



## **Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda**

Wednesday, February 17, 2021, 9:00AM

Staff Office, #201 Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81559124557>

312-626-6799, Meeting ID: 815 5912 4557

***Public Input:*** All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate during a meeting, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org).

If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions - <https://us02web.zoom.us/j/81559124557> (page 3)
4. Approval of Agenda\*
5. Citizen Input/Public Participation  
*The chairperson may limit public participation to five minutes per person.*
6. Chairperson's Comments
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCDDDB Board Meeting Minutes\* (pages 4-6)  
*Minutes from 01/20/21 are included. Action is requested.*
9. Expenditure List\* (pages 7-8)  
*An "Expenditure Approval List" is included. Action is requested, to accept the list and place it on file.*
10. New Business
  - A. Mid-Year Progress Report (pages 9-25)  
*Representatives from CU Autism Network will provide an update on the first six months of their Community Outreach Programs.*
  - B. CCDDDB Application Review Process (pages 26-28)  
*A Briefing Memo detailing the CCDDDB Application Review process, including the Allocation Timeline, is included in this packet. A review checklist is attached for information only.*
  - C. Local Impacts of COVID-19 (pages 29-41)

*A Briefing Memo regarding impacts of COVID-19 on several CCMHB and CCDDDB funded programs is attached for information only.*

**D. CCDDDB Eligibility Requirements (pages 42-47)**

*Included for information only is, a Briefing Memorandum regarding the current CCDDDB Eligibility Requirements and considerations for possible expansion.*

**E. Unmet Residential Support Needs (pages 48-52)**

*A Briefing Memorandum offering updates to the CCDDDB/CCMHB CILA project is included in this packet for information only. Attached, for information only, is a one-page summary of Rate Study Recommendations, provided by the Illinois Council on Developmental Disabilities, The Arc of Illinois, Going Home Coalition and the Self Advocacy Alliance.*

**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.*

**11. Old Business**

**A. Agency PY2021 2<sup>nd</sup> Quarter Program Reports (pages 53-72)**

**B. PY2021 2<sup>nd</sup> Quarter Service Data Charts (pages 73-86)**

*2<sup>nd</sup> Quarter service hours and activities reports are included for information.*

**C. 211 Quarterly Reports (pages 87-93)**

*October through December 2020 reports for 211 calls for Champaign County are attached for information only.*

**D. CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 94-97)**

**E. Acronyms and Glossary (pages 98-105)**

*A list of commonly used acronyms is included for information.*

**12. CCMHB Input**

**13. Staff Reports (pages 106-128)**

*For information are reports from Kim Bowdry, Stephanie Howard-Gallo, and Shandra Summerville.*

**14. Board Announcements**

**15. Adjournment**

*\*Board action requested*

## Instructions for participating in Zoom Conference Bridge for CCDDB Meeting February 17, 2021 at 9:00 a.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting

<https://us02web.zoom.us/j/81559124557>

Meeting ID: 815 5912 4557

One tap mobile

+13126266799,,81559124557# US (Chicago)

+16465588656,,81559124557# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Germantown)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 815 5912 4557

Find your local number: <https://us02web.zoom.us/u/kCrkmscope>

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

If you are not a member of the CCDDB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

***If you have called in, please speak up during these portions of the meeting if you would like to make a contribution.*** If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

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

*Minutes –January 20, 2021*

*This meeting was held remotely and with  
representation at the Brookens Administrative Center.*

*9:00 a.m.*

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**MEMBERS PRESENT:** Gail Kennedy, Anne Robin, Deb Ruesch, Georgiana Schuster, Sue Suter

**STAFF PRESENT:** Kim Bowdry, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson

**OTHERS PRESENT:** Scott Burner, Sarah Perry, Nicole Sikora, Danielle Matthews, Laura Bennett, Gregory Schroeder, Patty Walters, Annette Becherer, DSC; Katie Harmon, Lisa Benson, Regional Planning Commission (RPC); Becca Obuchowski, Community Choices; Darya Shahgheibi, Hannah Sheets, Uniting Pride (UP Center) Barb Bressner, Jim Mayer, Dylan Boot, Allison Boot, disABILITY Resource Expo staff

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**CALL TO ORDER:**

Dr. Robin called the meeting to order at 9:00 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present. Executive Director Canfield was present at the Brookens Administrative Center per the Open Meetings Act.

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**APPROVAL OF AGENDA:**

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

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**CITIZEN INPUT:**

None.

**PRESIDENT'S COMMENTS:**

Dr. Robin thanked everyone for attending. She expressed her concern for staff safety in the Brookens Administrative Center, especially after the building closes at 4:30 p.m. She is interested in our legal council exploring the language interpretation in the recent Open Meetings Act revisions due to Covid-19, requiring physical representation in the regular meeting room. Board members agreed.

**EXECUTIVE DIRECTOR'S COMMENTS:**

Director Lynn Canfield reviewed the agenda and recent accessibility efforts.

**APPROVAL OF CCDDDB MINUTES:**

Minutes from November 18, 2020 and December 16, 2020 were included in the Board packet.

**MOTION:** Ms. Suter moved to approve the minutes from November 18, 2020 and December 16, 2020. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

**EXPENDITURE LIST:**

The "Expenditure Approval List" was included in the packet.

**MOTION:** Ms. Ruesch moved to accept the Expenditure Approval List as presented in the packet. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion passed unanimously.

**NEW BUSINESS:**

**disABILITY Resource Expo:**

Expo Coordinator Barb Bressner and outgoing Assistant Coordinator Jim Mayer led the presentation summarizing innovations of 2020 and plans for 2021. Copies of Expo surveys from exhibitors and presenters were included in the Board packet for information. The incoming Assistant Coordinator Dylan Boot and Public Relations Consultant Allison Boot provided additional information regarding the surveys and social media efforts. Board members were given an opportunity to ask questions. Kim Bowdry reported on accessibility efforts.

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**Update on CILA Facilities Project:**

A Briefing Memorandum regarding the CILA facilities project was included in the Board packet. The Intergovernmental Agreement between the CCDDDB and the CCMHB, a report from CILA provider IAG, and a draft of the CILA Request for Proposals was included in the packet as well. Lynn Canfield provided a brief review. Dr. Kennedy requested staff find out if other parts of Illinois are having trouble keeping direct support staff in CILA homes.

**Successes and Other Agency Information:**

Annette Becherer from DSC and Becca Obuchowski from Community Choices provided updates on successes.

**OLD BUSINESS:**

**IDHS PUNS Definitions:**

IDHS PUNS Definitions were included in the packet for information only.

**Meeting Schedules:**

CCDDDB and CCMHB meeting schedules were included in the packet for information only. The schedule of meetings was briefly discussed.

**Acronyms:**

A list of commonly used acronyms was included in the packet.

**CCMHB Input:**

The CCMHB will meet later in the day.

**STAFF REPORTS:**

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

**BOARD ANNOUNCEMENTS:**

Dr. Anne Robin announced several upcoming community events.

**ADJOURNMENT:**

The meeting adjourned at 10:17 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/05/21

PAGE 8

VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NO	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									
	2/04/21 07 VR 108-	16	616267	2/05/21	108-050-533.07-00	PROFESSIONAL SERVICES	MENT HLTH BD FND 090	FEB ADMIN FEE		32,731.00
								VENDOR TOTAL		32,731.00 *
101	CHAMPAIGN COUNTY TREASURER									
	2/04/21 07 VR 108-	17	616269	2/05/21	108-050-571.11-00	TO MHB/DDB CILA FUND 101	MHB/DDB CILA FAC 101	TFR TO CILA 101		50,000.00
								VENDOR TOTAL		50,000.00 *
104	CHAMPAIGN COUNTY TREASURER									
	2/04/21 07 VR 108-	10	616270	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	HEAD START FUND 104	FEB SOC/EMOT DEC SV		1,788.00
								VENDOR TOTAL		1,788.00 *
161	CHAMPAIGN COUNTY TREASURER									
	2/04/21 07 VR 108-	9	616272	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	REG PLAN COMM FND075	FEB DECISION SUPPOR		25,957.00
								VENDOR TOTAL		25,957.00 *
11585	C-U AUTISM NETWORK									
	2/04/21 02 VR 108-	12	616299	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS		FEB COMM OUTREACH		1,250.00
								VENDOR TOTAL		1,250.00 *
11587	CU ABLE									
	2/04/21 02 VR 108-	11	616300	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS		FEB COMM OUTREACH		1,433.00
								VENDOR TOTAL		1,433.00 *
18203	COMMUNITY CHOICES, INC									
	2/04/21 02 VR 108-	13	616317	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SUITE 210	FEB COMMUNITY LIVIN		7,416.00
	2/04/21 02 VR 108-	13	616317	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS		FEB CUSTOM EMPLOY		15,166.00
	2/04/21 02 VR 108-	13	616317	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS		FEB SELF DETERMINAT		12,166.00
								VENDOR TOTAL		34,748.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/05/21

PAGE 9

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										
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC									
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB CLINICAL SVCS		14,500.00
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY EMPLO		30,114.00
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY LIVIN		38,003.00
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB CONNECTIONS		7,083.00
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB EMPLOYMENT FIRS		6,667.00
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB INDIV/FAMILY SU		35,754.00
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB SERVICE COORD		36,321.00
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN COMMUNITY FIRST		70,170.02
	2/04/21	02 VR 108-	14	616331	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY FIRST		70,170.02
								VENDOR TOTAL		308,782.04 *
56902	PRAIRIE WIND	1/11/21	92 VR 108-	157	615755	1/15/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	J BOLSER 12/10	100.00
									VENDOR TOTAL	100.00 *
61780	ROSECRANCE, INC.	2/04/21	02 VR 108-	15	616402	2/05/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB CCORD SVC DD/MI	2,929.00
									VENDOR TOTAL	2,929.00 *
78888	VISA CARDMEMBER SERVICE	1/26/21	91 VR 108-	158	616199	1/29/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 MENARDS CR FY2	64.80-
									VENDOR TOTAL	64.80-*
									DEPARTMENT TOTAL	459,653.24 *
									FUND TOTAL	459,653.24 *
REPORT TOTAL *****										961,439.61 *

# C U A U T I S M N E T W O R K

[cuaismnetwork.org](http://cuaismnetwork.org)

 Champaign-Urbana Autism Network

## CCDDB Grant Presentation

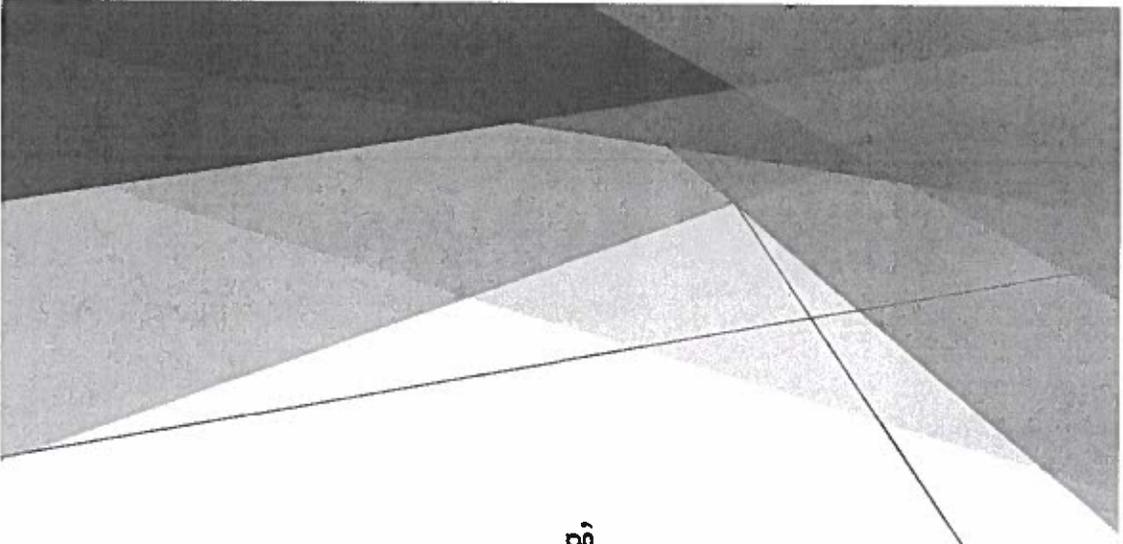
2020-2021

10.A.

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## OUR MISSION

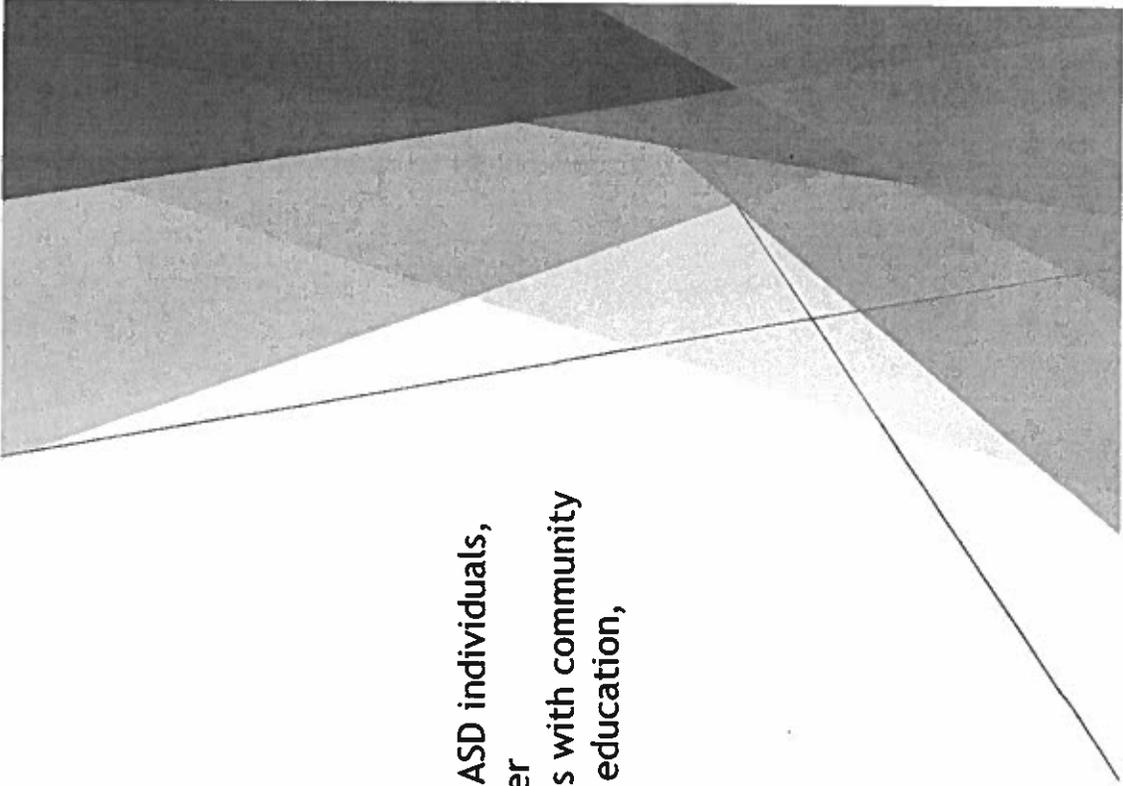
To support persons on the autism spectrum, their families, caregivers, educators, other professionals, and the public by providing opportunities for support, networking, education, training, and advocacy, along with promoting awareness and acceptance.





## PROGRAMS

- ▶ Our programs provide ASD individuals, their families and other organizations/agencies with community resource information, education, training and support.



# Community Outreach Education Program

- ▶ The Community Outreach Education Program has many different facets including the implementation of an educational lesson. The Autism Lesson includes a brief, child friendly/grade appropriate description of Autism Spectrum Disorders and provides an understanding of diversity and social acceptance.
  - ▶ Urbana School District #116 elementary schools
  - ▶ Urbana Middle School
  - ▶ Little Heart and Hands Daycare
- ▶ The Community Outreach Education Program provides an educational presentation and has been implemented in various community businesses, agencies and organizations.
  - ▶ Crisis Nursery
  - ▶ St. Patrick Church
  - ▶ Carle Foundation Hospital
  - ▶ Kiwanis
  - ▶ Rotary
  - ▶ DCFS
  - ▶ PTA

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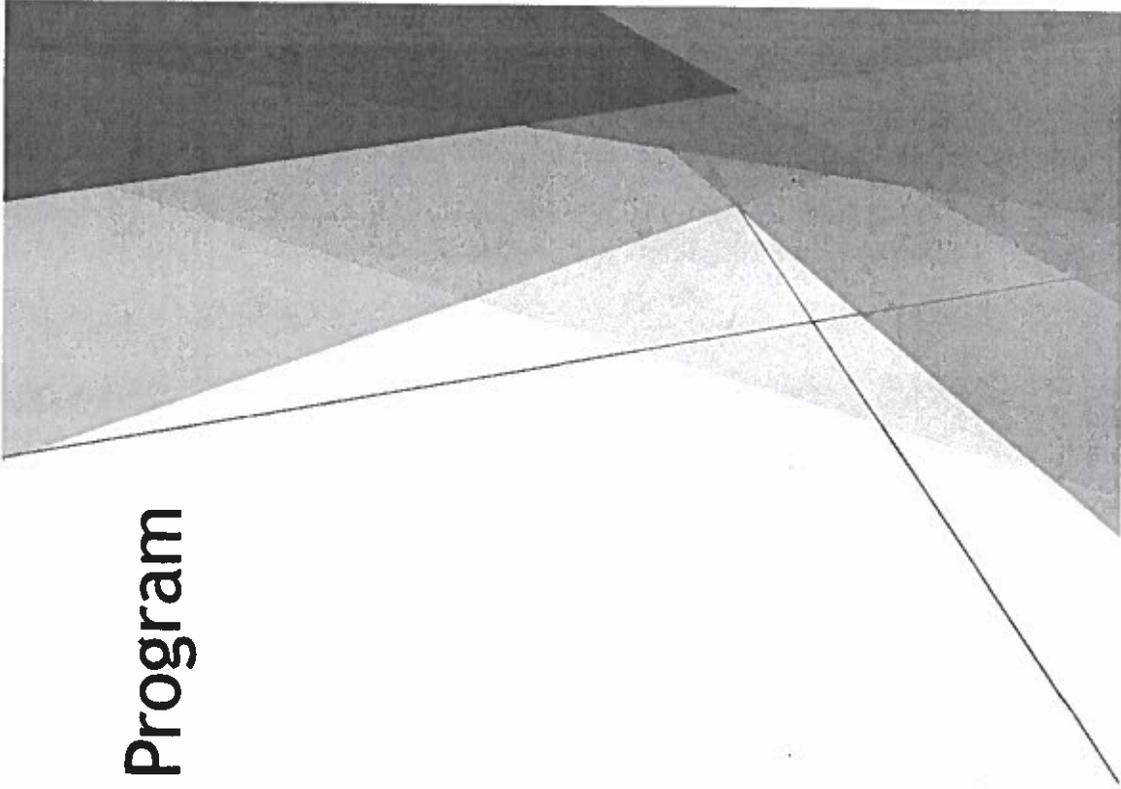


# Community Outreach Education Program

▶ COLLABORATION: Carle Foundation Hospital I-give Initiative

- ▶ Education
- ▶ Rooms
- ▶ Fidget Kits

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# Community Outreach Education Program Presentations

## Carle Foundation Hospital

- Perioperative Staff
- PACU

## Urbana School District

- Urbana Middle School Teaching Assistants and Staff
- UMS Speaker Spotlight

## Disability Expo Mock Booth Presentation

## Disability Expo Third Thursday Round Up



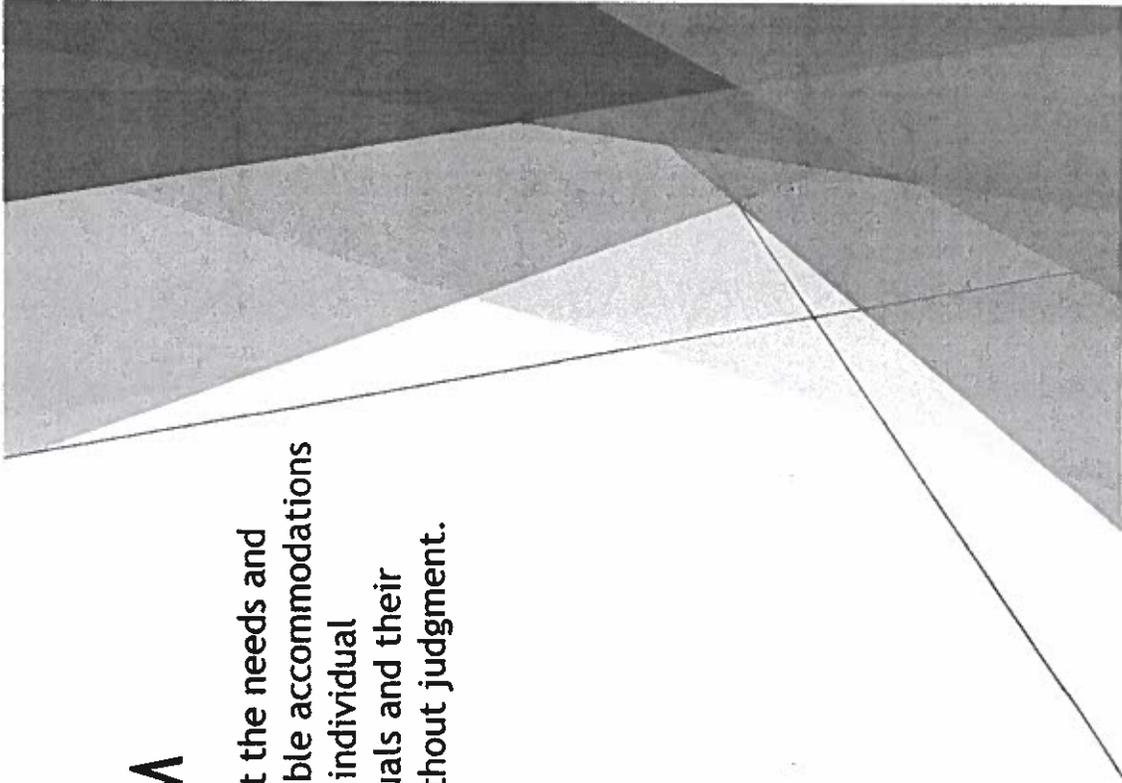
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# AUTISM AWARE PROGRAM

Educating local businesses, organizations, and agencies about the needs and challenges of ASD, how to serve this population and the possible accommodations that may be needed. The training process is tailored to each individual business/restaurant. Creating an environment where individuals and their families impacted by autism can go to feel supported and without judgment.

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- ▶ Fidget Kits
- ▶ Information Resource Packets/Folders (PICTURE MENU)
- ▶ Autism Aware Cards (CUAN CARD)

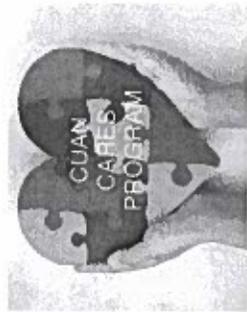
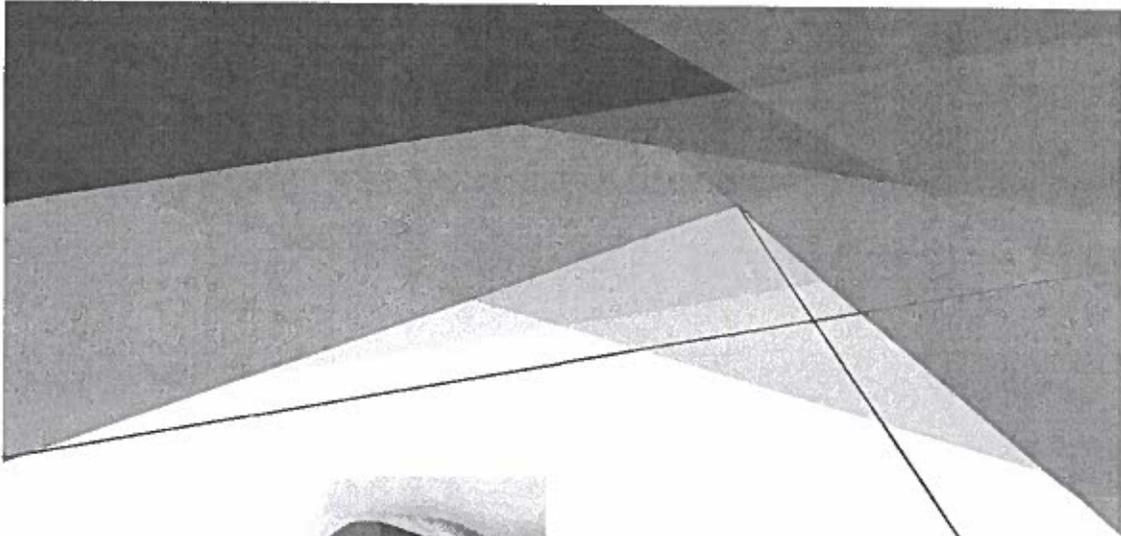


# CUAN CARES VIRTUAL Program

- ▶ COOKING WITH CUAN
- ▶ SAFETY VIDEOS
- ▶ SPIRIT DAYS
- ▶ READING A BOOK
- ▶ COMMUNITY EXPERIENCES



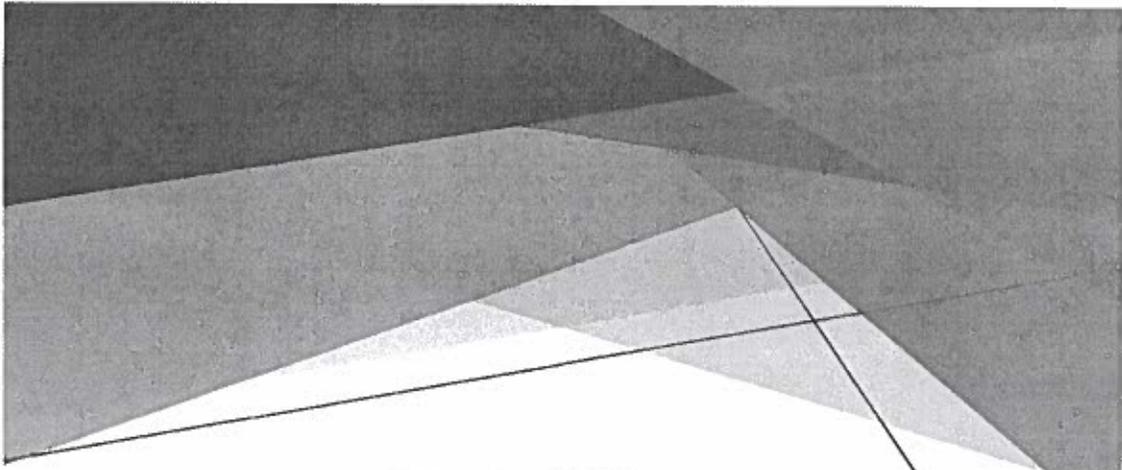
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# CUAN CARES

