



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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### CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

#### Study Session of the Champaign County Mental Health Board (CCMHB)

**Wednesday, October 30, 2019**

Brookens Administrative Center, Lyle Shields Room

1776 E. Washington St. Urbana, IL

**5:30 p.m.**

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1. Call to Order
2. Roll Call
3. Public Participation/Citizen Input
4. Approval of Agenda
5. President's Comments
6. Executive Director's Comments:
7. Study Session: PY2021 Allocation Priority Criteria

*Board discussion of two current priorities:*

- *Collaboration with the CCDDDB for I/DD Programs*
- *System of Care for Children, Youth, Families*

8. Board Announcements
9. Adjournment





**BRIEFING MEMORANDUM**

DATE: October 30, 2019  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Kim Bowdry, Lynn Canfield, Mark Driscoll  
SUBJECT: PY2020 (Current) Priority Areas for Discussion

**Overview**

**Background on “Collaboration with the CCDDDB for I/DD programs”**

When the referendum establishing the Champaign County Developmental Disabilities Board (CCDDDB) was passed in 2004, the CCMHB entered into an agreement with the newly formed unit of government, in part to define a continued obligation to the planning, evaluation, and funding of a system of supports for citizens with intellectual/developmental disabilities (I/DD). The specific amount of CCMHB funding to be allocated to I/DD agency services is defined (i.e., a base amount is increased annually by any % increase in the CCMHB property tax levy extension), and administrative cost sharing and oversight are included. The Intergovernmental Agreement has been amended with terms of co-ownership and management of two CILA homes.

As with service delivery and funding of mental health and substance use disorder service systems, the local issues impacting support for people with I/DD are framed by complex state and federal regulations and system changes. Most long term supports and services are funded through the state/federal Medicaid partnership, for which Illinois’ reimbursement rates are understood to be so far below actual cost as to be a major contributor to the loss of provider capacity and workforce shortage.

**Background on “System of Care for Children, Youth, Families”**

In 2009, the CCMHB executed a cooperative agreement with the Substance Abuse Mental Health Services Administration (SAMHSA) through the Illinois Department of Human Services (IDHS) to utilize federal funds to develop a system of care for multi-agency involved youth and families in Champaign County. The cooperative agreement was known locally as the ACCESS Initiative. As part of the cooperative agreement, a sustainability plan was required to build on progress achieved toward the system of care in a post-cooperative agreement environment. To that end, a sustainability plan was drafted, presented, and adopted by the Board in 2014. The Multi-Agency Involved Youth and Families section of the Three-Year Plan reflects the Board’s commitment to continue building on its accomplishments.

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Cultural and linguistic competence is one of the key elements of the Board’s commitment to the system of care delineated in the sustainability plan. CLC strengthens local efforts to coordinate care and foster trauma-informed systems and resilient families. The development of CLC at service and governance levels should increase the engagement of underrepresented and diverse populations. The importance of this work is acknowledged in the Three-Year Plan in goals appearing under the System of Care section.

The allocation priority “System of Care for Children, Youth, Families,” reflects the on-going commitment to the sustainability plan and cultural and linguistic competence.

## **Current (PY2020) Funding Priorities**

*From the PY2020 Funding Allocation Decision Criteria and Priorities Document:*

### **Collaboration with the CCDDDB for I/DD programs**

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB) defines the PY2020 allocation amount for developmental disabilities programs and sets an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with state and federal standards and regulations, including Illinois Department of Human Services rules, Home and Community Based Services, Workforce Innovation and Opportunity Act, and United States Department of Justice ADA and Olmstead decisions. ***2 agencies, 2 programs, plus CILA, totaling \$666,750***

### **System of Care for Children, Youth, Families**

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a commitment to trauma-informed, family-driven, youth-guided, and culturally responsive youth serving systems. The CCMHB has also funded programs for very young children, including early identification, intervention, and prevention. Services for children and youth can maximize their social/emotional success. Early childhood providers have collaborated effectively and now serve as an example for communities across the country. Recognizing the roles of Adverse Childhood Experiences and the social determinants of health, trauma-informed systems build resilience and reduce the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, disrupting poverty and driving economic development for the entire community. ***13 agencies, 17 programs, totaling \$1,553,310***

