



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Additional Materials for CCMHB
October 25, 2017 Study Session, for:

Agenda Item 6
Agenda Item 7
Additional Agenda Item



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

BRIEFING MEMORANDUM

DATE: October 25, 2017
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2019 Allocation Priorities and Decision Support Criteria

“Everyone else is swimming, diving and frolicking freely, while I’m alone, stuck in a tiny boat, swayed from side to side.”

– Naoki Higashida. *Fall Down Seven Times, Get Up Eight.*

Overview:

The purpose of this memorandum is to propose allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2019, July 1, 2018 to June 30, 2019. The foundations of these recommendations are board discussions, input from citizens, agency representatives, and other stakeholders, and our understanding of the transforming service delivery systems. This document will be shared with stakeholders and provider organizations for their input, and a final draft will be presented for board approval at their November or December meeting.

Statutory Authority:

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

The Operating Environment:

Throughout 2017, the future of health care has been in the news. Many of the proposed plans to ‘repeal and replace’ the Affordable Care Act would have had devastating near-term and long-term effects on Illinois, on Champaign County, and on people who have

intellectual and/or disabilities. Long term supports and services are primarily Medicaid funded. For the moment, no proposed legislation is moving toward a vote, but changes in the enforcement of existing rules are likely to result in increased cost and decreased coverage. The limitations of state appropriations and the uncertain futures of public and private insurance will continue to impact services and systems.

Illinois' Medicaid reimbursement rates remain well below the actual cost of their covered services. Because the rate paid for each service is inclusive and taken as payment in full, providers cannot charge more for a covered service to an eligible client or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community based providers to meet the needs of people who use Medicaid and waiver services. The damage includes a well-known and growing workforce shortage. During 2017, Medicaid Managed Care may come to include DD services, presenting additional challenges for community-based providers, insured persons, and other funders.

As the State of Illinois has shifted its investments from grant contracts to DD waiver programs to capture federal matching revenue, the limitations of the waivers and rates and the changing requirements of Medicaid have impacted how local funding can best support the people it is intended to serve.

Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state, so their enrollment in the PUNS database not only lets the state know who is waiting but also creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

The CCDDDB will work with traditional and non-traditional providers to identify services not covered by Medicaid or the DD waivers but which have been identified by people with ID/DD in their person centered service and support plans and which improve outcomes for individuals and promote a healthier, more inclusive community.

Expectations for Minimal Responsiveness:

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

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late applications will not be accepted.*
3. Application must relate directly to intellectual/developmental disabilities programs, services, and supports. How will it improve the quality of life for persons with ID/DD, including those with co-occurring conditions helped by treatment?
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program/service or are maximized. Other potential sources of support should be identified and explored.

“Spoken language is a blue sea. Everyone else is swimming, diving and frolicking freely, while I’m alone, stuck in a tiny boat, swayed from side to side. Rushing towards me are waves of sound... When I’m working on my alphabet grid or my computer, I feel as if someone’s cast a magic spell and turned me into a dolphin.”

– Naoki Higashida. *Fall Down Seven Times, Get Up Eight.*

At the center of our work are people with conditions which isolate them. Naoki Higashida is such a person, reminding us about the power of specific supports to create access to and from the broader community. As an informed purchaser of service, the CCDDDB considers best value and local concerns when allocating funds. Direct input from Champaign County residents who have ID/DD and who use or seek services is rare. Through ‘consumer’ needs surveys, we hope to learn about the supports and services people currently use and those they want and need; these results may be available in spring 2018.

Overarching Priorities:

Inclusion and Integration

All applications for CCDDDB funding should reflect movement toward community integration and away from segregated services and settings. Fullest inclusion aligns with changes in the regulations governing the Center for Medicare and Medicaid Services (CMS) Home and Community Based Services, implementation of Workforce Innovation and Opportunity Act provisions, and Department of Justice Olmstead findings.

In a self-determined, integrated system, with various types of support:

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

The majority of funded ID/DD programs will be required to report on specific services delivered, demonstrating the complicated service mix and utilization patterns. Applications will also be required to include measurable objectives, goals, and timelines.

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. A Cultural and Linguistic Competence Plan is required of each applicant organization, and the online system holds a template aligned with requirements of Illinois Department of Human Services. The template has been modified for PY2019 so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved minority populations and people living in rural areas should have the opportunity to use quality services; outreach strategies should be identified.

Inclusion and Anti-Stigma

Applications should describe how the program contributes to reduction of the stigma associated with I/DD. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of declining State and federal support. The personal cost of stigma is mirrored by the cost to our communities. The CCDDDB is interested in creative approaches toward increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Outcomes

Each application's program plan narrative will identify measures of access for people seeking to participate in the program and outcomes which will result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are now available online. Organizations which are required to report on particular outcomes to other funders may consider including those outcomes, if relevant, in the application for CCDDDB funding.

Coordinated System

Without a central location for all services and all providers, and given the known limitations of online resource guides, applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.), including distributing information regarding another agency's similar services with individuals on waiting lists and a commitment to updating information about the program in any resource directories.

Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will include detail about the relevance of all expenses, including indirect costs. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Person Centered Planning (PCP)

Applications should reference a PCP process aligned with DHS guidelines for PCP. The Person Centered process can be described as finding the balance between what is important to a person and what is important for a person. It is a way to identify strengths, preferences, needs (both clinical and support needs), and desired outcomes of a person. Person Centered Planning includes the Discovery Tool and process, the Personal Plan, and Implementation Strategies and must:

- be driven by the person;
- ensure that service delivery reflects personal preferences and choices;
- include evidence that setting is chosen by the individual;
- assist to achieve personally defined outcomes in the most integrated setting;
- contribute to the health and welfare of the person receiving services;
- include opportunities to seek employment and work in competitive integrated settings, if employment is desired;
- include opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as those not receiving Medicaid Home and Community Based Services, if such opportunities are desired;
- include risk factors and measures to minimize risk;
- be written in plain language that can be understood by the person who receives services and their guardian;
- reflect cultural considerations;
- and include strategies for solving disagreements.

To the extent possible, CCDDDB funding will be associated with people rather than programs and will focus on PCP-driven supports and services. Case management supports should be documented in a personal plan, which is directed by the person receiving services and reflects DHS guidelines for the Person-centered Plan.

Workforce Development and Stability

The board's investments in other priorities are contingent on a stable and qualified workforce. The challenges to attracting and retaining this workforce follow from Illinois' inadequate investment in community-based services, in particular through low Medicaid rates. During 2017, a wage increase was approved and incorporated into the rates; this small step toward strengthening the workforce is important but may not be enough. Communities across the country, including those with somewhat healthier ID/DD investments, struggle with the workforce shortage. The board seeks to emphasize efforts to reward this important work with competitive wages and advancement opportunities. Applications should propose creative solutions for recruitment and retention of direct support staff. Systemic problems associated with the workforce shortage include:

- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;

- turnover has significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff as the need for their services increases in other systems (e.g., care of older citizens.)

FY2019 CCDDDB Priorities:

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

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding. Conflict-free Case Management is a requirement for all Home and Community Based Services, and intensive case management services have demonstrated value for people with I/DD as they define their own goals and how to achieve them. As the DD population continues to age and people have more complex support needs or have co-occurring conditions, applications which reflect more intensive case management supports will be prioritized. Applications should include meaningful measures of outcomes, such as people receiving the benefit, service, or support requested as a result of agency provided linkage and referral activity. Advocacy, linkage, and other service coordination activities should have minimal or no conflict of interest. In addition, with the established ongoing success of the disAbility Resource Expo, applications to coordinate the planning, implementation, and evaluation of the event will be considered.

Priority: Employment Services and Supports

Applications featuring job development and matching, job coaching, job skills training in the community work settings, and innovative employment supports will be prioritized. These should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people's specific employment aspirations and abilities, in the most integrated community settings possible. Community employers who understand the benefits of employing people who have I/DD may be identified and cultivated to successfully employ people who have disabilities. Applications for employment supports should be associated with measures of outcome such as increased hours, promotion, new job, new job skills achieved as a result of the support, or number of individuals placed with community employers who have completed LEAP certification.

Priority: Non-Work Community Life and Flexible Support

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

Priority: Comprehensive Services and Supports for Young Children

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

Priority: Self-Advocacy and Family Support Organizations

Nationally only 11% of people with ID/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. Applications highlighting sustainable self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other allies will be prioritized. Activities may center on: improved understanding of I/DD, supports, and rights; peer mentoring; navigating the system of care; social connections; engaging in system advocacy; and distributing up to date information to new families and the relevant professionals.

Priority: Expansion of Independent Community Residential Opportunities

The CCDDDB encourages efforts to support people who have disabilities to live in settings of their choice with staff supports and the use of natural supports. Applications offering creative approaches to expanding independent community living opportunities in Champaign County will be a priority.

Secondary Decision Support and Priority Criteria:

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

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by people with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. Staff Credentials: Applications highlighting staff credentials and specialized training.
4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDDB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCDDDB funds are to be used to meet a match requirement, the

funder requiring local match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations:

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

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable citizens, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCDDDB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.

- Applications and submissions become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY2019, two-year applications will be considered as part of the award process.

7.

May 3, 2017

Dear Colleagues

Thanks to everyone for their impressive efforts as primary and secondary reviewers on 8-10 proposals last Wed. and for your willingness to stay until 8:30. Lynn has sent the agencies the questions raised in our discussion and they have been asked to provide written responses by end of May 8. Staff then plan to compile the responses and send them out to all of us. Please be sure to read the responses that respond to the proposals for which you are the primary and secondary reader. (You can read all responses if you have time.) Of course this has to be a fast turnaround for the May 17 study session, so you may need to check email for updates as well as postal mail—the packet will be mailed May 10.

The goal of the study session is to have primary and secondary reviewers make brief statements about the agency response to questions posed and to clarify responses if needed. Board members may make comments as well. The agencies will be invited to attend but not required to be there. If you ask the agency whose proposal you reviewed a clarification question, Lynn may ask that the agency respond briefly to ensure there is enough time to go through each proposal for which there were questions. This study session is **not** a decision-making session—it's a chance to gather additional information and provide feedback as a board to the staff about support, concerns, etc. regarding each application. Elaine Palencia, as vice-president, will lead the study session. (I will be out of the country).

