



**Champaign County Developmental Disabilities Board
(CCDDDB) Meeting Agenda
Wednesday, November 15, 2023, 9:00 AM**

This meeting will be held in person at the Shields-Carter Room of the Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802. Members of the public may attend in person or watch the meeting live through this link: <https://uso2web.zoom.us/j/81559124557> Meeting ID: 815 5912 4557

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. CCDDDB and CCMHB Schedules, CCDDDB Timeline** (pages 3-7) *No action is needed.*
- V. CCDDDB Acronyms and Glossary** (pages 8-15) *No action is needed.*
- VI. Citizen Input/Public Participation** *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- VII. Chairperson's Comments – Ms. Vicki Niswander**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCDDDB Board Meeting Minutes** (pages 16-19)*
Minutes from the CCDDDB's regular meeting on 10/18/23 are included for approval. Action is requested.
- X. Vendor Invoice Lists** (pages 20-21)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file.
- XI. Staff Reports** (pages 22-44)
Included for information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.
- XII. New Business**
 - a) **DRAFT of Revised Funding Requirements and Guidelines** (pages 45-65)
For board and public input is a draft of CCDDDB Funding Guidelines and Requirements with revisions (new language and strikethroughs) highlighted. No action is requested.
- XIII. Old Business**
 - a) **CCDDDB Three Year Plan with Objectives for 2024** (pages 66-80)*
The Three-Year Plan for 2022-2024 with final draft of revised objectives for 2024 is included for review and approval. Action is requested.

- b) **CCDDB PY25 Allocation Priorities** (pages 81-95)*
For board review and approval is a final draft of PY2025 Allocation Priorities and Selection Criteria for the CCDDB Fund. Action is requested.
- c) **IDDSI PY25 Allocation Priorities** (pages 96-112)*
For board review and approval is a final draft of PY2025 Allocation Priorities and Selection Criteria for the I/DD Special Initiatives Fund. Action is requested. Approval will also be sought from the Champaign County Mental Health Board.
- d) **Input on Priorities** (page 113)
For information only are comments from the public regarding I/DD priorities.
- e) **Evaluation Capacity Building Project** (page 114)
An overview of recent activities is included for information only, and more information may be provided by a UIUC Family Resiliency Center representative.
- f) **Expo Update** (page 115)
The packet includes an overview of financial activity to date.
- g) **PY2024 Q1 DD Program Service Reports** (pages 116-136)
For information only are PY24 First Quarter Service Activity Reports from funded agency programs.
- h) **PY2024 Q1 Program Claims Data** (pages 137-150)
For information only are charts showing PY24 First Quarter service claims data.
- i) **211 Quarterly Update for Champaign County** (pages 151-171)
For information only is an update on Champaign County 211 call activity reported by PATH for the period of July 1 to October 31.

XIV. Successes and Other Agency Information

The Chair reserves the authority to limit individual agency representative participation to 5 minutes and/or total time to 20 minutes.

XV. County Board Input

XVI. Champaign County Mental Health Board Input

XVII. Board Announcements and Input

XVIII. Adjournment

** Board action is requested.*

For accessible documents or assistance with any portion of this packet, please [contact us](mailto:kim@ccmhb.org) (kim@ccmhb.org).



CCDDB 2023-2024 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>

October 18, 2023 – Shields-Carter Room

~~**October 25, 2023 5:45PM**~~ – ~~Shields-Carter Room~~ *CANCELLED*

November 15, 2023 – Shields-Carter Room (*off cycle*)

December 20, 2023 – Shields-Carter Room (*off cycle*) - *tentative*

January 17, 2024 – Shields-Carter Room

February 21, 2024 – Shields-Carter Room

March 20, 2024 – Shields-Carter Room

March 27, 2024 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

April 17, 2024 – Shields-Carter Room

May 22, 2024 – Shields-Carter Room

June 12, 2024 – Shields-Carter Room (*off cycle*)

~~**June 19, 2024**~~ – ~~Shields-Carter Room~~ *CANCELLED for Holiday*

July 17, 2024 – Shields-Carter Room

August 21, 2024 – Shields-Carter Room - *tentative*

September 18, 2024 – Shields-Carter Room

September 25, 2024 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

This schedule is subject to change due to unforeseen circumstances.

Please email 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 posted in advance and recorded and archived at
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, whether virtually or in person, 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. If the time of the meeting is not convenient, you may still communicate with the Board by emailing 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.



CCMHB 2023-2024 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> (if it is an option)

- October 18, 2023** – Shields-Carter Room
- ~~**October 25, 2023** – *Joint Meeting with CCDDDB* – CANCELLED~~
- November 15, 2023** – Shields-Carter Room
- December 20, 2023** – Shields-Carter Room (*off cycle*) - tentative
- January 17, 2024** – Shields-Carter Room
- January 24, 2024** – *Study Session* - Shields-Carter Room
- February 21, 2024** – Shields-Carter Room
- February 28, 2024** – *Study Session* - Shields-Carter Room
- March 20, 2024** – Shields-Carter Room
- March 27, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- April 17, 2024** – Shields-Carter Room
- April 24, 2024** – *Study Session* - Shields-Carter Room
- May 15, 2024** – *Study Session* - Shields-Carter Room
- May 22, 2024** – Shields-Carter Room
- June 12, 2024** – Shields-Carter Room (*off cycle*)
- ~~**June 19, 2024** – Shields-Carter Room CANCELLED for Holiday~~
- July 17, 2024** – Shields-Carter Room
- August 21, 2024** – Shields-Carter Room - tentative
- September 18, 2024** – Shields-Carter Room
- September 25, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate. Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

Public Input: All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing 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.

IMPORTANT DATES

2023-24 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY25 Allocation Timeline

This schedule offers dates and subject matter of meetings of the Champaign County Developmental Disabilities Board. Included are tentative dates for steps in the funding process for PY25 and deadlines related to PY23 and PY24 agency contracts. Subjects are not exclusive to any given meeting, as other matters requiring Board attention may be addressed. Study sessions may be scheduled on topics raised at meetings or by staff, or in conjunction with the CCMHB. **Regular meetings are held at 9AM; joint study sessions and meetings at 5:45PM; dates and times are subject to change and may be confirmed with Board staff.**

- | | |
|---------------------|---|
| 10/18/23 | Regular Board Meeting
Draft Three Year Plan 2022-24 with 2024 Objectives |
| 10/25/23 | Joint Meeting w/ CCMHB CANCELLED |
| 10/27/23 | <i>Agency PY2024 1st Quarter Reports due</i> |
| 11/15/23 | Regular Board Meeting (off cycle)
Approve Three Year Plan, PY25 Allocation Criteria |
| 12/1/23 | <i>Public Notice of Funding Availability to be published by this date, giving at least 21-day notice of application period.</i> |
| 12/20/23 | Regular Board Meeting (off cycle) - <i>tentative</i> |
| 12/22/23 | <i>Online System opens for Applications for PY2025 Funding</i> |
| 12/31/23 | <i>Agency Independent Audits, Reviews, or Compilations due</i> |
| 1/17/24 | Regular Board Meeting |
| 1/26/24 | <i>Agency PY24 2nd Quarter and CLC progress reports due</i> |
| 2/12/24 | <i>Deadline for submission of applications for PY25 funding (Online system will not accept any forms after 4:30PM)</i> |
| 2/21/24 | Regular Board Meeting
Discuss list of PY25 Applications, Review Process |

Agency and Program acronyms commonly used by the CCDDDB

CC – Community Choices

CCDDDB – Champaign County Developmental Disabilities Board

CCHS – Champaign County Head Start, a program of the Regional Planning Commission

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

CUAN – Champaign-Urbana Autism Network

DSC - Developmental Services Center

DSN – Down Syndrome Network

IAG – Individual Advocacy Group

ISC – Independent Service Coordination Unit

FDC – Family Development Center

PACE – Persons Assuming Control of their Environment, Inc.

PCMHC – Piatt County Mental Health Center

RCI – Rosecrance Central Illinois

RPC – Champaign County Regional Planning Commission

Glossary of Other Terms and Acronyms

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

AAC – Augmentative and Alternative Communication

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

BD – Behavior Disorder

BSP – Behavior Support Plan

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

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

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

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

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

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

CY – Contract Year, runs from July to following June. For example, CY18 is July 1, 2017 to June 30, 2018. May also be referred to as Program Year – PY. Most contracted agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY18.

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

DD – Developmental Disability

DDD – Division of Developmental Disabilities

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

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

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

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

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDHS – Illinois Department of Human Services

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

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

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

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

Minutes October 18, 2023

*This meeting was held at the Brookens Administrative Center
1776 E. Washington St., Urbana, IL 61802
and with remote access via Zoom.*

9:00 a.m.

MEMBERS PRESENT: Susan Fowler, Anne Robin, Vicki Niswander, Georgiana Schuster, Kim Fisher

MEMBERS EXCUSED: n/a

STAFF PRESENT: Leon Bryson, Lynn Canfield, Shandra Summerville, Chris Wilson

OTHERS PRESENT: Sarah Perry, Kelli Martin, Jami Olsen, Annette Becherer, Laura Bennett, Patty Walters, Heather Levingston, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Angela Yost, CCRPC; Sherry Longcor, Paula Vanier, Mel Liong, PACE; Dana Eldreth, Family Resiliency Center at UIUC; Brenda Eakins, Keysa Haley, GROW.

CALL TO ORDER:

CCDDB President Vicki Niswander called the meeting to order at 9:05 a.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

An agenda was available for review and approved by a unanimous vote. (Motion made by Dr. Anne Robin and seconded by Dr. Susan Fowler.)

CCDDB and CCMHB SCHEDULES/TIMELINES:

Updated copies of CCDDB and CCMHB meeting schedules and CCDDB allocation timeline were included in the packet.

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was included for information.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Ms. Niswander thanked the staff for the contents of the board packet, with lots of information.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Canfield pointed out the analysis of year end data submitted by agencies and shared a summary of yesterday’s Going Home Coalition meeting with Equip for Equality.

APPROVAL OF MINUTES:

Minutes from the 9/20/2023 board meeting were included in the packet.

MOTION: Ms. Schuster moved to approve the minutes from the 9/20/23 CCDDB meeting. Dr. Robin seconded the motion. A voice vote was taken. The motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet.

MOTION: Dr. Fowler moved to accept the Vendor Invoice List as presented in the packet. Dr. Robin seconded the motion. A voice vote was taken, and the motion passed unanimously.

STAFF REPORTS:

Staff reports were included in the packet from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, and Chris Wilson.

NEW BUSINESS:

CCDDB Three Year Plan with DRAFT Objectives for 2024:

Draft objectives for 2024 were presented for review and comment. Board members spent time discussing the document and suggested additional objectives.

PY2023 Agency CLC and Related Trainings:

A list of trainings held or attended by funded agencies during PY23, in fulfillment of their Cultural and Linguistic Competence Plans, was included in the packet. Ms. Summerville presented these results and answered Board members’ questions.

PY2023 Utilization Summaries and Demographic Data:

A briefing memo, a summary of all funded DD program utilization, and charts of program participants’ demographic and residency data were included in the board packet for information. Board members made observations on these and asked questions.

OLD BUSINESS:

Evaluation Capacity Building Project:

Dana Eldreth from the University of Illinois Family Resiliency Center provided an oral update on the project.

Expo Update:

Information was included in the packet. The Expo will be held October 28, 2023 at Market Place Mall from 11 am to 4 pm. Volunteers are still needed.

SUCSESSES AND AGENCY INFORMATION:

Updates were provided by Becca Obuchowski from Community Choices, Annette Becherer of DSC, and Mel Liong and Paula Vanier from PACE.

BOARD TO BOARD REPORTS:

A chart of agency board meeting dates was included in the packet, along with draft board liaison guidelines. Board members discussed possible practices and agreed that liaison to agency board meetings would be less helpful than onsite visits with agency staff and clients. Agency staff welcomed this. Chair Niswander suggested agencies desiring to offer a visit could make a general invitation which then any board member could attend.

COUNTY BOARD INPUT:

None.

CCMHB INPUT:

The CCMHB will meet this evening.

BOARD ANNOUNCEMENTS AND INPUT:

None.

OTHER BUSINESS – Review of Closed Session Minutes:

Board members determined that there was not a need for an executive closed session to discuss the minutes of closed session meetings from February 19, 2020 and February 23, 2022, which had been distributed prior to the meeting, to allow for semi-annual review per the Open Meetings Act.

MOTION: Ms. Schuster moved to accept the closed session minutes as presented and to continue maintaining them as closed. Dr. Fisher seconded the motion. A voice vote was taken, and the motion passed.

ADJOURNMENT:

The meeting adjourned at 10:27 a.m.
Respectfully Submitted by: Lynn Canfield

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
10094 C-U AUTISM NETWORK										
Oct '23	DD24-087	10/01/2023	100623A	24656	6,594.00	6,594.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-088	10/01/2023	100623A	24656	5,434.00	5,434.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
					12,028.00					
1 CHAMPAIGN COUNTY TREASURER										
Oct '23	DD24-078	10/01/2023	100623A	24625	36,148.00	36,148.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
10146 COMMUNITY CHOICES, INC										
Oct '23	DD24-075	10/01/2023	100623A	24673	14,708.00	14,708.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-076	10/01/2023	100623A	24673	2,833.00	2,833.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-077	10/01/2023	100623A	24673	10,499.00	10,499.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-090	10/01/2023	100623A	24673	16,500.00	16,500.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-095	10/01/2023	100623A	24673	18,875.00	18,875.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
					63,415.00					
10170 DEVELOPMENTAL SERVICES CENTER OF										
Oct '23	DD23-086	10/01/2023	100623A	24686	18,958.00	18,958.00	10/31/2023	INV	PD	DD23-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-081	10/01/2023	100623A	24686	47,123.00	47,123.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-082	10/01/2023	100623A	24686	74,170.00	74,170.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-083	10/01/2023	100623A	24686	41,340.00	41,340.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-084	10/01/2023	100623A	24686	20,083.00	20,083.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-085	10/01/2023	100623A	24686	7,508.00	7,508.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-091	10/01/2023	100623A	24686	38,300.00	38,300.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
Oct '23	DD24-092	10/01/2023	100623A	24686	8,866.00	8,866.00	10/31/2023	INV	PD	DD24-0
		CHECK DATE: 10/06/2023								
					367,939.00					

** END OF REPORT - Generated by Chris M. Wilson **

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
10170 DEVELOPMENTAL SERVICES CENTER OF										
Oct '23	IDDSI24-080	10/01/2023	100623A	24686	20,833.00	20,833.00	10/31/2023	INV	PD	IDDSI2
CHECK DATE: 10/06/2023										
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.										
Oct '23	IDDSI24-079	10/01/2023	100623A	24769	3,000.00	3,000.00	10/31/2023	INV	PD	IDDSI2
CHECK DATE: 10/06/2023										
					3,000.00					
					23,833.00					

** END OF REPORT - Generated by Chris M. Wilson **

**Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2023**

CCDDB/CCMHB/IDDSI: PY2024 1st Quarter Reports were due on October 27, 2023. 1st Quarter Program Reports and Service Data Reports are included in the November DDB Packet. Many Program Reports include detailed information about program activities in the comments section of those reports. It should also be noted that not all I/DD programs enter claims into the Online Reporting System, therefore there will not be a report for each program.

PACE did not submit their 1st Quarter reports by the deadline and did not make an extension request. A contract compliance letter was sent to PACE on November 1, 2023. PACE staff completed their reports on November 1, 2023. I contacted PACE staff due to discrepancies in their Program Report and the Service Data (Claims) Report. I will continue to work with agency staff to make sure that accurate numbers are reflected in each report.

CU Autism Network completed an Extension Request form for their 1st Quarter reports. I participated in a meeting with CUAN and CCDDB/CCMHB staff. CUAN has had a change in leadership over the past few months. It is expected that a contract amendment will be requested to realign with the current direction of the agency.

I participated in monthly meetings with CCDDB/CCMHB staff and Dr. Dariotis from the Family Resiliency Center, related to the Evaluation Capacity project.

I provided support to two agency users with their Claims Uploads into the Online System.

I participated in a Local Funders Group meeting with staff from CCDDB-CCMHB, City of Champaign, City of Urbana, Community Foundation of East Central Illinois, and United Way of Champaign County. The Local Funders Group is collaborating on an event scheduled for the summer of 2024.

I reviewed and provided input for the CCDDB Funding Requirements and Guidelines. I also provided input for the CCMHB Funding Requirements and Guidelines.

Learning Opportunities: Alex Campbell, EMK Consulting is scheduled to present an overview of the Online Application and Reporting System on November 30, 2023, from 9:00-10:30. This will guide and update agency users in completing the various application and reporting requirements in the context of the fiscal year timeline. This training will be beneficial for first-time, new, and experienced users of the Online Reporting System. Please register [here](#) if you'd like to attend.

Disability Resource Expo: I participated in the 14th DISABILITY Resource Expo on October 28, 2023. I arrived at the mall at 7AM to help with the day-of set up. I worked with volunteers to

begin stuffing the Expo Welcome Bags with the Expo Resource books, bookmarks, pamphlets, Expo logo hand sanitizer, and the Scavenger Hunt paper. Once the Expo Welcome Bags were complete, I got the bags and the Children's Activity pouches set up for attendees at each Expo Welcome table. After that, I spent much of the day checking in with the two Expo Welcome tables and Exhibitors. It was a great event held at Market Place Mall, lasting from 11AM-4PM! The event had over 60 exhibitors, many attendees, and several wonderful volunteers. The Expo Steering Committee is planning to meet sometime during the week after Thanksgiving to wrap-up the 2023 event. The agenda for this meeting includes a summary of the Exhibitor and Participant evaluations, a discussion of what worked and what didn't in 2023, and a look ahead to the 2024 event.

I delivered **DISABILITY** Resource Expo books to Expo Sponsor, Crane Feeding & Speech. The Resource Books will be available to families served through Crane Feeding & Speech.

MHDDAC: The October MHDDAC meeting was held on October 24, 2023. Laura Gallegher Watkin, CRIS Healthy Aging provided an overview of the services provided by CRIS Healthy Aging. Becca Obuchowski, Community Choices provided an overview of the new Community Choices Transportation Support program. Lisa Wilson, Immigrant Services of Champaign-Urbana also shared about the supports that ISCU provides to immigrants in need of transportation. Cindy Crawford, Community Services Center of Northern Champaign County shared about the upcoming Holiday Food and Toy Drive. Please see the attached flyers for more information or to sign up.

ACMHAI: I participated in the November meeting of the ACMHAI I/DD Committee. I also participated in the ACMHAI Executive Committee Meeting held on November 1, 2023. Beginning in November, I will chair the ACMHAI I/DD Committee due to the retirement of the current committee chair.

Human Services Council: During the November meeting, Kari Jones and Kristen Neaville, Epilepsy Advocacy Network (EAN) presented about services offered through EAN. Zahara Hussain, Bilingual Medical & Legal Advocate - RACES also presented the services offered through RACES. James Zielinski, Assistant Director of Move to Work and Stephanie Burnett, Director of Move to Work presented the services offered from the Housing Authority of Champaign County. The next HSC meeting is scheduled for December 7, 2023.

Race Relations Subcommittee: I participated in biweekly Community Coalition Race Relations Group Subcommittee meetings. I also attended the October meeting of the Community Coalition Race Relations Committee.

Other: I participated in several webinars. I also took some time off during October while my boys were on Fall Break.

HOLIDAY BUREAU REGISTRATION

Food for the entire family and toys for children 13 yrs. & under.
You **DO NOT** need to have children in the household to receive help.

DATES AND TIMES FOR HOLIDAY BUREAU SIGN-UPS

OCT 30th - November 17th

Monday – Friday

10 a.m. – 4 p.m.

Community Service Center

520 E. Wabash Avenue

217-893-1530

REQUIRED DOCUMENTATION:

- 1.** Proof of address for **ALL** members of the household.

Proof of address for the adults must
be dated within the last 30 days.

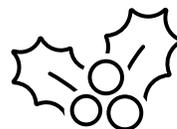
Proof of address for children may be a Medicaid card,
report card, letter from a school or day care, doctor's bill,
DHS or CCRS documents, lease, etc...

- 2.** Proof of income for the past 30 days. If there is no income, bring Dept.
of Human Services benefits statement, unemployment denial, or general
assistance denial.

This program serves residents of NORTHERN CHAMPAIGN COUNTY.

We do this in cooperation with the Salvation Army.
You may sign up at either CSC or The Salvation Army,
but **NOT** both locations.

The views expressed in this flyer are those of the Community Service Center.



Inscripción para Holiday Bureau

Alimentos para toda la familia y juguetes para los niños hasta los 13 años de edad.

NO ES necesario tener niños en la casa para recibir ayuda.

Fechas y horas para la inscripción para Holiday Bureau

30 de octubre- 17 de noviembre

Lunes- Viernes

10 a.m. – 4 p.m.

Community Service Center

520 E. Wabash Avenue

217-893-1530

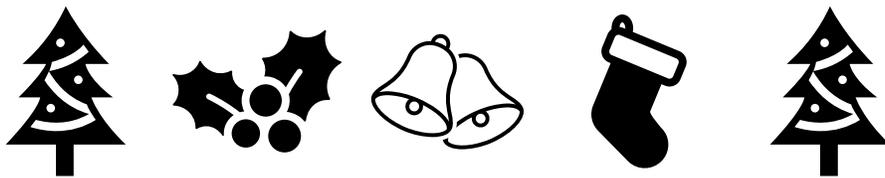
Documentos Requeridos:

1. Comprobante de domicilio de **TODAS** las personas en el hogar.
El Comprobante de domicilio para los adultos debe estar fechado en los últimos 30 días.
El Comprobante de domicilio para los niños puede ser una tarjeta de Medicaid, tarjeta de calificaciones, tarjeta de la escuela, factura de los médicos, DHS o CCRS documentos, el arrendamiento, etc.....
2. Prueba de ingresos de los últimos 30 días. Si no hay ingresos, traer del departamento de servicios humanos la declaración de beneficios, la negación del desempleo, o denegación de asistencia general.

Este programa sirve a residentes DEL CONDADO DEL NORTE DE CHAMPAIGN.

Hacemos esto en cooperación Ejército de Salvación.

Puedes registrarte en cualquiera CSC o Ejército de Salvación, pero **NO** en ambos lugares.



Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

Staff Report- November 2023

Summary of Activity

The PY24 first quarter Program Service Activity reports were due on October 27, 2023. The reports are included in the Board packet for your review. Ms. Stephanie Howard-Gallo sent out a reminder to agencies about the first quarter report deadline and extension requests. Less than a handful of agencies requested extensions to submit their reports. Ms. Howard-Gallo sent out non-compliance letters to Cunningham Children's Home, Don Moyer Boys and Girls Club, Pace, and Promise Healthcare for late reports without a request for an extension. Promise Healthcare funding is already paused for late audit. I am using an excel spreadsheet to track each program's service activity.

All agency Performance Outcome Reports have been submitted to staff and compiled into one large report. The report will be accessible at <https://ccmhddbrds.org/>.

Site Visits: Ms. Shandra Summerville and I completed program site visits for Courage Connections, Don Moyer Boys and Girls Club's Youth and Family Peer Support Alliance and CU-Change during the month of October. No major concerns were noted during these site visits.

Evaluation Capacity Committee Team: Dr. Jacinda Dariotis, and her team facilitated a Group Level Assessment with agency leaders and staff on November 3rd from 12-3 pm at the Champaign Library.

IPlan Behavioral Health Workgroup: Ms. Canfield covered the October 19th meeting.

CCMHDDAC Meeting: I participated in the monthly meeting of CCMHDDAC. The group heard presentations from CRIS Healthy Aging. The agency offers counseling, information, agency referrals and services to those over 60 and limited services to those under 60 (if disabled). Their support groups are offered in person twice per month in Champaign and Danville. There are no fees for their services. Community Choices presented on their new transportation program. The qualifying members can schedule up to 8 rides per month. To qualify, members must complete a member enrollment or annual renewal, enroll in the PUNS database or receive waiver-funded services, and live in Champaign County. The next meeting is scheduled for November 28th.

Reentry Executive Committee & Council Meetings: In the Reentry Council meeting, members were introduced to Jaylenn Myart, the new Reentry Coordinator at Rosecrance. We heard updates from agencies and presentations. Ms. Melissa Courtwright of CU at Home Services discussed the various issues facing individuals that enter the shelter such as physical and mental health, substance abuse, housing needs, life skills challenges, income, employment, and education. Mr. Warren Charter spoke about the Street Outreach Movement, a volunteer organization focused on advocating for the homeless in Champaign County. The priorities of the movement are to develop the programming, planning, and funding to end homelessness and meet the homeless where they are, by connecting with various service providers. Next Council

meeting is scheduled for December 6th at 12:00pm.

Continuum of Service Providers to the Homeless (CSPH): At the CSPH Strategic Planning Committee, we concluded a need to only meet via email for updates since the CSPH is in full swing with shelter stability. The next CSPH meeting is on November 7th at 3pm via Zoom.

Rantoul Service Provider's Meeting: On October 16th members heard a presentation from Ms. Christine Bruns from the Pavilion Foundation. Ms. Bruns spoke about the various services and programs available to children, adolescents, and adults.

SOFTT/LAN: I attended the LAN meeting on October 18th. Megan Anderson of DCFS will co-facilitate the group until Heidi Gulbrandson-Andrews of DCFS steps down in the upcoming weeks. The committee discussed the planning of a social workers/teachers' symposium with a goal of cross collaboration. The group also staffed a youth case. The next meeting is scheduled for November 15th.

Disability Resource Expo Meeting: I attended the Expo event at Market Place Mall on October 28th. My stay was short, but I got a chance to meet with all the exhibitors and offered help to them.

Other Activities:

- For the month of October, I participated as a member of the United Way of Champaign County Child Well-Being Community Solutions Team and reviewed 11 applications via a web-based platform, totaling \$646,495 in requests. Each applicant went through a Zoom Q&A in a group panel with Community Impact Change members and UWCC staff. Due to a heavy work schedule, I was able to attend most of the 11 interviews. Selected applicants will be notified of the two-year awards on December 8th and grant funds will be disbursed January 1st.
- On October 11th, Ms. Canfield and I participated in a study session with the Youth Assessment Center about adding a position for mentor with lived experience at the YAC.
- On October 26th, I attended the Funder's Meeting with Ms. Canfield and Ms. Bowdry on October 26th at the United Way office in Champaign. The discussion centered on how local funders support agencies through emerging needs, collaboration, financial education, and funders' own successes and challenges. The group will reconvene in December.
- On October 28th, I attended the Champaign County Christian Health Care Fund Raising Event at the I-Hotel. The event was spectacular with amazing guest speakers.

Learning Opportunities (Trainings and Webinars) :

- ARC Prevention Education webinar: Understanding ADHD in Women and Girls.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – November 2023 Board Meeting

SUMMARY OF ACTIVITY:

First Quarter Reporting:

First quarter financial and program reporting was due October 27th. I sent two reminders of the deadline out to the agencies during October.

WIN Recovery, and C-U Autism Network (CUAN) requested extensions, which were approved. PACE, Cunningham Children's Home, and Don Moyer Boys and Girls Club did not request an extension before the due date. I issued letters of suspension.

Other Compliance:

No report.

Audits:

Promise Healthcare has payments paused until we receive their audit that was due off cycle (June 30). Most audits are due 12/31. We are beginning to receive a few.

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

Nine AIR artists/groups sold their items at the disABILITY Expo on October 28, 2023 at Market Place Mall from 11 am to 4 pm. We provided tables, chairs, tablecloths, hand sanitizer, masks, water, and any other support they needed.

Conversation is beginning to happen regarding the Ebertfest art show in 2024 and what that will look like.

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- I met with Alex Campbell (our consultant for the online system) to discuss data maintenance of the online reporting system.

October/November 2023 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

Agency Support and Technical Assistance:

- Family Service Center: 4th Quarter CLC Support
- Champaign County Regional Planning Commission: 4th Quarter CLC Support
- Community Service Center Northern Champaign County: 4th Quarter CLC Support
- Site Visit for Courage Connection
- Site Visit for Don Moyer Boys and Girls Club (Youth and Family Peer Support Alliance, CU Change)

CLC Coordinator Direct Service Activities

Mental Health First Aid for Adults and Adults Assisting Youth- December 7, 2023- In person at Brookens- Please sign up by emailing shandra@ccmhb.org

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo Committee-I attended the Disability Resource Expo on October 28, 2023

Suggested Reading for on Anti-Racism

How Racism Shows Up at Work and the Antiracist Actions Your Organization Can Take

Joy Ohm, Sheila Brassel, PhD, Britney Jacobs, MSFP, Emily Shaffer, PhD

[Full Report](#)



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	943,574.70	0.00	5,913,892.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	1,000.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	2,000.00
06 MOBILE HOME TAX	0.00	0.00	0.00
4001 PROPERTY TAX TOTAL	943,574.70	0.00	5,916,892.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	32,952.00	0.00	407,118.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	32,952.00	0.00	407,118.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	8,305.09	-21,122.84	3,000.00
4008 INVESTMENT EARNINGS TOTAL	8,305.09	-21,122.84	3,000.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	0.00	0.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	9,500.00	950.00	39,000.00
4009 MISCELLANEOUS REVENUES TOTAL	9,500.00	950.00	42,000.00
TOTAL REVENUES	994,331.79	-20,172.84	6,369,010.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	8,210.20	8,230.78	107,000.00
03 REGULAR FULL-TIME EMPLOYEES	26,974.60	28,323.40	368,198.00
05 TEMPORARY STAFF	0.00	0.00	2,500.00
08 OVERTIME	0.00	0.00	2,612.00
5001 SALARIES AND WAGES TOTAL	35,184.80	36,554.18	480,310.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	2,554.87	2,665.72	36,353.00
02 IMRF - EMPLOYER COST	1,756.70	919.94	12,546.00
04 WORKERS' COMPENSATION INSURANC	175.92	160.84	2,376.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 OCT - OCT	<u>ACTUAL</u> 2023 OCT - OCT	<u>2023</u> ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	0.00	0.00	1,656.00
06 EE HLTH/LIF (HLTH ONLY FY23)	4,375.25	20.76	73,440.00
5003 FRINGE BENEFITS TOTAL	8,862.74	3,767.26	126,371.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	0.00	948.65	3,960.00
02 OFFICE SUPPLIES	0.00	246.98	3,900.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	0.00	219.24	2,000.00
05 FOOD NON-TRAVEL	0.00	180.50	1,150.00
12 UNIFORMS/CLOTHING	0.00	703.50	703.50
13 DIETARY NON-FOOD SUPPLIES	0.00	96.43	500.00
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	7,000.00
19 OPERATIONAL SUPPLIES	0.00	2,090.95	4,296.50
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	0.00	4,486.25	24,095.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	7,722.50	13,253.50	195,133.00
02 OUTSIDE SERVICES	1,917.56	519.75	21,651.28
03 TRAVEL COSTS	0.00	0.00	11,500.00
04 CONFERENCES AND TRAINING	104.00	0.00	10,000.00
05 TRAINING PROGRAMS	0.00	371.85	20,729.86
07 INSURANCE (non-payroll)	0.00	0.00	18,000.00
11 UTILITIES	57.56	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00
13 RENT	4,046.76	2,124.55	31,564.74
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	7,000.00
21 DUES, LICENSE & MEMBERSHIP	0.00	0.00	20,000.00
22 OPERATIONAL SERVICES	20,898.88	0.00	37,230.00
24 PUBLIC RELATIONS	0.00	0.00	20,000.00
25 CONTRIBUTIONS & GRANTS	693,660.00	460,536.00	5,179,901.40
45 ATTORNEY/LEGAL SERVICES	0.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	0.00	199.06	2,388.72
47 SOFTWARE LICENSE & SAAS	0.00	0.00	13,500.00
48 PHONE/INTERNET	0.00	202.59	2,470.00
5020 SERVICES TOTAL	728,407.26	477,207.30	5,593,699.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD
REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
TOTAL EXPENDITURES	772,454.80	522,014.99	6,224,475.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-144,535.00
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-144,535.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-144,535.00
NET CHANGE IN FUND BALANCE	-221,876.99	542,187.83	0.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT
REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 OCT - OCT	<u>ACTUAL</u> 2023 OCT - OCT	<u>2023</u> ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	1,711.06	-14,491.37	1,000.00
4008 INVESTMENT EARNINGS TOTAL	1,711.06	-14,491.37	1,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	0.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	0.00	0.00
TOTAL REVENUES	1,711.06	-14,491.37	1,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	0.00	0.00	4,000.00
07 INSURANCE (NON-PAYROLL)	0.00	0.00	0.00
11 UTILITIES	0.00	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	0.00
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	0.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	23,833.00	341,737.00
5020 SERVICES TOTAL	0.00	23,833.00	345,937.00
TOTAL EXPENDITURES	0.00	23,833.00	351,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	50,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	50,000.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT
REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10

	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
TOTAL OTHER FINANCING SOURCES (USES)	<i>0.00</i>	<i>0.00</i>	<i>50,000.00</i>
NET CHANGE IN FUND BALANCE	-1,711.06	38,324.37	300,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10



	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	775,017.82	0.00	4,857,487.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	4,000.00
06 MOBILE HOME TAX	0.00	0.00	0.00
4001 PROPERTY TAX TOTAL	775,017.82	0.00	4,863,487.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	6,389.11	7,455.64	2,000.00
4008 INVESTMENT EARNINGS TOTAL	6,389.11	7,455.64	2,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	0.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	0.00	5,000.00
TOTAL REVENUES	781,406.93	7,455.64	4,870,487.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	65,904.00	0.00	407,118.00
25 CONTRIBUTIONS & GRANTS	713,048.00	367,939.00	4,417,369.00
5020 SERVICES TOTAL	778,952.00	367,939.00	4,824,487.00
TOTAL EXPENDITURES	778,952.00	367,939.00	4,824,487.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	4,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	4,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-50,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

