



Champaign County Developmental Disabilities Board (CCDDDB)

Meeting Agenda

Wednesday, May 22, 2024, 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://us02web.zoom.us/j/81559124557> Meeting ID: 815 5912 4557*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. CCDDDB and MHB Schedules, updated DDB Timeline** (pages 3-8) *No action is needed.*
- V. CCDDDB Acronyms and Glossary** (pages 9-20) *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 21-23)*
Minutes from the CCDDDB's regular meeting on 4/17/24 are included for approval. Action is requested.
- X. Vendor Invoice Lists** (pages 24-28)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file.
- XI. Staff Reports** (pages 29-46)
Included for information only are reports from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, and Chris Wilson.
- XII. New Business**
 - a) **Responses to Draft PY25 Program Summaries and Reviews** (pages 47- 57)
For information are communications from agency representatives regarding CCDDDB-CCMHB staff errors in program summaries and responses to questions raised during review. A briefing memorandum from staff follows these responses.
 - b) **Staff Recommendations for PY2025 I/DD Funding** (pages 58-72)*
A Decision Memorandum identifies staff recommendations for funding of I/DD programs through the CCDDDB, CCMHB, and I/DD Special Initiatives Funds. A tier sheet with these recommendations is attached for information. Action is requested on individual recommendations identified in the memorandum.
 - c) **Changes in Reporting** (pages 73-78)*

A Decision Memorandum describes proposed changes in reporting requirements. Action is requested.

d) **Three Year Plan Timeline** (pages 79-81)*

A Decision Memorandum describes a possible shift in the timeline of development of the next Three-Year Plan. Action is requested.

XIII. Old Business

a) **Evaluation Capacity Building** (pages 82-119)

For information only is the first Annual Report of the evaluation project conducted by the UIUC Family Resiliency Center. Representatives from the team will be available for discussion.

b) **PY24 Third Quarter Reports and Data** (pages 120-139)

Included for information only are submitted third quarter service activity reports for PY24 funded I/DD programs.

c) **PY24 Third Quarter Claims Data** (pages 140-153)

Included for information only are charts summarizing third quarter individual service claims data for many PY24 funded I/DD programs.

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 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>

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*)

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*

October 16, 2024 5:45PM – Shields-Carter Room – *joint meeting with the CCMHB*

October 23, 2024 – Shields-Carter Room

November 20, 2024 – Shields-Carter Room

December 18, 2024 – Shields-Carter Room – *tentative*

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 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)

- 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~~ **CANCELLED**
- 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*)
- 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
- October 16, 2024** – *Joint Meeting w CCDDDB* - Shields-Carter
- October 23, 2024** – Shields-Carter Room
- November 20, 2024** – Shields-Carter Room
- December 18, 2024** – Shields-Carter Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmh.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@ccmh.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmh.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

2024-25 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY26 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 PY26 and deadlines related to PY24 and PY25 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.**

- | | |
|----------|---|
| 6/1/24 | <i>For contracts with a PY24-PY25 term, all updated PY25 forms should be completed and submitted by this date.</i> |
| 6/12/24 | Regular Board Meeting <i>(off cycle)</i> |
| 6/18/24 | <i>Deadline for agency application/ contract revisions
Deadline for agency letters of engagement w/ CPA firms</i> |
| 6/21/24 | <i>PY2025 agency contracts completed.</i> |
| 6/30/24 | <i>Agency Independent Audits, Reviews, or Compilations due
(only applies to those with calendar FY, check contract)</i> |
| 7/17/24 | Regular Board Meeting
Election of Officers; Draft FY2025 Budget |
| 8/21/24 | Regular Board Meeting - <i>tentative</i> |
| 8/30/24 | <i>Agency PY2024 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due</i> |
| 9/18/24 | Regular Board Meeting
Community Needs Assessment Report
Draft Three Year Plan 2025-27 with 2025 Objectives
Approve Draft FY2025 Budgets |
| 9/25/24 | Joint Study Session with CCMHB (5:45PM) |
| 10/16/24 | Joint Meeting with CCMHB (5:45PM) |

I/DD Special Initiatives

- 10/23/24** **Regular Board Meeting**
DRAFT Program Year 2026 Allocation Criteria
- 10/23/24 *Agency PY2025 First Quarter Reports due*
- 11/20/24** **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Approve PY26 Allocation Criteria
- 11/29/24 *Public Notice of Funding Availability to be published by
this date, giving at least 21-day notice of application period.*
- 12/18/24** **Regular Board Meeting - tentative**
- 12/20/24 *Online System opens for Applications for PY2026 Funding.*
- 12/31/24 *Agency Independent Audits, Reviews, or Compilations due.*
- 1/22/25** **Regular Board Meeting**
- 1/31/25 *Agency PY25 2nd Quarter and CLC progress reports due.*
- 2/10/25 *Deadline for submission of applications for PY26 funding.
(Online system will not accept any forms after 4:30PM.)*
- 2/19/25** **Regular Board Meeting**
Discuss list of PY26 Applications, Review Process
- 3/19/25** **Regular Board Meeting**
Discussion of PY26 Funding Requests
- 3/26/25** **Joint Study Session OR Joint Meeting with
CCMHB (5:45PM)**
- 4/14/25 *Program summaries released to Board, posted online with
CCDDB April 23 meeting agenda and packet.*
- 4/23/25** **Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests

- 4/25/25 *Agency PY2025 3rd Quarter Reports due.*
- 5/12/25 *Allocation recommendations released to Board, posted online with CCDDDB May 21 board meeting packet.*
- 5/21/25** **Regular Board Meeting**
Allocation Decisions; Authorize Contracts for PY26
- 6/1/25 *For contracts with a PY25-PY26 term, all updated PY26 forms should be completed and submitted by this date.*
- 6/17/25 *Deadline for agency application/ contract revisions.
Deadline for agency letters of engagement w/ CPA firms.*
- 6/18/25** **Regular Board Meeting**
Draft FY2026 Budget
- 6/20/25 *PY2026 agency contracts completed.*
- 6/30/25 *Agency Independent Audits, Reviews, or Compilations due.
(only applies to those with calendar FY, check contract)*
- 7/16/25** **Regular Board Meeting (off cycle)**
- 8/20/25** **Regular Board Meeting – tentative**
Election of Officers
- 8/29/25 *Agency PY2025 4th Quarter reports, CLC progress reports, and Annual Performance Measure Reports due.*
- 9/17/25** **Regular Board Meeting**
Draft Three Year Plan 2025-27 with 2025 Objectives
Approve Draft FY2026 Budgets
- 9/24/25** **Joint Study Session with CCMHB (5:45PM)**
- 10/22/25** **Regular Board Meeting**
DRAFT Program Year 2027 Allocation Criteria
- 10/29/25** **Joint Meeting with CCMHB (5:45PM)**

I/DD Special Initiatives

10/31/25

Agency PY2026 First Quarter Reports due.

11/19/25

Regular Board Meeting

Approve Three Year Plan with One Year Objectives
Approve PY27 Allocation Criteria

11/28/25

Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.

12/17/25

Regular Board Meeting– tentative

12/19/25

Online system opens for applications for PY27 funding.

12/30/25

Agency Independent Audits, Reviews, Compilations due.

Agency and Program acronyms commonly used by the CCDDDB

AIR – Alliance for Inclusion and Respect (formerly Anti-Stigma Alliance)
CC – Community Choices
CCCAC or CAC – (Champaign County) Children’s Advocacy Center
CCAMR – Champaign County Advocacy and Mentoring Resources
CCCHC – Champaign County Christian Health Center
CCDDDB or DDB – Champaign County Developmental Disabilities Board
CCHCC – Champaign County Health Care Consumers
CCHS – Champaign County Head Start, a division of the Regional Planning Commission (also CCHS-EHS, for Head Start-Early Head Start)
CCMHB or MHB – Champaign County Mental Health Board
CCRPC or RPC – Champaign County Regional Planning Commission
CN – Crisis Nursery
CSCNCC – Community Service Center of Northern Champaign County, also CSC
CU Able – a parent support group, previously funded by the CCDDDB
CUAN – Champaign-Urbana Autism Network
CU Early – a Prevention Initiative program, is a long-standing collaboration of Urbana School District #116 and Champaign Unit 4 Schools
CU TRI – CU Trauma & Resiliency Initiative, affiliated with the Champaign Community Coalition and CUNC, funded through Don Moyer Boys & Girls Club?
Courage Connection – previously The Center for Women in Transition
DMBGC – Don Moyer Boys & Girls Club
DREAAM – Driven to Reach Excellence and Academic Achievement for Males
DSC – Developmental Services Center
DSN – Down Syndrome Network
ECIRMAC or RAC – East Central Illinois Refugee Mutual Assistance Center or The Refugee Center
FS – Family Service of Champaign County
GCAP – Greater Community AIDS Project of East Central Illinois
IAG – Individual Advocacy Group
IDDSI – Intellectual/Developmental Disabilities Special Initiatives (a joint project of the CCDDDB and CCMHB)
MAYC – Mahomet Area Youth Club
NAMI – National Alliance on Mental Illness
PATH – regional provider of 211 information/call services
PHC – Promise Healthcare
RAC or ECIRMAC – East Central Illinois Refugee Mutual Assistance Center
RACES – Rape Advocacy, Counseling, and Education Services
PACE – Persons Assuming Control of their Environment, Inc.
PCMHC – Piatt County Mental Health Center
PCSI – Prairieland Service Coordination, Inc. – ISC for Champaign County
RCI – Rosecrance Central Illinois
UNCC – Urbana Neighborhood Community Connections Center
UP Center – Uniting Pride
UW or UWCC – United Way of Champaign County
WIN Recovery – Women in Need Recovery
YFPSA-Youth & Family Peer Support Alliance

Glossary of Other Terms and Acronyms

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

988 – Suicide and Crisis Lifeline

AAC – Augmentative and Alternative Communication

AAIDD – The American Association on Intellectual and Developmental Disabilities

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

ALICE – Asset Limited, Income Constrained, Employed

APSE – Association of People Supporting Employment First

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.

BCBA – Board Certified Behavior Analyst

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

C-CARTS – Champaign County Area Rural Transit System

CE – Community Employment, a DSC program

CE – Customized Employment, a Community Choices program

CF – Community First, a DSC program

CL – Community Living, formerly Apartment Services, a DSC program

CCMHDDAC or MHDDAC – Champaign County Mental Health and Developmental Disabilities Agencies Council

CCPS – Consumer Control in Personal Support, a PACE program

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, Medicaid-waiver funded residential services for people with I/DD

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

CSEFEL – Center on the Social and Emotional Foundations for Early Learning

CQL – Council on Quality and Leadership

CSEs – Community Service Events, as described in a funded agency’s program plan, may include 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.

CUSD – Champaign Community Unit School District 4

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

CY – Contract Year, July 1-June 30. Also Program Year (PY), most agencies’ Fiscal Year (FY)

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

DD – Developmental Disability

DDD – Division of Developmental Disabilities

DECA – Devereux Early Childhood Assessment

DEI – Diversity, Equity, and Inclusion

DFI – Donated Funds Initiative, source of matching funds for some CCMHB funded contracts. The Illinois Department of Human Services administers the DFI Program funded with federal Title XX Social Services Block Grant. The DFI is a “match” program meaning community-based agencies must match the DFI funding with locally generated funds. The required local match is 25 percent of the total DFI award.

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

DSPCP – Decision Support Person Centered Planning, a CCRPC program

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

DV – Domestic Violence

Dx – Diagnosis

EBP – Evidence Based Practice

ECMHS – Early Childhood Mental Health Services, a program of CCRPC Head Start

ED – Emergency Department

ED – Emotional Disorder

EF – Employment First, a Community Choices and DSC program

EHR – Electronic Health Record

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.

ER – Emergency Room

FAPE – Free and Appropriate Public Education

FD – Family Development, formerly Family Development Center, a DSC program

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

FOIA – Freedom of Information Act.

FPL – Federal Poverty Level

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.

HACC – Housing Authority of Champaign County

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

HBWD – Health Benefits for Workers with Disabilities

HCBS – Home and Community Based Services

HFS or IDHFS – Illinois Department of Healthcare and Family Services

HI – Hearing Impairment or Health Impairment

HIPPA – Health Insurance Portability and Accountability Act

HUD – Housing and Urban Development

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ICS – Inclusive Community Support, formerly Community Living, a Community Choices program

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDHS or DHS – Illinois Department of Human Services

IDOC – Illinois Department of Corrections

IDHFS or HFS – Illinois Department of Healthcare and Family Services

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IECAM – Illinois Early Childhood Asset Map

IEP – Individualized Education Plan

IFS – Individual and Family Support, a DSC program

IFSP – Individualized Family Service Plan

IGA – Intergovernmental Agreement

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

IRC – Illinois Respite Coalition

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination or Independent Service Coordination Unit

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

LEAP – Leaders Employing All People

LGTBQIA+ – Lesbian, Gay, Bi-Sexual, Transgender, Queer and/or Questioning, Intersex, Asexual/Aromantic/Agender plus all the gender identities and sexual orientations that letters and words cannot yet fully describe.

LIHEAP – Low Income Home Energy Assistance Program

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

MHDDAC or CCMHDDAC – Mental Health and Developmental Disabilities Agencies Council

MHFA – Mental Health First Aid

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

NADSP – National Alliance for Direct Support Professionals

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. The actual activity to be performed should also be described in the Program Plan Narrative 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.

OCD – Obsessive-Compulsive Disorder

ODD – Oppositional Defiant Disorder

OMA – Open Meetings Act

ODEP – Office of Disability Employment Policy

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PA – Personal Assistant

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.

POM – Performance Outcome Measures

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. PUNS has 2 categories: Seeking Services (category for people who currently need or desire supports) and Planning for Services (category for people who do not currently want or need supports but may in the future). PUNS selections are based on a person's cumulative length of time in the Seeking Services Category.

PWD – People with Disabilities

PY – Program Year, July 1 to June 30. Also Contract Year (CY), often 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

RFI – Request for Information

RFP – Request for Proposals

RIN – Recipient Identification Number. A unique identification number assigned to the recipient of IDHS services.

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

SA – Sexual Assault

SA – Substance Abuse

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.

SC – Service Coordination, a DSC program

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).

SDA – Self-Direction Assistance

SDS – Self-Determination Support, a Community Choices program

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

SNAP – Supplemental Nutrition Assistance Program

SOAR – SSI/SSDI Outreach, Access, and Recovery, assistance with applications for Social Security Disability and Supplemental Income, provided to homeless population.

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 (replaces SA – Substance Abuse)

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

TPCs – Treatment Plan Clients, service participants with case records and treatment plans. 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. Essentially it is a case carried from one program year into the next. New TPCs are new clients with treatment plans written in a given quarter of the program year. Each TPC should be reported only once during a program year.

UECS – Urbana Early Childhood School

USD – Urbana School District #116

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

WIC – Women, Infants, and Children, A food assistance program for pregnant women, new mothers and young children eat well and stay healthy.

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

Minutes April 17, 2024

*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: Kim Fisher, Vicki Niswander, Anne Robin

MEMBERS EXCUSED: Susan Fowler, Georgiana Schuster

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

OTHERS PRESENT: Annette Becherer, Jodie Harmon, Laura Bennett, Heather Levingston, Jami Olsen, Sarah Perry, Danielle Matthews, Patty Walters, Kelli Martin, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Angela Yost, Lisa Benson, CCRPC; Michelle Ingram, Bill Kubaitis, Mel Liong, Paula Vanier, PACE; Brenda Eakins, Keysa Haley, GROW in Illinois; Leah Taylor, Champaign County Board

CALL TO ORDER:

CCDDB President Vicki Niswander called the meeting to order at 9:00 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.

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 recently revised list of commonly used acronyms was included for information.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Vicki Niswander reviewed the program summary review process and thanked staff.

EXECUTIVE DIRECTOR’S COMMENTS:

Lynn Canfield reminded attendees to sign in, whether zoom chat or in the Shields-Carter room.

APPROVAL OF MINUTES:

Minutes from the 3/20/2024 board meeting and 3/27/2024 study session were included in the packet.

MOTION: Dr. Robin moved to approve the minutes from the 3/20/24 CCDDB meeting and the 3/27/24 joint study session with the CCMHB. Dr. Fisher 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. Fisher 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:

None.

NEW BUSINESS:

A list of applications and draft staff reviews (program summaries) for requests for I/DD funding were included in the Board packet for review and discussion. Ms. Niswander asked Ms. Summerville and Mr. Wilson for brief verbal reports on the quality of CLC Plans and financial reports this year. Many agency representatives were present to answer questions from Board members. CCDDDB reviewed and discussed each application requesting funds from the CCDDDB.

OLD BUSINESS:

None.

SUCCESSSES AND AGENCY INFORMATION:

Updates were provided by Patty Walters from DSC and Becca Obuchowski from Community Choices.

COUNTY BOARD INPUT:

Leah Taylor complimented the board on clear, collaborative communications.

CCMHB INPUT:

The CCMHB will meet this evening and begin to review CCMHB program summaries.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 10:40 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo,
CCMHB/CCDDDB Operations and Compliance Specialist

**Minutes are in draft form and 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	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER										
Apr'24	DD24-078	04/01/2024	040524A	31263	36,148.00	36,148.00	04/30/2024	INV	PD	DD24-078 Decision Supp
CHECK DATE: 04/05/2024										
10146 COMMUNITY CHOICES, INC										
Apr'24	DD24-075	04/01/2024	040524A	31309	14,708.00	14,708.00	04/30/2024	INV	PD	DD24-075 Self-Determin
CHECK DATE: 04/05/2024										
Apr'24	DD24-076	04/01/2024	040524A	31309	2,833.00	2,833.00	04/30/2024	INV	PD	DD24-076 Staff Recruit
CHECK DATE: 04/05/2024										
Apr'24	DD24-077	04/01/2024	040524A	31309	10,499.00	10,499.00	04/30/2024	INV	PD	DD24-077 Transportatio
CHECK DATE: 04/05/2024										
Apr'24	DD24-090	04/01/2024	040524A	31309	16,500.00	16,500.00	04/30/2024	INV	PD	DD24-090 Inclusive Com
CHECK DATE: 04/05/2024										
Apr'24	DD24-095	04/01/2024	040524A	31309	18,875.00	18,875.00	04/30/2024	INV	PD	DD24-095 Customized Em
CHECK DATE: 04/05/2024										
10170 DEVELOPMENTAL SERVICES CENTER OF										
Apr'24	DD23-086	04/01/2024	040524A	31320	18,958.00	18,958.00	04/30/2024	INV	PD	DD23-086 Workforce Dev
CHECK DATE: 04/05/2024										
Apr'24	DD24-081	04/01/2024	040524A	31320	47,123.00	47,123.00	04/30/2024	INV	PD	DD24-081 Community Liv
CHECK DATE: 04/05/2024										
Apr'24	DD24-083	04/01/2024	040524A	31320	41,340.00	41,340.00	04/30/2024	INV	PD	DD24-083 Service Coord
CHECK DATE: 04/05/2024										
Apr'24	DD24-084	04/01/2024	040524A	31320	20,083.00	20,083.00	04/30/2024	INV	PD	DD24-084 Clinical Serv
CHECK DATE: 04/05/2024										
Apr'24	DD24-085	04/01/2024	040524A	31320	7,508.00	7,508.00	04/30/2024	INV	PD	DD24-085 Employment Fi
CHECK DATE: 04/05/2024										
Apr'24	DD24-091	04/01/2024	040524A	31320	38,300.00	38,300.00	04/30/2024	INV	PD	DD24-091 Community Emp
CHECK DATE: 04/05/2024										
Apr'24	DD24-092	04/01/2024	040524A	31320	8,866.00	8,866.00	04/30/2024	INV	PD	DD24-092 Connections
CHECK DATE: 04/05/2024										
18323 DIMOND BROS. INSURANCE LLC										
1112308		04/04/2024	041224A	31744	3,383.00	3,383.00	05/11/2024	INV	PD	Policy # EMN0577839
CHECK DATE: 04/12/2024										
					63,415.00					
					182,178.00					

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
				3,383.00					
14 INVOICES									

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

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
21000100	502001		PROFESSIONAL SERVICES						
24/04	5 04/01/24	GEN						35,447.00	35,447.00
	Apr'24	DDB	Apr'24	DDB	Admin Fee				
	LEDGER BALANCES --- DEBITS: 35,447.00 CREDITS:								35,447.00
21000100	502007		INSURANCE (NON-PAYROLL)						
24/04	119 04/05/24	API 018323	61606				31744	895.00	895.00
	W 041224A	Commercial Cyber and Privacy L	DIMOND BROS AGENCY						
24/04	119 04/05/24	API 018323	61606				31744	2,488.00	3,383.00
	W 041224A	Directors and Officers - Renew	DIMOND BROS AGENCY						
	LEDGER BALANCES --- DEBITS: 3,383.00 CREDITS:								3,383.00
21000100	502025		CONTRIBUTIONS & GRANTS						
24/04	16 04/01/24	API 000001	DD24-078	61178			31263	36,148.00	36,148.00
	W 040524A	Apr'24	DD24-078	Decision Suppo CCT					
24/04	16 04/01/24	API 010146	DD24-095	61179			31309	18,875.00	55,023.00
	W 040524A	Apr'24	DD24-095	Customized Emp COMMUNITY CHOICES, I					
24/04	16 04/01/24	API 010146	DD24-090	61180			31309	16,500.00	71,523.00
	W 040524A	Apr'24	DD24-090	Inclusive Comm COMMUNITY CHOICES, I					
24/04	16 04/01/24	API 010146	DD24-076	61182			31309	2,833.00	74,356.00
	W 040524A	Apr'24	DD24-076	Staff Recruitm COMMUNITY CHOICES, I					
24/04	16 04/01/24	API 010146	DD24-075	61183			31309	14,708.00	89,064.00
	W 040524A	Apr'24	DD24-075	Self-determina COMMUNITY CHOICES, I					
24/04	16 04/01/24	API 010146	DD24-077	61184			31309	10,499.00	99,563.00
	W 040524A	Apr'24	DD24-077	Transportation COMMUNITY CHOICES, I					
24/04	16 04/01/24	API 010170	DD24-084	61185			31320	20,083.00	119,646.00
	W 040524A	Apr'24	DD24-084	Clinical Servi DEVELOPMENTAL SERVIC					
24/04	16 04/01/24	API 010170	DD24-091	61187			31320	38,300.00	157,946.00
	W 040524A	Apr'24	DD24-091	Community Emp1 DEVELOPMENTAL SERVIC					
24/04	16 04/01/24	API 010170	DD24-081	61188			31320	47,123.00	205,069.00
	W 040524A	Apr'24	DD24-081	Community Liv1 DEVELOPMENTAL SERVIC					
24/04	16 04/01/24	API 010170	DD24-092	61189			31320	8,866.00	213,935.00

ACCOUNT DETAIL HISTORY FOR 2024 04 TO 2024 04

ORG YR/PR	OBJECT JNL	PROJ EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
W 040524A	16	04/01/24	DD24-092	Connections	DEVELOPMENTAL	SERVIC	31320	7,508.00	221,443.00
W 040524A	16	04/01/24	DD24-085	Employment Fir	DEVELOPMENTAL	SERVIC	31320	41,340.00	262,783.00
W 040524A	16	04/01/24	DD24-083	Service Coordi	DEVELOPMENTAL	SERVIC	31320	18,958.00	281,741.00
W 040524A	16	04/01/24	DD23-086	workforce Deve	DEVELOPMENTAL	SERVIC	31320		
LEDGER BALANCES --- DEBITS: 281,741.00 CREDITS: .00 NET: 281,741.00									
GRAND TOTAL --- DEBITS: 320,571.00 CREDITS: .00 NET: 320,571.00									

16 Records printed

** 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	INVOICE DESCRIPTION
10170 DEVELOPMENTAL SERVICES CENTER OF									
Apt' 24	IDDSI24-080	04/01/2024	040524A 31320	20,833.00	20,833.00	04/30/2024	INV	PD	IDDSI24-080 Individual
CHECK DATE: 04/05/2024									
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.									
Apt' 24	IDDSI24-079	04/01/2024	040524A 31416	3,000.00	3,000.00	04/30/2024	INV	PD	IDDSI24-079 Consumer C
CHECK DATE: 04/05/2024									
				3,000.00					
				23,833.00					

2 INVOICES

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

Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – March, April, & May 2024

CCDDB/CCMHB/IDDSI: March and April consisted of reviewing PY25 I/DD funding applications and working on Program Summaries with other CCDDB/CCMHB team members. I spent time with Executive Director Canfield discussing Decision Memorandums for PY25 Funding Recommendations. I am also working on special provisions that will be included in PY25 contracts.

PY2024 3rd Quarter Reports were due on April 26, 2024. Stephanie Howard-Gallo sent agency staff a due date reminder on April 4, 2024. 3rd Quarter Program Reports for CCDDB and CCMHB I/DD funded programs are in the CCDDB Board packet for review. PY2024 3rd Quarter Claims reports for CCDDB and CCMHB I/DD funded programs were created using the data entered in the system by agency staff. I am reviewing and documenting the information provided in the reports. This information was added to the CCDDB and CCMHB I/DD funded program Performance Data Charts.

PACE submitted their PY2023 Audit on March 28, 2024.

CUAN completed PY24 application changes in March, however needed to make further corrections. At the time of this writing, the additional corrections have not been made. The agency has not submitted any PY24 Quarterly Reports thus far due to the pending application changes.

In late February, I attended the ‘Apprenticeships for Youth with Disabilities’ hosted by CCRPC. This presentation detailed the pilot project done in Madison County, IL to help youth with disabilities transition from high school to work.

I participated in a meeting with other CCDDB staff and one agency applying for PY25 funding to discuss potential application revisions.

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

I spent time with Director Canfield and a Board member, discussing PY25 applications. I met with Director Canfield, Board Executives, and other staff members to discuss the IDDSI application and programs using I/DD set aside funds.

Ebertfest: I supported artists at the Ebertfest Art Sale on April 20, 2024. Artists were set up in the upper lobby inside the theater. There was high theater traffic throughout the day and all artists seemed to have made good sales during the event.

Contract Amendments: A contract amendment was completed for PACE in early April to reflect the agency's new address. PACE has moved into an office space at Lincoln Square Mall.

A contract amendment was completed for the DSC Workforce Development and Retention program. IDHS-DDD offered a one-time 'Recruitment and Retention' bonus program for Community Day Services (CDS) staff. This allowed DSC to increase the final bonus payment for other agency staff who were not eligible for the bonus payment from IDHS-DDD. This final bonus payment will be comparable to bonus payments from IDHS-DDD and no duplicate payments will be made.

Learning Opportunities: A two-part training session is scheduled for May 16, 2024. The session will focus on Seizure First Aid and Narcan Training. You can register to attend [here](#). In June, Lara Davis, Human Rights Authority Disability Rights Manager will present "What is The Illinois Guardianship and Advocacy Commission's Human Rights Authority." Both events will be held at Champaign Public Library.

Disability Resource Expo: Planning of the 2024 Expo is underway. The Expo is being planned for October 26, 2024, at Market Place Shopping Center. Expo Coordinators are working to secure sponsors now. I met one of the Expo Coordinators at the Expo storage facility. We noticed that a smaller unit was available next to our current unit. I worked with Steering Committee members to schedule a group of volunteers to move from one unit to another.

MHDDAC: I participated in the March and April meetings of the MHDDAC. At the March meeting, Angela Yost provided a presentation on CCRPC's Developmental Disability Services program and more specifically about the dual diagnosis program that CCRPC offers. During the March meeting, Austin Ward from Dispute Resolution Institute provided a presentation on the services that the Dispute Resolution Institute offers. Providers shared agency updates during the April meeting. The next meeting is scheduled for May 28, 2024.

ACMHAI: I participated in the March, April, and May ACMHAI Executive Committee meetings. I participated in the March and May I/DD Committee meetings.

Human Services Council: At the April HSC meeting, Mel Liong, Program Director, Pace and Zahara Hussein, RACES presented on the services provided by their agencies. During the May meeting, Isabel Anderson, Hope Fair Housing Center presented on the services provided by Hope Fair Housing Center. The Human Services Council does not meet during June and July. The next meeting is scheduled for August 1, 2024.

Transition Planning Committee (TPC): I attended the March and May meetings of the TPC. TPC meetings are held at Douglass Library. Representatives from Cunningham's Children's Home provided a presentation on various services offered by Cunningham at the March meeting. The May meeting provided a recap of the Student Transition Retreat (held on April 18, 2024) organized by the TPC.

Race Relations Subcommittee: I participated in biweekly Community Coalition Race Relations Group Subcommittee meetings. I attended the Race Relations group meeting in April and May.

Other: I participated in the 'IDHS-DDD Day Program: Recruitment and Retention Grant Program Training' in March. I also participated in several other webinars.

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

Staff Report- March, April, & May 2024

Summary of Activity

During March, April, and May, I spent most of my time evaluating PY25 funding applications and preparing program summaries with MHB/DDB staff. Twenty-four applications were submitted for the Board's approval, two of which focused on MH and I/DD services. The other application pertains to the I/DD Special Initiatives fund. After the Board makes its decision, the next step is to work on contract negotiations in June. Furthermore, I collaborated with Ms. Canfield on the Decision Memorandum for PY25 Funding Recommendations and special provisions to be included in PY25 contracts.

The PY24 third quarter Program Service Activity reports were due on April 26, 2024, at 11:59PM CST. Ms. Stephanie Howard-Gallo emailed reminders to all agencies about the third quarter report deadline and extension requests. Only one agency requested an extension to finish their reports by the deadline. Four agencies did not ask for extensions but instead submitted their reports a few days later, requiring me to reopen the online system. I checked the reports for mistakes and entered the information into an Excel database.

PY23 Audit/Review Update: At the time of this report, CCMHB had obtained a PY22 audit from Promise Healthcare. They are now working on their PY23 audit, which is due on June 30, 2024. We obtained PY23 audits from First Followers, WIN Recovery, ECIRMAC (The Refugee Center).

Contract Amendments: On April 1, 2024, Terrapin Station Sober Living requested a contract amendment to redistribute Professional Fees to meet other expenses. On April 11, 2024, Champaign County Children's Advocacy Center requested a contract change to adjust the budget to meet the needs of their counseling services.

Evaluation Capacity Committee Team: I attended and participated in the monthly meetings with the Evaluation Capacity project staff. The evaluation team requested CCMHB/CCDDB staff to review a few instructional videos on outputs vs outcomes for agencies they are working with.

CCMHDDAC Meeting: I attended and participated in the monthly meetings of CCMHDDAC. The members received updates from the participating agencies. The next meeting is scheduled for Tuesday, May 28, 2024 at 9am via zoom.

CIT Steering Committee: The next CITSC meeting is on June 5, 2024 at 10am at the Brookens Administrative Center in Urbana. Urbana Police Lieutenant Zachery Mikalik replaced Lieutenant Cory Koker as the lead for the meetings.

Reentry Executive Committee & Council Meetings: I attended and participated in the monthly Executive Committee and Council meetings. Mr. David Kellerhals and his Rosecrance staff now give monthly reports to the Council on reentry demographics, resource access, and recidivism rates. In addition, the Rosecrance marketing department designed a new Reentry Program

brochure. The Council is looking to reintroduce missing partner agencies to the Council meetings to address the on-going challenges connected to recidivism reduction, employment opportunities, education, housing, and health outcomes.

Continuum of Service Providers to the Homeless (CSPH): I attended and participated in the monthly meetings of CSPH. Members heard and participated in the FY25 Homeless Prevention Funding Recommendations and Vote; Emergency Solutions Grant Update, and a review of the CoC Performance Report from HUD.

Reentry Housing Coalition Meeting: On April 30th at 11am, I entered the Microsoft Teams meeting with six other people. However, the meeting never began. I reached out to the facilitator to see when the next meeting would be.

Rantoul Service Provider's Meeting: I attended and participated in the monthly meetings. The members provided updates. The next meeting is scheduled for Monday, May 20th at 9am via Microsoft Teams.

SOFTT/LANS Meeting: Members have been meeting and discussing how to make the meetings more effective and have formed subcommittees to improve their outreach efforts. The next SOFTT/LANS meeting is this Wednesday, May 15, 2024, from 1:30-3pm at the Champaign Public Library. This will be the second in-person meeting of the year.

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

Planning Committee: I attended and participated in the monthly meetings. Also, was fortunate to view a few of the movies at Ebertfest.

Other Activities:

- On May 16th from 9am-12pm, I will attend Seizure First Aid & Narcan Training at the Champaign Public Library. Ms. Kristen Neaville, the Central Illinois Case Coordinator for Epilepsy Advocacy Network Illinois will lead a Seizure First Aid training. Ms. LaSienna Burton, a Prevention Specialist for the Champaign-Urbana Public Health District will lead the Narcan component of the training.
- May 13th, I attended the Drug Court Graduation via zoom.
- On May 3rd, Ms. Canfield, Mr. Chris Wilson, and I met with Mr. James Kilgore from First Followers to clarify some budget and program concerns.

Executive Director's Report – Lynn Canfield, May 2024

Background - Strategic Plan Goals:

Champaign County Mental Health Board Current Three-Year Plan Goals

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

Champaign County Developmental Disabilities Board Current Three-Year Plan Goals

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

Activities of Staff and Board Members:

To support CCMHB Three Year Plan goals 1-8 and CCDDDB Three Year Plan goals 1-7, the allocation of funding for services through agency contracts and the subsequent development and monitoring of those contracts are a primary focus. We completed the review of all applications for PY25 funding for each of the DDB, MHB, and IDDSI funds and, with very early 2025 budget estimates and board and agency input during and since April discussions, have drafted affordable allocation recommendations. Using the revised Funding Requirements and Guidelines for each board,

along with proposed revisions to requirements, staff suggestions, and feedback from attorney Barb Mann and consulting CPA John Brusveen, I revised all of the templates to be used for agency contracts for PY25 or PY25-PY26, once awards are approved. Staff are tracking the contracting conditions and will review revised application forms as those are completed.

Contracts with service providers appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of total costs are non-agency activities which also support individuals, families, agencies, and community. These appear in Personnel, Professional Services, Public Relations, Advertising, Books, Printing, Rental, and Non-Employee Training costs and are accomplished through staff, independent contractors, associations, or partnerships. Many activities and collaborations are referenced in other staff reports.

Anti-Stigma and Community Awareness:

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

Resource information: 211 offers call-based and online resource information. United Way, CCMHB, and CCDDDB co-fund this service. PATH has served as a call center for this and 988, though the state has awarded 988 contracts to another provider for PY25. PATH's new director is reevaluating the cost of services to our County, which has more calls than most of their areas.

Alliance for Inclusion and Respect (AIR) social media and website feature anti-stigma messaging and promotion of member organizations and local artists/entrepreneurs who have behavioral health conditions or disabilities. AIR sponsored an 'anti-stigma' film and events during the Roger Ebert's Film Festival, April 17-20, 2024. I served on the festival advisory committee and met with AIR members for our own planning of promotions and activities. MHB paid for film sponsorship; this and other AIR costs are budgeted as Public Relations and offset by Donations. After the film, MHB member Joseph Omo-Osagie joined the maker of "Omoiyari: A Song Film by Kishi Bashi" for discussion of its themes and for an improvised musical performance. For the first time, the annual art show and sale was held inside the theatre, and many artists and their supporters have since shared this was much better than being outside, with good sales, a comfortable environment, and lots of interaction with festival attendees.

disABILITY Resource Expo is set for October 26, 2024 at Market Place Mall. So far, we've had many discussions of sponsorship levels and opportunities to have an Expo booth at other events.

