



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

*PLEASE REMEMBER this meeting is being audio recorded.
Speak clearly into the microphone during the meeting.*

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, September 18, 2019, 8AM
Brookens Administrative Building
1776 E. Washington St., Urbana, IL 61802
John Dimit Conference Room

1. Call to Order
2. Roll Call
3. Approval of Agenda*
4. Citizen Input/Public Participation
At the chairperson's discretion, public participation may be limited to five minutes per person.
5. President's Comments – Ms. Deb Ruesch
6. Executive Director's Comments – Lynn Canfield
7. Approval of CCDDDB Board Meeting Minutes* **(pages 3-10)**
Minutes from 06/26/19 and 07/10/19 are included. Action is requested.
8. Financial Information* **(pages 11-16)**
A copy of the claims report is included in the packet. Action is requested.
9. New Business
 - A. CCDDDB Mini-Grant* **(pages 17-25)**
A Decision Memorandum detailing the rationale and process for the administration of the CCDDDB Mini-Grant is included in the packet. Action is requested.
 - B. Draft CCDDDB Three Year Plan with FY2020 Objectives **(pages 26-33)**
A Briefing Memorandum and proposed draft of the Plan are included for information only.
 - C. CCDDDB Allocation Priorities and Decision Support Criteria **(pages 34-43)**

A Briefing Memorandum with proposed allocation priorities and decision support criteria for the CCDDDB PY2020 is included for information only.

D. Building Evaluation Capacity (pages 44-112)

“A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) Year 4” is included for information only.

E. Board Direction

For board discussion of planning and funding. No action is requested.

F. Successes and Other Agency Information

Funded program providers and self-advocates are invited to give oral reports on individuals’ successes. At the chairperson’s discretion, other agency information may be limited to five minutes per agency.

10. Old Business

A. Revised CCDDDB FY2020 Draft Budgets* (pages 113-121)

A Decision Memorandum on FY2020 CCDDDB and CILA Draft Budgets is included in the packet; board action is request. Additional budget documents are for information only.

B. Agency PY2019 4th Quarter Program Reports (pages 122-147)

C. PY2019 Service Data (pages 148-162)

Report of PY19 service hours and activities is included for information.

D. Meeting Schedules (pages 163-166)

Copies of CCDDDB and CCMHB meeting schedules and CCDDDB allocation process timeline are included in the packet for information.

E. Acronyms (pages 167-174)

A list of commonly used acronyms is included for information.

11. CCMHB Input

12. Staff Reports (pages 175-191)

Reports are included for information.

13. Board Announcements

14. Adjournment

**Board action requested*

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**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT
OF PERSONS WITH A DEVELOPMENTAL DISABILITY
(CCDDB)
BOARD MEETING**

DRAFT

Minutes – June 26, 2019

*Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St.
Urbana, IL*

8:00 a.m.

MEMBERS PRESENT: William Gingold, Gail Kennedy, Deb Ruesch

MEMBERS EXCUSED: David Happ, Cheryl Hanley-Maxwell

STAFF PRESENT: Kim Bowdry, Lynn Canfield, Chris Wilson, Shandra Summerville

OTHERS PRESENT: Annette Becherer, Vicki Tolf, Danielle Matthews, Patty Walters, DSC; Lisa Benson, CCRPC; Becca Obuchowski, Community Choices; Kathy Kessler, Rosecrance, Inc., Kaitlyn Young, CU Able; Julienne Wilde, United Cerebral Palsy (UCP); Jermaine Raymer, PACE; Katie Harmon, Regional Planning Commission (RPC); Barb Bressner, Jim Mayer, Consultants; Mark Sheldon, Champaign County

CALL TO ORDER:

Ms. Deb Ruesch, CCDDB President called the meeting to order at 8:00 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved.

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CITIZEN INPUT:

Mark Sheldon, the Champaign County Recorder of Deeds announced his office is working with Community Choices and hired two employees for a special digital project.

PRESIDENT’S COMMENTS:

Deb Ruesch announced Anne Robin and Sue Suter have been appointed to the CCDDDB, with the departure of Cheryl Hanley-Maxwell and David Happ. They will begin their term in July.

EXECUTIVE DIRECTOR’S COMMENTS:

A written report from Lynn Canfield was included in the packet. She provided information on Illinois Senate Resolution 1329.

APPROVAL OF CCDDDB MINUTES:

Minutes from the May 22th Board meeting were included in the Board packet.

MOTION: Ms. Ruesch moved to approve the meeting minutes from May 22, 2019. Dr. Kennedy seconded the motion. The motion passed unanimously.

FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.

MOTION: Ms. Ruesch moved to approve the claims report dated June 10, 2019. Dr. Gingold seconded the motion. The motion passed unanimously.

NEW BUSINESS:

UIUC “Building Evaluation Capacity” Project:

A Briefing Memorandum on the UIUC “Building Evaluation Capacity” Project and slides from last year’s report by the research team to the CCMHB was included in the Board packet. Lynn Canfield provided the history of the project with the CCMHB. Becca Obuchowski from Community Choices spoke about her experience with the project. Board members expressed they are interested in seeing a proposal and a budget.

Board Direction:

Dr. Gingold would like input from agencies on potential future projects.

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Successes and Agency Information:

Annette Becherer announced DSC conducted a LEAP presentation with 120 people at Next Generation. Becca Obuchowski announced a presentation about LEAP with families and transition-aged students. She also reported on the Un-Conference that was held recently in the community.

OLD BUSINESS:

PACE Requests for PY2020 Funding:

A Decision Memorandum with staff recommendations for PACE was included in the Board packet. A written response from PACE was included in the Board packet. Jermaine Raymer reviewed the letter with the Board.

MOTION: Dr. Gingold moved to rescind the two previous requests by PACE at the last Board meeting. Ms. Ruesch seconded the motion. The motion passed unanimously.

MOTION: Ms. Ruesch moved to approve PACE’s request to receive grant funding, rather than the approved fee for service structure, of \$23, 721 for PACE Consumer Control in Personal Support as requested by PACE. Dr Gingold seconded the motion. Dr. Gingold voted aye. Dr. Kennedy and Ms. Ruesch noted nay. The motion was denied.

MOTION: Ms. Ruesch moved to approve PACE’s request for their Personal support worker program to receive a negotiated fee for service funding in the amount of \$23,721. Dr. Gingold seconded the motion. A roll call vote was taken. All members voted aye and the motion passed.

MOTION: Dr. Gingold moved to approve the agency’s request to use grant funding, rather than the formerly approved fee for service structure, of \$55,540 for PACE Opportunities for Independence as recommended by CCDDDB staff, with contract negotiation of performance benchmarks required. Dr. Kennedy seconded the motion. A roll call vote was taken. The motion passed unanimously.

disAbility Resource Expo Report:

A written report and summaries of participant and exhibitor evaluation surveys were included in the Board packet. Barb Bressner and Jim Mayer provided some verbal highlights of the event. Dr. Gingold suggested to explore the possibility of using the State Farm Center in the future. Dr. Gingold would like to see a more complete Expo budget and estimated “in-kind” contributions.

disAbility Resource Expo Cost Briefing Memorandum:

A Briefing Memorandum on the cost of the Expo was included for information only.

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Agency 3rd Quarter Program Reports:

3rd Quarter Program Reports were included in the packet.

3rd Quarter Service Data:

3rd Quarter Service Data was included in the packet.

Meeting Schedules:

CCDDB and CCMHB meeting schedules were included in the packet for information only.

CCMHB Input:

The CCMHB will have a study session on their application review process this evening.

STAFF REPORTS:

Reports from Kim Bowdry, Shandra Summerville, and Stephanie Howard-Gallo were included in the packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 9:29 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

**Minutes are in draft form and subject to CCDDB approval.*



**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT
OF PERSONS WITH A DEVELOPMENTAL DISABILITY
(CCDDB)**

BOARD MEETING

Minutes – July 10, 2019

*Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St.
Urbana, IL*

8:00 a.m.

MEMBERS PRESENT: William Gingold, Gail Kennedy, Anne Robin, Sue Suter, Deb Ruesch

STAFF PRESENT: Kim Bowdry, Lynn Canfield, Stephanie Howard-Gallo

OTHERS PRESENT: Danielle Matthews, Patty Walters, DSC; Lisa Benson, Becca Obuchowski, Hannah Sheets, Community Choices; Julienne Wilde, Pat Gerth, United Cerebral Palsy (UCP); Lisa Benson, Regional Planning Commission (RPC)

CALL TO ORDER:

Ms. Deb Ruesch, CCDDB President called the meeting to order at 8:00 a.m.

INTRODUCTION OF NEW BOARD MEMBERS:

Anne Robin and Sue Suter were introduced.

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved.

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CITIZEN INPUT:

None.

PRESIDENT'S COMMENTS:

Ms. Ruesch commented on the 3.5% CILA increase effective July 1, and home-based services increased.

EXECUTIVE DIRECTOR'S COMMENTS:

A written report was included in the packet. This report was repeated from the June 26, 2019 packet for the newly appointed CCDDDB members.

NEW BUSINESS:

Election of Officers:

A copy of the CCDDDB By-Laws were included for reference. Ms. Ruesch has agreed to continue as CCDDDB President until other Board members feel experienced enough to agree to step into the position.

MOTION: Sue Suter nominated Gail Kennedy to serve as Secretary of the CCDDDB for the coming year. William Gingold seconded the motion. A voice was taken and the motion passed unanimously.

UIUC Evaluation Capacity Proposal:

A Decision Memorandum on the UIUC Evaluation Capacity Proposal and Budget was included in the Board packet.

MOTION: Deb Ruesch moved to approve participation in the Program Evaluation Capacity project, with cost of \$33, 211 to the CCDDDB, to implement the scope of work presented in the "Capacity Building Evaluation: Year 5" proposal, contingent upon approval of the proposal by the CCMHB. Anne Robin seconded the motion. Board discussion followed. Becca Obuchowski from Community Choices reported her positive experience with the project. A roll call vote was taken and all members voted aye. The motion passed.

CCDDDB FY2020 Draft Budget:

A Decision Memorandum on FY2020 CCDDDB and CILA Draft Budgets was included in the Board packet. Additional budget documents were included for information only.

MOTION: William Gingold moved to approve the CCDDDB Budget included in the Board packet, with anticipated

revenues and expenditures of \$4,200,372. Deb Ruesch seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

MOTION: William Gingold moved to approve the 2020 CILA Fund Budget included in the Board packet, with anticipated revenues and expenditures of \$64,000. Anne Robin seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

Needs, Prevalence, and Funding Priorities:

A Briefing Memorandum on Needs and Prevalence Data was included in the Board packet, in order to prepare for the next funding priorities.

Board Direction:

No comments:

Successes and Agency Information:

A NaCO award will be presented to Regional Planning Commission.

OLD BUSINESS:

UCP Request for PY2020 Funding:

A Decision Memorandum regarding PY2020 funding for the United Cerebral Palsy (UCP) program was included in the Board packet. At the May 22, 2019 meeting, there was a motion to DEFER a decision on funding of \$60,000 for United Cerebral Palsy Land of Lincoln – Vocational Services as presented in this memorandum, until given more information to proceed. The motion was approved. Subsequent to the Board’s decision to defer, the agency submitted a revised audit which meets most of the requirements identified in contracts, corrected and resubmitted the quarterly reports as requested, and identified the causes of the audit/reporting problems. The issue of board member with Champaign County residency is addressed: “UCP plans on bringing on the new Champaign County board member next month at the July [23] board meeting. An orientation meeting will be scheduled next month with Jenny Niebrugge... and the new Champaign County board member.”

The CCDDDB staff recommendations included a new requirement related to timely compliance with contract provisions. This new provision remains relevant, the services are still in demand, and approval of the original request for funding is again recommended. The budget impact would be an additional \$30,000 in the CCDDDB’s 2019 Contributions & Grants line and an additional \$30,000 in 2020 Contributions & Grants line. At this time, the staff do not take a position on whether the CCDDDB should approve or deny the request for funding, other than to request that, if funded, the following conditions and provisions should be included:

- Fee for Service, using \$40/hour (DRS rate); incentive payments could be developed to pay for consumer outcomes achieved during each quarter.

- A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort and maximize outcomes.
- CLC Plan will be further developed with support from CCDDDB staff.
- Special provision to suspend payments immediately when any required report is not submitted by the deadline.

MOTION: William Gingold moved to approve funding of \$60,000 for United Cerebral Palsy Land of Lincoln – Vocational Services with requirements as presented in the staff recommendation. Sue Suter seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

Meeting Schedules:

CCDDDB and CCMHB meeting schedules were included in the packet for information only.

CCMHB Input:

The CCMHB will meet on July 17th.

STAFF REPORTS:

None.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 8:51 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

**Minutes are in draft form and subject to CCDDDB approval.*

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/05/19

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER	7/03/19	07 VR 108-	54		594988	7/05/19	108-050-533.07-00	MENT HLTH BD FND 090 PROFESSIONAL SERVICES	JUL ADMIN FEE VENDOR TOTAL	28,129.00 28,129.00 *
104	CHAMPAIGN COUNTY TREASURER	7/03/19	07 VR 108-	48		594989	7/05/19	108-050-533.92-00	HEAD START FUND 104 CONTRIBUTIONS & GRANTS	JUL SOC/EMOT DEV SV VENDOR TOTAL	2,033.00 2,033.00 *
161	CHAMPAIGN COUNTY TREASURER	7/03/19	07 VR 108-	47		594990	7/05/19	108-050-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	JUL DECISION SUPPOR VENDOR TOTAL	14,330.00 14,330.00 *
11587	CU ABLE	7/03/19	06 VR 108-	50		595019	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMM OUTREACH VENDOR TOTAL	1,439.00 1,439.00 *
18203	COMMUNITY CHOICE, INC	7/03/19	06 VR 108-	51		595032	7/05/19	108-050-533.92-00	SUITE 419 CONTRIBUTIONS & GRANTS	JUL COMMUNITY LIVIN	6,750.00
		7/03/19	06 VR 108-	51		595032	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CUSTOM EMPLOY	8,241.00
		7/03/19	06 VR 108-	51		595032	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL SELF DETERMINAT	11,500.00
										VENDOR TOTAL	26,491.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF	7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CHAMPAIGN COUNTY INC CONTRIBUTIONS & GRANTS	JUL APARTMENT SVCS	36,896.00
		7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CLINICAL SVCS	14,500.00
		7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMMUNITY EMPLO	30,114.00
		7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMMUNITY FIRST	68,580.00
		7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CONNECTIONS	7,083.00
		7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL EMPLOYMENT FIRS	6,667.00
		7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL INDIV/FAMILY SU	34,713.00



CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
		7/03/19	06 VR 108-	52		595047	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL SERVICE COORD	35,263.00
										VENDOR TOTAL	233,816.00 *
22816	DOWN SYNDROME NETWORK	7/03/19	06 VR 108-	49		595049	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL DOWN SYNDROME	1,250.00
										VENDOR TOTAL	1,250.00 *
61780	ROSECRANCE, INC.	7/03/19	06 VR 108-	53		595102	7/05/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COORD SVC DD/MI	2,929.00
										VENDOR TOTAL	2,929.00 *
									DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	310,417.00 *
									DEVLPMNTL DISABILITY FUND	FUND TOTAL	310,417.00 *
									REPORT TOTAL	*****	743,054.08 *

CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
*** DEPT NO. 050 DEVL MNTL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
	8/08/19 01 VR 108-	63		596297	8/09/19	108-050-533.07-00	PROFESSIONAL SERVICES		AUG ADMIN FEE	28,129.00	
									VENDOR TOTAL	28,129.00 *	
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104			
	8/08/19 01 VR 108-	56		596298	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG SOC/EMOT DEV SV	2,033.00	
									VENDOR TOTAL	2,033.00 *	
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
	8/08/19 01 VR 108-	55		596301	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG DECISION SUPPOR	27,735.00	
									VENDOR TOTAL	27,735.00 *	
11587	CU ABLE										
	8/06/19 02 VR 108-	58		596326	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG COMM OUTREACH	1,439.00	
									VENDOR TOTAL	1,439.00 *	
18203	COMMUNITY CHOICE, INC							SUITE 419			
	8/06/19 02 VR 108-	59		596343	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG COMMUNITY LIVIN	6,750.00	
	8/06/19 02 VR 108-	59		596343	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG CUSTOM EMPLOY	8,241.00	
	8/06/19 02 VR 108-	59		596343	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG SELF DETERMINAT	11,500.00	
									VENDOR TOTAL	26,491.00 *	
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
	8/06/19 02 VR 108-	60		596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG APARTMENT SVCS	36,896.00	
	8/06/19 02 VR 108-	60		596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG CLINICAL SVCS	14,500.00	
	8/06/19 02 VR 108-	60		596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG COMMUNITY EMPLO	30,114.00	
	8/06/19 02 VR 108-	60		596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG COMMUNITY FIRST	68,580.00	
	8/06/19 02 VR 108-	60		596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG CONNECTIONS	7,083.00	
	8/06/19 02 VR 108-	60		596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG EMPLOYMENT FIRS	6,667.00	
	8/06/19 02 VR 108-	60		596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS		AUG INDIV/FAMILY SU	34,713.00	

CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
		8/06/19	02	VR	108-	60	596360	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG SERVICE COORD	35,263.00
											VENDOR TOTAL	233,816.00 *
22816	DOWN SYNDROME NETWORK	8/06/19	02	VR	108-	57	596366	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG DOWN SYNDROME	1,250.00
											VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC	8/06/19	02	VR	108-	61	596436	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CONSUMER CONTRO	1,976.00
		8/06/19	02	VR	108-	61	596436	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CONSUMER CONTRO	1,976.00
											VENDOR TOTAL	3,952.00 *
61780	ROSECRANCE, INC.	8/06/19	02	VR	108-	62	596452	8/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	2,929.00 *
										DEVL MNTL DISABILITY BOARD	DEPARTMENT TOTAL	327,774.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	327,774.00 *
										REPORT TOTAL	*****	709,942.70 *

CHAMPAIGN COUNTY
EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND										
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD										
90	CHAMPAIGN COUNTY TREASURER						MENT HLTH BD FND 090			
		9/04/19 02 VR 108-	73		597582	9/09/19	108-050-533.07-00	PROFESSIONAL SERVICES	SEP ADMIN FEE	28,129.00
									VENDOR TOTAL	28,129.00 *
104	CHAMPAIGN COUNTY TREASURER						HEAD START FUND 104			
		9/04/19 02 VR 108-	65		597583	9/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SOC/EMOT DEV SV	2,033.00
									VENDOR TOTAL	2,033.00 *
161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075			
		9/04/19 02 VR 108-	64		597585	9/09/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DECISION SUPPOR	27,735.00
									VENDOR TOTAL	27,735.00 *
11587	CU ABLE									
		8/29/19 06 VR 108-	67		597271	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMM OUTREACH	1,439.00
									VENDOR TOTAL	1,439.00 *
18203	COMMUNITY CHOICE, INC						SUITE 419			
		8/29/19 06 VR 108-	68		597286	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	6,750.00
		8/29/19 06 VR 108-	68		597286	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CUSTOM EMPLOY	8,241.00
		8/29/19 06 VR 108-	68		597286	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF DETERMINAT	11,500.00
									VENDOR TOTAL	26,491.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF						CHAMPAIGN COUNTY INC			
		8/29/19 06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP APARTMENT SVCS	36,896.00
		8/29/19 06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CLINICAL SVCS	14,500.00
		8/29/19 06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY EMPLO	30,114.00
		8/29/19 06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY FIRST	68,580.00
		8/29/19 06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CONNECTIONS	7,083.00
		8/29/19 06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP EMPLOYMENT FIRS	6,667.00
		8/29/19 06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDIV/FAMILY SU	34,713.00

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

9/09/19

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
		8/29/19	06 VR 108-	69		597304	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SERVICE COORD	35,263.00
										VENDOR TOTAL	233,816.00 *
22816	DOWN SYNDROME NETWORK	8/29/19	06 VR 108-	66		597308	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DOWN SYNDROME	1,250.00
										VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC	8/29/19	06 VR 108-	70		597375	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CONSUMER CONTRO	1,976.00
										VENDOR TOTAL	1,976.00 *
61780	ROSECRANCE, INC.	8/29/19	06 VR 108-	71		597387	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COORD SVC DD/MI	2,929.00
										VENDOR TOTAL	2,929.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN	8/29/19	06 VR 108-	72		597408	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL VOCATIONAL SVC	5,000.00
		8/29/19	06 VR 108-	72		597408	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG VOCATIONAL SVC	5,000.00
		8/29/19	06 VR 108-	72		597408	8/30/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP VOCATIONAL SVC	5,000.00
										VENDOR TOTAL	15,000.00 *
									DEVLMTNL DISABILITY BOARD	DEPARTMENT TOTAL	340,798.00 *
									DEVLPMNTL DISABILITY FUND	FUND TOTAL	340,798.00 *
									REPORT TOTAL	*****	755,218.07 *



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

DECISION MEMORANDUM

DATE: September 18, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Lynn Canfield, Stephanie Howard-Gallo, Chris Wilson
SUBJECT: One Time Mini-Grant Opportunity

Background:

In our most recent community needs assessment:

- The most frequently selected 'needed' services were recreation, transportation, employment supports, and respite. Barriers to service were transportation, financial limitations, stigma/fear, not knowing how to access services. Values which emerged in comments were around leading a happy, healthy, safe life and being respected, independent, and part of the community.
Annual preference assessments conducted by the local Independent Service Coordination unit capture people's interest in going out to eat, to the movies, to recreation or sporting events, and desiring support for independent living, employment, and transportation.
The state's database on unmet needs echoes these.

In response to the PY2020 CCDDB Priorities:

- 3 programs at 3 agencies (\$833,051) offer Linkage & Advocacy for People with I/DD;
4 programs at 3 agencies (\$600,270) offer Employment Services and Supports;
6 programs at 2 agencies (\$1,965,009) offer Non-Work Community Life/Flexible Supports;
2 programs at 2 agencies (\$691,152, of which \$666,750 are CCMHB contracts) offer Comprehensive Services and Supports for Young Children;
3 programs at 3 organizations (\$170,275) offer Self-Advocacy and Family Support;
and 1 program at 1 agency (\$81,000) offers Expansion of Independent Community Residential Opportunities. The CILA project is appropriate to this category as well (\$50,000).

Given that over 200 Champaign County residents are enrolled in PUNS but likely underserved, receiving no long term supports and services through state-waiver or CCDDB/CCMHB funded programs, the CCDDB has an interest in offering a mini-grant opportunity to support identified needs, especially as defined by people with I/DD. Based on needs assessment results, we expect one-time purchases (for equipment, technology, recreation, etc.) to be helpful to many.

The CCDDB Funding Guidelines state that "Along with decisions for contract awards to be funded at July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional available revenues which can be allocated to contracts."

Handwritten number '17' in a circle.

Recommended Actions:

Pending board approval, **notification of a mini-grant application opportunity** will be made as early as **Sunday, September 22, 2019**:

- in the News Gazette, as with the traditional Notification of Funding Announcement;
- at <http://ccmhddbrds.org> and on our page of the Champaign County website;
- by email to providers and stakeholders;
- and other outreach as affordable and appropriate (e.g., PUNS enrollees, media).

The NOFA will state:

"Notification of Funding Availability – Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) – This funding source will provide a paper or printable electronic version of the 'mini-grant application' from October 14 to November 8, 2019. All applications must be completed and sent to the CCDDB office by November 8, 2019. Final award decisions will be made on December 18, 2019. For more information, accessible documents, printed copy of the application, or technical assistance regarding the form, process, or related issues, please contact the CCDDB office at 217/367-5703 or stephanie@ccmbb.org."

The opportunity will be available to people who have a qualifying I/DD, live in the County, are enrolled in PUNS but not receiving a state-waiver service or ongoing CCDDB or CCMHB funded service, and have a need or preference which can be met by one-time specific assistance.

Applications, submitted by or on behalf of an eligible person, would be due by 4:30PM on **November 8, 2019**. These are not to be submitted to the online application site but rather delivered by mail or in person to the CCMHB/CCDDB office.

A review committee, consisting of two CCDDB members, two CCDDB staff members, and one community member (preferably a person who has an I/DD), will review mini-grant applications from the period of November 12 to December 6, 2019. Reviewers' results will be compared to arrive at recommendations. Recommendations (using identifying numbers rather than applicants' names) will be brought to the CCDDB for approval at their meeting on **December 18, 2019**. Notification of awards will be made by **December 31, 2019**. Agreements will be finalized in a timely manner and payments issued as appropriate to each individual award.

Budget Impact:

During its PY2020 Allocation Process, the CCDDB approved funding for agency contracts totalling \$3,719,647. Due to a failed contract negotiation, \$55,640 of that was not allocated. The total amount of mini-grant awards will not exceed this amount, not changing the 2019 or 2020 CCDDB budgets.

Decision Section:

Motion to approve the Executive Director and CCDDB Staff to implement a mini-grant process as described above and in the attached application form.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

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DRAFT Champaign County Developmental Disabilities Board
One-Time Mini-Grants

One-Time Mini-Grants are available through the Champaign County Developmental Disabilities Board (CCDDB) for people who:

- are enrolled in the Illinois Prioritization of Urgency for Need of Services (PUNS);
- live in Champaign County;
- do not use long term supports and services funded by Illinois Department of Human Services, the Champaign County Mental Health Board (CCMHB), or the CCDDB;
- have a need/preference which can be met by a one-time purchase;
- and do not have the ability to pay for that purchase.

Ideally this one-time purchase would:

- improve/increase positive relationships;
- increase personal satisfaction;
- support real work and economic self-sufficiency; or
- increase inclusion in the community.

You might apply for a mini-grant related to: technology/equipment; a short-term service or club membership not to exceed one year; recreational/academic/fitness opportunities; social and economic entrepreneurship; or other supports which would improve your life.

Your total request may be up to **\$5,000**. The application may be completed by a person who has I/DD or by someone on their behalf. Groups, organizations, and agencies are *not* eligible to apply. A group of individuals who each qualify could apply separately for similar supports in order to reach personal goals together, especially if expanding their social or work life. If awarded, the CCDDB will make each purchase on behalf of successful applicants. See *Guidelines* below for how to complete an application.

The CCDDB primarily contracts with community-based agencies to serve people who have I/DD. Allocations are based on 50 Illinois Compiled Statutes 835, CCDDB Funding Guidelines, and CCDDB Allocation Priorities. For details, see <http://ccmhddbrds.org>.

The CCDDB's mission may also be accomplished by helping people acquire supports directly. It is for this reason that a Mini-Grant opportunity is offered. A one-time purchase, as requested by an individual, is consistent with Person Centered values:

- *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, pursue their own aims, and explore new ways to enhance *quality of life*.

CCDDB Mini-Grant Guidelines

Who is eligible?

People who:

- live in Champaign County;
- are enrolled in PUNS;
- are not receiving long term supports and services funded by the State of Illinois;
- are not receiving similar services funded by CCDDB or CCMHB;
- have a need/preference which can be met by one-time purchase; and
- do not have a way to pay for this support.

Who is *not* eligible?

- Family members of CCDDB/CCMHB members and staff are *not* eligible.
- Agencies and organizations are *not* eligible.
- People who are not enrolled with PUNS prior to the close of the application period (November 8, 2019) are *not* eligible.
- People who are already receiving long term supports and services are *not* eligible.

What will CCDDB fund?

- Equipment, technology; short-term service; club membership (up to one year); recreational, academic, or fitness opportunities; or other support which enhances independence, quality of life, economic self-sufficiency, or socialization.

What will CCDDB NOT fund?

- Items above which are not justified in the application or supporting documents.
- Copayments or insurance premiums; medication or equipment covered by the person's insurance; or ongoing expenses available to the person through programs such as LIHEAP, rental assistance, weatherization, housing vouchers, park district scholarships, etc.

How do I apply for a mini-grant?

- Answer all questions on the application.
- Provide a letter of support from an advocate, guardian, friend, neighbor, case manager, teacher, doctor, therapist, or other professional.
- Deliver the completed application to the CCDDB office by the deadline.

What is the deadline for submitting a mini-grant?

- Applications for one-time mini-grants are due by 4:30PM on November 8, 2019.

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How and when will mini-grant decisions be made?

- After submitting an application, you may be contacted for more information. If information is requested, you must respond within one week or the application may not be funded.
- CCDDDB staff will confirm your PUNS enrollment and service status.
- A committee will review all of the completed and timely applications for individual mini-grants during the period of November 12 to December 6, 2019.
- Whenever there is public discussion of the application or the committee's recommendations, **your name will not appear**, in order to protect your privacy, and each application will be referred to by a unique identifier or number. *Because the CCDDDB is a public entity, if you are awarded a mini-grant, your name and application could be made public through a Freedom of Information Act (FOIA) request.*
- Recommendations of the committee will be brought to the full CCDDDB for consideration and approval at their regular meeting on December 18, 2019.
- All applicants will be notified of the Board's decision about the mini-grant following the review process.
- Notification of awards will be made by December 31, 2019. Final agreements and payments will be made in a timely manner, appropriate to each request.

Where do I submit my completed application?

- Please mail your application to the following address:
Champaign County Mental Health Board/Champaign County
Developmental Disabilities Board Offices
1776 East Washington Street
Urbana, Illinois 61802

What if I have more questions?

- For more information, accessible documents, printed copy of the application itself, or technical assistance regarding the form, process, or related issues, please contact the CCMHB/CCDDDB office at 217/367-5703 or stephanie@ccmhb.org.

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STEP ONE: Am I Eligible to Apply?

Answer the following. To be eligible, *all* responses must be YES.

1. Do I live in Champaign County? YES/NO
2. Am I enrolled in the PUNS database? YES/NO
3. Am I “underserved”? YES/NO
*This means you do not have services through the State of Illinois or the CCDDDB or CCMHB except: self-advocacy group; **one-time** support through DSC Individual and Family Support or Clinical; or RPC Transition Specialists or PUNS.*
4. Do I have a need which can be met by a one-time purchase? YES/NO
5. Am I requesting money for something I do **not** already have? YES/NO
6. If the amount I need is greater than the \$5,000 maximum, do I have a way to pay for the rest? YES/NO
7. I am **not** a family member of a board or staff member of CCMHB or CCDDDB. YES/NO

STEP TWO: One-Time Mini Grant Application

PERSONAL INFORMATION

Name:

Address:

Phone Number:

Email Address (OPTIONAL):

Did you answer YES to all eligibility questions in STEP ONE? YES/NO

If another person is helping or will be helping you, complete this section:

Name:

Agency Affiliation, if any:

Address:

Phone Number:

Email Address (OPTIONAL):

PROPOSED BUDGET

Describe a specific item, activity, or service to be purchased, along with vendor and cost.

Item, Activity, or Service	Where To Purchase (a specific provider/vendor)	Expected Cost
Total money needed*:		

*Include applicable taxes and shipping fees.

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PURPOSE

Describe what you would like or need to purchase, why it is important to you, and why it is important for you.

1. What would you like to do, and how would a mini-grant help you do that?

Describe how the proposed purchase will help you. *For example: Will it improve/increase positive relationships? Will it increase personal satisfaction or function? Will it support real work or economic self-sufficiency? Will it help you be included in your community?*

2. Attach a letter of support from an advocate, guardian, friend, neighbor, case manager, teacher, doctor, therapist, or other professional.

FINANCIAL NEED

Provide details. If you do not answer a question, we may ask for information during the grant review.

1. Can this purchase be made without the mini-grant? YES/NO
2. Do you have some money to put toward the purchase? YES/NO
3. Do you have income from work or benefits? YES/NO
4. Do you have money in checking, savings, or trust fund, or other assets which could help with the purchase? YES/NO
5. Do you have insurance which could help with the purchase? YES/NO

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STEP THREE: Mini-Grant Completion Checklist

Before submitting this mini-grant application, please review the following to be sure you have included everything that is required.

1. Are all of the above sections completed?
2. Have I provided a letter of support from someone involved with my life?
3. Does my budget provide a detailed list of items/activities/services, where they might be purchased, and anticipated costs?
4. If the items/activities/services cost more than the funds requested, please attach documentation of how the rest will be paid.

STEP FOUR: Signatures

Your signature(s) below means that you agree that all of the information you have provided in the application is true, to the best of your knowledge, and that you understand that, if the grant is awarded, its details, including your name, may become public.

Applicant's Signature

Date

Guardian's Signature *(if applicable)*

Date

Preparer's Signature *(if applicable)*

Date

STEP FIVE: Submit Your Completed Application To:

Champaign County Mental Health Board/Champaign County
Developmental Disabilities Board Offices
1776 East Washington Street
Urbana, Illinois 61802
(217) 367-5703

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9.B.

BRIEFING MEMORANDUM

DATE: September 18, 2019
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Lynn Canfield
SUBJECT: FY2019–2021 Three Year Plan with FY2020 Objectives

Background:

In 2018, the Champaign County Developmental Disabilities Board adopted a new three-year plan. Accompanying its release was a community needs assessment which incorporated results of an online survey and pertinent information from local, state, and federal sources. During the course of the year, the Board is also presented with information on emerging issues, through presentations, study sessions, research or other professional articles, materials prepared by staff, or public or agency input. Also during 2018, CCMHB/CCDDB staff became involved with the Regional Vermilion-Champaign Executive Committee, a group of representatives from health and behavioral health entities which have similar obligations to complete community needs assessments and strategic plans. This partnership could result in a shared assessment, replacing the one developed by CCDDB staff in advance of the next three-year plan cycle.

The DRAFT Plan with Objectives for County Fiscal Year 2020 continues the commitment to existing goals and objectives with minor revisions. At the same time, the Plan is meant to be responsive to emerging issues, often through state and national association involvement.

The DRAFT Plan is attached. Proposed changes are italicized and underlined, and language to be removed is lined out. Following release of this draft Plan to the Board, the document will be disseminated for comment. Staff members have reviewed the draft and will hold further discussions. This will include consideration of comments received from interested parties.

The updated Plan will be presented for approval at the November 20th Board meeting.

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

THREE-YEAR PLAN

FOR

**FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/21)**

WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2020
(1/1/20 – 12/31/20)**

**CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS
WITH A DEVELOPMENTAL DISABILITY
(CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD)**

WHEREAS, the Champaign County Developmental Disabilities Board was established under the Illinois County Care for Persons with Developmental Disabilities Act, *now revised as the Community Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 50, Sections 835/0.05 to 835/14 inclusive)* in order to “provide facilities or services for the benefit of its residents who are persons with intellectual or developmental disabilities and who are not eligible to participate in any such program conducted under Article 14 of the School Code, or may contract therefore with any privately or publicly operated entity which provides facilities or services either in or out of such county.”

WHEREAS, while the Champaign County Developmental Disabilities Board is not required by state statute or other authority to prepare a one- and three-year plan for a program of supports and services for people with intellectual and developmental disabilities, open strategic planning with input from stakeholders and constituents is highly valued.

THEREFORE, the Champaign County Developmental Disabilities Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the intellectual and developmental disabilities supports and services plan for Champaign County:

MISSION STATEMENT

The mission of the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) is the advancement of a local system of programs and services for the treatment of people with intellectual and/or developmental disabilities, in accordance with the assessed priorities of the citizens of Champaign County.

STATEMENT OF PURPOSES

1. Planning for the intellectual and developmental disability service and support system to assure accomplishment of the CCDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual and developmental disability services and supports anchored in high-quality person-centered planning.
3. Coordination of affiliated providers of intellectual and developmental disability services and supports to assure an interrelated, accessible system of care.
4. Evaluation of the system of care to assure that services and supports are provided as planned and that services are aligned with the needs and values of the community.

To accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the intellectual and developmental disability service and support system. The CCDDB shall perform those duties and responsibilities as specified in *Sections 835/0.05 to 835/14* inclusive of the *Community* Care for Persons with Developmental Disabilities Act.



A COORDINATED, ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS

Goal #1: Support a continuum of services to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #2: Explore the use of evidence-based, evidence-informed, promising, recommended, and innovative practices which align with federal and state requirements and are appropriate to each person's needs and preferences, in an effort to improve outcomes for people with I/DD, along with their families, across the lifespan. Recommended practices are supported by an evidence base, cultural context, and sound clinical judgement.

Objective #3: Promote wellness for people with I/DD to prevent and reduce early mortality, through ~~supports and support~~ services which may include enrollment in benefit plans, linkage and advocacy, and coordinated access to primary care. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

Objective #4: Identify outcomes of value to those who use services and supports. Partner with key stakeholders toward improved outcomes for people.

Objective #5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with I/DD not supported with state/federal funding.

Objective #6: In response to changes in Medicaid and Medicaid-waiver services, realign CCDDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems, such as workforce recruitment and retention.

Objective # 7: Support initiatives providing housing and employment supports for persons with intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration.

Goal #2: Sustain the commitment to improving outcomes for members of underrepresented and underserved populations.

Objective #1: Support culturally responsive and family driven support networks for underrepresented and underserved populations of Champaign County.

Objective #2: Provide technical assistance for continuous improvement of funded agency providers' cultural and linguistic competence plans, to meet the needs of all people served.

