

DECISION MEMORANDUM - APPROVED

Date: September 28, 2022
To: Members, Champaign County Mental Health Board (CCMHB) & Champaign County Developmental Disabilities Board (CCDDB)
From: Lynn Canfield, Executive Director
Subject: I/DD Special Initiatives (*formerly CILA Facilities*) Fund 2023 Allocation Priorities & Decision Support Criteria

Updates:

An initial draft of this memo was shared with the CCDDB and the CCMHB during their July 20, 2022 meetings for review and discussion. That version was also shared with stakeholders for comment. The following changes incorporate this feedback:

- Change of the fund's name, to reflect expansion of the project.
- In the **Purpose** section, addition of "to be renamed I/DD Special Initiatives Fund."
- Updates regarding this process in the **Purpose** section.
- Change of amount to be allocated in 2023 and of wording regarding Board approval, both in the **Overview** section.
- Deletion of the word "funding" in the third sentence, "If a specific requirement is not...", third bullet point in **Overview** section.
- Change of dates in the allocation process timeline described in **Overview** section; the originally proposed timeline may have been too ambitious and presented technical challenges, so the recommendation is now to align with existing CCDDB and CCMHB allocation process for PY2024.
- Within the **Priorities**, specific assistance purchase process is further described for "Individual Supports to Underserved People", and sample mini-grant process documents are no longer attached but referenced to previous board packet.
- **Decision Section** is added, requiring action by both Boards.

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to 14) is the basis for CCDDDB funding policies. The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. All funds shall be allocated within the intent of the controlling acts, per the laws of the State of Illinois. CCDDDB and CCMHB Funding Requirements and Guidelines require annual review of decision support criteria and allocation priorities. Upon approval by the Boards, this memorandum becomes an addendum to Funding Guidelines.

Purpose:

The purpose of this memorandum is to recommend 2023 (Program Year 2024) allocation decision support criteria and funding priorities for the CILA Project Fund, authority for which is shared by the Champaign County Developmental Disabilities Board (CCDDDB) and Champaign County Mental Health Board (CCMHB). Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Boards. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. On July 20, CCDDDB and CCMHB members reviewed an initial draft, which was then be distributed to providers, family members, advocates, and stakeholders, for comments. This final draft incorporates feedback from Board and staff members and the public.

The CILA Facilities Project Fund, to be renamed “I/DD Special Initiatives” Fund, is a collaboration of the CCDDDB and the CCMHB, initiated in 2014 on behalf of residents who had I/DD and complex support needs and had been unable to secure residential services in or near their home community. By 2020, difficulties securing and maintaining a qualified workforce were insurmountable, and the Boards made the difficult decision to sell the homes and reinvest in meaningful supports for this population.

As a shared project of the Boards, subsequent uses of the fund will require approval by both, and the Boards have final decision authority. Because the original purpose was to offer intensive 24-hour support to people whose needs were not met by providers within the County, and

because the barriers have not decreased, the fund will support approaches that focus on eligible people with unmet service needs and on solutions to the underlying causes of the gaps. The Boards may consider waiving specific agency requirements or standard provisions of the contracts typical of those developed through the traditional annual allocation cycle.

Overview:

During 2023, the Boards may spend up to \$341,737 of the shared CILA Project (to be renamed as “I/DD Special Initiatives”) Fund on contracts to carry out the special projects outlined in this memorandum. Supports should offer relief to individuals not receiving services and to their families, should increase independence, access, and inclusion, or should address and right-size the direct support professional workforce shortage underlying the loss of service capacity. An allocation timeline aligned with other Board allocation activities is proposed:

- A final version of these priorities and support criteria will be approved by both Boards during open, public meeting(s).
- Proper public notice of funding availability will be made during the **middle of December** (if priorities have been approved).
- From **January 2**, 8:00 AM CST, to **February 10, 2023**, 11:59 PM CST, the online system will be open for agencies to submit applications addressing one or more of the priority areas. Agencies not currently registered will demonstrate eligibility per the initial questionnaire and CCDDDB 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 to fund a well-aligned proposal.
- Board staff will review applications, presenting summaries of the proposals in **April** and recommendations to the Boards in **May**.
- The Boards will make allocation decisions during their **May** or **June** meetings.
- Contracts will be developed, issued, and signed prior to **June 23, 2023**. Contracts will have a term of July 1, 2023 through June 30, 2024, with the option of a shorter or longer term (up to two years) as requested or negotiated.