The goal of the **May 24** session is to make **funding recommendations**. These decisions will require a roll call vote. Lynn and staff will have composed a funding memo with their recommendations on proposals based on the 5 tiers supported by MHB funds. A sixth tier of “not recommended for funding” also will be included. Staff will prepare recommendations that remain within the funding allocation, which means that close to 900K of requests cannot be funded. The May 24 discussion will proceed by Tiers (as done last year). Members of the board can request that a proposal be pulled from a tier for additional discussion and a separate vote from the tier vote. Those pulled out of the tier, will be discussed and voted on individually (approve, disapprove, modify or defer). The remaining proposals in the tier can be voted on as a group in order to expedite the process. We will also vote on Tier 1, (the 17.06 % of the MHB budget designated for disability-related issues). The DDB will make a recommendation to Lynn and staff about funding which our Board will review and discuss.. Again, we can vote to approve the tier or pull out specific applications for further discussion and individual vote. This is a public meeting and it may go very quickly if there is general agreement on the tiers or take considerable time. **May 31 is a back-up meeting**, if we are not able to conclude voting on May 24.

Lynn has shared her concern that once again, based on discussion at the May 17 meeting, she and her team will have a very short turnaround to make the funding recommendations for the May 24 meeting and the posting of materials for your review on website. They will need a day or two to send out the packet for May 31 and mail is not delivered on May 29, Memorial Day. You will have more time to review the remaining issues if you check the website for staff recommendations. We have reserved **May 31 to “finish up”** any pending decisions on funding. The staff then have the first two weeks in June to prepare contracts for the agencies and negotiate them in order to ensure that funding flows on July 1. Elaine Palencia will be chairing the May 24 meeting and I will chair May 31.

This is a long memo to explain that we still have a lot to do in a short time and to encourage everyone to “stay tuned” as we try out this process. We definitely will de-brief (staff and board members) about how the process worked or didn't and can be improved or changed. And I'm sure we'll hear from agencies as well. Thank you again for your active involvement.

Susan Fowler, President

CCMHB review matrix

Name	Fy 18 Priority 1,2, 3,4	Overarching Priorities, Underserved, Inclusion/antistigma Budget -program connection;	Secondary Approach/ innovation	Second Staff credentials	Second Resource leverage	\$ N/C	comments
PCHS Fresh Start	2 sys of care youth and families 3 behavioral health support for adults w justice system	Underserved high risk males leaving justice system/C/U focused	Intensive case management Assessment to match with community providers, natural supports, brrriers to employmt, housing, hc	Case manager supervisedby clinical director Credential of c-m should be provided	Sole funder 88% Costs are personnel no leveraging v imp to community coalition - future contributions likely needed to expand	Yr2 3% incre	Based on Kennedy's Dnt shoot model— has recruited 2 sets of participants— high priority in 17 to reduce gun violence; ? participants who are retained?

DRAFT CCMHB 4/26/17 Board Member Questions on FY18 Applications

CAC – N/A

CCRPC – JSDS

1. How was the target for number to be served (TPCs) determined? What is the basis for setting that as the target?
2. What services will clients be referred to? Will clients access/engagement in the referred service be tracked?
3. What relationship or collaboration is planned with Courage Connection services provided at CSCNCC?
4. What plans are in place to collaborate and coordinate with the Rosecrance Co-Responder Team program, if both programs were funded?

CCRPC – YAC

1. What is the role/purpose of the new law enforcement trained position?

CUAP – CU Neighborhood Champions

1. What effort has been made to secure other funding?
2. How will the increase you have asked for be used?
3. How will the Champions use the skills learned through training?
4. What outcomes result from the Champions using their skills?
5. What collaborations or other partnerships have been pursued that could reduce costs of the program?

CUAP – TRUCE

1. Why is there such a large increase requested? How will the increased funds be used?
2. How does TRUCE collaborate with CU Champions?

DREAAM House

1. Where are services delivered? What locations?
2. What are the other sources of revenue? And explain why there is a budget surplus for the program?
3. What is the role of the Community Foundation?
4. What is the process for referral, screening, and engagement in the program? What is the expected length of engagement?
5. What relationship does the program have with other afterschool programs?

CSCNCC – Resource Connection

1. Does Rosecrance have a presence at the CSCNCC? And to what extent?
2. How many clients/people are reached through social media?

Courage Connection

1. What relationship or collaboration is planned between Courange Connection services at CSCNCC with Justice System Diversion Services CCRPC has proposed to serve Rantoul?

Crisis Nursery – Beyond Blue

1. Why is there not financial participation from the Champaign County Board of Health (BoH)? Was the BoH approached about supporting the program for FY18?

Cunningham Children’s Home – The Resiliency Project

1. Does the program have a relationship with Head Start? Collaboration?
2. Why is the CCMHB the sole funder for the program?
3. How will CCMHB funds be used to leverage other funds?
4. Will third party payers be used first? Can other agency’s funds be used first?

DMBGC – CU Change

1. What are the timeframes for referral, screening, and engagement?
2. Program is similar to Mahomet Area Youth Club and Urbana Neighborhood Connections but much more expensive, why is that? Justify the higher cost?
3. Budget also needs corrections.

DMBGC – Summer Youth Initiative

1. How do you assess all 14 programs?
2. Clarify what you mean by subcontracting? Are you providing scholarships? Describe the purpose of the program in more detail?