Objective #3: Encourage providers and other community-based organizations to allocate resources for training, technical assistance, and professional development activities for *direct support* staff and governing and/or advisory boards, to advance cultural and linguistic competence.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Objective #5: Promote trauma-informed practices in program delivery, board and agency staff development, policies, and procedures.

Goal #3: Improve access to and engagement in services through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.

Objective #1: Require collaborative agreements between providers to increase access and coordination of services for people with I/DD in Champaign County.

Objective #2: Sponsor or co-sponsor educational and networking opportunities for service providers.

Objective #3: Engage other local funders and stakeholders and participate in coordinating bodies and intergovernmental councils as appropriate, to develop new initiatives, strengthen services, and maximize opportunities for people who have I/DD.

Objective #4: In collaboration with the CCMHB and other community partners, ensure that the needs of justice-involved persons with I/DD are considered in the development of an effective diversion/deflection system.

Objective #5: Use public, family, self-advocate, provider, and stakeholder input to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCDDDB.

Objective #6: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Maintain and increase communication with the Independent Service Coordination team, representatives of the IDHS Division of Developmental Disabilities, and stakeholders, regarding the use of PUNS, the service and support needs and preferences of Champaign County residents, and system changes.

Goal #4: Encourage high-quality person-centered planning and follow-through for people served by funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.

Objective #1: Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Support conflict free case management for all treatment plan clients.

Objective #2: Develop guidelines for connecting the person-centered plan to services and supports and people's identified personal outcomes.

Objective #3: Collaborate with agency providers on the identification of performance measures consistent with valued outcomes such as connection to friends, community, meaningful work and non-work activities, etc.

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Objective #4: Track the utilization of funded services, driven by self-directed service plans, through an integrated online data collection and tracking system.

Goal #5: Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCMHB to ensure the efficacious use of resources within the service and support continuum for people with I/DD.

Objective #2: Assess alternative service strategies that empower people and increase access to integrated settings as exemplified by the local collaborative approach to the Employment First Act.

Objective #3: With the CCMHB, continue the financial commitment to community-based housing for people with I/DD from Champaign County and, as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes.

Objective #4: Collaborate with the CCMHB on promoting inclusion and respect for people with I/DD.

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #6: Identify children at-risk of developmental delay or disability, and support early intervention services and family supports.

Objective #1: Support the use of evidence-based/informed models by programs serving families with young children not eligible for Early Intervention or under the School Code, and require collaboration and coordination by providers to avoid duplication of effort.

Objective #2: Emphasize cultural and linguistic competence in services and supports for young children and early identification of disabilities among underserved and underrepresented children. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for underrepresented, underserved, and general populations of Champaign County.

Goal #7: Support access to services and programs for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.

Objective #1: To improve the transition from school to adult services, foster collaborations among schools, adult service providers, young people with I/DD, and other stakeholders.

Objective #2: Emphasize flexible support for people with I/DD and their families to enhance their ability to live together, to transition to greater independence when and if they choose, and to be as connected to their communities as possible.

COMMUNITY ENGAGEMENT & ADVOCACY

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Goal #8: Promote inclusion and respect of people with I/DD, through broad based community education efforts.

Objective #1: Continue efforts to challenge stigma and discrimination, such as the Alliance for Inclusion and Respect and disABILITY Resource Expo: Reaching Out for Answers. Continue to engage with student groups on related research projects and discussions.

Objective #2: Participate in and promote other community education initiatives, such as walks, forums, and presentations to raise awareness, improve cultural competence, and cultivate acceptance, inclusion, and respect.

Objective #3: Support the continued awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those comprised of parents and persons with the most prevalent intellectual/developmental disabilities. Encourage groups' community education efforts to reduce stigma/promote inclusion and collaboration with Cultural and Linguistic Competence Coordinator on outreach and engagement strategies.

Objective #4: Encourage and support efforts to more fully integrate people with I/DD more fully into community life in Champaign County. Emphasize inclusion as a benefit to all members of the community, regardless of ability.

Objective #5: Encourage efforts to support people with I/DD in meaningful work and non-work experiences in their community, driven by their own interests. Investigate and develop strategies for engaging employers and other community partners.

Objective #6: Engage with leadership from the community college and university and their various departments, toward creating opportunities for people with I/DD and amplifying efforts to reduce stigma and increase inclusion.

Goal #9: Stay abreast of emerging issues affecting service and support systems and access to services, and be proactive through concerted advocacy efforts.

Objective #1: Advocate for workforce development and stability.

Objective #2: Intensify advocacy efforts on behalf of people with I/DD. Advocate for positive change in state funding, including increased Medicaid reimbursement rates and policy decisions affecting the local system of care for persons with I/DD. Through participation in appropriate associations and organizations, support efforts to strengthen service and support systems.

Objective #3: Track implementation of relevant class action suit settlements, such as the Ligas Consent Decree, involving people with I/DD. Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities from state DD facilities. Monitor and support the implementation of the Ligas Consent Decree in Champaign County. Encourage and support efforts to develop and preserve the development of least restrictive residential options for people who are transitioning from large facilities and those or selected from PUNS. For people not yet selected, and for those who have chosen Home-Based Support Services rather than CILA, encourage the development of preferred, advocate for the state to create flexible options.

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Objective #4: Follow ~~developments at the state and federal levels of other~~ Olmstead cases, ~~Follow the~~ implementation of the Workforce Innovation and Opportunity Act, and Home and Community Based Services ~~regulations guidance,~~ and ~~their impact locally~~ *the local impact of each.*

Objective #5: Monitor changes in the Medicaid waivers and Medicaid/Managed Care, and advocate for increased service capacity sufficient to meet demand.

Objective #6: Continue broad based advocacy efforts ~~at the state and local levels~~ to respond to reductions in state funding ~~or changes in service delivery,~~ reimbursement rates below actual cost, and delayed payments for local community-based intellectual and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.

Objective #7: In addition to the monitoring and evaluation of funded programs, encourage organizational change strategies which not only align with new and anticipated federal and state requirements but also result in the highest quality personal outcomes for people with I/DD, their families, and those most closely involved in their lives.



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

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 to14) 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.

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

– *Maya Angelou*

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.

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 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

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.

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

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funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to the online application forms.

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, 2010, 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 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.



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

BRIEFING MEMORANDUM

DATE: September 18, 2019
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Building Evaluation Capacity

Background:

At the July 10, 2019 meeting, the CCDDB approved funding for a project to support agency programs in identifying and measuring performance outcomes. This expands on a project funded by the Champaign County Mental Health Board (CCMHB) for the last four years, with the intent of improving the local system of supports and services for people with I/DD and clarifying the impact of each funded program.

Led by Mark Aber and Nicole Allen of the Department of Psychology at the University of Illinois Urbana-Champaign, the research team provides a year-end report to the CCMHB, along with presentations to the Board and the Mental Health and Developmental Disabilities Agency Council.

“A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) Year 4” is attached, to offer context to the CCDDB as we prepare for the initial year of direct engagement with CCDDB-funded agency programs.

*A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB) Year 4*

*Mark Aber, Ph.D. Nicole Allen, Ph.D. Chelsea Birchmier, B.A.
Markera Jones, M.S.*

Department of Psychology University of Illinois, Urbana-Champaign

July 1, 2019

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A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) Year 4

Statement of Purpose:

The aim of this effort was to build evaluation capacity for programs funded by the CCMHB. In Year 4, we proposed to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon the Year 2 and 3 efforts. Specifically, we proposed the following activities and deliverables.

- 1. Continue to create a learning organization among funded agencies and the CCMHB.**
 - a. Prepare new “targeted” agencies to share information at MHAC meetings once/year by June, 2019. The actual presentation will occur in August following the end of the fiscal year at the MHAC meeting.*

In collaboration with the CCMHB staff, we targeted three programs for more intensive evaluation capacity building partnership. Three funded programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Allen. These programs engaged in targeted strategies for building evaluation capacity and received individual support from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through V of this report. Each section summarizes the effort engaged with each partner agency.

These relationships were created to foster a culture of learning, first within each program and then across CCMHB-funded agencies as a larger system. Consultants took an intensive approach that emphasized developing a learning organization, or one that is “skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights” (pp. 79; Garvin, 1993). As one example, we hoped to position these target programs as ‘peer experts’ that could then report back and serve as resources to other CCMHB-funded programs. While the targeted programs are not at a point where they would be able to function as independent supports for other agencies building evaluation capacity, their experiences are valuable learning opportunities for their peers. During the Mental Health Agency Council (MHAC) meetings from years two and three, representatives from each of the targeted programs presented to their peers about their experiences building evaluation capacity. Programs briefly shared about challenges they encountered and lessons learned, as well the general processes they engaged in. This feedback appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this evaluation effort. Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g.

a specific business). In addition to engaging at the individual and organizational levels, our process also engaged programs and agencies within a larger system (CCMHB). While ongoing effort will further advance these goals, the targeted partnerships begin the process of fostering a culture of i) valuing evaluation, ii) desiring evaluation to be meaningful, and iii) experimenting with evaluation.

2. Continue to support the development of theory of change logic models as a requirement for CCMHB funding

- a. Offer 2 logic modeling workshops to support funded programs in model development in Fall 2018.*
- b. Schedule and announce logic model training dates with 30 days advance notice.*
- c. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank).*

We offered two logic model workshops in Fall 2018, which were attended by 9 groups: the Children's Advocacy Center, Community Choices Employment Program, Crisis Nursery, Cunningham Children's Home, Don Moyer Boys & Girls Club, East Central Illinois Refugee Mutual Assistance Center, GROW, R.A.C.E.S, and RPC Community Services. All programs in attendance were provided with PowerPoint slides containing their logic models following the workshop. Additionally, we continued working with several programs to further develop their logic models after the workshop.

3. Choose up to three programs for targeted evaluation support in consultation with CCMHB

- a. Work in collaboration with up to three funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting).*
- b. The goal would be to guide an evaluation process that can be sustained by the program.*

While we worked with four targeted programs in years 2 and 3, we identified three programs to target for evaluation capacity building support in year 4. These included: the Resource Connection program of the Community Service Center (CSC) of Northern Champaign County, the Champaign Urbana Area Project (CUAP) Truce program, and the Rattle the Stars program. Individual meetings and customized efforts were provided to each program. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections II-IV.

4. Provide quarterly follow-up with the eight previously targeted agencies. This could include:

- a. Reviewing evaluation implementation progress.*
- b. Revising and refining logic models.*
- c. Reviewing gathered data and developing processes to analyze and present data internally and externally.*

We reached out to the eight past targeted programs (from years two and three) in October 2019 and January 2019 to check on evaluation processes and implementation, data use, and measures. We asked if programs would like assistance with any aspect of their evaluation work. In response to these check-ins, we worked with several previous targeted partners including Courage Connection, DREAM House, Family Services, GROW, Rosecrance, and the Youth Assessment Center to revise logic models, add new measures, adapt existing measures, create data collection tools, and analyze and interpret data. In June 2019, we sent out an anonymous survey to past targeted programs inquiring about their experiences with evaluation during and following their program's partnership with the evaluation capacity building team.

5. Continue the Evaluation Consultation Bank with agencies who have not had targeted partnerships.

- a. Offer a bank of consultation hours for use by funded programs*
- b. Funded programs request hours based on specific tasks:*
 - i. Developing an evaluation focus*
 - ii. Completing a logic model*
 - iii. Developing and sustaining evaluation activities (particularly in targeted agencies)*
 - iv. Reporting data*

We received multiple requests for consultation bank support. These included: DREAM House, Children's Advocacy Center, Courage Connection, CU Neighborhood Champions, Family Services, GROW, R.A.C.E.S., Rosecrance, Regional Planning Commission (RPC) Community Services, and the Youth Assessment Center. Across these programs, we worked on developing logic models, identifying and refining outcomes, identifying appropriate measures, creating and refining data collection tools, analyzing data, and applying evaluation findings to program activities.

6. Continue to build a "buffet" of tools

- a. *Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs*

The following measures were added to the bank:

- Child and Adolescent Needs and Strengths (CANS)
- Collective Efficacy Scale
- Counselor Suicide Assessment Efficacy Survey (CSAES)
- Iowa Cultural Understanding Assessment
- U.S. Household Food Security Survey Module
- Self-Efficacy Regarding Suicide Prevention and Intervention

7. Meet with CCMHB members to provide information on, for example:

- a. *The varied uses of evaluation*
- b. *CCMHB goals and priorities with regard to evaluation*
- c. *Instantiating evaluation practices for the CCMHB and its funded programs*

In September 2018, we met with the Mental Health Board to present on and discuss the past year's effort and evaluation more broadly. After summarizing the FY 2018 objectives, we used the logic models of the targeted partners as examples for a small group activity designed to stimulate thinking about process and outcome questions of interest and how to measure them.

8. Develop survey to evaluate this evaluation capacity building effort.

We have developed a survey that, with IRB approval, will be administered to CCMHB-funded agencies to assess evaluation capacity, including evaluation knowledge, skills, motivation, attitudes, practices, processes, and resources at individual and organizational levels. We hope to use this survey to evaluate, guide planning for, and inform changes to this effort.

Community Service Center of Northern Champaign County Resource Connection Program

Program Overview

The Community Service Center (CSC) is a “one-stop shop” offering a food pantry and prescription and utility assistance along with various co-located services, including mental health, substance abuse, domestic violence, healthcare, social work, youth, and other services. CSC aims to assist residents of Northern Champaign County, to improve their social conditions, and to enhance their access to other services/resources. Many of the clients they serve are low-income, often lack access to human services, and have unmet basic needs. By locating various services in a single location in Rantoul, the program aims to reduce barriers to access by reducing the time, distance, and costs of services for clients. From September 2018 to July 2019, two consultants from the University of Illinois worked with two primary staff members of CSC to build the group’s capacity to evaluate and improve their program.

Identifying Goals

The first step in identifying CSC’s goals was to create a logic model in which we documented the activities that CSC engaged in and how they connected to the short- and long- term outcomes they hoped to see. In creating this logic model, several key goals emerged:

1. Develop a needs assessment to assess and track clients’ food, healthcare, housing, clothing, and other needs and to provide new referrals when necessary.
2. Update annual survey and add evidence-based items to assess clients’ food security, wellbeing, perceptions of cultural competency, and satisfaction with services.
3. Build relationships with co-located agencies to facilitate communication between agencies and the sharing of data, allowing for a better referral system.
4. Create spreadsheets and processes for collecting, storing, and analyzing data from the survey and needs assessment.

Executing Goals

- 1. Develop a needs assessment in English and Spanish to assess and track clients’ food, healthcare, housing, clothing, and other needs and to provide new referrals when necessary.**

When developing the logic model, CSC staff characterized the population they serve as lacking access to services and having unmet basic needs. Aligned with this, a key outcome identified on the logic model involves meeting these basic needs. Previously, when clients would come in for a specific need such as food, additional needs might come up in conversation, leading to

additional referrals from staff. However, there was no systematic assessment of needs in place that would specifically ask clients about their needs in various areas. For this reason, we adapted a needs assessment that was developed in past partnerships with Courage Connection and Rosecrance. The computer-based assessment asks about needs in the following areas in the past 3 months: Food, Material goods (e.g., clothing or diapers), Utilities assistance, Counseling, Medical assistance (e.g., prescriptions or eyeglasses), Legal aid, Housing/shelter, Childcare, Transportation, Education, and Employment. If a need is identified in a given area, a set of questions is triggered including whether the client was able to meet the need and if so, from what agency, whether the need is currently an unmet need, whether the client would like a new referral to address the need, and if so, to where the staff member referred them.

Participants will receive the needs assessment at intake and 6 months later, allowing for a comparison across time for the number of needs met. The needs assessment is in a Google form, from which data is automatically entered into a spreadsheet, obviating the need to enter the data manually and thus saving time. However, there will be paper versions of the survey available during busy hours and for Spanish-speaking clients, which will have to be entered manually. For practical reasons, the needs assessment may not be administered during busy hours. CSC aims to administer the needs assessment to at least 10% of their clientele, about 170 people. While the needs assessment is an evaluation tool, it is also an intervention in services in that it may increase the number of referrals that are made to clients. While piloting the assessment, the staff has already noticed that they have been making more referrals that they did not previously realize clients needed. We have also been adapting and making changes to the needs assessment as it is piloted in order to make it as brief, informative, and useful to clients as possible.

2. Update annual survey in English and Spanish and add evidence-based items to assess clients' food security, wellbeing, perceptions of cultural competency, and satisfaction with services.

Annually, CSC administers a survey that collects data on the services members use and find most helpful, client satisfaction with services, as well as information on the times clients are most likely to use services and transportation to and from the center. However, when reviewed in light of the logic model, we determined that the survey, in its current form, was missing several elements that would allow for the measurement of change in outcomes of interest. The survey did not collect demographic information, so our first step was to add questions asking for clients' race, ethnicity, gender, and primary language(s) spoken at home. In addition to demographic information, the CSC staff members hoped to use the survey to collect data on the following outcomes from the logic model: food insecurity, cultural understanding and competency, and psychological well-being. We added items from several evidence-based measures to assess these outcomes. The food insecurity items on the survey were taken from the U.S. Household Food Security Survey (HFSS) Module. The two items have been validated as a screening tool to

identify families at risk for food insecurity (Hager et al., 2010). To assess cultural competency, we selected items from the Iowa Cultural Understanding Assessment. We also added the Personal Wellbeing Index-Adult, a measure of subjective wellbeing with high reliability and validity, to the survey to understand how access to the services at CSC may facilitate wellbeing. The Personal Wellbeing Index also provides normative scores that can be used as targets or benchmarks (International Wellbeing Group, 2013). Finally, because the survey does not track individuals across time, we added items that would allow for the comparison of clients based on for how frequently clients come to CSC and for how long they have been coming to the CSC.

CSC aims to administer the survey to 10% of their clientele, about 170 people, with a diverse sample with regard to race and ethnicity and gender, as well a range of new and returning clients. Once a survey is administered, the data will be entered into a spreadsheet for analysis. The data will be used not only for reporting to funders but to consider how to improve or alter services. For instance, the survey asks about all of the services clients have used directly at CSC and from agencies sharing the space. If clients using direct services are not accessing the services of other agencies, this information can be used to strategize for how to best facilitate client access to these co-located services. As another example, if cultural competency scores are low in an area, that data can be used to develop a plan to strengthen cultural competency in that area.

3. Build relationships with co-located agencies to facilitate communication between agencies and the sharing of data, allowing for a better referral system.

The research literature demonstrates the benefits of one-stop shops where services are co-located. The RUPRI Rural Human Services Panel has argued for the need for rural service integration, citing rural communities' high need for and lack of access to services (Gutierrez et al., 2010). One study by Kendal and colleagues (2002) on the co-location of managed care organizations and The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) found that the infants who used co-located services had more age-appropriate weights and increased immunization rates compared to infants using traditional services (Kendal et al., 2002). Another study by Paulsell and Ford (2003) on Coordinated Economic Relief Centers (CERCs) found that CERCs made obtaining services more convenient for consumers and improved communication among community service providers; additionally, the communities served responded positively to CERCs. However, this approach works best when there is strong communication between co-located service providers and greater coordination of referrals and linkages (Ginsburg, 2008). For this reason, along with greater access to linkage data, CSC aims to begin sharing referral data among agencies. For instance, they have developed a process with the clothing center where the CSC documents who they refer to the clothing center while the clothing center documents who actually shows up, allowing for data on both the number of referrals made and the number of linkages, both measures of the outcomes of access

and linkage identified in the logic model. They aim to implement similar processes with other agencies that agree to begin this line of communication.

4. Create spreadsheets and processes for collecting, storing, and analyzing data from the survey and needs assessment.

We are currently in the process of creating a spreadsheet to enter and analyze data from the annual survey. The needs assessment, as a Google form, automatically populates data into a spreadsheet. We will add data tabulation formulas that will allow for the measurement of outcomes of interest in this spreadsheet.

Future Directions and Next Steps

1. The needs assessment is currently being piloted. The next step is to continue to administer the needs assessment and make adjustments as needed.
2. The annual survey will be administered in the fall. The next step will be to enter the data into the spreadsheet for analysis.
3. Once data from the needs assessment and survey is analyzed, it will be used to report to funders as well as to strategize how services may be changed or improved based on the data.

References:

- Ginsburg, S. (2008). Colocating Health Services: A Way to Improve Coordination of Children's Health Care? *Common Wealth Fund* 41, 1—11.
- Gutierrez et al. (2010). Rethinking Rural Human Service Delivery in Challenging Times: The Case for Service Integration. Washington, D.C.: Rural Policy Research Institute.
- Hager, E. R., et al. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics* 126(1), 26—32.
- International Wellbeing Group. (2013). Personal Wellbeing Index: 5th Edition. Melbourne: Australian Centre on Quality of Life, Deakin University. Retrieved from <http://www.acqol.com.au/instruments#measures>
- Kendal, A. P., et al. (2002). Improving the Health of Infants on Medicaid by Collocating Special Supplemental Nutrition Clinics With Managed Care Provider Sites. *American Journal of Public Health* 92(3), 399—403.
- Paulsell, D., & Ford, M. (2003). Using One-Stops To Promote Access to Work Supports—Lessons from Virginia's Coordinated Economic Relief Centers: Final Report. Washington, D.C.: Electronic Publications from the Food Assistance & Nutrition Research Program.

Appendix Items:

Section II A: Logic model

Section II B: Needs assessment

Section II C: Annual survey

Rattle the Stars Suicide Prevention Program

Program Overview

Rattle the Stars is a suicide prevention program that aims to reduce stigma around suicide and strengthen the capacity for youth, parents, and professionals to intervene with individuals who may be having suicidal thoughts. Through psychoeducational training, Rattle the Stars teaches about the complex system of biological, psychological, and social causes/mechanisms of suicide, dispels myths about suicide, demonstrates ways to appropriately engage with and support individuals considering suicide, and shares additional local and national suicide prevention resources. While the program primarily targets high school students, Rattle the Stars also aims to educate the adults who support youth as well—such as, parents, teachers, clergy, and coaches—with the goal of building a stronger social support system and shifting the community culture around suicide. From October 11, 2018 to July 2019, two consultants from the University of Illinois worked with the primary program leader to build her capacity to evaluate and improve the program.

Identifying Goals

The first step in identifying Rattle the Stars' goals was to create a logic model in which we documented the activities Rattle the Stars engaged in and how they connected to the short- and long-term outcomes they hoped to see (see Section III: Appendix A for the most updated version of the logic model). Using the logic model, three key goals emerged:

1. Assess students' suicide prevention knowledge and skills before and after participating in Rattle the Stars' suicide prevention training.
2. Assess adults' (parents, school staff, other professionals) suicide prevention knowledge and skills after participating in adult version of suicide prevention training.
3. Assess longer-term increases in adults' responsiveness to and competence in intervening with individuals showing signs of suicidality.

Executing Goals

After developing the logic model, the first step in creating a comprehensive evaluation plan was to match shorter-term outcomes with indicators that would suggest the shorter-term outcomes had been achieved. For each outcome and indicator, potential data collection methods and sources of information were discussed, as well as the advantages and

disadvantages of these different methods. Once data collection tools were selected, we developed plans for collecting, storing, and analyzing the data.

1. Assess students' suicide prevention knowledge and skills before and after participating in Rattle the Stars' suicide prevention training.

In order to evaluate the effectiveness of the Rattle the Stars training, we developed a pre- and post-test measuring all of the desired short-term outcomes for participating high school students. The surveys include items that measure knowledge and beliefs about suicide, stigma around suicide, competence in intervening with suicidal peers, perceived confidence in intervening with suicidal peers, help-seeking from adults, and knowledge/utilization of resources. Three items from a validated measure of "Self-Efficacy Regarding Suicide Prevention and Intervention" (King, Strunk, and Sorter, 2011) were used to assess students' confidence in intervening, while two validated measures of "Help-Seeking Acceptability at School" and "Adult Help for Suicidal Youth" assessed students' use of resources and adults when faced with distress or suicide concerns (Schmeelk-Cone, Pisani, Petrova, & Wyman, 2012). To measure competence in intervening, two scenarios of teens exhibiting different behaviors and emotions and answer choices about the appropriate action to take with the peer were created. The remaining items on the survey were questions developed directly from content/information provided in the training's PowerPoint presentation. The survey takes no more than 10 minutes to complete. Students will complete the pre-test on the first day of the training, immediately before the training begins, and preferably electronically. Students will create an ID number by answering a series of personally-memorable questions (e.g., "What is the number of your birthday month?" followed by "What is the name of your first pet?") which will be linked to their survey. This ID will help Rattle the Stars link individual students' growth on the measures after having participated in the training. Additionally, the survey collects demographic information such as age, zip code, race, and gender which can help Rattle the Stars compare the training effectiveness between groups of youth. The post-test will be taken immediately after having received the training.

2. Assess adults' (parents, school staff, and other professionals) suicide prevention knowledge and skills after participating in adult version of suicide prevention training.

Rattle the Stars also provides a similar training for adults who support youth, so a pre- and post-test was developed. While the same items assessing knowledge and beliefs about suicide and appropriate ways to verbally address someone believed to be suicidal (competence) were included in the adult surveys, the main difference between the adult and youth surveys is that the adult surveys focus more on assessing their competence and confidence in helping a depressed or suicidal young person. Items assessing self-efficacy in assessing and responding to suicide risk were adapted from a validated measure, the Counselor Suicide Assessment Efficacy Survey

(CSAES) (Douglas & Wachter Morris, 2015). Additionally, items were adapted from a Youth School Survey developed by Reconnecting Youth to evaluate how adults responded when youth expressed suicidal thoughts or warning signs. There are three slightly different versions of the adult survey corresponding to a general adult training for parents and community members, a school staff training, and a training for agency employees or service providers who professionally support or counsel youth. Adults will take the survey immediately before and after receiving the Rattle the Stars training. The “Behaviors/Actions Taken” section was left off of the post-test, as responses to these items were not expected to change as a result of the training, but rather would require the passing of time. Instead, this section would be sent to the adults again as a 6-month follow-up survey.

3. Assess longer-term increases in adults’ responsiveness to and competence in intervening with individuals showing signs of suicidality.

Rattle the Stars is interested in measuring the long-term effectiveness of their training in the adults who support youth, so we developed a short follow-up measure and protocol to be sent in a link via email to adults who received the training six month prior. The follow-up survey essentially asks adults the same “Behaviors/Actions Taken” section of the pre-test. Adults are asked whether they have been in contact with anyone between the ages of 10 and 19 who was depressed or suicidal in the past 6 months, and whether they took various measures to intervene with them. Answers on the follow-up survey would be compared to their answers in the pre-test, hopefully to demonstrate changes in suicide intervention skills in the long-term. This survey has yet to be finalized, as Rattle the Stars is still consulting with school district professionals and agencies about the feasibility of continuing to engage with staff long after the training.

Future Directions and Next Steps

1. Implement the data collection as described above starting in the Fall of 2019.
2. Continue to consult with the schools and agencies to tailor the Rattle the Stars training delivery and evaluation to fit the various constraints and capacities of their settings.

References:

- Douglas, K. A., & Wachter Morris, C. A. (2015). Assessing counselors’ self-efficacy in suicide assessment and intervention. *Counseling Outcome Research and Evaluation*, 6(1), 58-69. <http://dx.doi.org/10.1177/21501378145671>.
- King, K. A., Strunk, C. M., and Sorter, M. T. (2011). Preliminary effectiveness of Surviving the

Teens® Suicide Prevention and Depression Awareness Program on adolescents' suicidality and self-efficacy in performing help-seeking behaviors. *Journal of School Health* 81(9), 581–590. doi:10.1111/j.1746-1561.2011.00630.x

Schmeelk-Cone, K., Pisani, A. R., Petrova, M., & Wyman, P. A. (2012). Three scales assessing high school students' attitudes and perceived norms about seeking adult help for distress and suicide concerns. *Suicide Life Threat Behav.* 42(2), 157–172. doi:10.1111/j.1943-278X.2011.00079.x

Appendix Items:

Section III A: Logic model

Section III B: High school pre- and post-test surveys

Section III C: Adult pre-, post-test, and 6 month follow-up surveys

CUAP TRUCE

Program Overview:

CUAP's TRUCE is a violence prevention program that works exclusively with individuals (primarily youth) who became involved in or impacted by violence ranging from physical altercations to gun violence. TRUCE's approach to violence prevention prioritizes building meaningful relationships with their clients and collaboratively developing goals and restorative plans with the ultimate aim of conflict mediation, preventing retaliation of violence, reducing the harm caused by the violent incident, and reducing potential additional harm caused by the criminal justice system or other systems that respond to violent incidents. While TRUCE intervenes with families following violent incidents (postvention), they also strive to prevent violence through continuously building rapport and engaging with the community, families, and agencies in efforts to positively change the community culture / norms around violence. TRUCE staff are trained in both the Violence Interrupters model, which primarily prevents violence/shootings by maintaining close relationships and an intricate network of information on the streets to anticipate violence and directly intervene, and the Cure Violence model which supports individuals and families following a violent incident. TRUCE becomes involved with an individual on a referral basis, usually following a violent incident. TRUCE then meets with the youth and their family to learn who were the key people involved in the incident, more detail about the incident, and begin to develop a plan for restorative conflict mediation. The plan aims for a resolution that reduces likelihood of future conflict between parties and reduces further harm caused by engaging in systems. Because TRUCE's work involves very organic interactions with a vulnerable population that is often already burdened with other engagement with systems or research studies, and because TRUCE is unlike many formal programs that have offices, formal schedules, and structured client meetings, documenting and record-keeping has been difficult. Implementing some sort of evaluation effort that would fit their approach and would not interrupt the natural flow of relationship building is an important first step in measuring TRUCE's impact in the community.

Identifying Goals:

The first step in identifying TRUCE's goals was to create a logic model in which we documented the activities TRUCE engaged in and how they connected to the short- and long-term outcomes they hoped to see (see Section IV: Appendix A for the most updated version of the logic model). In creating the logic model and discussing current methods of documentation, it became clear the TRUCE staff lacked consistent methods, tools, and protocols of documentation to keep track of their clients and how they intervene with them. Recognizing this need and using the logic model, a few key goals emerged:

1. Develop a method of documenting TRUCE staff's hours while simultaneously documenting the various ways they engage with families and tracking progress on goals outlined in their restorative plan.
2. Systematically track and document violent incidents in Champaign County and the conflict mediation strategies that are utilized by TRUCE peaceseekers and violence interrupters.
3. Develop a method of creating and storing information in a new client's file after initially meeting with them, learning about the violent incident, and deciding on a restorative treatment plan for them.

Executing Goals:

After identifying short-term and longer-term desired outcomes of the TRUCE program, we also discussed ways to measure those outcomes. It became clear to the ECB team that establishing some form of consistent documentation for TRUCE would be the first step in being able to evaluate their efforts. Additionally, collecting data in the form of surveys or extensive interviews did not seem appropriate given the nature of TRUCE's work with clients. The priority of TRUCE is to build relationships with clients, not to make them feel questioned or studied in an impersonal or invasive way. For this reason, we wanted to establish data collection strategies that would avoid formalizing processes that were never formal.

- 1. Develop a method of documenting TRUCE staff's hours while simultaneously documenting the various ways they engage with families and tracking progress on goals outlined in their restorative plan.**

TRUCE did not have a way of tracking their hours and activities with clients. Together we developed an Hours Documentation Tool in Google Forms to allow TRUCE staff to easily access the form from their mobile devices, which is very important given the nature of their work. The Hours Documentation Tool collects information about what type of activity the TRUCE staff member was engaging in (staff meeting, event, intervention, etc.), who they met with, the purpose of the meeting, the setting, the result of the meeting, progress toward previously-outlined goals, and the time they spent doing the activity. This tool not only gives TRUCE a way to track the various ways they intervene with families, it also is a useful tool for the supervisor who would normally gather timesheets and notes from staff to create reports for funders about how TRUCE staff spend their time. TRUCE staff, primarily the "street workers," will be able to use this form to input data on-the-go and instantly from their phones, without needing to pull out a notebook or laptop or be in an office setting. It reduces the likelihood of staff having different note formats and varying levels of detail.

- 2. Systematically track and document violent incidents in Champaign County and the**

conflict mediation strategies that are utilized by TRUCE peaceseekers and violence interrupters.

While TRUCE responders previously documented the details of violent incidents and their responses through free-form notes, we decided to standardize the process and develop a form that allows for the systematic documentation of incidents and interventions. In documenting the steps that violence interrupters take while intervening in and preventing violent incidents, TRUCE will be able to document process—what TRUCE responders are doing in their interventions, fidelity—how closely they are following the Cure Violence model, and outcomes—the effectiveness of their strategies. The Cure Violence model is an evidence-based model of interrupting and preventing violence that has demonstrated a reduction in violent incidents in multiple assessments (e.g., Henry, Knoblauch, & Sigurvinsdottir, 2014; see cureviolence.org/results/scientific-evaluations/ for more assessments). Tracking TRUCE’s adherence to the Cure Violence model will allow them to assess whether they are consistently following the core criteria of Cure Violence necessary for reducing and preventing violence, a long-term outcome in TRUCE’s logic model. The incident file will be stored under an incident ID in a secure location.

3. Develop a method of creating and storing information in a new client’s file after initially meeting with them, learning about the violent incident, and deciding on a restorative treatment plan for them.

TRUCE also did not have a formal or structured way of keeping client records or developing information for each client, as this was normally either mentally tracked or documented through personal notes. We are in the process of creating a client intake form with an individualized treatment plan that TRUCE can use each time they make initial contact with a new client and become involved in intervention with them. TRUCE first meets with a new client/family of the client through referral from someone who knows the client and knows about the violent incident. The first step in intervention is for TRUCE, the referrer, and the client/client’s family to have an initial meeting to get more details on the violent incident, parties involved, and generally get to know the client’s perspective and needs. During this time, TRUCE will utilize the incident report form to record all this information about the client, also creating an ID number for the client in their system. Then, the TRUCE responder brings this information to the larger TRUCE staff meetings where staff and supervisors get acquainted with the case and help provide suggestions for goals and treatment/conflict mediation for the client and their family. At this point, TRUCE will develop a draft treatment plan to review with the client/family in the next scheduled meeting, where any necessary changes or additions to the intervention plan can be made following the lead of the family. All of this information is to be stored in a client’s file under an ID number, and in a secure place.

Next Steps and Future Directions:

1. Hire and train new staff in using the Hours Documentation Tool, to introduce consistency in data collection to the program.
2. Finish creating the incident report and treatment plan forms to be stored in clients' files.
3. Decide on a secure location or way to store clients' files which is HIPAA-compliant but reliably accessible to staff

References:

Cure Violence. An Evidence-Based Program. Retrieved August 26, 2019, from <http://cureviolence.org/results/scientific-evaluations/>.

Henry, D. B., Knoblauch, S., Sigurvinsdottir, R. (2014). The effect of intensive ceasefire intervention on crime in four Chicago police beats: Quantitative assessment. Retrieved from <http://cureviolence.org/wp-content/uploads/2015/01/McCormick-CeaseFire-Evaluation-Quantitative.pdf>.

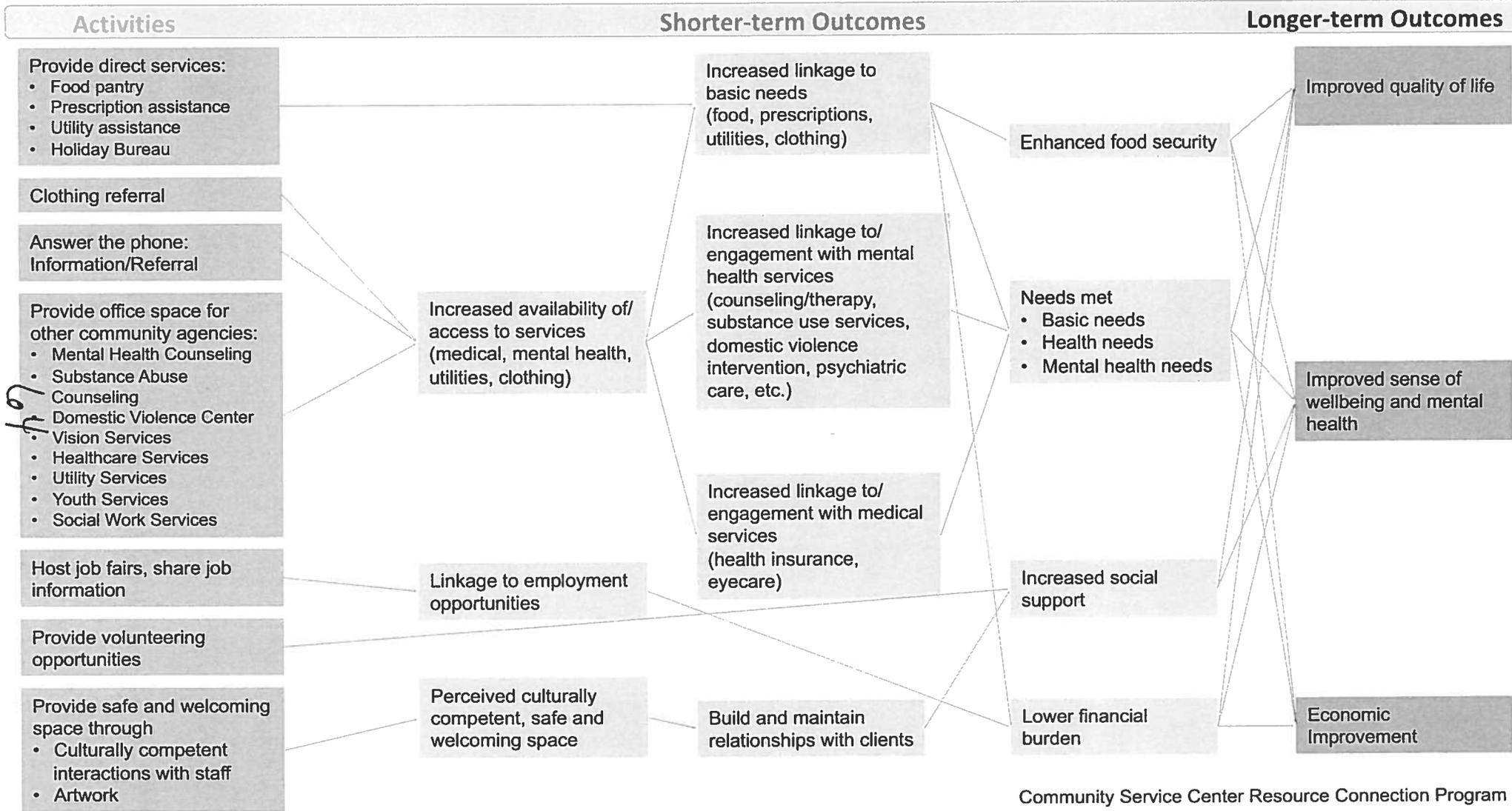
Appendix Items:

Section IV A: Logic model

Section IV B: Incident Report and Conflict Mediation Form

Section IV C: Hours documentation form

Section II Appendix



CSC Needs Assessment

Would you mind answering a few questions to help us determine how to best serve you?

