CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as

Champaign County Developmental Disabilities Board (CCDDB)

Meeting Agenda

Wednesday, November 19, 2025, 9:00 AM

This meeting will be held in person at the Putman Room of the
Scott M. Bennett Administrative Center, 102 East Main Street, Urbana, IL 61801
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. **2025 and Draft 2026 DDB Meeting Schedules** (pages 3-4)
DDB Schedule *(posted here)*, **MHB Schedule** *(posted here), and* **Allocation Timeline** *("CCDDB Important Dates" among public documents here) are for information only.*
V. **CCDDB Acronyms and Glossary** *are posted here for information only.*
VI. **Citizen Input/Public Participation** *See below for details.***
VII. **Chairperson's Comments – Ms. Vicki Niswander**
VIII. **Executive Director's Comments – Lynn Canfield**
IX. **Approval of CCDDB Board Meeting Minutes** (pages 5-12)*
Action is requested to approve the minutes of the CCDDB's October 22, 2025 meeting and CCDDB-CCMHB Joint Study Session October 29, 2025.
X. **Vendor Invoice Lists** (pages 13-16)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file.
XI. **Staff Reports** (pages 17-34) *Staff reports are included in the packet.*
XII. **New Business**
a) **Changes in Eligibility Determination**
Representatives of provider agencies will discuss determination of eligibility for PUNS, state-funded services, and CCDDB funded services.
XIII. **Old Business**
a) **Input from Stakeholders** (pages 35-38)
Included for information only are communications with stakeholders which were used to revise initial drafts of the new Three-Year Plan and Funding Priorities.
b) **CCDDB Three Year Plan with One-Year Objectives** (pages 39-50)*
*A decision memorandum seeks board approval of the DRAFT CCDDB Three Year Plan for 2026-2028 with Objectives and Tactics for 2026. Action is requested.**
c) **CCDDB PY2027 Funding Priorities** (pages 51-70)*

*A decision memorandum presents CCDDB funding priorities and decision support criteria for Program Year 2027. Action is requested.**

d) **CCDDB Requirements and Guidelines for Allocation of Funds** (pages 71-92)*
*A decision memorandum seeks board approval of the DRAFT Revised CCDDB Requirements and Guidelines for Allocation of Funds. Action is requested.**

e) **Input from People with I/DD**
People with I/DD may choose to offer input to the Board and public at this time.

f) **Resolution #1 in Response to Emerging Threats** (pages 93-96)*
*In response to threats to the safety and stability of people with I/DD and others, a draft resolution is presented for board consideration and action. A plain language version is also included for action.**

g) **Engage Illinois**
An oral update will be provided.

h) **Evaluation Capacity Building Project Update**
An oral update will be provided. See resources developed by the team at https://www.familyresiliency.illinois.edu/resources/microlearning-videos.

i) **disAbility Resource Expo Update** *deferred.*
See also https://disabilityresourceexpo.org

j) **PY2025 I/DD Utilization and Outcome Summaries** (pages 97-112)
For information is a report summarizing results of I/DD programs funded in PY25. This report was presented to the Board in October and posted online. It is included again, repeated at the Board's request, for discussion.

k) **First Quarter PY2026 Funded Program Service Reports** (pages 113-134)
For information are first quarter reports for I/DD programs funded in PY2026.

l) **First Quarter PY2026 Funded Program Claims Data** (pages 135-150)
For information are claims data for select I/DD programs funded in PY2026.

XIV. Successes and Other Agency Information (pages 151-152)
*The Chair reserves the authority to limit individual agency representative participation to 5 minutes and/or total time to 20 minutes. See below for details.***

XV. County Board Input

XVI. Champaign County Mental Health Board Input

XVII. Board Announcements and Input

XVIII. Adjournment

** Board action is requested.*

***Public input may be given virtually or in person. If the time of the meeting is not convenient, you may communicate with the Board by emailing stephanie@ccmhb.org or kim@ccmhb.org any comments for us to read aloud during the meeting. The Chair reserves the right to limit individual time to five minutes and total time to twenty minutes. All feedback is welcome. The Board does not respond directly but may use input to inform future actions. Agency representatives and others providing input which might impact Board actions should be aware of the Illinois Lobbyist Registration Act, 25 ILCS 170/1, and take appropriate steps to be in compliance with the Act.*

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

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CCDDB 2025 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
~~Brookens Administrative Building, 1776 East Washington Street, Urbana, IL~~
Scott M. Bennett Administrative Center, 102 E. Main, Street Urbana, IL 61801
https://us02web.zoom.us/j/81559124557

January 22, 2025 – Shields-Carter Room
February 19, 2025 – Shields-Carter Room
March 19, 2025 – Sheilds-Carter Room
~~**March 26, 2025** 5:45PM – *joint meeting with CCMHB*~~ *CANCELLED*
April 16, 2025 – Shields-Carter Room *(off cycle)*
~~**April 30, 2025** – Shields-Carter Room – *tentative*~~ *CANCELLED*
May 21, 2025 – Shields-Carter Room
~~**June 18, 2025** – Shields-Carter Room~~ *CANCELLED*
July 23, 2025 – Shields-Carter Room
~~**August 20, 2025** – Putman Room – *tentative*~~ *CANCELLED*
~~**September 17, 2025** – Putman Room~~ *CANCELLED, rescheduled to…*
September 24, 2025 – Shields-Carter Room
September 24, 2025. 5:45PM – Shields-Carter Room – *joint study session*
October 22, 2025 – Shields-Carter Room
October 29, 2025 5:45PM – Shields-Carter Room – *joint study session*
November 19, 2025 – Putman Room
December 17, 2025 – Putman Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.
Meeting information is posted, recorded, and archived at
http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php
Please check the website or email stephanie@ccmhb.org to confirm meeting times and locations.
All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend, virtually or in person, to observe and to offer thoughts during **"Public Participation"** or **"Public Input."** An individual's comments may be limited to five minutes, and total time for input may be limited to twenty minutes. The Board does not respond directly but may use the content to inform future actions.

If the time of the meeting is not convenient, you may communicate with the Board by emailing stephanie@ccmhb.org or kim@ccmhb.org any comments for us to read aloud during the meeting.

Agency representatives and others providing input which might impact Board actions should be aware of the Illinois Lobbyist Registration Act, 25 ILCS 170/1, and take appropriate steps to be in compliance with the Act.

For alternative format documents, language access, or other accommodation or support to participate, contact us in advance and let us know how we might help by emailing stephanie@ccmhb.org or kim@ccmhb.org.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CCDDB 2026 Meeting Schedule

9:00AM the fourth Wednesday of each month
Scott M. Bennett Administrative Center, 102 E. Main, Street Urbana, IL 61801
https://us02web.zoom.us/j/81559124557

January 28, 2026 – Shields-Carter Room
February 25, 2026 – Shields-Carter Room - *tentative*
March 25, 2026 – Sheilds-Carter Room
April 22, 2026 – Shields-Carter Room
April 29, 2026 – Shields-Carter Room – *tentative*
May 27, 2026 – Shields-Carter Room
June 24, 2026 – Shields-Carter Room
July 22, 2026 – Shields-Carter Room
August 26, 2026 – Shields-Carter Room - *tentative*
September 23, 2026 – Shields-Carter Room
September 30, 2026 5:45 PM – Shields-Carter Room – *joint study session with MHB*
October 28, 2026 – Shields-Carter Room
November 25, 2026 – Shields-Carter Room
December 9, 2026 – Shields-Carter Room *(off cycle)*

This schedule is subject to change due to unforeseen circumstances.
Meeting information is posted, recorded, and archived at
http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php
Please check the website or email stephanie@ccmhb.org to confirm meeting times and locations.

All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend, virtually or in person, to observe and to offer thoughts during **"Public Participation"** or **"Public Input."** An individual's comments may be limited to five minutes, and total time for input may be limited to twenty minutes. The Board does not respond directly but may use the content to inform future actions.

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

Minutes October 22, 2025

This meeting was held at the Scott Bennett Administrative Center
102 E. Main St., Urbana, IL 61802
and with remote access via Zoom.

9:00 a.m.

MEMBERS PRESENT:	Kim Fisher, Vicki Niswander, Susan Fowler, Anne Robin, Neil Sharma
STAFF PRESENT:	Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville, Chris Wilson
OTHERS PRESENT:	Danielle Matthews, Kelli Martin, AJ Zwettler, Heather Livingston, Sarah Perry, Patty Walters, Jamie Olsen, DSC; Hannah Sheets, Becca Obuchowski, Community Choices; Paula Vanier, Mel Liong, Eric Enger, PACE; Jenny Lokshin, Champaign County Board; Vince Perez, MedLaunch at UIUC; Jacinda Dariotis, Family Resiliency Center UIUC; Angela Yost, Jessica Heckenmueller, Lisa Benson, CCRPC; Brenda Eakins, GROW in Illinois; Marcelis Williams, Legacy Way Foundation.

CALL TO ORDER:

Ms. Niswander called the meeting to order at 9:02 a.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

An agenda was approved.

CCDDB and CCMHB SCHEDULES/TIMELINES:

Draft CCDDB and CCMHB meeting schedules and CCDDB allocation timeline were in the packet. The 2026 schedule has been revised and will be presented for Board approval in January.

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was posted publicly and linked in the agenda.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

Ms. Niswander announced that she plans to move out of the area sometime in the coming months and expressed gratitude for the dedication of all present.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Canfield shared that if the president is unable to complete her term, an interim election can be held. There are applicants for a CCDDB position, if and when one becomes vacant.

APPROVAL OF MINUTES:

Minutes from the 9/24/25 meeting and 9/24/25 study session were included in the packet.

MOTION: Dr. Robin moved to approve the 9/24/25 board meeting minutes. Dr. Fowler seconded the motion. A voice vote was taken and the motion passed.
MOTION: Dr. Robin moved to approve the 9/24/25 joint study session minutes. Dr. Sharma seconded the motion. A voice vote was taken and the motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet.

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

STAFF REPORTS:

Staff reports were included in the packet for review.

NEW BUSINESS:

Med Launch Presentation:
Vince Perez, representing the student-led organization at the University of Illinois Urbana-Champaign, presented on their work to make the community more accessible.

DRAFT Revised CCDDB Funding Requirements:
For information was an initial draft of revised "CCDDB Requirements and Guidelines for Allocation of Funds" and memorandum on the proposed changes.

OLD BUSINESS:

REVISED 2026 Budget:
A memorandum requested approval of revisions to the previously approved CCDDB budget. Updated budget documents and the County presentations of CCDDB, CCMHB, and IDDSI budgets were included as background information.

MOTION: Dr. Robin moved to "approve the attached REVISED 2026 CCDDB Budget, with anticipated revenues and expenditures of $5,689,961." Dr. Fisher seconded. A roll call was taken, and the motion passed.

Input from People with I/DD:
None.

Response to Emerging Threats:
Board members expressed interest in developing a resolution for approval at the next meeting.

Engage Illinois:
Ms. Niswander provided a verbal update, stressing the need for many names to be added to the effort's list of supporters.

Evaluation Capacity Building Project Update:
Jacinda Dariotis from the Family Resiliency Center provided an update on the recent story telling workshop and shared the latest microlearning video.

disAbility Resource Expo Update:
Staff and Board members shared updates on the Expo event held October 18, 2025.

PY2025 I/DD Utilization and Outcome Summaries:
A report summarizing results of I/DD programs funded by the CCDDB, CCMHB, and IDDSI during PY2025 was included in the packet. At the request of Dr. Fowler, this report will be presented again at the next regular meeting, for fuller discussion.

SUCCESSES AND AGENCY INFORMATION:

Paula Vanier from PACE provided an update on outreach/recruiting activities. Becca Obuchowski from Community Choices provided an agency update and commented on the Expo event as well

as emerging issues which may impact people who receive services. Heather Levingston, DSC, brought up serious issues with establishing eligibility for services, including apparent changes in the state's process and school evaluations. Other agency representatives joined this discussion, including Angela Yost from CCRPC, Paula Vanier, PACE, and Becca Obuchowski, Community Choices. Due to the serious implications for current and future participants of funded services, and the likely need for a coordinated system advocacy effort, Director Canfield asked and Chair Niswander agreed to add an agenda item on this topic for the next regular meeting.

COUNTY BOARD INPUT:

Jenny Lokshin answered an earlier question about actual year-to-date property tax distributions and invited Chris Wilson to share what he had learned from the Treasurer's office.

CCMHB INPUT:

The CCMHB was to meet in the afternoon. A joint study session is scheduled for October 29.

BOARD ANNOUNCEMENTS AND INPUT:

None.

OTHER BUSINESS – CLOSED SESSION:

MOTION: Chair Niswander moved "to enter into Closed Session for Semi-Annual Closed Session Minutes Review pursuant to 5 ILCS 120/2 (c) (21). The following individuals will join this closed session: members of the Champaign County Developmental Disabilities Board and Executive Director Canfield." Dr. Fowler seconded the motion. A roll call vote was taken at 10:38AM, and the motion passed.

Board members and Director Canfield moved to the Putman Conference Room for the closed session. At 10:43AM, Chair Niswander called Open Session back to order, and roll call was taken.

MOTION: Dr. Fowler moved "to maintain the confidentiality status of the February 19, 2020, February 26, 2020, July 21, 2021, and February 23, 2022 closed session minutes as identified and to continue maintaining them as closed." Dr. Fisher seconded the motion. A roll call vote was taken and the motion passed.

ADJOURNMENT:

The meeting adjourned at 10:45 a.m.

Respectfully Submitted by: Lynn Canfield, CCMHB/CCDDB Executive Director

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD and DEVELOPMENTAL DISABILITIES BOARD JOINT STUDY SESSION

Minutes—October 29, 2025

This meeting was held at the Scott M. Bennett Administrative Center, Urbana, IL and remotely.

5:45 p.m.

MEMBERS PRESENT:	Molly McLay, Alejandro Gomez, Chris Miner (remote), Elaine Palencia, Vicki Niswander (remote), Anne Robin, Jane Sprandel, Jon Paul Youakim, Emily Rodriguez, Susan Fowler (remote), Kim Fisher (remote)
MEMBERS EXCUSED:	Neil Sharma, Tony Nichols, Kyle Patterson
STAFF PRESENT:	Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville
OTHERS PRESENT:	Jessica Smith DSC; Angela Yost, Jessie Huckenmueller, CCRPC; Maria Jimenez, Immigrant Services of Champaign-Urbana; Awad Awad, UIUC Salaam Cultural Center; Lisa Wilson, The Refugee Center; Sanford Hess, Resident; Michael Palencia-Roth, Resident; Brenda Eakins, GROW

CALL TO ORDER:

CCMHB President McLay called the meeting to order at 5:53 p.m.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

The agenda was approved.

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was included for information.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

Ms. Niswander and Ms. McLay welcomed everyone.

ASSOCIATE DIRECTOR'S COMMENTS:

Associate Director Bryson introduced the speakers and topic.

STUDY SESSION: "Resources and Needs of Immigrants and Refugees"

Dr. Youakim introduced the study session and shared his experiences being a child of refugees and growing up in Urbana-Champaign as well as his experiences as a pediatrician serving refugee families.

Presenter bios and information regarding their organization were included in the packet.
Presenters were:
Maria Jimenez, Executive Director, Immigrant Services of Champaign-Urbana
Awad Awad, Director of the UIUC Salaam Cultural Center
Lisa Wilson, Executive Director, The Refugee Center

There was board discussion and an opportunity for board member questions following the presentations.

The packet also includes the following additional information:

- Results of Survey on Immigrant and Refugee Resources and Needs
- Champaign County Immigrant Needs Data 2024

PUBLIC PARTICIPATION AND AGENCY INPUT:

None.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 7:39 p.m.

Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Operations and Compliance Coordinator

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

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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										
Oct'25 DD26-078		10/01/2025	100325A	52413	35,420.00	35,420.00	10/31/2025	INV	PD	DD26-078 Decision Supp
CHECK DATE: 10/03/2025										
10146 COMMUNITY CHOICES, INC										
Oct'25 DD26-075		10/01/2025	100325A	52519	19,000.00	19,000.00	10/31/2025	INV	PD	DD26-075 Self-Determin
CHECK DATE: 10/03/2025										
Oct'25 DD26-076		10/01/2025	100325A	52519	4,000.00	4,000.00	10/31/2025	INV	PD	DD26-076 Staff Recruit
CHECK DATE: 10/03/2025										
Oct'25 DD26-077		10/01/2025	100325A	52519	20,250.00	20,250.00	10/31/2025	INV	PD	DD26-077 Transportatio
CHECK DATE: 10/03/2025										
Oct'25 DD26-090		10/01/2025	100325A	52519	19,416.00	19,416.00	10/31/2025	INV	PD	DD26-090 Inclusive Com
CHECK DATE: 10/03/2025										
Oct'25 DD26-095		10/01/2025	100325A	52519	21,333.00	21,333.00	10/31/2025	INV	PD	DD26-095 Customized Em
CHECK DATE: 10/03/2025										
					83,999.00					
10170 DEVELOPMENTAL SERVICES CENTER OF										
Oct'25 DD25-086		10/01/2025	100325A	52530	20,333.00	20,333.00	10/31/2025	INV	PD	DD25-086 Workforce Dev
CHECK DATE: 10/03/2025										
Oct'25 DD26-080		10/01/2025	100325A	52530	26,666.00	26,666.00	10/31/2025	INV	PD	DD26-080 Individual an
CHECK DATE: 10/03/2025										
Oct'25 DD26-081		10/01/2025	100325A	52530	52,333.00	52,333.00	10/31/2025	INV	PD	DD26-081 Community Liv
CHECK DATE: 10/03/2025										
Oct'25 DD26-082		10/01/2025	100325A	52530	82,500.00	82,500.00	10/31/2025	INV	PD	DD26-082 Community Fir
CHECK DATE: 10/03/2025										
Oct'25 DD26-083		10/01/2025	100325A	52530	41,666.00	41,666.00	10/31/2025	INV	PD	DD26-083 Service Coord
CHECK DATE: 10/03/2025										
Oct'25 DD26-084		10/01/2025	100325A	52530	21,916.00	21,916.00	10/31/2025	INV	PD	DD26-084 Clinical Serv
CHECK DATE: 10/03/2025										
Oct'25 DD26-085		10/01/2025	100325A	52530	8,541.00	8,541.00	10/31/2025	INV	PD	DD26-085 Employment Fi
CHECK DATE: 10/03/2025										
Oct'25 DD26-091		10/01/2025	100325A	52530	43,583.00	43,583.00	10/31/2025	INV	PD	DD26-091 Community Emp
CHECK DATE: 10/03/2025										
Oct'25 DD26-092		10/01/2025	100325A	52530	10,166.00	10,166.00	10/31/2025	INV	PD	DD26-092 Connections
CHECK DATE: 10/03/2025										

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
					307,704.00					
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.										
Oct'25 DD26-079		10/01/2025	100325A	52569	3,831.00	3,831.00	10/31/2025	INV	PD	DD26-079 Consumer Cont
CHECK DATE: 10/03/2025										
Sep'25 DD26-079		09/01/2025	100325A	52569	3,831.00	3,831.00	09/30/2025	INV	PD	DD26-079 Consumer Cont
CHECK DATE: 10/03/2025										
					7,662.00					
		17 INVOICES			434,785.00					

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

Champaign County, IL

VENDOR INVOICE LIST

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER										
Oct'25 IDDSI25-089		10/01/2025	100325A	52414	19,336.00	19,336.00	10/31/2025	INV	PD	IDDSI25-089 Community
CHECK DATE: 10/03/2025										
1 INVOICES					19,336.00					

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

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Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2025

CCDDB/CCMHB/IDDSI: PY2026 1st Quarter reports were due on October 29, 2025. All CCDDB & CCMHB I/DD funded programs submitted their reports before the deadline. 1st Quarter Program Reports and Service Data Reports are included in the November CCDDB Packet. Many of the Program Reports include detailed information about program activities in the Comments Section of those reports. It is also important to note that not all I/DD programs enter claims into the Online Reporting System, therefore the compiled Service Data Reports document does not include a report for each program.

After agencies have submitted their quarterly reports, I review each report and track the data on Performance Data Charts. The Performance Data Charts will be included with the Program Reports beginning after the 2nd Quarter Reports are completed.

I continue working on the PY2025 claims data that was entered into the Online Reporting System. Each claim that was entered into the Online Reporting System is downloaded and then sorted by program/agency. The data is then sorted by client. This provides me with a client list that is agency and program specific. Through my review of this data, I can track duplication of services and client specific program involvement. An overview of how participants are using CCDDB funded services will be provided prior to the next application review.

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

I spent time troubleshooting some errors (made by me) in the Online Reporting System. My apologies to the agency staff that suffered from these errors. I also met with the Online Reporting System Developer and other CCDDB/CCMHB staff.

I reviewed and provided input in the 'PY2027 Allocation Priorities and Decision Support Criteria' Decision Memorandum.

I began working on consultant contracts for FY2026. Current contracts were sent to consultants for review. After I have heard back from the consultants, FY2026 contracts will be developed, factoring in any changes sent by the consultants. Then

I will generate electronic contracts and send those to the consultants, Board Presidents, and Executive Director Canfield for signature.

Contract Amendments: N/A

Learning Opportunities: Karen Simms presented 'Keep Calm & Connected: Real-World Tools for Tough Times' on October 30, 2025, at the Champaign Public Library. Sixteen people from 5 CCDDB or CCMHB funded agencies were in attendance. One former CCDDB Member also attended. Workshop attendees provided very positive reviews for Ms. Simms and the content of the workshop.

DIS**ABILITY Resource Expo**: The 2025 Disability Resource Expo Steering Committee wrap-up meeting is being planned for December 2025. I delivered extra Disability Expo Resource Guides to several CCDDB/CCMHB funded agencies after the Expo. Please let me know if you/your agency would like some Resource Guides.

MHDDAC: I participated in the October 28, 2025 MHDDAC meeting. Lisa Liggins-Chambers, Executive Director and staff from the CAC presented on the services provided by the Children's Advocacy Center. The next MHDDAC meeting is scheduled for November 25, 2025.

ACMHAI: I attended the November Executive Committee meeting. The I/DD Committee was held on November 13, 2025. I am also preparing the I/DD Committee report for the December Membership meeting.

NACBHDD: The NACBHDD I/DD Committee meeting was held on November 12, 2025.

Human Services Council (HSC): I participated in the November meeting of the HSC. James Kilgore, First Followers presented on the services provided through First Followers. After Mr. Kilgore's presentation other members provided agency updates. Other discussion included what agency staff are seeing/hearing from their clients due to issues at the federal level.

Champaign County Transition Planning Committee (TPC): I participated in the November TPC meeting. The meeting was held at Douglass Library. Marney Orchard with the Center for Independent Futures provided a presentation on the My Full Life Curriculum. The TPC also discussed the Student Transition Event being planned for Spring 2026 and difficulties that schools and agency staff are seeing with PUNS eligibility.

Champaign County Local Inter-Agency Council (LIC): The next LIC meeting is scheduled for November 17, 2025.

Other: I also participated in several webinars.

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

Staff Report-November 2025

Summary of Activity: The first quarter reports for PY26 agencies were due on Wednesday, October 29, 2025. A deadline extension request was approved for RACES and WIN Recovery. The UP Center did not request an extension of the deadline; however, they submitted all of their reports a few days after the deadline. Upon receipt of all first quarter Program Activity/Consumer Service reports, I was able to review and compile them into a single, comprehensive report. This report is included in this board packet for your review.

Contracts: On November 3, 2025, the Executive Director and Board President of the Urbana Neighborhood Connection Center received an email containing the PY26-27 contract. We are anticipating their electronic signatures.

Site Visits: The following agencies are scheduled for site visits: Champaign County Health Care Consumers, CCRPC, CU at Home, Courage Connection, Rosecrance, The Refugee Center, and The Uniting Pride Center. The site visit comprises a discussion with the Program Director and staff regarding the program's success, as well as an examination of client files and utilization data. Ms. Summerville accompanied me on site visits to Champaign County Health Care Consumers and Uniting Pride. Upon request, the required supporting documentation was provided by each director and their staff. At the time of this writing, there were no significant concerns for either agency.

ACMHAI Committee: Members of the Legislative Committee were informed of the Springfield Updates concerning veto sessions and the 2026 Legislative Priorities on October 21, 2024.

CCMHDDAC Meeting: Executive Director Canfield covered the October 28th meeting while I concentrated on preparing for site visits. The next meeting is scheduled for November 25th.

Continuum of Service Providers to the Homeless (CSPH): Members met at the Martens Center and heard updates on the RPC Overflow Shelter for Families, which provides water and coffee to families with minor children. From 7:00 to 7:30 PM, individuals are screened on a first-come, first-served basis. The facility has the capacity to accommodate 6-8 households (up to 24 individuals). Individuals are required to arrive by 8:00 PM and leave at 7:00 AM with their belongings. They are re-screened each day. The precise shelter location is kept confidential. Cunningham Township will utilize former Armory in Champaign for a 24/7 overnight shelter, with a capacity of over 50 individuals, excluding registered sex offenders. Updates by Strides Shelter include plans for rebuilding, reducing staff, and applying for grants, including one for renovation and fencing. The Housing Authority discussed restricted reserves ($1,000,000) and reported on emergency housing vouchers. GCAP's new grant aims to assist the transitional housing supports for the LGBTQ community, and the emergency shelter can accommodate registered sex offenders with a capacity for 4 individuals.

Evaluation Capacity Committee Team: I attended and participated in the monthly meetings with the Evaluation Capacity project staff.

Rantoul Service Provider's Meeting: On October 20th meeting was canceled due to the facilitator being sick. The next meeting is scheduled for November 17th via zoom.

SOFTT/LANS Meeting: On October 15th, members discussed the brown bag luncheon for case managers at Cunningham Children's Home on October 21st. This idea developed as a community need to share organizational strategies for case management work. The next SOFTT/LAN meeting is scheduled for November 19th.

United Way Healthy Community: Child Well-Being Community Solutions Team: The reviewing of Child Well-Being applications ended on October 23rd.

Other Activities:

- On November 6th, I attended the McKinley Health Center and the Counseling Center: 2025 Campus & Community Mental Health Discussion Panel at the I-Hotel.
- October 24th, I attended the Webinar: Beyond Patient Portals: The Future of Consumer Collaboration in Behavioral Health.
- October 20th, I attended the Champaign County Drug Court's Graduation Ceremony via zoom. Seven individuals graduated during the ceremony.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

November 2025 Board Meeting

SUMMARY OF ACTIVITY:

First Quarter Reporting 2026:
First quarter financial and program reporting was due October 29th at 11:59 p.m. I sent them a reminder of the deadline on October 3rd, along with the form to submit if they needed an extension.

C-U RACES requested an extension. UP Center did not request an extension and no reports were submitted. They were issued a funding suspension letter. All reports from RACES and UP Center are now in.

Fourth Quarter Reporting 2025:
We are still working with GCAP to finish their 4th quarter reporting.

Audits:
Audits are due at the end of the year. CU Early submitted their audit on October 27th.

I sent the funded agencies a reminder of a new contract requirement regarding audits on Nov. 6th. Agencies are now required to send us a date of when the CPA firm began the work.

Site Visits:
I will accompany Leon Bryson on some site visits that he is scheduling. Generally, I review client files and review any compliance issues. My notes and findings are given to Mr. Bryson and he writes the final report.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):
No Report.

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.

- Attended meetings for the CCMHB/CCDDB.
- Edited minutes for the CCMHB/CCDDB meetings.
- I was on vacation for 2 weeks in October.

November 2025
Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator

CCMHB/DDB Cultural Competence Requirements for Annual CLC Plans connected to National CLAS (Culturally and Linguistically Appropriate Services) Standards

Annually for submitting CLC Plan with actions supporting the National CLAS Standards. Cultural Competence is a journey, and each organization is responsible for meeting the following requirements:

1. **Annual Cultural Competence Training-** All training related to building skills around the values of CLC and ways to engage marginalized communities and populations that have experienced historical trauma, systematic barriers to receiving quality care. Each organization is responsible for completing and reporting on the training during PY25/26
2. **Recruitment of Diverse backgrounds and skills for Board of Director and Workforce**- Report activities and strategies used to recruit diverse backgrounds for the board of directors and workforce to address the needs of target population that is explained in the program application.
3. **Cultural Competence Organizational or Individual Assessment/Evaluation-** A self-assessment organizational should be conducted to assess the views and attitudes towards the culture of the people that are being served. This also can be an assessment that will identify bias and other implicit attitudes that prevent a person from receiving quality care. This can also include client satisfaction surveys to ensure the services are culturally responsive.
4. **Implementation of Cultural Competence Values/Trauma Informed Practices-** The actions in the CLC Plan will identify actions that show how policies and procedures are responsive to a person culture and the well-being of employees/staff and clients being served. . This can also show how culturally responsive, and trauma informed practices are creating a sense of safety and positive outcomes for clients that are being served by the program.
5. Outreach and Engagement of Underrepresented and Marginalized Communities defined in the criteria in the program application.
6. **Inter-Agency Collaboration**- This action is included in the program application about how organizations collaborate with other organizations formally (Written agreements) and informally through activities and programs in partnership with other organizations. Meetings with other organizations without a specific activity or action as an outcome is not considered interagency collaboration.
7. **Language and Communication Assistance-** Actions associated with CLAS Standards 5-8 must be identified and implemented in the Annual CLC Plan. The State of Illinois requires access an accommodation for language and communication access with qualified interpreters or language access lines based on the client's communication needs. This includes print materials as assistive communication devices.

National Enhanced CLAS Standards for Health and Healthcare Reading Materials

Here is the Link to the 15 Enhanced National CLAS Standards

Here is the link to the Blueprint on how National CLAS Standards can be implemented at every level in an organization. CLAS Blueprint

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

Agency Monitoring:

- Community Choices- Board and Staff Training- November 12, 2025
- **CLC Site Visits for October/November**

- Uniting Pride Center
- Champaign County Healthcare Consumers
- Courage Connection
- CU At Home
- Promise Healthcare

The CLC Assessment was distributed to Promise Healthcare on November 10. Staff will complete the survey and return it to the CLC Committee for review and to make modifications.

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo

Thank you for your support in the Disability Expo. I was able to attend the Expo and Supported the Shuttle Service Tent on October 18th.

A Volunteer Survey will be conducted to learn about the experience of the volunteer teams of the expo.

ACMHAI:

Executive Committee Meeting- November 4

Children's Behavioral Health Committee

Human Services Council –Attended the Meeting November 6- There was a connection made with First Followers about a person who needed services that have returned to our community from incarceration. First Followers was able to do a presentation for the HSC.