REPORTING FOR YEAR: 2023 FROM PERIOD: 10 THROUGH PERIOD: 10



	ACTUAL 2022 OCT - OCT	ACTUAL 2023 OCT - OCT	2023 ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-50,000.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-46,000.00
NET CHANGE IN FUND BALANCE	-2,454.93	360,483.36	0.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	5,214,860.99	5,494,864.15	5,913,892.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	1,000.00
04 PAYMENT IN LIEU OF TAXES	1,473.55	2,915.74	2,000.00
06 MOBILE HOME TAX	0.00	3,444.34	0.00
4001 PROPERTY TAX TOTAL	5,216,334.54	5,501,224.23	5,916,892.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	296,568.00	339,260.00	407,118.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	296,568.00	339,260.00	407,118.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	25,891.52	25,693.75	3,000.00
4008 INVESTMENT EARNINGS TOTAL	25,891.52	25,693.75	3,000.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	0.00	450.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	87,713.00	19,055.00	39,000.00
4009 MISCELLANEOUS REVENUES TOTAL	87,713.00	19,505.00	42,000.00
TOTAL REVENUES	5,626,507.06	5,885,682.98	6,369,010.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	86,147.35	86,423.19	107,000.00
03 REGULAR FULL-TIME EMPLOYEES	271,594.10	290,314.87	368,198.00
05 TEMPORARY STAFF	0.00	0.00	2,500.00
08 OVERTIME	0.00	0.00	2,612.00
5001 SALARIES AND WAGES TOTAL	357,741.45	376,738.06	480,310.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	24,724.84	27,518.34	36,353.00
02 IMRF - EMPLOYER COST	17,000.40	9,496.57	12,546.00
04 WORKERS' COMPENSATION INSURANC	1,644.62	1,488.51	2,376.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,494.89	1,655.53	1,656.00
06 EE HLTH/LIF (HLTH ONLY FY23)	39,457.89	41,950.86	73,440.00
5003 FRINGE BENEFITS TOTAL	84,322.64	82,109.81	126,371.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	0.00	1,399.68	3,960.00
02 OFFICE SUPPLIES	2,422.95	3,511.63	3,900.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	71.85	300.00
04 POSTAGE, UPS, FEDEX	843.87	1,150.55	2,000.00
05 FOOD NON-TRAVEL	149.89	861.21	1,150.00
12 UNIFORMS/CLOTHING	0.00	703.50	703.50
13 DIETARY NON-FOOD SUPPLIES	0.00	233.89	500.00
17 EQUIPMENT LESS THAN \$5000	6,802.00	3,502.62	7,000.00
19 OPERATIONAL SUPPLIES	0.00	2,233.94	4,296.50
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	10,218.71	13,668.87	24,095.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	89,335.56	143,610.88	195,133.00
02 OUTSIDE SERVICES	29,639.74	5,940.00	21,651.28
03 TRAVEL COSTS	493.42	6,820.16	11,500.00
04 CONFERENCES AND TRAINING	1,434.88	1,848.18	10,000.00
05 TRAINING PROGRAMS	0.00	4,175.85	20,729.86
07 INSURANCE (non-payroll)	7,813.67	9,618.00	18,000.00
11 UTILITIES	550.26	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00
13 RENT	21,968.13	22,981.99	31,564.74
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	0.00	5,320.50	7,000.00
21 DUES, LICENSE & MEMBERSHIP	17,719.99	17,239.99	20,000.00
22 OPERATIONAL SERVICES	38,472.76	2,448.19	37,230.00
24 PUBLIC RELATIONS	24,370.00	16,631.20	20,000.00
25 CONTRIBUTIONS & GRANTS	4,687,560.00	4,385,027.00	5,179,901.40
45 ATTORNEY/LEGAL SERVICES	0.00	1,675.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	0.00	1,791.54	2,388.72
47 SOFTWARE LICENSE & SAAS	0.00	9,243.67	13,500.00
48 PHONE/INTERNET	0.00	2,020.21	2,470.00
5020 SERVICES TOTAL	4,919,358.41	4,636,392.36	5,593,699.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 JAN - OCT	<u>ACTUAL</u> 2023 JAN - OCT	<u>2023</u> ANNUAL BUDGET
TOTAL EXPENDITURES	5,371,641.21	5,108,909.10	6,224,475.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	-127,535.00	-144,535.00
7001 OTHER FINANCING USES TOTAL	0.00	-127,535.00	-144,535.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	-127,535.00	-144,535.00
NET CHANGE IN FUND BALANCE	-254,865.85	-649,238.88	0.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	6,263.34	-287.29	1,000.00
4008 INVESTMENT EARNINGS TOTAL	6,263.34	-287.29	1,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	262,044.31	0.00	0.00
4009 MISCELLANEOUS REVENUES TOTAL	262,044.31	0.00	0.00
TOTAL REVENUES	268,307.65	-287.29	1,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	1,302.12	0.00	4,000.00
07 INSURANCE (NON-PAYROLL)	316.33	0.00	0.00
11 UTILITIES	1,604.39	0.00	0.00
12 REPAIRS AND MAINTENANCE	14,059.79	0.00	0.00
14 FINANCE CHARGES AND BANK FEES	161.00	0.00	0.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	95,332.00	341,737.00
5020 SERVICES TOTAL	17,443.63	95,332.00	345,937.00
TOTAL EXPENDITURES	17,443.63	95,332.00	351,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	50,000.00	50,000.00	50,000.00
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	50,000.00	50,000.00



FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10

	<u>ACTUAL</u> 2022 JAN - OCT	<u>ACTUAL</u> 2023 JAN - OCT	<u>2023</u> ANNUAL BUDGET
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	50,000.00	50,000.00
NET CHANGE IN FUND BALANCE	-300,864.02	45,619.29	300,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2022 JAN - OCT	ACTUAL 2023 JAN - OCT	2023 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	4,283,296.86	4,515,775.74	4,857,487.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	1,209.97	2,396.21	4,000.00
06 MOBILE HOME TAX	0.00	2,830.62	0.00
4001 PROPERTY TAX TOTAL	4,284,506.83	4,521,002.57	4,863,487.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	18,711.02	46,431.45	2,000.00
4008 INVESTMENT EARNINGS TOTAL	18,711.02	46,431.45	2,000.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	0.00	1,537.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	0.00	1,537.00	5,000.00
TOTAL REVENUES	4,303,217.85	4,568,971.02	4,870,487.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	329,520.00	339,260.00	407,118.00
25 CONTRIBUTIONS & GRANTS	3,542,703.00	3,537,933.00	4,417,369.00
5020 SERVICES TOTAL	3,872,223.00	3,877,193.00	4,824,487.00
TOTAL EXPENDITURES	3,872,223.00	3,877,193.00	4,824,487.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	4,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	4,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-50,000.00	-50,000.00	-50,000.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 10



	<u>ACTUAL</u> 2022 JAN - OCT	<u>ACTUAL</u> 2023 JAN - OCT	<u>2023</u> ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	-50,000.00	-50,000.00	-50,000.00
TOTAL OTHER FINANCING SOURCES (USES)	-50,000.00	-50,000.00	-46,000.00
NET CHANGE IN FUND BALANCE	-380,994.85	-641,778.02	0.00



BRIEFING MEMORANDUM

DATE: November 15, 2023
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Proposed Revisions to Funding Requirements and Guidelines

Background:

The Champaign County Developmental Disabilities Board Requirements and Guidelines for Allocations of Funds provide clarification of how the CCDDB Fund is used to meet the Board's obligations under the [Community Care for Persons with Developmental Disabilities Act](#) and to the citizens of Champaign County. The document is required reading for all applicants for funding and is incorporated into subsequent contracts for services, though contract terms will prevail if there is a contradiction between the two, whether due to the Board exercising its authority to waive a particular provision or in consideration of changed circumstances of the operating environment. The Funding Requirements and Guidelines are reviewed and revised as conditions change and, at minimum, every four years.

The [current version is posted publicly](#) and shared upon request. Attached is a proposed updated version with numerous revisions. Language to be deleted is indicated by strikethroughs. These strikethroughs and language to be added are highlighted. The proposed revisions are presented for additional board review and to invite public input, both of which may result in further refinements.

Summary and Process:

The draft with revisions is offered for further input and discussion. It was developed with input from all CCDDB-CCMHB staff and consulting attorney and shared with board members.

- The initial impetus for review occurred when an agency director informed us of the State of Illinois' change in audit threshold, from \$300,000 total annual revenue to \$500,000. Our requirements should align.
- Many changes relate to questions and feedback from agencies, in the course of doing business.
- Some changes streamline processes or align with the most frequent concerns.
- Termination of contracts due to audit delay is now at the Board's discretion rather than automatic, and release of held payments is clarified.

- Minor revisions for consistent punctuation throughout are not highlighted, e.g., lower case “p” in “provider” or deletion of incorrect commas.
- Because some strikethroughs make it difficult to track the changes in numbered and lettered items, some of the numbers/letters are deleted.

A final draft version will be presented in the December 20 meeting packet for Board approval. If approved, it will be posted on the application site so that all potential applicants for PY2025 funding will be able to review the updated version.

Beyond the Requirements and Guidelines:

With possible approval on December 20 and opening of the online application system the 22nd, the impact on PY2024 contracts and PY2025 contract requirements is important, though outside of the Funding Requirements and Guidelines document.

- A small number of agencies funded for PY2024 will have total agency revenue of greater than \$300,000 and less than the state’s new threshold of \$500,000. If any of those agencies will not be required by the State to complete a financial audit for PY2024, their contracts with the Board could be amended to change the requirement from full audit to financial review.
- The Board may allow more to be spent on the cost of an audit or review than originally budgeted and more than described in current Funding Guidelines.
- The attorney advises updating PY2025 contracts with the hold harmless and indemnification language used in the revised Requirements and Guidelines.
- PY2025 financial reports may use a different variance threshold than the current 20% and \$100. It is proving complicated to find requirements that do not overburden large or small programs or reduce accountability.
- DDB-MHB staff processes, including timely payments, would be improved by shifting the deadlines for PY2025 to the fourth Wednesdays rather than fourth Fridays of the month following Q1, Q2, and Q3, and two months following Q4. Gaining the two business days to follow up on any problems and more fully review submitted reports will improve our own accuracy.
- Demographic data categories are being reviewed, with input from agencies. Changing what is reported to the Boards will not necessarily change agencies’ current data collection. For PY2025, report forms will be modified with new categories and for easier use.
- In December, we will offer more information on these and any updates to PY2025 application forms and system. Some changes may relate to input from agencies through the Evaluation Capacity Building project.

DRAFT
CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS

INTRODUCTION

It is the policy of the Champaign County Developmental Disabilities Board (CCDDDB) that: services be provided in the least restrictive environment appropriate to the needs and desires of the individual; CCDDDB funding support be community based; and CCDDDB planning and funding efforts be coordinated with governmental and non-governmental providers of services.

Funds allocated by the CCDDDB shall be used to contract for intellectual/developmental disability supports and services for Champaign County residents pursuant to the authority contained in the Community Care for Persons with Developmental Disabilities Act, 50 ILCS 835/0.01 et seq.

Only individuals determined to have an intellectual/developmental disability (I/DD) are eligible for services funded by the CCDDDB. The definition and eligibility determination process are described in the Illinois Department of Human Services, Division of Developmental Disabilities' Program Manual and website. The Board has authority to amend eligibility criteria formally and at their discretion.

This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms "applicant," "agency," "organization," and "provider" refer to the entity seeking or receiving funding from the CCDDDB. Acceptance of CCDDDB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting CCDDDB compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. **Eligible Organizations Eligibility for CCDDDB Funding**
 - (a) An applicant for funding may be an individual or a public or private entity providing intellectual/developmental disability I/DD supports and services to residents of Champaign County.
 - (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national entity, board or organization that demonstrates financial

reliability and stability and who demonstrates capacity for appropriate service, fiscal financial, and administrative accountability and stability, is eligible to apply for funding.

- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. Consistent with the Internal Revenue Service conflict of interest policy, no staff member of the agency or relative of a staff member will be allowed to serve on the agency board.
- (d) For-profit organizations are eligible to apply for funding but must provided they meet other listed requirements and have a community based advisory committee representative of the service area and approved by the CCDDDB.
- (e) The CCDDDB and Champaign County Mental Health Board (CCMHB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCDDDB or CCMHB. The management of such funds will comply with the CCDDDB and/or CCMHB Funding Guidelines.
- (f) Government agencies are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available. Those with authority to raise a tax which can be used to pay for the desired services may not be eligible.
- (a) Departments and units within the University of Illinois and Parkland College related to the mission of the CCDDDB are eligible to apply, provided other funds are not available to support the services.

2. Administrative Requirements of Applicants

- (a) Corporate bylaws at a minimum shall: encourage consumer representation on the board; require that at least one board member be a resident of Champaign County; prohibit board service by relatives of agency staff; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination, and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCDDDB, and if the corporate board of directors is not local and the application is approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual orientation preference, national origin, ancestry, or disability, or on any other basis prohibited by law. Services shall not be denied based on a client's inability to pay.

- (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation preference, or physical or mental disability.
- (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disabilities be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCDDDB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
- (iii) The CCDDDB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
- (iv) By this non-discrimination requirement and any efforts by the CCDDDB, its agents, or employees to enforce it, the CCDDDB assumes no responsibility for enforcement of or compliance by the recipient organization with any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCDDDB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees, and premised on the CCDDDB's provision of these funds.
- (d) The provider shall develop, implement, and report on a Cultural and Linguistic Competence Plan for the agency's administration, staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards as set forth by the US Department of Health and Human Services.
- (e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCDDDB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCDDDB-funded and CCMHB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCDDDB.
- (f) The provider will be expected to:
 - (i) Make available for inspection by the CCDDDB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority.

- (ii) Cooperate fully in program evaluation and onsite monitoring as conducted by CCDDDB staff.
- (iii) Make available for inspection by the CCDDDB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCDDDB.
- (iv) Make available for annual inspection by the CCDDDB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority.
- (v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement.
- (vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (g) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
- (h) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
- (i) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
- (j) All programs shall certify that they do not use CCDDDB funds:
 - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation.
 - (ii) For direct or indirect medical (physical health) services that are not related to intellectual/developmental disabilities.
 - (iii) For programs or services under the jurisdiction of public school systems.

3. **Accreditation Requirements for Eligible Organizations**

All CCDDDB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services. For example, the CCDDDB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission on Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, Commission on Accreditation of Rehabilitation Facilities, and the Council on Quality and Leadership.

Accredited agencies and programs shall provide the CCDDDB with copies of relevant documents and correspondence between the agency and the accrediting body regarding agency and program compliance with accreditation standards. CCDDDB staff shall determine what documents and correspondence are relevant for the CCDDDB monitoring purposes.

4. **Organization Requirements in Lieu of Accreditation**

All CCDDDB funded agencies and programs not accredited by a recognized accrediting body shall make available for annual inspection by the CCDDDB copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCDDDB staff may develop, make available to agencies, and periodically review a set of compliance indicators. The agency shall meet or exceed all compliance indicators as set forth by the CCDDDB and its staff.
5. **Organization Board Meetings**

Agency governing boards must notify the CCDDDB of all board meetings, meet in session open to the CCDDDB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCDDDB with copies of minutes of all open meetings of the governing board. A request for a waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.
6. **Fiscal Financial Requirements**
 - (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its financial fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified in the contract, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCDDDB or CCMHB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
 - (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCDDDB funded program.
 - (c) The salaries and position titles of staff charged to CCDDDB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or part to a CCDDDB contract shall be required to must maintain personnel activity reports to account for all compensated time spent on other activities.
 - (d) CCDDDB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCDDDB funds more than actual reimbursable expenses by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).
 - (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.

~~All accounting entries must be supported by appropriate source documents.~~

 - (i) Amounts charged to CCDDDB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records or by employment contracts for individual employees.

- (iii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCDDDB contract.
- (iv) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts. Variances greater than the threshold identified in the contract should be explained and may require approval by contract amendment.
- (v) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCDDDB contract or programs funded by other funding sources.
- (vi) Financial records shall be maintained on a current month basis and balanced monthly.
- (vii) Costs may be incurred only within the term of the contract, and all obligations must be closed out no later than thirty (30) calendar days following the contract ending date.
- (viii) All fiscal records shall be maintained for ~~five (5)~~ seven (7) years after the end of the contract term.
- (ix) The CCDDDB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) CCDDDB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCDDDB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCDDDB funded program must be allocated to all programs, both funded and non-funded.
- (g) The following expenses are non-allowable:
 - (i) Bad debts.
 - (ii) Contingency reserve fund contributions.
 - (iii) Contributions and donations.
 - (iv) Entertainment.
 - (v) Compensation for board members.
 - (vi) Fines and penalties.
 - (vii) Interest expense.
 - (viii) Sales tax.
 - (ix) Purchase of alcohol, tobacco, and non-prescription drugs.
 - (x) Employee travel expenses in excess of IRS guidelines.
 - (xi) Lobbying costs.
 - (xii) Depreciation costs.
 - (xiii) Rental income received must be used to reduce the reimbursable expense by CCDDDB funds for the item rented.
 - (xiv) Capital expenditures greater than \$1,000 \$500, unless funds are specified for such purpose.

- (xv) Supplanting funding from another revenue stream. The CCDDDB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions.
 - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits.
 - (xvii) Expenses or items not otherwise approved through the budget or budget amendment process.
 - (xviii) Expenses incurred outside the term of the contract.
 - (xix) Contributions to any political candidate or party or to another charitable purpose.
 - (xx) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% (subject to review by the CCDDDB) of the non-administrative portion of the budget, unless approved by the CCDDDB.
 - Any indirect administrative costs that exceed those approved in the program/service budget.
 - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCDDDB.
- (h) Funded agencies shall provide safeguards for all funds provided through CCDDDB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:
- (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
 - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
 - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
 - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. All CCDDDB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCDDDB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.
2. The CCDDDB application for funding process shall include the following steps:
 - (a) A minimum of 21 calendar days prior to the application period start date, public notification of the availability of funding shall be issued via the News Gazette and/or

- other local news publications. This has typically occurred during the month of December. This announcement will provide information necessary for an organization to access application materials and submit an application for funding and how to request access application materials.
- (b) Funding priorities and criteria will be approved no later than the December Board meeting.
 - (c) All potential applicants must register with the CCDDDB. Information on the registration process will be provided by the CCDDDB upon request. Access to application forms and instructions follows completion of the registration process.
 - (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.
 - (e) Completed application(s) will be due in the month of February on a date specified in the public notice. The due date will generally be in February. The CCDDDB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCDDDB online application system.
 - (f) Access to application(s) will be provided to member(s) of the CCDDDB upon a member(s) request and in a medium preferred by the member.
 - (g) The CCDDDB may require some or all applicants to be present at a an April or May Board meeting to answer questions about their application(s).
 - (h) Staff will complete a program level summary of each agency application, for review and discussion by the CCDDDB at the April Board meeting. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support “match-up” process comparing the application to established and contemporaneous CCDDDB criteria will be provided.
 - (i) Staff will complete preliminary funding recommendations for CCDDDB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCDDDB shall review, discuss, and come to a decision concerning authorization of funding and a spending plan for the contract year.
 - (j) Once authorized by the CCDDDB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, staff are authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCDDDB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCDDDB as part of the funding priorities and criteria.
 - (k) Allocation decisions of the CCDDDB are final and not subject to reconsideration.
 - (l) The CCDDDB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures

Agencies awarded CCDDDB funds shall receive a letter of written notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional

conditions, stipulations, or need for a negotiation of provisions attached to the award. A separate Contract Process and Information sheet is to be reviewed and signed by agency staff, and other documents may be required prior to execution of the contract, such as a letter of engagement with independent CPA firm or certificate of insurance.

2. Contracting Format and Implementation Procedures

The contract shall include: standard provisions, (optional) special provisions, the program plan, personnel form (if applicable), rate schedule (if a fee for service contract), Business Associate Agreement (if service claims are to be entered), budget, required financial information, and agency Cultural and Linguistic Competence Plan. Completion of the contract requires the signatures of authorized representatives of the CCDDDB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

3. Types of CCDDDB Contracts

(a) Grant Contract

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCDDDB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCDDDB and is based on the appropriateness of this format to the objectives of the program plan.

(b) Fee for Service Contract

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an “advance and reconcile” approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCDDDB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.

(c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.

(d) Special Initiative Contract

The format can be either grant or fee-for-service. Most approved applications from “new” providers shall be classified as special initiatives for a period up to three years.

(e) Capital Contract

Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.

(f) Intergovernmental Agreement

The CCDDDB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.

4. Later Effective Dates

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

5. Contract Amendments

The need for a contract amendment is driven by a change in conditions delineated in the original agreement. The provider is required to report changes that modify the administrative structure and/or implementation of the program or financial plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives.

(a) The provider shall submit a written, formal request for an amendment to initiate the amendment process. All requests should describe the desired change(s) to the contract, as well as the rationale for the change(s). Supporting documentation may be included when appropriate. The final decision regarding whether an amendment is necessary rests with the CCDDDB Executive Director.

(b) Upon review of quarterly reports or other agency contract data, Board staff may contact the provider to discuss a possible contract amendment.

(c) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. The Board shall be informed of all contract amendments.

(d) Proposed amendments to redirect funds between contracts awarded to a single agency may be considered during the contract year, provided there is not an increase in total funding to the agency.

(e) At their discretion, the Board President or the Executive Director may ask for a full CCDDDB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease to any contract award amount.

(f) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCDDDB.

GENERAL REQUIREMENTS FOR CCDDDB FUNDING

1. CCDDDB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCDDDB funds to establish or add to a reserve fund.

If the provider accumulates CCDDDB funds in excess of those required for two months' operating expenses, written notification and an explanation must be sent to the executive director.

3. CCDDDB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the **express explicit** purpose of the contract or is approved as part of the program plan.
4. CCDDDB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCDDDB. Request for advance payment will follow the contract amendment process.
5. Providers shall maintain accounting systems **utilizing an accrual basis of accounting in accordance with generally accepted accounting principles**, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCDDDB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
6. Providers shall notify the CCDDDB of any applications for funding submitted to other public and private funding organizations for services funded by the CCDDDB, especially those that could result in a funding overlap.
7. **Provider Reporting Requirements**
 - (a) Financial and service reporting requirements are delineated in the contract and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Quarterly financial reports and monthly billings are required for fee for service contracts. **Cultural and Linguistic Competence Plan progress reports are required twice a year per funded agency. Reports of outcomes experienced by people served are due annually for each program.**
 - (b) Change in the provider's corporate status shall be reported within 30 **calendar** days of the change.
 - (c) Change in the provider's accreditation status shall be reported within 30 **calendar** days of the change.
 - (d) The provider shall notify the CCDDDB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
 - (e) Additional reporting requirements may be included as provisions of the contract.
 - (f) **To avoid compliance actions as described in Section 10 (below), deadlines for submitting required reports and documents should be observed and met. All deadlines are posted publicly and in advance and have been established to give agencies adequate time to prepare reports. Late, incomplete, or inaccurate reports may cause a delay in CCDDDB staff review and response. Revision or creation of reports after a deadline may also have inadvertent negative impacts on the online application and reporting system and its many users.**

An extension of a deadline may be requested in writing and, in most cases, by using the request form which is available in the online system reporting section. This form should be completed and sent to the appropriate CCDDDB staff members prior to the deadline, for full consideration and for staff to facilitate access to the system's reporting and compliance sections. Board staff may approve these requests at their discretion.

IMPORTANT NOTE: Board staff are not authorized to approve extensions of deadlines for the submission of applications for funding or for annual independent audit, review, or compilation reports. In such situations, the full Board may consider an agency request presented to them during a Board meeting. To make a formal written request, the agency should provide full information to the CCDDDB staff at least ten (10) calendar days in advance of the Board's regular or special meeting. The Board has complete discretion to approve or disapprove a request for extension.

8. **Monitoring and Evaluation**

- (a) CCDDDB staff shall conduct provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
- (b) CCDDDB shall survey all non-accredited agencies and programs for compliance with CCDDDB Requirements in Lieu of Accreditation on an annual basis.
- (c) CCDDDB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues, as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.
- (d) CCDDDB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
- (e) CCDDDB staff shall conduct desk reviews of agency CLC Plan Action Steps and required training conducted within the organization. Agencies' progress reports are typically submitted after the second and fourth quarters; additional information or revisions may be requested.
- (f) The primary responsibility for on-going evaluation of services rests with the agencies and programs. ~~In order for~~ For the CCDDDB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCDDDB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
- (g) Additional monitoring and evaluation activities may be included as provisions of the contract.

9. **Non-Compliance with the Terms and Conditions of the Contract**

- (a) The CCDDDB Executive Director or their representative shall notify the provider Executive Director and provider Board President in writing of any non-compliance issue.
- (b) **Corrective Action:** If the compliance issue results from Board staff review of required agency reports or documents or from site visit findings, a Corrective Action Plan may be appropriate. If so, CCDDDB staff will notify the provider in writing, and the provider

- shall provide respond with a written corrective action plan within 14 calendar days of the postmark of CCDDDB staff notification. This Plan should identify a timeline for correction of and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCDDDB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to reduce, suspend, or terminate funding.
- (c) Suspension of Funding: Cause for suspension of funding shall exist when the provider (1) fails to comply with terms of the award letter, (2) fails to comply with terms and conditions of the contract, or (3) fails to comply with CCDDDB monitoring and reporting requirements.
- (d) The following procedures will be followed in the process of suspension of funding:
- (i) The provider Executive Director and provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCDDDB staff that the agency funding has been suspended. The provider is responsible for sharing and updating accurate contact information.
 - (ii) The notification of suspension will include a statement of the requirements with which the provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
 - (iii) If the provider disagrees with a compliance action, they may appeal as set forth below.
 - (iv) The Provider shall respond in writing to the CCDDDB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
 - (v) The Provider may be requested to appear before the CCDDDB.
 - (vi) Failure to respond within 10 days shall be just cause for suspension of funding.
 - (vii) Failure to correct within 30 days shall be cause for suspension of funding. A suspension of funding shall remain in effect until the non-compliance leading to suspension has been corrected.
- (e) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a provider fails to expend CCDDDB funds or deliver services in accord with the contract, which includes approved Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
- (i) The reduction of the grant amount shall be in an amount determined by action of the CCDDDB.
 - (ii) The provider Executive Director and provider Board President shall be notified, in writing, via certified mail, return receipt requested, by CCDDDB staff that the contract maximum is being reduced. To ensure delivery of this and all communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCDDDB staff.
 - (iii) The notification of reduction will include a statement of the cause for reduction and of the amount by which the grant amount is reduced.
 - (iv) Within thirty (30) calendar days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced. If the reduction is identified after the contract period has ended, e.g., upon

review of fourth quarter financial reports or independent audit, review, or compilation, reallocation is not likely to be approved.

(f) Termination of Funds: Due cause for termination of funding a contract exists when a provider fails to take adequate action to comply with CCDDDB requirements within ninety (90) calendar days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCDDDB as stated in the notification of award, in the contract, in the applicable provisions of this document, or as a result of CCDDDB staff monitoring, in the monitoring procedures and requirements of the CCDDDB. The following procedures will be followed in the process of termination of funding:

- (i) The provider Executive Director and provider Board President shall be notified, in writing, certified mail, return receipt requested, by the CCDDDB Executive Director or other staff that termination of funding is being recommended to the Board. To ensure delivery of this and all communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCDDDB staff.
- (ii) The notification of possible termination will include: a statement of the requirements with which the provider is non-compliant; a statement of the actions of the CCDDDB taken to urge the provider to avert termination and move to compliance with CCDDDB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
- (iii) The CCDDDB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.

(g) Appeal procedures: The CCDDDB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may delegate monitoring responsibility to other CCDDDB staff. The following procedures will be followed in the appeal of suspension, reduction, or termination of funding:

- (i) Disagreements by Providers regarding the implementation and interpretation of the provisions of the policies delineated in this document shall be directed first to the CCDDDB staff member responsible for monitoring compliance with the particular provisions under contention within fourteen (14) calendar days of being notified of the staff decision.
- (ii) If the Provider is not satisfied with the response received from the CCDDDB monitoring staff, the Provider may appeal the issue to the CCDDDB Executive Director within fourteen (14) calendar days from the date of response.
- (iii) The Executive Director shall review information from both the CCDDDB monitoring staff and the Provider in arriving at a decision.
- (iv) Any decision by the Executive Director that a Provider is in non-compliance with these provisions shall be communicated in writing to the agency or program within fourteen (14) calendar days of receipt of the appeal.
- (v) Only decisions by the CCDDDB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCDDDB. Such appeals must be made in writing by the Provider.

- (vi) The provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request within fourteen (14) calendar days of the postmark of CCDDDB staff notification.
- (vii) The written formal appeal should include the reasons for reconsideration and, at minimum: (1) a thorough explanation of what happened to cause the noncompliance; (2) proof of corrective action that has been taken, or is underway, to ensure that the root cause has been addressed and will not happen again; and (3) a plan for additional reporting by the agency and possible additional oversight by CCDDDB relevant to the noncompliance for the remainder of the contract; and (4) other evidence relevant to the decision. The third component may be modified by the CCDDDB, possibly incorporating input from CCDDDB staff.
- (viii) CCDDDB shall review the information from the CCDDDB Executive Director and the agency or program in arriving at a decision at the next regularly scheduled meeting following the notification of the agency, available regular meeting or at an intervening special meeting if the Board President so chooses. All written materials for consideration should be submitted by the provider a minimum of eight (8) ten (10) calendar days prior to the meeting of the Board. The agency shall be afforded the opportunity to discuss the issue with the CCDDDB prior to a final decision. Additional information may be required for the CCDDDB to arrive at their final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCDDDB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCDDDB contract and following the close of its fiscal year. These reports must contain schedules using CCDDDB/CCMHB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

Prior to the execution of a contract between the provider and the CCDDDB, the provider will demonstrate engagement with an independent CPA firm, through a letter from the firm stating that they will be performing the audit, review, or compilation, and specifying the timeline. If the CPA firm does not include a date of completion in the letter of engagement, the agency should estimate the date and share relevant information to Board staff, to demonstrate efforts at timeliness.

1. Independent Audit (for agencies with \$300,000 \$500,000 total revenue or greater)

- (a) An independent CPA firm, licensed in the State of Illinois, performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.

- (b) The resultant audit report is to be prepared in accordance auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in “Government Auditing Standards,” issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor’s opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.
- (c) A funded agency with total revenue of ~~\$300,000~~ \$500,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than ~~\$300,000~~ \$500,000 and greater than ~~\$30,000~~ \$50,000 may choose or be required by the CCDDDB to have an independent audit performed.
- (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCDDDB contract, the funded agency may budget for and charge up to ~~\$8,500~~ \$19,000 (total) to CCDDDB for costs associated with this requirement.

2. Independent Financial Review (for agencies with total revenue over ~~\$30,000~~ \$50,000 and below ~~\$300,000~~ \$500,000)

- (a) An independent CPA firm licensed in the State of Illinois performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).
- (c) A funded agency with total revenue of less than ~~\$300,000~~ \$500,000 and greater than ~~\$30,000~~ \$50,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required by another organization to have an independent audit rather than a financial review, then a financial audit shall be completed in lieu of a review. This should be made clear prior to contract execution.
- (d) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCDDDB contract, the funded agency may budget for and charge up to ~~\$5,000~~ \$13,000 (total) to CCDDDB for costs associated with this requirement.

3. Compilation (for agencies with total revenue below ~~\$30,000~~ \$50,000)

- (a) An independent audit firm licensed in the State of Illinois prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.

- (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
- (c) A funded agency with total revenue of ~~\$30,000~~ \$50,000 or less will be required to have a compilation performed by an independent audit firm.
- (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCDDDB contract, the funded agency may budget for and charge up to ~~\$2,500~~ \$7,000 (total) to CCDDDB for costs associated with this requirement.

4. Shared Cost

In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.

5. Supplementary Information (required of all agencies, regardless of total revenue)

The following supplementary financial information shall be completed by an independent CPA firm and included in the audit or review or compilation report (and failure to do so will make the report unacceptable):

- (a) Schedule of Operating Income by CCDDDB-Funded Program: This schedule is to be developed using CCDDDB approved source classification and format modeled after the CCDDDB Revenue Report form. Detail shall include ~~two~~ separate columns ~~per program~~ listing total program as well as CCDDDB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as “State of Illinois” or “Federal Government.”
- (b) Schedule of Operating Expenses by CCDDDB-Funded Program: This schedule is to be developed using CCDDDB approved operating expenses categories and format modeled after the CCDDDB Expense Report form. Detail shall include ~~two~~ separate columns ~~per program~~ listing total program as well as CCDDDB-Funded only expenses. The statement is to reflect program expenses in accordance with CCDDDB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall **exclude** any expense charged to the Board from the list of non-allowable expenses (above).
- (c) CCDDDB Payment Confirmation: CCDDDB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCDDDB office.
- (d) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCDDDB-Funded Program and Operating Expenses by CCDDDB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.

- (e) Capital Improvement Funds: If the agency has received CCDDDB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
- (f) For Audit Only, Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCDDDB's funding. Copies of these communications are to be forwarded to the CCDDDB with the audit report.
- (g) The independent CPA report must include, at a minimum, these items described in the "Financial Accountability Checklist":
 - (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories.
 - (ii) Agency board review of financial statements at Agency Board meetings and Source Document - Agency Board meeting minutes (dated).
 - (iii) Agency board Minutes with motion approving CCMHB/CCDDDB grant applications for current year.
 - (iv) Agency board minutes with motion approving the budget of the fiscal year under review.
 - (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable.
 - (vi) Demonstration of tracking of staff time (e.g. time sheets).
 - (vii) Proof of payroll tax payments for at least one quarter, with payment dates.
 - (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period.
 - (ix) W-2s and W-3, comparison to the gross on 941.
 - (x) Verification of 501-C-3 status (IRS Letter), if applicable.
 - (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained.
 - (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable.
 - (xiii) Secretary of State Annual Report.
 - (xiv) Accrual Accounting Method is in use.

6. Filing

The audit or review or compilation report is to be filed with the CCDDDB within 6 months of the end of the agency's fiscal year. **In order to** facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year. A letter of engagement is required prior to contracting (as above).

7. Late Audit, Review, or Compilation

In the event that If an **agency board-approved**, independently performed audit, review, or compilation report is not submitted to the **CCDDDB/CCMHB** office prior to the aforesaid six-month deadline, payments on the agency's contract(s) will be suspended for three months or until the required report is received.

If the report is not received within three months, the **current year contract(s)** **will be automatically** may be terminated, at the option of the CCDDDB, and no further payments made to the agency. The payments for services delivered according to the contract(s) and withheld during that three-month period **Suspended payments** will be released upon

submission of the required report and resolution of any negative findings. If a satisfactory report **and resolution of any negative findings are is** NOT received within 12 months after the close of the agency's fiscal year, the parties agree that the CCDDDB has no obligation to the agency to issue the suspended payments, **and the contracts are terminated**. An agency will not be eligible for subsequent CCDDDB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.

8. Penalty

Failure to meet these requirements shall be cause for termination or suspension of CCDDDB funding.

9. Repayment of Budgeted Costs

If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all Board CCDDDB funds allocated for such purpose.

10. Records

All fiscal and service records must be maintained for **five seven** years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.

11. Waiver

At the discretion of the CCDDDB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

12. Request for Extension

Requests for extension of an independent audit, review, or compilation report and requests for waiver of the automatic cancellation cannot be granted by Board staff. If an agency anticipates that this annual report will be late, they should inform Board staff as early as possible and, if necessary, prepare a formal explanation and request to the full Board, to be considered during a regular or special meeting of the Board.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

All exceptions to the Funding Guidelines must have the prior approval of the CCDDDB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCDDDB's designee. Requests for exceptions that require the CCDDDB's approval must be submitted to the Executive Director for review and submission to the CCDDDB. Subsequently, the CCDDDB's written decision will be transmitted to the agency. If the contract and funding guidelines are not in agreement, the contract shall prevail.

Approved May 19, 2021 and Revised December 15, 2021



DECISION MEMORANDUM

DATE: November 15, 2023
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2022-2024 Three Year Plan with FY2024 Objectives

Background:

The Champaign County Developmental Disabilities Board develops a new strategic plan every three years, using results of a community needs assessment and consideration of the local, state, and federal contexts. Through a CCDDB contract, annual survey results of the preferences and needs of all eligible individuals have contributed to planning and priorities. At a joint study session in August 2023, self-advocates met with the CCDDB and Champaign County Mental Health Board (CCMHB) to discuss current services and resources and areas for improvement.

Objectives are reviewed annually, and revisions incorporate information on emerging issues discussed during Board meetings. The Three-Year Plan with proposed objectives for 2024 was presented in the October 18, 2023 Board packet and distributed to agency providers and stakeholders. Board and agency feedback results in new objectives for:

- learning more from people who communicate their preferences through Person Centered Plans, Goal #4, Obj. #5
- monitoring changes in state-funded services and advocating for residents, Goal #9, Obj #7
- updating demographic categories to be more inclusive, Goal #2, Obj. #6.