1. Client ID (Access)

2. Is this a new client or a returning client?

Mark only one oval.

New client

Returning client Skip to "Follow-Up Client Needs Assessment (Long)."

New Client Needs Assessment (Short)

FOOD

3. F1. In the last three months did you need food? [If no, skip to Material Goods M1.]

Mark only one oval.

Yes

No

4. F2. Thinking back to when you needed food in the last three months, were you able to get the food you needed at the time?

Mark only one oval.

Yes

No

Some but not enough

5. F5. Is food currently an unmet need? [If client is here for food, do not need to ask this question; simply enter yes and continue to next question]

Mark only one oval.

Yes

No

6. F7. [If yes, enter below where you referred the client for food]

Material Goods

65

7. **M1. In the last three months did you need material goods (e.g., clothing or diapers)? [If no, skip to Utilities U1.]**

Mark only one oval.

- Yes
 No

8. **M2. Thinking back to when you needed material goods in the last three months, were you able to get the material goods you needed at the time?**

Mark only one oval.

- Yes
 No
 Some but not enough

9. **M5. Is material goods currently an unmet need?**

Mark only one oval.

- Yes
 No

10. **M7. [If yes, enter below where you referred the client for material goods]**

Utilities Assistance

11. **U1. In the last three months did you need utilities assistance? [If no, skip to Counseling C1.]**

Mark only one oval.

- Yes
 No

12. **U2. Thinking back to when you needed utilities assistance in the last three months, were you able to get the utilities assistance you needed at the time?**

Mark only one oval.

- Yes
 No
 Some but not enough

13. **U5. Is utilities assistance currently an unmet need?**

Mark only one oval.

- Yes
 No

14. U7. [If yes, enter below where you referred the client for utilities assistance]
-

Counseling

15. C1. In the last three months did you need counseling? [If no, skip to Medical Assistance MA1.]

Mark only one oval.

- Yes
 No

16. C2. Thinking back to when you needed counseling in the last three months, were you able to get the counseling you needed at the time?

Mark only one oval.

- Yes
 No
 Some but not enough

17. C5. Is counseling currently an unmet need?

Mark only one oval.

- Yes
 No

18. C7. [If yes, enter below where you referred the client for counseling]
-

Medical Assistance

19. MA1. In the last three months did you need medical assistance (e.g. prescription, eyeglasses, dental care, or health insurance)? [If no, skip to Legal Aid L1.]

Mark only one oval.

- Yes
 No

20. MA2. Thinking back to when you needed medical assistance in the last three months, were you able to get the medical assistance you needed at the time?

Mark only one oval.

- Yes
 No
 Some but not enough

21. MA5. Is medical assistance currently an unmet need?

Mark only one oval.

Yes

No

22. MA7. [If yes, enter below where you referred the client for medical assistance]

Legal Aid

23. L1. In the last three months did you need legal aid? [If no, skip to Housing H1.]

Mark only one oval.

Yes

No

24. L2. Thinking back to when you needed legal aid in the last three months, were you able to get the legal aid you needed at the time?

Mark only one oval.

Yes

No

Some but not enough

25. L5. Is legal aid currently an unmet need?

Mark only one oval.

Yes

No

26. L7. [If yes, enter below where you referred the client for legal aid]

Housing/Shelter

27. H1. In the last three months did you need assistance with housing, shelter, or rent? [If no, skip to Childcare CH1.]

Mark only one oval.

Yes

No

28. H2. Thinking back to when you needed housing, shelter, or rent in the last three months, were you able to get the housing or shelter you needed at the time?

Mark only one oval.

- Yes
 No
 Some but not enough

29. H5. Is housing, shelter, or rent currently an unmet need?

Mark only one oval.

- Yes
 No

30. H7. [If yes, enter below where you referred the client for housing, shelter, or rent]

Childcare

31. CH1. In the last three months did you need childcare? [If no, skip to Transportation T1.]

Mark only one oval.

- Yes
 No

32. CH2. Thinking back to when you needed childcare in the last three months, were you able to get the childcare you needed at the time?

Mark only one oval.

- Yes
 No
 Some but not enough

33. CH5. Is childcare currently an unmet need?

Mark only one oval.

- Yes
 No

34. CH7. [If yes, enter below where you referred the client for childcare]

Transportation

35. T1. In the last three months did you need transportation? [If no, skip to Education ED1.]

Mark only one oval.

Yes

No

36. T2. Thinking back to when you needed transportation in the last three months, were you able to get the transportation you needed at the time?

Mark only one oval.

Yes

No

Some but not enough

37. T5. Is transportation currently an unmet need?

Mark only one oval.

Yes

No

38. T7. [If yes, enter below where you referred the client for transportation]

Education

39. ED1. In the last three months did you need education or educational resources? [If no, skip to Employment EM1.]

Mark only one oval.

Yes

No

40. ED2. Thinking back to when you needed educational resources in the last three months, were you able to get the educational resources you needed at the time?

Mark only one oval.

Yes

No

Some but not enough

41. ED5. Is education currently an unmet need?

Mark only one oval.

Yes

No

42. ED7. [If yes, enter below where you referred the client for education]

Employment

43. EM1. In the last three months did you need employment? [If no, submit survey.]

Mark only one oval.

- Yes
 No

44. EM2. Thinking back to when you needed employment in the last three months, were you able to get the employment you needed at the time?

Mark only one oval.

- Yes
 No
 Some but not enough

45. EM5. Is employment currently an unmet need?

Mark only one oval.

- Yes
 No

46. EM7. [If yes, enter below where you referred the client for employment]

Stop filling out this form.

Follow-Up Client Needs Assessment (Long)

Food

In the last three months did you need food?

47. F1. In the last three months did you need food?

Mark only one oval.

- Yes
 No *Skip to question 54.*

Food Need

48. **F2. Thinking back to when you needed food in the last three months, were you able to get the food you needed at the time? [If no, skip to F5.]**

Mark only one oval.

- Yes
 No
 Some but not enough

49. **F3. Where did you get the food from? [If client only got food from CSC, skip to F5.]**

50. **F4. Did we (CSC) refer you to this food resource?**

Mark only one oval.

- Yes
 No
 I don't remember

51. **F5. Is food currently an unmet need? [If client is here for food, do not need to ask this question; simply enter yes and continue to next question]**

Mark only one oval.

- Yes
 No

52. **F6. Would it be helpful to have new referrals to meet this food need?**

Mark only one oval.

- Yes
 No

53. **F7. [If client requests a referral for food, where did you refer them?]**

Material Goods

In the last three months did you need material goods?

54. **M1. In the last three months did you need material goods (e.g., clothing or diapers)?**

Mark only one oval.

- Yes
 No *Skip to question 61.*

Material Goods Need

55. **M2. Thinking back to when you needed material goods in the last three months, were you able to get the material goods you needed at the time? [If no, skip to M5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

56. **M3. Where did you get the material goods from?**

57. **M4. Did we (CSC) refer you to this material goods resource?**

Mark only one oval.

- Yes
- No
- I don't remember

58. **M5. Is material goods currently an unmet need?**

Mark only one oval.

- Yes
- No

59. **M6. Would it be helpful to have new referrals to meet this material goods need?**

Mark only one oval.

- Yes
- No

60. **M7. [If client requests a referral for material goods, where did you refer them?]**

Utilities Assistance

In the last three months did you need assistance with utility bills?

61. **U1. In the last three months did you need utilities assistance?**

Mark only one oval.

- Yes
- No *Skip to question 68.*

Utilities Need

62. **U2. Thinking back to when you needed utilities assistance in the last three months, were you able to get the utilities assistance you needed at the time? [If no, skip to U5.]**

Mark only one oval.

- Yes
 No
 Some but not enough

63. **U3. Where did you get the utilities assistance from?**

64. **U4. Did we (CSC) refer you to this utilities assistance resource?**

Mark only one oval.

- Yes
 No
 I don't remember

65. **U5. Is assistance with utilities currently an unmet need?**

Mark only one oval.

- Yes
 No

66. **U6. Would it be helpful to have new referrals to meet this utilities assistance need?**

Mark only one oval.

- Yes
 No

67. **U7. [If client requests a referral for utilities assistance, where did you refer them?]**

Counseling

In the last three months did you need mental health counseling?

68. **C1. In the last three months did you need counseling?**

Mark only one oval.

- Yes
 No *Skip to question 75.*

Counseling Need

69. **C2. Thinking back to when you needed counseling in the last three months, were you able to get the counseling you needed at the time? [If no, skip to C5.]**

Mark only one oval.

- Yes
 No
 Some but not enough

70. **C3. Where did you get the counseling from?**

71. **C4. Did we (CSC) refer you to this counseling resource?**

Mark only one oval.

- Yes
 No
 I don't remember

72. **C5. Is counseling currently an unmet need?**

Mark only one oval.

- Yes
 No

73. **C6. Would it be helpful to have new referrals to meet this counseling need?**

Mark only one oval.

- Yes
 No

74. **C7. [If client requests a referral for counseling, where did you refer them?]**

Medical Assistance

In the last three months did you need medical assistance?

75. **MA1. In the last three months did you need medical assistance (e.g. prescription, eyeglasses, dental care, or health insurance)?**

Mark only one oval.

- Yes
 No *Skip to question 82.*

Medical Assistance Need

76. **MA2. Thinking back to when you needed medical assistance in the last three months, were you able to get the medical assistance you needed at the time? [If no, skip to MA5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

77. **MA3. Where did you get the medical assistance from?**

78. **MA4. Did we (CSC) refer you to this medical resource?**

Mark only one oval.

- Yes
- No
- I don't remember

79. **MA5. Is medical assistance currently an unmet need?**

Mark only one oval.

- Yes
- No

80. **MA6. Would it be helpful to have new referrals to meet this medical assistance need?**

Mark only one oval.

- Yes
- No

81. **MA7. [If client requests a referral for medical assistance, where did you refer them?]**

Legal Aid

In the last three months did you need legal aid?

82. **L1. In the last three months did you need legal aid?**

Mark only one oval.

- Yes
- No *Skip to question 89.*

Legal Aid Need

83. L2. Thinking back to when you needed legal aid in the last three months, were you able to get the legal aid you needed at the time? [If no, skip to L5.]

Mark only one oval.

- Yes
- No
- Some but not enough

84. L3. Where did you get the legal aid from?

85. L4. Did we (CSC) refer you to this legal aid?

Mark only one oval.

- Yes
- No
- I don't remember

86. L5. Is legal aid currently an unmet need?

Mark only one oval.

- Yes
- No

87. L6. Would it be helpful to have new referrals to meet this legal aid need?

Mark only one oval.

- Yes
- No

88. L7. [If client requests a referral for legal aid, where did you refer them?]

Housing/Shelter

In the last three months did you need housing or shelter?

89. H1. In the last three months did you need assistance with housing, shelter, or rent?

Mark only one oval.

- Yes
- No Skip to question 96.

Housing/Shelter Need

90. H2. Thinking back to when you needed housing, shelter, or rent in the last three months, were you able to get the housing or shelter you needed at the time? [If no, skip to H5.]

Mark only one oval.

- Yes
- No
- Some but not enough

91. H3. Where did you get the housing, shelter, or rent?

92. H4. Did we (CSC) refer you to this housing/shelter/rent resource?

Mark only one oval.

- Yes
- No
- I don't remember

93. H5. Is housing, shelter, or rent currently an unmet need?

Mark only one oval.

- Yes
- No

94. H6. Would it be helpful to have new referrals to meet this housing, shelter, or rent need?

Mark only one oval.

- Yes
- No

95. H7. [If client requests a referral for housing or shelter, where did you refer them?]

Childcare

In the last three months did you need childcare?

96. CH1. In the last three months did you need childcare?

Mark only one oval.

- Yes
- No Skip to question 103.

Childcare Need

97. **CH2. Thinking back to when you needed childcare in the last three months, were you able to get the childcare you needed at the time? [If no, skip to CH5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

98. **CH3. Where did you get the childcare?**

99. **CH4. Did we (CSC) refer you to this childcare resource?**

Mark only one oval.

- Yes
- No
- I don't remember

100. **CH5. Is childcare currently an unmet need?**

Mark only one oval.

- Yes
- No

101. **CH6. Would it be helpful to have new referrals to meet this childcare need?**

Mark only one oval.

- Yes
- No

102. **CH7. [If client requests a referral for childcare, where did you refer them?]**

Transportation

In the last three months did you need transportation?

103. **T1. In the last three months did you need transportation?**

Mark only one oval.

- Yes
- No *Skip to question 110.*

Transportation Need

104. **T2. Thinking back to when you needed transportation in the last three months, were you able to get the transportation you needed at the time? [If no, skip to T5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

105. **T3. Where did you get the transportation?**

106. **T4. Did we (CSC) refer you to this transportation resource?**

Mark only one oval.

- Yes
- No
- I don't remember

107. **T5. Is transportation currently an unmet need?**

Mark only one oval.

- Yes
- No

108. **T6. Would it be helpful to have new referrals to meet this transportation need?**

Mark only one oval.

- Yes
- No

109. **T7. [If client requests a referral for transportation, where did you refer them?]**

Education

In the last three months did you need educational resources?

110. **ED1. In the last three months did you need education or educational resources?**

Mark only one oval.

- Yes
- No *Skip to question 117.*

Education Need

111. **ED2. Thinking back to when you needed educational resources in the last three months, were you able to get the educational resources you needed at the time? [If no, skip to ED5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

112. **ED3. Where did you get the education resources?**

113. **ED4. Did we (CSC) refer you to this education resource?**

Mark only one oval.

- Yes
- No
- I don't remember

114. **ED5. Is education currently an unmet need?**

Mark only one oval.

- Yes
- No

115. **ED6. Would it be helpful to have new referrals to meet this education need?**

Mark only one oval.

- Yes
- No

116. **ED7. [If client requests a referral for education, where did you refer them?]**

Employment

In the last three months did you need employment?

117. **EM1. In the last three months did you need employment?**

Mark only one oval.

- Yes
- No

Employment Need

118. **EM2. Thinking back to when you needed employment in the last three months, were you able to get the employment you needed at the time? [If no, skip to EM5.]**

Mark only one oval.

- Yes
- No
- Some but not enough

119. **EM3. Where did you get the employment assistance?**

120. **EM4. Did we (CSC) refer you to this employment opportunity or resource?**

Mark only one oval.

- Yes
- No
- I don't remember

121. **EM5. Is employment currently an unmet need?**

Mark only one oval.

- Yes
- No

122. **EM6. Would it be helpful to have new referrals to meet this employment need?**

Mark only one oval.

- Yes
- No

123. **EM7. [If client requests a referral for employment, where did you refer them?]**

In an effort to improve our services, we are asking that you fill out this brief anonymous survey. This survey is completely voluntary, and you are free to skip any question you do not wish to answer. We greatly appreciate your participation.

What is your gender? (Please circle *only one* response.)

1. Man
2. Woman
3. Other, please specify: _____

What is your race? (Please circle *only one* response.)

1. Black or African American
2. White
3. Asian
4. American Indian
5. Alaskan Native
6. Native Hawaiian or other Pacific Islander
7. Multiracial
8. Other, please specify: _____

Are you Hispanic or Latino/a? (Please circle *only one* response.)

1. Yes
2. No

What is the primary language you speak at home? (Please circle *only one* response.)

1. English
2. Spanish
3. Both English and Spanish
4. Other, please specify: _____

How long have you been coming to the Community Service Center? (Please circle *only one* response.)

1. This is my first time
2. 1-3 months
3. 3-6 months
4. 6 months-1 year
5. 1-3 years
6. 3-5 years
7. More than 5 years

How often do you visit the Community Service Center? (Please circle *only one* response.)

1. This is my first time
2. Once a year or less
3. Once every few months
4. Once a month
5. More than once a month

Check all of the services that you have used at our agency. (Please check *all that apply*).

- 1. Food Pantry
- 2. Utility Assistance
- 3. Kids Foundation Registration
- 4. Clothing Referral
- 5. Information/Referral
- 6. Prescription Assistance
- 7. Holiday Bureau
- 8. None of the above

Check all of the services that you have used of other agencies using our offices. (Please check *all that apply*.)

- 1. SNAP enrollment outreach
- 2. Kruger Vision Services
- 3. LIHEAP
- 4. Rosecrance
- 5. Hope Springs Counseling
- 6. Courage Connection
- 7. Senior Services/Senior Resource Center
- 8. Court Diversion/Youth Assessment
- 9. Other, please specify: _____
- 10. None of the above

Check the services that are most useful for you: (Please check *all that apply*).

- 1. Domestic violence assistance
- 2. Homeless/shelter coordination
- 3. Mental health counseling
- 4. Financial counseling/education
- 5. Nutrition/cooking education
- 6. Public access computer
- 7. Assistance signing up for medical coverage
- 8. Assistance signing up for SNAP
- 9. Other, please specify: _____
- 10. None of the above

Based on your schedule, which hour(s) would you most likely come in? (Please circle *only one* response.)

- 1. 10:00 am—12:00 pm
- 2. 12:00 pm—2:00 pm
- 3. 2:00 pm—4:00 pm
- 4. Other, please specify: _____

How do you usually come to the CSC? (Please circle *only one* response.)

- 1. Walking
- 2. Biking
- 3. Get a ride from a friend
- 4. Drive yourself
- 5. Other, please specify: _____

How did you learn about our agency? (Please circle *only one* response.)

- 1. Newspaper
- 2. Internet
- 3. Friend
- 4. Brochure
- 5. Referral from another agency: _____
- 6. Other, please specify: _____

For each of the following statements, circle the number to indicate whether the statement is never true, sometimes true, or often true, for your household. (Please circle *only one* number in each row.)

	Never true	Sometimes true	Often true
A. Within the past 12 months, we worried whether our food would run out before we got the money to buy more.	1	2	3
B. Within the past 12 months, the food we bought just didn't last and we didn't have the money to get more.	1	2	3

For each of the following statements, circle the number to indicate whether you strongly disagree (1), disagree (2), neither agree nor disagree (3), agree (4), or strongly agree (5). (Please circle *only one* number in each row.)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
A. The staff here understands some of the ideas that I, my family and others from my cultural, racial, or ethnic group may have.	1	2	3	4	5
B. The waiting room and/or facility has pictures or reading material that show people from my racial or ethnic group.	1	2	3	4	5
C. It was easy to get information I needed about housing, food, clothing, child care, and other social services from this place.	1	2	3	4	5
D. The staff here treats me with respect.	1	2	3	4	5
E. Most of the time, I feel I can trust the staff who work with me.	1	2	3	4	5

The following questions ask how satisfied you feel, on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied. (Please circle *only one* number in each row.)

Thinking about your own life and personal circumstances, how satisfied are you with....

	No satisfaction at all											Completely satisfied
A. your life as a whole?	0	1	2	3	4	5	6	7	8	9	10	
B. your standard of living?	0	1	2	3	4	5	6	7	8	9	10	
C. your health?	0	1	2	3	4	5	6	7	8	9	10	
D. what you are achieving in life?	0	1	2	3	4	5	6	7	8	9	10	
E. your personal relationships?	0	1	2	3	4	5	6	7	8	9	10	
F. how safe you feel?	0	1	2	3	4	5	6	7	8	9	10	
G. feeling part of your community?	0	1	2	3	4	5	6	7	8	9	10	
H. your future security?	0	1	2	3	4	5	6	7	8	9	10	

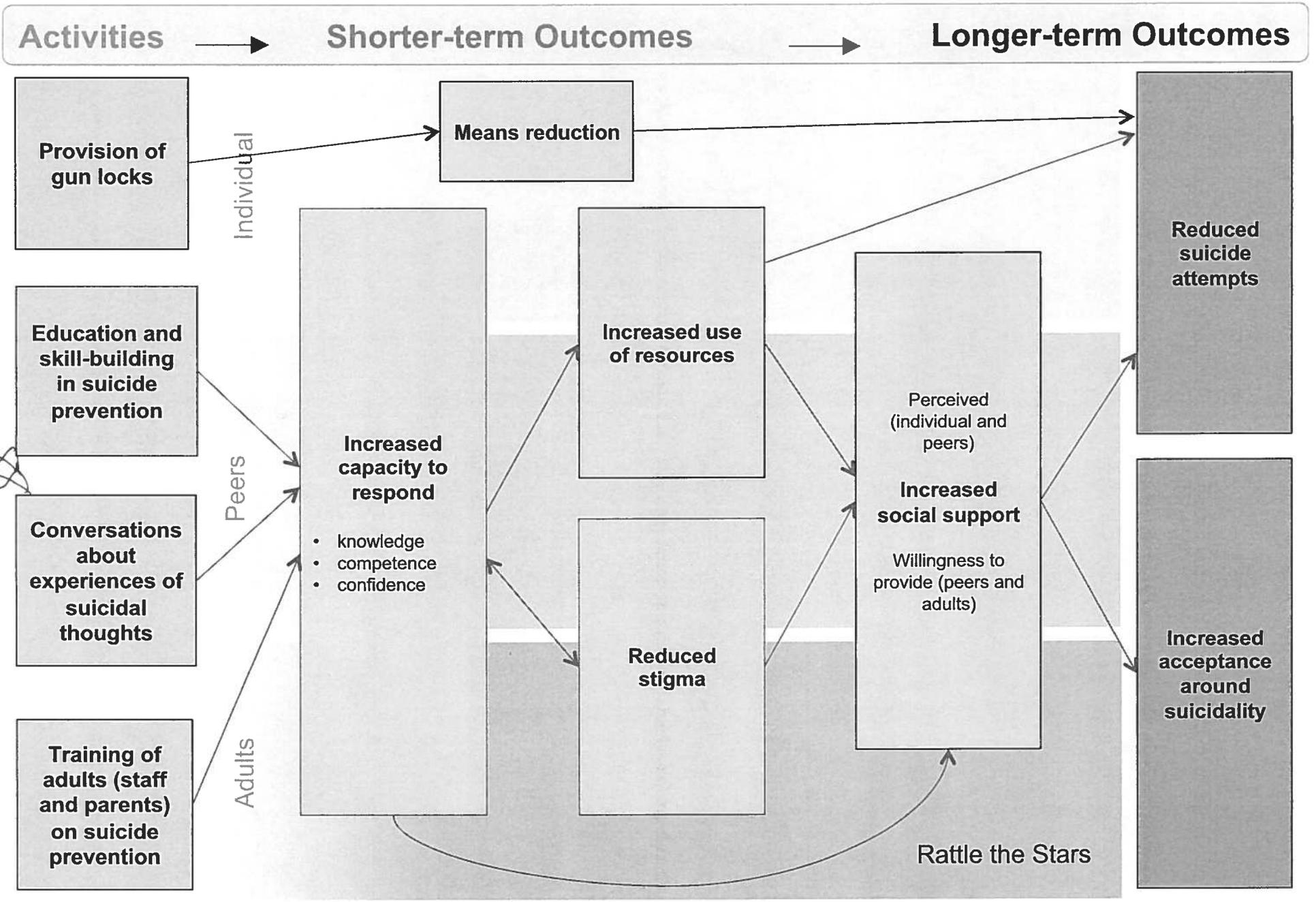
Overall, how satisfied are you with how well you were treated by our staff and volunteers? (Please circle *only one* number).

Very Dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very Satisfied
1	2	3	4	5

Thank you for your participation!

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Section III Appendix



High School Student Pre- and Post-Test

ID# _____ Date _____

Your friend Jordan is the best basketball player on the team. He's not good at school, but he usually keeps his grades up enough to play. A few weeks ago, he had two Fs so he had to sit out from some games. They lost and didn't make it to the playoffs. Since then, Jordan has been avoiding everyone. He stopped lifting weights and working out. His mom said he just sits alone in his room and won't even spend time with his little sisters. You asked him if he was okay, but he just said to forget it because it doesn't matter anymore.

What would you do? Pick the best option.

- a. Nothing. Jordan can handle himself, and he'll be ok.
- b. Tell Jordan that it's no big deal and that they'll get to the playoffs next year.
- c. Tell Jordan that you understand he's upset and remind him that you are there if he wants to talk about it.
- d. Talk to an adult and tell them that you are worried that Jordan is having thoughts of suicide.

Keysia is in your math group. She has a girlfriend, but only people at school know about it because she says her parents wouldn't like it. Some girls who don't like Keysia took pictures of them kissing after school and then posted them online where her parent saw. Her parents lost it and said that no daughter of theirs was going to be a lesbian. Keysia quit doing the work in math, which is making everyone in your group mad. You asked her about it and she said that she didn't care anymore and that everyone would be better off without her.

What would you do? Pick the best option.

- a. Nothing. You don't really know Keysia that well so it's not your problem.
- b. Tell Keysia that she needs to get it together because she's bringing all of your group down.
- c. Tell Keysia that you understand she's upset and that you are there if she wants to talk.
- d. Talk to an adult and tell them that you are worried that Keysia is having thoughts of suicide.

For each of the following statements, circle True or False.

- | | | |
|---|------|-------|
| Most people who attempt suicide have a mental illness. | True | False |
| Someone is more likely to attempt suicide if they have access to a gun. | True | False |
| More youth die by suicide than from cancer. | True | False |
| Females are more likely to die from suicide than males. | True | False |
| Suicides happen without warning. | True | False |
| Once someone has made up their mind to attempt suicide, there's nothing anyone can do to stop them. | True | False |

These are things you might say to someone having thoughts of suicide. Mark the ones you think are helpful with an O. Mark the ones you think are not helpful with an X.

- But you have so much going for you. _____
- Suicide is a permanent solution to a temporary problem. _____
- I'm sorry this is happening to you. _____
- It's okay if you're not okay. _____
- Just try to think positive. _____
- Everything's going to be okay. _____
- I'm glad you felt safe talking to me about this. _____
- But you're such a great person. _____
- Think about what that would do to your family. _____

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Suicide shouldn't be talked about.	1	2	3	4
If someone in my family died of suicide, I wouldn't want anyone to know.	1	2	3	4
Someone who is planning suicide should be left alone if they don't want help.	1	2	3	4
Someone who is planning suicide can rarely be talked out of it.	1	2	3	4

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I feel comfortable talking to my parents/guardians about my feelings.	1	2	3	4
I feel comfortable talking to my friends about my feelings.	1	2	3	4
I feel comfortable talking to a school counselor if:				
-A friend showed warning signs of suicide.	1	2	3	4
-I was experiencing thoughts of suicide.	1	2	3	4

Why or why not? Explain your answers.

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

If I were really upset and needed help:	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
-I believe a counselor or other adult at school could help me.	1	2	3	4
- I would talk to a counselor or other adult at school.	1	2	3	4
-My friends would want me to talk to a counselor or other adult at school.	1	2	3	4
-My family would want me to talk to a counselor or other adult at school.	1	2	3	4
I know adults who could help a friend thinking of suicide.	1	2	3	4
My school has people who can help students going through hard times.	1	2	3	4
I can think of an adult who I trust enough to help a suicidal friend.	1	2	3	4

Pre-test only:

In my school, I would feel most comfortable talking to this adult:

Teacher _____

Principal _____

Counselor _____

Psychologist _____

Nurse _____

Coach _____

Hall monitor _____

School Resource Officer _____

Other _____

In the last six months, have you worried that someone may be having thoughts of suicide, or has someone told you that they were having thoughts of suicide? Yes _____ No _____

If yes, how many times? _____

Did you tell an adult? Yes _____ No _____

Why or why not? Explain your answers.

Zip Code: _____

Race: Asian _____

Age: _____ **Grade:** _____

Black _____

Gender: Cis-Female _____

Latino _____

Cis-Male _____

Native American _____

Trans-Female _____

White _____

Trans-Male _____

Other _____

Queer or Non-binary _____

Post-test only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The trainer was knowledgeable.	1	2	3	4
The trainer was well prepared.	1	2	3	4
The content was well organized.	1	2	3	4
Participation was encouraged.	1	2	3	4
The materials were helpful.	1	2	3	4
The time allotted was sufficient.	1	2	3	4
The learning objectives were met.	1	2	3	4
The training met my expectations.	1	2	3	4

What part of the training was most helpful?

What part of the training was least helpful?

How could this training be improved?

Comments?

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Adult Pre-Test, Post- Test, and 6 month follow-up

ID# _____ Date _____

For all adult trainings (general, school staff, and professionals):

For each of the following statements, circle True or False.

Most people who attempt suicide have a mental illness.	True	False
Someone is more likely to attempt suicide if they have access to a gun.	True	False
More youth die by suicide than from cancer.	True	False
Females are more likely to die from suicide than males.	True	False
Suicides happen without warning.	True	False
Once someone has made up their mind to attempt suicide, there's nothing anyone can do to stop them.	True	False

These are things you might say to someone having thoughts of suicide. Mark the ones you think are helpful with an O. Mark the ones you think are not helpful with an X.

But you have so much going for you. _____

Suicide is a permanent solution to a temporary problem. _____

I'm sorry this is happening to you. _____

It's okay if you're not okay. _____

Just try to think positive. _____

Everything's going to be okay. _____

I'm glad you felt safe talking to me about this. _____

But you're such a great person. _____

Think about what that would do to your family. _____

This section asks about your experiences with youth 10-19 years old in the last six months.

In the last six months, have you worried that someone may be having thoughts of suicide, or has someone told you that they were having thoughts of suicide? Yes _____ No _____

If yes, how many times? _____

Did you ask them if they were having thoughts of suicide? Yes _____ No _____

Did you talk with them about their feelings, providing support and validation?

Yes _____ No _____

Did you give them resources and information about where they could get help?

Yes _____ No _____

Why or why not? Explain your answers.

For general adult training only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I have a plan for responding to someone having thoughts of suicide.	1	2	3	4
I know what to do if a youth reports thoughts of suicide.	1	2	3	4
I know what to do if a youth is at low risk for suicide.	1	2	3	4
I know what to do if a youth is at moderate risk for suicide.	1	2	3	4
I know what to do if a youth is at imminent risk for suicide.	1	2	3	4

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	I have the knowledge	I have the skills	I feel comfortable
to ask a youth if they have thoughts of suicide.			
to screen a youth for level of risk for suicide.			
to counsel a youth on means safety.			
to help a youth create a safety plan.			

For adult school staff training only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I know my school's suicide response plan.	1	2	3	4
I know when to break confidentiality.	1	2	3	4
I know what to do if a youth reports thoughts of suicide.	1	2	3	4
I know what to do if a youth is at low risk for suicide.	1	2	3	4
I know what to do if a youth is at moderate risk for suicide.	1	2	3	4
I know what to do if a youth is at imminent risk for suicide.	1	2	3	4

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	I have the knowledge	I have the skills	I feel comfortable
to ask a youth if they have thoughts of suicide.			
to screen a youth for level of risk for suicide.			
to counsel a youth on means safety.			
to help a youth create a safety plan.			
to thoroughly document my interactions with a potentially suicidal youth.			

For adult school staff training, pre-test only:

Your role in the school:

Teacher _____

Administrator _____

Guidance Counselor _____

Psychologist _____

Social Worker _____

Nurse _____

Classroom Aid _____

Hall Monitor _____

Support Staff _____

School Resource Officer _____

Other _____

For adult professional training only:

For each of the following statements, circle the number to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
I know my organization's suicide response plan.	1	2	3	4
I know when to break confidentiality.	1	2	3	4
I know what to do if a youth reports thoughts of suicide.	1	2	3	4
I know what to do if a youth is at low risk for suicide.	1	2	3	4
I know what to do if a youth is at moderate risk for suicide.	1	2	3	4
I know what to do if a youth is at imminent risk for suicide.	1	2	3	4

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	I have the knowledge	I have the skills	I feel comfortable
to ask a youth if they have thoughts of suicide.			
to screen a youth for level of risk for suicide.			
to counsel a youth on means safety.			
to help a youth create a safety plan.			
to thoroughly document my interactions with a potentially suicidal youth.			

For adult professional training, pre-test only:

Your field:

Mental/Behavioral Healthcare _____

Medical Healthcare _____

School/Education _____

Youth/Family Services _____

Adult/Elderly Services _____

Child Welfare _____

Social Services _____

Religious/Spiritual Services _____

Other _____

Your role:

Administrator _____

Social Worker _____

Counselor/Therapist _____

Case Manager _____

Medical Provider _____

Teacher _____

Clergy _____

Mentor _____

Volunteer _____

Other _____

For all adult trainings, pre-test only:

Have you previously been trained in youth suicide prevention? Yes _____ No _____

If yes, how long ago? _____ months _____ years

Have you completed this training by Rattle the Stars in the past? Yes _____ No _____

If yes, how long ago? _____ months _____ years

Zip Code: _____

Race: Asian _____

Age: _____

Black _____

Gender: Cis-Female _____

Latino _____

Cis-Male _____

Native American _____

Trans-Female _____

White _____

Trans-Male _____

Other _____

Queer or Non-binary _____

For all adult trainings, post-test only:

For each of the following statements, write the number in each column to indicate whether you strongly disagree (1), somewhat disagree (2), somewhat agree (3), strongly agree (4).

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
The trainer was knowledgeable.	1	2	3	4
The trainer was well prepared.	1	2	3	4
The content was well organized.	1	2	3	4
Participation was encouraged.	1	2	3	4
The distributed materials were helpful.	1	2	3	4
The time allotted was sufficient.	1	2	3	4
The learning objectives were met.	1	2	3	4
The training met my expectations.	1	2	3	4

What part of the training was most helpful?

What part of the training was least helpful?