DMBGC – Youth and Family Services

1. What are the outcomes for youth and families and how are they measured to demonstrate success?
2. What are the outcomes for systems change and how are they measured to demonstrate success?
3. What are the staff qualifications to do the work with families and on systems?
4. Clarify the differences between the Youth and Family Services program and the CU Change program? Target population? Services provided?
5. Why is the cost per client served so high?

ECIRMAC—N/A

Family Service – Counseling - N/A

Family Service – Self Help Center - N/A

Family Service – Senior Counseling and Advocacy

1. How are they serving persons with a developmental disability? How many?
2. Is the elderly population 75 and older living in poverty growing?

First Followers

1. What is the justification for hiring a part-time drop-in center coordinator?
2. Why is the CCMHB the only source of funds used to pay program expenses?
3. Clarify the need for the for a reentry guide when the Education Justice Program already has one?

GROW in Illinois

1. Address the issues raised in the program summary regarding the budget, for example, no funds allocated for an audit?
2. What efforts have been made to leverage other funding? Where else have you applied for funding?
3. How are plans progressing for adding more groups? At the jail? In rural Champaign County?
4. Identify outcomes and how they will be measured to demonstrate success of the program?
5. Are you implementing the GROW model? Describe how groups are run and what other information/materials will be accessible through the program?
6. How do you find new leaders and expansion of groups?

MAYC – BLAST

1. Can non-public school students participate in the program?
2. What connection or collaboration is there with Don Moyer Boys and Girls Club?
3. Explain how you evaluate success of the program? What are the specific measures used?

MAYC – Members Matter!

1. What are the outcomes for youth and how are they measured to demonstrate success?
2. What is the process for referral, screening, and engagement in the program? What is the expected length of engagement?

PCHS – Criminal Justice Substance Use Treatment

1. How does this program relate to and coordinate with the Rosecrance Criminal Justice program?
2. Is there redundancy or duplication with Rosecrance in who is being served?

PCHS – Fresh Start

1. Are there opportunities to leverage other funds and if so explain?
2. Of the participants, how many have remained engaged? For those engaged what outcomes have been achieved?
3. How do you expect this program to be funded in the future?

PCHS – PLL-EC

1. At what point can this program be manualized?
2. Can the PLL program operate autonomously from Savannah Family Institute?
3. What other evidence based models exist to PLL that can provide similar results?

PCHS – Prevention

1. Why isn't the Urbana School District funding the services previously supported through the 21st century grant the District was awarded?
2. How are program outcomes measured and evaluated?

PCHS – Specialty Courts

1. What services are available to Drug Court graduates? Do they continue to engage in treatment following graduation?

PCHS – Youth Services

1. What effort is made to leverage other funding?
2. How is staff turnover being addressed?
3. How are PCHS and Rosecrance working to avoid duplication and supporting cross-referrals?

Promise Healthcare – MH Services with Promise - N/A

Promise Healthcare – Wellness and Justice

1. Is exercise included as part of the wellness effort/services?
2. Do you partner with First Followers?
3. Do you coordinate services with the criminal justice providers in the jail?

RACES – Counseling & Crisis Services

1. How financially stable is the agency now, considering the lack of a state budget?

Rosecrance – Anti-stigma Education and Recovery

1. Is the proposal duplicative of other services and ways of accessing information?
2. Provide the credentials and qualifications of staff involved with the program?
3. Why is Ebertfest included as part of the proposal?

Rosecrance – Co-Responder Team

1. Address the question of information sharing between members of the co-responder team? Does this present a legal issue associated with confidentiality?
2. Explain how funding a law enforcement officer is the responsibility of the CCMHB?
3. Why isn't the Crisis, Access, and Benefits contract already supporting a community based response by the crisis team?
4. What plans are in place to collaborate and coordinate with the CCRPC Justice System Diversion Services program in Rantoul if both programs were funded?

Rosecrance – Criminal Justice

1. How does this program relate to and coordinate with the Prairie Center Criminal Justice Substance Use Treatment program?
2. What other funding sources have been considered as a source of support for the program?
3. How does the program coordinate with other agencies and providers in the community?

4. Clarify how the \$300,000 is to be used?

Rosecrance – Crisis, Access, and Benefits

1. How does the current contract support interaction with law enforcement?
2. What is the CCMHB paying for related to crisis services? Other activities?
3. How does Rosecrance plan to coordinate services between the Crisis, Access, and Benefits program and the proposed Co-responder Team?

Rosecrance – PLL-FE

1. Can this program ever be what is considered locally owned?
2. What other evidence based models exist to PLL that can provide similar results?

Rosecrance – Substance Use Services Program

1. How is this program different from the services provided by Prairie Center?
2. Does it duplicate services provided by Prairie Center?
3. How will Rosecrance and Prairie Center coordinate services?

Rosecrance – Transition Housing CJ

1. Clarify what the CCMHB is paying for under this request.
2. Does the program coordinate with the First Followers program?

Rural Champaign County Special Education Cooperative - disAbility Resource Expo

1. Provide clarification on the subcontracts and more data on needs
2. Provide more information on the website including if it any duplicates other websites.
3. How was the amount requested determined?

