

**United Way of Lane County  
2010/2011 Strategic/Preventive Proposal**

- A. Name of Organization: South Lane Mental Health
1. Contact Person: Tom Wheeler
2. Address: 410 N. Ninth St.  
Cottage Grove, OR 97424
3. Phone: 541-942-2850 Email: TomWheeler2@Gmail.com
- B. Name of Proposed Services: Care Coordinator for Medical Access Program (MAP) in South Lane County
- C. Amount of Funding Requested for a 12 month period: \$15,000

***The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.***

*Thoung A. Wheeler*

*Worlyn Chapman*

\_\_\_\_\_  
Signature: Agency Director      3/3/10  
Date

\_\_\_\_\_  
Signature: President, Board of Directors      3/3/10  
Date

## SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see **Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME and HEALTH.**)

1. **Action Area:** (select one)

- Education:** Preparing children to succeed in school and life.
- Income:** Moving families from poverty to financial stability.
- Health:** Ensuring people have basic access to healthcare.

2. **Strategies:** Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. (*Note: Strategy or strategies listed must come from Appendix A referred to above.*)

The strategies to be addressed through this proposal are:

- Increase in the number of uninsured patients in the South Lane County area receiving basic medical and mental health services through use of a medical home model;
- Improved physical and mental health of uninsured patients/clients through better management of chronic conditions; and
- Increase self-sufficiency and stability of uninsured patients/clients through case management.

3. Provide a **brief** (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.

South Lane Mental Health will leverage United Way of Lane County funding support (\$15,000/year requested) into paying for a full-time Care Coordinator who will enroll between 60 and 100 uninsured South Lane County residents per year in our Medical Access Program (MAP) with South Lane Medical Group-Cottage Grove Hospital. This project, launched in late summer 2009, is part of United Way of Lane County's 100% Access MAP initiative. By utilizing the medical home model of care and intensive individualized case management, this project will: increase local health care access for people without insurance coverage and with limited financial means; reduce inappropriate and costly use of emergency room and hospital services through improved chronic condition management; and generate better health outcomes for individuals and the community. Under this program, local physicians provide pro-bono primary care services and South Lane Mental Health provides intensive care coordination for uninsured low-income individuals. The care coordinator will also help those 60 to 100 clients per year stabilize their lives by obtaining Social Security, housing assistance and Oregon Health Plan benefits.

## SECTION II: SERVICE IMPACT

### 1. Need, Target Population and Program Description

#### A. Need/Target Population

Identify the community problem/need the strategies described in Section I address, including the number of Lane County residents affected. Clearly link the need to the Community Investment Strategic Action Area goals and strategies selected in 1 and 2 above. *Also, include local trend information over the last five years as available/appropriate.* Describe how the proposed service(s) reach the intended target population for your Action Area (see Appendix A) and is appropriate to the need.

The challenge of low-income uninsured people obtaining affordable, appropriate and effective healthcare is not unique to South Lane County. However, residents of rural and low-income communities often have greater basic medical and mental health care needs and more challenges than their urban and more affluent counterparts, and also have a greater need for skilled advocates to help navigate the complex and confusing network of healthcare services.

One in four adults and one in five children each year suffer from a mental disorder or emotional health problem that impairs everyday functioning, according to the National Institute of Mental Health. Residents of low-income and rural communities usually fare worse, experiencing at least triple the rate of mental illness prevalent in more affluent and urban areas, concludes a 7-year study by Christopher Hudson of Salem State College in Massachusetts. Hudson's study follows much research beginning in the 1930s on the correlation between poverty and mental illness. The relationship, according to mental health experts and researchers, is complex and strongly influenced by social conditions (such as poverty) and how a person feels about their lot in life.

Cottage Grove is a low-income, rural, and "severely distressed" community, according to the Oregon Economic and Community Development Department, resulting in a higher-than-average need for mental health and basic medical services and a lower percentage of people who can afford them. Nearly 20 percent of the regional population of 36,500 lives below the federal poverty level; the per capita income is \$14,550 (compared to the state's \$20,940 and the nation's \$21,587, according to the most recent U.S. Census data available); unemployment is generally several percentage points higher than in the county overall; and just 10 percent of the population over the age of 25 has a college degree, further limiting wage-earning potential.

As the global economic recession persists, the outlook for South Lane County communities such as Cottage Grove is not favorable. The local trend mirrors the national one: an increasing number of people are losing their jobs and employer-sponsored health insurance coverage.

People who are low-income and without health insurance coverage may or may not have mental or emotional problems. However, both populations share many of the same challenges when it comes to accessing affordable, appropriate and effective healthcare. Even for people with resources and support, the healthcare system can be confusing. For someone who has added stresses of being jobless, homeless or without money, a basic medical problem or a diagnosis of a chronic condition can spiral out of control, requiring expensive and unnecessary emergency room intervention and/or hospitalization.

Exacerbating the problem are several universal factors that also play out locally:

- Mental and emotional health issues are at the root of more than half of all doctor visits and, according to studies published in medical journals, represent a serious problem in primary care. Patients with medically unexplained symptoms (such as headaches, fatigue, and back

pain) fill primary care and emergency department waiting rooms, taxing the system, and also straining the patient's relationship with the physician who searches fruitlessly for a diagnosis. This leads to frustration by the physician — who may conclude the “illness” is psychosomatic — and by the patient, who avoids seeking help until the situation turns into a crisis requiring expensive emergency intervention.