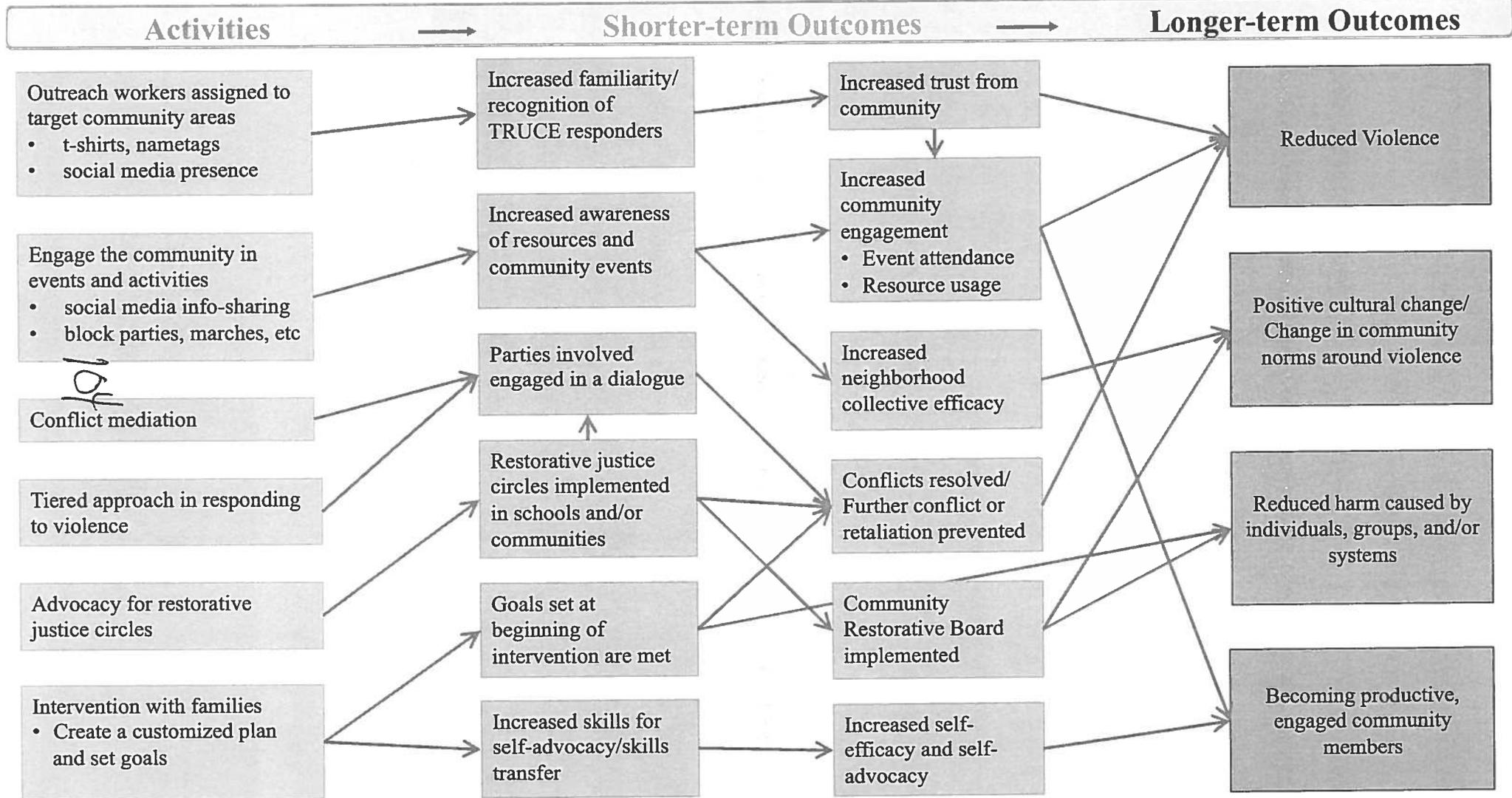
How could this training be improved?

Comments?

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Section IV Appendix

CUAP TRUCE



Incident Report and Conflict Mediation Form

Case ID: _____
Primary Violence Interrupter (PVI): _____

Section A: Describing the Incident

Neighborhood/Subdivision/Sector of conflict: _____

Address/Cross-streets of conflict: _____

Location type of conflict: Corner/street School Party Club House Park
 Liquor/Convenience Store Other: _____

Date of conflict: _____ Time of conflict: _____

Date of referral: _____

How did you find out about the conflict? Personal contact Main office (CUAP) Street (while walking beats) Hospital Police Other: _____

Date of initial meeting with client/family: _____

Number of people involved in the conflict:

How many victims? _____ How many offenders? _____

If gangs involved, how many gangs? _____
(if within same gang, write 1. If no groups, 0)

PRIMARY reason for current conflict? check one: Gang Personal altercation Narcotics Domestic
 Child abuse Robbery/Jumped/Mugged Burglary Other: _____
Further description (please select only one): Retaliation Over girl/guy Turf Money
 Gambling/Dice Personal disrespect Family/friend honor Group honor
 Other: _____

SECONDARY reason for current conflict? check one: Gang Personal altercation Narcotics Domestic
 Child abuse Robbery/Jumped/Mugged Burglary Other: _____
Further description (please select only one): Retaliation Over girl/guy Turf Money
 Gambling/Dice Personal disrespect Family/friend honor Group honor
 Other: _____

Possible risk factors of current conflict mediated: (Check if yes)

a) One or more of the people involved seems as if s/he was intoxicated or on drugs	<input type="checkbox"/>
b) One or more of the people involved are thought to be gang-affiliated and actively violent	<input type="checkbox"/>

c) One or more of the people involved are thought to have a history of violence	<input type="checkbox"/>
d) Conflict is thought to be related to high risk street activity	<input type="checkbox"/>
e) One or more of the people involved are thought to be between ages 16-25	<input type="checkbox"/>
f) One or more of the people involved are thought to have been recently released from prison	<input type="checkbox"/>
g) Weapon is thought to be involved in and/or at the scene of the conflict	<input type="checkbox"/>
h) One or more of the people involved has a history of mental illness or ACES	<input type="checkbox"/>
i) One or more of the people involved is facing economic hardship directly related to conflict	<input type="checkbox"/>

Was the incident that caused the mediation verbal, physical, or both? Verbal Physical Both

Please rate the severity of the incident (if multiple injuries, check all that apply): No violence – verbal only
 Violence – no injuries Violence – minor injuries Violence – serious injuries
 Violence – unknown injuries

Did the current incident involve.....?

a) Shots fired?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of shots ___
b) A serious violent act (stabbing, beating, car ramming, etc)?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
c) a shooting?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
d) a fatality?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
e) a homicide?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
f) Any victim(s) 14 or under?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
g) Any victim(s) 15-21?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___
h) a suicide?	<input type="checkbox"/> No	<input type="checkbox"/> Yes → # of victims ___

Were the police present and/or did they intervene at any point in current incident? Yes No

If yes, describe: _____

How would you rate the police presence in the neighborhood during the time of the incident?

Greater than usual About the same Less than usual

Did Truce staff know parties involved in the current conflict? Yes No

If yes, how? One or both parties are current Truce participants One or both parties are past Truce participants Truce staff knew one or both parties from neighborhood Parties involved are family/extended family of Truce staff

Without a mediation, could this conflict have led to retaliation? Extremely likely/Needs immediate attention

Very likely Likely Unlikely Very unlikely Unknown

Notes/Verbatim description of incident: _____

Section B: Conflict Mediation

Crisis Intervention Team: _____

Mediator(s) of conflict: _____

Outside parties involved in mediating (check all that apply): None Family Friends Community members Group/cliue members Clergy Other: _____

Did this mediation occur: on the front end in the middle of conflict on the back end, to prevent further conflict after retaliation

Which of the following forms of communication were used in the mediation? (Check Yes or No for each)
Also, please check the MAIN method of communication that helped address the conflict (choose only one):

	Yes	No	MAIN
Phone call(s)			
Texts			
In-person contact			
Emails			
Internet (social media)			

Did you (check all that apply): Talk to individuals/groups separately Bring individuals/groups together Include outside parties Other: _____

For the STRATEGIES you used in the current mediation, how would you rate their effectiveness?

	Did not use	Not Effective	Somewhat Effective	Very Effective
Information gathering				
Middle man				
Using family or friends of parties involved				
Using Truce staff				
Using other Truce participants				
Reaching agreement/settling conflict				
Reasoning/providing non-violent alternative solutions				

De-escalating the situation				
Constructive shadowing				
Change location				
Buy time				
Focus on consequences				
Provide a saving face opportunity				
Other: _____				

Outcome of mediation: Conflict resolved Conflict resolved as long as certain conditions are met
 Conflict resolved temporarily (not certain resolution will last) Conflict ongoing

Total time spent on this mediation (incl. all information gathering prior to official mediation): _____ hours

What is the likelihood of this incident/conflict reigniting? Very likely Likely Unlikely
 Very unlikely Unknown

Describe in greater detail: (1) Current conflict, (2) Mediation (i.e. what did you do?), and (3) Outcomes:

TRUCE Hours Documentation

Use this form to track actions taken with staff, families, and community, and time spent doing so.

* Required

1. Responder Name *

2. Your role *

Mark only one oval.

- TRUCE volunteer
- PVI (Peaceseeker Violence Interrupter)
- PS (Peaceseeker)
- Other staff

3. Date of Activity *

_____ *Example: December 15, 2012*

4. Incident ID (if applicable)

5. From *

_____ *Example: 8:30 AM*

6. Until *

_____ *Example: 8:30 AM*

7. Who was present? **Check all that apply.*

- Individual harmed in conflict
- Parents/guardians of individual harmed in conflict
- Non-parent relatives or peers of individual harmed in conflict
- Individual who caused harm in conflict
- Parents/guardians of individual who caused harm in conflict
- Non-parent relatives or peers of individual who caused harm in conflict
- Individual involved in conflict
- Parents/guardians of individual involved in conflict
- Non-parent relative(s) or peer(s) of individual involved in conflict
- Community leader, staff, or administrator
- Youth
- Other: _____

8. Type of Contact **Mark only one oval.*

- Phone conversation
- Home visit
- Family or Community-related Event
- Conflict mediation
- Funeral or re-pass
- Court-related
- Face-to-face Meeting (other location)

9. What type of activity is this? **Mark only one oval.*

- Intervention/Street Outreach that involves developing a custom plan *Skip to question 12.*
- Intervention/Street Outreach that does NOT involve developing a custom plan
- Staff Meeting
- Event
- Staff Training
- Education/Tutoring (Larger groups)
- Networking (Advocacy, Promotion, and Potential Partners)
- General Meeting (Community partnerships)

General Documentation

10. Reason for contact *

Mark only one oval.

- Initial response to violent incident
- Response to emotional or mental health crisis
- Devising/Checking in on Restorative Plan
- Responding to a referral
- Mentoring
- Providing continuing support (transportation, miscellaneous)
- Program planning

11. Notes

Stop filling out this form.

Intervention Plan Documentation

12. Type of Engagement *

Mark only one oval.

- Setting an initial meeting time/getting consent from individual and/or family
- Initial meeting involving needs assessment and developing an understanding of the situation
- Meeting to share plan and set goals with individual and/or family
- Continued engagement with plan and goals
- Follow-up engagement after a plan is complete/when regular or intensive engagement is no longer needed

13. Activities engaged in (check all that apply) *

Check all that apply.

- Mentoring
- Resource mobilization and referral
- Transportation
- Advocacy (legal, education, etc.)
- Needs assessment
- Goal setting and/or evaluation
- Other: _____

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14. If you selected resource mobilization and referral, please list the resources you referred the individual or family to:

15. Have you developed a plan for this individual or family?

Mark only one oval.

Yes

No

16. If not, why and/or what was the resolution?

17. For each goal from your plan, please rate progress toward that goal

Mark only one oval per row.

	No progress at all	Slight progress	Moderate progress	A lot of progress	Goal met	N/A
Education Goals	<input type="radio"/>					
Employment Goals	<input type="radio"/>					
Resource Connection Goals	<input type="radio"/>					
Conflict Mediation Goals	<input type="radio"/>					
Mental Health Goals	<input type="radio"/>					
Other Goals	<input type="radio"/>					

18. Notes



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

DECISION MEMORANDUM

DATE: September 18, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: REVISED FY2020 Champaign County CCDDDB and CILA Budget Submissions

Overview:

The purpose of this memorandum is to seek approval of revised drafts of the Champaign County Developmental Disabilities Board (CCDDDB) Budget and CILA Fund Budget, for County Fiscal Year 2020 (January 1, 2020 through December 31, 2020.) **The CCDDDB and CCMHB approved their respective budgets and the CILA Fund budget during their July meetings.** Revisions in this draft incorporate feedback from the Champaign County Executive and Deputy Director of Finance, the Champaign County Board, and legal counsel. Final budgets will be presented as part of the County Board's appropriations process in November. Further changes which may include revenue projections, personnel costs, or other planned expenditures, may occur before November, requiring further review and approval of the CCDDDB.

The CILA Fund Budget, under joint authority of the CCDDDB and Champaign County Mental Health Board (CCMHB), incorporates previous and current year actuals.

Attached are revised draft 2020 CCDDDB and CILA Fund Budgets. The draft 2020 CCMHB Budget is included for information only, along with four pages of background details. Background features comparisons of proposed 2020 budget, approved 2019 budget, and actual revenues and expenditures for the years 2014 through 2018.

What has changed since July 10:

- Increased property tax revenue and increased contributions and grants expenses. Includes additional \$153,458 (CCMHB) and \$126,968 (CCDDDB), as the property tax levy was prepared in order to capture new growth revenue in the event the OSF and Carle properties are assessed as non-exempt. (CCDDDB and CCMHB budgets)
- Increased interest income (CCMHB and CILA)
- Increased rental revenue, as we have not found a path to decrease (CILA)
- Additional property insurance coverage (CILA)
- Increased insurance expense, for Directors and Officers, property, and internet policies (CCMHB, resulting in increased CCDDDB share, as CCDDDB Professional Services)
- Increased equipment expense, also includes a designated trust (CILA)
- Adjustments in personnel costs, with an especially large increase in health/life insurance (CCMHB budget, with a small impact on CCDDDB share, shown in Professional Services)

Decision Section:

Motion to approve the attached 2020 CCDDDB Budget, with anticipated revenues and expenditures of \$4,373,905.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2020 CILA Fund Budget, with anticipated revenue and expenditures of \$76,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB.

- Approved
- Denied
- Modified
- Additional Information Needed

Draft 2020 CCDDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current*	\$4,334,905
313.19	Back Property Taxes	\$2,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$16,000
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	\$8,000
369.90	Other Miscellaneous Revenue	\$8,000
	<i>*includes potential revenue = \$126,968</i>	
	TOTAL REVENUE *	\$4,373,905

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$395,970
533.92	Contributions & Grants*	\$3,927,935
571.11	Payment to CILA Fund	\$50,000
	<i>*includes amount equal to potential revenue</i>	
	TOTAL EXPENSES*	\$4,373,905

Draft 2020 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$4,000
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	-
362.15	Rents	\$22,000
TOTAL REVENUE		\$76,000

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (includes a designated gift of \$16,881 of one individual, accessed at family request)	\$29,000
533.07	Professional Services (property management)	\$8,000
533.20	Insurance	\$2,000
533.28	Utilities	\$964
534.36	CILA Project Building Repair/Maintenance	\$14,000
534.37	Finance Charges (bank fees per statement)	\$36
534.58	Landscaping Service/Maintenance	\$6,000
544.22	Building Improvements	\$16,000
TOTAL EXPENSES		\$76,000

Draft 2020 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	*Property Taxes, Current	\$5,239,310
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$3,000
336.23	CCDDB Revenue	\$395,970
361.10	Investment Interest	\$33,000
363.10	Gifts & Donations	\$5,000
363.12	Expo Revenue	\$15,000
369.90	Other Miscellaneous Revenue	\$50,000
	<i>*includes potential revenue = \$153,458</i>	
	TOTAL REVENUE*	\$5,746,280

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$103,625
511.03	Regular FTE	\$326,512
511.05	Temporary Salaries & Wages	\$5,040
511.09	Overtime Wages	\$1,000
513.01	FICA	\$33,368
513.02	IMRF	\$31,885
513.04	W-Comp	\$2,815
513.05	Unemployment	\$1,864
513.06	Health/Life Insurance	\$81,942
513.20	Employee Development/Recognition	\$300
	Personnel Total	\$588,351
522.01	Printing	\$1,000
522.02	Office Supplies	\$4,100
522.03	Books/Periodicals	\$4,100
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$800
522.44	Equipment Under \$5000	\$8,000
	Commodities Total	\$19,000
533.01	Audit & Accounting Services	\$11,000
533.07	Professional Services	\$140,000
533.12	Travel	\$3,500
533.18	Non-employee training	\$12,000
533.20	Insurance	\$19,000
533.29	Computer Services	\$6,000
533.33	Telephone	\$2,000
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$26,000
533.51	Equipment Rental	\$900
533.70	Legal Notices/Ads	\$300
533.72	Department Operating	\$400
533.84	Business Meals/Expense	\$250
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$28,000
533.92	Contributions & Grants*	\$4,783,849
533.93	Dues & Licenses	\$21,000
533.95	Conferences/Training	\$14,000
533.98	disAbility Resource Expo	\$58,000
534.37	Finance Charges/Bank Fees	\$30
534.70	Brookens Repair	\$200
	Services Total*	\$5,130,929
571.08	Payment to CCDDB (Share of Gifts, Donations, Misc Rev)	\$8,000
571.11	Payment to CILA Fund	-
	Interfund Expenditures TOTAL	\$8,000
	<i>*includes amount equal to potential revenue</i>	
	TOTAL EXPENSES*	\$5,746,280

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Background for 2020 CCMHB Budget, with 2019 Adjusted Budget and Earlier Actuals

2020 BUDGETED REVENUE		2019 ADJUSTED BUDGET*	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current*	\$5,239,310	\$4,859,490	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$1,000	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$4,000	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$3,000	\$2,500	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$395,970	\$363,655	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$33,000	\$28,000	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gifts & Donations/Expo Revenue	\$20,000	\$18,571	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$50,000	\$115,649	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
<i>*includes hospital tax rev \$153,458</i>							
TOTAL REVENUE*	\$5,746,280	\$5,392,865	\$5,023,555	\$4,853,939	\$4,676,764	\$4,597,006	\$4,498,514

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2020 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)		2019 ADJUSTED BUDGET	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$588,351	\$538,088	\$522,073	\$449,220 <i>(understaffed)</i>	\$577,548	\$502,890	\$532,909
Commodities	\$19,000	\$19,100	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contributions & Grants)	\$347,080	\$345,576	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
Contributions & Grants*	\$4,783,849	\$4,102,593	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$8,000	\$308,000	\$56,779	\$57,288	\$60,673	\$0	\$0
<i>*includes amount equal to hosp tax</i>							
TOTAL EXPENSES*	\$5,746,280	\$5,313,357	\$4,641,148	\$4,089,797	\$4,484,391	\$4,232,715	\$4,591,892

Additional Information about Expenses (Proposed 2020 versus Adjusted Budget 2019)

Personnel 2020 v 2019

PERSONNEL	2020	2019
Appointed Official	\$103,625	\$103,625
Regular FTE	\$326,512	\$312,457
Temporary Wage/Sal	\$5,040	\$5,040
Overtime Wages	\$1,000	\$1,500
FICA	\$33,368	\$32,130
IMRF	\$31,885	\$24,864
W-Comp	\$2,815	\$2,730
Unemployment	\$1,864	\$1,736
Health/Life Insurance	\$81,942	\$53,706
Employee Dev/Rec	\$300	\$300
	\$588,351	\$538,088

Services (not Contributions and Grants)

SERVICES	2020	2019
Audit & Accounting	\$11,000	\$10,000
Professional Services**	\$140,000	\$140,000
Travel	\$3,500	\$5,000
Non-employee conference**	\$12,000	\$8,000
Insurance	\$19,000	\$12,000
Computer Services	\$6,000	\$7,500
Telephone	\$2,000	\$2,500
Equipment Maintenance	\$500	\$500
Office Rental	\$26,000	\$26,000
Equipment Rental	\$900	\$900
Legal Notices/Ads	\$300	\$300
Department Operating	\$400	\$400
Business Meals/Expense	\$250	\$250
Photocopy Services	\$4,000	\$4,000
Public Relations**	\$28,000	\$30,000
Dues/Licenses	\$21,000	\$23,500
Conferences/Training	\$14,000	\$14,500
disAbility Resource Expo**	\$58,000	\$60,000
Finance Charges/Bank Fees	\$30	\$26
Brookens Repair	\$200	\$200
	\$347,080	\$345,576

Interfund Expenditures 2020 v 2019

INTERFUND TRANSFERS	2020	2019
CCDDB Share of Donations & Miscellaneous Revenue	\$8,000	\$8,000
Payment to CILA Fund	\$0	\$300,000
	\$8,000	\$308,000

**Professional Services:

- legal counsel, website maintenance, human resource services, shredding, graphic design, ADA compliance consultant, independent audit reviews and other CPA consultation, independent reviews of applications, 211/Path with United Way, UIUC Evaluation Capacity Project.
- Previously included Expo Coordinators, but in this version of budgets, their contracts are included with Expo and Public Relations (1/4 of one, who works on other special projects).

**Non Employee Conferences/Trainings

- Continues monthly trainings for service providers and stakeholders, with expenses for presenters, refreshments, promotion, supplies. This category also includes expenses related to board members attending conferences and trainings.

**Public Relations (Community Awareness) and disAbility Resource Expo:

- Ebertfest (not shared with CCDDB), community education/awareness, some consultant support.
- Expo line was added mid-year 2018 to capture 2019 Expo expenses; consultant time charged here (could be under Professional Services instead.)

Commodities 2020 v 2019

COMMODITIES	2020	2019
Printing	\$1,000	\$1,000
Office Supplies	\$4,100	\$4,100
Books/Periodicals	\$4,100	\$2,000
Copier Supplies	\$1,000	\$1,000
Postage/UPS/Fed Ex	\$800	\$1,000
Equipment Under \$5000	\$8,000	\$10,000
	\$19,000	\$19,100

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Additional Information about Services

Approval of 2020 Budgets does not obligate the Boards to all expenditures described: most consultant/service contracts are developed by Executive Director with Board officers and, for larger amounts or unusual circumstances, full board review and approval; estimates are based on previous years.

SERVICES	2020	2019
Professional Services*	\$140,000 Approximately \$79,000 UI Evaluation, if expanded to include CCDDDB. \$18,066 United Way for 211/Path. \$500 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility testing (Falling Leaf). \$14,000 online application/reporting systems (EMK). \$1800 maintenance of Expo and AIR sites and (possible) champaigncountyrourcedirectory.org. Also includes: graphic design; shredding services; independent reviewers; CPA consultant/reviews; legal counsel. (Note that Expo/Special Projects consultants could be charged here as in previous years but are being split between Public Relations and disABILITY Resource Expo, according to projects.)	\$235,000 (originally budgeted) to \$140,000 (estimated) Budget had included Savannah support for PLL, terminated for 2019. \$53,335 UI Evaluation not shared with CCDDDB in first 6 months; approximately \$79,000 possibly shared, during second 6 months. \$18,066 United Way 211/Path. \$250 human resources(AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility (Falling Leaf). \$12,000 online application/reporting systems (EMK). \$1600 maintenance of Expo and AIR sites + possible design of champaigncountyrourcedirectory.org. Also includes: graphic design; shredding services; independent reviewer; CPA consult; legal. (Note that Expo/Special Projects consultants no longer charged to this line but instead split between Public Relations and Expo, according to projects; subject to change.)
Public Relations**	\$28,000 \$15,000 Ebertfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.	\$30,000 \$15,000 Ebertfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square. \$1,500 sponsorships of other anti-stigma/ community awareness events. 25% of one Expo Coordinator is charged to this line for work on non-Expo events and special projects.
disability Resource Expo**	\$58,000 Support for the 2020 and 2021 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k last year.)	\$60,000 Expenses associated with 2019 Expo event and with 2020 Expo but paid in 2019. Coordinator time associated with Expo and related activities charged here rather than to Pro Svcs (in 2018). Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k in 2018.)
CCMHB Contribution s & Grants	\$4,783,849 Estimated CCMHB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2020. (includes an amount equal to anticipated hospital property tax revenue = \$153,458)	\$4,102,593 Actual CCMHB payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus payments authorized in May 2019, to be made from June through December 2019.
CCDDDB Contribution s & Grants	\$3,927,935 Estimated CCDDDB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2020. (includes an amount equal to anticipated hospital property tax revenue = \$126,968)	\$3,544,669 Actual CCDDDB payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus payments authorized in May 2019, to be made from June through December 2019.
Dues/ Licenses	\$21,000 \$950 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHAI), and smaller amounts Human Services Council, any new membership, e.g., Arc of IL, CBHA, NCBH, NADD, or similar.	\$23,500 \$900 national trade association (NACBHDD), \$16,000 state trade association (ACMHAI), \$260 Rotary, and smaller amounts for Human Services Council, possible new memberships, e.g., Arc of IL, CBHA, NCBH, NADD, or similar.
Conferences /Training	\$14,000 \$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAI). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHAI meetings. Costs of one other conference/training for staff members, Federation of Families, ARC, NADD, or similar. Kaleidoscope, Inc. training and certification.	\$14,500 \$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAI). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHAI meetings. Costs of one other conference/training for staff members, Federation of Families, ARC, NADD or similar. MHFA trainer certification.
Non-Employee Conferences / Trainings	\$12,000 Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with trainings for non-employees (e.g., case managers and other service providers and stakeholders), which can include presenters, rental, refreshments, materials, and promotion.	\$3,750 (originally budgeted) to \$8,000 (estimated) Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with trainings for non-employees (e.g., case managers and other service providers and stakeholders), which can include presenters, rental, refreshments, materials, and promotion.
Unexpected	Budget transfers if: offices move to a different location or are modified; legal expenses are greater; etc. Budget amendment if hospital tax settlement or employee retirement/resignation. MH and DD fund balances at their lowest point (May) should each include: 6 months operating budget + hospital tax deposit amounts + reserved + each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hosp tax revenue = \$430,716.29 MHB and \$359,363.81 DDB. If first tax distribution does not occur by June, fund balance may be used.	Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; etc. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus other reserved plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB. In 2019, fund balance was needed to pay bills until the first tax distribution, in July rather than May.

120

Calculation of the CCDDB Administrative Share (“Professional Services”)

Adjustments:	2020	2019
CCMHB Contributions & Grants	\$4,783,849	\$4,102,593
UI Evaluation Capacity Project	-	\$27,000.00
Ebertfest anti-stigma film and events	\$15,000	\$15,000
Payment to CILA fund	-	\$300,000.00
CCDDB Share of Donations & Misc Rev	\$8,000	\$6,000.00
Adjustments Total:	\$4,806,849	\$4,450,593
CCMHB Total Expenditures:	\$5,746,280	\$5,313,357
Total Expenditures less Adjustments:	\$939,431	\$862,764

	2020	2019
Total Expenditures less Adjustments	\$939,431.00	\$862,764.00
Adjusted Expenditures x 42.15%	\$395,970	\$363,655
Monthly Total for CCDDB Admin	\$32,998	\$30,305

At the end of the Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2020 CCDDB Budget, with 2019 Adjusted Budget and Earlier Actuals

2020 BUDGETED REVENUES		2019 ADJ BUDGET*	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current*	\$4,334,905	\$4,020,649	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,000	\$2,000	\$411	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$3,000	\$3,261	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$2,000	\$2,000	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$16,000	\$13,000	\$24,062	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (transfer from MHB)	\$8,000	\$6,000	\$6,779	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$8,000	\$8,000	\$6,408	\$14,432	\$0	\$0	\$11,825
<i>*includes potential tax rev = \$126,968</i>							
TOTAL REVENUE*	\$4,373,905	\$4,054,649	\$3,890,175	\$3,724,703	\$3,616,091	\$3,555,220	\$3,521,224

2020 BUDGETED EXPENDITURES		2019 ADJ BUDGET	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Services (42.15% of some CCMHB expenses, as above)	\$395,970	\$363,655	\$310,783	\$287,697 (understaffed)	\$379,405	\$330,637	\$337,536
Contributions & Grants*	\$3,927,935	\$3,544,669	\$3,250,768	\$3,287,911	\$3,206,389	\$3,069,122	\$3,224,172
Interfund Expenditure - CILA	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
<i>*includes amount equal to hosp tax rev</i>							
TOTAL EXPENSES*	\$4,373,905	\$3,958,324	\$3,611,551	\$3,337,911	\$3,635,794	\$3,449,759	\$3,561,708

FY2019 4th Quarter Service Activity Reports

for I/DD programs funded by
the Champaign County Developmental Disabilities Board
and Champaign County Mental Health Board

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * Agency **CCRPC - Community Services**
- * Board **Developmental Disabilities Board**
- * Program **Decision Support PCP (2019)**
- * Period **2020 - Fourth Quarter FY20**

Status Submitted

[Change Status] to

Date Submitted 07/30/2019 01:32 PM

Submitted By KHARMON

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	40	200	150	100	
Quarterly Data (NEW Clients)	5	41	77	57	

EB
1

Comments Community Service Events - Garden Hills Spring Fling, CU Autism Network, Heritage High School, LEAP with Community Choices and DSC, Envision Unlimited
Screening Contacts - spoke with 41 people about CCRPC DDB programs

Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- * Agency **CU Able, NFP Inc.**
- * Board **Developmental Disabilities Board**
- * Program **CU Able Community Outreach (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to **Submitted** ▼

Date Submitted 07/28/2019 12:36 PM

Submitted By PUZEYK

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	16	100	56	52	

Quarterly Data (NEW Clients)

This quarter, CU Able hosted three monthly Parent Network Meetings this quarter with 6 continuing participants.

Comments The CU Able Facebook page welcomed 84 new members (SC), for a total of 1,009 members. Of the new members, 53 identified as residents from Champaign County, 13 who reside outside Champaign County, and 18 who chose not to share their zip codes. Our most active times for engagement on Facebook were on Wednesday between 6pm and 8pm. We livestreamed the April-June CCDBD meetings.

FEI

▶ **Instructions**

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- * Agency **Champaign County Down Syndrome Network**
- * Board **Developmental Disabilities Board**
- * Program **Champaign County Down Syndrome Network (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to **Submitted** ▼

Date Submitted 08/29/2019 04:08 PM

Submitted By EFRANKLIN

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	16		45	141	
Quarterly Data (NEW Clients)	4		5	4	
Comments	Teen Dance Party (26) Board Meeting 4/9, 5/13, 6/18 - 8, 8, 7				

521

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

* Agency **Champaign County Head Start/Early Head Start MHB**

* Board **Mental Health Board**

* Program **Social-Emotional Development Svs (2019)**

* Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to Submitted

Date Submitted 08/30/2019 02:37 PM

Submitted By BELKNAP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	700	60	85	8
Quarterly Data (NEW Clients)	10	186	28	19	18

126

Community Service events are Birth to 6 Council meetings, Mental Health Advisory Committee, Health Advisory meetings, and Infant Mental Health meetings, Champaign Community Coalition meetings, and collaboration with other agencies. Community oriented workshops or trainings.

Service/Screening contacts consist of Social Emotional Room Observations (TPOT), ASQ-SE goal setting, and individual child observations, parent and/or teacher meetings to discuss concerns of a child, individual and group counseling sessions, functional behavior assessment interviews, support plan meetings, positive behavior coaching, teacher mentoring, contact to support outside referrals, advocacy, reflective consultation, reflective supervision of SSPC's, parent support groups, and parent trainings.

Comments

Non-Treatment clients are children or parents who have received support, services, or have warranted consultation but do not have a treatment plan.

Continuing Treatment Plan clients were in counseling or had a behavior plan carry over from last year.

New Treatment Plan clients are new clients who have been referred for social emotional services, are being seen individually for counseling, have a new support plan, or have new individual social emotional goals written for them.

Other consists of staff training, SE news blips for parent newsletters, Practice Based Coaching meetings, and other staff related support.

Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- * Agency **Community Choices, Inc. DDB**
- * **Board Developmental Disabilities Board**
- * Program **Community Living (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[**Change Status**] to **Submitted** ▼

Date Submitted 08/30/2019 11:02 AM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	1420	15	15	1602
Quarterly Data (NEW Clients)	1	29	2	1	49

LEI

NTPCs- 2 New Participants in Personal Development Classes (Demo data to be recorded in subsequent reports)

TPCs - 1 New Participant in the Community Transitional Support Program (Uploaded into online system, Demo data also to be recorded in subsequent reports)

Comments SCs - Service Contacts listed for Personal Development Classes (Services for TPCs are uploaded as claims)

Other - Direct Hours: These are hours specific to Personal Development Classes. All other direct hours are reported via claims.

CSE- 5/3 - booth at Family Service Resource/Self-Help Conference

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * Agency **Community Choices, Inc. DDB**
- * Board **Developmental Disabilities Board**
- * Program **Customized Employment (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to **Submitted** ▼

Date Submitted 08/30/2019 11:03 AM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	965	0	36	1325
Quarterly Data (NEW Clients)	2			3	

821

TPCs:

-3 New Individuals were added to the Employment Program this Quarter.

-4 People where closed. This, as well as all demographic information, claims, and direct hours related to services for these individuals are reported via the client upload and claim feature of the online reporting system.

Comments -Demographic and Zip Code info will also be reported here in the respective reports.

CSEs:

4/11 - Presentation about LEAP Trained Businesses and Employment Supports at CU Able meeting

4/18 - Presentation to SPED 322 at UIUC

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- * Agency **Community Choices, Inc. DDB**
- * Board **Developmental Disabilities Board**
- * Program **Self-Determination Support (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to Submitted ▼

Date Submitted 08/30/2019 11:09 AM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1846	145	0	1256
Quarterly Data (NEW Clients)	3	476	8	0	530

621

CSEs:

-5/3: Booth at First Fridays in Urbana about the UNconference and CC Supports/Services

-5/13: Interview on Disability Beat on WEFT about the UNconference and CC Supports/Services

Comments -5/30: Article/Interview with ED about the UNconference and inclusion for people with I/DD in Smile Politely:

https://www.smilepolitely.com/culture/the_unconference_an_inclusive_skill_sharing_event/

(We also forget to report a presentation from Q2: Connect Department Staff Presented at the Transition Conference on 10/25 about social and recreation supports.)

▶ **Instructions**

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * **Agency Developmental Services Center**
- * **Board Developmental Disabilities Board**
- * **Program Apartment Services (2019)**
- * **Period 2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to ▼

Date Submitted 08/10/2019 01:44 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		5		60	
Quarterly Data (NEW Clients)	1	5		4	

030

Comments Community Service Event was on June 14th where CRIS/Healthy Aging representative gave a presentation to Apartment Services and Case Management staff about services available through the Department of Aging. At that time, DSC program information was also shared with CRIS. A working agreement has been signed between DSC and CRIS as both agencies continue to provide assistance to the elderly population and make referrals to each other.

Four people were opened in the Apartment Services Program this quarter.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- * Agency Developmental Services Center
- * Board Developmental Disabilities Board
- * Program Clinical Services (2019)
- * Period 2019 - Fourth Quarter FY19

Status Submitted

[Change Status] to Submitted ▼

Date Submitted 08/10/2019 01:14 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	10	5	65	
Quarterly Data (NEW Clients)	0	2	0	0	

121

Five individuals received two types of clinical services this quarter.

Comments

Services/Screen Contacts: One contact was for counseling and one was for a psychological evaluation. JT wanted a specific counselor as they have a good relationship and history with them. BH was referred for a psychological evaluation and was discussed if should be redirected to RPC or DSC but there has been no further communication with them.

Extra Reporting Time: 7.75 hours of Clinical time this quarter was attributed to working on the schedule, quarterly summaries from counselors, billing, and reporting time.

▶ Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- * Agency Developmental Services Center
- * Board Developmental Disabilities Board
- * Program Community Employment (2019)
- * Period 2019 - Fourth Quarter FY19

Status Submitted

[Change Status] to Submitted ▼

Date Submitted 08/10/2019 03:09 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	8	0	55	
Quarterly Data (NEW Clients)	1	6	0	4	

CE
1

Comments In June, DSC Community Employment staff attended the 2019 National APSE Conference in St. Louis, MO.

This quarter three people from Clark Road were supported at Carle Hospital in the dietary services department for work experience. This continues to be a viable option for people who are working on soft skills as part of their transition to employment.

One of the functions of the Employment Specialist as a job coach is helping people navigate changes in their employment status. Patty has been supported in several jobs over many years. Although she has been at her current job in the pet care industry since 2015, her physical stamina has been gradually deteriorating over time. This is the type of job she has always loved and wanted to do so the first priority was working with the employer to continue to make accommodations that would allow her to maintain her employment. Her supervisor and co-workers are incredibly supportive and have done everything possible to support her. Due to the physical demands of the position however she has been unable to work enough hours to meet her financial needs. She simply needs more income, along with a job that better suits her diminished physical abilities. She will require a position where mostly light duty tasks, with limited lifting, and reduced needs for wrist manipulation and weight bearing on her ankles can be arranged for her. Her Employment Specialist is working both as a job coach in her current position as well as a job developer exploring jobs that offer her the work environment she needs so she can again experience a high degree of success at work.

Community Employment at Philo Road site:

- This quarter four individuals were opened in Community Employment (CE).
- One person achieved her employment goal of no longer needing job coaching support and requested to be closed from the program. In addition, she successfully advocated for herself and added more shifts to her Papa John's work schedule.
- Thirteen individuals remained open in CE.
- A new business, Jane Addams Book Shop, was added to our employer roster in May and provided employment opportunities for 6 people during the quarter.
- Individuals maintained employment at Derek Martin HAIR, Maatuka, Al-Heeti, Emkes LLC (formerly Dodd & Maatuka) and Papa John's Pizza during the quarter.
- Job Club participants completed their training modules in April and celebrated their "graduation" with a pizza party! The success of our Employment program is

reflected in the increasing number of individuals achieving employment, thereby shifting their status from NTPCs (Job Club Participants) to TPCs (Individuals receiving Job Coaching Services).

133

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * **Agency Developmental Services Center**
- * **Board Developmental Disabilities Board**
- * **Program Community First (2019)**
- * **Period 2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to

Date Submitted 08/11/2019 02:41 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	5	40	53	
Quarterly Data (NEW Clients)	0	5	4	3	

Handwritten: fce 1

Through Clark Road site: Group choices included the following: Healthy Cooking, four exercise groups, Coffee & Current Events, Job Club, two Book Clubs, Cooking (two groups), Habitat For Humanity Volunteer group, Random Acts of Kindness, Tai Chi water classes, Yoga & Mindfulness group, Men's Group, Learning the MTD, Salt & Light Volunteers, Bowling, Board Games & Lunch, Equine group, Zine Making, Outdoor Walking Enthusiasts, Outdoor Games group. Story telling 101 group honed their communication skills through storytelling in various written, verbal, and visual forms. The Intro to Music group members gained general musical knowledge - terminology, sound recognition, sonic awareness, and held a concert at the Crow. The Everyday Science group learned about basic engineering while making marshmallow towers, along with chemical reactions by creating their own lava lights using Alka Seltzer.