CCMHB/CCDDDB I/DD Special Initiatives Fund:

(MHB goals 1 and 4 and DDB goals 1 and 5)

Continuing the focus on individuals with I/DD and complex support needs and their families, PY25 allocation priorities for this fund borrowed heavily from input from self-advocates with I/DD. One application was submitted aligning to a high priority and is recommended for a two-year term. We might also consider not opening a competitive funding opportunity for this fund for PY26, due to economic conditions which might impact the Boards' revenues.

Support for Agency Programs:

(MHB goals 1, 3, 5, 6, 7, and 8 and DDB goals 1, 2, 3, 4, 6, and 7)

Activities described in staff reports:

- Cultural and Linguistic Competence training and technical assistance and Mental Health First Aid training and coordination (Shandra Summerville).

- Collaborations: Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Champaign County Reentry Council, Coalition Race Relations Subcommittee and Goal Teams Meetings, Human Services Council, I-Plan Behavioral Health Committee, Local Funders Group, UIUC Campus-Community Compact, Youth Assessment Center Advisory Committee, and more (Kim Bowdry, Leon Bryson, Shandra Summerville, or myself).
- Monthly Provider Learning Opportunities (Kim Bowdry), free of charge and offering CEUs to a primary audience of case managers, joined by family advocates and social workers.

Independent Contractors:

- Alex Campbell of EMK offers technical support for users of the online application and reporting system. Board members interested in learning to view forms and reports may choose to work with him on navigating the system.
- John Brusveen, CPA, reviews all agency audits, compilations, and financial reviews, summarizing findings. While not a direct support to agencies, his recommendations help our staff team understand what to discuss with them and how to improve processes.
- Barb Mann, Attorney, reviews contract templates or portions of those, and offers guidance on other issues as needed.

UIUC Evaluation Capacity Project: Ms. Bowdry, Mr. Bryson, and I meet with the director of UIUC Family Resiliency Center monthly. The project's first annual report has been completed.

UIUC Student Projects: We and members of the Local Funders Group and the Regional Health Plan Group presented a project to a UIUC class. This would involve collecting survey data from people with I/DD and behavioral health conditions. The instructor felt the project was too involved for this class, so we do not have a student project this spring. I presented to two Social Work classes, one on Philanthropy and the other on Policy.

Executive Director Activities:

In addition to collaborations above and below, I've spent time on personnel policy addenda and operational needs statement, agency contract templates for PY25, collecting information about how to improve our own reports, and draft agendas and information for future board meetings.

I review independent CPA audits and financial reviews and discuss with team members, sometimes with additional agency information. A few delayed audits have resulted in the need for Board action.

I attend meetings of the statewide groups **Going Home Coalition (I/DD)**, **They Deserve More Coalition (I/DD)**, **Mental Health Summit**, and **DMH/Trade Associations**. Two members of the CCDDDB and I presented to the Going Home Coalition on 377 and 708 boards. We had hoped they would welcome a presentation on our Expo event by the coordinators, but the group is focused on actions of the IDHS-Division of DD and the Illinois legislature.

Intergovernmental/Interagency Collaborations:

(MHB goals 1, 2, 4, 9, and 10 and DDB goals 1,2, 3, 5, 8, and 9)

Champaign County Department Heads: with the County Executive and other Department representatives, periodic meetings include: new phone system and migration to dot-gov; Scott M. Bennett Administrative Center; future budget; new employment laws; and open discussion.

Local Funders Group: includes the Cities, Community Foundation, and United Way, to share allocation processes and budgets, data on utilization and outcomes, priorities for funding, and strengthening the local system of services. Two shared projects for this year are the survey designed for administration by UIUC students (see above) but now taken up by the United Way Emerging Community Leaders and a non-profit summit over the summer.

Mental Health and Developmental Disabilities Agency Council: monthly meeting of agency representatives, not all of which are funded by the Boards, for discussion of agency activities, federal and state updates, special topics, and announcements. We announce deadlines, report on recent board meetings, and explain any changes to process or expectations. Between meetings, I forward funding opportunities which may be of interest to some agencies, or to a collaboration.

Metropolitan Intergovernmental Council: representatives from local government meet on topics of interest and roundtable discussion. Our February meeting focused on 211 and opened the door for a follow-up on 988, not yet scheduled.

Regional Champaign-Vermilion Executive Committee: bimonthly meeting of public and private entities responsible for community health needs assessment and strategic plans. The most recent health plan/I-Plan identified behavioral health and community violence as priorities. The IPlan Coordinator leads all workgroups. Mr. Bryson and I alternate participation in the monthly Behavioral Health workgroup meetings. The Boards might consider changing the timing of our three year plans to align with others in this group and to take advantage of the shared survey.

Student Mental Health Community of Practice at the University of Illinois: MHB Vice President Molly McLay and I attend monthly meetings. The group may benefit from learning more about the 211 and 988 systems and why these could be useful to students.

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

Champaign County Community Coalition: I attend quarterly meetings of the Executive Committee, which sets Coalition priorities and discusses current issues of concern to all. While the issue of referrals across systems has been identified as critical, we have not yet met to discuss.

Crisis Intervention Team (CIT) Steering Committee: bimonthly meetings of representatives of law enforcement, EMS, hospital, behavioral health, providers of service to people in crisis or with housing insecurity, support network representatives, and other interested parties, to promote CIT training and share updates.

Drug Court Steering Committee: The group was not able to meet this Spring, which might have been helpful for feedback from the system partners regarding CCMHB's PY25 funding allocations. I did meet with Judge Dyer and other county partners individually to understand current and planned activities. The County is working on an application for additional funding to support the Problem Solving Courts.

State and National Associations and Advocacy:
(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAI): I attend meetings of the Executive, Legislative, and I/DD Committees for committee-specific issues,

planning webinars, discussion of practices, state funding and policies, goal setting, community awareness, etc. Government Strategy Associates updates the membership on state legislative activity and relies on our input for advocacy. I serve as President of the association this year, leading Executive Committee meetings and meetings of the membership. Our next meeting will be held virtually in August, with workforce development as the training topic.

The April membership best practices training was a panel discussion with three experts on the state's I/DD system, the Director of IDHS-DDD, the CEO of Illinois Association of Rehabilitation Facilities, and the Executive Director of the Illinois Council on Developmental Disabilities. Our business meeting included committee and community reports, a legislative update from GSA, and consideration of revised bylaws. Recordings and slide decks are available: [Best Practice Training](#), [Business Meeting](#), [IDHS DDD Slide Deck](#), [IARF Slide Deck](#), and [Amended ACMHAI Bylaws](#).

Illinois Legislative Issues for 2024: With other ACMHAI leadership, I continued discussion of possible revisions to the Community Mental Health Act. The house bill (444) has not been brought for a vote, but other proposals of importance to people with MI, SUD, and I/DD are in play. Weekly updates regarding their status include links to creating witness slips in support.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): As Secretary, I work with the Executive Committee to review policies, positions, financials, and the CEO's performance. We updated the by-laws, dues structure, and officer responsibilities, which were then adopted at the Legislative and Policy Conference. Due to the cost of time and travel, I will participate in the summer meeting via zoom, if possible. The primary activity will be strategic planning, for which another Illinois member will participate.

I attend bimonthly I/DD committee calls for presentations by national experts and for discussion of state and federal issues. I chair bimonthly meetings of the Behavioral Health and Justice Committee. Policy priorities and presentations relate to Medicaid Reentry, 988, crisis response, specialty courts, and diversion from the criminal justice system. NACBHDD is partnering with the National Association of Counties on a mental health advisory council. In September I will switch to chairing the I/DD committee.

National Association of Counties (NACO): I participate in Health Steering Committee, Healthy Counties Advisory Board, Resilient Counties Advisory Board, and Stepping Up Innovator calls.

Through the Health Policy Steering Committee, and as a Vice Chair of its Behavioral Health Subcommittee and liaison from NACBHDD, I support policy resolutions related to DSP classification, Medicaid and IMD changes, crisis response, and building the workforce. The Healthy Counties Advisory Board focuses on community health and safety: the physical and built environment; community and interpersonal violence; mental health and substance use; safe and affordable housing; transportation and infrastructure. To create health-supportive environments where everyone has access to the full benefits of society, we acknowledge threats such as gun violence, significant amounts of lead in parks, limited access to healthcare, etc.

In 2016, Champaign County joined the Stepping Up Initiative and Data Driven Justice Initiative. Stepping Up has merged with a NACo community of practice called Familiar Faces, through which members learn about other communities' solutions and successful pilot programs. We are an Innovator County due to the brief screening of all who are booked into the Jail. This brief screening is no longer conducted, so I have become less active but continue to receive information and webinar options through the initiative.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – May 2024 Board Meeting

SUMMARY OF ACTIVITY:

3rd Quarter Reporting:

3rd quarter financial and program reporting was due April 26, 2024. I sent a reminder of the deadline out to the agencies in early April, along with a copy of the form to request for a deadline extension, if needed.

Immigrant Services requested an extension, which was approved. WIN Recovery, Christian Health Center, and Cunningham Children's Home (all CCMHB funded) had missing reports without a requested extension. All the above agencies had their reports in by April 29, 2024.

Other Compliance:

I contacted many agencies about missing minutes from their Board meetings, as required in their contract.

Application Review:

I reviewed compliance issues for all the agencies. Findings were written within the program summaries.

Audits:

Audits/financial compilations for most of the agencies were due December 31, 2023. WIN Recovery (CCMHB funded) submitted their audit on April 24, 2024. Promise Healthcare submitted their 2022 audit on May 10, 2024.

Completed audits are sent to a consultant (John Brusveen) for review. I provide the consultant with all financial reports for funded programs from FY2023.

CCMHB Annual Report:

The CCMHB 2023 Annual Report was approved at the April CCMHB meeting and was posted to the county website. Copies were sent to Illinois Department of Human Services-Division of Mental Health and to elected

officials of Champaign County. An ad announcing the report was sent to the *News Gazette* for publication. Paper copies are available.

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

Each year, I organize the AIR Art Show/Sale (April 20,2024) during Ebertfest at the Virginia Theatre in Champaign. Seven artists/groups participated. The theatre provided tables and chairs. We provided tablecloths, water, lunch, and staff support, especially during set-up and tear-down.

This was the first year the art show was held inside the theatre, with extremely positive feedback from the artists, supporters, and Ebertfest organizers.

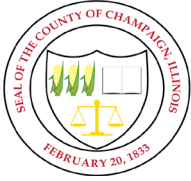
The event was promoted inside the theatre and here, <https://www.facebook.com/allianceforAIR> and <https://champaigncountyair.com/>

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Attended meetings for the CCMHB/CCDDB.
- Composed minutes for the CCMHB/CCDDB meetings.

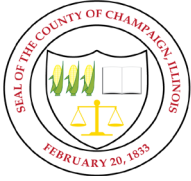
FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	0.00	0.00	5,179,568.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,415.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	4,000.00
06 MOBILE HOME TAX	0.00	0.00	3,000.00
4001 PROPERTY TAX TOTAL	0.00	0.00	5,188,983.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	18,005.10	28,722.28	44,834.00
4008 INVESTMENT EARNINGS TOTAL	18,005.10	28,722.28	44,834.00
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	18,005.10	28,722.28	5,238,817.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	135,704.00	141,788.00	425,371.00
07 INSURANCE (NON-PAYROLL)	0.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	1,353,178.00	1,349,474.00	4,816,113.00
5020 SERVICES TOTAL	1,488,882.00	1,495,595.00	5,245,817.00
TOTAL EXPENDITURES	1,488,882.00	1,495,595.00	5,245,817.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	7,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	7,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-50,000.00	0.00	0.00

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD
COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	<u>ACTUAL</u> 2023 JAN - APR	<u>ACTUAL</u> 2024 JAN - APR	<u>2024</u> ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	-50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	-50,000.00	0.00	7,000.00
NET CHANGE IN FUND BALANCE	1,520,876.90	1,466,872.72	0.00



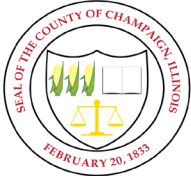
FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04

	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	6,380.70	6,086.33	6,000.00
4008 INVESTMENT EARNINGS TOTAL	6,380.70	6,086.33	6,000.00
TOTAL REVENUES	6,380.70	6,086.33	6,000.00
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	1,000.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	95,332.00	399,737.00
5020 SERVICES TOTAL	0.00	95,332.00	400,937.00
TOTAL EXPENDITURES	0.00	95,332.00	406,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	50,000.00	0.00	0.00
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	0.00	0.00
NET CHANGE IN FUND BALANCE	-56,380.70	89,245.67	400,000.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	0.00	0.00	6,302,595.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,941.00
04 PAYMENT IN LIEU OF TAXES	0.00	0.00	1,500.00
06 MOBILE HOME TAX	0.00	0.00	4,200.00
4001 PROPERTY TAX TOTAL	0.00	0.00	6,311,236.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	135,704.00	141,788.00	425,371.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	135,704.00	141,788.00	425,371.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	22,584.20	31,006.18	56,268.00
4008 INVESTMENT EARNINGS TOTAL	22,584.20	31,006.18	56,268.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	450.00	0.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	9,856.00	0.00	42,000.00
4009 MISCELLANEOUS REVENUES TOTAL	10,306.00	0.00	45,000.00
TOTAL REVENUES	168,594.20	172,794.18	6,837,875.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	30,870.55	34,075.36	110,745.00
03 REGULAR FULL-TIME EMPLOYEES	106,212.77	111,522.08	389,583.00
05 TEMPORARY STAFF	0.00	0.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
5001 SALARIES AND WAGES TOTAL	137,083.32	145,597.44	501,828.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	10,125.84	10,588.36	38,275.00
02 IMRF - EMPLOYER COST	3,494.41	3,750.92	13,559.00
04 WORKERS' COMPENSATION INSURANC	443.05	641.24	2,001.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,655.53	0.00	1,656.00
06 EE HEALTH/LIFE	18,635.60	17,672.40	89,064.00
5003 FRINGE BENEFITS TOTAL	34,354.43	32,652.92	144,555.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	176.46	417.42	1,000.00
02 OFFICE SUPPLIES	1,281.05	662.37	4,200.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	473.85	113.09	2,000.00
05 FOOD NON-TRAVEL	204.74	729.04	1,000.00
13 DIETARY NON-FOOD SUPPLIES	0.00	42.77	200.00
17 EQUIPMENT LESS THAN \$5000	0.00	2,177.25	7,000.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	2,136.10	4,141.94	15,985.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	30,747.75	54,446.56	180,000.00
02 OUTSIDE SERVICES	2,079.00	2,899.47	28,000.00
03 TRAVEL COSTS	3,712.99	2,281.56	7,000.00
04 CONFERENCES AND TRAINING	660.00	0.00	4,000.00
05 TRAINING PROGRAMS	1,950.00	0.00	12,000.00
07 INSURANCE (non-payroll)	0.00	5,285.00	15,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	300.00
13 RENT	8,194.69	8,570.43	40,000.00
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	44.00	0.00	12,000.00
21 DUES, LICENSE & MEMBERSHIP	8,000.00	16,000.00	20,000.00
22 OPERATIONAL SERVICES	2,148.39	1,989.48	7,000.00
24 PUBLIC RELATIONS	16,500.00	15,000.00	20,000.00
25 CONTRIBUTIONS & GRANTS	1,705,342.00	1,702,989.00	5,801,407.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	300.00
45 ATTORNEY/LEGAL SERVICES	975.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	597.18	597.18	3,000.00
47 SOFTWARE LICENSE & SAAS	9,243.67	9,920.80	14,000.00
48 PHONE/INTERNET	808.25	946.46	2,470.00
5020 SERVICES TOTAL	1,791,002.92	1,820,925.94	6,168,507.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 01 THROUGH PERIOD: 04



	ACTUAL 2023 JAN - APR	ACTUAL 2024 JAN - APR	2024 ANNUAL BUDGET
TOTAL EXPENDITURES	1,964,576.77	2,003,318.24	6,830,875.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-7,000.00
7001 OTHER FINANCING USES TOTAL	0.00	0.00	-7,000.00
TOTAL OTHER FINANCING SOURCES (USES)	0.00	0.00	-7,000.00
NET CHANGE IN FUND BALANCE	1,795,982.57	1,830,524.06	0.00

From: [Kim Bowdry](#)
To: [Lynn Canfield](#)
Subject: FW: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance
Date: Monday, April 15, 2024 2:48:38 PM
Attachments: [CCRPC Short Term IDDSI PY25 PSumm.pdf](#)

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From: Angela Yost <ayost@ccrpc.org>
Sent: Monday, April 15, 2024 12:39 PM
To: Kim Bowdry <kim@ccmhb.org>
Cc: lbenson@ccrpc.org; Jessica McCann <JMcCann@ccrpc.org>
Subject: FW: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance

Hi Kim,

On Page 4 of the summary, it states that we would be assisting individuals with applying for the CCAMR grant if needed. I am just wanting to clarify, that we would not be assisting with that application process. We would be checking with them to see if they have requested the funds from CCAMR yet, and if not, then requiring that they do so before we move forward. Please let me know if you have any questions.

ANGELA YOST, QIDP/MSW
Program Coordinator
Developmental Disability Services
Community Services
A division of the Champaign County Regional Planning Commission

1776 E. Washington St, Urbana, IL 61802
P 217.888.0252 | F 217.253.8060 | CCRPC.ORG



PEOPLE. POSSIBILITIES.

From: Lisa Benson <lbenson@ccrpc.org>
Sent: Friday, April 12, 2024 11:30 AM
To: Kim Bowdry <kim@ccmhb.org>; Lynn Canfield <lynn@ccmhb.org>
Cc: Jessica McCann <JMcCann@ccrpc.org>; Angela Yost <ayost@ccrpc.org>; Jeremy Reale

<jreale@ccrpc.org>

Subject: RE: CCDDDB-IDDSI PY2025 Program Summary- Community Life Short Term Assistance

Good morning Kim and Lynn,
Thank you for sharing the CCDDDB staff summary of the Community Life Short Term Assistance program application. Based on the staff comment in the Financial Analysis section, we are providing additional information to assist reviewers to understand the information in the Personnel Forms. Personnel costs charged to this contract include 40% of a full-time case manager and 20% of a full-time program manager. RPC's budgetary practice is to utilize an average direct labor base of 85% of employee wages in calculating amounts that may be allocable to any grants or programs. The remaining 15% of employee annual salaries and wages is attributable to fringe benefit time (holiday/sick/vacation/etc.) which is not directly charged to any programs, but is rather captured through the application of a standard fringe benefit rate that is then accounted for within the benefits line item on the budget application. Therefore, RPC develops its program budgets utilizing the 0.85 FTE as the "baseline" of directly allocable time/wages. The 0.40 FTE and 0.20 FTE numbers noted in the Personnel Budget section are based off of the percentages of the 0.85 FTE direct staff time/wages that will be dedicated to delivering program services rather than 1.0 FTE for each staff position.

We hope that this information is helpful.

Sincerely,

From: Kim Bowdry <kim@ccmhb.org>

Sent: Monday, April 8, 2024 3:17 PM

To: Lisa Benson <lbenson@ccrpc.org>; Jessica McCann <JMcCann@ccrpc.org>; Angela Yost <ayost@ccrpc.org>

Cc: Lynn Canfield <lynn@ccmhb.org>; Stephanie Howard-Gallo <stephanie@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>

Subject: CCDDDB-IDDSI PY2025 Program Summaries

CAUTION: External email, be careful when opening.

Dear Executive Director,

Your program summaries represent our initial review of your organization's applications for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDDB). Your organization's program summaries are attached and can be found [online](#) within the April 17, 2024 Board Packet.

Each document is marked "DRAFT" and should be considered a work in progress and is subject to additions and corrections. You are encouraged to review the documents and notify the CCDDDB-CCMHB Executive Director in writing if there are factual errors, not differences of opinion, in need of

correction prior to completion of the award process.

The applications were reviewed and evaluated by CCDDDB/CCMHB staff and board members using guidelines approved by the CCDDDB and CCMHB (i.e., decision memorandum titled “CCDDDB PY2025 Allocation Priorities and Decision Support Criteria” and “I/DD Special Initiatives PY2025 Allocation Priorities and Decision Support Criteria”). Copies of the criteria memos are accessible through the Online Reporting System at ccmhddbrds.org.

The Champaign County Developmental Disabilities Board meeting on **Wednesday, April 17, 2024 at 9:00 AM** will include a review of the program summaries. Agency executive directors and other representatives are encouraged to attend the meeting (<https://us02web.zoom.us/j/81559124557>) and should be prepared to answer questions that may be directed to them by the CCDDDB members or staff. The Community Life Short Term Assistance application will also be reviewed by the CCMHB. The CCMHB meetings (<https://us02web.zoom.us/j/81393675682>) will be held on **April 17, 2024** and **April 24, 2024**, both **at 5:45 PM**.

The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Kim

Kim Bowdry
(pronouns: she/her/hers)
Associate Director
CCMHB/CCDDDB
1776 E. Washington St.
Urbana, IL 61802
217.367.5703
kim@ccmh.org

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From: [Lisa Benson](#)
To: [Kim Bowdry](#); [Lynn Canfield](#)
Cc: ayost@ccrpc.org; [Jessica McCann](#); [Jeremy Reale](#)
Subject: RE: CCDDDB PY2025 Program Summary- Decision Support PCP
Date: Friday, April 12, 2024 11:29:33 AM
Attachments: [CCRPC Decision PY25 PSumm.pdf](#)

Good morning Kim and Lynn,
Thank you for sharing the CCDDDB staff summary of the Decision Support PCP program application. Based on the staff comment in the Financial Analysis section, we are providing additional information to assist reviewers to understand the information in the Personnel Forms. Personnel costs charged to this contract include 85% of 3 full-time case managers, 60% of an additional full-time case manager, 80% of a full-time program manager and 20% of a part-time transition consultant. RPC's budgetary practice is to utilize an average direct labor base of 85% of employee wages in calculating amounts that may be allocable to any grants or programs. The remaining 15% of employee annual salaries and wages is attributable to fringe benefit time (holiday/sick/vacation/etc.) which is not directly charged to any programs, but is rather captured through the application of a standard fringe benefit rate that is then accounted for within the benefits line item on the budget application. Therefore, RPC develops its program budgets utilizing the 0.85 FTE as the "baseline" of directly allocable time/wages. The FTE numbers noted in the Personnel Budget section are based off of the percentages of the 0.85 FTE direct staff time/wages that will be dedicated to delivering program services rather than 1.0 FTE for each staff position.

We hope that this information is helpful.

Sincerely,

From: Kim Bowdry <kim@ccmhb.org>
Sent: Monday, April 8, 2024 3:17 PM
To: Lisa Benson <lbenson@ccrpc.org>; Jessica McCann <JMcCann@ccrpc.org>; Angela Yost <ayost@ccrpc.org>
Cc: Lynn Canfield <lynn@ccmhb.org>; Stephanie Howard-Gallo <stephanie@ccmhb.org>; Shandra Summerville <shandra@ccmhb.org>; Chris Wilson <chris@ccmhb.org>; Leon Bryson <leon@ccmhb.org>
Subject: CCDDDB-IDDSI PY2025 Program Summaries

CAUTION: External email, be careful when opening.

Dear Executive Director,

Your program summaries represent our initial review of your organization's applications for PY2025 funding from the Champaign County Mental Health and Developmental Disabilities Boards (CCMHB-CCDDDB). Your organization's program summaries are attached and can be found [online](#) within the

April 17, 2024 Board Packet.

Each document is marked “DRAFT” and should be considered a work in progress and is subject to additions and corrections. You are encouraged to review the documents and notify the CCDDDB-CCMHB Executive Director in writing if there are factual errors, not differences of opinion, in need of correction prior to completion of the award process.

The applications were reviewed and evaluated by CCDDDB/CCMHB staff and board members using guidelines approved by the CCDDDB and CCMHB (i.e., decision memorandum titled “CCDDDB PY2025 Allocation Priorities and Decision Support Criteria” and “I/DD Special Initiatives PY2025 Allocation Priorities and Decision Support Criteria”). Copies of the criteria memos are accessible through the Online Reporting System at cmhddbrds.org.

The Champaign County Developmental Disabilities Board meeting on **Wednesday, April 17, 2024 at 9:00 AM** will include a review of the program summaries. Agency executive directors and other representatives are encouraged to attend the meeting (<https://us02web.zoom.us/j/81559124557>) and should be prepared to answer questions that may be directed to them by the CCDDDB members or staff. The Community Life Short Term Assistance application will also be reviewed by the CCMHB. The CCMHB meetings (<https://us02web.zoom.us/j/81393675682>) will be held on **April 17, 2024** and **April 24, 2024**, both at **5:45 PM**.

The final staff recommendations will be formatted in Decision Memorandums for the May 22, 2024 meetings.

We appreciate the time and effort involved in the preparation of your application and thank you for your interest in working with the Champaign County Mental Health and Developmental Disabilities Boards.

Thank you!

Kim

Kim Bowdry
(pronouns: she/her/hers)
Associate Director
CCMHB/CCDDDB
1776 E. Washington St.
Urbana, IL 61802
217.367.5703
kim@ccmh.org

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From: [Walters, Patty](#)
To: [Kim Bowdry](#); [Lynn Canfield](#)
Subject: Program Summary - Community Employment correction
Date: Tuesday, April 16, 2024 11:56:28 AM

Greetings!

Just an FYI in case there are questions tomorrow or a board member inquires.

I noticed an error on the Community Employment Program Summary I wanted to let you know of ahead of tomorrow's meeting.

Under the Financial Analysis section/Staff comments, the personnel references are for the CLP/Community Living Program rather than Community Employment.

Thanks. See you in the morning. pw



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Dear CCDDDB Board and staff,

We responded to comments in our applications by email on April 12, 2024. We received a response back from CCDDDB staff and set up a meeting for April 24, 2024. After meeting with staff on the 24th, we agreed to clarify a few items in our applications. We have summarized our communication in this letter for your review. We think there was a misunderstanding regarding the Budget Narrative presentation in our applications. DSC has not changed our accounting allocations and our financials were completed in the same way as prior years. Our narratives did change in an effort to make things simpler but that is what caused the misunderstanding.

Costs are allocated for shared-facility spaces, accounting, general technology costs and administrative expenses. They are allocated based on formulas reviewed and approved annually by the auditors. There were no changes to DSC's FY25 allocation methodology. We continue to follow the CCDDDB Funding Guidelines in section 6(e)(iii). I think the size and breadth of our organization makes things more complicated in relation to other agencies, which has historically been resolved with communication between CCDDDB staff and DSC.

The General Agency Comment section for revenue, expenses, and personnel in the Clinical Services grant (which was cross-referenced in all the other grants) provides a general overview of the types of items that are included in each line item throughout the organization's various programs. The general agency comment is meant to be a global overview, which allows us to focus the individual budget narratives on the most significant items. Because it is a global explanation, the individual grants do not necessarily contain every expense item listed in the General Agency section. Some of the CCDDDB program summaries imply that programs are being charged for expenses, which they did not benefit from or utilize. This is incorrect, we only charge direct expenses to the program to which the expense relates.

In an effort to provide more detail and clarification, below are explanations.

For Example- the General Agency Expense Comments states:

"Professional Fees/Consultants- For the agency as a whole, this category includes direct psychology, counseling, speech language consultant, nursing consultants as well as an allocation of accounting and legal and IT fees. " What is meant by "for the agency as a whole" is that the agency uses all these various consultants across the agency. However, not every program uses every consultant listed; only certain consultants apply to certain programs. For example, speech language consultants are used by and charged to Family Development and

Community First. The only consultant expense in some programs comes solely from accounting, legal and general IT costs. A program with significant direct consultant expenses has a detailed description of their expenses in its individual budget narrative (this includes the Clinical Services, Community First and Employment First grants). The remaining program budget narratives that don't reference professional fees/consultants have no direct professional fees/consultants in the program and their budgeted amount comes from allocations of accounting, legal and general IT costs.

Another example is we indicate that consumables contain "office supplies, medicine/drugs, food/beverages and program support supplies". This is true for DSC as a whole, but none of the CCDDDB programs purchase medications thus not included. Any medication purchases would be for individuals in group homes and these expenses would be charged directly to the group home program. The only items that might go into this account in the CCDDDB programs would be for PPE type items such as masks and gloves.

In the summary of the Community Employment grant CCDDDB states "It is not specified in the financial forms how much, if any, of any given expense category includes an agency-wide prorated allocation." As stated before, all direct expenses are charged to the program to which it is related. All allocations are calculated per standard allocation practices used by non-profit entities with multiple programs. You can confirm DSC's overall general and administrative costs to total costs by reviewing the audit report. They are reasonable and well within industry standards.

Some of the program summaries indicate that the expense categories are vague and provide no specifics and are insufficient. However, the expense categories are described in detail in the Clinical Services grant General Agency Section which were discussed with CCDDDB staff prior to submitting. Where a particular expense category makes up a significant portion of a grant, more detail is provided on that grant's budget narrative. Wages make up the majority of the costs for many of the grants and other expenses are often not that significant in relation to the wages.

The Workforce Development and Retention Grant CCDDDB Summary states "...an unconventional approach, the personnel form lists bonuses of \$213,000 in Total Program and CCDDDB columns but \$0 in the Total Agency column and likely needs to be corrected." The form has \$ amounts in Agency, Program and CCDD expenses. What it does not have is FTE counts. It is unconventional because it is a bonus program. The budget narrative includes an estimated count of the number of employees to be paid bonuses.

In the CCDDDB summary of the IFS grant it states, "further clarification of Consumables and Conference expenses is needed". We are anticipating that individuals with support staff will attend various conferences, which will result in additional expenses for supplies and potentially overnight stays, etc. That activity will also be referenced in Quarterly reports.

DSC's budget is based on historic data, adjusted for inflation and predicted changes. Depending on the line item, we may not necessarily be budgeting for specific items. Therefore, we can only provide general information as to the type of items that are typically charged to the account. For example, equipment includes purchases of small electronic items such as monitors, speakers, power supplies and small office furnishings such as bookshelves, microwaves and chairs. Also at the time of the budget, we can't necessarily predict what specific equipment needs will arise. In the case of conferences, we provide a general budget based on history, but we do not necessarily know what conferences the Program Director will find available and/or most beneficial to their staff at the time of budget applications.

If you have any further questions or need more detail, please let us know. We share the same commitment to be good stewards of taxpayer dollars and we are very grateful for the partnership with CCDDDB and MHB boards and taxpayers of Champaign County to provide much needed services to those in our community!

Jami Olsen

Chief Financial Officer

Danielle Matthews

Chief Executive Officer



BRIEFING MEMORANDUM

DATE: May 22, 2024
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: **Follow up from Application Reviews**

Background:

All of the PY2025 requests for funding were submitted by organizations with a long history of collaboration with the CCDDDB and its staff. I have been directly involved with each of these agencies since coming to work for the Board in January 2009 and have found that when I direct concerns regarding applications or required reports to them, we find ways to improve our systems of accountability and transparency. Given the complexity of some organizations and the limits of our standard forms, additional information may be needed. Some of our written reviews of applications asked for clarification or revision, to give the CCDDDB and funded agencies the best starting point for PY2025 contracts.

We were not able to complete all follow-up conversations with applicants prior to the April 17 board meeting. Due to the volume of applications being reviewed by the Board, some questions could not be presented fully or answered fully. This led to greater concern than necessary to accomplish the goal of understanding what the Board would be paying for.

Update:

Through emails and conversations with agency applicants before and after the April 17 meeting, staff concerns have been clarified and responses shared. Communications from applicants responding to board or staff questions or pointing out errors in the staff reviews of their applications are included in this packet. Most questions have either been settled or can be addressed prior to contract implementation or during the program year, depending on the item. With some revisions to submitted forms and communication during the contract year, we have confidence that PY2025 will be successful.

Solutions we hope to implement include options related to the Budget Narrative form, which I had previously assumed was flexible enough for all. The form has been modified to hold more text, and we can make two options suggested by one agency user available to all, reducing extra work and risk of error. If certain modifications to other application forms will not create new problems in the system or for other users, we will develop better options. We have held off on revising some forms due to alignment with other standards and connection across forms, but our staff team, board members, and agency partners can weigh in on the merits versus risk. A separate memorandum in this board packet captures changes already made and changes proposed which will impact future reporting. Most of these ideas resulted from communication with longstanding and new agencies.



DECISION MEMORANDUM

DATE: May 22, 2024
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director I/DD, Lynn Canfield, Executive Director
SUBJECT: **Recommendations for Allocation of PY2025 I/DD Funding**

Purpose:

For consideration by the CCDDB, this memorandum presents staff recommendations for funding for the Program Year (PY) 2025 (July 1, 2024 through June 30, 2025.) Decision authority rests with the CCDDB and their sole discretion concerning appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing, affordability, and distribution across service intensity.

Statutory Authority:

The Illinois Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) is the basis for CCDDB funding policies. All funds are allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The recommendations described in this memorandum are based on staff assessment of how closely applications align with statute, CCDDB funding policies, approved decision support criteria and priorities, and Board discussion. Best and Final Offers may be sought as part of the contract negotiation process. The CCDDB reserves the right to refrain from making an award when such action is deemed to be in the best interest of the County.

Background and Other Considerations:

Input from people with I/DD and their supporters should influence systems advocacy and planning. The 2021 community needs report features such feedback, which also informed the current strategic plan and funding priorities. That report is available [here](#).

Other input from people with I/DD was shared directly with the CCDDB and the Champaign County Mental Health Board (CCMHB) during a study session, the recording of which can be [viewed here](#). Self-advocates comments and responses to board questions were incorporated into the PY2025 funding priorities for all funds under the Boards' authority.

Utilization data of funded I/DD programs are useful for guiding the next set of decisions. Analysis of claims reported for PY2023 is [found on pages 60-76 of this posted packet](#).

Program performance outcomes reports for PY2023 are aggregated in [this report](#).

Collaboration with the Champaign County Mental Health Board (CCMHB) is described in an Intergovernmental Agreement between the two Boards, requiring integrated planning of Intellectual and Developmental Disabilities (I/DD) allocation decisions, a specific CCMHB set-aside commitment, and shared authority over a separate special fund.

The CCMHB set-aside for I/DD programs changes each year by the percentage change in the Board's property tax revenue. The PY2024 total was \$859,883, with \$809,883 for agency contracts and \$50,000 'credit' for CILA. Applying an adjusted increase of 3.4% results in PY2025 total of \$889,119, all in support of contracts. For PY2025, the CCMHB maintains its interest in services for very young children and their families, and one of the two PY25 CCMHB contracts for these services has a two-year term, making a decision unnecessary. Each board will consider recommendations for the remaining CCMHB I/DD allocation.

The Boards share a commitment to a special I/DD-focused collaboration, which from 2015 to 2021 enabled the operation of two small group homes. After the sale of the homes, the fund was renamed as I/DD Special Initiatives Fund, and the two boards approved a set of PY25 funding priorities, in the hope of serving the population initially of concern, people with I/DD and complex service needs not readily addressed in Champaign County.