- Many medical conditions — such as diabetes, thyroid disease, and lupus — have serious emotional side effects and consequences, which are rarely addressed by harried physicians. Most often, the physician treats the medical problem by providing the patient with a prescription and advice such as “eat healthier” or “monitor your blood sugar”. But people who live in poverty may find these seemingly simple instructions impossible to follow. For example, it is very difficult for a person with diabetes to control his diet when he depends on high-carbohydrate meals offered for free at soup kitchens. Such issues affect health but are outside of the physician's scope. Yet, without care and monitoring, the patient's medical condition will deteriorate into a crisis requiring expensive emergency department care.
- People who live in poverty as well as people with mental health issues are often unfairly stigmatized. As a result, they have limited access to medical services and usually receive substandard care. A person who cannot follow the doctor's advice or fill a prescription (either due to lack of funds or limited mental capacity) may be labeled a “non-compliant patient” by healthcare providers and be subtly or overtly discouraged from seeking more help. The low-income or mentally ill patient's complaints may be dismissed until the condition deteriorates into a crisis requiring emergency intervention.

Emergency room care is expensive, costing an average of \$1,200 per visit — a sum that the low-income or uninsured likely will not pay. And yet, this type of care is on the rise. Uninsured visits to emergency departments in Lane County, including the one in Cottage Grove, increased from 19.2% in 2005 to 20.3% in 2007, according to a study by Health Policy Research Northwest commissioned by the United Way of Lane County's 100% Access Healthcare Initiative. Heavy users (more than six visits between 2005 and 2007) comprise 2.3% to 2.6% of individuals who visited a Lane County emergency department. The study found a disproportionately high number of emergency room visits attributable to the uninsured population compared to all such visits across the county. In the current economic climate, this upward trend is likely to continue.

The situation is worse in rural areas such as South Lane County, where there are no Federally Qualified Health Centers. While there are a number of free safety net clinics 20-plus miles north in Eugene and Springfield, access for uninsured Cottage Grove area residents is a challenge. Many people are not even aware of the clinics and, if they are, experience trouble getting there. With safety net clinics located a long distance from home, a nearby emergency room becomes an even more likely place for primary care treatment, according to the Health Policy Research Northwest study.

The report concludes: “the uninsured are burdened with substantial barriers to accessing healthcare services ... (and) could benefit from innovative community approaches to care coordination, chronic disease management and health education initiatives.”

## **B. Service Description**

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

In the summer of 2009, South Lane County's three largest healthcare providers — Cottage Grove Community Hospital, South Lane Medical Group, and South Lane Mental Health — launched an

innovative collaboration modeled after the United Way of Lane County's Medical Access Program (MAP) in Eugene-Springfield. This evidence-based practice known as "providing a medical home" emphasizes care coordination, chronic disease management and health education initiatives to:

- Increase local health care for people without insurance coverage and with limited financial means;
- Reduce inappropriate and costly use of emergency room and hospital services; and
- Generate better health for individuals and the community.

Under the South Lane County MAP project, local physicians provide uninsured low-income people with pro-bono health care maintenance services and South Lane Mental Health provides care coordination.

Since launching the local program six months ago, 15 patients have been enrolled with promising results. But in order to have more impact, additional staff — specifically for the intensive care coordination follow-up — is required. South Lane Mental Health is seeking a two-year, \$15,000 annual investment by United Way of Lane County to help defray the cost of a full-time care coordinator who will enroll between 60 and 100 uninsured South Lane County residents each year in the local MAP, helping to "move the needle" toward United Way's goal of connecting an additional 15,000 uninsured Lane County residents to community-based healthcare by 2020. This project will have life-altering positive impact on at least 60 individuals each year, as well as provide local physicians with additional time and resources to improve access and the care they offer to many more patients. By demonstrating success with private physicians and intensive-needs patients in a rural setting, this project will encourage further investment on a national scale in this cost-efficient model.

Primary care medical services are a key component of the program. But the South Lane MAP pilot project also provides competent and intensive one-on-one care coordination that includes:

- Referral to no- or low-cost specialty care offered by volunteer 100% Access specialists in Eugene/Springfield;
- Patient education on prevention and better health;
- No- or low-cost mental health services (including case management, individual therapy, and psychiatric medication prescribing);
- Access to low- or no-cost laboratory services;
- Assistance in obtaining low- or no-cost prescription medications; and
- Access to timely and affordable preventive dental care.

Currently, South Lane Mental Health has one skilled part-time care coordinator to provide these very intensive services. With added capacity of a full-time care coordinator, South Lane Mental Health can provide care coordination and intensive outreach services to at least 60 uninsured South Lane County residents each year who have been identified by South Lane Medical Group-Cottage Grove Hospital as patients with high needs or problems such as frequent emergency room use.

The South Lane Mental Health care coordinator's activities are designed to:

- Help patients improve their skills for accessing appropriate healthcare;
- Promote preventive and proactive care;
- Improve patient perception of their health; and
- Access social service benefits to ensure a higher degree of compliance with physician recommendations.

In addition to greater and more appropriate access to basic health services, the results of these activities will be patients with:

- Improved health outcomes;



Dates should match the service objective dates you specified in question 2 A.

