CILA – Community Integrated Living Arrangement, Medicaid-waiver funded residential services for people with I/DD

CIT – Crisis Intervention Team; law enforcement officer trained to respond to calls involving an individual exhibiting behaviors associated with mental illness.

CLC – Cultural and Linguistic Competence

CLST – Casey Life Skills Tool

CMS – federal Centers for Medicare and Medicaid Services

CQL – Council on Quality and Leadership

CRT – Co-Responder Team; mobile crisis response intervention coupling a CIT trained law enforcement officer with a mental health crisis worker.

CSEs - Community Service Events. Is a category of service measurement on the Part II utilization form and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application/program plan. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CSPH – Continuum of Service Providers to the Homeless

CSPI – Childhood Severity of Psychiatric Illness. A mental health assessment instrument

CY – Contract Year, runs from July to following June. For example CY08 is July 1, 2007 to June 30, 2008. (Also referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY23

CYFS – Center for Youth and Family Solutions (formerly Catholic Charities)

DASA – Division of Alcoholism and Substance Abuse in the Illinois Department of Human Services, renamed as IDSUPR or SUPR

DCFS – Illinois Department of Children and Family Services.

Detox – abbreviated reference to detoxification. It is a general reference to drug and alcohol detoxification program or services, e.g. Detox Program.

DD – Developmental Disability

DDD or IDHS DDD – Illinois Department of Human Services - Division of Developmental Disabilities

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – Illinois Department of Human Services

DMH or IDHS DMH – Illinois Department of Human Services - Division of Mental Health

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional, a certification required for those serving people with I/DD

DT – Developmental Therapy (children), or Developmental Training (adults), now Community Day Services

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ER – Emergency Room

FACES – Family Adaptability and Cohesion Evaluation Scale

FAST – Family Assessment Tool

FFS – Fee for Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, for the county runs from December to following November. Changing in 2015 to January through December.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

GAIN-Q - Global Appraisal of Individual Needs-Quick. Is the most basic form of the assessment tool taking about 30 minutes to complete and consists of nine items that identify and estimate the severity of problems of the youth or adult.

GAIN Short Screen - Global Appraisal of Individual Needs, is made up of 20 items (four five-item subscales). The GAIN-SS subscales identify: internalizing disorders, externalizing disorders, substance use disorders, crime/violence.

HBS – Home Based Support, a Medicaid-waiver program for people with I/DD

HCBS – Home and Community Based Supports, a federal Medicaid program

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HRSA – Health Resources and Services Administration. The agency is housed within the federal Department of Health and Human Resources and has responsibility for Federally Qualified Health Centers.

I&R – Information and Referral

ICADV – Illinois Coalition Against Domestic Violence

ICASA – Illinois Coalition Against Sexual Assault

ICDVP - Illinois Certified Domestic Violence Professional

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICJIA - Illinois Criminal Justice Authority

ID or I/DD – Intellectual Disability or Intellectual/Developmental Disability

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDHS DDD or DDD – Illinois Department of Human Services - Division of Developmental Disabilities

IDHS DMH or DMH – Illinois Department of Human Services - Division of Mental Health

IDOC – Illinois Department of Corrections

IDSUPR or SUPR – Illinois Division of Substance Use Prevention & Recovery

IM+CANS – The Illinois Medicaid Comprehensive Assessment of Needs and Strengths

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;

2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

ISC – Independent Service Coordination

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

JDC – Juvenile Detention Center

JJ – Juvenile Justice

JJPD – Juvenile Justice Post Detention

LAN – Local Area Network

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

MCO – Managed Care Organization. Entity under contract with the state to manage healthcare services for persons enrolled in Medicaid.

MCR – Mobile Crisis Response. Previously known as SASS. It is a state program that provides crisis intervention for children and youth on Medicaid.

MDT – Multi-Disciplinary Team

MH – Mental Health

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHP - Mental Health Professional. Rule 132 term, typically referring to a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MISA – A dual diagnosis condition of Mental Illness and Substance Abuse

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NMT – Neurodevelopmental Model of Therapeutics

NOFA – Notice of Funding Availability

NTPC – NON - Treatment Plan Clients – This is a new client engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Similar to TPCs, they may be divided into two groups – Continuing NTPCs - clients without treatment plans served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported. Essentially it is a case carried from one program year into the next. The other is New TPCs, the number of new clients in a given quarter of the program year.

NREPP – National Registry of Evidence-based Programs and Practices maintained by Substance Abuse Mental Health Services Administration (SAMHSA)

OMA – Open Meetings Act

ODU/SUD – Opioid Use Disorder/Substance Use Disorder

PAS – Pre-Admission Screening

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PLL – Parenting with Love and Limits. Evidenced based program providing group and family therapy targeting youth/families involved in juvenile justice system.

PPSP – Parent Peer Support Partner

PSR – Patient Service Representative; staff position providing support services to patients and medical staff.

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individuals' classification of need may be emergency, critical or planning.

PWI – Personal Well-being Index

PY – Program Year, runs from July 1 to following June 30. (Also referred to as Contract Year – CY - and often the Agency Fiscal Year)

QCPS – Quarter Cent for Public Safety. The funding source for the Juvenile Justice Post Detention programming. May also be referred to as Quarter Cent.

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term, that simply stated refers to a Master's level clinician with field experience that has been licensed.

RFI – Request for Information

RFP – Request for Proposals

SA – Substance Abuse

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid.

SBIRT – Screening, Brief Intervention, Referral to Treatment. SAMHSA defines SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

SCs - Service Contacts/Screening Contacts. This is the number of phone and face-to-face contacts with consumers who may or may not have open cases in the program. It can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application.

SDOH – Social Determinants of Health

Seeking Safety - a present-focused treatment for clients with a history of trauma and substance abuse.

SEDS – Social Emotional Development Specialist.

SEL – Social Emotional Learning

SIM – Sequential Intercept Mapping, a model developed by SAMHSA

SOAR - SSI/SSDI Outreach, Access, and Recovery. Assistance with completing applications for Social Security Disability and Supplemental Income, provided to homeless population

SSI – Supplemental Security Income, a program of Social Security

SSDI – Social Security Disability Insurance, a program of Social Security

SSPC - Social Skills and Prevention Coaches.

SUD – Substance Use Disorder

SUPR or IDSUPR – (Illinois Division of) Substance Use Prevention & Recovery

TPCs - Treatment Plan Clients – This is the number of service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form of the application/program plan and the actual activity to be performed should also be described in the Part I Program Performance Measures-Utilization section of the application. Treatment Plan Clients may be divided into two groups – Continuing TPCs - clients with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which this data is reported.

Essentially it is a case carried from one program year into the next. The other is New TPCs that is the number of new clients with treatment plans written in a given quarter of the program year.

TPITOS - The Pyramid Infant-Toddler Observation Scale. Used by Champaign County Head Start.

TPOT - Teaching Pyramid Observation Tool. Used by Champaign County Head Start.

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WRAP – Wellness Recovery Action Plan, is a manualized group intervention for adults that guides participants through the process of identifying and understanding their personal wellness resources and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness.

YASI – Youth Assessment and Screening Instrument. Instrument assesses risks, needs, and protective factors in youth. Instrument is used in Champaign County by the Youth Assessment Center, Juvenile Detention Center.