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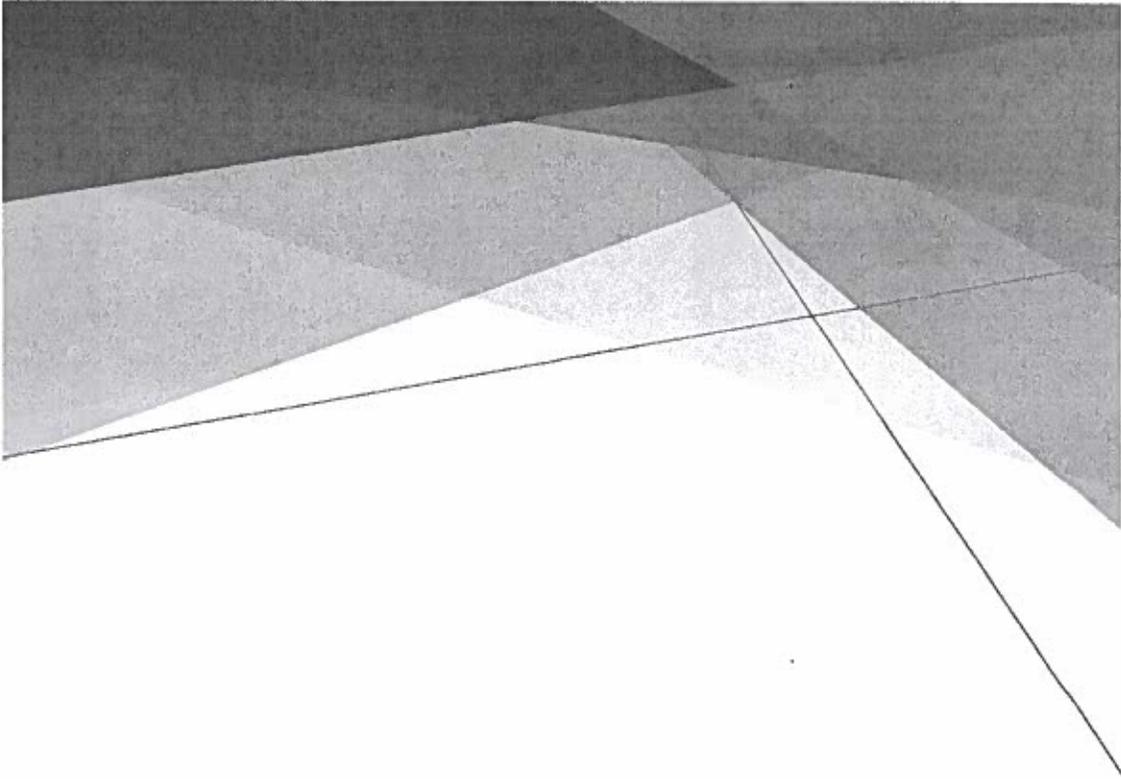
# CUAN CARES

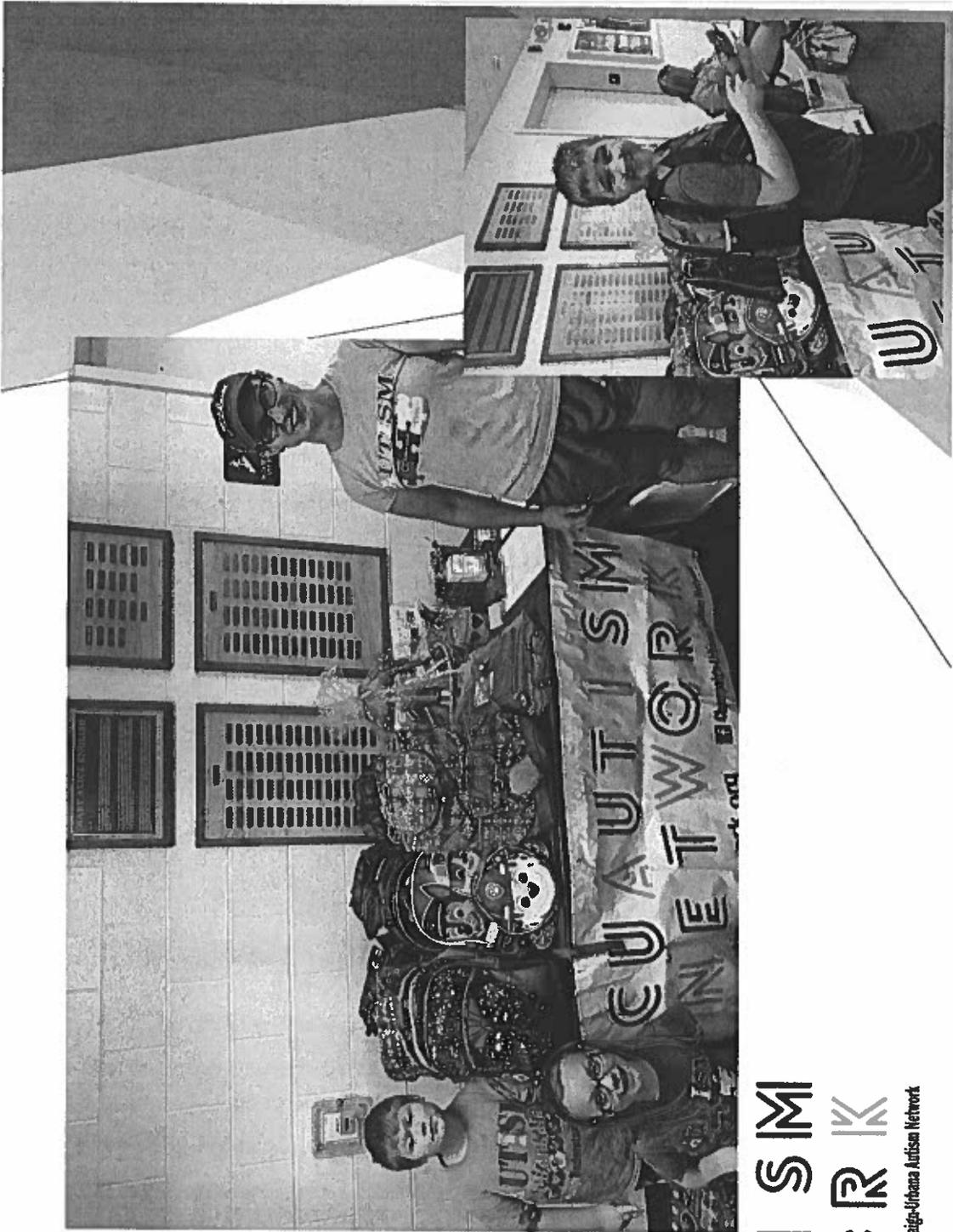
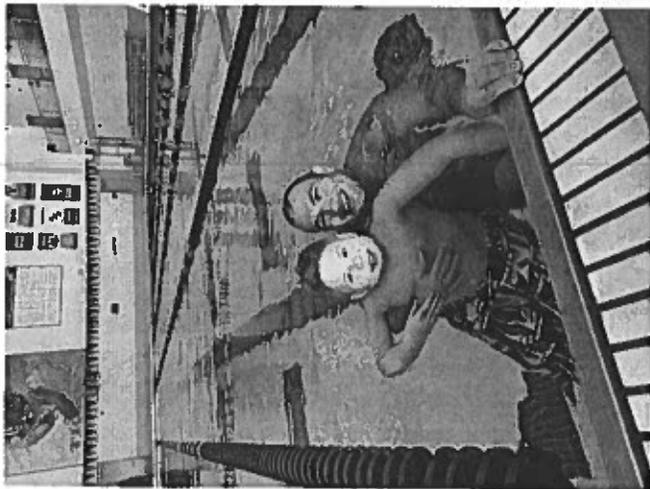


# CU AUTISM NETWORK EVENTS 2020-2021

- ▶ HALLOWEEN - Trunk or Treat/Blue Pumpkin Initiative
- ▶ CHRISTMAS - SANTA STOP 2020
- ▶ BACK TO SCHOOL (BACKPACK PROGRAM)
- ▶ Pop Up Playdates
- ▶ Lights Up/Sounds Down Movies
- ▶ Temple Grandin Conference ?
- ▶ Chalk the Walk for Autism Awareness ?

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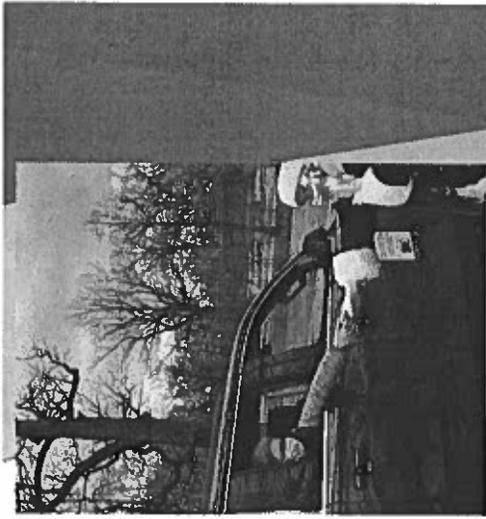


# CU AUTISM NETWORK

cuautismnetwork.org

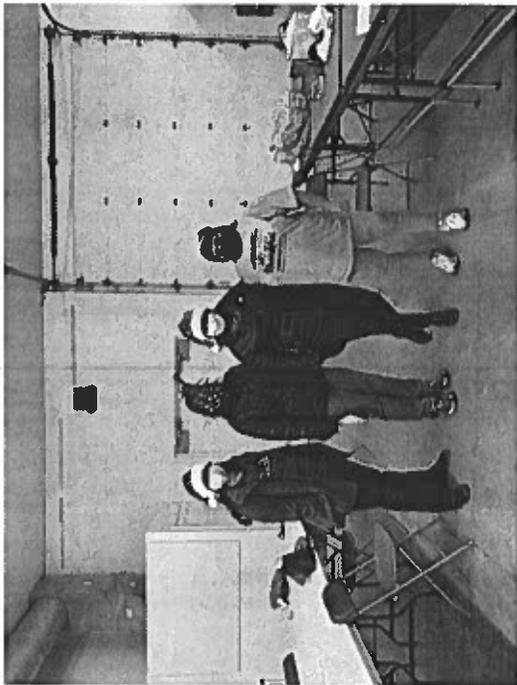


CU Autism Network



# C U A U T I I S M I N E T W O R K

cuautismnetwork.org  [Champagne-Irkana Autism Network](https://www.facebook.com/Champagne-Irkana-Autism-Network)



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# CUAUTISM NETWORK

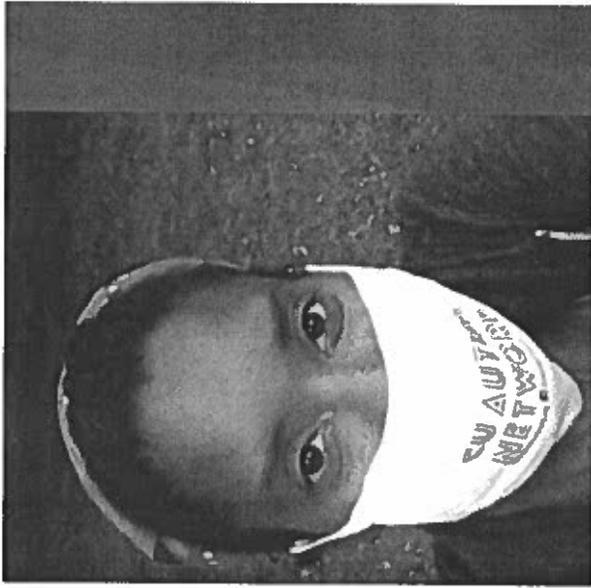
cuautismnetwork.org  Campaign-Urbana Autism Network



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# CUAUTISM NETWORK

cuautismnetwork.org  Champaign-Urbana Autism Network





# THANK YOU!

- ▶ We want to thank the MHBCC and the DDBCC for helping us fulfill our mission to support persons on the autism spectrum, their families, caregivers, educators, other professionals, and the public by providing opportunities for support, networking, education, training, and advocacy, along with promoting awareness and acceptance!

10.B.



**BRIEFING MEMORANDUM**

DATE: February 17, 2021  
 TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)  
 FROM: Lynn Canfield, Executive Director  
 SUBJECT: Application Review Process

**Background:**

With agency requests for PY2022 funding submitted on or before February 12, 2021, the review process begins. A list of applications, by agency and program, will be available as addendum to this Board packet. This list includes applications for I/DD services which may ultimately be funded by the Champaign County Mental Health Board (CCMHB), as the CCDDDB will review all I/DD requests and coordinate funding recommendations with the CCMHB later in the spring.

Board members and staff are able to view the full submitted applications online at <http://ccmhddbrds.org> using their unique login credentials and with or without assistance from the site's developer, Alex Campbell at [afcampbell9@msn.com](mailto:afcampbell9@msn.com). Printed copies of any or all applications are available upon request. Staff reviews will result in a program summary for each application. Board discussion of the applications may be supported by the staff reviews and organized by priority, as has been our practice. The timeline below, which has been identified in our 'allocation process timeline' document, supports that practice. If a different approach is preferred or additional board meetings held, adjustments can be made.

Board questions or concerns may be directed to staff prior to meetings, and others may be posed during the full Board discussion. Given all the newness of 2020 and 2021, staff review of funding requests and preparation of funding recommendations are improved by board input on expectations of the process.

**From the Allocation Process Timeline:**

- April 14 is the deadline for staff program summaries to be made available to the board and public, posted online as part of the board packet for the following week's meeting. Paper copies of the packet will be mailed.
- April 21 is a regular meeting of the CCDDDB, with focus on Board review of agency applications, supported by staff program summaries. This meeting will include other business and action items, though minimal.

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- May 12 is the staff deadline for recommendations to the board about allocations for Program Year 2022. A draft decision memorandum will be included in the board packet for the following week's meeting, which will be posted online and mailed.
- May 19 is a regular meeting of the CCDDDB, at which the goal is to finalize decisions about allocation of funding for Program Year 2022. If an additional special meeting is required, it will be ideal to hold it during May.
- Following the final board decisions, staff have a goal of completing contract negotiations in early June to allow a few weeks for preparation of contracts by board staff, completion of any required revisions by agency staff, and full execution so that July payments may be authorized in a timely fashion.

## **Expectations and Considerations for the Process:**

Throughout the review and decision process, staff are available to talk with board members. It has been our experience that these conversations are helpful to our program summary process and recommendations. The above timeline is intended to support the Board's mission of allocating funds for the benefit of the community, but it may be modified to allow more or less time as needed. While the quick timeline and some aspects of the process may be frustrating, we hope to improve the process for all, even with the unusual circumstances we continue to experience.

- A template checklist for (optional) Board use is available (see attached).
- When staff program summaries are presented, Board members may have questions for staff or for applicant agency representatives, to be answered as time allows. While Board member questions may be made in writing, any written responses must be brief and in direct response to the Board question.
- It will be helpful for agency representatives to attend specific meetings during which their applications are likely to be reviewed.



10.C.



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  
**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

## **BRIEFING MEMORANDUM**

**DATE:** February 17, 2021  
**TO:** Members, Champaign County Mental Health Board (CCMHB) and  
Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** Agency Updates on COVID-19

### **Background:**

The purpose of this memorandum is to document some of the ways local service providers are adapting to the impacts of COVID-19, as well as related observations about the needs of the people they serve. Most responses are copied from funded agencies' second quarter reports, which were submitted in late January. CCRPC's Independent Service Coordination Unit conducted a brief survey of client need in late 2020, and those results are also included.

Contracts issued for the Program Year 2021 (July 1, 2020 to June 30, 2021) contain a provision for consideration of adjustment to any program's scope of services or submitted budget, in response to direct or indirect impacts of COVID-19. Two agencies with CCDDB contracts have requested and implemented such changes, and CCDDB/CCMHB staff have heard from several others about possible similar requests.

### **Funded Agency Responses:**

*Champaign County Regional Planning Commission, with CCDDB-funded program Decision Support for DD/PCP and three CCMHB-funded programs:*

Independent Service Coordination (Decision Support/Person Centered Planning): A total of 73 day program participants were asked about their current status and needs. The results are as follows:

1. **What is your current situation? Are you attending a day program, working in the community, etc.?**  
Responses varied from where people live/work and the type of support they are receiving/how often they see agency staff. 41 people reported working in the community or at DSC/volunteering, some people indicated working reduced hours due to Covid. 12 people reported attending groups at DSC – The Crow, participating in the DSC podcast, or via Zoom. 28 people reported receiving some 1:1 support from agency staff, usually indicating monthly or weekly.
2. **How are you doing right now?**



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71/73 people reported being “good, okay, or fine.” One person’s family reported that the person was experiencing increased seizure activity. Another person reported that they weren’t doing well, but were attending therapy and still taking anti-depressants.

**3. Is there anything that you need that you are not currently getting?**

66/73 people reported that they did not need anything at this time. Two people reported needing Medicaid, and another reported needing SNAP & Social Security. Two people reported needing help finding a job or getting increased hours at their current job and another requested that their job coach see them more often. One person requested a ride to the grocery store.

**4. Is there something that you would like to be doing right now, but are not currently doing?**

73 people indicated there is nothing they would to be doing right now or indicated that they couldn’t do the things they would like right now because of the pandemic. Things people would like to be doing now included going to church, seeing friends/family, a new computer, and a new Culver’s jacket.

**5. Are you waiting for future supports, like CILA, Home Based Support, day program, etc.?**

72 people indicated they are registered on PUNS and waiting for HBS and/or CILA supports. One person requested Employment Supports.

Homeless Services System Coordination (HSSC): No comments related to COVID.

Justice Diversion Program (JDP): No comments related to COVID.

Youth Assessment Center (YAC): No comments related to COVID.

***CU Able, with CCDDDB-funded program CU Able Community Outreach:***

We also spent a large portion of time this quarter helping plan and execute the Santa Stop in collaboration with CSAU, DSO, and DSN. *(Their request to change the scope of services was approved by the CCDDDB in November.)*

***CU Autism Network, with CCDDDB-funded program Community Outreach:***

(Among other comments...) \*We had multiple planning sessions, prep and organization hours to complete our (CUAN) part of Santa Stop multi-Disability Agency Collaboration Community Event in December. \*We had Zoom conferences/presentations under the Community Outreach Education Program with Urbana Middle School Announcement Spotlight guest speaker. \*We continue to provide updated disability/covid-19 information on social media under our virtual CUAN Cares program.

***Champaign County Children’s Advocacy Center, with CCMHB-funded program Children’s Advocacy:***

No comments.

***Champaign County Christian Health Center, with CCMHB-funded program Mental Health Care:***

We are strictly serving clients via telehealth services. These numbers only represent our mental health patients. We are working towards finding a new location and hope as the Covid vaccine becomes more available and widespread, be able to provide in person care.

***Champaign County Down Syndrome Network, with CCDDDB-funded program:***

Report not submitted. (Their request to change the scope of services was approved by the CCDDDB in November to support the holiday events coordinated with similar groups.)

***Champaign County Head Start/Early Head Start, with CCDDDB/CCMHB -funded program Social-Emotional Disabilities Services, and CCMHB-funded program Early Childhood Mental Health Services:***

**SEDS:** Definitions of all reported categories. Includes “virtual stress management workshops for staff, parents, and community members” and events with “virtual content for families...”

**ECMHS:** Definitions of reported categories, some adapted due to COVID-19. CSEs are now “Mental Health/stress-management/parenting related practices, workshop, or resource shared virtually through Facebook or Zoom.”

***Champaign County Health Care Consumers, with two CCMHB-funded programs:***

**Community Health Worker Outreach and Enrollment:** (Among many comments, some COVID-19 specific...) The second quarter of this period was very challenging due to the pandemic and the mitigation restrictions. The second quarter includes the Open Enrollment periods for Medicare Advantage and Part D plans, as well as the ACA's Marketplace. Working with clients to do enrollments was very challenging - all work took place over email, zoom, phone meetings, and via mail correspondence. In addition to MHB clients needing practical help, many also needed human interaction and reassurance - many were suffering heightened anxiety and fearfulness, and some were also suffering from isolation and depression. Working remotely often required more contacts with clients, but the stress and isolation of clients required additional and longer contacts, often in the form of lengthy phone conversations. During this time, additional issues beyond enrollment and SNAP, concerned our clients. These other issues include: COVID testing information, LIHEAP and other forms of financial assistance, rental assistance, and for 9 of our MHB clients, Rx Fund assistance... There was one very complicated case involving a minor of 15 years of age, who lives with her grandparents who are both disabled. The mother of the minor comes in and out of the house at will, bringing strangers, and abusing the grandparents and the daughter. This mother was busted for drugs and went to jail, and then was court-ordered to go for substance abuse treatment. While she was in treatment, the family got orders of protection against the mother. Unfortunately, while they were in the process of getting the orders of protection, the mother left the substance abuse treatment facility and returned to the house, bringing some stranger with her, just to change clothes and get her car. She told the family that she had been "let out" of the treatment facility here in town because her roommate tested positive for COVID. It was unclear whether this was the truth or not, a lot of work went into trying to figure out whether there truly had been an exposure to COVID or not. It turned out that there was a COVID exposure. It is unclear why the facility let this woman out and failed to notify the courts or the family. The woman exposed her family to COVID, and the minor daughter ended up testing positive for COVID and had to isolate at someone else's house so as to not give her disabled grandparents COVID. Getting the grandparents tested was very challenging because there was no easy means of transportation for them. Meanwhile the entire family was traumatized, stressed, and in need of multiple supports. The minor expressed a desire to see a counselor as soon as possible, after her COVID quarantine ended. We were able to work with Shea Ward from Promise Healthcare to connect this minor to counseling services. This is just one example

in different place. • During the middle of the quarter, two guardians of individuals who had not returned for in-person services but had been participating in regular virtual activities requested that staff discontinue contacting them for a while – with one family concerned that the excitement/anticipation of participating could adversely affect an upcoming medical procedure and the other questioning whether the format was actually beneficial to his son. Staff honored their request for the remainder of the quarter, but will reach out in the third quarter and discuss alternatives. • Sadly, a Community First participant who had not resumed in-person services, but who had maintained connections virtually, passed away from COVID-19 complications in early November.

Community Living (was Apartment Services): Community Living continues to modify their supports during the pandemic factoring the risk levels. Specialists continue to communicate with individuals on their caseloads either by in-person visits and/or phone calls. Communication/education continues to be a top priority. This recently has expanded to explaining changes in the CDC/IDPH guidelines and the COVID-19 vaccines. Face-to-face visits were reduced to situations that necessitated the need, in order to decrease exposure to both the individual served and support staff. In-person medical appointments resumed for many individuals. The Community Living Program continues to meet the needs of individuals served during this difficult time, and are doing so in a compassionate, selfless and mission-driven approach.

Connections: (Among other comments...) Throughout this quarter services continued to be offered both in-person and virtually. Though some people have continued to prefer following along virtually; we have continued to offer content with the aim of keeping people connected to their interest in art. Virtual participants have been able to connect to the Crow with a Thursday art instruction. In-person and virtual attendees interact together to do a variety of art projects.

People participating in-person at the Crow continue to follow guidelines for social distancing. Soap-making this quarter showcased all 15 of their soap varieties into a Virtual Holiday Open House. This online open house allowed community members to view the bars of soap and make purchases. Ornaments were also made for this open house.

Employment First: (Among other comments...) As a result of COVID-19 restrictions, the updating of the LEAP and FLS presentations, and lack of employer interest there were no LEAP or front line staff trainings. Employer Recruitment: New employer recruitment has been difficult due to the increased restrictions on in-person activities. Attending virtual Champaign County Chamber of Commerce meetings has resulted in good networking, but with minimal immediate potential for LEAP recruitment; In trying to reconnect with our previously certified businesses, we are finding a low response rate to emails (~25%) and minimal interest in retraining due to economic factors. Four of the responders may be interested in LEAP refresher sessions in the coming season to train newer staff; Employer recruitment is currently on hold while redefining our approach so as to not miss marketing opportunities for where the program is headed. Program Potential: One element of our new approach is to hold regularly-scheduled, virtual LEAP trainings at lunchtime on the fourth Thursday of each month. This will enable multiple employers to attend a single session and will allow for more effective and consistent marketing of available trainings. The first such training will be on 1/28 and has already been advertised in the quarterly LEAP newsletter and at the Champaign County Chamber of Commerce meeting on 1/8. It will also be submitted for promotion through DSC and Community

Choices social media channels, the Champaign Center Partnership, and the Urbana Business Association, as well as other local Chambers of Commerce.

Individual and Family Support: 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; and equipment. During the COVID-19 outbreak, IFS staff have been having online meetings with the people supported in the program, visiting individuals in the program from a distance, and providing services outside the home to five people, accessing the community as able.

Service Coordination: (Among other comments...) Strives to maximize continuity of care especially during this COVID-19 time... Conducting phone calls with individuals on interest in getting the COVID vaccination.

***Don Moyer Boys and Girls Club, with four CCMHB-funded programs:***

Community Coalition Summer Initiatives: (Quarter 1 is the only required report.)

CU Change: (Among other comments...) In the midst of a pandemic CU Change Program still managed to provide program services that included tutoring, academic support, parenting support sessions and one-on-one case management services to clients and their families. These services were provided virtually, in person at the Don Moyer Boys and Girls Club as well as in the home. We performed regular check-ins with families to monitor for symptoms of depression/stress disorder such as prolonged sadness, difficulty sleeping, intrusive memories and/or feelings of hopelessness. We also coached our families on how to practice strategies during times of stress. Some of the strategies that we taught to families included: planning effectively, organization skills, how to set goals for self and family, encouraging parents to get enough rest, finding respite time during work and or between work shifts, eating meals that are ideal, engaging in physical activity and staying in contact with family and friends in a healthy and safe way. CU Change also served as an advocate for students struggling in school academically and or having truancy issues by connecting with school teachers, counselors, and school administrators. During the 2nd quarter we added 5 new clients to the roster. After multiple contacts with local law enforcement, truancy issues, poor academic performances, behavior issues at home and school, two clients have successfully completed the CU Change Program. They have graduated high school and have begun their post high school plans that were established while actively in the program. After countless hours of case management, support for clients and families and no contact with law enforcement, these two clients are employed, drug free, and actively preparing to serve as Peer Mentors for the CU Change. While participating in CU Change they attended sessions that included topics such as: how to create a post high school plan, how to effectively study, how to make better choices and how to be drug free. Sessions also included preventative measures on stay out of the Juvenile Justice System. Furthermore, we are proud to announce that one client who struggled academically in previous school years has maintained a 4.11 GPA during this current school year. This particular client works diligently on completing school work while receiving virtual Club tutoring services after school. ... As COVID continues to disrupt the lives in Champaign County, CU Change will continue to provide the safest service to its clients and families.

CUNC: Comments not specific to COVID-19, but the program continued to offer trauma-informed, self-care, and other related trainings virtually.

