CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

APPROVED I/DD Special Initiatives PY2025 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) funding policies. The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) funding policies. All funds shall be allocated within the intent of these controlling acts, per State of Illinois laws. Decision support criteria and allocation priorities are reviewed annually. Upon approval these become addenda to CCDDB and/or CCMHB Funding Requirements and Guidelines.

Purpose:

The CCDDB and CCMHB share authority for the I/DD Special Initiatives Fund. For Program Year 2025 (July 1, 2024 to June 30, 2025), the Boards may allocate funds to eligible human service organizations for projects and services which further the Boards' goals and fulfill their responsibilities to the public. This memorandum offers:
- Overview of current uses of the fund and timeline for application, review, and decision processes.
- Alignment with other County-wide health improvement efforts, which include community needs assessments.
- Summary of public input.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories in response to all of the above. Proposals for funding will address at least one of these priorities.
- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Boards 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, from board members, that an approach to customized resource information, whether website or other, could be low cost and completed in the short term.

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.

Overview and Timeline:

In 2014, the Boards launched a collaborative CILA Facilities Project Fund on behalf of Champaign County residents who had I/DD and complex support needs and who had been unable to secure services in or near the County. Difficulties maintaining a qualified workforce in the two small group homes were insurmountable by 2020, and the Boards chose to sell the properties and reinvest in supports for this population, renaming the fund as "I/DD Special Initiatives." Because the barriers to care persist, we maintain the focus on eligible people with unmet service needs and on the development of appropriate services.

During 2023, the Boards made available $341,737 through "I/DD Special Initiatives" for contracts for services to begin July 1. Under its PY2024 priorities for Strengthening the Workforce and Individualized Supports, $286,000 was awarded, half to be paid during 2023, the other half in 2024. $198,737 of the 2023 appropriation is unspent and can be used in 2024. The Boards have approved use of $400,000 to be transferred from fund balance for 2024 to support PY2025 allocations.

As a special fund without substantial revenue, short-term projects are especially appropriate. By contrast, the Boards fund many ongoing, long-term services and support through their allocation processes. Of forty-one CCMHB PY24 agency contracts, three serve young children with developmental delays or risk. All sixteen CCDDB PY24 contracts serve people who have I/DD, primarily youth and adults. The two I/DD Special Initiatives PY24 programs serve people of all ages.

The following timeline supports a competitive allocation process for I/DD Special Initiatives funding and parallels timelines projected for CCDDB and CCMHB funding:

- A final version of these priorities and support criteria approved by both Boards during open, public meeting(s) prior to December 2023.
- Proper public notice of funding availability published **on or before December 1, 2023** (if priorities have been approved).
- From **December 22, 2023,** 8:00 AM CST, to **February 12, 2024,** 4:30 PM CST, the online system will be open for agencies to submit applications addressing one or more of the priority areas. Agencies not previously registered will demonstrate eligibility per the initial questionnaire and review of CCDDB and CCMHB Funding Requirements and Guidelines. If a specific requirement is not likely to be met, the Boards might consider waiving that requirement under certain conditions if a waiver allows them to fund a well-aligned proposal.
- Board staff review of applications, with summaries of each in **April** and funding recommendations to the Boards in **May**. The Boards may choose to review applications at any time from February 12 through June.
- Boards' allocation decisions during **May** or **June 2024** meetings.
- Contracts developed, issued, and signed prior to **June 18, 2024.** Contracts will have a term of July 1, 2024 through June 30, 2025, with the option of a shorter or longer term (up to two years) as requested or as negotiated.
- If the Boards choose to design Requests for Proposal (RFP) to address a particular need relevant to this fund, each will have its own timeline with additional meetings and activities specific to the project.

The statutory and practical frameworks above are supplemented by our understanding of current and emerging conditions. The following sections are meant to place the Boards' work within the context of local values, the interests of people most directly impacted by funding decisions, and the operating environment, to set the stage for PY2025 funding priority categories and decision support criteria.

Alignment of Local Efforts:

Champaign County Community Health Improvement Plan
CCDDB/CCMHB staff collaborate with local and regional partners on the Community Health Improvement Plan, also referred to as the IPlan, with the vision that:
> Champaign County will be the Healthiest and Safest, environmentally sustainable community to live, work, and visit in the State of Illinois.

To identify goals and priorities for the Plan, a [community health needs assessment](#) is conducted every three years. Health needs of equal priority identified in 2022 were:
> Behavioral Health, Healthy Behaviors and Wellness, and Violence.

