



## **Champaign County Mental Health Board (CCMHB) Study Session Agenda**

**Wednesday, May 15, 2024, 5:45PM**

*This study session will be held in person at the Shields-Carter Room of the Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802  
Members of the public may attend in person or watch the meeting live through this link:  
<https://uso2web.zoom.us/j/81393675682> Meeting ID: 813 9367 5682*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. Citizen Input/Public Participation** *All are welcome to attend the Board's study session to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- V. Chairperson's Comments – Jon Paul Youakim**
- VI. Executive Director's Comments – Lynn Canfield**
- VII. STUDY SESSION – PY25 Funding Process**
  - a) MHB PY25 Requests and Continuing Awards by Priority** (pages 2-3)  
*For information only is a chart of PY25 requests and PY24-PY25 awards organized by priority, with possible PY25-PY26 contracts indicated. Yellow highlights are on amounts to be determined.*
  - b) Responses to Questions and Correction of Errors in Draft PY25 Program Summaries** (pages 4-34)  
*For information are communications from agency representatives regarding CCDDDB-CCMHB staff errors in program summaries and responses to questions raised during review.*
  - c) Discussion of PY2025 Funding Allocation Process** (pages 35-53)  
*A briefing memorandum offers observations about affordability and possible consideration for funding through CCMHB and I/DD Special Initiatives funds. This memorandum is followed by a chart with possible award amounts.*
- VIII. Agency Input**  
*The Chair reserves the authority to limit individual participation to 5 minutes and/or total time to 20 minutes.*
- IX. Board Announcements and Input**
- X. Adjournment**

*\* Board action is requested.*

*For accessible documents or assistance with any portion of this packet, please [contact us](mailto:leon@ccmhb.org) (leon@ccmhb.org).*

CCMHB PY2025 Requests		by Priority Categories					by Contract Term		
Agency	Program	Safety and Crisis Stabilization	Healing from Interpersonal Violence	Gaps in Access and Care	Children, Youth, and Families	Collaboration with CCDDDB	PY25	PY24-25	PY25-PY26
							ONE YEAR	TWO YEAR	TWO YEAR
CC Children's Advocacy Center	Children's Advocacy Center		\$63,911					\$63,911	
CC Christian Health Center	Mental Health Care at			\$33,000				\$33,000	
CC Head Start/Early Head Start	Early Childhood Mental Health				\$171,663	\$216,800			\$388,463
CC Health Care Consumers	CHW Outreach and Benefit			\$86,501				\$86,501	
	Disability Application			\$105,000					\$105,000
	Justice Involved CHW	\$90,147						\$90,147	
CC RPC Community Svcs	Homeless Services System			\$54,281					\$54,281
	Youth Assessment Center	\$76,350						\$76,350	
CU at Home	Shelter Case Management	\$256,700							\$256,700
CU Early	CU Early				\$64,578	\$16,145			\$80,723
Community Svc Center	Resource Connection			\$68,609				\$68,609	
Courage Connection	Courage Connection		128,038						\$128,038
Crisis Nursery	Beyond Blue Campaign				\$90,000			\$90,000	
Cunningham Children's Home	ECHO Housing and Families Stronger Together			\$203,710					\$203,710
	Family Development				\$282,139				\$282,139
DSC	Family Development					\$656,174		\$656,174	
Don Moyer Boys and Girls	CU Change				\$85,575		\$85,575		
	Community Coalition				\$107,000				\$107,000
East Central IL Refugee Network	Family Support & Counseling			\$30,000				\$62,000	
Family Service of Champaign	Counseling			\$28,930				\$30,000	
	Self-Help Center			\$178,386				\$28,930	
	Senior Counseling & Support							\$178,386	

Agency	Program	Safety and Crisis Stabilization	Healing from Interpersonal Violence	Closing the Gaps in Access and Care	Thriving Children, Youth, and Families	I/DD Collaboration with CCDDB	PY25 ONE YEAR	PY24-25 TWO YEAR	PY25-26 TWO YEAR
FirstFollowers	First Steps Reentry House	\$69,500							\$69,500
	Peer Mentoring for Re-entry	\$95,000							\$95,000
GCAP - NEW	Advocacy, Care... NEW			\$65,000			\$65,000		
GROW in Illinois	Peer-Support			\$159,740					\$159,740
Promise Healthcare	Mental Health Services			\$330,000				\$330,000	
	PHC Wellness			\$107,078				\$107,078	
Rape Advocacy, Counsel	Sexual Trauma Therapy		\$140,000					\$140,000	
	Sexual Violence Prevention		\$75,000					\$75,000	
Rosecrance Central Illinois	Benefits Case Management			\$84,625					\$84,625
	Child & Family Services				\$77,175				\$77,175
	Criminal Justice PSC	\$336,000							\$336,000
	Crisis Co Response (CCRT)	\$410,000							\$410,000
	Recovery Home			\$100,000					\$100,000
	Specialty Courts	\$186,900					\$186,900		
Terrapin Station Sober Living	Recovery Home			\$90,880					\$90,880
WIN Recovery	Community Support ReEntry	\$244,342							\$244,342
The UP Center of Champions	Children, Youth, & Families				\$190,056				\$190,056
	<b>Subtotals by Priority and Term</b>	<b>\$1,764,939</b>	<b>\$406,949</b>	<b>\$1,725,740</b>	<b>\$1,130,186</b>	<b>\$889,119</b>	<b>\$337,475</b>	<b>\$2,116,086</b>	<b>\$3,463,372</b>
					Total	\$5,916,933			\$5,916,933
					Target	\$5,741,472			

**From:** [Lisa Benson](#)  
**To:** [Leon Bryson](#); [Lynn Canfield](#)  
**Cc:** [Katie Harmon](#); [Jeremy Reale](#)  
**Subject:** RE: CCMHB PY2025 Program Summary- Homeless Services System Coordination  
**Date:** Friday, April 12, 2024 11:35:08 AM

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Good morning Leon and Lynn,

Thank you for sharing the CCMHB staff summary of the Homeless Services System Coordination program application. Based on the staff comment in the Financial Analysis section, we are providing additional information to assist reviewers to understand the information in the Personnel and Expense Forms. The personnel costs budgeted in this application are 60% of a full-time Coordinator. RPC's budgetary practice is to utilize an average direct labor base of 85% of employee wages in calculating amounts that may be allocable to any grants or programs. The remaining 15% of employee annual salaries and wages is attributable to fringe benefit time (holiday/sick/vacation/etc.) which is not directly charged to any programs, but is rather captured through the application of a standard fringe benefit rate that is then accounted for within the benefits line item on the budget application. Therefore, RPC develops its program budgets utilizing the 0.85 FTE as the "baseline" of directly allocable time/wages. This is the explanation for the .85FTE noted in the Personnel Budget section rather than 1.0FTE that is the staff full time equivalency that will be dedicated to delivering the program.

We hope that this information is helpful.

Sincerely,

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**From:** Leon Bryson <leon@ccmhb.org>  
**Sent:** Monday, April 8, 2024 4:09 PM  
**To:** Katie Harmon <kharmon@ccrpc.org>; Lisa Benson <lbenson@ccrpc.org>  
**Cc:** Lynn Canfield <lynn@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; Stephanie Howard-Gallo <stephanie@ccmhb.org>; Kim Bowdry <kim@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>  
**Subject:** CCMHB PY2025 Program Summary

**CAUTION:** External email, be careful when opening.

Dear Executive Director,

Your program summary represents our initial review of your organization's application for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDB). Your organization's program summary is attached and can be found online ([https://www.co.champaign.il.us/mhbddb/agendas/mhb/2024/240417\\_Meeting/240417\\_Full\\_Board\\_Packet.pdf](https://www.co.champaign.il.us/mhbddb/agendas/mhb/2024/240417_Meeting/240417_Full_Board_Packet.pdf)) within the April 17, 2024, Board Packet.

Each document is marked “DRAFT” and should be considered a work in progress and is subject to additions and corrections. You are encouraged to review the documents and notify the CCMHB-CCDDB) Executive Director in writing if there are factual errors, not differences of opinion, in need of correction prior to completion of the award process.

All applications were reviewed and evaluated by CCMHB staff and board members using guidelines approved by the CCMHB (i.e., decision memorandum titled “CCMHB PY2025 Allocation Priorities and Decision Support Criteria”). A copy of the criteria memo is accessible through the Online Reporting System at [ccmhddbrds.org](http://ccmhddbrds.org).

The Champaign County Mental Health Board meeting on **Wednesday, April 17, 2024 at 5:45PM** and study session on **Wednesday, April 24, 2024 at 5:45PM** will include a review of the staff program summaries. Agency executive directors and other representatives are encouraged to attend in person at the Shields-Carter Room at Brookens or virtually (<https://us02web.zoom.us/j/81393675682>) and should be prepared to answer questions that may be directed to them by the CCMHB members or staff.

The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Leon

**Leon Bryson**  
Associate Director  
CCMHB/CCDDB  
1776 E. Washington St.  
Urbana, IL 61802  
217.367.5703  
[leon@ccmhb.org](mailto:leon@ccmhb.org)

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**From:** [Elizabeth Cook](#)  
**To:** [Leon Bryson](#); [Laura Lindsey](#)  
**Cc:** [Lynn Canfield](#); [Kim Bowdry](#); [Chris Wilson](#); [Stephanie Howard-Gallo](#); [Shandra Summerville](#)  
**Subject:** RE: CCMHB PY2025 Program Summary  
**Date:** Wednesday, April 10, 2024 12:53:21 PM

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Dear Leon,

Our thanks to you and your team for the very thorough review of Courage Connection's application. We are grateful for CCMHB's past support and appreciate the opportunity to apply for FY25 funding. Your support makes a big impact on individuals and families recovering from domestic violence in Champaign County.

I read and wanted to respond to the following in the summary: "...because the service area is beyond Champaign County, the agency should demonstrate and use other funding for service to non-Champaign County residents, and if the state funding is used to cover non-residents, it should equally apply to Champaign County (ensuring that MHB funds are not supplanting other sources.)"

We will work diligently to ensure that all CCMHB funding is directly applied to Champaign County residents. Please know that we read these comments carefully.

With thanks for your work!

Elizabeth

Elizabeth McGreal Cook  
Chief Executive Officer  
[courageconnection.org](http://courageconnection.org)  
217.840.1858



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**From:** Leon Bryson <leon@ccmhb.org>  
**Sent:** Monday, April 8, 2024 4:35 PM  
**To:** Laura Lindsey <llindsey@courageconnection.org>; Elizabeth Cook <ecook@courageconnection.org>  
**Cc:** Lynn Canfield <lynn@ccmhb.org>; Kim Bowdry <kim@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; Stephanie Howard-Gallo <stephanie@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>  
**Subject:** CCMHB PY2025 Program Summary

Dear Executive Director,

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We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Leon

**Leon Bryson**  
Associate Director  
CCMHB/CCDDB  
1776 E. Washington St.  
Urbana, IL 61802  
217.367.5703  
[leon@ccmhb.org](mailto:leon@ccmhb.org)

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**From:** [Leon Bryson](#)  
**To:** [Lynn Canfield](#); [Chris Wilson](#)  
**Subject:** FW: Vacancy Position??  
**Date:** Monday, April 29, 2024 11:57:07 AM

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Read below.