Purpose:

The CCDDB Three Year Plan for 2022-2024 with Objectives for Fiscal Year 2024 continues the commitment to many prior objectives. The Plan is meant to be responsive to emerging issues, often through state and national association involvement. New language is italicized and underlined, with strikethroughs on language to be removed.

Decision Section:

Motion to approve the proposed Three-Year Plan for Fiscal Years 2022 – 2024 with Fiscal Year 2024 Objectives.

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

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

THREE-YEAR PLAN

FOR

FISCAL YEARS 2022-2024
(1/1/22 – 12/31/24)

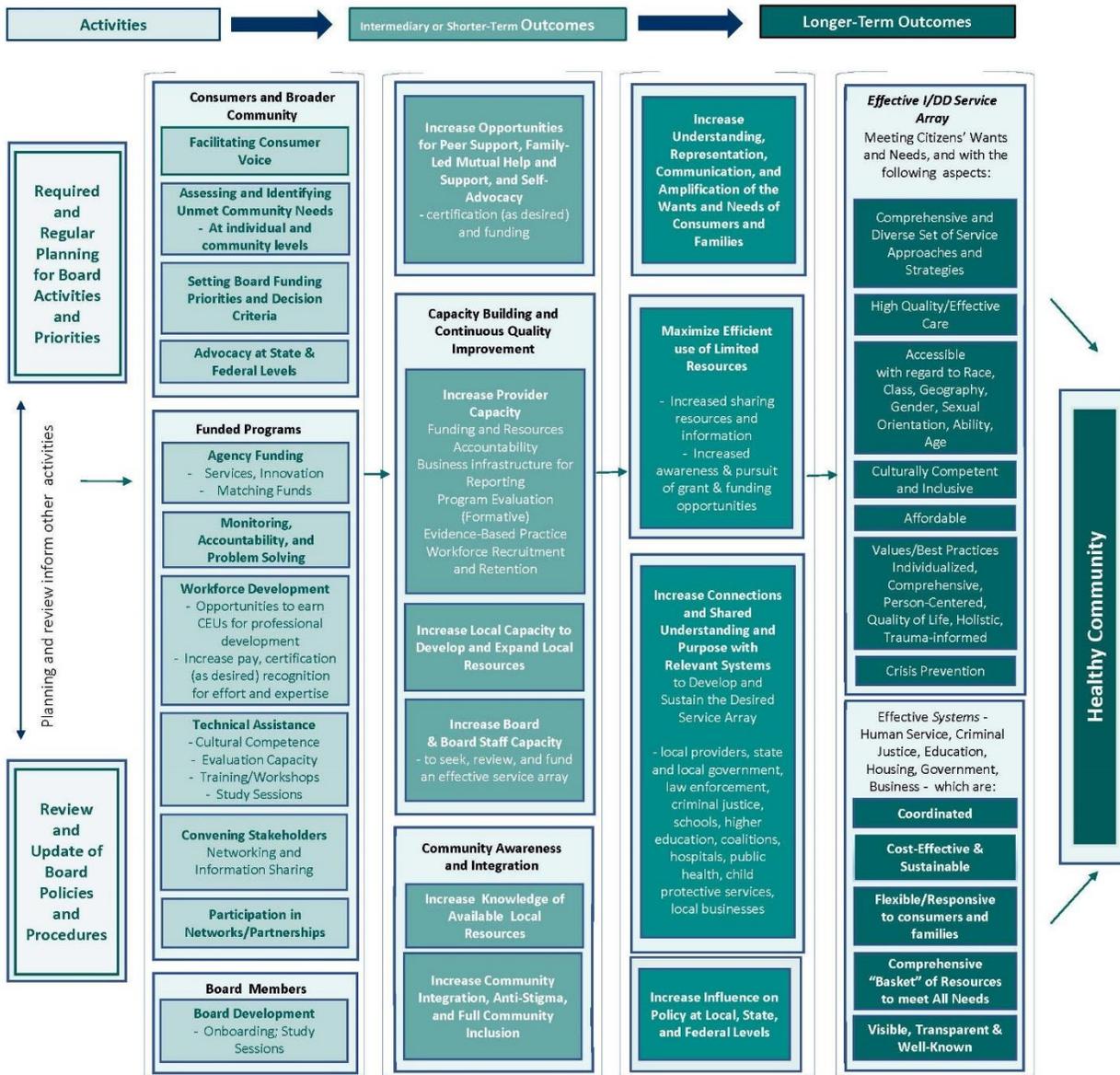
WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR ~~2023~~ 2024
~~(1/1/23 – 12/31/23)~~ (1/1/24 – 12/31/24)

Purpose:
To promote health and wellbeing in the community through the advancement of a local system of programs and services for the treatment of people with intellectual and/or developmental disabilities - in accordance with the assessed priorities of the citizens of Champaign County.



Champaign County Developmental Disabilities Board
Three Year Plan for 2022-2024 with One Year Objectives

Logic Model Developed by Board and Staff with the UIUC Evaluation Capacity Building Project Team during Spring 2021

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

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

A COORDINATED AND ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS



Goal #1:

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

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

Objective #2: With clear connection between the model and best outcomes for people served, *based on input from the people who are served*, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models.

Objective #3: Promote wellness for people with I/DD ~~to prevent and reduce early mortality~~, through supports and services which *are based on their input and* may include enrollment in benefit plans, linkage and advocacy, and coordinated access

to primary care. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

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

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

Objective #6: In response to changes in Medicaid and Medicaid-waiver services, realign CCDDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems, such as workforce recruitment and retention, including, but not limited to, Direct Support Professional (DSP) retention efforts and payments. *Use input from people with I/DD to shape these solutions.*

Objective #7: Support initiatives providing housing and employment supports for persons with intellectual and developmental disabilities through the Champaign

County Continuum of Service Providers to the Homeless, Transition Planning Committee, or other local collaboration.

Objective #8: Enable providers to implement flexible service options, such as telehealth or other virtual means, to maintain access and engagement with clients and community. *Flexible options should be matched to the preferences of people with I/DD.*



Goal #2:

Sustain the commitment to improving outcomes for members of underrepresented and underserved populations.

Objective #1: Support an inclusive network of culturally and linguistically responsive and family *driven and self-advocate* support groups.

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

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

Objective #4: Promote trauma-informed practices in program delivery, board and agency staff development, policies, and procedures.

Objective #5: With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on Champaign County residents with

I/DD, particularly those who are also members of racial or ethnic minority groups. Encourage providers to support best health outcomes for all.

Objective #6: *Improve the categories of demographic data to be collected and reported by funded agency programs, to more accurately represent the people who are being served.*



Goal #3:

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

Objective #1: Sponsor or co-sponsor educational and networking opportunities for service providers and others supporting people with I/DD, offering in-person events as public health guidance allows.

Objective #2: Engage other local funders and stakeholders and participate in coordinating bodies and intergovernmental councils as appropriate, to develop new initiatives, strengthen services, and maximize opportunities for people who have I/DD.

Objective #3: In collaboration with the CCMHB and other community partners, ensure that the needs of justice-involved persons with I/DD are considered in the development of an effective diversion/deflection system, *including with input from people who have I/DD.*

Objective #4: *Use With* public, family, self-advocate, provider, and stakeholder input, *increase advocacy to advocate* for planning and policy changes at the state and federal levels and *to* shape future funding priorities for the CCDDB.

Objective #5: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services

(PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. **Maintain and increase communication** *Communicate* with the Independent Service Coordination team, representatives of **the IDHS Division of Developmental Disabilities**, and stakeholders, regarding PUNS and system changes. Through interviews and focus groups, learn about the service and support needs and preferences of Champaign County residents receiving services.

Values/Best Practices
Individualized,
Comprehensive,
Person-Centered,
Quality of Life, Holistic,
Trauma-informed

Goal #4:

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

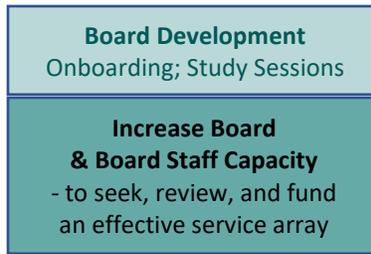
Objective #1: Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Support conflict free case management for all treatment plan clients.

Objective #2: Encourage focus on people's identified personal outcomes in their person-centered plans and **among their** services and supports ~~and people's identified personal outcomes~~.

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

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

Objective #5: *Assess the feasibility of using individual Person-Centered Plans to learn more about the preferences of people with I/DD, especially those who are not actively expressing these in public forums.*



Goal #5:

Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

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

Objective #2: Encourage *Increase the reach and variety of* strategies that empower people *who have I/DD* and *increase improve their* access to integrated settings *as exemplified by the local collaborative approach to the Employment First Act.*

Objective #3: Collaborate with the CCMHB on promoting inclusion and respect for people with I/DD.

Objective #4: Collaborate with the CCMHB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs.

CHILDREN AND FAMILY-FOCUSED PROGRAMS

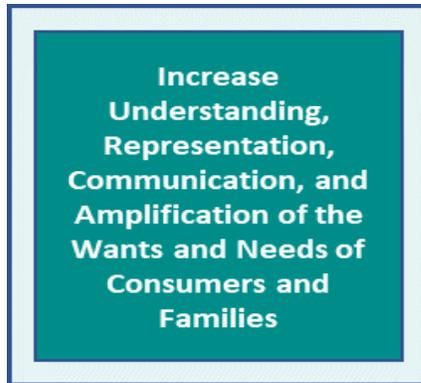


Goal #6:

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

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

Objective #2: Emphasize cultural and linguistic competence in services and supports for young children and early identification of disabilities, including among members of racial, ethnic, or gender minority groups and rural residents. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for all residents.



Goal #7:

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

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

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

COMMUNITY ENGAGEMENT & ADVOCACY



Goal #8:

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

Objective #1: Continue efforts to challenge stigma and discrimination, such as the Alliance for Inclusion and Respect and disABILITY Resource Expo. Continue to engage with student groups and interns on related research projects and discussions, such as through UIUC School of Social Work Learning Lab.

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

Objective #3: ~~Support the continued~~ *Improve* awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those ~~comprised of parents and persons with the most prevalent intellectual/developmental disabilities~~ *led by people with I/DD and their family members and other supporters.* Promote groups' community education ~~their~~ efforts to reduce stigma/promote inclusion and ~~encourage collaboration~~ *to work with* Cultural and Linguistic Competence Coordinator on outreach and engagement strategies.

Objective #4: ~~Encourage and support efforts to~~ *To* integrate people with I/DD more fully into community life in Champaign County, ~~seek out and share their direct input with other collaborations and leadership.~~ Emphasize inclusion as a benefit to all members of the community, regardless of ability.

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

Objective #6: ~~With input from people who have I/DD,~~ support development of web-based resources to make information on community services ~~and resources~~ more accessible and user-friendly.

Objective #7: Increase community awareness of available local resources to broaden support and advocacy for local provider agencies by the community at large.



Increase Influence on
Policy at Local, State,
and Federal Levels

Goal #9:

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

Objective #1: Advocate for workforce development and stability, in coordination with people with I/DD and their families and supporters.

Objective #2: Track ~~implementation of relevant class action suit settlements~~ *relevant class action cases*, such as the Ligas Consent Decree. Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities from state DD facilities. Encourage development of least restrictive residential options for people *with I/DD transitioning from large facilities or selected from PUNS*. For people *who have not yet been selected for Medicaid-waiver funding*, and for those who *were selected but chose an option not meeting their needs and preferences have chosen Home Based Support or a restrictive setting rather than CILA*, advocate for the state to create flexible options.

Objective #3: Follow state and federal Olmstead cases, implementation of rules such as the Workforce Innovation and Opportunity Act, and state response to Home and Community Based Services guidance, with attention to local impact.

Objective #4: Monitor changes in the Medicaid waivers and Medicaid/Managed Care, and advocate *with other organizations whenever appropriate* for increased service capacity sufficient to meet demand in Champaign County.

Objective #5: *With other organizations whenever appropriate*, advocate for increased state funding and improvements in service delivery, adequate reimbursement rates, including for transportation, and timely payments for local community-based intellectual and developmental disability services and supports and to the broader

human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs and choices of Champaign County residents, *based on direct and indirect input from people with I/DD*.

Objective #6: In addition to the monitoring and evaluation of funded programs, encourage strategies which result in the highest quality personal outcomes for people with I/DD, their families, and those most closely involved in their lives.

Objective #7: *Monitor the transition to a new Independent Service Coordination provider, as well as the system of I/DD services funded by the state of Illinois. Advocate on behalf of and with those residents of Champaign County who receive Home Based Support, who have been selected from PUNS, or who are eligible and enrolled and waiting for PUNS selection.*

Approved November 16, 2022



DECISION MEMORANDUM

DATE: November 15, 2023
TO: Members, Champaign County Developmental Disabilities Board
FROM: Lynn Canfield, Executive Director, Kim Bowdry, Associate Director
SUBJECT: CCDDDB PY2025 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to14) is the basis for Champaign County Developmental Disabilities Board (CCDDDB) policies. Funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. [CCDDDB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the allocation process which results in contracts for services. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Purpose:

The CCDDDB may allocate funds for the Program Year 2025, July 1, 2024 to June 30, 2025, using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board may contract with eligible human service providers for programs which further the mission and goals of the Board and fulfill their responsibilities to the public. This memorandum offers:

- Assessed needs and preferences of people who have Intellectual/Developmental Disabilities (I/DD).
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories. Proposals for funding will address at least one.
- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Board in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. In

September, an initial draft was presented to the Board and distributed to providers, family members, advocates, and stakeholders. Feedback considered for the final draft:

- Affirmation of the priority categories, from an early childhood provider.

If this or a subsequent version can be approved by the Board prior to December 2023, a Notice of Funding Availability will be published, and the application period will start December 22, giving agencies extra time.

Assessed Needs of Champaign County Residents:

The Boards' [2021 community needs assessment](#) includes survey and qualitative data from Champaign County residents with I/DD and their supporters. As subject matter experts, their observations continue to impact planning and priorities.

Each year, people with I/DD report unmet service needs through the Illinois Department of Human Services – Division of Developmental Disabilities (IDHS-DDD) “Prioritization of Urgency of Need for Services” (PUNS) database. In the July 10, 2023 PUNS report, sorted by County and Selection Detail:

- The most frequently identified support needs are (in order): Personal Support, Transportation, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, and Intermittent Nursing Services.
- 269 people are waiting for Vocational or Other Structured Activities, with the highest interest in community settings.
- 74 are waiting for (out of home) residential services with less than 24-hour support, and 49 are seeking 24-hour residential support.

Also annually, through a CCDDDB contract, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. Highlights of the PY2023 preference assessment, from 268 people:

- People preferred living with family (67%) or alone (36%).
- Despite strong interest in competitive employment/volunteering and joining community groups, only 28% and 36% were doing so.
- The top employment/volunteer preferences were Other (many answers), Retail and Working with Animals, Restaurant/Food Services, and Education/Childcare.
- Recreation preferences included many options currently offered locally.
- 57% were not receiving case management.
- With regard to navigating the system and advocating for themselves, more people indicated lower levels of comfort than higher.

More people are waiting for state funding than in 2022, for every category of service or support. More people need these services within one year and have waited longer

than five. Over 140 engage in locally funded programs while waiting. This summer, 36 adults with I/DD in Champaign County were issued letters of PUNS selection.

A **self-advocate satisfaction survey** conducted in 2022 had similar results:

- 62.5% of respondents felt good about supports and services, 25% very good.
- People had positive attitudes toward their staff.
- People were interested in having help with cleaning, exercise, MTD, and employment, and in opportunities for travel, sports events, concerts, zoos, museums, antique stores, and to join a bowling league.
- 19% found it hard to ask for new supports and 6% very hard.
- 25% did not always feel heard when asking for something new.

Self-advocates shared observations with us during a [Joint Study Session of the Boards on August 16, 2023](#). Their input shapes the PY2025 priority categories and ‘best value’ criteria below as well as those of the I/DD Special Initiatives Fund.

Operating Environment:

Because services and supports available to individuals through other pay sources cannot be funded by the CCDDDB, we are mindful of changes in the **state and federal systems**, particularly the [“Medicaid waiver” programs available through IDHS-DDD](#), and of whether eligible individuals have access to these pay sources. If a service or support responsive to preferences and needs cannot be funded directly, whether due to constraints of the Community Care for Persons with Developmental Disabilities Act, other relevant statutes, state and federal service delivery and payment systems, or workforce or other resource shortage, it may be an important area for legislative and policy advocacy efforts of the Board and staff, with self-advocates and family members and with other organizations.

Much attention is called to **workforce shortages** across the social services and healthcare systems. The I/DD service system was suffering deeply even before the pandemic, which led to loss of service capacity across the country, as detailed in a [report from the Institute on Community Integration](#). CCDDDB staff have advocated for the Bureau of Labor Statistics to establish a distinct classification for Direct Support Professionals (DSPs) so that the necessary competencies may be described accurately, and data collected which might persuade decision makers toward adequate appropriations in the future. An official policy position of the National Association of Counties for two years, this resolution sparked the first-ever discussions of I/DD within this large organization. The [National Association of DSPs also pushed for this legislation](#), and in July 2023, it passed out of committee.

In 2023, the Illinois General Assembly and Governor approved increased wages for DSPs to bolster community-based service capacity, but the increases are not at the level recommended by advocates and by the state’s commissioned “Guidehouse”

rates study. Illinois' reliance on institutional care and the slow growth of home and community-based services (HCBS), those waiver programs which are eligible for federal funding match and which require DSPs, is well-known, and the loss of community-based service capacity is profound. Relatively small wage increases may not rescue our I/DD service system.

DSP pay will remain far below what workers earn in State Operated Developmental Centers (SODCs), now notorious for reports of serious harm and neglect and inadequate corrective actions by facility administrators. Equip for Equality has issued a report based on their independent monitoring of the SODC so often in the news, "[Choate Developmental Center Repurposing Plan: Why No One Should be Left Behind](#)". Recommendations are to end new placements in most, develop step-down and forensic units, transition people to least restrictive environments, improve programming, surveillance, and monitoring by Illinois Department of Public Health, etc. The transition to less restrictive environments will require expansion of home and community-based services (HCBS) and its key workforce, DSPs.

In recent years, Illinois has been out of compliance with terms of the **Ligas Consent Decree**, an Americans with Disabilities Act-Olmstead case concerning community-integrated residential settings. [An overview of the class action case](#) is provided by the American Civil Liberties Union of Illinois, and [annual court monitor and data reports](#) are available on IDHS website. The federal court monitor and judge have cited inadequate Medicaid-waiver reimbursement rates as the major cause not only for the state's failure to meet the terms of the settlement but also for its loss of community-based service capacity. Champaign County has specific concerns regarding the rate structure's inadequacy to meet transportation needs and whether the more generous rate adjustments being made for Chicago and Springfield area providers should not also apply to Champaign County.

[The Institute on Public Policy for People with Disabilities summarizes](#) the most recent Ligas Court Monitor Report, with several areas of improvement since 2019 but concerns about the Person-Centered Planning, which serves as the basis for funded service activities, and Independent Service Coordination (ISC) systems. Over the objections of many advocates and despite [negative findings by the Office of the Auditor General regarding the 2018-2019 process](#), IDHS-DDD will again determine contracts for their ISC system through a competitive Notice of Funding Opportunity. This workforce is also diminishing due to low state rates, and no legislation has passed which would resolve that. At minimum, the ISC units are gatekeepers to state services, responsible for linkage and eligibility determination/maintenance, but the state contracts also include responsibilities for completion of state-approved Person-Centered Plans, support for those transitioning to adult services, crisis response, and other case management.

The barriers to care which existed prior to the pandemic have not changed: inflexibility of state services, low Medicaid-waiver reimbursement rates; long waiting lists; change fatigue; difficult-to-navigate systems; low provider capacity; pressure on family caregivers. New threats to the well-being of people with I/DD have included: abrupt loss of services; high rates of infection, serious illness, and death, especially in congregate care; and low access to virtual innovations, for individuals and their supporters, which could have offered continuity of care and social connection.

While COVID-19 was the third leading cause of death in 2020 in the US, it was the **leading cause of death** for people with I/DD. According to a [study published in the Disability and Health Journal](#), contributing conditions were hyperlipidemia and obesity and dementia. Unlike their peers without I/DD, younger people with I/DD experienced this higher COVID-19 mortality burden.

The 2023 report [“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation is not a new concern for those with I/DD and their supporters. It also has role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental/physical health. An article published by the Coalition to End Social Isolation & Loneliness, [“Capturing the Truth Behind Causes of Death”](#) calls for investigation and mitigation.

The pandemic deepened existing flaws in our systems and caused the greatest harm to those who were already not well-served or fully included. People who have I/DD and their paid and unpaid care providers experience these impacts. The toll of social isolation calls for a more trauma-informed approach to all, and solutions to persistent barriers are still needed.

Program Year 2025 CCDDDB Priorities:

During an [August 16, 2023 study session](#), self-advocates offered input for Board planning and possible collaborative advocacy. Their comments and [prior assessment data](#) have informed many aspects of this memorandum, in particular the first seven priority categories. Self-advocates, family members, and their networks are critical to CCDDDB efforts.

Danielle, a Champaign County self-advocate, told us:

... we are happy to talk to funders like the Board about what kinds of services we enjoy, and what can be changed. We are always thankful for the chance to speak on topics like these... Please continue to include us in your decisions on funding, and we will continue to give you our thoughts.

PRIORITY: Self-Advocacy

Kentrell, another study session presenter, added:

I would like to be a part of more events out of town that give me the chance to be an advocate, like the Speak Up Speak Out Summit. I don't usually have the money to do this on my own, and I would prefer to have another advocate or staff member attend with me.

Human Rights & Advocacy (HRA) Group members also wrote about the need for more funding for advocacy opportunities.

Staff and members of the CCDDDB and CCMHB would benefit from more input from self-advocates, including through a formal advisory council more directly focused on our work, if people were interested in forming one and serving the public in this way.

Nationally, about 90% of care is provided by family, friends, and community rather than through the formal service system. People with I/DD and their families lead improvements of that system and raise awareness of disabilities and of how the system works or fails. People who have I/DD can inform and lead self-advocacy and peer support groups. Families and other supporters can as well. These groups are uniquely effective at:

- improving others' understanding of I/DD and of the rights of people with I/DD,
- peer mentoring and networking,
- developing and sharing information on resources, and
- advocating and directing advocacy at the local, state, and federal levels.

Based on self-advocates' input, a group of interested individuals might receive customized monthly flyers about upcoming meetings or activities and how to attend them. They might also purchase a memorable domain name and, with a professional web designer, create a straightforward, accessible site which collects links to other websites with updated information on community activities, disability-specific resources, public input opportunities, etc. Self-advocates may prefer other methods for finding the information they want when they want it; the value is in increasing self-direction and self-sufficiency.

PRIORITY: Linkage and Coordination

When asked what would make daily life easier or better, self-advocates spoke of more information about available resources, services, and eligibility and noted that some public benefits are not adequate and are impacted by other income.

People who are eligible for but not receiving state Medicaid “DD waiver” funding should have access to benefits and resources, including those benefits and resources which are available to people who do not have I/DD. Of interest are:

- Conflict-free Case Management and Person-Centered Planning aligned with federal standards for Home and Community Based Services, to help identify, understand, and secure benefits, resources, and services a person chooses, and
- Intensive case management or coordination, guided by a self-directed plan, for people with complex support needs, e.g., related to aging, physical or behavioral health issue, loss of family member or caregiver, or other traumatic experience.

PRIORITY: Home Life

For this and the next four priorities, we consider self-advocates’ input about existing supports they would like to secure, keep, or increase. They frequently mentioned transportation and support staff, along with “people to talk to when I have questions.”

People who have I/DD should have housing and home life matched to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home,
- preparing to live more independently or with different people, and
- given the limitations of community residential options through state waivers, creative approaches for those who qualify for but do not receive these services.

PRIORITY: Personal Life

People who have I/DD can choose supports which lead them to personal success and resilience, in the least segregated environment. These might include:

- as with an I/DD Special Initiatives priority, assistive equipment or other accessibility supports and training in how to use technology such as electronic devices, apps, virtual meeting platforms, social media, Internet access, and online privacy/security,
- speech or occupational therapy,
- respite or personal support in the individual’s home or other setting of their choice,
- training toward increased self-sufficiency in personal care, and
- strategies to improve physical and mental wellness.

PRIORITY: Work Life

People with I/DD who have an interest in working or volunteering in the community may find well-matched opportunities through individualized support. People should expect to be less isolated socially, safer due to relationships formed at work, and better able to contribute their talents. Focus on these aspirations and abilities, in the most integrated settings possible, to help people achieve their desired outcomes through:

- job development, job matching, and job coaching, preferably in the actual community work setting,
- technology to enhance a person's work performance and reduce on-site coaching,
- community employment internships, paid by the program rather than the employer, especially for people who have relied on traditional day program,
- support for a path to self-employment or business ownership,
- transportation assistance, and
- education of employers about the benefits of working with people who have I/DD which then results in work for people with I/DD.

PRIORITY: Community Life

Per self-advocate input and earlier survey and assessment results, people with I/DD seek a fuller social and community life. Support which is person-centered, family-driven, and culturally appropriate, might offer:

- development of social or mentoring opportunities,
- transportation assistance,
- support for building social and communication skills, including through technology,
- connection to opportunities which are available to community members who do not have I/DD, both in-person and in digital spaces, and
- access to recreation, hobbies, leisure, or worship activities, both in-person and in digital spaces.

Darrin identified county-wide physical infrastructure changes which would improve access, but some activities with staff also improve his access. Members of the HRA wrote, "The mindset of the community isn't very welcoming. It seems like people judge folks with disabilities and we aren't respected." While changing the whole community's mindset is a tall order, paid staff can help people be seen and respected in the most integrated settings.

PRIORITY: Strengthening the I/DD Workforce

Self-advocates who presented to the CCDDDB and CCMHB had positive comments about their current staff but said more staff are needed, in several roles. Agencies may propose strategies to strengthen the workforce, maintain the current service capacity, improve staff knowledge of technology 'access and use' for the benefit of the people they serve, and expand service capacity to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions:

- periodic retention payments with a performance standard,
- intermittent payments for exceptional performance,
- group and individual staff membership in professional associations which respect the I/DD workforce roles and offer networking and advocacy opportunities, and

- high quality trainings or certifications specific to the staff roles, combined with recognition and payment upon completion.

PRIORITY: Collaboration with the CCMHB: Young Children and their Families

As a result of the pandemic, 20-30% of children are being identified as having Social-Emotional needs. This is a significant increase in children with SE needs. Dr. Belknap and Ms. McGhee also share that there is a significant increase in speech referrals. They reported seeing diminished capacity with staff. Early identification and treatment can lead to great gains later in life.

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include:

- coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family,
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers,
- coaching and facilitation to strengthen personal and family support networks, and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Through the Boards' intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2025, the CCMHB may continue this priority area in their continued commitment to people with I/DD.

Another collaboration of the Boards is the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. Where there is overlap with CCDDDB or CCMHB priorities, an applicant should consider that long term supports are more appropriately funded by the CCDDDB or CCMHB. Short term projects piloting a unique solution or purchasing non-service supports will fit better with the I/DD Special Initiatives Fund.

During or resulting from the allocation award process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

Criteria for Best Value:

An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness

Detail on what the Board would purchase is critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an 'audit-ready' state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program's relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCDDDB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDDB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDDB funding does not supplant other public systems.

Participant Outcomes

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people's lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program's success in helping people achieve positive impacts, an applicant should use outcomes which consider participants' gifts and preferences. For each defined

outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the [‘measurement bank’](#) developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Jennifer Buoy, a Champaign County self-advocate, has designed a survey which may be adopted in part or full, to understand program impacts on participants. This instrument can be found on pages 9-10 of the [August 16, 2023 study session packet](#).

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program’s performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be discovered through a person’s involvement in their own service plan. Centering people’s communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual’s role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the [2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCDDDB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCDDDB has an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

Continuation of Services

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people’s support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCDDDB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://cmhddbrds.org>. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCDDDB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCDDDB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system’s reach, respect client choice, and reduce risk of overservice to a few. For an inclusive,

efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

Process Considerations:

The CCDDDB uses an online system for organizations applying for funding. Downloadable documents on the Board's goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDDB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDDB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.

- Submitted applications become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Decision Section:

Motion to approve the CCDDDB Program Year 2025 Allocation Priorities and Decision Support Criteria as described in this memorandum.

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



DECISION MEMORANDUM

Date: November 15, 2023
To: Members, Champaign County Mental Health Board (CCMHB) & Champaign County Developmental Disabilities Board (CCDDB)
From: Lynn Canfield, Kim Bowdry, Leon Bryson
Subject: I/DD Special Initiatives PY25 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to 14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) funding policies. The Illinois [Community Mental Health Act](#) (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) funding policies. All funds shall be allocated within the intent of these controlling acts, per State of Illinois laws. Decision support criteria and allocation priorities are reviewed annually. Upon approval these become addenda to [CCDDB](#) and/or [CCMHB](#) Funding Requirements and Guidelines.

Purpose:

The CCDDB and CCMHB share authority for the I/DD Special Initiatives Fund. For Program Year 2025 (July 1, 2024 to June 30, 2025), the Boards may allocate funds to eligible human service organizations for projects and services which further the Boards' goals and fulfill their responsibilities to the public. This memorandum offers:

- Overview of current uses of the fund and timeline for application, review, and decision processes.
- Alignment with other County-wide health improvement efforts, which include community needs assessments.
- Summary of public input.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories in response to all of the above. Proposals for funding will address at least one of these priorities.

- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Boards in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. In September, an initial draft was presented to the Board and distributed to providers, family members, advocates, and stakeholders. Feedback considered for the final draft:

- Affirmation, from board members, that an approach to customized resource information, whether website or other, could be low cost and completed in the short term.

If this or a subsequent version can be approved by the Board prior to December 2023, a Notice of Funding Availability will be published, and the application period will start December 22, giving agencies extra time.

Overview and Timeline:

In 2014, the Boards launched a collaborative CILA Facilities Project Fund on behalf of Champaign County residents who had I/DD and complex support needs and who had been unable to secure services in or near the County. Difficulties maintaining a qualified workforce in the two small group homes were insurmountable by 2020, and the Boards chose to sell the properties and reinvest in supports for this population, renaming the fund as “I/DD Special Initiatives.” Because the barriers to care persist, we maintain the focus on eligible people with unmet service needs and on the development of appropriate services.

During 2023, the Boards made available \$341,737 through “I/DD Special Initiatives” for contracts for services to begin July 1. Under its PY2024 priorities for Strengthening the Workforce and Individualized Supports, \$286,000 was awarded, half to be paid during 2023, the other half in 2024. \$198,737 of the 2023 appropriation is unspent and can be used in 2024. The Boards have approved use of \$400,000 to be transferred from fund balance for 2024 to support PY2025 allocations.

As a special fund without substantial revenue, short-term projects are especially appropriate. By contrast, the Boards fund many ongoing, long-term services and support through their allocation processes. Of forty-one CCMHB PY24 agency contracts, three serve young children with developmental delays or risk. All sixteen

CCDDB PY24 contracts serve people who have I/DD, primarily youth and adults. The two I/DD Special Initiatives PY24 programs serve people of all ages.

The following timeline supports a competitive allocation process for I/DD Special Initiatives funding and parallels timelines projected for CCDDB and CCMHB funding:

- A final version of these priorities and support criteria approved by both Boards during open, public meeting(s) prior to December 2023.
- Proper public notice of funding availability published **on or before December 1, 2023** (if priorities have been approved).
- From **December 22, 2023, 8:00 AM CST, to February 12, 2024, 4:30 PM CST**, the online system will be open for agencies to submit applications addressing one or more of the priority areas. Agencies not previously registered will demonstrate eligibility per the initial questionnaire and review of CCDDB and CCMHB Funding Requirements and Guidelines. If a specific requirement is not likely to be met, the Boards might consider waiving that requirement under certain conditions if a waiver allows them to fund a well-aligned proposal.
- Board staff review of applications, with summaries of each in **April** and funding recommendations to the Boards in **May**. The Boards may choose to review applications at any time from February 12 through June.
- Boards' allocation decisions during **May or June 2024** meetings.
- Contracts developed, issued, and signed prior to **June 18, 2024**. Contracts will have a term of July 1, 2024 through June 30, 2025, with the option of a shorter or longer term (up to two years) as requested or as negotiated.
- If the Boards choose to design Requests for Proposal (RFP) to address a particular need relevant to this fund, each will have its own timeline with additional meetings and activities specific to the project.

The statutory and practical frameworks above are supplemented by our understanding of current and emerging conditions. The following sections are meant to place the Boards' work within the context of local values, the interests of people most directly impacted by funding decisions, and the operating environment, to set the stage for PY2025 funding priority categories and decision support criteria.

Alignment of Local Efforts:

Champaign County Community Health Improvement Plan

CCDDB/CCMHB staff collaborate with local and regional partners on the Community Health Improvement Plan, also referred to as the IPlan, with the vision that:

Champaign County will be the Healthiest and Safest, environmentally sustainable community to live, work, and visit in the State of Illinois. To identify goals and priorities for the Plan, a [community health needs assessment](#) is conducted every three years. Health needs of equal priority identified in 2022 were: Behavioral Health, Healthy Behaviors and Wellness, and Violence. Staff members and service providers with expertise in behavioral health and I/DD participate in priority area workgroups.

University of Illinois at Urbana-Champaign Campus Community Compact

Board and staff members participate in this broad-based collaboration led by the UIUC Chancellor's office. Through workgroups and large group meetings, the Compact has assessed strengths and needs of the community and developed vision statements which include:

Health, Wellness, & Resilience: Assure physical, mental, and emotional health and wellness for all communities and all community members who face immense threats from structural inequities that disadvantage communities of color and other communities disproportionately affected by exposure to violence, trauma, adverse life experiences, and adverse community environments.

Inclusive Education: Create a community in Champaign County that welcomes increasingly diverse cohorts of students who represent a wide array of cultures and ethnicities; a community that invests in and offers an accessible and engaging array of learning and individual growth opportunities.

Champaign County Board

CCDDB and CCMHB efforts also align with the Vision, Mission, and Values of the County Board, including with their Strategic Plan Goal to:

Promote a safe, healthy, just community.

The values of Diversity, Teamwork, Responsibility to the Public, Justice, and Quality of Life are relevant to the CCDDB and CCMHB. The Value of Diversity is defined as:

Appreciation of the diverse culture within our community.

Strive for a workforce reflective of the community.

Equal and inclusive access to services and programs.

Local leaders aspire to quality of life and full inclusion in the wake of increased health disparities for certain community members, among them people with I/DD. Growing awareness creates new opportunities for system advocacy.

Statewide Advocacy Groups

A partnership between our state trade association, the Association of Community Mental Health Authorities of Illinois (ACMHA), the Going Home Coalition, and Arc of Illinois is focused on the State of Illinois' persistent imbalance between funding institutional care, which is not eligible for federal match, and use of federal Centers for Medicare and Medicaid Services (CMS) Home and Community Based waiver programs, which are eligible for federal match. These organizations, along with Illinois Association of Rehabilitation Facilities, They Deserve More Coalition, Illinois Council on Developmental Disabilities, Equip for Equality, and Institute on Public Policy for People with Disabilities, push to expand home and community-based care, but each may be too small to counter the forces of Illinois' status quo, even with the relentless bad news about State Operated Developmental Centers. With these partners and with people who I/DD and their family members, we should advocate for system redesign and full funding, including for flexible, self-directed options.