Operating Environment:

The most recent funding priorities documents for each Board contain extensive notes on the larger context in which Champaign County's systems of supports operate. These can be viewed at:

https://www.co.champaign.il.us/mhbddb/PDFS/DDB_Funding_Priorities_PY2023_FINAL.pdf and

https://www.co.champaign.il.us/mhbddb/PDFS/PY23_CCMHB_criteria.pdf

Also relevant is the 2021 Community Needs Assessment Report at:

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf or

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ESPANOL.pdf

Portions of each are adapted for this section.

Endangered Provider Capacity:

In 2021, the American Network of Community Options and Resources (ANCOR) surveyed providers during a 5-week period. Key findings:

- **77% of providers are turning away new referrals**, a 16.7% increase since the beginning of the pandemic.
- **58% of providers are discontinuing programs and services**, a 70.6% increase since the beginning of the pandemic.
- **81% of providers are struggling to achieve quality standards**, a 17.4% increase since the beginning of the pandemic.
- **Nearly 3 in 10 providers report spending at least \$500,000 annually** on costs associated with high turnover and vacancy rates.
- **92% of providers report that the COVID-19 pandemic continues to complicate their ability to recruit and retain** qualified direct support professionals.

(Author: Elise Aguilar, October 5, 2021

<https://www.ancor.org/newsroom/news/ancor-issues-findings-2021-state-americas-direct-support-workforce-crisis-survey>)

The Institute on Community Integration at University of Minnesota's "Predictors of Annual Turnover Among Direct Support Professionals" identifies factors leading to high DSP turnover across the country and offers recommendations: DSP wages should rise with skill level, signaling that these workers are valued; these should be 'livable wages' with

annual cost of living increases built into states' rates so that they remain competitive over the long-term; health insurance and paid time off should be offered, and states' rates structures should account for these in order to keep them affordable to agencies; states should prioritize moving people from large institutional settings and into community-based care, fully funding this transition and making it sustainable; states should increase participation in Home and Community Based Services; and investments are needed for strengthening the workforce.

In 2022, the Institute on Community Integration published "Community Supports in Crisis: No Staff, No Services" with similar findings to those above. See https://ici.umn.edu/products/PERjPdfZQgGW_TqyOH_Utg. The report's description says, "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 from the report:

- 70% of DSPs are women, and approximately 70% of them are head of household;
- DSPs' average age increased to 46;
- DSPs' mean hourly wage is \$13.28 (contrast with 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.

Further, in the report titled "[Addressing the Disability Services Workforce Crisis of the 21st Century](#)" (2017) and, more recently, in the report titled "[Bringing Long-term Supports & Services into the 21st Century](#)", ANCOR indicates the need for service providers to be able to receive training on using technology to deliver services and also to support community integration, including self-advocates' supported decision making in choosing and using technology to live more independent and overall quality lives.

In "Ed's Newsletter" No. 204 September 29, 2021, Ed McManus reminds us that "provider agencies have been experiencing a severe shortage of staff for years due to inadequate funding from the State, and the pandemic has made it worse." Many of Illinois' agencies will be unable to

take new individuals into CILAs, and at the same time over 100 people with I/DD are ready to transition out of large institutions and into community-based residential services. The state's unprecedented appropriation of \$170 million for DD was good, but increased funding will be needed in 2022 and 2023, and DSP wages will not become competitive for several more years.

The Potential and Limits of Technology:

With telehealth services and remote meetings rapidly introduced out of necessity early in the COVID-19 pandemic, some people with I/DD were more able to connect with services and social opportunities than they had been, especially if they had access to the internet but not to transportation or if they preferred being at home. Some may continue to prefer virtual participation over in-person. Barriers to this and other potential benefits of technology have been lack of devices and programs, difficulty learning how to use or maximize them, and often poor internet service in rural areas, apartment complexes, and housing developments.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. All required application forms must be completed and submitted by the deadline. Accessible documents and technical assistance limited to navigation of these tools are available upon request through CCDDDB/CCMHB staff.