The UP Center – Children, Youth, & Families

1. Provide an explanation of how The UP center staff positions are funded.

UCP-LL – Vocational training and Support

1. What are the staff's qualifications or work experience that prepare them to assist persons with a mental illness?

UNCC – Community Study Center – N/A

Extra Agenda Item

Indirect Cost Rate Examples: Excerpts from CCMHB FY18 Application Budget Narrative Forms

Example #1

Administrative indirect cost is applied at an approved rate only to direct salary dollars. This rate covers rent, utilities, administrative support, equipment/furniture, insurance and other costs associated with office overhead, and it is currently 45% on 100% of salaries. Annually, this rate is reviewed and approved by the Illinois Department of Commerce and Economic Opportunity. For purposes of the Champaign County Mental Health Board request for this program, indirect cost has been applied at a rate of only 20% on 100% of salaries.

Example #2

Admin Costs (Management & General) – Admin Costs are included in the corresponding 708 cost categories at a rate of 17% for FY18. Admin costs are costs that the organization incurs that benefit the organization as a whole which cannot be directly related to a program, but are necessary in order for the organization to appropriately manage the business. Examples are:

- Administrative and Financial Staff not hired for any specific program such as accounting, operations, human resources and quality management
- Occupancy costs associated with Admin staff
- Management Fees (management of total Agency's finances and operations)

All expenses have both a direct an indirect cost component. The indirect cost component is allocated to the expense line item in accordance with our agency cost allocation formulas.

Program Costs

- Costs that are directly related to program services and/or clients or are vital to the existence of the program.
- Direct Program Costs - are normally costs incurred while working with the clients or providing a service.
- Indirect Program Costs – allocated costs resulting from requirements of the funding agency or costs necessary to facilitate the program. Occupancy related costs are allocated on the basis of square footage; personnel related costs are allocated on the basis of FTE's or relative cost of salaries.

Indirect Professional Fees/Consultants may include audit and accounting fees, payroll processing fees, employee benefits administration, employee verification services, computer consultants, marketing and development, employee tests and TB vaccinations.

Indirect Consumables may include the cost of consumables shared across multiple programs such as office supplies and janitorial supplies.

Indirect General may include telephone, cell phones, books and subscriptions, postage, printing, general liability insurance, and recruiting expenses.

Indirect Occupancy may include building and grounds maintenance, utilities, janitorial service, equipment maintenance and repairs, and rent.

Indirect Travel costs include vehicle maintenance, repairs, and fuel.

Indirect Equipment includes the cost of small equipment, computer hardware, and computer software.

Example #3

Indirect Wages for those current staff that will participate in the program:

HR Manager, HR Assistant/Receptionist, Accounting and Payroll - total of \$1,945

These positions serve as support for hiring, paying, and supervision of the program staff.

Payroll taxes for these positions are calculated.

No fringe benefits for these positions are included.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS

INTRODUCTION

It is the policy of the Champaign County Mental Health Board (CCMHB) that services should be provided in the least restrictive environment appropriate to the needs of the individual client; that CCMHB funding support shall be community based; and the CCMHB will coordinate its planning and funding efforts with governmental and non-governmental providers of services.

Funds allocated by the CCMHB shall be used to contract for mental health, developmental disability and substance abuse treatment services for Champaign County residents pursuant to the authority contained in the Community Mental Health Act, ILCS, Chapter 405, Act 20, Section 0.1, et.seq.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

(1) Eligible Applicants for CCMHB Funding

Applicants for funding may be an individual or a public or private entity providing mental health, developmental disability or substance abuse treatment services to residents of Champaign County.

An individual who is appropriately certified or licensed by the applicable state or national board or organization that demonstrates financial reliability and stability and who demonstrates appropriate service, fiscal and administrative accountability is eligible to apply for funding.

Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. No staff member of the agency or relative of a staff member will be allowed to serve on the agency board.

For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCMHB.

The CCMHB may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards

defining the purpose, term, payment and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCMHB. The management of such funds will comply with the CCMHB Funding Guidelines.

Government agencies are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available.

Departments and units within the University of Illinois and Parkland College related to the disability areas included in the mission of the CCMHB are eligible to apply.

Administrative Requirements of Applicants:

- (a) Corporate by-laws at a minimum shall: encourage consumer representation on the board, specify the number of members of the board and include a mandatory board rotation policy approved by the CCMHB, reference term limits for each board office, describe policies for recruitment, nomination and election of board members and officers, address removal and replacement of board members, include an indemnification clause and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCMHB, and if approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors or in any other respect on the basis of race, color, religion, gender, sexual preference, national origin, ancestry or disability. Services shall not be denied based on a client's inability to pay.
 - (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, physical or mental disability unrelated to ability.
 - (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, physical or mental disabilities unrelated to ability be made against an organization receiving funds, its employees or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCMHB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waiveable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining

agreement. Failure to comply with this provision shall result in immediate termination of the contract.