**Youth and Family Services:** As the pandemic continues to trudge along we have continued to work with our peers to keep them encouraged and equipped to manage unexpected changes and hardships. We continue to provide families with information about various programs and opportunities for food, clothing and monetary assistance to help cover expenses. Several households have been hit exceptionally hard with food shortages. Rental assistance continue to be the number inquire for support. Zoom and Duo has allowed us to continue to maintain relationships and contact with the families we serve. Along with our normal face-to-face visits when appropriate and phone calls. 3 YFPSA staff households was hit by COVID. Contact tracing was behind when this impacted us so we quarantined longer than 10 days because we hadn't been contacted. Unfortunately, illness impacted our ability to host all of our scheduled community service events. In October we hosted "Maintaining Professional and Personal Boundaries In As a Peer Supporter" via Zoom.

***East Central Illinois Refugee Mutual Assistance Center, with CCMHB- funded program Family Support and Strengthening:***

**A. Vietnamese Support Group**

Oct - Dec: Bi Monthly phone calls and zoom sessions with members of the community, especially with owners of the nail salons. Avoiding big gatherings, wearing masks, frequent testing, vaccinations and other COVID safety guidelines.

**B. Congolese Support Group**

Oct- Dec: Zoom session from the Francophone Stone Creek Church, daily except weekends, addressing the importance of wearing masks, social distancing, and getting vaccinated. Also gave tools to parents to help them with remote schooling.

**C. Chinese support group**

**D. Afghani Support Group**

Oct- Dec: Weekly phone calls to 8 Afghan families, reminding the parents to support their kids through remote instruction and communicate with the schools if there are problems. And to stop regularly at the school to pick up activity sheet packages. Reminders to keep safe by social distancing and wearing masks. '

**E. Russian Support Group**

Oct- Dec: Weekly telephone conversations with 8 Russian senior families about the COVID situation and other concerns.

**E. Hispanic Support Group**

Oct- Dec: Weekly COVID Direct Assistance Outreach & Support, especially support to families who had been infected with COVID, particularly reminders to stay quarantined...

Additional: Ongoing Facebook outreach about Covid-19 and how the Refugee Center and other community agencies can serve clients through the pandemic as well as filling out the Census.

***Family Service of Champaign County, with three CCMHB-funded programs:***

**Counseling:** (Among other comments...) The program director attends the weekly Drug Court assessment team meetings and attended the one courtroom proceeding which was held via zoom. The program director did not attend in person courtroom proceedings this quarter due to restrictions for the number of people allowed in the courtroom as a result of COVID-19... Schools throughout Champaign County were emailed with information about our counseling program this quarter.... In October, the program director attended: a zoom meeting "The Intersection of the Pandemic and the Opioid Endemic" with Sam

Quinones, author of 'Dreamland: The True Tale of America's Opiate Epidemic', organized by Georgia Health Policy Center; a live podcast "Stop the Stigma" with Dr. Nora Volkow, Director of the National Institute on Drug Abuse at the National Institute of Health presented by Georgia Health Policy Center; a web forum "Meet the Partner in Overdose Prevention: Saving Lives with Behavioral Health Leaders" with Westly Clark, Professor at Santa Clara University presented by Public Health Institute.

Self-Help Center: (Among other comments...) The Self-Help Center is also in the process of planning the 2021 Biennial Conference and contacting possible speakers for this event. The conference will be held online and we are discussing whether or not to have it on one day or have a series of shorter sessions over several days.

Senior Counseling & Advocacy: (Comments do not relate to COVID-19.)

***FirstFollowers, with CCMHB-funded programs FirstSteps Community Reentry House (NEW) and Peer Mentoring for Re-entry:***

FirstSteps Community Reentry House: (Among other comments... ) We maintain a strict COVID regime and the maintenance of the house has remained excellent. Two of the residents are working steadily, the other has had spotty employment but COVID restrictions and his lack of job experience have made it difficult for him to land jobs. As in quarter one we have not held social gatherings at the house due to the need to social distance. We are hopeful that in the near future we will be able to carry out our planned activities. Our staff of a part-time case manager, part-time community navigator has been working effectively with regular communication with residents and regular meetings.

Peer Mentoring for Re-entry: (Among other comments... ) 1.Drop-In Center-The drop-in center was closed for most of the quarter due to COVID. An increased number of our clients are contacting us via cellphone and social media. Through our arrangement with the City of Champaign we were able to provide 11 drop-in clients with backpacks, 7 with clothing, 4 with rental assistance and 2 with temporary hotel stays. These resources have been invaluable, especially since the weather has turned colder... 4. Our family support work has shifted to individual meetings since using Zoom was not effective for this type of interaction. We are planning a participatory research project for them in the spring. They have also been active in helping to set up our small food pantry in front of our house on Louisiana. We partnered with HitnHOMboy on this to build the pantry.

***GROW in Illinois, with CCMHB-funded program Peer Support:***

GROW has received a grant from United Way to provide tablets and internet service to current and potential Grower's to allow them access to our online groups. We hope this will increase our screening contacts for next quarter. We have not been allowed into the Satellite Jail this quarter due to Covid19. We hope that as Covid19 restriction are lifted we can once again begin meeting in person and reach others in need of our program.

***Mahomet Area Youth Club, with CCMHB-funded BLAST and Members Matter:***

Bulldogs Learning & Succeeding Together: No comments.  
Members Matter!: No comments.

***NAMI Champaign County, with CCMHB-funded program:***

Report includes extensive detail about meetings and trainings, most of which appear to have been held virtually due to COVID-19 restrictions. Family Support Group activities include personal phone calls only, no in-person support group.

***PACE, Inc., with CCDDDB-funded program Consumer Control in Personal Support:***  
Comments on program activities are not COVID specific.

***Promise Healthcare, with two CCMHB-funded program:***

Mental Health Services: (Among other comments...) Psychiatry CSE - no outreach events due to COVID-19 restrictions.

Promise Healthcare Wellness: (Among other comments...) No outreach events recorded due to COVID pandemic precautions.

***Rape Advocacy, Counseling & Education Services with CCMHB-funded programs, Sexual Violence Counseling (NEW) and Sexual Violence Prevention Education:***  
(Sexual Violence Counseling program has not been initiated due to staff vacancy)

Sexual Violence Prevention Education: Other: On March 13, 2020, the Superintendent of Juvenile Detention Services suspended volunteer groups and individuals conducting programming from entering the facility (due to the pandemic). This decision has not yet been reversed.

CSE: As noted last quarter, we are only counting SYNCHRONOUS presentations to keep in the spirit of what was proposed in our application. This quarter, the number includes a two-part training to the CCMHB and one open public presentation as part of Domestic Violence Awareness month. We still are not doing in-person presentations due to the pandemic; we feel wholly integrated and able to do the programming virtually. (That said, we recognize in-person is preferable and more efficacious, and will return to it as soon as is reasonable.) It's also worth noting that with schools, we did a number of technical assistance and training meetings for school personnel (not counted here, unless they expanded into typical content, eg. how to best respond to a student disclosure of sexual violence), lots of technical assistance for students (e.g. recovering passwords, registration assistance, etc.), and content check for ASYNCHRONOUS programming like students "keysmashing" or writing answers like "idk". This is "the new normal" for work like ours.

SC: While still appreciably less than what we believe we would non-pandemically have, we are very happy with this number, and feel we are on target to meeting our goal for the year. The 672 participants here represent 24 completed educational cycles, with another 37 cycles currently in progress (i.e. those participants will not be counted until later quarters, and only if completed). These numbers all represent 6th-9th grade, with the exception of a few adults at Community Choices. (We also provided programming for Franklin's CIRCLES program.)

***Rattle the Stars, with CCMHB-funded program Youth Suicide Prevention Education:***

We participated in 15 planning meetings, 5 activities to promote the program, and 6 training sessions (5 for adults, 1 for youth). We are not currently providing youth trainings due to Covid-19 (We are not able to monitor the emotional state of youth and provide crisis support in an online format), but have done trainings that cover some of the skills without directly discussing suicide. We have been contacting schools and other organizations to offer services, but have not received as much interest as anticipated due to the pandemic. We have a few clients that have started developing suicide response plans, but have had a significant decrease this quarter in requests for and attendance at trainings. We have completed resource flyers and are distributing them to the community.

We are collaborating with several organizations to develop programming to target Black youth for suicide prevention and emotional support needs.

***Rosecrance Central Illinois, with CCDDDB-funded program Coordination of Services - DD/MI and six CCMHB-funded programs:***

Coordination of DD/MI: (Among other comments...) working from home and the office again beginning in October when the COVID numbers were increasing and that continued for the rest of the quarter. She continued to work with all her clients and adapted providing services to clients in which ever setting they felt most comfortable be it via web-ex, or face-to-face contacts with her clients in their home or in the community.

Criminal Justice PSC: (Among other comments... ) continued to experience some service limitations due to Covid-19 restrictions within the local criminal justice system, however, we were able to provide services inside local law enforcement facilities... groups at probation were restricted the size of the groups and went virtual, and the jail groups were postponed.

Crisis, Access, & Benefits: Comments are not specific to COVID-19.

Fresh Start: (Among other comments...) Due COVID-19 pandemic the Community Liaison transportation was provided this quarter. The Community Liaison made 111 telephone calls to or on behalf of participants, made 26 referrals/service linkages, had 0 office visits, 0 home visits, 108 staffing(s), 63 correspondence, and attended 0 court hearings/31 probation appointments with participants. Probation appointments were in-person meetings at the courthouse... Due to the Coronavirus Crisis and for the health and safety of all staff and visitors to the Rosecrance CU Fresh Start office, most face to face meetings with current and potential CU Fresh Start participants are limited. Community Liaison will return to working at the office on February 8, 2021. She will continue to participate in some resource/collateral meetings, client contacts, subcommittee meetings, etc. via telephone and/or video conferencing.

Prevention: Comments are not specific to COVID-19.

Recovery Home: Comments are not specific to COVID-19.

Specialty Courts: (Among other comments...) Case Management hours are lower this quarter due to Ivy continuing to help cover her previous toxicology duties and referral sources impacted by COVID-19. There was one Graduation held during 2nd quarter with a total of 13 graduates. Graduation was limited to drug court clients and staff due to the COVID-19 pandemic. The graduation was a hybrid of in-person at the courthouse (clients, judge and drug court team) with invitations including link to view graduation via Zoom sent to the public. Lack of technology and telephone minutes continue to be obstacles that impact telehealth services. Some clients still don't have the proper technology to participate in tele-health services and some clients still don't have enough bandwidth or cellphone minutes or Wi-Fi service. Some clients' mental health status also presented a challenge for those whom struggled with receiving individual and group services via tele-health (phone, video). Clients have stated that they miss in-person services because of the support and camaraderie they provide for each other. During the 2nd quarter two of the Rosecrance Drug Court team members continued to struggle with lingering ailments related to COVID-19. If the clinicians are out sick due to lingering

after effects of COVID-19 the drug court groups are covered by other clinical staff and case management services are covered by the drug court outreach worker (including toxicology testing). Several drug court clients suffered from the coronavirus during the 2nd quarter which limited their participation in services. During 2nd quarter all drug court groups returned to telehealth due to a spike in COVID-19 cases in Central Region. Clients who come in for individual counseling session, case management services and/or toxicology testing are prescreened prior to entering the lobby including temperature check and symptom questionnaire. Everyone is required to wear a mask in the building. The drug court team continue to have in-person team meetings at the court house. All other activities are via audio/video conferencing including individual clinical supervision, team meetings, all staff meetings, peer supervision, in-service trainings at Rosecrance, and required external drug court specific trainings. Drug Court clients participated in drug court in-person being assigned different times to appear in court to minimize the number of clients/staff in the courtroom at the same time. PPE is worn by all court personnel, staff and clients. Transportation for clients is suspended due to the COVID-19 pandemic. All clients are still receiving case management services by telephone and limited in-person (welfare check ins, provision of COVID-19 resources/information, drug court follow up, social service referrals, et al.); Most toxicology testing is done in person at the court house with PPE being used by staff (masks/gloves/face shields) and clients wearing masks. A limited number of clients who need to be tested more frequently are scheduled appointment times to come to Rosecrance for toxicology testing.

***The UP Center (Uniting Pride), with CCMHB-funded program Children, Youth, & Families Program:***

No Comments.

***Urbana Neighborhood Connections, with CCMHB-funded program Community Study Center:***

No Comments.

10.D.



**CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD**  
**CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD**

**BRIEFING MEMORANDUM**

DATE: February 17, 2021  
TO: Members, Champaign County Developmental Disabilities Board  
FROM: Lynn Canfield and Kim Bowdry  
SUBJECT: Eligibility Requirements and Possible Expansion

**Background:**

The County Care for Persons with Developmental Disabilities Act, the statute under which the CCDDDB was formed and operates, was amended effective January 1, 2019. The Act was renamed as the Community Care for Persons with Developmental Disabilities Act and moved to 50 Illinois Compiled Statutes 835. It now allows for such Boards to be established for other governmental units, including municipalities and townships. While still operating under the general rules and standards set by the Illinois Department of Human Services (IDHS), another revision allows that a Board may: "in their jurisdiction, by a majority vote, add to the definition of 'person with a developmental disability.'"

The CCDDDB has established Funding Guidelines which were revised in late 2018 and which include the eligibility definitions set by IDHS-Division of Developmental Disabilities. This alignment with waiver eligibility, necessary for state funding awards of individuals enrolled through the state's unmet needs database, has allowed for greater confidence and efficiency in the determination of eligibility for CCDDDB-funded services as well as enhanced needs assessment and strategic planning. Ideally, people can access local funding while waiting to be selected by the state for permanent and (ideally) comprehensive services. The transition from temporary local funding to state funding might also allow people to continue receiving services from the same providers, if that is their preference.

If the CCDDDB adds to its definition of eligibility, these Funding Guidelines should be revised to clarify the new definition and how it is to be demonstrated. Annually, the CCDDDB sets forth funding priorities and decision criteria which are informed by needs assessments and public input and incorporated in Funding Guidelines for that year.

This January, a service provider and advocate emailed us about the lack of funding to support people who have mental health conditions and autism but do not qualify for state DD waiver services, asking whether a change in CCDDDB rules can now be made in order to address this.

As with any public rule, changes require consideration through a public process with opportunities for robust and meaningful input from interested parties. While this takes time and delays relief to some, moving too quickly might cause us to miss other eligibility-related needs or to supplant where other systems are already funded and responsible for people not

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served by the I/DD system. Because it will take time, and because the DDB fund itself is limited, we need to consider whether this is this the best solution and only solution.

## Current Eligibility Requirements:

The Illinois Department of Human Services' eligibility requirements are copied below. For a "related condition" such as Autism, Items 1-4 must be met for a person to be eligible for IDHS-DDD services. If a person with Autism does not have an intellectual disability and IQ below 70, or if they do not have functional limitations in three or more major life activity areas, they will not be eligible.

From the IDHS website, <https://www.dhs.state.il.us/page.aspx?item=53024> and including outdated language:

### B. Related Condition

A Related Condition is a severe, chronic disability that meets all of the following conditions.

1. It is attributable to:
  - a. Cerebral palsy or epilepsy.
  - b. Any condition other than mental illness found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of mentally retarded persons, and requires treatment or services similar to those required for these persons.
2. It is manifested before the individual reaches age 22.
3. It is likely to continue indefinitely.
4. It results in substantial functional limitations in three or more of the following areas of major life activity:
  - a. Self-care
  - b. Language
  - c. Learning
  - d. Mobility
  - e. Self-direction
  - f. Capacity for independent living

For all related conditions other than cerebral palsy and epilepsy, the ISC agency must take care to determine that the person's limitations are:

- o Similar to those caused by mental retardation
- o Due specifically to the (potential) related condition and not due to other, separately diagnosable and treatable conditions, such as substance abuse, mental illness, or personality disturbances (especially those personality disturbances that pre-dated the manifestation of the related condition).

### C. Further Information about Related Conditions

Here are examples of some other conditions that are not specifically mentioned in the Related Conditions definition, with guidance regarding whether they may be a related condition. These examples are not meant to be exhaustive:

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- Autism and other disorders within the autism spectrum (see the Diagnostic and Statistical Manual of the American Psychiatric Association), traumatic brain injury, and Prader-Willi syndrome may each be a related condition if all criteria above (1 through 4) are met.
- Most diagnosable syndromes, such as Fetal Alcohol Syndrome, are not related conditions.
- Disorders of nerves and muscles (e.g., muscular dystrophy) are not related conditions. (Please see Chapter 100, OBRA-1 Initial Screen 140.00 B.3.)

**D. Substantial Limitations in Three or More Major Life Skill Areas**

On the DDPAS-5, if the ISC agency determines that an individual has a related condition, the screener must check in Part I the major life skill areas for which the individual has exhibited substantial functional limitations and in Part II explain why each area is checked. Some things to consider are:

1. Regarding the age of onset for a related condition, the individual's substantial functional limitations must have existed before the age of 22. It is not sufficient to show that the substantial functional limitations exist now (unless the person is not yet 22). For more information on age of onset, see [Section 500.20.G](#), below.
2. The substantial functional limitations must be related to the person's related condition and not due to other conditions, such as other health problems, emotional disorders, substance abuse, or personality problems.
3. Persons with more than one relevant diagnosis may have mild forms of the disabilities (e.g., mild mental retardation and mild cerebral palsy). The two disabilities may combine in their effects to create substantial functional limitations in one or more areas. The combination of the two relevant diagnoses makes it more likely that the individual should be determined to have a related condition.
4. Individuals with a related condition diagnosis (e.g., epilepsy) and a non-related condition diagnosis (e.g., a severe mental illness) must be evaluated in terms of the degree to which the related condition diagnosis, considered on its own, leads to substantial functional limitations in one or more areas, apart from the influence of the non-related condition diagnosis. For example, for persons with a severe mental illness, ISC agencies should try to evaluate the individual's functioning at his/her highest levels during the person's lifetime.

As another example, for an individual with deafness (not a developmental disability) and mild forms of epilepsy, the individual's functioning should be assessed at those points when the effects of deafness have the least effect (such as when the individual is in a familiar environment, when the individual has a skilled interpreter, or when the individual is engaged in activities in which the auditory component is not crucial).

5. Individuals who are "on the borderline" of eligibility as having a related condition require special consideration and care in assessing by ISC agencies. For such individuals, it is especially important that the ISC agency document carefully and in detail the information which has led the agency to make its determination. Where there is considerable doubt, it may be necessary to determine that the individual has a related condition; in such cases, however, it may be helpful for

the ISC agency to consider, in general, whether the individual's overall needs will be appropriately served by the DD service system and whether the individual himself/herself will benefit from DD services.

## **Considerations:**

### **If another “377 Board” has exercised its authority to add to the eligibility definition locally, what process did they implement and what results have they seen?**

As active participants in our state association, ACMHAI, we were able to pose this question immediately. No current member of ACMHAI, which includes mental health (708) boards, health departments (553), and DD (377) boards, responded that they had expanded their eligibility or knew of another community’s 377 Board which had. Because the change in rule is relatively new, this should not be a surprise.

### **If this unmet need is statewide, what can be done through legislative advocacy?**

At an ACMHAI I/DD committee meeting, we again asked if any 377 Board had added to its eligibility definition, but none were known. Through further discussion of the unmet support needs of people with Autism and mental illness, we found that all communities represented have similar frustrations with this system gap and the lack of progress on a long-promised Autism Waiver. We agreed to make this one of the committee’s priorities for 2021. (Another priority is greater investment in community-based services, to avoid further institutionalization, another unfortunate impact of COVID restrictions, but this is an issue for a different briefing memorandum.)

One role of this committee is to inform the association’s legislative committee and consultant of bills to watch for and, if there are none, to partner across the state to advocate for them. As of this writing, the committee chair and liaisons have not seen a related introduced bill. Members participate in other associations which share an interest in this service system gap and solutions such as an Autism Waiver or expansion of current waiver eligibility, so we are keeping an eye out for action.

### **What do other states’ Autism Waivers look like?**

If IDHS-DDD does not expand its own waiver eligibility, then a statewide Autism waiver would be necessary. To understand more about how one might be structured, we searched for examples and found:

- Our first search showed that only four states have an Autism Waiver, i.e., a Medicaid waiver specifically addressing autism, Colorado, Indiana, Maryland, and Wisconsin. The first three are only for children with autism. Wisconsin’s program offers intensive in-home autism treatment under two broader waivers, one for children with DD and the other for children with social and emotional disorders. In Indiana and Wisconsin, children eligible for autism-specific services are also eligible for services under other Medicaid waivers:  
<http://medicaidwaiver.org/#:~:text=Colorado%2C%20Indiana%2C%20Maryland%2C%20and,only%20for%20children%20with%20autism>

- Because these states do not participate in our national trade association's I/DD committee, we asked Dr. Manderscheid, Executive Director of NACBHDD, for more information, especially on Maryland. He offered a link, confirming the program does not cover adults:  
<http://www.marylandpublicschools.org/programs/Pages/Special-Education/autismfactsheet.aspx#:~:text=Administration%201%20The%20Maryland%20State%20Department%20of%20Education,and%20appropriately%20licensed%20or%20certified.%20More%20items>
- We checked with Cheryl D. Hanley-Maxwell, former CCDDDB member and current Dean of the UIUC College of Applied Health Sciences, for insight into Wisconsin's Autism Waiver. She had not worked directly with this program but suspected it may have morphed into the state's Family Care program.
- A subsequent search showed different results, that Montana has a current Children's Autism Waiver and Utah's has ended.

Unfortunately, there do not seem to be relevant examples of state Autism waivers to emulate and request of Illinois.

**Apart from addressing these issues at the state level, what can be done locally?**

Other service providers, including mental health and rehabilitation, offer supports which may be appropriate for these individuals. For example, Individual Placement and Support is an evidence-based employment service funded by the state and available locally. In addition, both the CCDDDB and the Champaign County Mental Health Board (CCMHB) fund case management and other support programs. If a person does not meet the DD eligibility but has a mental illness, they should have access to services funded by the latter and even by the state. Does this happen in our community? If it does not, what are the barriers?

Conversations with staff from our local Illinois Department of Human Services – Division of Rehabilitation Services (DRS) office informed us that while their office can qualify most people with disabilities to receive employment supports through DRS, there is a gap in intensive case management for people with high-functioning Autism and mental health concerns. From the IDHS-DRS website, “the Home Services Program (HSP) provides services to individuals with severe disabilities so they can remain in their homes and be as independent as possible.” Over 9 program options are available, however these program options aimed to serve people with disabilities, under the age of 60, who are at risk of moving into nursing homes. <https://www.dhs.state.il.us/page.aspx?item=29738>

We will be interested in similar information from mental health and other social service providers who have resources which could meet these needs.

**How great is this unmet need, and are there other eligibility-related gaps?**

The local ISC office shared that since July 2016, there have been approximately 50 Champaign County residents determined ineligible for PUNS. Approximately 50% of those people were found ineligible due to mental health issues. 25% of those people were determined ineligible due to an Autism diagnosis with an accompanying IQ score above 70

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and no substantial limitations in three or more of the major life skill areas. The other 25% of people were found ineligible due to high IQ scores.

As reported in a January 21, 2021 Disability Scoop article, “CDC Study Pinpoints Prevalence of Intellectual Disability”, researchers from the Centers for Disease Control and Prevention studied over 215,000 8-year-olds across the country in 2014 and “found that 1.2% had IQ scores of 70 or below qualifying them for an intellectual disability diagnosis.” 78% of them had mild intellectual disability, 12% moderate, and 1% severe/profound. Of those with an intellectual disability, 39% also had autism. These findings are similar to previous estimates of ID prevalence but offer greater detail on subpopulations. The authors caution that the substantial racial, ethnic, and class disparities should be addressed through early access to intervention services. This study identified children with ID and autism, but the prevalence of autism alone or autism with other diagnoses is also of interest. CDC data collected in 2016 showed 1 in 54 children with autism, with prevalence the same among Black and white children. This was an increase from the previous finding of 1 in 59 and may result from changes in the way they are identified. Because these studies are of children’s records, mental health needs were not a focus, but early diagnosis and intervention are emphasized. The CCDDDB and CCMHB continue to fund early childhood programs which are intended to enhance identification and improve continuity of care where other funding is not available.

If prevalence rates of ID, with or without co-occurring Autism or mental health disorder, are similar in Champaign County, approximately 2500 people (all ages) would likely qualify for state waiver services. Are the state waiver services meeting this need? Long waits on the PUNS database suggest that there is substantial unmet need among eligible people, so that CCDDDB funding may be helpful for those otherwise waiting.

To expand the CCDDDB eligibility to include those with Autism (but not meeting state requirements of need or IQ), clearer information on local prevalence would be helpful. We might also consider whether the fund should be made available to persons with other types of Developmental Disability and related support needs.

## **Possible Next Steps:**

In addition to advocating for change at the state level, continue to explore local solutions. For example, representatives from the local Division of Rehabilitation Services might be available to share more detail on existing programs and resources which may be utilized by people not eligible for CCDDDB or state funded services.

A “DD” agency providing case management and other supportive services could apply for funding from the Champaign County Mental Health Board to meet the needs of people in the identified gap, whose Autism diagnosis may not be sufficient to qualify but who may have a qualifying mental health diagnosis. It is unusual for providers to work in both disability areas, but barriers could be addressed.

If eligibility expansion is the best approach, seek public input on unmet needs related to Autism and Mental Health and other currently ineligible Developmental Disabilities.

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10.E,



**BRIEFING MEMORANDUM**

DATE: February 17, 2021  
TO: Members, Champaign County Developmental Disabilities Board  
FROM: Lynn Canfield and Kim Bowdry  
SUBJECT: Unmet Residential Support Needs

**Background:**

The purpose of this memorandum is to offer updates to the information shared at January 20, 2021 meetings of the CCDDDB and the Champaign County Mental Health Board (CCMHB) and to respond to a few of the questions raised during or since. The January 20 materials included an update on technical and programmatic aspects of the Boards' shared Community Integrated Living Arrangement (CILA) Facilities project, along with a draft of potential Request for Proposals in case a new provider should be identified for provision of care to the CILA home residents. With so many uncertainties, this update attempts to address questions as quickly as possible, while recognizing that some important factors are outside of our control and will take longer to address, let alone change.

**Updates:**

**CCDDDB/CCMHB CILA Facilities Project**

No changes have been reported by Individual Advocacy Group (IAG); the agency remains committed to the residents, families, and staff of one of our CILA homes. Regarding the other home, the parent of one former resident reports that their arrangement with a new provider outside of Champaign County has been very positive so far.

The unmet need brought to our attention by the Director of Uniting Pride (formerly the UP Center) is still being examined. Due to the nature of crisis services and privacy considerations, we do not yet know if all of the people seeking housing with UP's support are eligible for state or local I/DD services or are currently receiving any. The agency is coordinating with the Independent Service Coordination team to help us understand whether this need could be met through the Boards' current project per the current agreements and understandings.

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### **Current unmet needs in Champaign County**

The Independent Service Coordination Unit Program Coordinator reports that of approximately 90 Champaign County residents who want CILA placement in Champaign County:

- **3 people** are on the pre-selection list and were mailed letters from the Illinois Department of Human Services Division of Developmental Disabilities in December, indicating that they would be invited to apply for funding during the summer of 2021;
- **2 people** were selected during the July 2020 PUNS selection and are **working with their ISC to find CILA placement**;
- **11 people** are already enrolled in the waiver (receiving either Home Based Support and want CILA placement in Champaign in the future, or have chosen Home Based Support until a placement in Champaign is available);
- the remaining **74 or so people** are on the PUNS list, do not yet have funding for placement, and have indicated CILA as their preference.

