

Service System Guidelines

sixth edition



COMMUNITY
MENTAL HEALTH
FUND

Supporting equitable and quality mental health care in Jackson County

www.jacksoncountycare.org

SERVICE SYSTEM GUIDELINES
Sixth Edition

The *Service System Guide* was originally written in 1990-91 by a committee chaired by the late Bill Kyles, then executive director of Comprehensive Mental Health Services. Bill was one of the community leaders behind the original 1981 ballot initiative for a community mental health levy in Jackson County, Missouri.



Scope: The Service System Guidelines describe general principles and guidelines. Additional information about the Board of Trustees, applications for funding, reporting and other important matters is provided through our web site, in each Request For Proposals (RFP) packet, and in service contracts. Therefore this document is not all-inclusive in its scope. Nothing contained in these guidelines should be interpreted as Board policy, because the Board and its committees may from time to time, and at their discretion, take actions that differ with these guidelines, in which case the official Board action is governing.

Sixth Edition: This document has been revised several times in response to changing community needs and ongoing improvement in mental health services. The latest update keeps the document current in its description of funding, programs and initiatives. The major change is that application information is presented early in the document.

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Service System Guidelines

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WELCOME!

The Community Mental Health Fund (Mental Health Levy) serves the citizens of Jackson County, Missouri by making grants to 501(c)(3) mental health care organizations. We are a public fund and services are audited. Care must meet standards set by the Board of Trustees and the State of Missouri. We support quality care through multi-agency initiatives, including cultural competence and trauma-informed care.

Funds compliment other resources to invest in quality of life for Jackson County residents. As a payer of last resort, local mental health funds make other resources go even farther. Mental health services for persons with chronic mental illness must be accessible and responsive to the varied and unique needs of Jackson County residents. This is essential for the 15,000 persons who are served each year.

Mission: To support a network of mental health services for persons with chronic mental illness that are locally accessible and responsive to the varied and unique service needs of Jackson County residents.

The Levy requests formal proposals, makes funding decisions, and enters into contracts with qualified, non-profit mental health organizations, who are accountable for delivering quality services. Carrying out these responsibilities requires a commitment to quality, effective treatment, and accountability for taxpayers' dollars.

USES OF FUNDING

Eligible Mental Health Services. The Levy enters into contracts for services to treat mental illness. Examples of services include, but are not limited to: individual therapy, family therapy, group therapy, psychiatry, case management and psychoeducation. A longer set of service unit definitions¹ was developed to assist applicant agencies.

Payer of Last Resort. The Mental Health Levy is a *last resort payer* for mental health services. That means billing all other payment sources first, such as Medicaid, Medicare, private insurance, co-pays and charitable donations.

Medicaid is public insurance. Grantee organizations who serve Medicaid-eligible participants, but lack the capacity to bill Medicaid, are strongly encouraged to either develop billing capacity and systems, or partner with agencies with the ability to share billing or service functions. This helps preserve Levy funds for those who have no insurance. Participants should be means tested so that those who can make part or full payment invest in their own treatment.

Unit Costs. The Board sets maximum unit costs for several services. For those that are not capped, applications for funding require applicants to document their cost structure. Services are often billed in hourly increments, called "units." The Service Unit Definitions document provides more details about service units and rates.

Indirect Costs. Non-personnel costs (i.e., all costs other than direct care salary and fringe) may comprise no more than 30% of a given unit cost. Additional documentation may be requested. Language assistance for persons with limited English proficiency may be included as an indirect cost; it cannot be charged as a direct cost.

Integrated Services for Persons with Co-occurring Disorders. The Board may consider requests for *funding for mental health services* as part of integrated treatment for persons with co-occurring disorders, when a mental illness has been diagnosed. Integrated treatment is an evidence-based practice.²



Poster created in 2012 for our 30th Anniversary

What Cannot be Funded? Levy funds must be used only for direct mental health treatment. There are several types of ineligible costs.

- Non-mental health staff cannot billed as a direct cost. Examples include: clerical, kitchen, maintenance, housekeeping; IT, and development. These types of costs are allowable only within the indirect cost (maximum 30% of the unit cost).
- Treatment for drug and alcohol -related disorders.
- Treatment for developmental disorders.
- Capital costs, such as endowments, capital campaigns, medical equipment, physical plant, furniture, or vehicles.
- Health care services, such as dentistry, physical health and physical therapy.
- Community-based services such as: housing, religious activities, educational services, life skills training, parenting training, and child care.

Although the Levy cannot pay for the above costs, they are very important. The Board encourages mental health agencies to maintain partnerships and support from a broad base of funding and agency partners.

Applicant Agency Sustainability. Agencies applying for funding must provide financial information such as audits, tax returns and proof of insurance. One of the reasons we review this information is to assure that grantee agencies are financially sound and can operate in ways that maximize public funds. Levy funding is an investment that augments existing mental health service capacity. Because there is no guarantee of ongoing funding, applicant agencies should not rely on Levy support to sustain operations.