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**From:** Laura Lindsey <[llindsey@courageconnection.org](mailto:llindsey@courageconnection.org)>  
**Sent:** Monday, April 29, 2024 11:39 AM  
**To:** Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>  
**Subject:** RE: Vacancy Position??

Good morning, Leon!

I hope you are doing well also. I love gloriously gloomy days, they're my absolute favorite. To my knowledge, there is/was one vacant Counselor position and one vacant Client Advocate position at the time of the FY2025 CCMHB grant application. I believe the Client Advocate position has been filled (since February when the FY25 grant application was submitted), while the third Counselor position is vacant. Courage Connection has been scheduling interviews for different candidates/positions, the key seems to be finding the right fit. Vacancies definitely occur off and on throughout the year.

Some grantors require that we submit monthly personnel documentation to record these changes (new hires, staff leaving, promotions, medical/family leave, vacancies, etc.) that occur. Is this something CCMHB would like to start receiving each month as well (for those positions affected by CCMHB funding specifically or maybe you'd prefer any agency position change/vacancy)? We have emailed in the past about vacancies that have occurred, though I wasn't sure if there was a piece of documentation we should complete like we need to do for other grant contract compliance.

Today, Laura White, our new Director of Programs started at Courage Connection. This position is key to the functioning of Courage Connection because this position supports and supervises the programs and helps them collaborate efficiently. We're hopeful that this addition can help to stabilize the turnover we seem to be experiencing at this time.

Did this answer your questions or not really what you were looking for to obtain a clear sense of how things are progressing?

With gratitude,  
*Laura Lindsey* – **Courage Connection**

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**From:** Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>  
**Sent:** Monday, April 29, 2024 08:02  
**To:** Laura Lindsey <[llindsey@courageconnection.org](mailto:llindsey@courageconnection.org)>  
**Subject:** Vacancy Position??

**Importance:** High

Good morning, Laura.

I hope you're doing well on this rainy Monday. A full-time counselor position was open at the time the funding application was submitted. Please correct me if I am wrong. Is this vacancy still open? Are there any other vacancies right now? Is it off and on throughout the year? I'm attempting to obtain a clear sense of how things are progressing with Courage Connection. Kindly notify me.

Thanks.

Leon

**Leon Bryson**

Associate Director

CCMB/CCDB

1776 E. Washington St.

Urbana, IL 61802

217.367.5703

[leon@ccmb.org](mailto:leon@ccmb.org)

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**From:** [Ann Pearcy](#)  
**To:** [Lynn Canfield](#)  
**Cc:** [Elizabeth Meckley](#)  
**Subject:** RE: Follow Up Questions About Cunningham Applications...  
**Date:** Tuesday, April 30, 2024 3:28:57 PM

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Hello Lynn,

Thank you for reaching out. Yes, I am the right person. I have cc Elizabeth our controller as well. I placed our responses below in **Green**. Please let me know if anything further is needed. I hope you have a great day

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**From:** Lynn Canfield <lynn@ccmhb.org>  
**Sent:** Saturday, April 27, 2024 7:23 PM  
**To:** Ann Pearcy <apearcy@cunninghamhome.org>  
**Subject:** Follow Up Questions About Cunningham Applications...

Hi Anne!

I think you are the right person to ask these questions of. This is by way of follow up to the board discussion of PY25 applications and is a combination of board questions posed since then and of staff questions in the reviews:

1. At the time of application, the full-time Case Aide (for whom 50% of costs is to be charged) for ECHO was vacant. From the budget narrative it seems this position is to be hired at the start of the contract year (i.e., related to the increased request) – is this right? **That is correct this is a new and much needed position. As Angie explained during the CCMHB meeting.**
2. Also for ECHO, the Miscellaneous expense of \$8,320 is not explained in the budget narrative – what is it to include? Misc is explained in the budget narrative for FST, so maybe the same explanation applies to ECHO. **Yes, the description for ECHO Misc. would be the same as the narrative for FST.**
3. \$28,800 flexible funds are included in the ECHO application (specific assistance) and will cover emergency hotel shelter and other client needs. How was this amount determined? **20 clients X \$600 per client total of \$12,000 + Emergency funds 12 clients X \$1400 per client for a total of \$16,800 these funds cover such things as furniture items, beds, household items, security deposits, rent, insurance needed to obtain the apartment.**
4. Same question for the \$10,000 of specific assistance in FST. **40 clients X \$250 per client total of \$10,000 these funds cover such things as camps for youth, pool passes, buss passes, hard goods as client needs.**

Thank you for clarifications, and I hope you are having a great weekend!

*Lynn Canfield*

Executive Director, CCDD/CCMHB  
1776 E. Washington St., Urbana, IL 61802

217.367.5703

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**From:** [FirstFollowerscu](#)  
**To:** [Lynn Canfield](#); [Chris Wilson](#); [Leon Bryson](#)  
**Cc:** [marlonmitchell@sbcglobal.net](mailto:marlonmitchell@sbcglobal.net)  
**Subject:** Follow up on Friday Meeting  
**Date:** Sunday, May 5, 2024 9:02:08 AM

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Dear Lynn,

We really appreciated the opportunity to fully explain some of the confusion that emerged from our audit and proposal. A few key points

1. The Schedules set up by CLA are not in conformity with the structure of MHB reporting and budgets. We need to ask them to add another column in both expenses and revenue so we would end up with a separate column for Peer Mentoring and FirstSteps as per our reporting and proposal. We need to ask CLA to change this.
2. We shared the Transaction chart with the MHB and that was helpful in terms of clarifying all our funding sources.
3. The structure that CLA used to report Peer Mentoring was not in compliance with MHB requests and we should have caught that. For clarity, we have a drop-in center, a portion of which is funded by the MHB grant of 95,000. However, as we have grown we have added new activities and programs that operate out of the drop-in center. These would be Families of Resilience, reentry housing, public education and materials production, advocacy and community outreach. These activities are led by people who work within the drop-in center framework but whose salary/contract is paid through other grants and fundraising. The only salary allocated to MHB Peer Mentoring is a portion of Marlon's. We also clarified that Peer Mentoring for us is not a program but an approach or philosophical basis for our work. We labeled it as peer mentoring when we first applied for funding from MHB and that label has remained. We need to change that to make it clearer.
4. The audit report notes some delay in doing bank reconciliations past 30 days. We will resolve this by including the Bank Recon in the financial documents that are provided to the board each month.
5. We need to make sure that formal approval of our proposal is minuted by the board.
6. The budget surplus in the application is due to both the need to approximate the amount we will receive for FY25 from funders who have not yet determined allocations. There also can be surplus because all our other funders operate on a reimbursement basis and some of them take months to reimburse. This means that money owed us at the end of the the fiscal year may not be received until well into the following year, creating a an apparent surplus for money that has actually already been spent.
7. In-kind contributions-we need to expense these. That is, allocate them to a specific line item so that the in-kind contributions will appear as spent, not merely as extra money.
8. Residence-people coming out of IDOC have a default assignment for release to the county where they were convicted. However, they can apply to be released to another county, though that is often slow and difficult. We have a good relationship with the IDOC housing coordinator in this district so we can ask him to facilitate such a transfer to Champaign County and it will be done in a couple days. This means that person will be released and become a resident of our county. We make these arrangements before the person is released. We do not recruit people for FirstSteps or any other programs that we run from outside Champaign County nor do we facilitate a re-location to our county. If people want to move, we will provide services when they get here.
9. We will commit to send someone to the Re-Entry Council and to serve on the exec committee.

I hope this summarizes our meeting. Please feel free to follow up if there is anything I left out

or got wrong.  
Thanks once again.  
James

Intake for clients seeking services  
Families of Resilience  
Community outreach  
Advocacy  
Crisis support for trauma-impacted families  
Public education and materials production  
Training for emerging adults

Marlon Mitchell  
Founder and Executive Director

James Kilgore  
Dir. of Advocacy and Outreach

FirstFollowers Reentry Program  
<http://www.firstfollowersreentry.com/>

**From:** [Darya Shahgheibi](#)  
**To:** [Leon Bryson](#)  
**Cc:** [Lynn Canfield](#); [Chris Wilson](#); [Stephanie Howard-Gallo](#); [Kim Bowdry](#); [Shandra Summerville](#)  
**Subject:** Re: CCMHB PY2025 Program Summary  
**Date:** Tuesday, April 16, 2024 11:18:51 AM

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Hi Leon,

I appreciate you taking the time to review our organization's grant application and sending us this summary. It looks accurate.

To briefly clarify a point of confusion noted in the summary—the advocate position would be part time, ranging from 25-30 hours per week.

Would you like for me to send corrected financials prior to the meeting tomorrow? If so, would you be able to send a blank copy of the financial forms used in the grant application? I am having some difficulties accessing the original template in the agency portal.

Well wishes,

Darya Shahgheibi

*(she/her or they/them)*

Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)

P.O Box 713 | Champaign, IL 61824

Talk or Text: 217-351-2437

[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com) | web: [www.gcapnow.com](http://www.gcapnow.com)

GCAP mission: to empower members of our community who are HIV+, and to eliminate the transmission of HIV through education and advocacy. Since our founding, GCAP has collaborated with local organizations and providers to serve our community by providing educational outreach to the public, and support to those who are living with HIV/AIDS in the form of transitional housing, emergency financial assistance, and other services.

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On Tue, Apr 9, 2024 at 9:57 AM Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)> wrote:

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Thank you!



Leon

**Leon Bryson**

Associate Director

CCMBB/CCDBB

1776 E. Washington St.

Urbana, IL 61802

217.367.5703

[leon@ccmbb.org](mailto:leon@ccmbb.org)

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**From:** [Darya Shahgheibi](#)  
**To:** [Chris Wilson](#)  
**Cc:** [Lynn Canfield](#)  
**Subject:** Re: GCAP application questions  
**Date:** Tuesday, April 30, 2024 10:29:33 AM

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The only source of funding for the new client services advocate position (similar to a case manager) would be the CCMHB grant. I considered allocating a portion of our HOPWA grant from IDPH to fund this position. However, this would have required the advocate to dedicate 50% of their time to HOPWA-related activities, specifically "housing counseling". While providing housing counseling is an option, our experience shows that clients have a more pressing need for support with internal motivation, emotional well-being, and a sense of belonging in the community. These factors are crucial for clients to find and *maintain* permanent housing. Additionally, housing counseling is offered to our clients in collaboration with an HIV housing coordinator at CUPHD. It's important to note that our current HOPWA grant is still used to cover operational costs like utilities, the majority of our insurance (D&O, liability, workers comp, etc), even if we don't use it for staff salaries. I could inquire about HOPWA covering mileage for this position, as it would directly benefit clients in the HOPWA house.