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire (during registration).
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. This is especially important in 2023, as federal and state opportunities may apply to projects currently supported only by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.

6. Application must describe planning for continuation of services during a public health emergency. Programs should build on successes with technology and virtual platforms, with training and access for direct staff and people served.

Assessed Needs of Champaign County Residents:

From Illinois Department of Human Services – Division of Developmental Disabilities “Prioritization of Urgency or Needs for Services (PUNS) Summary by County and Selection Detail” for July 14, 2021:

- Of 356 **Supports Needed**, the most frequently identified are Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, Intermittent Nursing Services in the Home (in rank order).
- 321 people identified the need for **Transportation** Support.
- 243 people identified the need for **Vocational** or Other Structured Activities, preferring (in order) Support to work in the community, Support to engage in work/activities in a disability setting, Support to work at home, and Attendance at activity center for seniors.
- 65 people are waiting for Out-of-home **residential services** with less than 24-hour supports, and 45 are seeking 24-hour residential.

A year-end report prepared for the CCDDDB by the Champaign County Regional Planning Commission Independent Service Coordination unit aggregates results of additional questions asked of those enrolling in or updating PUNS information. PY2021 responses show that people are most interested in going out to recreation/sports events, eating out, zoo/aquariums, parks, and movies. Recreational/social activities are affordable in our county under ‘normal’ circumstances, and some work well in online platforms.

Quotes from Community Needs Assessment focus group participants:

Social interaction missing, beyond skill streaming. I never had a mentor growing up in school. I now mentor a student in high school. I’ve always struggled with social interactions with teachers and friends who don’t understand how I understand things. I still struggle with interactions with people, being able to recruit people for important things, like encouraging people to get involved with leadership and advocacy.

- *Community Choices Leadership & Advocacy Co-facilitator*

I live with parents on a farm. I like it, and it works for now. I am concerned that other people might not have as good of a situation as other people, and they may have been forgotten about. Transportation – not as easy for others living in the country, the weather is also an issue. Do those people have enough food, heating? Technology concerns – iPhones or laptops to facilitate communication purposes – training on Zoom, email, etc. Home living supports – training for daily living or in need of an aide. Having access to technology and internet in rural areas is a problem.

- *Community Choices and DSC Participant*

2023 I/DD Special Initiatives Fund Priorities:

PRIORITY: Strengthening the DSP Workforce.

An agency which employs DSPs could provide additional payments to them, for the purpose of retention over a specific period of time or as incentive for completing accredited training or certification programs beyond those required by the State for these employees.

Payments could be made through the employer to DSPs who work in Champaign County with people who have I/DD and complex support needs. With waiver of specific organizational eligibility requirements, this funding could be available to all organizations currently providing DSP services to Champaign County residents. For example, an employer of DSPs serving residents might be eligible due to non-profit or governmental status and relevant licensure with IDHS but ineligible by having no business office in Champaign County or no board member who resides in Champaign County. An employer of DSPs might meet those requirements but be a for-profit company without a community advisory board. Waivers of each requirement would allow them each to offer incentive payments to DSPs, stabilizing the workforce which serves County residents who have qualifying I/DD.

Whether it employs DSPs or not, an I/DD agency could offer locally relevant high-quality trainings or could engage with existing accredited training or certification programs beyond those required by the State.

The contract might cover the costs associated with development and staging of training opportunities or for securing and staging these through an accredited source such as the College of Direct Support or the National Association of Direct Support Professionals. The audience for these trainings and certifications could be any staff who work with Champaign County residents who have I/DD and complex support needs. If a contract is reimbursement-based, with fees for each training-related activity identified, and if the organization proposing such a program is a small support network in good standing as a result of the previous year independent CPA report, the requirement for an audit or review or compilation could be waived.

Financial and programmatic reports could be semi-annual.

PRIORITY: Individual Supports to Underserved People.

Fully eligible organizations could purchase specific assistance or specialized treatment for people who have I/DD and complex support needs, especially those unable to secure services locally.