**12-Month Outcomes:** 9/1/2010 through 8/31/2011  
 (Month/Day/Year) (Month/Day/Year)

**Proposed Outcomes and Performance Measures for each proposed service** (provide in table format, correlating measures to proposed outcomes):

*Example: Note: Table can be expanded as needed to include all information.*

<i>Outcomes</i>	<i>Measures</i>
<i>100% of patients will have a primary care physician and care coordinator through the South Lane MAP medical home project</i>	<i>Count of enrolled patients</i>
<i>80% of MAP participants will reduce inappropriate use of the Cottage Grove Hospital Emergency Department</i>	<i>Review of Cottage Grove Hospital Emergency Room data</i>
<i>60% of MAP participants will improve their health</i>	<i>Self-assessment every 6 months; pre- and post-health status survey</i>
<i>20% of MAP participants will secure permanent health insurance benefits</i>	<i>Review of self-reported records</i>
<i>10% of MAP participants will obtain other social benefits such as housing, a job, SSI</i>	<i>Review of self-reported records</i>

**Note:** Please include a copy of your Logic Model if one was developed. It is excluded from the 15 page limit.

**3. Tracking Systems**

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

A variety of systems will be used to track the impacts and outcomes of the services provided and to support continuous improvement. All of these systems, other than the pre- and post-program health status form mentioned below, are already in use. These include:

- A health status survey designed by Health Policy Research Northwest
- Client file reviews
- Client reports
- MAP tracking software
- Cottage Grove Hospital-South Lane Medical Group records (ED use)
- A pre- and post-program health status form to be developed by South Lane Mental Health

**SECTION III: SERVICE MANAGEMENT**

**1. Client Involvement**

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

Clients are highly involved in South Lane Mental Health’s design and provision of services. South Lane Mental Health’s Board of Directors includes clients and family members of clients. Often, these

members have not announced this connection prior to joining the Board, and South Lane Mental Health does not keep a complete tally of client Board representation; however, the agency has never dropped below at least two family members and one client on the Board. Currently the Board has one client and three close relatives of current and former clients.

Client satisfaction is also taken very seriously. In addition to a suggestion box in the counseling center's waiting room, South Lane Mental Health also conducts client satisfaction surveys and convenes consumer groups to obtain regular feedback. Compared with data on consumer satisfaction for statewide and other local mental health providers, South Lane Mental Health's ratings have historically been slightly higher than average.

## **2. Coordination/Collaboration**

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

South Lane Mental Health recognizes that an effective mental health program depends on developing strong relationships with other providers. The agency has strong working relationships with many other non-profits and governmental units — from Lane County Housing Authority to the City of Cottage Grove, from Head Start to Cottage Grove Hospital to South Lane School District — that all have an interest in a healthy and productive citizenry. Our partnerships help us address our clients' many and varied needs, which often include challenges (homelessness, joblessness, and poverty) not typically classified as "mental health" in nature.

South Lane Mental Health works closely with local police, collaborating with The Cottage Grove Police Department to providing trainings for City of Cottage Grove employees and emergency personnel.

The City of Cottage Grove and South Lane Mental Health are collaborating on the purchase and renovation of new offices for South Lane Mental Health. This collaboration included jointly developing a successful \$800,000 Community Development Block Grant application, as well as successful proposals for other federal funds, and a \$100,000 grant from the Lane County Economic Development Department.

South Lane Mental Health has been a contractor for Lane Care, the Lane County entity administering the mental health portion of the Oregon Health Plan, since 1998. South Lane Mental Health also receives crisis and indigent funding from Lane County Health and Human Services. South Lane Mental Health contracts with the State of Oregon's Addictions and Mental Health Department to provide Extended Care Management services to individuals with some of the most challenging mental health problems in the state.

For the past few years, South Lane Mental Health has been working with Head Start of Lane County in both Cottage Grove and Creswell classrooms. Recently, South Lane Mental Health signed a contract with Head Start to provide regular on-site mental health supervision services to Head Start staff in Cottage Grove, Creswell, and Oakridge.

For more than 15 years, South Lane Mental Health has contracted with Cottage Grove Hospital to provide emergency room assessments and recommendations to Emergency Department physicians. South Lane Mental Health has developed additional resources to assist emergency room patients with emotional problems by providing alternatives to psychiatric hospitalizations. With agency help, more than 50 emergency room patients per year develop crisis plans, which include an urgent referral to the agency's outpatient program rather than an inpatient hospitalization.

South Lane Mental Health offers free grief support groups to people in the community three times per year. Referrals come from organizations (businesses, such as a local funeral home, and non-profits, including local churches and South Lane Medical Group clinic) throughout South Lane County.

South Lane Mental Health recognizes that being in crisis is highly disruptive and hugely costly to the community as a whole. The agency works to address problems early and avoid later emergencies. An example is the collaboration between South Lane Mental Health and Cottage Grove Community Hospital and South Lane Medical Group in piloting the Medical Access Program (MAP) in South Lane County. For this partnership, South Lane Mental Health has a Memorandum of Understanding with Cottage Grove Hospital-South Lane Medical Group.

Through involvement in the Medical Access Program, South Lane Mental Health has become part of United Way's 100% Access Coalition of Lane County, with the agency serving on the Safety Net Clinic Committee and the MAP Operations Committee.