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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

	ACTUAL 2024 - OCT	ACTUAL 2025 - OCT	2025 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	4,914,179.96	5,031,963.88	5,449,496.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	268.59	370.21	4,000.00
06 MOBILE HOME TAX	2,910.73	0.00	3,000.00
4001 PROPERTY TAX TOTAL	**4,917,359.28**	**5,032,334.09**	**5,458,496.00**
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	82,344.16	7,625.27	44,840.00
4008 INVESTMENT EARNINGS TOTAL	**82,344.16**	**7,625.27**	**44,840.00**
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	***4,999,703.44***	***5,039,959.36***	***5,508,336.00***
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	354,470.00	371,750.00	446,102.00
07 INSURANCE (NON-PAYROLL)	4,333.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	3,784,428.00	4,215,705.00	5,067,901.00
5020 SERVICES TOTAL	**4,143,231.00**	**4,591,788.00**	**5,518,336.00**
TOTAL EXPENDITURES	***4,143,231.00***	***4,591,788.00***	***5,518,336.00***
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	10,000.00
6001 OTHER FINANCING SOURCES TOTAL	**0.00**	**0.00**	**10,000.00**
TOTAL OTHER FINANCING SOURCES (USES)	***0.00***	***0.00***	***10,000.00***

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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

	ACTUAL 2024 - OCT	ACTUAL 2025 - OCT	2025 ANNUAL BUDGET
NET CHANGE IN FUND BALANCE	**-856,472.44**	**-448,171.36**	**0.00**

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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

	ACTUAL 2024 - OCT	ACTUAL 2025 - OCT	2025 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	18,948.35	1,057.35	6,000.00
4008 INVESTMENT EARNINGS TOTAL	**18,948.35**	**1,057.35**	**6,000.00**
TOTAL REVENUES	***18,948.35***	***1,057.35***	***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
25 CONTRIBUTIONS & GRANTS	220,346.00	174,024.00	233,000.00
5020 SERVICES TOTAL	**220,346.00**	**174,024.00**	**234,000.00**
TOTAL EXPENDITURES	***220,346.00***	***174,024.00***	***239,063.00***
OTHER FINANCING SOURCES (USES)			
TOTAL OTHER FINANCING SOURCES (USES)	***0.00***	***0.00***	***0.00***
NET CHANGE IN FUND BALANCE	**201,397.65**	**172,966.65**	**233,063.00**

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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

		ACTUAL 2024 - OCT	ACTUAL 2025 - OCT	2025 ANNUAL BUDGET
REVENUES				
4001	**PROPERTY TAX**			
01	PROPERTY TAXES - CURRENT	5,982,474.52	6,127,284.61	6,634,170.00
03	PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04	PAYMENT IN LIEU OF TAXES	326.98	450.80	2,000.00
06	MOBILE HOME TAX	3,543.48	0.00	4,200.00
4001	**PROPERTY TAX TOTAL**	**5,986,344.98**	**6,127,735.41**	**6,642,370.00**
4004	**INTERGOVERNMENTAL REVENUE**			
76	OTHER INTERGOVERNMENTAL	354,470.00	371,750.00	446,102.00
4004	**INTERGOVERNMENTAL REVENUE TOTAL**	**354,470.00**	**371,750.00**	**446,102.00**
4008	**INVESTMENT EARNINGS**			
01	INVESTMENT INTEREST	78,433.15	7,336.67	56,270.00
4008	**INVESTMENT EARNINGS TOTAL**	**78,433.15**	**7,336.67**	**56,270.00**
4009	**MISCELLANEOUS REVENUES**			
01	GIFTS AND DONATIONS	575.00	1,050.00	1,000.00
02	OTHER MISCELLANEOUS REVENUE	18,041.78	35,465.17	23,000.00
4009	**MISCELLANEOUS REVENUES TOTAL**	**18,616.78**	**36,515.17**	**24,000.00**
TOTAL REVENUES		***6,437,864.91***	***6,543,337.25***	***7,168,742.00***
EXPENDITURES				
5001	**SALARIES AND WAGES**			
02	APPOINTED OFFICIAL SALARY	89,447.82	98,392.36	116,282.00
03	REGULAR FULL-TIME EMPLOYEES	304,826.88	333,879.63	409,062.00
05	TEMPORARY STAFF	20.00	0.00	1,000.00
08	OVERTIME	0.00	0.00	500.00
5001	**SALARIES AND WAGES TOTAL**	**394,294.70**	**432,271.99**	**526,844.00**
5003	**FRINGE BENEFITS**			
01	SOCIAL SECURITY-EMPLOYER	28,788.93	29,920.84	40,189.00
02	IMRF - EMPLOYER COST	10,198.45	12,828.83	14,237.00
04	WORKERS' COMPENSATION INSURANC	1,524.99	1,830.53	2,101.00

		ACTUAL 2024 - OCT	ACTUAL 2025 - OCT	2025 ANNUAL BUDGET
05	UNEMPLOYMENT INSURANCE	1,899.88	2,110.59	1,739.00
06	EE HEALTH/LIFE	39,810.84	41,991.68	106,877.00
5003	**FRINGE BENEFITS TOTAL**	**82,223.09**	**88,682.47**	**165,143.00**
5010	**COMMODITIES**			
01	STATIONERY AND PRINTING	879.40	3,852.96	4,500.00
02	OFFICE SUPPLIES	2,061.83	2,411.20	4,000.00
03	BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04	POSTAGE, UPS, FEDEX	942.25	771.52	2,000.00
05	FOOD NON-TRAVEL	1,214.61	1,142.52	1,500.00
12	UNIFORMS/CLOTHING	0.00	231.50	1,000.00
13	DIETARY NON-FOOD SUPPLIES	122.66	109.93	250.00
17	EQUIPMENT LESS THAN $5000	3,606.84	3,365.17	7,500.00
19	OPERATIONAL SUPPLIES	2,212.33	2,300.44	3,000.00
21	EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010	**COMMODITIES TOTAL**	**11,039.92**	**14,185.24**	**24,335.00**
5020	**SERVICES**			
01	PROFESSIONAL SERVICES	164,197.15	171,985.49	192,500.00
02	OUTSIDE SERVICES	6,646.41	7,811.25	10,000.00
03	TRAVEL COSTS	2,458.40	3,656.63	9,000.00
04	CONFERENCES AND TRAINING	550.00	770.00	4,000.00
05	TRAINING PROGRAMS	0.00	0.00	10,000.00
07	INSURANCE (non-payroll)	5,285.00	5,285.00	20,000.00
12	REPAIRS AND MAINTENANCE	0.00	0.00	200.00
13	RENT	23,539.11	27,229.10	37,500.00
14	FINANCE CHARGES AND BANK FEES	2.17	0.00	30.00
19	ADVERTISING, LEGAL NOTICES	2,855.20	1,049.00	12,000.00
21	DUES, LICENSE & MEMBERSHIP	16,069.99	16,969.99	20,000.00
22	OPERATIONAL SERVICES	1,987.02	1,843.55	5,000.00
24	PUBLIC RELATIONS	15,100.00	25.00	20,000.00
25	CONTRIBUTIONS & GRANTS	4,901,907.00	4,559,092.00	6,080,090.00
37	REPAIR & MAINT - BUILDING	0.00	0.00	100.00
45	ATTORNEY/LEGAL SERVICES	0.00	0.00	2,500.00
46	EQUIP LEASE/EQUIP RENT	1,791.54	1,592.48	2,500.00
47	SOFTWARE LICENSE & SAAS	10,640.80	11,340.03	14,000.00
48	PHONE/INTERNET	2,264.15	1,419.08	3,000.00
5020	**SERVICES TOTAL**	**5,155,293.94**	**4,810,068.60**	**6,442,420.00**

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

COMBINED REPORTING FOR YEAR: 2025 FROM PERIOD: 00 THROUGH PERIOD: 10

	ACTUAL 2024 - OCT	ACTUAL 2025 - OCT	2025 ANNUAL BUDGET
TOTAL EXPENDITURES	***5,642,851.65***	***5,345,208.30***	***7,158,742.00***
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	0.00	0.00	-10,000.00
7001 OTHER FINANCING USES TOTAL	**0.00**	**0.00**	**-10,000.00**
TOTAL OTHER FINANCING SOURCES (USES)	***0.00***	***0.00***	***-10,000.00***
NET CHANGE IN FUND BALANCE	**-795,013.26**	**-1,198,128.95**	**0.00**

Champaign County, IL

PROJECT BUDGET REPORT

FOR 01/01/2025 - 10/31/2025

	Original Budget	Net Budget Amendments	Revised Budget	Requisitions	Encumbrances	Actuals	Available Budget	Percent Used
Project: DisExpo - disABILITY Resource Expo								
E DisExpo -COMM -OPER SUPP - Supplies	0.00	2,500.00	2,500.00	0.00	0.00	2,400.42	99.58	96.02%
E DisExpo -COMM -STA PRINT - Print	0.00	5,000.00	5,000.00	0.00	0.00	4,087.96	912.04	81.76%
E DisExpo -COMM -Uniform - Clothing	0.00	1,000.00	1,000.00	0.00	0.00	231.50	768.50	23.15%
TOTALS for Phase/Source: COMM -	0.00	8,500.00	8,500.00	0.00	0.00	6,719.88	1,780.12	79.06%
F DisExpo -MISC REV -OtherMisc - Spons Fee	0.00	-15,000.00	-15,000.00	0.00	0.00	-13,739.00	-1,261.00	91.59%
TOTALS for Phase/Source: MISC REV -	0.00	-15,000.00	-15,000.00	0.00	0.00	-13,739.00	-1,261.00	91.59%
E DisExpo -SERVICES -JB REQ TRV- Job Travel	0.00	200.00	200.00	0.00	0.00	181.38	18.62	90.69%
E DisExpo -SERVICES -LEGAL ADV - Advert	0.00	5,000.00	5,000.00	0.00	0.00	1,849.00	3,151.00	36.98%
E DisExpo -SERVICES -PR - PR	0.00	500.00	500.00	0.00	0.00	25.00	475.00	5.00%
E DisExpo -SERVICES -PROF SVC - Prof Svc	0.00	50,000.00	50,000.00	0.00	0.00	39,780.63	10,219.37	79.56%
E DisExpo -SERVICES -Rent - Rentals	0.00	12,500.00	12,500.00	0.00	0.00	11,168.00	1,332.00	89.34%
TOTALS for Phase/Source: SERVICES -	0.00	68,200.00	68,200.00	0.00	0.00	53,004.01	15,195.99	77.72%
EXPENSE TOTALS for Project: DisExpo - disABILITY Resource Expo	0.00	76,700.00	76,700.00	0.00	0.00	59,723.89	16,976.11	77.87%
FUNDING SOURCE TOTALS for Project: DisExpo - disABILITY Resource Expo	0.00	-15,000.00	-15,000.00	0.00	0.00	-13,739.00	-1,261.00	91.59%
TOTALS for Project: DisExpo - disABILITY Resource Expo	0.00	61,700.00	61,700.00	0.00	0.00	45,984.89	15,715.11	
TOTALS FOR EXPENSE STRINGS	0.00	76,700.00	76,700.00	0.00	0.00	59,723.89	16,976.11	24.39
TOTALS FOR FUNDING SOURCE STRINGS	0.00	-15,000.00	-15,000.00	0.00	0.00	-13,739.00	-1,261.00	29.23

PROJECT BUDGET REPORT

FOR 01/01/2025 - 10/31/2025

Original Budget	Net Budget Amendments	Revised Budget	Requisitions	Encumbrances	Actuals	Available Budget	Percent Used

REPORT TOTAL

Original Budget	Net Budget Amendments	Revised Budget	Requisitions	Encumbrances	Actuals	Available Budget
0.00	61,700.00	61,700.00	0.00	0.00	45,984.89	15,715.11

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From: Kim Bowdry
To: Lynn Canfield
Subject: Fw: DRAFT CCDDB Three Year Plan 2026-2028 with Draft FY2026 Objectives and Tactics
Date: Friday, September 19, 2025 10:47:45 AM
Attachments: Outlook-citxyknp.png

From: Annie Bruno <annie@thearcofil.org>
Sent: Friday, September 19, 2025 10:44 AM
To: Kim Bowdry <kim@ccmhb.org>
Subject: Re: DRAFT CCDDB Three Year Plan 2026-2028 with Draft FY2026 Objectives and Tactics

Hi Kim!
Just a quick note on this that I saw PUNS listed as Prioritization of Urgency of Needs of Services. This is no longer the case, as the state does not select folks based on the urgency but rather, the time they've waited. We just still call it PUNS, a leftover term, but it doesn't stand for anything anymore. I'd also throw my hat in the ring for presenting for the CCDDB on PUNS/Waiver Services/status of things if at any point that may be helpful.

Also, details are quite vague at this point - but I'm planning a sort of 'listening session' or 'focus group' in Champaign in early February (Thursday, the 4th in the evening). The Arc's hope is to gather feedback from all sorts of community members, families, and stakeholders on the service system - what's working in IL, what's not working, where are there service gaps, etc. I don't have many details at this point exactly what it will look like, but I wanted to put this on your radar - as I'm hoping to have CCDDB staff/board invited and included. Maybe as I learn more, we can stay in touch about how CCDDB may be able to be involved.

Thanks Kim,

Annie Bruno, LCSW, QIDP
Family Advocate for Central & Southern Illinois
at **The Arc of Illinois**
(pronouns: she, her, hers)

A 7550 183rd St | Tinley Park, IL 60477
T 815-464-1832 ext. 1022
C 779-254-1143

From: Kim Bowdry
To: Lynn Canfield
Subject: Fw: Champaign County PUNS
Date: Tuesday, September 23, 2025 2:04:22 PM

Timely information. Still nothing on PUNS data though, go DHS!

From: Tina Baxter <tina.baxter@psci.info>
Sent: Tuesday, September 23, 2025 2:03 PM
To: Kim Bowdry <kim@ccmhb.org>
Subject: RE: Champaign County PUNS

Good afternoon Kim,

I apologize for not getting back to you sooner. There were 39 individuals selected from Champaign County in July, and an additional 2 individuals selected last week. So, a total of 41 have been selected in FY26 from Champaign County.

Thank you,
Tina

From: Kim Bowdry <kim@ccmhb.org>
Sent: Friday, August 15, 2025 8:42 AM
To: Tina Baxter <tina.baxter@psci.info>
Subject: Re: Champaign County PUNS

Hi Tina,

Sorry to bother you about this again, I was just wondering if you have had a chance to track down the number of people from Champaign County who were sent PUNS selection letters.

Thanks,

Kim

From: Tina Baxter <tina.baxter@psci.info>
Sent: Wednesday, July 23, 2025 2:33 PM
To: Kim Bowdry <kim@ccmhb.org>
Subject: RE: Champaign County PUNS

Hi Kim,

I will get that number and send it to you.

Thanks,
Tina

Tina Baxter
Prairieland Service Coordination, Inc.
Executive Director
P.O. Box 315 Decatur, Il 62525
4857 US Route 36 East, Decatur, IL 62521
Phone: 217-362-6128 Fax: 217-362-6129
tina.baxter@psci.info
psci@psci.info

From: Kim Bowdry <kim@ccmhb.org>

Sent: Wednesday, July 23, 2025 1:05 PM
To: Tina Baxter <tina.baxter@psci.info>
Subject: Champaign County PUNS

Hello Tina,

I hope you are doing well and enjoying the summer. The CCDDB met this morning and there was discussion around the recent PUNS selection. I was wondering if you happen to know the number of Champaign County residents who were selected. If you have that information, could you please share it with me?

Thanks,

Kim

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

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: November 19, 2025
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Associate Director Kim Bowdry, Executive Director Lynn Canfield
SUBJECT: Three Year Plan for 2026-208 with Objectives for 2026

Purpose:

This memorandum seeks Board approval of the attached DRAFT Three Year Plan for 2026-2028 with Objectives for Fiscal Year 2026. The Plan continues the commitment to some earlier goals and many collaborations and responds to emerging issues. Feedback from agencies, board members, and a consultant shaped the initial draft Three Year Plan for 2026-2028, which was presented on September 24, 2025.

Update:

Further input was welcomed through the end of October. Public and agency comments made during a study session and a board meeting have affirmed much of the direction set by initial feedback. Proposed changes are highlighted, and language to be removed is lined out. These edit features will be removed from the version approved by the Board.