To answer briefly, not all program related costs would fall under the CCMHB grant, as some (notably, operational costs) are being picked up by our HOPWA grant. We continue to look for funding for this program, and are hopeful we can find additional funding in the coming years.

I hope that fully answered your question! Please let me know if there's anything else :)

Darya Shahgheibi

*(she/her or they/them)*

Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)

P.O Box 713 | Champaign, IL 61824

Talk or Text: 217-351-2437

[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com) | web: [www.gcapnow.com](http://www.gcapnow.com)

GCAP mission: to empower members of our community who are HIV+, and to eliminate the transmission of HIV through education and advocacy. Since our founding, GCAP has collaborated with local organizations and providers to serve our community by providing educational outreach to the public, and support to those who are living with HIV/AIDS in the form of transitional housing, emergency financial assistance, and other services.

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attachments.

On Tue, Apr 30, 2024 at 10:03 AM Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)> wrote:

Good morning Darya,

Thank you for the detailed information. It was very helpful. We have one more question for you. Is CCMHB going to be the only source of funding for this program?

Thanks,  
-Chris

**Chris M. Wilson**

Financial Manager

Champaign County Mental Health & Developmental Disabilities Boards

1776 E. Washington St.

Urbana, IL 61802

(217)367-5703

<https://www.ccmhddbrds.org>

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---

**From:** Darya Shahgheibi <[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com)>

**Sent:** Monday, April 29, 2024 2:24 PM

**To:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>

**Cc:** Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>

**Subject:** Re: GCAP application questions

Hi Lynn,

I appreciate you reaching out and seeking clarification on the expenses listed in our

application. I have provided some additional details below. If you have any questions, please let me know.

- Personnel Costs
  - Executive Director:
    - 50% time HOPWA program, 25% time general operations/admin, 25% proposed CCMHB program. Billed to each cost code accordingly
    - Payroll \$63955/ CCMHB proposal at .25: \$15,988.75
    - Payroll taxes \$5,436.18/ CCMHB proposal at .25:\$1,359.04
    - Benefits \$2,951.77/ CCMHB proposal at .25:\$737.94
      - Benefits include 2 weeks PTO and 2 personal days. Initially, this was submitted to include a healthcare stipend however this has since been removed. Healthcare stipends are taxable income, and were included in the gross income amount, and accounted for when calculating payroll taxes.
  - Client Services Advocate:
    - New position, 100% time spent on program. Any time not spent on proposed program billed to GCAP gen op.
    - Part time employee .62 (25 hours per week)
      -

Hoping to increase to full time employee in next year or two upon acquisition of additional transitional housing facility.

- Payroll: \$30,000.00
- Payroll Taxes: \$2,550.00
- Benefits: \$865.38

- Benefits include 2 Personal Days and 2 weeks PTO

- Total personnel costs: \$45,988.75 (payroll), \$3,909.04 (payroll tax), \$1,603.33 (benefits), \$51,501.12 (total personnel)

- Total benefit cos has changed from original proposal due to removal of healthcare stipend

- Professional fees: This is just to cover cost of audit/ CYEFR. We currently work with Fueller and Kuester (who are familiar with CCMHB financial reports), and have a written agreement with them for audits, 990s, etc.

- Consumables: Our current client services representative (volunteer) provides food and beverages for clients at each group meeting. She pays for this out of pocket, and is not reimbursed by the agency. It is our hope to be able to provide food and drink at our client services meetings to encourage attendance and to take the financial burden off of our volunteers. While we appreciate the donation, it is not a sustainable option. Additionally, upon entering the house, clients are provided a “welcome package” with snacks, a notebook, pens, etc. This is currently billed to our general fund, and we are hoping to have funding for this. Clients appreciate the thoughtfulness and it is a nice way to build rapport. Other miscellaneous consumables include paper, folders for clients, etc. The expense allocated to this line item was informed by previous year end financial reports, current costs for meals and consumables, etc.

- General Operating
  - 20% of current general operating costs (including D&O insurance, workers comp, general liability, telecommunications–AT&T), and office supplies for new hire.
  - Cost of additional license for case management software
  - Cost of additional employee for quickbooks
- Conferences/SD: cost to pay for Motivational Interviewing training
- Local Transportation: IRS rate of .67 for instate mileage. Client Services Advocate responsible for client transportation. Reimbursable up to \$50/month or 75 mi per month. Long distance travel may be required for trainings, or client intake in rural areas
- Specific Assistance: funds would allow for TPC to have access to furniture upon discharge from the program. Would be an incentive to finish the program, and would allow for clients to transition safely into permanent housing. We offer emergency financial assistance to individuals struggling with rent, utilities, healthcare costs, and transportation, however this is outside the scope of what we currently offer.
- Misc:
  - cost of printing educational materials for outreach and education, vendor fees for various outreach events in town (approx 75-150 per event), outreach supplies such as water, snacks, etc. (approx 2000)
    - This number has been changed from 4000 to 2000 as our initial request was informed by a line item that included fundraising

supplies (in addition to education/outreach). This has been updated to reflect the actual cost of outreach and education.

Darya Shahgheibi

*(she/her or they/them)*

Executive Director

Greater Community AIDS Project of East Central Illinois (GCAP)

P.O Box 713 | Champaign, IL 61824

Talk or Text: 217-351-2437

[executivedirector@gcapnow.com](mailto:executivedirector@gcapnow.com) | web: [www.gcapnow.com](http://www.gcapnow.com)

GCAP mission: to empower members of our community who are HIV+, and to eliminate the transmission of HIV through education and advocacy. Since our founding, GCAP has collaborated with local organizations and providers to serve our community by providing educational outreach to the public, and support to those who are living with HIV/AIDS in the form of transitional housing, emergency financial assistance, and other services.

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On Mon, Apr 29, 2024 at 11:06 AM Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)> wrote:

Hello Darya!

It is possible that errors in GCAP's application financial forms have more to do with not completing the total program column and with some discrepancies across forms (personnel costs, e.g.) If the program is funded, you will have some time to fix those things, including with our input if needed.

At this time, we want to make sure we understand the full request, so if you have a moment, perhaps list the expenses to be charged to CCMHB, just in an email, so that we can review with you. It could be that we will want more description of items, but it could also be that you are clear on what GCAP is asking for and can help clarify for us.

*Lynn Canfield*

Executive Director, CCDB/CMHB

1776 E. Washington St., Urbana, IL 61802

217.367.5703

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**From:** [Baumgartner, Teresa](#)  
**To:** [Lynn Canfield](#); [Braune, Terry](#); [mpappas@rosecrance.org](mailto:mpappas@rosecrance.org); [Beavers, Ryan](#)  
**Cc:** [Chris Wilson](#); [Leon Bryson](#)  
**Subject:** RE: Follow Up Questions to PY25 Applications  
**Date:** Thursday, May 2, 2024 2:53:04 PM

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Hello CCMHB Team,

Below is our response to your question #1 regarding the M&G line on the budgets.

Expenses included on the M&G line of the professional fees category include those costs that are typically included in our Federally Negotiated Indirect Cost Rate (NICRA). I believe we have provided to you our approved NICRA documentation. Rosecrance also considers the amount awarded per contract and reduces the M&G if needed to align the budget with the CCMHB awarded contract total. The calculation for the M&G line is total award less total direct expenses, with the result not to exceed 28.95% (Rosecrance NICRA) of the award.

Thank you,  
Teresa



**Teresa E. Baumgartner, CPA**  
Vice President of Finance

**Rosecrance Health Network**  
1021 N. Mulford Road, Rockford, IL 61107  
T 815.387.5626  
C 815.297.5995  
F 815.316.4726

[rosecrance.org](http://rosecrance.org)

Rosecrance is a leading provider of behavioral health services with nationally recognized addiction treatment programs. Rosecrance serves clients at locations across Illinois, Wisconsin and Iowa.

---

**From:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>  
**Sent:** Wednesday, May 1, 2024 5:40 PM  
**To:** Braune, Terry <[tbraune@rosecrance.org](mailto:tbraune@rosecrance.org)>; Pappas, Melissa <[mpappas@rosecrance.org](mailto:mpappas@rosecrance.org)>; Beavers, Ryan <[RBeavers@rosecrance.org](mailto:RBeavers@rosecrance.org)>; Baumgartner, Teresa <[tbaumgartner@rosecrance.org](mailto:tbaumgartner@rosecrance.org)>  
**Cc:** Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>  
**Subject:** RE: Follow Up Questions to PY25 Applications

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content is safe**

Thank you very much for these. I will share with the board and include in the May packets. For the side issues we've been discussing, I am hopeful our Friday morning conversation will be good for both of us!

Lynn

---

**From:** Braune, Terry <[tbraune@rosecrance.org](mailto:tbraune@rosecrance.org)>  
**Sent:** Wednesday, May 1, 2024 5:01 PM  
**To:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>; [mpappas@rosecrance.org](mailto:mpappas@rosecrance.org); Beavers, Ryan <[RBeavers@rosecrance.org](mailto:RBeavers@rosecrance.org)>; Baumgartner, Teresa <[tbaumgartner@rosecrance.org](mailto:tbaumgartner@rosecrance.org)>  
**Cc:** Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>  
**Subject:** RE: Follow Up Questions to PY25 Applications

Lynn,

Re: 1. When will Rosecrance finance be able to provide the response about the indirect cost agreement? **Teresa Baumgartner/Ryan Beavers will respond by Friday COB.**

Re: 3. By “engage in clinical treatment,” what does that mean? Is clinical treatment limited to the Rosecrance clinician doing the IM+CANS assessment, other Rosecrance clinicians, and/or any clinician in the community? And if clinical treatment must be limited to Rosecrance, how could the psychiatrist’s caseload possibly be filled given the differences in caseloads between psychiatry and other kinds of clinical services? **Youth psychiatry is limited to individuals involved in Rosecrance clinical treatment. Rosecrance’s medical professionals consider best care practice to require involvement in clinical treatment to prescribe and monitor psychiatric medications. The doctor is not full time, and the caseloads have been adjusted accordingly. Currently, there is availability for immediate admission into both clinical services and psychiatry.**

Re: 8. Are the referrals made by Rosecrance primarily linking them to other Rosecrance resources, or other community resources too? Is there a breakdown on how frequently the referrals are internal versus external? And how does this vary across program? **Referrals are made to Rosecrance resources and community resources. There is no breakdown available for internal vs. external referrals. Champaign County does not have a closed-loop referral system to track this data point (IRIS).**



**Terry Braune, M.B.A., CHC**

Director of Grant Compliance

**Rosecrance Health Network**

1021 N. Mulford Road, Rockford, IL 61107

815.387.1619

[rosecrance.org](http://rosecrance.org)

Rosecrance is a leading provider of behavioral health services with nationally recognized addiction treatment programs. Rosecrance serves clients at locations across Illinois, Wisconsin and Iowa.