### **3. Diversity / Accessibility**

*“United Way of Lane County believes that respect for and understanding of all cultures, peoples, and lifestyles are central to our mission of helping people care for one another. To that end, United Way will demonstrate that it values diversity in its funding of programs in Lane County. We will attempt to promote and recognize programs and organizations which provide culturally appropriate services, ensure access for people needing those services, and show a valuing of diversity in volunteer, staff, and service systems.”* --United Way of Lane County's Diversity Statement

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural/urban location.

South Lane Mental Health has a commitment to diversity, with employees and the board representing the community in which we are located and the clients we serve.

South Lane Mental Health serves persons from culturally diverse backgrounds. The agency's offices and services are designed to be comfortable, respectful, safe and non-threatening. Signs in the lobby are in English and Spanish. Clients are continually involved in the process of helping agency staff be aware of the need to respect diverse cultures. Clients of varied ethnic and sexual orientations have conducted cultural sensitivity training for staff.

South Lane Mental Health has two bilingual and several bicultural counselors available to provide counseling services to children and adults. The agency also contracts on occasion with a native Spanish speaker who has deep roots in the local Hispanic community. South Lane Mental Health also contracts with American Sign Language interpreters to serve persons who are deaf or hearing impaired.

During client intake, South Lane Mental Health staff members discuss cultural factors with all new clients to identify individual concerns. Special attention is paid to older clients, Native Americans, or Spanish-speaking persons who may have cultural factors which affect how they view mental health problems and services. Efforts are made to customize treatment to these individual points of view.

South Lane Mental Health frequently deals with individuals suffering from trauma. The agency's front office staff receives annual awareness training to help make a positive and compassionate impression when a new client — no matter what they are suffering from — walks in the front door.

### **4. Use of Volunteer and Partnership Resources**

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

South Lane Mental Health is fairly new to utilizing volunteers, until 2009 counting mostly on the 11 members of the Board of Directors to sit on committees and attend monthly meetings. Within the agency's mental health operations it is difficult to place volunteers because of the confidential nature of the work, the professional expertise required in counseling, and the importance of continuity and consistency in working with clients. However, since last fall, a retired mental health nurse has been voluntarily assisting with record keeping.

Otherwise, all of the agency's volunteers are largely in connection with an event. In the summer of 2009, South Lane Mental Health put on its first-ever community fundraising event — a Cottage Grove garden tour — and mobilized more than 65 volunteers donating hundreds of hours before, during, and after the event. Planning for the 2010 garden tour is underway, with 65 to 70 volunteers expected to provide several hundred volunteer hours.

South Lane Mental Health has a long track record as a reliable community partner and providing contracted services for a range of government agencies. But the agency is also fairly new to asking for donated financial support. The agency recently completed a successful capital campaign that raised \$1.8 million from more than 150 sources (governments, foundations, businesses, service groups and individuals) to purchase, renovate and equip a new counseling center and expand services and programs.

These endeavors show the agency's ability to tap into the high level of community support that exists for South Lane Mental Health's work.

## **5. Budget**

- A.** Complete the budget form (Appendix B) included separately.

Attached

- B.** Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

The United Way of Lane County's investment of \$15,000 annually for two years will leverage at least \$107,000 of additional funds for this \$137,000 two-year project. The balance of funds will come from other sources, including \$10,000 from a grant recently awarded to South Lane Mental Health from PacificSource to serve low-income and uninsured clients, \$10,000 from individual donations, and the rest from our own reserved or raised funds.

The medical home model is a proven cost-effective strategy for efficient service delivery and improved health outcomes. A primary goal of this proposed project is to reduce inappropriate use of the Cottage Grove Hospital emergency department by the uninsured. The average cost of an emergency room visit is \$1,200 — about six to seven times the cost of a visit to a primary care physician's office.

The reason the medical home model is more cost efficient and effective is that physicians spend less time providing direct care per patient, with care coordinator and educational personnel more frequently consulted. Medical homes save money and provide better health outcomes as services are delivered at a more appropriate level in a timely manner. Social workers, case managers and care

coordinators are trained to locate and develop a wide array of services that are out of the scope of practice for most physicians but that are critically important for good health outcomes for a low-income, high-needs population. Although medical homes have been implemented in other locations around the country, South Lane Mental Health and its collaborators are hoping that a local successful demonstration project with uninsured patients in a rural area might also attract additional funding through health research organizations. In addition, this unique collaboration between South Lane Mental Health and Cottage Grove Hospital-South Lane Medical Group will surely grow, possibly leading to establishing a Federally Qualified Health Center and/or school-based health clinics in South Lane County.

C. If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

6. **Follow-Up**

If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

N/A

Yes  No

If yes, how have these been addressed by your agency?

7. **Governance, Management & Organizational Capacity**

Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. ***Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.***

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

South Lane Mental Health, established in 1988 by local volunteers seeking to make a difference in the lives of individuals and the community, is the leading mental health services provider, a key player in the community's continuum of care for low-income and uninsured children and adults, and the only safety net clinic in Cottage Grove.

South Lane Mental Health provides counseling, crisis response, case management, benefits advocacy, and medication prescription and management, plus supported housing for adults with severe and persistent mental illnesses. The agency serves 1,000 mostly very low-income adults and children annually. More than 600 clients are covered under the Oregon Health Plan, which pays South Lane Mental Health for its services. However, almost all other clients lack insurance and the financial wherewithal to pay.