HOW TO APPLY FOR FUNDING

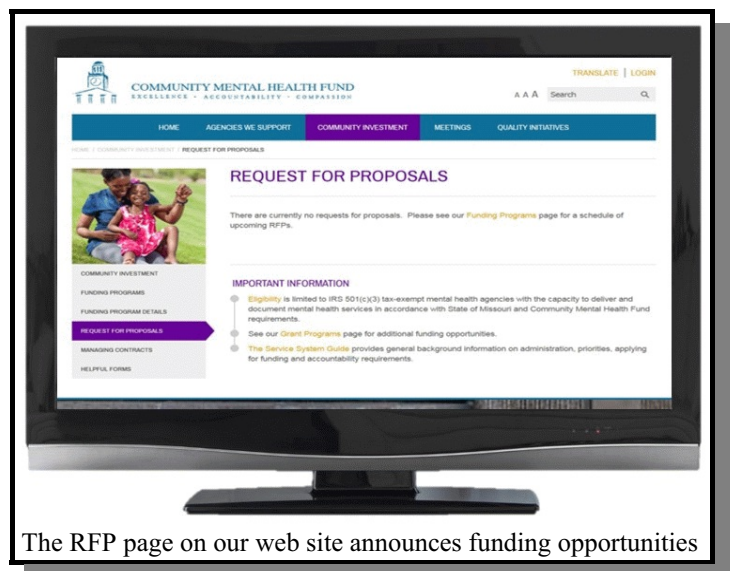
New Agencies: Pilot Project Application. An agency without a current-year contract is called “new.” This process begins with the agency considering the Uses of Funding section (above) and completing the electronic Pilot Project Eligibility Checklist. There is a link to the Checklist on the Funding Program Details page of our web site.

Agencies with Current Year Contracts. Contracts are limited to one year, and agencies with current-year contracts must submit a full application annually. There are several funding programs, which are described in the *Funding Programs* section, below. Requests for Proposals (RFPs) are released several times per year and announced on our web site. The RFP provides information on the funding program, eligibility to apply, and deadline for submission.

Detailed proposal instructions are released on the same date as the RFP. They include information to provide in a proposal, documentation to attach, and how to submit the proposal. Attachments may vary with each RFP, but applicants can expect to provide a recent audit, state incorporation, staff licenses, IRS information, and the agency’s board roster. Applications currently require a combination of paper and electronic information.

Application Assistance. To assist agencies submitting a proposal, Levy staff post a video that highlights recent changes in the application process and explains other details for applying. A public meeting may be held as an alternative. After the presentation, there is an opportunity to submit questions in writing. The questions, plus answers, are posted on our web site for access by all applicants. Another form of assistance for applicant agencies is a set of ready-made forms and tables on our web site. These save time and improve accuracy, and help to make the process more efficient.

A Word to Grant Writers. Many fundraising professionals have been involved in successful Levy applications. However consistent problems make a word of caution necessary. Regardless of the title of the person writing the proposal, in-depth knowledge of clinical supervision and mental health program management are essential. Proposals require access to reliable data on participant diagnoses, clinical processes, and other technical information. There is little substitute for the seasoned mental health professional’s knowledge and skill in applying. Finally, a few grant writers have proposed services and outcomes without the commitment of management to actually carry out what was proposed. A disconnect between grant writers and clinical staff can place an agency at risk of a number of serious problems that may have financial and legal consequences.



The RFP page on our web site announces funding opportunities

FUNDING PROGRAMS

The Mental Health Levy's funding programs recognize participant and community needs as the starting point for services. Although each program category implies a different focus, there are commonalities in the types of services provided and the community needs which are addressed. Mental Health Levy funding is organized in seven program categories. Each is limited to one year, and funding from one year to the next requires a full application.

Pilot Application for New Agencies. An agency without a current-year contract may apply for Pilot Project funding after working with Levy staff on an initial proposal. This process begins with the agency considering its needs, the Uses of Funding section (above) and completing the electronic Pilot Project Eligibility Checklist. There is a link to the Checklist on the Funding Program Details page of our web site.

Children and Families. Funding in this category supports a true continuum of services for emotionally disturbed children/youth and their families, including day treatment, individual and family psychotherapy, and residential treatment.

Consumer Services. Non-clinical, consumer support services are vital to the stability of persons with mental illness and thus have an important role to play in Jackson County's mental health system. Information and referral, case management and financial case management are essential for assisting clients in maintaining independence and obtaining access to needed resources. Targeted training and systems change activities are needed to promote collaboration outside the mental health arena and improve justice system outcomes for persons with mental illness.

Domestic and Sexual Violence. Domestic Violence and Sexual Violence grants support mental health services in shelter-based and community locations for persons who have experienced domestic violence and/or sexual trauma.