### **Barriers to sufficient Champaign County capacity**

With **13 people** already seeking CILA placement, and **3 additional people** likely in the summer, identifying a local placement is partly related to scarcity of small group homes but also with matching people and providers, while maintaining personal choice. The importance of personal preferences and well-matched services should not be lost in our focus on scarcity of resources.

At least three providers of CILA services operating in this community have noted the difficulty of retaining Direct Support Professionals (DSPs) and Qualified Intellectual Disabilities Professionals (QIDPs), the workforce necessary for the operation of CILAs. Salaries for most of these positions are not competitive with work which requires less specialized training and even less risk, but this is not solved without substantial increases to the approved CILA (and related) rates and without a much greater appropriation. The Ligas court monitor and judge continue to identify inadequate rates as the primary cause of insufficient provider capacity. In some areas of the state, particularly Cook, collar counties, and Sangamon, slightly higher rates and private contributions may also be helping matters. On December 9, 2020, Guidehouse, Inc. released a full report on the rates for I/DD services. If the state were to adopt the recommended rate methodologies for funding CILAs, Intermediate Care Facilities (ICFDDs), day programs and supported employment, the cost to the state would be an additional \$158.2 million for FY2022 (this does not include the federal match amount). The increases in residential program alone require an additional \$113.8 million (combined state and federal), non-residential services another \$31.3. Other recommendations relate to changes in the methodology, expansion of array of employment and day program services, no unstaffed CILA hours, and more. It appears that different wage assumptions and rate distinctions for Chicago area are also indicated.

To understand whether Champaign County is a special case, we asked the ISC Program Manager for information about other counties served by their Unit:

- The Program Coordinator overseeing operations in McLean, Tazewell, Mason, and Woodford counties reported that service providers there do have trouble attracting and keeping both DSPs and QIDPs, but DSPs more so than QIDPs.
- The Program Coordinator for Livingston, LaSalle, Bureau, Putnam, and Marshall counties also reported that many providers in his area struggle to keep DSPs, even before the pandemic. CILAs were closing/consolidating for that reason. In this region as well, QIDPs seem to be more stable.

There may be other substantial barriers to developing capacity or finding suitable placements, but the crisis in workforce seems most prominent. This crisis exists across the country, including in states with much greater investments in community-based care than that of Illinois, which continues to rank among the four lowest in the United States.

### **Next Steps:**

If all of the region's providers of CILA services are experiencing the same barriers to expanding capacity, we may not be able to find a successor for Individual Advocacy Group, should they continue to struggle here. Further, these barriers threaten all of the local and regional service capacity and must be rightsized.

### **How might we address the critical shortage of direct support and other DD workforce necessary to support people in community residential settings?**

Current and former members of both Boards have substantial connections to Departments at the University of Illinois which might be approached about a partnership. Dr. Hanley-Maxwell, Dean of College of Applied Health at UIUC, agreed that the crisis of workforce adequacy has only deepened, likely due to pandemic and low salaries, and offered to forward any suggestions to the Community Health Program, which has a practicum/internship requirement. Dr. Susan Fowler, former Dean of the College of Education, identified three people likely to be helpful in an initiative to strengthen the workforce.

In addition to partnering on a workforce development strategy, the Boards could invest in strengthening the current workforce. Three ideas we have worked on in the past come to mind:

1. Consider the DSP curriculum developed by National Association of State Directors of Developmental Disabilities Services with Polk County, Iowa:
  - Offers DSPs two \$1,000 incentive payments for completion of each of two components;

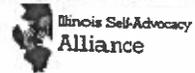
- Professionalizes the workforce, providing relevant training and networking.
- 2. Consider the trainings and webinar series developed by Cornell University's Office of Diversity and Inclusion and shared with us in 2018:
  - For an audience of DSPs, management staff, board members, and community;
  - Focus on person centered culture and emerging disability related issues;
  - With all components of the training, supports systemwide transformation.
- 3. Establish scholarship or student loan repayment programs for DSPs and QIDPs:
  - In spite of possible statutory barriers and the risk of paying in advance (people cannot be forced to remain in the community or the roles), this strategy may get more directly to the workforce shortage problem;
  - If similar state and national opportunities are not available, we could adapt a student loan repayment program which was developed to recruit and retain psychiatrists in a different community, to address DSP and QIDP shortages.

### **Statewide advocacy**

At an ACMHAI I/DD committee meeting, we agreed that the workforce shortage and drift toward institutional care rather than away from it, are the most serious threats to all of our communities' residents with I/DD. Correcting these will require greater investment in community-based services. The federal "Money Follows the Person" incentive program has been renewed for another three years: will the state of Illinois once again participate and take advantage of the financial incentives associated with 'downsizing' from institutions?

This committee also informs the ACMHAI legislative committee and consultant of advocacy issues and related bills to watch for. As of this writing, the committee chair and liaisons have not seen a related introduced bill. Representatives of other organizations involved in similar advocacy efforts, such as Illinois Association of Rehabilitation Facilities and the Arc of Illinois, might be willing to meet with our members in the coming months. We hope to include a legislator who might guide us to the most effective approach.

# Illinois Rates for DD Services



## Speak Up & Speak Out!

We need more money for community living for people with Intellectual and Developmental Disabilities (I/DD) so that they can live the lives they choose! In the fall of 2020, The Illinois Department of Human Services finished a rates study to provide recommendations to bring Illinois' outdated rates structure to levels that better match our modern times. Below, is what could happen if they were funded.



## Workforce: "DSPs deserve a living wage!"

**Recommendation #1:** Direct Support Professionals (DSPs) deserve a living wage. A living wage means that a person can afford a place to live, food to eat, and other basic items.

- DSPs are not making a living wage.
- DSP wages should average 150% of the minimum wage.

**Recommendation #2:** Disability service providers in higher cost of living areas should receive more money to provide services.

**Recommendation #3:** A higher living wage for DSPs means that there needs to be more for their employers to pay them benefits and cover their own administration costs.



## Service System: "More money means better choices of services for community living!"

**Recommendation #4:** People with I/DD want meaningful days full of better and more choices including:

- Being a part of their community;
- Participating in activities (other than paid employment); and
- Having more staff to support smaller group or individual choices.

**Recommendation #5:** The funding for day program transportation will stay the same.

**Recommendation #6:** Improve Supported Employment services and increase funding to support activities that help people with I/DD find and keep paid jobs in the community.

**Recommendation #7:** If people have higher health needs, they'll receive the funding needed to cover their services.

**Recommendation #8:** For people who receive 24-hour a day staff support, the disability service agencies will be funded for ALL 24-hours.

**Recommendation #9:** People who live in Community Integrated Living Arrangement (CILA) homes and need help from a nurse will have exactly the help they need.

**Recommendation #10:** Service providers will be paid for the costs of running their business.



11.A.

# PY2021 2<sup>nd</sup> Quarter Service Activity Reports

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

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Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

# Agency CCRPC - Community Services

# Board Developmental Disabilities Board

# Program Decision Support PCP (2021)

# Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/14/2021 11:50 AM

Submitted By KHARMON

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	40	300	250	200	
Quarterly Data (NEW Clients)	17	123	57	123	

Comments Community Service Events = 15 IEP's (Information shared about services and PUNNS), 1 meeting with Equip for Equality, 1 Meeting with Cunningham Children's Home.

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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 Sys (2021)

Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/29/2021 04:28 PM

Submitted By BELKNAP

Annual Target	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
20	20	600	50	50	10
Quarterly Data (NEW Clients)	5	202	43	6	25

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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, collaboration with other agencies.

Service/Screening contacts consist of Social Emotional Observations, ASQ-SE goal setting, and individual child observations, parent and/or teacher meetings to discuss concerns of a child, counseling sessions, functional behavior assessment interviews, support plan meetings, positive behavior coaching, teacher mentoring, reflective supervision/consultation with staff about program and or client, contact to support outside referrals, parent support groups and virtual stress management workshops for staff, parents, and community members.

Comments

Non-Treatment clients are children or caregivers 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 seen individually for counseling, have a new support plan, or have new individual social emotional goals written for them.

Other consists of mass screening events, virtual content for families, SE news blips for parent newsletters, and Policy Council.

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 (2021)

Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/29/2021 11:16 AM

Submitted By PUZEYK

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	16	200	125	90	
Quarterly Data (NEW Clients)	0	36	39	34	

This quarter, CU Able had 7 Walmart and Fedex giveaways to distribute donations into the community. For this quarter we had 45 new families representing 34 new TPCs. We did an event to give back to families by giving away donuts from Industrial Donuts. 35 families were selected to receive half a dozen donuts and we had 74 sign up. We gave away 2 Lazyboy recliners that were donated from Good 360. We also spent a large portion of time this quarter helping plan and execute the Santa Stop in Comments collaboration with CSAU, DSO, and DSN.

The CU Able Facebook page welcomed 68 new members (SC), for a total of 1,316. Of the new members, 36 identified as residents from Champaign County, 9 that reside outside of Champaign County, 23 did not provide their zip code. Our most active times for engagement Tuesday around 9am-noon

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Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency CU Autism Network
- # Board Developmental Disabilities Board
- # Program Community Outreach Programs (2021)
- # Period 2021 - Second Quarter FY21

[ Change Status ] to Submitted

Date Submitted 01/25/2021 06:58 PM  
Submitted By JPALERMO

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	0	0	0	0
Quarterly Data (NEW Clients)	9	0	0	0	0

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\*We had multiple planning sessions, prep and organization hours to complete our (CUAN) part of Santa Stop multi-Disability Agency Collaboration Community Event in December.

\*We had Zoom conferences/presentations under the Community Outreach Education Program with Urbana Middle School Announcement Spotlight guest speaker.

\*We continue to provide updated disability/covid-19 information on social media under our virtual CUAN Cares program.

Comments We had multiple meetings with Carle Foundation Hospital Admin to discuss better patient care for persons with ASD as well as collaboration with the CARLE Igive program education, room design, and fidget/foolkit portion of the initiative.

We provided (4) advocacy/Parent Support via phone calls, zoom meetings.

We attended CIT Meetings hosted by Joel Sanders.

We have been contacted by and in collaboration with St. Joe School District/Elementary School to provide resources for their new sensory room/space.

\*Distribution of CUAN information pamphlets for various community agencies

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency Community Choices, Inc. DDB
- Board Developmental Disabilities Board
- Program Community Living (2021)
- Period 2021 - Second Quarter FY21

Status Submitted

[ Change Status ] to Submitted

Date Submitted 01/21/2021 03:58 PM  
Submitted By CCCCOP

Annual Target	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
2	1420	15	15	0	1662
Quarterly Data (NEW Clients)	1	103	5	0	209

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CSE: The Disability Expo Third Thursday on 11/19/20. Service Contacts: Service contacts for TPCs are reported via the claims online reporting system. Service contacts for NTPCs were 103 in Q2.

Comments NTCP: Include participants in Community Choices' Personal Development classes.

Treatment Plan Clients are people who participate in Community Choices' Community Transitional Support program. No new clients were added or closed in Q2. Other: Direct Service hours for NTCPs in Personal Development classes- 209 in Q2. Direct hours for TPCs is recorded via the claims online reporting system.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency Community Choices, Inc. DDB
- # Board Developmental Disabilities Board
- # Program Customized Employment (2021)
- # Period 2021 - Second Quarter FY21

Status Submitted

[ Change Status ] to [ Submitted ]

Date Submitted 01/21/2021 03:59 PM

Submitted By CCCCOOP

	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	1824	5	42	2772
Quarterly Data (NEW Clients)	1	256		2	292

59

SC: Service contacts are recorded through the online claims reporting system. 256 is the total number of claims in Q2.

Comments TPCs: Adults with I/DD who participate in the Customized Employment Program. 2 new TPCs were added in Q2. 7 were closed.

Other: Direct hours spent supporting people with I/DD and their employment goals. Direct hours are reported via the online claims reporting system. 292 is the total number of hours reported through claims.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency Community Choices, Inc. DDB
- Board Developmental Disabilities Board
- Program Self-Determination Support (2021)
- Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/21/2021 03:56 PM

Submitted By CCCCOP

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2129	160	0	1713
Quarterly Data (NEW Clients)	1	872	5	0	435

CSE= The Disability Expo Third Thursday on 11/19/20.

Comments 872 Service Contacts in Q2, and "other" indicates 435 direct hours.

5 new members joined CC in Q2; 2 are individuals with disabilities and 3 are family members.

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Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency Developmental Services Center
- # Board Developmental Disabilities Board
- # Program Clinical Services (2021)
- # Period 2021 - Second Quarter FY21

[ Change Status ] to Submitted

Date Submitted 01/25/2021 11:07 AM  
Submitted By VICKIE2010

	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	10	4	61	
Quarterly Data (NEW Clients)	0	1	0	1	

19

Community Service Events: None were possible due to COVID-19 restrictions and public outreach events on hold at this time.

Individual Info: Five individuals received two types of clinical services.

There was one screening contact this quarter for counseling services. Due to the needs of the individual, arrangements were made quickly through DSC with a male counselor however the individual's family did not follow through with taking him to appointments and they don't feel he needs counseling at this time. Will remain open through the next quarter to ensure further needs do not arise.

Update: Due to the Covid-19 increase this fall many practitioners returned to telehealth or phone sessions. A few are still meeting face to face while following mask and social distancing requirements.

Extra Reporting Time: 8.5 hours total this quarter. 6.5 hours of clinical time was recorded for billing, reporting, scheduling, quarterly summaries, and discussions regarding psychiatry and counseling practices. 2.5 hours were spent facilitating the setup of services for the screening contact and follow up for a previous screening contact.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency Developmental Services Center
- Board Developmental Disabilities Board
- Program Community Employment (2021)
- Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/25/2021 11:11 AM

Submitted By VICKIE2010

	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	15		70	
Quarterly Data (NEW Clients)	2	2		2	

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Job development activities continued to be modest during the 2nd quarter. Permanent job prospects tend to be replaced by seasonal opportunities mid-quarter and even those were not numerous this year. Comfort levels of those who are considered actively seeking employment have ebbed and flowed with the increase in positivity of Covid 19. Employment Specialists continue to work with people wherever they are in the process whether pursuing job leads, meeting with people in person, virtually, and by phone to keep people engaged.

Six people remain on leave from their job due to Covid. The remainder continue to receive support navigating changes to work routines, schedules, or procedures due to Covid.

Comments The use of technology can at times replace reminders given by a job coach or other people. One person receiving services has increased his job responsibilities over the past year in spite of his anxiety of trying new things. His supervisors have been instrumental in providing positive feedback but can't always be there to give this level of encouragement. In addition to this human support, his watch timer is set to ring once at regular intervals during his work shift. This discretely prompts him to pause for a moment and take a deep breath, reminding him to relax.

The Supported Employment Specialist encourages two individuals with speech intelligibility issues to utilize their personal technology tools to share information with him at their work places -- one uses a communication app on his iPad and the other uses his cell phone to text. Staff continues to research/investigate other hi and low tech devices/applications/strategies to assist the individuals he supports in increasing their independence. Individuals from the Philo Road site continue to be supported in their jobs with Derek Martin HALR, Urbana-Champaign Independent Media Center and Hessel Park Church, with all observing COVID mitigation protocols.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency Developmental Services Center
- # Board Developmental Disabilities Board
- # Program Community First (2021)
- # Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/25/2021 11:13 AM

Submitted By VICKIE2010

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	3	5	50	55	
Quarterly Data (NEW Clients)	2	2	9	2	

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• In-person services continue to be offered to residents of CU Independence Apartments as well as one-on-one services for people who did not feel safe returning to small groups.

• People participating at CU Independence were able to continue realizing their fitness goals with walking groups offered multiple days. Healthy Living offered people healthy eating tips as well as ways to stay active indoors in anticipation of colder weather. Movie Review focused on sharing thoughts and ideas then formulating them into a review written as a group. Other popular offerings included Myths and Legends, Origami, and Bingo. Self-Awareness, Women's Group, and Journaling all continued to build on their themes of advocacy and connection into second quarter.

• The Podcast group continued to meet and share ideas. Beyond Ability has met weekly to practice interview skills, writing scripts, and even recording and editing an entire episode.

Comments • Virtual Groups were offered for people to connect and follow along safely. Current Events was popular this quarter. It encouraged participants to share news stories of importance to them and discuss as a group. Astronomy, Adult Coloring, Wonders of the World and Bingo continued to be the crowd favorites. Virtual offerings of Women's Group, Journaling, and Team Building were available to allow the theme of self-advocacy and connection to continue while all in different place.

• During the middle of the quarter, two guardians of individuals who had not returned for in-person services but had been participating in regular virtual activities requested that staff discontinue contacting them for a while – with one family concerned that the excitement/participation of participating could adversely affect an upcoming medical procedure and the other questioning whether the format was actually beneficial to his son. Staff honored their request for the remainder of the quarter, but will reach out in the third quarter and discuss alternatives.

• Sadly, a Community First participant who had not resumed in-person services, but who had maintained connections virtually, passed away from COVID-19 complications in early November.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

Agency Developmental Services Center

Board Developmental Disabilities Board

Program Community Living (2021)

Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/25/2021 11:15 AM

Submitted By VICKIE2010

Quarterly Data (NEW Clients)	Annual Target	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
	0	8	0	56	2	2

64

Community Living continues to modify their supports during the pandemic factoring the risk levels. Specialists continue to communicate with individuals on their caseloads either by in-person visits and/or phone calls. Communication/education continues to be a top priority. This recently has expanded to explaining changes in the CDC/IDPH comments guidelines and the COVID-19 vaccines. Face-to-face visits were reduced to situations that necessitated the need, in order to decrease exposure to both the individual served and support staff. In-person medical appointments resumed for many individuals. The Community Living Program continues to meet the needs of individuals served during this difficult time, and are doing so in a compassionate, selfless and mission-driven approach.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency Developmental Services Center
- Board Developmental Disabilities Board
- Program Connections (2021)
- Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/25/2021 11:17 AM

Submitted By VICKIE2010

	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	0	12	25	
Quarterly Data (NEW Clients)	1		0	5	

65

Throughout this quarter services continued to be offered both in-person and virtually. Though some people have continued to prefer following along virtually, we have continued to offer content with the aim of keeping people connected to their interest in art. Virtual participants have been able to connect to the Crow with a Thursday art instruction. In-person and virtual attendees interact together to do a variety of art projects.

People participating in-person at the Crow continue to follow guidelines for social distancing. Soap-making this quarter showcased all 15 of their soap varieties into a Virtual Holiday Open House. This online open house allowed community members to view the bars of soap and make purchases. Ornaments were also made for this open house.

Painting was a focus at the Crow this quarter. Participants painted a variety of pieces for display in the heavy traffic windows. There were two painting sections- acrylic and watercolor. Both were popular and provided people with a follow-along style of participation. 3D art was a focus as well with paper clay. People were able to create their own clay out of paper and mold it into characters and objects from their imagination.

Another activity that was popular this quarter was volunteering for the I.D.E.A. store. People were able to work on a variety of projects including sorting, bagging, and testing art supplies. This volunteer opportunity was completed socially distanced with the supplies being brought to the Crow. This project will be ongoing throughout the fiscal year.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency Developmental Services Center
- # Board Developmental Disabilities Board
- # Program Employment First (2021)
- # Period 2021 - Second Quarter FY21

Status Submitted

[ Change Status ] to Submitted

Date Submitted 01/25/2021 11:19 AM  
Submitted By VICKIE2010

Quarterly Data (NEW Clients)	Annual Target	(CSE)	(SC)	(NTPC)	(TPC)	Other
0	30		0	0	0	

660

Comments  As a result of COVID-19 restrictions, the updating of the LEAP and FLS presentations, and lack of employer interest there were no LEAP or front line staff trainings.

- Employer Recruitment
- New employer recruitment has been difficult due to the increased restrictions on in-person activities. Attending virtual Champaign County Chamber of Commerce meetings has resulted in good networking, but with minimal immediate potential for LEAP recruitment.
- In trying to reconnect with our previously certified businesses, we are finding a low response rate to emails (~25%) and minimal interest in retraining due to economic factors. Four of the responders may be interested in LEAP refresher sessions in the coming season to train newer staff.
- Employer recruitment is currently on hold while redefining our approach so as to not miss marketing opportunities for where the program is headed.
- Program Potential
- One element of our new approach is to hold regularly-scheduled, virtual LEAP trainings at lunchtime on the fourth Thursday of each month. This will enable multiple employers to attend a single session and will allow for more effective and consistent marketing of available trainings. The first such training will be on 1/28 and has already been advertised in the quarterly LEAP newsletter and at the Champaign County Chamber of Commerce meeting on 1/8. It will also be submitted for promotion through DSC and Community Choices social media channels, the Champaign Center Partnership, and the Urbana Business Association, as well as other local Chambers of Commerce.
- The LEAP Coordinator is scheduled to present at the Rotary Club of Champaign's meeting on March 15, 2021. In addition, a local church and CHRRG have expressed interest in having him present information on Employment First and LEAP to their members.
- A list of 218 potential LEAP employers has been created by collecting the names of 170 businesses who support DSC and 48 corporations with Champaign County locations who have partnered with Disability:IN, a national nonprofit working towards disability inclusion.
- The December issue of the Champaign Center Partnership (CCP) highlighted the Community Choices LEAP representative and

described the LEAP program. The CCP will be hosting a LEAP training for their members on 3/11 and will advertise the event in the coming months.

- The quarterly newsletter was sent out to over 70 recipients connected to LEAP-certified businesses. The newsletter advertised the upcoming Thursday LEAP sessions as well as the ability to schedule individual LEAP, refresher, and frontline staff trainings for businesses. In addition, it included a success story of a DSC consumer and their LEAP certified employer, articles from the internet that were written by jobseekers with disabilities, and a description of the business case connecting brand awareness and being an inclusive employer.

67

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

# Agency Developmental Services Center

# Board Mental Health Board

# Program Family Development (2021)

# Period 2021 - Second Quarter FY21

Status Submitted

[ Change Status ] to Submitted

Date Submitted 01/25/2021 11:01 AM

Submitted By WICKIE2010

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	4	200	655	
Quarterly Data (NEW Clients)	14	31	58	

89

DSC's developmental therapists and speech language therapist have been conducting therapy, evaluations, school meetings, and screenings via video to families who signed up for these services. Check-ins, encouragement, and praise have also been "delivered" through texts, emails and phone calls to stay connected with these families as well as provide resources, current information, strategies and activities to help carry over therapy at home. Therapists have delivered puzzles, visual choice menus, visual schedules, activity bags, manipulatives, books, diapers, food and other essential items to the families. Additionally, serving families virtually has facilitated using interpreters from different areas of Illinois to provide services via zoom. This is extremely helpful and necessary to families whose first language is not English.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency Developmental Services Center
- # Board Developmental Disabilities Board
- # Program Individual and Family Support (2021)
- # Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/25/2021 11:21 AM

Submitted By VICKIE2010

	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	5	32	17	
Quarterly Data (NEW Clients)	1	3	1	1	

69

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; from a distance, and providing services outside the home to five people, accessing the community as able.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency Developmental Services Center
- # Board Developmental Disabilities Board
- # Program Service Coordination (2021)
- # Period 2021 - Second Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 01/25/2021 11:26 AM

Submitted By VICKIE2010

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	2	75	36	280
Quarterly Data (NEW Clients)	1	4	1	3

70

Coordinates services by creating pathways to needed services and working with the team to integrate care; Facilitates delivery of services; Linkage and referral to community resources; Establishing and maintaining benefits: SNAP, Medical, and Social Security; Shelter Plus Care Coordination; 24 hour emergency response team participation and supervision; Social Security Representative Payee services; Medical appointment coordination and intermittent direct support with Medical; Assistance with housing needs, resources, and advocacy; Assisting with urgent financial circumstances (benefits and employment, etc); Grocery shopping and nutrition guidance; Increase individual's ability for self-management and decision-making; Documentation management; Actively supports measures that prioritize the individual's needs and individual/family advocacy; Strives to maximize continuity of care especially during this COVID-19 time; Communicates with providers who are delivering care and services for the purpose of maintaining the quality of care; Coordinate case especially during the pandemic to help support people the best we can; Increase individual's ability for self-management and decision making; Review Implementation Strategy Ongoing Supports and provide monthly summaries of services; Ensuring agency policies and procedures are being followed; Conducting phone calls with individuals on interest in getting the COVID vaccination. Continue to work on the new electronic system that will provide better communication and information to the people's team and allow for better overall services.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

\* Agency PACE, Inc.

\* Board Developmental Disabilities Board

\* Program Consumer Control In Personal Support (2021)

\* Period 2021 - Second Quarter FY21

Status Submitted

[ Change Status ] to Submitted [v]

Date Submitted 01/18/2021 06:32 PM

Submitted By SHERRY

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	12	200	30	0
Quarterly Data (NEW Clients)	5	82	9	0
				1

7

ACE have been offering orientations online for PSWS this quarter.

PACE has provided 10 sets of PSW referrals to consumers during this quarter. PACE has matched 1 PSW for employment to consumers through the PSW referrals this quarter.

Comments No TPCs due to people being served through this funding are people seeking employment as PSWs and not consumers with I/DD. Continued collaboration is taking place with IRC and CCRPC-ISC, in that they are referring individuals with I/DD and their family to PACE to hire a PSW that was oriented and put onto a registry through this funding.

PACE continues to reach out and attempt to collaborate with the parent group at Community Choices, IRC and DSC.

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 (2021)
- \* Period 2021 - Second Quarter FY21

Status Submitted [Change Status] to Submitted

Date Submitted 01/28/2021 09:44 AM  
Submitted By KKESSLER

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	12	0	28	0
Quarterly Data (NEW Clients)	4	5	0	1	0

Christine screened 5 new clients this quarter for services. Only 1 client met the eligibility criteria and became a TPC. The other clients were provided resources to link with in the community. Christine was involved in 4 CSE in the community via web-ex's where she was able to provide information to the community about this program. She continued to work with all her clients and adapted providing services to clients in which ever setting they felt most comfortable be it via web-ex, or face-to-face contacts with her clients in their home or in the community. Christine continued to provide the warranted mental health services needed for her caseload.

72

11.B.