South Lane Mental Health's mission is to help children and adults in the greater Cottage Grove community realize full and productive lives through effective and respectful mental health treatment, education and advocacy. The agency is guided by the principle of providing assistance regardless of a person's ability to pay or insurance status.

With a long history of operational efficiency, South Lane Mental keeps costs low and stretches its dollars. In addition to serving clients who are covered by the Oregon Health Plan, the agency is able to provide nearly \$300,000 worth of pro-bono/sliding scale services a year for people with no insurance, and provide access to more than \$1 million in free prescription medication to the uninsured every year.

All told, South Lane Mental Health saves the healthcare system and taxpayers upwards of an estimated \$5 million a year by providing access to free prescription medications; access to (and training for how to appropriately utilize) primary health care providers; crisis intervention (on everything from medical issues to housing); and diversion from the emergency room and psychiatric hospitalizations. Overall, South Lane Mental Health is financially self-sustaining at a basic level due to reimbursements from the Oregon Health Plan and Medicaid. Grants and other contributions, such as the one being sought from United Way, enable South Lane Mental Health to expand help to those with no insurance and limited financial capacity.

Improving access to, and coordination of, community-based medical and mental health services for low-income and uninsured area residents is a top priority for South Lane Mental Health. Currently, the agency's Assistant Executive Director is overseeing the MAP collaboration with South Lane Medical Group-Cottage Grove Hospital, carrying out initial client intake assessments, and working with those enrolled to receive the medical and other services they need. With funding, South Lane Mental Health can hire a full-time care coordinator, who will report to the Assistant Executive Director. Together, the two will continue to enhance the collaboration between South Lane Mental Health and Cottage Grove Hospital-South Lane Medical Group for the MAP project.

South Lane Mental Health is well equipped to efficiently and successfully carry out the services proposed. The non-profit agency has a team of licensed and highly qualified counselors and case managers, plus a highly skilled administrative support staff. In addition to counselors, case managers, and psychiatric nurse practitioners, other South Lane Mental Health employees provide — at no cost to clients — valuable ancillary services such as help accessing free prescription medications; personal budgeting, bill paying and payee services; and assistance obtaining or becoming a Personal Care Assistant. This comprehensive range of services is key to stabilizing clients and enabling them to live successfully in the community.

South Lane Mental Health is financially sound. For the past 16 years, most of the agency's annual operating budget has come from federal and state insurance program reimbursements. Other funding sources include client co-payments, fees for contracted services, and foster service reimbursements. More recently (since 2008), South Lane Mental Health has also received government and foundation grants as well as donations from individuals, service clubs and businesses. The agency's operating budget is heavily dependent on reimbursements from the Oregon Health Plan and Medicaid, and is sustainable barring any unforeseen changes to these well-established programs. Community and grant fundraising allows the agency to increase its service level and access, particularly for the uninsured.

The membership of South Lane Mental Health's board of directors reflects a high commitment to the agency and its mission. Directors include: a client currently receiving services; family members of clients receiving services; a retired physician; a semi-retired counselor; a Certified Public Accountant; and several community advocates. Board members were integral to the agency's recent first-ever major fundraising campaign (2008) and to the staging of the agency's first-ever public event — a summer 2009 Cottage Grove garden tour that attracted nearly 400 people and mobilized upwards of 60 volunteers.

The agency's fiscal and governance systems are in order and fully functioning, with the required and prudent controls built in and adhered to. South Lane Mental Health has no debt.

South Lane Mental Health will soon be operating out of a newly renovated and much larger facility, which it will own outright with no debt. The new counseling center is a result of a successful \$1.8 million fundraising campaign and a key collaboration with the City of Cottage Grove, which won an \$800,000 Community Development Block Grant for the project. The 8,900-square-foot building features enough space for staff and clients as well as for newly equipped special rooms for art and

play therapy and group counseling.

**8. Policy Adherence**

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

South Lane Mental Health previously submitted (January 11, 2010) the signed documents listed below:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

***Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.***

# Strategic/Preventive Investment Application

## Proposed Services BUDGET

(fill in the yellow cells)



Agency Name:

**South Lane Mental Health**

Proposed Services:

**South Lane County MAP Care Coordinator**

	Prior 12 Months	Future 12 Months
<b>REVENUE/SUPPORT</b>		
United Way Funding/Request (do NOT include Donor Designations)	\$0.00	\$15,000.00
Public Support: Contributions/Fundraising Events (include Donor Designations)	\$0.00	\$10,000.00
Government Funding	\$0.00	\$0.00
Foundation/Corporation/Other Grants or Major Gifts	\$10,000.00	\$15,000.00
Program Service Fees or Membership Dues	\$0.00	\$0.00
Other Revenue (SLMH contribution)	\$900.00	\$28,550.00
<b>Total Revenue</b>	<b>\$10,900.00</b>	<b>\$68,550.00</b>
	<b>Actual</b>	<b>Estimated</b>
<b>EXPENSES</b>		
Personnel Related	\$7,500.00	\$50,000.00
Client Assistance	\$850.00	\$1,000.00
Other Direct Program Expenses	\$1,750.00	\$12,500.00
Administrative Overhead	\$800.00	\$5,050.00
<b>Total Expenses</b>	<b>\$10,900.00</b>	<b>\$68,550.00</b>
<b>NET</b> (should be zero)	<b>\$0.00</b>	<b>\$0.00</b>