An agency knowledgeable of IDHS-DDD rules could identify eligible persons who are not receiving services through state or county funding and could work with these individuals and their families on preferences and needs, identifying and purchasing **short-term supports and specific assistance** not available to them through other means. The structure of the 2019 CCDDDB mini-grant process offers a starting point, namely an individual application form, per person cost limits, and follow up survey. *These sample documents are on pages 49 to 56 of the July 20 board packet available here - https://www.co.champaign.il.us/mhbddb/agendas/ddb/2022/220720_Meeting/220720_Agneda.pdf - or upon request from CCDDDB/CCMHB staff.* Purchases could include devices and software needed for virtual access. A contract to fund such a project could be grant or reimbursement-based. In either case, the contracted organization would document eligibility and need and

make purchases on behalf of individuals. Waiver of a current requirement would not be necessary.

Of interest are virtual access trainings for people with I/DD and the staff or natural supporters who assist them. An I/DD agency could offer high-quality trainings on how to use devices and programs for virtual access and use.

The contract might cover the costs associated with development and staging of training opportunities or for securing and staging these through a qualified trainer. The audience for these trainings 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. If the contract is reimbursement-based, with fees for each activity identified, a small support network in good standing as a result of the previous year independent CPA report could have the requirement for audit or review or compilation waived.

Financial and programmatic reports could be semi-annual.

PRIORITY: Community Education and Advocacy.

An I/DD agency may host community awareness events and anti-stigma efforts to help ensure a more inclusive community, which can reduce people's reliance on formal services.

Small family support networks, whether currently registered or not, which are in good standing due to the previous year independent CPA report, are especially well-suited to carry out these valuable community-wide activities which indirectly benefit underserved eligible individuals and their families. Contracts could be fee for service/purchase of service-based to reimburse these organizations for the costs of community awareness and educational events or similar, whenever the focus is on I/DD. An annual limit of \$15,000 per support network is suggested.

Financial and programmatic reporting requirements could be semi-annual, and the audit/review/compilation requirement waived.

PRIORITY: Housing Supports.

Echoing a CCDDDB PY2023 priority, this category could fund creative supports made available to Champaign County residents with I/DD and complex service needs, to secure or maintain appropriate living arrangements.

A fully-eligible I/DD organization might offer one-time assistance or short-term service to qualifying persons who do not have appropriate housing but could live independently due to having the ongoing supports they need and choose. A contract could be grant or reimbursement-based. No waiver of requirement is necessary.

Financial and programmatic reports could be semi-annual.

Comparison with CCDDDB PY2023 Priorities:

The priorities categories listed above for CILA 2023 have a relationship to PY2023 CCDDDB priority categories and to gaps not yet filled:

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community rather than by the formal service system. In addition, parents and self-advocates improve the formal system and non-traditional resources and raise awareness of disabilities and of how the system works or fails. *No applications were submitted to address this category in PY2023.*

Priority: Home Life

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, and with supports appropriate to their needs and preferences. Individualized supports may include: assistance for finding, securing, and maintaining a home... creative approaches for those who qualify for but do not receive these services. *While some PY2023 programs offer a related direct service, other types of support may be helpful.*

Priority: Personal Life and Resilience

Delivered in the least segregated environments and selected by the person, supports for personal success and resilience are across a broad range: assistive and/or adaptive technology and other accessibility supports; training in how to use technology, including electronic devices, apps, virtual meeting platforms, social media, Internet access, and online

privacy/security... *While some PY2023 programs offer a related direct service, the two categories listed here were not specifically addressed.*

Priority: Strengthening the I/DD Workforce

To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would strive to maintain the current service capacity, improve workforce knowledge of technology access and use for the benefit of those with whom they work, and allow it to grow to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions. *One agency program for PY2023 and PY2024 takes this on; parts of the approach could be made available to all employers of DSPs or to all who work with people with I/DD and complex needs.*

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Proposals for funding should describe how the program will promote access for historically underinvested populations. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure. An application includes the organization’s Cultural and Linguistic Competence Plan (CLCP). The online system includes a CLCP template consistent with requirements of Illinois Department of Human Services and using National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.)