PY2021  
2<sup>nd</sup> Quarter  
Service  
Data  
Charts

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73

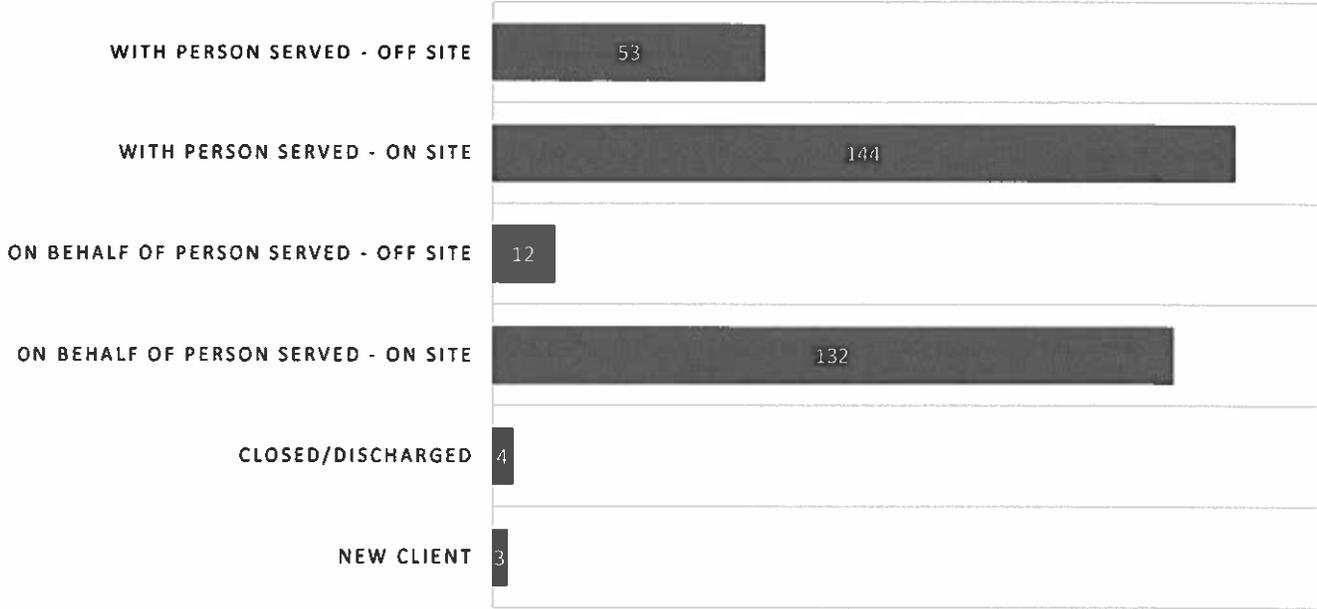
**CCRPC - Community Services**

Decision Support Person \$77,872

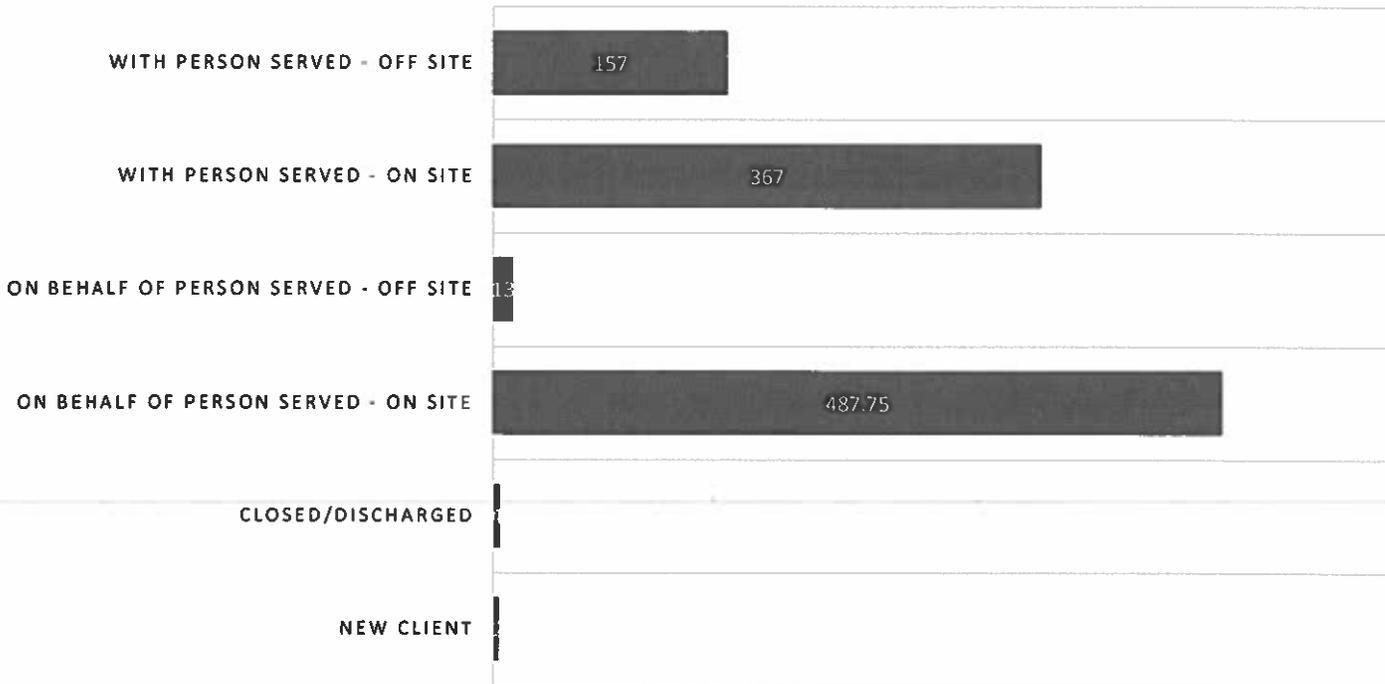
FY21 Q2

209 people were served, for a total of 1,032 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



74

**CCRPC - Head Start/Early Head Start**

Social Emotional Disabilities Svcs \$30,270      FY21 Q2      DDB & MHB

11 people were served, for a total of 227 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



75

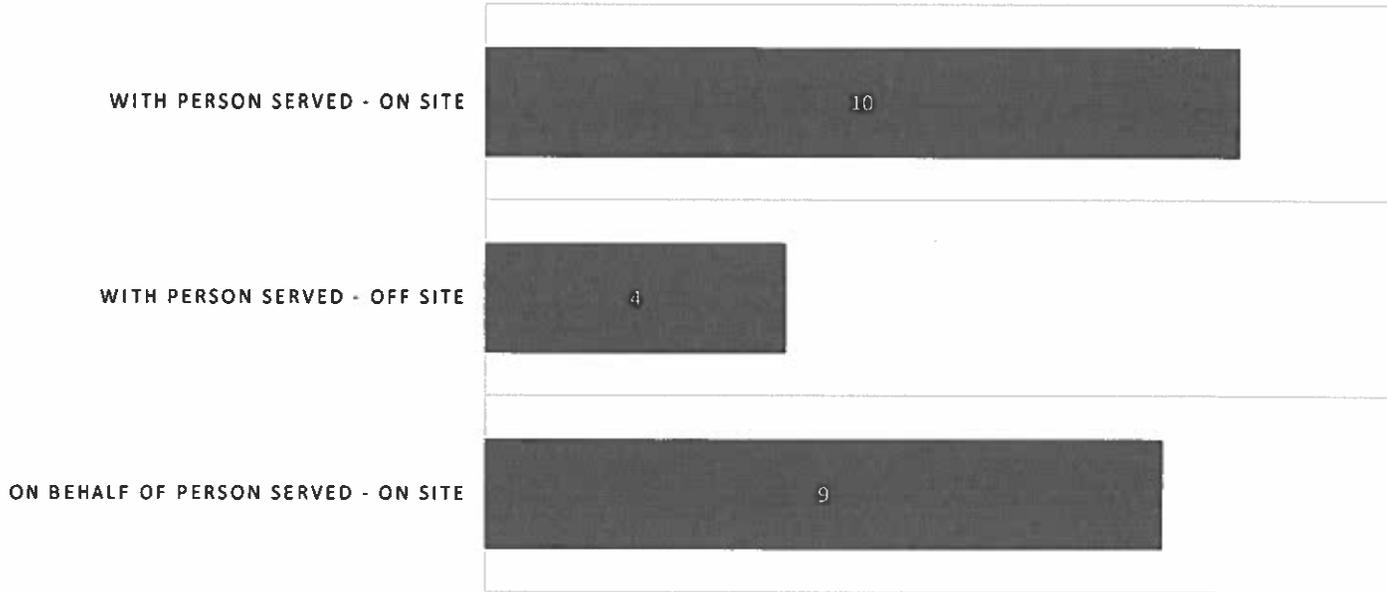
**Community Choices**

Community Living \$22,250

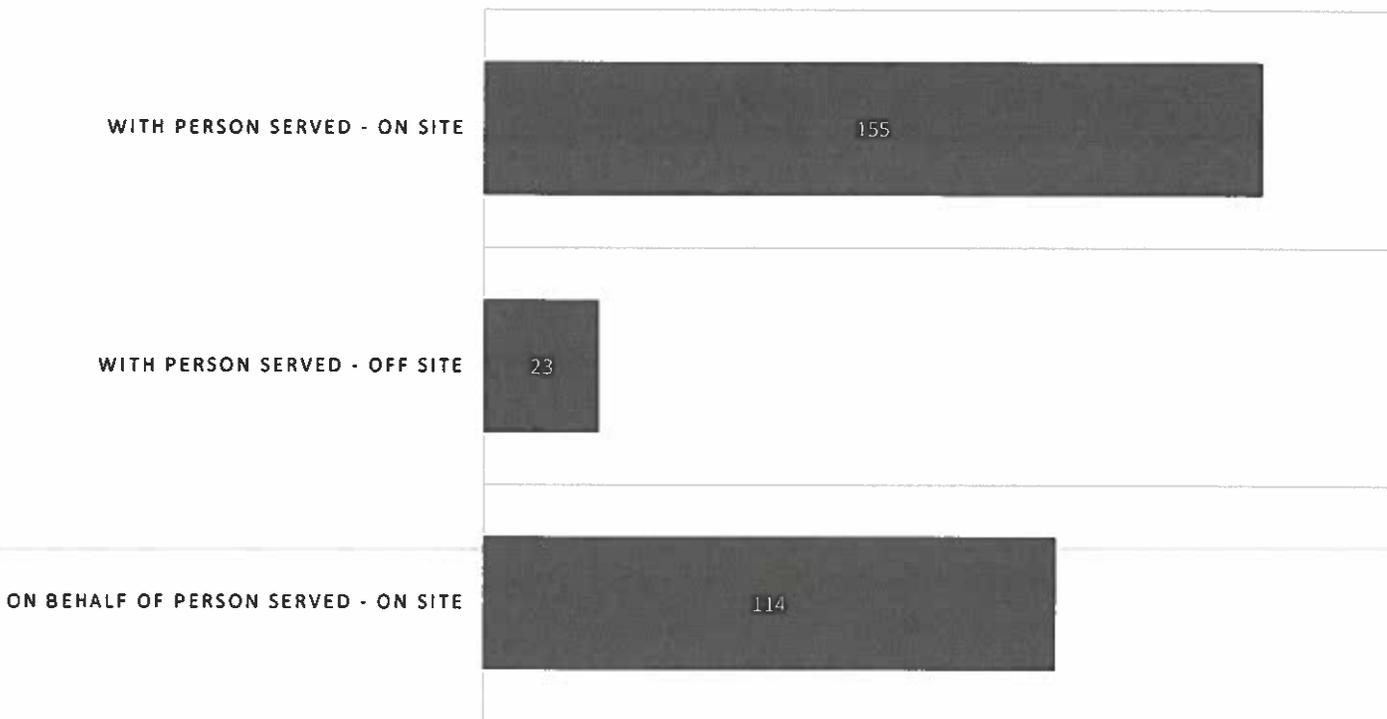
FY21 Q2

10 people were served for a total of 292 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



76

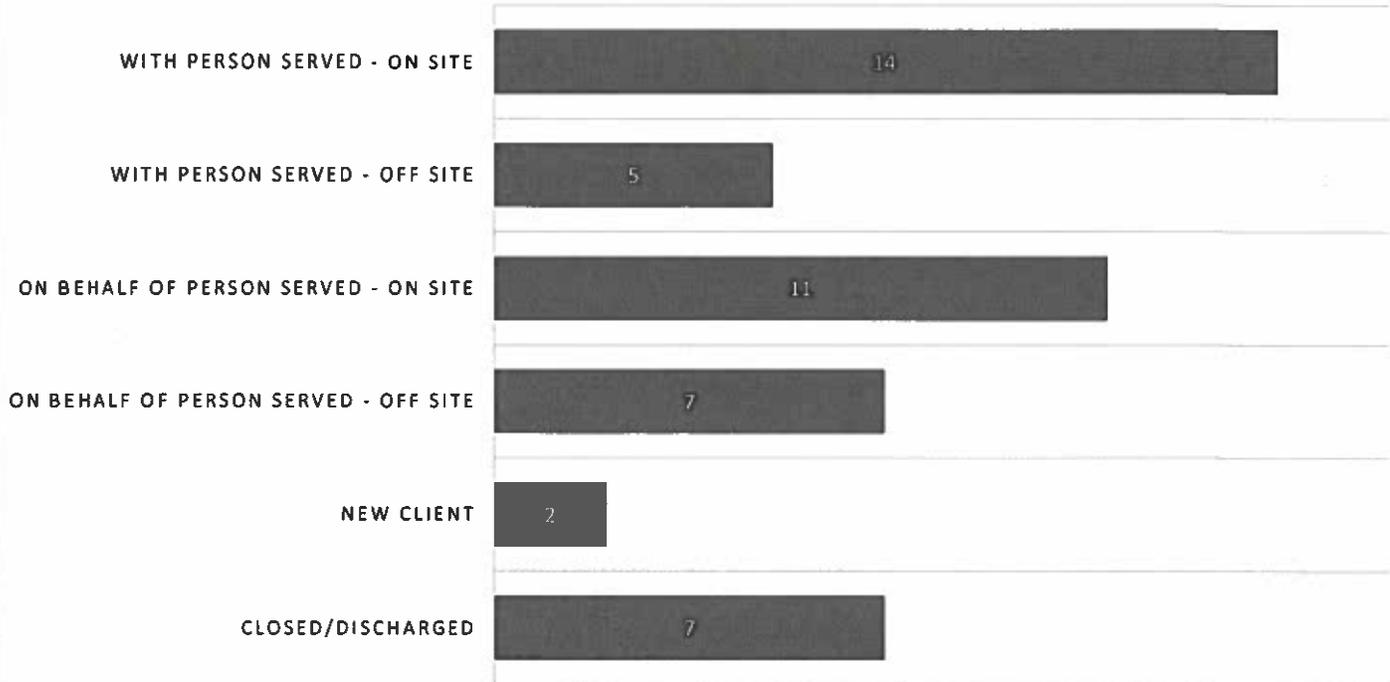
# Community Choices

Customized Employment \$45,500

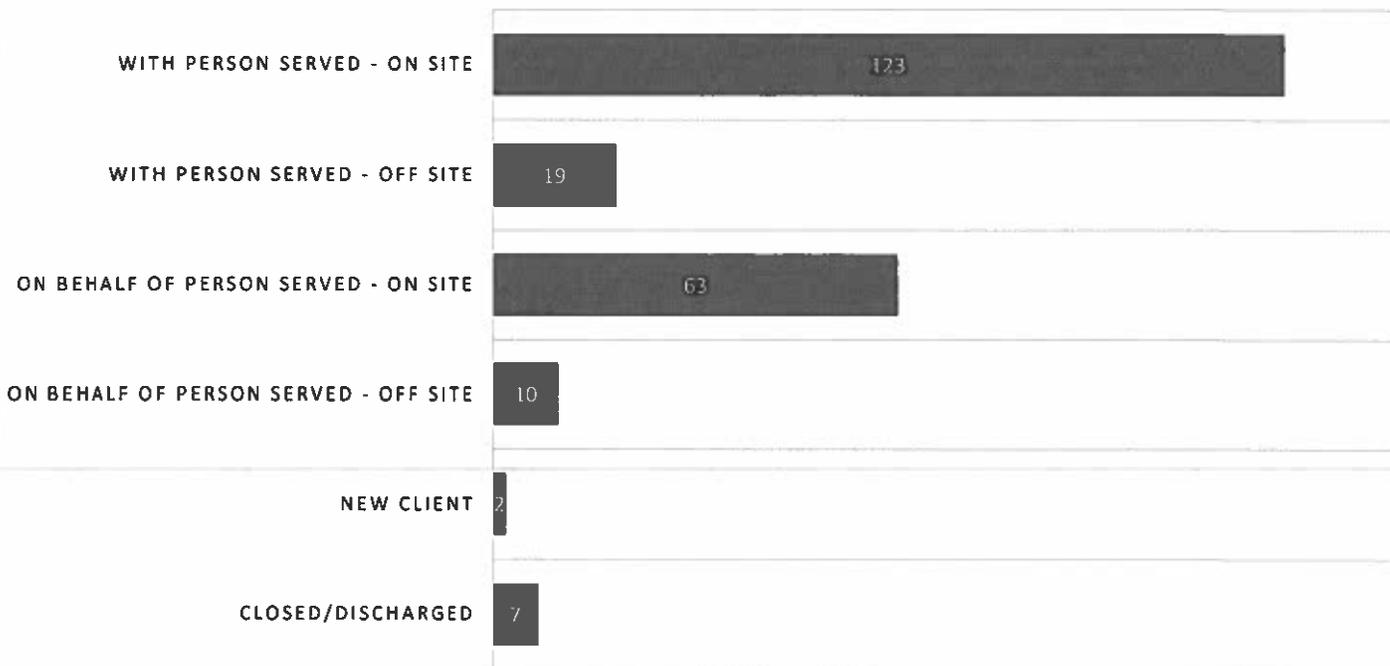
FY21 Q2

23 people were served for a total of 224 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



77

**Developmental Services Center**

Clinical \$43,500

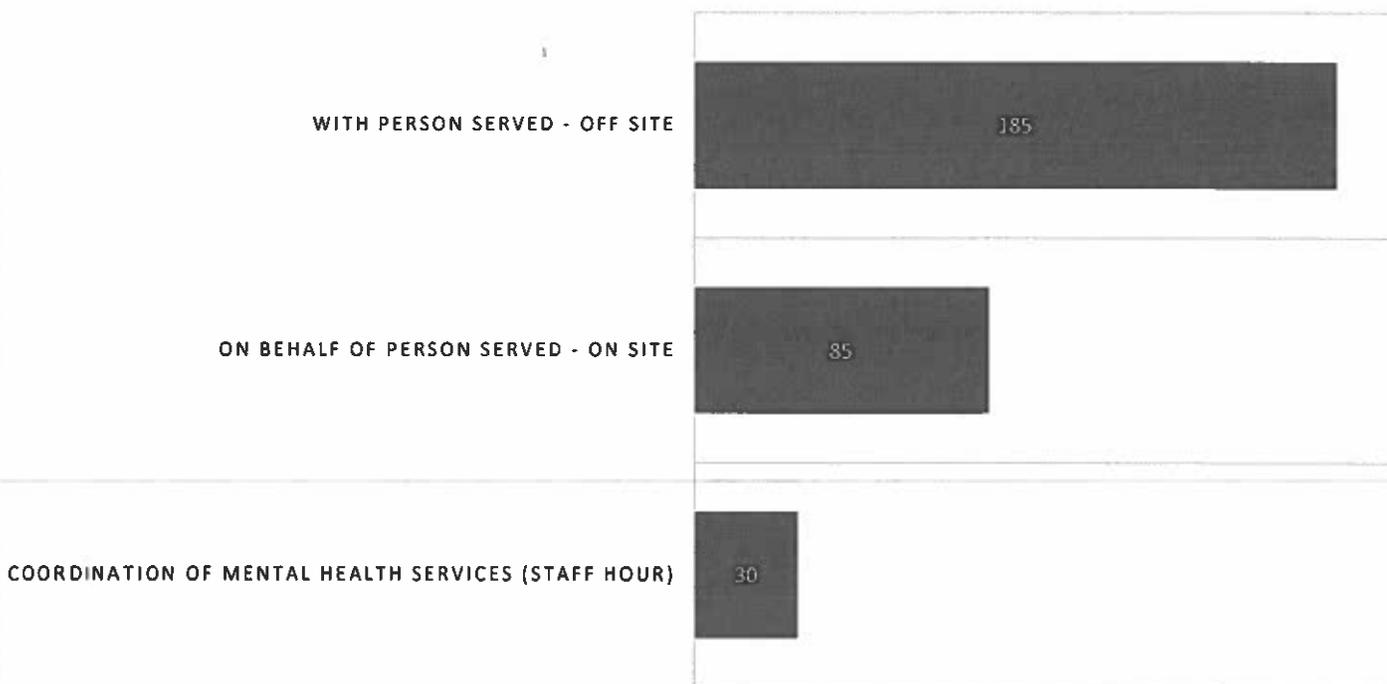
FY21 Q2

43 people were served for a total of 301 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



78

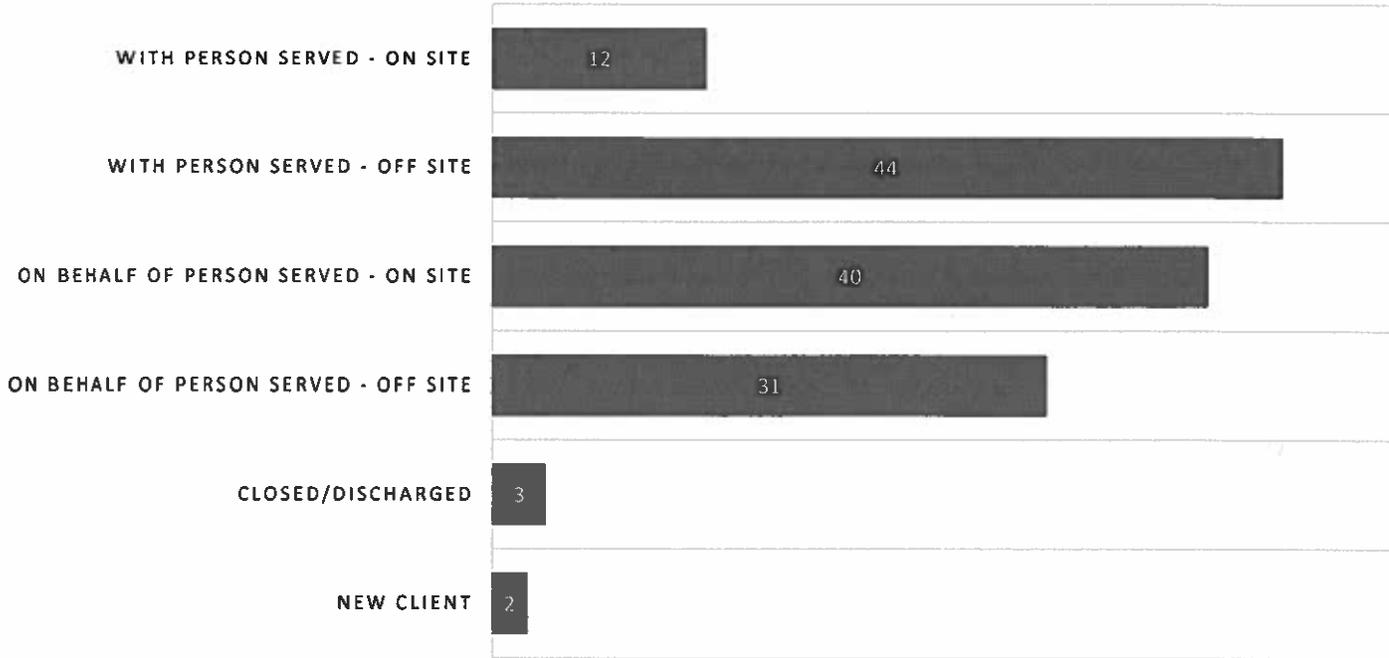
# Developmental Services Center

Community Employment \$90,342.50

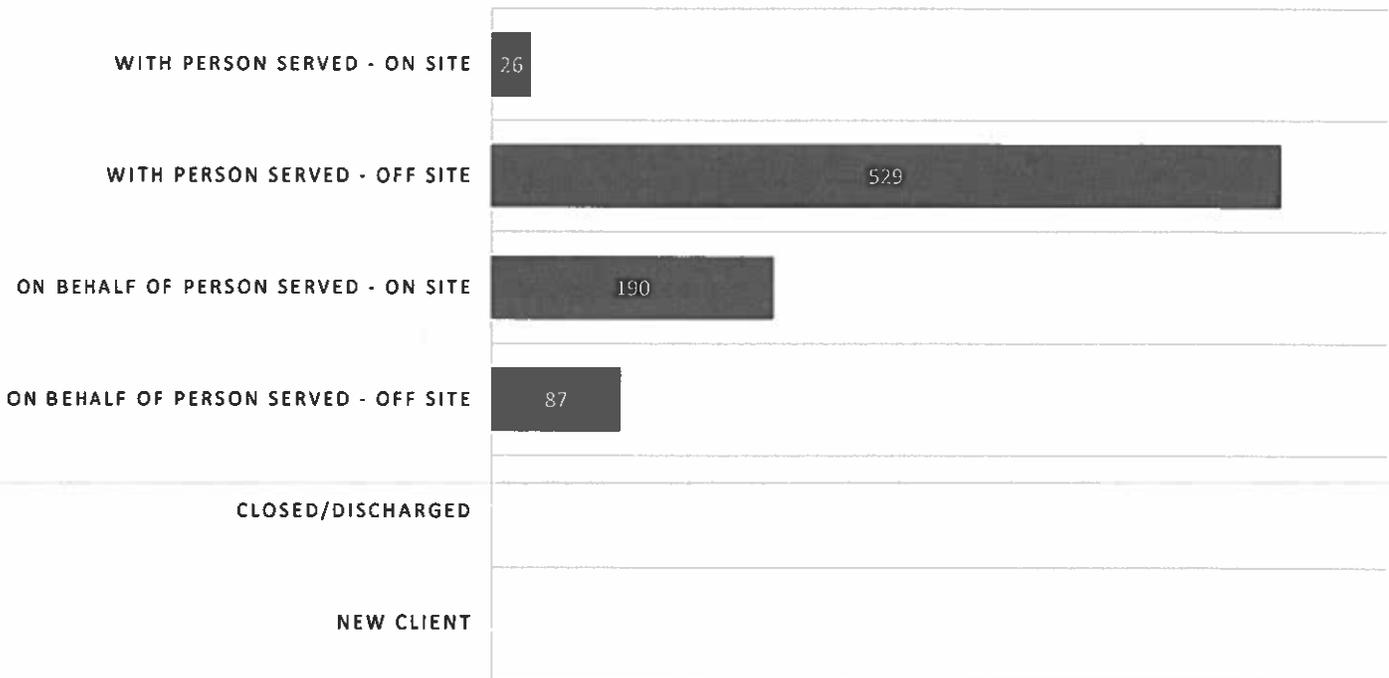
FY21 Q2

46 people were served for a total of 833.25 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



