



## ***APPROVED* CCDDDB PY2025 Allocation Priorities and Decision Support Criteria**

### **Statutory Authority:**

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to 14) is the basis for Champaign County Developmental Disabilities Board (CCDDDB) policies. Funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. [CCDDDB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the allocation process which results in contracts for services. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

### **Purpose:**

The CCDDDB may allocate funds for the Program Year 2025, July 1, 2024 to June 30, 2025, using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board may contract with eligible human service providers for programs which further the mission and goals of the Board and fulfill their responsibilities to the public. This memorandum offers:

- Assessed needs and preferences of people who have Intellectual/Developmental Disabilities (I/DD).
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories. Proposals for funding will address at least one.
- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Board in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. In September, an initial draft was presented to the Board and distributed to providers, family members, advocates, and stakeholders. Feedback considered for the final draft:

- Affirmation of the priority categories, from an early childhood provider.

If this or a subsequent version can be approved by the Board prior to December 2023, a Notice of Funding Availability will be published, and the application period will start December 22, giving agencies extra time.

## **Assessed Needs of Champaign County Residents:**

The Boards' [2021 community needs assessment](#) includes survey and qualitative data from Champaign County residents with I/DD and their supporters. As subject matter experts, their observations continue to impact planning and priorities.

Each year, people with I/DD report unmet service needs through the Illinois Department of Human Services – Division of Developmental Disabilities (IDHS-DDD) “Prioritization of Urgency of Need for Services” (PUNS) database. In the July 10, 2023 PUNS report, sorted by County and Selection Detail:

- The most frequently identified support needs are (in order): Personal Support, Transportation, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, and Intermittent Nursing Services.
- 269 people are waiting for Vocational or Other Structured Activities, with the highest interest in community settings.
- 74 are waiting for (out of home) residential services with less than 24-hour support, and 49 are seeking 24-hour residential support.

Also annually, through a CCDDDB contract, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. Highlights of the PY2023 preference assessment, from 268 people:

- People preferred living with family (67%) or alone (36%).
- Despite strong interest in competitive employment/volunteering and joining community groups, only 28% and 36% were doing so.
- The top employment/volunteer preferences were Other (many answers), Retail and Working with Animals, Restaurant/Food Services, and Education/Childcare.
- Recreation preferences included many options currently offered locally.
- 57% were not receiving case management.
- With regard to navigating the system and advocating for themselves, more people indicated lower levels of comfort than higher.

More people are waiting for state funding than in 2022, for every category of service or support. More people need these services within one year and have waited longer than five. Over 140 engage in locally funded programs while waiting. This summer, 36 adults with I/DD in Champaign County were issued letters of PUNS selection.

A **self-advocate satisfaction survey** conducted in 2022 had similar results:

- 62.5% of respondents felt good about supports and services, 25% very good.
- People had positive attitudes toward their staff.
- People were interested in having help with cleaning, exercise, MTD, and employment, and in opportunities for travel, sports events, concerts, zoos, museums, antique stores, and to join a bowling league.
- 19% found it hard to ask for new supports and 6% very hard.
- 25% did not always feel heard when asking for something new.

Self-advocates shared observations with us during a [Joint Study Session of the Boards on August 16, 2023](#). Their input shapes the PY2025 priority categories and ‘best value’ criteria below as well as those of the I/DD Special Initiatives Fund.

## Operating Environment:

Because services and supports available to individuals through other pay sources cannot be funded by the CCDDDB, we are mindful of changes in the **state and federal systems**, particularly the [“Medicaid waiver” programs available through IDHS-DDD](#), and of whether eligible individuals have access to these pay sources. If a service or support responsive to preferences and needs cannot be funded directly, whether due to constraints of the Community Care for Persons with Developmental Disabilities Act, other relevant statutes, state and federal service delivery and payment systems, or workforce or other resource shortage, it may be an important area for legislative and policy advocacy efforts of the Board and staff, with self-advocates and family members and with other organizations.