- (iii) The CCMHB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCMHB, its agents, or employees to enforce it, the CCMHB assumes no responsibility for enforcement of, or compliance by the recipient organization with, any applicable federal, state or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCMHB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees and premised on the CCMHB's provision of these funds.
- (d) Shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services. Said agreements must be updated and on file annually. Because of the CCMHB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCMHB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program has significant interaction may be required by the CCMHB.
- (e) Make available copies of site, monitoring compliance, licensure/certification, evaluation and audit visits performed by any funding authority for annual inspection.
- (f) Cooperate fully in program evaluation and onsite monitoring as conducted by CCMHB staff pursuant to the mandate contained in the Community Mental Health Act.
- (g) Make available for annual inspection by the CCMHB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCMHB.
- (h) Make available for annual inspection by the CCMHB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services or any other funding authority.
- (i) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement.
- (j) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.

- (k) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
- (l) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
- (m) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health and safety requirements.
- (n) All programs shall certify that they do not use CCMHB funds:
 - To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation.
 - For direct or indirect medical (physical health) services that are not related to mental health, substance abuse or developmental disabilities.
 - For programs or services under the jurisdiction of public school systems.

(2) Accreditation Requirements for Eligible Applicants

All CCMHB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services.

For example, the CCMHB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission of Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations and Commission on Accreditation of Rehabilitation Facilities.

Accredited agencies and programs shall provide the CCMHB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCMHB staff shall determine what documents and correspondence are relevant for the CCMHB monitoring purposes.

(3) Organization Requirements in Lieu of Accreditation

All CCMHB funded agencies and programs not accredited by a recognized accrediting body, shall provide the CCMHB with copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCMHB staff may develop, make available to agencies and periodically review a set of compliance indicators.

(4) Organization Board meetings

Agency governing boards must notify the CCMHB of all board meetings, meet in session open to the CCMHB, with the exception of sessions closed in conformity with the Open Meetings Act and provide CCMHB with copies of minutes of all open meetings of the governing board.

(5) Fiscal Requirements for All Applicants

- (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts and risk management.
- (b) An approved provider plan indicating projected levels of expenses and revenues for each CCMHB funded program.
- (c) CCMHB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. For grant-in-aid contracts, CCMHB funds in excess of actual reimbursable expenses by the program are subject to recovery.
- (d) The organization must not deny Champaign County residents access to CCMHB funded services regardless of their ability or inability to pay.
- (e) Organizations will establish and maintain a modified accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries and audit trails.
 - All accounting entries must be supported by appropriate source documents.
 - All fiscal records shall be maintained for five (5) years after the end of each contract(s) term.
 - Amounts charged to CCMHB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records for individual employees.
 - The salaries and position titles of staff charged to CCMHB funded programs must be delineated in a personnel matrix attachment to the contract.
 - The CCMHB may establish additional accounting requirements for any funded programs.
 - CCMHB funds may only be used for expenses that are reasonable, necessary and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCMHB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCMHB funded program must be allocated to all programs, both funded and non-funded.
 - The following is a listing of non-allowable expenses:
 - (1) Bad debts;
 - (2) Contingency reserve fund contributions;
 - (3) Contributions and donations,
 - (4) Entertainment;
 - (5) Compensation for board members;
 - (6) Fines and penalties;
 - (7) Interest expense;
 - (8) Rental income received must be used to reduce the reimbursable expense by CCMHB funds for the item rented;

- (9) Capital expenditures greater than \$500, unless funds are specified for such purpose;
 - (10) Supplanting funding from another revenue stream. The boards may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
 - (11) Expenses or items not otherwise approved through the budget or budget amendment process;
 - (12) Expenses incurred outside the term of the contract;
 - (13) Contributions to any political candidate or party or to another charitable purpose;
 - (14) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% of the non-administrative portion of the budget;
 - Any indirect administrative costs that exceed those approved in the program/service budget;
 - (15) The CCMHB at their discretion may elect not to fund an application based on what is deemed to be in the best interest of the county;
- (f) Each agency is required to have an annual audit unless otherwise waived by CCMHB, as of the close of its fiscal year. The audit is to be performed in accordance with generally accepted auditing standards by an independent certified public accountant registered by the State of Illinois. The resultant audit report is to be prepared in accordance with generally accepted auditing standards and “Government Auditing Standards,” issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations and changes in fund balances. The report shall also contain the auditor’s opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated.
- (g) The following supplementary financial information shall be included in the audit reports: (Failure to do so will make the report unacceptable.)
- Schedule of Operating Income by Program: This schedule is to be developed using CCMHB approved source classification & modeled after the agency plan. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as “State of Illinois” or “Federal Government.”
 - Schedule of Operating Expenses by Program: This schedule is to be developed using CCMHB approved operating expenses categories & modeled after the agency plan. The statement is to reflect program expenses in accordance with CCMHB reporting requirements including the reasonable allocation of administrative expenses to the various programs.

- CCMHB Payment Confirmation: CCMHB payment confirmation made to an agency required by the independent auditor during the course of the audit is to be secured from the CCMHB office.
 - Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by Program and Operating Expenses by Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.
 - Capital Improvement Funds: If the agency has received CCMHB capital improvement funds during the last year, the audit shall include an accounting of the receipt and use of those funds.
 - Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCMHB's funding. Copies of these communications are to be forwarded to the CCMHB with the audit report.
 - Filing of Audit Report: The audit report is to be filed with the CCMHB within 120 days of the end of the agency's fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year.
 - Request for Exceptions: A request for exceptions to these audit requirements or for an extension of time to file the audit report, must be submitted in writing to the executive director of the CCMHB. In all cases, approval shall be obtained prior to extensions and/or exceptions being implemented.
 - Penalty: Failure to meet these audit requirements shall be cause for termination or suspension of CCMHB funding.
 - Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit, related records must be retained until the matter is completely resolved.
- (h) At the discretion of the CCMHB, audit requirements may be waived for contracts with consultants, family support groups or other special circumstances. The waiver provision shall be specified in the contract.