Public Input:

During a [Joint Study Session of the Boards on August 16, 2023](#), self-advocates and supporters offered input on preferences and concerns. Among these were:

- Easier access to information about events, activities, and resources, when they need or want them.
- Support for planning and attending events not in Champaign-Urbana.
- A more disability-friendly, inclusive community, which includes physical infrastructure and access to resources enjoyed by others.
- More job coaches, personal support workers, and direct support professionals.
- More information about the impact of income on benefits; more assistance for food, rent, other basics, and emergencies.
- Education about I/DD, especially for mental health professionals.
- Better access and more resources for rural residents who have disabilities.
- More flexible, lower cost transportation options and support.

The discussion with self-advocates touched on several resources that exist but may be underutilized because they are not easily secured, not well-understood, or not what people prefer. In addition to allocation of the CCDDDB, CCMHB, and I/DDSI Funds, our partnership can include systems advocacy and information-sharing.

Other community needs information and service data were presented in the [August 16, 2023 Study Session Packet](#). A recurring theme is that not all Champaign County

residents have access to the many resources enjoyed by some, despite the shared aspiration to be a welcoming, healthy, inclusive, and just community.

Operating Environment:

In [CCDDB PY24 Funding Priorities](#) and [CCMHB PY24 Funding Priorities](#) and earlier board documents, we noted the dangerous **decline in service capacity** across the country and state and in our community. This crisis is not difficult to understand or easy to solve. If the enduring funding and policy neglect that led to it is NOT consistent with our values, we should push hard to correct it, through collaborations above and as opportunities arise. This is clearly in the best interest of Champaign County and its residents.

From the Institute on Community Integration’s 2022 report [“Community Supports in Crisis: No Staff, No Services”](#):

All the progress toward community living that has been made in services for people with IDD over decades is now in jeopardy — because of catastrophic labor shortages and pervasive high turnover rates in the workforce that supports them, direct support professionals (DSPs).

National data found in the report:

- 70% of DSPs are women, approximately 70% of them heads of household;
- DSPs’ average age increased to 46;
- DSPs’ mean hourly wage is \$13.28, while for home health aides \$13.49, nursing assistants \$15.41, and residential advisors \$16.07;
- The percentage of individuals with behavioral support needs who receive community services has more than doubled since 2012; and
- During 2020, 53% of agencies employed fewer DSPs, 41% served fewer people, 33% closed sites, and 47% stopped offering a support or service.

This year, the Illinois General Assembly and Governor approved wage increases for Direct Support Professionals, which could bolster community-based service capacity. However, these increases are below those recommended by the state’s own rates study and numerous advocacy groups, and they are far below what workers earn in State Operated Developmental Centers (SODCs) where reports of serious, even fatal, abuse and neglect abound. Illinois’ overreliance on institutional care and low investment in more inclusive alternatives have taken a toll. With a relatively higher number of eligible Champaign County residents still awaiting selection for state

Medicaid waiver awards for home and community-based care, and with many other service system improvements yet to be undertaken, we have a long way to go.

Crisis to Opportunity:

Telehealth and other **remote options** were introduced rapidly and out of necessity during the COVID-19 pandemic, allowing some with I/DD to connect with support and social opportunities more easily than before, especially if they had access to the internet but limited transportation, or if they preferred being at home. For some who prefer virtual participation over in-person, barriers have been lack of devices and programs, difficulty learning to maximize those, and poor internet service. The latter barrier has been typical in rural areas, apartment complexes, and housing developments. The Champaign County Board, Housing Authority of Champaign County, and University of Illinois at Urbana-Champaign have led efforts to improve access and use for all. Virtual support may be most effective when combined with in-person, where there is still room for innovation in services.

The Ohio Department of Developmental Disabilities (DODD) promotes the use of assistive technology and remote options as a partial solution to workforce and transportation shortages. Ohio's Technology First Initiative ensures that technology is considered as part of all individual service plans, prior to authorization of on-site direct support staff and with the goal of training in technology which can improve quality of life. The Living Arrangements for the Developmentally Disabled (LADD) Smart Homes project incorporates many innovations, including low cost and widely available consumer products. A [Concept Video](#) and [virtual tour](#) highlight the Forever Home Smart Living Pilot. People with I/DD are also enjoying greater independence and control of their days with the lighter presence of non-resident professionals in their homes. See [the Ohio DODD website](#) for more.

In their [July 2023 meetings](#), the Boards took virtual tours of the UIUC McKechnie Family LIFE Home and heard a brief presentation on research done there. Dr. Olatunji, one of the presenters, has a research focus on the balance between tech support and social connectedness. Avoiding social isolation will be important in any remote innovations. With this caution, a partnership between local service provider(s) and UIUC researchers could explore innovation similar to the LADD Smart Home Pilot.

Earlier CCDDDB and CCMHB memoranda noted disproportionate negative impacts of COVID-19 and social isolation on people with disabilities, rural residents, and members of racial, ethnic, and gender minorities. Whether traditional or innovative,

all supports should uphold the principles of community and social inclusion and consumer choice. The 2023 report [“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies health outcomes as well as pillars to advance social connection and recommendations for stakeholders.

Two American Network of Community Options and Resources (ANCOR) reports, [“Addressing the Disability Services Workforce Crisis of the 21st Century](#) and [“Bringing Long-term Supports & Services into the 21st Century”](#), emphasize the need for service providers to receive training on using technology to deliver services and support community integration, including self-advocates’ **supported decision making** in choosing and using technology to live more independent and overall quality lives.

In support of self-directed services, even during an era when professional service capacity is so low as to offer very limited consumer choice, The Council on Quality and Leadership released [“The Relationship Between Choice and Injuries of People With Intellectual and Developmental Disabilities”](#). Decisions about safety have typically been made by care providers rather than by people with I/DD, but it appears that injuries decrease with opportunities to make choices about their own care. The report concludes, “Beyond the potential impact on injuries, ultimately, choice is about ensuring people with IDD are supported to live the lives of their choosing.”

I/DD Special Initiatives Fund Priorities:

All proposals for funding must choose one of the following priority categories and clarify how the proposed services or supports align with that choice. Strengthening the Workforce and Self-Advocacy are not included for PY2025 because they are among CCDDB funding priorities. Other priority areas have been modified using input from people with I/DD and their supporters. People to be served should be eligible per Illinois Department of Human Services (DHS) Division of Developmental Disabilities (DDD).

PRIORITY: Short-Term Supports for People with I/DD

People with I/DD have interests other than long-term care, and their success in many areas may be supported by short term support. These supports or specific assistance matched to their interests may be purchased for people by an agency.

Strongest consideration should be offered to people with co-occurring diagnoses and multiple support needs, those not receiving services through any funder, and those

who are unable to secure services locally but instead are served outside of Champaign County. People may engage an agency and their families and networks of supporters to clarify their preferences and help document needs. On behalf of the person, an agency could purchase appropriate, meaningful supports consistent with these and not available through other payers: devices and software needed for virtual access, equipment or classes related to a hobby or entrepreneurship, recreational opportunities requiring travel and related costs, assistive equipment, and transportation costs for Champaign County families to visit a person who is served outside of the County. Certain costs might recur within the Program Year.

A [National Core Indicators – Intellectual and Developmental Disabilities Data Highlight](#) finds that people with I/DD experience “abundant and well-documented” benefits from vacations. Because they take far fewer vacations than do their peers who do not have I/DD, and because these numbers sunk in recent years, inclusive or supported vacation options could bridge the gap.

Champaign Community Advocacy and Mentoring Resources (CCAMR) resources should be used whenever they might support an identified preference. An agency would inform eligible people and, if help is preferred, work with them to complete an application through quarterly [mini-grant opportunities](#). For purchases using I/DD Special Initiatives funding, the 2019 CCDDDB mini-grant process may serve as a model, with an individual application form, per person cost limits, and follow up satisfaction survey. *Sample documents are on pages 49 to 56 of the [July 2022 CCDDDB meeting packet](#) or upon request from CCDDDB/CCMHB staff.*

PRIORITY: Education on I/DD.

People with I/DD would like professionals from other sectors to understand them and work with them more effectively.

People with I/DD do not always feel welcome or included in this community.

Advice and direction from self-advocates and their networks of supporters could shape the content of sector-specific and community-wide education efforts.

An agency could purchase or develop training for professionals from other sectors, especially mental health providers. Other health and human service providers, law enforcement, first responders, educators, and court officers may also be interested.

An agency could plan and host community awareness activities to improve understanding and build a more inclusive and welcoming community. Greater

awareness may already have created conditions for system change. In the same way, broad awareness efforts might help our community to improve access and appreciate the gifts and contributions of people who have I/DD.

PRIORITY: Technology and Training

People with I/DD want access to more resources. This can be helped by virtual access training available to them, their staff, and their natural supporters. An agency could purchase equipment for a group and offer training in its use.

A program might cover costs associated with the development and staging of training opportunities or securing these through a qualified trainer. The audience for these would be Champaign County residents who have I/DD and any staff, family, or other natural supporters who assist these qualifying residents with virtual access and use. The agency might purchase a training program or equipment for groups of participants with similar interest.

Also of interest would be a partnership to introduce remote supports into residences of people with I/DD and complex support needs. Devices and programs should match the interests and needs of people to be served in independent community settings. Strongest consideration should be given to people not receiving services and to those with complex support needs not receiving services which meet their needs.

PRIORITY: Housing.

People with I/DD can live independently in our community if appropriate living arrangements and supports are developed.

Strongest consideration should be given to people not fully served who have I/DD and another diagnosis calling for active treatment, e.g., medical condition requiring treatment at home, mental health or substance use disorder, or physical disability supported by assistive equipment or specialized staff training. An agency might develop independent residential settings and supports for people who would benefit from and desire an affordable home and ongoing or short-term supports matched to their needs and preferences. A project might combine this priority and the technology and training priority to incorporate remote supports into a household.

Criteria for Best Value:

An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value

to the community, in the service of those who have I/DD. Some of these ‘best value’ considerations relate directly to priority categories and may be the focus of a proposal.

Budget and Program Connectedness

Detail on what the Boards would purchase is critical to determining **best value**. Because these are public funds administered by public trust fund boards, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an ‘audit-ready’ state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program’s relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCDDDB/CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDDB/CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDDB and CCMHB funding does not supplant other public systems.

Participant Outcomes

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people’s lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program’s success in helping people achieve positive impacts, an applicant should use outcomes which consider participants’ gifts and preferences.

For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the [‘measurement bank’](#) developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program’s performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be discovered through a person’s involvement in their own service plan. Centering people’s communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDDB/CCMHB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual’s role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the [2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, people living in rural areas, and those with limited English language proficiency

should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCDDDB/CCMHB staff offer technical assistance.

Promoting Inclusion and Reducing Stigma

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCDDDB and CCMHB have an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

Continuation of Services

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCDDDB and CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB/CCMHB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCDDDB/CCMHB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**

5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in Funding Requirements and Guidelines of each board.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

Process Considerations:

The CCDDDB and CCMHB use an online system for organizations applying for funding. Downloadable documents on the Boards' goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Boards in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Boards and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDDB and CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDDB and CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB/CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB/CCMHB Funding Guidelines. Support is also available for CLC planning.

- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB and CCMHB retain the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and CCMHB and residents of Champaign County.
- The CCDDDB and CCMHB reserve the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB and CCMHB deem such variances to be in the best interest of the CCDDDB and CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB and CCMHB reserve the right, but are under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB and CCMHB.
- The CCDDDB and CCMHB reserve the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCDDDB and CCMHB reserve the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.

- The CCDDDB and CCMHB reserve the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCDDDB and CCMHB reserve the right to require the submission of any revision to the application which results from negotiations.
- The CCDDDB and CCMHB reserve the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant’s relevant performance and/or qualifications.

Decision Section:

Motion to approve the I/DD Special Initiatives Program Year 2025 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

Lynn Canfield

From: Kelly Russell <krussell@usd116.org>
Sent: Wednesday, September 13, 2023 8:52 AM
To: Lynn Canfield
Subject: Allocation priorities for PY 25

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Lynn,

I hope this email finds you well!

I just reviewed the board packet information as well as the funding priorities for PY 25.

I appreciate your willingness to ask for our feedback.

I agree with all of the funding priorities as I believe they are a true reflection of the needs in our county.

Thanks again for all you do,

Kelly

--

Kelly Russell
Program Director
C-U Early
Urbana School District 116
217-384-3616 Ext. 4172

GLA summary for Board Report for November 2023

On November 3, 2023 from 12 until 3 pm we hosted a Group Level Assessment (GLA) in-person session at the Champaign Public Library. We reached out to main contacts at each of the Mental Health Board and Developmental Disability Board funded agencies to inform them about the session, the focus of which was to help identify needs, successes, and challenges related to evaluation activities including choosing outcomes, collecting data, and reporting results. Those contacts were invited to participate and were given an opportunity to recommend other staff in their agencies who are responsible for evaluation activities.

A total of 33 staff participated, representing 19 agencies, and collectively worked at their agencies for over 282 years (range less than 1 year to 40+). Staff responded to 37 prompts designed to collect information about evaluation strengths, weaknesses, opportunities, and threats as well as what types and topics for future trainings (micro learnings, one-on-one or small group sessions, workshops), cross-agency collaboration, storytelling around programs and services, and alignment of funding, resources, and outcomes.

The 33 participants were assigned to one of six smaller groups that reviewed and identified patterns they observed across six prompts (unique to each group). Then, three staff-identified top topics were discussed by two smaller groups each, and initial action steps were generated. Several participants volunteered to participate in future discussions about moving action steps forward.

Next steps include further analysis of the prompts, developing trainings tailored to the needs of staff, and working one-on-one technical assistance with several agencies expecting to receive this level of assistance.

MAJOR PROJECT TITLE

 disability Resource Expo

PROJECT TITLE

 DisExpo disability Resource Expo

BEGINNING BALANCE .00

FUNDING SOURCES	AMOUNT
DisExpo -MISC REV -OtherMisc -	-11,239.00
FUNDING SOURCE TOTAL	-11,239.00

EXPENSE STRINGS	AMOUNT
DisExpo -COMM -OPER SUPP -	2,233.94
DisExpo -COMM -STA PRINT -	1,399.68
DisExpo -COMM -Uniform -	703.50
DisExpo -SERVICES -JB REQ TRV -	18.21
DisExpo -SERVICES -LEGAL ADV -	5,262.50
DisExpo -SERVICES -PR -	631.20
DisExpo -SERVICES -PROF SVC -	33,348.75
DisExpo -SERVICES -Rent -	2,040.00
EXPENSE TOTAL	45,637.78

ENDING BALANCE 34,398.78

***** TOTALS
 BEGINNING BALANCE .00
 FUNDING SOURCE -11,239.00
 EXPENSE 45,637.78
 ENDING BALANCE 34,398.78

REPORT TOTAL: 34,398.78

** END OF REPORT - Generated by Chris M. Wilson **

PY2024 1st Quarter Program Service Reports

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



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Decision Support PCP** Period **First Quarter PY24**

Submitted **10/25/2023** by **AYOST**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	100	30	165	0
Quarterly Data (NEW Clients)	4	13	1	101	0
Continuing from Last Year (Q1 Only)			66	77	0

Comments:

PY24 Quarter 1 is off to a great start. The Person-Centered Planning Case Management Team has been working hard to bring casework to current status, as well as move individuals off of our waitlist. Our Dual Diagnosis program has begun and the Case Manager for that program is now seeing clients on either a weekly, biweekly, or monthly basis depending on their individual needs. This case manager has begun working with individuals on various goals & tasks such as how to better organize, creating a coping skills box, and spending more time in the community. Lastly, our transition consultant program has been receiving referrals for attendance at IEP meetings. We are working in this program to make sure schools are aware of this service, as well as provide them with information on PUNS and contact information for Prairieland. Our Case Managers continue to provide linkage for PUNS, and other community resources that are necessary for the individual families that we work with. Our number of Screening contacts was low in Quarter 1, however, we anticipate that this will begin to increase at a fast pace in the 2nd & 3rd Quarters. We look forward to continuing to better the program in Quarter 2 and expand on the number of people that we are able to serve.



Quarterly Program Activity / Consumer Service Report

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

Program: **Early Childhood Mental Health Svcs Period First Quarter PY24**

Submitted 10/25/2023 by BELKNAP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	3000	380	80	12
Quarterly Data (NEW Clients)	0	416	83	46	11
Continuing from Last Year (Q1 Only)			0	42	0

Comments:

Treatment Plan Clients (TPC) (100 word limit)

80 New Treatment Plan Clients: These clients are children, parents, or staff members who receive ongoing support or consultation which requires goal setting, planning, and follow up.

27/ 100 words

Non-Treatment Plan Clients (NTPC) (100 word limit)

380 New Non-Treatment Plan Clients: These clients are children, parents, or staff who receive screening, intermittent, one-off support and consultation. Recipients of psycho-education, trainings, or professional development.

28/ 100 words

Community Service Events (CSE) (100 word limit)

5 Community Service Events: These events include community trainings and workshops that share information about our social-emotional services.

18/ 100 words

Service Contacts (SC) (100 word limit)

3,000 Service Contacts: These service contacts meetings and observations regarding children, Practice Based Coaching with education staff, Social-Emotional Committee Meetings. Reflective Consultation with staff and caregivers. Screenings and assessments. Other direct and indirect services with or on behalf of TPC and NTPC's.

42/ 100 words

Other (200 word limit)

12 Other services: Psycho-educational workshops, trainings, professional development efforts with staff and parents.

13/ 200 words



Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

Program: **CU Early Period First Quarter PY24**

Submitted 10/17/2023 by KRUSSELL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	506	5	23	
Quarterly Data (NEW Clients)	5	89	0	23	
Continuing from Last Year (Q1 Only)					

Comments:

The CU Early bilingual home visitor has a current caseload of 23 children birth to three and 21 parents. All of the families are Hispanic. In addition she has 1 prenatal family on her caseload.

The CU Early bilingual home visitor completed 9 developmental screenings using the Ages and Stages Screening tool. None of these screenings resulted in a referral to Early Intervention.

There were many community services events that the CU Early program coordinator attended this quarter to represent CU Early and get families and community colleagues familiar with our program. These included a presentation about CU Early and the Champaign County home visiting consortium at the CU Sunrise Rotary on August 10, a Welcome Back to families event at Orchard Downs community center on August 26, the United Way's Walk as One community awareness of Prek services on September 7, and lastly the Soccer Planet community wide screening event for children birth to five on August 22 and September 26.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Community Choices, Inc. DDB**

Program: **Customized Employment Period First Quarter PY24**

Submitted 10/27/2023 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2000	0	40	2572
Quarterly Data (NEW Clients)	2	627	0	9	796
Continuing from Last Year (Q1 Only)			0	38	

Comments:

CSE in Q1: 2 - Youth Opportunities Fair w/ CU Tri on 8/26/23, Pride Fest Table on 9/30/23

SC = 627 of Claims in Q1: these are reported via the online reporting system

NTPCs: 0

New TPCs in Q1: 9 ; with 38 continuing from last year (8 of these people where closed via the online claim system)

Other = Direct Hours in Q1: 796 (also reported via online claims)



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Community Choices, Inc. DDB**

Program: **Inclusive Community Support (Com Living) Period First Quarter PY24**

Submitted 10/27/2023 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2023	15	30	2878
Quarterly Data (NEW Clients)	3	513	3	0	768
Continuing from Last Year (Q1 Only)				29	

Comments:

CSEs in Q1: Pride Fest Table on 9/30/23, Cunningham/CC Info Sharing on 7/20/23 and Prairieland Info Sharing on 8/18/23

SCs: 513 (includes 498 recorded for TPCs as claims in the online reporting system, and 15 for NTPCs in personal development classes)

New NTPCs in Q1: 3 (these are individuals who participate in our Personal Development Classes)

New TPCs in Q1 = 0 , with 29 continuing

Other: Direct Hours in Q1: 768 (includes 634 recorded for TPCs as direct hours, and 134 for NTPCs in personal development classes)



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Community Choices, Inc. DDB**

Program: **Self-Determination Support Period First Quarter PY24**

Submitted 10/27/2023 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2810	200	0	2086
Quarterly Data (NEW Clients)	2	779	9	0	486
Continuing from Last Year (Q1 Only)			196	0	

Comments:

2 CSEs in Q1: Pride Fest Table on 9/30/23, Community Coaching @ Co-op Meeting on 9/14/23

SCs in Q1: 779

NTPCs: 9 new in Q1 (5 members with disabilities and 4 family members, with 196 continuing (73 members with disabilities, 123 family members)

TPCs: 0

Other: Direct Hours in Q1 - 486



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Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Community Choices, Inc. DDB**

Program: **Staff Recruitment and Retention** Period **First Quarter PY24**

Submitted 10/27/2023 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					63
Quarterly Data (NEW Clients)			3		14
Continuing from Last Year (Q1 Only)			11		

Comments:

No CSEs, SCs, NTPC, or TPCs for this program.

Other = Number of Bonuses Provided, total for Q1 is 14. 3 Sign-On Bonuses and 11 Retention Bonuses



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Community Choices, Inc. DDB**

Program: **Transportation Support** Period **First Quarter PY24**

Submitted 10/27/2023 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2696	45	0	1095
Quarterly Data (NEW Clients)	6	272	14	0	219
Continuing from Last Year (Q1 Only)					

Comments:

CSEs in Q1:

- 7/28 - Information Session
- 8/1 - Information Session
- 9/14 - Co-Op meeting
- 7/20 - Meeting with Cunningham Childrens Home
- 8/18 - Meeting with Prairieland Service Coordination
- 9/30 - Table at Pride Fest in Urbana

SCs: 272

New NTPCs in Q1: 14 participants used rides

TPCS: 0

Other: Direct Hours in Q1 - 219

Rides were open for reservation starting 8/7/23.

119 Total Rides provided in Q1. Below is the breakdown of what rides were used for:

Work	46
Leisure	21
Family	0
Medical/Health	10
CC Event	35
Errands	6
Does not wish to say	0
No Show	1



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Clinical Services Period First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	10	5	59	
Quarterly Data (NEW Clients)	2	7	1	6	
Continuing from Last Year (Q1 Only)			2	53	

Comments:

Community Service Events: There were two CSEs this quarter.

Individual Info: Eight individuals received two types of clinical services. 1 TPC opened in counseling and 5 TPCs opened for a psychological. 1 NTPC opened for a psychological. 1 person closed from psychiatry due to moving.

Service/Screening Contacts: There were seven screening contacts this quarter. Individual requested counseling to his Case Coordinator after experiencing a difficult situation with a community member. Had previously had a counselor, but they have retired and he has been unable to secure counseling elsewhere. His mother is attempting to get him set up through Rosecrance, but his need is immediate to process the traumatic event that occurred. Can transfer to Rosecrance once an appointment has been established. Admissions Team requested a psychological to verify that she would qualify for PUNS placement and subsequently DD services. Teams requested psychological evaluations in order to discover additional ways to support the individual, identify cognitive changes, and also assist in securing SS benefits.

Update on Clinical Wellbeing Assessment: The Clinical Wellbeing assessment has not been sent out to date.

Extra Reporting Time: Twelve hours total this quarter. Eleven hours of clinical time for billing, reporting, scheduling, quarterly summaries, and training the new Clinical Coordinator. Two hours coordinating/discussing screening contacts.

Update on DSP Support Specialist: This position has impacted 15 staff across six sites and three programs this quarter. Tasks have included team discussions, modeling of behavioral strategies, revision of behavior support strategies, education on data collection, and identification of other support needs for individuals such as OT, PT, Speech, total communication approaches, and sensory based activities.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community Employment Period First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	10		88	
Quarterly Data (NEW Clients)	2	6		4	
Continuing from Last Year (Q1 Only)				76	

Comments:

The Employment Plus met twice this quarter and continues to draw new members. Employment Plus is a group open to individuals employed in the community and encourages a healthy work-life balance. The group met at the Urbana Farmer’s Market to enjoy homemade offerings and live music. The group also visited a pumpkin patch where there was live animal interaction, photo opportunities and lots of apple and pumpkin items to enjoy!

Community Employment Specialists continue to provide support with technology skills in order for individuals to complete required online trainings at their place of employment.

DSC supports individuals at the following supported employment sites: Advanced Medical Transport, Champaign Park District, Hessel Park Church, and the Independent Media Center. Both Advanced Medical Transport and Champaign Park District continue to collaborate with Supported Employment staff to assist in bringing the best out of all the supported individuals working at the sites. Advanced Medical Transport provided team shirts for all supported individuals working at the site in support of breast cancer awareness month while also setting aside treats such as ice cream once the supported individuals had completed their tasks.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community First Period First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	6	45	45	
Quarterly Data (NEW Clients)	2	14	98	8	
Continuing from Last Year (Q1 Only)			0	34	

Comments:

First quarter included a variety of offerings that held focus in advocacy, cooking, health, self-care, volunteering, and more.

The cooking groups rely on the workspace offered by two community partners - The Hope Center of Urbana and Salt and Light on Philo Road.

The program’s focus on offering a variety of cultural experiences was extended all throughout Central Illinois. Groups visited Nikkeijin Illinois, an exhibit of multifaceted stories of Japanese immigrants and their descendants; Paintings of Hope, a project between Kevork Mourad and the University of Illinois; the Peoria Riverfront Museum to see Violins of Hope and visited the Peoria Holocaust Memorial. Other events of cultural importance included Myan Archeoastronomy at the Parkland College Planetarium and Bronzeville to Harlem, Stories of American Immigration, Hope and Opportunity, Freedom, and the Struggle for Equality.

Several new groups were offered this quarter including POP! Goes the Culture, Coping Skills, Journaling, Self-Care, Ballet, Tourism, as well as Tea Party. This quarter individuals also visited pumpkin patches, spooky trails, and holiday themed events around Central Illinois.

Community First members continue to volunteer their time and energy with the Eastern Illinois Food Bank, IDEA Store, Moore’s Rescue Ranch and Salt & Light.

Individuals formally participating in the IFS day program were integrated into Community First this quarter, thereby ensuring continuity of services and supports.



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Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community Living** Period **First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		6		78	
Quarterly Data (NEW Clients)		3		1	
Continuing from Last Year (Q1 Only)				71	

Comments:

Community Living staff support people with budgeting, medical appointments, shopping, housekeeping plans, and finding housing. Supports are provided face-to-face in the community. Staff educate people in utilizing technology for grocery shopping, navigating their community, medication refills, scheduling medical appointments and paying bills.

Interested individuals may choose to attend planned community events with CLP staff. This quarter those involved chose to try a new restaurant.

Community Living helped someone look for, apply and move into new housing this quarter.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Connections** Period **First Quarter PY24**

Submitted 10/26/2023 by VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5		12	25	
Quarterly Data (NEW Clients)	2		20	2	
Continuing from Last Year (Q1 Only)				17	

Comments:

Participants at the Crow advocated for performance art this quarter, prompting us to offer Theater 101! In this group people memorize and recite their lines, build props, construct set pieces, as well as explore costume and makeup effects. This group is also coordinating visits to local theaters for tours and productions.

Also new this quarter was Comic and POP Art, Recycle Art, Digital Art, Wood Crafts, and Anime and Manga Drawing. In Comic and POP Art, people are bringing their interests for pop culture to the group and creating their own renditions of their favorite characters. Artists in the Recycle Art group are focusing on using recycled materials to create both 3D and 2D works in an effort to be climate friendly while creative. Those enrolled in Wood Crafts have been working on creating holiday items including wood slice wreaths and porch signs. Light sanding, staining, and stencil painting are all part of the process learned in this group. Those who enjoy Japanese Manga and animation have been learning this art style each week at the Crow.

Digital Art is a newly crafted offering, allowing artists to utilize technology for projects including logo design, poster making, as well as creating album covers for fictional musical personas and more. Our digital artists have been using the iPad Pro with the Apple Pencil and ProCreate App. A couple of the artists have continued their work in their personal lives, purchasing the app for their own devices.

Other continued offerings for artists at The Crow include Fiber Arts, Collage Making, Painting, Drawing, Pottery, Art Potpourri, Crafting, Jewelry Making, Papermaking, and Printmaking.

Artists participated in two Farmer's Markets selling goods they made.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Employment First Period First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25				
Quarterly Data (NEW Clients)	10				
Continuing from Last Year (Q1 Only)					

Comments:

Employer Training:

LEAP Training – completed nine for quarter

- ImpactLife – 61801; Completed the LEAP training virtually on 07/13/23. The Manager of Talent Acquisition was in attendance for the training.
- Frerich & Stillwell Insurance – 61873; Completed the LEAP training virtually on 07/13/23. Kevin Stillwell (one of the firm owners) was in attendance for the training.
- Rick’s Tractor Services – 61859; completed the LEAP training virtually on 08/17/23. The Office Manager attended the training.
- RegCakes – 61801; Completed the LEAP training virtually on 08/17/23. The owner of the bakery attended the training.
- ServPro – 61802; Completed the LEAP training virtually on 08/17/23. The Sales Manager attended the training.
- UpClose Printing – 61820; Completed the LEAP training virtually on 08/17/23. The owner of the company attended the LEAP training.
- Pampered Pet – 61820; Completed the LEAP training in-person on 09/07/23. The owner of the business attended the training.
- Jen Watson Consulting – 61820; Completed the LEAP training in-person on 09/07/23. The owner of the business attended the training.
- mLab Fitness – 61820; Completed the LEAP training virtually on 09/22/23. The owner of the business attended the training.

Frontline Staff Training – completed one for quarter

- Habitat for Humanity ReStore – 61821; Completed the LEAP Frontline Staff Training in-person with 11 staff members in attendance. Some of the following job titles were in attendance: Office & Retail Support Coordinator, Director of Development, Front Cashier, ReStore Director, Receiving Coordinator, Community Development Director, Family Services Manager, Floor Employee, Truck Driver and Volunteer Coordinator. They have previously completed the training in 2018 and 2021. Due to having new staff join the team rather consistently, re-trainings are beneficial for the ReStore.

Impacts of the LEAP Program:

DSC job seekers:

- Champaign Unit 4 Kids Plus Program hired one individual.
- Sam's Club Cart Attendant hired one individual.

Community Choices job seekers:

- Walgreens on Philo Rd. in Urbana hired one person
- RegCakes in Urbana hired one person
- LEAP Coordinator and Supported Employment Specialist met with Habitat for Humanity Restore to discuss community vs. supported employment and the possibility of having a group of supported employees working one to two days per week.
- LEAP program staff discussed job carving opportunities with Pampered Pet. The owner expressed interest in hiring someone to sew bandanas for the animals. This would be about 5 hours per week. There may be possibilities for expansion of hours and duties.
- LEAP program staff spoke to owner of Jen Watson Consulting. She mentioned that she needs someone for part-time data entry work and this could be done in the office or from the person's home.
- LEAP staff spoke to Berries & Flours. She is expanding her business and is in a position to hire. LEAP Coordinator shared information with Supported Employment and Community Employment programs.
- ServPro stated that they need assistance in their warehouse. Items need to be cleaned off after being recovered from a fire. Sales Manager at ServPro offered a tour and job shadow opportunity at the N. Cunningham location.
- LEAP program had a brief meeting with Frasca in Urbana regarding their potential interest in hiring a cleaning crew.

Program Development:

- "Take the Leap" Podcast is recording a two-part episode.
- The LEAP Program purchased a domain for the Champaign County Directory of Disability-Inclusive Employers. Once launched, the website can be accessed at leapdirectory-cu.org.
- Brochures for the Champaign County Directory of Disability-Inclusive Employers are ready for the Disability Expo.
- Jobseeker Flyers are ready for the Disability Expo. Jobseekers are led to the directory so that employment opportunities can be explored.
- 90 businesses were approached about LEAP/Frontline Staff trainings and 25 were introduced to Champaign County Directory of Disability-Inclusive Employers.
- LEAP Coordinator reached out to several third-party disability training resources for the directory. Secured Knowbility & National Def Center. Both training services offer webinars to individuals in the community free of charge.
- Attended the following networking events to promote LEAP: Master Networks, Champaign Chamber of Commerce (Morning Coffee & After Hours), Mahomet Chamber of Commerce (Morning Coffee & After Hours), First Wednesday Networking Event, Exchange Club, BNI Chapter meeting, and Coffee with a COP.



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development** Period **First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200		655	
Quarterly Data (NEW Clients)	4	70	0	117	
Continuing from Last Year (Q1 Only)			0	435	

Comments:

Family Development continues to brainstorm ways to network and collaborate across the community. On July 6th, DSC’s Director of Family Development and Intake Specialist met with staff at SWANN Special Care Center to learn more about ways to work together to support individuals with severe and profound disabilities. Family Development also attended the Champaign Urbana Special Recreation (CUSR) Health Fair to provide information and developmental screenings for children birth-age 5. On August 4th, Family Development staff presented at Montessori School of CU to discuss developmental screenings and how Family Development can support teachers, students, and their families with potential development delays. At the end of August, the Family Summer Fun group had their last event.



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Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Individual and Family Support** Period **First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	3	8	20	30	
Quarterly Data (NEW Clients)	2	4	12	4	
Continuing from Last Year (Q1 Only)			0	31	

Comments:

Twelve individuals participated in self-advocacy events this quarter with three individuals presenting at a DDB meeting.

Four individuals started receiving respite services. The Resource Coordinator has been connecting with families to ascertain their wants and needs.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Service Coordination Period First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	20	10	275	
Quarterly Data (NEW Clients)	2	15	0	31	
Continuing from Last Year (Q1 Only)			2	227	

Comments:

- Twenty-four of the 31 new TPCs for this quarter, were previously NTPCs from FY 23 Individual and Family Support Program. They were added as TPCs to this program due to increased Service Coordination to be provided by the Resource Coordinator.
- Case Management continues to use a team approach to ensure people are safe, have food, and medical support, as well as any additional resources they need.
- Case Management continues to work on obtaining Social Security benefits for an individual.
- Case Management, in collaboration with the Housing Authority, is working closely with an individual to secure housing in a safer environment.
- Case Management continues to offer support to an individual and their family in regards to services they currently receive compared to services that may or may not be available if they moved.
- A Case Coordinator supported an individual in resolving some issues with a new neighbor. The situation has improved.
- Case Management is working diligently to ensure Medical and SNAP benefits are secured or maintained for individuals.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Workforce Development and Retention** Period **First Quarter PY24**

Submitted **10/26/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					160
Quarterly Data (NEW Clients)					7
Continuing from Last Year (Q1 Only)					

Comments:

Other = number of staff receiving bonuses. Target is 160.

In September 2023 two DSP staff attended the two-day NADSP Conference in Pittsburgh. The conference provided an opportunity for staff to network with other DSPs as well as provided education on social justice, self-advocacy, and person-centered planning.

Seven staff received training bonuses this quarter.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **PACE, Inc.**

Program: **Consumer Control in Personal Support Period First Quarter PY24**

Submitted 11/01/2023 by MICHELLE

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	250	30	0	9
Quarterly Data (NEW Clients)	7	50	3	0	4
Continuing from Last Year (Q1 Only)			22	0	0

Comments:

PACE offered orientations via zoom and 1:1 appointments at PACE's office during this quarter to recruit PSWs. Due to the decrease inquiries of potential PSWs, PACE continues to do outreach activities, job postings and attending community events to attempt to recruit PSWs. PACE staff was part of the Champaign library job fair event.

