

WINNEBAGO COUNTY COMMUNITY MENTAL HEALTH BOARD

AGENDA DATE: Wednesday December 2nd, 2020

Time: 2:00 PM

Location: Region 1 Planning Council, 127 N Wyman Street, 1st Floor, Rockford, IL 61101

NOTICE: Consistent with [State of Illinois Executive Order 2020-07](#) to prevent the spread of COVID-19, Committee Members are permitted to participate in this meeting by conference call.

Called by: Mary Ann Abate President

Members: Richard Kunnert Vice President, Rev. Dr. K. Edward Copeland Treasurer, Danielle Angileri Secretary, Dr. Bill Gorski, Dr. Terry Giardini, Dr. Julie Morris, Tim Nabors, Linda Sandquist

Advisory Members: Wendy Larson Bennett, Jay Ware

Staff Liaison: Jason Holcomb, Region 1 Planning Council

Agenda:

A. Call to Order by Mary Ann Abate, President, at 2:01PM

B. Roll call: Mary Ann Abate, Richard Kunnert, Rev. Dr. K Edward Copeland, Danielle Angileri, Dr. Bill Gorski, Dr. Terry Giardini, Dr. Julie Morris, and Linda Sandquist are present members. Wendy Larson Bennett and Jay Ware are present advisory members. Jason Holcomb is present. Guest Mr. Gilberti is also present.

C. Public Comment: Cristina Gloria expressed concerned about the lack of Spanish speaking mental health providers in the area from her personal experience as a provider. She encourages better pay to mental health providers and that the Board considers funding bilingual providers.

D. Action Items

1. Meeting Minutes (11/04/20): Mr. Kunnert motions to approve and Dr. Copeland makes the second motion. All approved.
2. Amendment to “Wellness” Value Statement: As a result of discussion, Mr. Holcomb changed the “wellness” value statement in our charter to:
Mr. Gorski moves to approve and Dr. Morris seconds. All approved.

E. Discussion Items

1. Procurement Policy: Dr. Copeland and Mr. Holcomb worked together to establish this policy draft. This is a prerogative for small item purchases without having to bring to a full Board meeting. There are 3 designations:
 - Less than \$3,000 would have to be approved by only the President.
 - Between \$3,000-\$30,000 would require three signatures
 - Over \$30,000 would need full-board approval.

The next step will be running this past our fiscal agent to ensure we are in alignment with their fiscal policies. There has been contact made. It is our goal that this can be made an action item by January.

2. Notice of Funding Opportunity: Attached draft. Mr. Holcomb did some research on what other mental health boards use as their notice of funding. Many other boards provide funding to non-profits (501©(3)s, FQHCs, non-profit hospitals and health centers), for-profit businesses (private practices, LLCs, etc.), and government entities (inclusive of internal departments). This is something we need to have clear clarifications written out for who we fund. There was also a designation for the timeframe in which an organization would have to have been formed for at least three years with proof of 501©(3) or LLC.

Discussion: If several agencies collaborate and apply for funding. We have to establish a clear policy for this. Will all groups have to have a registered 501c3 or LLC? Is there a way to take applications into consideration on a case by case basis? Collaborative multi-agency programming must have a *lead* fiscal agent. We must have clear criteria while also fostering partnerships.

The group looked over the proposal submission and evaluation details that Mr. Holcomb drafted. There will be a review team and the applications can be viewed by the full board.

Note the last disclaimer: WCCMHB reserves the right to not select a provider or to submit a new notice of funding for re-defined services. WCCMHB also reserves the right to begin negotiations with selected providers for all or part of the proposal components based on its selection criteria.

3. Grant Application Evaluation Rubric: Attached draft. This is divided up by Agency description, proposal description, proposal outcomes, proposal budget, and (in the future) continued funding. This is ranked by compliance. Discussion was had about an additional scoring system and interviews with applicants.