Priorities, Overarching Considerations, and Expectations for Minimal Responsiveness:

The PY2025 CCDDDB funding priorities and decision support criteria were approved November 15, 2023 and can be [viewed using this link](#).

Sixteen applications proposing I/DD supports and services were submitted for the Board's consideration. These requests total **\$5,144,850** and have been evaluated by the CCDDDB and staff. The CCDDDB will fund another PY25 program as the second year of its two-year term, at \$34,000. Two applications were made to the CCMHB for use of their set-aside I/DD funds, along with another I/DD program funded by the CCMHB by a two-year contract (does not require a funding decision) with additional commitment of \$232,945. The PY25 applications most closely aligned with the CCMHB priority for Young Children and their Families has also been reviewed by the CCMHB.

In their applications for PY2025 funding, agencies identified priority categories as follows:

- **Self-Advocacy:** 0 applications
- **Linkage and Coordination:** 2 agencies, 2 applications, totaling \$939,345
- **Home Life:** 2 agencies, 2 applications, totaling \$828,000
- **Personal Life:** 3 agencies, 4 applications, totaling \$784,972
- **Work Life:** 2 agencies, 3 applications, totaling \$838,000
- **Community Life:** 2 agencies, 3 applications, totaling \$1,278,500
- **Strengthening the I/DD Workforce:** 2 agencies, 1 application + 1 multi-year contract, totaling \$278,000

- **Young Children and Their Families (CCMHB focus):** 3 agencies, 2 applications + 1 multi-year contract, totaling \$889,119 when adjusted to remove the cost of mental health services in two applications, so that this total is exclusively for developmental services. The CCMHB will allocate this amount for I/DD under this priority, coordinated with CCDDDB decisions and finalized at a CCMHB meeting.
- Integrated I/DD Planning with the CCMHB also includes the **I/DD Special Initiatives Fund**, for which the Boards share oversight. Of PY2025 priority categories for this fund, **Community Life** is addressed by one proposal, at \$232,033.

Recommended Allocations and Decision Section:

Staff recommendations are based on decision support criteria and other factors outlined above. For additional information, refer to Program Summaries presented in [the April 17, 2024 CCDDDB meeting packet](#) and to agency corrections where program summaries were in error or agency responses to questions, presented in this packet. The following staff recommendations continue a commitment to fund as much service capacity as possible and to prepare for flexibility during the contract year. Services should support the board's mission to enhance the lives of our neighbors with I/DD and their families.

In addition to the pre-contracting requirements identified per request below, any final award which is for a different amount than requested will trigger the need for revised budget plan forms and, in some cases, adjustment to the Scope of Services. Also, as part of the contracting process, organizations will share with the CCDDDB Operations and Compliance Coordinator their annual certificates of insurance, any relevant subcontracts, and letters of engagement with CPA firms.

Priority: Self-Advocacy – no applications

Priority: Linkage and Advocacy

- | | |
|---|-----------|
| CCRPC-Community Services – Decision Support PCP | \$418,845 |
| <ul style="list-style-type: none"> - Conflict-free case management and person-centered planning for people enrolled in CCDDDB funded programs waiting for waiver funding, transition from ISBE setting to adult life, identification of desired supports (for future system planning), and case management services for dually diagnosed adults. - Special Provisions: any excess revenue is based on 4th quarter reports; online service claims reporting; collaborate with providers to move toward conflict-free case management for each participating TPC, with plans clarifying specific service needs and preferences; inform CCDDDB staff of any TPCs in which current program placement is not appropriate; work directly with other case management programs toward the best interests of people served and document these collaborative efforts in quarterly service activity report comments section; and contribute information to advance enhancing independence through online technology training and access for staff and clients; work directly with ISC agency and provider agencies to maintain list of participants eligible for conflict-free case management services and case | |

management services for dually diagnosed adults; contract prorated based on any staff vacancies at start of contract year; participate in Evaluation Capacity project group activities.

Motion to approve CCDDDB funding of **\$418,845** for **CCRPC-Community Services – Decision Support PCP**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____Approved
- _____Denied
- _____Modified
- _____Additional Information needed

DSC – Service Coordination \$520,500

- Intensive case management and coordination of services and supports.
- **Required prior to contract:** follow up with CCDDDB Financial Manager regarding any further program-specific expense clarifications.
- **Special Provisions:** collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; provide CCRPC Decision Support PCP with list of participants for PCP completion; provide program brochures to ISC for distribution; online service claims reporting; collaborate with providers of similar service; training efforts in natural settings; provide CCDDDB staff with Implementation Strategy/Plan tools, list of clients enrolled in waiver funded services, monthly personnel change reports, and report on service needs otherwise unmet; avoid activities which risk conflict of interest; and contribute information to advance enhancing independence through online technology training and access for staff and clients; parameters on use of this fund for participants who have Medicaid waiver funding for the service.

Motion to approve CCDDDB funding of **\$520,500** for **DSC-Service Coordination**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____Approved
- _____Denied
- _____Modified
- _____Additional Information needed

Priority: Home Life

Community Choices, Inc. – Inclusive Community Support \$213,000

- Provides community-based living mid-level support in 3 main tracks.
- **Required prior to contract:** Expense form revisions; resolve any discrepancies in Personnel costs; if known, clarify Staff Development expense in Budget Narrative.
- **Special Provisions:** collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; provide brochures to ISC for distribution; provide CCRPC Decision Support PCP with list of participants for

PCP completion; online service claims reporting; collaborate with providers of similar service; provide CCDDDB staff with copies of interagency agreements, and list of clients enrolled in waiver funded services; training efforts in natural settings; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$213,000** for **Community Choices, Inc. – Inclusive Community Support**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

- DSC – Community Living *\$615,000*
- Formerly Apartment Services.
 - Longstanding program supports people to live independently. Adds staff to support health and wellness of current participants.
 - **Required prior to contract:** follow up with CCDDDB Financial Manager regarding any further clarifications of program-specific expenses.
 - **Special Provisions:** collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; provide CCRPC Decision Support PCP with list of participants for PCP completion; provide program brochures to ISC for distribution; provide CCDDDB staff with list of clients enrolled in waiver funded services and monthly personnel change report; report service claims online; collaborate with providers of similar service; training efforts in natural settings; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$615,000** for **DSC – Community Living**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Priority: Personal Life

- Community Choices, Inc. – Transportation Support *\$171,000*
- Addresses transportation gap with personalized and community-focused approach allowing participants an increased ability to access their community.
 - **Special Provisions:** contribute information to advance enhancing independence through online technology training and access for staff and clients; and if claims system is not used, provide information about riders and riding trends in comments section of quarterly program reports.

Motion to approve CCDDDB funding of **\$171,000** for **Community Choices, Inc. – Transportation Support**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

DSC – Clinical Services *\$260,000*

- Improves access to behavioral healthcare, collaborates with other providers, buffers vulnerable people from changes in the health care delivery and payment systems, and helps meet behavioral health needs despite low provider capacity. Improves DSP skill set relevant to people with MI and DD.
- **Required prior to contract:** follow up with CCDDDB Financial Manager regarding any further clarifications of program-specific expenses; share copies of subcontracts.
- **Special Provisions:** provide CCRPC Decision Support PCP with list of participants for PCP completion; provide brochures to ISC for distribution; document efforts to use community alternatives, including providers who bill insurance/other payers to create capacity for others in this program; provide CCDDDB staff with list of clients enrolled in waiver funded services, monthly personnel change report, samples of assessment tools, and any information to advance enhancing independence through online technology training and access for staff and clients; online service claims reporting; if consulting psychiatrist or counselors accept Medicaid in their other practices, the agency may arrange for DSC practice patients with Medicaid to be seen in the consulting provider’s other office OR the agency may bill Medicaid directly for services provided to DSC practice patients with this coverage; develop individual clinical goals (similar to Medicaid standard) for those receiving counseling, to serve as the basis for quarterly review of progress and need.

Motion to approve CCDDDB funding of **\$260,000** for **DSC – Clinical Services**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

DSC – Individual and Family Support *\$308,000*

- Continues portions of a long-standing program.
- **Required prior to contract:** follow up with CCDDDB Financial Manager on any further clarifications (e.g., Consumables, Conferences); share copies of subcontracts.
- **Special Provisions:** prior approval of specific assistance for clients; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; collaborate with Illinois Respite Coalition and Envision Unlimited

for state-funded Respite; work with PACE Consumer Control Program to help families find Personal Support Workers; provide CCRPC Decision Support PCP with list of participants for PCP completion; provide program brochures to ISC for distribution; provide CCDDDB staff with list of clients enrolled in waiver funded services and monthly personnel change reports; online service claims reporting; collaborate with providers of similar service; training efforts in natural settings; require proof of scholarship denial before providing specific assistance; no dual program enrollment with Community First without CCDDDB approval; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$308,000** for **DSC- Individual and Family Support**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Persons Assuming Control of Their Environment (PACE) –
Consumer Control in Personal Support

\$45,972

- Recruits and trains personal support workers (PSWs) and maintains a PSW registry.
- **Required prior to contract:** correct typos in Program Plan Narrative form and revise and clarify financial forms.
- **Special Provisions:** continue to work closely with ISC, DSC, Illinois Respite Coalition, and Envision Unlimited on behalf of those seeking PSWs for HBS and/or state-funded Respite workers; provide brochures to ISC for distribution; online service claims reporting, including people with I/DD utilizing PSWs; contribute information to advance enhancing independence through online technology training and access for staff and clients; participate in Evaluation Capacity project group activities.

Motion to approve CCDDDB funding of **\$45,972** for **Persons Assuming Control of Their Environment (PACE) – Consumer Control in Personal Support**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Priority: Work Life

Community Choices, Inc. – Customized Employment

\$239,500

- Long running program, providing individualized employment services.

- **Required prior to contract:** if known, provide more information on staff trainings in Budget Narrative.
- **Special Provisions:** collaborate with ISC when enrolling new people, with consideration for length of time on PUNS; provide brochures to ISC for distribution; provide CCRPC Decision Support PCP with list of participants for PCP completion; online service claims reporting; collaborate with providers of similar service; provide CCDDDB staff with Discovery process tools, copies of interagency agreements, and list of clients enrolled in waiver funded services; training efforts in natural settings; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$239,500** for **Community Choices, Inc. – Customized Employment**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

_____Approved
 _____Denied
 _____Modified
 _____Additional Information needed

DSC – Community Employment \$500,000

- Longstanding program providing support in all aspects of employment.
- **Required prior to contract:** follow up with CCDDDB Financial Manager regarding any further clarifications of program-specific expenses.
- **Special Provisions:** continue Evaluation Capacity project support specific to this program’s outcomes; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; provide CCRPC Decision Support PCP with list of participants for PCP completion; provide brochures to ISC for distribution; online service claims reporting; collaborate with providers of similar service; provide CCDDDB staff with Discovery process tools, copies of interagency agreements and list of clients enrolled in waiver funded services; training efforts in natural settings; monthly personnel change report; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$500,000** for **DSC – Community Employment**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

_____Approved
 _____Denied
 _____Modified
 _____Additional Information needed

DSC/Community Choices – Employment First \$98,500

- A continuing collaboration promoting inclusion and prioritizing employment for people with disabilities.

- **Required prior to contract:** copy of subcontract; provide any further clarification of program-specific expenses.
- **Special Provisions:** report zip codes of LEAP certified businesses; collaborate with ISC; share complete list of LEAP certified businesses; share details on number of jobs directly resulting from LEAP trainings; monthly personnel change report; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$98,500** for **DSC/Community Choices – Employment First**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information needed

Priority: Community Life

Community Choices, Inc. – Self-Determination Support \$213,500

- Connects people with disabilities and their families to each other and the community.
- **Required prior to contract:** if known, provide more information on staff trainings in Budget Narrative.
- **Special Provisions:** provide brochures to ISC for distribution; collaborate with providers of similar service; provide CCDDDB staff with sample PCP documents, copies of interagency agreements, and list of clients enrolled in waiver funded services; training efforts in natural settings; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$213,500** for **Community Choices, Inc. – Self-Determination Support**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

_____ Approved
 _____ Denied
 _____ Modified
 _____ Additional Information needed

DSC – Community First \$950,000

- Longstanding program with continued focus on transformation from shelter-based services to meaningful community life.
- **Required prior to contract:** follow up with CCDDDB Financial Manager on any further clarifications.
- The per person cost associated with TPCs in this program is very close to the state’s rate for Community Day Services, but payment is value-based rather than

reimbursed. Performance benchmarks (continued from PY24 contract) for each quarter relate to volume and type of service: a six-month minimum of 10,000 total service hours and subsequent quarterly minimum of 5,000 total service hours associated with qualifying TPCs; a minimum of 60% (6,000 and 3,000) of those service hours in direct (virtual or in-person) contact with TPCs engaging in activities they have identified in person-centered plans; and a minimum of 50% (3,000 and 1,500) of these direct contact service hours delivered in community settings or the person’s home. If benchmarks are not met during a quarter, the following quarter’s payments will be pro-rated. Fourth quarter data will inform the final payment.

- **Special Provisions:** collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS, and on PCPs for each TPC reported; provide Decision Support PCP with list of participants for PCP completion; provide program brochures to ISC for distribution; provide CCDDDB staff with list of clients enrolled in waiver funded services and monthly personnel change reports; online service claims reporting; training efforts in natural settings; continue virtual service options and repeat survey on client/family preferences for staying connected; include number of people on program wait list and average wait time in quarterly report; benchmarks determine payments; no dual program enrollment with Individual and Family Support, without CCDDDB staff approval; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$950,000** for **DSC – Community First**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

_____Approved
 _____Denied
 _____Modified
 _____Additional Information needed

DSC – Connections *\$115,000*

- Provides access to recreation, hobbies, and leisure choices.
- **Required prior to contract:** if needed, clarify program-specific expense items.
- **Special Provisions:** continue Evaluation Capacity project support specific to this program’s outcomes; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; provide CCRPC Decision Support PCP with list of participants for PCP completion; provide brochures to ISC for distribution; provide CCDDDB staff list of clients enrolled in waiver funded services; online service claims reporting; training efforts in natural settings; monthly personnel change report; allow outside artists to participate in community art shows; allow outside artists to participate in program when feasible; and contribute information to advance enhancing independence through online technology training and access for staff and clients.

Motion to approve CCDDDB funding of **\$115,000** for **DSC – Connections**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

_____Approved
 _____Denied
 _____Modified
 _____Additional Information needed

IDD Special Initiatives Fund Priority: Community Life

CCRPC-Community Services – Community Life Short Term Assistance \$232,033

- Implements a ‘mini-grant’ process during the program year, for people with I/DD and their families to use specific assistance for purchases to support independence.
- **Special Provisions:** during the first quarter, meet with CCDDDB/CCMHB staff and possibly other stakeholders to discuss grant parameters; track contacts with people who do not have any services; coordinate with other agencies providing similar services; report quarterly via Online Reporting System; offer information on online technology training and access for staff and clients; require scholarship denial prior to specific assistance; align with IDHS-DDD purchase process; execute training activities in natural settings; mid-year progress report to both Boards; participate in Evaluation Capacity project group activities; excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.

Motion to approve I/DD Special Initiatives funding for **CCRPC-Community Services – Community Life Short Term Assistance** for a two-year term with **\$232,033** contract maximum per year, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement, pending similar approval by the CCMHB:

_____Approved
 _____Denied
 _____Modified
 _____Additional Information needed

If this program is contracted for a two-year term, the Boards might consider not opening an I/DD Special Initiatives funding opportunity for PY26. This is the only application submitted directly to the fund in its first two years, and it addresses a high priority category.

Priority: Strengthening the I/DD Workforce

DSC – Workforce Development and Retention \$244,000

- Provides access to recreation, hobbies, and leisure choices.
- **Special Provisions:** participate as a target program with the Evaluation Capacity Building project; if a two-year term, any 1st year excess revenue cannot be spent in 2nd year, and PY26 forms should be complete by June 2025; provide CCDDDB staff with list of DSPs receiving bonuses and documentation of trainings selected from

NADSP; and contribute information to advance enhancing independence through online technology training and access for staff.

Motion to approve CCDDDB funding of **\$244,000** for **DSC – Workforce Development and Retention**, subject to the caveats as presented in this memorandum, and to authorize the CCDDDB Executive Director and Board Officer to execute the agreement:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Priority: Collaboration with the CCMHB (Young Children & their Families)

CC Head Start – Early Childhood MH Svs *\$388,463 (\$216,800 is for DD)*

- This application again combines Head Start’s mental health and DD services into one request.
- Serves children who are enrolled in HS/EHS and for whom a need has been identified through observation or scheduled screenings. Collaborates with other funded programs toward a trauma-informed system of care approach.
- A larger portion of the request will be geared toward developmental supports due to an increase in children presenting with developmental concerns.
- **Required prior to contract:** the Early Head Start Expansion grant which funds a fourth coach should be included in financial forms (personnel, expense, revenue, and budget narrative); any other revisions required to support the greater focus on developmental delays/risk.
- **Special Provisions:** continue to collaborate with providers of similar services and to report on efforts to secure other funding; inform eligible families of PUNS and ISC; online service claims reporting; excess revenue based on Q4 report rather than audit; if a two-year term, excess revenue cannot be spent in 2nd year, and an updated Agency Plan for PY26 submitted prior to June 2025.

Motion to advise the Champaign County Mental Health Board to use **\$216,800** of I/DD set-aside funds per year for a two-year term for **CC Head Start – Early Childhood MH Svs:**

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

CU Early – CU Early *\$80,723 (\$16,145 is DD)*

- Home visiting program serving expectant families and children up to age 3, provides developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track. Focus on pregnant and parenting teens, homeless families, linguistically isolated/Spanish speaking community members.
- **Required prior to contract:** set TPC target (rather than a range).
- **Special Provisions:** the Provider will indicate # of children screened with developmental delay/risk in quarterly report comment section; collaborate with

providers of similar services; report on other funding sought (especially through ISBE); inform eligible families of PUNS and ISC; at the end of the contract term, program-specific audited financial statements will be provided (from combined audit); if a two-year term, excess revenue cannot be spent in the 2nd year, and an updated Agency Plan for PY26 should be submitted prior to June 2025.

Motion to advise the Champaign County Mental Health Board to use **\$16,145** of I/DD set-aside funds for **CU Early – CU Early** and to offer a two-year term:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Contract Negotiations and Special Notifications:

Many recommendations are contingent on completion of contract negotiations, application revisions, or resolution of other issues. Awards may be adjusted by the cost of a vacancy and amended when that vacancy is filled. Award recipients may be required to revise program or financial forms to align with CCDDDB planning, budget, and policy specifications. They may be asked for more information, to reach terms that are agreeable to both parties. If requirements are not met prior to completion of the contract, a later contract start date will be established and the award reduced commensurate with the shorter term. Failure to submit required information shall result in cancellation of the contract award.

Motion to authorize the Executive Director to conduct contract negotiations as specified in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed

Recommendations are based on revenue estimates not finalized until the Champaign County Board approves budgets in November or December of 2024. For this reason, all PY2025 CCDDDB contract maximums will be subject to reductions to compensate for any CCDDDB revenue shortfall. These reductions will be documented by contract amendment at the discretion of the Executive Director, with every effort made to maintain the viability and integrity of prioritized contracts. All PY2025 contracts will include the following provision:

Obligations of the Board will cease immediately without penalty or further payment being required if, in any fiscal year, the tax that is levied, collected, and paid into the “Developmental Disabilities Fund” is judged by the CCDDDB Executive Director not to be sufficient for payment as delineated in the terms and conditions under this Contract.

Motion to authorize the Executive Director to implement contract maximum reductions as described in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information needed

A provision was added to PY23 and PY24 contracts to clarify that specific terms of an agency's contract may supersede a provision of the funding guidelines, if the exception is deemed in the best interest of the CCDDDB and Champaign County. This remains relevant:

The CCDDDB Requirements and Guidelines for Allocation of Funds are incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines. If the contract and funding guidelines are not in agreement, the contract shall prevail. For example, if the Provider will incur higher cost for an audit, review, or compilation than allowed per the Funding Requirements and Guidelines, the greater amount may be agreed to through the original budget submitted with an application or by a subsequent formal written request.

Motion to include in all PY2025 contracts the provision for specific exceptions to Funding Requirements and Guidelines, as described in this memorandum:

_____Approved
_____Denied
_____Modified
_____Additional Information needed

CCDDB and CCMHB I/DD Funding Recommendations for PY2025				
July 1, 2024 thru June 30, 2025		Recommendations		
		PY25		
Agency	Program Name	CCDDB	CCMHB	IDDSI
Priority: Self-Advocacy				
Priority: Linkage and Coordination				
CCRPC - Community Services	Decision Support PCP	\$418,845		
DSC	Service Coordination	\$520,500		
Priority: Home Life				
Community Choices, Inc.	Inclusive Community Support (formerly Community Li	\$213,000		
DSC	Community Living (formerly Apartment Services)	\$615,000		
Priority: Personal Life				
Community Choices, Inc.	Transportation Support	\$171,000		
DSC	Clinical Services	\$260,000		
DSC (IDDSI PY24)	Individual & Family Support	\$308,000		
PACE (IDDSI PY24)	Consumer Control in Personal Support	\$45,972		
Priority: Work Life				
Community Choices, Inc.	Customized Employment	\$239,500		
DSC	Community Employment	\$500,000		
DSC/Community Choices	Employment First	\$98,500		
Priority: Community Life				
Community Choices, Inc.	Self-Determination Support	\$213,500		
DSC	Community First	\$950,000		
DSC	Connections	\$115,000		
Priority: Community Life - IDDSI Fund				
CCRPC - IDDSI Fund	Community Life Short Term Assistance - NEW			\$232,033
Priority: Strengthening the I/DD Workforce				
Community Choices	Staff Recruitment and Retention	\$34,000		
DSC	Workforce Development and Retention	\$244,000		
Priority: Young Children and their Families - CCMHB Fund				
DSC	Family Development		\$656,174	
CC Head Start/Early Head Start	Early Childhood Mental Health Svs (MH & DD)		\$216,800	
CU Early	CU Early		\$16,145	
	(amounts listed are for DD portion of MHB contracts)		-	-
	TOTAL	\$4,946,817	\$889,119	\$232,033
		<i>CCDDB</i>	<i>CCMHB</i>	<i>IDDSI</i>



DECISION MEMORANDUM

DATE: May 22, 2024
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
and Members, Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: **Recommendations for Changes in Agency Reporting**

Purpose:

For consideration by the CCDDDB and CCMHB, this memorandum presents an update on recent changes to the application and reporting system. It then offers recommendations and requests board approval for revised reporting categories and timelines.

Background:

Each quarter, agencies use the online system to share five reports related to each program funded by the CCDDDB or CCMHB:

- Service Activity to track utilization measures and offer commentary.
- Residency and demographic data on clients new that quarter.
- Expenses and revenues for the program year up to the end of that quarter.

At the end of the second quarter and the end of the program year, financial reports also include explanations of variances greater than 20% of budget, per expense category.

After the second quarter, agencies complete and upload a brief report on progress in CLC Plan action areas. At the end of the year, they prepare a more detailed CLC Progress Report.

A report on Performance Outcomes is also shared after the program year closes.

From time to time, we seek input on these reports as well as application forms. As needed, users inform us of barriers which may be specific to their program or agency, may arise from other online system changes, or may relate to the relevance of data. Researchers with the evaluation projects have also contributed to some improvements of the application and report forms. Just as we have for the past two years, we look forward to the new team's suggestions for improving the year end performance outcomes report.

Changes to Registration and Application:

During the most recent period for agencies to register and apply for funding, CCDDDB-CCMHB staff learned of three technical issues interfering with some applicants' experience. We have addressed each and are discussing other ways to improve the application forms, process, and instructions for the next cycle.

Barrier: Some new registrations were not completed, and some did not appear to be completed. We noticed that steps of the process may have been missed, but we have also discovered that some new users, especially those with gmail and certain other addresses, did not receive the system's auto-generated messages confirming successful registration or fulfilling two-step authentication requests. Had we known that a step had been missed or an email not generated or not received, we would have helped new users. For those who waited until nearly the end of the application period to try registering, our help would not have made much difference. The application instructions advise people to start early.

Solutions: EMK Consulting has set up a 'dashboard' so that our staff may check on the progress of any new registration efforts throughout the open period. We will not be able to test it until the PY26 cycle starts, but we will add a warning about the auto-generated email to the application instructions document.

Barrier: The application Expense form includes a calculator to show how Total Agency, Total Program, and Board Contract revenue and expense totals compare. It only completed these calculations when the separate Revenue form had been submitted. As a result, the Board Contract column, which is required to be balanced, would not appear balanced until forms were submitted, leading applicants to believe their work was not complete. Worse still, an error message was generated telling them they needed to balance that column.

Solution: The Expense form calculator has been updated so that it updates and compares totals each time the forms are saved, which may be done multiple times before submitting. In addition to removing the unhelpful caution, this will allow agency users to check their work throughout the process.

Barrier: The application instructions identify word limits for text boxes, and these limits also appear in the relevant text boxes of the application's Program Plan Narrative form. The design included warnings at the top of that form identifying text boxes with limits exceeded and by how much. Unfortunately, it seemed that the agency view did NOT include these warnings, though system administrators (i.e., the developers and all CCDDDB-CCMHB staff) could see them. As a result, applicants could not identify the cause of their form not being ready to submit and relied on assistance to understand the issue. Reducing a text answer can take some time, even when it's clear how much needs to be cut. While all were able to help people complete the process, this added stress to an already stressful process.

Solution: EMK Consulting has added the 'exceeds limits' statements to the agency view.

Barrier: The application Budget Narrative had been designed to accommodate larger text boxes than others, as close to unlimited as we could get. Even with the large capacity, the visual box itself had created an unintended barrier. Some organizations are larger with more complex budget plans to describe.

Solution: EMK Consulting has increased the capacity to maximum of 2,000 words and expanded the space to show all of them. In some cases, this still might not be adequate, so an upload option can be agreed on with staff (uploads are not always easy to find, so our staff will need to be notified.)

The changes above relate to application forms. Other changes to the content of forms, instructions, timeline, or other process may be useful to agency users and board members. We are aware of problems experienced by some applicants. Possible enhancements (e.g., requiring numeric entries where they are requested and often omitted, allowing uploaded documents for more circumstances) are under discussion, including whether there will be an extra cost for them and whether they might create new, unintended issues for users. The following are changes to report forms, in progress or completed recently:

Barrier: Demographic and zip code reports have numeric boxes next to each category, allowing analysis across programs and years. If a number was not entered into a particular box, the report could not be completed and ‘submitted.’ Subtotals and totals within a form are not impacted by no entry, so the system requirement to enter zeroes was confusing.

Solution: EMK eliminated the requirement to enter zeroes in demographic and zip code categories. Forms can be submitted with boxes skipped if no clients ‘checked the box.’

Barrier: The Performance Outcome Report which had been designed by the prior Evaluation Capacity Building research team was lengthy and not accessible. It also asked questions which are answered by agencies throughout the year in their quarterly reports.

Solution, Barrier, Solution: Our first effort to streamline this form eliminated redundancies as well as the need for the agency to copy and paste from their application form. Unfortunately, it did not resolve all of the accessibility issues and even created a new problem (unintended text limits). Subsequent suggestions from a DDB member, new evaluation team lead, and our own staff seem to have solved it.

Proposed Changes to Report Categories and Requirements:

During 2024, Mental Health Board members discussed collecting data on preferred language, as language access appears to be a barrier to some services. This may be less relevant to services funded by the DDB, but even optional data in this category may be useful in future planning. Our demographic and zip code categories were established decades ago and have only been adjusted very lightly over the years, so it was not surprising that when I turned to agency users, community members, and other funders for input, many updates were suggesting, including using an inclusive phrase in place of “Other.”

Current requirement: No language data are collected.

Proposed change: Preferred language use could be an open-ended question (text box) or a small number of choices from among the many languages in use in our community, plus an open-ended option:

- Arabic
- ASL (any dialect or variety)
- English

French
Q'anjob'al
Spanish
My preferred language is not listed [option to identify it]
Not Available

Current requirement: Age categories match those collected and reported to the State of Illinois except that several years ago ours eliminated 75+: 0-6, 7-12, 13-18, 19-59, 60+.

Proposed change: To match the state's categories, restore 75 and older:

0-6
7-12
13-18
19-59
60-74
75+
Not Available

Current requirement: Race categories in use are White, Black/African American, Asian/Pacific Islander, Other (incl Native American and Bi-racial), Not Available. A separate category requests ethnic origin, namely of Hispanic or Latino/a origin, Not of Hispanic or Latino/a origin, Not Available. The separation of ethnicity from race was to be consistent with the state's requirement. Several other sets are in use currently, from which we might choose an array most compatible with Champaign County residents.

Proposed change: Combine the separate race and ethnic origin categories into one, "Race/Ethnicity" and offer the following options for people to choose from.

African American/Black
Asian/Asian American
Latina/Latine/Latino/Latinx
Middle Eastern/North African
Multi-Racial
Native American/First Nations/American Indian
White
My race/ethnicity is not listed [option to identify it]
Not Available

Current requirement: Gender categories have been Male, Female, Other (may include nonbinary and gender nonconforming people), Not Available. We read a great deal of feedback on these categories and were offered many options for an updated array.

Proposed change:

Agender
Genderfluid
Man
Non-binary
Woman
My gender is not listed [option to identify it]
Not Available

Current requirement: Although we did not ask about residency data categories, which are all of the zip codes in Champaign County, CCDDDB-CCMHB staff have discussed agency feedback regarding multiple Champaign and Urbana zip codes. We understand why these had been collected separately (as proxies for income information) but given that this is not as valid as it once was, and especially that other categories above might be expanded, this would also be a good time to revise zip code categories.

Proposed change:

- 60949 Ludlow
- 61801/61802/61803 Urbana
- 61815 Bondville
- 61816 Broadlands
- 61820/61821/61822/61824/61825/61826 Champaign
- 61840 Dewey
- 61843 Fisher
- 61845 Foosland
- 61847 Gifford
- 61849 Homer
- 61851 Ivesdale
- 61852 Longview
- 61853 Mahomet
- 61859 Ogden
- 61862 Penfield
- 61863 Pesotum
- 61864 Philo
- 61866 Rantoul
- 61871 Royal
- 61872 Sadorus
- 61873 Saint Joseph
- 61874 Savoy
- 61875 Seymour
- 61877 Sidney
- 61878 Thomasboro
- 61880 Tolono
- My zip code is not listed here [option to identify it]
- Not Available

Current requirement: Contracts have required that, after the second and fourth quarters, agencies explain variance of any expense category of greater than 20% of the budgeted amount, with a \$100 minimum. For large contracts or agencies with multiple sources of funding, this minimum is low enough to trigger required explanations of nearly all categories, more information than is practical to share or review.

Proposed change: Require explanations of financial variances greater than 20% and \$500.

Current requirement: Any equipment over \$1,000 is considered a capital equipment purchase. Capital equipment cannot be charged to the Equipment expense category and must be charged instead to the Miscellaneous Expense category. Considering that it is no longer possible to purchase cellphones or laptop computers for less than \$1,000, a higher threshold would seem to make sense for all.

Current IRS guidelines increase the amount to \$2500, with these considerations in mind: Current Economic Conditions, reflecting the true cost of equipment in today’s market; Administrative Simplicity, simplifying the capitalization process and reducing administrative burden; Financial Reporting, ensuring that financial statements accurately represent the organization’s financial health; Compliance with Tax Regulations, adhering to IRS guidelines and taking advantage of tax benefits where applicable; and Strategic Financial Planning, aligning the capitalization policy with the organization’s long-term financial strategy.

Proposed change: Recategorize purchases of equipment as above, with the new threshold as \$2,500. This change would take effect beginning with PY2025 contracts and reporting.

For all of the above, we understand that even positive changes will take some time, so the first year of use of these new data categories and variance thresholds will be a transition year. We will be able to update the report forms to support all, and PY25 contract language will include the variance details, but it may take time for agencies to adjust their data collection tools to match these, worth noting in future analysis of results.

The final change we propose would not start until PY26. We may also revise the application expense form and subsequent expense report forms, for PY26 and beyond, by adding a category which might have been helpful to all in the last round of applications and reviews, but we will continue to discuss this idea and other related possibilities.

Current requirement: First, second, and third quarter reports are due by midnight on the last Friday of the month following the quarter (October, January, April.) Fourth quarter and year-end reports are due by midnight on the last Friday of the second month following the end of the contract year (i.e., August.) Staff confirmation that all have been completed, or that extensions were requested before the deadline, determines time-sensitive next steps for our team. Gaining two days to complete the review would allow us to do so more accurately.

Proposed change: For PY2026, shift the first, second, and third quarter report deadlines to the last Wednesday of the month following the quarter and shift the fourth quarter and year-end reports to the last Wednesday of August. While this would not take effect for PY25, the next set of contracts, there may be two-year contracts among them, so that multi-year agreements would have specific details on deadlines matching other PY2026 contracts.

Decision Section:

Motion to approve the revised demographic and residency report categories and revised financial variance and equipment expense report thresholds to take effect July 1, 2024, and to approve the reporting deadline changes to take effect July 1, 2025, as proposed in this memorandum:

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information needed



DECISION MEMORANDUM

DATE: May 22, 2024
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Strategic Plan Development and Timeline

Background:

Every three years, the CCDDB develops a new strategic plan, with objectives which are reviewed and updated annually. The current plan is in its final year, so that during the coming months, we are scheduled to develop a community needs assessment report and draft of a new three-year plan informed by its results as well as by ongoing responsibilities to the public. For reference, the current [CCDDB plan](#) is posted online.

Statutory Obligations:

By statute, the Champaign County Mental Health Board (CCMBH) completes a strategic plan every three years, which drives one-year plans (e.g., the annual objectives and/or annual funding allocation priorities and decisions.) While a community needs assessment is not required, most mental health boards, including the CCMHB, complete one prior to developing a three-year plan. The Plan also represents a compact between the Board and its paid staff.

The CCDDB does not have specific statutory obligations for these activities but has completed them since its inception and on the same timeline. The basis for CCDDB authorities and activities is the [Illinois Community Care for Persons with Developmental Disabilities Act \(50 ILCS 835.\)](#)

Update:

The CCMHB and CCDDB participate in a collaboration of public and private entities which have similar responsibilities for strategic plans, for the purpose of developing a shared [community health plan](#) for residents of Champaign County, and with a secondary goal of efficient local government. The group

employs a full time Health Plan Coordinator, whose report on 2023 activities is on [pages 145-158 of a prior board packet](#).

Other participants include United Way, Champaign Urbana Public Health District (CUPHD), and Carle and OSF Hospitals systems. The hospital systems are required to complete a strategic plan every three years, just as the CCMHB is. The community health needs assessment will be conducted during 2024 with report available in July 2025, to inform the 2026-2028 three-year plan which is available for use by all partners. [The most recent report was issued in 2022](#).