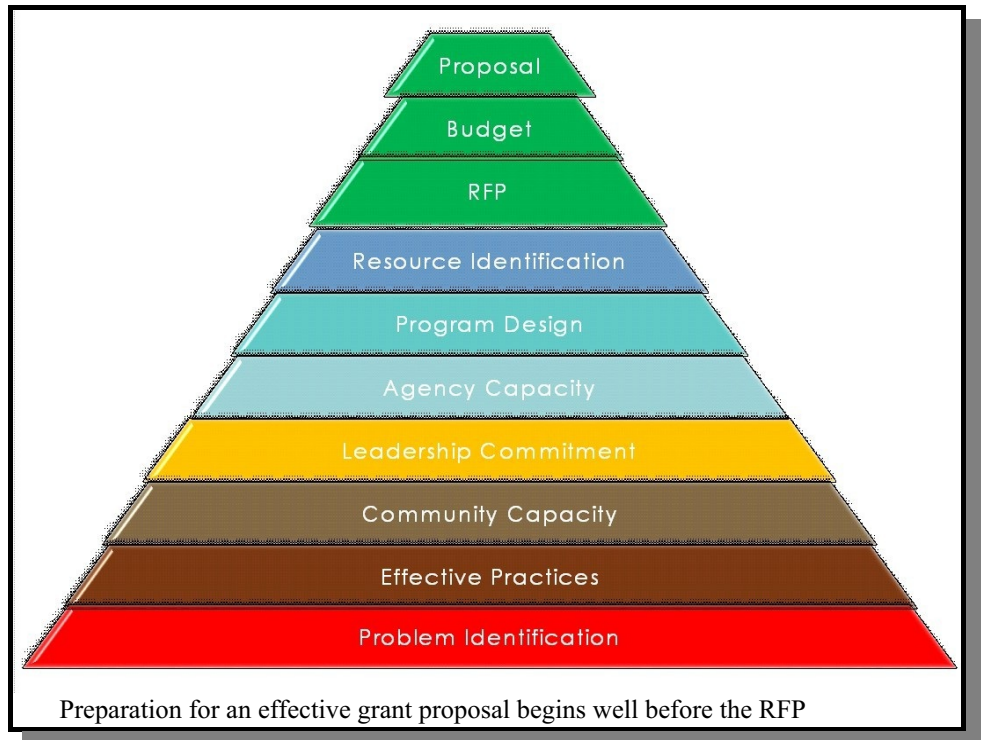
Educational and Vocational Services. Educational and Vocational program funding supports the delivery of mental health services necessary for successful program, skill attainment and functioning in the community.

Forensic Services. Forensic Services contracts support programs that promote public safety and reduce the criminalization of mental illness. Services support specific justice programs to improve opportunities for moving clients into long-term treatment. Because these services are very specialized, the application process is different for each.

Safety Net. Safety Net mental health providers are the foundation of public mental health care in Jackson County, providing broad-based mental health services. Safety Net grantee organizations reflect a diverse cross section of agencies. However they share a common objective of providing quality mental health services to underserved communities.



Mental Health Service Innovations. Innovation funding is a small, discretionary grant program. Innovations can provide partial support for projects that enhance mental health services and outcomes. Priorities are announced annually by the Board. As with other programs, funding may not be used for substance abuse treatment, healthcare or other non-mental health services. Applicants must be current grantees, which allows a streamlined selection process that begins with a brief letter. Selection is very competitive, based on factors such as collaboration, integration of cultural factors, contributed resources and participant involvement.



Program Development Sequence.

The adjacent figure was created to explain program development to Innovation applicants, but these concepts apply to any grant application. The top portions of the pyramid reflect a grant development perspective. A Request for Proposals (RFP) is released, the grant is identified as a source of funding, then a proposal is written.

The proposal is the final step in a larger thought process. Many things must be considered well before a proposal is drafted. These are shown beginning at the base of the pyramid. The table below provides a brief explanation of terms. As the pyramid suggests, these are not questions within proposal instructions, but instead are levels of planning and conceptual preparation needed to make a workable and effective program. When they are well understood by an applicant it is evident in the proposal.

Problem Identification	How was the need for service identified? Is it a problem that can be addressed with clinical mental health service? Does reliable local evidence agree? What evidence connects the problem with proposed service participants?
Effective Practices	What does reliable evidence show about effective ways to intervene with the identified problem? Will the project actually be able to adhere to those effective practices? How will practices be culturally/linguistically competent and trauma informed?
Community Capacity	What community services already address the identified problem or underserved population? How will the proposed project integrate this community capacity? What other community resources will be used by the project to improve the well being of participants (Medicaid, transportation, housing, language assistance, etc.)?
Leadership Commitment	Does the proposed program have active involvement and help from top management? Will the work stop if there are internal barriers such as staff turnover or external changes in funding or collaborators? Can agency leadership help solve problems and keep the project on track?
Agency Capacity	Why is the applicant agency the best venue for the proposed project? Is the proposed project similar to activities the agency is already able to successfully carry out? Is the project consistent with agency mission, staff competencies, credentials, electronic record keeping, quality assurance, accreditation?

Program Design	What evidence supports the program, service delivery approach and participants' situation? How is the proposed project designed for ease of access for participants? What engagement strategies will be used? What is the program's approach to meaningful use? How will the value to participants be measured and reported?
Resource Identification	Does the applicant understand and utilize the roles and financial responsibilities of other public entities for the participant group? What are current and potential sources of financial and other support, and for what program components? How will they sustain the project after Levy funding? What alternatives to the Mental Health Levy were considered? Have any other funders either promised or withdrawn their support?
Proposal	Does the problem or need fit with the purpose of the RFP? Do the agency and leadership have strengths in this area? Can the project make a difference, addressing the issue in a culturally appropriate manner? How does the project build on exiting community capacity? Is the Levy a partial payer with public benefits and other financial inputs having been tapped first? How will outcomes be determined? How will the project operate after the grant is over?

Other Levy Funding. The Board carries out limited funding activities in addition to regular grant programs. Many of these activities are operational in nature, and they are explained in the Administration section, below.