Move forward. We can make adjustments as we go.

4. Affiliations and Disqualifications: Board members sent in all the organizations they are a Board of or employed by. None of those turned in can be funded in this cycle. This is in draft form if anyone is considering stepping down from an organization's board before January.

5. Public Participation Survey Results Presentation: 693 people responded to the survey. 233 actual completions. 1/3 of the total responders did not go past question #2 while completing in Facebook. There may have been a glitch and we do not know all the reasons why. There was good quantitative and qualitative response.

All of the services were deemed important.

What was deemed as a priority across the board was diagnostic evaluation, supportive counseling, medication management, and substance abuse services. The other areas that stand out are crisis walk-in services, crisis services in general, case management, assistance to families, and community education.

What was ranked the lowest overall was self-help, consumer operated services, protection and advocacy.

The board members were sent a copy of the breakdown and will be sent the qualitative evidence in the near future. With this data we will create our priorities for the strategic plans. Mr. Holcomb's goal is to have a draft plan out around December 18.

F. Other Matters: If we wanted sweatshirts with our logo on it, Dr. Giardini knows a way to get them done independently of the board.

G. Adjournment: Mr. Kunnert moves to adjourn and Dr. Giardini seconds. All approved. Adjourned at 3:52pm.

[Heading and logo]

WINNEBAGO COUNTY COMMUNITY MENTAL HEALTH BOARD

FY21 NOTICE OF FUNDING OPPORTUNITY

Description

The Winnebago County Community Mental Health Board (WCCMHB) is seeking proposals for the purpose of contracting with individual, public, or private entities for mental health and substance use services including training and education for Winnebago County residents of all ages. We will prioritize innovative proposals that focus on target populations and that address priority areas, both of which are laid out in the System Improvement Plan.

FY21 Funding Availability

Up to \$8.8 Million

General Funding Categories

We will award funding based on priority areas and target population as laid out in the System Improvement Plan. These proposals could include, but are not limited to, collaborative programming with other organizations/systems, intervention services, building out new/expanded programming, enhancing programs to reach target populations, addressing emergent COVID-related mental health needs, treatment services, and other innovative projects to support community needs. All services must be for Winnebago County residents only.

Capital expenditures specifically related to programs or services requesting community mental health funds should be included in the DIRECT PROGRAM EQUIPMENT budget section of the FY21 Budget Worksheet Template. Capital expenditure requests require a supporting Capitalization Policy. The WCCMHB shall consider Capital Expenditures as part of overall program, project, and service requests although service delivery shall take precedent. These kinds of requests must show how they will benefit Winnebago County residents as one of the target populations. Stand-Alone Capital Requests are subject to appropriation and shall be considered on a case-by-case basis.

Who May Apply

- Not-for-Profit Corporations: Must be registered as a not-for-profit in good standing with the State of Illinois and established as a Section 501(c)3 under the Internal Revenue Code*
- For-Profit Businesses (including properly licensed and insured sole proprietorships and individually-owned LLCs)*
- Governmental Entities and Departments within Winnebago County Government

*Entity be established for at least three years prior to applying for funding

Through the funding application and review process, all entities must demonstrate financial accountability, reliability, and stability, as well as appropriate service of value to the persons to be served as determined by the WCCMHB.

Proposal Submission Details

The WCCMHB is using a web-based application system for submission of funding proposal for the contract year beginning [xxx] and ending [xxx]. The submission portal will be available at [xxx] beginning January 13 and ending February 24. All applicants will need to [xxx].

For questions related to the funding application, contact [xxx] at [xxx].

Schedule of Events

January 13	Application opens on [portal link]
Jan 13	Grant Seekers Meeting
Jan 20, 27th	Information Sessions
February 24	Application closes
March 3 - March 31	Application evaluations
April 7	Funding allocation decisions
TBD	Funding cycle
TBD (Quarterly)	Evaluation/reporting periods

Evaluation of Proposals

WCCMHB allocation and contracting decisions are made in meetings open to the public (they can be livestreamed on the [WCCMHB Youtube Page](#)). Allocation decisions will be based on statutory mandates and community priorities as laid out in the Strategic Plan [link].