What percent of your <b>agency</b> budget do these proposed services represent?	1%	4%
What percent of your <b>agency</b> revenue is the United Way request?	n/a	1%
Number of employee FTE's (full-time equivalents) in proposed services?	0.25	1.25
Percentage United Way request to overall proposed services revenue	0%	22%
Administrative overhead percentage applied to proposed services	8%	8%

Completed by:

**Tom Wheeler**

## LOGIC MODEL FRAMEWORK TEMPLATE

<b>IMPACT</b>	Better health outcomes for individuals living in a rural community through a medical home model collaboration between a variety of healthcare providers.
<b>OUTCOME</b>	100% of the uninsured individuals participating in South Lane County MAP will have a medical home, including a primary care physician and case manager, and temporary access to free lab services and specialists. 80% will reduce emergency room use; 60% will report improved health; 20% will increase long-term access to basic medical services by obtaining health insurance; 10% will increase stability by gaining other fundamental social service benefits.
<b>MILESTONE<sup>^</sup></b>	Within 12 months of program start: Increase in number of uninsured patients in South Lane County receiving basic medical and mental health services; Reduced emergency room utilization; Improved health through better management of chronic conditions; Increased self-sufficiency by acquiring health insurance other fundamental social service benefits. Long-term benefits the same.
<b>EVALUATION*</b>	Health surveys to measure patient perception of health status at six-month intervals; With partners, review of data on ER, primary care physician and case management visits; Review of patient reports regarding acquiring permanent health insurance coverage and other significant benefits.
<b>METRIC*</b>	Temporary benefit: All 60 patients obtain a relationship with a primary care physician for basic healthcare and a care coordinator for support. Permanent benefits: 60% of patients will report improved health, 80% will decrease inappropriate utilization of emergency department resources, 20% will obtain permanent health insurance, and 10% will obtain another important benefit such as subsidized housing, employment, or SSI.
<b>OUTPUT</b>	In 12-month timeframe beginning July 1, 2010, 60 uninsured people will get basic medical and mental health services, education and skills training, and intensive assistance in obtaining benefits and resources. Uninsured clients will change behavior (inappropriately using emergency room) after learning better personal health management strategies and health system navigational skills and gaining stability in their personal lives.
<b>ACTIVITY</b>	All participants get basic primary medical and mental health services; access to free labs and specialists; and individualized intensive care coordination and case management services including benefits advocacy and enrollment assistance, and education and skills training on chronic health condition management.
<b>INPUT</b>	<u>EXISTING</u> = .25 MAP coordinator, .10 administrative support, office space. <u>NEEDED</u> = 1.0 FTE care coordinator-case manager
<b>STRATEGY</b>	Medical home model with intensive care coordination services is evidence-based practice resulting in reduced ER visits, improved perceptions of health, and greater stability through obtaining health and other housing, job or social security benefits.
<b>INDICATOR</b>	Low-income rural residents more likely to have at least three times the rate of mental health incidents and poor physical health. Cottage Grove a "severely distressed" community (Oregon Economic & Community Development Dept.) w/unemployment generally several percentage points higher than in the county overall. Increasing number of people losing jobs & employer-sponsored health insurance coverage.
<b>CONDITION</b>	People without insurance coverage are more likely to suffer from poor health that requires expensive emergency room intervention and hospitalization because they weren't able to access basic primary and preventive care. Those living in rural areas have trouble accessing urban safety net clinics. Without skilled and dedicated assistance, low-income people have trouble navigating complex health systems and meeting requirements to access benefits.

Metric and evaluation (\*) sections required, but will not contribute significantly to overall score during this funding cycle. Demonstration of outcome measurement will be required in future funding cycles (e.g., data results, copies of survey instruments). If the agency currently does not conduct data collection to measure outcomes, document this as "In Development" in the metric and evaluation section of the Logic Model.

Milestone (^) section required only if short-term and long-term outcomes are measured.

# Attachment A

## United Way of Lane County Best Organizational Practices and Management

**Agency Name:** South Lane Mental Health Services Inc.

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with **Yes** or **No**. If **No**, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

<b>ORGANIZATIONAL MISSION AND DIVERSITY</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Mission</b>			
1. Our agency has a written mission statement that reflects our purposes and values.	X		
2. The board regularly reviews our agency's mission statement.	X		
3. Our agency engages in annual planning that helps define organizational and divisional goals.	X		
<b>B. Diversity</b>			
1. Our agency's governance and operations strive to be inclusive of all parts of our community.	X		
2. Our agency strives to reflect the diversity of the community we serve.	X		
3. Our agency has a written policy and practice of non-discrimination in the following areas:			
a. Employment (recruitment, hiring, assignment, promotion, discipline, termination)	X		
b. Board and committee participation	X		
c. Volunteer selection	X		
d. Service delivery	X		

<b>FINANCIAL MANAGEMENT</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Audit</b>			
1. Our agency has an annual audit or review done by an independent certified public accounting firm.	X		
2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board.	X		
<b>B. Financial Transactions and Controls</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount.	X		
2. Our board has approved a delegation of authority to specified levels of management that shows types and limits of spending or approval authority.	X		