The collaborative has quarterly executive team meetings and regular workgroup meetings, some monthly. Our staff participate in meetings of the executive team, behavioral health workgroup and violence reduction workgroups, often advocating for the inclusion of those citizens who tend to be underrepresented in surveys and who experience related barriers to care. An issue raised at most meetings, often by CCDDDB-CCMHB staff, is acknowledgement that many Champaign County residents feel that they are ‘over-surveyed’ and may be skeptical of being the subject of research projects. If we are to combine efforts for one survey, we should focus even more on those who tend to be left out. Throughout our involvement with this group, we have developed our own community needs report and separate strategic plans. If these separate plans are meaningful to our boards, staff, or the public, continuing to do this is in the best interest of people served through CCDDDB and CCMHB funds. The collective health needs assessment report does include information we value and use, though we use it two years later than everyone else.

The timeline for the collaborative’s work aligns with the hospitals’ obligations rather than CUPHD, which has a five-year cycle requirement and therefore cannot be aligned, or CCMHB which has a three-year cycle. The next CCMHB and CCDDDB strategic plans are set for 2025-2027, but there may be benefits to shifting one year ahead, allowing us to use more recent data from the largescale assessment and subsequent priority-setting, to inform CCMHB and CCDDDB plan goals and objectives. As currently scheduled, the data and collaboration support are two years old when we access them.

The CCDDDB is not required to have a three-year plan or needs assessment, but these have been done to reflect board and public input and to have a document guiding the activities of CCDDDB staff and board members. As a result, the CCDDDB process timeline and meeting schedule topics include related activities for the remainder of 2024.

Staff Recommendations:

CCDDB staff are seeking board guidance to align the timelines of any future three-year plans with the timelines of the collaborative group, whether through a one-year extension, a single year plan, or no plan in effect, an option available to the CCDDB but not the CCMHB. Aligning with the collaboratives’ timelines will allow us to benefit from its efforts more directly, and in a timely manner. If the positive impact of those shared activities is minimal, we would have tested the ideas of mutual benefit to the community and more efficient local government.

If the Board chooses to align with the shared community health plan timeline, whether by extending the current three-year plan, developing a one-year bridge plan, having no strategic plan in place for 2025, or other method, we will further revise the timelines document which has been updated to include PY26 allocation process and appears in an earlier section of this packet.

Possible Actions:

Motion to extend the current CCDDB three-year plan through 2025, with revised one-year objectives for 2025, as a bridge to a new three-year plan for 2026-2028.

- Approved
- Denied
- Modified
- Additional Information Needed

OR

Motion to develop a one-year plan for 2025 with one-year objectives for 2025, as a bridge to a three-year plan for 2026-2028.

- Approved
- Denied
- Modified
- Additional Information Needed

OR

Motion to develop no strategic plan for 2025 and to consider a three-year plan for 2026-2028 during 2025.

- Approved
- Denied
- Modified
- Additional Information Needed

Empowerment and Participatory Approaches to Building Agency Evaluation Capacity Project

Year One Annual Report: Identifying Needs and Moving to Action



April 30, 2024
Family Resiliency Center
University of Illinois Urbana-Champaign

Year 1 Annual Report Prepared for the Mental Health and Developmental Disability Board by the Family Resiliency Center; Department of Human Development and Family Studies; College of Agricultural, Consumer, and Environmental Sciences; University of Illinois, Urbana-Champaign

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Executive Summary

Funded agencies are providing important programs and resources for community members with mental health and developmental disabilities to thrive. Using empowerment evaluation strategies, this project builds agency staff capacity to measure and report on what services are provided, who is served and how, and progress toward meeting goals for service delivery and changes in outcomes.

During Year 1, the Family Resiliency Center (FRC) evaluation team learned about past evaluation experiences, expectations for the FRC evaluation team, current evaluation practices, and strengths and challenges related to conducting quality program evaluations through interviews, surveys, focus groups, report review, a group level assessment (GLA) session, and an ongoing working group (Figure 1). Over 75 people participated.

Figure 1. Year 1 Readiness and Needs Assessment Methods by the Numbers



Key Findings from Assessment Activities

The Year 1 readiness and needs assessment revealed **five key findings** across board members, agency leaders, agency staff, and the FRC evaluation team (Figure 2). These findings inform current and planned action steps.






Action Steps

Although some action steps noted in the report are specific to the evaluation team, many apply to board members, board staff, agency leaders and staff, and evaluators, demonstrating it takes capacity and action across all invested participants to make this work successful.

Year 1 Deliverables

The FRC evaluation team began enacting action steps in Year 1 through technical assistance with three programs, creating a working group, developing publicly available microlearnings (go.illinois.edu/FRC-toolkits), writing two reports, and participating in regular meetings for timely progress report-outs.

Figure 2. Summary of Assessment Activity Findings

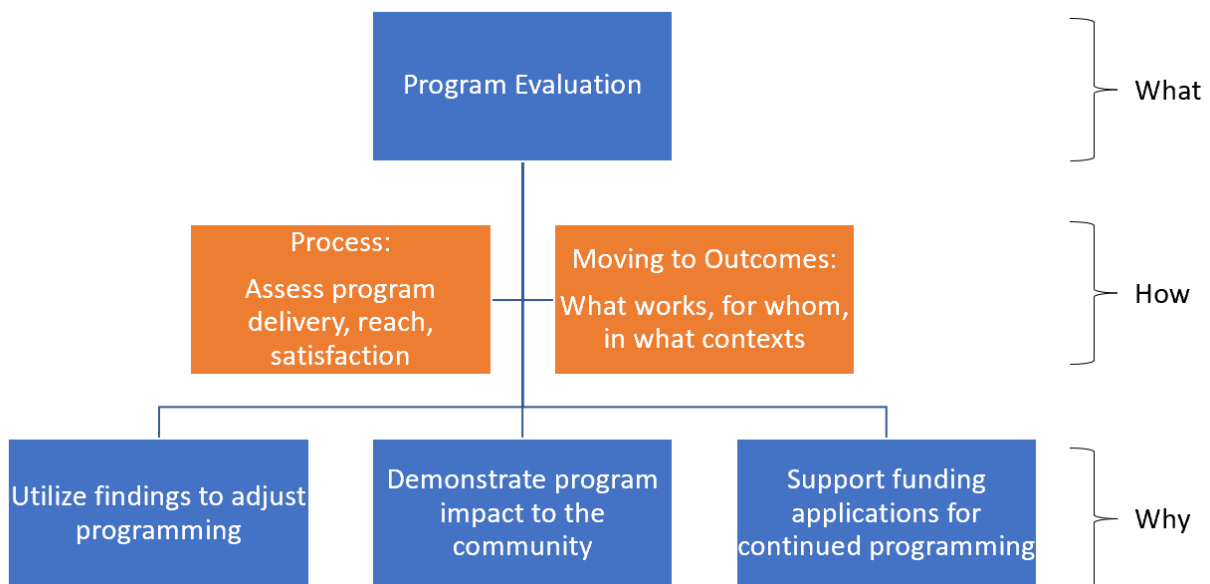
KEY FINDING	DESCRIPTION	EXAMPLE ACTION STEP
 <p>“We Don’t Know What We Don’t Know”</p>	<p>Familiarity with evaluation knowledge, including terminology and practices, varies.</p>	<p>Identify and tailor needed supports.</p>
 <p>User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning</p>	<p>Training needs to meet everyone where they are. Agency staff and board members are willing to learn.</p>	<p>Develop microlearning videos on key topics, such as differentiating outputs versus outcomes.</p>
 <p>“Giving Back Time” via Evaluation Tools and Efficiencies</p>	<p>Agency staff are understaffed and have limited capacity. Evaluation efficiencies (e.g., standardized data tools) can help minimize time needed for evaluation activities.</p>	<p>Provide technical assistance to a few programs. Agencies develop internal evaluation and reporting procedure documentation.</p>
 <p>Developing Capacity for Storytelling and Effective Reporting</p>	<p>There is a desire to learn how to use evaluation methods to share programs’ stories and improve reporting.</p>	<p>Provide tips and strategies on using qualitative and quantitative approaches.</p>
 <p>Adopting a Mindset of “We are All in This Together”</p>	<p>Aligning expectations, cross-agency collaboration, and evaluation team engagement can work together to advance evaluation and move to outcomes.</p>	<p>Develop a working group / learning community. Establish open-communication channels.</p>

WHY EVALUATION CAPACITY BUILDING IS IMPORTANT

Context

Twenty-seven agencies (representing 59 programs) funded by Champaign County Mental Health and Developmental Disability Boards provide important services in Champaign County. These agencies develop and implement a variety of programs aimed at promoting mental health and wellness, providing substance use disorder supports, addressing basic needs, helping people feel connected to the community, and providing access to intellectual and developmental disability supports and services. The purpose of program evaluation is to assess what works, for whom, and in what context. It can be conducted internally (by agency or program staff), externally (contracted out to independent evaluators), or a mix of both. Building internal evaluation capacity among agencies is important for sustainability of evaluation activities and utilization of findings to make programmatic changes, as needed. Evaluating these programs helps agencies understand if and how their programs work to accomplish their goals. Evaluation data helps agencies identify needed adjustments to improve programming, tell their programmatic story when applying for funding to continue programming, and demonstrate their impact to the community (Figure 3).

Figure 3. Overview of Program Evaluation



Challenges

Interested parties (agency staff and leaders, board members and staff, community members) want to see progress toward outcomes from program participants as a result of investment in these programs. It is challenging to (a) identify what outcomes can and should be measured, (b) measure the outcomes accurately, (c) document program processes that may influence outcomes, and (d) tell program stories in a way that is meaningful to all interested

parties.

One challenge that was mentioned repeatedly is the pressure to do more with fewer resources. Limited funding, a shrinking workforce, and increased turnover result in staff taking on additional roles. When time, staff, funding, and other resources are limited, service provision and program implementation take priority and evaluation activities may get less attention. This heightens the need to develop capacity, efficiencies, and collaboration related to evaluation.

Supporting Programs via Evaluation

The FRC evaluation team takes a participatory approach to evaluation capacity building. During year 1, the FRC evaluation team undertook a needs assessment process that centered board member, agency leader, and agency staff voices across funded mental health and developmental disability program spaces. Across these voices, our goal was to learn *how* we can best support the important programming in Champaign County through our experience conducting evaluations. This report shares our findings, current activities, and planned future actions. We look forward to supporting this work in subsequent years.

HOW WE IDENTIFIED NEEDS AND ACTIONS

Overview of Evaluation Capacity Building Approach and Deliverables

The FRC evaluation team drew from and integrated experiences and knowledge from board members, agency leaders and staff, and the prior evaluation team. This strengthened the relevance and usefulness of the findings and recommended evaluation supports to better meet the existing and emerging needs of agencies. Grounded in principles of empowerment evaluation, the evaluation activities build the capacity of the boards and agencies to **implement and use sustainable practices and for them to become continuous learning organizations**. We emphasize building community members' internal capacity with knowledge, skills, and resources to evaluate their own strategies and outcomes.

To do this effectively, Year 1 focused on a readiness and needs assessment, the development of two microlearnings on topics needed to move agencies toward outcomes are publicly available for on-demand viewing, intensive ongoing technical assistance with three programs, and the creation of a working group with representatives from agencies meets to provide feedback on trainings and serves as a learning community for each other. To provide continuous and rapid feedback, the FRC evaluation team provided monthly progress report-outs to both boards and board staff, and shared findings and actions from the GLA session in a report in January and presentations to agency leaders and boards members.

Deliverables



WHO WE LEARNED FROM: MULTIPLE PERSPECTIVE TAKING

It is important to capture the experiences and perceptions from multiple invested groups to **understand the full picture of evaluation** among the agencies. To achieve this, we conducted a readiness and needs assessment process (Figure 4) with board members, agency leaders, agency staff, and a member from the prior UIUC Department of Psychology evaluation team. Through eight interviews with board members, two surveys with agency leaders and staff, four focus groups among 30 agency leaders, 64 report reviews, a group level assessment session with 19 agencies and 33 staff, and an ongoing working group (Figure 5), we learned about past evaluation experiences, expectations for the FRC evaluation team, current evaluation practices, and strengths and challenges related to conducting quality program evaluations.

Figure 4. Readiness and Needs Assessment Process



Figure 5. Contributors to the Needs and Readiness Assessment



WHAT WE LEARNED: KEY FINDINGS

Across the interviews, focus groups, group level assessment, document review, technical assistance, and working group sessions, several key findings emerged. Each finding is described in turn and relevant recommendations and action steps are noted.

1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies

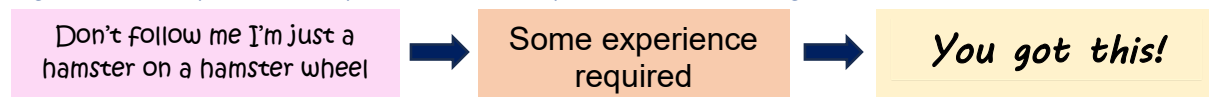
Many board members and agency staff acknowledged their limited knowledge of evaluation or the vocabulary used. In fact, many agency staff were engaging in evaluation activities but did not use the same terms evaluators use. Agencies vary in their familiarity and comfort with evaluation. For example, comfort and confidence with evaluation encompassed analyzing data and using software, whereas less confidence was expressed with collecting outcome data or understating some evaluation terms like “logic model,” “performance indicator,” and “outputs.”

Although some larger agencies contract with independent evaluators or have internal continuous improvement teams, many smaller agencies rely on staff to complete evaluation activities as part of their many roles and without formal evaluation training. Some inherited systems and processes from previous staff without much guidance, documentation, or institutional memory. These staff report feeling as though they are flying the plane while building it.

The varied evaluation expertise across agencies was reflected in some staff admitting “we don’t know what we don’t know” because of their limited background, while other staff wanted to know why evaluation capacity building was necessary for them because they were confident in their current evaluation activities. These diverse levels of experience were reflected in responses to the GLA prompt “Create a meme or bumper sticker that reflects your experience with evaluating your programs/services” (see Figure 6 for example responses). Focus group discussions, a review of annual reports, and GLA session results revealed that agencies need and want to hear directly from funders about what outcomes they expect agency reports to include and how well they are meeting these expectations.

Board members and agency staff both admitted that there are aspects of conducting evaluations that they are likely not aware of and thus would have difficulty identifying where they might need additional training. This finding emerged during the GLA session with agencies and interviews with board members. During the GLA session staff were willing to respond with question marks, “I don’t know,” and “need help with this” to prompts.

Figure 6. Example GLA Responses about Experiences with Program Evaluation



Action Steps

To move from “we don’t know what we don’t know” to “we know this” (Figure 6), the

following action steps are recommended.

1. **“Why” evaluation capacity building is key.** Agencies need and want to hear from funders about why *this* evaluation capacity building project is important and how it will benefit agencies. With the varying levels of evaluation familiarity and confidence, the need may not be similarly apparent for all agencies.
2. **Capacity building is needed across all evaluation experience levels.** All agencies and both boards can benefit from evaluation capacity building. Some agency staff are confident in their evaluation skills but may need assistance in using data for decision-making and programmatic changes. Other staff are seeking guidance in making systems more efficient and identifying better outcomes. Evaluation resources will be available to all agencies and board members. Making time and space to use resources is important.
3. **Identifying and tailoring needed supports.** The FRC evaluation team has and continues to identify different needs of agencies through data collected, reports reviewed, and working group sessions that inform the development and tailoring of supports to meet the varied needs of agencies.

2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning

Evaluation is valued by board members, agency leaders, and staff. All participants were receptive to learning more about the fundamentals of evaluation. However, the use of jargon was noted as a major barrier. Past experiences with evaluation training were described as if participants were learning a foreign language, which resulted in confusion, frustration, and feeling defeated, as this participant described:

“One of the first meetings that I participated in was with the previous set of researchers... I was very new. I was just kind of listening to the meeting. I wasn't really participating, which was fine. I didn't need to. But, I was so very intimidated after that meeting because I really felt like I was out of my league. So like I actually came back to my office and cried that day because I was like “I can't do this. I don't know what's happening.””

The sentiments expressed in this quote and by other participants are *why* we spent a lot of time in Year 1 learning about the needs of agencies and *how* to meet agency staff and board members where they are in their evaluation journey. Excitement about evaluation capacity building was exemplified by one agency participant who noted:

“I am new to the nonprofit world and am excited to have the chance to absorb the different vocabulary/focus points relating to evaluation/reporting vs the more corporate background I come from.””

Ensuring that conversations, trainings, and resources are accessible in terms of being presented with jargon-less language and with relatable examples emerged as a priority across interviews,

focus groups, surveys, and the GLA session.

As the FRC evaluation team reviewed agency reports and GLA responses in addition to the interviews and focus groups, notable patterns emerged.

- Some agencies treat service or program **outputs and outcomes** as the same.
- There is confusion about the difference between a **performance indicator** (i.e., direct products/deliverables) and **outcome indicator** (i.e., program effectiveness), which significantly influences evaluation measures and methods.
- Some agencies **listed or promised many more outputs and outcomes** than could reasonably be delivered in the project period as demonstrated by review of the annual reports and interviews with the board. This may be due, in part, to multiple reporting requirements across numerous funders.

Data supporting these findings provided guidance for capacity building topics to be undertaken by the FRC evaluation team.

During the GLA, staff also expressed interest in strengthening their evaluation efforts. They indicated that they would benefit from learning about best practices for multiple methods (e.g., qualitative and quantitative) to best reach clients and prospective participants to tell whole stories that reveal program effects. Many agencies rely heavily on satisfaction surveys and were interested in ways to improve surveys to assess outcomes and increase response rates. They also noted that staff could be better trained in data collection and management.

Action Steps

Based on these findings, we have chosen to develop microlearning resources. These are brief educational videos that summarize key takeaways about a topic while minimizing the use of jargon. They are to-the-point and provide practical tips using relatable examples. Several topics are related with overlapping content to present the information in multiple ways and times to promote usability. These are publicly available at go.illinois.edu/FRC-toolkits.

The FRC evaluation team identified several knowledge and skills focal areas for initial microlearnings.

- **Process vs. outcome evaluation.** Clarify the difference and importance of both process evaluation (e.g., what activities are being delivered; how well a program or service is delivered) and outcome evaluation (e.g., to what extent changes are occurring in knowledge, attitudes, or behaviors as a result of the activities, program, or service being delivered).
- **Outputs vs. outcomes.** Distinguish between program outputs (e.g., how a program is being delivered, how many people are served, and participant satisfaction) versus outcomes (e.g., anticipated changes in knowledge, attitudes, or behaviors as a result of participation in the program).
- **Avoiding overpromising and underdelivering.** Focus on a few outcomes that are related

to service or program activities and are likely to show change within the reporting period.

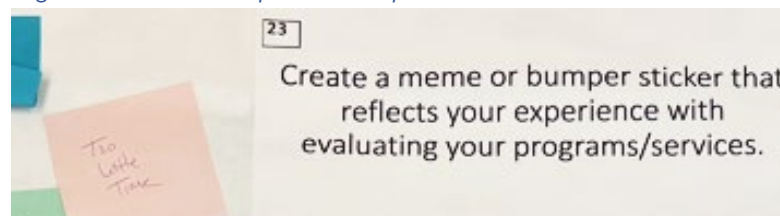
Using board member and agency feedback, we developed a list of possible future topics for microlearnings, technical assistance, and other training formats (e.g., workshops, resource sheets):

- **Logic Models – what are they? how to create one?** A step-wise sequence of short videos designed to illustrate how a program works to achieve outcomes.
- **Tips for selecting measures.** Explaining distinctions between performance indicators (e.g., satisfaction surveys), outputs (e.g., service or program activities or products), and outcomes (e.g., knowledge, skills, behaviors) and characteristics of measures to consider (e.g., length, reading level, number or text responses, validated).
- **Other prioritized topics.** The GLA session revealed several topics of interest among agency staff (see GLA report for details). In brief, these topics include:
 - Basics of data management and analysis
 - Data visualization best practices
 - Improving response rates from people receiving services
 - Methodology basics or best practices for multiple methods of data collection (e.g., qualitative and quantitative approaches) to reach prospective participants to tell stories that illustrate program effects
 - Survey design
 - Translating findings into practice

3. “Giving Back” Time via Evaluation Tools and Efficiencies

Our conversations with board members, agency leaders, and agency staff consistently showcased the hard and impactful work that agencies and staff are providing to the community. Many agency staff and board members indicated a desire and need to improve efficiencies because of limited capacity, time, staff, resources, and technology for conducting ideal evaluation work (Figure 7).

Figure 7. GLA Prompt and Response about Limited Time



Improving efficiencies (e.g., standardized outcome measures that are repeated) and tools (e.g., user-friendly technology or databases) will facilitate quality evaluations that do not require excessive human effort, increases in resources, or compromise time available to provide services. Creating institutional knowledge in report writing so that new staff are better equipped to complete reports, will improve efficiencies. Although more hours cannot be added to a person’s day, creating greater efficiencies with evaluation activities may “give back” or at least not take away as much staff time, which can then be redirected to services and programs.

Increasing efficiencies in report writing and meeting deadlines will reduce time for agencies and board staff who provide report completion guidance. As one board member described:

“We end up providing a lot of support from our office and we are not equipped to do it, but it creates some cross purposes for us. We cannot help people fill out their reports and then be the ones evaluating the reports. It's really a challenge, but increasingly we are called to help new agency leaders understand their jobs.”

Agency leadership and staff change with insufficient transfer of knowledge about protocols, resulting in board staff spending time onboarding and guiding new agency leaders through reporting requirements. Agency staff acknowledged challenges of being new to an agency and having to discover processes as they go. Having documentation and institutional knowledge would reduce the learning curve and time spent figuring out procedures.

Increasing efficiencies was mentioned by the boards because of the possibility this has for serving more residents and funding new programs. One board member described how the board wants to fund agencies to meet their goals and to increase the number of people served with the hope that increased capacity building will result in better outcomes and greater efficiency marked by lower resource needs over time such that funding will be available for new programs.

Agency staff GLA results and board member interviews also highlighted a need for developing systems and infrastructure to support staff evaluation activities, grant writing, and report writing. This could be achieved by simplifying and standardizing data and reporting processes (discussed in Finding 4), improving data collection and management systems, collaboration or consolidation across platforms and metrics, and human infrastructure (e.g., funding to support independent evaluators). This infrastructure will better equip agencies, especially smaller agencies, to complete evaluation and reporting activities that are currently fulfilled by staff who are responsible for programmatic responsibilities like program and service delivery.

The previous evaluation capacity building project, conducted by the Department of Psychology at UIUC, developed some evaluation infrastructure and was well received overall by board members and agencies. The resulting consultation bank – the online shared drive housing recommended evaluation outcome measures – was used by some. However, due to staff turnover and a lack of knowledge transfer about this tool during leadership transitions, the tool was and remains underutilized. Through the needs assessment, participants suggested improvements in historical documentation within agencies, offering workshops or Zoom meetings related to the available resources, or establishing office hours.

Action Steps

Agencies and board members agree there is a need for improving evaluation activity efficiency and infrastructure (see GLA report for detailed recommendations). Several recommended strategies include the following.

- **Technical assistance.** Provide tailored, intensive technical assistance to a few programs to move toward outcomes. Topics include developing a logic model, revisiting intended outcomes to identify a few priority outcomes, and selecting appropriate outcome measures. In Year 1, three agencies developed logic models and are in the process of selecting measures that align with priority outcomes.
- **Evaluation office hours or clinic.** For time-limited and time-sensitive evaluation questions, the FRC evaluation team could offer “drop-in office hours” or a monthly “evaluation clinic” whereby agencies can ask questions for which quick response could save them time.
- **Institutionalizing knowledge and procedures within agencies.** Creating agency-specific documentation about internal procedures for meeting reporting requirements will facilitate institutionalization of knowledge, onboarding of new staff and leaders when turnover occurs, adopting a train-the-trainer approach, and meeting reporting deadlines on time.
- **Best practices in data collection and management training.** Provide recommendations to agencies for improving data collection and management system efficiencies.
- **Shared evaluation strategies and metrics.** If measures and systems can be agreed upon by agencies, create data collection and reporting systems in Qualtrics (or other online survey data collection platform), if feasible. Draw upon the existing measures repository.
- **Infrastructure supports.** The GLA report details infrastructure recommendations to promote agency success. Here are a few highlighted strategies.
 - Provide funds to cover the cost of quality evaluation activities, including external support (e.g., external/dedicated evaluator time) if internal support is unavailable).
 - Explore the feasibility of developing a linked data system where client data can be found across agencies.
 - Allow appropriate time frames to evaluate program success. Some outcomes may take longer to observe.

4. Developing Capacity for Storytelling and Effective Reporting

Utilizing storytelling strategies in reporting is an effective way to engage and communicate with targeted audiences. The ways that findings are communicated matter; whether audience members hear, remember, and are convinced of the intended message depends on the medium and tone. Stories and data visuals can illustrate how programs work, program successes, and program challenges as well as create meaningful connections with listeners and readers.

Storytelling in evaluation reporting requires a variety of skillsets including identifying measurable priority outcomes and appropriate methods to measure those outcomes (e.g., quantitative, qualitative, or both), data visualization, short descriptions of the work being done (e.g., elevator pitches), and effective presentations. Board and agency members share a need for being able to use storytelling to showcase program progress and outcomes in required reports. Agencies can use stories to illustrate program accomplishments to funders and to make internal decisions about programmatic changes. Boards can use program stories to make

funding decisions and to cultivate public support for public funding of programs.

Agency staff noted the importance of using personal narratives as indicators of program success, but they also shared concerns about losing the stories through funders' heavy reliance on quantitative, or numerical, reporting requirements. This can be especially true of small organizations or programs for which numbers are small but where narratives best convey program effects:

"We are a relatively small organization and have a hard time gathering data from all our participants. So I have found qualitative data to be the most informative. Talking with families, participants, and staff and using those rich stories to inform my decision-making process is probably the most useful [for evaluating the agency's services]. It would be nice to have more quantitative data to back this up but getting that with consistency has been challenging."

When asked "what would your elevator pitch be to communicate successes of your programs/services to funders," several agency staff agreed that **telling stories directly from clients would have the most impact**. One staff member wrote, "Do you want to hear something inspirational? Let me tell you their story." However, agency members are not always sure what story to tell or how these stories might be received by the board. When asked about training topics of interest related to evaluation, agencies reported:

- "How to streamline the information so better – but brief – stories can be told."
- "What are funders interested in knowing? What speaks to the success of a program in their eyes? How should that be relayed to them?"

These questions showcase a potential mismatch between what agencies think should be reported and what funders or the board want to see. On the pre-GLA survey, 26.4% of agency staff and leaders indicated they were unfamiliar with or would like help communicating findings to clients or funders and nearly 30% indicated they were unfamiliar with or would like help with writing reports.

Developmental Disability and Mental Health Boards have worked on simplifying the reporting process in the past. As part of the GLA, agency staff were asked "DD/MHB outcomes reports have been streamlined. How does the new template compare to the previous one?" Staff indicated the changes helped efficiency by reducing redundancies and made the template easier to navigate. However, the need to further simplify and standardize reporting processes and draw links to what agencies are doing continued to emerge in conversations with agency staff. One response described the reporting process as "easier to complete but items are hard to tie to services." A few participants suggested monthly reports, but this was not the norm. If agencies have challenges with quarterly reporting, creating a system (automated, if possible) that summarizes data monthly may help meet quarterly reporting requirements. Assistance with data visualization for reporting was mentioned as an area for support—another skill that could support storytelling in reporting.

Action Steps

Given the expressed need for and interest in learning about effective storytelling strategies, we propose the following potential future topics for evaluation trainings and resources:

- **Storytelling and data visualization.** Offer trainings on storytelling basics and data visualization.
- **Evaluation-specific storytelling elements.** Train staff in the process of tailoring communication to various audiences when reporting outcomes using stories to highlight who has been reached, how programs and services work, areas for improvement, and intended and unintended outcomes for funder reports, grant applications, and other program/ service communications.
- **Qualitative and quantitative data use.** Provide tips and strategies on when and how to present quantitative and qualitative data and how to integrate both to tell illustrative and impactful stories. Several participants requested training on the use of focus groups, interviews, and other data methods.
- **Examples of expected outcomes.** Agencies would benefit from the boards providing concrete examples of expected outcomes including openness to both qualitative or narrative and quantitative or numeric findings. Examples could be provided in report templates and requests for proposals/funding applications.

5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work

Across conversations with board members, agency leaders, and agency staff, a desire for more cross-group and cross-agency **community building** emerged as a strategy to improve (a) program evaluations and (b) outcomes in the community. Here “community building” refers to:

- *Basic communication* of important information, updates, and expectations;
- *Opportunities to learn* best practices from one another; and
- *Opportunities to harness synergies* that optimize each individuals’ or groups’ skillsets to fill gaps in needs (evaluation and beyond).

Data showed three general areas of community building needs related to evaluation: aligning expectations of the boards and agencies, cross-agency collaboration and support, and FRC evaluation team engagement and action.

Aligning Expectations: Boards and Agencies

Overall, participants across our data collection activities expressed that we are all working towards a shared vision of community thriving. When responding to a question about alignment of outcome expectations between agencies and the board, most agency staff indicated that there is *alignment at a high level* in terms of values and mission: “everyone in support and recognizes the need + importance in community.” But there was also a sentiment echoed by numerous staff that there is *lower-level misalignment*. Staff noted they do not perceive the

board understands the day-to-day work, realities, and struggles of agencies. As one staff participant wrote, boards could “visit agency to know what they do.” Other participants noted such issues as “recognition of time/ service delivery” and “unrealistic expectations.” Simultaneously, board members reported that agencies are hesitant to talk with the boards or funders. One board member shared their perception of how an agency staff member may view the board or funder:

“I don't wanna talk to them, or I'm scared to talk to them, or you know, cause they're funders'...we're not like that at all...We're human beings, you know. We—many of us come from the service sector.”

Taken together, findings indicated a disconnect expressed by both agencies and boards warranting additional connection points.

Although agencies and boards alike see the value in services and evaluating those services, both do not have the same competing priorities and demands. With the demands for day-to-day service delivery taking precedent, being short-staffed creates a less-than-ideal reality where evaluation activities may suffer and result in reporting delays, an inability to dig deeper, and reporting only what is required. This is particularly true for agencies without dedicated evaluators, quality improvement staff, or data managers. This speaks to the need to find evaluation efficiencies (“Give Back Time”) and represents a challenge when boards and agencies are accountable for the tax dollars that fund agency services.

Cross-Agency Collaboration

Findings about cross-agency collaboration were mixed. Board members reported some agencies are collaborative and not competitive with each other, resulting in less overlap of services over the last several years. On the contrary, other agencies often compete for funding and frequently duplicate services. As one board member noted, there is no shortage of service needs in the Champaign County area and the scarcity mindset only hurts the community:

“What I'm going to try to do is pull some of our agency leaders together and have this discussion about this issue because it is territorial. It is, it does hinder that it does fragment the system of care. You know, if you're holding back, and you have all the resources, how does that make the system of care stronger? So, you know my thinking is, I need for you all to play well together, to work well together, to share your experiences, your resources together. There's enough issues in Champaign County where everyone can stay paid for quite some time. Trust me. You know, from traumas the gun violence to substance, abuse issues, developmental disabilities. I mean, the list is endless. So, if we can get agencies to breathe a little bit to say, ‘hey, you know what, we're on the same team.’ ”

Early childhood providers who received funding from CCMHB/CCDDB to facilitate collaboration were identified as working well together. In general, CCDDB-funded agencies were characterized as more collaborative with multiple agencies working on the same project.

According to the boards, competitive agencies tended to provide services related to crisis response and developmental disabilities. Older agencies were described as unwilling to transfer knowledge to younger agencies about funding sources. Some board members recommended that agencies change their “scarcity mindset of resources” and promote cross-agency collaboration to minimize the overlap in services.

“How do you get them to cooperate with one another instead of just taking it, you know, ‘this is my money and I do things for my people.’ But your money works for the 100,000 people in Champaign County that need the services. We all benefit from that kind of work.”

Some agencies engaged in communities of practice and continuous learning organizations in order to follow recommendations outlined at the start of the funding contract. **Facilitators** of collaboration include collaboration-specific funding and accreditation mandates to work together. **Barriers** to promoting and sustaining cross-agency collaboration, communities of practice, and continuous learning organizations remain the same: changes in agency leadership and lack of knowledge transfer, scarcity of resources, and limited time with competing priorities.

A desire for increased cross-agency collaboration was reported by most agency staff who participated in the GLA. Some suggested collaboration would improve with more in-person meetings and opportunities for connection and communication. Mental health agencies were slightly more likely to report little-to-no interagency collaboration, but most agencies reported some to a lot of collaboration. Several staff indicated they already engaged in significant collaborations.

FRC Evaluation Team Engagement

Finally, board members in particular expressed interest in more communication from the FRC evaluation team to the boards (e.g., updates) and with the agencies (e.g., technical assistance, addressing needs, etc.). They noted limited familiarity with the past evaluation project and wanted more timely information about the current project. Board members suggested more frequent updates from the FRC evaluation team would be helpful and that annual reporting was not enough as exemplified by this member:

“[since] I've been on the board, I've known that there was this evaluation capacity building project going on, but I didn't know much about it, and I think keeping us board members more in the loop like maybe telling us, you know, giving a report at each of our meetings like what's going on, what are you doing? It would sure be helpful to me to know what's going on.”

Action Steps

To promote a “we are all in this together” mindset, we propose continued engagement in and development of other activities for the upcoming year.

- **Working group/ learning community.** We assembled a biweekly working group of staff¹ across 4 agencies who:
 - Provide guidance and input on training needs and appropriateness; and
 - Share their agencies’ practices and lessons learned with each other.
 Agencies not currently participating in the working group should contact the evaluation team to participate.
- **Regular progress updates.** At the recommendation of the boards, we provide progress updates, discuss upcoming evaluation plans, and answer questions about the project at monthly Mental Health and Developmental Disability board meetings and at monthly meetings with board staff.
- **Agency overview videos.** If agencies and board members agree it will be value-added, the FRC evaluation team will pilot (with a few willing agencies) creating brief videos with a 3-2-1 focus (e.g., “three things to know in two minutes about one agency”). Depending on the receptivity and success of these videos, we will expand to more agencies.
- **Establishing open-communication channels.** Boards and agencies may consider improving communication channels for shared goal- and expectation-setting.

Conclusions and Plans for Year 2

The Year 1 readiness and needs assessment involved numerous data sources, several steps, and multiple perspectives. As summarized in Table 1, analysis of all data sources revealed **five key findings** across board members, agency leaders, agency staff, and the FRC evaluation team:

1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies
2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning
3. “Giving Back Time” via Evaluation Tools and Efficiencies
4. Developing Capacity for Storytelling and Effective Reporting
5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work

By centering staff voice and multiple perspectives, **a more holistic understanding** has been gained in terms of current evaluation capacity levels, what has worked, and what needs remain to be addressed. We offer numerous **recommendations** that may be undertaken by the FRC evaluation team, agency staff and leaders, and board members. These recommendations are not exhaustive and are by no means expected to be implemented and accomplished in total in the next year. Some are already underway and will continue into Year 2, some may be prioritized by agencies and boards, and others may not be considered value-added.

¹ These staff were identified based on their desire to move action plans from the GLA session forward. If other staff members would like to participate in the working group, they can contact the FRC evaluation team.