Staff members and service providers with expertise in behavioral health and I/DD participate in priority area workgroups.

University of Illinois at Urbana-Champaign Campus Community Compact
Board and staff members participate in this broad-based collaboration led by the UIUC Chancellor's office. Through workgroups and large group meetings, the Compact has assessed strengths and needs of the community and developed vision statements which include:

Health, Wellness, & Resilience: Assure physical, mental, and emotional health and wellness for all communities and all community members who face immense threats from structural inequities that disadvantage communities of color and other communities disproportionately affected by exposure to violence, trauma, adverse life experiences, and adverse community environments.

Inclusive Education: Create a community in Champaign County that welcomes increasingly diverse cohorts of students who represent a wide array of cultures and ethnicities; a community that invests in and offers an accessible and engaging array of learning and individual growth opportunities.

Champaign County Board
CCDDB and CCMHB efforts also align with the Vision, Mission, and Values of the County Board, including with their Strategic Plan Goal to:

Promote a safe, healthy, just community.

The values of Diversity, Teamwork, Responsibility to the Public, Justice, and Quality of Life are relevant to the CCDDB and CCMHB. The Value of Diversity is defined as:

Appreciation of the diverse culture within our community.

Strive for a workforce reflective of the community.

Equal and inclusive access to services and programs.

Local leaders aspire to quality of life and full inclusion in the wake of increased health disparities for certain community members, among them people with I/DD. Growing awareness creates new opportunities for system advocacy.

Statewide Advocacy Groups
A partnership between our state trade association, the Association of Community Mental Health Authorities of Illinois (ACMHAI), the Going Home Coalition, and Arc of Illinois is focused on the State of Illinois' persistent imbalance between funding institutional care, which is not eligible for federal match, and use of federal Centers for Medicare and Medicaid Services (CMS) Home and Community Based waiver programs, which *are* eligible for federal match. These organizations, along with

Illinois Association of Rehabilitation Facilities, They Deserve More Coalition, Illinois Council on Developmental Disabilities, Equip for Equality, and Institute on Public Policy for People with Disabilities, push to expand home and community-based care, but each may be too small to counter the forces of Illinois' status quo, even with the relentless bad news about State Operated Developmental Centers. With these partners and with people who I/DD and their family members, we should advocate for system redesign and full funding, including for flexible, self-directed options.

Public Input:

During a [Joint Study Session of the Boards on August 16, 2023](link), self-advocates and supporters offered input on preferences and concerns. Among these were:

- Easier access to information about events, activities, and resources, when they need or want them.
- Support for planning and attending events not in Champaign-Urbana.
- A more disability-friendly, inclusive community, which includes physical infrastructure and access to resources enjoyed by others.
- More job coaches, personal support workers, and direct support professionals.
- More information about the impact of income on benefits; more assistance for food, rent, other basics, and emergencies.
- Education about I/DD, especially for mental health professionals.
- Better access and more resources for rural residents who have disabilities.
- More flexible, lower cost transportation options and support.

The discussion with self-advocates touched on several resources that exist but may be underutilized because they are not easily secured, not well-understood, or not what people prefer. In addition to allocation of the CCDDB, CCMHB, and I/DDSI Funds, our partnership can include systems advocacy and information-sharing.

Other community needs information and service data were presented in the [August 16, 2023 Study Session Packet](link). A recurring theme is that not all Champaign County residents have access to the many resources enjoyed by some, despite the shared aspiration to be a welcoming, healthy, inclusive, and just community.

Operating Environment:

In [CCDDB PY24 Funding Priorities](#) and [CCMHB PY24 Funding Priorities](#) and earlier board documents, we noted the dangerous **decline in service capacity** across the country and state and in our community. This crisis is not difficult to understand or easy to solve. If the enduring funding and policy neglect that led to it is NOT consistent with our values, we should push hard to correct it, through collaborations above and as opportunities arise. This is clearly in the best interest of Champaign County and its residents.

From the Institute on Community Integration's 2022 report [“Community Supports in Crisis: No Staff, No Services”](#):

> All the progress toward community living that has been made in services for people with IDD over decades is now in jeopardy — because of catastrophic labor shortages and pervasive high turnover rates in the workforce that supports them, direct support professionals (DSPs).

National data found in the report:

- 70% of DSPs are women, approximately 70% of them heads of household;
- DSPs' average age increased to 46;
- DSPs' mean hourly wage is $13.28, while for home health aides $13.49, nursing assistants $15.41, and residential advisors $16.07;
- The percentage of individuals with behavioral support needs who receive community services has more than doubled since 2012; and
- During 2020, 53% of agencies employed fewer DSPs, 41% served fewer people, 33% closed sites, and 47% stopped offering a support or service.