Decision Section:

Motion to approve the draft CCDDB Three-Year Plan for Fiscal Years 2026-2028 with Fiscal Year 2026 Objectives.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

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Champaign County Board for Care and Treatment of Persons with a Developmental Disability, as

Champaign County Developmental Disabilities Board

DRAFT

THREE YEAR PLAN

For Fiscal Years 2026 through 2028

(1/1/26 – 12/31/28)

With One Year Objectives and Tactics

for Fiscal Year 2026

(1/1/26-12/31/26)

Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as

Champaign County Developmental Disabilities Board (CCDDB)

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

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

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

Mission Statement

The mission of the CCDDB is the advancement of a local system of supports and services for people with intellectual and/or developmental disabilities, in accordance with the assessed priorities of Champaign County residents.

Statement of Purposes

1. **Planning** for the intellectual and developmental disability support and service system to assure accomplishment of the CCDDB goals.
2. **Allocation** of local funds to assure the provision of a comprehensive system of community based intellectual and developmental disability supports and services anchored in high-quality person-centered planning.
3. Increase **access** to all relevant resources for an interrelated and robust system of care.
4. **Advocating** for improvements to the local system and larger funding and services systems.
5. **Evaluation** of the system of care to assure that supports and services are provided as planned and that services are aligned with the needs and values of the community.

To accomplish these purposes, the CCDDB collaborates on the resources necessary for an effective support and service system. The CCDDB shall fulfill responsibilities specified in Sections 835/0.05 to 835/14 inclusive of the Community Care for Persons with Developmental Disabilities Act.

This Three-Year Plan is organized according to the five purposes identified above. Each purpose is followed by at least one strategy and goal. Each goal has measurable objectives, which are likely to continue from one year to the next, and tactics which may be completed or substantially revised in subsequent years.

Purpose #1: Planning

STRATEGY: The people most directly affected by our work should influence it.

Goal 1.1: Gather information about the support and service needs and preferences of adults with intellectual and/or developmental disabilities (I/DD) who reside in Champaign County.

- *At each regular Board meeting in 2026, invite written or oral input from people with I/DD.*
- *Prior to each regular Board meeting during 2026, reach out to individuals, advocacy groups, family members, and other supporters, for any input they would offer.*

At least once during 2026, and prior to the final draft of PY2028 funding priorities:

- *Host a presentation in which people with I/DD may address the Board directly.*
- *Summarize Illinois Department of Human Services – Division of Developmental Disabilities ~~Prioritization of Unmet Needs (PUNS)~~ PUNS data sorted for Champaign County.*
- *Review local preference assessment data provided by people who have I/DD or their guardians or family supporters on their behalf.*

Goal 1.2: Gather information about the support and service needs of youth and young adults who have I/DD and who reside in Champaign County.

At least once during 2026, and prior to final draft of PY2028 funding priorities:

- *Participate in the Transition Planning Committee.*
- *Use data reported by those offering transition support to young adults leaving the school system.*
- *Request information from students, families, school districts, and service providers regarding supports which would be helpful to those who are otherwise served under the School Code.*
- *Use data provided through collaborations such as Champaign County Community Coalition, Continuum of Service Providers to the Homeless, Youth Assessment Center Advisory Committee, and Juvenile Redeploy to understand which additional services might benefit youth who have I/DD and multi-system involvement.*

Goal 1.3: Gather information about the support and service needs of young children who have developmental delays, disabilities, or risk and who reside in Champaign County.

At least once during 2026, and prior to final draft of PY2028 funding priorities:

- *Seek input from the Early Childhood Home Visiting Consortium.*
- *Seek input from the Region 9 Birth to Five Council or similar collaboration.*
- *Exchange updates with United Way of Champaign County and other local funders currently prioritizing the needs of very young children and their families.*
- *Review local Child Find Data with the Local Interagency Council Coordinator.*

Goal 1.4: Increase engagement with family support and advocacy organizations.

At least once during 2026, and prior to final draft of PY2028 funding priorities:

- *Seek input from local family support organizations which are focused on people with I/DD.*
- *Seek feedback about family support organization activities and events to understand who is reached and whether desired services or activities are available.*
- *Participate in statewide networks which include family members and other supporters of people with I/DD.*

STRATEGY: Recognize challenges and opportunities.

Goal 1.5: Identify service gaps and other challenges related to the operating environment, including desired services not covered by state/federal funding.

At least twice during 2026, and prior to final draft of PY2028 funding priorities:

- *Through local collaborations such as the Transition Planning Committee and Health Plan Priority workgroups, identify community-wide barriers and possible solutions.*
- *Through state and national trade association activities, track changes in and implementation of state and/or federally funded programs as well as legislative activity likely to impact people served or waiting for services.*
- *Seek input on the larger service systems from funders, state officials, and others with expertise.*
- *Track relevant class action cases, such as the Ligas Consent Decree.*
- *Monitor changes in the Medicaid waivers and Managed Care, especially whether service capacity and options are sufficient to meet demand in Champaign County.*

Goal 1.6: Stay informed of current best practices and promising practices.

At least twice during 2026:

- *Attend state and national association (and similar) meetings, webinars, and communities of practice to learn about evidence-based, evidence-informed, recommended, innovative, and promising practice models which may benefit people who have I/DD.*
- *Through relationships with other funders, state officials, and other experts, gather and share such information, including whether other pay sources are available.*

At least once during 2026 and prior to final draft of PY2028 funding priorities:

- *For the best outcomes for people with I/DD, and based on their input, identify any appropriate practice models for implementation.*

STRATEGY: Learn from the most recently completed allocation cycle.

Goal 1.7: Compare funded program reports to determine whether service capacity and delivery are likely to meet the needs and preferences as understood through the above objectives and tactics. *(See below for Purpose #5: Evaluation.)*

At least 80% completion by November 1, 2026:

- *Summarize funded program utilization and related results for publication and for feedback from Board members and interested parties.*
- *Invite public input at each regular meeting and in response to published reports.*

Purpose #2: Allocation

STRATEGY: Fund a range of community-based supports and services to meet the needs and preferences of people with I/DD.

Goal 2.1: Allocate funds for community-based supports and services, for people with I/DD who are eligible but do not have state funding or for services not covered by other funding sources, and according to the people's identified needs and preferences.

- *With at least 80% completion by May 1, 2026, solicit and review proposals for PY2027 funding (July 1, 2026 through June 30, 2027) from community-based providers in response to approved priorities and criteria using a competitive application process.*
- *During this review process, and with at least 80% completion, examine proposed budgets for allocation of sufficient amounts to indirect but critically important items such as bookkeeping, annual independent CPA audit/review, training, technical assistance, language/communication assistance, professional development for staff and governing/advisory boards, e.g., to advance CLC and diversity the workforce.*
- *During this review process, and with at least 80% completion, note whether proposed plans align with at least one PY2027 priority category, whether all minimum expectations are met, and how they compare with 'best value' criteria.*
- *With at least 80% completion by June 1, 2026, from among PY2027 funding requests submitted by eligible providers, select those which represent a best value for residents, align most closely with defined priorities, and are affordable within projected budgets.*
- *With at least 80% completion by July 1, 2026, develop and execute contracts with agencies whose funding requests are approved, to ensure timely payment and service delivery.*

Goal 2.2: Develop annual priorities and decision criteria for PY2028, using a published timeline and incorporating information from the public, funded agency reports, state and federal authorities, and other interested parties.

- *By December 9, 2026, a draft of PY2028 allocation priorities will incorporate at least 80% of findings of Planning objectives and tactics above and Evaluation objectives and tactics below.*
- *A final draft, revised using public, Board, and staff input, will be presented for Board approval at least 7 days prior to publication of a Notification of Funding Availability.*
- *A Notification of Funding Availability will be published at least 21 days prior to the start date of the period during which agencies may respond to these priorities.*
- *With 100% completion prior to the application period opening, update online application and registration forms.*

STRATEGY: Through existing collaborations, increase the impact of funding.

Goal 2.3: Encourage high-quality person-centered and culturally responsive service planning and delivery for people participating in programs funded by the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.

At least once prior to May 1, 2026:
- *Emphasize personal agency in service planning and implementation for all people served.*
- *Encourage and support conflict free case management for all people served.*
- *Through cultural and linguistic competence planning, improve outreach and engagement of members of racial, ethnic, or gender minority groups and rural residents. For very young children, reduce disparities in the age of identification of disability/delay so that all children who will benefit from early support have access and opportunity.*

At least once prior to November 1, 2026:
- *Connect program performance measures and outcomes with those personal outcomes people with I/DD identify in their individual service plans.*
- *Connect program performance measures and consumer outcomes with preferences as identified by people with I/DD and shared with the Board.*

Goal 2.4: Coordinate the integration and alignment of resources for people with I/DD.

At least once prior to May 1, 2026:

- *Through approved annual PY2027 funding priorities, allocate funding for a range of programs that empower people who have I/DD, at all ages and stages of life, and improve their access to integrated settings.*
- *Use the I/DD Special Initiatives Fund to assist Champaign County residents who have I/DD and significant support needs.*

Goal 2.5: Continue collaborations with other governmental entities and funders, to maximize the impact and efficiency of allocations.

By the end of 2026, participate in at least 80% of meetings and activities of:

- *Problem Solving Courts Steering Committee, Crisis Intervention Team Steering Committee, and similar collaborations, to support diversion from justice system involvement as well as reentry after incarceration, including for people who have I/DD.*
- *Champaign County Community Coalition and similar, to advance the System of Care principles of youth-guided, family-driven, culturally and linguistically competent, trauma-informed supports, to improve engagement and outcomes for young residents, including those who have I/DD.*
- *The Local Funders Group, to compare priority categories and allocations and identify strengths, gaps, efficiencies, and overlap.*

Purpose #3: Access to Resources

STRATEGY: Increase community awareness of available local resources.

Goal 3.1: Improve resource visibility through accessible, user-friendly information about community supports and services and related resources.

At least once during 2026:

- *Explore 'plain language' documents, possibly in partnership with agency providers, and aligned with plainlanguage.gov guidance on best practice.*
- *Partner with Champaign County and other governmental entities on improving web-based information and accessibility of websites.*
- *Encourage organizations to share current information with 211 information services, at https://www.unitedwaychampaign.org/211 (community resources), Illinois' BEACON portal, at https://beacon.illinois.gov/ (children's behavioral health), the disability Resource Expo, at https://www.disabilityresourceexpo.org/resource-guide/, and other resource guides relevant to them.*

Goal 3.2: Increase the community's support and advocacy for people with I/DD, for their families and supporters, and for provider agencies.

- *With 80% completion during 2026, use traditional and social media to promote the disAbility Resource Expo, Alliance for Inclusion and Respect, individuals and organizations involved with them, and their "awareness" events and messaging.*

- *As possible and at least twice during 2026, elevate 'storytelling' efforts of funded programs and testimonials shared by individuals, through public Board meetings.*
- *By August 1, 2026, develop and post, online and in board packets, brief information about PY2027 funded programs.*
- *By October 1 and by December 1, develop and post reports on PY2026 funded programs online and in board packets.*

STRATEGY: Ensure that community-based supports and services for people with I/DD are coordinated and accessible.

Goal 3.3: Identify opportunities for providers of similar services to coordinate their efforts and partner for best value to Champaign County residents. Require funded agencies to participate in certain collaborations.

- *With 80% completion, attend monthly Mental Health and Developmental Disabilities Agency Council (MHDDAC) meetings and contribute to details on gaps and resources.*
- *At least once during 2026, encourage service providers to participate in existing collaborations with providers of similar or related services, such as the Transition Planning Committee, SOFFT/LAN, Rantoul Service Providers, Continuum of Providers of Services to the Homeless, Champaign County Community Coalition Goal meetings, YAC Steering Committee, CIT Steering Committee, etc.*
- *At least once during 2026, and as gaps are clarified, encourage service providers to develop new collaborations with providers of similar or related services.*

Goal 3.5: Develop and encourage cross-system and other partnerships which will reduce barriers experienced by people who have I/DD.

By the end of 2026, contribute to at least 80% of meetings or activities of:
- *Metropolitan Intergovernmental Council and Champaign County Community Coalition Executive Committee for updates and shared responses to emerging issues.*
- *Consistent with the Champaign County Community Health Plan assessed priority for Access to Healthcare, identify barriers experienced by people with I/DD and promote access and wellness.*
- *Consistent with the Health Plan assessed priority for Behavioral Health, support reduced reliance on emergency department care and increased access to behavioral health care for all residents, regardless of ability/disability.*
- *Consistent with the Health Plan assessed priority for Preventing Violence and the anti-violence goals of other units of local government, support increased conflict resolution skills and other efforts to mitigate the impacts of many types of violence.*
- *Consistent with the Health Plan assessed priority for Healthy Behaviors, support mentoring relationships through existing or new organizations and across all populations and ages.*
- *Advocate for the above committees and councils to include full participation by people with I/DD.*

Purpose #4: System Advocacy

STRATEGY: Promote improved quality of life for people with I/DD.

Goal 4.1: Advocate for least restrictive, flexible, person-centered, high-quality options.

At least twice during 2026, and through state and national association committees and similar collaborations:

- *On behalf of people eligible for but not receiving care through Medicaid-waiver funding, as well as those who are eligible and covered but receiving care that does not meet their needs, advocate for the state to offer flexible options.*
- *In coordination with people who have I/DD, along with their families and supporters, advocate for workforce development and stabilization.*
- *Participate in statewide system redesign efforts, including through Engage Illinois.*
- *Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities from state DD facilities.*
- *On behalf of and with those who receive Home Based Support, who have been selected from PUNS, who are eligible and enrolled and waiting for PUNS selection, and who are likely eligible but not yet enrolled, encourage the Independent Service Coordination unit and IDHS-DDD to select and process Champaign County residents within six months of selection.*
- *Elevate suggestions which will further include people with I/DD in all systems.*

Goal 4.2: Improve understanding of I/DD through family or peer support organizations, especially those led by people with lived experience.

At least once during 2026:

- *Promote groups' efforts to reduce stigma/promote inclusion.*
- *Co-sponsor events when appropriate.*
- *Support Cultural and Linguistic Competence and other trainings, to increase outreach and engagement.*

Goal 4.3: Maintain involvement with state agencies with an interest in I/DD.

Participate in at least 80% of available meetings during 2026 which involve:

- *Illinois Department of Human Services Division of Developmental Disabilities.*
- *Illinois Department of Healthcare and Family Services.*

STRATEGY: Promote inclusion and respect of people with I/DD.

Goal 4.4: Through broad community education efforts, promote inclusion and challenge stigma.

At least once during 2026:

- *Host an annual disAbility Resource Expo or similar community event.*
- *Host or promote an event through the Alliance for Inclusion and Respect, sharing partners' anti-stigma messages and supporting artists and entrepreneurs who have disabilities.*
- *If an appropriate match is identified, partner with student groups or interns on a project with inclusion focus.*

Goal 4.5: Support other organizations' community education initiatives.

- *At least twice during 2026, participate in other local resource fairs and similar community events. Share the disAbility Resource Expo comprehensive resource directory.*
- *At least four times during 2026, offer educational opportunities for case managers and other service providers and interested parties, on topics relevant to their work, to enhance their work and meet continuing education requirements.*
- *At least twice during 2026, promote/advertise other organizations' similar efforts.*

Goal 4.6: Amplify the efforts of people with I/DD to participate fully in and improve the community and its resources.

At least once during 2026:

- *In public documents and meetings of the Board or with collaborators, emphasize inclusion as a benefit to all members of the community, regardless of ability.*
- *In allocation priorities and through resulting agency services, encourage efforts to support people with I/DD in meaningful work and non-work experiences in their community, driven by their own interests.*
- *Engage employers and other community partners, e.g., through promotion of the Leaders in Employing All People (LEAP) training and directory of certified employers.*

Purpose #5: Evaluation

STRATEGY: Learn from utilization and outcome reports submitted by funded programs.