ALLOCATION AND DECISION PROCESS

1) All CCMHB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the

CCMHB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities and criteria.

The CCMHB application for funding process shall include the following steps:

- (a) Public notification of the availability of funding shall be issued via the News Gazette during the month of December. This announcement will provide information necessary for an organization to submit an application for funding and how to *access* application materials.
- (b) Funding priorities and criteria will be approved no later than the December Board meeting.
- (c) All potential applicants must register with the CCMHB. Information on the registration process will be provided by the CCMHB upon request. Access to application forms and instructions follows completion of the registration process.
- (d) Technical assistance will be made available upon request at any time prior to the due date of the application predicated on staff time available.
- (e) Completed application(s) will be due in the month of February on a date specified in the public notice and by clicking the Agency Links button on the CCMHB/CCDDB web-page.
- (f) Access to application(s) will be provided to member(s) of the CCMHB upon a member(s) request and in a medium preferred by the member.
- (g) The CCMHB may require some or all applicants to be present at the April Board meeting to answer questions about their application(s).
- (h) Staff will complete a summary of each application for review and discussion by the CCMHB at the April Board meeting. Program summaries will include fiscal and service data, needs assessment and expected outcomes in relation to the funding priorities and criteria, CCMHB Three Year Plan and Program Service Plan. In addition, a decision support “match-up” process comparing the application to established and contemporaneous CCMHB criteria will be provided.
- (i) Staff will complete preliminary funding recommendations for CCMHB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCMHB shall review, discuss and come to a decision concerning authorization of funding and a spending plan for the contract year.
- (j) Once authorized by the CCMHB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, the staff is authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, and the CCMHB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCMHB as part of the funding priorities and criteria.
- (k) Allocation decisions of the CCMHB are final and not subject to reconsideration.

- (l) The CCMHB does not consider out-of-cycle funding requests or proposals.

THE AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures:

Agencies awarded CCMHB funds shall receive a letter of notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, the services to be delivered utilizing the funds and any additional conditions, stipulations or provisions attached to the award.

2. Contracting Format and Implementation Procedures:

The contract shall include the boilerplate (i.e., standard language and provisions applicable to all contracts), the program plan, personnel matrix (if applicable), rate schedule (for fee for service contracts), budget and required financial information. Completion of the contract requires the signatures of authorized representatives of the CCMHB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

3. Types of CCMHB Contracts:

- (a) Grant Contract.

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a grant based contract is subject to re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCMHB to redirect funding in response to a change in goals, objectives or priorities.

The decision to use the grant contract format rests with the CCMHB and is based on the appropriateness of this format with the objectives of the program plan.

- (b) Fee for Service Contract.

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCMHB contracts will establish rates based on those used by the State of Illinois (e.g., Part 132, Medicaid Community Mental Health Services Program).

- (c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e.,

deliverables). Approved expenses associated with the consult shall be defined in the contract and included as a portion of the overall contract maximum.

(d) Special Initiative Contract

This type of contract is used for all applications that are not identified as “Tier One.” The format can be either grant or fee-for-service and is subject to the same terms as described in the boilerplate. All approved applications from “new” providers shall be classified as special initiatives.

(e) Capital Contract

Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.

(f) Intergovernmental Agreement

The CCMHB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.

4. Incumbent contracts identified as “Tier One” shall receive priority consideration for funding. These contracts are typically related to a core mental health, substance abuse or developmental disability program/service.
5. “Tier Two” contracts are subject to redirection of effort based on CCMHB priorities and defined funding criteria.
6. “Tier Three” contracts may be subject to reduction or termination.
7. Contract Amendments: The need for a contract amendment is driven by a change in conditions delineated in the original agreement. The provider is required to report changes that modify the administrative structure and/or implementation of the program plan. It is recognized that programs are dynamic and it is prudent to make budget and program adjustments to better meet overall goals and objectives. The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCMHB Executive Director.

In general, decisions about most amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. At their discretion, the Board President or the Executive Director may ask for a full CCMHB review and approval of a proposed amendment at the next regularly scheduled meeting.

Proposed amendments that increase or decrease an agency’s total allocation shall require the formal approval of the CCMHB. Related redirection amendments specific

to supporting said increase or decrease shall be brought to the Board's attention as well.

Proposed amendments that redirect approved dollars between Agencies shall require the formal approval of the CCMHB.

GENERAL REQUIREMENTS FOR CCMHB FUNDING

1. CCMHB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCMHB funds to establish or add to a reserve fund.
3. If the provider accumulates CCMHB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.
4. CCMHB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the explicit purpose of the contract, or is approved as part of the program plan.
5. CCMHB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCMHB. Request for advance payment will follow the contract amendment process.
6. Providers shall maintain accounting systems, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCMHB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
7. Providers shall notify the CCMHB of any applications for funding submitted to other public and private funding organizations for services funded by the CCMHB that could result in a funding overlap.
8. Provider Reporting Requirements:
 - (a) Financial and service reporting requirements are delineated in the contract boilerplate and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service and grant contracts. Monthly billing is required for fee for service contracts.
 - (b) Change in the Provider's corporate status shall be reported within 30 days of the change.
 - (c) Change in the Provider's accreditation status shall be reported within 30 days of the change.

