

DEKALB COUNTY COMMUNITY MENTAL HEALTH BOARD

2500 N. Annie Glidden Rd., Suite B, DeKalb, Illinois 60115 Ph.: 815.899.7080 Fax: 815.899.6708

GRANT YEAR 2020 APPLICATION GUIDELINES & PROCESS

PURPOSE:

The DeKalb County Community Mental Health Board (CMHB) through leadership and funding, supports access to high quality behavioral healthcare services for DeKalb County residents. The Grant Application Guidelines & Process serves as an opportunity to address solutions and allocate resources in meeting the mental health, substance use disorder, and developmental disability needs of the community. The CMHB considers funding requests in accordance with the Illinois Mental Health Act, and Board adopted "Funding Guidelines".

APPLICATION GUIDELINES: Grant Applications for Grant Year 2020 will be reviewed by the CMHB.

APPLICATION PROCESS FOR NEW OR CHANGED PROGRAMS:

(Changed programs are previously funded programs where funding amount or program standards/curriculum are changed from previous year)

1. Notification of Grant Application:

- a. DCCMHB office mails application materials to agencies by January 11, 2019
- b. DCCMHB hosts an Agency learning day, scheduled by appointment for Wednesday, January 30, 2019. Schedule by calling 819-899-7080.
- c. Notification of Application Process posted.

2. Agency Preparation of "Application Grant Proposal GY20" as follows:

- A. Application Cover Page - Provided
 - a. Overview of request
 - b. List all requests in order of priority – List program/funding requested, by priority
- B. Agency Data – this information is **required** for an agency to be considered for funding:
 - a. Program & Budget Narrative – Provide narrative for each program where funding is requested to include:
 - i. Program Overview – Summarize the purpose of the program and funding request and what the funding will support. Include organizational challenges (present and anticipated), in particular fiscal concerns and how agency plans to address concerns.
 - ii. Program Goals/Objective – What is the impact of the program? How does the funding request relate to achieving the program goals?
 - iii. Services to be delivered – Denote if services are evidence-based.
 - iv. Program Outputs - Statistics that will be captured for program.
 - v. Outcomes/Performance Measurements – Answer the question "How will the DeKalb County Community Mental Health Board know that the program/agency is providing quality care?"
 - vi. Other funding sources available for program, with funding source listed
 - b. Organizational Chart listing positions, compensation, programs (including grant programs) and Full Time Equivalents (FTE). If agency prefers, a staffing spreadsheet including compensation can be utilized.
 - c. List of all programs including all services provided by agency
 - d. If agency received GY19 **Grant** funds, a narrative report of how **grant** funds were spent, the impact of funds on organization and the impact of the funds on the community.

- e. MHB Indicators of Quality Form – Note areas on the form to be completed by all agencies, areas for fee-for-service programs and grant programs. Agencies may complete on form for all programs.
 - f. List of current Board of Directors (members and officers) of Agency, Foundation & Parent Corporation
 - g. Agency Reports (as outlined in Application Checklist)
3. Submission of “Application Grant Proposal GY20” to CMHB – for review and consideration, applications for funding must be submitted as follows:
- A. “Application Grant Proposal GY20” in completed format submitted to CMHB
 - B. Deadline for submission to the CMHB Office of the complete Grant Proposal GY20 is **Monday, February 25, 2019, 12:00 noon (no exceptions).**
 - C. Questions regarding the Grant Proposal or the review process can be discussed by calling the Board Office at 815-899-7080. New applicants are encouraged to schedule a “New Applicant Appointment” to discuss grant applications on Wednesday, January 30, 2019.
 - D. Application submissions are to be sent to Kathy Ostdick, Administrative Assistant, (electronically if possible), 815-899-4970, (email kostdick@dekalbcounty.org)
4. Review of “Application Grant Proposals GY20” will be conducted as follows:
- A. Board receives Application Grant Proposals GY20 – March 2019
 - B. Board reviews Application Grant Proposals GY20 – March to April 2019
 - C. Board conducts Hearings as needed, during March and April 2019
 - D. Board approves Grants for GY20 – May 2019
 - E. Agency notification of GY20 Funding by – June 2019
5. Agency Reporting
- A. GY20 Grants will require regular reporting of the following: Program Outputs/Statistical report, and revenue and expense reports as part of the process for continued funding. Agencies are encouraged to submit any internal Program Outcomes/Quality Assurance reports to the CMHB
 - B. Quarterly agency reports for funded programs (statistical report, and revenue and expense reports, voluntarily submitted program outcomes/quality assurance documents) are due the last day of the month following the end of the quarter.
 - C. Any changes in program services or program resources including staff turnover that may impact expected Funded Program **must** be reported in the format of an interim report, narrative format, to the CMHB at point of identification or up to and prior to the close of the GY20 grant year.

APPLICATION PROCESS FOR ONGOING FUNDED PROGRAMS WITH NO CHANGES:

(No changes indicates the funding, program, outputs and outcomes have not changed from the prior year request)

- 1. Notification of Grant Applications
 - a. CMHB office mails application materials to agencies by January 11, 2019
 - b. Notification of Application Process posted
- 2. Agency Preparation of “Application Grant Proposal GY20” as follows:
 - a. Cover Letter
 - i. Overview of request – indicate this is an ongoing funding request with no program or funding changes
 - ii. List all requests in order of priority
 - b. Agency Data – information must be submitted to be eligible for continued funding:
 - i. Updated Organizational Chart, include positions, program and FTE. Include compensation information either on Organizational chart or staffing spreadsheet including compensation.
 - ii. Any updates of programs including all services provided by agency

- iii. If agency received GY19 **Grant** funds, a narrative report of how **grant** funds were spent, impact of funds on organization, and impact of funds on community.
 - iv. Answer the question “How will the DeKalb County Community Mental Health Board know that the program/agency is providing quality care?”
 - v. MHB Indicators of Quality Form – Note areas on the form to be completed by all agencies, areas for fee-for-service programs and grant programs. Agencies may complete on form for all programs.
 - vi. Update list of Board of Directors (members and officers) of Agency, Foundation and Parent Corporation.
- c. Agency Proposal
- i. Program Outputs/Outcomes/Quality Measures from prior grant year.
 - ii. Funding & Budget request – Narrative of what program costs funds will be utilized for, be as detailed as possible.

Funding Review Criteria

Decisions for allocation of funding are guided by goals and priorities approved by the CMHB. Applicants are expected to be in compliance with the CMHB adopted “Funding Guidelines”, as approved by the CMHB on October 16, 2017. In addition to the Board goals/priorities, applications will be reviewed with the following criteria applied:

1. Evidence of effective services, both quality and value to the community, based on cost and non-cost factors.
2. Programs and services that promote access for underserved populations.
3. Programs and services that address “high risk” diagnoses in the indigent population.
4. Programs that support the continuum of care in principal
5. Programs that address community identified gaps in service.
6. Programs and services that are evidence-based for serving identified population.

Disclosures:

Final Decision Authority: The CMHB will make final decisions concerning all applications for funding. The CMHB reserves the right to negotiate program parameters, rates, contract levels for an application deemed appropriate for funding.

The CMHB reserves the right to refrain from making an award when it is deemed to be in the best interest of the county.