In accordance with the Community Mental Health Act, board members of the WCCMHB have the responsibility to ensure that the standards of services delivered are of the highest degree possible, that they are free from any negative influences caused by conflict of interest situations, and that they contribute to equitable mental health system practices and outcomes in Winnebago County. Board members have a duty to avoid self-serving or conflict of interest situations where by virtue of position or decision-making authority, transactions are allowed to occur which does not serve the best interest of the WCCMHB or which give the appearance of, or have the potential for, obtaining a benefit, monetary or otherwise for the individual, family, friends or business associates

Emphasis will be placed upon the proposal's strength in addressing each of the following criteria within the electronic application. The WCCMHB – FY21 Proposal Rubric will be used as a guide to reaching funding allocations (see FY21 Funding Rubric):

1. Agency Description
2. Proposal Description
3. Proposal Outcomes/Evaluation
4. Proposal Budget
5. Agency Continued Funding

WCCMHB reserves the right to not select a provider or to submit a new notice of funding for re-defined services. WCCMHB also reserves the right to begin negotiations with selected providers for all or part of the proposal components based on its selection criteria.

Draft

Funds allocated by the WCCMHB will be used for mental health, substance, abuse, and intervention services. Applicants will be given the opportunity to receive feedback and alter promising proposals as time and capacity allows.

	Compliance Criterion	Substantially Compliant	Moderately Compliant	Minimally Compliant
Agency Description Describe how the following components are in place in the agency <ol style="list-style-type: none"> 1. Risk management 2. Adequate staffing for proposal 3. Accreditation, licensing, certification 4. Cultural competency and trauma-informed practice 5. Consumer satisfaction 6. Mission/vision/values 	The agency is accredited, licensed, and/or certified and has the capabilities to deliver funded services based on leadership, stability of the program, and the involvement of additional partners. There is evidence to support risk management practices, cultural competency, consumer voice, and effective use of technology. Staffing ratios are adequate for number of clients served. The agency's proposal serves Winnebago County residents only.	The agency is accredited, licensed, and/or certified and has adequate capacity evidenced documentation of providing culturally competent, trauma-informed, and consumer driven services that contribute to reduction in inequitable mental health care. Agency shows strong leadership and significant investment, fulfilling all of the components of the proposal.	The agency is working toward accreditation, licensure, and/or certification or has operating policies and procedures in place. Key values are demonstrated. The agency has begun to demonstrate evidence or has demonstrated evidence of culturally competent, trauma-informed, and consumer driven services that contribute to reduction in inequitable mental health care. Agency demonstrates knowledge of risk management practices.	The agency is not considering accreditation, licensing, and/or certification and lacks operating policies and procedures. The agency has demonstrated minimal evidence of operational capacity. The agency does not clearly define its adherence to risk management practices.
Proposal Description <ol style="list-style-type: none"> 1. Vision for what proposal would accomplish 2. Alignment with the Strategic Plan, specifically target population and Priority Areas as much as possible 3. Evidence for why proposed service area requires funding 4. Definition of program target population served and level of urgency 	Program description should align with the priorities of the WCCMHB Strategic Plan identifying specific target populations and community needs. Program demonstrates promotion of community wellness, decrease in health inequities (as outlined in the Strategic Plan), and increased access by clearly defining the urgency level. The proposal is for Winnebago County residents only.	Program's description is clear and indicates strong alignment with MHB priorities. Program clearly defines impact. Program clearly demonstrates effective strategies to improve prevention, treatment, and/or recovery efforts of target population(s) and decrease health inequities. Program, project, service need is substantiated with data and urgency level.	Some indication of a defined project description but not well aligned with MHB priorities. Program vaguely or insufficiently outlines its impact on the target population(s). Program minimally demonstrates strategies to improve prevention, coordination, treatment, health inequities, and/or recovery efforts with data. Urgency level is stated.	Program's description is obvious but not clearly stated and/or not aligned with MHB priorities. Program does not demonstrate that it promotes strategies to improve, prevention, coordination, treatment, health inequities, and/or recovery efforts of target populations(s). Urgency level appears inappropriate.
Proposal Outcomes/Evaluation <ol style="list-style-type: none"> 1. Metrics/evaluative methods appropriate to population being served and capacity of organization 2. Current evaluative methods and ability for these to accurately capture outcome data 3. Use of evidence-based practice(s) 	Program defines key outcome domains that are measurable and demonstrate effectiveness for the population served. Outcomes are achieved through use of evidence-based practice(s) and fidelity to models of care. Systems and tools are in place or being developed for this proposal. Evaluative methods can take a range of forms depending on agency mission and capacity.	The program clearly demonstrates ability to conduct outcomes measurement. Reporting tools and processes are clearly defined. Evidence-based practices are clearly utilized. Measurement tools and timeframes are outlined.	The method of data collection, tools or processes are partially stated or not all are in place. Evidence-based or best practices are utilized.	The program does not clearly identify the method of data collection, tools or processes in place to accurately measure outcomes. Systems are unclear or underdeveloped. The program does not utilize evidence-based practices.
Proposal Budget <ol style="list-style-type: none"> 1. Management/general % 	The budget should be realistic and cost	The budget is clearly stated and reasonably cost efficient. There is	The budget is clearly stated with evidence of alternative funding but cost	The budget is not clearly stated and or management cost is above 20%.