Goal 5.1: Review submitted agency reports for current and prior periods to understand utilization, impacts, and areas for improvement.

At least 80% completion by November 1, 2026:

- *Using agency progress and outcome reports from PY2026, identify strengths which may be built on, vulnerabilities which should be addressed. As appropriate, respond to the challenges funded agencies have reported.*
- *Using individual client demographic and residency as reported by programs funded during PY2025 and PY2026 to determine where outreach and engagement has improved to reach all members of the community who seek services.*
- *Review CLC progress reports for actions which have improved the engagement of members of racial and ethnic minority groups.*

Goal 5.2: To demonstrate transparency in process and accountability for results, and to encourage public input regarding those results, make information accessible to the public.

At least 80% completion by November 1, 2026:

- *Prepare and post publicly an aggregate funded program performance outcome report.*
- *Summarize funded program utilization and related results for publication and feedback from Board members and other interested parties (as in Goal 1.7).*

Goal 5.3: Incorporate prior year results into next year plan objectives and funding priorities. *(See above for Purpose #1: Planning.)*

At least 80% completion by November 1, 2026:

- *Use Board and public input regarding program results to update allocation priorities and Three-Year Plan one-year objectives/tactics to fill gaps and increase successes.*
- *Compare PY2026 funded program results with results of planning activities described above and propose changes which will strengthen results of PY2028 allocations.*
  Where advocacy, community awareness, or collaborations outside of the scope of agency allocations will strengthen results, propose relevant Three-Year Plan one-year objectives and tactics for 2027.

STRATEGY: Contribute to the community's evaluation capacity.

Goal 5.4: Maximize service provider and Board capacity to evaluate programs and share their results with the public, through a contract between the CCDDB, CCMHB, and UIUC Family Resiliency Center, which continues to April 30, 2027.

- *At least nine times during 2026, consult with Evaluation Capacity Building (ECB) researchers on progress toward increasing agencies' capacity to evaluate and report on program performance and consumer outcomes.*
- *Prior to 80% of Board meetings during 2026, invite ECB team to provide updates.*
- *At least three times during 2026, encourage funded and non-funded organizations to use the tools developed by the ECB research team (e.g., through Local Funders Group, MHDDAC, or Champaign County Government.)*
- *Before July 1, 2026, identify funded programs to receive intensive support from the ECB.*

STRATEGY: Assessment of the Organization

Goal 5.5: Ensure that internal operations support fulfillment of the Board's mission and vision.

- *Prior to November 1, 2026, complete an organizational assessment focused on operations, which may redesign the work to prepare for succession, modernization, etc.*
- *At least once during 2026, and as Board members identify topics for exploration, staff will maintain a list of 'strategic questions' to prioritize and respond to one topic at a time, as Board meeting time permits.*
- *At least twice during 2026, communicate with representatives of other Boards established under the Illinois Community Care for Persons with Developmental Disabilities Act about their responses to revised or longstanding provisions in the statute.*

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: November 19, 2025
TO: Members, Champaign County Developmental Disabilities Board
FROM: Associate Director Kim Bowdry, Executive Director Lynn Canfield
SUBJECT: PY2027 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) policies. Funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. CCDDB Funding Requirements and Guidelines require that the Board annually review decision support criteria and priorities to be used for funding services of value to the community. An approved final version of this memorandum becomes an addendum to Funding Guidelines.

Purpose:

CCDDB staff seek board approval of this memorandum, offering clarity to potential funding recipients during an open application period to begin in late December.

The CCDDB may allocate funds for the Program Year 2027, July 1, 2026 to June 30, 2027, through a process outlined in a publicly available timeline. The first step is review and approval of allocation priorities and decision support criteria the Board will later use to consider proposals for funding. This memorandum details:

- Observations on needs and preferences of people who have Intellectual/Developmental Disabilities (I/DD).
- Impact of state and federal systems and other aspects of the environment.
- Priority categories to be addressed by proposals for funding.
- Best Value Criteria, Minimal Expectations, and Process Considerations.

An initial draft was presented to the Board and the public during September. The document was based on our understanding of context and best practices, using input from providers, board members, and interested parties. Subsequent feedback informed the following revisions.

- Throughout the document, addition of observations by advocates.
- Removal of the now obsolete name which resulted in the acronym "PUNS."
- Correction of 'roommates' to 'housemates.'
- Addition of some of the data requested regarding state PUNS selections.
- Updates from the joint CCDDB-CCMHB study session on I/DD.
- Small update to Operating Environment notes.
- In the Priority category for Collaboration with the CCMHB, addition of financial support related to meeting individual eligibility prerequisites.
- To Best Value Criteria, addition of discussion of civic engagement as it relates to Personal Agency and Inclusion, with links to more information.
- Addition of a Caveat acknowledging that the CDDB might exercise its authority to add to the eligibility standards in use by IDHS-DDD, at its discretion, and in response to shortcomings of the current system.

Needs and Priorities of Champaign County Residents:

Circumstances Unique to 2025

The **first** is the culmination of a seven-year partnership with other entities responsible for assessing and planning for Champaign County's health needs. The 2025 Community Health Needs Assessment (CHNA) emphasizes social determinants of health and may inform our own efforts, especially to include people with I/DD. Priorities identified by members of the public are: Access to Healthcare; Healthy Behaviors; Behavioral Health; and Violence Prevention.

The **second** unique circumstance was relocation of the CCDDB-CCMHB staff offices. We reviewed archived files and organized them for better access and preservation. Some were needs assessments, related reports, and plans going back to 1972, when the CCMHB was first funded and when national and state data reports were not readily accessible. The issues of the time were similar to today's: adult mental health, alcoholism, drug abuse, children/adolescents, services to the elderly, financing, I/DD, and telephone services. Barriers of limited transportation, waitlists, and low awareness of resources have endured.

The **third** unique circumstance relates to dramatic federal budget and policy changes, some of which have stalled in Congress or been challenged by courts and state governments. Clarity about the operating environment (below) would contribute to impactful allocation decisions. More relevant to needs assessment is that young children and their families and people with I/DD, who already experience barriers to care, are facing new or increased threats. Needs assessments could become more difficult if national research and data are less abundant. Fortunately, we have collected information recently which we hope will serve the PY2027 cycle.

Young Children

The Illinois Birth to Five Council, Region 9 "Early Childhood Needs Assessment: Focus on Mental & Behavioral Health" report identifies familiar barriers: stigma; transportation; lack of resource information; and lack of culturally and linguistically diverse providers. Recommendations are to: increase awareness of the need for more programs; increase collaboration between programs; partner with county health departments to link people to care; establish navigators to help caregivers understand services, eligibility, and payment; increase educational opportunities, transportation and virtual service options, and awareness of 211; improve support for pregnant people and their families; raise awareness of the need for culturally and linguistically diverse providers, to reach more families with effective care; raise awareness among providers of the need to accept multiple forms of insurance, also to reach more families; create accessible resource guides; and increase collaboration on behalf of international students and immigrants.

Child and Family Connections (CFC) of Central Illinois prepares data for the CFC #16 Local Interagency Council (LIC). Their most recent report shows:

- Champaign County children referred for services in PY25 totaled 627.
- This is higher than in any of the prior four years, as with Ford County.
- All but one of the 6 counties saw higher numbers referred in PY25 than PY24.

Of Champaign County children referred from April through June 2025:

- 34% were younger than 1 year, 36% younger than 2, and 30% younger than 3.
- Most were referred by physicians, then family, then hospitals, a distribution similar to referral sources for the total region.
- Whether referrals were to individual providers, agencies, or clinics, speech and developmental therapies were the most prevalent services.

Youth and Adults

Each year, people who are eligible for services funded by the Illinois Department of Human Services (IDHS) – Division of Developmental Disabilities (DDD) report their unmet services needs through the ~~Prioritization of Urgency of Need for Services~~ PUNS database. On August 20, 2025 and again on September 10, Associate Director Bowdry wrote to IDHS requesting current PUNS data for Champaign County. ~~There has been no response. Data presented here are repeated from last year.~~
From the September 2025 ~~August 2024~~ PUNS report, sorted by County and Selection Detail:

- The most frequently identified support needs are (in order): Transportation, Personal Support, Behavioral Supports, Occupational Therapy, Speech Therapy, Other Individual Supports, ~~Occupational Therapy,~~ Physical Therapy, Assistive Technology, Respite, Adaptations to Home or Vehicle, ~~Respite,~~ and Intermittent Nursing Services.

- ~~238~~ 217 (a decrease from 238 last year) people are waiting for Vocational or Other Structured Activities, with the highest interest in community settings.
- ~~75~~ 76 are waiting for (out of home) residential services with less than 24-hour support, and ~~39~~ 54 (an increase from 39 last year) are seeking 24-hour residential support.
- Champaign County residents comprise 1.69% of the total PUNS cases and 1.77% of active cases. For comparison, Champaign County is 1.67% of Illinois' total population (2024 estimates.)

Also annually, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. 131 people responded during PY2025, with these results:

- 69 people answered on their own behalf, 52 were parents/guardians of the person, and 20 skipped this question.
- 78% of respondents were receiving case management services, typically through CCRPC, DSC, Community Choices, Rosecrance, or PACE.
- 5.7% have been on the PUNS list less than 1 year, 15.5% between 1 and 3, 27.6% between 3 and 5, and 51% longer than 5.
- 63.4% need services within one year.
- Over half were not interested in support for competitive employment or volunteer opportunities, but over half already work or volunteer in the community.
- The most (to least) popular work/volunteer opportunities were retail, working with animals, food service/restaurant, outdoors, education/childcare, technology services, and various other categories.
- Half participate in community groups, through agencies as well as Central Illinois Parrotheads, Special Olympics, churches, CU Special Recreation, Best Buddies, Asian American Club, Fellowship of Christian Athletes, Penguin Project, Tom Jones Challenger League, YMCA Neurodiversity Group, TAP social groups, Healing Horses Stables, The Singing Men of WGNN Choir, Audubon Society, and Uniting Pride.
- The most (to least) popular leisure activities were eating out, going to the movies, shopping, parks, zoos/aquariums, sports, swimming, sporting events, theatre/arts/museums, festivals, and concerts.
- People seek support for (most to least) independent living, financial management, transportation, medical care, competitive employment, socialization, behavioral therapy, community day program, respite, physical/occupational/speech therapy, and assistive technology.
- 32% are on agency waitlists for services (primarily Medicaid-waiver funded.)
- 34% have waited over 5 years, 24.4% 3-5 years, 22% 1-3, 19.5% less than 1.
- 28.5% are "somewhat comfortable" navigating the I/DD service system, 11.5% "not comfortable," and 8.5% "very comfortable."
- 63.3% of respondents lived with family, 29.7% lived in their own home with occasional support, and 7% lived in their own home with no support.

- 59.5% prefer to live with family, 38.9% alone, 12.7% with roommates/housemates, 7.1% in a CILA with their own bedroom, 1.6% a CILA with a shared bedroom, 1.6% Intermittent CILA, 0.8% a host family CILA, 0.8% a Supportive Living Facility, and 0.8% a State Operated Developmental Center (SODC).
- Among people who prefer ~~roommates~~ housemates, eight chose 1, five chose 1-2, one chose 3, two chose 3-4, one chose up to 4, and two chose 4-6.
- 64.6% prefer to live in Champaign, 26.2% Urbana, 14.6% Savoy, 10% Mahomet, 6.2% St. Joseph, 7% outside Illinois, 3.1% Thomasboro, 3% outside the County, 2.3% Rantoul, 2.3% Philo. 1.5% Ogden, 1.5% Tolono, and below 1% in each of Bondville, Ludlow, Fisher, Ivesdale, and Sadorus.

During PY24, 195 people engaged in CCDDB funded programs while waiting for PUNS selection. This is a large increase from the previous period, when 157 were served. In 2023, 41 adults and 8 children in Champaign County were issued selection letters by IDHS-DDD. In 2024, 45 were selected. We do not have information from the Independent Service Coordination (ISC) unit regarding completed awards in either year. On July 23, 2025 and again on August 15, Associate Director Bowdry emailed Prairieland Service Coordination, Inc., the ISC agency serving Champaign County, requesting information on the number of Champaign County residents selected to apply for funding through PUNS during the July 2025 PUNS selection process. ~~She has yet to receive a response~~. On September 23, the ISC shared that 39 Champaign County residents were selected in July and 2 more in September, totaling 41 for this year.

- 49 total in 2023
- 45 total in 2024
- 41 total in 2025

Without total numbers for the state in each year, it is not clear whether additional advocacy might be needed on behalf of Champaign County residents.

Transportation

Historically, transportation has been the highest identified support need according to PUNS data and the CCRPC Preference Assessment. Lack of transportation is a major barrier across the state and country.

"Transportation for People with Intellectual and Developmental Disabilities in Home- and Community-Based Services" identifies barriers specific to different types of community and points out the many areas of life people would participate in if not for these. The study compares Medicaid HCBS waivers in 44 states and DC to learn how this flexible funding has been used. Twelve states only embed transportation within the HCBS benefit so that data were not available on these specific uses. Three states offer transportation only as a stand-alone option. Thirty states, including

Illinois, offer it as an embedded and as a separate benefit. In Illinois, only 0.61% of HCBS participants with I/DD used stand-alone. Louisiana was the only state with a lower share. In waiver definitions across the US, public transportation was the most frequent method, followed by provider staff vehicles, taxi, and other private transportation. Many prioritized free rides from friends, family, and neighbors.

A 2022 report from the Institute on Disability and Human Development acknowledges that this significant barrier limits employment and independence of people with I/DD, offering some solutions:

- Travel training and planning, through existing curricula or peer support.
- Technology solutions, such as smartphone apps for individual riders in cities with public transportation options.
- Ridesharing other than paratransit, possibly with a companion but also likely to require a smartphone and app.
- Enhanced mobility through a Mobility Manager to facilitate transportation.

While we cannot be certain that transportation remains the top support need identified by people enrolled in the PUNS database, Transportation Support was again identified as a support need on the CCRPC Preference Assessment, and we do see the need and impact the Community Choices Transportation Support program has had over the past two years. According to its PY24 and PY25 quarterly reports, a total of 4,459 rides were provided for the following categories: Work – 2,048, Leisure – 769, Medical/Health – 392, CC events – 731, CC meetings/appointments (only tracked during PY25) – 249, Errands - 186, Family – 31. In addition to providing scheduled transportation for their members, Community Choices' staff also train program participants on the use of other available local transportation resources, such as MTD, Uber, and Lyft. They also provide training on other tools, technologies, and apps associated with making these options safer and more accessible.

Direct Input

I/DD advocates ~~who will share their~~ shared many observations during the September 24 study session (a recording is linked here). They ~~also~~ developed and reported on a brief survey for their colleagues, to identify one thing going well and one thing that could be better about several life areas.

- Positives about work were mostly having money or credit for purchases.
- Work life could be better with more hours, opportunities, and better pay.
- Positives about health were good habits and access to doctors.
- Health could be better with family support, good habits, faster wheelchair repairs, fewer appointments, etc.
- Positives about recreation and leisure were CU Special Rec, agency activities, church, time with friends, etc.
- Rec/leisure could be better with more money, freedom, options, and friends.
- Positive housing comments were mostly about living arrangements and skills.

- Housing could be better with more housing options, quieter surroundings, etc.
- Positive transportation comments focused on mass transit and rides from parents or others.
- Transportation could be better with consistent bus schedule, accessible options, and affordable trips out of town.
- Positive advocacy comments related to agency groups or board service, SpeakUp and SpeakOut, lobbying, etc.
- Advocacy work would be improved with more opportunities.
- To the bonus question on anything else the CCDDB and CCMHB should know, people remarked on social connection, the Expo, funding, and dating.