Comments

- Through Bradley and Philo sites:
- One Community First (CF) participant and his friend helped with a Harry Potter-themed fundraiser for the American Cancer Society.
 - One TPC joined our newly developed volunteer opportunity at the Orpheum Children's Museum.
 - Community First participants continued to help others in our community by volunteering at CU Rehab, Habitat for Humanity ReStore, PACA, Prairie Fruits Farm, Salt and Light, Salvation Army, Vineyard Christian Fellowship, and Vineyard Food Pantry.
 - TPCs continue to participate in cooking classes at the Common Ground Food Co-Op and enjoy visiting the Champaign Public Library, Krannert Art Museum, Japan House, YMCA, movie theaters, restaurants, stores, and now that the weather is nice, going to Kauffman Lake, Allerton and other parks, Sholem Aquatic Center, and garage sales.
 - Four new NTPCs and 64 of 93 continuing NTPCs joined Community First participants this quarter in social, recreational, educational, fitness, volunteer, and interest-driven activities throughout our community and therefore also benefitted from this program. For FY19, a total of 97 NTPCs accompanied their CF friends in working, volunteering, and having fun around Champaign County and beyond!

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- * Agency Developmental Services Center
- * Board Developmental Disabilities Board
- * Program Connections (2019)
- * Period 2019 - Fourth Quarter FY19

Status Submitted

[Change Status] to Submitted

Date Submitted 08/11/2019 01:51 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	0	10	25	
Quarterly Data (NEW Clients)	2	0	7	6	

35

Comments

This quarter, people were able to utilize the space at the Crow for a variety of unique experiences. The Everyday Science group used the space to conduct a number of experiments, learning about basic engineering, water displacement, and chemical reactions. Soap making continued, with people trying out various scents and styles to sell. Art was again a strong focus, with people learning about different mediums, artists, and styles of painting. The Intro to Art class was led by a former group participant, with staff providing support. The Zine Making group met at the Crow to design, create, and produce a monthly Zine with original art and writing contributions by group members, with an overall focus of self-advocacy and self-expression.

Two events were held at The Crow this quarter. The Music group showcased what they've learned throughout the months by inviting friends, family, and coworkers to a concert. The Crow was also a venue for the Boneyard Arts Festival for the second year in a row as four artists displayed their art.

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * [Agency Developmental Services Center](#)
- * [Board Developmental Disabilities Board](#)
- * [Program Employment First \(2019\)](#)
- * [Period 2019 - Fourth Quarter FY19](#)

Status Submitted

[Change Status] to

Date Submitted 08/10/2019 04:25 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	0	50	0	
Quarterly Data (NEW Clients)	6	0	22	0	

136

Comments -The fourth installment of the Quarterly newsletter was sent out to all LEAP certified businesses. The Newsletter highlighted LEAP certified businesses, employer tips, LEAP success stories, upcoming events, and other useful information and was distributed to over 50 recipients.

•Six businesses were certified:

o Riggs Beer House 4/29/2019 61802 2 Attendees

*As a result of the LEAP training Riggs Beer house created a position and hired a person being supported by DSC.

o FedEx 5/1/2019 61822 1 Attendees

o Schnucks-Urbana 5/21/2019 61801 2 Attendees

o Next Generation Childcare 5/24/2019 61821 125 Attendees

o Little Wings Learning Center- Rantoul 6/4/2019 61866 14 Attendees

o Rantoul Public Library 6/21/2019 61866 12 Attendees

•Family Informational Meetings: Two Family Informational Meeting were held in June to increase awareness on community employment and other adult services.

1. June 13th - The Keys to a Successful Transition. This session is focused on individuals who are still in school or attending Young Adult Programming, but are interested in Employment Services post-graduation. A Panel consisting of parents, educators, advocates, and service providers shared information on becoming familiar with the transition process, know what questions to ask, how to advocate for skill development and vocational services, developing the needed skills for employment success, and knowing what to expect from employment services after high school. There were 19 Attendees at this session.

2. June 27th - Access to the Future. This session focused on individuals who have completed high school or young adult programming. The discussion included: What employment services are available to adults with ID/D, how to access those services, how to work on soft skills that will be valuable throughout the employment process, how to build upon and use networking to expand opportunities, and how to build a daily schedule that consists of more than just employment. There were three Attendees at this session.

- LEAP training was presented at the DSC Staff Development Day to over 300 staff.

137

Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- * **Agency Developmental Services Center**
- * **Board Mental Health Board**
- * **Program Family Development (2019)**
- * **Period 2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to **Submitted** ▼

Date Submitted 08/10/2019 02:25 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	300	200	0	655	
Quarterly Data (NEW Clients)	153	40		63	

8
3
1

Community service events include participation in day care settings, as well as community events with children and families.

Comments

Screening contacts include developmental evaluations for the purpose of screening only. Children may be identified for further evaluation or for re-screening at three to six month intervals.

Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- * Agency **Developmental Services Center**
- * Board **Developmental Disabilities Board**
- * Program **Individual and Family Support (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to

Date Submitted 08/10/2019 03:58 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	5	33	17	
Quarterly Data (NEW Clients)	0	9	1	1	

139

Comments The Individual and Family Support Program continues to provide services and supports to individuals and families in the following ways: direct staff support; personal care; activity funds; and camp registration fees.

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * **Agency Developmental Services Center**
- * **Board Developmental Disabilities Board**
- * **Program Service Coordination (2019)**
- * **Period 2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to

Date Submitted 08/11/2019 02:51 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	100	36	300	
Quarterly Data (NEW Clients)	0	14	1	4	

140

Comments Supports and services include: Person-Centered Case Coordination; Interdisciplinary Team Coordination; linkage and referral to community clinical supports and DSC clinical supports; case record documentation management; DHS Home-Based Support Self-Directed Assistance support; DHS Additional Staff Supports Coordination; HFS Medical Card/SNAP Coordination and maintenance; Shelter Plus Care Program Coordination; 24-hour Client Emergency Response and Response Team Supervision; Social Security Administration representative payee services; Affordable Care Act Coordination; medical appointment coordination and intermittent direct support.

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * Agency **PACE, Inc.**
- * Board **Developmental Disabilities Board**
- * Program **Consumer Control in Personal Support (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to

Date Submitted 08/30/2019 04:07 PM

Submitted By NANCY

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	200	150	0	100
Quarterly Data (NEW Clients)	7	59	51	0	63

141

Other tracks the number of service hours

No TPCs due to people being served through this funding being people seeking employment as PSWs, and not consumers with I/DD

Comments

0 matches made for employment during this reporting period

21 of the SCs were to anonymous people at public presentations

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * Agency **PACE, Inc.**
- * Board **Developmental Disabilities Board**
- * Program **Opportunities for Independence (2019)**
- * Period **2020 - Fourth Quarter FY20**

Status Submitted

[Change Status] to ▼

Date Submitted 08/30/2019 04:08 PM

Submitted By NANCY

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	125	30	35	500
Quarterly Data (NEW Clients)	0	0	0	0	0

142

Comments Zero services were provided in this quarter as the primary staff member in this program was on medical leave and the schools where most of the service provision happened within this program decided to forego services in that staff member's absence

We did serve a couple of consumers traditionally served under this contract with other funds during the period, so there will be no expenses charged for this period

▼ **Instructions**

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * Agency **Rosecrance Central Illinois**
- * Board **Developmental Disabilities Board**
- * Program **Coordination of Services: DD/MI (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to **Submitted** ▼

Date Submitted 08/14/2019 12:09 PM

Submitted By KKESSLER

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	15	0	30	
Quarterly Data (NEW Clients)	1	2	0	0	

143

Comments

Christine Kline had 1 Community Service Event with providers/agencies working with ID/MI clients. She screened 2 potential clients for services. There were no new clients added to the caseload this quarter. Christine continued to facilitate the Drum Circle Group (DCG) with the assistance of another team member. This group has become quite popular with clients and there is an average of 8 clients attending each week. The DCG has taken the group on the road. They performed for a NAMI activity on 5-11-19. Several clients from this group have also been going to Bickford Assisted Living every 6 weeks to entertain the residents. They have now progressed to working with the residents individually on how to drum. This has been a great intergenerational activity occurring between these groups. It is increasing the clients' ability to communicate with others and has been a motivator during their own DCG in being able to learn and teach new skills to the residents. Christine has also worked with a couple of her clients in transitioning them into an assisted living facility. She has continued to provide: the warranted mental health services, linkages and coordination of services appropriate to meet the specific needs of the clients.

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- * Agency **United Cerebral Palsy Land of Lincoln**
- * Board **Developmental Disabilities Board**
- * Program **Vocational Services (2019)**
- * Period **2019 - Fourth Quarter FY19**

Status Submitted

[Change Status] to

Date Submitted 08/29/2019 04:39 PM

Submitted By JWILDEDDB

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	60	0	20	5000
Quarterly Data (NEW Clients)	12	17	0	7	716
Comments					

1441



A Group That Advocates for Individuals with Special Needs

**Champaign County Mental Health Board
Monitoring Report**

**4th Quarter Fiscal Year 2019
April, May & June 2019**

Royal Oak and Englewood CILAs

145

Individual Advocacy Group (IAG) provides services in Champaign in 2 houses owned by the Champaign County Mental Health Board. This required report covers the time period from April through June of 2019.

Demographics, Zip Codes, and Linguistic Competence

Englewood CILA

Zip Code 61820

A new individual moved into Englewood on June 3. That home now consists of 3 Caucasian females and 1 African American female, all of whom speak and/or understand English as their primary language. Two of the women utilize wheelchairs for mobility.

Royal Oak CILA

Zip Code 61820

3 Caucasian males who speak and/or understand English as their primary language

Monitoring Reports

- Two individuals at Englewood were visited by their Independent Service Coordinators (ISC). No recommendations were made based on these visits. None of the men at Royal Oak were visited by their ISC.
- There were no substantiated OIG complaints.
- There were no changes in leadership.
- There were no changes in licensing status.
- There was no suspected fraud.

Service Report

Individuals in these CILA homes participate in goals to increase their independence in self-advocacy, financial skills, independent living skills, community integration, and medication administration.

In addition to participating in activities such as grocery shopping, banking, and going out to eat, individuals participated in activities such as:

- Music classes
- Swim team
- The Festival of Quilts

- Zumba
- Painting classes
- Adopt-a-Park Clean Up
- Gardening
- Scrapbooking
- Black Chorus at the Beckman Institute
- Tennis Mania
- Ebert Art Festival
- Spring POPS concert
- Cooking class
- Volunteering at Urban Restoration Ministries
- Nature walks
- Bowling
- Fishing
- Birthday celebrations
- Magic show at Allerton Library
- Volunteer at Humane Society
- Piatt County Fair
- Horizon RC Fest
- Knights Action Park
- Sha'Bam Dance Class
- Picnic
- Swimming

147

10.C.

FY2019 Service Data Charts

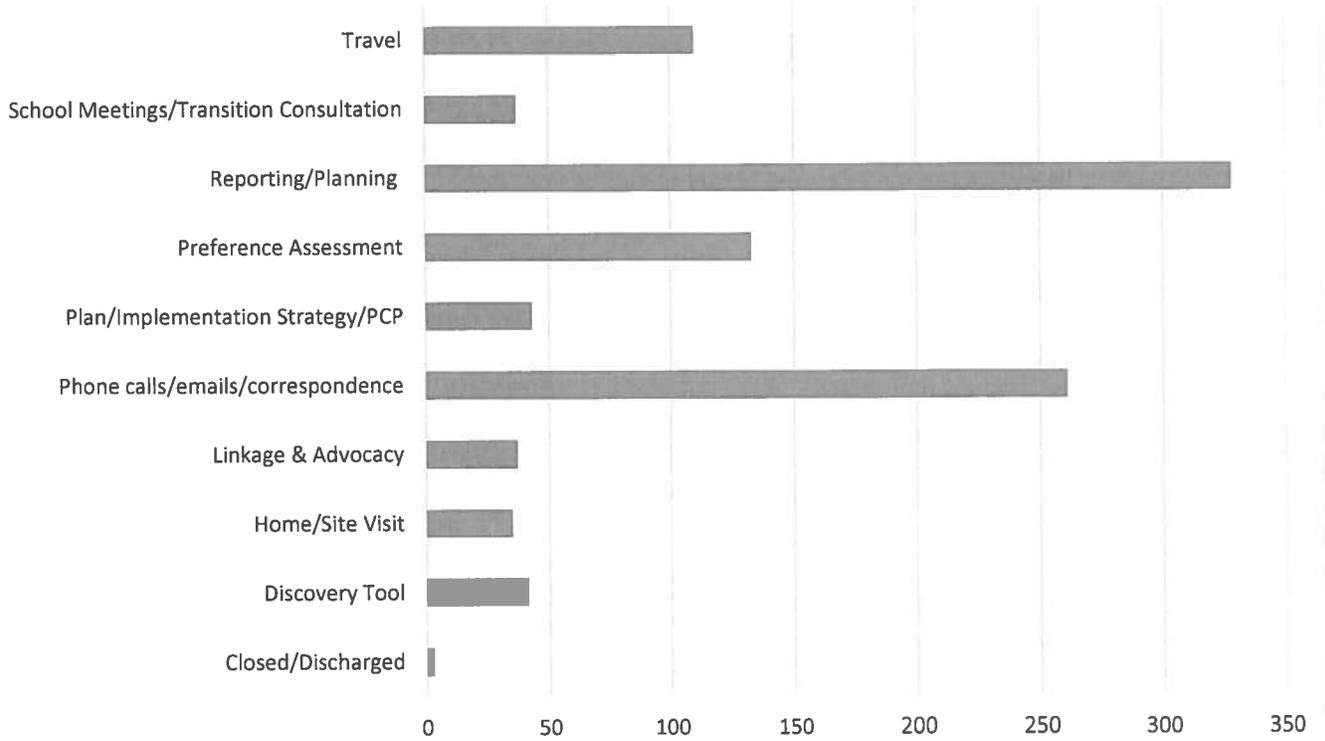
CCRPC - Community Services

Decision Support Person \$119,629

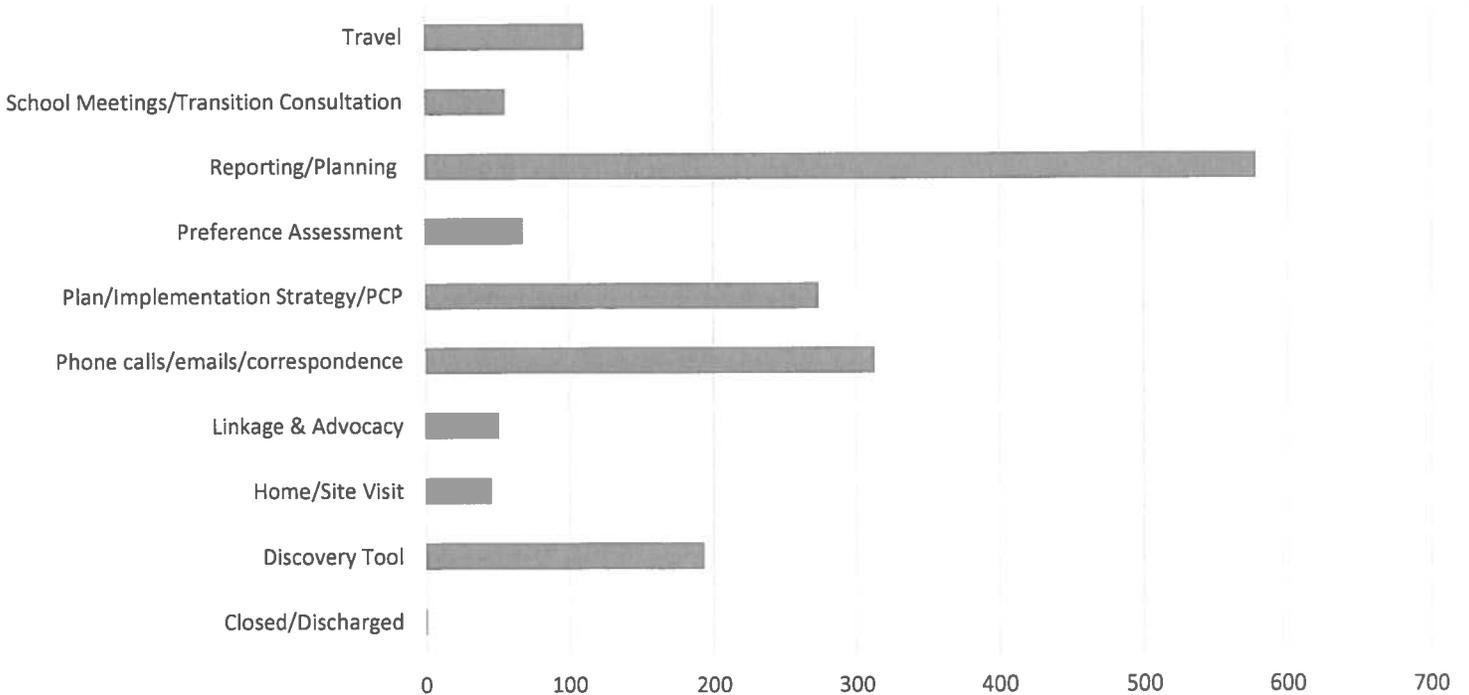
FY19

354 people were served, for a total of 1689.16 hours

Participants per Service Activity



Hours per Service Activity



149

CCRPC - Head Start/Early Head Start

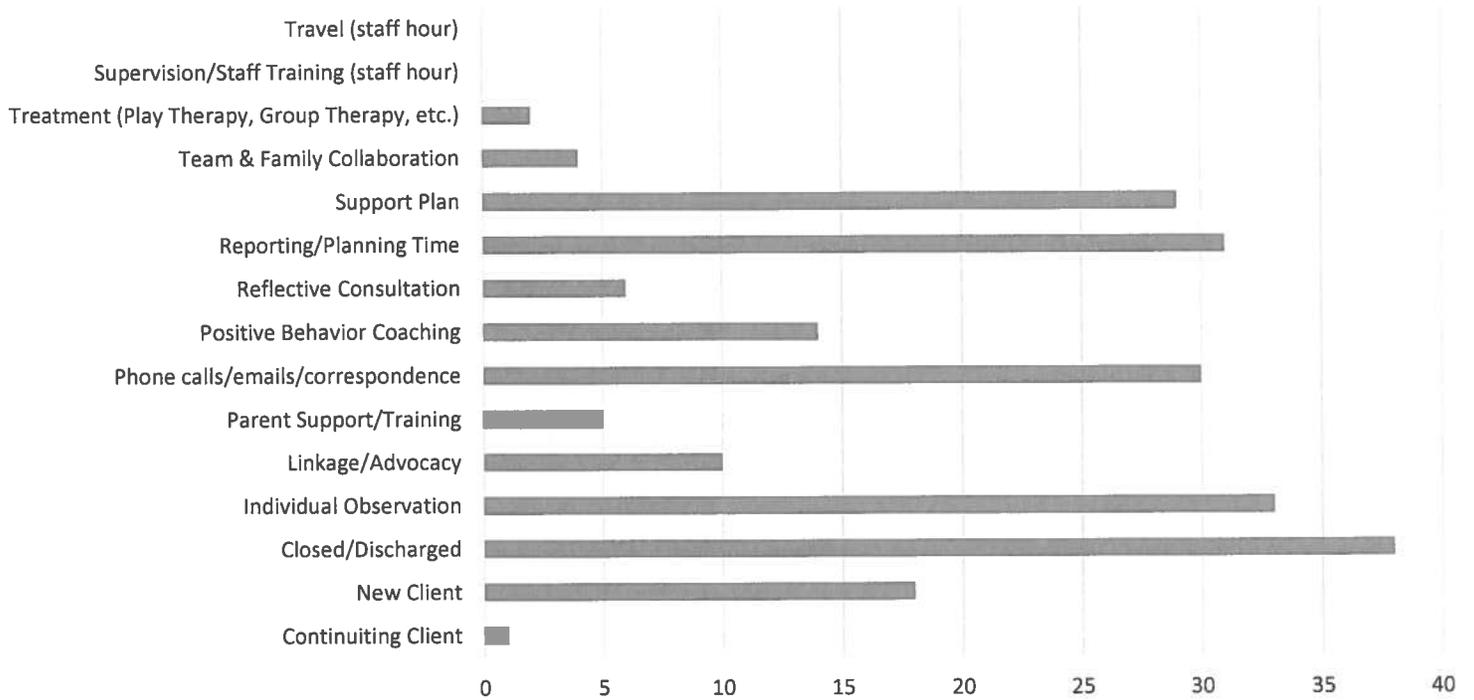
Social Emotional Disabilities Svcs \$73,605