Much attention is called to **workforce shortages** across the social services and healthcare systems. The I/DD service system was suffering deeply even before the pandemic, which led to loss of service capacity across the country, as detailed in a [report from the Institute on Community Integration](#). CCDDDB staff have advocated for the Bureau of Labor Statistics to establish a distinct classification for Direct Support Professionals (DSPs) so that the necessary competencies may be described accurately, and data collected which might persuade decision makers toward adequate appropriations in the future. An official policy position of the National Association of Counties for two years, this resolution sparked the first-ever discussions of I/DD within this large organization. The [National Association of DSPs also pushed for this legislation](#), and in July 2023, it passed out of committee.

In 2023, the Illinois General Assembly and Governor approved increased wages for DSPs to bolster community-based service capacity, but the increases are not at the level recommended by advocates and by the state’s commissioned “Guidehouse” rates study. Illinois’ reliance on institutional care and the slow growth of home and community-based services (HCBS), those waiver programs which are eligible for federal funding match and which require DSPs, is well-known, and the loss of

community-based service capacity is profound. Relatively small wage increases may not rescue our I/DD service system.

DSP pay will remain far below what workers earn in State Operated Developmental Centers (SODCs), now notorious for reports of serious harm and neglect and inadequate corrective actions by facility administrators. Equip for Equality has issued a report based on their independent monitoring of the SODC so often in the news, “[Choate Developmental Center Repurposing Plan: Why No One Should be Left Behind](#)”. Recommendations are to end new placements in most, develop step-down and forensic units, transition people to least restrictive environments, improve programming, surveillance, and monitoring by Illinois Department of Public Health, etc. The transition to less restrictive environments will require expansion of home and community-based services (HCBS) and its key workforce, DSPs.

In recent years, Illinois has been out of compliance with terms of the **Ligas Consent Decree**, an Americans with Disabilities Act-Olmstead case concerning community-integrated residential settings. [An overview of the class action case](#) is provided by the American Civil Liberties Union of Illinois, and [annual court monitor and data reports](#) are available on IDHS website. The federal court monitor and judge have cited inadequate Medicaid-waiver reimbursement rates as the major cause not only for the state’s failure to meet the terms of the settlement but also for its loss of community-based service capacity. Champaign County has specific concerns regarding the rate structure’s inadequacy to meet transportation needs and whether the more generous rate adjustments being made for Chicago and Springfield area providers should not also apply to Champaign County.

[The Institute on Public Policy for People with Disabilities summarizes](#) the most recent Ligas Court Monitor Report, with several areas of improvement since 2019 but concerns about the Person-Centered Planning, which serves as the basis for funded service activities, and Independent Service Coordination (ISC) systems. Over the objections of many advocates and despite [negative findings by the Office of the Auditor General regarding the 2018-2019 process](#), IDHS-DDD will again determine contracts for their ISC system through a competitive Notice of Funding Opportunity. This workforce is also diminishing due to low state rates, and no legislation has passed which would resolve that. At minimum, the ISC units are gatekeepers to state services, responsible for linkage and eligibility determination/maintenance, but the state contracts also include responsibilities for completion of state-approved Person-Centered Plans, support for those transitioning to adult services, crisis response, and other case management.

The barriers to care which existed prior to the pandemic have not changed: inflexibility of state services, low Medicaid-waiver reimbursement rates; long waiting lists; change fatigue; difficult-to-navigate systems; low provider capacity; pressure on family caregivers. New threats to the well-being of people with I/DD have included:

abrupt loss of services; high rates of infection, serious illness, and death, especially in congregate care; and low access to virtual innovations, for individuals and their supporters, which could have offered continuity of care and social connection.

While COVID-19 was the third leading cause of death in 2020 in the US, it was the **leading cause of death** for people with I/DD. According to a [study published in the Disability and Health Journal](#), contributing conditions were hyperlipidemia and obesity and dementia. Unlike their peers without I/DD, younger people with I/DD experienced this higher COVID-19 mortality burden.

The 2023 report [“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation is not a new concern for those with I/DD and their supporters. It also has role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental/physical health. An article published by the Coalition to End Social Isolation & Loneliness, [“Capturing the Truth Behind Causes of Death”](#) calls for investigation and mitigation.

The pandemic deepened existing flaws in our systems and caused the greatest harm to those who were already not well-served or fully included. People who have I/DD and their paid and unpaid care providers experience these impacts. The toll of social isolation calls for a more trauma-informed approach to all, and solutions to persistent barriers are still needed.