Inclusion, Integration, and Anti-Stigma

Applications should promote the fullest possible community integration, including in digital spaces. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or social clubs/networks. Community involvement helps decrease stigma. Stigma limits people’s participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for community-based services. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity,

immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB and CCMHB have an interest in building community awareness and inclusion. Fullest inclusion aligns with standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and the Americans with Disabilities Act.

Outcomes

Applications should identify measures of access for eligible people and of the outcomes resulting from participation, along with targets, timeframes, and measurement tools for each. Simple outcomes are appropriate. The Council on Quality and Leadership and the National Core Indicators both focus on:

- *Personal Outcomes* – improve people’s positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support real **work**, and increase people’s **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information, planning, access, and support**, give them **choice and control**, and maximize **satisfaction**.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCDDDB and CCMHB value partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in resource directories and databases; participation in trainings, workshops, or council meetings with other providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaborative planning, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other

partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies proposing supports consistent with their shared mission. This could include shared infrastructure (physical, data systems, professional services, etc.) to achieve organizations' common goals and improve administrative functions, such as bookkeeping and reporting. Another area appropriate for collaboration would be a joint application proposing strategies to stabilize the direct support workforce. An application might also propose to coordinate internet access and use efforts with other local broadband infrastructure projects, to increase the efficiency and effectiveness of all.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components. Clarity about what the Boards are buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCDDDB/CCMHB. While these funds should not pay for services or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources, to secure long-term sustainability, mitigate underlying causes of the need for service, and ensure that CCDDDB and CCMHB funding does not supplant other public funding.

Person Centered Planning (PCP)

Everyone who participates in a program should have the opportunity to direct their services and supports. **The Person-Centered process** seeks a balance between what is important TO a person and what is important FOR a person. This includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB/CCMHB funding should be associated with people rather than programs. All services and supports should be documented in a plan directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP.

In a self-determined, integrated system:

- *people control their day*, what they do and where, and with whom they interact;

- *people build connections* to their community as they choose, for work, play, learning, and more, in the same places and times used by other community members;
- *people create and use networks of support* consisting of friends, family, community members with similar interests, and allies/associates they choose; and
- *people advocate for themselves*, make informed choices, control their own service plans, and pursue their own aims.

Applications should describe how the proposed activities relate to what people have indicated that they want and need. Program activities will be reported at least semi-annually, along with data on individuals served.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

- Approach/Methods/Innovation: cite any relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model for the proposed services/supports. In the absence of such an approach to meet the community need, describe the innovative approach, including method of evaluation.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe approaches which amplify CCDDDB and CCMHB resources: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB/CCMHB funds are to be used to meet a match requirement, reference the funder requiring this match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB and CCMHB use an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms.

Criteria described in this memorandum are to be used as guidance by the Boards in assessing applications for funding. They 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 proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB/CCMHB CILA Project funds, applications must reflect the Boards' 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 and reporting system, at <https://ccmhddbrds.org>.

Final decisions rest with the CCDDDB and CCMHB and their judgment concerning the most appropriate and effective use of the CILA Project fund, based on assessment of community needs and alignment with decision support criteria. The nature and scope of applications may vary widely and may include treatment and early intervention models. 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 those who have I/DD and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the merits of applications using criteria and priorities approved by the CCDDDB and CCMHB. If applications are not responsive to the criteria and priorities described in this memorandum, the CCDDDB and CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address them. In that event, the CCDDDB and CCMHB may also seek out qualified organizations to develop contracts addressing the relevant priority area.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB/CCMHB to award a contract or to pay any costs incurred in the application preparation 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/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 CCDDDB 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 CCDDDB and CCMHB and residents of Champaign County.
- The CCDDDB and CCMHB reserve the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB and CCMHB deem such variances to be in the best interest of the CCDDDB, CCMHB, and/or residents of Champaign County.
- Submitted applications become the property of the CCDDDB 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 CCDDDB 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 final contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB and CCMHB.
- The CCDDDB and CCMHB reserve 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.
- To be considered, proposals must be complete, received on time, and responsive to the 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 to accept these obligations can result in cancellation of the award for contract. The CCDDDB 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 CCDDDB and CCMHB reserve the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB and CCMHB reserve the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB and CCMHB reserve 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.

Approved September 29, 2022