INITIATIVES

The Board's initiatives are areas of long-term involvement and collaboration, but are not necessarily funding priorities. Initiatives are cross-cutting issues that affect quality of care, equity of access and outcomes of community mental health services.

- Some initiatives integrate with expectations that apply to all organizations that receive Mental Health Levy Funding, regardless of the funding program. These include cultural competence and trauma-informed care
- Other initiatives can lead to collaborative projects or be integrated into current programs, but are not stand-alone areas for funding.

Cultural Competence. The meaning of mental illness and stigma have strong cultural dimensions. Because of these factors people may not seek treatment, drop out of care, get treatment that conflicts with their values, or seek care only when their illness is at an advanced stage. For mental health agencies, cultural competence has a major role in participant engagement, satisfaction, and outcomes. Therefore the mental health community's ongoing engagement in cultural competence can make a major difference. A prescriptive discussion of cultural competence is beyond the scope of the Service System Guidelines, but our web site can provide a place to start.³ As a Levy initiative, cultural competence takes many forms. Here are a few:

- Advisory Council: the Cultural Competence Advisory Council (CCAC) assists the Board by recommending systemic improvements in the delivery of mental health services to the citizens of Jackson County. The CCAC is further described under Administration, below.
- Applications: require formal cultural competence plan, active agency advisory process, permit language assistance as an indirect cost.
- Expectations for grantees: include data systems that can capture and compare demographic information to understand and address differences in outcomes between groups.
- Community Initiative: The Levy partners with other funders and community agencies to maintain an ongoing initiative for or community support, information and technical assistance.
- Learning Community: a consortium of interested individuals and organizations that work to further their understanding and practice in cultural competence. It provides a forum for training, networking, and safe discussion of the impacts of bias on people and service outcomes.
- Future expectations: A requirement for language assistance plans⁴ is being phased in. It can also be expected that applicants will need to explain community demographics and how their programs and services respond.



Cultural Competence is the engagement in an authentic shared process responding to the individuality of all persons, in supporting a network of providers meeting the needs of underserved Jackson County residents...*definition developed by the CCAC and adopted by the Board of Trustees.*

Trauma-Informed Care. The impact of traumatic experiences on health, mental health and treatment are increasingly understood. Trauma-informed care is an evidence-based approach to engaging people with histories of trauma that recognizes the presence of symptoms and acknowledges the role that trauma has played in their lives. Adopting trauma-informed care affects each part of an organization, including management and front-line employees who have the most contact with participants. Treatment programs generally recognize the survivor's need to be respected, the relationship between trauma and symptoms of trauma (e.g., substance abuse, eating disorders, depression, and anxiety) and the need to work collaboratively.

- Applications: proposal instructions provide several opportunities for agencies to explain trauma exposure of participants and agency capacity for trauma-informed care.
- Expectations for grantees: Many advisory groups at the agency level have integrated cultural competence and trauma-informed care
- Training and technical assistance: The Trustees have provided partial funding through Innovations grant programs for multi-agency partnerships, to receive training and technical assistance to increase their capacity to provide trauma informed care.

Other Initiatives. Cultural competence and trauma informed care are long-term initiatives that infuse all areas of funding. The Board has also led population-specific initiatives, and a few examples are provided below. In each, Levy grantees achieve mental health outcomes by collaborating with partners outside the traditional mental health system.

Mental Health Court. Persons with mental illness often enter the criminal justice system due to behavior that reflects unmet treatment needs. Criminal justice, mental health, corrections, governmental departments, and social service providers collaborate in the delivery of mental health court. This problem solving court has proven that engagement in treatment and bridging gaps at the client level greatly reduce re-arrest rates. Mental Health Court demonstrates the effectiveness of an integrated service system in greatly improving outcomes.

Young Adults. For youth aging out of the child welfare/mental health system to the adult system the transition has been fraught with problems, and failed to respond to the needs and concerns of youth. This initiative brought together youth-serving mental health organizations, commissioned research on local needs and national best practices, and provided limited support for developing a federal System of Care grant that has made a lasting impact. The program, which continues to operate, takes young adults' input into account, using a cross-system approach.

Reentry from the Criminal Justice System. Incarceration both exacerbates mental illness and diminishes life skills needed for independent living. People with serious mental illness re-entering society face restrictive Medicaid rules, lack of access to mental health services, and limited structure or supervision. Re-arrest is often the result. There are several related reentry initiatives in the community. Collectively they are working to improve access to mental health services in correctional facilities, and to improve the 'hand-off' from correctional to mental health and addiction treatment systems, preventing recidivism.

Veterans' Mental Health: this initiative was begun to assist mental health agencies in their response to needs of veterans returning from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and other conflicts. We collaborated with Kansas City Veterans Administration (VA) Medical Center, Mid-America Addiction Technology Transfer Center, Healthcare Foundation of Greater Kansas City the REACH Foundation, and others to engage providers in a multi-year effort that included forums, training on battlefield trauma, military culture, engaging with the VA system, women's issues in the military and other topics. From these experiences we continue to work to maintain open channels through the VA, semi-annual Homeless Veteran Stand Down events, Kansas City Municipal Veterans Treatment Court and others.