<b>C. Money &amp; Investments</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit.	X		
2. The board has adopted an investment policy that is regularly reviewed.			N/A
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	X		
<b>D. Capital Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	X		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.		X	But we will implement by January 2011
<b>E. Accounts Payable</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. The board has approved a written purchasing policy.	X		
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	X		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	X		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.			N/A
5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee.			N/A
<b>F. Employees Expense/Reimbursement</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff.	X		
2. There is a travel and employee expense reimbursement policy approved by our board.	X		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.	X		
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	X		
<b>G. Budgeting and periodic financial reports</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds.	X		
2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved.	X		
3. Substantial changes in the budget are presented to the board for approval.	X		
4. Our board, or the financial committee:			
a. Reviews the financial statements (statement of activities, statement of position) on a quarterly basis	X		
b. Receives explanations of major variances.	X		

c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program.	X		
d. Reviews source and amounts of funding by function.	X		
<b>GOVERNANCE</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Board of Directors</b>			
1. Our agency has a governing board of citizen leaders.	X		
2. Our board is a volunteer group serving without compensation.	X		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	X		
4. Our board ensures the creation of and approves agency policies and procedures.		X	Delegated to Executive Director
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	X		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	X		
7. Our board meets at least quarterly. Indicate how often: <u>monthly</u>	X		
8. Our agency creates and maintains permanent board minutes.	X		
9. Our agency ensures continuity by having overlapping board member terms.	X		
10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise.	X		
11. Our board has a process for handling urgent matters between meetings.	X		
12. Each board member has contact information for the entire board.	X		
13. Our board evaluates the executive director on an annual basis.		X	Will do in 2010
14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage _____	X		
<b>B. Bylaws and Policies</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency has written bylaws.	X		
2. Our agency provides each board member a copy of the bylaws.	X		
3. Our bylaws state the requirements for a board quorum.	X		
4. Our board regularly reviews the bylaws.		X	Will do in 2010
5. Our agency has written operational policies and procedures.	X		
6. Our board has approved a code of ethics for both staff	X		

and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices.			
7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur.	X		
8. Our board ensures that the agency has personnel policies and written job descriptions.	X		
<b>C. Board Committees</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making.	X		
2. Our agency's board members serve on at least one board committee.		X	Not required
3. Our agency committees meet on a regular basis (monthly or quarterly).	X		
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.	X		
<b>D. Compliance with legal requirements</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements.	X		
2. We have been the subject of a governmental investigation in the last 24 months.		X	
<b>E. Insurance</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. We have liability insurance covering volunteers, staff and board of directors.	X		
2. We have general liability coverage.	X		

**Agency Name:** South Lane Mental Health Services Inc.

**Prepared By (Name):** Tom Wheeler

**Title:** Executive Director

**Date:** 1/11/10

## Attachment B

### United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

**South Lane Mental Health**

(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**



**Signature, Agency Director:**

**Print name:** Tom Wheeler

**Date:** 1/11/10

## **United Way of Lane County**

### **NON-DISCRIMINATION CERTIFICATION OF COMPLIANCE**

**“I hereby certify that our agency/organization is in compliance with all applicable Federal, State, and local laws that may apply to our agency regarding discrimination on the basis of: race, religion, color, sex, national origin, marital status, familial status, age, source of income, disability, sexual orientation, and any other category protected by such laws.”**

### **ANTI-TERRORISM COMPLIANCE MEASURES**

**“I hereby certify that our agency/organization is in compliance with the USA Patriot Act and other counterterrorism laws, United Way of Lane County requires that each agency certify that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”**

### **AGENCY DIRECT FUNDRAISING POLICY**

#### **Intent**

The intent of this agreement is to adapt current fundraising agreements to the new community impact model and foster a spirit of cooperation within our current system. United Way does not wish to regulate fund raising that has little impact on workplace giving. It is the position of this agreement that, in good faith, agencies will not engage in any development activities that would interfere with United Way’s workplace efforts.

#### **Agreement**

- Member agencies will dedicate as much staff and volunteer effort as possible, in support of each other, to increase community giving from September to November.
- Agencies agree to grant United Way exclusive rights and leadership of the workplace campaigns.
- Member agencies agree to co-market with all fundraising activities as noted in the agency agreement and clearly identify themselves as a United Way agency.

# **DONOR DESIGNATION POLICY**

United Way of Lane County conducts an annual, community-wide campaign for the purpose of raising funds and recruiting volunteers. The objective is to increase good will and public involvement and commitment to community goals by addressing high priority health and human care issues in Lane County, Oregon. Donor designations are offered within that context as a service to our donors.

## **Accepting Donor Designated Gifts**

United Way of Lane County will accept donor designated gifts within the framework of the following choices:

- a designation to the Live United Fund
- a designation to a specific action area (Education, Income, Health)
- a designation to a specific eligible organization or another United Way
- a designation to exclude a specific United Way participating agency from receiving any portion of a donor's gift

A donor may designate all or part of their gift.

## **Eligibility Criteria**

Organizations must meet the following criteria to be eligible for receiving designations through the United Way campaign:

- Contributions to the organization must be fully tax deductible to the donor. Specifically excluded in accord with this policy are political campaigns, political action groups, tuition, dues, or other payment for services.
- The organization must be in compliance with all necessary registration and filing requirements for charitable organizations.

United Way reserves the right to review the status of any organization at any time as it relates to eligibility for designations.