In **Year 2 of the project**, we plan to continue providing intensive technical assistance for the three programs by working with them to (a) identify the best evaluation tools measure their outcomes, (b) help develop best practices for data collection and management, (c) provide techniques for storytelling that best conveys the valuable work they are doing to community members and funders, and (d) help structure their reports to meet requirements of funders efficiently and effectively so reports meet funders expectations on time. We will continue to create on-demand microlearnings that will be accessible to all agencies and board members. We will continue to solicit feedback and guidance from members of the working group. We also plan to conduct in-person workshops and trainings.

We look forward to **working together to tailor the evaluation capacity building activities** to agency and board needs. Working collectively will reach the funding goals of the boards to promote the "health and well-being of residents who live with behavioral health issues or developmental disabilities."

Table 1. Summary of Findings and Action Steps

Theme	Findings	Current Action	Future Action
<p>1. “We Don’t Know What We Don’t Know” – Familiarity with Evaluation Varies</p>	<ul style="list-style-type: none"> *Agency staff and board members acknowledged their limited evaluation knowledge, and may not recognize where additional training is needed.^{AS, B} *Smaller agencies rely on staff with multiple roles, limited capacity and training to complete evaluation activities.^{AS} *Agencies want direct communication with funders (board) about desired outcomes.^{AS} 	<p>FRC Evaluation Team: Determining what evaluation resources will be most useful to individual agencies.</p>	<p>FRC Evaluation Team: Compile and create evaluation resources for all agencies to access. Board: Communicate with agencies about why evaluation capacity is important. Agencies: Making time and space to participate in capacity building opportunities and utilize resources.</p>
<p>2. User-Friendly Evaluation Training is Needed and Staff and Boards are Receptive to Learning</p>	<ul style="list-style-type: none"> *Jargon is a barrier to understanding.^{B,AS,AL} *Evaluation is valued by boards and agencies.^{B,AS} *Confusion about outcomes versus outputs.^{AS,R} *Some agencies overpromise number of outcomes and outputs.^{AS,R,B} 	<p>FRC Evaluation Team: Developing microlearnings on process vs. outcome evaluation/outputs vs. outcomes and avoiding overpromising and underdelivering.</p>	<p>FRC Evaluation Team: Future topics for microlearnings such as logic models, selecting outcome measures, data management and analysis, data visualization, storytelling, survey design, translating findings into practice, improving participant response rates, methodology (e.g., qualitative, quantitative).</p>
<p>3. “Giving Back” Time via Evaluation Tools and Efficiencies</p>	<ul style="list-style-type: none"> *Never enough time for agency and board staff.^{B,AS,AL} *Need more efficient evaluation processes and infrastructure.^{B,AS} *Agencies require too much help from boards in report writing due to lack of institutional knowledge and leadership transitions.^B *Agencies may need ongoing evaluation support.^{B,AS} 	<p>FRC Evaluation Team: Providing tailored, intensive technical assistance to a few programs to move toward outcomes.</p>	<p>FRC Evaluation Team: (1) Offer “office hours”; (2) create institutionalized knowledge and procedures within agencies; (3) provide training in best practices in data collection and management; (4) develop shared evaluation strategies and metrics. Board: (1) Provide funds to cover cost of quality evaluation activities, including external support if internal support is unavailable; (2) explore feasibility of a linked data system for cross-agency client data; (3) allow appropriate time frames to evaluate program success. Agencies: (1) Make time and space to implement recommendations; (2) develop a shared evaluation strategy across agency to increase consistency and efficiency, if possible.</p>

Theme	Findings	Current Action	Future Action
<p>4. Developing Capacity for Storytelling and Effective Reporting</p>	<ul style="list-style-type: none"> * Storytelling effectively illustrates program accomplishments to various audiences.^{E,B,AS} * Quantitative data is preferred by funders (board); qualitative data is preferred by agencies.^{AS} * Agency staff value personal stories from clients to demonstrate impact.^{AS} * Agencies are unsure what type of data or outcomes funders (board) want to see or how to convey that.^{AS} * Agencies want simplified and clear reporting guidelines from the funders (board).^{AS} * Agencies want to improve their storytelling skills to communicate outcomes.^{AS} 	<p>Board: Simplified/refined previous report templates.</p>	<p>FRC Evaluation Team: (1) Offer trainings on effective storytelling strategies and evaluation-specific storytelling elements; (2) provide strategies on when and how to present quantitative and qualitative data and how to integrate to tell impactful stories.</p> <p>Board: Provide concrete examples of expected outcomes including openness to qualitative narrative and quantitative findings.</p> <p>Agencies: Making time and space to participate in capacity building trainings and utilize resources.</p>
<p>5. Adopting a Mindset of “We are All in This Together”: Collaboration, Shared Goal Setting, and Alignment as Community Building Opportunities to Advance Program Evaluation Work</p>	<ul style="list-style-type: none"> * All participants shared a vision of community thriving.^{B,AS,AL} * Board does not understand the day-to-day work, realities, and struggles of agencies.^{AS} * Agencies that collaborate overlap less in services; those who do not, frequently duplicate services.^B * Desire for more cross-group and cross-agency community building by all parties.^{B,AS,AL} * FRC evaluation regular communication.^B 	<p>FRC Evaluation Team: Providing regular progress update at the monthly MHDD board meetings and at monthly meetings with board staff.</p>	<p>FRC Evaluation Team: Pilot brief agency overview videos about what boards and other audiences need to know about the agencies. Continue regular progress reporting.</p> <p>Boards and Agencies: Improve communication channels for shared goal- and expectation-setting.</p> <p>Agencies: (a) Volunteer to participate in the working group/ learning community. (b) Make time and space to participate in capacity building opportunities and utilize resources.</p>

Note. E = FRC Evaluation Team; B = Board; AS = Agency Staff; AL = Agency Leaders; R = Agency Reports

Acknowledgements

We recognize and express gratitude to those who partnered and will continue to partner with us through this process.

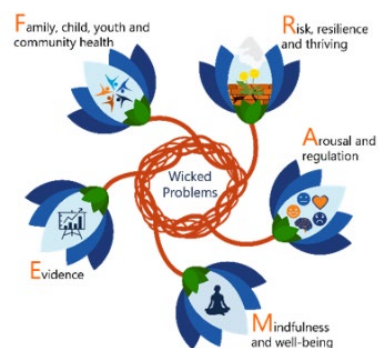
- **Agency staff and leaders** for their active engagement and thoughtful insights. We thank them for taking time to complete the pre-GLA session survey, spending three hours to generate ideas, suggestions, and solutions during the session, and responding to the post-GLA survey. We appreciate agencies making the time and space for staff to participate in evaluation capacity building activities past, present, and future.
- **Working group members** for agreeing to continue to collaborate on action planning after the GLA session and for developing a learning community that will hopefully transition into a community of practice.
- **Board members and board staff** who highlighted the need for and value of centering staff voice in the readiness and needs assessment. We thank all board members for being open to these recommendations and recognizing their role in supporting evaluation capacity building.
- **Programs participating in intensive technical assistance** for being willing to work one-on-one with the FRC evaluation team to answer our questions, inform us about your programs, and for being receptive to feedback and working together to improve processes and outcomes.
- **Kelli Martin** for partnering with us on a Group Level Assessment process, with which she had no previous experience. We thank her for her openness to the process and generously giving her time and invaluable insights from an agency perspective.
- **Sarah Dodoo and Yuliana Soto** for assisting with the planning, implementation, and preliminary analysis of the GLA session. Thank you for your commitment to this participatory strategy and your perspectives.
- **Nathaniel Underland** who is instrumental in transforming visions for microlearnings into video realities and whose evaluation capacity is developing ways he did not intend.

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APPENDIX A – Groups Level Assessment Report

GROUP LEVEL ASSESSMENT OF FUNDED AGENCY EVALUATION EXPERIENCES AND PRACTICES

Main Findings and Recommendations in Support of the Mental Health and Developmental Disability Agency and Board Evaluation Capacity Building Project Needs Assessment

January 2024

Prepared for the January 2024 Mental Health and Developmental Disability Board packets by the Family Resiliency Center; Department of Human Development and Family Studies; College of Agricultural, Consumer, and Environmental Sciences; University of Illinois, Urbana-Champaign



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Executive Summary

Group Level Assessment Overview

This report provides an overview of main findings with a focus on actionable recommendations from a Group Level Assessment (GLA)¹ conducted with funded mental health (MH) and developmental disability (DD) agency representatives on November 3, 2023 as a part of the evaluation capacity building project. GLA is a qualitative and participatory strategy for collecting data and generating action plans with those directly impacted by experiences explored during the GLA and emergent action plans and recommendations. GLA is particularly informative when used as part of a needs assessment process. During the GLA, **33 staff** representatives (15 DD and 18 MH) with **250 years** of collective experience across **19 agencies** answered **37 prompts** and generated over **2044 data points** (1803 sticky notes with insights and 241 voting dots denoting importance). Then, participants were divided into six groups to analyze responses to prompts. Prompts were created based on findings from needs assessment interviews with board members and previous evaluators, focus groups with agency leaders, discussions with board staff, and a pre-GLA survey sent to prospective participants. The GLA aimed to identify key needs, strengths, barriers, and current practices oriented around program evaluation to inform evaluation capacity building content and activity recommendations (e.g., microlearning offerings).

Main Findings

Participants and evaluation team members analyzed data from the assessment. Themes and broad actionable takeaways were identified. Three major themes underlie the findings. Overall, the results showed that agencies:

- A.** Understand the **value of evaluation and use it** for multiple purposes;
- B.** Recognized the need for and are receptive to receiving evaluation support and training on various evaluation components, acknowledging “**we don’t know what we don’t know;**” and
- C.** Expressed concern about **limited staff, time, technology, and funds** that often inhibit optimal evaluation practices.

These themes are threaded throughout the report. There was variation in levels of evaluation practice and use among agencies; some were moving to evaluating outcomes and some were trying to determine best ways to use data to inform practices. Participants want to find ways to consolidate data collection and simplify reporting, especially among multiple grants and funders.

The broad actionable takeaway categories included:

- 1.** Agencies need **additional evaluation capacity** to conduct evaluation activities, even when confident in evaluation abilities.
- 2.** **Systems and infrastructure** improvements related to evaluation are desired to make evaluation activities more efficient.
- 3.** **Align values, motivations, and day-to-day realities** across agencies and funders, and integrate

¹ Vaughn, L. M., & Lohmueller, M. (2014). Calling all stakeholders: Group-level assessment (GLA)—A qualitative and participatory method for large groups. *Evaluation Review*, 38(4), 336-355. doi:10.1177/0193841X14544903

with evaluation practice.

Findings did not demonstrate notable differences between mental health and developmental disability agencies. The evaluation team and agency participants drew similar conclusions and action items across GLA data.

Recommendations

Specific action items are provided for improving evaluation capacity and systems with consideration of the values and priorities of the agencies. Given the evaluation team, agency staff, and funders all contribute to this improvement process, action items are suggested for each.

Introduction & Context

Motivation for the Work

Before we present the details of the Group Level Assessment, it is important to recognize the important work being conducted by developmental disability and mental health agencies and their staff. It is easy to be distracted from the importance of the overarching mission of the work when presented with details about methods, data, and findings. To remind us “why” staff are committed to this work, we begin by presenting their motivations to do the work they do in their own words.

When asked “what motivates you to do your work?,” responses focused on improving people’s lives and outcomes; mission and belief in the work they do including growing their organization; building community; supportive workplace qualities (e.g., leadership, flexibility environment, training, supporting staff, high pace work); recognizing the impact of the work; serving as a model to others that success is possible; fixing systems; and being results driven (like working with numbers and reviewing data). Below are selected responses from participants.

In participants' words, responses to “What Motivates you to do your work”:

The belief that everyone deserves to be a part of their community

Serving the community I reside in; supporting those with similar struggles as myself

Fixing the system

genuine care for others and making this community better

I know we are making a profound difference in people's lives

Having the opportunity to change people's life(impact) by one action

strong leadership/ caring team

Training + supporting staff to be person-centered

I am one of them. Am a peer. Peer that wants to see them succeed like me.

Background and Methodology

To inform the evaluation capacity building process, the evaluation team undertook a needs assessment, including a Group Level Assessment (GLA) session with staff from funded mental health (MH) and developmental disability (DD) agencies. GLA is a qualitative and participatory strategy for collecting data and generating action plans with those directly impacted by experiences being explored and emergent action plans and recommendations. GLA is particularly informative when used as part of a needs assessment process. The next page includes a **flowchart** showing how the GLA is part of the larger needs assessment and informs evaluation activities and next steps.

Development of the GLA session

The design of the GLA session was based on recommendations that emerged from interviews with board members, board staff, and previous evaluators, focus group discussions with agency executive directors, discussions with board staff, and a pre-GLA survey sent to prospective agency staff participants. Based on these recommendations, 37 prompts were developed to collect information on topics such as motivations for the work they do and their role in evaluation, knowledge of evaluation concepts, successes and challenges in their evaluation processes, needed evaluation supports from the evaluation team and funders, cross-agency collaboration, areas for growth and improvement, and receptiveness to receiving evaluation capacity building support.

The evaluation team sought agency staff interest in co-facilitating and planning the session, a participatory strategy for increasing session relevance. Kelli Martin (DSC) agreed to partner with the evaluation team.² The session was co-facilitated by Jacinda Dariotis and Kelli Martin with assistance from two graduate research assistants: Sarah Dodoo and Yuliana Soto.

Turn out for GLA session

Interest in and turnout at the GLA session was very high. A total of 41 agency staff (19 DD and 22 MH) were identified or nominated to participate and 33 attended the session (15 DD and 18 MH) with nearly 250 collective years of experience at 19 agencies. Participants' organizational roles varied from clerical to direct service provider to executive. Participants were actively engaged in the session and generated over 1800 sticky notes and 240 voting dots (2044 insights) across the 37 prompts. We anticipated participants would have limited knowledge or experience with some evaluation topics. Evaluation knowledge prompts were included to assess participant familiarity with evaluation concepts. Participants were encouraged from the beginning of the session to write "I don't know," "need help with this," and "?" on sticky notes to normalize expression of potential gaps in knowledge (which can be difficult to admit). "We don't know what we don't know" emerged as a major discussion point during the large group call out when groups summarized their findings.



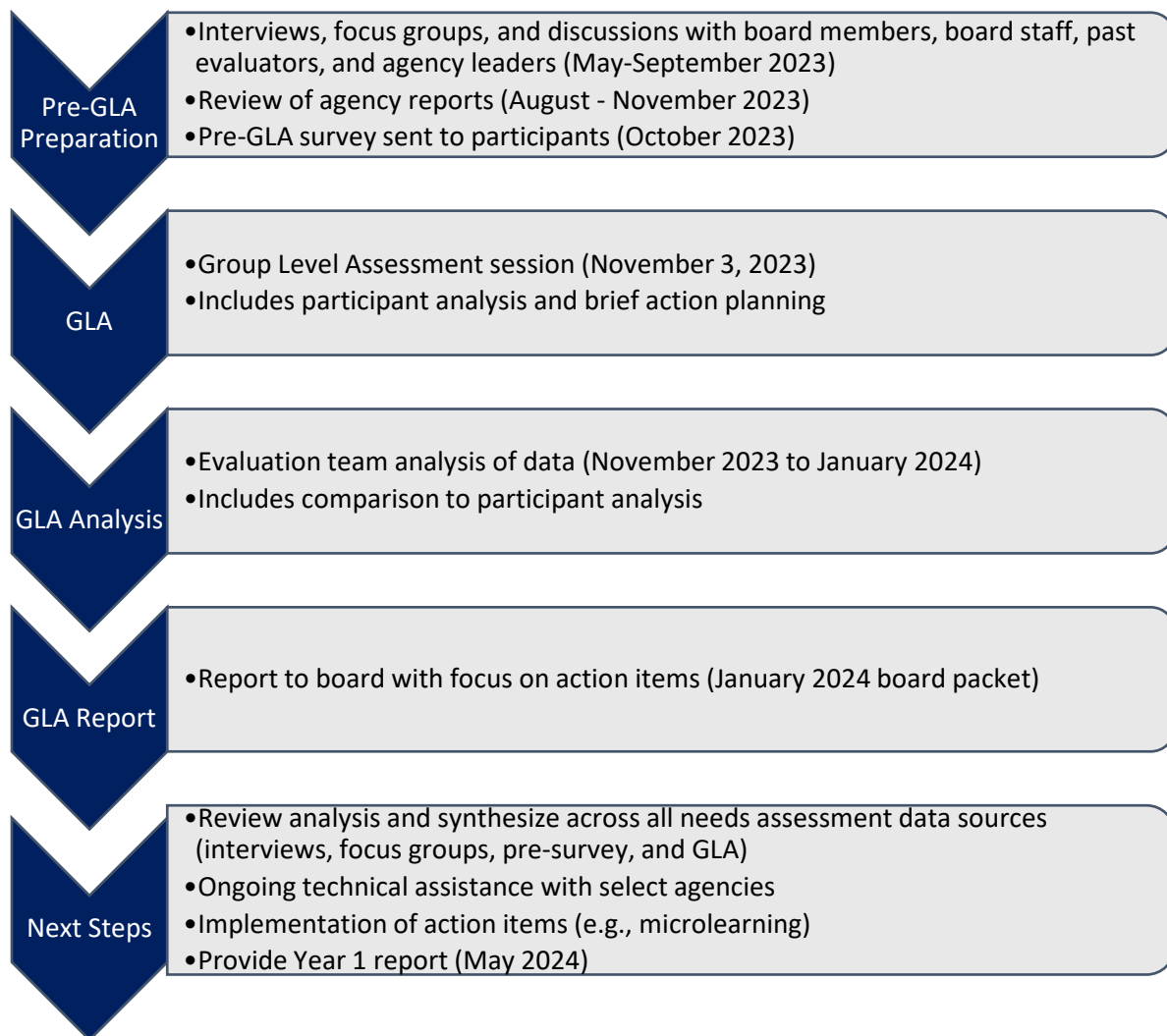
Receptiveness to and value of the GLA session

A post-GLA survey was conducted to obtain additional feedback, and 24 participants responded (missing data was mainly due to participants having to leave early). Participants were asked what motivated them

² Of note, although DSC receives funding for several programs, Ms. Martin's role as Clinical Manager at DSC at the time of the GLA was independent of those programs

to participate in the GLA session, how effective and helpful they thought it was (1=not at all to 5=very), if they would be willing to help move action plans forward, and what they learned that was most valuable. Overall, participants found the GLA session to be beneficial and effective, particularly in terms of having an opportunity to engage with other agency staff (mean = 4.5), answering questions relevant and relatable to evaluation (mean = 4.3), the facilitation process (mean = 4.3), and being well organized (mean = 4.5). The fast-paced nature of the session was reflected in participants’ neutral responses about how sufficient the time was to give insights (mean = 3.4). Participants were asked if they would be interested in helping move action plans forward and nearly a third (n=7; 29%) said “yes” and over half (54%) indicated “not sure” with 11 (46%) providing contact information for follow up. The most valuable aspects of the session included networking, sharing ideas, and building community around shared experiences with evaluation, for example: “learning that other agencies are having the same problem,” “the connection with other agencies,” “sharing common struggles and brainstorming solutions,” “shared themes despite varying size of agencies; time, staffing, funding, and technology,” and “learning more about how to be efficient in evaluating.”

Flowchart: Needs Assessment with GLA Focus and Evaluation Next Steps



Building Staff Evaluation Capacity

We refer to staff capacity here in the context of agency staff having the skills, time, resources, and energy to engage in quality program evaluation activities.

Agency staff need **additional capacity** to conduct effective and efficient evaluation activities, even when confident in evaluation abilities. Staffing challenges related to time, training, resources, and buy-in as well as competition were reported as barriers for evaluation activities. The need for evaluation training was universal across agency type.



- **Limited time and competing priorities.** Time was one of the most cited challenges related to data- and evaluation-related work. Limited time and competing priorities influence evaluation. Relatedly, time management and delegation emerged as important to efficiently meeting reporting and evaluation requirements.
- **Learning best practices for multiple data collection methods.** Evaluation experience and various trainings for staff were noted as factors that strengthen evaluation efforts. Specifically, staff were interested in learning best practices for multiple methods (e.g., qualitative, quantitative) to reach clients/prospective participants to tell whole stories to reveal program effects. Many agencies heavily relied upon surveys (particularly satisfaction surveys) and were interested in ways to improve surveys to assess outcomes and increase response rates. Staff expressed interest in learning about the use of focus groups and interviews. They also noted that staff could be better trained in data collection and data management.
- **Evaluation activities related to additional workload.** Data showed concern over workload and how it relates to agency staff wellbeing. Staff bear the day-to-day challenges of service provision in addition to evaluation responsibilities. Although many staff noted evaluation as a part of their job responsibilities, and several enjoy evaluation and working with data, it was not typically perceived as an enjoyable part of their work (as reflected in the responses to the “meme or bumper sticker” prompt in the section Current Agency Experiences with Evaluating Services and Programs). As noted previously, participants described the need to delegate tasks and provide additional supports to staff. Ongoing challenges of staff turnover and finding new **qualified and trained staff** made meeting both their service delivery and evaluation responsibilities more difficult.

The evaluation team will continue to assess staff evaluation knowledge and practices to inform ongoing capacity building efforts. Several evaluation training topics were mentioned (see Suggested Action Items table below); but many participants agreed “we don’t know what we don’t know” and were open to exploring topic areas, noting that there is always room for improvement and efficiency. They agreed that capacity building should be easy to understand, void of jargon, and in layman terms.

Developing Infrastructure

Systems and infrastructure refer to the resources, policies, and practices that can support quality and efficient evaluation. Staff reported limited time, funding, staff, training, and software.

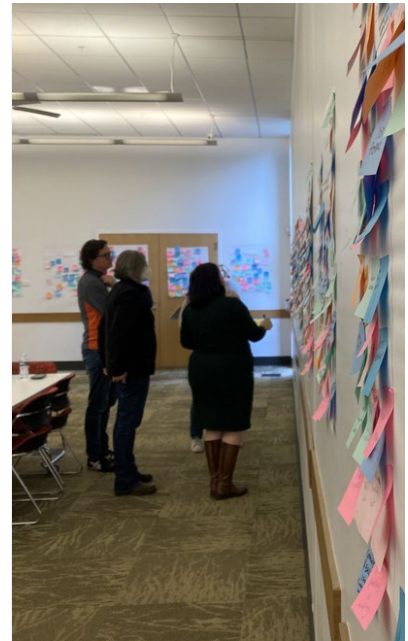
Systems and infrastructure improvements related to evaluation were desired by participants. Efficiencies facilitated by improved systems can also support capacity building. Several staff noted the need to **simplify and standardize evaluation data collection and reporting processes**. Changes to the DDB and MHB reporting process were noted as an improvement that aided efficiency given the infrastructure they have in place. Participants noted current use of software and data management systems as useful for evaluation (e.g., Excel, Salesforce, Air Table). **Access to and familiarity with technology and software** varied across agencies and posed challenges, especially for costly systems.

- **Simplifying and standardizing data and reporting processes.** Staff want to simplify and standardize data and reporting processes. They suggested streamlining data collection across funders, particularly for agencies with multiple grants. Some recommended using providers' formats for data. A few participants suggested monthly reports, but this was not the norm. If agencies have challenges with quarterly reporting, creating a system (automated, if possible) that summarizes data on a monthly basis may help meet quarterly reporting requirements. Assistance with data visualization for reporting was mentioned as an area for support.
- **Improved data collection and management systems.** Staff reported a need for improved data collection and management systems to organize and streamline evaluation processes such as electronic client surveys. These systems would help make evaluation processes more efficient. User-friendly databases without redundancy were also suggested. Trainings related to data management and best practices in data collection are an area for growth.
- **Collaboration or consolidation across platforms and metrics.** Staff responses showed that different databases and outcome metrics are used by different agencies. Although they recognized one-size does not fit all, staff were interested in a common database or system. Having one or a few common data management and tracking systems may be helpful for agencies, especially those that lack platforms or systems. Staff also observed that agencies collect very specific data and expressed interest in having agencies collect some common metrics (e.g., have a few required), and the results could be shared by the board annually.
- **Human infrastructure.** Related to capacity building but specific to data and evaluation, participants noted that increased staff training, communication, and external supports (e.g., independent evaluators or data analysts) have helped or could help support agency evaluation activities. When asked about strengths and supports agencies brought to their evaluations, several noted a dedicated team or person in the agency focused on data and evaluation. For agencies without this resource, when asked about how agencies would like to see evaluation practices change, several desired dedicated staff/individuals focused on evaluation.

Additional information is needed about specific infrastructure needs and possibilities. For example, the evaluation team will explore whether common metrics and systems are feasible.

Promoting Alignment and Collaboration

Staff responses suggested a need to **align values, motivations, and day-to-day realities** across agencies and funders, and integrate with evaluation practice. Participant responses emphasized that agency staff prioritize the success of clients, wellbeing of the community, and multi-sector collaboration over evaluation when resources (e.g., time, staff, funding) are limited. Staff responses also indicated that these priorities are not always reflected by reporting requirements or cannot be fully realized based on funding allocations or practices. Although participants agreed that agencies and funders shared similar values, there may be a **disconnect** related to on-the-ground expertise versus external perceptions and allotment of resources. Increasing alignment between values, motivations, and realities may help to ease the burden of evaluation expressed by many participants.



- **Benefits and barriers to cross-agency collaboration.** Participants identified many **benefits** to collaboration. Several participants indicated already engaging in significant collaboration, but this was not the norm. **Barriers** to collaboration centered on competition and lack of time and staff. Competition included seeking funding from similar sources and competing for referrals. Several participants noted that funding specifically designated for cross-agency collaboration would help promote collaboration.
- A **desire for increased cross-agency collaboration** was reported by most participants. Some suggested more in person meetings and opportunities for connection and communication would improve collaboration. As noted previously, several staff indicated they already engaged in significant collaborations.
- **Community involvement and storytelling** were highlighted by participants as important methods for conveying the potential impact of programming. The importance of stories as indicators of program success was highlighted by participants but may be lost during evaluation or reporting processes that heavily rely on quantitative data.
- **Communicating day-to-day program realities and successes.** Staff welcome the opportunity to effectively communicate about the goals, implementation, outcomes, and impacts of their programs. They reported struggles with this because existing metrics (mostly quantitative) do not adequately capture these programming aspects. Qualitative measures, when valued, are useful for conveying rich information programs and client experiences.

Promoting alignment and collaboration requires an openness to working together, time, and effective communication, including the skill and art of storytelling. Integrating both quantitative and qualitative data into evaluation plans will assist agencies in effectively communicating what they do and how their programs affect change in the community and among their clients.

Suggested Action Items

In the table below, we present numerous action items for the evaluation team, agencies, and funders. These items were supported by needs assessment data to date. It is not expected that all action items are feasible or that they can be implemented right away. These are suggestions, and this is considered a working document that is subject to change.

Table of Suggested Action Items by Action Area and Roles

Action Area	Evaluation Team	Agencies	Funder/s
<i>Build Capacity</i>	<ul style="list-style-type: none"> • Provide technical assistance to agencies over time to support evaluation • Develop and disseminate “microlearning” or short training modules, on topics such as: <ul style="list-style-type: none"> ○ Performance versus outcome measures ○ Basics of data management and analysis*** ○ Focusing on a few priority outcomes rather than proposing too many ○ Data visualization best practices ○ Improving response rates ○ Methodology basics for qualitative and quantitative approaches ○ Logic models ○ Storytelling* 	<ul style="list-style-type: none"> • Allow staff time for evaluation training and networking • Consider a train-the-trainer model to train new hires on evaluation skills*** 	See infrastructure action items that will support staff capacity <ul style="list-style-type: none"> • Include partnership/ collaboration indicators in reports (frame as a success rather than a mandate)***
<i>Develop Infrastructure**</i>	<ul style="list-style-type: none"> • Provide recommendations for improving the efficiency of data collection and management systems • Facilitate communities of practice and cross-agency collaboration • Create data collection and reporting systems in Qualtrics (or other online survey data collection platform), if feasible 	<ul style="list-style-type: none"> • Develop a shared evaluation strategy across the agency to increase consistency/efficiency • If quarterly reporting data summaries are difficult, consider monthly data analysis (automate if possible) 	<ul style="list-style-type: none"> • Provide funds to cover the cost of quality evaluation activities, including external support (e.g., external/ dedicated evaluator time) if internal support is not available • Explore whether the development of a linked

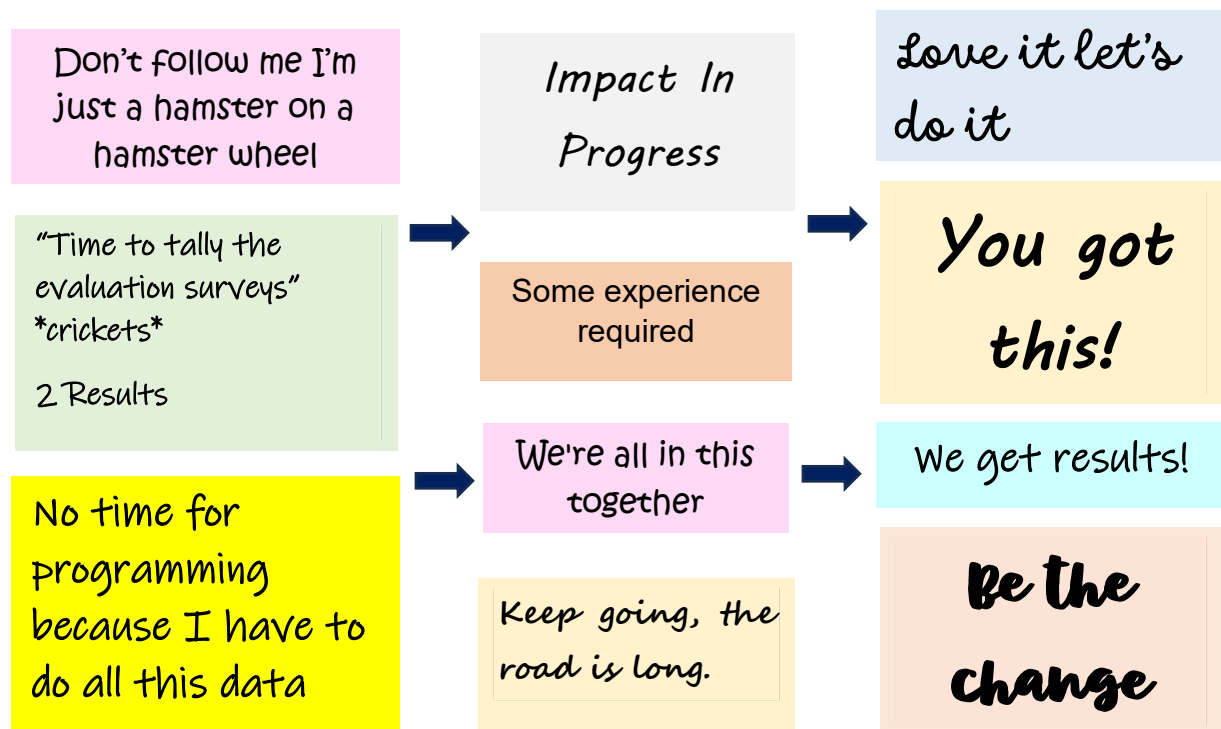
Action Area	Evaluation Team	Agencies	Funder/s
	<ul style="list-style-type: none"> Utilize the shared repository of measures previously created 	<ul style="list-style-type: none"> Seek funds for evaluation-related activities and development 	<ul style="list-style-type: none"> data system where client data can be found across agencies is feasible Allow appropriate time frames to evaluate program success
Promote Alignment & Collaboration	<ul style="list-style-type: none"> Develop brief videos showing on-the-ground work of agencies Disseminate a monthly newsletter with tips and tricks and agency highlights** Facilitate a learning community, virtual or in person, for interested agency staff to share insights and resources as well as to network**** Co-host an annual gala highlighting agencies' work to celebrate successes Attend meetings of the board and agency executive directors 	<ul style="list-style-type: none"> Actively participate in a community of practice Co-host an annual gala highlighting agency/ program work and successes a year's work Check in with / communicate with boards to clarify expectations and touch base on progress 	<ul style="list-style-type: none"> Ask agencies their perceptions of what is important to capture in reporting or add into applications Review newsletters with agency highlights and brief videos (if agreed upon and developed by the evaluation team) to stay versed in day-to-day realities of agency work

Note. * = also supports creating alignment, ** = also supports capacity building, *** = also supports infrastructure development, **** = supports all areas

Current Agency Experiences with Evaluating Services and Programs

Evaluating services and programs is not easy, especially when providing those services and programs at the same time and waiting for the time it can take to observe outcomes and impacts. As demonstrated from their responses about their experiences with evaluating their programs and services (shown below), staff varied in their focus on challenging (left most) to pragmatic (middle) to inspirational (right most) aspects of evaluation. By putting some of the suggested action items in place for the evaluation team, agencies, and funders (because “we are all in this together”), we aim to move agency staff experiences in the direction to the right. Even if staff do not end up loving evaluation, they will get results and observe change.

Participants’ responses to prompt “Create a meme or bumper sticker that reflects your experience with evaluating your programs/services”



Conclusion & Next Steps

Findings from the formative interviews and GLA guided the development of action items intended to improve evaluation practices among mental health and development disability agencies that align with staff values, motivations, and day-to-day realities.

Ongoing evaluation activities include:

- Initiated technical assistance for three selected programs and will work closely with those three programs to develop a plan to support outcome evaluation activities.
- Began brainstorming and outlining the first microlearning offerings related to outcomes.
- Shared preliminary action items with board staff.
- Review of agency progress and outcome reports.

Planned evaluation activities include:

- Follow up with GLA participants who indicated interest in action planning. Meeting with this group will allow for further clarification of GLA response interpretation and aligning goals as well as moving action items forward.
- Develop a community of practice to network, share experiences and resources, and promote collaboration. This will begin with a newsletter and website pages with evaluation resources.
- Develop and disseminate 2-4 recorded microlearning trainings before May 2024.

We hope these as the next steps toward moving agencies into the “love it let’s do it” experience with evaluation.

Acknowledgements

We recognize and express gratitude to those who partnered (and will continue to partner) with us through this process.

- **Agency staff** for their active engagement and thoughtful insights. We thank them for taking time to complete the pre-session survey, spending three hours to generate ideas, suggestions, and solutions during the session and agreeing to continue to collaborate on action planning.
- **Board members and board staff** who highlighted the need for and value of centering staff voice in the needs assessment. We thank all board members for being open to these recommendations and recognizing their role in supporting evaluation capacity building.
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Family Resiliency Center



PY2024 3rd 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 Third Quarter PY24

Submitted 04/19/2024 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	
Quarterly Data (NEW Clients)	11	57	11	106	
Continuing from Last Year (Q1 Only)					

Comments:

Our team has continued to work at a steady pace throughout the 3rd Quarter. We have maintained stable staffing, which has allowed for consistent completion of personal plans and quarterly visits with individuals in our Person-Centered Planning Case Management Program. Our Dual Diagnosis Case Manager’s caseload has continued to grow. She works with each individual on goals that he/she has identified as a priority. Our Transition Consultant program has also been busy attending IEP (Individualized Education Plans) meetings for individuals ages 18 and older and developing transition plans with families.