AFTER THE APPLICATION IS SUBMITTED

Funding Decisions. Maintaining the Board's support for a safety net of mental health care for Jackson County's uninsured is the main funding priority for Levy funding. But while a stable system of care is important, no applicant can be guaranteed funding. Mental Health Levy contracts are awarded based on factors such as:

- Availability of funding, and proposed use of funding for mental health care,
- Agency, program and staff capacity to deliver effective mental health care,
- Participants have no insurance or are ineligible for public benefits such as Medicaid,
- Response to the RFP, including budget, and what the proposal communicates about agency depth and quality
- Need for funding of mental health care rather than to sustain the agency,
- Past performance in meeting financial and service delivery objectives, and
- Quality assurance and quality improvement processes that assure culturally competent, trauma-informed care.

Follow-up and Negotiations. Before a proposal is considered by the Board of Trustees, applicants may be asked to discuss their agency's situation, give a brief overview of their proposal, or to clarify proposal details. The Board will require correction of budget errors, or may ask for changes in proposed services or additional documentation, prior to funding decisions.

Contracts. Once a proposal is approved for funding, financial support from the Mental Health Levy is technically not a grant. Successful applicants enter into a contract with the Board to deliver a specific number of services by qualified staff, at agreed-upon costs. Contracts are legally binding. Changes in services, costs or programs mean that the board must approve a contract modification. Contract management is discussed in more detail below.

HOW GRANT FUNDING WORKS

Agreement for Mental Health Care Services. Once a proposal is approved, a contract is sent to the CEO of the applicant agency for signature. It is beyond the scope of the Service System Guidelines to provide a detailed explanation of the contract, but a few highlights deserve mention.

- Read the contract. It is a legal document and it is vital that grantees understand the legal standards to which they must adhere.
- ACH Distribution. The Automated Clearing House (ACH) process for electronic deposits is used. Grantees provide a letter approving the Levy as an electronic depositor. They must provide a routing number and notify the Board of any changes. The routing number is provided separately and for security reasons it is not retained at the Levy office.
- School-based services. Certain Federal laws may apply to parent consent and notification for mental health services under Part B of the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act.

Other important contract topics include distribution of funds, the process used when grantees are underspent, billing and accountability processes. The are explained below.

Distribution of Funds. Even when there is a signed contract, funding cannot proceed until all follow-up from proposal negotiation is completed, and clarifying or corrected information has been received. Then, grant funding is spread across several payments. The tables below presents the number and schedule of disbursements for each funding program, plus the timing of RFPs for the upcoming grant year.

There is usually an initial disbursement to begin the contract. Additional disbursements are contingent upon performance, timely reporting, and adherence to the Board's other contract and accountability requirements. Accountability is explained in the following section.

Children and Families, Safety Net		
	RFP and Contractual	Funding Distributions
January	Contract Year Begins	One-fourth of total
April		One-fourth, contingent upon performance. Prior unspent deducted
July		One-fourth, contingent upon performance
August	Request for Proposals for the upcoming year	
October	Application Deadline	One fourth, contingent upon performance
November	Committee Review	
Education and Vocational, Consumer Services, Domestic and Sexual Violence, Forensic Services, Technical Support/Evaluation		
	RFP and Contractual	Funding Distributions
April	Contract Year Begins	One-third of total
July		One-third, contingent upon performance. Prior unspent deducted
October		One-third, contingent upon performance
December	Request for Proposals for the upcoming year	
February	Application Deadline	
March	Committee Review	
Mental Health Service Innovations and Pilot Projects		
	Innovations RFP and Contractual**	Funding Distributions Innovations and Pilot Projects
July	Contract Year Begins	Innovations: Part or total amount, depending on project Pilot Projects: One-half, prior unspent deducted
December	Mid Year Report due	Innovations: Remaining amount based on performance Pilot Projects: One-half, prior unspent deducted
March	Request for Letters of Interest for upcoming year	
May	Work Plans from selected agencies submitted for upcoming year	
June	End-of-Year Report Due	
**No RFP for Pilot Projects. New applicant works with Levy staff before submitting an initial proposal.		

Carryover of Unspent Prior Year Funds. The Board does not permit carryover, which means using unspent funds from one contract year in the next year. The prior year unspent amount is subtracted from current year distribution, or if the agency is not funded for the current year, unused funds must be returned.

Material Under-Performance. Underutilizing funds poses several problems. Most importantly it diminishes access to vital services in an environment of scarce resources. In response, the Board of Trustees expects that in applying for Levy funds, the applicant agency has capacity to provide all services proposed, in the quantities proposed.

In order to address the issue in a consistent way, the Board set thresholds for material under-performance: \$50,000 unspent or greater than 15% unspent. The Trustees also consider multiple-year patterns of under-spending in lesser amounts as under-performance. At the close of the first year of under-performance, Trustees provide written notice to management that the under-performance threshold was reached. Other than deducting unspent funds from the next contract year there are no other financial consequences for the first year of significant underspending. At the close of two consecutive years of under-performance, or when a pattern has been identified, the Trustees will require separate application for access to any funds in addition to the prior year spent balance. After three contract years of material underspending, the agency's proposal will be funded at the level of the prior year's spent balance.