FY19

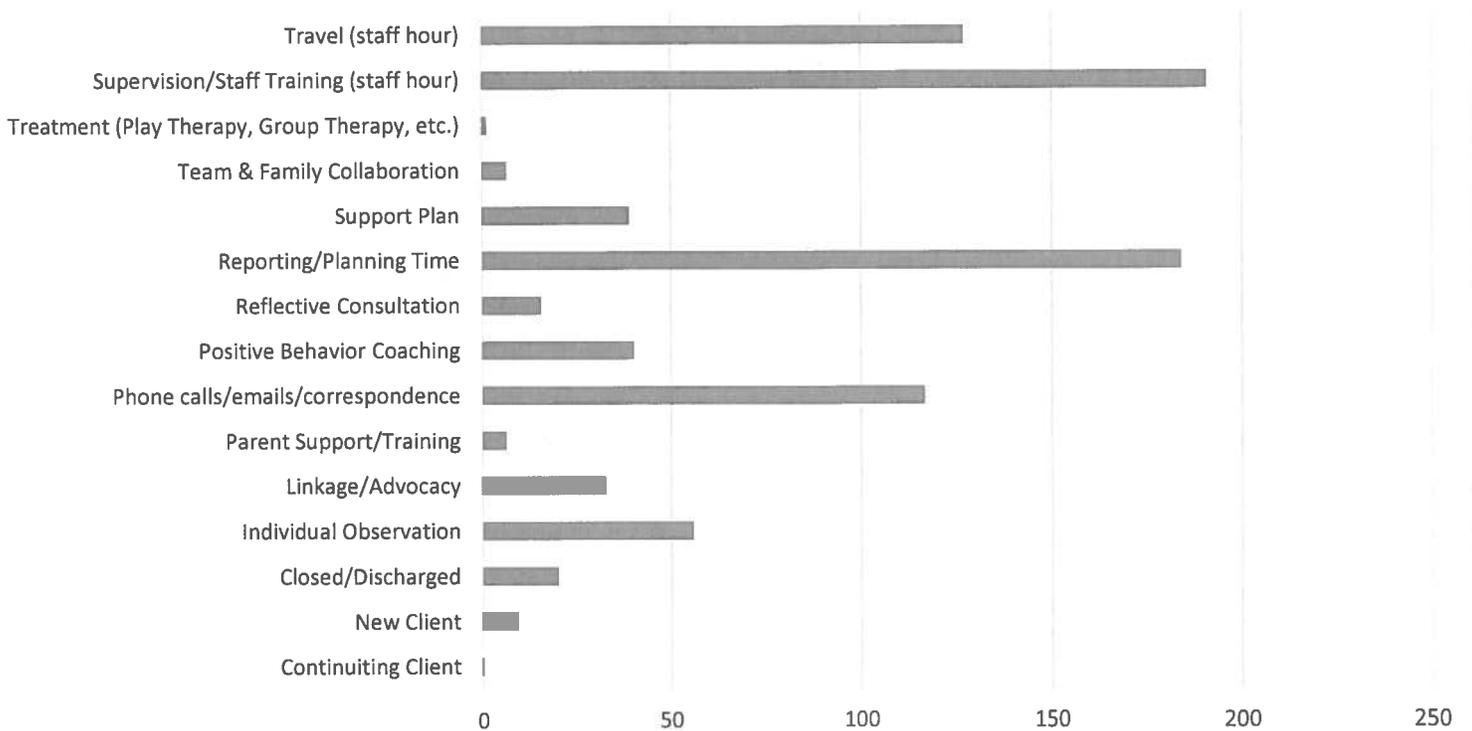
MHB

99 people were served, for a total of 845.25 hours

Participants per Service Activity



Hours per Service Activity



150

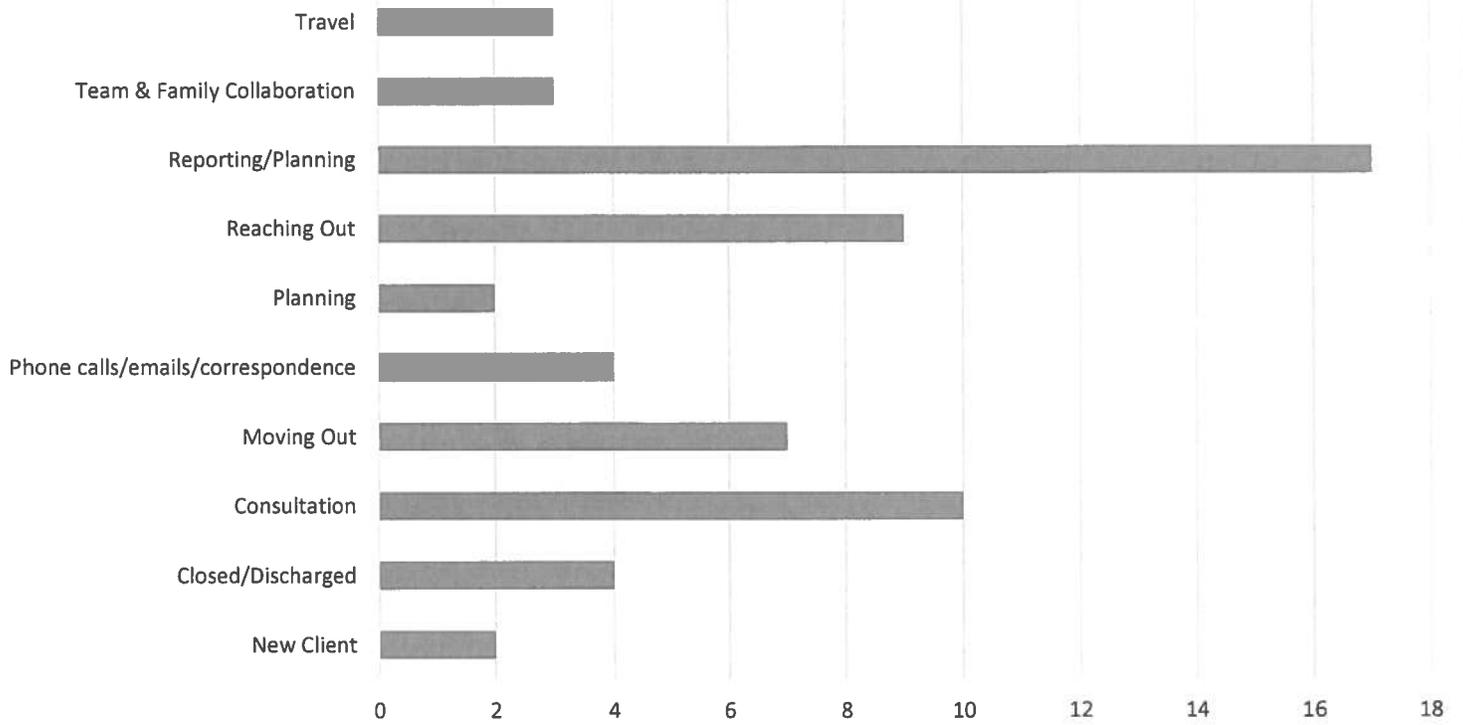
Community Choices

Community Living \$72,500

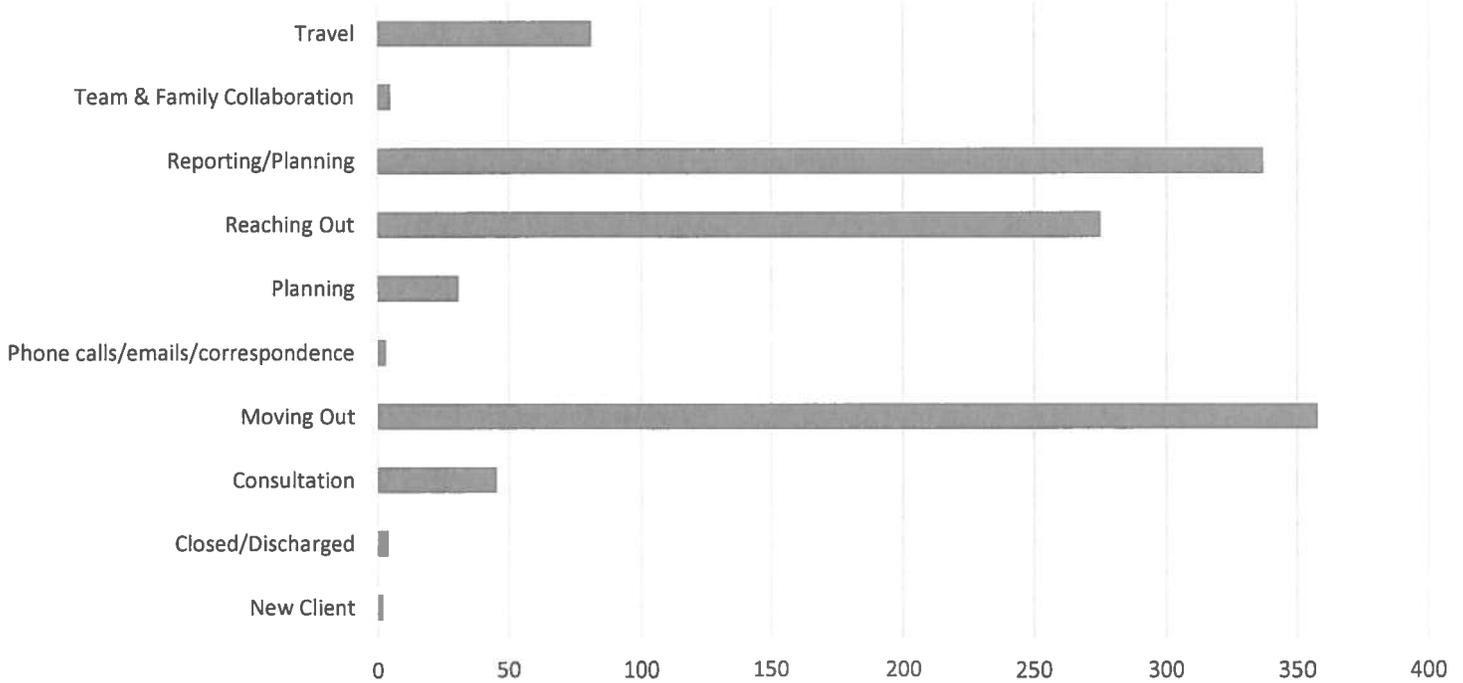
FY19

21 people were served for a total of 1,141.75 hours

Participants per Service Activity



Hours per Service Activity



151

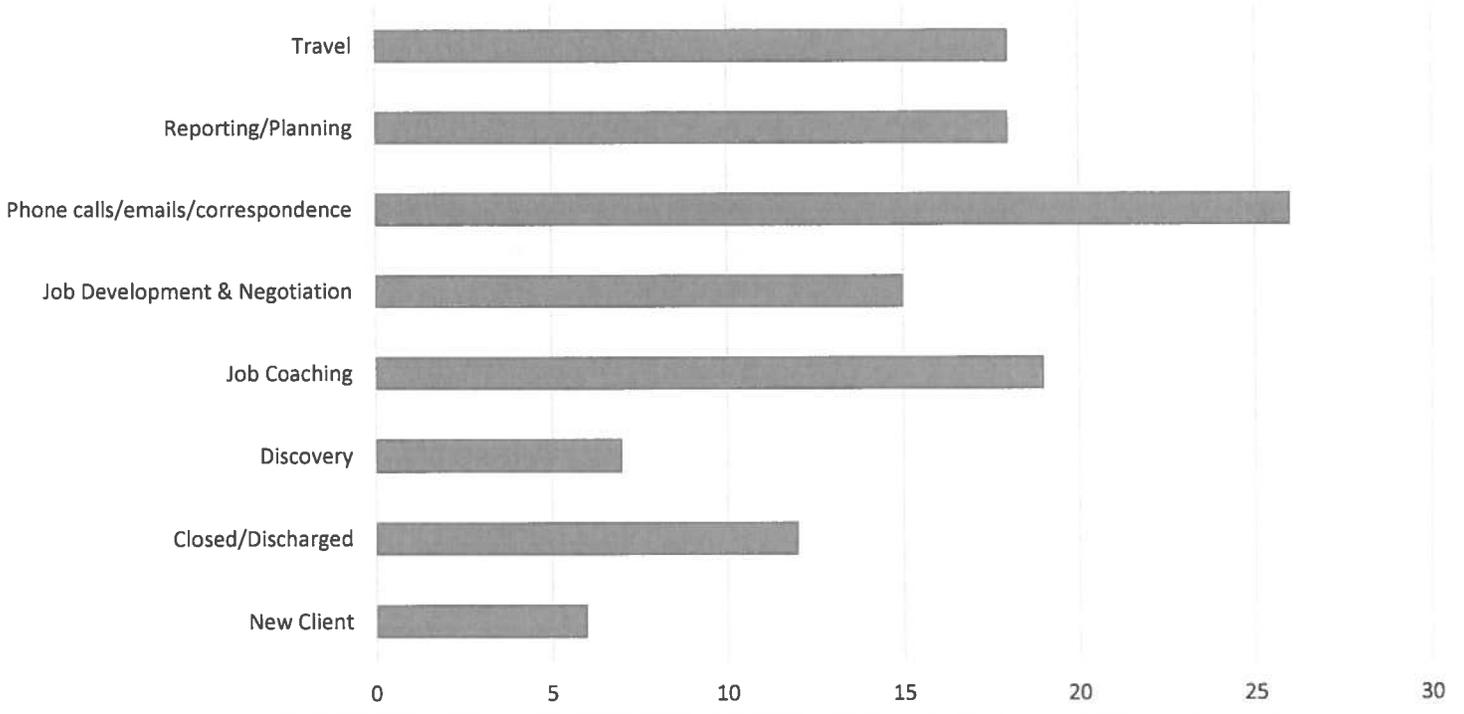
Community Choices

Customized Employment \$87,000

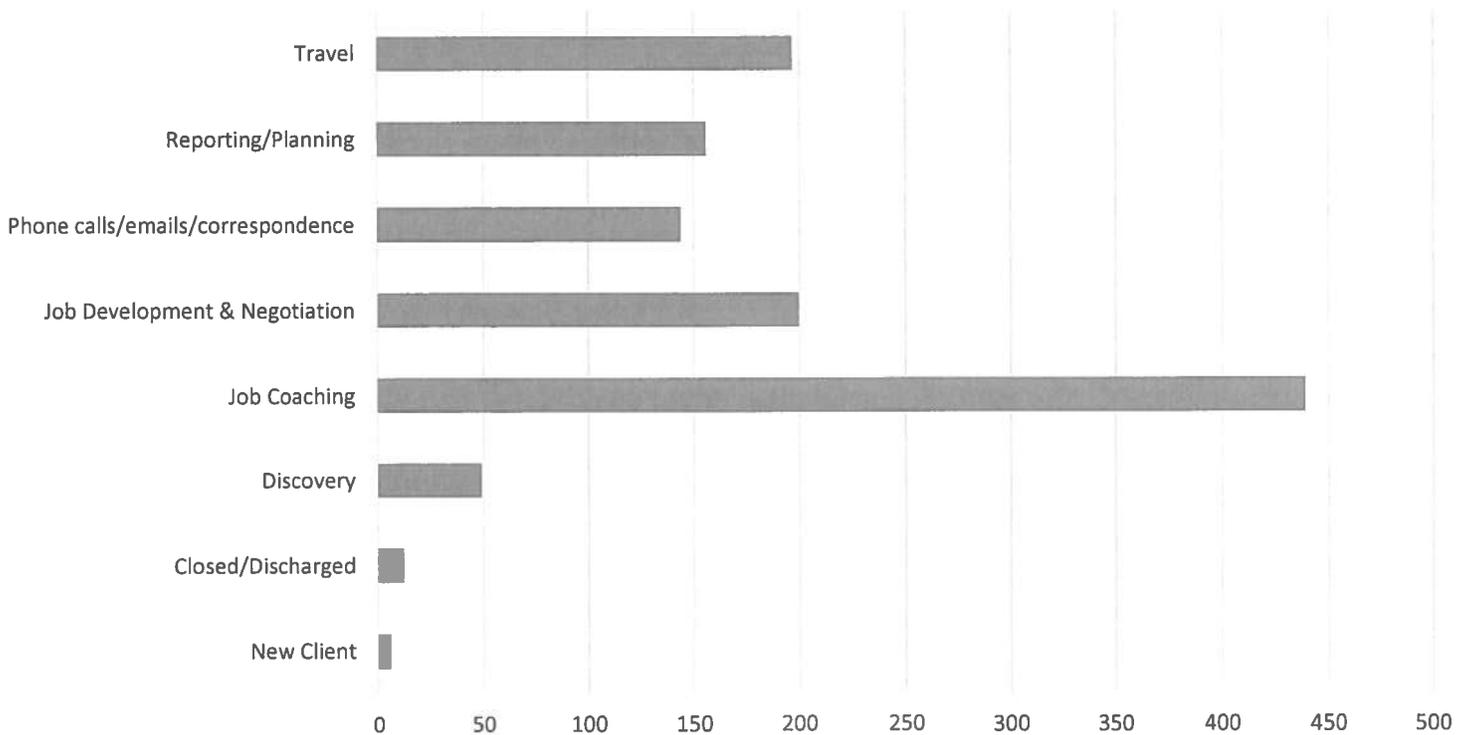
FY19

38 people were served for a total of 1,202.75 hours

Participants per Service Activity



Hours per Service Activity



152

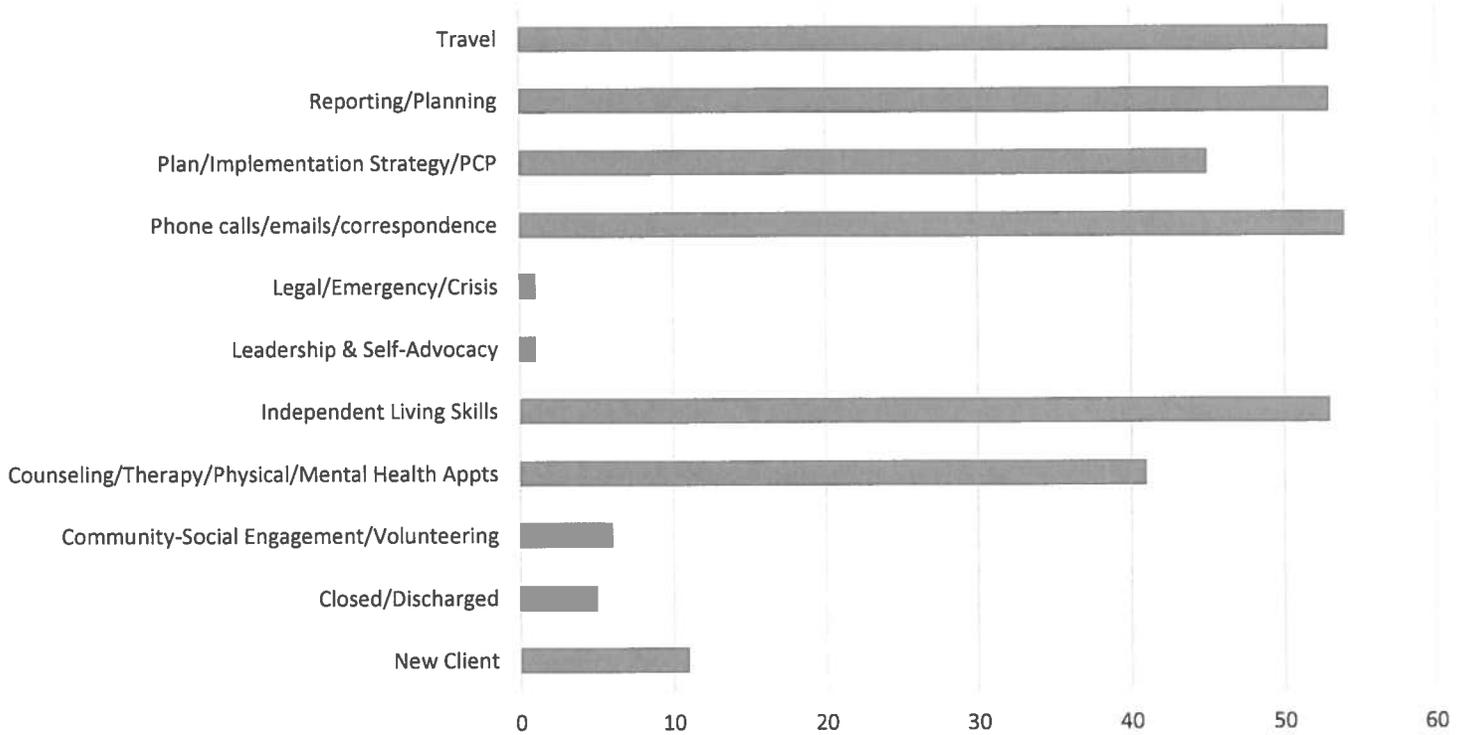
Developmental Services Center

Apartment Services \$429,861

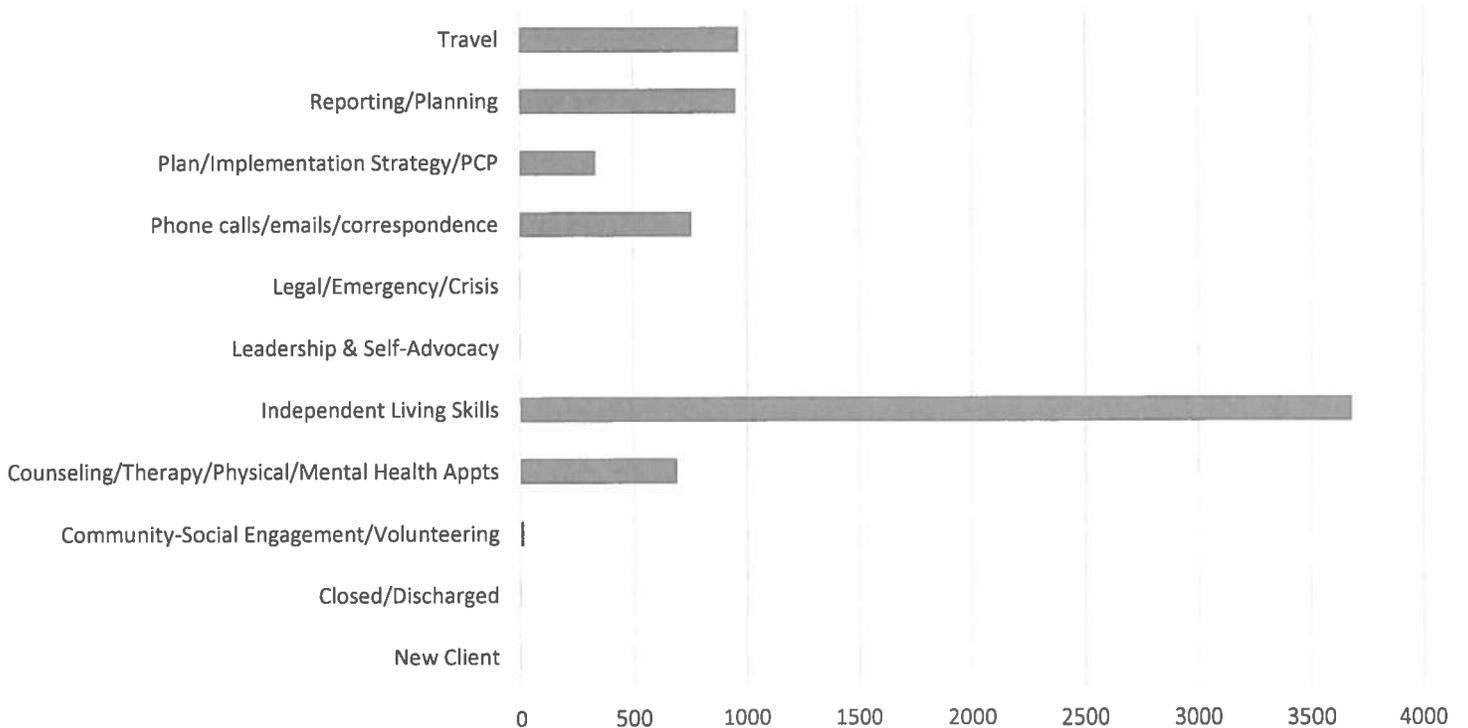
FY19

58 people were served for a total of 7,397.96 hours

Participants per Service Activity



Hours per Service Activity



153

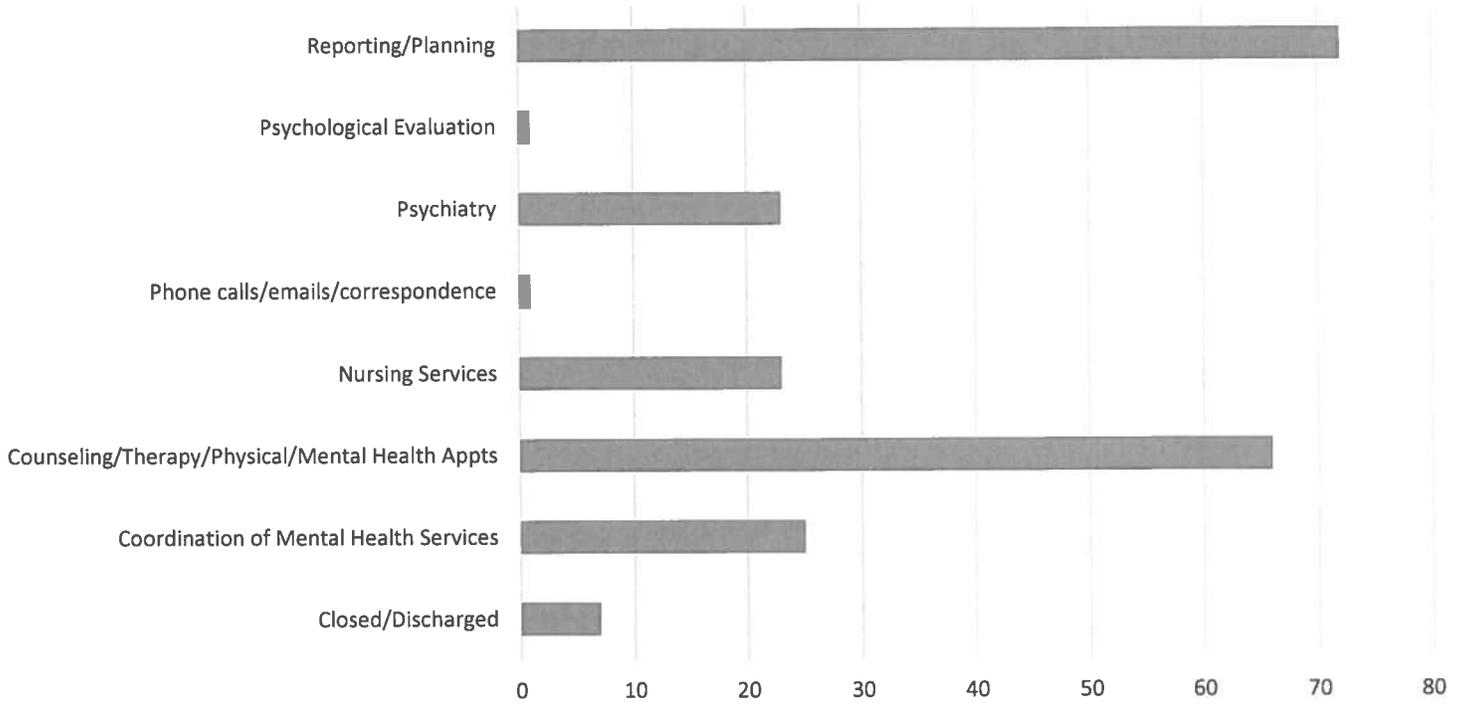
Developmental Services Center

Clinical \$174,000

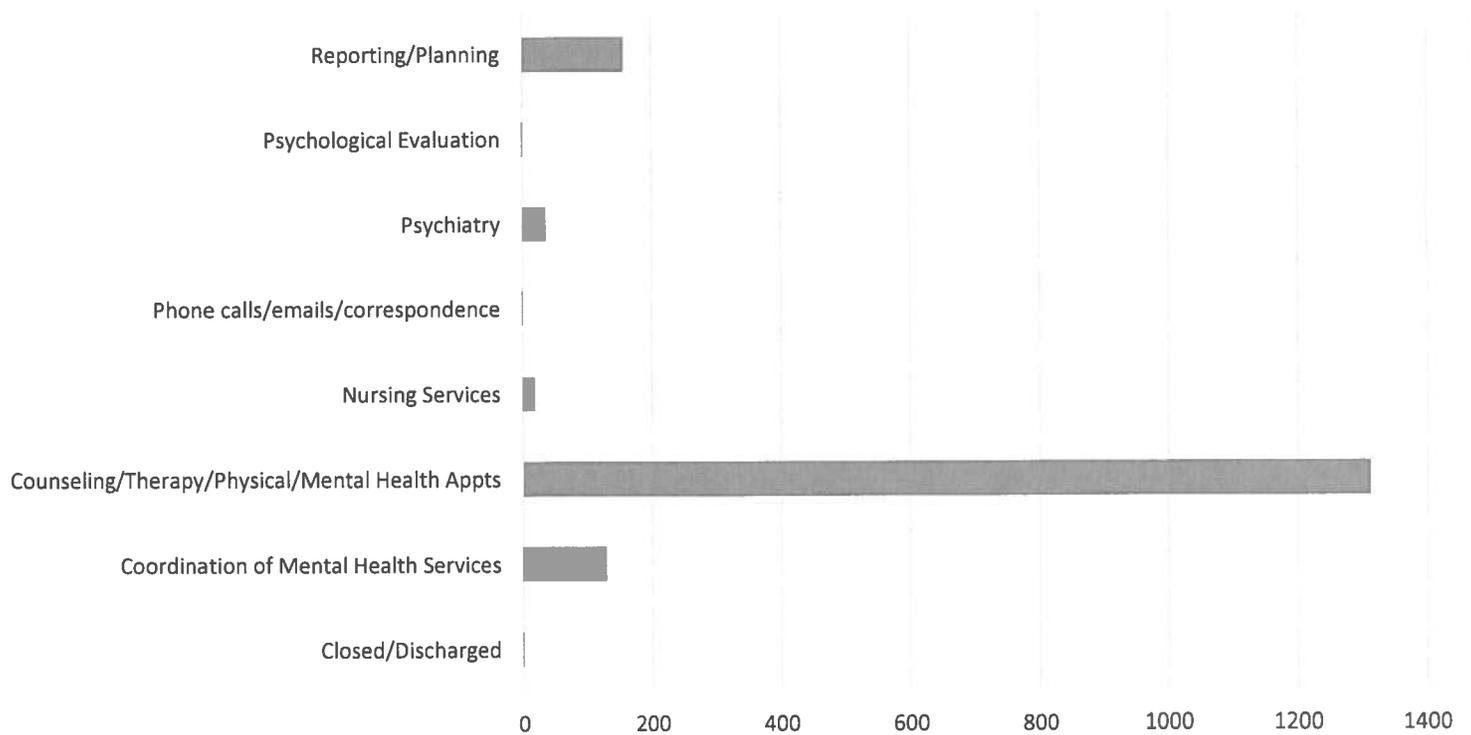
FY19

76 people were served for a total of 1,654.50 hours

Participants per Service Activity



Hours per Service Activity



154

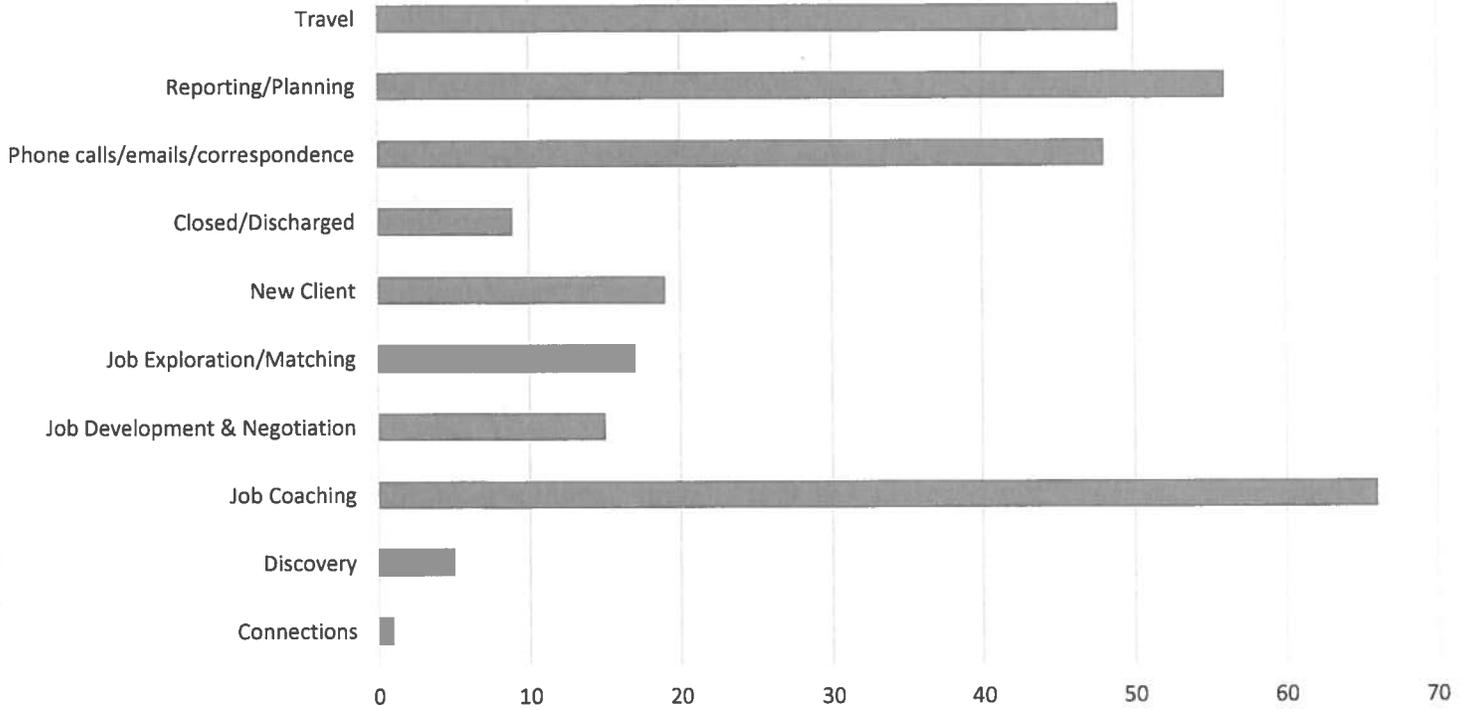
Developmental Services Center

Community Employment \$361,370

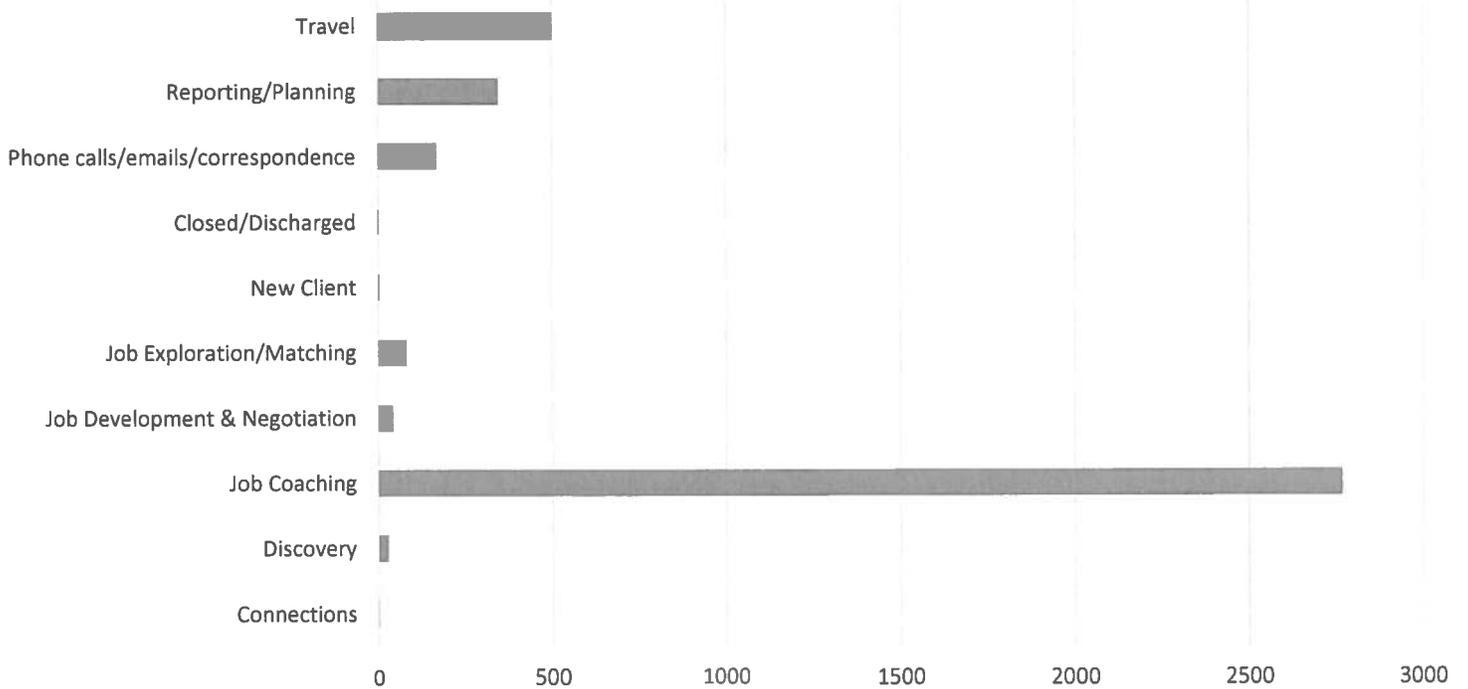
FY19

72 people were served for a total of 3,945 hours

Participants per Service Activity



Hours per Service Activity



155

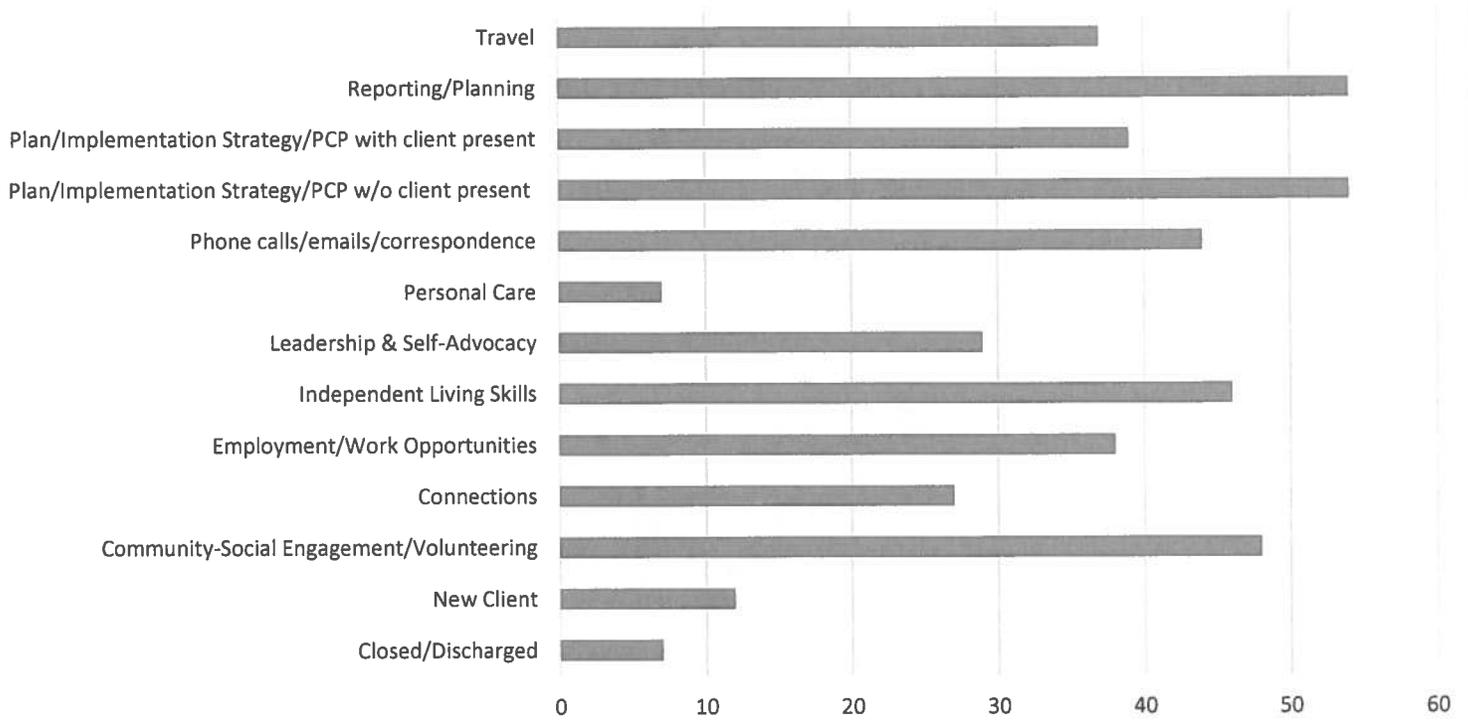
Developmental Services Center

Community First \$799,000

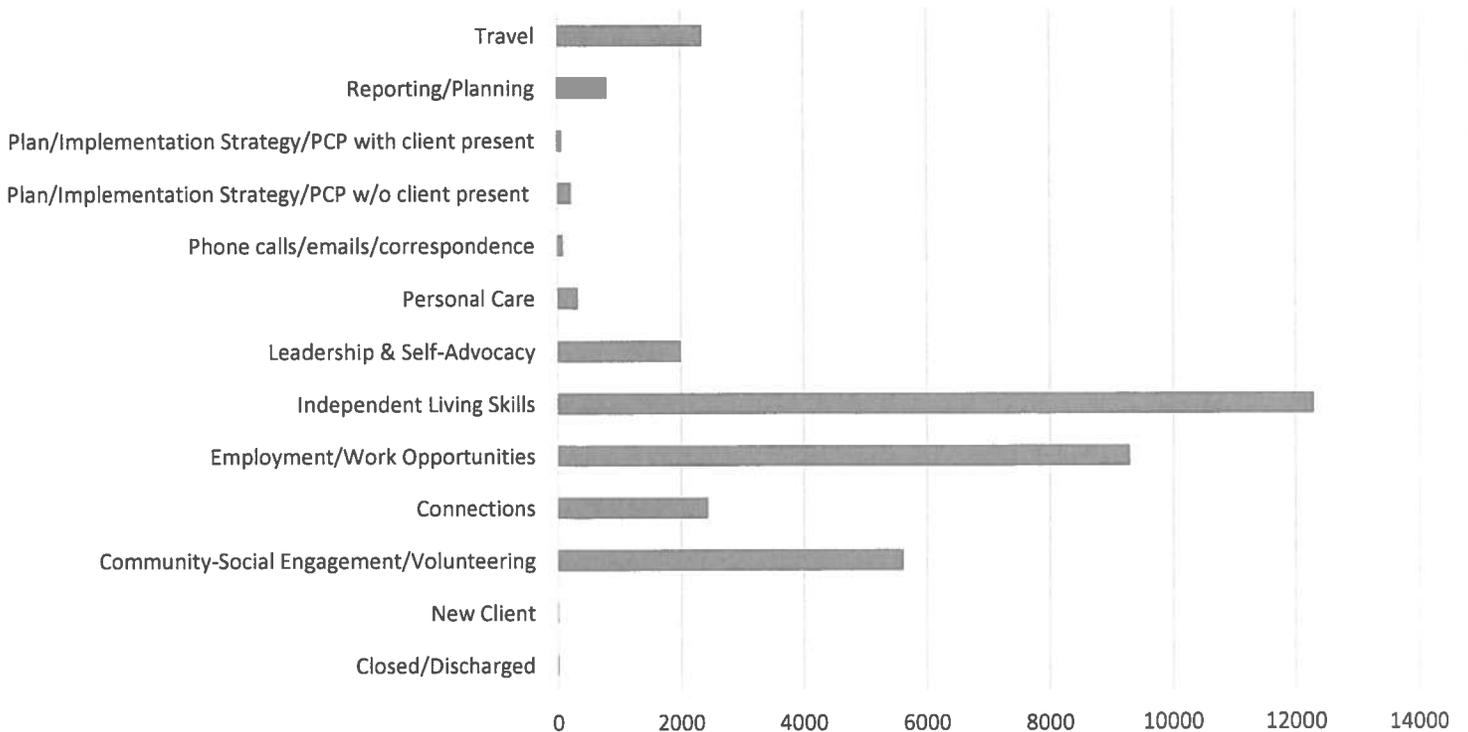
FY19

56 people were served, for a total of 35,544.45 hours

Participants per Service Activity



Hours per Service Activity



156

Developmental Services Center

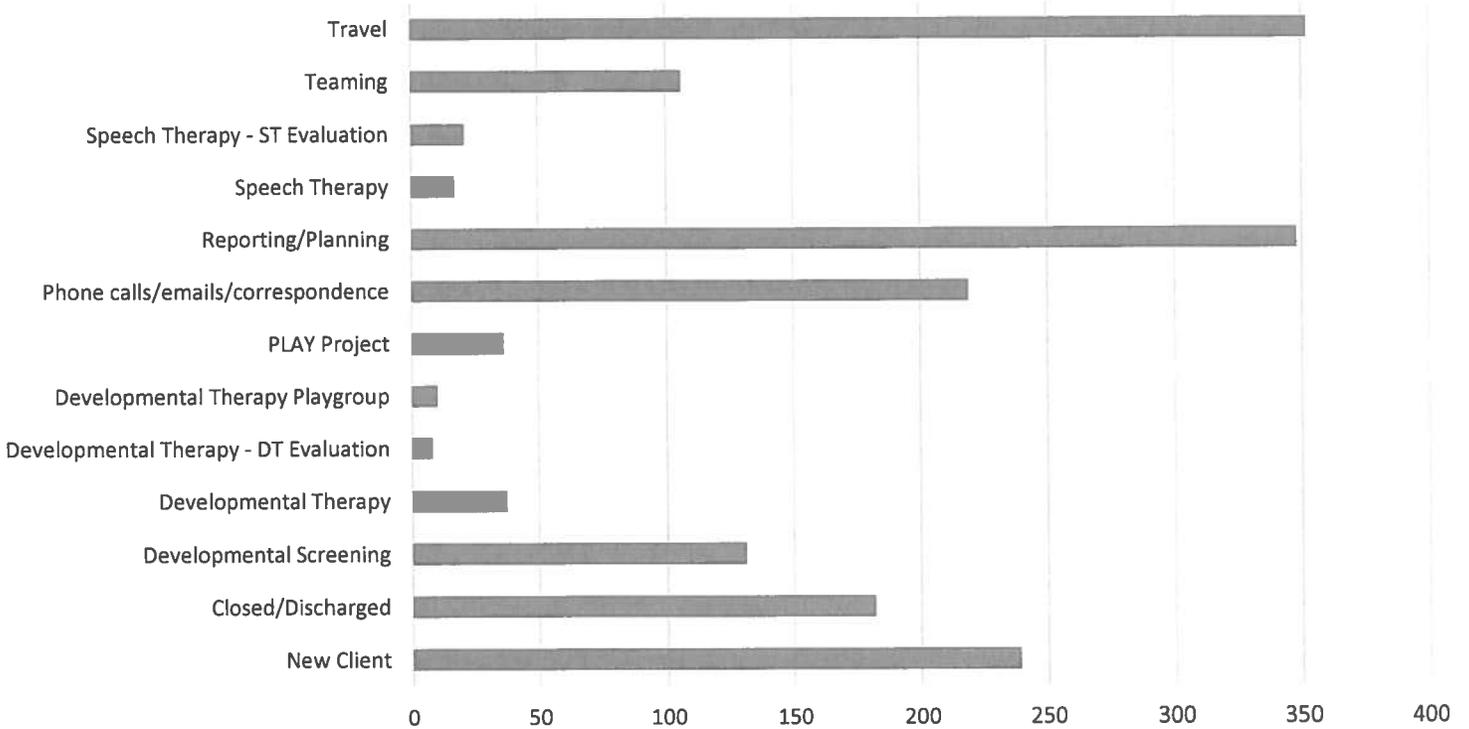
Family Development Center \$562,280

FY19

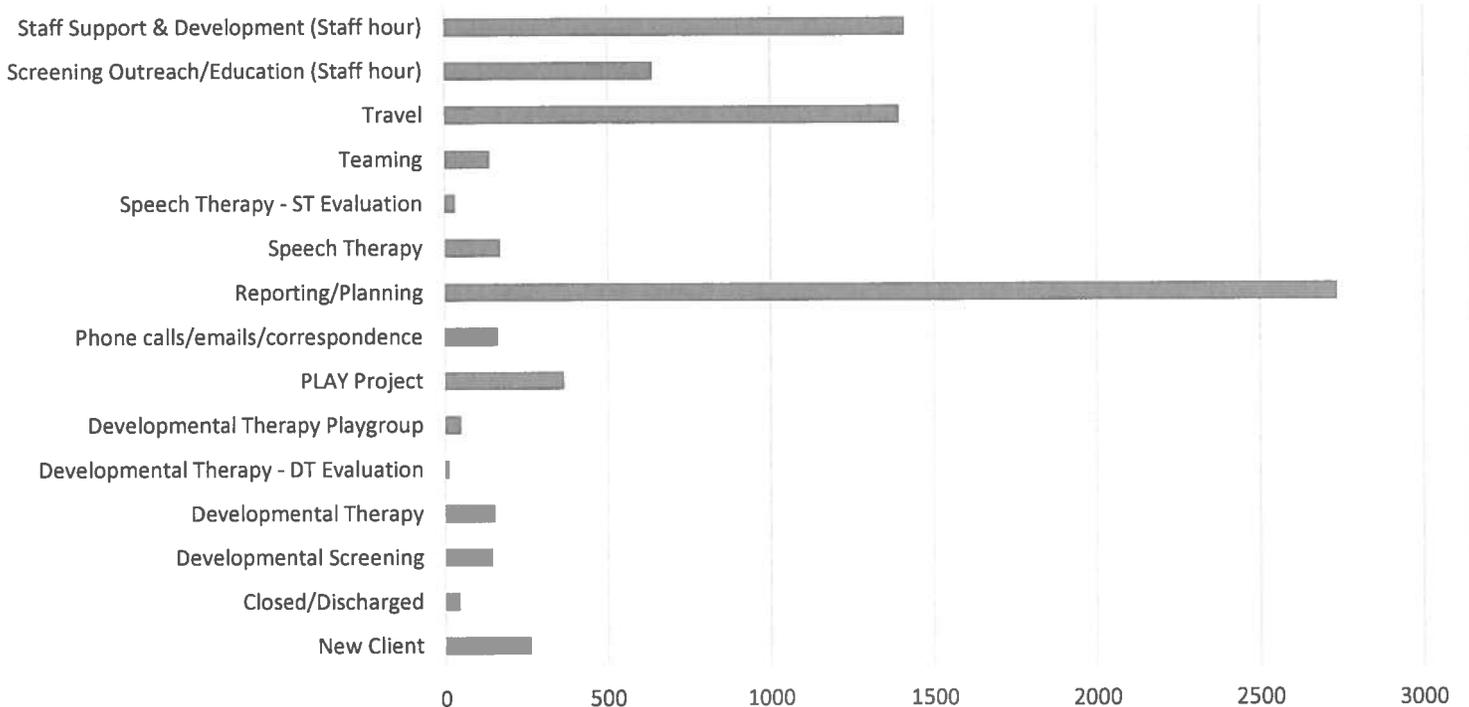
MHB

543 people were served for a total of 7,727.50 hours

Participants per Service Activity



Hours per Service Activity



157

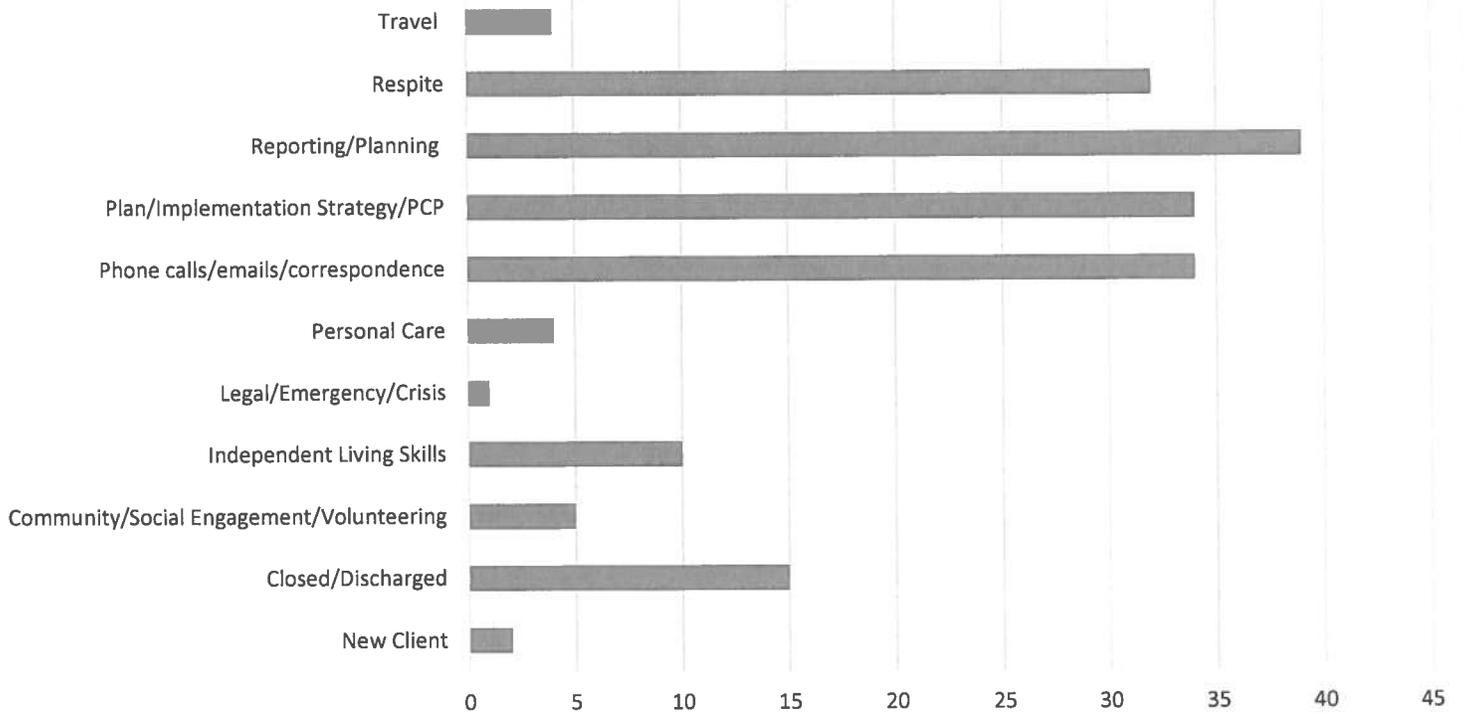
Developmental Services Center

Individual & Family Support \$404,428

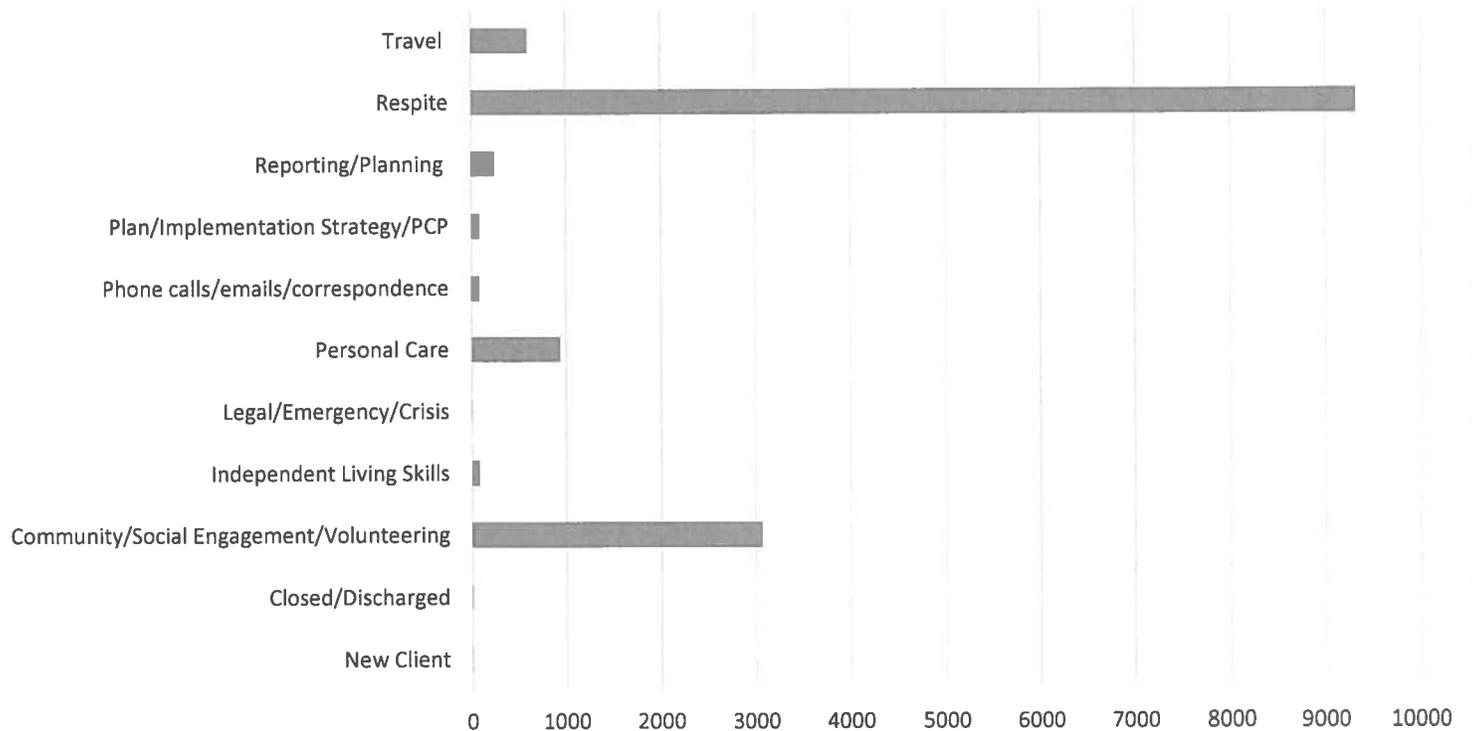
FY19

54 people were served for a total of 14,414 hours

Participants per Service Activity



Hours per Service Activity



158

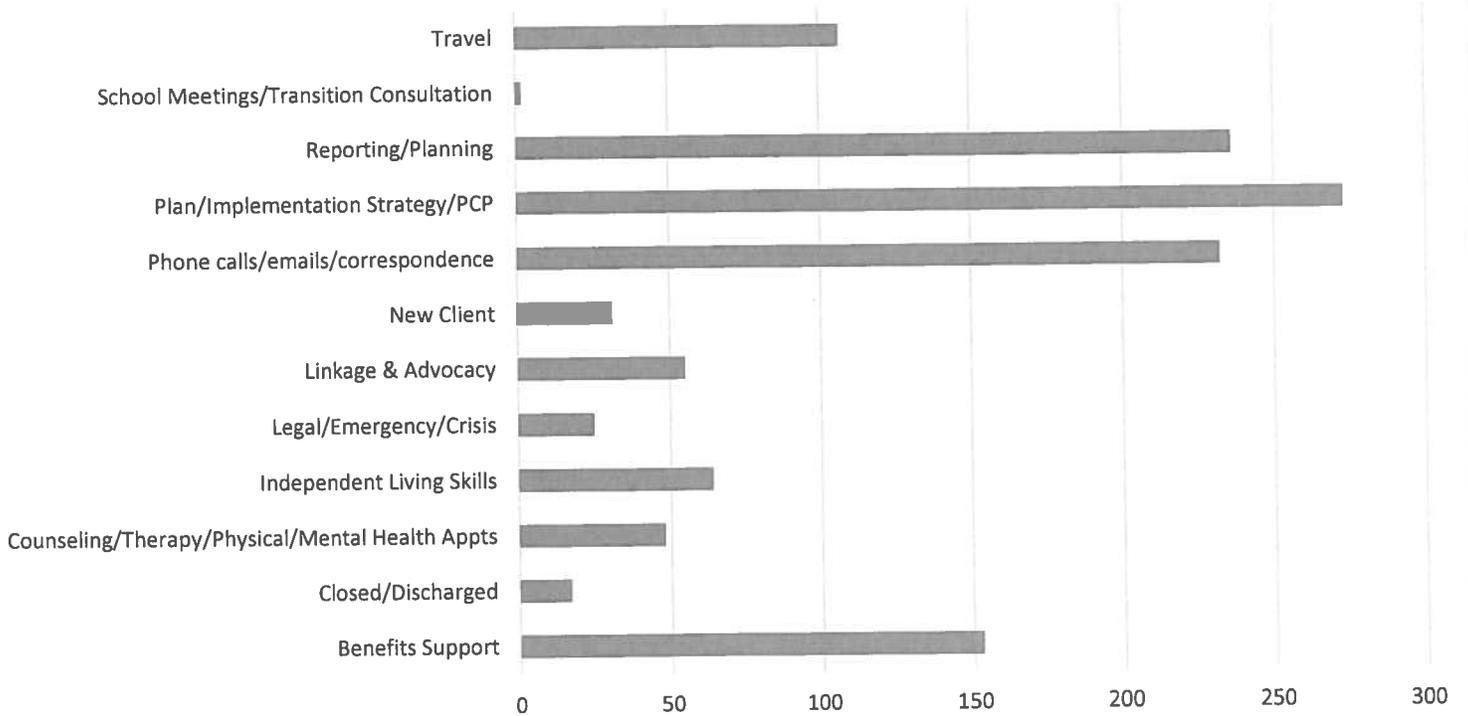
Developmental Services Center

Service Coordination \$410,838

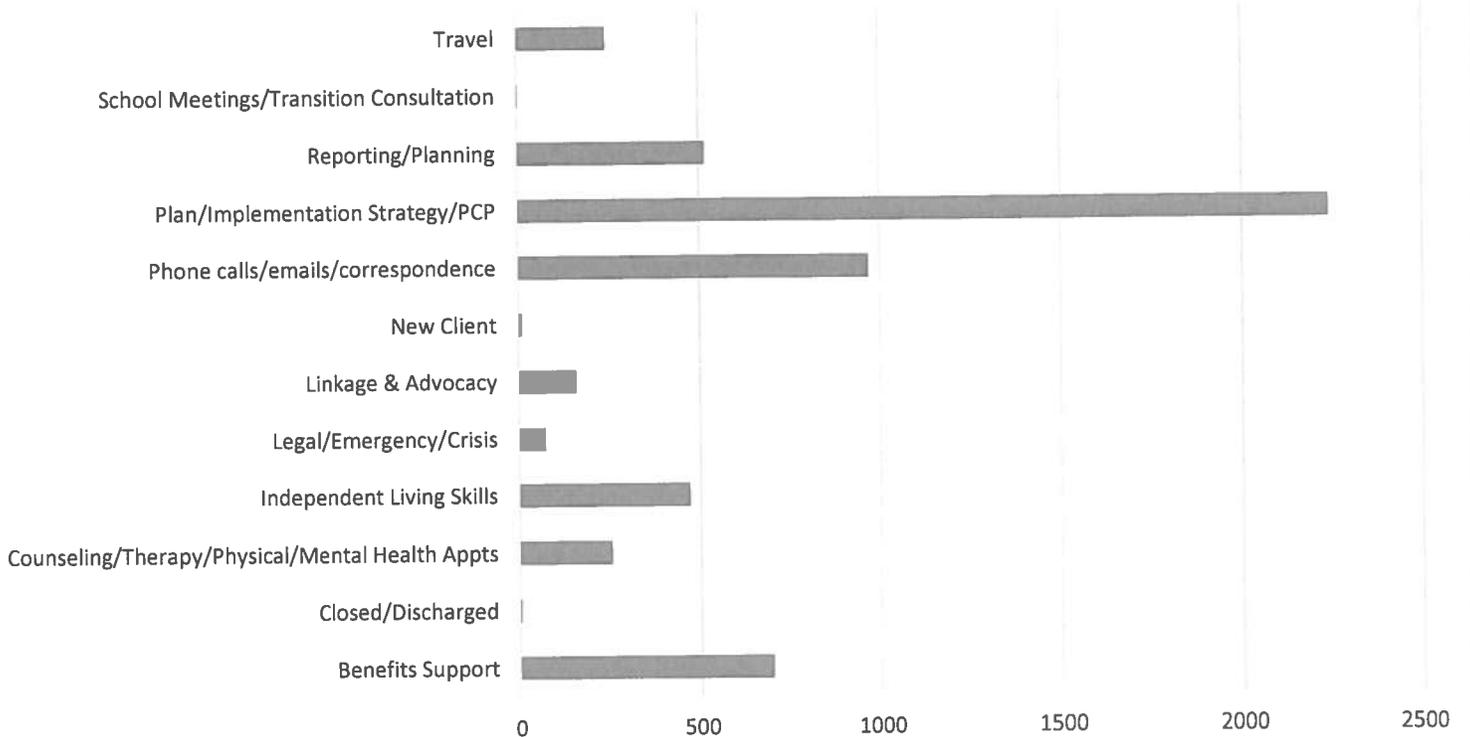
FY19

284 people were served, for a total of 5,639.5 hours

Participants per Service Activity



Hours per Service Activity



159

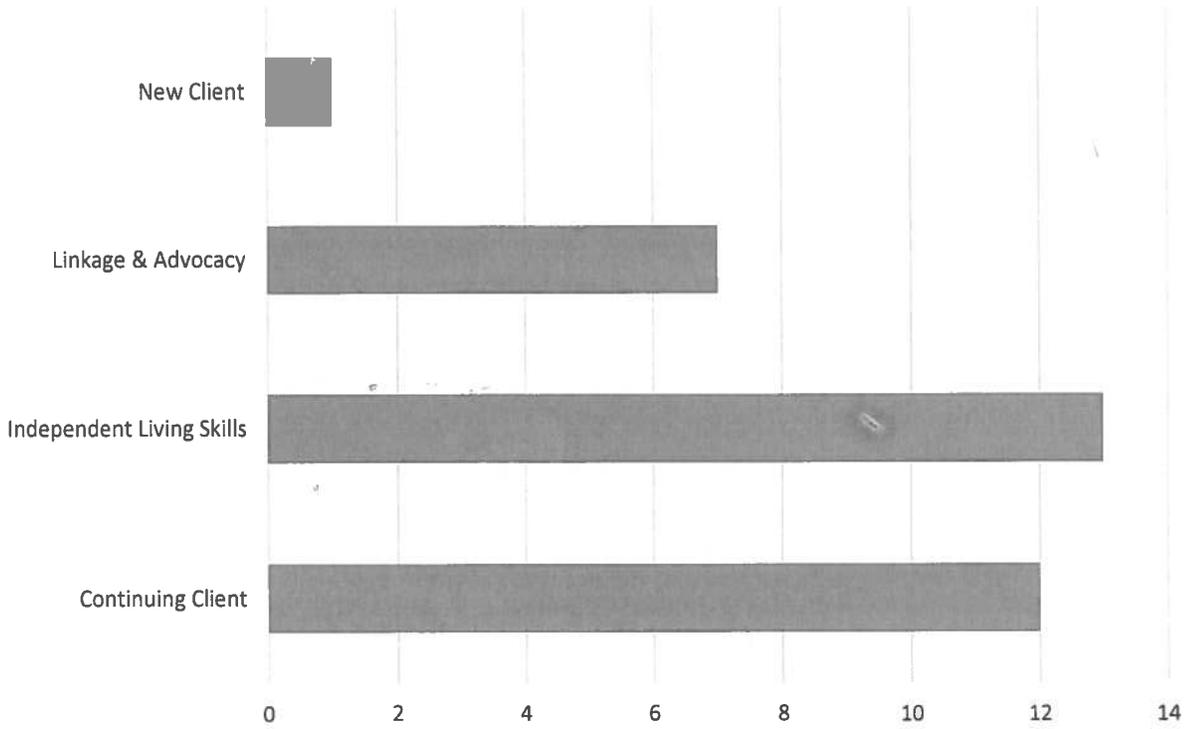
PACE

Opportunities for Independence \$49,000 FY19

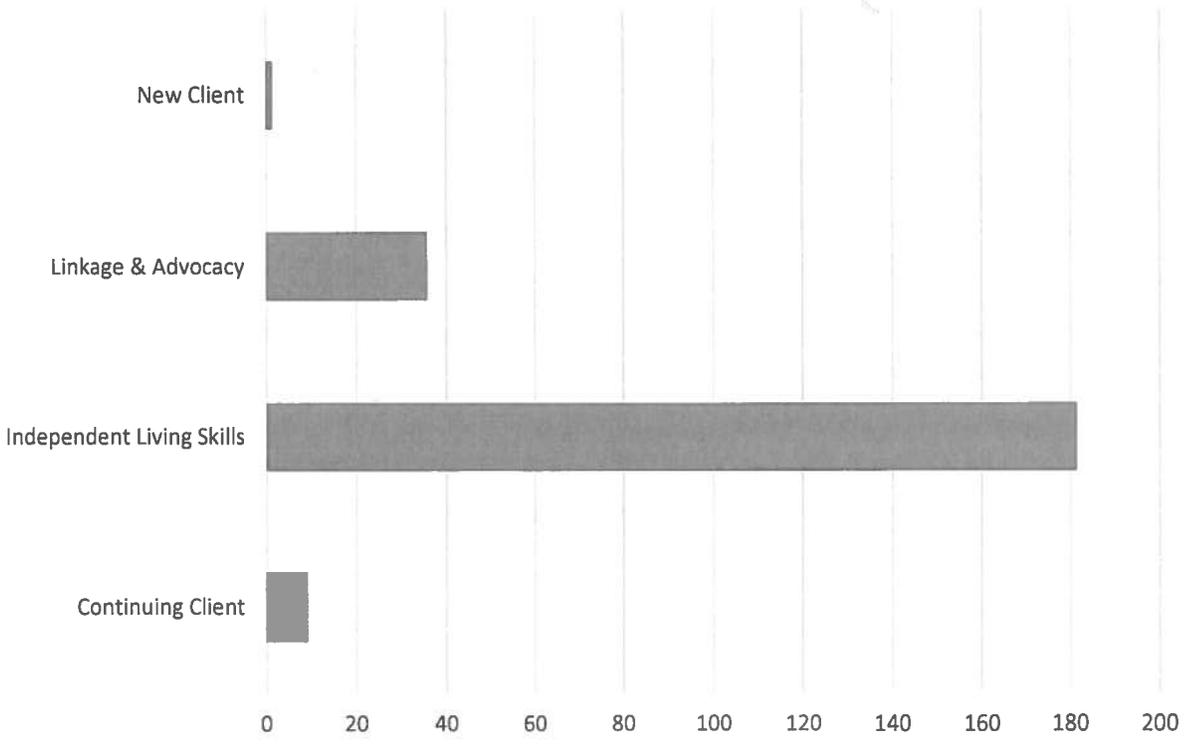
13 people were served, for a total of 227.75 hours

No claims entered for the 3rd & 4th Quarters

Participants per Service Activity



Hours per Service Activity



160

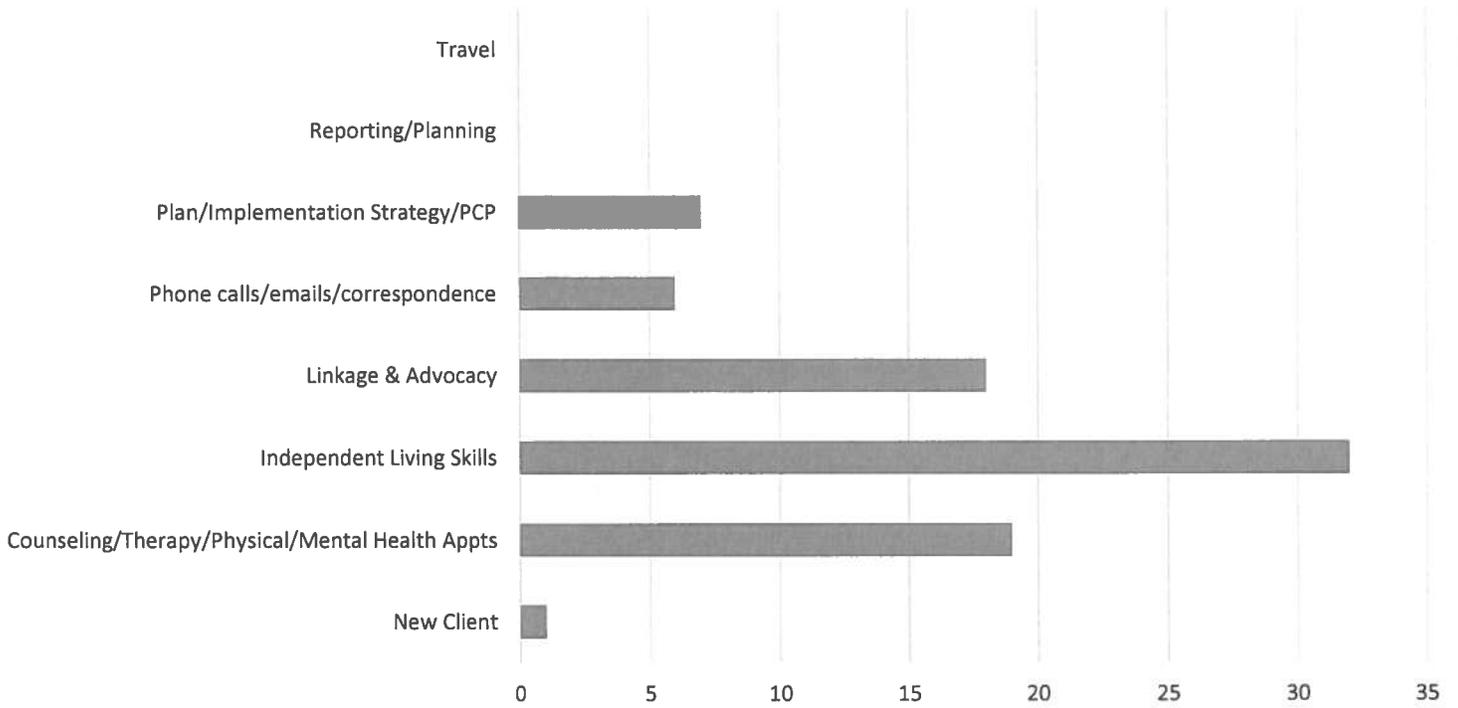
Rosecrance Central Illinois

Coordination DD/MI \$35,150

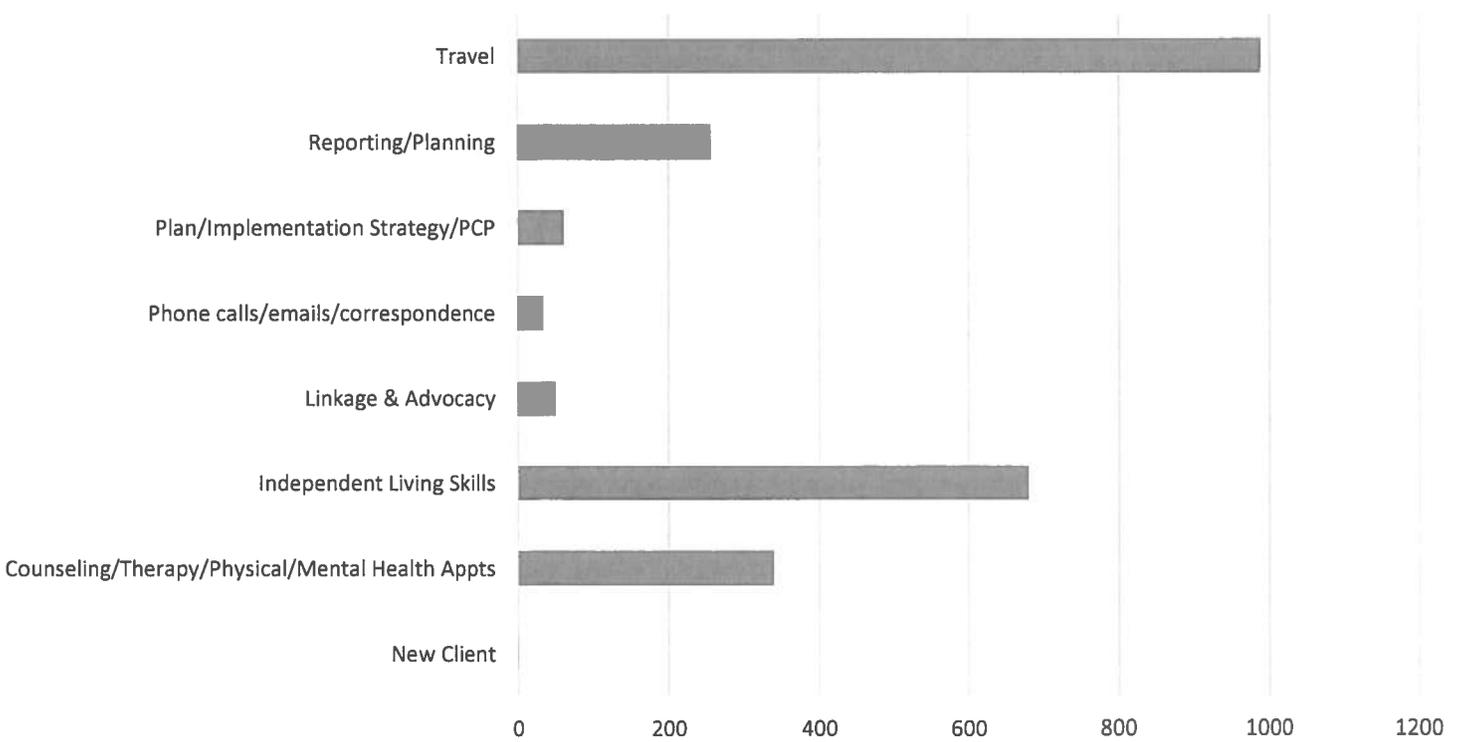
FY19

33 people were served, for a total of 2,406.18 hours

Participants per Service Activity



Hours per Service Activity



161

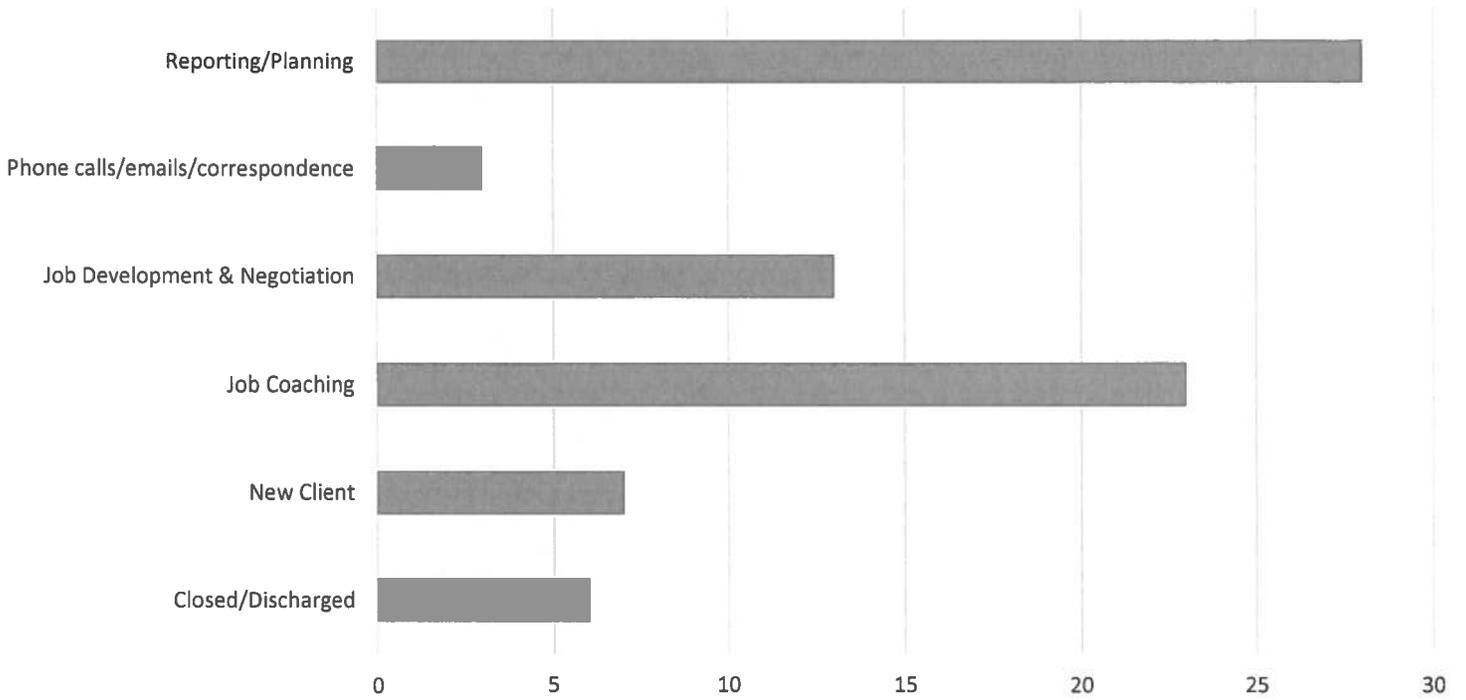
UCP Land of Lincoln

Vocational Services \$34,590

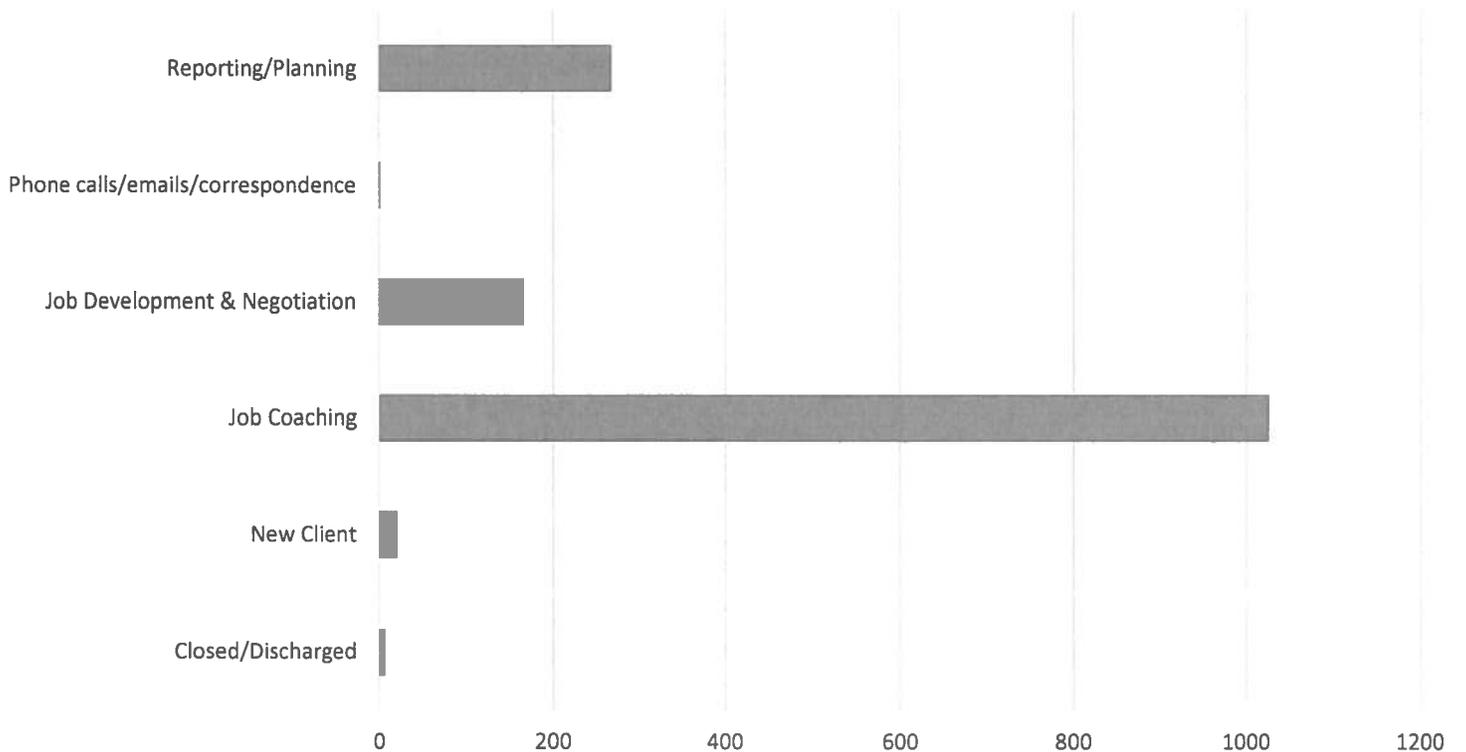
FY19

29 people were served, for a total of 1,490 hours

Participants per Service Activity



Hours per Service Activity



162



CCDDB 2019-2020 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building

1776 East Washington Street, Urbana, IL

September 18, 2019 – John Dimit Conference Room (8AM)

October 23, 2019 – Lyle Shields Room (8AM)

October 30, 2019 – Lyle Shields Room (5:30PM) Joint Study Session

November 20, 2019 – John Dimit Conference Room (8AM)

December 18, 2019 – John Dimit Conference Room (8AM)

January 22, 2020 – Lyle Shields Room (8AM)

February 19, 2020 – Lyle Shields Room (8AM)

March 18, 2020 – Lyle Shields Room (8AM)

April 22, 2020 – Lyle Shields Room (8AM)

May 20, 2020 – Lyle Shields Room (8AM)

June 17, 2020 – Lyle Shields Room (8AM)

This schedule is subject to change due to unforeseen circumstances.

Please call the CCMHB/CCDDB office to confirm all meetings.



CCMHB 2019-2020 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)

September 18, 2019
September 25, 2019 – Study Session
October 23, 2019
October 30, 2019 – Study Session
November 20, 2019