79

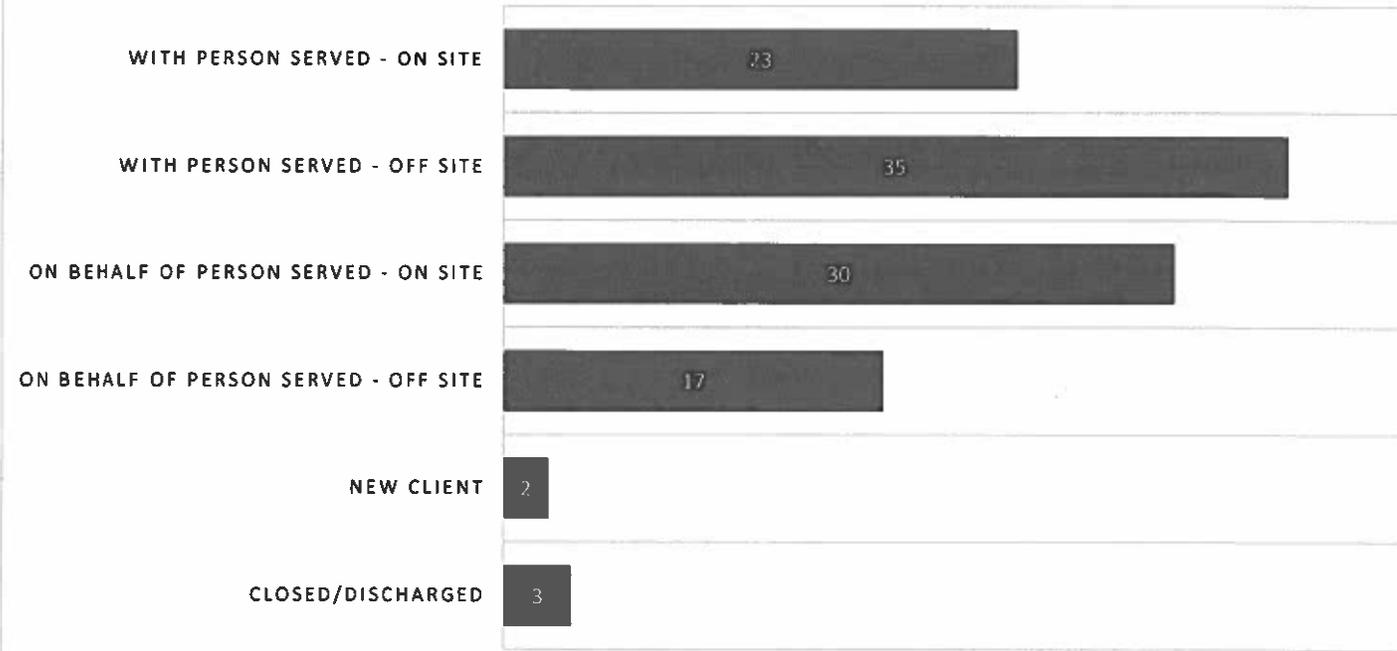
**Developmental Services Center**

Community First \$205,742.50

FY21 Q2

45 people were served, for a total of 4,801.25 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



80

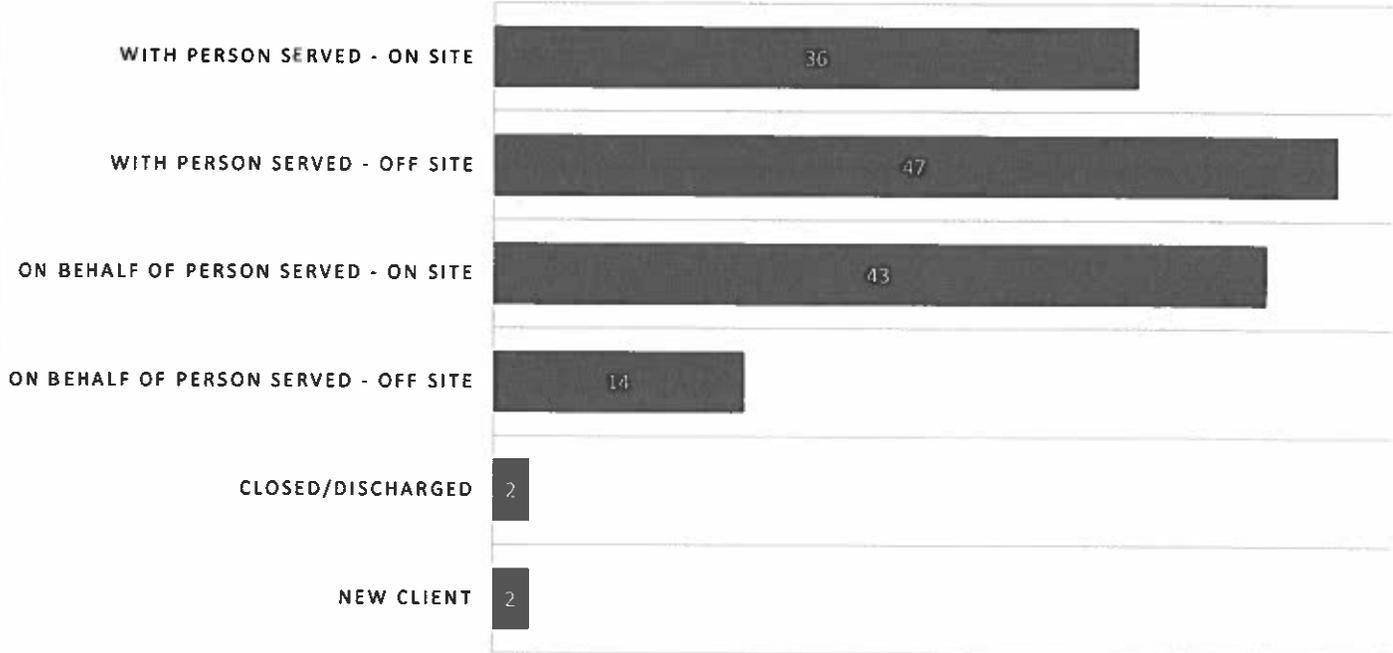
**Developmental Services Center**

Community Living \$114,010

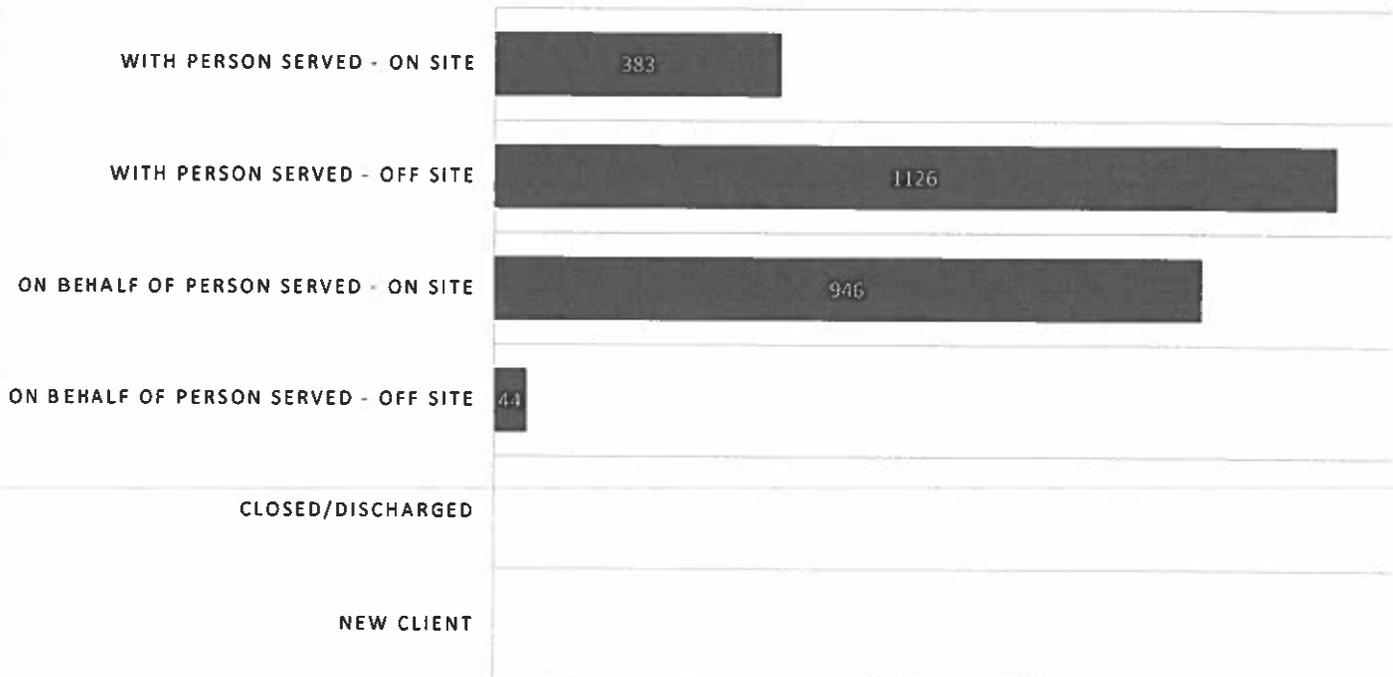
FY21 Q2

50 people were served for a total of 2,500 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



81

**Developmental Services Center**

Family Development Center \$149,130.50

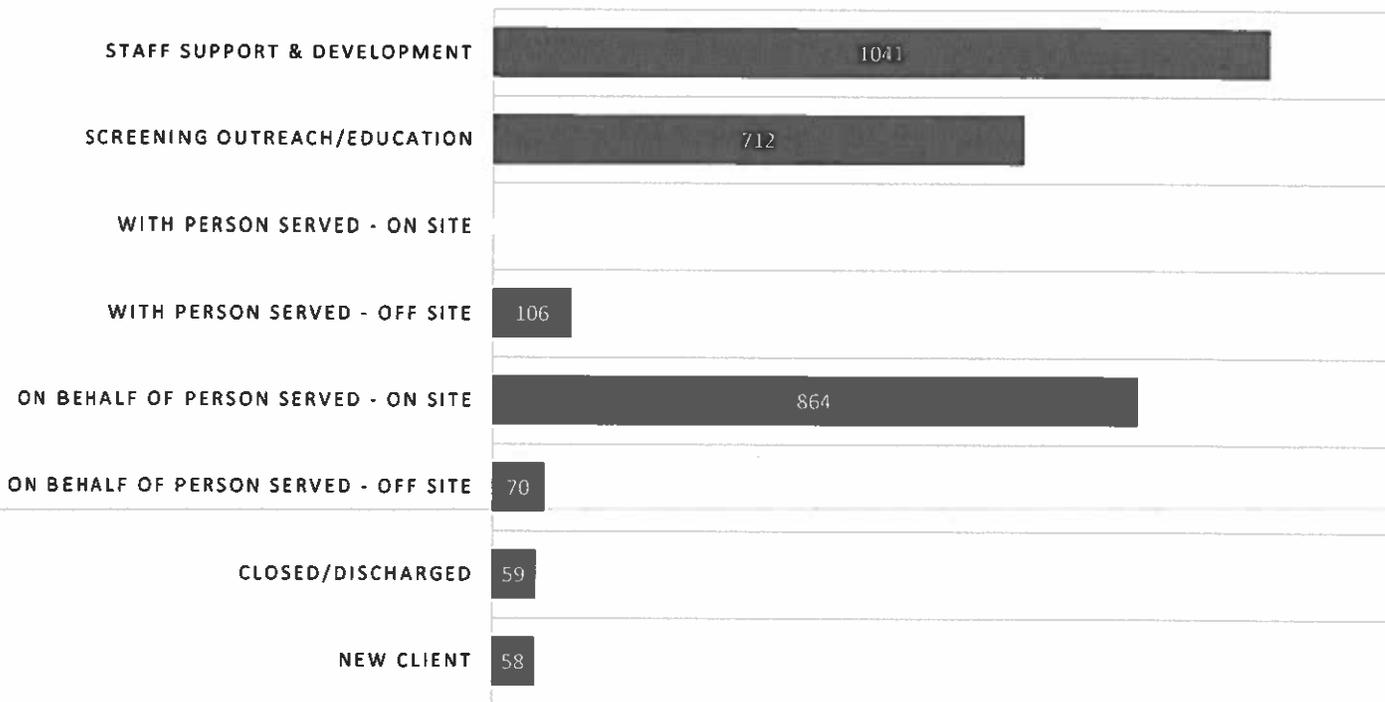
FY21 Q2 MHB

181 people were served for a total of 2,911 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



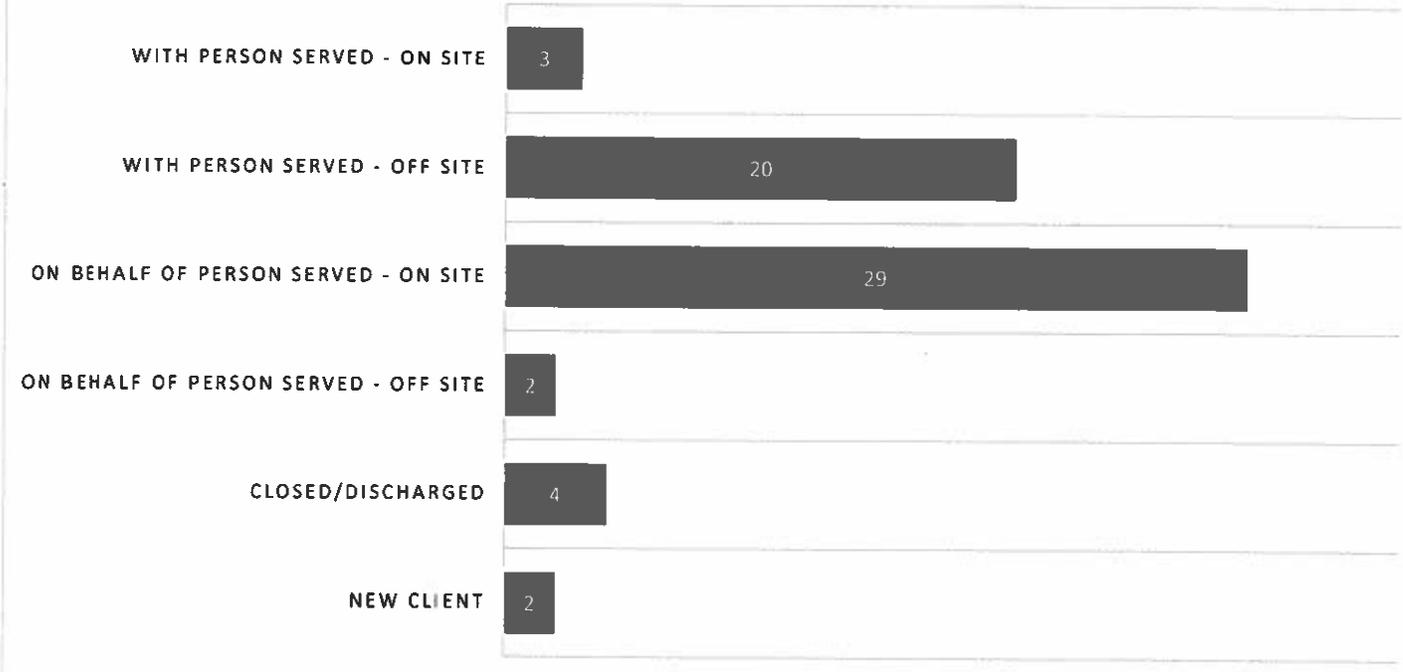
82

**Developmental Services Center**

Individual & Family Support \$107,264.50 FY21 Q2

31 people were served for a total of 2,228.50 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



83

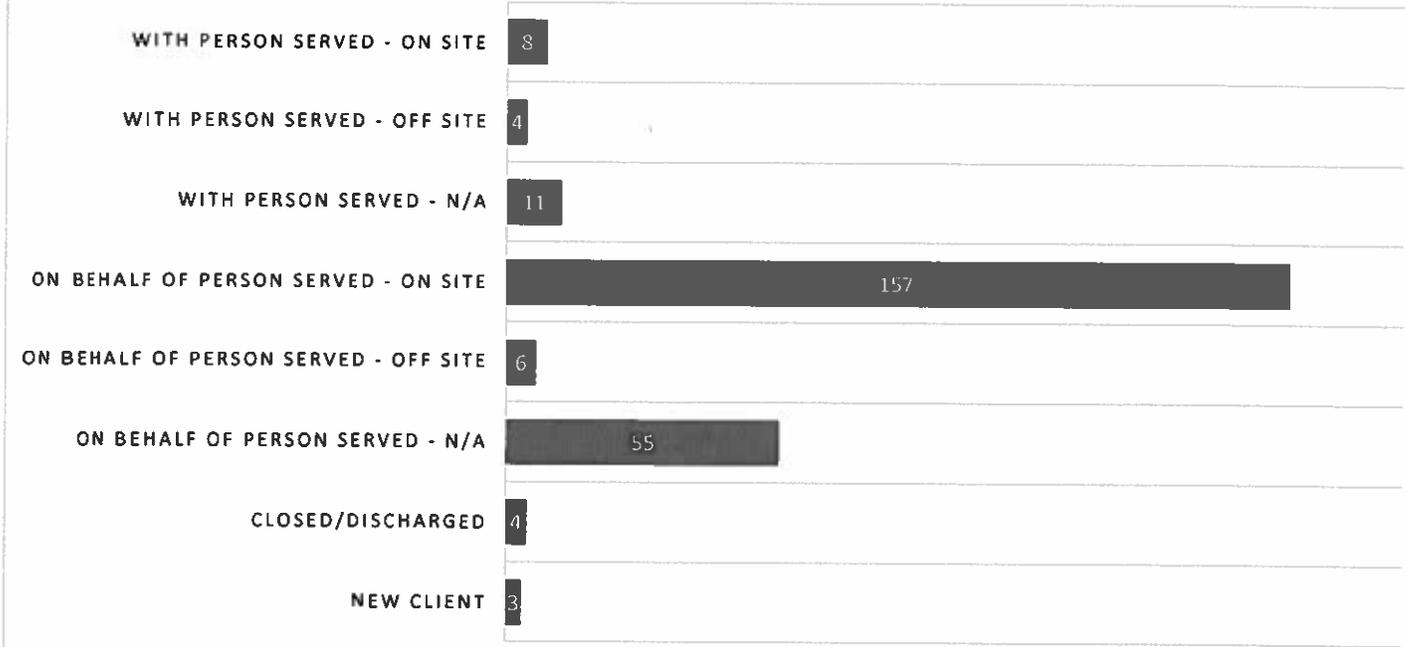
# Developmental Services Center

Service Coordination \$105,790.25

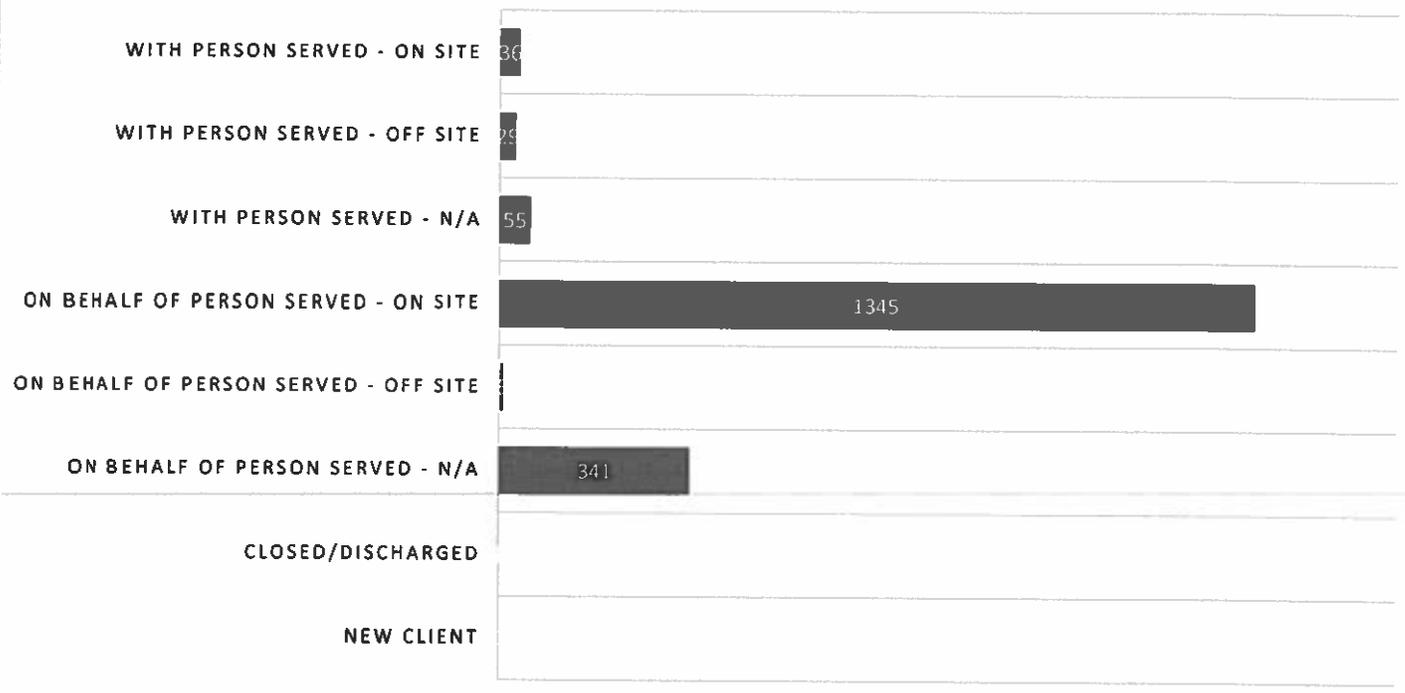
FY21 Q2

202 people were served, for a total of 1,813.75 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



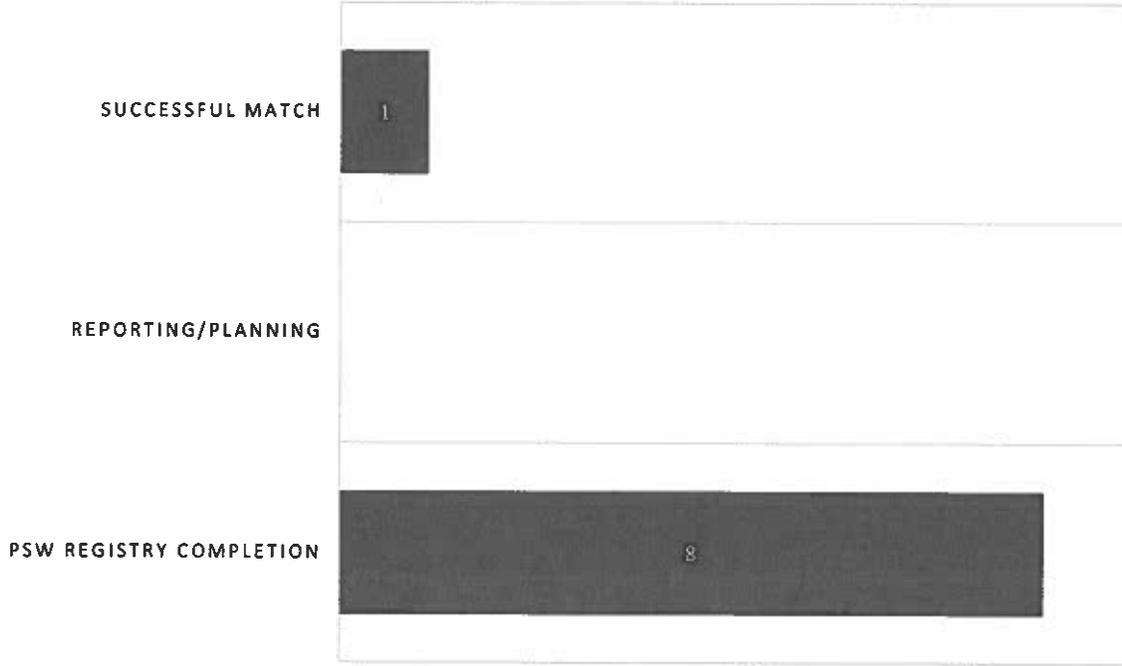
84

**PACE**

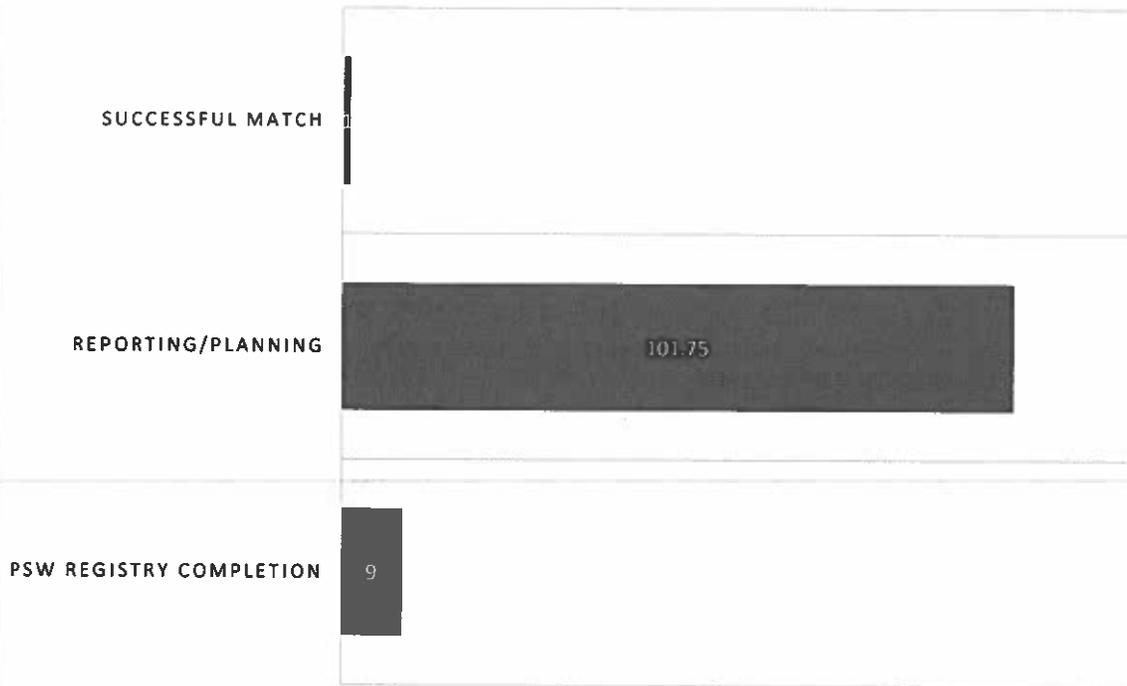
Consumer Control in Personal Support \$6,066.75  
10 PSWs registered, for a total of 111.75 hours