The Developmental Disabilities team remains dedicated to expanding its reach. RPC continues providing services to individuals selected from the PUNS list until they begin the PAS process with Prairieland ISC, thereby eliminating the possibility of service gaps.

Begin 7/1/23		\$433,777	CCRPC Decision Support PCP					
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total
1	4	13	77	101	178	66	1	67
2	20	137		84	84		18	18
3	11	57		106	106		11	11
4					0			0
Total	35	207			368	66	30	96
Targets	25	100			165	0	30	30
	140.00%	207.00%			223.03%			320.00%



Quarterly Program Activity / Consumer Service Report
 Agency: Champaign County Head Start/Early Head Start MHB
 Program: Early Childhood Mental Health Svcs Period Third Quarter PY24
 Submitted 04/26/2024 by JSPAINMHB

	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)	3	493	23	22	13
Continuing from Last Year (Q1 Only)					

Comments:

Begin 7/1/23											
CCRPC-Head Start		\$347,235	CCMHB	(\$197,569 MHB + \$149,666 MHB I-DD \$\$)							
PY23-24 Early Childhood MH Services		TPC	TPC	Total	NTPC	NTPC	NTPC	Other			
Qtr	CSE	SCs	Continue	New	TPC	Continue	New	Total	Other		
1	0	416	42	46	88	0	83	83	11		
2	3	373		13	13	0	188	188	8		
3	3	493		22	22		23	23	13		
4					0			0			
Total		6	1282	42	81	123	0	294	294	32	
Targets		5	3000		80	80	0	380	380	12	
		120%	43%			154%			77%	267%	



Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

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

Submitted **04/15/2024** 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)	1	94	0	3	
Continuing from Last Year (Q1 Only)					

Comments:

The CU Early bilingual home visitor enrolled 3 new children to her caseload during this quarter. 2 children on her caseload turned 3 and were exited out of the program.

The CU Early bilingual home visitor completed home visits, playgroups and screening contacts for a total of 94 for the 3rd quarter.

The CU Early program coordinator attended Read Across America an early literacy event at Lincoln Square that was held on April 2.

CU Early continues to coordinate and plan with Krannert Center for the Performing Arts and the Spurlock Museum the Mayan Celebration event scheduled for June 9, 24.

All CU Early staff attended a 2 hour professional development workshop presented by Tanya Blackshear on February 29 to meet the requirements of the Cultural and Competency plan. Content of the presentation centered around Micro aggressions.

Begin 7/1/23		\$77,184	(\$4,043 DDB + \$73,141 MHB)			CU Early		
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total
1	5	83			23			0
2	2	116			2			2
3	1	94			3			0
4					0			0
Total	8	293			28	0	2	2
Targets	5	530			25	0	5	5
	160.00%	55.28%			112.00%			40.00%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

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

Submitted **04/26/2024** by **CCCOOP1**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					
Quarterly Data (NEW Clients)	1	400	0	1	528
Continuing from Last Year (Q1 Only)					

Comments:

CSE in Q3: 1 - Champaign Rotary on 3/21

SC = 400 Claims in Q3: these are reported via the online reporting system

NTPCs: 0

New TPCs in Q3: 1

Other = Direct Hours in Q3: 528 (also reported via online claims)

Begin 7/1/23	CCDDB		Customized Employment						
\$226,500	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	DS HOURS
1	2	627	38	9	47	0	0	0	796
2	3	693		5	5			0	938
3	1	400		1	1			0	528
4					0			0	
Total	6	1720	38	15	53	0	0	0	2262
Targets	4	2000			40			0	2572
	150.00%	86.00%	#DIV/0!	#DIV/0!	132.50%			#DIV/0!	87.95%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

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

Submitted **04/26/2024** by **CCCOOP1**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					
Quarterly Data (NEW Clients)	2	440	6	3	626.5
Continuing from Last Year (Q1 Only)					

Comments:

2 CSEs in Q3: Transition Planning Committee - Social Security Presentation on 1/19 & Champaign Rotary on 3/21

SCs: 440 (includes 379 recorded for TPCs as claims in the online reporting system, and 61 for NTPCs in personal development classes)

New NTPCs in Q3: 6 (these are individuals who participate in our Personal Development Classes)

New TPCs in Q3: 3

Other: Direct Hours in Q3: 626.5 (includes 524 recorded for TPCs as direct hours, and 102.5 for NTPCs in personal development classes)

Inclusive Community Support formerly Community Living										
Begin 7/1/23										
\$198,000										
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Total Hour	
1	3	513	29	0	29			3	3	768
2	4	467		0	0			10	10	813
3	2	440		3	3			6	6	626.5
4					0				0	0
Total	9	1420	29	3	32	0	19	19		2207.5
Targets	4	2023			30	0	0	15		2878
	225.00%	70.19%			106.67%			100.00%		77%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

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

Submitted **04/26/2024** by **CCCOOP1**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2810	20	0	2086
Quarterly Data (NEW Clients)	2	478	1	0	302.5
Continuing from Last Year (Q1 Only)					

Comments:

2 CSEs: Speaking to the Champaign Rotary on 3/21 & Presentation to U of I Sexual Health & Disability Class on 3/7

478 service contacts in Q3; 264 with members with disabilities and 214 with family members

1 new NTPCs in Q3: 1 new member with a disability and 0 new family members

Other = 302.5 direct hours

Begin 7/1/23		Self-Determination Support								
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	Total NTPC	Other DS Hours	
1	2	779	0	0	0	196	9	205	486	
2	4	512		0	0		10	10	412.5	
3	2	478		0	0		1	1	302.5	
4					0			0		
Total	8	1769	0	0	0	196	20	216	1201	
Targets	4	2810			0			200	2086	
	200.00%	62.95%						108.00%	57.57%	



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

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

Submitted **04/26/2024** by **CCCOOP1**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	3	0	16	0	
Quarterly Data (NEW Clients)	4	0	0	0	14
Continuing from Last Year (Q1 Only)					

Comments:

No SCs or TPCs for this program.

CSEs = Champaign Rotary, Transition Planning Committee, and two separate job advertisements.

Other = Number of Bonuses Provided, total for Q3 is 14: 0 Sign-On Bonuses, 14 Retention Bonuses

Staff Recruitment and Retention									
Begin 7/1/23		\$68,000 PY24-25							
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other
1						11	3	14	14
2							1	1	15
3	4						0	0	14
4								0	
Total	4	0	0	0	0	11	4	15	43
Targets	3					0	12	4	16
	133.33%							93.75%	68.25%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

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

Submitted **04/26/2024** by **CCCOOP1**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					
Quarterly Data (NEW Clients)	1	778	3	0	459
Continuing from Last Year (Q1 Only)					

Comments:

CSEs in Q3: Champaign Rotary on 3/21

SCs: 778

New NTPCs in Q3: 3 new participants used rides

TPCS: 0

Other: Direct Hours in Q3: 459

297 Total Rides provided in Q3. Below is the breakdown of what rides were used for:

Work 214

Leisure 39

Family 4

Medical/Health 19

CC Event 82

Errands 22

Does not wish to say 0

No Show 0

Transportation Support									
Begin 7/1/23		\$119,500	Prorated: \$117,697						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other Hours
1	6	272					14	14	219
2	3	647					11	11	313
3	1	778					3	3	459
4								0	
Total	10	1697	0	0	0	0	28	28	991
Targets	4	2696			0			45	1095
	250.00%	62.95%						62.22%	90.50%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/25/2024** by **KELLI2019**

	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)	0	3	1	1	
Continuing from Last Year (Q1 Only)					

Comments:

Community Service Events: There were no events this quarter.

Individual Info: Eight individuals received two types of clinical services. One person (NTPC) was opened for a psychological assessment. One person (TPC) was opened for Psychiatry Services after her established provider refused to see her again. Sixteen people closed from Clinical Services this quarter. Ten are all stable and have not utilized counseling services since their previous counselor retired. Two individuals moved out of the area. Four individuals were closed once the psychological report was completed.

Service/Screening Contacts: There were three screening contacts this quarter. Two were opened (see above) and one was referred for psychiatry elsewhere and able to schedule an appointment with the community provider within a reasonable time frame.

Update on Clinical Wellbeing Assessment: The Clinical Wellbeing assessment has been sent to all individuals currently receiving counseling and/or psychiatry. Five have been returned to date.

Extra Reporting Time: 6 hours this quarter was spent on tasks related to billing, reporting, and supporting new Clinical Coordinator.

Update on DSP Support Specialist: The DSP Support Specialist supported 37 different staff across 7 programs and 5 sites in regards to 43 different individuals during the quarter.

Begin 7/1/23		\$241,000		Clinical Services						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other	
1	2	7	53	6	59	2	1	3	12	
2	1	5		2	2		1	1	8	
3	0	3		1	1		1	1	6	
4					0			0		
Total	3	15			62			5	5	
Targets	2	10		10	59		5	5		
	150%	150%			105.08%			100.00%		



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/26/2024** by **KELLI2019**

	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)	0	2		2	
Continuing from Last Year (Q1 Only)					

Comments:

Community Employment (CE) had several individuals celebrate long-term anniversaries with their employers this quarter:

- One individual celebrated 10 years with a national chain of gyms. This young man had one of the most important jobs throughout the COVID-19 pandemic, namely sanitizing. He continues to take great pride in keeping the machines clean and safe.
- A proud big box employee celebrated 18-years of customer service. During a recent conversation, she described herself as a “Customer Service Queen!” She takes great pride in the way she treats each customer with respect and kindness. She loves her job and even volunteers for overtime!
- Another 18-year veteran of a regional grocery chain celebrated this quarter. This man works outside collecting carts in all weather and never complains. He has a great attitude and is a fiercely loyal employee. His employer and coworkers are excellent natural supports and have played a role in supporting him in his employment success.

This quarter, Supported Employment continued their partnership with the Champaign Park District (CPD), Habitat for Humanity, Advanced Medical Transport East (AMT), Urbana-Champaign Independent Media Center (UCIMC), and Hessel Park Church. A few successes to celebrate this quarter include a person returning to work at the UCIMC for work after an extended absence and another crew member adding more tasks to their repertoire so they are now able to stock supplies and refill soap dispensers and vending machines accurately. Staff are adding additional MTD experience, focusing on learning how to use the MTD app and other resources so participants can access the MTD more independently in all areas of their life. We are assisting all participants in obtaining a bus pass if they don't already have one.

Begin 7/1/23		\$459,606		Community Employment				
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total
1	2	6	76	4	80			
2	1	1		0	0			
3	0	2		2	2			
4					0			
Total	3	9	76	6	82	0	0	0
Targets	2	10			88			0
	150%	90%			93.18%			



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/26/2024** by **KELLI2019**

	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)	0	3	8	3	
Continuing from Last Year (Q1 Only)					

Comments:

- New opportunities this quarter included: Spanish 101, Air Fryer Cooking, Marvel VS. DC, Disney Fanatics, and Pen Pals.
- Spanish 101 was offered based on program interest and staff expertise. This group meets at the Champaign Public Library to focus on the basics of the Spanish language and practicing with friends.
 - Air Fryer Cooking, offered at a central community space, made it easy for participants to conveniently meet and learn new ways to prepare healthy meals.
 - Marvel vs. DC was newly offered following coverage on the topic in the popular “Role Play and Fan Club” group. People wanted to continue to learn more about the fandoms and history of these comic empires, paving the way for this new group! Together with this session’s Anime Group, these groups attended the Indianapolis Comic Convention on March 22nd. They cosplayed as their favorite comic and anime characters, even bumping into others in the same costume!
 - Disney Fanatics created a space for people interested in all things Disney to develop relationships with people who have shared interests about the theme parks, Disney movies, history, and more!
 - People who wanted to connect with new friends all while practicing their writing skills joined the new Pen Pals group. They wrote about things happening in their lives, topics of interest, and even learned new things from others’ lived experiences.
 - A group toured Advanced Medical Transport and the ambulances, The Studio at the Library- a makerspace, computer lab, gaming area and recording booths that can be reserved for future creative endeavors, and The Station Theatre.
 - Black History Month Soul Food Luncheon was a hit. Some individuals helped with preparation and one person who eats the same launchable everyday ate a whole plate of soul food and loved it!
 - Two individuals celebrated milestone birthdays with their peers. Good food, music, and dancing were part of the party.

Exercise groups remain popular. These include: Men’s Health, Health Matters, Basketball, and Zumba.

Ongoing volunteer opportunities continue at the Hope Center Food Bank, Salt and Light, and the IDEA Store.

Other Community First Group offerings included: Video Games, Movie Buffs (2 offerings), Current Events, Women’s Group, Harry Potter, Microwave Cooking, Learning the Library, American Mysteries, and Treasure Hunters.

7/1/23 Community First			\$ 890,042							
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total		
1	2	14	34	8	42	0	98	98		
2	1	4		1	1		10	10		
3	0	3		3	3		8	8		
4					0			0		
Total	3	21	34	12	46		116	116		
Targets	2	6	131	45	45	0	45	45		45
	150%	350%			102.22%					258%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/26/2024** by **KELLI2019**

	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)		0		0	
Continuing from Last Year (Q1 Only)					

Comments:

The Community Living Program continues to assist people in a variety of ways to maintain or increase their independence. This quarter there was a focus on increasing individuals use of technology including budgeting using online banking portals, electronic registers, and budgeting forms, utilizing shopping apps to place grocery orders and using pharmacy apps to schedule medication refills. Staff also assisted people in using the MyChart app to request new prescriptions, ask medical questions, and schedule medical appointments.

Individuals in the program continue to receive assistance from staff in homemaking and organization on site at their home, support with shopping, budgeting, meal planning, and medical appointments.

This quarter, in addition to activities individuals plan for themselves such as bowling, going to movies, shopping, hanging out with friends, and CUSR activities, there were two group Community Experience opportunities. One was an event at The Vineyard Church in Urbana that included a soul food dinner along with an activity designed to share cultural experience with others. This was very meaningful to several of the group members. Another group checked out Martinelli’s Market, a sandwich shop. Both were completely new experiences for all who attended.

Begin 7/1/23		\$565,480		Community Living				
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total
1		3	71	1	72			0
2		1		2	2			0
3		6		0	0			0
4					0			0
Total	0	10	71	3	74	0	0	0
Targets		6		78	78			
		167%			94.87%			



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Connections Period Third Quarter PY24**

Submitted 04/26/2024 by KELLI2019

	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)	0		6	3	
Continuing from Last Year (Q1 Only)					

Comments:

Artists participating in creative opportunities at the Crow this quarter had their pick of several offerings:

- Discover Clay supports people in their pottery endeavors from coil pots to magnets and beyond. Many of these pieces were featured at the Boneyard Arts Festival.
- Woodcrafts was offered again this quarter following the success of its inception last quarter. Woodcrafters worked tirelessly on several spring crafts including wood wreaths, coasters, porch plant stands, and even benches!
- Recycled Art and Collage focused on using found materials to create art along with reducing waste in the community.
- Performance art was also a focus identified from participant feedback. Theater 102 and Songwriting/Jam Session were offered to people whose preference is expressing their art through performance.
- Sewing groups benefitted from a generous donation of two new sewing machines. Participants learned stitching and following patterns to create paper and fabric quilts.
- Other group opportunities at the Crow included Zines and Scrapbooking.

Some artists have started utilizing the Crow independently from groups to work on their own projects. These artists have gone through many group offerings in the past and have developed their own artistic identities. They come to the Crow for supplies and space to continue creating on a regular basis.

This quarter, The Crow collaborated with CU Create, an organization offering art instruction to community members who may not otherwise have access to artistic opportunities. Their art instructor offers a weekly art class to program participants in exchange for use of the space on evenings and weekends. CU Create classes are open to people interested in exploring their artistic potential.

Begin 7/1/23		\$106,400		Connections					
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	
1	2		17	2	19			20	20
2	3				2	2		4	4
3	0				3	3		6	6
4					0				0
Total	5	0	17	7	24	0	30	30	
Targets	5	0			25			12	
	100.00%				96.00%			250.00%	



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/26/2024** by **KELLI2019**

	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)	2				
Continuing from Last Year (Q1 Only)					

Comments:

LEAP Trainings:

- 1-29-24 KOHL's – 61820
- 2-12-24 Curtis Orchard- 61822

Employment by LEAP trained businesses:

- Best Western hired a job seeker from DSC for a breakfast attendant position.

Other Presentations:

- The LEAP training was presented to Parkland OTA students on 3-21-24.

The Employment First/LEAP Coordinator position was filled on 3-25-24 after a lengthy position vacancy.

Continues 7/1/23		\$90,100	Employment First						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	
1	10	0	0	0	0	0	0	0	0
2	5								
3	2								
4									
Total	17	0	0	0	0	0	0	0	0
Targets	25	0	0	0	0	0	0	0	0
	68.00%								



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/25/2024** by **KELLI2019**

	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	86		92	
Continuing from Last Year (Q1 Only)					

Comments:

Family Development (FD) staff participated in Read Across America and monthly playgroup/developmental screening events at Soccer Planet hosted by the Champaign County Home Visiting Consortium (CCHVC) in conjunction with Birth to 5 Illinois and United Way.

There were 86 developmental screenings completed this quarter using the Ages and Stages Questionnaire 3rd Edition (ASQ-3). Screenings resulted in:

- 7 referrals to Early Intervention for further evaluation for children ages birth-3 years.
- 4 referrals to local early childhood preschool programs for further evaluation for children ages 3-5 years.
- 1 referral to the Champaign County Home Visiting Consortium for additional support and resources.

Family Development continues to have great success with weekly therapeutic playgroups. Weekly groups include:

- Occupational/developmental therapy group at Stephen’s Family YMCA in collaboration with Larkin’s Place.
- Speech therapy group at Salt & Light in Urbana.
- PLAY Project group at Salt & Light in Urbana in partnership with TAP at UIUC.

Student interns from Parkland’s OTA Program, U of I’s speech pathology graduate program, and U of I’s Special Education graduate program have been wonderful volunteer additions to our groups!

Begin 7/1/23		\$656,174 PY24/PY25		Family Development				
CCMHB		TPC	TPC	Total	NTPC	NTPC	NTPC	
Qtr	CSE	SCs	Continue	New	TPC	Continue	New	Total
1	4	70	435	117	552	0	0	0
2	15	58		83	83		0	0
3	4	86		92	92			0
4					0			0
Total	23	214	435	292	727	0	0	0
Targets	15	200			655			
	153.33%	107.00%			110.99%			



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/26/2024** by **KELLI2019**

	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)	0	1	0	0	
Continuing from Last Year (Q1 Only)					

Comments:

Families who received respite provider support throughout the quarter expressed the need for those hours for various reasons including getting relief from caregiving, attending events for other family members, traveling for work, assistance with recreation, and for support when their loved one does not want to leave home with family.

One respite recipient utilized specific assistance funding this quarter to attend a wheelchair basketball camp at the YMCA.

The Resource Coordinator position was vacant for a period of time this quarter. A new Resource Coordinator was hired and is completing training as well as learning his role for respite services, meeting families, support staff, and self-advocates. Plans are underway for various meetings and activities, including training with several self-advocates using materials provided by The Illinois Self-Advocacy Alliance.

Begin 7/1/23		Individual and Family Support				IDDSI		
\$250,000			TPC	TPC	Total	NTPC	NTPC	NTPC
Qtr	CSE	SCs	Continue	New	TPC	Continue	New	Total
1	2	4	31	4	35	0	12	12
2	1				0			2
3	0	1			0			0
4					0			0
Total	3	5			35			14
Targets	3	8		30	30		20	20
	100%	63%			116.67%			70%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/26/2024** by **KELLI2019**

	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)	0	0	0	1	
Continuing from Last Year (Q1 Only)					

Comments:

Case Management continues to use a team approach to ensure people are safe, have food, medical support, and any additional resources they need. This quarter services included:

- Collaboration with team members and other agency support to advocate and assist an individual to stabilize their mental health.
- Work with various team members and other agencies for individuals with increased medical needs.
- Assisting with obtaining Social Security benefits for one individual.
- Work with an individual to secure additional benefits and resources.
- Assist with Medical and SNAP benefits as redeterminations are happening again after 3 years and it is causing some issues. Case Management has continued to work diligently to ensure Medical and SNAP benefits are secured or maintained for individuals. There are quite a few incidents with the system at DHS stopping Medicaid in error.

Begin 7/1/23	Service Coordination				\$496,080				
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	
1	2	15	227	31	258	2	0	2	
2	1	3		2	2			0	
3	0	0		1	1			0	
4					0			0	
Total	3	18	227	34	261	2	0	2	
Targets	2	20		275	275		10	10	
	150.00%	90.00%			94.91%				



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

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

Submitted **04/26/2024** by **KELLI2019**

	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)					128
Continuing from Last Year (Q1 Only)					

Comments:

4 DSP staff received training bonuses this quarter. 124 eligible staff received a retention bonus in February 2024.

Professional Development activities for staff through the National Association for Direct Support Professionals included:

- Frontline Supervisor Training
- Training on Informed Decision Making

Begin 7/1/23	\$227,500	PY23-24	Workforce Development and Retention						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	Other
1					0			0	7
2					0			0	131
3					0			0	128
4					0			0	
Total	0	0	0	0	0	0	0	0	266
Targets									160
									166.25%



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: PACE, Inc.

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

Submitted **04/25/2024** 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)	4	44	6	0	4
Continuing from Last Year (Q1 Only)					

Comments:

PACE offered orientations in- person, via zoom and 1:1 appointments at PACE's office during this quarter to recruit PSWs. Due to the decrease of inquiries for 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 in February.

No TPCs due to people being served through this funding are people seeking employment as PSWs and no-Vocational program to consumers with I/DD. Continued collaboration is taking place with DRS, 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 zoom PSW advisory occurred on, Friday, March 15, 2024.

PACE has sent 5 sets of referral this quarter.

7/1/2023		\$36,000	IDDSI	Consumer Control in Personal Support						
Qtr	CSE	SCs	TPC Continue	TPC New	Total TPC	NTPC Continue	NTPC New	NTPC Total	other	
1	7	50				22	3	25	4	
2	6	45					4	4	0	
3	4	44					6	6	4	
4								0		
Total	17	139	0	0	0	22	13	35	8	
Targets	20	250	0			0	0	30	9	
	85%	56%						117%	89%	

PY2024 3rd Quarter Program Claims Data

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

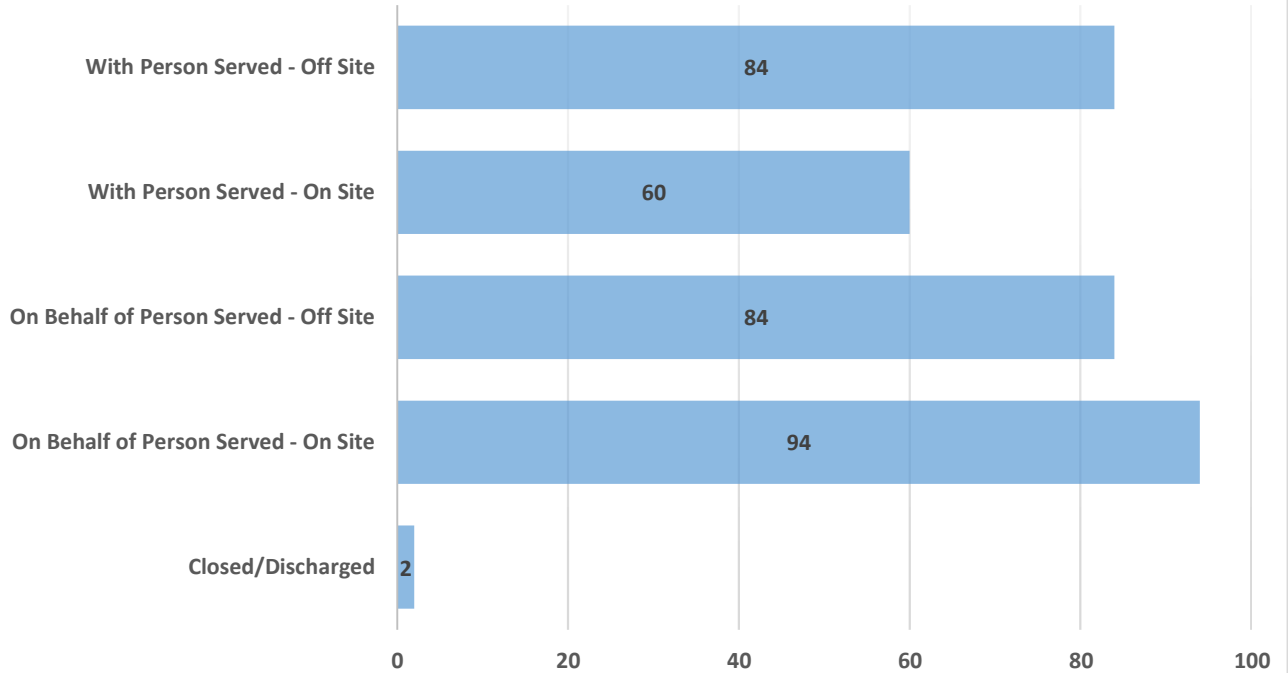
CCRPC - Community Services

Decision Support Person \$108,444

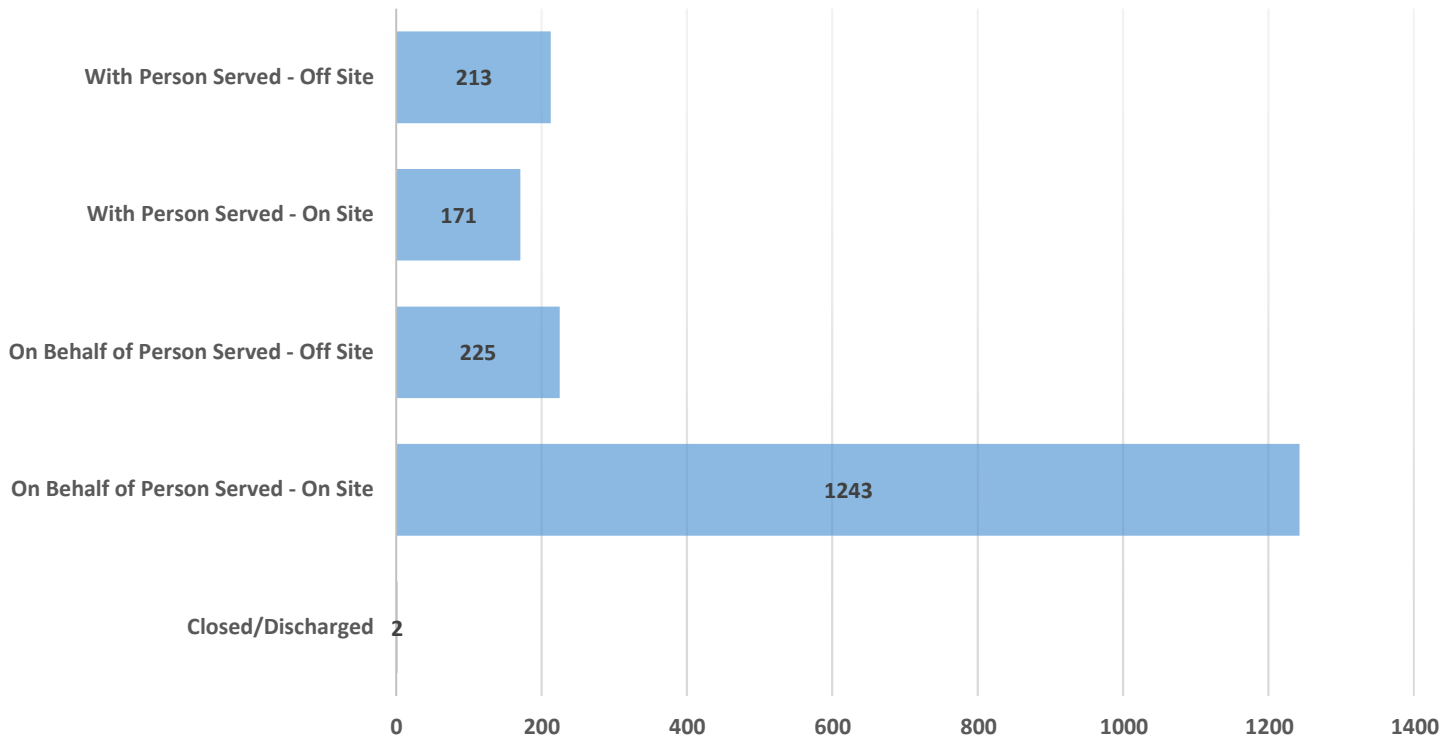
PY24 3rd Q

98 people were served, for a total of 1,854 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY

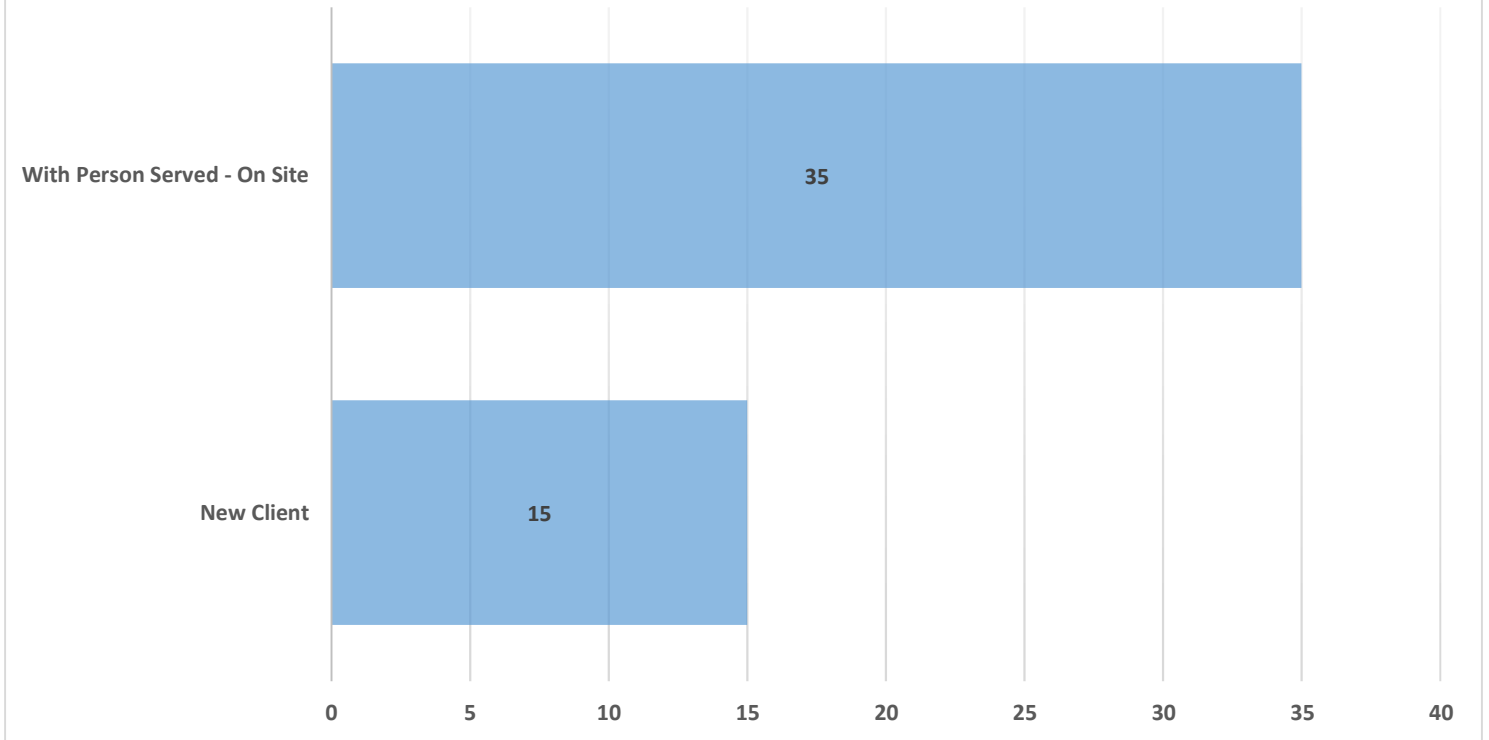


CCRPC - Head Start/Early Head Start

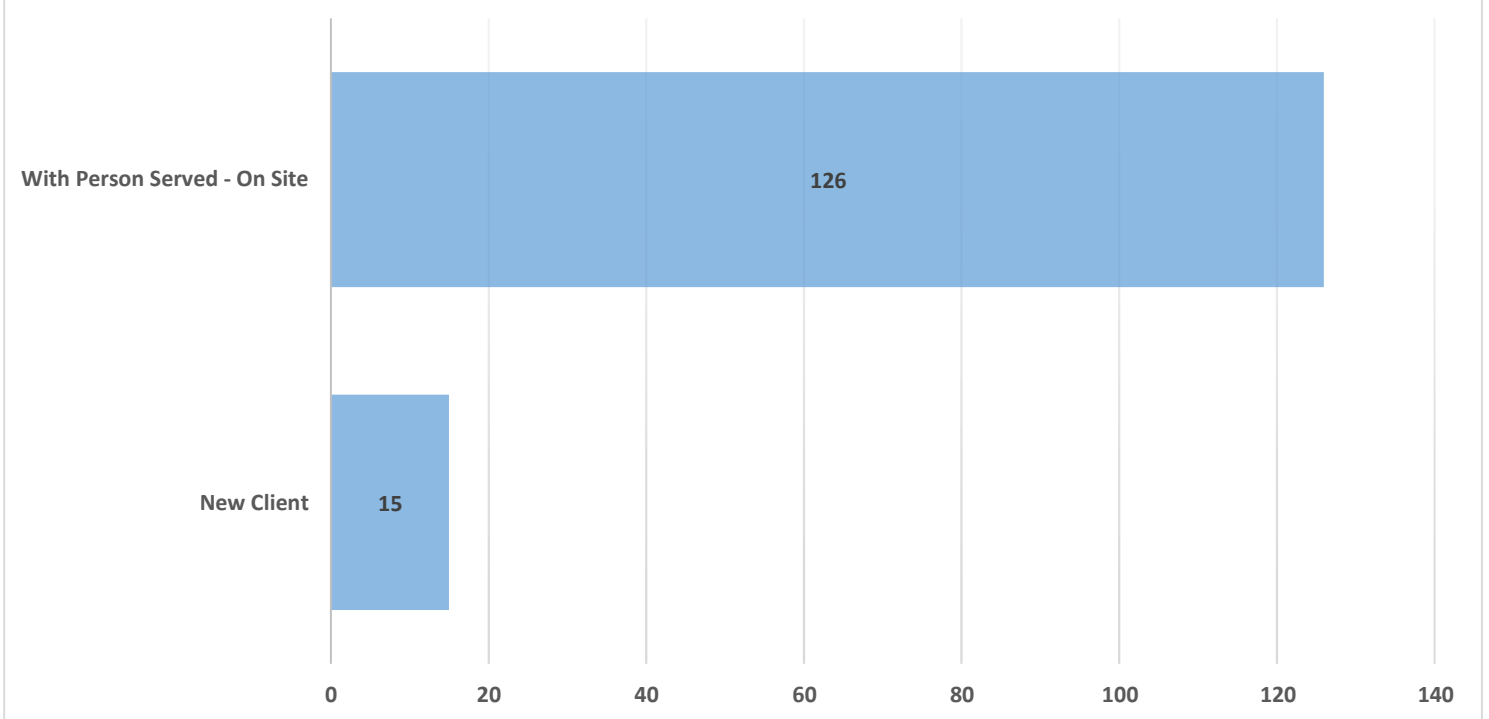
Early Childhood Mental Health Svs \$37,416 PY24 3rd Q MHB