<ul style="list-style-type: none"> 2. rate as applicable 2. Sources of supplementary funding 3. Cost per client/family per year as applicable 4. Indirect cost allocation plan 5. Submission of Fee Schedule 	<p>effective. In cases where funding is supplemented by equity or another source this should be documented. Direct and Indirect costs are clearly stated. Most or all of funding goes directly toward the proposal goals and only minimally to management.</p>	<p>evidence of alternative funding streams. Agency followed budget directions. Cost per client appears substantiated. Direct and Indirect costs appear reasonable. Most of the funding goes directly to the program.</p>	<p>efficiency is not addressed or is questionable. The program appears to be serving a minimal number of clients for the total cost requested. Agency followed most budget directions. Direct and Indirect costs are not fully substantiated. Much of the funding goes directly to the project.</p>	<p>Insufficient documentation of supplementary funding. Unduplicated number of clients appears unsubstantiated. Agency did not follow budget directions. Direct and Indirect costs are inadequately substantiated. An unreasonable amount of funding goes to management/overhead.</p>
<p>Agency continued funding</p> <ul style="list-style-type: none"> 1. Compliance history 2. Collaborative initiatives 3. Network council/quality management participant 4. Reporting compliance 5. Copies of audits and options review of compliance reports 6. Program is aligned with WCCMHB and community priorities 7. Use of previous funding is on target 	<p>Applicants should demonstrate a history of contract compliance, collaboration with program partners, no conflict of interest, and program impact consistent with WCCMHB priorities. Staff is competent to provide service and supported with a supervision model.</p>	<p>Applicant met or exceeded program outcomes, has expanded or enhanced program services, and is contract compliant in most if not all areas. Personnel listings including credentials are complete. Program is clearly aligned with priorities and have little to no conflict of interest.</p>	<p>Applicant met the program outcomes and is contract compliant in some but not all areas. Program is moderately aligned with priorities and has little or no conflict of interest.</p>	<p>Applicant has been unable to effectively resolve difficulties in meeting the program outcomes and is unable to demonstrate consistent contract compliance. Program is minimally aligned with priorities or includes conflicts of interest.</p>

Draft