FY21 Q2

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



85

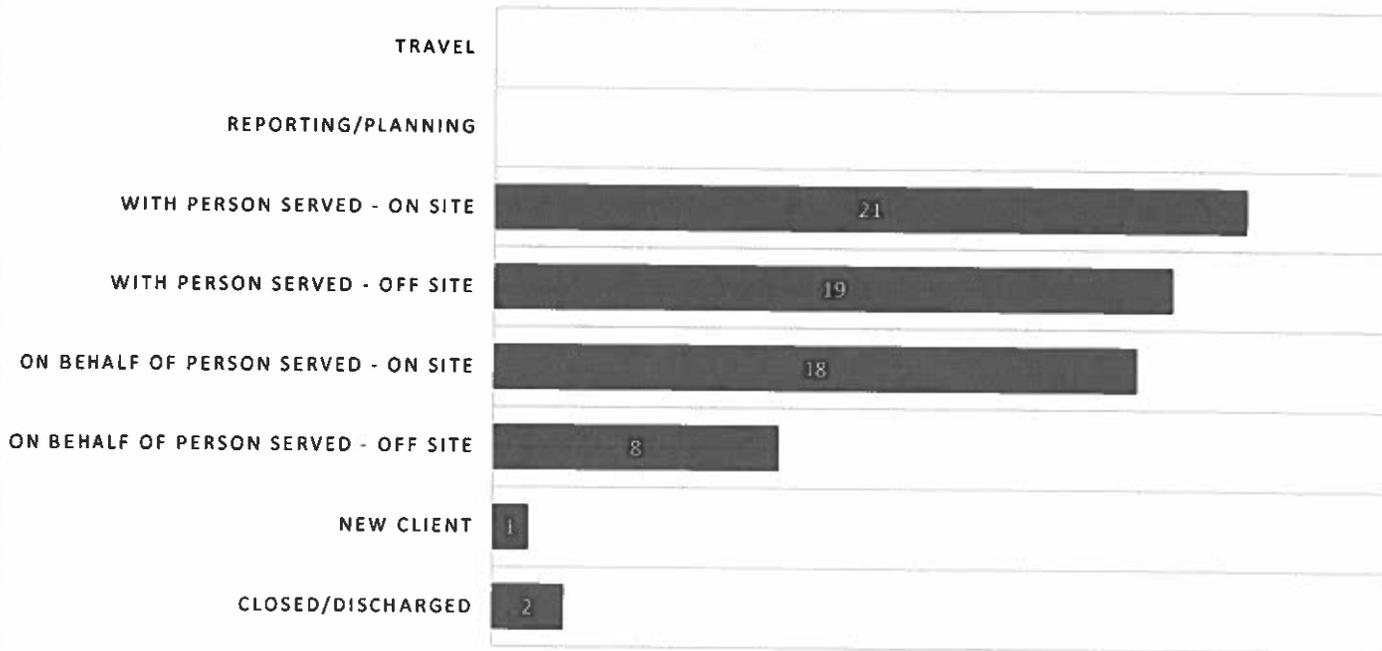
**Rosecrance Central Illinois**

Coordination DD/MI \$8,787.50

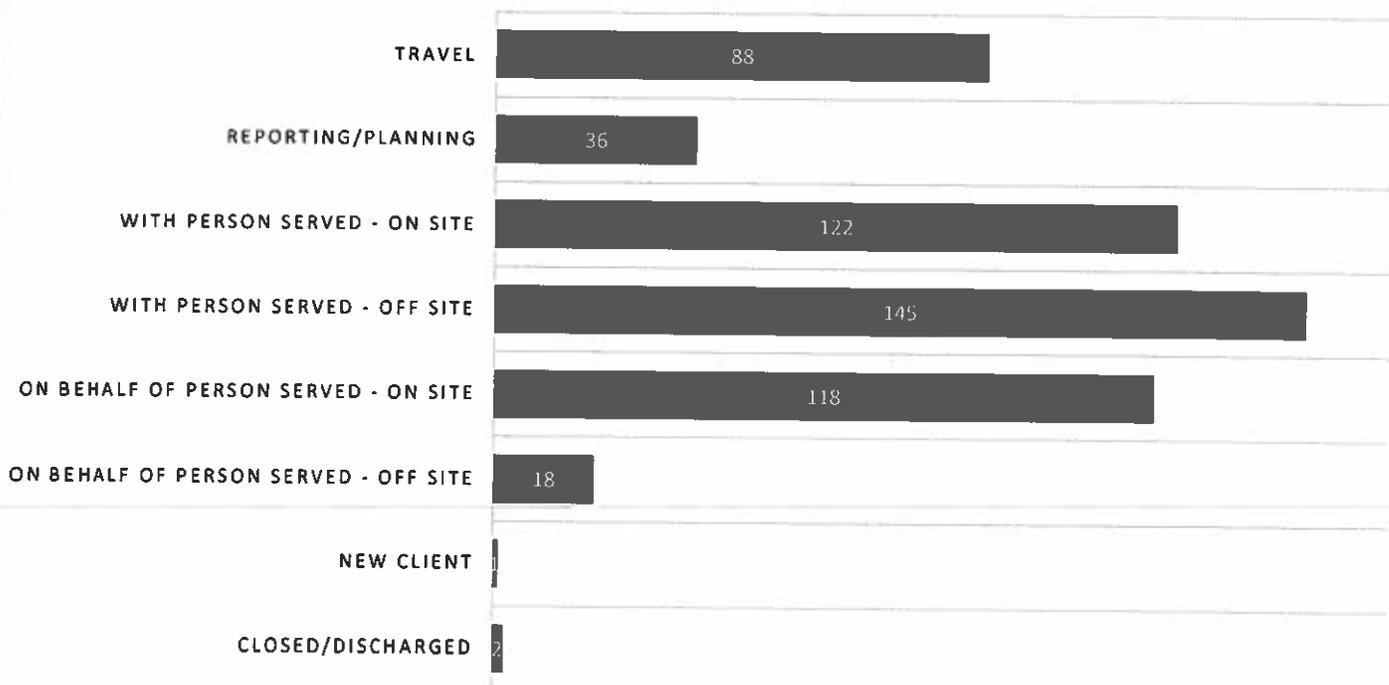
FY21 Q2

24 people were served, for a total of 530 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



86



# United Way 2-1-1 Report

**Champaign County**

October - December 2020

Submitted by: Susan Williams, Database Manager, PATH, Inc.

11.C.

## 211 COUNTS

PATH has joined many other 211's in offering the 211 Counts Data Dashboard. You now have the ability to see real-time call data for all counties PATH provides 211 services to.

Please follow this link to see last quarter's data specifically for Champaign County:  
<http://uwaypath.211counts.org/dashBoard/socialShare/ff80808176b4174f0176f85c7ffa0087>

Following are some general instructions on using 211 Counts once you are on their site. To see the choices you can pull data from, click on the "ALL" drop down box located under "Choose data to display." There are seven different geographical searches for you to choose from. You can also choose a specific date range.

Some of the data is not prominently displayed, such as age and gender, but if you click on the "people" icon (it looks like this ) that sits in between the 'TOP REQUEST CATEGORIES' and 'PERCENT/COUNT' numbers, it will pull up a separate box that displays age and gender *specific to that category*.

This tool allows you to search data nationally, as well. Go to the 211 Counts Home Page by clicking on their logo at the top left of the page. There, you can compare data from other states with Illinois'. You may also want to click on "About us" and "About the data" located on the bottom left to see additional explanations.

The statistics listed below are some of the data elements that 211 Counts does not collect. I will not be showing any "0" values under Contact Person Type or Referral Source.

### Follow-Ups

Number Performed	116
Received Assistance	28
Did Not Receive Assistance	21
Attempted/no answer/number did not work/referral not contacted	67

### Call Time

8:00 am - 5:00 pm	531
6:00 pm - 11:00 pm	66
Midnight - 7:00 am	31

### Contact Person Type

Individual	582
Agency	8
Third Party	32
Police/Sheriff	2
Hospital/Doctor	3
School	1

### Referral Source

Self-Referral	462
Agency	120
Case Worker	7
Doctor/Hospital/Clinic	2

87

**Rosecrance Central Illinois**

Coordination DD/MI \$8,787.50

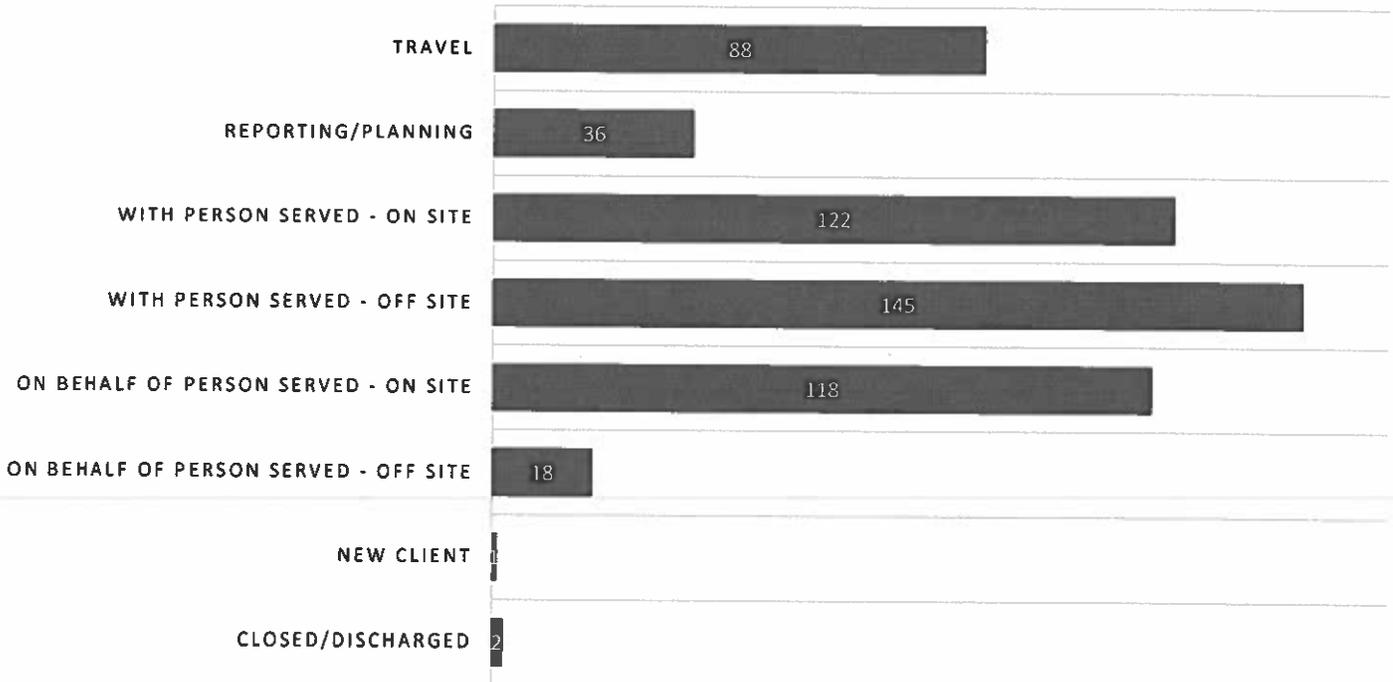
FY21 Q2

24 people were served, for a total of 530 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**





# United Way 2-1-1 Report

**Champaign County**

October - December 2020

Submitted by: Susan Williams, Database Manager, PATH, Inc.

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Third Party	32
Police/Sheriff	2
Hospital/Doctor	3
School	1

### Referral Source

Self-Referral	462
Agency	120
Case Worker	7
Doctor/Hospital/Clinic	2

87

Clergy/Church	1
Family/Friend	16
Police/Fire	5
Business	5
Internet	5
Newspaper/Magazine	1
Television	1
United Way	3

**COVID-19 Contacts**

Out of the 628 total contacts for Champaign County, 168 were directly related to COVID-19.

**Top Agency Referrals**

Champaign County Regional Planning Commission	235
Salvation Army of Champaign County	165
Illinois Department of Commerce & Economic Opportunity	85
City of Champaign Township	47
Cunningham Township	47
Austin's Place Emergency Shelter for Women	33
C-U at Home	33
Countrybrook Apartments	19
Restoration Urban Ministries	17
Homestead Corporation of Champaign-Urbana	16
Stone Creek Church Food Pantry	15

**All 211 Calls**

10-01-2020 through 12-31-2020

Service Level % = Percentage of calls answered within 90 seconds. Our goal is 80%. Our goal for abandoned calls is 9%.

SKILL NAME	TOTAL CALLS	AVG HANDLE TIME	ABAN-DONS	AVG INQUEUE TIME	ABAN-DONS	AVG ABANDON TIME	SERV. LEVEL
United Way 211	11,242	00:06:25	1,644	00:01:06	12.75%	00:01:21	71.00%

88

**PATH, Inc.**  
**Statistical Report**  
**Search Option - County and AIRS Problem Needs and Referral Count**  
**10/01/2020 To 12/31/2020**

**Total Contacts in Date Range: 11585**

628	5.421%	Champaign			
		320	50.955%	Housing	
				367	114.688% Rent Payment Assistance
				95	29.688% Homeless Shelter
				76	23.75% Low Income/Subsidized Rental Housing
				7	2.188% Transitional Housing/Shelter
				6	1.875% Homeless Drop In Centers
				6	1.875% Housing Authorities
				4	1.25% Housing Search Assistance
				3	0.938% Crisis Nurseries/Child Care
				3	0.938% Mortgage Payment Assistance
				2	0.625% Domestic Violence Shelters
				2	0.625% Housing Down Payment Loans/Grants
				2	0.625% Ramp Construction Services
				1	0.313% At Risk/Homeless Housing Related Assistance Programs
				1	0.313% Bathroom Modification Services
				1	0.313% Emergency Related Eviction/Foreclosure Moratoriums
				1	0.313% Family Permanent Supportive Housing
				1	0.313% Home Rehabilitation Programs
				1	0.313% Tenant Rights Information/Counseling
				1	0.313% Weatherization Programs
					<b>580 TOTAL Referral Count</b>
		117	18.631%	Utility Assistance	
				194	165.812% Utility Assistance
				5	4.274% Water Service Shutoff Suspension Programs
				2	1.709% Internet Service Payment Assistance
					<b>201 TOTAL Referral Count</b>
		61	9.713%	Information Services	
				6	9.836% Information and Referral
				2	3.279% Comprehensive Information and Referral
				1	1.639% Information Sources
				1	1.639% Specialized Information and Referral
					<b>10 TOTAL Referral Count</b>
		55	8.758%	Individual, Family and Community Support	
				38	69.091% Holiday Programs
				18	32.727% In Home Assistance
				5	9.091% Home Maintenance and Minor Repair Services
				3	5.455% Adult Protective Intervention/Investigation
				3	5.455% Charities/Grantmaking Organizations
				1	1.818% Burial Services
				1	1.818% Case/Care Management
				1	1.818% Support Groups
					<b>70 TOTAL Referral Count</b>

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42	6.688%	<b>Food/Meals</b>		
		123	292.857%	Food Pantries
		10	23.81%	Food Stamps/SNAP
		5	11.905%	Home Delivered Meals
		2	4.762%	Grocery Ordering/Delivery
		2	4.762%	Soup Kitchens
		<b>142 TOTAL Referral Count</b>		
29	4.618%	<b>Mental Health/Addictions</b>		
		15	51.724%	Detoxification
		13	44.828%	General Counseling Services
		5	17.241%	Crisis Intervention
		5	17.241%	Substance Use Disorder Treatment Programs
		2	6.897%	Recovery Homes/Halfway Houses
		1	3.448%	Caregiver Counseling
		1	3.448%	Community Mental Health Agencies
		1	3.448%	Family Counseling
		1	3.448%	General Psychiatry
		1	3.448%	Mental Health Drop In Centers
		1	3.448%	Mental Health Information/Education
		<b>46 TOTAL Referral Count</b>		
28	4.459%	<b>Legal, Consumer and Public Safety Services</b>		
		17	60.714%	General Legal Aid
		3	10.714%	Advocacy
		3	10.714%	Identification Cards
		2	7.143%	Birth Certificates
		2	7.143%	Domestic Violence Intervention Programs
		2	7.143%	Immigration/Naturalization Legal Services
		1	3.571%	General Benefits Assistance
		1	3.571%	Municipal Police
		1	3.571%	Reduced Cost Motor Vehicle Registration
		<b>32 TOTAL Referral Count</b>		
25	3.981%	<b>Income Support/Assistance</b>		
		7	28%	General Relief
		6	24%	State Unemployment Insurance
		2	8%	Credit Counseling
		1	4%	Child Care Expense Assistance
		1	4%	Financial Literacy Training
		1	4%	Social Security Disability Insurance
		1	4%	Social Security Retirement Benefits
		1	4%	SSI
		1	4%	Taxpayer Advocate Services
		1	4%	Temporary Financial Assistance
		<b>22 TOTAL Referral Count</b>		
22	3.503%	<b>Health Care</b>		
		13	59.091%	Dental Care
		3	13.636%	COVID-19 Control
		3	13.636%	Eye Care
		3	13.636%	Prescription Expense Assistance
		2	9.091%	Community Clinics
		2	9.091%	General Medical Care
		2	9.091%	Medicaid

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		1	4.545%	Centers for Independent Living
		1	4.545%	COVID-19 Diagnostic Tests
		1	4.545%	Public Health Information/Inspection/Remediation
		<b>31 TOTAL Referral Count</b>		
20	3.185%	Clothing/Personal/Household Needs		
		11	55%	Clothing
		6	30%	Diapers
		4	20%	Furnaces
		3	15%	Furniture
		3	15%	Personal/Grooming Supplies
		2	10%	Thrift Shops
		1	5%	Automotive Repair and Maintenance
		<b>30 TOTAL Referral Count</b>		
16	2.548%	Transportation		
		4	25%	Transportation Expense Assistance
		2	12.5%	Local Bus Services
		2	12.5%	Non-Emergency Medical Transportation
		1	6.25%	Transportation Passes
		<b>9 TOTAL Referral Count</b>		
5	0.796%	Volunteers/Donations		
		4	80%	Household Goods Donation Programs
		<b>4 TOTAL Referral Count</b>		
4	0.637%	Disaster Services		
		13	325%	Extreme Weather Shelters
		1	25%	Disaster Related Cash Grants
		<b>14 TOTAL Referral Count</b>		
4	0.637%	Other Government/Economic Services		
		1	25%	City Government Departments/Offices
		1	25%	Election Information
		1	25%	Recycling
		1	25%	State Officials Offices
		<b>4 TOTAL Referral Count</b>		
2	0.318%	Employment		
		1	50%	Comprehensive Job Assistance Centers
		<b>1 TOTAL Referral Count</b>		
1	0.159%	Not Recorded		
<b>751 TOTAL AIRS Problem Needs</b>				
<b>628 TOTAL Search Option - County</b>				

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**PATH, Inc.**  
**Statistical Report**  
**Search Option - County and Unmet Need Count and Unmet Need Reasons**  
**10/01/2020 To 12/31/2020**

**Total Contacts in Date Range: 11585**

628	5.421%	Champaign		
		7	1.115%	Temporary Financial Assistance
		4	57.143%	Service is unavailable
		2	28.571%	COVID19 - Service unavailable or caller not eligible
				<b>6 TOTAL Unmet Need Reasons</b>
		6	0.955%	Homeless Motel Vouchers
		3	50%	Service is unavailable
		1	16.667%	COVID19 - Service unavailable or caller not eligible
		1	16.667%	Housing unavailable due to waiting lists
				<b>5 TOTAL Unmet Need Reasons</b>
		5	0.796%	Homeless Shelter
		1	20%	Does not meet eligibility guidelines for program
		1	20%	Service is unavailable
		1	20%	Service is unavailable for men
		1	20%	Service referral is refused
				<b>4 TOTAL Unmet Need Reasons</b>
		3	0.478%	Home Maintenance and Minor Repair Services
		2	66.667%	Service is unavailable
		1	33.333%	Does not meet eligibility guidelines for program
				<b>3 TOTAL Unmet Need Reasons</b>
		3	0.478%	Rent Payment Assistance
		1	33.333%	Does not meet eligibility guidelines for program
		1	33.333%	Service is out of funds
		1	33.333%	Service referral is refused
				<b>3 TOTAL Unmet Need Reasons</b>
		3	0.478%	Transportation Expense Assistance
		3	100%	Service is unavailable
				<b>3 TOTAL Unmet Need Reasons</b>
		3	0.478%	Utility Assistance
		3	100%	Service is unavailable
				<b>3 TOTAL Unmet Need Reasons</b>
		2	0.318%	At Risk/Homeless Housing Related Assistance Programs
		1	50%	COVID19 - Service unavailable or caller not eligible
		1	50%	Housing unavailable due to waiting lists
				<b>2 TOTAL Unmet Need Reasons</b>
		2	0.318%	Clothing
		1	50%	Service is unavailable
				<b>1 TOTAL Unmet Need Reasons</b>
		2	0.318%	Holiday Programs
		1	50%	COVID19 - Service unavailable or caller not eligible
		1	50%	Service is unavailable
				<b>2 TOTAL Unmet Need Reasons</b>
		2	0.318%	Household Goods
		1	50%	COVID19 - Service unavailable or caller not eligible

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		1	50%	Service is unavailable
		<b>2 TOTAL Unmet Need Reasons</b>		
1	0.159%	Affordable housing		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Bedding/Linen		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Cremation of a service dog		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	General Benefits Assistance		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Home Delivered Meals		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Home Rehabilitation Services		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	In Home Assistance		
		1	100%	COVID19 - Service unavailable or caller not eligible
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Job Search/Placement		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Laundry Facilities		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Low Income/Subsidized Rental Housing		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Medical Care Expense Assistance		
		1	100%	COVID19 - Service unavailable or caller not eligible
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Mortgage Payment Assistance		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	State Unemployment Insurance		
		1	100%	Does not meet eligibility guidelines for program
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Transportation Passes		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Utility Service Providers		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		
1	0.159%	Winter Clothing Donation Programs		
		1	100%	Service is unavailable
		<b>1 TOTAL Unmet Need Reasons</b>		

**54 TOTAL Unmet Need Count**

**628 TOTAL Search Option - County**

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11.D.

## CCDDB 2021 Meeting Schedule

9:00AM Wednesday after the third Monday of each month  
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81559124557>

312-626-6799, Meeting ID: 815 5912 4557

- January 20** – Staff Office, Pod 200
- February 17** – Staff Office, Pod 200
- March 17** – Staff Office, Pod 200
- March 24** – Putman Room – *tentative study session*
- April 21** – Shields Room
- May 19** – Shields Room
- June 23** – Shields Room
- July 21** – Shields Room
- August 18** – Shields Room – *tentative*
- September 15 5:45PM** – Shields – *study session with CCMHB*
- September 22** – Putman Room
- October 20** – Shields Room
- November 17** – TBD
- December 15** – Shields Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

**Please email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.**

All meetings and study sessions include time for members of the public to address the Board.

Meetings are archived at <http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

**Public Input:** All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

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## CCMHB 2021 Meeting Schedule

5:45PM Wednesday after the third Monday of each month  
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682>

312-626-6799, Meeting ID: 813 9367 5682

- January 20** – Putman Room
- January 27** – Putman Room - *study session*
- February 17** - Putman Room
- February 24** – Putman Room - *study session*
- March 17** – Putman Room
- March 24**- Putman Room - *study session*
- April 21** – Shields Room
- April 28** – Shields Room - *study session*
- May 12** – Shields Room - *study session*
- May 19** – Shields Room
- June 23** – Shields Room
- July 21** – Shields Room
- September 15** – Shields Room – *joint study session*
- September 22** – Shields Room
- October 20** – Shields Room
- October 27** – TBD – *study session*
- November 17** – Shields Room
- December 15** – Shields Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

**Please email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.**

All meetings and study sessions include time for members of the public to address the Board.

Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

**Public Input:** All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

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**DRAFT January to December 2021 Meeting Schedule with Subject and Allocation Timeline for PY2022 continued, moving into PY2023**

This schedule provides dates and subject matter of meetings of the Champaign County Developmental Disabilities Board through 2021. 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 9AM; study sessions at 5:45PM. Included are tentative dates for steps in the funding allocation process for Program Year 2022 (July 1, 2021 – June 30, 2022) and deadlines related to PY2021 agency contracts.

01/04/21	<i>Online System opens for Agency Registration and Applications for PY2022</i>
1/20/21	<b>Regular Board Meeting</b>
1/29/21	<i>Agency PY2021 2<sup>nd</sup> Q Reports and CLC Progress Reports due</i>
2/12/21	<i>Agency deadline for submission of applications for PY2022 funding. Online system will not accept forms after 4:30PM.</i>
2/16/21	<i>List of Requests for PY2022 Funding assembled</i>
2/17/21	<b>Regular Board Meeting</b>
3/17/21	<b>Regular Board Meeting</b>
3/24/21	<b>Study Session - tentative</b>
4/14/21	<i>Program summaries released to Board; copies posted online with CCDDDB April 21, 2021 meeting agenda.</i>
4/21/21	<b>Regular Board Meeting:</b> Program Summaries Review and Discussion
4/30/21	<i>Agency PY2021 3<sup>rd</sup> Quarter Reports due</i>
5/12/21	<i>Allocation recommendations released to CCDDDB; copies posted online with CCDDDB meeting agenda.</i>
5/19/21	<b>Regular Board Meeting:</b> Allocation Decisions
6/23/21	<b>Regular Board Meeting:</b> Approve FY2022 Draft Budget
6/23/21	<i>PY2022 Contracts Completed</i>
7/21/21	<b>Regular Board Meeting:</b> Election of Officers

8/18/21 **Regular Board Meeting - tentative**

8/27/21 *Agency PY2021 4<sup>th</sup> Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due*

9/15/21 **Joint Study Session with CCMHB (5:45PM)**

9/22/21 **Regular Board Meeting**  
Draft Three Year Plan 2022-2024 with 2022 Objectives

10/20/21 **Regular Board Meeting**  
Release Draft Program Year 2023 Allocation Criteria

10/28/21 *Agency Independent Audits, Reviews, or Compilations Due*

10/29/21 *Agency PY2022 1<sup>st</sup> Quarter Reports Due*

11/17/21 **Regular Board Meeting**  
Approve Three Year Plan with One Year Objectives  
Allocation Decision Support – PY23 Allocation Criteria

12/13/21 *Public Notice to be published on or before this date, giving at least 21-day notice of application period.*

12/15/21 **Regular Board Meeting - tentative**

11.E.

**Agency and Program acronyms**

- CC – Community Choices
- CCDDB – 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.

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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

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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.

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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

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**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities  
Staff Report – February 2021**

**CCDDB:** PY2021 2<sup>nd</sup> Quarter Service Data Reports and Program Reports for CCDDB and CCMHB I/DD funded programs were printed and can be found in this Board packet. I am in the process of reviewing all of the 2<sup>nd</sup> Quarter reports.

At the time of this writing, Champaign County Down Syndrome Network had not yet completed their Program Report, Zip Code Report, or Demographics Report. A non-compliance letter was sent to the Agency Board President by the CCDDB/CCMHB Contracts and Compliance Coordinator. The Down Syndrome Network has not yet submitted their Financial Review. I noted in my previous staff report that the Auditor's Checklist had been submitted, but the Financial Review, completed by an Independent CPA firm, was not included in the packet.

The Online Reporting System closed for PY22 applications on February 12, 2021. A list of PY22 Applications will be included as an addendum to this Board packet. Application review will take up the remainder of February, March, and April.

I reviewed answers submitted via email to the interview questions for the Associate Director for Mental Health and Substance Use Disorders position. I also participated in candidate interviews and completed the candidate review form for each candidate.

**CCDDB Mini-Grant:** I continue to communicate with the people who have remaining funds available for purchases. At the time of this writing, total purchases have been made in the amount of \$51,296.

**Learning Opportunities:** On January 28, 2021, LaWanda H. Cook, PhD, CRC and Angel Love Miles, PhD presented "Considerations of Identity, Power, and Privilege in Serving People with Disabilities." After the presentation, I created Certificates of Attendance and CEU Certificates. Certificates were sent, along with presentation materials, to attendees.