---

**From:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>

**Sent:** Tuesday, April 30, 2024 1:33 PM

**To:** Braune, Terry <[tbraune@rosecrance.org](mailto:tbraune@rosecrance.org)>; Pappas, Melissa <[mpappas@rosecrance.org](mailto:mpappas@rosecrance.org)>;  
Beavers, Ryan <[RBeavers@rosecrance.org](mailto:RBeavers@rosecrance.org)>

**Cc:** Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>

**Subject:** RE: Follow Up Questions to PY25 Applications

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Hello again Terry and Melissa and Ryan.

I have some follow up questions from a board member, for which responses will be appreciated within this week (close of business Friday is good).

Thanks for all of your attention to our follow-ups. We are trying to have a careful and consistent process this year, so your information helps a lot.

Re: 1. When will Rosecrance finance be able to provide the response about the indirect cost agreement?

Re: 3. By “engage in clinical treatment,” what does that mean? Is clinical treatment limited to the Rosecrance clinician doing the IM+CANS assessment, other Rosecrance

clinicians, and/or any clinician in the community? And if clinical treatment must be limited to Rosecrance, how could the psychiatrist's caseload possibly be filled given the differences in caseloads between psychiatry and other kinds of clinical services?

Re: 8. Are the referrals made by Rosecrance primarily linking them to other Rosecrance resources, or other community resources too? Is there a breakdown on how frequently the referrals are internal versus external? And how does this vary across program?

---

**From:** Braune, Terry <[tbraune@rosecrance.org](mailto:tbraune@rosecrance.org)>

**Sent:** Tuesday, April 30, 2024 12:29 PM

**To:** Lynn Canfield <[lynn@ccmh.org](mailto:lynn@ccmh.org)>; [mpappas@rosecrance.org](mailto:mpappas@rosecrance.org); Beavers, Ryan <[RBeavers@rosecrance.org](mailto:RBeavers@rosecrance.org)>

**Cc:** Chris Wilson <[chris@ccmh.org](mailto:chris@ccmh.org)>; Leon Bryson <[leon@ccmh.org](mailto:leon@ccmh.org)>

**Subject:** RE: Follow Up Questions to PY25 Applications

Lynn,

Please see Rosecrance's responses (in red) below:

1. In progress (or perhaps completed) is Chris' request for clarification of the calculation of **M&G** allocated in all contracts under the Professional Fees line. Thank you to Ryan and Chris for working on this one. **Rosecrance Finance department will provide this response.**
2. My note about **Youth CST** which wouldn't be charged to MHB but is interesting and hopeful does not represent an urgent question, but I wanted to make sure these earlier exchanges are including in this email so that any additional info is in one place. **Per your email, yes, Youth CST is a Medicaid-billable service. Barriers for this service in the past have been youth and family engagement, and difficulty with staff recruitment/retention. Current barriers continue to be staff recruitment.**
3. Regarding **Child and Family Services**, we are interested in further details about how people access the service. The application is not necessarily unclear on this, but more details will help us understand how it works. What is the process by which a patient can become established with the psychiatrist? Are they required to engage in counseling (or any other kind of) services at Rosecrance to begin or continue to see the psychiatrist? **Process is as follows: Clients complete comprehensive assessment (IM+CANS) for determination of clinical program and are referred to psychiatric services. Clients are required to engage in clinical treatment in conjunction with psychiatry services. If client successfully completes clinical treatment, client is able to continue psychiatry services as medically necessary.**
4. Regarding the **Benefits Case Management** program, we are also unclear on whether the service is open to anyone or only open to people referred from other Rosecrance programs. The application seems to say both things, but again, we may be misreading it. **The service is open to anyone.**
5. In general, are other programs open to people referred from anywhere? It seems clear for certain programs (Criminal Justice, Crisis Co Response, and Specialty Courts) that referrals

come from other systems (law enforcement/justice contact), so this general question is really more about the **Benefits CM, Child & Family, and Recovery Home**. Referrals can come from anywhere.

6. Do all law enforcement agencies served through **CCRT** use the CIT forms? **Yes**.
7. What specific efforts have been made to secure **funding from other sources**, especially for those programs which benefit other local governmental units and hospital systems and for which state and federal opportunities have been coming and going? **The Rosecrance Grant Management Team researches, vets, and applies for federal, state, and local grants opportunities as approved by executive leadership.**

The most obvious are **Criminal Justice PSC** (highly valued by our partners), **Crisis Co-Response** (esp given that the City of Urbana is now trying to figure out best practices), and **Specialty Courts** (which I only learn about by accident and too late to support)? I appreciated Terry Braune sharing upcoming funding opportunities with me. I have shared them with county officials because MHB would not be the co-applicant, and a closer relationship between Rosecrance and the County departments or Cities would seem more likely to secure other funding. Without any new funding to support these three important programs, it appears that the MHB is the only entity willing and able to fill the gaps, which is not an ideal use of this fund (best suited as the payer of last resort.) **Rosecrance responded to the CCMHB request to build awareness of grant opportunities and has provided information for a variety of justice-related funding. If County or Municipal departments are considering applying for funding, Rosecrance would be willing to partner with the County/Municipality to execute the grant-funded services as a sub-contractor.**

8. Finally, do case managers and clinicians (or other staff) record detail on **individual referrals and successful linkages** for all programs in such a way that it could be shared to us? **Information is shared with CCMHB quarterly on the program reports. Champaign County does not have a closed-loop referral system (IRIS).**



**Terry Braune, M.B.A., CHC**  
Director of Grant Compliance

**Rosecrance Health Network**  
1021 N. Mulford Road, Rockford, IL 61107  
815.387.1619

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---

**From:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>

**Sent:** Sunday, April 28, 2024 7:02 PM

**To:** Pappas, Melissa <[mpappas@rosecrance.org](mailto:mpappas@rosecrance.org)>; Braune, Terry <[tbraune@rosecrance.org](mailto:tbraune@rosecrance.org)>;  
Beavers, Ryan <[RBeavers@rosecrance.org](mailto:RBeavers@rosecrance.org)>

**Cc:** Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>

**Subject:** Re: Follow Up Questions to PY25 Applications

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I'm sorry to keep adding to it, but for question 3, I should be more specific:

What is the process by which a patient can become established with the psychiatrist? Are they required to engage in counseling (or any other kind of) services at Rosecrance to begin or continue to see the psychiatrist?

---

**From:** Lynn Canfield

**Sent:** Sunday, April 28, 2024 12:57 PM

**To:** Pappas, Melissa <[mpappas@rosecrance.org](mailto:mpappas@rosecrance.org)>; Braune, Terry <[tbraune@rosecrance.org](mailto:tbraune@rosecrance.org)>;  
Beavers, Ryan <[RBeavers@rosecrance.org](mailto:RBeavers@rosecrance.org)>

**Cc:** Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>

**Subject:** Follow Up Questions to PY25 Applications

Dear All:

Happy Monday! I have some questions related to the full set of applications for PY25 funding. These are by way of follow up to the board discussion of PY25 applications and represent a combination of board questions posed since then and of staff questions in the reviews:

1. In progress (or perhaps completed) is Chris' request for clarification of the calculation of **M&G** allocated in all contracts under the Professional Fees line. Thank you to Ryan and Chris for working on this one.
2. My note about **Youth CST** which wouldn't be charged to MHB but is interesting and hopeful does not represent an urgent question, but I wanted to make sure these earlier exchanges are including in this email so that any additional info is in one place.
3. Regarding **Child and Family Services**, we are interested in further details about how people access the service. The application is not necessarily unclear on this, but more details will help us understand how it works.
4. Regarding the **Benefits Case Management** program, we are also unclear on whether the service is open to anyone or only open to people referred from other Rosecrance programs. The application seems to say both things, but again, we may be misreading it.

5. In general, are other programs open to people referred from anywhere? It seems clear for certain programs (Criminal Justice, Crisis Co Response, and Specialty Courts) that referrals come from other systems (law enforcement/justice contact), so this general question is really more about the **Benefits CM, Child & Family, and Recovery Home**.
6. Do all law enforcement agencies served through **CCRT** use the CIT forms?
7. What specific efforts have been made to secure **funding from other sources**, especially for those programs which benefit other local governmental units and hospital systems and for which state and federal opportunities have been coming and going?  
 The most obvious are **Criminal Justice PSC** (highly valued by our partners), **Crisis Co-Response** (esp given that the City of Urbana is now trying to figure out best practices), and **Specialty Courts** (which I only learn about by accident and too late to support)?  
 I appreciated Terry Braune sharing upcoming funding opportunities with me. I have shared them with county officials because MHB would not be the co-applicant, and a closer relationship between Rosecrance and the County departments or Cities would seem more likely to secure other funding. Without any new funding to support these three important programs, it appears that the MHB is the only entity willing and able to fill the gaps, which is not an ideal use of this fund (best suited as the payer of last resort.)
8. Finally, do case managers and clinicians (or other staff) record detail on **individual referrals and successful linkages** for all programs in such a way that it could be shared to us?

Ideally, your responses to these questions would be good to have before the close of business on Friday, May 3 (sooner would be even better in case we still aren't clear on all.) I would like to share the set of questions and responses with our team and with board members, which would also mean including it in the May board packets. I appreciate your knowledge and attention to these as we begin the time-sensitive decision process for PY25 contracts, and I'm grateful for your work in this community.

*Lynn Canfield*

Executive Director, CCDD/CCMHB  
 1776 E. Washington St., Urbana, IL 61802  
 217.367.5703

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**From:** [Kim Bowdry](#)  
**To:** [Lynn Canfield](#)  
**Subject:** FW: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance  
**Date:** Monday, April 15, 2024 2:48:38 PM  
**Attachments:** [CCRPC Short Term IDDSI PY25 PSumm.pdf](#)

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---

**From:** Angela Yost <[ayost@ccrpc.org](mailto:ayost@ccrpc.org)>  
**Sent:** Monday, April 15, 2024 12:39 PM  
**To:** Kim Bowdry <[kim@ccmhb.org](mailto:kim@ccmhb.org)>  
**Cc:** [lbenson@ccrpc.org](mailto:lbenson@ccrpc.org); Jessica McCann <[JMcCann@ccrpc.org](mailto:JMcCann@ccrpc.org)>  
**Subject:** FW: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance

Hi Kim,

On Page 4 of the summary, it states that we would be assisting individuals with applying for the CCAMR grant if needed. I am just wanting to clarify, that we would not be assisting with that application process. We would be checking with them to see if they have requested the funds from CCAMR yet, and if not, then requiring that they do so before we move forward. Please let me know if you have any questions.