No TPCs due to people being served through this funding are people seeking employment as PSWs and no-Vocational program t consumers with I/DD. Continued collaboration is taking place with IRC, DSC, Community Choices, and DRS-vocational program 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 Illinois School of Social Work, Arc of Illinois, Family Matters, parent group at Community Choices, IRC, NAMI and DSC.

PACE continues to offer quarterly PSW advisories to provide an extra opportunity for consumers and PSWs to get connected and discuss topics about the PSW program. The PSW advisory also provides an opportunity to discuss topics to improve the employer/employee relationship. The last hybrid PSW advisory occurred on, Friday, September 15, 2023.

PACE was guest speaker for WEFT radio. PACE also collaborated with Champaign library by attending the community job fair, CUSR and Rantoul Resource Fair.

PACE has sent 8 sets of referral this quarter.

PY2024 1st Quarter Program Claims Data

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

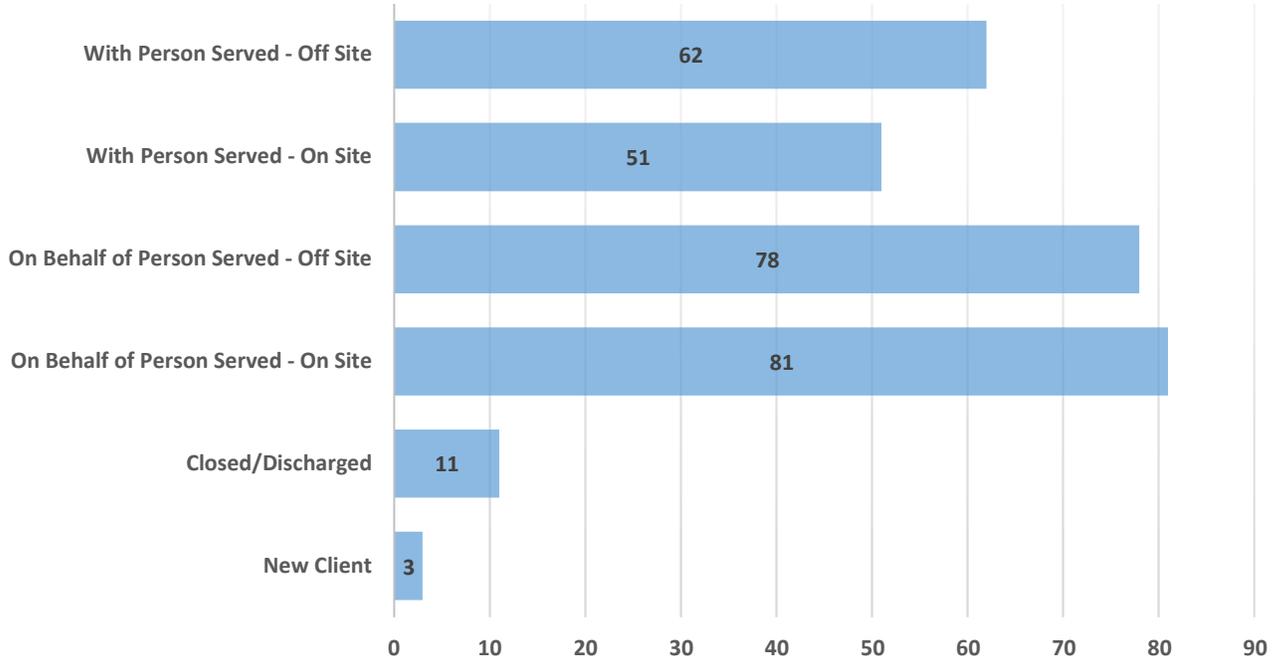
CCRPC - Community Services

Decision Support Person \$108,444

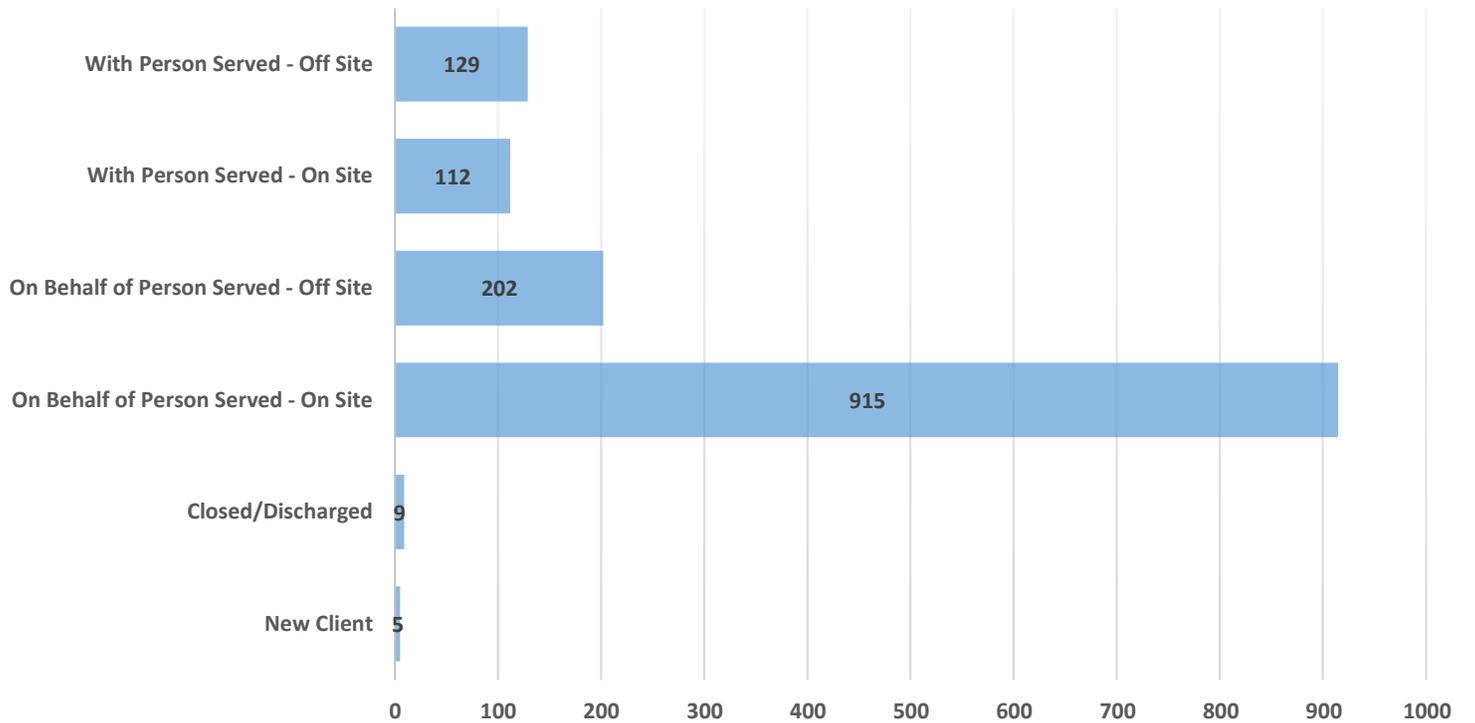
PY24 1st Q

84 people were served, for a total of 1,372 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY

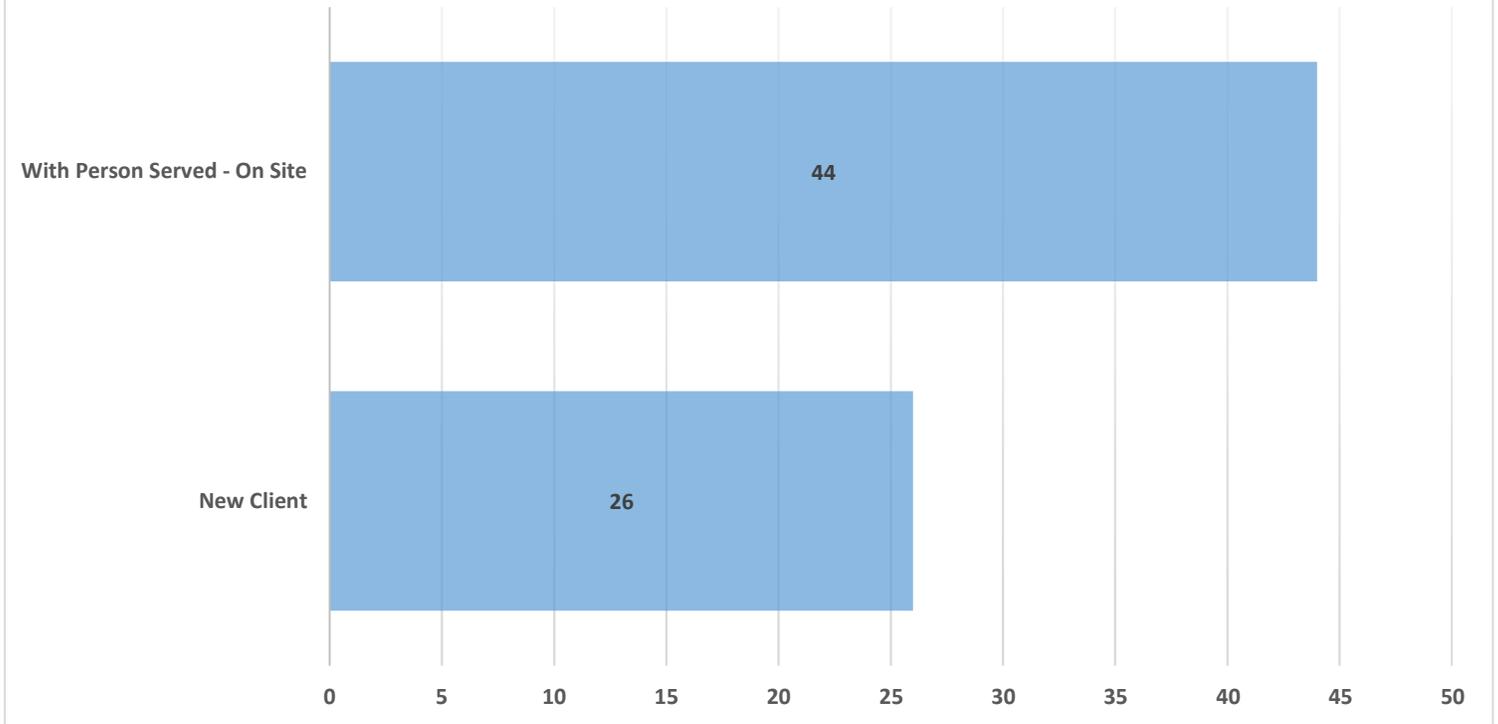


CCRPC - Head Start/Early Head Start

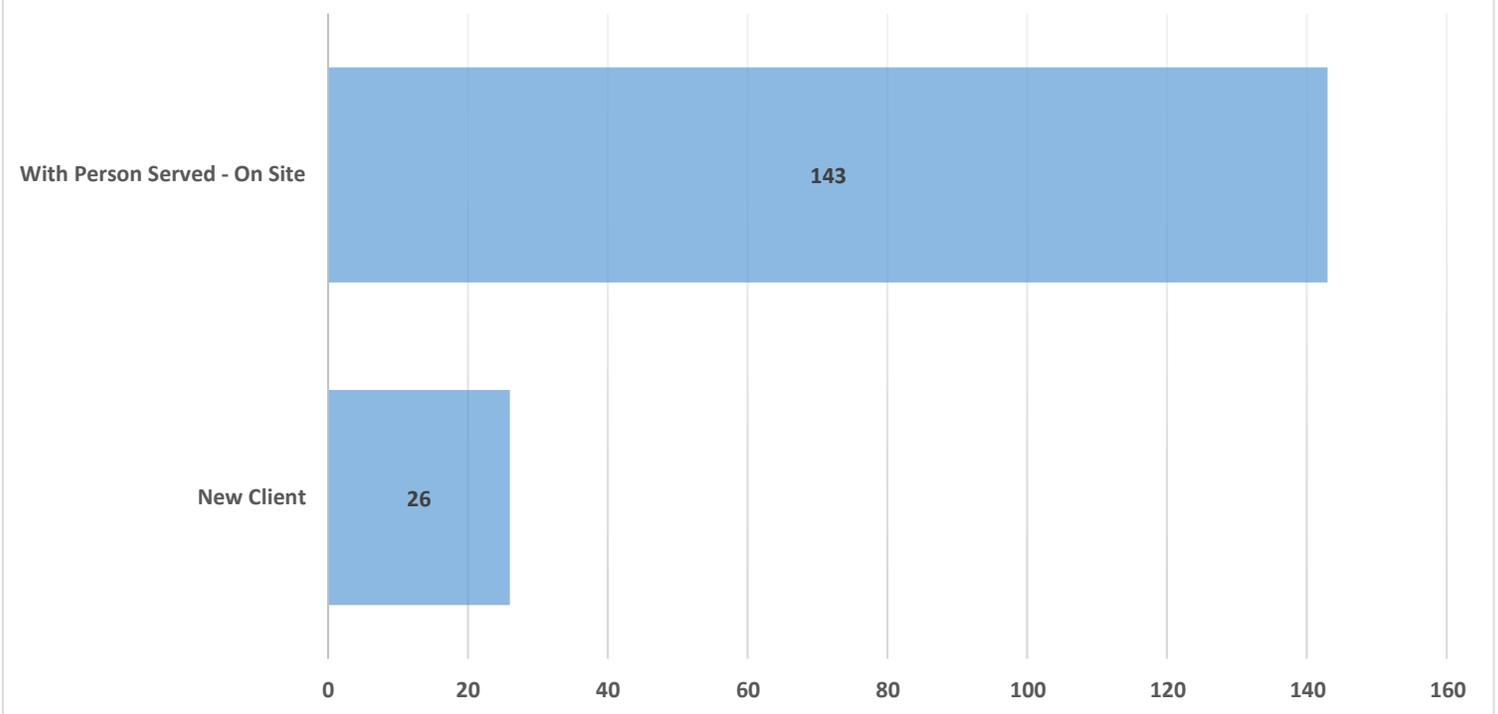
Early Childhood Mental Health Svs \$37,416 PY24 1st Q MHB

49 people were served, for a total of 169 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



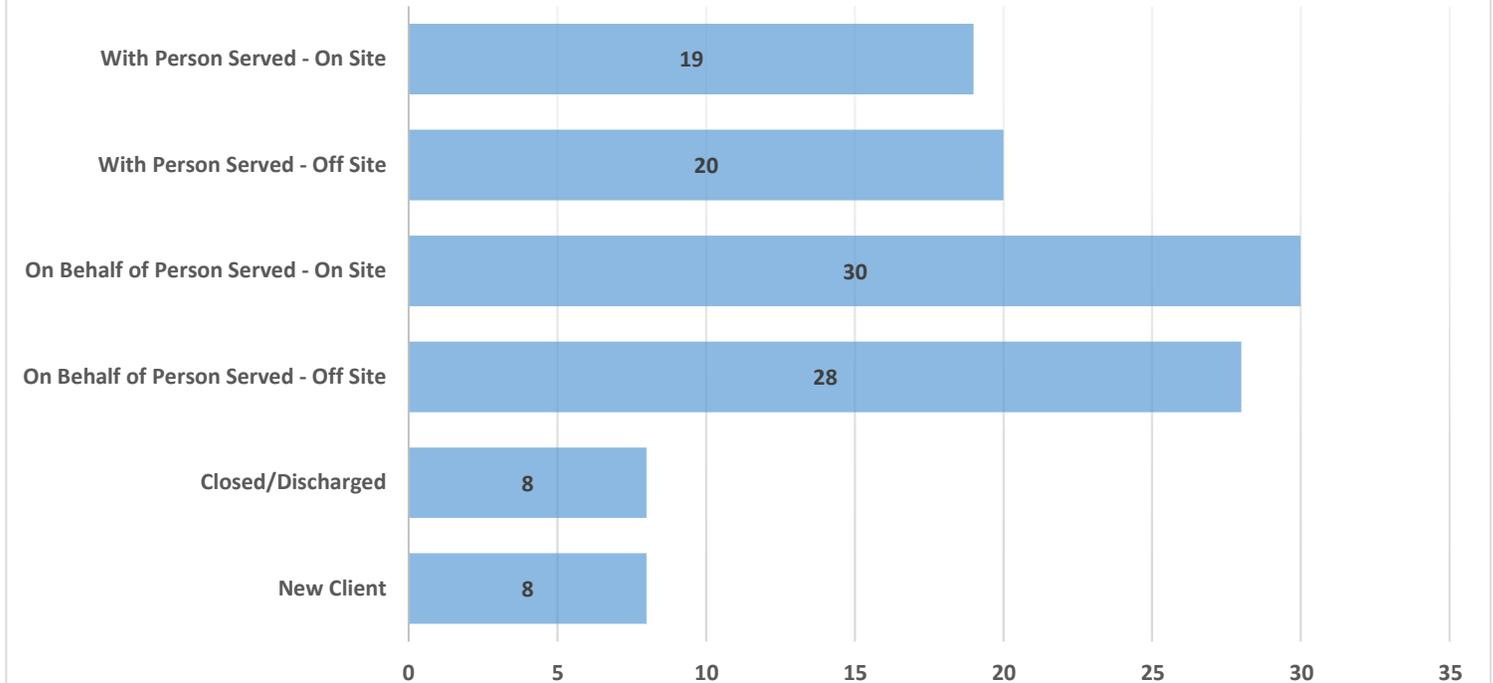
Community Choices

Customized Employment \$56,625

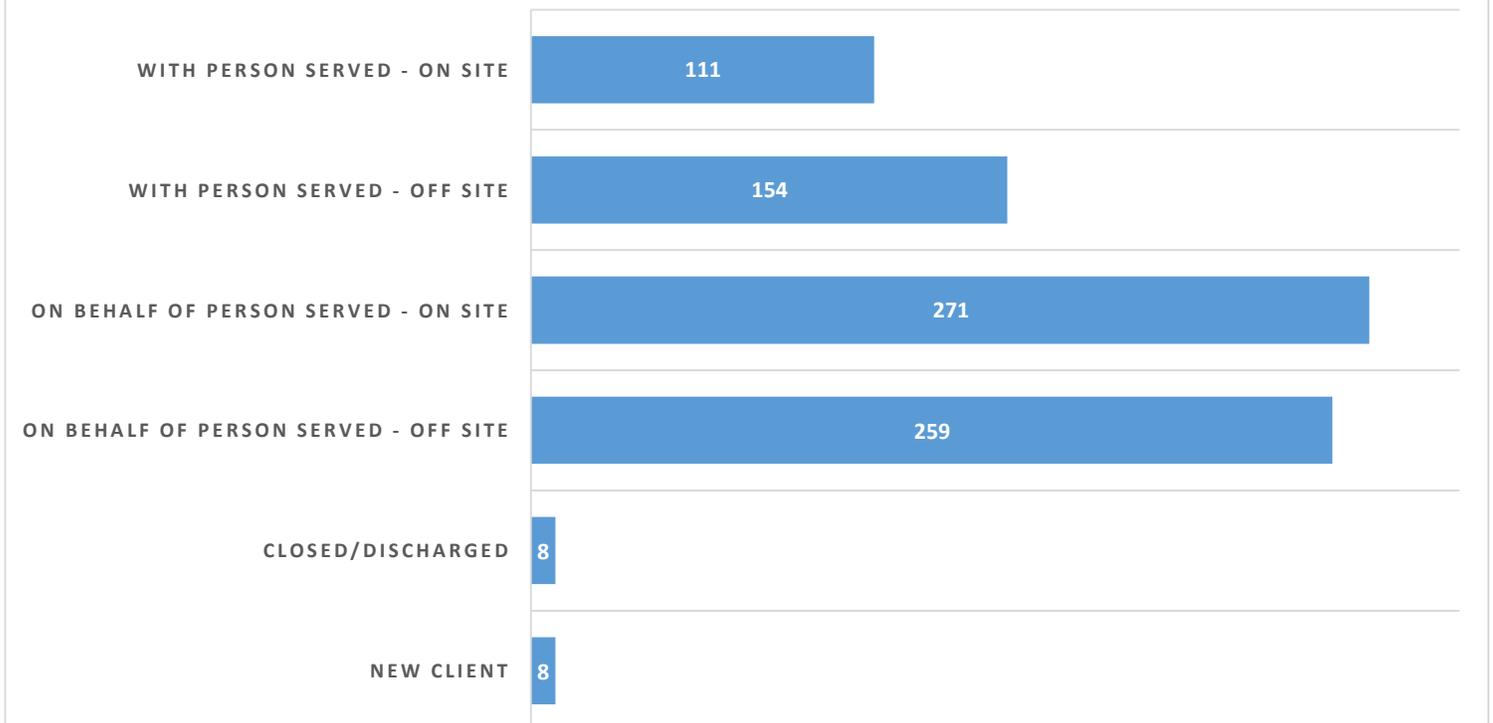
PY24 1st Q

38 people were served for a total of 811 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



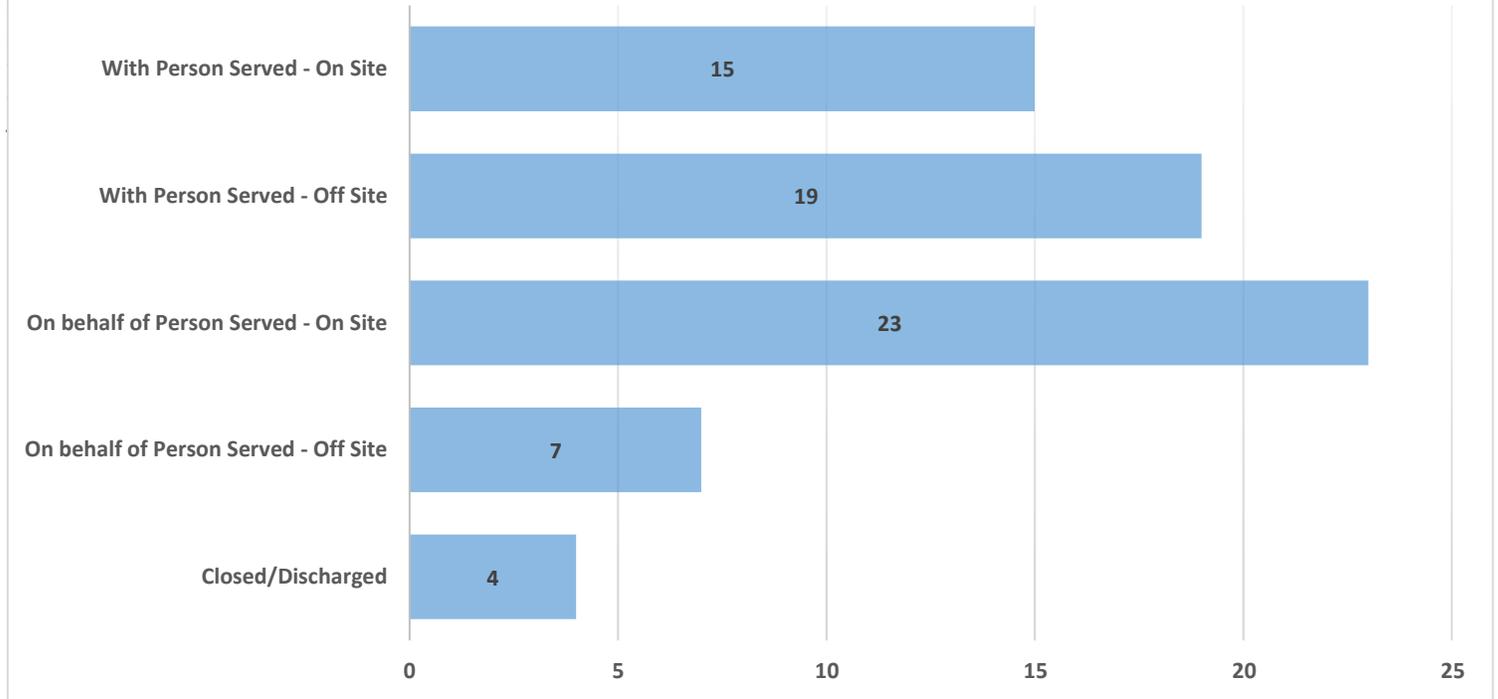
Community Choices

Inclusive Community Support \$49,500

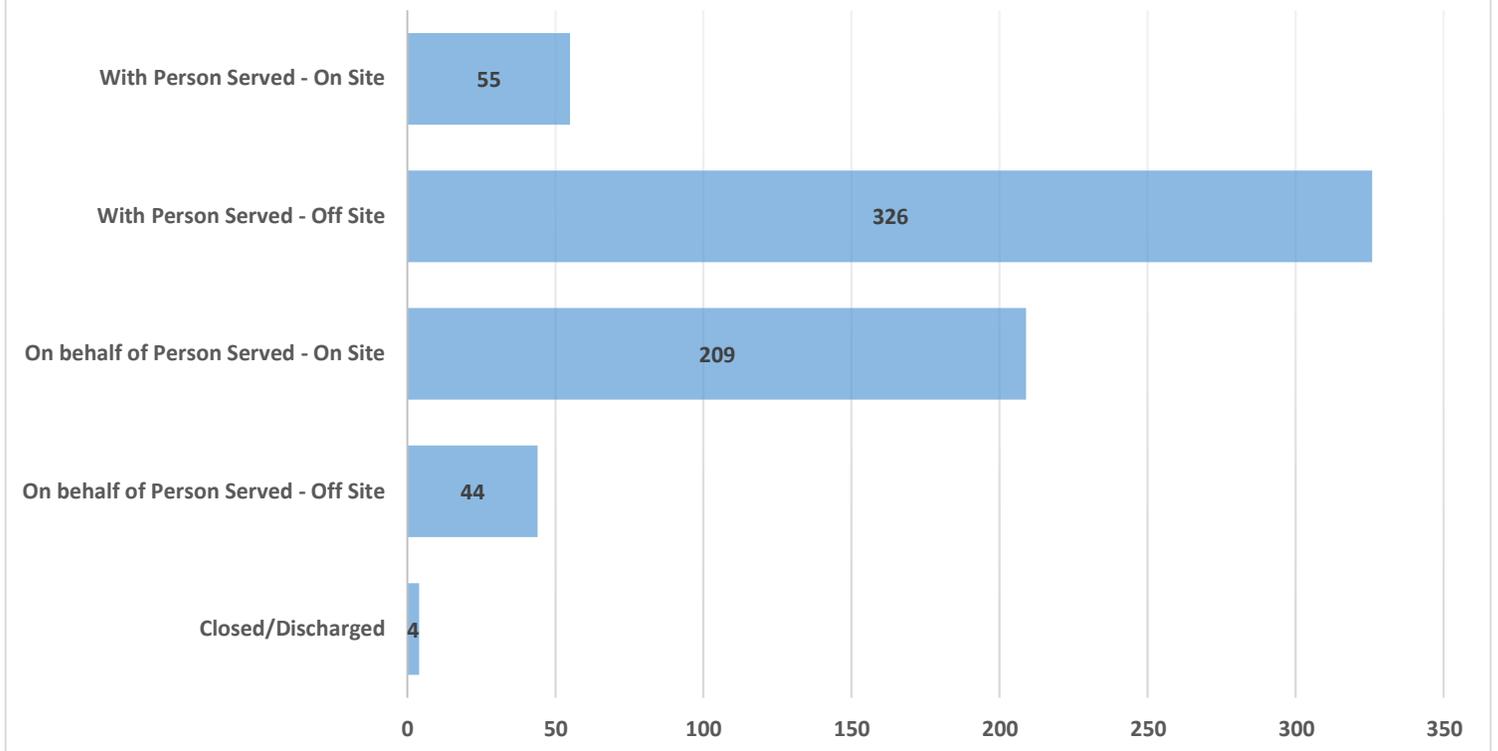
PY24 1st Q

26 people were served for a total of 638 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



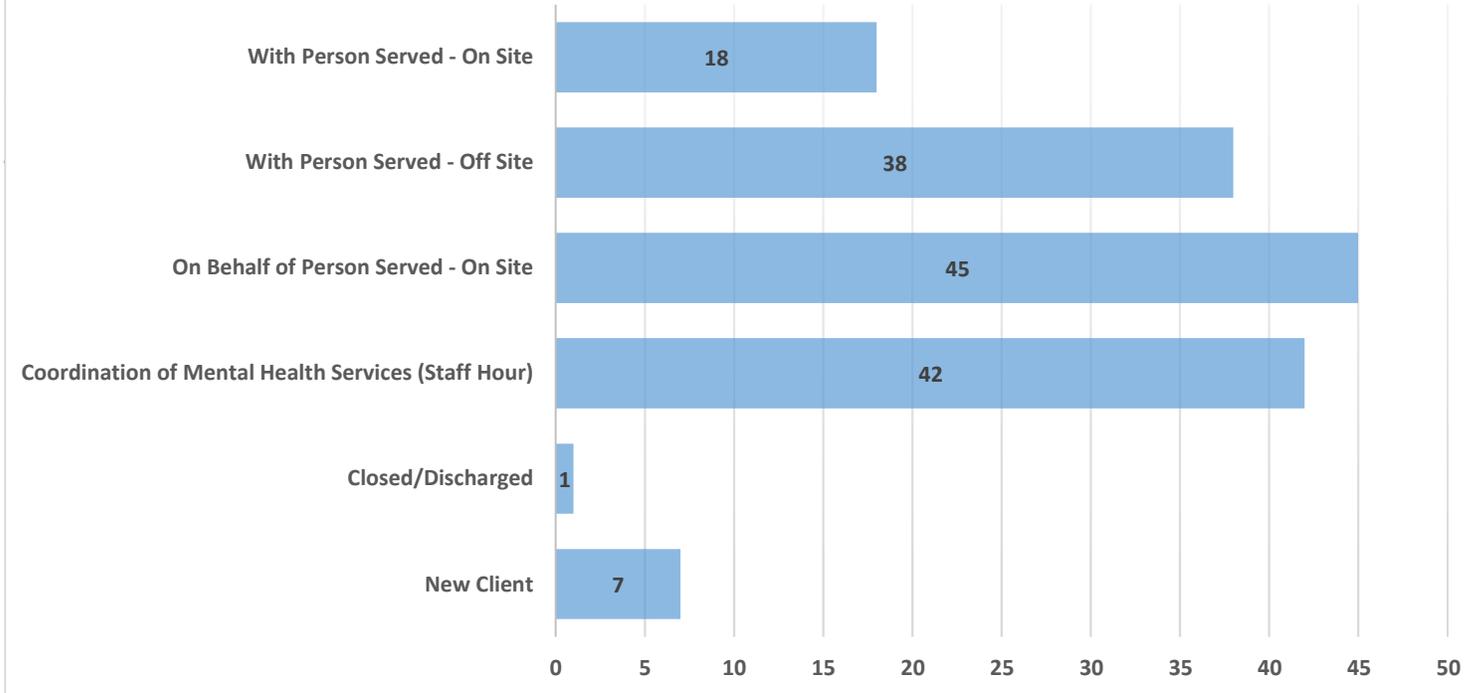
DSC

Clinical Services \$60,250

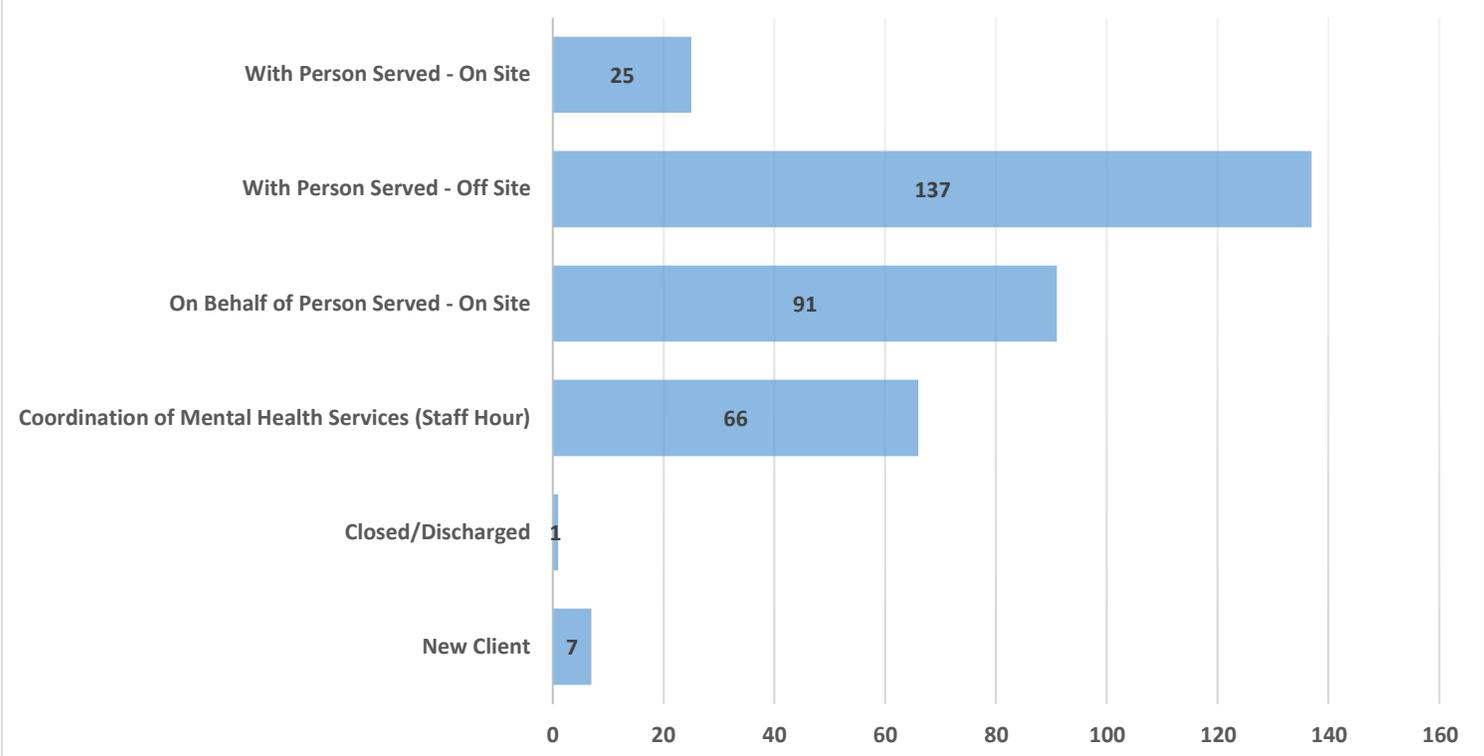
PY24 1st Q

47 people were served for a total of 327 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