## **Promotion of the Donor Designation Program**

Organizations—both United Way participating, as well as non-United Way—are expected to promote the United Way concept when engaged in activities surrounding the campaign. United Way of Lane County reserves the right to deny eligibility for designated funds to any organization that engages in or encourages activities designed to result in direct designations to their own organization through the annual United Way campaign.

## **Service Fees**

United Way will forward designated gifts to specific agencies on a quarterly basis. Payouts will be based on the actual cash collected from donors less a service fee to help cover the fundraising and administrative costs. The amount of the fee is dependent on the amount of the donor's total gift or their employer.

# Attachment A

## United Way of Lane County Best Organizational Practices and Management

**Agency Name:** South Lane Mental Health Services Inc.

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with **Yes** or **No**. If **No**, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

<b>ORGANIZATIONAL MISSION AND DIVERSITY</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Mission</b>			
1. Our agency has a written mission statement that reflects our purposes and values.	X		
2. The board regularly reviews our agency's mission statement.	X		
3. Our agency engages in annual planning that helps define organizational and divisional goals.	X		
<b>B. Diversity</b>			
1. Our agency's governance and operations strive to be inclusive of all parts of our community.	X		
2. Our agency strives to reflect the diversity of the community we serve.	X		
3. Our agency has a written policy and practice of non-discrimination in the following areas:			
a. Employment (recruitment, hiring, assignment, promotion, discipline, termination)	X		
b. Board and committee participation	X		
c. Volunteer selection	X		
d. Service delivery	X		

<b>FINANCIAL MANAGEMENT</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Audit</b>			
1. Our agency has an annual audit or review done by an independent certified public accounting firm.	X		
2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board.	X		
<b>B. Financial Transactions and Controls</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount.	X		
2. Our board has approved a delegation of authority to specified levels of management that shows types and limits of spending or approval authority.	X		

<b>C. Money &amp; Investments</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit.	X		
2. The board has adopted an investment policy that is regularly reviewed.			N/A
3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member.	X		
<b>D. Capital Equipment</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount.	X		
2. Periodic physical inventories are taken and compared with the capital equipment ledgers.		X	But we will implement by January 2011
<b>E. Accounts Payable</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. The board has approved a written purchasing policy.	X		
2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner.	X		
3. Purchases for or on behalf of employees are made pursuant to a board-established policy.	X		
4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy.			N/A
5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee.			N/A
<b>F. Employees Expense/Reimbursement</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff.	X		
2. There is a travel and employee expense reimbursement policy approved by our board.	X		
3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures.	X		
4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved.	X		
<b>G. Budgeting and periodic financial reports</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds.	X		
2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved.	X		
3. Substantial changes in the budget are presented to the board for approval.	X		
4. Our board, or the financial committee:			
a. Reviews the financial statements (statement of activities, statement of position) on a quarterly basis	X		
b. Receives explanations of major variances.	X		

c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program.	X		
d. Reviews source and amounts of funding by function.	X		
<b>GOVERNANCE</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
<b>A. Board of Directors</b>			
1. Our agency has a governing board of citizen leaders.	X		
2. Our board is a volunteer group serving without compensation.	X		
3. Each board member has received training, as well as guidance materials on board governance and our agency operation.	X		
4. Our board ensures the creation of and approves agency policies and procedures.		X	Delegated to Executive Director
5. Our board hires, terminates, evaluates, and sets compensation for the executive director.	X		
6. Our board delegates responsibility for day-to-day agency operations to the executive director.	X		
7. Our board meets at least quarterly. Indicate how often: <u>monthly</u>	X		
8. Our agency creates and maintains permanent board minutes.	X		
9. Our agency ensures continuity by having overlapping board member terms.	X		
10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise.	X		
11. Our board has a process for handling urgent matters between meetings.	X		
12. Each board member has contact information for the entire board.	X		
13. Our board evaluates the executive director on an annual basis.		X	Will do in 2010
14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage _____	X		
<b>B. Bylaws and Policies</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency has written bylaws.	X		
2. Our agency provides each board member a copy of the bylaws.	X		
3. Our bylaws state the requirements for a board quorum.	X		
4. Our board regularly reviews the bylaws.		X	Will do in 2010
5. Our agency has written operational policies and procedures.	X		
6. Our board has approved a code of ethics for both staff	X		

and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices.			
7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur.	X		
8. Our board ensures that the agency has personnel policies and written job descriptions.	X		
<b>C. Board Committees</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making.	X		
2. Our agency's board members serve on at least one board committee.		X	Not required
3. Our agency committees meet on a regular basis (monthly or quarterly).	X		
4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action.	X		
<b>D. Compliance with legal requirements</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements.	X		
2. We have been the subject of a governmental investigation in the last 24 months.		X	
<b>E. Insurance</b>	<b>Yes</b>	<b>No</b>	<b>Other/Explain</b>
1. We have liability insurance covering volunteers, staff and board of directors.	X		
2. We have general liability coverage.	X		

**Agency Name:** South Lane Mental Health Services Inc.

**Prepared By (Name):** Tom Wheeler

**Title:** Executive Director

**Date:** 1/11/10

## Attachment B

### United Way of Lane County UWLC Policies and Certification Documents

"I hereby certify that

**South Lane Mental Health**

(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- **Non-Discrimination Certification**
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- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**



**Signature, Agency Director:**

**Print name:** Tom Wheeler

**Date:** 1/11/10

# United Way of Lane County

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