*ANGELA YOST, QIDP/MSW*  
*Program Coordinator*  
*Developmental Disability Services*  
**Community Services**  
A division of the Champaign County Regional Planning Commission

1776 E. Washington St, Urbana, IL 61802  
P 217.888.0252 | F 217.253.8060 | [CCRPC.ORG](http://CCRPC.ORG)



**PEOPLE. POSSIBILITIES.**

---

**From:** Lisa Benson <[lbenson@ccrpc.org](mailto:lbenson@ccrpc.org)>  
**Sent:** Friday, April 12, 2024 11:30 AM  
**To:** Kim Bowdry <[kim@ccmhb.org](mailto:kim@ccmhb.org)>; Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>  
**Cc:** Jessica McCann <[JMcCann@ccrpc.org](mailto:JMcCann@ccrpc.org)>; Angela Yost <[ayost@ccrpc.org](mailto:ayost@ccrpc.org)>; Jeremy Reale



<[jreale@ccrpc.org](mailto:jreale@ccrpc.org)>

**Subject:** RE: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance

Good morning Kim and Lynn,  
Thank you for sharing the CCDDDB staff summary of the Community Life Short Term Assistance program application. Based on the staff comment in the Financial Analysis section, we are providing additional information to assist reviewers to understand the information in the Personnel Forms. Personnel costs charged to this contract include 40% of a full-time case manager and 20% of a full-time program manager. RPC's budgetary practice is to utilize an average direct labor base of 85% of employee wages in calculating amounts that may be allocable to any grants or programs. The remaining 15% of employee annual salaries and wages is attributable to fringe benefit time (holiday/sick/vacation/etc.) which is not directly charged to any programs, but is rather captured through the application of a standard fringe benefit rate that is then accounted for within the benefits line item on the budget application. Therefore, RPC develops its program budgets utilizing the 0.85 FTE as the "baseline" of directly allocable time/wages. The 0.40 FTE and 0.20 FTE numbers noted in the Personnel Budget section are based off of the percentages of the 0.85 FTE direct staff time/wages that will be dedicated to delivering program services rather than 1.0 FTE for each staff position.

We hope that this information is helpful.

Sincerely,

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**From:** Kim Bowdry <[kim@ccmhb.org](mailto:kim@ccmhb.org)>

**Sent:** Monday, April 8, 2024 3:17 PM

**To:** Lisa Benson <[lbenson@ccrpc.org](mailto:lbenson@ccrpc.org)>; Jessica McCann <[JMcCann@ccrpc.org](mailto:JMcCann@ccrpc.org)>; Angela Yost <[ayost@ccrpc.org](mailto:ayost@ccrpc.org)>

**Cc:** Lynn Canfield <[lynn@ccmhb.org](mailto:lynn@ccmhb.org)>; Stephanie Howard-Gallo <[stephanie@ccmhb.org](mailto:stephanie@ccmhb.org)>; Shandra Summerville <[shandra@ccmhb.org](mailto:shandra@ccmhb.org)>; Chris Wilson <[chris@ccmhb.org](mailto:chris@ccmhb.org)>; Leon Bryson <[leon@ccmhb.org](mailto:leon@ccmhb.org)>

**Subject:** CCDDDB-IDDSI PY2025 Program Summaries

**CAUTION:** External email, be careful when opening.

Dear Executive Director,

Your program summaries represent our initial review of your organization's applications for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDDB). Your organization's program summaries are attached and can be found [online](#) within the April 17, 2024 Board Packet.

Each document is marked "DRAFT" and should be considered a work in progress and is subject to additions and corrections. You are encouraged to review the documents and notify the CCDDDB-CCMHB Executive Director in writing if there are factual errors, not differences of opinion, in need of

correction prior to completion of the award process.

The applications were reviewed and evaluated by CCDDDB/CCMHB staff and board members using guidelines approved by the CCDDDB and CCMHB (i.e., decision memorandum titled “CCDDDB PY2025 Allocation Priorities and Decision Support Criteria” and “I/DD Special Initiatives PY2025 Allocation Priorities and Decision Support Criteria”). Copies of the criteria memos are accessible through the Online Reporting System at [ccmhddbrds.org](http://ccmhddbrds.org).

The Champaign County Developmental Disabilities Board meeting on **Wednesday, April 17, 2024 at 9:00 AM** will include a review of the program summaries. Agency executive directors and other representatives are encouraged to attend the meeting (<https://us02web.zoom.us/j/81559124557>) and should be prepared to answer questions that may be directed to them by the CCDDDB members or staff. The Community Life Short Term Assistance application will also be reviewed by the CCMHB. The CCMHB meetings (<https://us02web.zoom.us/j/81393675682>) will be held on **April 17, 2024** and **April 24, 2024**, both **at 5:45 PM**.

The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Kim

**Kim Bowdry**  
(pronouns: she/her/hers)  
Associate Director  
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## BRIEFING MEMORANDUM

**DATE:** May 15, 2024  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Leon Bryson and Kim Bowdry, Associate Directors,  
and Lynn Canfield, Executive Director  
**SUBJECT:** **Decision Process for Allocation of PY2025 Funding**

### **Purpose:**

For consideration by the CCMHB, this memorandum presents initial staff considerations for funding for the Program Year 2025 (July 1, 2024 through June 30, 2025), also referred to as PY25 and PY2025. In this draft, the focus is on the amount which appears available from July 1 to December 31, 2024, with rough budget projections for 2025. Strategies for developing an affordable set of allocation decisions are offered. A final draft will be developed based on discussion, removing some sections which have been included here (i.e., concerns specific to agency or program, affordability notes) and adding possible motions for each decision. Decision authority rests with the CCMHB and their discretion concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with criteria, affordability, and distribution across categories of need and service intensity.

### **Statutory Authority:**

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. The 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. The CCMHB reserves the right to refrain from making an award when such action is deemed to be in the best interest of the County.

### **Background and Existing Commitments:**

**Input from people with MI, SUD, or I/DD and their supporters** should influence system advocacy and planning. The 2021 community needs assessment report features this kind of feedback, which informed the Board’s current strategic plan and funding

*Discussion of Allocation of PY25 Funding – page 1*

priorities. That report is available [here](#). Additional input from people with I/DD was shared directly with the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) during a joint study session, the recording of which can be [viewed here](#). Self-advocates' comments were incorporated into PY2025 priorities for all funds under the Boards' authority.

**Utilization data** are useful for guiding the next set of decisions. A summary of utilization by PY23 MHB funded programs is [found on pages 56-72 of this posted packet](#). **Program performance outcomes** reports for PY2023 are aggregated in [this report](#).

In addition to assessed preferences and the results of funded services, longstanding collaborations with other governmental and community-based entities play a role in shaping funding priorities and recommendations.

**Justice System and Behavioral Health Collaborations** address the needs of people who have justice system involvement and behavioral health needs. Community-based care has dramatic cross-system cost-shift impacts (every \$1 spent saves \$2-\$10 in other systems) and improves quality of life of individuals and families. The Board's commitment to programs which reduce justice system and law enforcement involvement continues, with consideration for data on gun violence, overdose deaths, child abuse, domestic and community violence, and disparities in access and care. Some programs prioritize people involved in Champaign County Problem Solving Courts or at the Champaign County Jail.

**The Champaign County Community Coalition** shares the Board's interest in 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 through youth programming and efforts to mitigate the impacts of community violence. Early childhood providers are active in this network along with a home visitors consortium.

**Collaboration with the Champaign County Developmental Disabilities Board (CCDDDB)** is described in an Intergovernmental Agreement between the Boards, requiring integrated Intellectual/Developmental Disabilities (I/DD) planning, a specific CCMHB set-aside commitment, and shared authority over a separate special fund.

The CCMHB set-aside for I/DD programs changes each year by the percentage change in the Board's property tax revenue. The PY24 total was \$859,883, with \$809,883 for agency contracts and \$50,000 'credit' for CILA. Applying an adjusted increase of 3.4% results in PY2025 total of \$889,119, all in support of contracts. For PY25, the CCMHB maintains its interest in services for very young children and their families. One CCMHB contract for DD services has a two-year term, making a decision unnecessary. Both boards will consider recommendations for the remaining CCMHB I/DD allocation.

The Boards share a commitment to a special I/DD-focused collaboration, which from 2015 to 2021 enabled the operation of two small group homes. After the sale of the homes, this was renamed I/DD Special Initiatives Fund. The boards approved a set of

PY25 funding priorities, in the hope of serving the population initially of concern, people with I/DD and complex service needs not readily addressed in Champaign County.

**Two-year Contracts approved for PY24 and PY25.** Sixteen current contracts extend through June 30, 2025. These commitments total \$2,116,086, with \$1,459,912 for MH/SUD and \$656,174 for DD. With one exception, the annual amounts do not increase in the second year, and application forms are updated in May, with technical assistance available as during the open application period.

CCRPC – Youth Assessment Center	<b>\$76,350</b>
CCCAC – Children’s Advocacy Center	<b>\$63,911</b>
CCCHC – Mental Health Care at CCCHC	<b>\$33,000</b>
CCHCC – CHW Outreach and Benefit Enrollment	<b>\$86,501</b>
CCHCC – Justice Involved CHW	<b>\$90,147</b>
CSCNCC – Resource Connection	<b>\$68,609</b>
Crisis Nursery – Beyond Blue	<b>\$90,000</b>
DSC – Family Development	<b>\$656,174</b>
<i>(uses \$656,174 of the MHB I/DD set aside)</i>	
ECIRMAC (Refugee Center) – Family Support & Strengthening	<b>\$62,000</b>
Family Service of CC – Counseling	<b>\$30,000</b>
Family Service of CC – Self-Help Center	<b>\$28,930</b>
Family Service of CC – Sr Counseling & Advocacy	<b>\$178,386</b>
Promise Healthcare – Mental Health Services	<b>\$330,000</b>
Promise Healthcare – PHC Wellness	<b>\$107,078</b>
RACES – Sexual Trauma Therapy Svcs	<b>\$140,000</b>
RACES – Sexual Violence Prevention Education	<b>\$75,000</b>

## **Priorities, Overarching Considerations, and Expectations for Minimal Responsiveness:**

The PY2025 CCMHB funding priorities and decision support criteria were approved on November 15, 2023 and can be viewed using [this link](#).

Twenty-four funding requests were submitted for the Board’s consideration, totalling **\$3,800,847**. Twenty-one of these focus on mental health and substance use disorders, two are a mix of mental health and developmental supports for young children and their families, and one is specific to the I/DD Special Initiatives fund.

The CCDDDB reviewed fifteen other I/DD applications totaling \$4,946,817, and, to support integrated planning, the I/DD Special Initiatives request and the two early childhood requests submitted to CCMHB. Officers of both boards and staff have discussed those three applications.