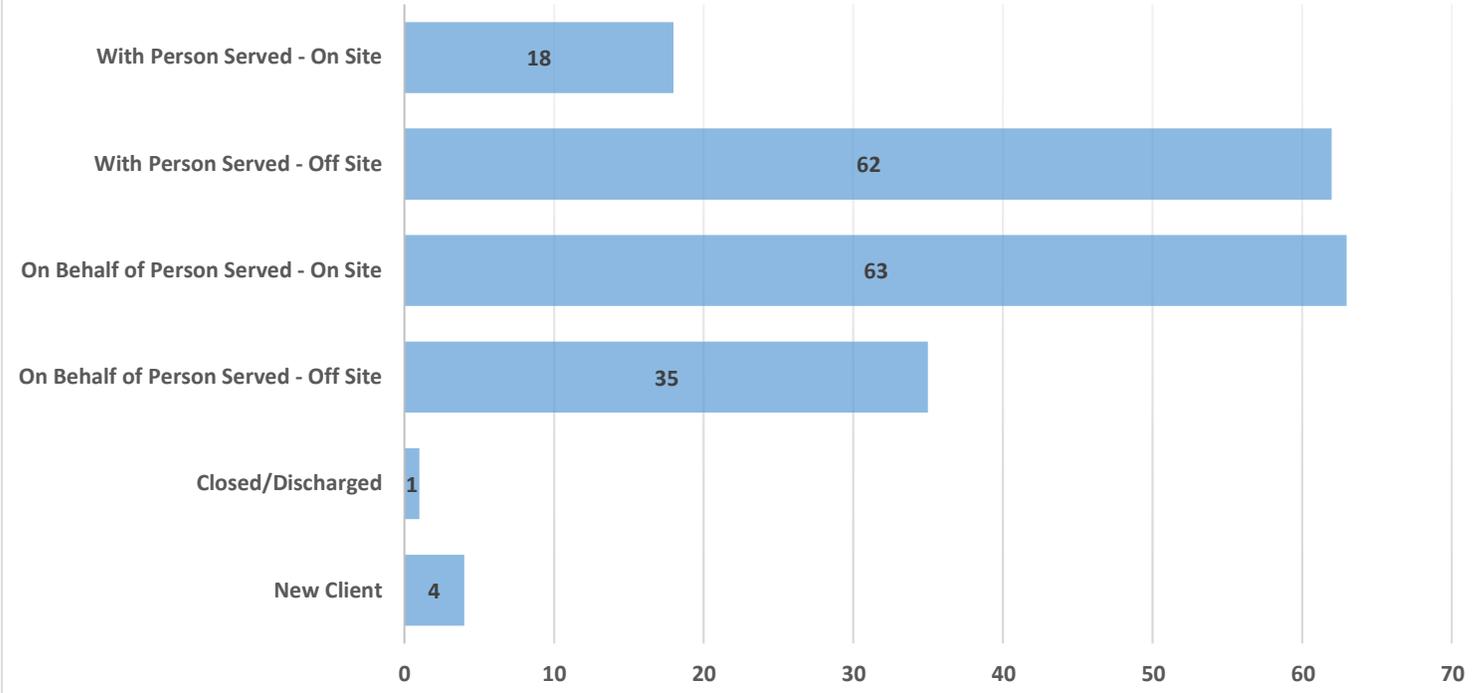
DSC

Community Employment \$112,651

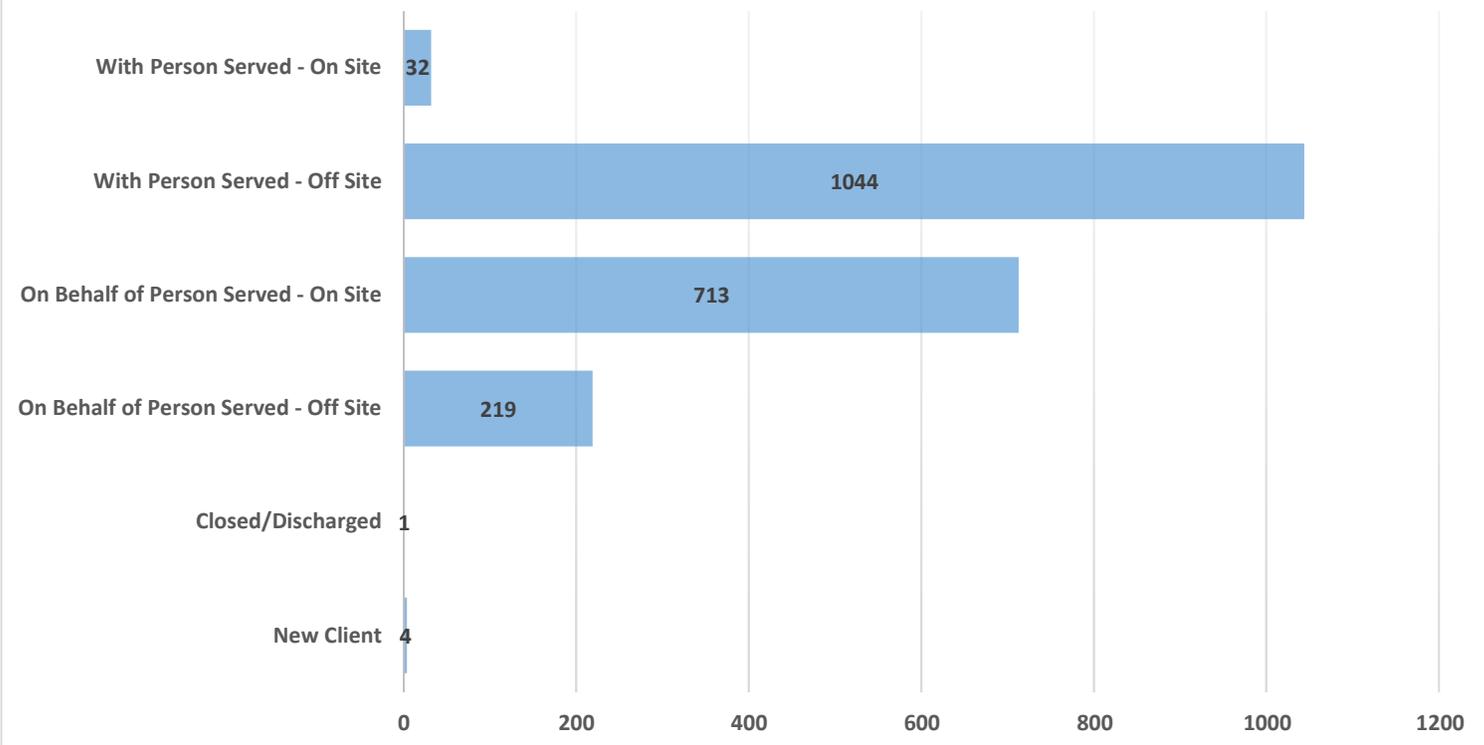
PY24 1st Q

77 people were served for a total of 2,013 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



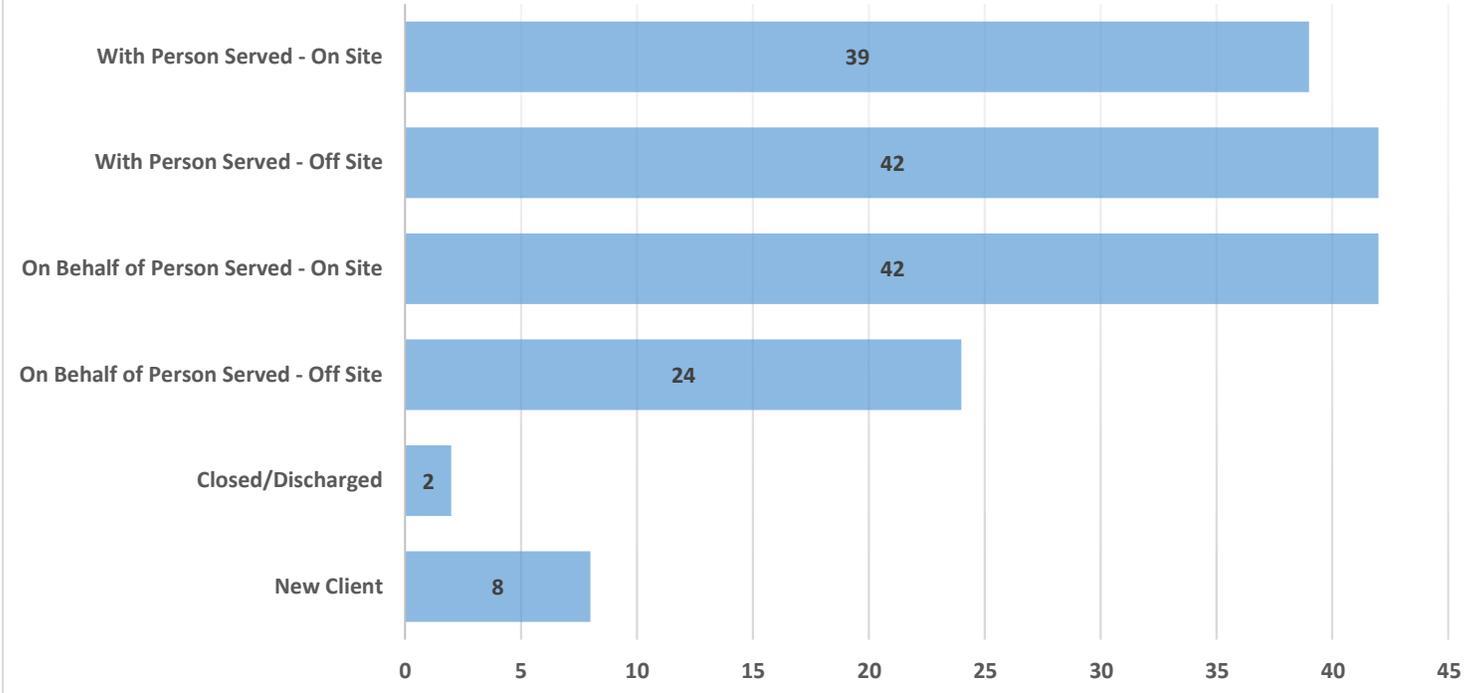
DSC

Community First \$222,510

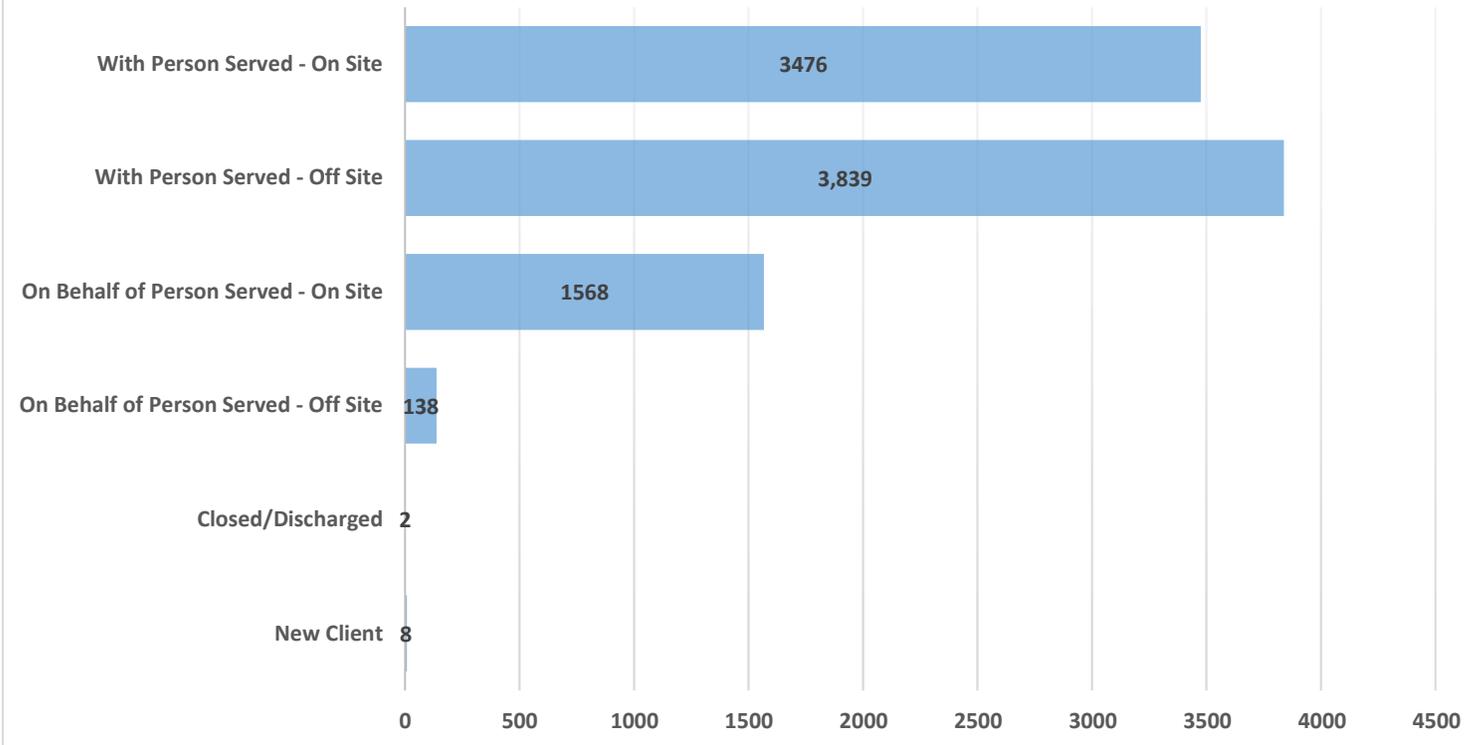
PY24 1st Q

42 people were served, for a total of 9,031 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



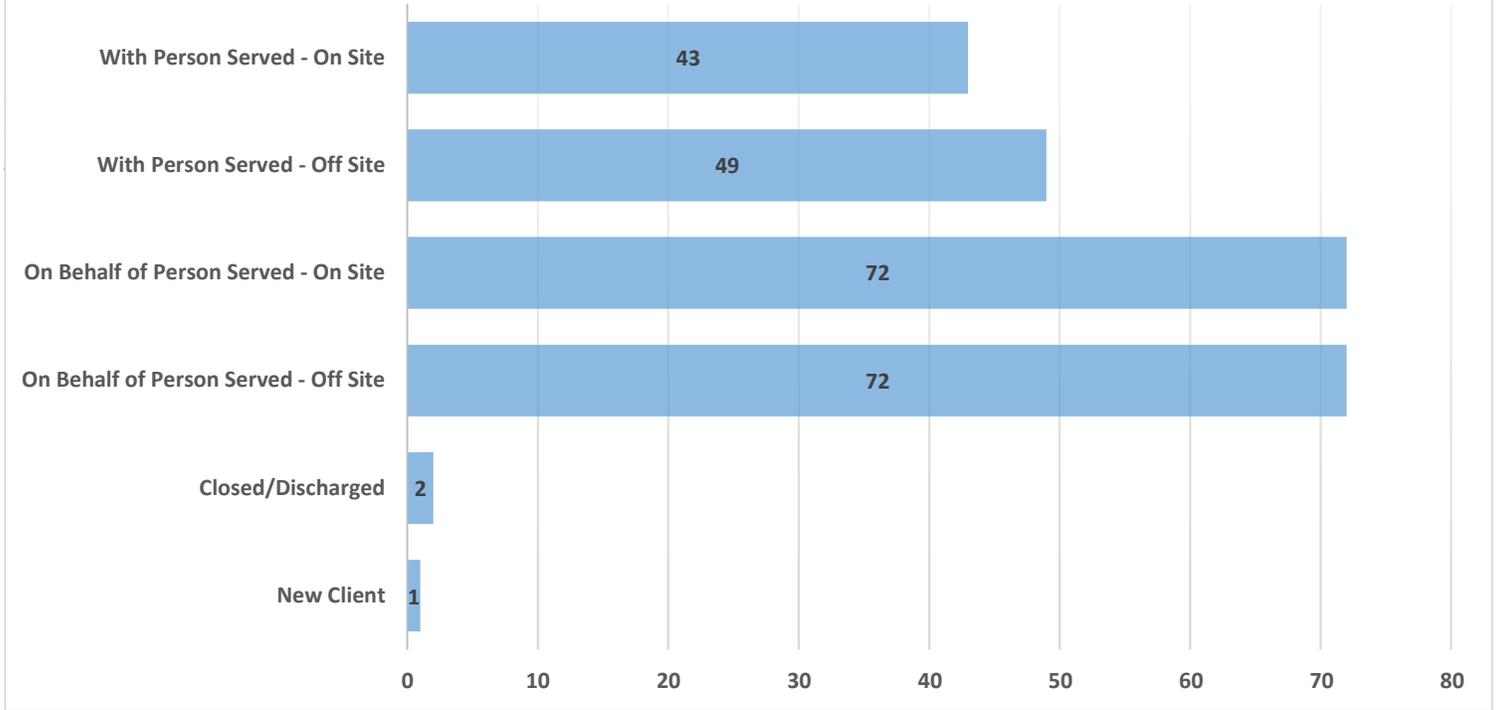
DSC

Community Living \$141,370

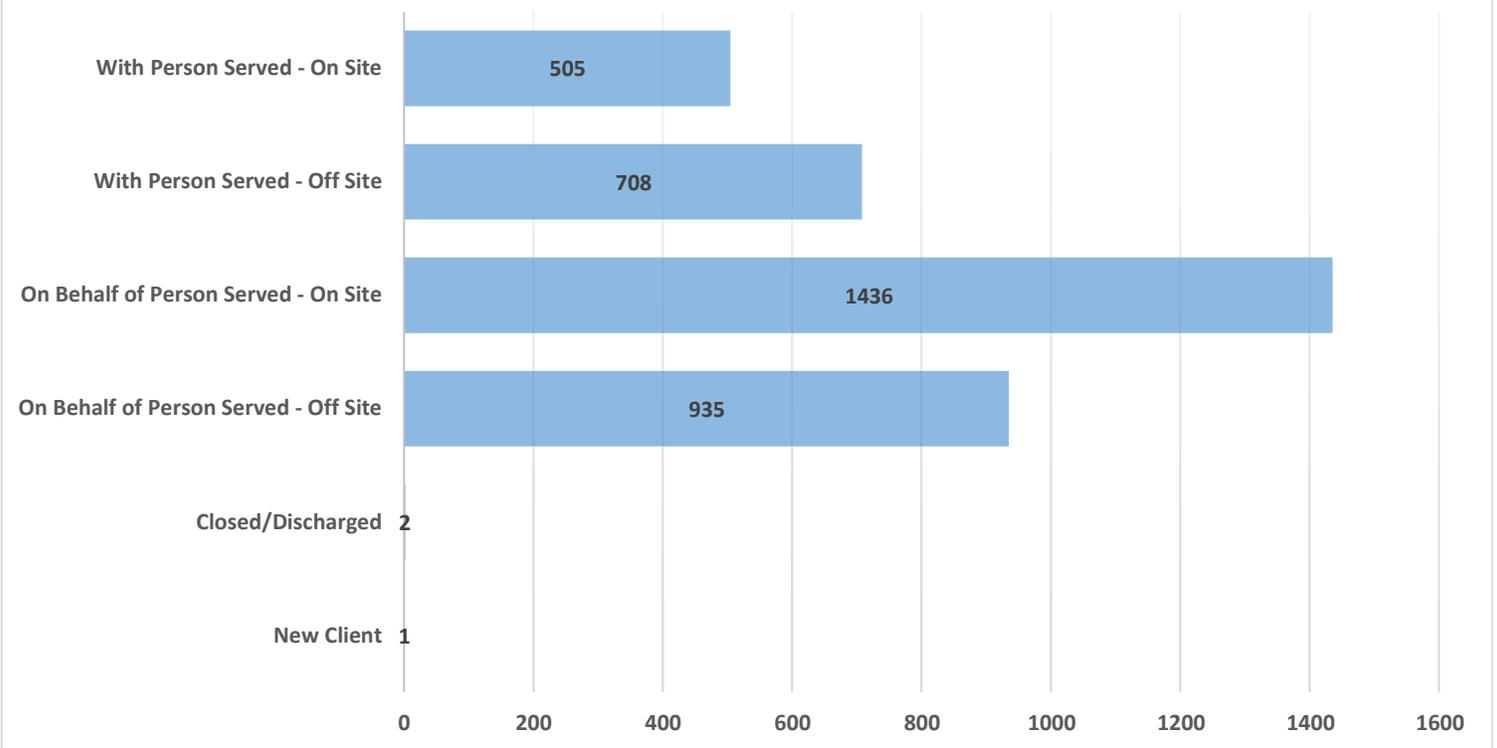
PY24 1st Q

72 people were served for a total of 3,587 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



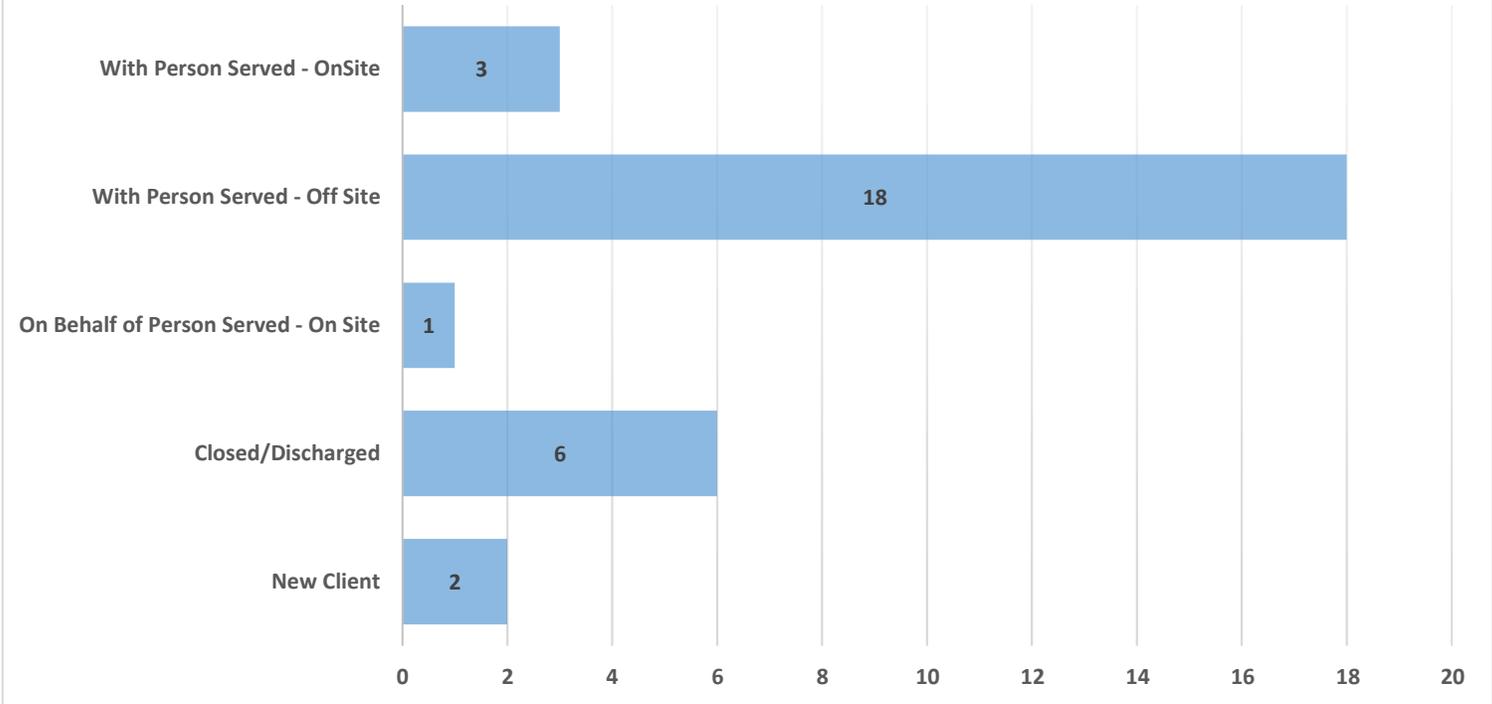
DSC

Connections \$26,600

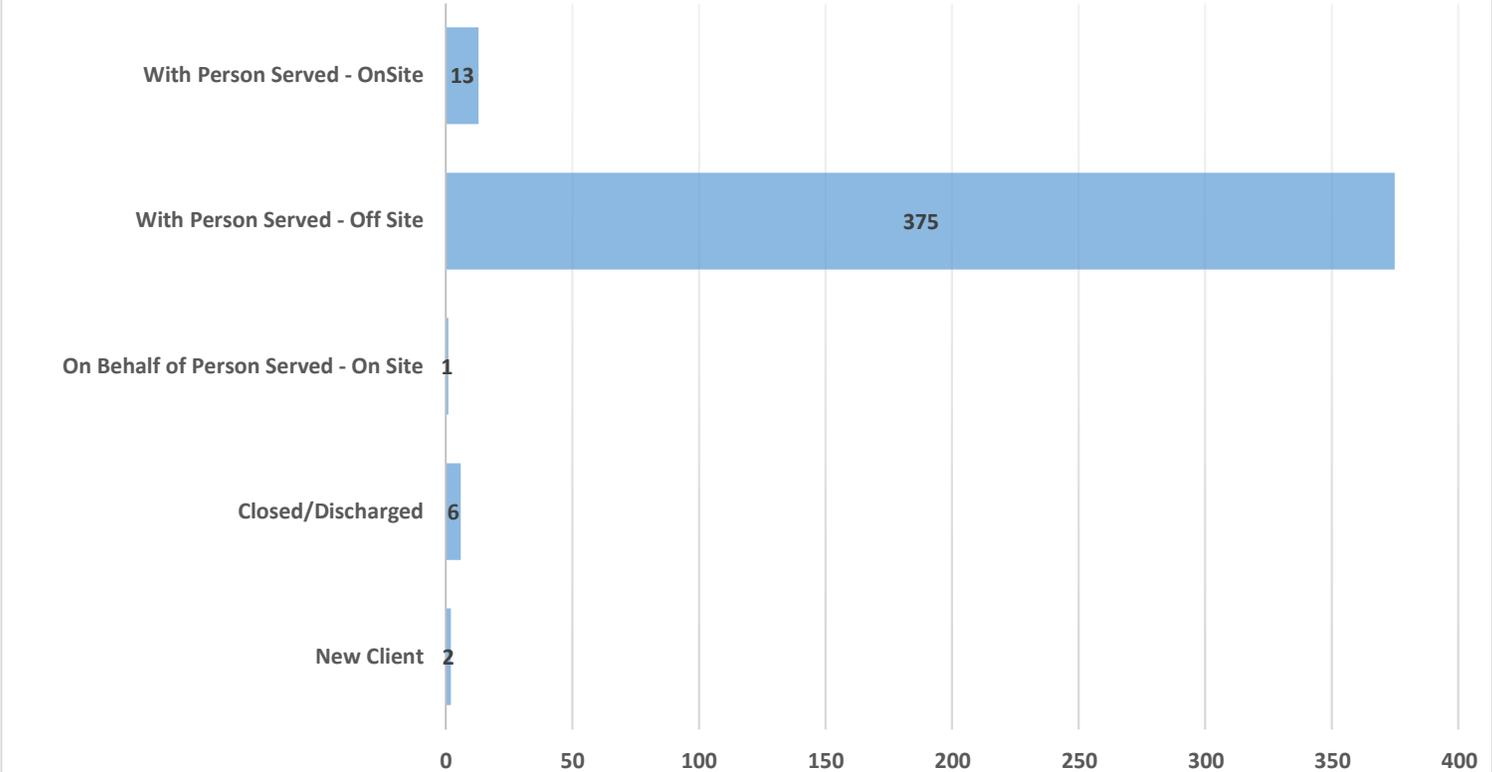
PY24 1st Q

25 people were served, for a total of 397 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



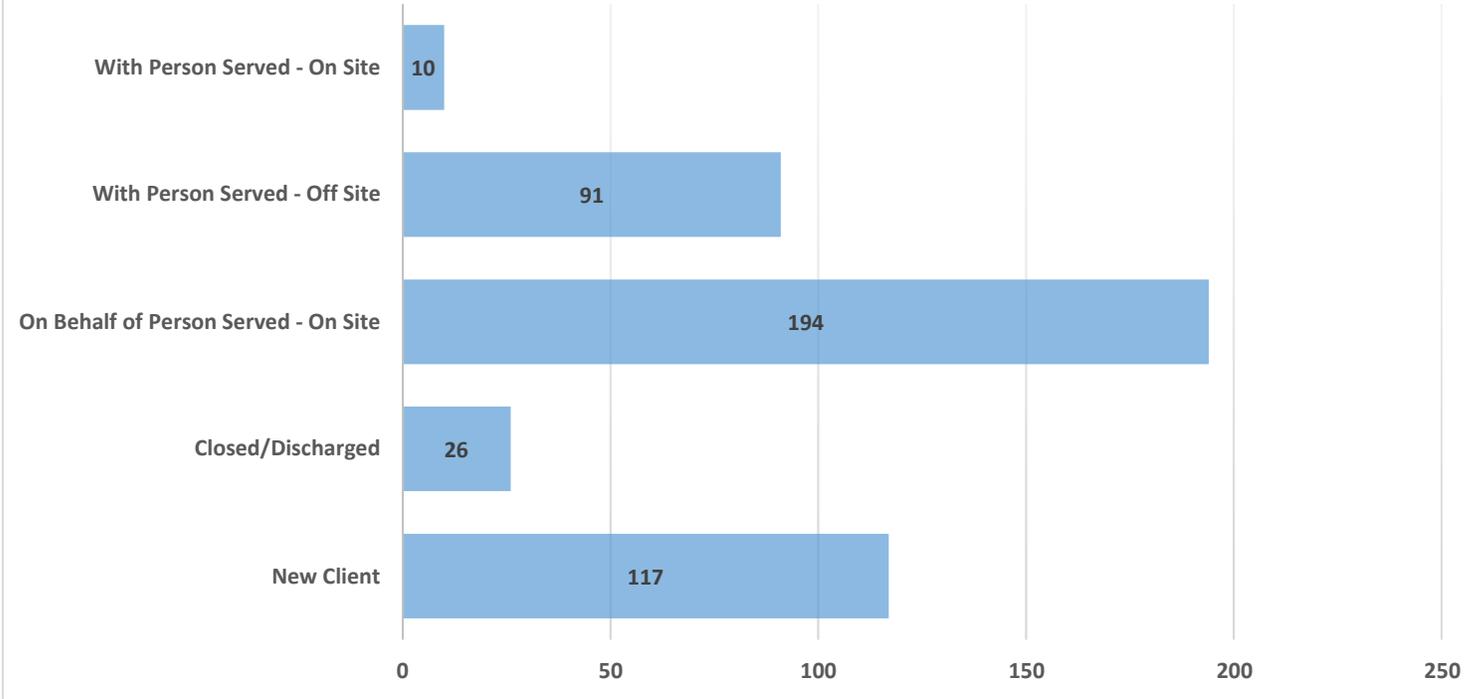
DSC

Family Development \$164,043

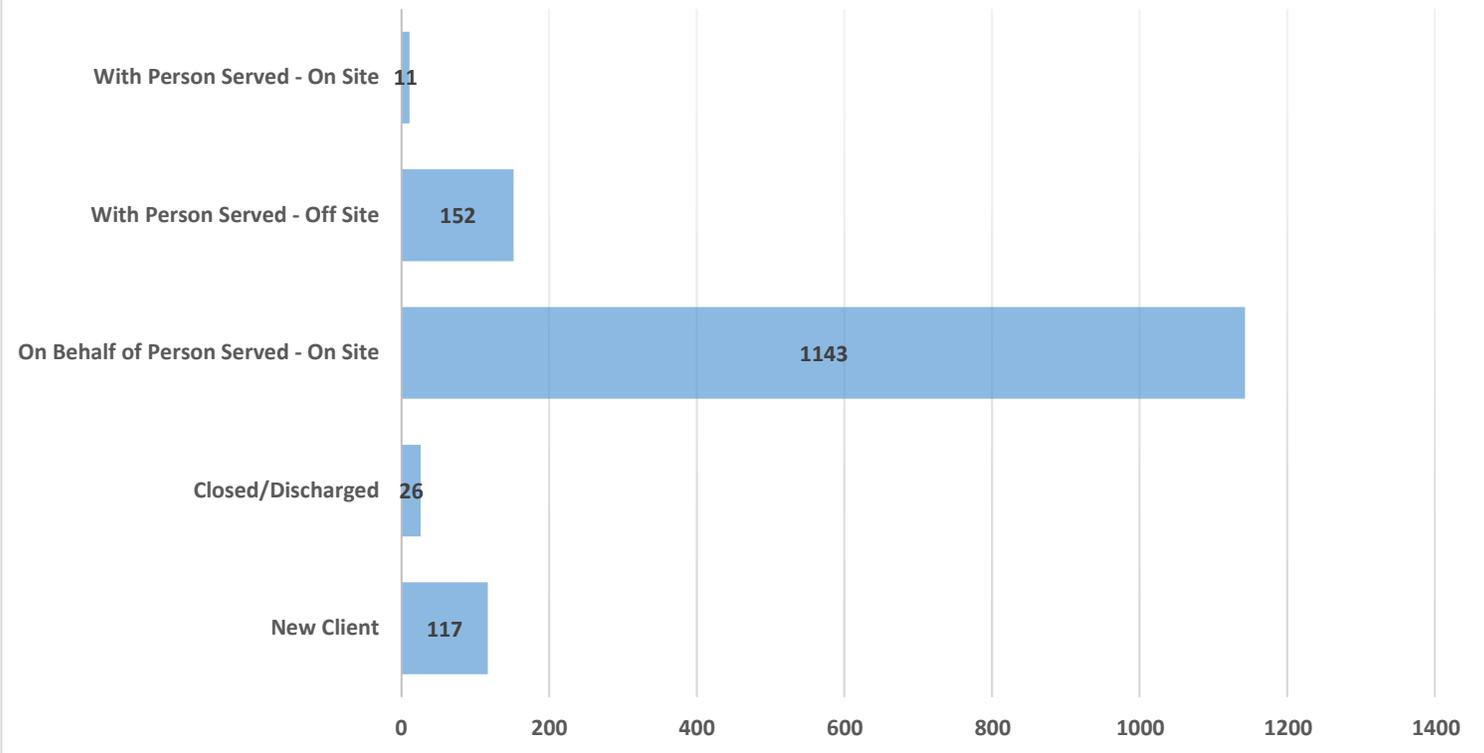
PY24 1st Q MHB

283 people were served for a total of 1,449 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