## **Programs Funded During PY2020**

### **Collaboration with the CCDDDB for I/DD programs**

***2 agencies, 2 programs, plus CILA, totaling \$666,750***

*CILA Expansion CCMHB Commitment \$ 0 for 2020, mortgage paid off in 2019*

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IAG helps people with special needs live full, self-directed lives with dignity and independence. IAG provides a full array of quality, customized, outcome-focused services for people with developmental, intellectual, emotional, behavioral, neurological or mental disabilities. We enable individuals to define and pursue their life goals and interests, develop skills to reach those goals, grow increasing personal responsibility, engage their community and lead active, enjoyable, independent lives. The agency offers residential and day services to individuals living in board-owned CILAs as well as family-owned residences in the community. The CCMHB and CCDDDB have purchased two homes for the purpose of serving Champaign County residents in their home community.

*Champaign Co. Head Start "Social Emotional Development Services" \$87,602*

Seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person. (co-funded with the CCDDDB)

*Developmental Services Center "Family Development" \$579,148*

Serves children birth to five years, with or at risk of developmental disabilities and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.

**System of Care for Children, Youth, and Families**

***13 agencies, 17 programs, totaling \$1,553,310***

*CCRPC Head Start/EHS "Early Childhood Mental Health Services" \$214,668*

Support from an Early Childhood Mental Health Assistant including: assisting teaching staff and parents in writing individualized social-emotional goals to include in lesson plans for children identified through screening; developing with parents and teaching staff an Individual Success Plan for children who exhibit challenging behaviors; offering teachers social and emotional learning strategies; monitoring children's progress and outcomes; and providing information to families and staff. Facilitation of meetings with a child's parent(s) and teaching staff throughout the process of the child receiving services as well as supporting parents and teaching staff with resources, training, coaching, and modeling.

*Champaign Urbana Area Project "TRUCE" \$50,000/\$75,224*

TRUCE addresses gun violence preventively from a public health perspective. Under this public health approach, first posited by Gary Slutkin, the epidemiologist creator of "Cease Fire" at the University of Chicago, the spread of violence is likened to the spread of an infectious disease and should be treated in much the same way: go after the most infected and stop it at its source. TRUCE engages the community in reducing violence by: 1) interrupting the transmission of the violence; 2) reducing the risk of the highest risk; and 3) changing community norms.

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*Courage Connection "Courage Connection" \$127,000*

A family's immediate safety is intimately connected to their long-term success. A community's stability is threatened when any family is in danger. Courage Connection helps victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations.

*Crisis Nursery "Beyond Blue Champaign County" \$75,000*

Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD), targeting mothers who demonstrated risk factors for PD and are pregnant or have a child under age one. Individual and group support and education to facilitate healthy parent-child engagement. Research suggests that 10-20% of mothers suffer from PD, nearly half are undiagnosed. Addresses risk factors that lead to emotional disturbances and multiagency and system involvement in children. Works to increase awareness of PD and reduce stigma.

*Cunningham Children's Home "Parenting Model Planning/Implement" \$280,955*

Planning Phase from July to December 2019: Cunningham administration will facilitate the planning phase to review the PLL model and other models that address similar needs. Stakeholders participating in this process include: representation from CCMHB, Youth and Family Peer Support Alliance, Youth Assessment Center, University of Illinois Psychology and Social Work Departments, School Districts, and Juvenile Justice. Implementation Phase: the recommended program will begin in January 2020 and continue through the remainder of the grant period.

*DREAAM House "DREAAM" \$80,000*

DREAAM is a prevention and early intervention program for boys aimed at cultivating academic excellence and social emotional health. Designed to increase positive outcomes (academic achievement, self-efficacy, social mobility) and decrease negative outcomes (suspensions, low educational performance, violence). Evidence-informed components: 1) day-long summer program, 2) 5-day week, after-school program, 3) school-based mentoring, 4) Saturday athletic activities, and 5) family engagement and training. Embedded in each component is social emotional learning and behavioral health instruction to foster transfer of skills from DREAAM House to school to home.

*Don Moyer Boys and Girls Club "C-U CHANGE" \$100,000*

The program seeks to impact under-resourced youth with potential for high school graduation by providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Emphasizes academic support, community engagement, interactive, hands on learning experiences and exposure to positive life alternatives. Assists youth with navigating obstacles to success in the school environment, increasing positive peer and community involvement and developing a positive future plan.