Suspending Payment. When an agency does not utilize funds that have been distributed, the underspent amount is deducted from a future distribution or must be paid back. When the deducted amount is greater than the distribution, no payments are made until the unspent amount has been fully recouped from the balance. Other causes for suspended payment can be late reporting or non-compliance on any contract. A grantee agency can have multiple contracts. Unresolved compliance matters or failure to provide quarterly reports, demographic reports or remediation plans on any one contract can result in the suspension of payments for all contracts.

Budget Modifications. Grantee organizations sometimes find that the demand for services is substantially different than they had planned. Once funding has been granted, budget changes must be requested in writing and cannot be carried out until approved by the Board. Limited changes to budget line items are often approved, because the Board wants the funds to be used in ways that are responsive to community needs. Budget changes must be requested before the end of third quarter of the contract year, making it important for grantee agencies to monitor their use of funds as the year progresses.

Service Modifications. As with changes to the budget, changes in services or service costs must be approved by the Board prior to implementation. Adding additional types of services to a current contract requires a written explanation and re-submission of budget information. This may require a lengthier review than re-working services within the existing budget.



Communication. The contract and budget items discussed here can enable an organization to successfully deliver mental health services with Levy funding. An important idea runs through each: communication. Grantees are encouraged to initiate communication with the Board and staff. This is especially important when facing new community issues, encountering unforeseen problems, or planning new programs. This type of communication educates the Board and staff about community needs and supports planning to meet those needs.

ACCOUNTABILITY

As a public fund the Mental Health Levy is responsible to the taxpayers who make it possible. This means that Levy funds must be used for efficient, effective services, consistent with contracts for funding. In addition to the up-front requirements of the proposal process, we monitor important activities during and after the contract year. Among the tools that the Board uses to assure accountability are grantee reporting and on-site audits of treatment records and quality assurance processes at each agency.

Quarterly Billing. The contract requires grantees to submit billing reports that document levy-funded services. Grantees enter their billing information into an online billing system with a variety of security features. Billing must be submitted within 60 days of the end of each quarter. This time period allows grantee agencies to bill other sources first, helping to assure that the Mental Health Levy is a last-resort payer. Once billing has been submitted, the quarter is closed and no other billing or amendments may be made without approval.

Year End Billing. The final billing of the year has several differences with the other three quarters. Budget modifications (explained above) cannot be made this late in the year, and an unspent amount (if any) for the year is determined. Unspent amounts are deducted from future funding. If the agency is not funded in the future, unspent funds must be repaid.

Year End Demographic Report. The contract requires grantees to submit certain demographic data within 60 days of the close of the contract. The data are used to create a report on the Mental Health Levy’s service population, that includes information on gender, age group, language, ethnicity, insurance status and zip code of residency. Grantees create a spreadsheet of unduplicated data and upload it to our reporting site using a special application. Identifiable information is not kept on file.

On-Site Audit. Each grant has multiple on-site reviews during the year. Visits may be conducted by the Director of Accountability and Compliance, other staff, Trustees, or some other designee. Reports of the reviews are provided to the executive director and Accountability and Compliance Committee of the Board of Trustees. There are multiple components to the on-site audit and these vary with each visit.

Site Review Questionnaire. Prior to the site visit, agency program staff complete a questionnaire for each review that addresses items such as consumer satisfaction, cultural competence documentation, and the agency’s quality assurance and quality enhancement processes.

Treatment Records Review. Prior to the site review, the agency is assigned a set of individual charts to have available for review. Agencies with electronic medical records provide administrative access to their systems. The selection of records may be a random or a purposive sample of services during the billing period under review. Diagnosis/assessment, treatment planning, services, outcomes, and staff qualifications are reviewed. Records are also reviewed for consent and authorization for treatment, confidentiality, release of information, and county of residency.



Billing Records Review. Service units are traced from billing records back to actual documentation in the client chart. Other financial records may also be requested. The review of billing records may include: whether billed services match the contract, staff (and their credentials) being billed, and the payer “waterfall” that identifies how Levy funds are billed as a last resort.

Qualitative Reviews. On-site reviews include qualitative aspects of service delivery. For example, recent site visits have included meetings with agency cultural competence advisory groups to assess action on required cultural competence plans and awareness of the Federal CLAS Standards.⁵ Other qualitative reviews have examined the concept of value-based outcomes and how success is viewed and communicated to staff.

Due Process. The Board’s response to problems identified through the Accountability and billing process is to work with the agency to resolve issues, offering opportunities to respond and remedy. The process is designed to be consistent and transparent. At the conclusion of a site review, the findings of the review are discussed and staff sign a draft report attesting that the results have been communicated. Internal communication within the agency is important because problems or questions about billing or service delivery require the prompt attention of management. Site review reports are submitted to the executive director and Board’s Accountability and Compliance Committee for review. When issues of noncompliance are found, the agency is given 30 days to remediate the issue with technical support offered. If unresolved after the initial 30 days, the agency receives a formal warning to remediate the issue. Financial sanction in the amount of one-twelfth (1/12) of the contract amount is made for each 30 day interval in which the issue remains unresolved. After 120 days, the contract may be terminated, with all remaining funding (unused or inappropriately used) returned to the fund.