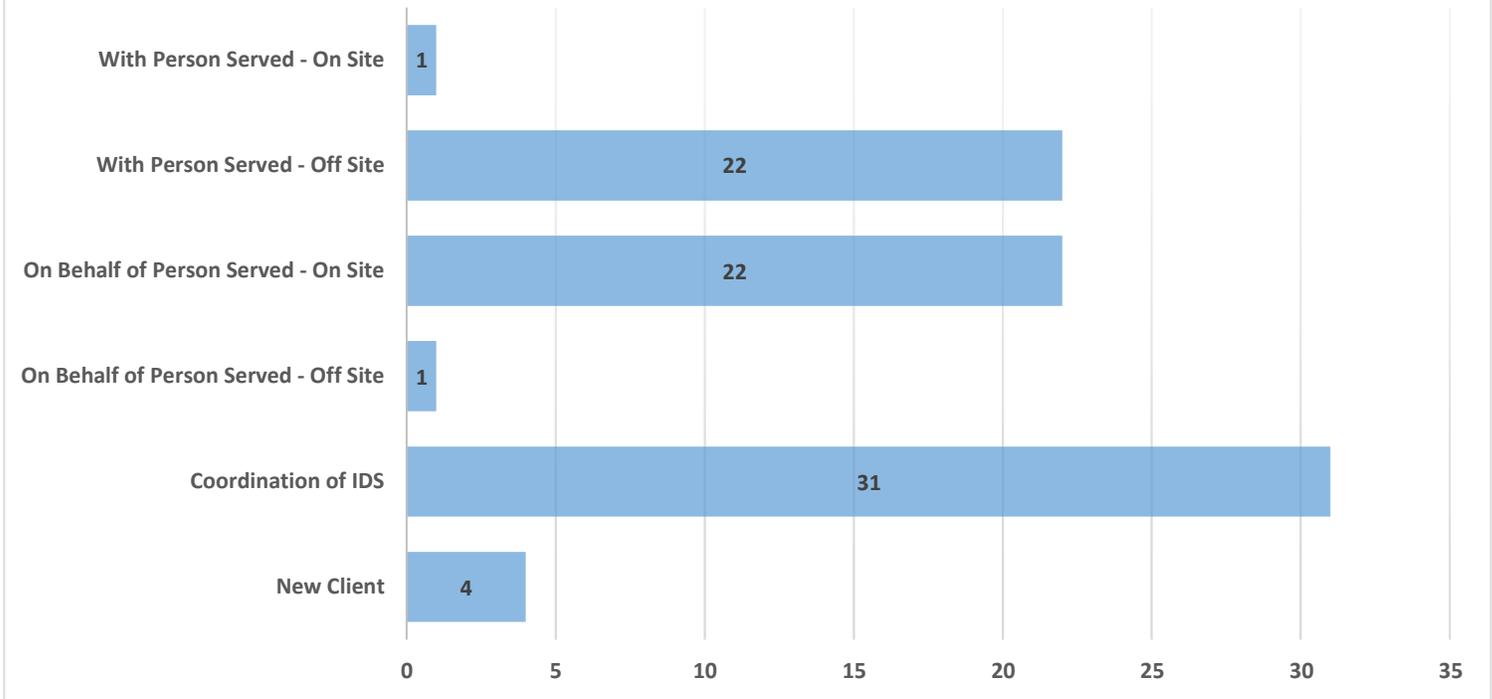
DSC

Individual & Family Support \$62,500

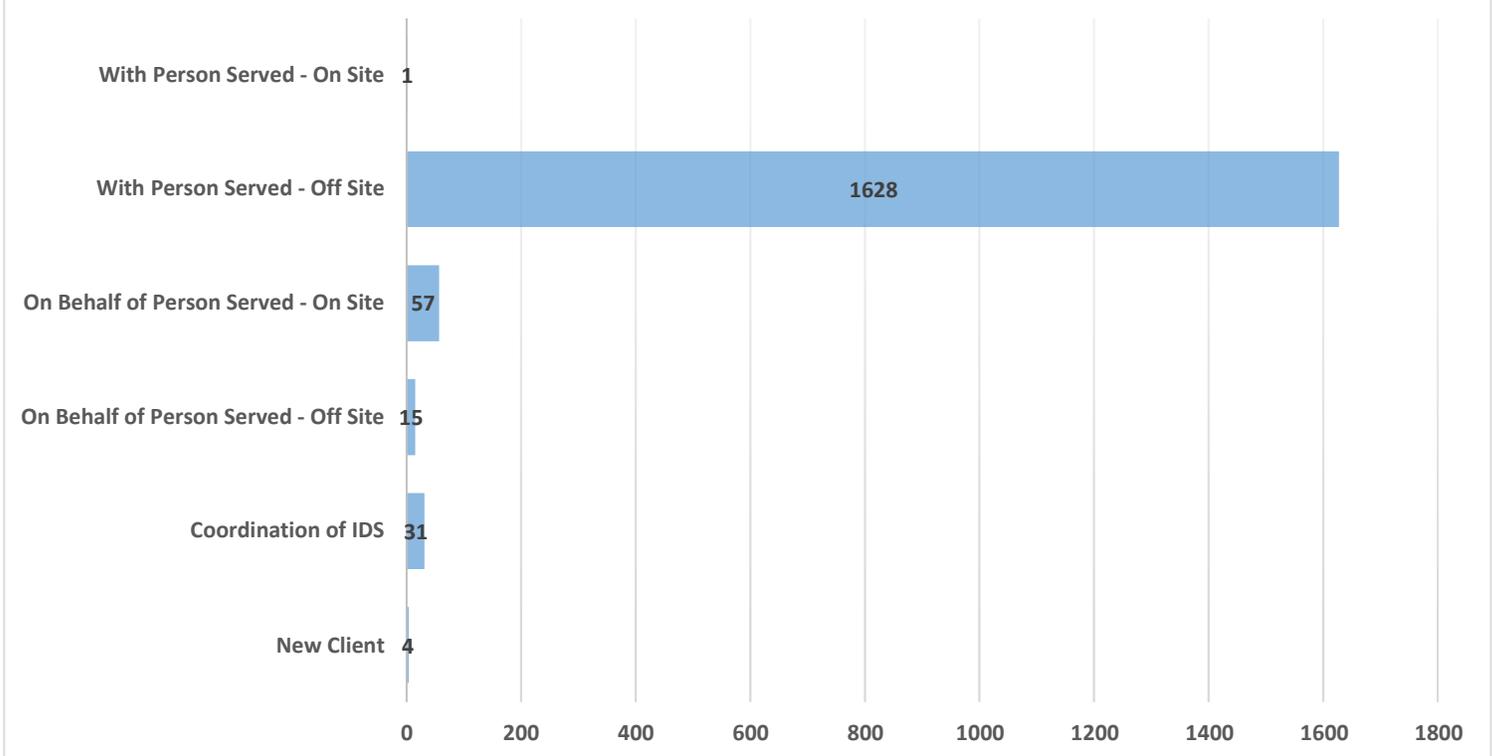
PY24 1st Q IDDSI

36 people were served for a total of 1,736 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



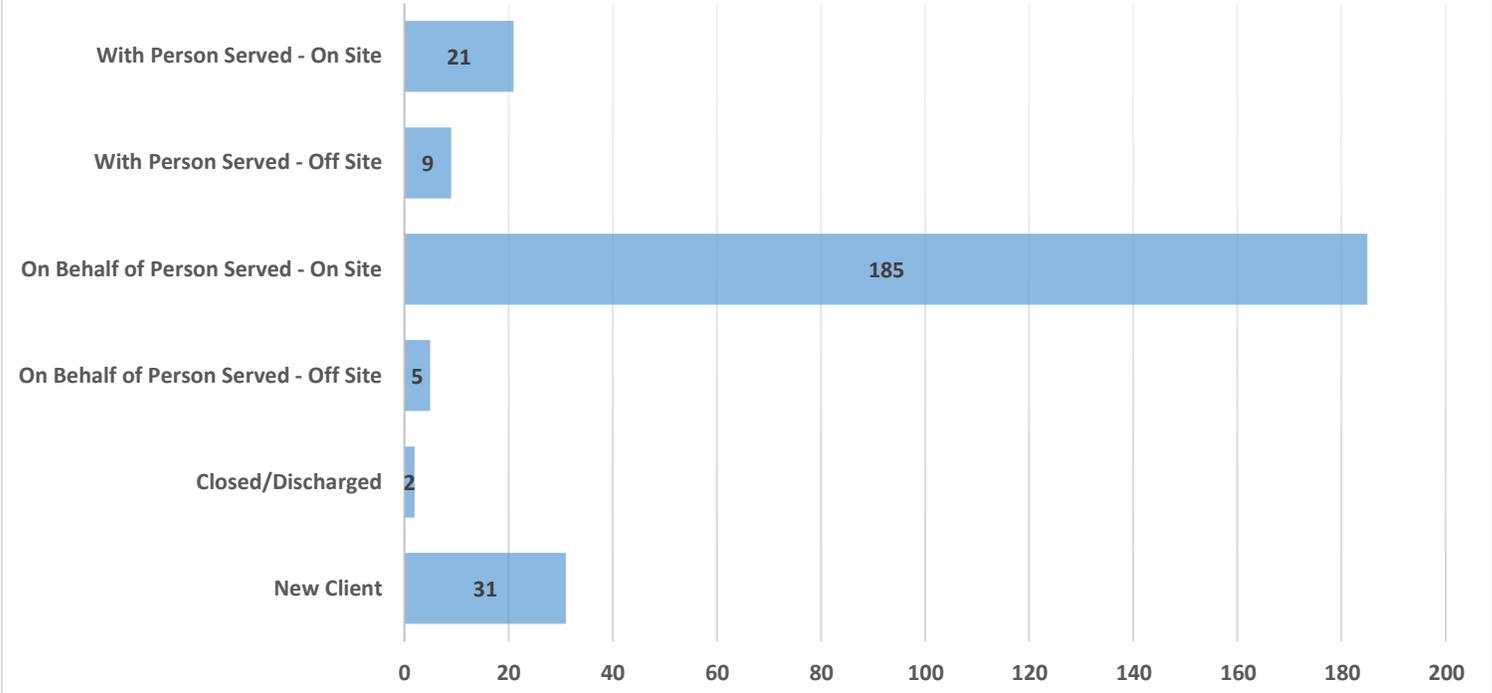
DSC

Service Coordination \$124,020

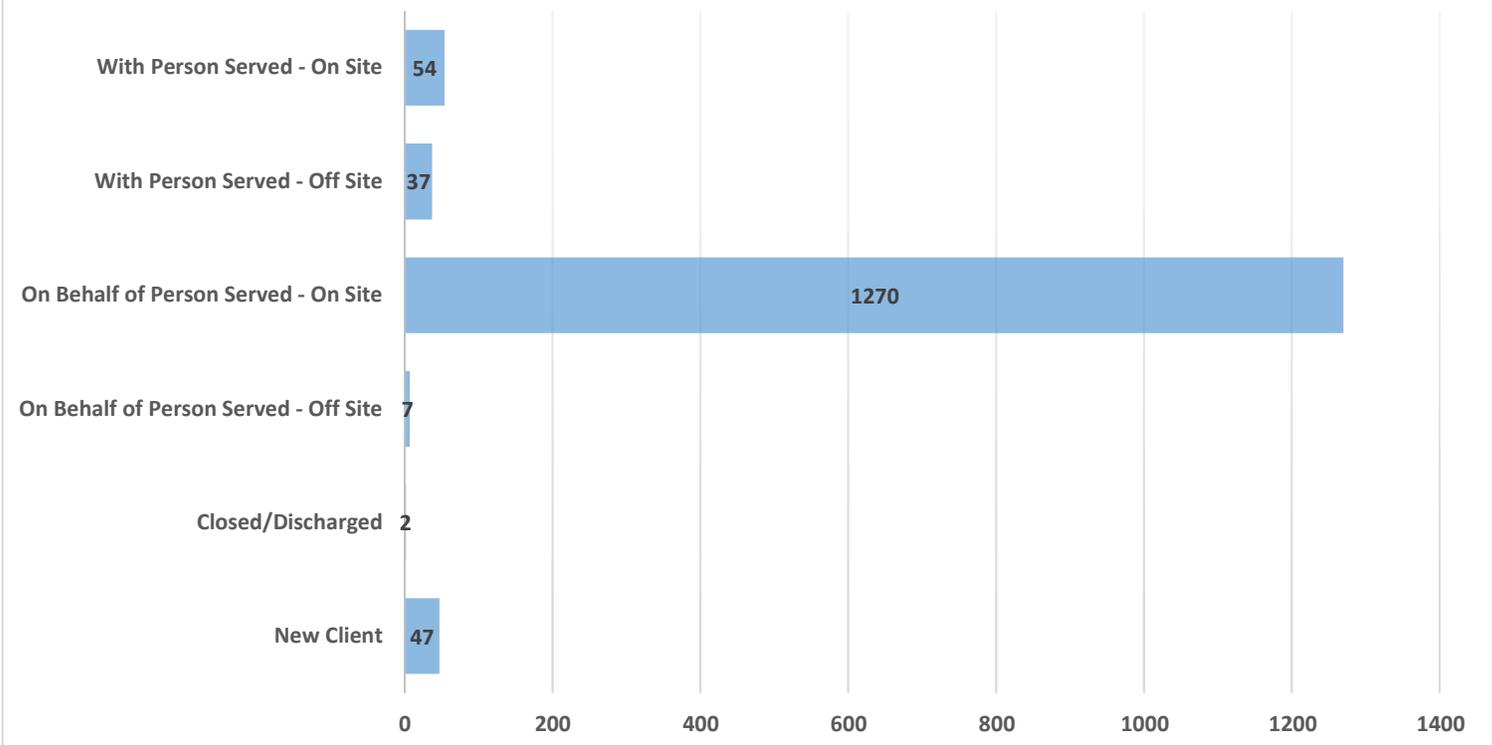
PY24 1st Q

192 people were served, for a total of 1,417 hours

PARTICIPANTS PER SERVICE ACTIVITY

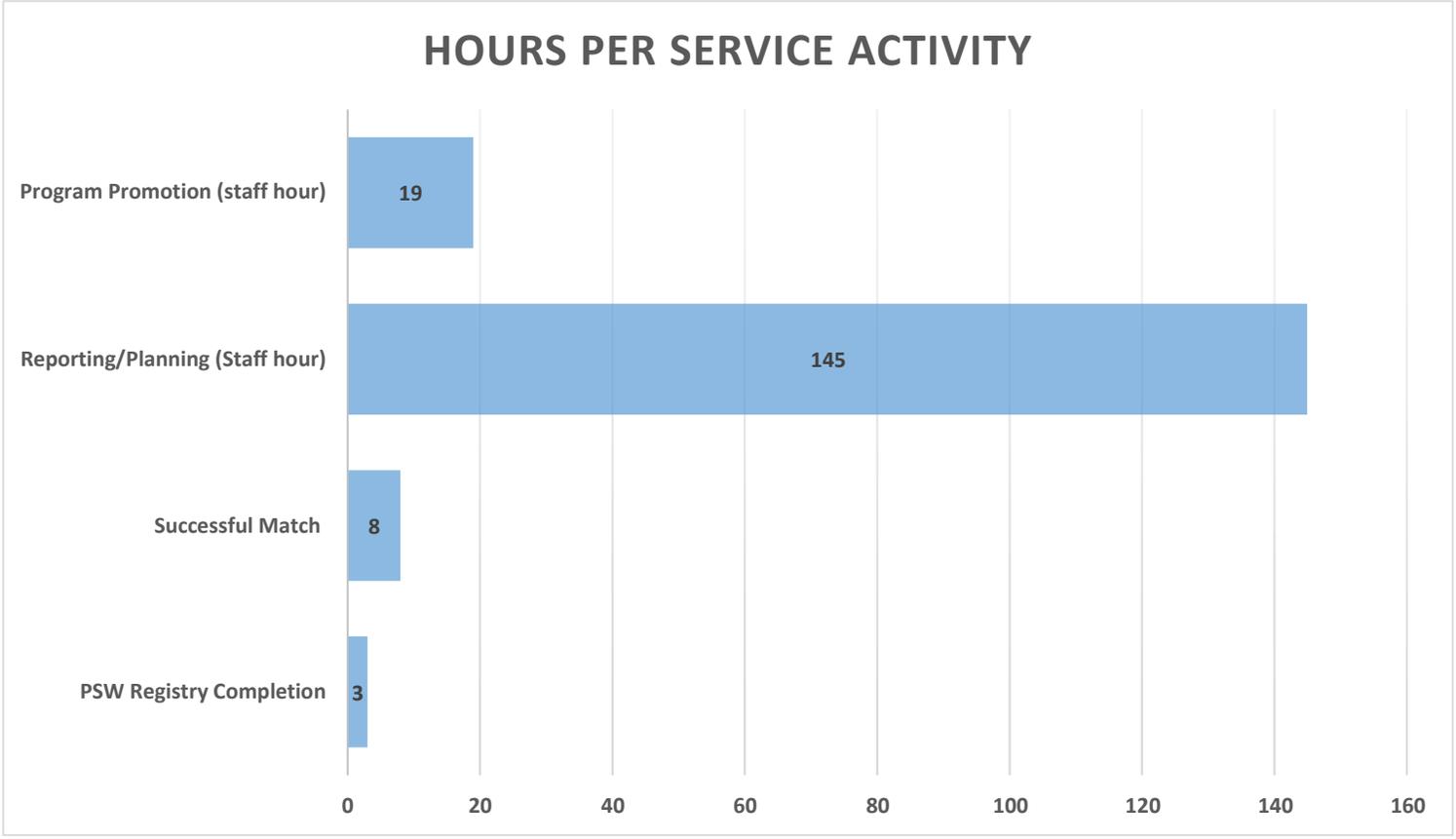
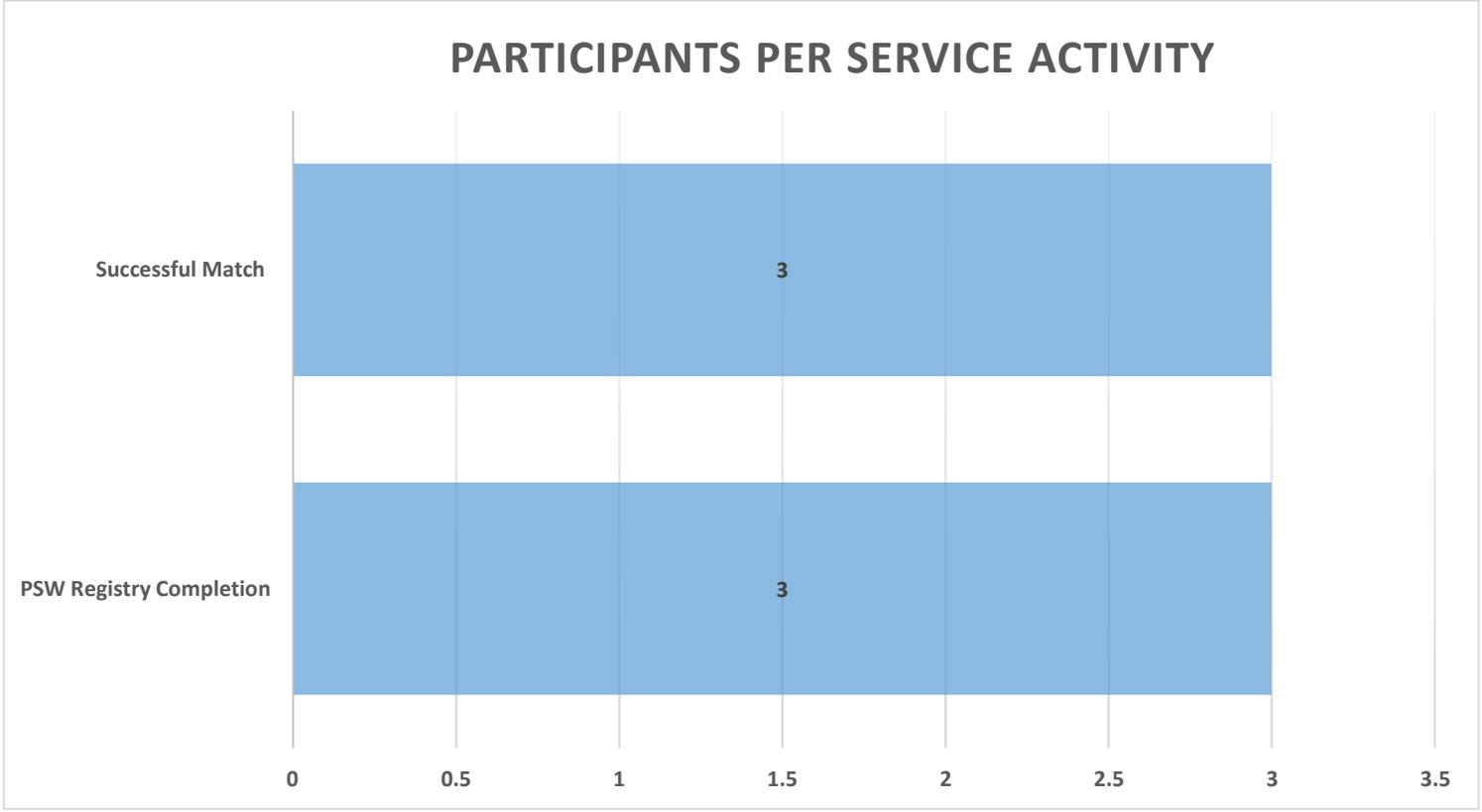


HOURS PER SERVICE ACTIVITY



PACE

Consumer Control in Personal Support \$9,000 PY24 1st Q IDDSI
2 PSWs registered, 3 Successful Matches, & 174 total program hours



From the Interim CEO

Greetings Everyone!

This quarter, our 211 and Database teams have been very busy. Our Homeless Services Division has seen major increases in requests to help our clients with services they desperately need. The most requests have been for utility assistance, rental assistance, and emergency housing shelter. We handled 11,269 calls in 211 during the third quarter of 2023. Our call volume will continue to increase as we add more resources to our database to assist our callers. We currently answer for over fifty counties and anticipate more additions in the future.

As we move into the Fall season, we look forward to helping as many callers/clients as we can with housing needs. I am very excited about the opportunity to serve others and PATH's employees continue to demonstrate their sincere dedication and commitment to our vision and mission.

With Sincere Thanks for our Partnerships,

Martha Evans
Chief Operating Officer
& Executive Director,
Human Resources.

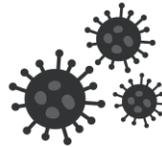


From the Database Department

Hi everyone,

We just wanted to let you know of a couple minor changes to the quarterly report:

1. Over the last couple quarters, the number of calls related to Covid-19 have been reported at less than 1% of the total. As such, we will leave that page out of future reports though the information will still be available on request.



2. AIRS (The Alliance of Information and Referral Systems), the accrediting agency for 211, has re-branded as Inform USA. Some of the pages in the report and elsewhere may still refer to AIRS, but please be aware of the change.



3. We have discontinued dedicated phone lines for Mandarin, Chin, and Burmese, as almost all callers to those lines selected that option on accident. Those languages, among others, are still available through our translation service.

Sincerely,

Chris Baldwin
Director of Database Services

Champaign County

United Way 211 Report 3rd Quarter

July 1st - September 30th, 2023

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Overview

- ✓ Total Calls
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- ✓ Caller Demographics
- ✓ Referral Source

Contact Needs

- ✓ AIRS Problem Needs
- ✓ Unmet Needs
- ✓ Top 10 Agency Referrals
- ✓ Follow-Ups

Call Center

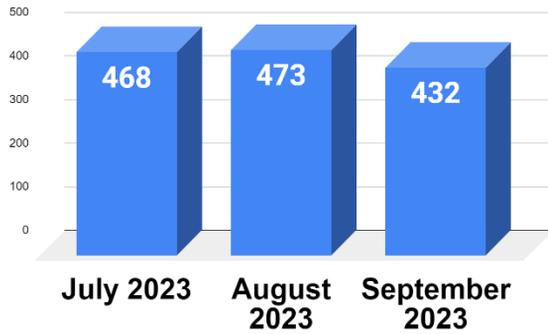
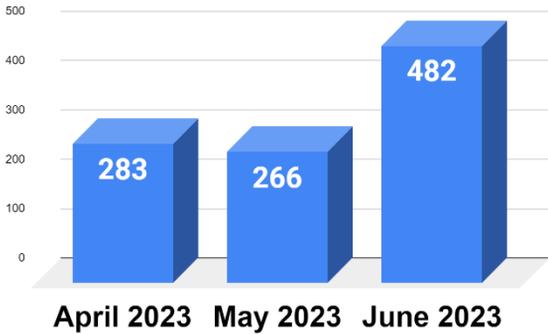
- ✓ InQueue and Handle Time
- ✓ Service Level
- ✓ Abandons
- ✓ Success Stories
- ✓ Contact Density

Links/Resources



Overview

Total 211 Contacts 



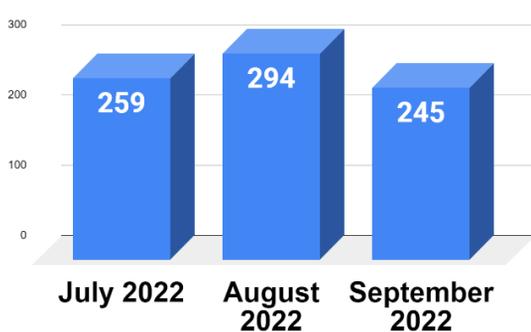
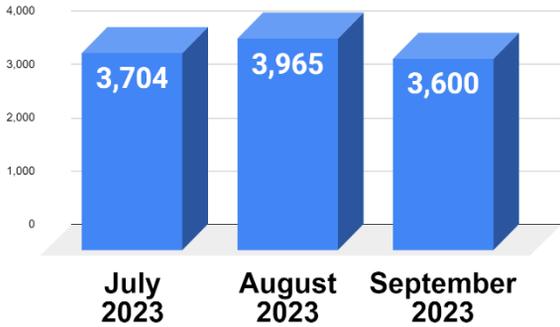
1,031
Contacts
Champaign
County

1,373
Contacts
Champaign
County

Last Quarter This Quarter

All of PATH 211

Last Year

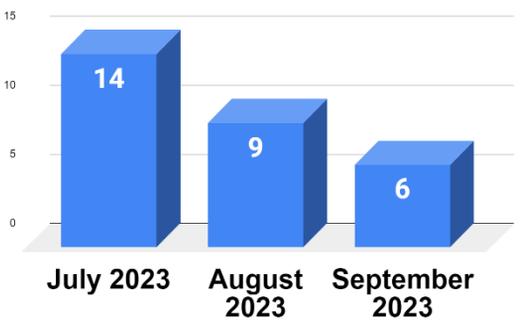
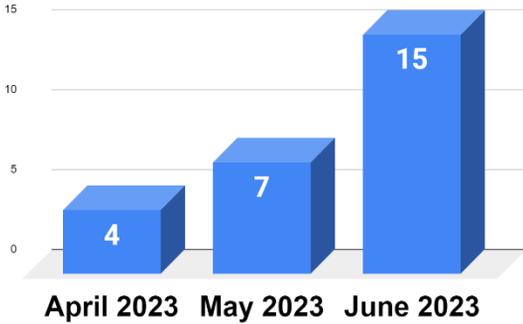


11,269
Contacts
PATH 211

798
Contacts
Champaign
County

Overview, Cont.

Total 211 Texts 



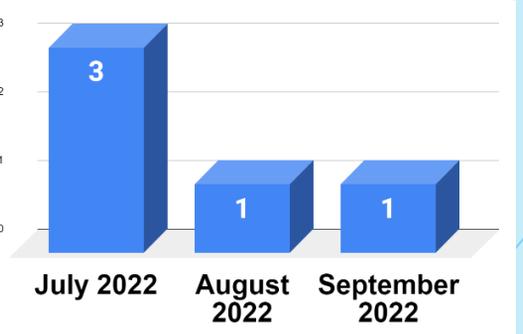
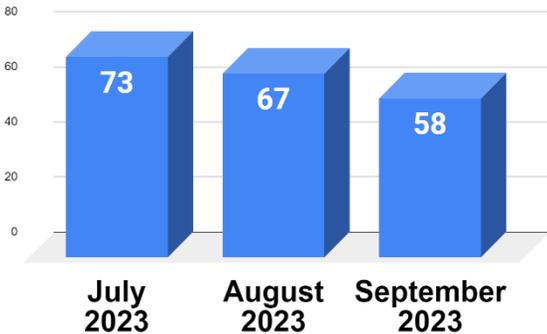
26
Texts
Champaign
County

29
Texts
Champaign
County

Last Quarter **This Quarter**

All of PATH 211

Last Year

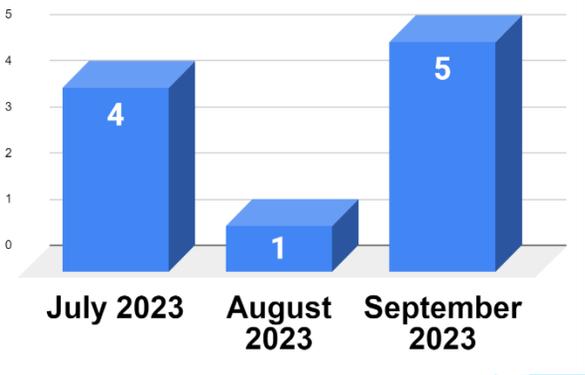
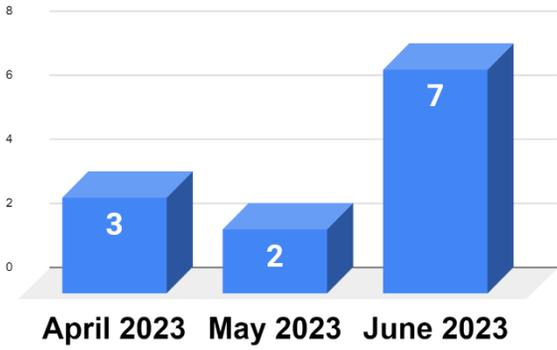


198
Texts
PATH 211

5
Texts
Champaign
County

Overview, Cont.

Total Spanish 211 Calls

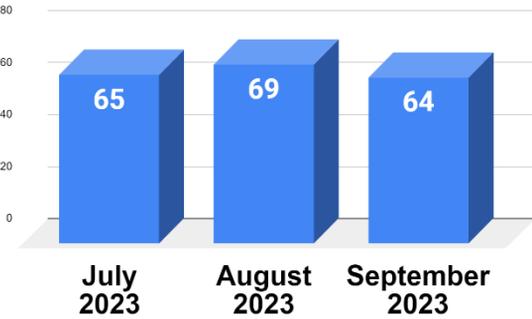


12
Spanish Calls

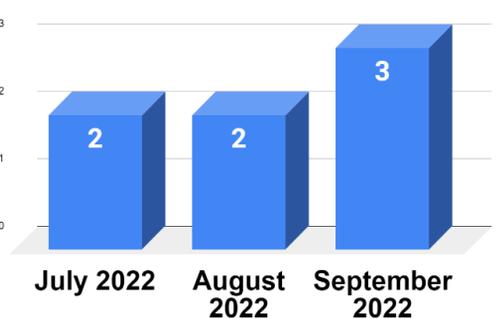
10
Spanish Calls

Last Quarter **This Quarter**

All of PATH 211



Last Year



198
Spanish Calls

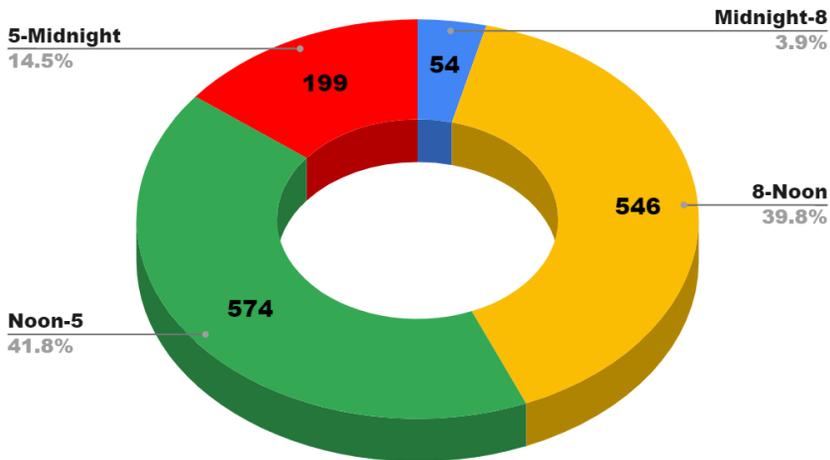
7
Spanish Calls

Contact Stats

Call Time

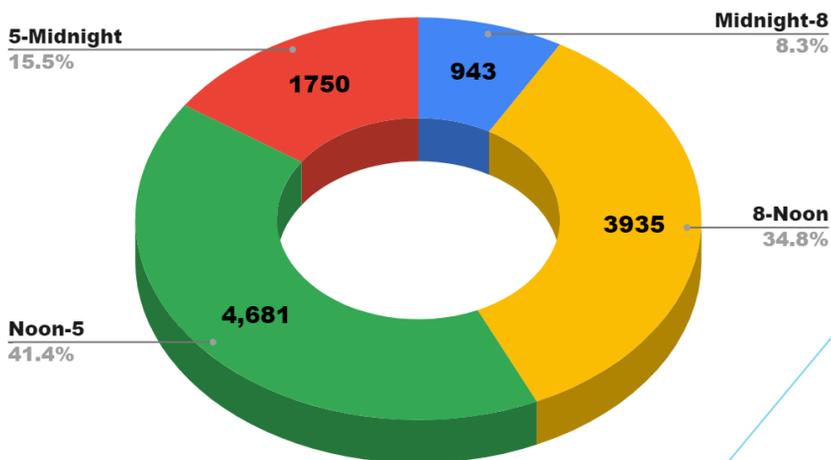
Chart describes the distribution of calls received during 4 different time periods:

1. Early morning hours (12am-8am)
2. Morning business hours (8am-12pm)
3. Afternoon business hours (12pm-5pm)
4. After hours (5pm-12am)



Local

All of PATH 211

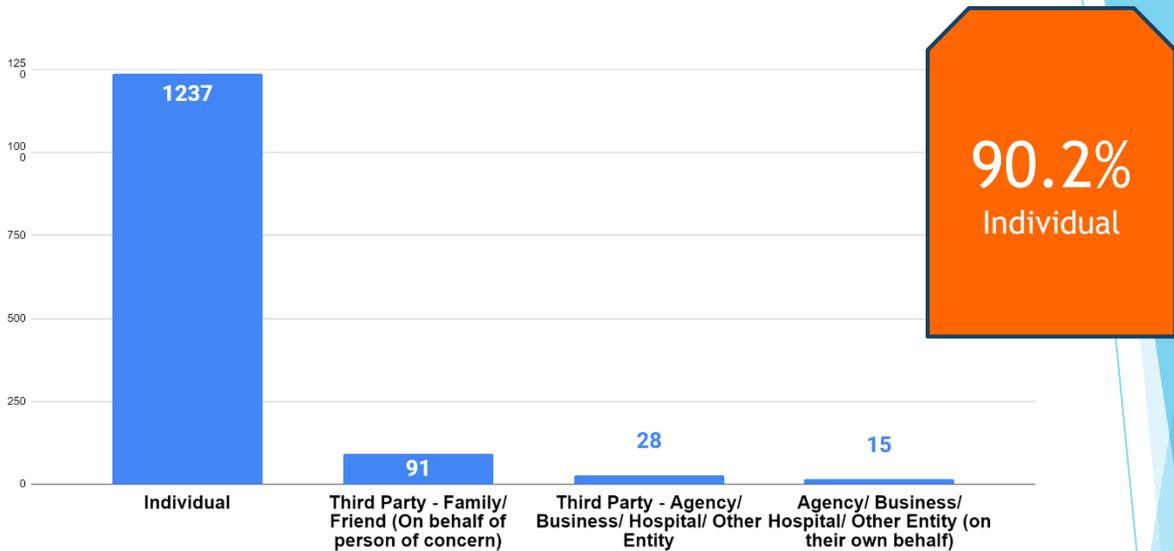


Contact Stats, Cont.