*Don Moyer Boys and Girls Club "CUNC" \$110,195*

An initiative designed to increase community understanding of trauma and expand community capacity to implement trauma-informed practices and procedures. Goals are: addressing the needs of those impacted by trauma and violence and creating more supportive and healed

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communities. Accomplished through training community members, focusing on youth leaders and elder helpers, and educating the community about trauma and trauma-informed care to support the creation of community-based trauma response teams.

*Don Moyer Boys and Girls Club "Coalition Summer Initiatives" \$107,000*

Services and supports by specialized providers, through subcontract to Don Moyer Boys and Girls Club, to engage Champaign County's youth in a range of positive summer programming: strengthening academics; developing employment skills and opportunities; athletics; music and arts instruction; etc. Supports and reinforces System of Care principles and values particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition and the CCMHB.

*Don Moyer Boys and Girls Club "Youth and Family Services" \$160,000*

Family-driven, youth-guided services for and with families and children experiencing mental health and/or emotional challenges. Supports are offered at home, in school, and in the community for optimal recovery. Partnering with caregivers to provide the best-fit, most comprehensive services and supports possible. Peer-driven support from those with lived experiences and challenges, educational opportunities to make informed decisions, and technical support to help navigate complicated systems for the best possible outcomes for each individual and their family.

*Mahomet Area Youth Club "BLAST" \$15,000*

MAYC's BLAST Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, children participate in activities in their own school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces (including computer labs, gyms, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together. Open to all students but targeting low income and/or struggling students, making the program available at no cost.

*Mahomet Area Youth Club "MAYC Members Matter!" \$18,000*

Program for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. Partnered with Mahomet Seymour Schools to allow for the use of district facilities, provide a safe and structured environment, participation in activities in school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces, access to caring community volunteers, and an inclusive environment bringing students from all economic backgrounds together.

*NAMI Champaign County "NAMI Champaign County" \$10,000*

NAMI Champaign County Illinois offers free information and support to people living with mental health problems and their families. NAMI Ending the Silence is an engaging presentation that helps audience members learn about the warning signs of mental health conditions and what steps to take if you or a loved one are showing symptoms of a mental illness. Other program

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offerings include: NAMI Family-to-Family; NAMI in Our Own Voice (IOOV); and NAMI Family Support Group.

*RACES "Sexual Violence Prevention Education" \$63,000*

Rape Advocacy, Counseling & Education Services (RACES) is the only agency charged with providing comprehensive services to victims of sexual assault in Champaign County. Trauma-informed counseling, 24-hour crisis hotline, and in-person advocacy at hospital Emergency Departments and at meetings with law enforcement or Courthouse. Also offers prevention education to thousands of local children and adults per year and conducts community events to further the aim to create a world free of sexual violence.

*Rosecrance Central Illinois "Prevention Services" \$60,000*

An evidence-based life skills and drug education curriculum for Champaign County students. Programs available for preschool through high school. Sessions on health risks associated with the use of alcohol, tobacco and other drugs. Life skills sessions may include instruction on and discussion of refusal skills, self-esteem, communicating with parents, and related social issues. Prevention team are active members of several anti-drug and anti-violence community-wide coalitions working to reduce youth substance abuse.

*UP Center of Champaign Co. "Children, Youth, & Families Program" \$31,768*

Program serves LGBTQ adolescents aged 11-18; LGBTQ families; and children dealing with issues related to the stigmatization of their gender and sexual identifications and identities. Services include provision of social-emotional supports, non-clinical crisis intervention, case management referrals, risk reduction strategies, strengths development, community-building events, and management of adult volunteers within this program. Program provides a weekly adolescent non-clinical support group.

*Urbana Neighborhood Connections "Community Study Center" \$25,500*

Empowerment zone which youth benefit from productive year-round academic, recreational, and social-emotional supplements. Point of contact for information, linkage and referral to community resources. Study Center provides opportunity to engage school aged youth in non-traditional, practical intervention and prevention approaches for addressing difficulties. In individual and group activities facilitated/supervised by program staff and volunteers, participants can process feelings in a secure and supportive environment.

## **Toward PY2021 Funding Priorities**

*Attached for information is a DRAFT version of PY2021 CCDDDB Funding Priorities.*

CCMHB staff seek direction from the Board regarding these two priority areas. A final draft of PY2021 Allocation Decision Criteria and Priorities for Funding could be presented for November 20 approval. Toward the content, here are possible questions for Board discussion:

Do these priority areas remain relevant?

*(e.g., related to community needs and demand for services; successes to date)*





Are the priority areas still appropriate to the Mental Health Board's mission?