In applications for PY2025 funding, agencies identified priority categories as follows:

- **Safety and Crisis Stabilization:** 8 applications, totaling \$1,652,723  
(Plus 2 multi-year contracts adding \$166,497 to this priority.)
- **Healing from Interpersonal Violence:** 1 application, totaling \$128,038  
(Plus 2 multi-year contracts adding \$278,911 to this priority.)
- **Closing the Gaps in Access and Care:** 7 applications, totaling \$808,955  
(Plus 8 multi-year contract adding \$862,504 to this priority.)
- **Thriving Children, Youth, and Families:** 7 applications, totaling \$978,186  
(Plus 2 multi-year contracts adding \$152,000 to this priority.)
- **Collaboration with CCDDDB - Very Young Children and Their Families:** 2 applications + 1 multi-year contract, totaling \$889,119 (adjusted to remove MH cost.) The CCMHB will allocate this amount for developmental services, coordinated with CCDDDB and finalized at a CCMHB meeting.

## Requests for Funding and Budget Impact:

CCMHB allocations to agencies have risen steadily from \$3,189,290 in PY12 to \$5,723,686 in PY24. Increases were possible due to property tax revenue growth and reductions in administrative costs. For PY21, 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 revealing an **unsustainable level of awards**. For PY22, because behavioral health needs had surged and agencies proposed to meet these needs, the County provided American Rescue Plan funds, increasing PY22 awards by \$770,436. For PY23 and PY24, awards were again based on property taxes, with no other substantial revenue. For 2025, the projected growth in property tax revenue is less than half the rate increase of 2024.

Following submission of proposals, CCMHB staff reviewed all materials, along with previously reported data, independent audit reports, and compliance records of incumbent programs and agencies. Draft program summaries incorporated input from all staff and were shared with agencies, board members, and public, to support the Board reviews which were conducted in public meetings during April. Agency corrections of staff errors and responses to board questions were considered in the recommendations which follow.

Twenty-three submitted proposals relate to mental health or substance use disorders (MH/SUD). Two also address developmental needs, and a proposal submitted to the I/DD Special Initiatives fund is exclusive to I/DD supports. The PY25 CCMHB requests total \$3,800,847, inclusive of MI, SUD, and I/DD programs. \$2,116,086 is already obligated for PY25 through two-year contracts, of which \$656,174 is for DD. \$232,945 is the remaining set-aside amount for DD. Requests related to MH or SUD total \$3,567,902.

Taken together, the MH/SUD amounts total \$5,027,814, exceeding last year’s MH/SUD awards of \$4,913,803 by \$114,011 and exceeding the projected available amount by \$175,462. Using an early projection of 2025 revenue, the total PY25 allocation target amount of **\$5,741,472** is an increase of \$26,529 over PY24 total awards of \$5,714,943.

This PY25 target could support \$4,852,353 for MH/SUD and \$889,119 for I/DD. This is the lowest projected growth in recent years, with available amount further impacted by withheld payments, sometimes carrying a liability from one budget year to the next. This target amount may also be too high for increased allocations in PY26, when many current programs are likely to apply for renewal.

Staff recommendations should be affordable within revenue projections, but 2025 budgets will be developed later with input from County officials. If the final awards made through this process exceed available funds, it may be necessary to balance with: delayed effective dates; prorated contract award amounts as any compliance issues are resolved; prorated contracts where staff remain to be hired; deferral for later consideration pending resolution of any compliance issues; fee for service contracts; use of fund balance; or commitment to lower total awards next year.

## **Affordability, Six Months at a Time:**

To understand affordability, consider the first half of PY2025, which is July 1-December 31, 2024. **\$2,996,833** is available from MHB Contributions and Grants, the expense line where all contracts for agency services are budgeted, for 2024. Of this amount, the following are obligated:

- **\$218,538** for 6 months of PY24 payments scheduled in 2023 to Promise Health Care, in the event the 2022 audit is submitted, reviewed, and issues resolved.
- **\$33,336** for 4 months of PY23 payments scheduled in 2023 for The Well Experience, in the event the PY22 and PY23 audits are submitted, reviewed, and issues resolved, and the board does not vote not to release held payments.
- **\$729,956** payments on PY24-PY25 MH/SUD contracts (see full list above, exclude the one PY24-PY25 contract for DD.)
- **\$444,559** payments on developmental disabilities programs (half of the PY25 set-aside amount and including the one PY24-PY25 contract for DD.)

This leaves **\$1,570,444** available for the first six months of payments on PY25 MH and SUD contracts yet to be awarded. The total of such requests is \$3,567,902, half of which is \$1,783,951. If the withheld payments/liabilities listed above are all paid out in 2024, use of fund balance might be necessary to afford the full difference of \$213,507. We can also continue, as we have for several years, to add any increased amounts of total revenue to what is budgeted for contracts, i.e., the Contributions and Grants line.

Although the second six months of payments for PY25 come from the board's 2025 budget, for which a small amount of growth is projected so that contract totals could exceed \$5,489,918 (double the remaining amount available in 2024), we should avoid relying too heavily on 2025 and creating a future cliff. Awarding a PY25 total greater than this amount could also require use of fund balance during 2024, though a higher total would be affordable in 2025. The current fund balance is below the goal of six months' operating costs and also below four months of current allocations. Projecting

\$5,993,026 for 2025 Contributions and Grants, which would cover the second six months of these contracts and the first six months of PY26 contracts, a total PY25 amount of \$5,741,472, the target total identified above, could add MH/SUD contracts at \$3,392,440, or \$175,462 below requests. An advantage to not committing the full amount of the target would be to allow the fund balance to rise toward the goal, however gradually. Unfortunately for the budget and fund balance, this set of requests for funding addresses continuing and growing needs of the community and aligns well with Board priorities.

## **DECISION SECTIONS:**

### **Contract Negotiations and Special Notifications**

Some recommendations are contingent on completion of contract negotiations, application 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. Award recipients may be required to revise program or financial forms to align with CCMHB planning, budget, and policy specifications. They 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.

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2024. For this reason, all PY2025 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 and Board President or designee, with every effort made to maintain the viability and integrity of prioritized contracts. All PY2025 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.***

A provision was added to PY23 and PY24 contracts to clarify that specific terms of an agency’s contract may supersede a provision of the funding guidelines, if the exception is in the best interest of the CCMHB and Champaign County. This remains relevant:

***The CCMHB Requirements and Guidelines for Allocation of Funds are 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, the greater amount may be***



*agreed to through the original budget submitted with an application or by a subsequent formal written request.*

## **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 for partial funding due to affordability, especially as we consider sustainable levels of funding. Many recommendations are for two-year terms, which may be of benefit to both the applicant and funder. Some recommendations identify special conditions to be met prior to contracting or during the contract year. Program-specific concerns have been added as discussion points for the Board, many raised by individual Board members. If awarded, prerequisites should be completed by June 18 to avoid delayed payments or reduced maximums. Negotiations may be conducted through email, remote meeting, or in person. In the event of a failed contract negotiation, the Board may be asked to take later action.

*NOTE: in addition to the pre-contracting requirements identified per request below, any final award which is for a different amount than requested will trigger the need for revised budget plan forms and, in some cases, adjustment to the Scope of Services. Also as part of the contracting process, organizations will share with the CCMHB Operations and Compliance Coordinator their annual certificates of insurance, any relevant subcontracts, and letters of engagement with CPA firms.*

### **CCRPC-Community Services – Homeless Services System Coordination**

- *Request: \$54,281, 74% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- ***Required prior to contract:*** *details on Conferences expense.*
- ***Special Provisions*** *(to address during contract year): excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- ***Recommendation:*** *fund at the requested annual level; offer a two-year term.*
- ***Concern:*** *other units of government experience benefit from this program and might contribute financially, especially beyond the anticipated HUD planning grant or in its place if that grant is not made.*

### **C-U at Home – Shelter Case Management Program**

- *Request is for \$256,700, 66% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- ***Required prior to contract:*** *n/a.*
- ***Special Provisions:*** *partner with other organizations serving this population, to avoid duplication of effort and to maximize positive outcomes for those served and identify effective strategies and service gaps; participate in CSPH and CIT Steering Committee; demonstrate efforts to secure other funding; if a two-year*

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*term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*

- **Recommendation:** *fund at the requested level, which is the same as PY23 and PY24; offer a two-year term.*
- **Concern:** *the organization is exploring a different service delivery model, which may make the level funding amount insufficient; at the same time, MHB funding is approaching flat from one year to the next, due to rising level of commitment and lower revenue growth with higher costs. As with others, securing funding from other sources may be the best solution.*

### **CU Early - CU Early**

- *Request is for: \$80,723, 16% of total program revenue*
- *Priorities: Thriving Children, Youth, and Families; partial alignment with Collaboration with CCDDDB*
- **Required prior to contract:** *select a TPC target rather than a range.*
- **Special Provisions:** *the Provider will indicate # of children screened with developmental delay/risk in quarterly report comment section; collaborate with providers of similar services; report on other funding sought (especially through ISBE); inform eligible families of PUNS and ISC; at the end of the contract term, program-specific audited financial statements will be provided (from combined audit); if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund at requested level, committing \$16,145 to developmental support (through the MHB's DD set-aside); offer a two-year term.*

### **CC Head Start/Early Head Start – Mental Health Services**

- *Request is for: \$388,463, 100% of total program revenue*
- *Priorities: Thriving Children, Youth, and Families; partial alignment with Collaboration with CCDDDB*
- **Required prior to contract:** *the Early Head Start Expansion grant which funds a fourth coach should be included in financial forms (personnel, expense, revenue, and budget narrative); any other revisions required to support the greater focus on developmental delays/risk.*
- **Special Provisions:** *continue to collaborate with providers of similar services and to report on efforts to secure other funding; inform eligible families of PUNS and ISC; online service claims reporting; report on other funding sought; excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund at \$385,463, which is a lower amount than requested but an increase over the current level; commit \$216,800 to developmental support (through the MHB's DD set-aside); offer a two-year term.*

- **Concern:** as in prior years, we hope the agency will receive more funding, including from Head Start, to support any portion of this work, especially those supports related to mental health.

### **Champaign County Health Care Consumers – Disability Application Services**

- **Request:** \$105,000, 94% of total program revenue
- **Priority:** Closing the Gaps in Access and Care
- **Required prior to contract:** update CLC Plan.
- **Special Provisions:** report in comment sections of quarterly reports the disability type; participate in CSPH and collaborate with providers of similar services to avoid duplication and maximize positive impacts; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund at \$102,000 which is lower than requested but an increase over the current level; offer two-year term.
- **Concern:** the need for this service in Champaign County has unfortunately risen, and this small organization has stable staffing. However, the same caution applies regarding the need for other sources of funding to help reach the increasing community needs, especially while MHB funding does not increase commensurate to need.