Contact Person Type

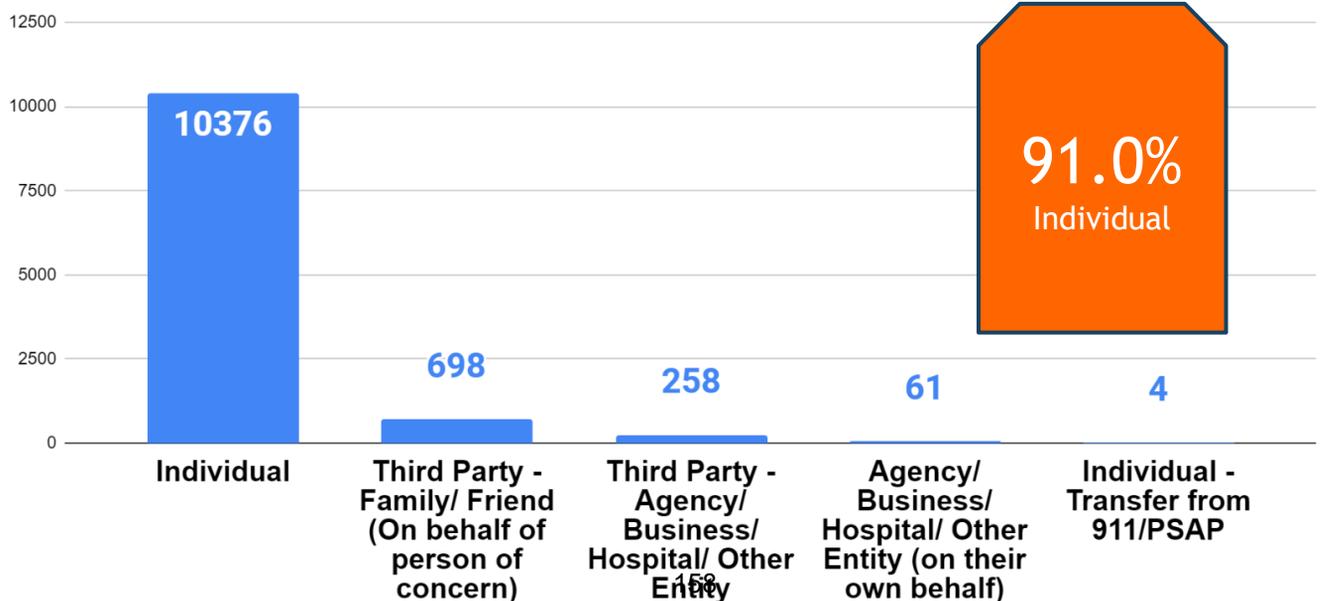


Contact Person Type describes the 211 caller and their role in contacting I&R services.



Local

All of PATH 211

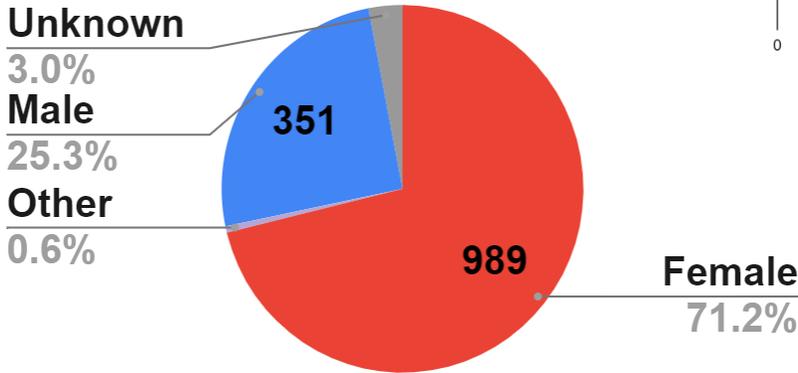
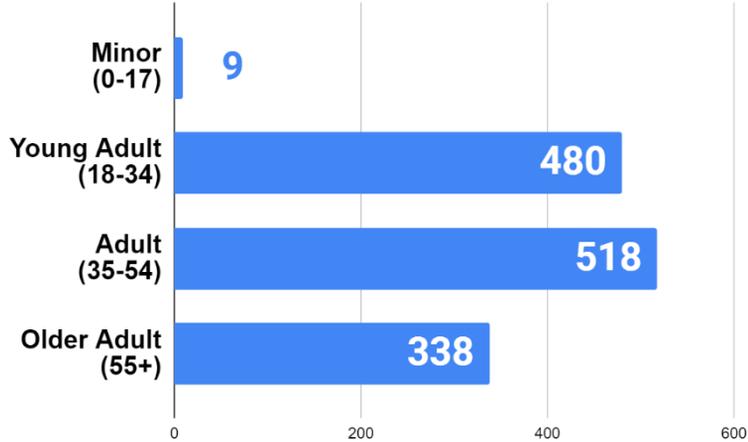


Contact Stats, Cont.

Caller Demographics

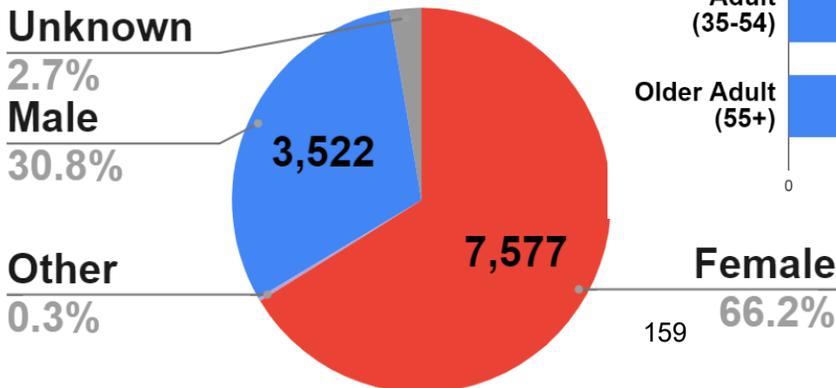
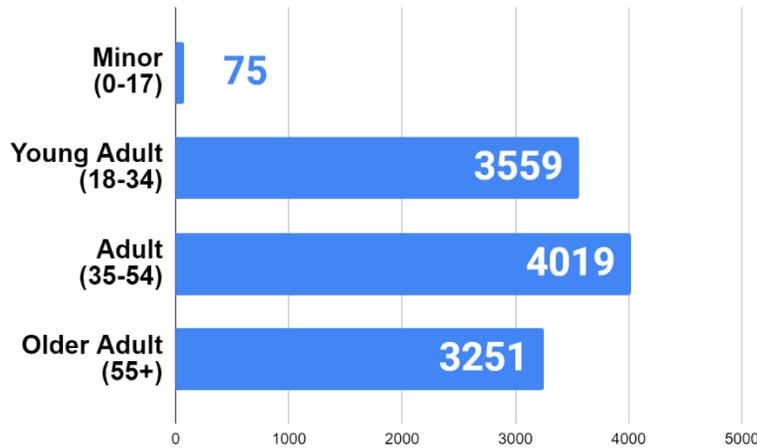


Note: "Other" includes callers who self-identified as trans or non-binary.
 "Unknown" includes the categories Refusal to Answer, Not Recorded, and Unknown.



Local

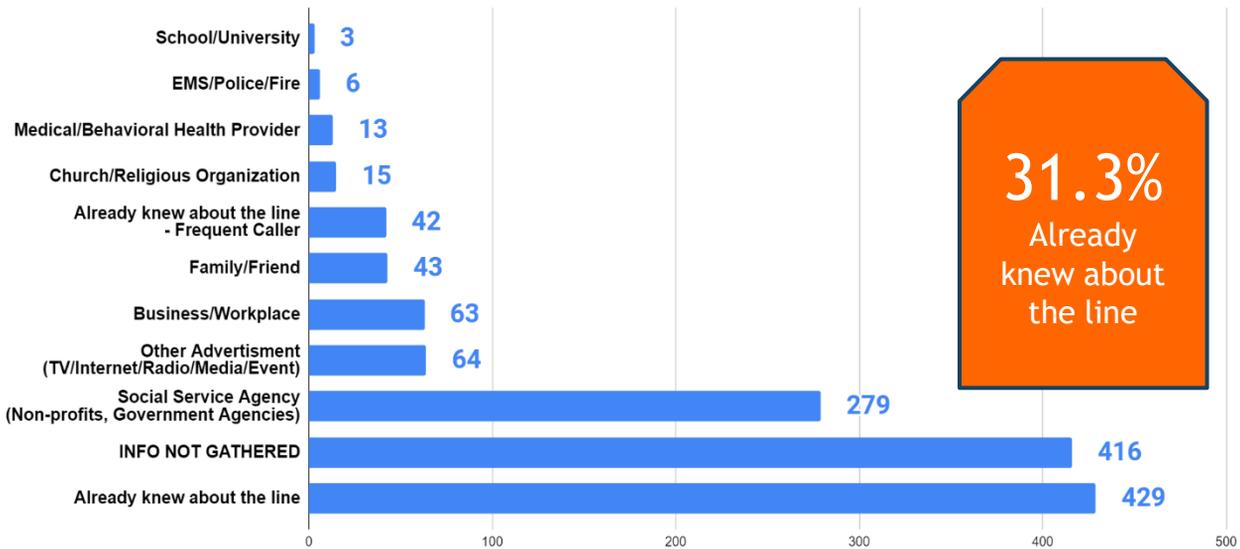
All of PATH 211



Contact Stats, Cont.

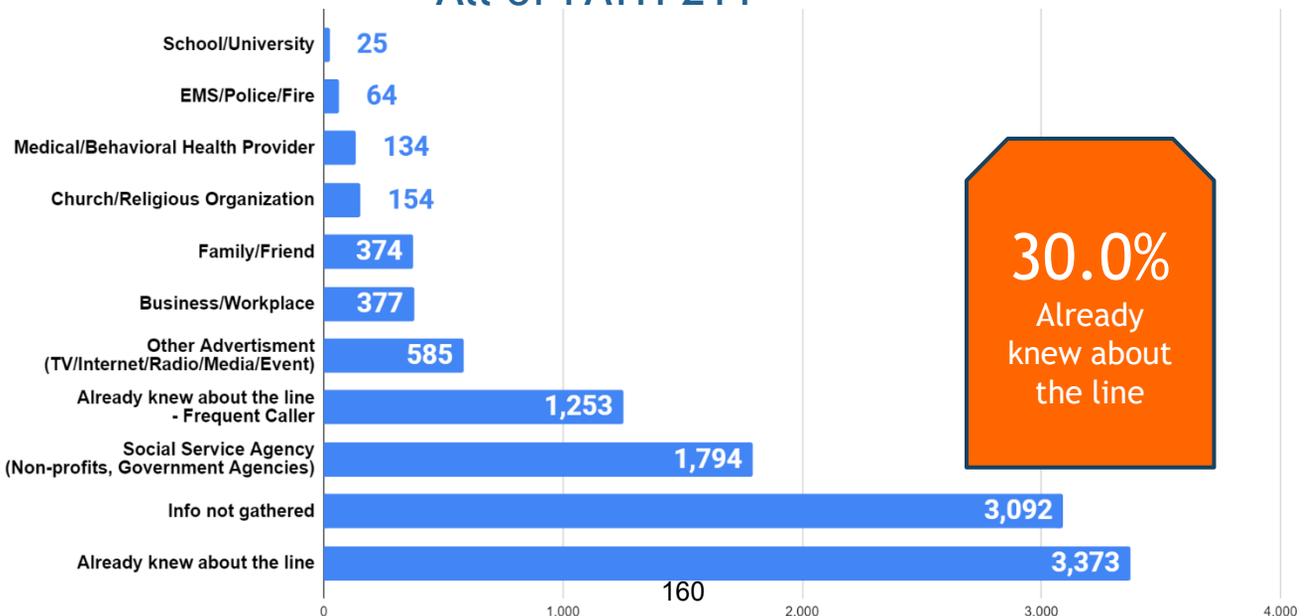
Referral Source

Referral source refers to how the caller found out about 211 services.



Local

All of PATH 211



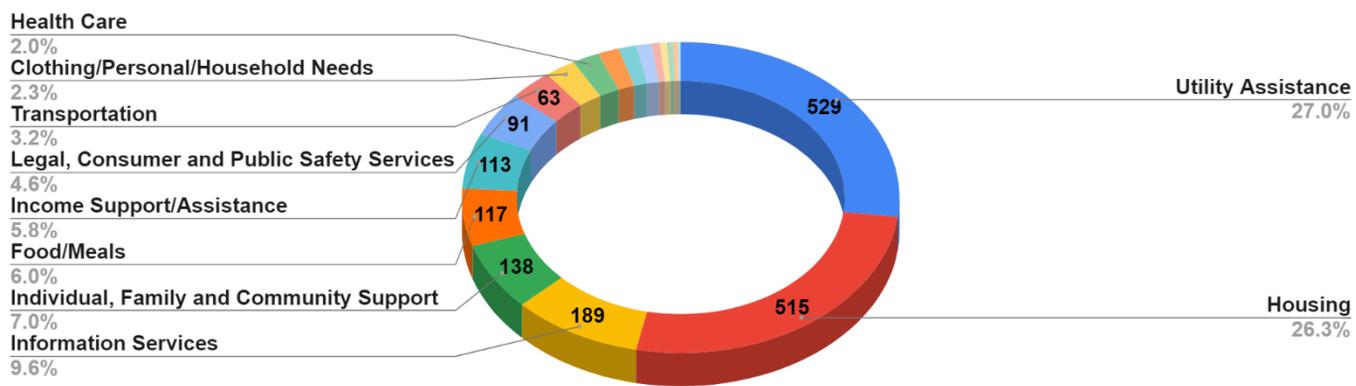
Contact Needs

AIRS Problem Needs

This chart describes how AIRS Problem Needs were reported across all contacts. There are often multiple needs recorded per call. Colors do not correspond to the same categories in both charts.

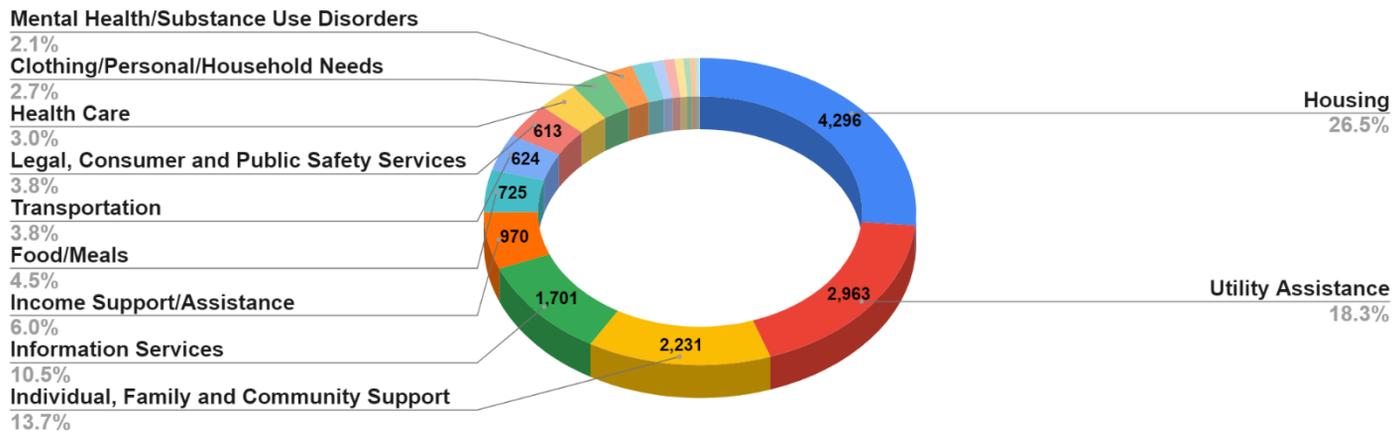
- AIRS= The Alliance of Information and Referral Systems. ([AIRS home page](#))
- AIRS Problem Needs = List of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

Note: Champaign County had 1,373 total 211 contacts and all of PATH had 11,269 total 211 contacts.



Local

All of PATH 211

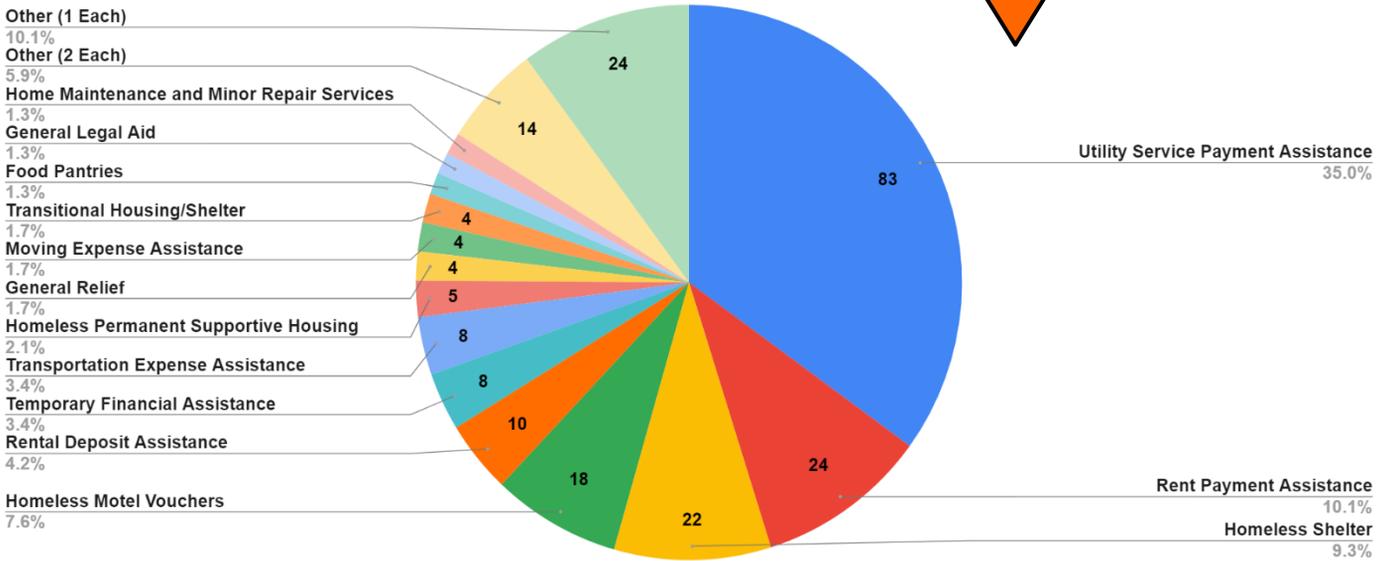
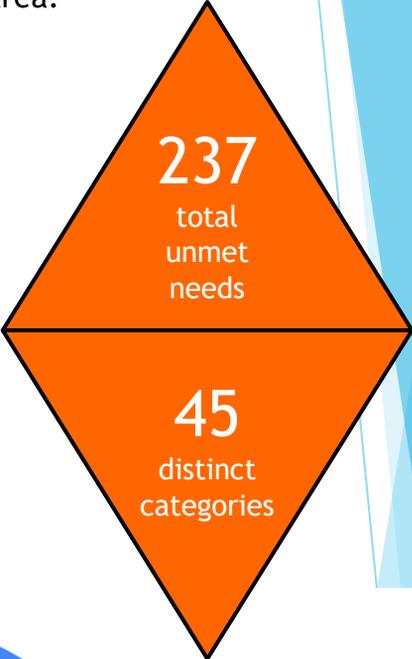


Contact Needs, Cont.

Unmet Needs

- Each item on this list is a term in the Database that the 211 Call Center was unable to refer to a caller. Common reasons for that include:
- The caller already contacted the relevant agency but was ineligible.
 - The caller already tried to contact the relevant agency without success.
 - The type of service does not exist in the caller's area.

237 total unmet needs were recorded in Champaign County across 45 distinct categories. Refer to the "Raw Data" link at the end of the report for the complete list.

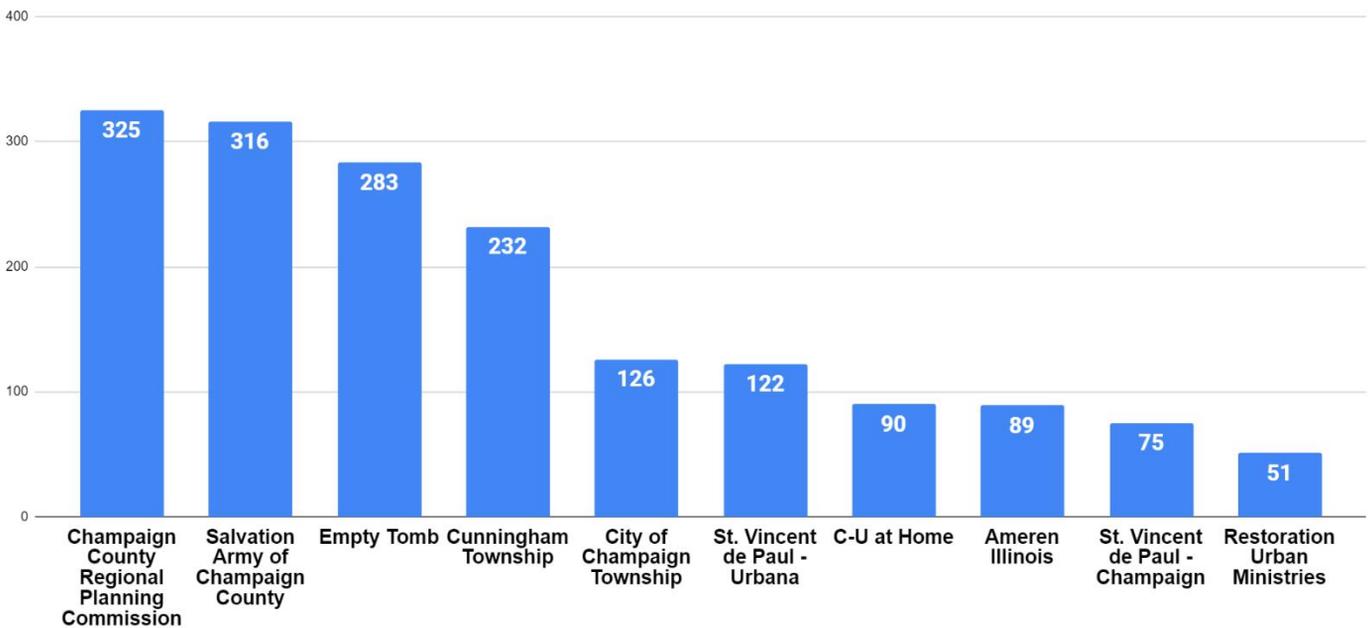
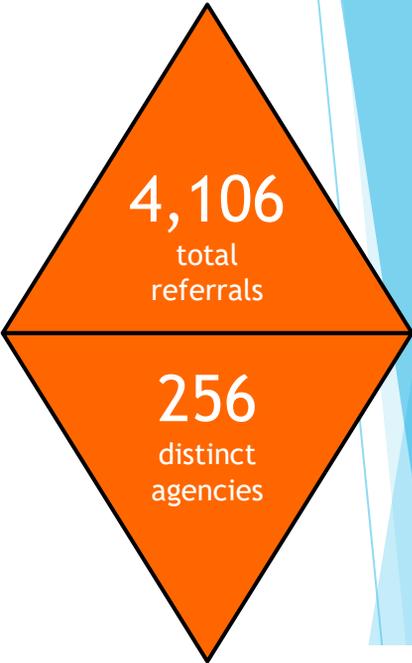


Contact Needs, Cont.

Top Agency Referrals

This chart displays the top agencies by referral count. Refer to the “Raw Data” link at the end of the report for the complete list.

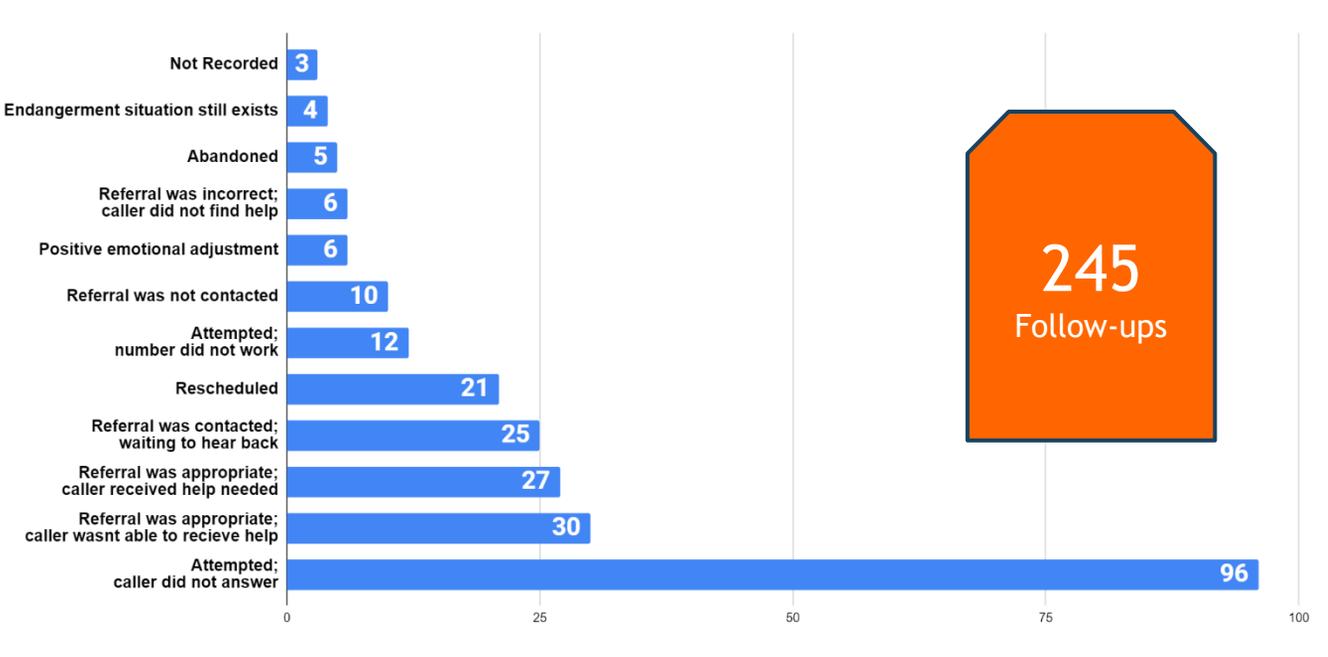
4,106 total referrals were made in Champaign County across 256 distinct agencies.



Contact Needs, Cont.

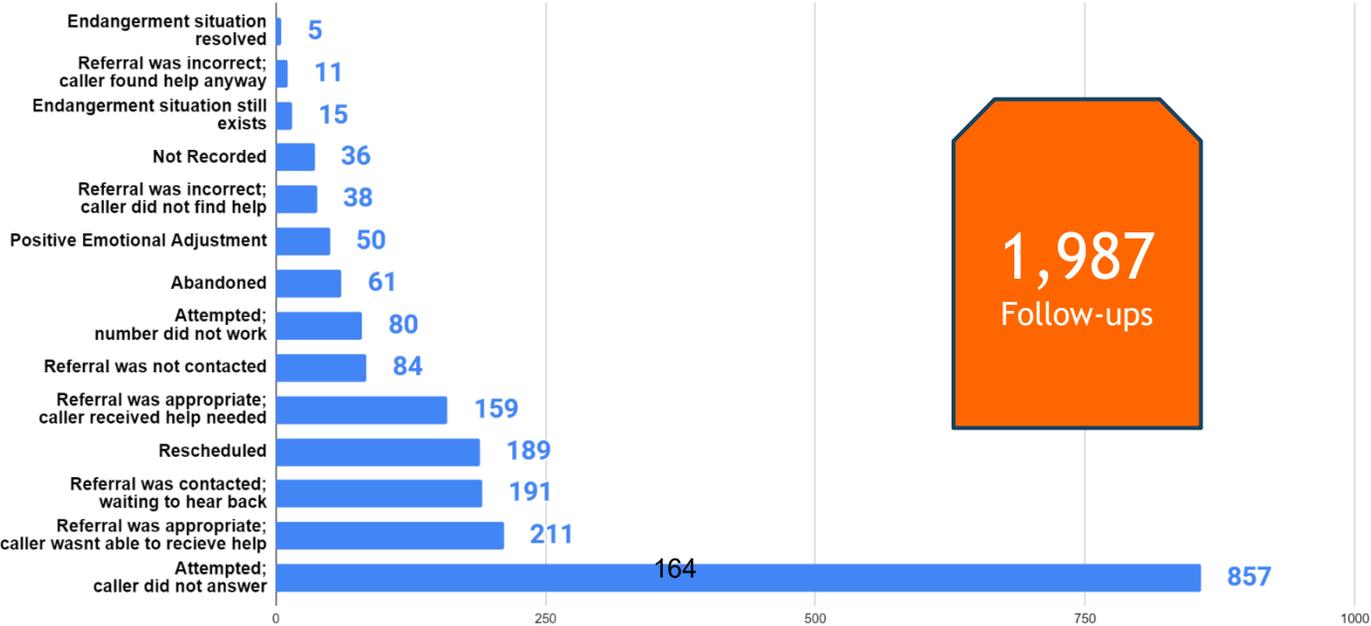
Follow-Ups ↩

Note: PATH performed follow-up calls for a portion of the calls received. This chart breaks down the result of each follow-up attempt.



Local

All of PATH 211



Call Center

The following data corresponds to all of PATH 211, rather than to specific counties or areas.



InQueue and Handle Time

InQueue Time = how long a caller waits to speak with an agent.
Handle Time = how long it takes to resolve a 211 call.

English

0:15
Last Quarter

0:29
Average InQueue Time

8:53
Last Quarter

8:15
Average Handle Time

Spanish

0:21
Average InQueue Time

0:16
Last Quarter

9:11
Average Handle Time

9:22
Last Quarter

Service Level

Service Level = Percentage of calls answered within 90 seconds. Goal = 80%.

English

96.90%
Last Quarter

90.32%
Service Level

Spanish

92%
Service Level

96.71%
Last Quarter



Call Center, Cont.

Abandons

Abandons = Calls where the caller hung up while waiting to speak with an agent.
Abandon Time = How long a caller waits to speak to an agent before hanging up.
Abandon Rate = Percent of calls that are abandons. Goal = 9%.

English

Spanish

413
Last Quarter

845
Abandons

95
Abandons

61
Last Quarter

0:46
Last Quarter

1:28
Average Abandon Time

0:21
Average Abandon Time

0:14
Last Quarter

3.41%
Last Quarter

5.88%
Abandon Rate

14.33%
Abandon Rate

11.25%
Last Quarter

PATH Success Stories

The following are real 211 callers and their stories from this quarter. Certain details have been changed to preserve their anonymity.



Story 1



Caller was struggling with mental health issues and the hurdles they create in finding long-term employment . She was out of work for several years following a period of emotional turmoil and began to accumulate an intimidating amount of debt.

Despite having a Bachelor’s degree and more than a decade of experience in office work, the caller did not think she could handle another corporate job. She is currently doing DoorDash on a limited basis but wants something more concrete and reliable. Our operator asked the caller about her hobbies and interests, and when she talked about how much she loved being outside and walking her dog the operator suggested starting off with some volunteer work both to get a sense of what she’d enjoy and to ease back into the workforce gradually. As an alternative to re-entering the workforce, our operator provided the caller with the information she needed to apply for disability. Finally, to address the issue of debt, our operator went over some financial assistance programs with her.

Caller was relieved to have multiple potential ‘next steps,’ and the beginnings of a plan for the future. The call ended on an optimistic note, as the caller declined our offer to schedule a follow-up contact.

Story 2

Caller reached out with concerns about a mold issue in her apartment. The four units of her building share a connected garage, in which there is a substantial amount of visible mold. She and her partner have an infant in their care, which adds an additional degree of urgency to the situation. Caller has also been suffering from migraines for the last year and suspects the mold was the cause.

To tackle this issue, our operator developed two plans of action. First, we provided the caller with information for their local health department to schedule a mold test for their property. Second, our operator helped identify a local medical provider with whom the caller could schedule tests for herself and her baby. The call concluded with the caller feeling good about knowing where and with whom to book the necessary property and physical examinations.

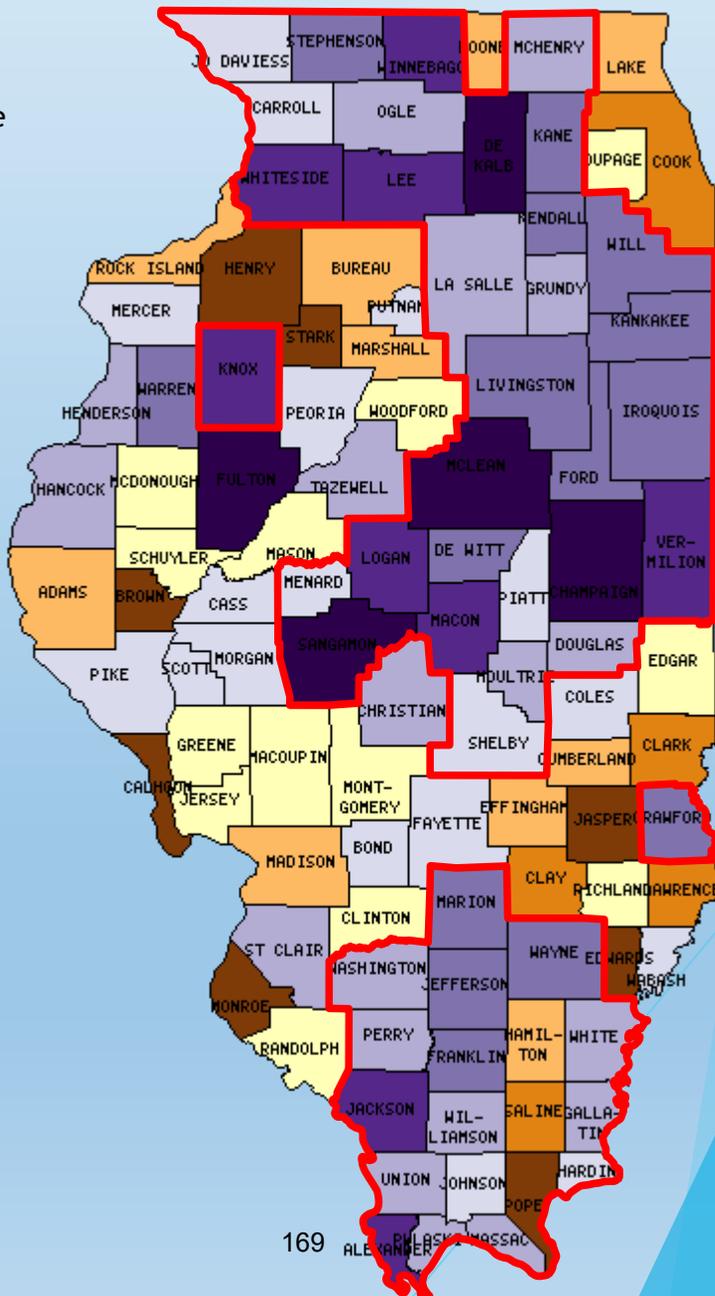


Call Center, Cont.

Contact Density

This map reflects contact volume from each county with respect to that county's population. In effect, callers in the darker purple areas are calling us more frequently while callers in the darker orange areas are calling us less frequently. The red boundary indicates PATH's 211 service area.

Note: The legend indicates "Calls per Population per Year". That is, if Q3 data were constant for a whole year, the top category would receive at least one call for every 50 inhabitants that year.



Legend	
	1/50 +
	1/50 - 1/100
	1/100 - 1/200
	1/200 - 1/400
	1/400 - 1/800
	1/800 - 1/1600
	1/1600 - 1/3200
	1/3200 - 1/6400
	1/6400 - 1/∞
	0

Links/Resources

Links/Resources

PATH Inc. Website

- <https://www.pathcrisis.org/>

211 Counts

- <https://uwaypath.211counts.org/>

PATH Inc. Online Database

- <https://www.navigateresources.net/path/>

Inform USA

- <https://www.informusa.org>

Raw Data

- https://docs.google.com/spreadsheets/d/1VpH6OxGb1qTYVZK-g003i4OVjq_59QydDjtNchSsKHE/edit#gid=0

Submitted by:

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Ryan Opalk

Assistant Director of Database Services
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