Do we expect changes in the operating environment which would justify expansion or reduction of currently funded programs?

*(e.g., Implementation of the NB v Norwood settlement agreement and continued implementation of the Ligas consent decree should increase the state/federal share of intensive home and community based services; there is a risk of eligibility requirements being narrowed in the future, and there is an ongoing provider capacity shortfall. Other changes in State funding, Medicaid, managed care, federal innovation grants, fundraising, and charitable giving could change the demand for CCMHB support.)*

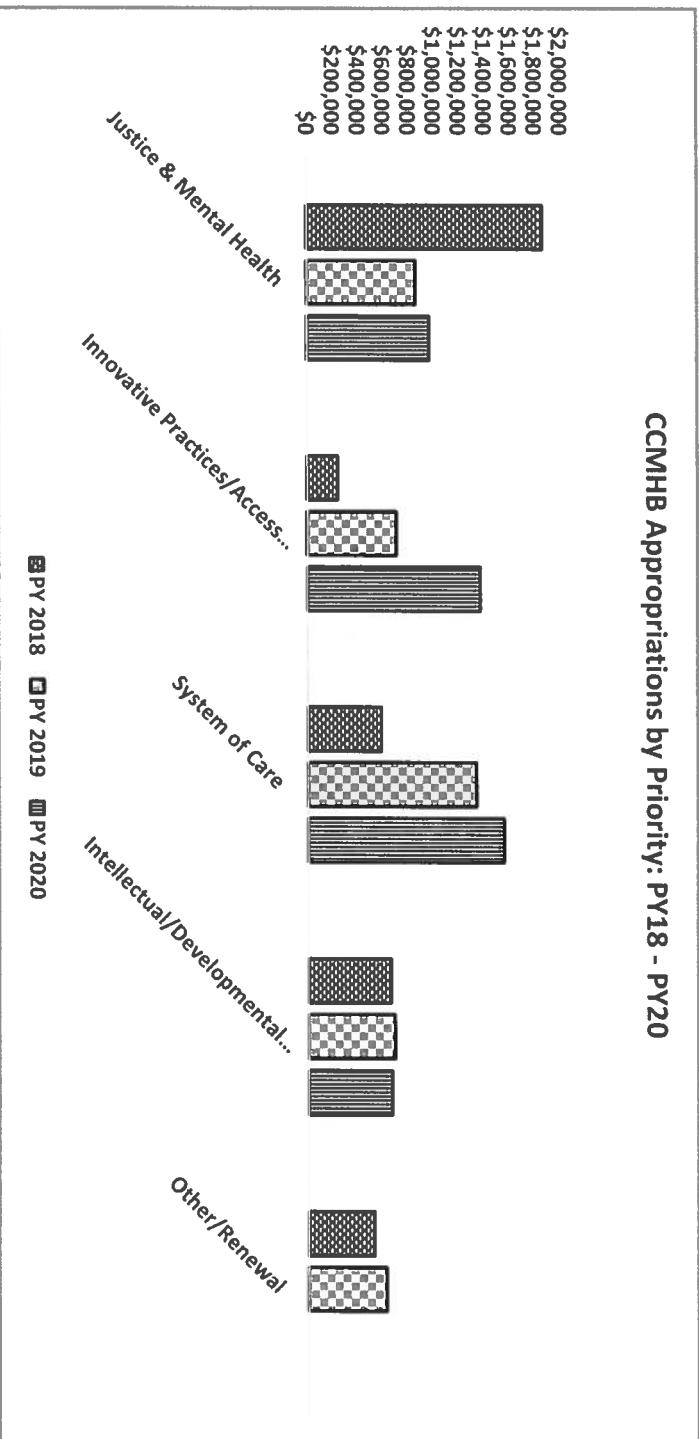
Should other aspects of the Decision Criteria (*overarching considerations, minimum responsiveness, caveats, etc.*) be revisited?