We have reached out to Martin Hood to coordinate a Bookkeeping for Non-Profit Programs training. Due to tax season, it appears that this workshop will not be held until after April.

**MHDDAC:** I participated in January meeting of the MHDDAC.

**ACMHAI:** I participated in the monthly meeting of the ACMHAI I/DD Committee. I also participated in a meeting with ACMHAI Membership Committee chair, discussing training opportunities related to I/DD.

**NACBHDD:** I participated in monthly I/DD committee calls.

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**Disability Resource Expo:** The third Third Thursday Resource Round-up (TTRR) session was held on January 21, 2021. The final TTRR session is scheduled for February 18, 2021. The focus of the February session is Educational Services & Services for Young Children, with a presentation from Behavioral Perspective, Inc.

I participated in the Expo Steering Committee meeting. I administered the Expo Third Thursday Resource Round-up (TTRR) exhibitor recording events and sent each recording to Rev.com for English captioning and Spanish subtitles. The videos will be used for TTRR events and will be available on the Disability Resource Expo website.

I also maintained the February TTRR registration form and worked with the Expo Coordinators to troubleshoot phony registrants from the registration form. I will administer the Zoom session for the February TTRR events and assign registrants to their requested Breakout sessions.

**Community Coalition Race Relations Subcommittee:** I participated in the January meeting of the Race Relations Subcommittee meeting.

I am also participating in the United Way Equity Challenge and completing the Weekly Challenge activities.

**Other activities:** I participated in the January meeting of the Transition Planning Committee. I participated in a meeting with the University of Illinois Community Data Clinic.

I participated in approximately 20 webinars and/or Facebook lunchtime chats, including a plain language presentation on recommendations for Illinois to increase funding for services for people with I/DD and the Disability Statistic Compendium.

**Prioritization of Urgency of Needs for Services (PUNS) Summary Reports:** Updated "PUNS Summary by County and Selection Detail for Champaign County" and the "Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS by Zip Code" reports are attached. IDHS posted updated versions on January 11, 2021. These documents detailing the number of Champaign County residents enrolled in the PUNS database can be found below and online at [https://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS\\_Summary\\_by\\_Count\\_and\\_Selection\\_Detail.pdf](https://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_Summary_by_Count_and_Selection_Detail.pdf).

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**Division of Developmental Disabilities**  
**Prioritization of Urgency of Needs for Services (PUNS)**  
**Summary By County and Selection Detail**

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January 11, 2021

**County: Champaign**

<b>Reason for PUNS or PUNS Update</b>	<b>951</b>
New	27
Annual Update	326
Change of Category (Seeking Service or Planning for Services)	6
Change of Service Needs (more or less) - unchanged category (Seeking Service or Planning for Services)	10
Person is fully served or is not requesting any supports within the next five (5) years	256
Moved to another state, close PUNS	26
Person withdraws, close PUNS	27
Deceased	20
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	8
Unable to locate	53
Submitted in error	1
Other, close PUNS	188
<b>CHANGE OF CATEGORY (Seeking Service or Planning for Services)</b>	<b>404</b>
<b>PLANNING FOR SERVICES</b>	<b>125</b>
<b>EXISTING SUPPORTS AND SERVICES</b>	<b>362</b>
Respite Supports (24 Hour)	10
Respite Supports (<24 hour)	17
Behavioral Supports (includes behavioral intervention, therapy and counseling)	147
Physical Therapy	44
Occupational Therapy	91
Speech Therapy	116
Education	171
Assistive Technology	52
Homemaker/Chore Services	4
Adaptions to Home or Vehicle	4
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.)	35
Medical Equipment/Supplies	35
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	171
<b>TRANSPORTATION</b>	<b>361</b>
Transportation (include trip/mileage reimbursement)	86
Other Transportation Service	249
Senior Adult Day Services	1
Developmental Training	77
*Regular Work*/Sheltered Employment	63
Supported Employment	72
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	49
Other Day Supports (e.g. volunteering, community experience)	17
<b>RESIDENTIAL SUPPORTS</b>	<b>76</b>
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
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**

January 11, 2021

Community Living Facility	1
Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	4
Child Care Institutions (Including Residential Schools)	8
Other Residential Support (including homeless shelters)	9
<b>SUPPORTS NEEDED</b>	<b>375</b>
Personal Support (includes habilitation, personal care and intermittent respite services)	324
Respite Supports (24 hours or greater)	18
Behavioral Supports (includes behavioral intervention, therapy and counseling)	150
Physical Therapy	46
Occupational Therapy	72
Speech Therapy	92
Assistive Technology	47
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	6
Other Individual Supports	77
<b>TRANSPORTATION NEEDED</b>	<b>331</b>
Transportation (include trip/mileage reimbursement)	275
Other Transportation Service	308
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	<b>250</b>
Support to work at home (e.g., self employment or earning at home)	4
Support to work in the community	224
Support to engage in work/activities in a disability setting	88
Attendance at activity center for seniors	2
<b>RESIDENTIAL SUPPORTS NEEDED</b>	<b>109</b>
Out-of-home residential services with less than 24-hour supports	60
Out-of-home residential services with 24-hour supports	55
<b>Total PUNS:</b>	<b>57,378</b>

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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  
 01/11/21

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactives05102016.pdf>

Zip Code	Active PUNS	Total PUNS
60949 Ludlow	0	3
61801 Urbana	30	84
61802 Urbana	56	124
61815 Bondville (PO Box)	1	1
61816 Broadlands	1	3
61820 Champaign	44	94
61821 Champaign	75	192
61822 Champaign	52	106
61826 Champaign	0	1
61840 Dewey	0	2
61843 Fisher	5	12
61845 Foosland	1	1
61847 Gifford	0	1
61849 Homer	0	5
61851 Ivesdale	1	2
61852 Longview	1	1
61853 Mahomet	29	70
61859 Ogden	4	13
61862 Penfield	0	2
61863 Pesotum	0	2
61864 Philo	3	11
61866 Rantoul	27	86
61871 Royal (PO Box)	--	-- no data
61872 Sadorus	2	2
61873 St. Joseph	13	26
61874 Savoy	6	17
61875 Seymour	2	3
61877 Sidney	4	10
61878 Thomasboro	0	2
61880 Tolono	5	25
<b>Total</b>	<b>362</b>	<b>901</b>

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## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – February 2021 Board Meeting**

#### **SUMMARY OF ACTIVITY:**

##### **Audit Compliance:**

Audits/financial reviews have not been received from five agencies. Formal letters of suspension were sent and payments to them have been paused. They are: First Followers, Promise Healthcare, Urbana Neighborhood Connections, DREAM House, (all CCMHB funded) and Down Syndrome Network (CCDDB funded).

Consultant, John Brusveen is again reviewing the audits.

##### **Other Compliance:**

Formal letters requesting “corrective action plans” were sent to Down Syndrome Network (CCDDB funded), Uniting Pride (UP Center), Champaign County Christian Health Center (CCCHC), GROW, and Rattle the Stars (CCMHB funded) for various compliance issues. They will have 30 days to develop their plan.

##### **Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):**

Due to Covid-19, we have put a “hold” on art shows at the Market IN the Square and International Galleries. I’m keeping in contact with the artists and encouraging them to send photos of their recent work and to keep their contact information updated.

##### **Trainings:**

I attended “Considerations of Identity, Power, and Privilege in Serving People with Disabilities on January 28, 2021.

##### **2022 Applications:**

The application system will close on February 12, 2021.

##### **Other:**

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing detailed minutes from the meetings.
- Participating in virtual meetings and study sessions for the CCDDB/CCMHB.
- I am sitting on the Search Committee for the Associate Director position. We have interviewed five applicants.



# **2021 February Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator**

## **Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies**

### **CLC Learning Opportunity For CCMHB/DDB Study Session Follow Up:**

1. I have provided a summary of 2<sup>nd</sup> Quarter Reports and the organizations that have completed them on-time. There is a copy of Community Choices and Champaign County Regional Planning Commission 2<sup>nd</sup> Quarter Report. I have noticed the various activities that each agency is doing to implement their journey of cultural competence. They have provided a summary of actions they have completed for the 1<sup>st</sup> and 2<sup>nd</sup> Quarters. If you have any specific questions, please feel free to reach out to me.

### **Cultural Competence Training/Support**

**Mahomet Area Youth Club:** Quarterly Board CLC Training February 9, 2021

**Champaign County Head Start:** I served on a panel sponsored by the CLC Committee on February 4, 2021 about how the support families about receiving information about getting the COVID-19 Vaccine.

### **CLC Coordinator Direct Service Activities**

#### **2<sup>nd</sup> Quarterly Reports**

I reviewed 2<sup>nd</sup> quarter reports for agencies to see whose reports were completed. I am still reviewing for additional feedback to organizations.

#### **FY 22 Application Period-**

Applications will be due on February 12, 2021. I have been providing support to agencies on updating their information in the system for the application.

#### **Healing Illinois Grant:**

The Healing Illinois Grant has started. If you are interested in participating in the Equity Challenge, please feel free to sign-up. There are members of the staff and board that have committed to participate in the activities of the challenge.

[https://unitedwavillinois.org/equity-challenge/?fbclid=IwAR1gxUM4IkADsi84SiTO1uaS428gW9HY1wefJCvUWrNz25S3o\\_PeJdk8ALg](https://unitedwavillinois.org/equity-challenge/?fbclid=IwAR1gxUM4IkADsi84SiTO1uaS428gW9HY1wefJCvUWrNz25S3o_PeJdk8ALg)

### **Anti-Stigma Activities/Community Collaborations and Partnerships**

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## **2021 February Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator**

**C-HEARTS African American Storytelling Project:** I am continuing to meet with C-Hearts and from this Campus and Community collaboration there is a partnership that is created with DREAM and The Well Experience called the ASPIRE Program. The Ambitions and Stories of young People Inspiring Resilience and Engagement (ASPIRE) connectedness program. The objectives of the ASPIRE program are to facilitate Black youth's exploration of their strengths and resilience, foster socio-cultural connectedness, and encourage youth to imagine a future filled with unlimited possibilities. I provided the training for the Facilitators on December 10, 2020. The program will be implemented in February.

### **Disability Expo:**

I provided support to the Third Thursday Resource Roundups (TTRRs) on January 21, 2021 and will provide support for the February TTRR.

### **ACMHAI:**

I attended the Legislative Committee Meeting on January, 15, 2021.

## **Short Reading List to continue the conversation about Racism and Trauma as a decision maker.**

As the conversation about Racism as a public health issue continues, I want to make sure that we continue to look at the foundational work that has been done and begin looking at specific elements of the foundational documents that were used by the CCMHB/DDB to make decisions about Cultural and Linguistic Competence. I have added information about Juvenile Justice Reform as our community considers a Juvenile Justice Council. I have also included a plan from the Seattle Washington Planning Commission about resilience and recovery.

Please feel free to reach out to me if you have any questions or would like to discuss some of the articles that I have provided.

### **MENTAL HEALTH: Culture, Race, and Ethnicity**

#### **A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL**

<https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1&isAllowed=y>

### **National CLAS Standards Fact Sheet**

<https://thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf>

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**Models for Change:** Featuring research, tools, findings, and lessons from a decade of juvenile justice systems reform aimed at improving outcomes for youth and communities.

[\*\*http://www.modelsforchange.net/index.html\*\*](http://www.modelsforchange.net/index.html)

**Helping Children Thrive: Early Childhood Development & ACEs (Infographic Provided)**

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**2021 February Staff Report- Shandra Summerville**  
**Cultural and Linguistic Competence Coordinator**

<https://www.nihcm.org/categories/helping-children-thrive-early-childhood-development-aces>

**Health & Medicine Honors Juneteenth**

<http://hmprg.org/blog/juneteenth-2020-dr-linda-rae-murray/>

	A	B	C	D	F
1	2020 CCMHB/DDB Agency Cultural and Linguistic Reporting Form				
2	Agency		2nd Quarterly Reports Completed		
3	Champaign County Down Syndrome Network (DDB)				
4	Champaign County Head Start(RPC) (DDB/MHB)		Yes		
5	Champaign County Regional Planning Commission Community Services		Yes		
6	Champaign County Christian Health Center		Yes		
7	Champaign County Healthcare Consumers				
8	Children's Advocacy Center		Yes		
9	Community Choices (DDB)		Yes		
10	Community Service Center of Northern Champaign County		Yes		
11	Courage Connection		Yes		
12	Crisis Nursery		Yes		
13	C-U Able (DD)		Yes		
14	Cunningham Children's Home		Yes		
15	DREAM		Yes		
16	Developmental Services Center (DDB)		Yes		
17	Don Moyer's Boys and Girls Club		Yes		
18	Family Service Center		Yes		
19	First Followers		Yes		
20	GROW Illinois		Yes		
21	Mahomet Area Youth Club		Yes		
22	NAMI Illinois		Yes		
23	PACE				
24	Promise Healthcare Systems		Yes		
25	Rape Advocacy, Counseling & Education		Yes		
26	Rattle the Stars				
27	Refugee Assistance Center		Yes		
28	Rosecrance C-U		Yes		
29	UP(Uniting Pride) Center				
30	Urbana Neighborhood Connections		Yes		

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**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form – Champaign County Regional Planning Commission (CCRPC)**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

<p><b>Sections of National Standards for Culturally and Linguistically Appropriate Services</b></p>	<p><b>Summarize 2<sup>nd</sup> Quarterly Progress for sections outlined in your CLC Plan</b></p>
<p><i>Annual Cultural Competence Training</i></p>	<p><i>All Community Services staff have a goal on their performance reviews for this coming year to attend a training on cultural competency. This goal is monitored by supervisors and impacts staffs' overall performance review score.</i></p> <p><i>All Head Start participated in quarterly cultural competency training. Head Start Managers participate in monthly cultural competency training.</i></p> <p><i>The Cultural Competence Committee also had Shandra Sommerville, Cultural and Linguistic Competence Coordinator with the Mental Health and Developmental Disabilities Boards, attend one of their meetings to do an information training for committee members.</i></p> <p><i>Youth Assessment Center and No Limits staff have attended trainings on the following topics: Cultural Competency and Making Safe Space for LGBTQI-GNC People and Cultural and Developmental Competence with Transition-aged Youth.</i></p> <p><i>HSSC (CSPH Coordination) are planning</i></p>

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**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form – Champaign County Regional Planning Commission (CCRPC)**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

	<p><i>an LGBTQ+ Training for the Continuum's membership on February 8th and have worked with the LGBTQ+ Homeless Workgroup to make more specialized trainings available to member agencies.</i></p>
<p><i>Governance, Leadership and Workforce</i></p>	<p><i>The Cultural Competence Committee is currently in the process of reviewing and updating CCRPC's Cultural Competency plan for FY22. The Committee meets once per month, year round.</i></p> <p><i>All Community Services and Head Start staff have received a copy of CCRPC's FY21 Cultural Competence Plan.</i></p> <p><i>Staff continue to participate in a wide range of community meetings and share information with their teams. Meetings include Champaign Community Coalition, Council of Service Providers to the Homeless, Local Area Network, Rantoul Providers Meeting, Home Visiting Consortium, Champaign County Local Interagency Council, Human Service Council, Committee on Aging and more.</i></p> <p><i>The Cultural Competence Committee put together an informational flyer about the Committee (its purpose and how to join) that HR now provides to all new employees</i></p>

**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form – Champaign County Regional Planning Commission (CCRPC)**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

<p><i>Communication and Language Assistance</i></p>	<p><i>Community Service staff continue to incorporate a question on the Client Satisfaction Survey that asks if clients knew how to request language assistance if needed. In the first two quarters of FY21, 95% of people surveyed reported that, "If applicable, Champaign County Regional Planning Commission staff informed me on how to request language assistance" or denoted it was not applicable.</i></p> <p><i>All Head Start families complete a Home Language Survey upon enrollment (ongoing) and also receive a Parent Satisfaction Survey annually.</i></p> <p><i>Head Start pays a differential rate to staff who are fluent in different languages. Currently Head Start employs staff that are fluent in Spanish, French, Arabic and American Sign Language.</i></p> <p><i>Staff continue to develop program forms in different languages as needed.</i></p> <p><i>The Independent Service Coordination team recently signed a contract with a sign language interpreter to be able to utilize her services when needed for meetings with clients.</i></p>
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**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form – Champaign County Regional Planning Commission (CCRPC)**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

	<p><i>The Youth Assessment Center has a staff member that is bilingual in English and Spanish. Staff also utilize the Refugee Center and other local free resources for translation services when needed.</i></p> <p><i>HSSC works with other RPC programs to have required forms translated into other languages as needed. We have frequently used documents on-hand in Spanish.</i></p>
<p><i>Engagement, Continuous Quality Improvement and Accountability</i></p>	<p><i>The Cultural Competency Committee recently reviewed CCRPC staff racial demographic data put together by HR and compared this information to census data on race for residents in Champaign County.</i></p> <p><i>The Committee also invited Shandra Sommerville, Cultural and Linguistic Competence Coordinator with the Mental Health and Developmental Disabilities Boards, to attend one of their meetings and provide direction/input on committee purpose and goals.</i></p> <p><i>Head Start ran live Weekly Wellness Workshops for staff and families to support stress management through the development of coping skills.</i></p> <p><i>Head Start staff created and collaborated</i></p>

**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form – Champaign County Regional Planning Commission (CCRPC)**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

	<p><i>with CU TRI on self-care community of practice facebook groups oriented around collective-care and wellness.</i></p> <p><i>Community Services and Head Start staff have an annual goal on their performance reviews to distribute client satisfaction surveys to 100% of their clients. This is monitored by supervisors and data is collected in Survey Monkey.</i></p>
<p><i>Cultural Competence Organizational or Individual Assessment/Evaluation</i></p>	<p><i>As of 12/31/20, CCRPC's Community Action Board is complete with 15 members and no vacancies. There are five client sector, five public sector, and five private section members.</i></p> <p><i>Head Start has seven parents and community representatives on the Policy Council and Parent Committees.</i></p> <p><i>97% of clients served by the Community Services Division reported strongly agree or agree to the question "Champaign County Regional Planning Commission staff recognized my needs and preferences and allowed me to be an active participant in the development of my goals and service plan" on the client satisfaction survey.</i></p> <p><i>The Community Services Division is also currently conducting Zoom presentations</i></p>

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**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form – Champaign County Regional Planning Commission (CCRPC)**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

	<p><i>on all programs in the Community Service Division. These training are open to all staff to facilitate cross training and ease of internal referral for clients.</i></p>
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**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

\*Hi Shandra – I hope it’s OK that I adjusted the format somewhat. I wasn’t sure how to respond clearly with out including the benchmarks we set up for each standard. If you’d like me to adjust the format, please just let me know!

<b>Sections of National Standards for Culturally and Linguistically Appropriate Services</b>	<b>Benchmarks:</b>	<b>Summarize 2<sup>nd</sup> Quarterly Progress for sections outlined in your CLC Plan</b>
<i>Annual Cultural Competence Training</i>	<p>No Formal Benchmarks for this standard.</p> <p>Annual staff and board training is built into several of our other benchmarks.</p>	<p>CC Staff did participate in the following trainings:</p> <p>Webinar: Roundtable - Building Intersectional Movements: Disability Justice and Racial Equity</p> <p>Webinar: Fireside Chat - Setting an Equity Agenda: A City Hall Perspective</p> <p>Webinar: Roundtable - Mapping Our Paths Towards Liberation</p> <p>Webinar: Pursuing Equity for Black Students in K-12 Education: Exploring the Intersection of Race and Disability - Thought Leader Conversation (TLC) Series</p> <p>AANE Virtual Conference: Connections</p>
		<p>Webinar: Not So Small: Examining and Addressing Racial Microaggressions</p>

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**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form**

**Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan**

		Webinar Series on Person Centered Planning: Charting the Lifecourse (Pts 1, 2, 3)
<i>Governance, Workforce and Leadership</i>		
	Intentional recruiting of diverse skills, and cultural experiences, including those of self-advocates will be sought.	1 board seat became vacant during Q2. Efforts were made to recruit a self-advocate to join the board. Emails to members, announcements at events, and an online interest survey/application was distributed through the newsletter. 1 advocate is interested and will audit a meeting in January to decide if she wishes to move forward with joining.
	100% of board members will complete a training.	Will Complete in Q3/Q4
	An organizational self-assessment will be utilized as part of the CLC training.	Will complete in Q3/Q4
	The board will review and approve the CLC plan each year.	Will complete as part of the FY22 CCDDDB application cycle.
	All staff have an annual signed acknowledgement of the CLC plan in their personal files.	Will complete following CCDDDB application submissions.
	100% of staff have received training as part of their initial orientation.	1 new staff person was hired in Q1/Q2. She received CLC training in August 2020 as part of her on-boarding. This included review of the CLC plan, organizational values, and outside reading sources.

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**CLC Plan 2<sup>nd</sup> Quarter Progress Reporting Form**

Please Report about the mid-year progress on your Cultural and Linguistic Competence (CLC) Plan based on the actions outlined in your CLC Plan. You will upload this document to the Cultural Competence Plan

	Utilize a multi-pronged approach to advertising positions (i.e. send info to culturally diverse groups), include interview questions that indicate the openness of interviewees.	1 new position was open during Q1/Q2. Position was advertised on many sources. Interview questions designed to elicit information about the individuals openness to inclusive values. The person hired is from an indigenous group of people.
	100% are offered and participate in an internal CLC training annually with additional external trainings and resources provided when available.	Will complete in Q3/Q4
	All staff complete an assessment and participate in a discussion about CLC values as it pertains to the organization and their individual jobs.	Will complete in Q3/Q4
<i>Cultural Competence Organizational or Individual Assessment/Evaluation:</i>		
		No Formal Benchmarks for this standard.  Assessment and Evaluation are built into several of our other benchmarks.
<i>Communication and Language Assistance</i>		
	Visual charts for overall department operations are created and added to organizational materials. Additional visual charts for programs and processes are created.	Visual representations created for all departments and added to the Participant Handbook. During summer and fall we have worked to update these. Major changes made to Community Living based from partnership with UIUC evaluation team. Work continues to create additional visual tools to match organizational changes and program updates.

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	Cooperative relationships with interpretive resources are maintained and renewed. Continue to encourage bilingual applicants for staff positions.	We have a list of translators that was shared through CCMHDDAC. No one has requested their use at this point.
	Handbooks are updated, approved, and distributed to members annually.	Major update of handbooks/policies occurs in the spring.
<i>Engagement Continuous Improvement and Accountability</i>		
Engagement :		
	Continue participation in Expo Planning, TPC, MHAC, Job Developers, and other state and local interest groups. Support self advocates to have voice in those groups.	<p>We continue to participate in the following groups:                      TPC                      Expo Steering Committee                      Job Developers                      CCMHDDAC (ED is Chairperson)                      The Alliance                      UIC's Special Interest Group on Sexuality Education and Health                      Public Health's Comprehensive Sexuality Education taskforce (committee?)</p> <p>In Q3 we joined the Community Shares of Illinois.</p> <p>We have also helped self-advocates participate in groups/advocacy efforts including:                      LEND (UIUC fellowship program)                      Speak Up Speak Out (Member presented at Oct. Virtual Event)</p> <p>We have supported several members to write for Smile Politely, but this has been on hiatus because of COVID restrictions.</p>
	Relationships with at least 5 groups	RACES – Health Relationships Classes Bucket Brigade – grocery delivery for

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	are developed/maintained	<p>members in need LEND – we are now a project/internship site for interested students CU Lockdown Trivia – have built direct relationship with organizer who has worked to make it an inclusive space for our members with I/DD</p> <p>Other relationships that exist:</p> <ul style="list-style-type: none"> <li>- Public Health (on hold due to COVID)</li> <li>- DSC – LEAP Collaborative Project</li> <li>- Champaign Center Partnership</li> </ul> <p>UIUC’s Sped Department (frequent speaker at classes)</p>
	Take part in 3 outreach activities and collaborate with diverse community groups.	<p>Participated as a featured group YMCA’s Welcoming Week for new Americans (gave presentation and was available for direct questions)</p> <p>Participated In Nov. Virtual Expo.</p>
	CC Advisory Board will connect and train community groups on the importance of respectful and positive interactions with people with I/DD.	<p>CC’s AIB spent the summer and fall learning about social movements and the civil rights struggles of many groups in US history and their intersection with disability rights fights. These will be a source for future trainings.</p> <p>We also added 2 community members to this group.</p>
	Continue formal partnership with DSC on employment 1st. Meet and connect with other area leaders.	<p>LEAP collaboration continues.</p> <p>Active with the CCMHDDAC group continues.</p> <p>ED serves as a HACC commissioner.</p>
	CONTINUOUS IMPROVEMENT	
	Demographic information will be	This continues for each new participant

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	collected and reported quarterly to the CCDDDB	and is updated each quarter.
	One class is offered with participation from diverse groups encouraged.	Will complete in Q3/Q4
	Families and people with I/DD complete satisfaction surveys. An annual membership meeting is held to discuss services and future ideas. People with I/DD and families are encouraged to have ongoing engagement in the Community Choices' strategic plan.	Will complete the annual survey in Q3/Q4.  A Community Living Expansion Workgroup of members, board members, and staff was established (part of our strategic plan).
	ACCOUNTABILITY	
	A summary of survey results is shared via the monthly newsletter after results are analyzed	Will complete in Q3/Q4
	Quality Assurance and Human Rights Committees will be engaged in the process of complaints and grievances.	No complaints in Q1/Q2.  We did re-imagine these committees to intersect with our Advocacy Initiatives Board. They will be available to review possible complaints, develop trainings, and to engage with the community. Two community members joined the group which is co-facilitated by a self-advocate.
	Suggestions are incorporated into policy and practice updates which are shared with the membership	Will complete policy updates in Q3/Q4. They will include feedback from members and last year's survey as applicable.
<i>Principal Standard</i>		
	Each individual has the strongest voice in their goals and plans and understands the process of reaching those goals.	All plans are based on the person's desires and preferences.  Effort has gone into developing materials that make it easier for new

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		participants to understand how we have designed our services and the process of support they might experience.
	Meeting notes and communication reflect individual choices	Many meetings are occurring via zoom at this time, but in the future this will be just another tool to give participants in how their services are delivered.
	Plans reflect individual choices and desires.	Ongoing - Plans are based on the person's desires and preferences.
	Service plans, notes, and process incorporate full team and community involvement.	Ongoing - Participants are always asked to identify important people in their lives, how they hope to engage with the community, and ways we can support that happening.
	Events, plans, and organizational structure encourage and facilitate person to person support and interaction	We have worked to connect members directly with each other when there is commonality. We continue to offer Family Support Group, Co-Op Meetings, and Family Parties. This year we arranged a CC gift exchange with members because gathering was not possible due to COVID.
	CLC plan will be included with all intakes and renewal - receipts from all will be signed.	Ongoing – all new participants and those renewing membership read and sign-off on our CLC plan.
	All members will have the opportunity to complete the POM process with support from a Connect Department staff member. POMs will assist members in accessing their interests and areas for potential connections.	The Connect Exploration process has begun. 5 members completed the process (POM) as of the end of Q2. Connections such as virtual video game group and Saturday chat group have begun as a result. Others are in the works.

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