December 18, 2019 (tentative)
January 22, 2020
February 19, 2020
March 18, 2020
April 22, 2020
April 29, 2020 – Study Session
May 13, 2020 – Study Session
May 20, 2020
June 17, 2020

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.*

DRAFT

July 2019 to June 2020 Meeting Schedule with Subject and Allocation Timeline

The schedule provides the dates and subject matter of meetings of the Champaign County Developmental Disabilities Board through June 2020. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Mental Health Board. Regular meetings of the CCDDDB are usually at 8AM; study sessions at 5:30PM. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2021 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2020) agency contracts.

07/10/19	Regular Board Meeting (Lyle Shields Room) Election of Officers
08/30/19	<i>Agency PY2019 Fourth Quarter and Year End Reports Due</i>
09/18/19	Regular Board Meeting (Dimit Conference Room)
10/23/19	Regular Board Meeting (Dimit Conference Room) Draft Three Year Plan 2019-2021 with 2020 Objectives Release Draft Program Year 2021 Allocation Criteria
10/25/19	<i>Agency PY2020 First Quarter Reports Due</i>
10/28/19	<i>Agency Independent Audits, Reviews, or Compilations Due</i>
10/30/19 – 5:30PM	Joint Study Session
11/20/19	Regular Board Meeting (Dimit Conference Room)
12/08/19	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/18/19	Regular Board Meeting (Dimit Conference Room) Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY21 Allocation Criteria
01/03/20	<i>CCMHB/CCDDDB Online System opens for Agency Registration and Applications for PY21 Funding.</i>
01/22/20	Regular Board Meeting
01/31/20	<i>Agency PY2020 Second Quarter and CLC Progress Reports Due</i>
02/07/20	<i>Agency deadline for submission of applications for PY2021 funding. Online system will not accept forms after 4:30PM.</i>

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02/19/20	Regular Board Meeting List of Requests for PY21 Funding
03/18/20	Regular Board Meeting
04/15/20	<i>Program summaries released to Board, copies posted online with the CCDDDB April 22, 2020 Board meeting agenda</i>
04/22/20	Regular Board Meeting Program Summaries Review and Discussion
04/24/20	<i>Agency PY2020 Third Quarter Reports Due</i>
05/13/20	<i>Allocation recommendations released to Board, copies posted online with the CCDDDB May 20, 2020 Board meeting agenda.</i>
05/20/20	Regular Board Meeting Allocation Decisions Authorize Contracts for PY2021
06/17/20	Regular Board Meeting Approve FY2021 Draft Budget
06/24/20	<i>PY21 Contracts completed/First Payment Authorized</i>
08/28/20	<i>Agency PY2020 Fourth Quarter Reports, CLC Plan Progress Reports, and Annual Performance Measures Reports Due</i>
10/28/20	<i>Agency Independent Audits, Reviews, or Compilations Due</i>

166

Agency and Program acronyms

CC – Community Choices
CCDDDB – Champaign County Developmental Disabilities Board
CCHS – Champaign County Head Start, a program of the Regional Planning Commission
CCMHB – Champaign County Mental Health Board
CCRPC – Champaign County Regional Planning Commission
DSC - Developmental Services Center
DSN – Down Syndrome Network
FDC – Family Development Center
PACE – Persons Assuming Control of their Environment, Inc.
RCI – Rosecrance Central Illinois
RPC – Champaign County Regional Planning Commission
UCP – United Cerebral Palsy

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

AAC – Augmentative and Alternative Communication

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ABLE Act – Achieving a Better Life Experience Act. A tax advantage investment program which allows people with blindness or disabilities the option to save for disability related expenses without putting their federal means-tested benefits at risk.

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

BD – Behavior Disorder

BSP – Behavior Support Plan

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CMS – Center for Medicare and Medicaid Services, the federal agency administering these programs.

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

CSEs - Community Service Events. A category of service measurement on the Part II Utilization form. Activity to be performed should also be described in the Part I Program Plan form-Utilization section. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CUSR – Champaign Urbana Special Recreation, offered by the park districts.