## **Program Year 2025 CCDDDB Priorities:**

During an [August 16, 2023 study session](#), self-advocates offered input for Board planning and possible collaborative advocacy. Their comments and [prior assessment data](#) have informed many aspects of this memorandum, in particular the first seven priority categories. Self-advocates, family members, and their networks are critical to CCDDDB efforts.

Danielle, a Champaign County self-advocate, told us:

... we are happy to talk to funders like the Board about what kinds of services we enjoy, and what can be changed. We are always thankful for the chance to speak on topics like these... Please continue to include us in your decisions on funding, and we will continue to give you our thoughts.

### ***PRIORITY: Self-Advocacy***

Kentrell, another study session presenter, added:

I would like to be a part of more events out of town that give me the chance to be an advocate, like the Speak Up Speak Out Summit. I don't usually have the money to do this on my own, and I would prefer to have another advocate or staff member attend with me.

Human Rights & Advocacy (HRA) Group members also wrote about the need for more funding for advocacy opportunities.

Staff and members of the CCDDDB and CCMHB would benefit from more input from self-advocates, including through a formal advisory council more directly focused on our work, if people were interested in forming one and serving the public in this way.

Nationally, about 90% of care is provided by family, friends, and community rather than through the formal service system. People with I/DD and their families lead improvements of that system and raise awareness of disabilities and of how the system works or fails. People who have I/DD can inform and lead self-advocacy and peer support groups. Families and other supporters can as well. These groups are uniquely effective at:

- improving others' understanding of I/DD and of the rights of people with I/DD,
- peer mentoring and networking,
- developing and sharing information on resources, and
- advocating and directing advocacy at the local, state, and federal levels.

Based on self-advocates' input, a group of interested individuals might receive customized monthly flyers about upcoming meetings or activities and how to attend them. They might also purchase a memorable domain name and, with a professional web designer, create a straightforward, accessible site which collects links to other websites with updated information on community activities, disability-specific resources, public input opportunities, etc. Self-advocates may prefer other methods for finding the information they want when they want it; the value is in increasing self-direction and self-sufficiency.

***PRIORITY: Linkage and Coordination***

When asked what would make daily life easier or better, self-advocates spoke of more information about available resources, services, and eligibility and noted that some public benefits are not adequate and are impacted by other income.

People who are eligible for but not receiving state Medicaid "DD waiver" funding should have access to benefits and resources, including those benefits and resources which are available to people who do not have I/DD. Of interest are:

- Conflict-free Case Management and Person-Centered Planning aligned with federal standards for Home and Community Based Services, to help identify, understand, and secure benefits, resources, and services a person chooses, and
- Intensive case management or coordination, guided by a self-directed plan, for people with complex support needs, e.g., related to aging, physical or behavioral health issue, loss of family member or caregiver, or other traumatic experience.

***PRIORITY: Home Life***

For this and the next four priorities, we consider self-advocates’ input about existing supports they would like to secure, keep, or increase. They frequently mentioned transportation and support staff, along with “people to talk to when I have questions.”

People who have I/DD should have housing and home life matched to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home,
- preparing to live more independently or with different people, and
- given the limitations of community residential options through state waivers, creative approaches for those who qualify for but do not receive these services.

***PRIORITY: Personal Life***

People who have I/DD can choose supports which lead them to personal success and resilience, in the least segregated environment. These might include:

- as with an I/DD Special Initiatives priority, assistive equipment or other accessibility supports and training in how to use technology such as electronic devices, apps, virtual meeting platforms, social media, Internet access, and online privacy/security,
- speech or occupational therapy,
- respite or personal support in the individual’s home or other setting of their choice,
- training toward increased self-sufficiency in personal care, and
- strategies to improve physical and mental wellness.

***PRIORITY: Work Life***

People with I/DD who have an interest in working or volunteering in the community may find well-matched opportunities through individualized support. People should expect to be less isolated socially, safer due to relationships formed at work, and better able to contribute their talents. Focus on these aspirations and abilities, in the most integrated settings possible, to help people achieve their desired outcomes through:

- job development, job matching, and job coaching, preferably in the actual community work setting,

- technology to enhance a person's work performance and reduce on-site coaching,
- community employment internships, paid by the program rather than the employer, especially for people who have relied on traditional day program,
- support for a path to self-employment or business ownership,
- transportation assistance, and
- education of employers about the benefits of working with people who have I/DD which then results in work for people with I/DD.