40 people were served, for a total of 141 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



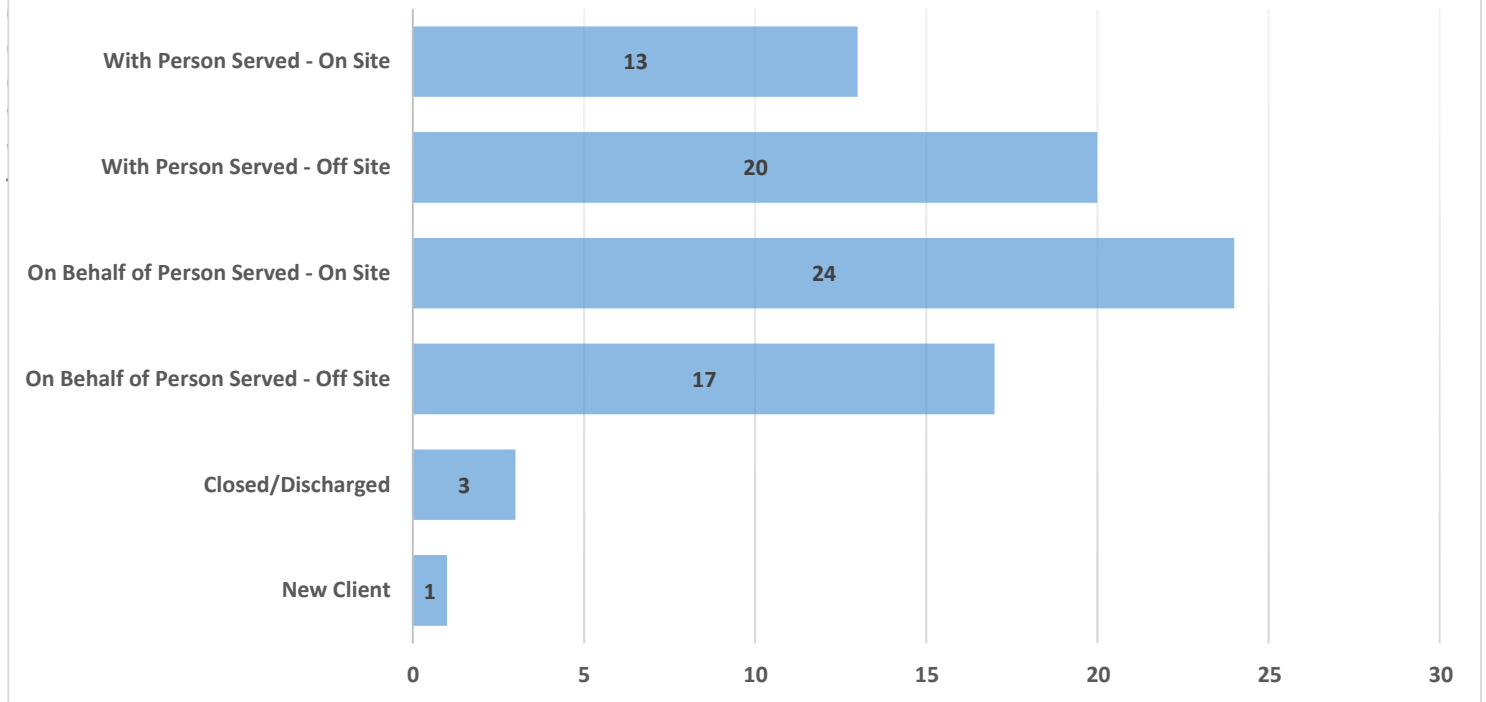
Community Choices

Customized Employment \$56,625

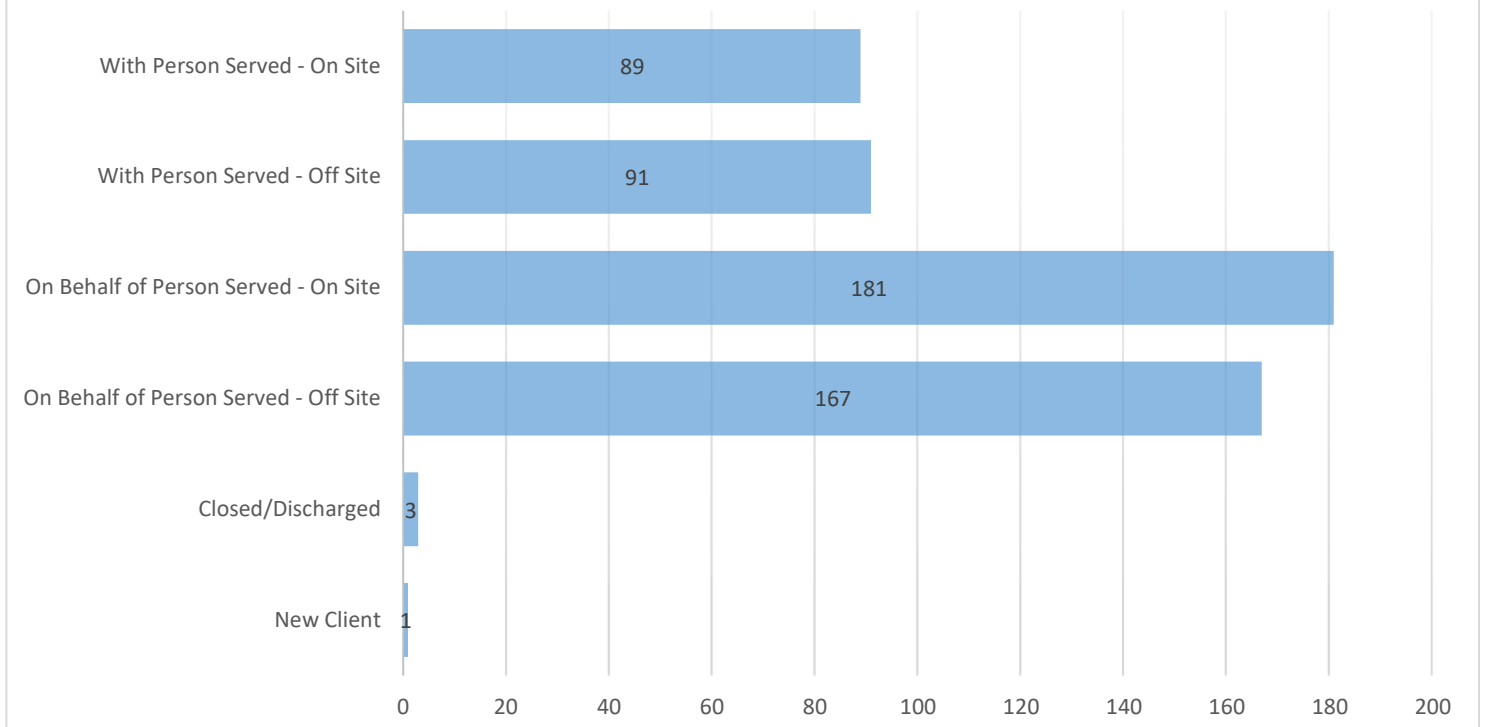
PY24 3rd Q

48 people were served for a total of 532 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



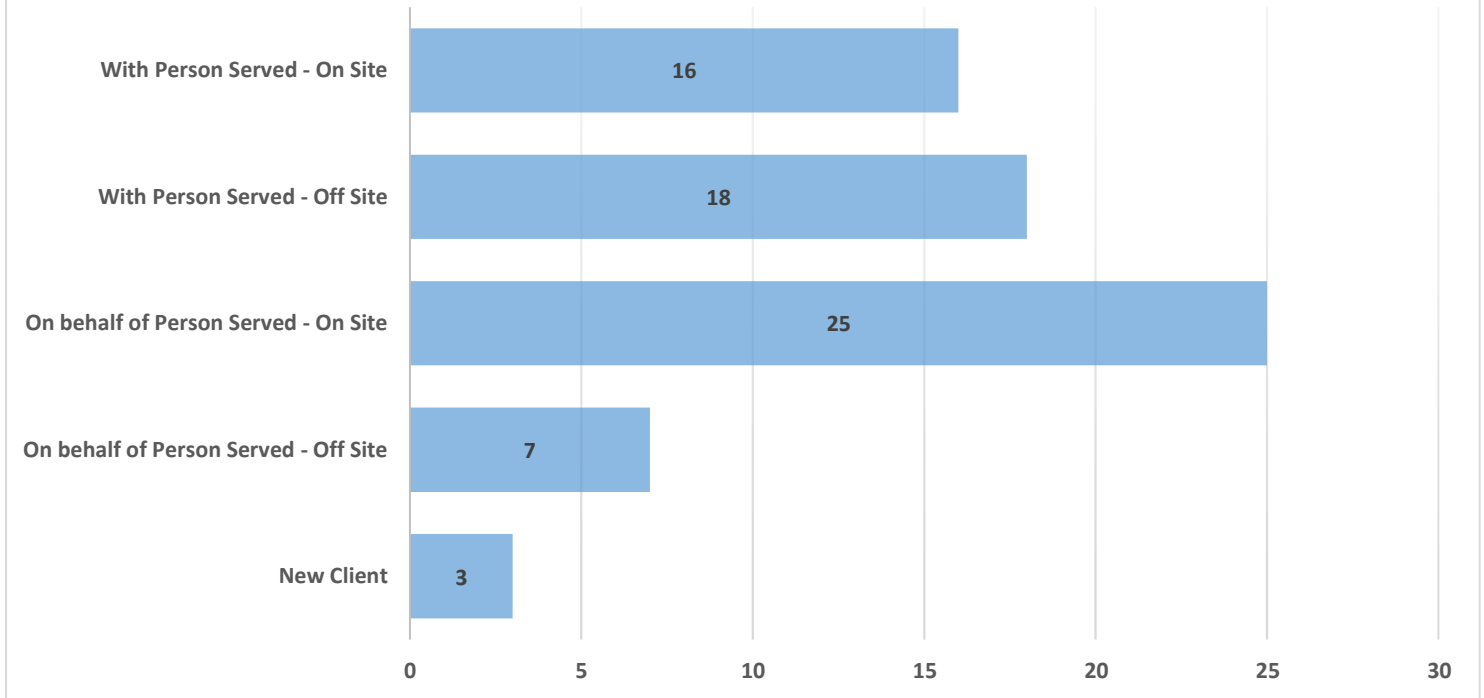
Community Choices

Inclusive Community Support \$49,500

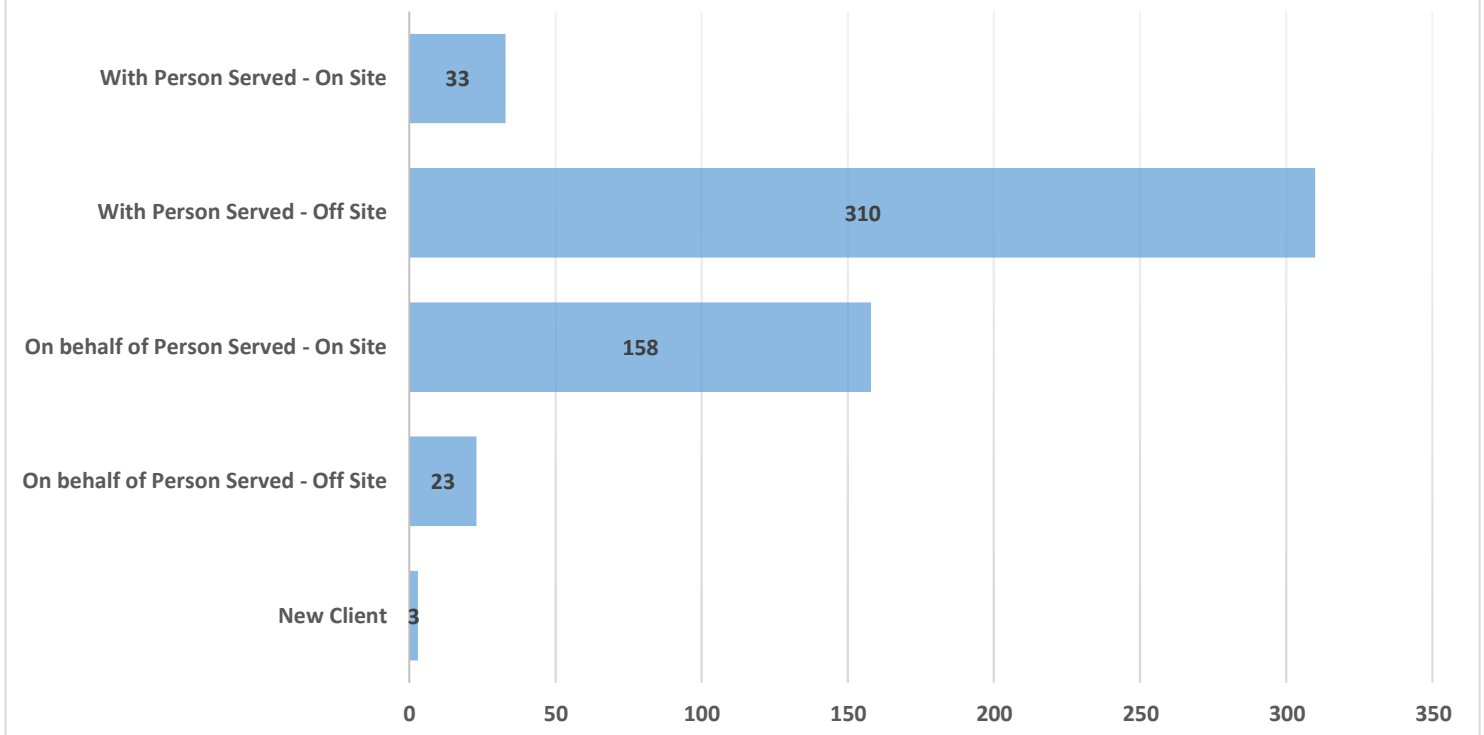
PY24 3rd Q

26 people were served for a total of 527 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



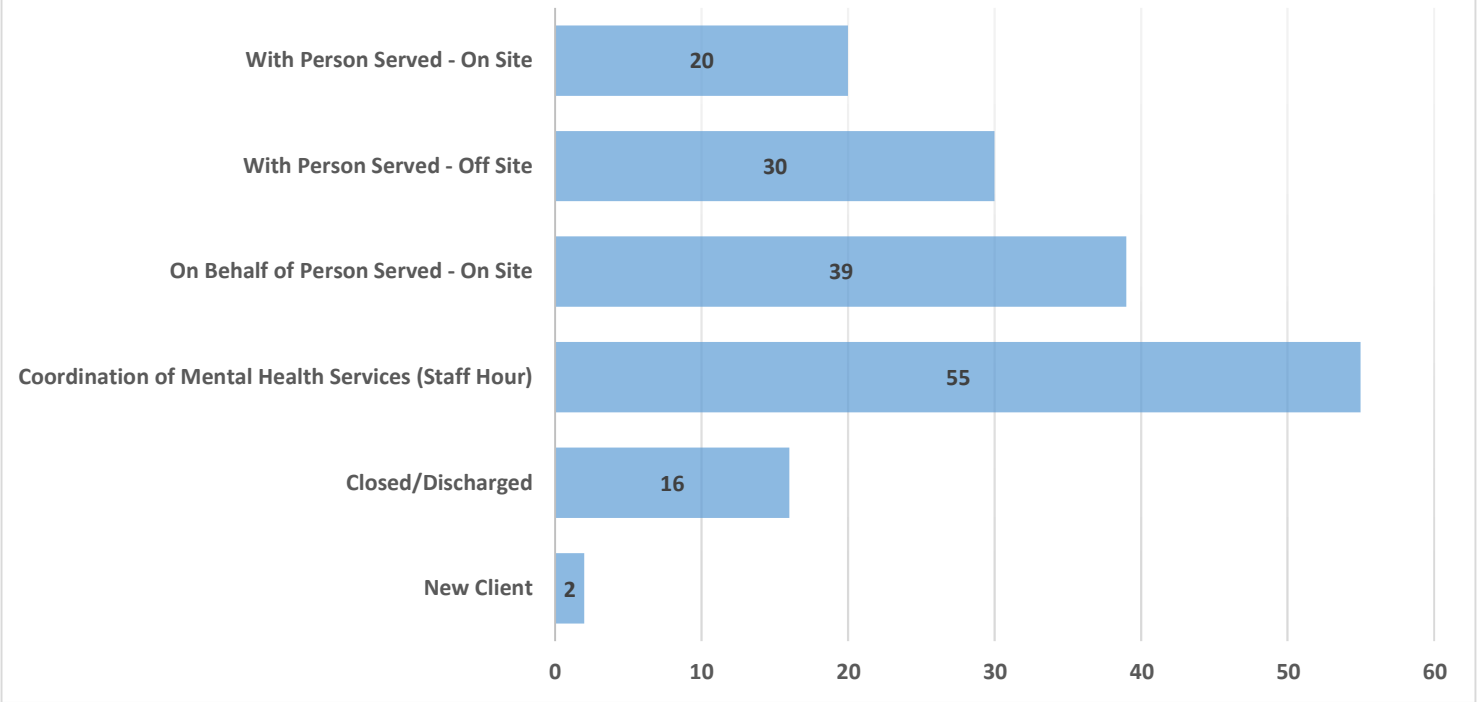
DSC

Clinical Services \$60,250

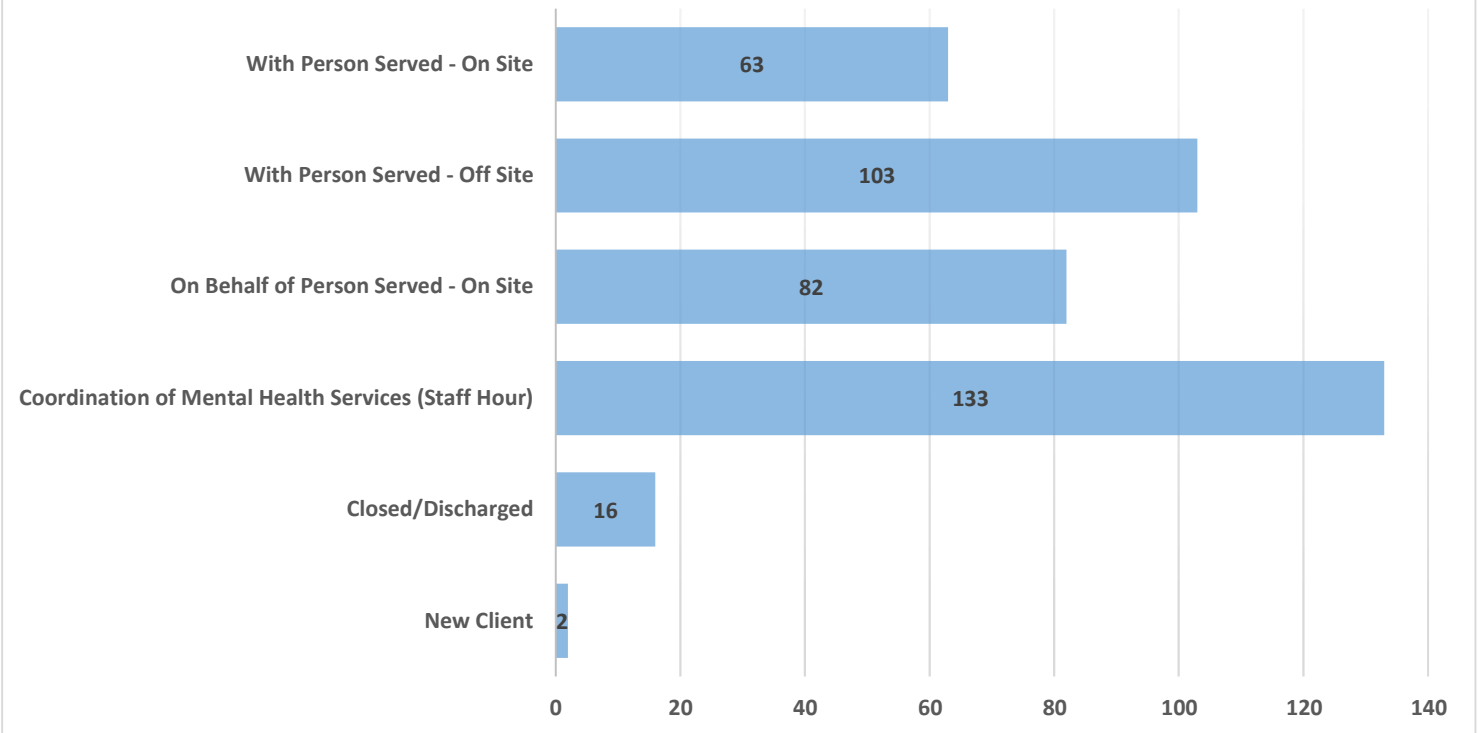
PY24 3rd Q

56 people were served for a total of 399 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



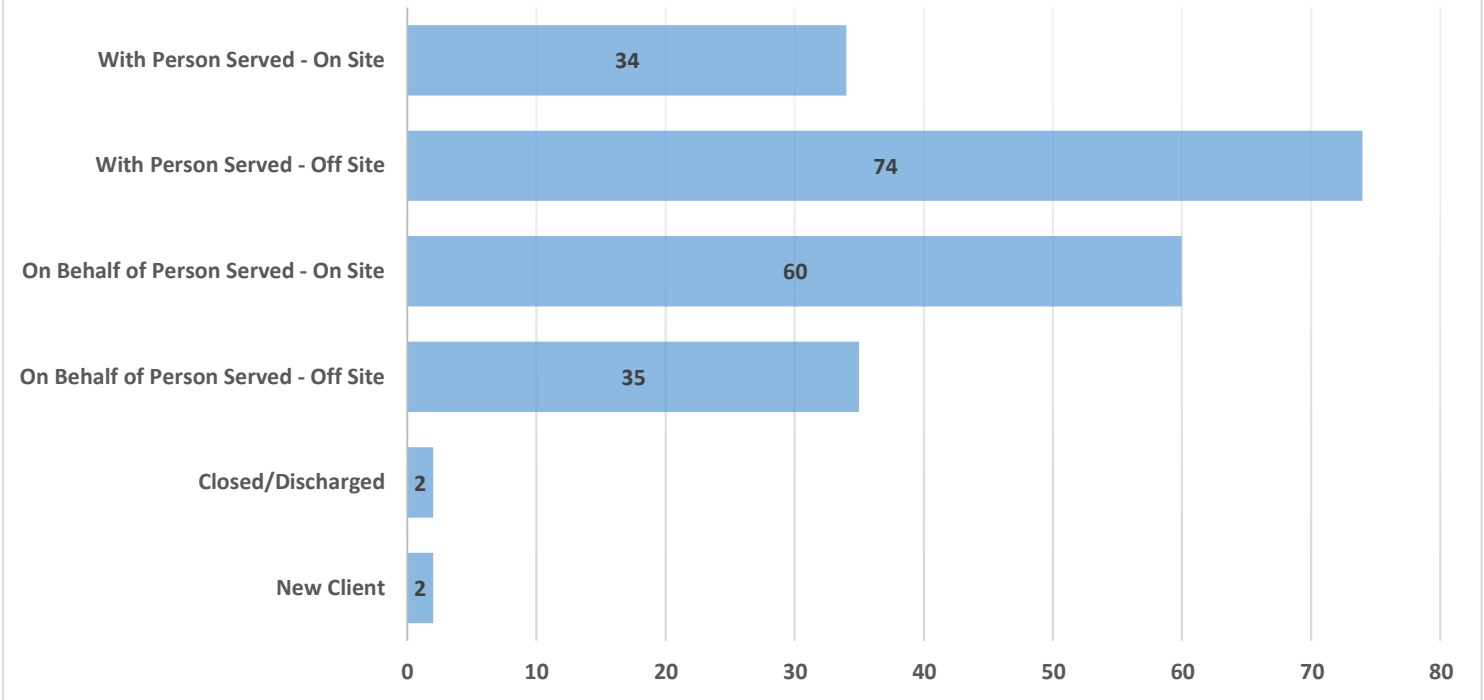
DSC

Community Employment \$112,651

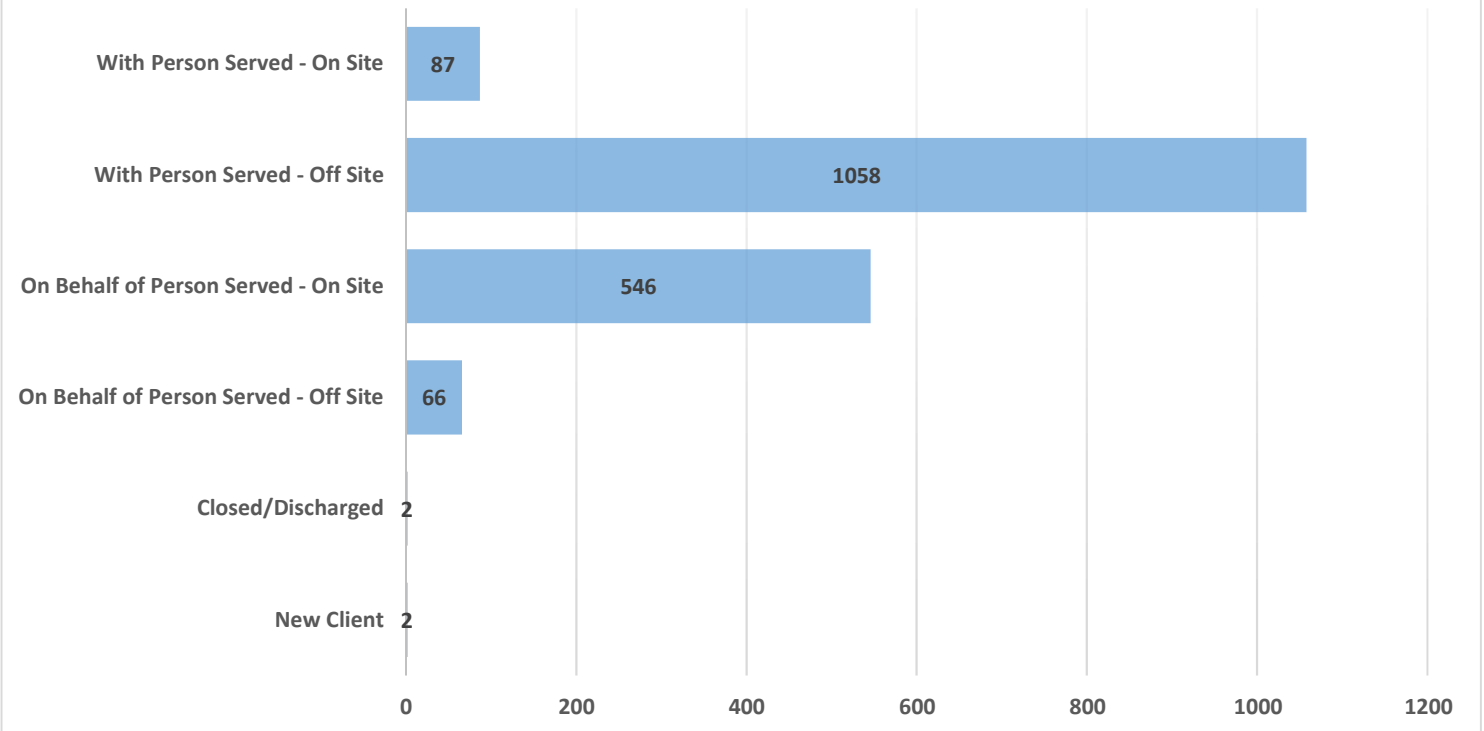
PY24 3rd Q

78 people were served for a total of 1,761 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



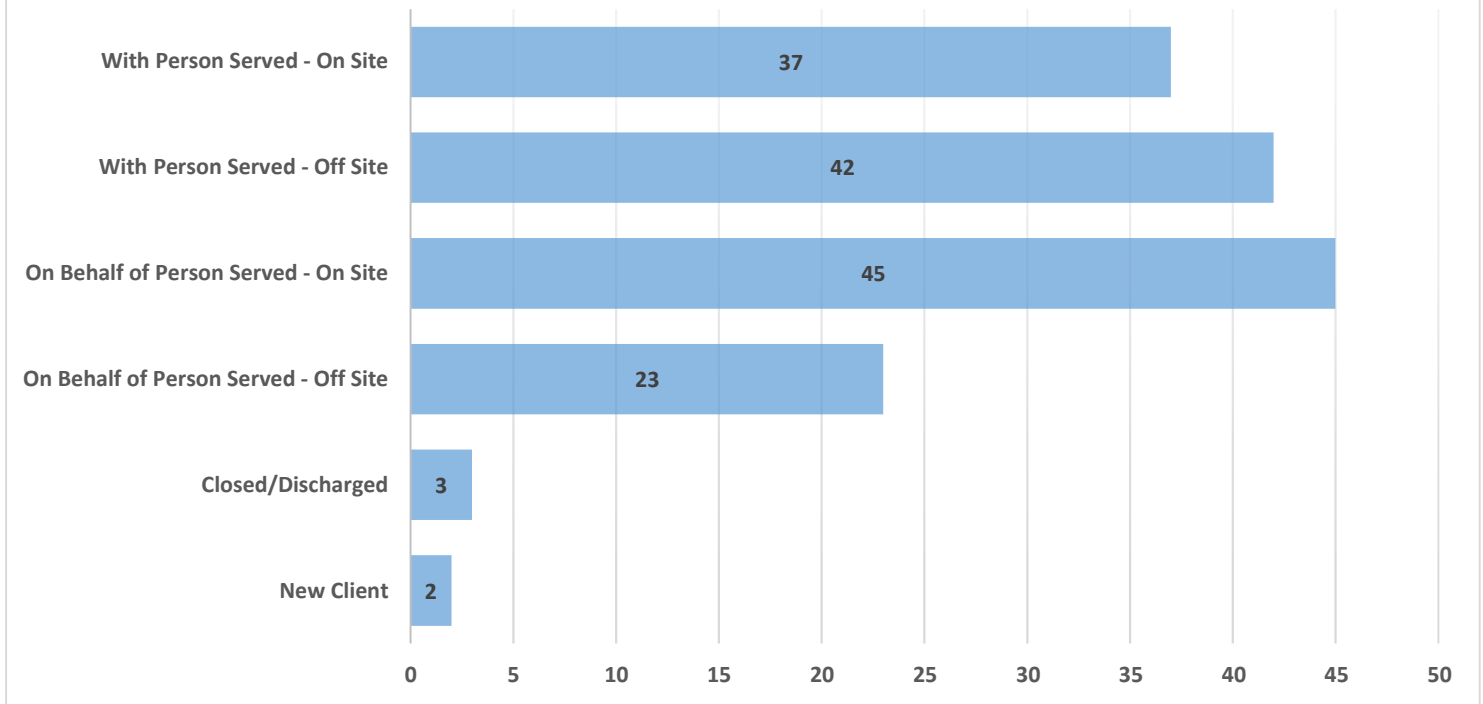
DSC

Community First \$222,510

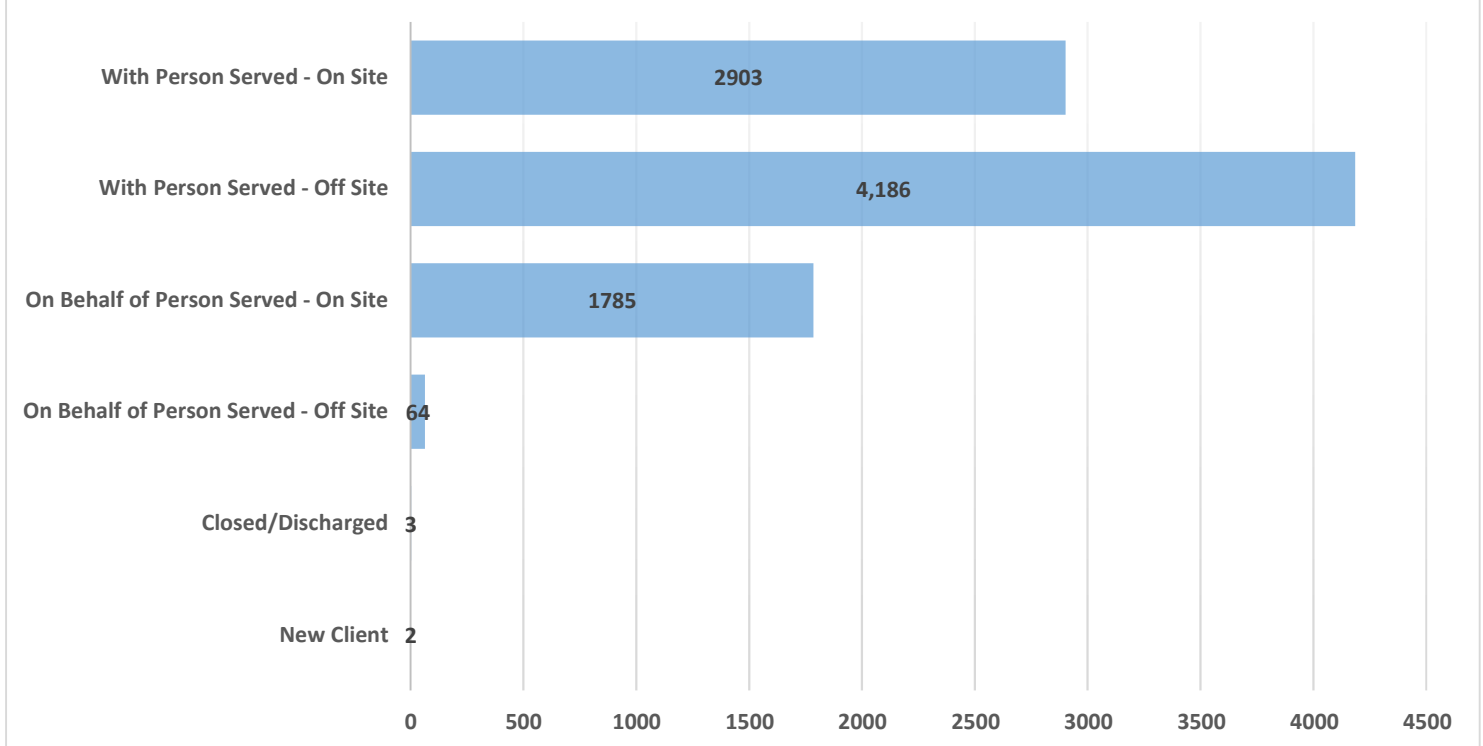
PY24 3rd Q

45 people were served, for a total of 8,943 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