TECHNICAL ASSISTANCE

The Board's staff provide professional services to the Board, grantees and the community. The primary duty of staff is to provide support services to the Board and its committees to communicate, conduct meetings, and have accurate information for decision-making. Staff then carry out the Board's policies and programs. To do this staff must maintain an office, human resources and financial infrastructure to satisfy legal requirements and promote best practices in the field of community mental health.

Network Support. Beyond the day-to-day responsibilities of managing funding programs and contract compliance, staff work to provide support to a network of grantees and other community partners. Staff provide significant assistance to grantees on quality care, cultural competence, population needs, program design, and current topics such as value-based outcomes.

Special Projects. Staff carry out ongoing research projects. They may do this directly or oversee the work of third-party entities with content expertise. Information may be used to improve or modify funding, use funding more effectively, or develop new initiatives. Under some circumstances, staff may carry out special projects to assist agencies or initiatives in submitting grants or developing services.

Public Policy. Staff may engage in selected public policy initiatives, such as tax increment financing, public health planning, and homeless services, in order to represent the interests of the Community Mental Health Fund, its grantees and persons with mental illness and their families.

Proposal Assistance. Staff provide application assistance (explained above) using meetings, online videos, and a public question/answer (Q&A) process. Staff maintain ready-made application forms and tables, which are available on the Levy's web site. After proposals are submitted staff carry out any follow-up directed by the Board.

Support Letters. The Board encourages mental health agencies to diversify revenue and obtain financial support from many sources. Letters of support can be written by the executive director to assist in proposals to other funders. This is considered when:

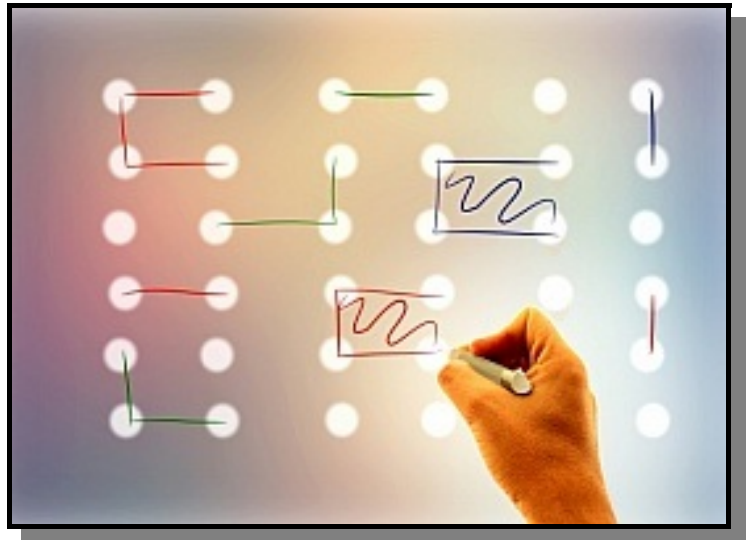
- The request is submitted in writing at least one week in advance of the date needed
- The applicant has no outstanding issues of contract compliance
- A written summary of the proposed project is submitted, including any role of Levy funds or Levy-funded services
- A clear statement of the source(s) of funding for the proposed project

Other matters for consideration include whether the specific program or conceptual model is evidence-based, integrates existing community capacity, and is responsive to documented needs.

Verifying Grantee Status. Letters attesting to the status of current contracts can be provided under the same conditions as support letters. However the contract itself should be provided by the agency, and that documentation is usually sufficient to answer external inquiries.

Letters of Commitment. Commitment of future funding for agencies or grant programs cannot be provided. If contingencies warrant, a letter may be provided that describes: 1) typical patterns for funding programs, 2) existence of a specific award made contingent on future performance and accountability, or 3) ongoing support for specific mental health service approaches or systems.

Assistance to New Applicants. Discussed above, Pilot funding for new agencies is an intensive partnership between Levy staff and the agency seeking funding. Areas of technical assistance often include using community data for planning, quality assurance, outcome measurement, reporting and budgeting.



ADMINISTRATION

Board of Trustees. A volunteer Board of Trustees is appointed by the County Executive and confirmed by the County Legislature to disburse mental health levy funds and monitor their use. The use of funds is set forth in state law and can include funding to establish, operate or maintain community mental health centers, mental health clinics or any comprehensive mental health services, supplement their operations, or to purchase services from not-for profit corporations designated by the state department of mental health.⁶ The amount and/or distribution of funds is not specified by law. Terms such as mental illness and mental health clinic are defined by law. The board must operate within the state's framework⁷ for the provision of mental health care.

Meetings. Board meetings are generally scheduled at 5:15 PM on the fourth Thursday of the month. The Board is in recess in December and July. The Board may also recess if there are no pending business items. This may happen in April or August due to the timing of funding programs. Committee work (described below) continues when the Board is in recess. Meeting announcements are posted on the Public Notice bulletin boards of the Jackson County Courthouse in Kansas City and the Board office, and are maintained on the Meetings calendar of the Board's web site.

Committees. The Board works through an active committee structure. Committee membership is inclusive. Board members serve as alternate members of all committees. They may attend, and participate in, any committee meeting. Standing Committees of the Board (discussed below) include but are not limited to: Executive, Accountability and Compliance, Appropriations, Education and Planning, and Finance and Internal. Some committees meet on an ad-hoc basis, including Nominating and Proposal Review. Ad-hoc committees may also be established in response to emerging issues or to carry out specific tasks.