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CCMHB Appropriations (contract awards) by Priority: PY2018 - 2020

Allocation by Priority	PY 2018	PY 2019	PY 2020	3 Yr Average
Justice & Mental Health	\$1,864,775	\$857,377	\$970,847	\$1,231,000
Innovative Practices/Access to Care	\$242,650	\$703,599	\$1,371,244	\$772,498
System of Care	\$585,500	\$1,335,789	\$1,553,310	\$1,158,200
Intellectual/Developmental Disabilities	\$657,294	\$685,885	\$666,750	\$669,976
Other/Renewal	\$524,843	\$619,279	\$0	\$381,374
<b>Total</b>	<b>\$3,875,062</b>	<b>\$4,201,929</b>	<b>\$4,562,151</b>	<b>\$4,213,047</b>



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**BRIEFING MEMORANDUM**

DATE: September 18, 2019  
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: PY2021 Allocation Priorities and Decision Support Criteria

“The theme you choose may change or simply elude you, but being your own story means you can always choose the tone. It also means that you can invent the language to say who you are and what you mean.”

– *Toni Morrison*

**Overview:**

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2021, July 1, 2020 to June 30, 2021. These are based on Board discussions and our understanding of best practices and state and federal service and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. CCDDB members are presented with this initial draft which will be shared with providers, family members, advocates, and other stakeholders, with a request for comments. A final draft, incorporating input, will be presented for board consideration at a November or December board meeting.

**Statutory Authority:**

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to 14) is the basis for CCDDB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDB Funding Guidelines require annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum becomes an addendum to the Funding Guidelines incorporated in standard operating procedures.

**The Operating Environment:**

State and federal systems, including health care coverage, long-term supports, and related regulations and their enforcement are ever-changing. Systems of care, service capacity, safety net, and state and local economies hang in the balance, and some proposed changes would

make it even more difficult for people who have intellectual/developmental disabilities (I/DD) to secure services, participate in communities, and control their own day and service plan. The chaotic policy and funding environment is stressful for people who rely on services and leads to “change fatigue” in providers and funders, further eroding a system which already struggles to retain a qualified workforce.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services; this is especially true for the I/DD services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid and waiver services. For the last two years, the federal Ligas Court Monitor and Judge have agreed that the state is out of compliance with terms of the Ligas Consent Decree, identifying low rates as one of the problems. Earlier in 2019, a 3.5% increase was approved by the state for the Medicaid waiver services offered by the Illinois Department of Human Services-Division of Developmental Disabilities, but at the time of this writing, federal Centers for Medicare and Medicaid Services has not approved the increase. Further complicating matters, the increases in Illinois minimum wage and DSP wages require a greater rate increase than the 3.5%; as of January 1, Chicago area providers will lose \$1,000 per individual as a result. Years of advocating for increases in the reimbursement rates and DSP wages have been only partly effective.

Medicaid Managed Care contracting would also present significant challenges for providers, insured persons, and other funders. Kansas and Iowa made this shift in recent years, with troubling results. Illinois does not appear ready to move the I/DD waiver services into Managed Care quite yet – one piece of great news.

Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state. Their enrollment in the Illinois Department of Human Services – Division of Developmental Disabilities’ Prioritization of Urgency of Need for Services (PUNS) database lets the state know who is waiting and approximately what their service needs will be; PUNS enrollment also creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

While federal and state threats and changes are complicated, our hope is to identify opportunities, whether through direct CCDDDB funding of agencies, helping agencies to secure other funding, promoting system redesign and innovation, coordinating across services, providing more specific assistance to individuals with I/DD, increasing community awareness and education, or other.

The CCDDDB works with advocates and providers to identify supports and services which improve outcomes for people and promote a healthier, more inclusive community and supports and services which are desirable but not covered by Medicaid or the I/DD waivers. Through person-centered plans, people have more control over their plans, services, and the outcomes which are meaningful to them.



## Workforce Shortages:

Nationally, the cost of turnover of Direct Support Professionals (DSPs) is at least \$2,000 per DSP. Illinois' low reimbursement rates have exacerbated the situation here. During periods of staff absence, shifts are covered by supervisors, managers, or other staff at overtime. DSPs must complete over 40 hours of training at the beginning of their service. It is costly to lose these workers, and it becomes harder to replace them when other employment opportunities are more lucrative and less demanding.

The board's primary strategy for fulfilling its mission is to contract with community-based organizations for services and supports. Our success relies on a stable and qualified workforce. Recruitment and retention will improve when the workforce is professionalized and rewarded with competitive wages and advancement opportunities. Systemic problems associated with the workforce shortage include:

- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- service capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;
- turnover adds significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff, as the need increases in other systems (e.g., care of older citizens);
- these problems have spread to other sectors of the I/DD workforce, including leadership and governance.