### **Courage Connection – Courage Connection**

- **Request:** \$128,038, 5% of total program revenue.
- **Priority:** Healing from Interpersonal Violence
- **Required prior to contract:** resolve \$80 difference in reported rental income; if any positions are vacant at July 1, consider a lower contract amount, pro-rated by the cost of vacancies, and amended as vacancies are filled; update CLC Plan.
- **Special Provisions:** office hours in Rantoul and attend Rantoul Service Providers Group; continue to demonstrate that the program does not use MHB funds to supplant other sources of funding which are meant to support all of the clients OR that they are accessing equal non-state funding for out of county clients; track and report # of clients engaging in therapy and # in counseling, in quarterly reports; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term, and updated Agency Plan for PY26 should be complete prior to June 2025.
- **Recommendation:** fund at requested level, a small increase over the current and prior years level; offer two-year term.
- **Additional Recommendation:** the CCMHB might approve use of this grant as match for IDHS DVPI and/or ICADV VOCA and VAWA,
- **Concerns:** the program tends to have various vacancies throughout the year so that the full contract amount might not be spent; however, lowering the contract amount could impact pay and turnover; due to the complexity of the program, the

*agency should consider separate applications for services in the future rather than MHB contract covering a percentage of all agency activities.*

### **Cunningham Children’s Home – ECHO Housing and Employment Support**

- *Request: \$203,710, 100% of total program revenue.*
- *Priority: Closing the Gaps in Access and Care*
- **Required prior to contract:** *clarifications in budget narrative; revise any outdated details in program plan narrative.*
- **Special Provisions** *assist the MHB in tracking any changes in state and federal funding and rules related to these services; collaborate with providers of similar services, especially SOAR; report on efforts to secure other funding; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund at \$200,710, which is lower than requested but greater than the current, supporting program growth; offer a two-year term.*
- **Concern:** *as a large organization, if other funding was secured for this program, the contract amount could be reduced during the term and the services expanded to address increasing needs. Illinois is exploring an 1115 waiver which would make some housing supports billable under Medicaid; this agency may be able to take advantage of such flexibilities, if the state’s planning waiver is approved.*

### **Cunningham Children’s Home – Families Stronger Together**

- *Request: \$282,139, 100% of total program revenue.*
- *Priority: Thriving Children, Youth, and Families*
- **Required prior to contract:** *revise outdated details in the program plan narrative (CSE description, written collaborative agreements); identify numeric CSE target.*
- **Special Provisions:** *collaborate with providers of similar services and with efforts of the Champaign County Community Coalition; report on efforts to secure other funding; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund as requested; offer a two-year term.*

### **Don Moyer Boys and Girls Club - CU Change**

- *Request: \$85,575, 99% of total program revenue*
- *Priority: Thriving Children, Youth, and Families*
- **Required prior to contract:** *possible revision of CSE category; update program plan narrative (CWIT); provide detail on Conference expense; update CLC Plan.*
- **Special Provisions:** *a program representative should attend MHDDAC meetings (this is a standard provision); for TPCs, develop self- and family-directed and approved, written treatment plans (those without may be counted as NTPCs); participate in relevant collaborations (YAC Advisory Committee, SOFFT/LAN and Coalition).*

- **Recommendation:** fund at \$82,575, which is greater than the current level but lower than requested.
- **Concern:** a two-year term might not be appropriate as this program is being developed during PY24 and further in PY25. While the agency is known to be an effective fundraiser, no contributed funds have been used to support this program, per the agency's Board; the program and population may not be central to the organization's mission but could become a priority to the agency's board or for the community of donors, and contributed funds could offset program costs, allowing a lower award amount to achieve the identified goals.

### **Don Moyer Boys and Girls Club - Community Coalition Summer Youth Initiatives**

- **Request:** \$107,000, 100% of total program revenue
- **Priority:** Thriving Children, Youth, and Families
- **Required prior to contract:** identify numeric targets for the utilization categories, with the understanding that these are not easily tracked.
- **Special Provisions** (to address during the contract year): accelerated payment schedule; provide subcontracts for all programs involved; statement of Coalition structure and purpose; DMBGC 10% admin fee; collect brief survey feedback from youth and report with other Q1 reports, with no other quarters required; present results to the CCMHB in a fall/winter meeting or study session; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund at the current level of \$90,000, which is lower than requested and lower than the traditional amount; offer a two-year term.
- **Concern:** the program is highly valued, especially because it gives young people access to innovative short-term opportunities developed locally and with their needs in mind. However, given revenue projections, the traditional contract amount may be out of reach again this year and in PY26. The program should not pay for short term programming offered by other taxing districts, if such options were among those to be selected.

### **FirstFollowers – FirstSteps Community Reentry House**

- **Request:** \$69,500, 54% of total program revenue.
- **Priority:** Safety and Crisis Stabilization
- **Required prior to contract:** resolve financial forms; identify numeric targets for utilization measures and consider using the categories differently, to more fairly represent unique qualities of the program; resolve any remaining audit issues.
- **Special Provisions** develop written individualized support plans for residents; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term, and updated Agency Plan for PY25 should be completed prior to June 2024; participate in CSPH, Reentry Council, and collaborate with Rosecrance Central Illinois Criminal Justice program on behalf of individuals eligible for service; document client residency pre-incarceration during intake and maintained in client files.

- **Recommendation:** fund at \$58,500, an increase over current level but not the full request; offer a two-year term.
- **Concerns:** the proposal would increase housing capacity and staff support to meet a growing need; whether or not the new capacity duplicates another agency's effort, their collaboration should continue. A partial increase over current funding level may support additional activities, and the proposed expansion may still be possible, whether through other additional funds or increased collaboration, but at this time the cost of expansion is not affordable to the MHB alone.

### **FirstFollowers – Peer Mentoring for Reentry**

- **Request:** \$95,000, 46% of total program revenue.
- **Priority:** Safety and Crisis Stabilization
- **Required prior to contract:** resolve financial forms; identify specific numeric targets for utilization measures; resolve any remaining audit issues.
- **Special Provisions:** develop written individualized support plans with the most active participants, those working toward self-identified goals; document client residency pre-incarceration during intake and maintained in client files; participate in CSPH, Reentry Council, and add agency representation on the Reentry Council Executive Committee; collaborate with providers of similar services; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the contract term, and updated Agency Plan for PY26 should be completed prior to June 2025.
- **Recommendation:** fund as requested; offer a two-year term.

### **GCAP – Advocacy, Care, and Education Services – NEW**

- **Request:** \$65,000, 100% of total program revenue.
- **Priority:** Closing the Gaps in Access and Care
- **Required prior to contract:** revise financial forms as identified in the agency's follow-up email, which updates the total request to \$61,566; choose specific targets for utilization categories (rather than ranges).
- **Special Provisions** work with the CLC Coordinator to align CLC Plan action steps with agency mission, program goals, and CLAS standards; mid-year progress report to the Board. The total agency revenue will require an independent CPA financial review (rather than audit) within six months of the end of the contract/program year 25 (on or before December 30, 2025.)
- **Recommendation:** fund at \$61,566, offer a one-year term.

### **GROW in Illinois – Peer-Support**

- **Request:** \$159,740, 95% of total program revenue.
- **Priority:** Closing the Gaps in Access and Care
- **Required prior to contract:** update CLC plan; revise financial forms to absorb the apparent \$2,050 error in conference/staff development expense.

- **Special Provisions:** participate in CSPH, CIT Steering Committee, and Reentry Council meetings; avoid use of this contract to serve non-residents but also to demonstrate total agency revenue specific to non-residents, which could not be used to offset the cost of this service to Champaign County residents; if a two-year term, excess revenue from the 1st year cannot be spent in the 2nd year of the term, and updated Agency Plan for PY26 should be completed prior to June 2025.
- **Recommendation:** fund at \$157,690, which is the amount of request adjusted by \$2,050; offer two-year term.
- **Concerns:** as noted for many applicants, other funding should be pursued to sustain or expand these services. Related to one continuing special provision is the agency's desire to serve a broader region; this is important and could be accomplished through State of Illinois funding.

### **Rosecrance Central Illinois – Benefits Case Management**

- **Request:** \$84,625, 99% of total program revenue
- **Priority:** Closing the Gaps in Access and Care
- **Required prior to contract:** work with CCMHB staff on the program's M&G allocation and other items to be charged to Professional Fees; update CLC Plan (this will be the case for all Rosecrance contracts.)
- **Special Provisions:** collaborate with providers of similar services, especially those using SOAR; maximize other funding; report on individual referrals and linkages in quarterly reports; engage with the CLC Coordinator to increase focus on types of lived expertise represented on the agency board and staff teams and to increase the engagement of members of minority communities; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund as requested; offer a two-year term.
- **Concerns:** many questions were posed to the agency during and after the staff and board reviews of this and the following five applications. Some questions required more follow-up and revealed the need for greater involvement from MHB staff (e.g., in intergovernmental collaborations and in cultural and linguistic competence planning and support). As a result, there may be new special provisions in PY25 or PY25-PY26 contracts, if funds are awarded. Some will require more of the MHB and staff team than of the agency, hopefully resolving concerns expressed by both. This program is especially important to members of racial and ethnic minority groups in the community who may be under-resourced, so increased reach in PY25-PY26 may inform future funding.

### **Rosecrance Central Illinois – Child & Family Services**

- **Request:** \$77,175, 38% of total program revenue
- **Priority:** Thriving Children, Youth, and Families
- **Required prior to contract:** see above.
- **Special Provisions:** collaborate with providers of similar services and SOFFT/LAN Council; maximize other funding; report on individual referrals and

*linkages in quarterly reports; inform CCMHB of opportunities to advocate for statewide improvements to the system, including 'paperwork reduction'; encourage referrals from other organizations (including smaller, local ones) involved with children and families; engage with CLC (as above); if a two-year term, conditions (as above).*

- **Recommendation:** *fund at the PY24 level, \$73,500; offer a two-year term.*
- **Concerns:** *does the program's current structure create a bottleneck that inadvertently limits access to the psychiatrist? The collaborations listed could increase referrals to the psychiatrist, increasing the impact of this contract. Funding at the current level may be manageable due to other payers in the mix.*

### **Rosecrance Central Illinois – Criminal Justice PSC**

- **Request:** *\$336,000, 73% of total program revenue*
- **Priority:** *Safety and Crisis Stabilization*
- **Required prior to contract:** *see above.*
- **Special Provisions:** *collaborate with providers of similar services; input from justice partners to MHB staff; maximize other funding; report on individual referrals and linkages in quarterly reports; inform CCMHB of opportunities to advocate for statewide/federal funding or improvements to the system; if a two-year term, conditions (as above).*
- **Recommendation:** *fund as requested; offer a two-year term.*
- **Concerns:** *this program may be impacted by the Pre-Trial Fairness Act and CESSA (though CESSA will not implemented until July 1, 2025,) so the scope of services may need to be modified during the contract term. Although it is treated as part of the total program, the Reentry Council work performed by the agency on behalf of Champaign County might not be critical to continuation of this program. If the County does not renew Reentry services for 2025, the agency should inform MHB staff of any negative impacts.*