The events page of our web site lists all meetings

Accountability and Compliance Committee. The Accountability and Compliance Committee is responsible for setting service standards and monitoring service delivery. This committee has a lead role in the development of requests for proposals (RFPs). The Committee works with staff in monitoring on-site review data to assure grantee compliance with Board policies, contract terms, and approved service plans. The Committee is also responsible for responding to non-compliance and recommending appropriate remedies to the full Board, which may include technical assistance, remediation, sanctions or contract termination.

Appropriations Committee. The Appropriations Committee is responsible for recommending the allocation of funds for mental health services. It oversees the work of staff to assure that current and potential providers of service are informed of the criteria and process to request funding. The Committee works closely with the Accountability and Compliance Committee in developing grant application procedures and RFPs (requests for proposals). The Committee reviews proposals and recommends grant awards to the Board. The Appropriations Committee also considers all requests from providers/grantees to modify services during the course of the grant period. As explained above, changes to quantity, cost, and/or type of service require Committee review and Board approval.

Finance and Internal Committee. The Finance and Internal Committee is responsible for working with staff in developing an annual financial plan, reviewing the annual audit, and establishing or revising fiscal management policies. The Committee periodically reviews policies governing investment and financial accountability of Levy funds. The committee also oversees the work of, and is a resource to, the Executive Director with regard to internal operations. The Committee may develop and periodically review policies governing employment of staff; operation of Board offices, and related internal operational matters. The Board's Treasurer serves as committee Chair.

Education and Planning Committee. The Education and Planning Committee works both internally and externally. The Committee works with staff to develop programs and activities that familiarize board members and community stakeholders about mental health issues. The Committee takes a lead role in setting a long-range course for funding and program development that uses an information-based approach to address identified needs, problems or opportunities. The Committee also fosters dialogue about community needs and issues, and works with the Board to plan education sessions, host forums, make on-site provider visits, and meet with community leaders.

Advisory Council. The Cultural Competence Advisory Council (CCAC) is composed of providers, community members, Board members and staff. The CCAC meets monthly, and has several responsibilities in advising the Trustees. The CCAC has ongoing recruitment, which is initiated by an interested person completing and returning a CCAC application.⁸ The CCAC developed the Board's Cultural Competency Plan and indicators⁹ to guide development and implementation of inclusive practices within mental health provider organizations.

The Board's Other Funding Activities. Nearly all of the Board's funding occurs in the grant programs explained at the beginning of this document. But in addition, a few other types of funding may be considered. The funding activities listed below are relatively smaller than regular funding programs and are time-delimited.

Technical Support and Evaluation. Technical Support and Evaluation Projects provide independent, information-based assessments that are responsive to Board and community input. Projects may be initiated at the direction of the Board of Trustees or through an application of an eligible agency.

Agency Contingency Grants. Agency emergencies are narrowly defined by the Board. This type of funding is rarely granted. Contingency grants may be considered as a one-time mechanism, rather than an offset for cuts by other funders or ongoing revenue shortfalls. Contingency grants may be considered under circumstances when core program/agency survival is threatened, or when the loss of a program/service places clients at some unusual or severe risk.

Declared Disaster. Disaster relief funds may be considered by the Trustees in response to a state of emergency declared by an elected head of a unit of government within Jackson County, a state or national emergency, or when the Board determines there to be an emergent community condition in which mental health services are required in an amount or on a schedule that exceeds the day-to-day capacity of community organizations.

Provider Initiatives. The Board may consider support for initiatives that benefit the provider community. One example is the cultural competence initiative, which receives support from several funding entities. The initiative includes a learning community, training, and opportunities for technical assistance in cultural competence.

One-time Projects. Time-limited special projects are occasionally initiated at the direction of the Board. They may consist of interagency initiatives, commissioned studies, special policy-related activities, technical assistance, or development of programs/services to meet specifically defined issues and populations. The Board has occasionally considered co-sponsorship of conferences or training, when focused on the Jackson County mental health community and content is responsive to the Board's priorities or identified community needs.

Contractors. The Board of Trustees charges staff with the hiring and coordination of contractual administrative services. Services include but are not limited to: a professional accounting firm, legal counsel, information technology (IT) services, and an independent auditor. Contractors are not employees, but their work is generally overseen by the executive director. Contractors are responsible for their own taxes, insurance, and work-related liability. Public bid offerings enable interested persons and firms to engage in a competitive, equal opportunity selection process.

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NOTES

1. Service Unit Definitions document available on the Helpful Forms page under the Community Investment section of our web site.
2. Consult the National Gains Center for more information on integrated treatment: www.gainscenter.samhsa.gov.
3. Our Cultural Competence page is located under the Community Initiatives section of our web site.
4. Helpful examples of Language Assistance Plans:
 - Centers for Medicare and Medicaid Services (2014): Strategic Language Access Plan (LAP)
 - The Department of Health and Human Services Language Access Plan 2013
5. National Standards for Culturally and Linguistically Appropriate Services (CLAS), Dept of Health and Human Services, Office of Minority Health.
6. RSMo §205.975
7. RSMo §632.005
8. CCAC application form is available under the Quality Initiatives section of our web site.
9. Cultural Competence Indicators are located on the Cultural Competence Page under the Quality Initiatives section of our web site.