CY – Contract Year, runs from July to following June. For example, CY18 is July 1, 2017 to June 30, 2018. May also be referred to as Program Year – PY. Most contracted agency Fiscal

Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY18.

DCFS – (Illinois) Department of Children and Family Services.

DD – Developmental Disability

DDD – Division of Developmental Disabilities

DHFS – (Illinois) Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

FFS – Fee For Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, which for the County is January 1 through December 31.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

HBS – Home Based Services, also referred to as HBSS or HBSP

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under

Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

MHP - Mental Health Professional, a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

NTPC -- NON - Treatment Plan Clients. Persons engaged in a given quarter with case records but no treatment plan. May include: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts, or cases assessed for another agency. It is a category of service measurement, providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form. The actual activity to be performed should also be described in the Part I Program Form, Utilization section. Similar to TPCs, they may be divided into two groups: New TPCS – first contact within any quarter of the plan year; Continuing NTPCs - those served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which Continuing NTPCs are reported.

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

PASS – Plan for Achieving Self Support (Social Security Administration)

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PRN – when necessary, as needed (i.e., medication)

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individual's classification of need may be emergency, critical, or planning.

PY – Program Year, runs from July to following June. For example, PY18 is July 1, 2017 to June 30, 2018. May also be referred to as Contract Year (CY) and is often the Agency Fiscal Year (FY).

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional, a Master’s level clinician with field experience who has been licensed.

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

SCs - Service Contacts/Screening Contacts. The number of phone and face-to-face contacts with eligible persons who may or may not have open cases in the program. Can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II form, and the activity to be performed should be described in the Part I Program Plan form-Utilization section.

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SF – Service Facilitation, now called “Self-Direction Assistance”

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

TPCs - Treatment Plan Clients - service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II Utilization form, and the actual activity to be performed should also be described in the Part I Program Plan form -Utilization section. Treatment Plan Clients may be divided into two groups: Continuing TPCs are those with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year (the first quarter of the program year is the only quarter in which this data is reported); New NTPCs are those newly served, with treatment plans, in any quarter of the program year.

VI – Visual Impairment

VR – Vocational Rehabilitation

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WIOA – Workforce Innovation and Opportunity Act

Executive Director's Report – Lynn Canfield, Sept 2019

Background - Strategic Plan Goals:

Champaign County Mental Health Board Current Three-Year Plan Goals

1. Support a **continuum of services** to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.
2. Sustain commitment to addressing health disparities experienced by **underrepresented and diverse populations**.
3. Improve **consumer access to and engagement** in services.
4. Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).
5. Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), **sustain the SAMHSA/IDHS system of care model**.
6. **Divert from the criminal justice system**, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.
7. In conjunction with the Champaign County Sheriff's Office and other community stakeholders pursue a continuum of services as an **alternative to incarceration and/or overutilization of local Emergency Departments** for persons with behavioral health needs or developmental disabilities.
8. Support **interventions for youth** who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.
9. Address the need for **acceptance, inclusion and respect** associated with a person's or family members' mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.
10. Engage with other local, state, and federal stakeholders on **emerging issues**.

Champaign County Developmental Disabilities Board Current Three-Year Plan Goals

1. Support a **continuum of services** to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations**.
3. Improve **access to and engagement in services** through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.
5. Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).
6. Identify children at-risk of developmental delay or disability, and support **early intervention services and family supports**.
7. Support **access to services and programs** for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.
8. Promote **inclusion and respect** of people with I/DD, through broad based community education efforts.
9. Stay abreast of **emerging issues** affecting service and support systems and access to services, and be proactive through concerted **advocacy efforts**.

Activities of Staff and Board Members:

To support CCMHB goals 1-8 and CCDDDB goals 1-7, a majority of staff and board time is spent in the processes for allocation decisions, contracting, and monitoring of programs funded for services and supports of value to eligible residents. In the Board budgets, these contracts with agencies appear as Contributions & Grants, the largest expenditure lines. Smaller but also important are other activities supporting individuals, families, agencies, systems, and community. Budgeted in Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training, some are through independent contractors, and some are partnerships with other organizations.

Many are described in staff reports: 211/PATH; Alliance for Inclusion and Respect; disABILITY Resource Expo; Mental Health First Aid; Monthly Provider Workshops; Community Learning Lab projects; Evaluation Capacity Project; CCDDDB Mini-Grant Process; and various collaborations.

Anti-Stigma and Community Awareness:

(MHB goals 1, 3, 4, and 9 and DDB goals 1, 3, 5, and 8)

211/PATH features call-based and online information about current programs and resources; PATH's management of 211 and data services are co-funded with United Way for this County, through a Memorandum of Understanding and at current annual cost of \$18,066. At the end of September, we will meet with others interested in developing a mobile app to support 211/PATH, and we may explore a related option offered by EMK Consulting. Kim Bowdry and I are working with Community Learning Lab students and ChrispMedia on a 'redirectory' website to link online resource guides.

Alliance for Inclusion and Respect (AIR, formerly Anti-Stigma Alliance) initially focused on Ebertfest anti-stigma films, events, and marketing during April. Building on that exposure, we have ongoing anti-stigma messaging, support for artists and entrepreneurs, and promotion of member organizations. Throughout 2019, Stephanie Howard-Gallo has managed a space in International Galleries, featuring a new artist monthly; staff produce promotional cards for each artist and a brochure on AIR. A facebook page and accessible website showcase the mission, members, artists, events, and information of interest. We will host a booth at the weekly indoor Market at the Square in November, depending on interest of the artists and entrepreneurs.

disABILITY Resource Expo #13 planning has begun. Activities also support networking and community building, as the various committees engage providers, volunteers, and leaders from the disability community. 2019 Expo Revenues reported in July were \$13,865; adding \$12k in-kind contributions and volunteer time valued at \$12,651 brings the total revenue to \$38,516; total expenditures were \$54,648. The projected budget for next year's event is similar. Staff and board members serve on committees such as Marketing/Sponsorship Committee, Children's Room, Entertainment, Volunteer Coordination, and Steering Committee. Independent contractors coordinate all plus an Expo website with searchable resource guide (and ADA compliant!)

CCMHB/CCDDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

The CCMHB has paid the CILA mortgage loan in full, and the CCDDDB has made its annual contribution to the CILA project fund; the intergovernmental agreement between the Boards will guide budgeting and future decisions. Sale of the two houses or purchase of additional houses for use as CILAs would require further Board consideration. After reviewing with Joel Ward Homes, property manager, Individual Advocacy Group, provider of services, Dan Walsh, attorney, and the

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Civil Division of the State's Attorney's Office, it does not appear that agreements can be significantly revised or new properties purchased. We will continue working to strengthen the project and benefit current and prospective new residents.

One-Time Mini-Grant Process:

(MHB goals 1, 3, 4, and 9 and DDB goals 1, 4, 5, and 8)

Kim Bowdry led the team through developing a process to allocate smaller, individual awards to those Champaign County residents who are eligible for CCDDDB funded agency programs, have a one-time support need specific to their circumstance, and seek to exercise choice as a consumer. During the September 18 board meeting, the CCDDDB is presented with a proposed process and draft application form, with the potential for awarding several individual small grants, totaling up to \$55,640, the amount not successfully negotiated of the total PY20 CCDDDB agency allocations.

Support for Agency Programs:

(MHB goals 1, 3, 5, 7, and 8 and DDB goals 1, 2, 3, and 7)

Cultural and Linguistic Competence training and technical assistance are offered by Shandra Summerville, to improve outcomes. Local providers have an advantage as other funders have begun requiring CLC Plans and conformity with the National CLAS standards.

Independent Contractors: EMK offers technical support for agency users of our online application and reporting system; John Brusveen, CPA, reviews agency audits, offered Bookkeeping 101 to agencies, and suggests improvements in accountability and financial management; ChrispMedia maintains the AIR and Expo websites and will develop a county-wide 'redirectory' if indicated.

Mental Health First Aid: With certification in Adult, Youth, and Public Safety MHFA, Shandra Summerville offers trainings, with priority to agencies, board members, and public officials. A network of trainers in the region plan to cover all interested groups and areas.

Monthly Provider Trainings, coordinated by Kim Bowdry, are free of charge and offer CEUs. Topics from July to October: Grantfinding Support for Non-Profits (Carol Timms); Understanding Autism: Key Components for Building Success (Joan Gorsuch); Digging into the Roots of Poverty: How Can Social Service Workers Address Systemic Problems in their Day-to-Day Work? (Danielle Chynoweth); and Applying Trauma Informed Approaches (Raul Almazar).

UIUC Evaluation Capacity Project consults with agencies with CCMHB and now CCDDDB funded programs through 'theory of change' logic model workshops, consultation bank, and intensive support to 3-4 pilot programs each year. Researchers also helped rewrite and reorganize application and reporting materials to better capture the value of services.

Activities of the Executive Director:

The following lists my regular meetings, events, and partnerships related to the strategic plans of the Boards. Activities not listed: discussions with staff and board, providers, stakeholders, and County officials; update of documents, websites, financials, budgets; personnel, office, employment policy, statutes, consultant meetings and contracts; and similar.

Intergovernmental/Interagency Collaborations:

(MHB goals 1, 4, 9, and 10 and DDB goals 1, 5, 8, and 9)

Champaign County Department Heads: Monthly meetings of County Executive and Department Heads; various communications with other county officials and staff on budget process, tax calculation, policy development, strategic plans, transparency, Enterprise Resource Planning (ERP) development, and facilities.

Local Funders Group: As needed, the group can include United Way, Cities of Champaign and Urbana, Townships of Champaign and Cunningham, Village of Rantoul, Community Foundation of East Central IL, with a focus on funding priorities, allocation process, available funds, and co-funded programs. Though we have not met, some members communicate often about 211/PATH, early childhood programming, families in crisis, trauma-training, and homelessness.

Mental Health and Developmental Disabilities Agency Council: Monthly meetings of agency representatives, not all funded by the CCMHB/CCDDB, with staff and board updates, agency activities, state budget and federal/state system news, special topics, and announcements.

Metropolitan Intergovernmental Council: Quarterly meetings of governmental units, with topics of interest (often on economic development) and updates from members. *Due to a conflict, I was unable to attend this quarter's meeting.*

Regional Champaign-Vermilion Executive Committee: Monthly conference calls, quarterly in-person meetings. This partnership of public and private entities shares an obligation for community needs assessments and strategic plans every three years. Because the CU Public Health District I-Plan has identified behavioral health as a high priority, there is overlap with ours, and the committee has an interest in the needs of people with I/DD. A coordinator (office at CUPHD, on United Way payroll) has responsibility for needs assessment activities, meetings, surveys, collection of data, and staffing the meetings. MHFA trainings and community awareness events are our most popular topics this year.

UIUC School of Social Work and College of Media: Collaborations with School of Social Work occur in fall, College of Media in Spring. Two Community Learning Lab projects were identified, and lead staff assigned with me as backup.

Partnerships related to Underrepresented Populations and/or Justice System:
(MHB goals 1, 2, 5, 6, 7, 8, and 10 and DDB goals 1, 2, 3, and 7)

Champaign Community Coalition: Monthly executive team and community goal team meetings and Champaign City Council study session for update on the Coalition's work.

Coordinated Crisis and Recovery Response: Discussions with providers, law enforcement, hospital administrators, and others, as the state changes to crisis services and rates are implemented, and as local opportunities develop. Focus on services which could be provided in a central location: triage, peer supports, crisis stabilization, coordinated response.

Crisis Intervention Team Steering Committee: Representatives of local law enforcement agencies, EMS, hospital, behavioral health, providers serving the homeless and those at risk, advocacy groups, and other stakeholders meet bimonthly to promote CIT and related trainings, to review data analyzed by City of Urbana, and to share updates and announcements. An annual CIT data has been made available to all members.

Drug Court: Met with leadership on concerns which include staffing changes.

Housing Authority of Champaign County Enrichment Foundation: I serve on an advisory committee which meets monthly through the end of the year while a permanent governance board is established and seated for this non-profit with mission to offer positive youth activities to residents of subsidized housing and in neighborhoods lacking opportunities.

New American Welcome Center: The Health & Well-Being Working Group meet monthly for presentations by partner agencies and discussion of the community needs survey and program development.

Rural Outreach and Engagement: Coordination with OSF and Carle on MHFA trainings to rural partners and residents. Many farming communities are experiencing increased economic stress and incidence of the “diseases of despair.” Online tools (webpsychology.com, OSF’s SilverCloud, betterhelp.com, Bexar County’s MHU app) and telemedicine are promising, as long as bandwidth is sufficient and people know how to use these options.

Youth Assessment Center Advisory Committee: Representatives of law enforcement, Court Services, State’s Attorney, service providers, and school districts meet quarterly for discussion of the program, review of referral and service data, and related updates. Many are involved with the monthly Parenting Model reviews led by Cunningham Children’s Home (covered by other staff).

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAI): Conference calls of Executive, Legislative, Medicaid/Managed Care, I/DD, and Ad Hoc (dues – now completed) Committees. September membership training (on trauma-informed systems) and business meeting. Intermittently, members ask about issues such as: property taxes and PTELL, impact of state budget and systems, agency contracting and monitoring, board/staff policies, legal opinions, budget processes, and community awareness. Government Strategy Associates, our legislative liaison, updates us on legislation: Medicaid and rates, Direct Support Professional wages, minimum wage increase, legalization of adult use marijuana, Customized Employment pilot, Mental Health First Aid in schools, Maternal Health, etc. Their scanned records of Illinois General Assembly debates (early 1960s to 2013) of the statutes establishing our boards were shared with ACMHAI members, to clarify the intent of the Acts’ provisions.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): I attended the Summer Board meeting and Annual I/DD summit; *notes from those sessions in a separate document.* The association shares articles and announcements on research, legislative activity, innovations, and more. Monthly I/DD committee calls feature presentations from other associations and experts in the field and roundtable discussions of topics like managed care, state budgets, workforce shortage, corrective action plans, consent decrees, state transition plans. Monthly Behavioral Health committee calls culminated in a white paper on behavioral health outcomes, now focus on a pilot project to test these outcomes and launch a webinar series on various states’ Medicaid programs. I now serve as co-chair. This committee has offered to absorb the Justice Committee.

National Association of Counties (NACO): I attended two days of sessions during the Annual Meeting; *notes are in a separate document.* Monthly Health Steering and Regional Committee calls; quarterly Stepping Up Innovator County calls and learning community; and Data Driven Justice Initiative webinars (*though these conflict with other standing meetings*).

Special Projects for Future Consideration:

In addition to the agency contract process and projects above, we may find other ways to strengthen the local systems. If other special projects are of interest, they can be developed for future board discussion.

Shared Infrastructure:

Develop a pilot project to strengthen funded organizations by sharing business office and contract compliance functions or technology 'infrastructure'. Where small local organizations may be well-positioned to meet local needs, they may be too small to manage requirements, such as bookkeeping, data collection, performance evaluation, or fundraising. Total costs might be lower if shared by a group of agencies. A pilot project may show how this is best accomplished.

Parkland College Foundation:

Establish a scholarship fund for people who have MI, SUD, or I/DD, Champaign County residency, financial need, and an interest in participating in Parkland programs. Parkland Foundation would apply CCMHB contributed funds to each scholarship recipient's account and return unused funds to the CCMHB. To identify scholars, and taking care to avoid stigmatizing people or sharing private health information, we would establish a review committee, a process and timeline, a method for promoting the opportunity publicly, and maximum award amounts. Due to school timelines, review of scholarship applications might coincide with review of agency funding requests. The total amount to be awarded could vary each year, allowing the board to use funds beyond those budgeted for agency contracts, consultants, staff, or administrative needs. Per statute, mental health boards may make scholarships, and for some people, direct assistance of this kind may be more appropriate than agency supports and services.

Workforce Retention Initiatives:

Student Loan Repayment; Retention Payments; Paid Training Series. Workforce recruitment and retention challenge service systems across the country; this is true in Champaign County in spite of local resources. A student loan repayment program could attract and retain new psychiatrists; the state program requires them to serve a community for only two years, so we might consider a program adding two more years to the obligation. Where the workforce shortage currently prevents funded programs from serving people with critical needs, recruitment and retention incentives could be developed for other behavioral health, case management, and direct support, including multilingual providers. A model launched in Iowa offers direct support professionals a lump sum payment for completing a series of trainings in best practices for their field; this could professionalize the workforce while improving the pay without supplementing Medicaid.

Branding and Marketing:

Develop logo(s) and brief messages about the boards or projects; explore new marketing approaches and promotions. Our national and state associations have committees working on marketing/messaging through informational brochures, but none are brief. As younger people use and respond to media differently, we may consider new approaches locally, especially for special projects such as Expo, AIR, MHFA, and provider workshops.

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities

Staff Report – September 2019

CCDDB Contracts: Contract negotiations with PACE continued for the Opportunities for Independence contract through July. PACE withdrew from the negotiation process on August 1, 2019. We continue to contract with PACE for the Consumer Control in Personal Support program. UCP was approved for funding at the July 10, 2019 CCDDB meeting.

CCDDB Reporting: Included in this board packet is a full year of data from the agencies using the online claims system. I entered claims into the online system for TPCs who also have waiver funding. This is in an effort to show how local funds work with state funds and which programs may require more flexibility than state funding allows.

Learning Opportunities: In July, Carol Timms presented “A Match Made Online: Using Online Databases to Find the Perfect Funders for Your Programs” at the Champaign Public Library. Ms. Timms is an Administrative Manager at Barham Benefit Group. This workshop was lower in attendance but offered a lot of information for agencies looking to expand the funding sources for their programs.

In August, “Understanding Autism: Key Components for Building Success” was presented by Joan Gorsuch. Ms. Gorsuch has a Bachelor’s degree and teaching certificates in Fine Arts and has a Master’s degree in Special Education and is a Learning and Behavior Specialist. She works as a Special Educator and an art teacher. She is a certified provider and runs UCLA PEERS ® and Social Thinking ® groups at The University of Illinois and at her office in Champaign, Illinois.

Danielle Chynoweth, the Cunningham Township Supervisor presented, “Digging into the Roots of Poverty: How Can Social Service Workers Address Systemic Problems in their Day-to-Day Work” in September. In addition to her work at the Township, Ms. Chynoweth also serves on the boards of the Housing Authority of Champaign County and CU Public Health.

In October, Raul Almazar, RN, MA returns to present “Applying Trauma Informed Approaches,” a follow-up to his presentation last October, “Trauma Informed Care for Persons with I/DD.” An afternoon session will be held for agency directors, “Organizational Wellness: Creating a Trauma Informed Organization.”

As we round out the first year, we continue to see consistent attendance. Workshops are approved for CEUs through the University Of Illinois School Of Social Work and offer social work and Qualified Intellectual Disability Professionals (QIDP) CEUs. The feedback from participants through evaluations continues to be positive and includes:

- *I deeply enjoyed the presenter’s enthusiasm on this topic!*

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- *Presenter was “very” personable. Very interactive with group.*
- *I liked the interaction with the group – participants got to use computer to do search.*
- *I thought you were able to cram a ton of material into 3 hours and it was even paced and didn't feel rushed at all. Great job!*
- *This was highly pertinent and helpful as someone that deals with burn out and stress around the non-profit.*

NACBHDD: I participated in monthly I/DD committee calls. I also participated in the I/DD Summit Planning Committee for the I/DD Summit held in July in Las Vegas, however was unable to attend the conference.

ACMHAI: I participated in the ACMHAI I/DD committee call. I attended the quarterly meeting in Springfield on September 12, 2019. Presentation topics included: Resilience: How One Person Navigated the State Systems to Personal Success; Building Boone's Resilience: Tackling Trauma and Shaping Systems in a Rural Community; and I/DD Learning Collaborative: Current Challenges in Illinois.

Other activities: I participated in the following webinars: *Doors to Wellbeing Peer Specialist Monthly Webinar Series, Decision-Making with the Personal Outcome Measures®: Relationships, How to Do Root Work in Trauma Treatment Using Feedback Loops and Playbooks, Your Money Your Goals, Financial Inclusion 101, Decision-Making with the Personal Outcome Measures®: Relationships & Choices, and Aging of Individuals with Intellectual and Developmental Disabilities.*

I participated in the following Expert Chats: *ADHD and Executive Functioning Issues and Understanding Developmental Coordination Disorder.* I also participated in two nTIDE Lunch n' Learns.

I participated in the Race Relations planning meeting at the Bahai' Center. I took the Youth Mental Health First Aid training offered by our office in July.

PUNS Selection & Reports: PUNS selection letters were mailed out by DHS in late August. The Division of Developmental Disabilities mailed out 1,247 letters, with 33 letters being mailed to people in Champaign County.

The Division of Developmental Disabilities has announced its new Director. Allison Stark, formerly the President and CEO of Orchard Village, a service provider for people with I/DD in Skokie, Illinois, will take over as the Director of the Division on September 23, 2019.

Attached is the updated PUNS Summary by County and Selection Detail for Champaign County. I have also included the Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS By Zip Code.

Community Learning Lab: I will be working with students from the University of Illinois School of Social Work Community Learning lab during the fall semester. The students will be working to identify and accumulate all electronic resource guides for Champaign County that will be housed on one website.



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

August 05, 2019

County: Champaign

Reason for PUNS or PUNS Update	920
New	56
Annual Update	322
Change of Category (Seeking Service or Planning for Services)	34
Change of Service Needs (more or less) - unchanged category (Seeking Service or Planning for Services)	29
Person is fully served or is not requesting any supports within the next five (5) years	196
Moved to another state, close PUNS	19
Person withdraws, close PUNS	25
Deceased	17
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	5
Unable to locate	43
Submitted in error	1
Other, close PUNS	170
CHANGE OF CATEGORY (Seeking Service or Planning for Services)	443
PLANNING FOR SERVICES	178
EXISTING SUPPORTS AND SERVICES	400
Respite Supports (24 Hour)	10
Respite Supports (<24 hour)	14
Behavioral Supports (includes behavioral intervention, therapy and counseling)	153
Physical Therapy	40
Occupational Therapy	106
Speech Therapy	136
Education	187
Assistive Technology	47
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	7
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	57
Medical Equipment/Supplies	30
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	150
TRANSPORTATION	461
Transportation (include trip/mileage reimbursement)	137
Other Transportation Service	300
Senior Adult Day Services	1
Developmental Training	99
"Regular Work"/Sheltered Employment	80
Supported Employment	91
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	63
Other Day Supports (e.g. volunteering, community experience)	30
RESIDENTIAL SUPPORTS	80
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	32
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	7

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

August 05, 2019

Shelter Care/Board Home	1
Children's Residential Services	4
Child Care Institutions (Including Residential Schools)	8
Children's Foster Care	1
Other Residential Support (including homeless shelters)	12
SUPPORTS NEEDED	419
Personal Support (includes habilitation, personal care and intermittent respite services)	371
Respite Supports (24 hours or greater)	25
Behavioral Supports (includes behavioral intervention, therapy and counseling)	137
Physical Therapy	41
Occupational Therapy	76
Speech Therapy	96
Assistive Technology	56
Adaptations to Home or Vehicle	16
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	73
TRANSPORTATION NEEDED	371
Transportation (include trip/mileage reimbursement)	321
Other Transportation Service	333
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	298
Support to work at home (e.g., self employment or earning at home)	7
Support to work in the community	265
Support to engage in work/activities in a disability setting	106
Attendance at activity center for seniors	1
RESIDENTIAL SUPPORTS NEEDED	143
Out-of-home residential services with less than 24-hour supports	77
Out-of-home residential services with 24-hour supports	79

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/PUNSSumbyCountyandSelectionDetail.pdf>

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**Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS by Zip Code**

Updated 08/05/19

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivevects05102016.pdf>

Zip Code	Active PUNS	Total PUNS
60949 Ludlow	2	4
61801 Urbana	41	86
61802 Urbana	64	115
61815 Bondville (PO Box)	1	1
61816 Broadlands	2	3
61820 Champaign	43	85
61821 Champaign	87	184
61822 Champaign	54	101
61840 Dewey	0	2
61843 Fisher	10	12
61845 Foosland	1	1
61847 Gifford	1	1
61849 Homer	0	5
61851 Ivesdale	1	2
61852 Longview	1	1
61853 Mahomet	40	64
61859 Ogden	4	13
61862 Penfield	1	2
61863 Pesotum	2	2
61864 Philo	6	12
61866 Rantoul	31	87
61871 Royal (PO Box) --	--	no data on website
61872 Sadorus	2	2
61873 St. Joseph	15	26
61874 Savoy	8	14
61875 Seymour	2	3
61877 Sidney	5	10
61878 Thomasboro	0	2
61880 Tolono	9	27
Total	433	867

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Stephanie Howard-Gallo
Operations and Compliance Coordinator Staff Report
September 2019 Board Meeting

SUMMARY OF ACTIVITY:

Certificates of Liability Insurance:

Certificates of Liability Insurance were requested from each agency on July 8th with a due date of August 1st. A reminder was sent the last day of July. Two agencies did not meet the deadline (C- U Area Project and DREAAM House), which resulted letters of non-compliance being sent to them and their payment being held. I have received the two agency's proof of liability insurance and payments have been released.

Other Compliance:

Individual Advocacy Group (IAG) was sent a formal letter requesting additional insurance coverage information. The information was provided to us in a timely manner.

United Cerebral Palsy (UCP) was sent a formal letter of non-compliance regarding a Board member issue that had not been resolved. UCP overlooked the clause stating that the provider shall not allow any employee or person related by blood, adoption, marriage or domestic partnership to serve on the Provider Board of Directors. As a result, a board member was removed from their Board of Directors and a new one was to be appointed at the end of August and will go through orientation by the end of September. Ms. Canfield approved this corrective action plan and the UCP contract was signed and processed on August 20. Payments for this contract year have now been released to UCP.

Fourth Quarter Reporting:

4th Quarter financial and program reports for all funded programs were due August 30th at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Some of the agencies requested an extension of time to complete the reporting. As of this writing, no letters of non-compliance have been sent and no payments have been withheld. Board members can access these reports using the online system. Staff can also provide copies of the reports for you, if requested.

FOIA/OMA Certification:

As the Open Meeting Act (OMA) Designee and the Freedom of Information Act (FOIA) Officer for the CCMHB/CCDDB, I must successfully complete training on an annual basis. I completed the 2019 trainings and submitted my certificates to Lynn Canfield on August 20, 2019.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):

A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page.

International Galleries at Lincoln Square continues to give AIR artists a space, free of charge, to host monthly artists. I organize the schedule and maintain a relationship with gallery personnel. mvzonik was the August artist representing the Alliance for Inclusion and Respect (AIR) with his wearable art (Tshirts). The September artist is Carol Bradford. Carol creates mixed media art on canvas. Carol's ethnic art is influenced by her personal and professional life experiences. She depicts women of color in unique and dynamic ways as a celebration of their beauty and uniqueness with a special emphasis on their hair texture. Through her art she hopes to increase the self-esteem of women and girls by allowing them to see themselves in non-traditional roles and as fantasy beings such as mermaids and fairies.

We will continue with a new artist every month for as long as **International Galleries** will host us. The gallery does not take any percentage of the artists sales. I'm happy to report that artists are selling their work. The holiday season will be here soon and I encourage you to support this local business in our community. **International Galleries** provides professional framing services and has a variety of unique items at the store (candles, cards, jewelry, gemstones).

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- I attended a meeting with representatives exploring a new Countywide software system.

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Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

Champaign Urbana Area Project: I met with the Interim Director for CUAP about CLC Reporting requirements and to update the FY20 CLC Plan.

Grow Illinois: Grow submitted a new CLC Plan for FY20. I sent suggestions on how to continue to keep action steps measurable.

UCP: UCP reached out to update their FY20 CLC Plan and I provided feedback to them about their CLC Plan.

Community Choices: I completed the Annual CLC Training for Community Choices. The staff completed a Cultural Competence Self-Assessment. The results from the self-assessment were discussed with the staff. Actions and outcomes based on the information that was learned from the results of the assessment will be incorporated as part of the plan of action.

Champaign County Health Care Consumers: I met with Claudia Lenhoff about language access through CCHCC and how they provide advocacy for people with limited English.

CLC Compliance Check: 4th Quarter reports were due on August 30, 2019. I have started to review the reports and the findings will be included in October Staff Report.

CLC Coordinator Direct Service Activities

Mental Health First Aid Training: I convened a meeting with Mental Health First Aid Instructors in the area on September 10. We are working to ensure that efforts about Mental Health First Aid are more coordinated. I provided marketing information for an event Mental Health Faith Based at OSF on August 24th. 14 people expressed an interest about taking a class

Georgetown Leadership Academy: Increasing Cultural Diversity and Cultural and Linguistic Competence in Networks Supporting Individuals with Intellectual and Developmental Disabilities: I had an additional coaching call with Tawara Goode to talk about how to build capacity for Language Access in Champaign County. Recognizing there is a gap in Champaign County that can provide interpretation and translation in Mental Health Services.

Brown Bag Lunch Series University of Illinois Psychology Department: I was invited to speak to the Brown Bag Series at the UIUC Psychology Department. I spoke in general about the formal and informal supports and services offered in Champaign County for persons living with a mental health challenges and developmental disabilities. I also talked about the importance of culturally responsive services and how organizations funded by the Champaign County Mental Health Board uses the National Culturally and Linguistically Appropriate Services Standards to ensure that barriers to access are being addressed through organizational cultural competence

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2019 September Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

planning and implementation. that provide supports in our community that don't receive funding from CCMHB so they could learn about additional funding opportunities.

UIUC Community Learning Lab: I met with the group of students whose project I will supervise this fall. Their initial interest was in outreach to rural residents and young people, as both groups may be underserved. We discussed goals, expectations, and a set of activities to accomplish.

Anti-Stigma Activities/Community Collaborations and Partnerships

Alliance for Inclusion and Respect: Each month an artist is featured at International Galleries to sell their featured artwork. I provide support by creating and printing the artists cards that for each artist.

Disability Resource Expo: I will be attending the first Expo Committee Meeting. I have started working on ensuring that Volunteer Hours are tracked as well as the time that funded organizations spend to help with the expo.

C-HEARTS African American Story Telling Project: This is a group of interdisciplinary scholars and community members exploring community healing through story telling. We meet twice per month to discuss the project and partnerships.

United Way ECL (Emerging Community Leaders) Alumni Committee: The Capstone Presentation will be on September 19. The teams will present their service project about 211. An update will be provided.

Human Services Council: I attended Human Services Council on August 1, 2019. There was a presentation about rental assistance in Champaign County and how RPC, Champaign Township, and Cunningham Township are collaborating to ensure there is a more coordinated effort for residents that need assistance with paying their rent.

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
PY19 Q4 Financial Summary**

AGENCY	PROGRAM	AWARD	Q4 Report		NOTES
			REVENUE	EXPENSE	
CCCAC	Children's Advocacy Center	47,754	47,754	47,754	
CCRPC/Head Start	Early Childhood Mental Health Services	90,120	90,120	90,120	
CCRPC/Head Start	Social Emotional Development Services	73,605	73,605	73,605	
CCRPC/Head Start TOTAL		163,725	163,725	163,725	
CCRPC	Justice System Diversion Services	65,074	65,074	65,074	
CCRPC	Youth Assessment Center	78,350	78,350	78,350	
CCRPC TOTAL		141,424	141,424	141,424	
Champaign Urbana Area Project	CU Neighborhood Champions	50,000	<i>INCOMPLETE</i>	<i>INCOMPLETE</i>	Revenue and expense reports not submitted
Champaign Urbana Area Project	TRUCE	50,000	50,000	<i>INCOMPLETE</i>	Expense report not submitted
Champaign Urbana Area Project TOTAL		100,000	50,000	-	
Community Service Center	Resource Connection	66,596	66,596	66,596	
Courage Connection	Courage Connection	127,000	81,353	81,353	
Crisis Nursery	Beyond Blue Champaign County	75,000	75,000	75,000	
Cunningham Children's Home	ECHO Housing and Employment Support	90,000	90,000	94,550	Expense exceeds revenue
Developmental Services Center	Family Development Center	562,280	562,280	569,692	Expense exceeds revenue
Don Moyer Boys & Girls Club	Coalition Summer Initiatives *	107,000	107,000	107,000	
Don Moyer Boys & Girls Club	CU Change	100,000	100,000	136,919	Expense exceeds revenue
Don Moyer Boys & Girls Club	Youth & Family Services	180,000	180,000	180,000	
Don Moyer Boys & Girls Club TOTAL		367,000	367,000	403,919	
DREAAM House	DREAAM	80,000	80,000	79,967	Excess Revenue
East Central Illinois Refugee Mutual Assistance Center	Family Support and Strengthening	48,239	48,239	48,278	Expense exceeds revenue
Family Service of Champaign County	Counseling	25,000	25,000	25,000	
Family Service of Champaign County	Self Help Center	28,928	28,928	28,928	
Family Service of Champaign County	Senior Counseling & Advocacy	142,337	142,337	142,337	
Family Service Center TOTAL		196,265	196,265	196,265	
First Followers	Peer Mentoring for Re-entry	70,000	70,000	70,000	
GROW in Illinois	Peer Support	20,000	20,000	20,000	
Mahomet Area Youth Club	BLAST	15,000	15,000	15,000	
Mahomet Area Youth Club	Members Matter	18,000	18,000	18,000	
Mahomet Area Youth Club TOTAL		33,000	33,000	33,000	
Promise Healthcare	Mental Health Services	242,250	242,250	247,489	Expense exceeds revenue
Promise Healthcare	Wellness	58,000	58,000	63,704	Expense exceeds revenue
Promise Healthcare TOTAL		300,250	300,250	311,193	
Rape Advocacy, Counseling & Education Services	Sexual Violence and Prevention Education	18,800	18,800	15,203	Excess Revenue
Rattle the Stars	Youth Suicide Prevention Education	54,500	54,500	48,505	Excess Revenue
Rosecrance Central Illinois	Criminal Justice PSC	338,643	322,099	322,099	Revenue incorrect. Variance report incomplete
Rosecrance Central Illinois	Crisis, Access & Benefits	255,440	255,440	255,440	
Rosecrance Central Illinois	Fresh Start	79,310	79,310	79,310	
Rosecrance Central Illinois	Parenting with Love and Limits <i>FFS</i>	392,992	130,996	16,505	Variance report incomplete
Rosecrance Central Illinois	Prevention Services	60,000	60,000	60,000	
Rosecrance Central Illinois	Recovery Home	83,330	83,330	83,330	
Rosecrance Central Illinois	Specialty Courts	203,000	203,000	203,000	
Rosecrance Central Illinois TOTAL		1,412,715	1,134,175	1,019,684	
United Cerebral Palsy - Land of Lincoln	Vocational Training and Support	43,238	25,221	51,151	Revenue report incorrect. Expense exceeds revenue
UP Center of Champaign County	Children, Youth, and Families Program	18,423	18,423	15,622	Excess Revenue
Urbana Neighborhood Connections Center, Inc.	Community Study Center	19,500	19,500	13,000	Variance report incomplete. Excess revenue

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Chris Wilson
Financial Manager

**CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARDS
PY19 Q4 Financial Summary**

<u>AGENCY</u>	<u>PROGRAM</u>	<u>AWARD</u>	<u>Q4 Report</u>		<u>NOTES</u>
			<u>REVENUE</u>	<u>EXPENSE</u>	
CCRPC	Decision Support Person	119,629	119,629	119,630	Expense exceeds revenue
Champaign County Down Syndrome Network	Down Syndrome Network	15,000	15,000	14,904	Excess revenue
CU Able	Community Outreach	15,285	15,285	15,285	
Community Choices	Community Living	72,500	72,500	72,500	
Community Choices	Customized Employment	87,000	87,000	87,000	
Community Choices	Self-Determination Support	116,000	116,000	116,000	
Community Choices TOTAL		275,500	275,500	275,500	
Developmental Services Center	Apartment Services	429,861	429,861	466,209	Expense exceeds revenue
Developmental Services Center	Clinical Services	174,000	174,000	178,365	Expense exceeds revenue
Developmental Services Center	Community Employment	361,370	361,370	387,602	Expense exceeds revenue
Developmental Services Center	Community First	799,000	799,000	998,990	Expense exceeds revenue
Developmental Services Center	Connections	85,000	85,000	INCOMPLETE	Expense report not submitted
Developmental Services Center	Employment First	80,000	80,000	82,893	Expense exceeds revenue
Developmental Services Center	Individual and Family Support	404,428	404,428	438,080	Expense exceeds revenue
Developmental Services Center	Service Coordination	410,838	410,838	439,329	Expense exceeds revenue
Developmental Services Center TOTAL		2,744,497	2,744,497	2,991,368	
Persons Assuming Control of their Environments	Consumer Control in Personal Support	21,000	21,000	21,009	Expense exceeds revenue
Persons Assuming Control of their Environments	Opportunities for Independence	49,000	49,000	29,952	Excess revenue
Persons Assuming Control of their Environments TOTAL		70,000	70,000	50,961	
Rosecrance	Coordination of Services: DD/MI	35,150	35,150	35,150	
United Cerebral Palsy	Vocational Services	34,590	20,181	34,664	Revenue report incorrect. Expense exceeds revenue

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Chris Wilson
Financial Manager