- (d) The Provider shall notify the CCMHB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
- (e) Additional reporting requirements may be included as provisions of the contract.

9. Monitoring and evaluation:

- (a) CCMHB staff shall conduct Provider financial site visits no less than once a year and program site visits no less than once a year for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program *and Financial Plan*.
- (b) CCMHB may survey all non-accredited agencies and programs for compliance with CCMHB Requirements in Lieu of Accreditation on an annual basis.
- (c) CCMHB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews and special studies.
- (d) The primary responsibility for on-going evaluation of services rests with the agencies and programs. In order for the CCMHB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCMHB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
- (e) Additional monitoring and evaluation activities may be included as provisions of the contract.

10. Non-Compliance with the Terms and Conditions of the Contract

The CCMHB Executive Director or their representative shall notify the Provider Executive Director and Board President in writing of any non-compliance issue. The Provider shall correct the deficiency or provide a corrective action plan within 30 days of receipt of the notification. Upon approval of the plan, CCMHB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to suspend, reduce or terminate funding.

- (a) Suspension of Funding: Cause for suspension of funding shall exist when the Provider: (1) fails to comply with terms of the award letter; (2) fails to comply with terms and conditions of the contract, or; (3) fails to comply with CCMHB monitoring and reporting requirements. The following procedures will be followed in the process of suspension of funding:
 - i. The Provider Executive Director and Board President shall be notified in writing, via certified mail, return receipt requested, by CCMHB staff that the agency funding has been suspended.
 - ii. The notification of suspension will include a statement of the requirements with which the Provider is in non-compliance, the effective date of the suspension, and any conditions deemed

appropriate for the agency to meet before termination of the suspension.

- iii. The Provider shall respond in writing to the CCMHB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
 - iv. The Provider may be requested to appear before the CCMHB.
 - v. Failure to respond as required shall be just cause for reduction or termination of funding.
 - vi. A suspension of funding shall remain in effect until the non-compliance leading to the suspension has been corrected or until the agency demonstrates the necessary corrective action is being taken, all to take place within ninety days of the notification of suspension.
- (b) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a Provider fails to expend CCMHB funds or deliver services in accord with the Grant or Fee for Service contract or the approved Agency Program and Financial Plan. The following procedures will be followed in the process of reduction of funding:
- i. The reduction of the grant amount shall be in an amount determined by the CCMHB.
 - ii. The Provider Executive Director and Board President shall be notified, in writing, via certified mail, return receipt requested, by CCMHB staff that the contract maximum is being reduced.
 - iii. The notification of reduction will include a statement of the cause for reduction and include the amount by which the grant amount is reduced.
 - iv. Within thirty days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced.
- (c) Termination of Funds: Due cause for termination of funding exists when a Provider fails to take adequate action to comply with CCMHB requirements within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCMHB as stated in the notification of award; the contract; the applicable provisions of this document; or in the monitoring procedures and requirements of the CCMHB. The following procedures will be followed in the process of termination of funding:
- i. The Provider Executive Director and Board President shall be notified, in writing, *via* certified mail, return receipt requested by the CCMHB Executive Director that termination of funding is being recommended to the Board.
 - ii. The notification of possible termination will include a statement of the requirements with which the Provider is non-compliant; a statement of the actions of the CCMHB taken to urge the Provider to avert termination and move to compliance with CCMHB

- requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
- iii. The Board shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
 - iv. Termination of funding will be undertaken only after the CCMHB has made reasonable effort to reach an acceptable settlement with the Provider.
- (d) Appeal procedures: The CCMHB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may however, delegate monitoring responsibility to other CCMHB staff. The following procedures will be followed in the appeal of suspension, reduction or termination of funding:
- i. The Provider may appeal the decision to suspend, reduce or terminate funding by submitting a written request that details the reasons for reconsideration within fourteen (14) days of being notified of the staff decision.
 - ii. The Executive Director shall review information from both the CCMHB monitoring staff and the Provider in arriving at a decision.
 - iii. Any decision by the Executive Director that a Provider is in non-compliance with provisions of this chapter, shall be communicated in writing to the agency or program within fourteen (14) calendar days of receipt of the appeal.
 - iv. Only decisions by the CCMHB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCMHB. Such appeals must be made in writing by the Provider.
 - v. CCMHB shall review information from the CCMHB Executive Director and the agency or program in arriving at a decision.
 - vi. The agency or program shall be afforded the opportunity to discuss the issue with the CCMHB prior to a final decision.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

All exceptions to the Funding Guidelines must have the prior approval of the CCMHB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCMHB's designee. Requests for exceptions that require the CCMHB's approval must be submitted to the Executive Director for review and submission to the appropriate CCMHB committee. Subsequently, the CCMHB's written decision will be transmitted to the agency.

If the contract and funding guidelines are not in agreement, the contract shall prevail.

Adopted by the CCMHB on 12/15/09