"People with disabilities need help but can do things on their own too and people should let them do more." - Unknown Advocate

Operating Environment:

In addition to responding to the needs and priorities of Champaign County residents with I/DD, CCDDB allocations are determined within the constraints and opportunities of the operating environment. Where other payers cover services, care is taken to avoid supplanting and to advocate for improvements in the larger systems.

Many federal level changes have been proposed or threatened, but few settled. Earlier in 2025, social programs many people rely on lost funding. At the time of this writing, the federal government has achieved its longest ever "shutdown," Medicaid is at risk, Congress is still working on a federal budget for the year in progress, and the massive cuts described in HR1, the One Big Beautiful Bill Act, are not yet supported by congressional progress. These uncertainties create uncertainties at the state level, and service providers are unable to count on continued funding.

NACO's report "The Big Shift: An Analysis of the Local Cost of Federal Cuts" describes how the loss of federal support and new mandates will shift billions of dollars of costs to counties while adding administrative burden. This happens at a time when people struggle with rising costs, lack of affordable housing, etc. and when some states are considering elimination of property taxes as an abatement strategy. Most safety net and social services are funded by taxes, so that even if economic recovery is right around the corner, it might not come in time to avoid much pain.

People with I/DD are among the many who rely on the vanishing social programs. Loss of support for basic needs, e.g., housing and food, adds to financial stress already associated with having a disability. This study on out-of-pocket expenses and unmet needs shows that working-age adults with disabilities have additional strain:

- Disability-related expenses were roughly 20% of household income.
- 67% reported an unmet need.

- Those with income below federal poverty level had greater burden from out-of-pocket expenses.
- Hispanic people with disabilities had higher rates of unmet need.

Some dramatic changes have been enacted or proposed for the US Department of Education and the US Department of Health and Human Services (HHS). This September 2025 DisabilityScoop article reports Dept of Ed cancellation of 9 disability-related grants and 25 programs for special education teacher training, parent resource centers, etc. These cuts were based on review for language related to diversity, equity, and inclusion. Within HHS, Centers for Medicare and Medicaid Services (CMS) administers programs which are slated for reductions so great that millions of people will lose access to care, counties will lose revenue, and regions will lose hospitals, clinics, and other providers. Medicaid-waiver programs approved through subsection 1915c of the Social Security Act pay for home and community based care of the elderly and people with disabilities, to avoid institutional care.

Most Illinoisans who use community-based professional support do so through the "Medicaid waiver" programs available through IDHS-DDD. To avoid risk of supplementation and to align with IDHS rules and standards, we need to understand changes in these state and federal systems and whether eligible people have access to the pay sources. The state's Medicaid administrator, Illinois Healthcare and Family Services' Info Center addresses how federal cuts may impact Medicaid:

- 3.4 million Illinoisans were enrolled at the end of SFY24 (state fiscal year).
- 44% were children, and 7% were adults with disabilities.
- Approximately 330,000 are likely to lose Medicaid due to federal cuts.

If a service or support responsive to preferences and needs cannot be funded directly, whether due to constraints of the Community Care for Persons with Developmental Disabilities Act, state and federal systems, or workforce shortage, it may be an area for system-level advocacy efforts by the CCDDB and other interested parties.

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

Some progress has been made in Illinois to increase the wages for Direct Support Professionals (DSPs). The hourly rate will increase by 80 cents per hour as of January

1, 2026, with at least 60% of that increase going to base wages. Unfortunately, this goes into effect at the same time as a 35% reduction in CILA DSP hours.

During 2024, people with I/DD, family members, advocacy groups, allies, and governmental partners contributed to **Engage Illinois**' North Star Plan. This statewide coalition continues to grow, offering an opportunity for unified advocacy on system redesign, especially for Illinois support for the Supported Living Model, a national best practice which is sustainable, person-centered, and more effective than the current HCBS options. Their first goal has been to create a strong coalition, building infrastructure, networking, and finding power in numbers.

Program Year 2027 CCDDB Priorities:

The Board ~~might~~ recommits to the broad priority categories ~~currently~~ in use during PY2026, to offer consistency in the face of large-scale change. Each category has been updated. Addressing unmet needs and specific barriers experienced by Champaign County residents will continue to be of the highest value.

PRIORITY: Advocacy and Linkage

People with I/DD and their families are still the best champions of service system change. This category includes activities to support people in advocating on their own behalf and finding the best-matched resources for them. Family or peer advocacy or support groups often rely on unpaid members, which may make it difficult for them to meet CCDDB contract requirements, but small organizations might coordinate to share indirect costs and staff. Some family and peer groups are hosted by provider agencies. Whether as small independent organizations or groups within provider agencies, "self" advocates and their supporters should lead service planning, referral, linkage, and coordination.

"I enjoy advocating with NAMI and PACE and HRA with Community Choices. I've learned how to advocate for myself. The healthcare guide helped me advocate for myself at the doctors."
- Unknown Advocate

"I was able to do advocacy lobbying in Springfield with DSC." - Unknown Advocate

A program might partner advocates with CCDDB staff to create "plain language" versions of public documents, such as described in this checklist. Such a group could access trainings from Self Advocacy Resource and Technical Assistance Center (SARTAC) or its plain language training for folks with I/DD.

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

- Conflict-free case management and person-centered planning aligned with federal standards for Home and Community Based Services, to help identify, understand, and secure benefits, resources, and services a person chooses.
- Case management or coordination, guided by a self-directed plan, including for people with complex support needs which may be addressed through other service/support systems such as those focused on aging, physical or behavioral health, grief work, or healing from violence or other trauma.
- To ensure that individuals with I/DD who do not use many supports (natural or professional) can maintain their trajectory to independence and have a long-term plan beyond the lives of aging family members, assistance with special needs trust, representative payeeship, banking assistance, guardianship or power of attorney, etc., and with appropriately documenting these efforts.

Advocacy and Linkage are fundamental to all of the broad priority categories below. The people who participate in programs aligned with any priority should be the focus of program activities and individual service plans.

PRIORITY: Home Life

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

- Assistance for finding, securing, and maintaining a home.
- Preparing to live more independently or with different people.
- Given the limitations of current Medicaid waiver options, creative approaches for those who qualify but have not yet been 'selected' to receive these services.

"Have my own room or get my own apartment. I need more money to do that because rent is expensive." *- Unknown Advocate*

"Help… people to be able to afford apartments. That's why a lot of people are living with family or group homes… It's just trying to be able to be able to afford it." *- Jen Buoy, Advocate*

PRIORITY: Personal Life

People who have I/DD can choose supports for personal success in least segregated environments. Supports for which they have no other pay source might include:

- Assistive equipment, accessibility supports, and training in how to use technology, including electronic devices, apps, virtual meeting platforms, social media, and the internet, and how to ensure online privacy and security.
- Speech or occupational therapy.
- Respite or personal support in the individual's home or setting of their choice.
- Training toward increased self-sufficiency in personal care.
- Strategies to improve physical and mental wellness.

"Some people reported that they would like to work on being… on the same page with family about what is good for their health." *- Jen Buoy, Advocate*

"We have to find strength and weaknesses in each one of us." *- Eric Beasley, Advocate*

PRIORITY: Work Life

People with I/DD who are interested in working or volunteering in the community may find opportunities through individualized support. Well-matched paid or volunteer work should help people feel less isolated and safer, due to relationships formed at work or even on the way to work, and should allow them to hone and contribute their talents. Focused on aspirations and abilities and on the most integrated settings, people might choose:

- Job development, matching, and coaching in the actual work setting.
- Technology to enhance work performance and reduce on-site coaching.
- Community employment internships, paid by the program rather than the employer, especially for people who would have used traditional day program.
- Support for pursuing and sustaining self-employment or business ownership.
- Transportation assistance.
- Education of employers about the benefits of working with people who have I/DD which then results in work for people with I/DD.

"And people with disabilities are still smart. Many still want to work. Some people need accommodations..." *- Jen Buoy, Advocate*

"I love working at DSC…" *- Unknown Advocate*

PRIORITY: Community Life

People with I/DD deserve the fullest social and community life they choose. Person-centered, family-driven, and culturally responsive support might offer:

- Development of social or mentoring opportunities.
- Transportation assistance.
- Civic engagement of many types.
- Social and communication skill building, including through technology.
- Connection to resources which are available to community members who do not have I/DD, both in-person and in digital spaces.
- Access to recreation, hobbies, leisure, or worship activities, matched to the person's preferences, both in-person and in digital spaces.

"Our community has a lot of options for transportation, including Community Choices Transportation program, Lyft, Uber, MTD buses, ADA, and family and friends. The MTD buses are accessible and… easy to get around. MTD also provides free dash passes for people with disabilities. Many like that live close to easy access to buses. Advocates report having… strong family support. Some advocates have their driver's licenses, and I really like this."

- Toby Wood, Advocate

PRIORITY: Strengthening the I/DD Workforce

Provider agency staff, management, and governance are fundamental to reaching other goals. An agency requesting funding aligned with another priority will address such issues through its Cultural and Linguistic Competence (CLC) Plan.

Insufficient community-based service capacity remains a barrier to success and wellness for many people with I/DD and their supporters. To accelerate progress, a proposal specific to this priority category might focus on strategies to recruit and retain a high quality, diverse workforce, reducing turnover, burnout, and periods of vacancies. To achieve staffing levels sufficient to meet Champaign County's I/DD support needs, a proposal might offer:

- Training or certifications specific to staff roles or the needs of people served, with recognition and payment for completion.
- Sign-on bonuses and periodic retention payments with performance standard.
- Intermittent payments for exceptional performance.
- Group and individual staff membership in trade associations which respect I/DD workforce roles and offer networking and advocacy opportunities.
- Social media and traditional media campaign informing middle school and high school students of the I/DD professions and opportunities.
- Training on technology use and access, which add to direct staff skills, promote greater independence for people with I/DD, and may decrease the need for in-person support. This strategy is described in Best Value Criteria below but could be the focus of a program proposal.

PRIORITY: Collaboration with CCMHB: Young Children and their Families

Providers of services to young children previously noted increases in developmental and social-emotional needs. As pressures on families increase, this trend continues. Early identification and treatment can lead to great gains later in life. Services not covered by Early Intervention or under the School Code may be pivotal for young children and their families and might include:

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

Through the Boards' intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2027, the CCMHB may continue this priority area in their commitment to people with I/DD.

Another collaboration of the Boards is the I/DD Special Initiatives Fund, supporting short-term special projects to improve quality of life for people with complex service needs. The CCMHB might also transfer a portion of its dedicated I/DD funding to the CCDDB or IDD Special Initiatives Funds, to support contracts for DD services. Because until PY2027 the IDD Special Initiatives Fund balance supports short term assistance through a single contract, the Boards might amend this contract to address a pressing need such as establishing eligibility through evaluations not otherwise covered or available for individuals who will benefit from other I/DD services. If funds remain in PY2027, additional Board actions will be considered.

Criteria for Best Value:

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

Budget and Program Connectedness - What is the Board Buying?

Details on what the Board would purchase are critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work. Each program proposal requires a Budget Narrative describing: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

Building on the minimal expectation to show that other funding is not available or has been maximized, an applicant should use text space in the Budget Narrative to describe efforts to secure other funding. If its services are billable to other payers, the applicant should attest they will not use CCDDB funds to supplement them. Activities not billable to other payers may be identified for the proposal. While CCDDB funds should not supplant other systems, programs should maximize resources for long-term sustainability. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources, also described with Unique Features, below.

Participant Outcomes – Are People's Lives Improved?

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways does the program improve people's lives and how will we know? For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and process. Applicants may access data workshop materials or view short videos or 'microlearnings' related to outcomes. A logic model toolkit is also available, compiling information on measures

appropriate to various services and populations. Evaluation capacity building researchers developed the linked materials and offer innovations such as 'storytelling' to communicate the impact of services, especially those with a high degree of individualization. Proposals will also describe how people learn about and access the program and will estimate numbers of people served, service contacts, community service events, and other measure.

Personal Agency - Do People Have a Say in Services?

Proposals should describe how an individual contributes to their service plan and should connect program activities to what the person indicates they want and need. Meaningful outcomes develop through a person's involvement in their own service plan. Self-directed planning centers people's communication styles and networks of support, promotes choice, and presumes competence. Each person should have the opportunity to inform and lead their service plan. Plans should be responsive to the individual's preferences, values, and aspirations and should leverage their talents. This may involve building **social capital**, connections to community for work, play, learning, and more. The Council on Quality and Leadership capstone "Increasing the Social Capital of People with Disabilities" offers context. This 2014 article reviews studies that show family and community social capital improves outcomes for children and youth.

"Cool to hear about what other people are doing. And I love being on the CC board."
- Unknown Advocate

Proposals should also describe how people with relevant lived experience are contributing to the development and operation of the program itself. How does their knowledge shape the program? Contributing to an organization is an example of **civic engagement**, which helps people build social capital and realize greater personal agency. (See below for links to supporting research and recommendations.)

Engaging the Whole Community – Does Everyone Have Access?

An organization applying for funding will design a Cultural and Linguistic Competence Plan, based on National Culturally and Linguistically Appropriate Services Standards. A toolkit for these standards may be helpful. The principal standard is to "*Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.*"

Each application should describe strategies specific to the proposed program, to improve engagement and outcomes for people from historically under-invested groups, as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. These community members, rural residents, and people with limited English language proficiency should have access to supports and services which meet their needs.

Promoting Inclusion and Reducing Stigma

Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may even be a driver of insufficient State and Federal support for community-based services. Stigma limits communities' potential and isolates people, especially those who have been excluded due to disability, behavioral health concern, or racial, ethnic, or gender identity. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social network. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

Civic engagement which can build social capital and improve the whole community includes volunteering, informal helping, engaging with neighbors, and attending public meetings. AmeriCorps (website under renovation) has published reports such as "Renewed Engagement in American Civic Life" showing increased specific engagement since the pandemic, for positive individual and community outcomes.

The CCDDB has an interest in inclusion and community awareness, as well as in challenging negative attitudes and discriminatory practices. This aligns with standards established by federal Home and Community Based Services, the Workforce Innovation and Opportunity, and the Americans with Disabilities Act.

"I definitely think that when they did… open mic for the people who are attending, that was a lot of fun, getting to hear their stories and being able to, like, get a look into, like, their lives and what they need. I think that was definitely a good way for the… State Representatives to actually know firsthand what… actual people needed, instead of just yapping to us. The open mic actually gave them an opportunity to literally speak up and speak up about legitimate concerns… a lot of people that I knew did do it, and I just thought it was really nice to hear their concerns or their opinions, and I thought, that that was actually really helpful to have that open mic session."

- Chloe Briskin, Advocate

Proposals should describe how a program will increase inclusion and social connectedness of the people to be served, linking them with opportunities traditionally difficult to access. In the study, "If I Was the Boss of My Local Government": Perspectives of People with Intellectual Disabilities on Improving Inclusion, insights echo local advocates: safe public amenities, accessible information and communication, and more respectful and understanding community members are all needed and can be accomplished through direct engagement of people with I/DD in local government. The Lurie Institute for Disability Policy report "Civic Engagement and People with Disabilities: A Way Forward through Cross-Movement Building" (https://heller.brandeis.edu/lurie/pdfs/civic-engagement-report.pdf) offers recommendations on inclusion and empowerment.

Technology Access and Use
Applications should outline virtual service options which will reduce any disruptions of care or impacts of social isolation. Telehealth and remote services can also overcome transportation barriers, save time, and improve access to other resources.

Programs may build on existing successes or reduce the need for in-person staff support by helping people access technology and virtual platforms and gain confidence in their use. SafeinHome Remote Supports are available across the country, with many success stories. The UIUC College of Applied Health Sciences McKechnie Family LIFE Home conducts research and partners with community on innovative supports within the home.

Technology access and training for staff may also expand the program's impact.