## Expectations for Minimal Responsiveness:

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

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

“I note the obvious differences between each sort and type, but we are more alike, my friends, than we are unlike.”

– *Maya Angelou*

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To the extent that help from others is desired and effective, a well-coordinated system of services and supports can improve an individual’s access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer and contribute meaningfully to the community’s health, culture, economy, and mood.

During our most recent community needs assessment, people with I/DD talked and wrote about what is important to them and what they don’t like:

“I want to work part time, hang out with my mom, and live a low-key life.”

“I do not like DHS or DCFS. They are not fair.”

“More free events, fun events, not just going to library events. If they want to do a paid trip but has no money, being treated once in a while.”

“community involvement and accessibility”

“make a way for someone else”

“advocating for myself and for others”

“I don’t care about exposure. I want to make money.”

## **Program Year 2021 CCDDDB Priorities:**

### Priority: Linkage

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding and other resources. Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) are federal standards and are required for all Home and Community Based Services. Intensive case management (different from CFCM) has value for people with I/DD as they define their own goals and how to achieve them. Intensive case management may be helpful to people with more complex support needs related to aging, co-occurring physical or behavioral health conditions, or traumatic experiences. Planning and assessment activities should have no risk of conflict of interest; advocacy, linkage, and coordination should be guided by a Person-Centered Plan.

### Priority: Work

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports may help people achieve their desired outcomes. Proposed programs should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people’s specific aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day/habilitation programs. People may desire support for paths to self-employment/business ownership. Job matching and educating employers about the benefits of working with people who have I/DD should lead to work for people with I/DD.

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Priority: Non-Work

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration for people with I/DD. Delivered in the least segregated environments and selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other; and development of networks for people with I/DD and their families.

Priority: Young Children

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks; systematic identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, identifying new or non-traditional resources, understanding how the service system works or does not work, and raising awareness. Self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other supporters, might focus on: improved understanding of diagnoses and conditions, resources, and rights; peer mentoring; navigating the service system; making social connections; engaging in system-level advocacy; and distributing current, accessible information to families and professionals.

Priority: Housing

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, with supports appropriate to their needs and preferences. Given the conundrum of state/federal funding for most residential options, proposals may offer creative approaches to independent community living opportunities in Champaign County.

## **Overarching Priorities:**

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved/underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so

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that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified.

#### Inclusion, Integration, and Anti-Stigma

Proposals for funding should promote the fullest possible community integration. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or social clubs/networks. Community involvement helps decrease stigma. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with standards established in Home and Community Based Services rules, Workforce Innovation and Opportunity, and Department of Justice ADA/Olmstead findings. Although complicated, the paradigm shift these represent is clear.

#### Outcomes

Applications for funding will identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are available online. A small set of programs may be selected to receive intensive support from UIUC Department of Psychology researchers in the development and use of theory of change logic modeling. Organizations reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. The Council on Quality and Leadership and the National Core Indicators share a focus on:

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

#### Coordinated System

Proposals should address awareness of other resources and how they are linked. Examples include: collaboration with other providers; a commitment to updating information in any resource directories and databases; and participation in trainings, workshops, or council meetings with other providers of similar services. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaboration, linkage, training, and similar as appropriate to the proposed service and people to be served. Any

written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

#### Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

#### Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan which is directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP. In a self-determined, integrated system:

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

Applications for funding will describe how specific services relate to what people have indicated that they want and need. Funded programs will be required to report on specific service activities, demonstrating the complicated service mix and utilization patterns.

### **Secondary Decision Support and Priority Criteria:**

These process items will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to the online application forms.

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1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Evidence of Collaboration: Identify collaborative efforts with other organizations serving or directed by people with I/DD and members of their support networks, toward a more efficient, effective, inclusive system.
3. Staff Credentials: Highlight staff credentials and specialized training.
4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDDB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCDDDB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative. *The CCDDDB itself is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

## Process Considerations:

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. These allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the CCDDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its members who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative

merits of applications using criteria and priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2021 but later than July 1, 2020, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration.
- Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process. Written working agreements with other agencies providing similar services will be referenced in the application and available for review upon CCDDDB request.
- The CCDDDB retains the right to accept or reject any or all applications or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB.
- Applications and submissions become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application

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process will be given equal opportunity to update proposals for the newly identified components.

- All proposals considered must be complete and received on time and must be responsive to the application instructions. Late or incomplete applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCDDDB may deem some programs as appropriate for two-year contracts.