This year, the Illinois General Assembly and Governor approved wage increases for Direct Support Professionals, which could bolster community-based service capacity. However, these increases are below those recommended by the state's own rates study and numerous advocacy groups, and they are far below what workers earn in State Operated Developmental Centers (SODCs) where reports of serious, even fatal, abuse and neglect abound. Illinois' overreliance on institutional care and low investment in more inclusive alternatives have taken a toll. With a relatively higher number of eligible Champaign County residents still awaiting selection for state Medicaid waiver awards for home and community-based care, and with many other service system improvements yet to be undertaken, we have a long way to go.

Crisis to Opportunity:

Telehealth and other **remote options** were introduced rapidly and out of necessity during the COVID-19 pandemic, allowing some with I/DD to connect with support and social opportunities more easily than before, especially if they had access to the internet but limited transportation, or if they preferred being at home. For some who prefer virtual participation over in-person, barriers have been lack of devices and programs, difficulty learning to maximize those, and poor internet service. The latter barrier has been typical in rural areas, apartment complexes, and housing developments. The Champaign County Board, Housing Authority of Champaign County, and University of Illinois at Urbana-Champaign have led efforts to improve access and use for all. Virtual support may be most effective when combined with in-person, where there is still room for innovation in services.

The Ohio Department of Developmental Disabilities (DODD) promotes the use of assistive technology and remote options as a partial solution to workforce and transportation shortages. Ohio's Technology First Initiative ensures that technology is considered as part of all individual service plans, prior to authorization of on-site direct support staff and with the goal of training in technology which can improve quality of life. The Living Arrangements for the Developmentally Disabled (LADD) Smart Homes project incorporates many innovations, including low cost and widely available consumer products. A Concept Video and virtual tour highlight the Forever Home Smart Living Pilot. People with I/DD are also enjoying greater independence and control of their days with the lighter presence of non-resident professionals in their homes. See the Ohio DODD website for more.

In their July 2023 meetings, the Boards took virtual tours of the UIUC McKechnie Family LIFE Home and heard a brief presentation on research done there. Dr. Olatunji, one of the presenters, has a research focus on the balance between tech support and social connectedness. Avoiding social isolation will be important in any remote innovations. With this caution, a partnership between local service provider(s) and UIUC researchers could explore innovation similar to the LADD Smart Home Pilot.

Earlier CCDDB and CCMHB memoranda noted disproportionate negative impacts of COVID-19 and social isolation on people with disabilities, rural residents, and members of racial, ethnic, and gender minorities. Whether traditional or innovative, all supports should uphold the principles of community and social inclusion and consumer choice. 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 health outcomes as well as pillars to advance social connection and recommendations for stakeholders.

Two American Network of Community Options and Resources (ANCOR) reports, "[Addressing the Disability Services Workforce Crisis of the 21st Century](#) and "[Bringing Long-term Supports & Services into the 21st Century](#)", emphasize the need for service providers to receive training on using technology to deliver services and support community integration, including self-advocates' **supported decision making** in choosing and using technology to live more independent and overall quality lives.

In support of self-directed services, even during an era when professional service capacity is so low as to offer very limited consumer choice, The Council on Quality and Leadership released ["The Relationship Between Choice and Injuries of People With Intellectual and Developmental Disabilities"](#). Decisions about safety have typically been made by care providers rather than by people with I/DD, but it appears that injuries decrease with opportunities to make choices about their own care. The report concludes, "Beyond the potential impact on injuries, ultimately, choice is about ensuring people with IDD are supported to live the lives of their choosing."

I/DD Special Initiatives Fund Priorities:

All proposals for funding must choose one of the following priority categories and clarify how the proposed services or supports align with that choice. Strengthening the Workforce and Self-Advocacy are not included for PY2025 because they are among CCDDB funding priorities. Other priority areas have been modified using input from people with I/DD and their supporters. People to be served should be eligible per Illinois Department of Human Services (DHS) Division of Developmental Disabilities (DDD).

PRIORITY: Short-Term Supports for People with I/DD
People with I/DD have interests other than long-term care, and their success in many areas may be supported by short term support. These supports or specific assistance matched to their interests may be purchased for people by an agency.