Unique Features
Especially due to the unique strengths and resources of Champaign County, a program might offer a unique service approach, staff qualifications, or funding mix. Proposals will describe features which will help serve program participants most effectively.

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

Expectations for Minimal Responsiveness:

Applications which do not meet these expectations will not be considered. Organizations register and apply at http://ccmhddbrds.org, using instructions posted there. Accessible documents and technical assistance are available upon request through CCDDB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate **capacity for financial clarity**, especially if answering 'no' to a question in the eligibility questionnaire OR if

the recent independent audit, financial review, or compilation report had negative findings. Unless provided under CCDDB contract, applicant should submit the most recent audit, review, or compilation, or, in the absence of one, an audited balance sheet.

3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCDDB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services and reference interagency agreements. Optional: describe the interagency referral process, to expand impact, respect client choice, and reduce risk of overservice.

Process Considerations:

The CCDDB uses an online system at https://ccmhddbrds.org for applications for funding. On the public page of the application site are downloadable documents describing the Board's goals, objectives, funding requirements, application instructions, and more. Applicants complete a one-time registration before accessing the online forms.

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

Caveats and Application Process Requirements

- Submission of an application does not commit the CCDDB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms,

application instructions, and CCDDB Funding Guidelines. Support is also available for CLC planning.

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

- The CCDDB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCDDB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- The CCDDB may exercise its authority to add to the definition of intellectual/developmental disability, including eligibility criteria or a process for individual eligibility determination which varies, in the short term or long term, from those of the Illinois Department of Human Services – Division of Developmental Disabilities. Any action under this authority will be reviewed and approved by the full Board in advance of implementation.

Decision Section:

Motion to approve the CCDDB Program Year 2027 Allocation Priorities and Decision Support Criteria as described in this memorandum.

_____ Approved
_____ Denied

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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: November 19, 2025
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: CCDDB Requirements and Guidelines for Allocation of Funds

Purpose:

This memorandum seeks Board approval of the attached revised version of the "Champaign County Developmental Disabilities Board Requirements and Guidelines for Allocation of Funds." These requirements and guidelines clarify important aspects of the procurement and monitoring processes. Revisions were primarily based on input from independent Certified Public Accountant firms as they prepared reports on agencies' use of funds. Revisions were first proposed at the Board's October 22, 2025 meeting.

Update:

Subsequent feedback from Board members, staff, and agency representatives has been incorporated into this draft:

- a first step toward revising eligibility criteria or determination, should it be deemed necessary by the Board (page 1 of the attached document);
- clarification of the purpose of contract amendments which respond to unanticipated changes (page 10); and
- more detail on budgeting for the cost of audits, etc. (pages 15 and 16).

Proposed changes are highlighted, and language to be removed is lined out and highlighted. These edit features will be removed from the version approved by the Board.

Decision Section:

Motion to approve the proposed revisions to the CCDDB Requirements and Guidelines for Allocation of Funds.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

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DRAFT REVISED

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

INTRODUCTION

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

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

Only individuals determined to have an intellectual/developmental disability (I/DD) are eligible for services funded by the CCDDB. The definition and eligibility determination process are described in the Illinois Department of Human Services, Division of Developmental Disabilities' Program Manual and website. The Board has authority to amend eligibility criteria formally and at their discretion. If amending the eligibility criteria and/or the process for determining an individual's eligibility is deemed necessary by the Board, whether temporarily or for a long term, the details will be reviewed and approved through a public process in advance of implementing such changes.

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

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. **Eligibility for CCDDB Funding**
   (a) An applicant for funding may be an individual or a public or private entity providing I/DD supports and services to residents of Champaign County.

(b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national entity, and who demonstrates capacity for appropriate service, financial, and administrative accountability and stability, is eligible to apply for funding.

(c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. Consistent with the Internal Revenue Service conflict of interest policy, no staff member of the agency or relative of a staff member will be allowed to serve on the agency board.

(d) For-profit organizations are eligible to apply for funding provided they meet other listed requirements and have a community based advisory committee representative of the service area and approved by the CCDDB.

(e) The CCDDB and Champaign County Mental Health Board (CCMHB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCDDB or CCMHB. The management of such funds will comply with the CCDDB and/or CCMHB Funding Guidelines.

(f) Government agencies are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available. Those with authority to raise a tax which can be used to pay for the desired services may not be eligible.

(g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCDDB are eligible to apply, provided other funds are not available to support the services.

2. **Administrative Requirements of Applicants**

(a) Corporate bylaws at a minimum shall: encourage consumer representation on the board; require that at least one board member be a resident of Champaign County; prohibit board service by relatives of agency staff; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination, and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures.

(b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCDDB, and if the corporate board of directors is not local and the application is approved, the provider must have a local advisory board with a mechanism for providing direct input to the board of directors.

(c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, disability,

or on any other basis prohibited by law. Services shall not be denied based on a client's inability to pay.

(i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, or physical or mental disability.

(ii) Should any written charge or complaint of discrimination be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCDDB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.

(iii) The CCDDB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.

(iv) By this non-discrimination requirement and any efforts by the CCDDB, its agents, or employees to enforce it, the CCDDB assumes no responsibility for enforcement of or compliance by the recipient organization with any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCDDB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees, and premised on the CCDDB's provision of these funds.

(d) The provider shall develop, implement, and report on a Cultural and Linguistic Competence Plan for the agency's administration, staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards as set forth by the US Department of Health and Human Services.

(e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCDDB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCDDB-funded and CCMHB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCDDB.

(f) The provider will be expected to:

(i) Make available for inspection by the CCDDB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority.

(ii) Cooperate fully in program evaluation and monitoring as conducted by CCDDB staff.

(iii) Make available for inspection by the CCDDB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCDDB.

(iv) Make available for annual inspection by the CCDDB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements, and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority.

(v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives, and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement.

(vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.

(g) Admission and discharge policies and procedures shall be set forth in writing and be available for review.

(h) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.

(i) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.

(j) All programs shall certify that they do not use CCDDB funds:

(i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation.

(ii) For direct or indirect medical (physical health) services that are not related to intellectual/developmental disabilities.

(iii) For programs or services under the jurisdiction of public school systems.

3. **Accreditation Requirements for Eligible Organizations**

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

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

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

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

5. **Organization Board Meetings**

Agency governing boards must notify the CCDDB of all board meetings, meet in session open to the CCDDB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCDDB with copies of minutes of all open meetings of the governing board. A request for a waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. **Financial Requirements**

(a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its financial activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified in the contract, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCDDB or CCMHB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.

(b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCDDB funded program.

(c) The salaries and position titles of staff charged to CCDDB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or part to a CCDDB contract must maintain personnel activity reports to account for all compensated time spent on other activities.

(d) CCDDB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCDDB funds ~~more than actual reimbursable expenses~~ in excess of those expenses budgeted by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).

(e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.

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

(ii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCDDB contract.

(iii) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts. Variances greater than the threshold identified in the contract should be explained and may require approval by contract amendment.

(iv) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCDDB contract or programs funded by other funding sources.

(v) Financial records shall be maintained on a current month basis and balanced monthly.

(vi) Costs may be incurred only within the term of the contract, and all obligations must be closed out no later than thirty (30) calendar days following the contract ending date.

(vii) All fiscal records shall be maintained for seven (7) years after the end of the contract term.

(viii) The CCDDB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.

(f) CCDDB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCDDB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCDDB funded program must be allocated to all programs, both funded and non-funded.

(g) The following expenses are non-allowable:

(i) Bad debts.

(ii) Contingency reserve fund contributions.

(iii) Contributions and donations.

(iv) Entertainment.

(v) Compensation for board members.

(vi) Fines and penalties.

(vii) Interest expense.

(viii) Sales tax.

(ix) Purchase of alcohol, tobacco, and non-prescription drugs.

(x) Employee travel expenses in excess of IRS guidelines.

(xi) Lobbying costs.

(xii) Depreciation costs.

(xiii) Rental income received must be used to reduce the reimbursable expense by CCDDB funds for the item rented.

~~(xiv)~~ Capital expenditures greater than $2,500 per unit, unless granted prior approval by the Board. ~~$1,000 unless funds are specified for such purpose.~~

(xv) Supplanting funding from another revenue stream. The CCDDB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions.

(xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits.

(xvii) Expenses or items not otherwise approved through the budget or contract/budget amendment process.

(xviii) Expenses incurred outside the term of the contract.

(xix) Contributions to any political candidate or party or to another charitable purpose.

(xx) Excessive administrative costs including:

- Any indirect administrative cost rate in excess of 20% (subject to review by the CCDDB) of the non-administrative portion of the budget, unless approved by the CCDDB.
- Any indirect administrative costs that exceed those approved in the program/service budget.
- Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCDDB.

(h) Funded agencies shall provide safeguards for all funds provided through CCDDB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:

(i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.

(ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.

(iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.

(iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. All CCDDB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCDDB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.

2. The CCDDB application for funding process shall include the following steps:
   (a) A minimum of 21 calendar days prior to the application period start date, public notification of the availability of funding shall be issued via the News Gazette and/or

other local news publications. This has typically occurred during the month of December. This announcement will provide information necessary for an organization to access application materials and submit an application for funding.

(b) Funding priorities and criteria will be approved no later than the December Board meeting.

(c) All potential applicants must register with the CCDDB. Information on the registration process will be provided by the CCDDB upon request. Access to application forms and instructions follows completion of the registration process.

(d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.

(e) Completed application(s) will be due on a date specified in the public notice. The due date will generally be in February. The CCDDB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCDDB online application system.

(f) Access to application(s) will be provided to member(s) of the CCDDB upon a member(s) request and in a medium preferred by the member.

(g) The CCDDB may require some or all applicants to be present at a Board meeting to answer questions about their application(s).

(h) Staff will complete a program level summary of each agency application, for review and discussion by the CCDDB ~~at the April Board meeting~~ typically during April. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support "match-up" process comparing the application to established and contemporaneous CCDDB criteria will be provided.

(i) Staff will complete preliminary funding ~~recommendations~~ scenarios for CCDDB review and discussion, typically during May ~~at the May Board meeting~~. The ~~recommendations~~ scenarios will be presented in the form of a decision memorandum. The CCDDB shall review, discuss, and come to a decision concerning authorization of funding and a spending plan for the contract year.

(j) Once authorized by the CCDDB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, staff are authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCDDB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCDDB as part of the funding priorities and criteria.

(k) Allocation decisions of the CCDDB are final and not subject to reconsideration.

(l) The CCDDB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. **Award Procedures**

Agencies awarded CCDDB funds shall receive written notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award. A

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

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

3. **Types of CCDDB Contracts**
   (a) Grant Contract
   Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCDDB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCDDB and is based on the appropriateness of this format to the objectives of the program plan.
   (b) Fee for Service Contract
   Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an "advance and reconcile" approach is used, with six monthly payments of $1/12^{th}$ the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCDDB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.
   (c) Consultation Contract
   Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.
   (d) Special Initiative Contract
   The format can be either grant or fee-for-service. Most approved applications from "new" providers shall be classified as special initiatives for a period up to three years.
   (e) Capital Contract

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

(f) Intergovernmental Agreement
The CCDDB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of government for the delivery of services.

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

5. **Contract Amendments**
The need for a contract amendment is driven by a change in conditions delineated in the original agreement. The provider is required to report changes that modify the administrative structure and/or implementation of the program or financial plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives. Subsequent to creating a budget plan, agencies may experience unexpected changes in cost. These may be substantial, and they may apply to most organizations (e.g., health insurance coverage for employees, increased energy costs) or unique (e.g., loss of long-term staff or leadership.) Adjusting to change is often to the benefit of all parties, if it will preserve valued service capacity and limit disruption to those served.

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

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

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

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

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

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

GENERAL REQUIREMENTS FOR CCDDB FUNDING

1. CCDDB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.

2. The provider shall not use CCDDB funds to establish or add to a reserve fund.

3. CCDDB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the express purpose of the contract or is approved as part of the program plan.

4. CCDDB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCDDB. Request for advance payment will follow the contract amendment process.

5. Providers shall maintain accounting systems utilizing an accrual basis of accounting in accordance with generally accepted accounting principles, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCDDB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.

6. Providers shall notify the CCDDB of any applications for funding submitted to other public and private funding organizations for services funded by the CCDDB, especially those that could result in a funding overlap.

7. Providers shall follow the budget plans as approved and contracted, tracking each expense and revenue according to the categories and items described in the budget narrative.

8. **Provider Reporting Requirements**
   (a) Financial and service reporting requirements are delineated in the contract and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Quarterly financial reports and monthly billings are required for fee for service contracts. Cultural and Linguistic Competence Plan progress reports are required twice a year per funded agency. Reports of outcomes experienced by people served are due annually for each program.
   (b) Change in the provider's corporate status shall be reported within 30 calendar days of the change.
   (c) Change in the provider's accreditation status shall be reported within 30 calendar days of the change.
   (d) The provider shall notify the CCDDB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
   (e) Additional reporting requirements may be included as provisions of the contract.
   (f) To avoid compliance actions as described in Section 9 (below), deadlines for submitting required reports and documents should be observed and met. All deadlines are posted publicly and in advance and have been established to give agencies adequate time to prepare reports. Late, incomplete, or inaccurate reports may cause a delay in

CCDDB staff review and response. Revision or creation of reports after a deadline may also have inadvertent negative impacts on the online application and reporting system and its many users.

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

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

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

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

(a) The CCDDB Executive Director or their representative shall notify the provider Executive Director and provider Board President in writing of any non-compliance issue.

(b) Corrective Action: If the compliance issue results from Board staff review of required agency reports or documents or from site visit findings, a Corrective Action Plan may be appropriate. If so, CCDDB staff will notify the provider in writing, and the provider shall respond with a written corrective action plan within 14 calendar days of the postmark of CCDDB staff notification. This Plan should identify a timeline for correction of the deficiency. Upon approval of the plan, CCDDB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to reduce, suspend, or terminate funding.

(c) Suspension of Funding: Cause for suspension of funding shall exist when the provider fails to comply with terms of the award letter, terms and conditions of the contract, or CCDDB monitoring and reporting requirements.

(d) The following procedures will be followed in the process of suspension of funding:
    (i) The provider Executive Director and provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCDDB staff that the agency funding has been suspended. The provider is responsible for sharing and updating accurate contact information.
    (ii) The notification of suspension will include a statement of the requirements with which the provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
    (iii) If the provider disagrees with a compliance action, they may appeal as set forth below.

(e) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a provider fails to expend CCDDB funds or deliver services in accord with the contract, which includes approved Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
    (i) The reduction of the grant amount shall be in an amount determined by action of the CCDDB.
    (ii) The provider Executive Director and provider Board President shall be notified, in writing, via certified mail, return receipt requested, by CCDDB staff that the contract maximum is being reduced. To ensure delivery of this and all communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCDDB staff.
    (iii) The notification of reduction will include a statement of the cause for reduction and of the amount by which the grant amount is reduced.
    (iv) Within thirty (30) calendar days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced. If the reduction is identified after the contract period has ended, e.g., upon review of fourth quarter financial reports or independent audit, review, or compilation, reallocation is not likely to be approved.

(f) Termination of Funds: Due cause for termination of a contract exists when a provider fails to take adequate action to comply with CCDDB requirements within ninety (90) calendar days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCDDB as stated in the notification of award, in the

contract, in the applicable provisions of this document, or as a result of CCDDB staff monitoring. The following procedures will be followed in the process of termination of funding:

(i) The provider Executive Director and provider Board President shall be notified, in writing, certified mail, return receipt requested, by the CCDDB Executive Director or other staff that termination of funding is being recommended to the Board. To ensure delivery of this and all communications, the provider is responsible for sharing and updating accurate contact information within the online reporting system and by email to CCDDB staff.