### **Rosecrance Central Illinois – Crisis Co-Response Team and Diversion Center**

- **Request:** *\$410,000, 70% of total program revenue*
- **Priority:** *Safety and Crisis Stabilization*
- **Required prior to contract:** *see above.*
- **Special Provisions:** *input from justice system partners to CCMHB staff; participate in CIT Steering Committee; assist the MHB and staff in tracking changes in state and federal rules and funding for this type of service; continue to maximize other sources of funding; report on individual referrals and linkages in quarterly reports; if a two-year term (as above.)*
- **Recommendation:** *fund as requested; offer a two-year term.*
- **Concerns:** *this program serves people through cross-jurisdictional efforts to assist residents who are in crisis. Although the agency could not be expected to fulfill such requirements and CCMHB staff would instead coordinate, it seems important to add contracting conditions: that representatives from Rantoul and Urbana Police Departments and the CCSO meet with the Board during 2024 to*



*share data on the program's impact in their work; in addition, the governmental partners might explore other options for funding to sustain or expand the services and might also develop intergovernmental agreements with the CCMHB.*

#### **Rosecrance Central Illinois – Recovery Home**

- *Request: \$100,000, 19% of total program revenue*
- *Priority: Closing the Gaps in Access and Care*
- ***Required prior to contract:*** *see above.*
- ***Special Provisions:*** *relevant collaborations; maximize other funding; report the # of clients who were Champaign County residents prior and on individual referrals and linkages in quarterly reports; engage with CLC (as above); if a two-year term, conditions (as above).*
- ***Recommendation:*** *fund as requested, the current level; offer a two-year term.*
- ***Concern:*** *this program is also important to members of minority groups who may be under-resourced, so we hope to see (and support) increased reach during PY25 and PY26.*

#### **Rosecrance Central Illinois – Specialty Courts**

- *Request: \$186,900, 99% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- ***Required prior to contract:*** *see above; revise the expense related to May 2024 conference.*
- ***Special Provisions:*** *rework outcomes to more direct impact on people served; report on individual referrals and linkages in quarterly reports; input from Problem Solving Court partners; inform the MHB of opportunities to advocate for statewide or federal funding or improvements to the system and of relevant changes in state/federal policies; continue to pursue/maximize other funding.*
- ***Recommendation:*** *fund at the PY24 level, \$178,000.*
- ***Concerns:*** *this longstanding program funded by the MHB in collaboration with Champaign County's Problem Solving Court may become eligible for other sources of funding support, through state or federal opportunities. Recently the County partners were not prepared to seek these, but there is momentum and a plan. If successful, additional funds could expand these services or supplant the MHB funds, allowing changes to the contract during the term.*

#### **Terrapin Station Sober Living NFP - Recovery Home**

- *Request: \$90,880, 87% of total program revenue*
- *Priority: Closing the Gaps in Access and Care*
- ***Required prior to contract:*** *revise expense categories and budget narrative form; provide estimated targets for TPCs (who will have written treatment plans); update CLC Plan.*
- ***Special Provisions:*** *document efforts to secure other funding for home improvements and to appeal the tax exemption finding; use Evaluation project*

*resources to find an assessment tool; share a contingency plan for continuation of treatment for residents should the Provider become unable to continue services; as practical, collaborate with Drug Court, CIT Steering Committee, Continuum of Service Providers to the Homeless, and other similar providers, esp of homeless services and MH/SUD care; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*

- **Recommendation:** fund at \$88,880, which is lower than requested but higher than the current level; offer a two-year term.
- **Concerns:** some of the program expenses are related to weatherization, for which federal funding is annually available, though the agency has not yet been able to apply; another expense is property taxes on the home, problematic in a few ways. MHB staff will assist as possible. As a one-person agency, the usual vulnerabilities are compounded by the nature of the support and the risk to residents and staff; a formal backup plan should be in place.

### **The UP Center of Champaign County - Children, Youth & Families Program**

- *Request: \$190,056, 62% of total program revenue*
- *Priority: Thriving Children, Youth, and Families*
- **Required prior to contract:** revise financial forms.
- **Special Provisions:** continue to pursue other sources of funding; consider written treatment plans for NTPCs who engage in multiple program activities long-term (to later consider them as TPCs); attend SOFFT/LAN meetings and other relevant collaborations; identify strategies to increase engagement of diverse people, which may include accessing support from the CLC Coordinator; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.
- **Recommendation:** fund as requested, at current level; offer a two-year term.
- **Concern:** it is unfortunate that the need for these services (and so many others) continues to increase. While accepting the two-year term might limit the program's growth, it may also help stabilize the program, especially given MHB revenue projections.

### **WIN Recovery – Community Support ReEntry Houses**

- *Request: \$244,342, 16% of total program revenue*
- *Priority: Safety and Crisis Stabilization*
- **Required prior to contract:** develop numeric targets for utilization measures; update measures of access if 100% is not probable; revise forms to remove outdated references.
- **Special Provisions:** engage with CLC Coordinator for support; participate in Reentry Council, CSPH and possibly Drug Court Steering Committee; increase collaboration with FirstFollowers and pursue additional collaborations with local providers, e.g., Christian Health Center; document client residency pre-incarceration; report quarterly on # of people in the home for greater than three

- months; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund at \$129,000, which is lower than requested but higher than the current and prior year level; offer a two-year term.*
  - **Concern:** *Continued special provisions related to collaboration with local organizations and support from MHB staff might also help stabilize and expand the agency’s Champaign County based team. The expansion, if affordable, would respond to increased and increasing needs; with a partial increase over current funding, it may be possible to support the expansion through other additional funding or increased local collaborations. While the PY23 audit is still being reviewed by MHB consultant, issues raised so far have been addressed, and the agency is eligible for funding.*

**Total PY25 Funding Recommended = \$3,625,446**  
**Total PY25 Requests Recommended for Deferral (later decision) = \$0**  
**Total PY25 Requests and Portions of Requests Recommended for Denial = \$175,402**

**Exceeds Allocation Parameters, Any Priority**

The difference between what appears affordable for PY25 and total requests is \$175,462. For PY24, the ‘shortfall’ was \$934,652, the most competitive CCMHB allocation process in recent memory. The development of staff recommendations was challenging, and the Board made difficult final decisions. There is a strong chance that PY2026 will be a tougher cycle again. While many capable organizations are prepared to address the unmet behavioral health and disability support needs of our community, public funds do not rise with needs, so these financial resources are not sufficient to empower all.

PY24 obligations continuing for PY25 plus those PY25 requests recommended for funding total an amount higher than the projected available by \$60. In the event of increased PY25 revenues, the Board might consider fully funding some programs. Higher PY25 revenue could result from an increase in the anticipated property tax revenue for 2025, cancellation or reduction of PY25 contracts, agencies lowering the amounts of PY25 contracts due to securing other funding or pro-rating for vacancies, or the Board receiving unexpected other revenues.

**Staff Recommendations for Agency Allocations through the I/DD Special Initiatives Fund**

Staff and board members reviewed the following application, which at \$232,033 is affordable within the fund’s projected budget. For integrated planning as described in the intergovernmental agreement, this was also discussed by officers of both boards, the Associate Directors, and the Executive Director.

**CCRPC Community Services – Community Life Short Term Assistance**

- *Request: \$232,033, 100% of total program revenue.*

- *IDDSI Priority: Community Life*
- **Required prior to contract:** *n/a*
- **Special provisions:** *during the first quarter, meet with CCDDDB/CCMHB staff and possibly other stakeholders to discuss grant parameters; track contacts with people who do not have any services; coordinate with other agencies providing similar services; report quarterly via Online Reporting System; offer information on online technology training and access for staff and clients; require scholarship denial prior to specific assistance; align with IDHS-DDD purchase process; mid-year progress report to both Boards; excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.*
- **Recommendation:** *fund through the I/DD Special Initiatives Fund at the level requested; offer a two-year term. Because the fund is under joint authority of the CCMHB and CCDDDB, approval by both boards is required. Both boards will meet separately on May 22, 2024.*

***A further staff recommendation is not to open a funding opportunity for PY26, as the I/DD Special Initiatives fund has received just one application in its first two cycles, and this proposal aligns very well with a high priority category.***

CCMHB and IDDSI PY2025 Funding Requests		PY2025		
Agency	Program	Request	Priority	Recommendation
CCRPC - Community Service	Homeless Services System Coordination	\$54,281	Safety and ...	\$54,281
CU at Home	Shelter Case Management Program	\$256,700	Safety and ...	\$256,700
CU Early	CU Early	\$80,723	Thriving Child...	\$80,723
CC Head Start/Early Head Start	Early Childhood MH Svcs (MH and DD)	\$388,463	Thriving Child...	\$385,463
CC Health Care Consumers	Disability Services	\$105,000	Closing Gaps...	\$102,000
Courage Connection	Courage Connection	\$128,038	Healing from...	\$128,038
Cunningham Childrens Home	ECHO Housing and Employment Support	\$203,710	Closing Gaps	\$200,710
	Families Stronger Together	\$282,139	Thriving Child...	\$282,139
Don Moyer Boys and Girls Club	C-U CHANGE	\$85,575	Thriving Child...	\$82,575
	Community Coalition Summer Initiatives	\$107,000	Thriving Child...	\$90,000
FirstFollowers	FirstSteps Community Reentry House	\$69,500	Safety and ...	\$58,500
	Peer Mentoring for Reentry	\$95,000	Safety and ...	\$95,000
GCAP - NEW	Advocacy, Care, & Education Services - NEW	\$65,000	Closing Gaps...	\$61,566
GROW in Illinois	Peer-Support	\$159,740	Closing Gaps...	\$157,690
Rosecrance Central Illinois	Benefits Case Management	\$84,625	Closing Gaps...	\$84,625
	Child & Family Services	\$77,175	Thriving Child...	\$73,500
	Criminal Justice PSC	\$336,000	Safety and ...	\$336,000
	Crisis Co-Response Team (CCRT)	\$410,000	Safety and ...	\$410,000
	Recovery Home	\$100,000	Closing Gaps...	\$100,000
	Specialty Courts	\$186,900	Safety and ...	\$178,000
Terrapin Station Sober Living	Recovery Home	\$90,880	Closing Gaps...	\$88,880
The UP Center of CC	Children, Youth & Families Program	\$190,056	Thriving Child...	\$190,056
WIN Recovery	Community Support ReEntry Houses	\$244,342	Safety and ...	\$129,000
	<b>Total PY25 Requests to be reviewed =</b>	<b>\$3,800,847</b>	<b>Total Recommend =</b>	<b>\$3,625,446</b>
			<b>Target Available =</b>	<b>\$3,625,386</b>
	Total CCMHB MI/SUD	\$3,567,902	<b>For MH/SUD =</b>	\$3,392,441
	<b>Total CCMHB DD PY25 amount (excludes 2 yr contract)</b>	<b>\$232,945</b>	<b>For DD=</b>	<b>\$232,945</b>
IDDSI: CCRPC	Community Life Short Term Supports	\$232,033	Community Life	\$232,033
<i>Other PY25 obligations are two year (PY24-PY25 contracts totaling \$2,116,086)</i>				