***PRIORITY: Community Life***

Per self-advocate input and earlier survey and assessment results, people with I/DD seek a fuller social and community life. Support which is person-centered, family-driven, and culturally appropriate, might offer:

- development of social or mentoring opportunities,
- transportation assistance,
- support for building social and communication skills, including through technology,
- connection to opportunities which are available to community members who do not have I/DD, both in-person and in digital spaces, and
- access to recreation, hobbies, leisure, or worship activities, both in-person and in digital spaces.

Darrin identified county-wide physical infrastructure changes which would improve access, but some activities with staff also improve his access. Members of the HRA wrote, "The mindset of the community isn't very welcoming. It seems like people judge folks with disabilities and we aren't respected." While changing the whole community's mindset is a tall order, paid staff can help people be seen and respected in the most integrated settings.

***PRIORITY: Strengthening the I/DD Workforce***

Self-advocates who presented to the CCDDDB and CCMHB had positive comments about their current staff but said more staff are needed, in several roles. Agencies may propose strategies to strengthen the workforce, maintain the current service capacity, improve staff knowledge of technology 'access and use' for the benefit of the people they serve, and expand service capacity to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions:

- periodic retention payments with a performance standard,
- intermittent payments for exceptional performance,
- group and individual staff membership in professional associations which respect the I/DD workforce roles and offer networking and advocacy opportunities, and
- high quality trainings or certifications specific to the staff roles, combined with recognition and payment upon completion.

***PRIORITY: Collaboration with the CCMHB: Young Children and their Families***

As a result of the pandemic, 20-30% of children are being identified as having Social-Emotional needs. This is a significant increase in children with SE needs. Dr. Belknap and Ms. McGhee also share that there is a significant increase in speech referrals. They reported seeing diminished capacity with staff. Early identification and treatment can lead to great gains later in life.

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include:

- coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family,
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers,
- coaching and facilitation to strengthen personal and family support networks, and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Through the Boards' intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2025, the CCMHB may continue this priority area in their continued commitment to people with I/DD.

Another collaboration of the Boards is the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. Where there is overlap with CCDDDB or CCMHB priorities, an applicant should consider that long term supports are more appropriately funded by the CCDDDB or CCMHB. Short term projects piloting a unique solution or purchasing non-service supports will fit better with the I/DD Special Initiatives Fund.

During or resulting from the allocation award process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

**Criteria for Best Value:**

*An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the*

*service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.*

### ***Budget and Program Connectedness***

Detail on what the Board would purchase is critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an 'audit-ready' state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program's relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCDDDB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDDB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDDB funding does not supplant other public systems.

### ***Participant Outcomes***

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people's lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program's success in helping people achieve positive impacts, an applicant should use outcomes which consider participants' gifts and preferences. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the ['measurement bank'](#) developed by local agencies and researchers. This repository offers a great deal

of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Jennifer Buoy, a Champaign County self-advocate, has designed a survey which may be adopted in part or full, to understand program impacts on participants. This instrument can be found on pages 9-10 of the [August 16, 2023 study session packet](#).

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

### ***Self-Determination and Self-Direction in Service Planning***

The most meaningful participant outcomes will be discovered through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDDB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

### ***Eliminating Disparities in Access and Care***

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the [2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National

Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCDDDB staff offer technical assistance.

### ***Promoting Inclusion and Reducing Stigma***

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCDDDB has an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

### ***Continuation of Services***

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

### *Unique Features*

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCDDDB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

### **Expectations for Minimal Responsiveness:**

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCDDDB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCDDDB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

## **Process Considerations:**

The CCDDDB uses an online system for organizations applying for funding. Downloadable documents on the Board' goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but 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, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDDB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDDB may also 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 preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign 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 the CCDDDB and residents of Champaign County.
- Submitted applications 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 and contracts executed. Submitted materials 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 an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended 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.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

*Approved November 15, 2023*