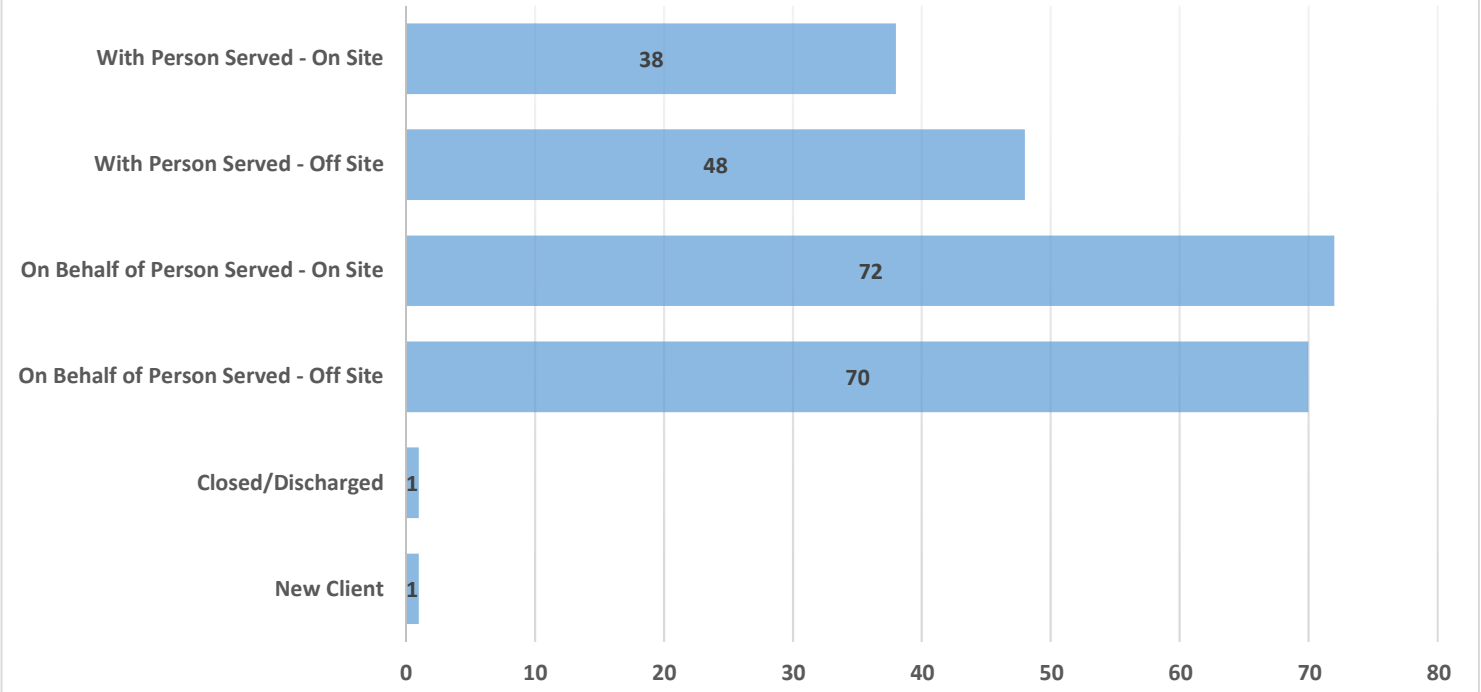
DSC

Community Living \$141,370

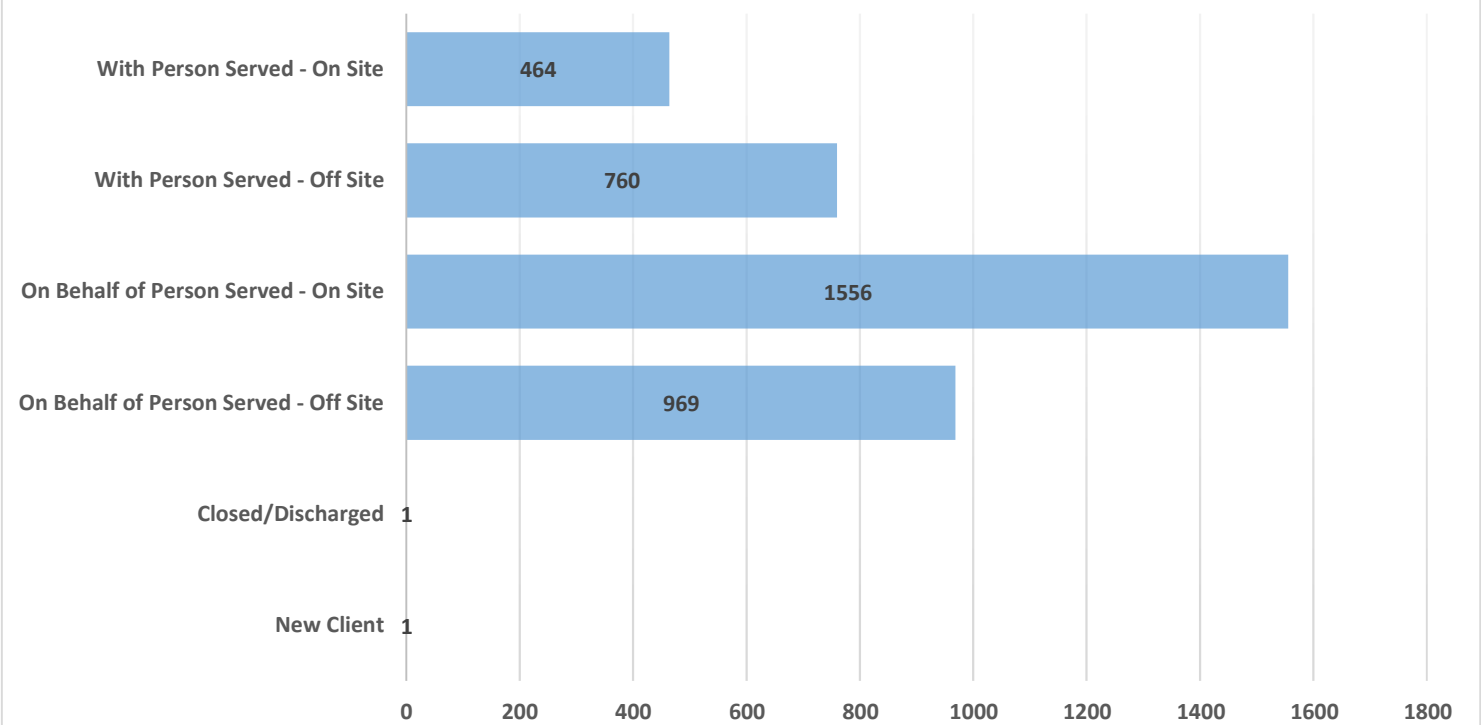
PY24 3rd Q

73 people were served for a total of 3,751 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



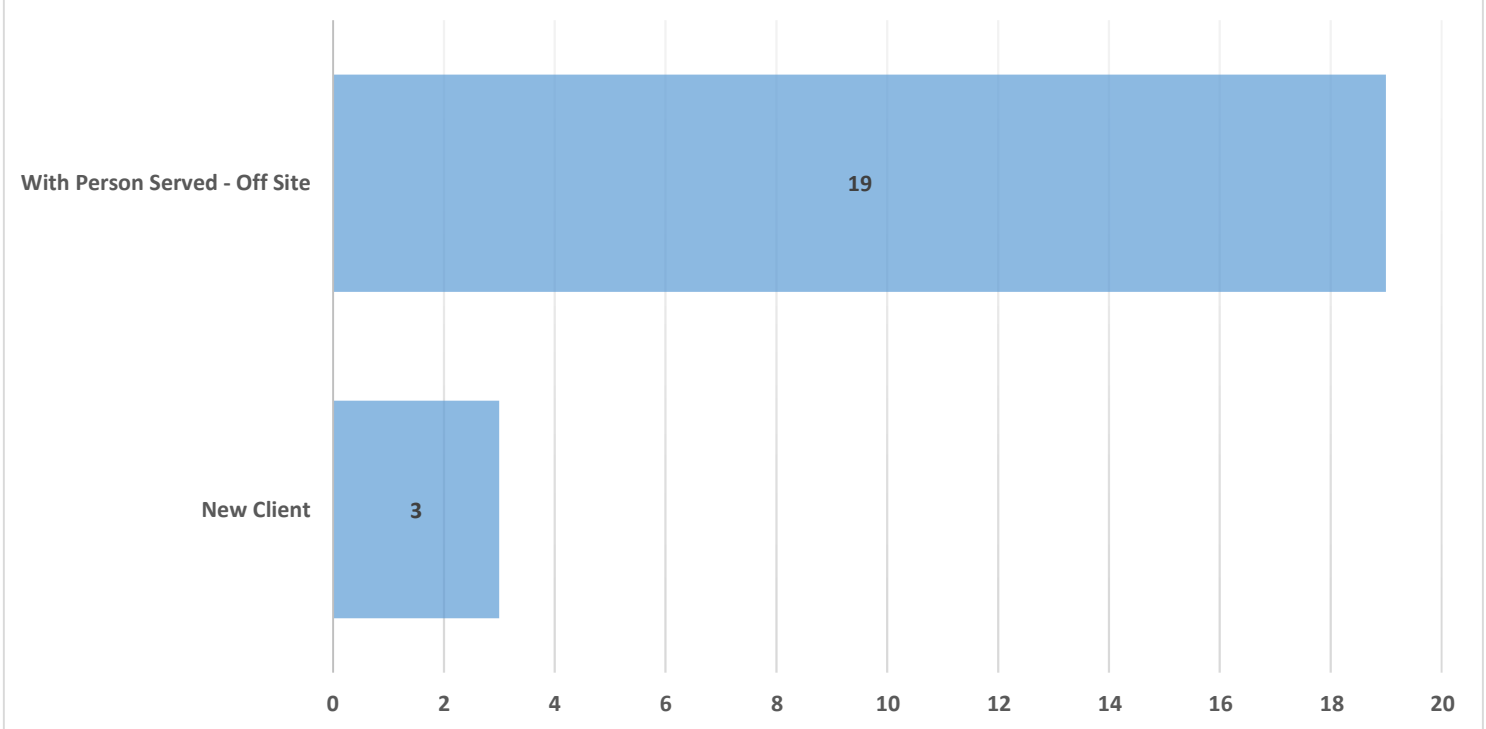
DSC

Connections \$26,600

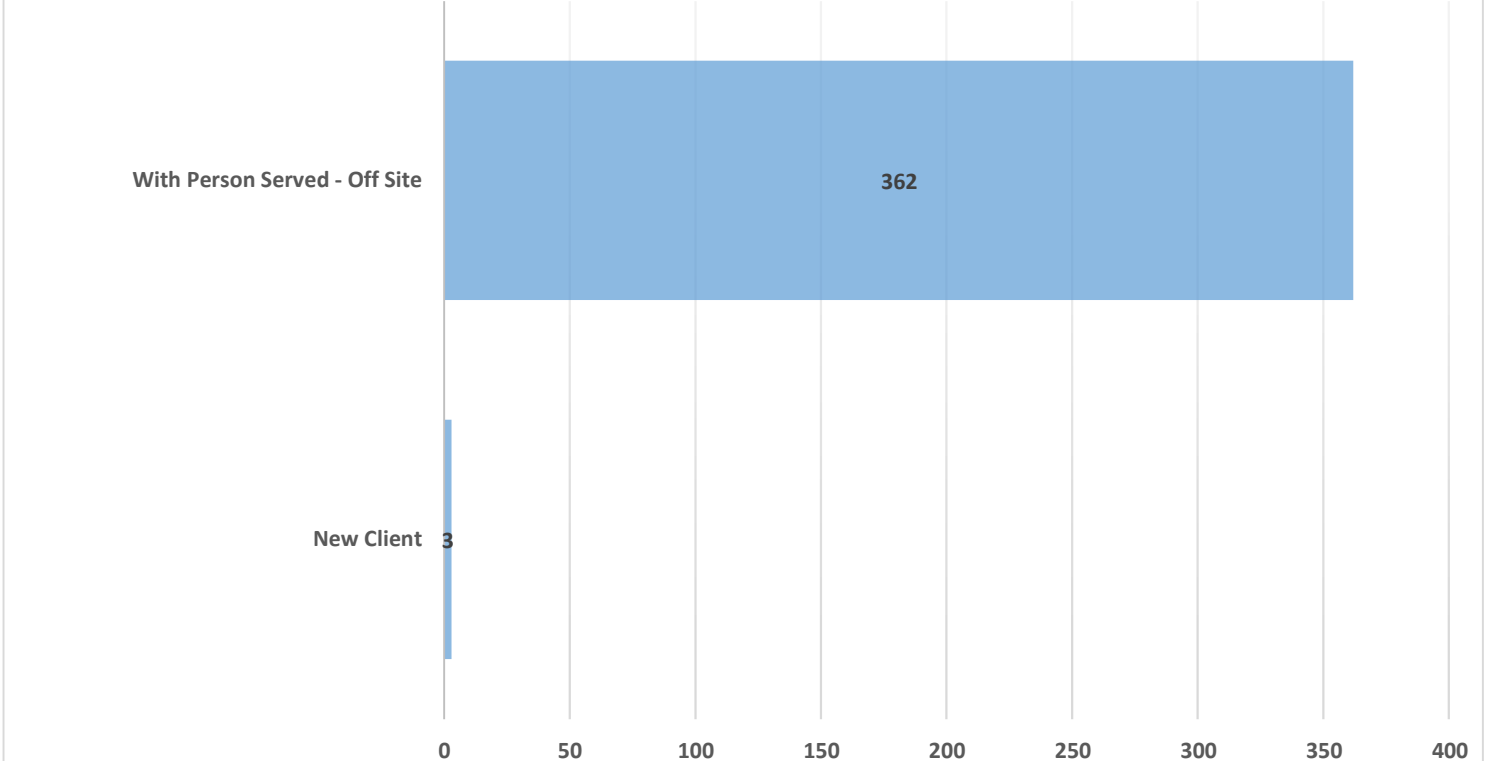
PY24 3rd Q

18 people were served, for a total of 365 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



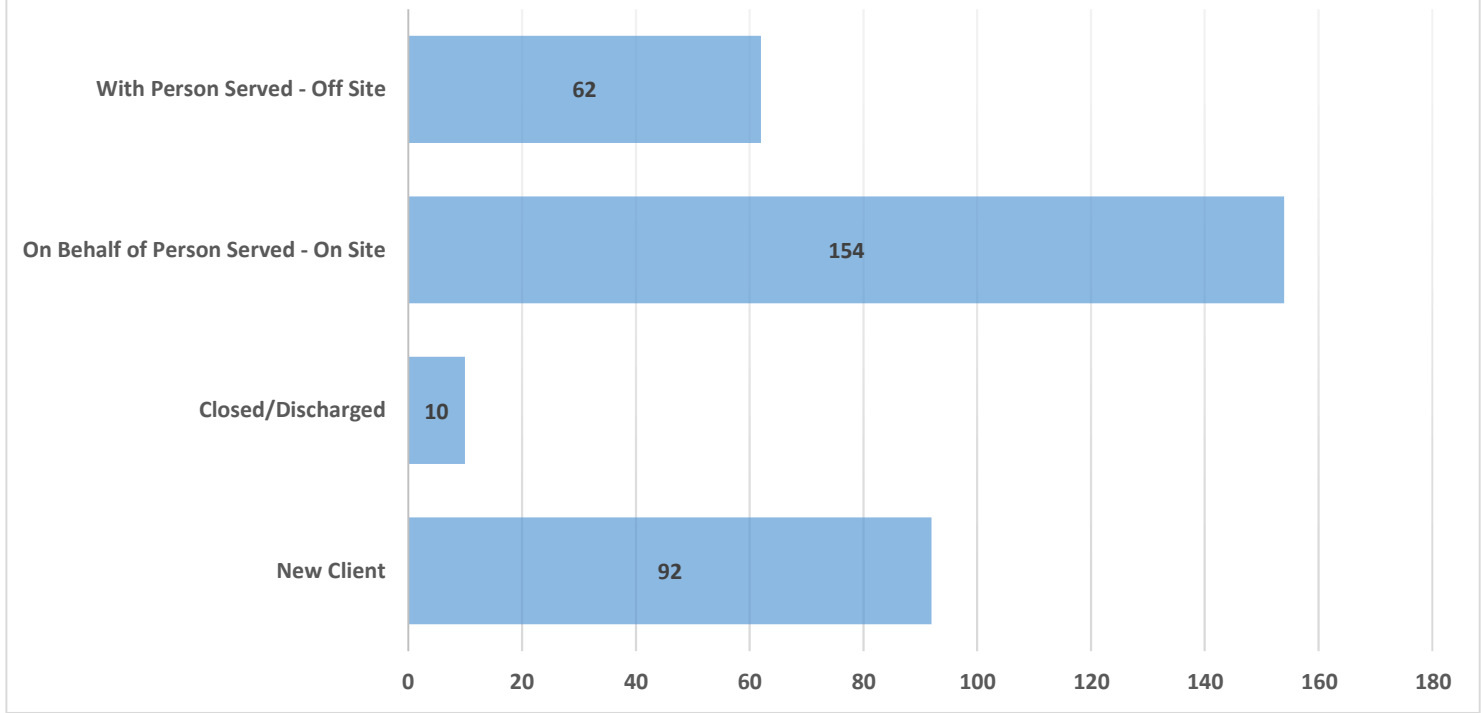
DSC

Family Development \$164,043

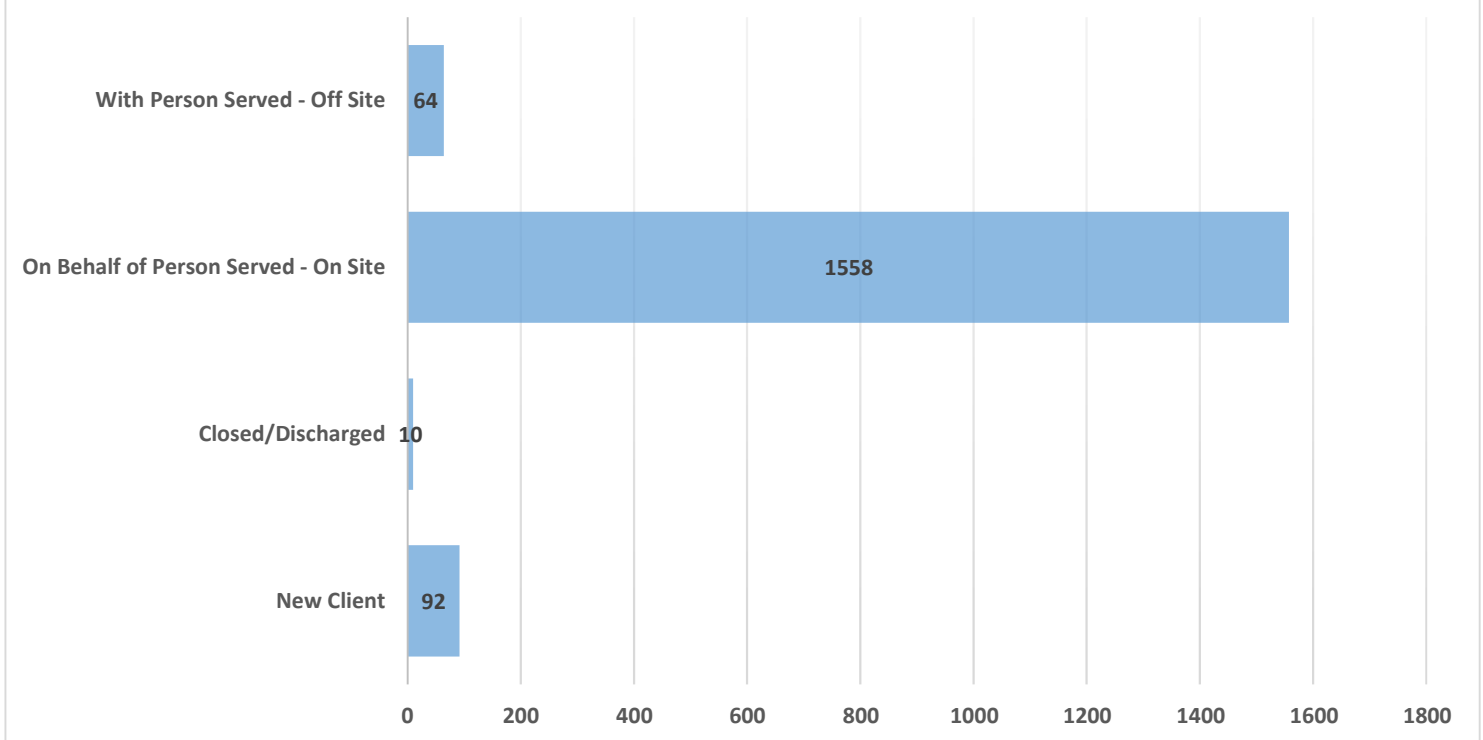
PY24 3rd Q MHB

254 people were served for a total of 1,724 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



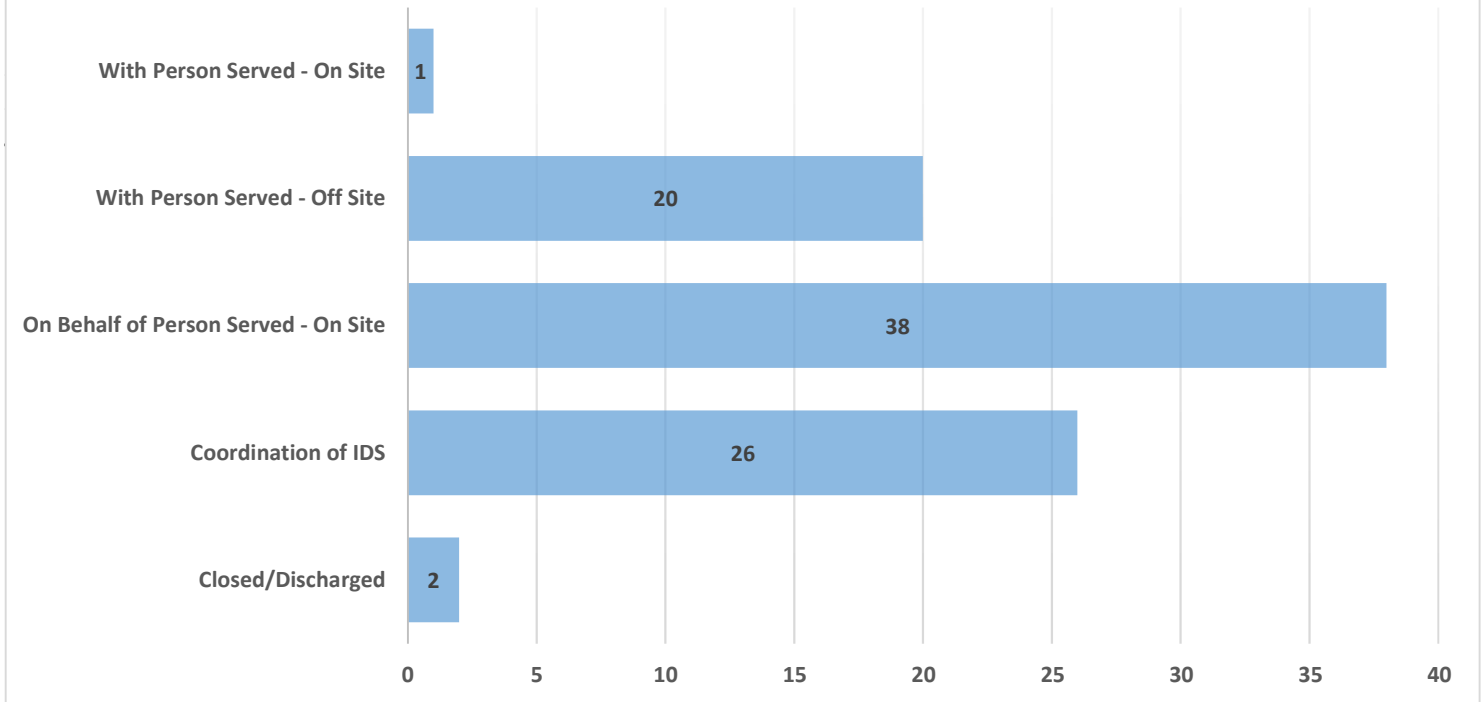
DSC

Individual & Family Support \$62,500

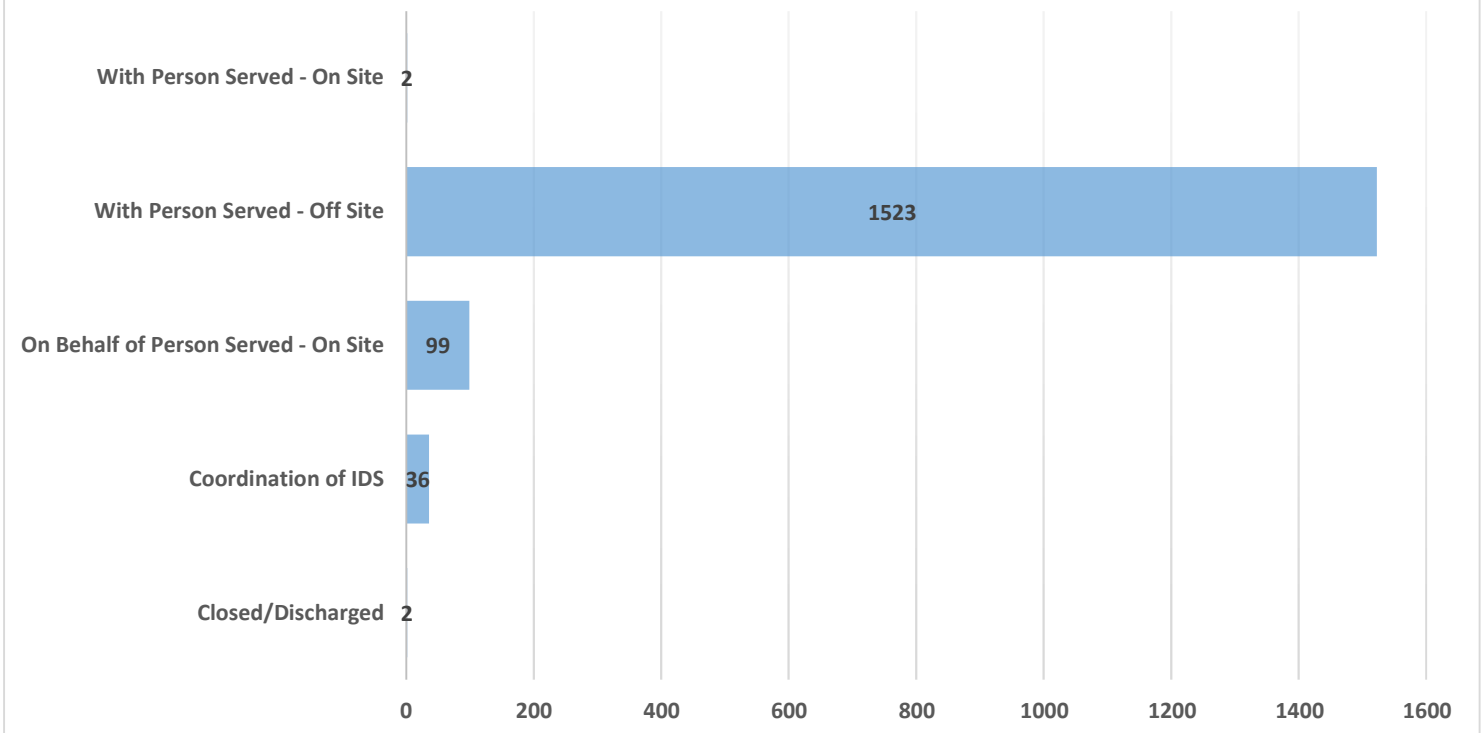
PY24 3rd Q IDDSI

40 people were served for a total of 1,662 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY

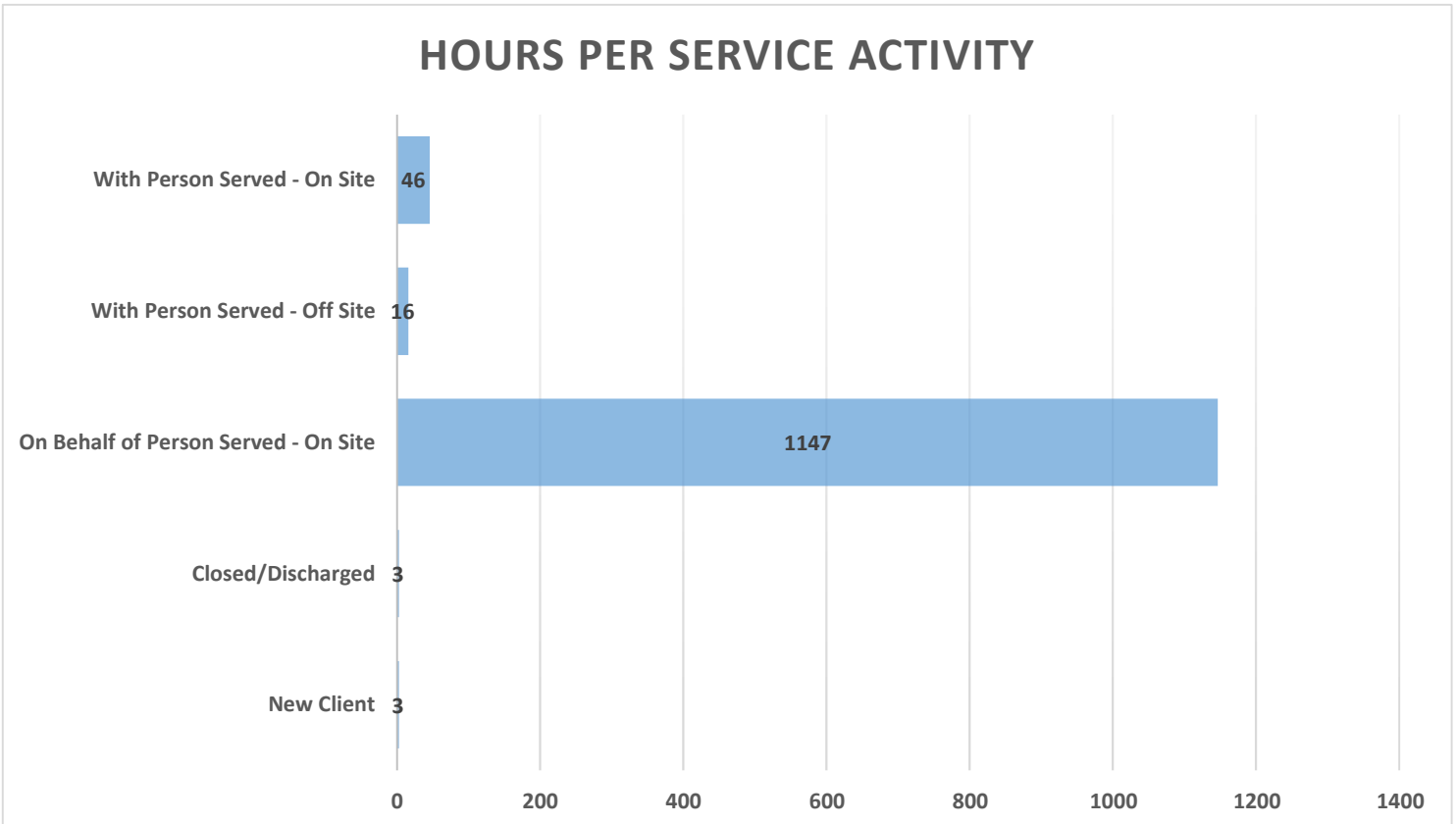
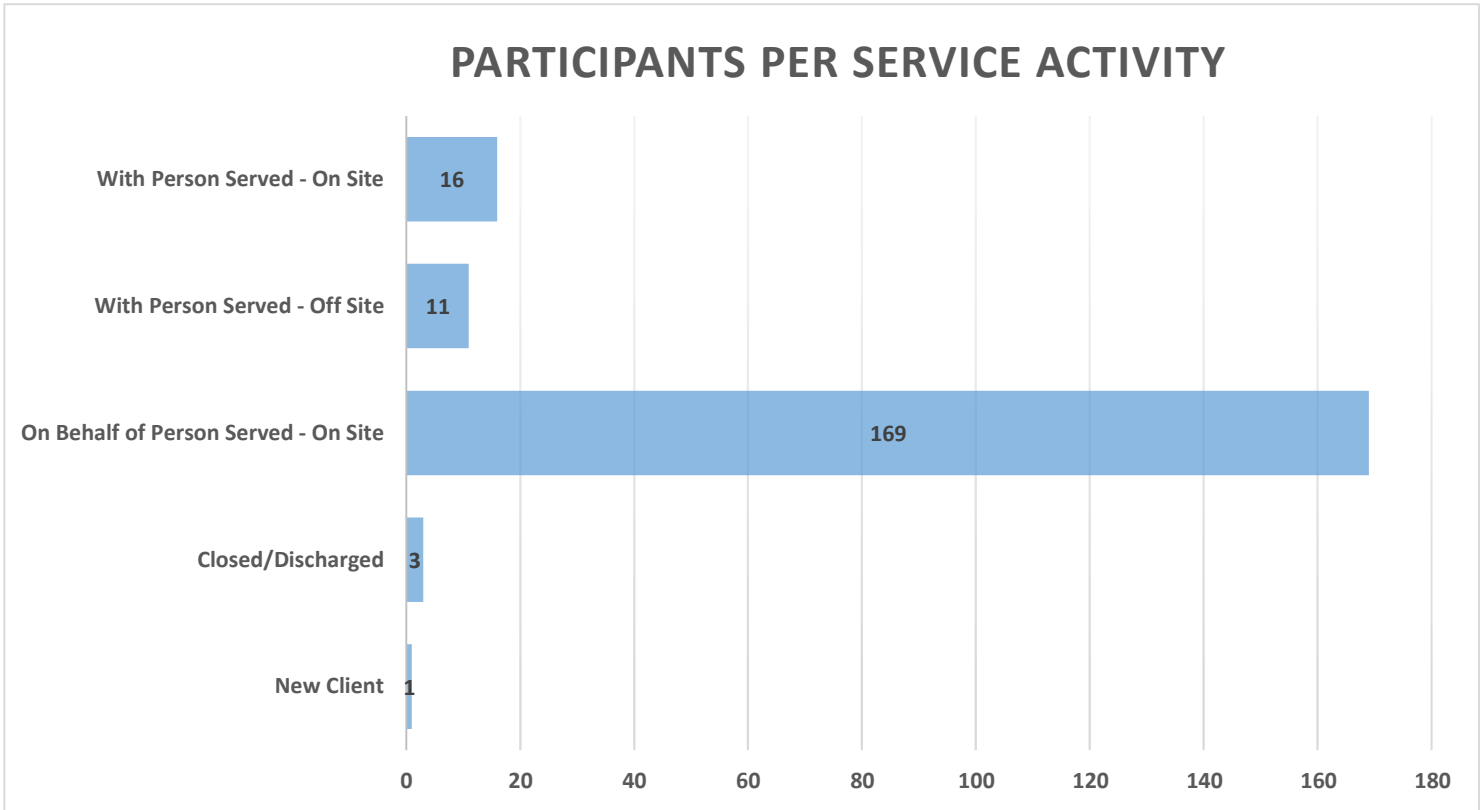


DSC

Service Coordination \$124,020

PY24 3rd Q

169 people were served, for a total of 1,215 hours



PACE

Consumer Control in Personal Support \$9,000 PY24 3rd Q IDDSI

6 PSWs registered, 3 Successful PSW Matches, & 114.5 total program hours