Strongest consideration should be offered to people with co-occurring diagnoses and multiple support needs, those not receiving services through any funder, and those who are unable to secure services locally but instead are served outside of Champaign County. People may engage an agency and their families and networks of supporters to clarify their preferences and help document needs. On behalf of the person, an agency could purchase appropriate, meaningful supports consistent with these and not available through other payers: devices and software needed for virtual access, equipment or classes related to a hobby or entrepreneurship,

recreational opportunities requiring travel and related costs, assistive equipment, and transportation costs for Champaign County families to visit a person who is served outside of the County. Certain costs might recur within the Program Year.

A [National Core Indicators – Intellectual and Developmental Disabilities Data Highlight](#) finds that people with I/DD experience "abundant and well-documented" benefits from vacations. Because they take far fewer vacations than do their peers who do not have I/DD, and because these numbers sunk in recent years, inclusive or supported vacation options could bridge the gap.

Champaign Community Advocacy and Mentoring Resources (CCAMR) resources should be used whenever they might support an identified preference. An agency would inform eligible people and, if help is preferred, work with them to complete an application through quarterly [mini-grant opportunities.](#) For purchases using I/DD Special Initiatives funding, the 2019 CCDDB mini-grant process may serve as a model, with an individual application form, per person cost limits, and follow up satisfaction survey. *Sample documents are on pages 49 to 56 of the [July 2022 CCDDB meeting packet](#) or upon request from CCDDB/CCMHB staff.*

PRIORITY: Education on I/DD.
People with I/DD would like professionals from other sectors to understand them and work with them more effectively.
People with I/DD do not always feel welcome or included in this community.

Advice and direction from self-advocates and their networks of supporters could shape the content of sector-specific and community-wide education efforts.

An agency could purchase or develop training for professionals from other sectors, especially mental health providers. Other health and human service providers, law enforcement, first responders, educators, and court officers may also be interested.

An agency could plan and host community awareness activities to improve understanding and build a more inclusive and welcoming community. Greater awareness may already have created conditions for system change. In the same way, broad awareness efforts might help our community to improve access and appreciate the gifts and contributions of people who have I/DD.

PRIORITY: Technology and Training

People with I/DD want access to more resources. This can be helped by virtual access training available to them, their staff, and their natural supporters. An agency could purchase equipment for a group and offer training in its use.

A program might cover costs associated with the development and staging of training opportunities or securing these through a qualified trainer. The audience for these would be Champaign County residents who have I/DD and any staff, family, or other natural supporters who assist these qualifying residents with virtual access and use. The agency might purchase a training program or equipment for groups of participants with similar interest.

Also of interest would be a partnership to introduce remote supports into residences of people with I/DD and complex support needs. Devices and programs should match the interests and needs of people to be served in independent community settings. Strongest consideration should be given to people not receiving services and to those with complex support needs not receiving services which meet their needs.

PRIORITY: Housing.
People with I/DD can live independently in our community if appropriate living arrangements and supports are developed.

Strongest consideration should be given to people not fully served who have I/DD and another diagnosis calling for active treatment, e.g., medical condition requiring treatment at home, mental health or substance use disorder, or physical disability supported by assistive equipment or specialized staff training. An agency might develop independent residential settings and supports for people who would benefit from and desire an affordable home and ongoing or short-term supports matched to their needs and preferences. A project might combine this priority and the technology and training priority to incorporate remote supports into a household.

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 Boards would purchase is critical to determining **best value**. Because these are public funds administered by public trust fund boards, 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 CCDDB/CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDB/CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDB and CCMHB 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.

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. CCDDB/CCMHB 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. CCDDB/CCMHB 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 CCDDB and CCMHB have 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 CCDDB and CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDB/CCMHB 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 CCDDB/CCMHB 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 Funding Requirements and Guidelines of each board.

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 CCDDB and CCMHB use an online system for organizations applying for funding. Downloadable documents on the Boards' 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 Boards in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Boards 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 CCDDB and CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDB and CCMHB 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 CCDDB/CCMHB 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 CCDDB/CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.

- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDB and CCMHB retain 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 CCDDB and CCMHB and residents of Champaign County.
- The CCDDB and CCMHB reserve the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDB and CCMHB deem such variances to be in the best interest of the CCDDB and CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCDDB and CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDB and CCMHB reserve the right, but are 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 CCDDB and CCMHB.
- The CCDDB and CCMHB reserve 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 CCDDB and CCMHB reserve the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDB and CCMHB reserve 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 CCDDB and CCMHB reserve the right to require the submission of any revision to the application which results from negotiations.

- The CCDDB and CCMHB reserve 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