(ii) The notification of possible termination will include: a statement of the requirements with which the provider is non-compliant; a statement of the actions of the CCDDB taken to urge the provider to avert termination and move to compliance with CCDDB requirements; a statement of the responses of the agency; and the effective date of the recommended termination.

(iii) The CCDDB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.

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

(i) The provider may appeal the decision to suspend, reduce, or terminate funding by submitting a written request within fourteen (14) calendar days of the postmark of CCDDB staff notification.

(ii) The written formal appeal should include the reasons for reconsideration and, at minimum: (1) a thorough explanation of what happened to cause the noncompliance; (2) proof of corrective action that has been taken, or is underway, to ensure that the root cause has been repaired ~~addressed and will not happen again~~; (3) a plan for additional reporting by the agency and possible additional oversight by CCDDB relevant to the noncompliance for the remainder of the contract; and (4) other evidence relevant to the decision.

(iii) CCDDB shall review the information from the CCDDB Executive Director and the agency at the next available regular meeting or at an intervening special meeting if the Board President so chooses. All written materials for consideration should be submitted by the provider a minimum of ten (10) calendar days prior to the meeting of the Board. The agency shall be afforded the opportunity to discuss the issue with the CCDDB prior to a final decision. Additional information may be required for the CCDDB to arrive at their final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCDDB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services

as part of the normal allocation cycle are required to have either an audit, financial review, or compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCDDB contract and following the close of its fiscal year. These reports must contain schedules using CCDDB/CCMHB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

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

1. **Independent Audit (for agencies with $500,000 total revenue or greater)**
   (a) An independent CPA firm, licensed in the State of Illinois, performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.
   (b) The resultant audit report is to be prepared in accordance auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.
   (c) A funded agency with total revenue of $500,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than $500,000 and greater than $50,000 may choose or be required by the CCDDB to have an independent audit performed.
   (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCDDB contract, the funded agency may budget for and charge up to $19,000 (total) to CCDDB for costs associated with this requirement. Estimated costs should be identified in the budget plan incorporated in the contract.

2. **Independent Financial Review (for agencies with total revenue over $50,000 and below $500,000)**
   (a) An independent CPA firm licensed in the State of Illinois performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
   (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements

presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).

(c) A funded agency with total revenue of less than $500,000 and greater than $50,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required by another organization to have an independent audit, then a financial audit shall be completed in lieu of a review. This should be made clear prior to contract execution.

(e) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCDDB contract, the funded agency may budget for and charge up to $13,000 (total) to CCDDB for costs associated with this requirement. Estimated costs should be identified in the budget plan incorporated in the contract.

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

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

(b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).

(c) A funded agency with total revenue of $50,000 or less will be required to have a compilation performed by an independent audit firm.

(f) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCDDB contract, the funded agency may budget for and charge up to $7,000 (total) to CCDDB for costs associated with this requirement. Estimated costs should be identified in the budget plan incorporated in the contract.

4. Shared Cost

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

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

The following supplementary financial information shall be completed by an independent CPA firm and included in the audit or review or compilation report or as a separate report per agreed-upon procedure engagement (and failure to do so will make the report unacceptable):

(a) Schedule of Operating Income by CCDDB-Funded Program: This schedule is to be developed using CCDDB approved source classification and format modeled after the CCDDB Revenue Report form. Detail shall include two separate columns per program listing total program as well as CCDDB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as "State of Illinois" or "Federal Government."

(b) Schedule of Operating Expenses by CCDDB-Funded Program: This schedule is to be developed using CCDDB approved operating expenses categories and format modeled after the CCDDB Expense Report form. Detail shall include two separate columns per program listing total program as well as CCDDB-Funded only expenses. The statement is to reflect program expenses in accordance with CCDDB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall **exclude** any expense charged to the Board from the list of non-allowable expenses (above).

(c) CCDDB Payment Confirmation: CCDDB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCDDB office.

(d) The independent CPA report must include, at a minimum, these items described in the "Financial Accountability Checklist":

(i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories.

(ii) Agency board review of financial statements at Agency Board meetings and Source Document - Agency Board meeting minutes (dated).

(iii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year.

(iv) Agency board minutes with motion approving the budget of the fiscal year under review.

(v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable.

(vi) Demonstration of tracking of staff time (e.g. time sheets).

(vii) Proof of payroll tax payments for at least one quarter, with payment dates.

(viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period.

(ix) W-2s and W-3, comparison to the gross on 941.

(x) Verification of 501-C-3 status (IRS Letter), if applicable.

(xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained.

(xii) IRS 990 Form or AG990-IL for associated foundation, if applicable.

(xiii) Secretary of State Annual Report.

(xiv) Accrual Accounting Method is in use.

(e) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCDDB-Funded Program and Operating Expenses by CCDDB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.

(f) Capital Improvement Funds: If the agency has received CCDDB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.

(g) For Audit Only, Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCDDB's funding. Copies of these communications are to be forwarded to the CCDDB with the audit report.

~~(h) The independent CPA report must include, at a minimum, these items described in the "Financial Accountability Checklist":~~

~~(xv) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories.~~

~~(xvi) Agency board review of financial statements at Agency Board meetings and Source Document - Agency Board meeting minutes (dated).~~

~~(xvii) Agency board Minutes with motion approving CCMHB/CCDDB grant applications for current year.~~

~~(xviii) Agency board minutes with motion approving the budget of the fiscal year under review.~~

~~(xix) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable.~~

~~(xx) Demonstration of tracking of staff time (e.g. time sheets).~~

~~(xxi) Proof of payroll tax payments for at least one quarter, with payment dates.~~

~~(xxii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period.~~

~~(xxiii) W-2s and W-3, comparison to the gross on 941.~~

~~(xxiv) Verification of 501-C-3 status (IRS Letter), if applicable.~~

~~(xxv) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained.~~

~~(xxvi) IRS 990 Form or AG990-IL for associated foundation, if applicable.~~

~~(xxvii) Secretary of State Annual Report.~~

~~(xxviii) Accrual Accounting Method is in use.~~

6. **Filing**

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

7. **Late Audit, Review, or Compilation**

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

If the report is not received within three months, the current year contract(s) may be terminated, at the option of the CCDDB. Suspended payments will be released upon submission of the required report and resolution of any negative findings. If a satisfactory report and resolution of any negative findings are NOT received within 12 months after the close of the agency's fiscal year, the parties agree that the CCDDB has no obligation to the agency to issue the suspended payments, and the contracts are terminated. An

agency will not be eligible for subsequent CCDDB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.

8. **Penalty**
   Failure to meet these requirements shall be cause for termination or suspension of CCDDB funding.

9. **Repayment of Budgeted Costs**
   If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all Board CCDDB funds allocated for such purpose.

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

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

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

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

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

Revisions are in draft form and subject to approval by the CCDDB.

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DRAFT RESOLUTION #1

WHEREAS

WHEREAS, the **Champaign County Board for Care and Treatment of Persons with a Developmental Disability** is a unit of government established by referendum under 50 Illinois Compiled Statutes 835; and

WHEREAS, this unit is referred to as the **Champaign County Developmental Disabilities Board** (hereinafter, "CCDDB") and is entrusted with responsibilities for evaluating and funding a system of services available to those Champaign County residents who have Intellectual/Developmental Disabilities (I/DD); and

WHEREAS, the CCDDB maintains an Intergovernmental Agreement with the **Champaign County Mental Health Board** (hereinafter, "CCMHB"), which has similar responsibilities to residents who have I/DD; and

WHEREAS, in fulfillment of their missions and statutory obligations, the CCDDB and the CCMHB have a strong interest in state and federal funding and regulatory systems and the operating environment in general, to understand opportunities for improvement and to advocate on behalf of people who have I/DD; and

WHEREAS, the CCDDB understands the current state and federal I/DD system is fraught with problems and has not lived up to the promises of the Olmstead decision, deinstitutionalization, and a true community-based support and service system. During 2025, we find adequate reform of Illinois community-based services will require structural changes and enduring collaboration with people with I/DD while those federal programs on which people rely and on which local systems are built continue to encounter unprecedented new threats.

Now **THEREFORE**, the **CCDDB** resolves to:

- Recognize that Autism[1], intellectual disability, and developmental disability are natural parts of the human experience.
- Recognize that Autistic people and people with intellectual and/or developmental disability have a right to exist as they are as humans.
- Recognize that Autistic people and people with intellectual and/or developmental disability and other disabilities or differences are valued and celebrated diverse members of our community and the human family.
- Work with Autistic people and people with intellectual and/or developmental disability to create and sustain community-based services and supports that they want and need.
- Actively seek and use input from people with disabilities in policy that directly affects them and support their right to do so.
- Improve physical and digital accessibility of this community so that all residents are welcomed, included, and informed.

[1] In solidarity with the disability community, we use both identity first and person first language.

- Work to educate the public on the rights of Autistic people and people with intellectual and/or developmental disability in our community and across the state and nation.
- Recommit to achieving a community-based system of care which meets the needs and advances the aspirations of Champaign County Autistic residents and/or residents with intellectual and/or developmental disability.
- Urge our government partners, the Champaign County Mental Health Board and the Champaign County Board, to commit to achieving:
    - a robust community-based system of care and
    - an accessible, inclusive community based on input from people with disabilities and other lived experiences.
- Urge other units of government operating within Champaign County, such as the Mass Transit District, Public Health District, Board of Health, Park Districts, School Districts, Cities, Villages, and Townships, to commit to:
    - improving access, accessibility, and inclusion for all
    - seeking and using input from people with disabilities and other lived experiences.
- Urge State of Illinois' agencies and elected officials, as they redesign formal system of care, to commit to:
    - improving access, accessibility, and inclusion for all
    - seeking and using input from people with disabilities and other lived experiences
    - properly funding and supporting community-based services that meet the tenets of the Olmstead decision.
- Urge the federal government to commit to:
    - improving access, accessibility, and inclusion for all
    - seeking and using input from people with disabilities and other lived experiences
    - acknowledging the unique role of Direct Support Professionals and the value of Home and Community Based Services and taking steps to protect these critical elements of the country's system of care.

SUBMITTED BY: **APPROVED BY:**

_____ _____

Lynn Canfield, Executive Director **Vicki Niswander, Board President**

This *RESOLUTION* is approved the __ day of _____ by **the Champaign County Developmental Disabilities Board (CCDDB)** in Champaign County, Illinois.

References

Autistic Self Advocacy Network. (2012, March 2). Identity-First Language. *https://Autisticadvocacy.Org/*. https://autisticadvocacy.org/about-asan/identity-first-language/

Autistic Self Advocacy Network. (2021, June 25). What We Believe. *https://Autisticadvocacy.Org/*. https://autisticadvocacy.org/about-asan/what-we-believe/

Rogers, M., & Roberts, S. (2023, February 23). *The Power of Language: Person First v. Identity First Language*. Self Advocacy Resource and Technical Assistance Center. https://selfadvocacyinfo.org/resource/the-power-of-language/

DRAFT RESOLUTION #1

WHEREAS,

The Champaign County Board for Care and Treatment of Persons with a Developmental Disability is a unit of government established by voter approval under Illinois statute.

This unit is called the **Champaign County Developmental Disabilities Board** or CCDDB.

The CCDDB is responsible for evaluating services for Champaign County residents who have intellectual and/or developmental disabilities (I/DD). They are also responsible for funding services for Champaign County residents who have I/DD.

The CCDDB also works with the **Champaign County Mental Health Board.** The Champaign County Mental Health Board also supports Champaign residents who have I/DD.

The CCDDB and the CCMHB want to understand opportunities for improvement and to advocate on behalf of people who have I/DD.

The CCDDB understands that the current state and federal I/DD system:

- Is not easy to understand or access,
- Has not fully realized deinstutionalization, and
- Has not developed a true community-based support and service system.

The CCDDB recognizes that fixing Illinois community-based services is difficult. It will require big changes and for people to work with Autistic people and people with I/DD.

The CCDDB knows that federal programs supporting Autistic people and people with I/DD are under new threats.

The CCDDB resolves to:

- Recognize that Autism[1], intellectual disability, and developmental disability are a natural part of the human experience.
- Recognize that Autistic people and people with intellectual disability and/or developmental disability have a right to exist as they are as humans.
- Recognize that Autistic people and people with intellectual disability/developmental disability and other disabilities are valued and celebrated diverse members of our community and the human family.
- Work with Autistic people and people with intellectual/developmental disability to create and sustain community-based services and supports that they want and need.
- Actively seek and use input from people with disabilities in policy that directly affects them and support their right to do so.

[1] In solidarity with the disability community, we use both identity first and person first language.

- Improve physical and digital accessibility of this community so that all residents are welcomed, included, and informed.
- Work to educate the public on the rights of Autistic people and people with intellectual and/or developmental disability in our community and across the state and nation.
- Recommit to achieving a community-based system of care which meets the needs and advances the aspirations of Champaign County Autistic residents and/or residents with intellectual and/or developmental disability.
- Urge our government partners, the Champaign County Mental Health Board and the Champaign County Board, to commit to achieving:
    - a robust community-based system of care and
    - an accessible, inclusive community based on input from people with disabilities and other lived experiences.
- Urge other units of government operating within Champaign County, such as the Mass Transit District, Public Health District, Board of Health, Park Districts, School Districts, Cities, Villages, and Townships, to commit to:
    - improving access, accessibility, and inclusion for all
    - seeking and using input from people with disabilities and other lived experiences.
- Urge State of Illinois' agencies and elected officials, as they redesign formal system of care, to commit to:
    - improving access, accessibility, and inclusion for all
    - seeking and using input from people with disabilities and other lived experiences
    - properly funding and supporting community-based services that meet the tenets of the Olmstead decision.
- Urge the federal government to commit to:
    - improving access, accessibility, and inclusion for all
    - seeking and using input from people with disabilities and other lived experiences.
    - Acknowledging the unique role of Direct Support Professionals and the value of Home and Community Based Services and taking steps to protect these critical elements of the country's system of care.

SUBMITTED BY: **APPROVED BY:**

_____ _ _____

Lynn Canfield, Executive Director **Vicki Niswander, Board President**

This *RESOLUTION* is approved the __ day of _____ by **the Champaign County Developmental Disabilities Board (CCDDB)** in Champaign County, Illinois.

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Autistic Self Advocacy Network. (2021, June 25). What We Believe. *https://Autisticadvocacy.Org/*. https://autisticadvocacy.org/about-asan/what-we-believe/

Rogers, M., & Roberts, S. (2023, February 23). *The Power of Language: Person First v. Identity First Language*. Self Advocacy Resource and Technical Assistance Center. https://selfadvocacyinfo.org/resource/the-power-of-language/

Summary Results of PY2025 CCDDB, CCMHB, and IDDSI Funded I/DD Programs

Detail on each program's performance toward defined consumer outcomes during the funding year of July 1, 2024 to June 30, 2025 is available at http://ccmhddbrds.org, among downloadable public files toward the bottom of the page and titled "CCDDB-IDDSI-CCMHB I-DD PY2025 Performance Outcome Reports." It is also posted here on the County website and includes many interesting and important observations and details not captured in this overview.

TPC = Treatment Plan Client
NTPC = Non-Treatment Plan Client
CSE = Community Service Event
SC = Service Contact or Screening Contact
Other, as defined in individual program contract

4th Quarter Financial Reports indicate that unspent funds may be returned after agency audits/financial reviews are completed.

Priority: Self-Advocacy

There were no applications for Self-Advocacy during Program Year 2025.

Priority: Linkage and Coordination

Champaign County Regional Planning Commission Community Services
Decision Support Person Centered Planning $418,845

Services: Conflict-free case management and person-centered planning, transition from high school to adult life, identification of desired supports (for future system planning), and case management services for dually diagnosed adults. Outreach to high school professionals and families before IEP meetings to offer transition planning services for people with I/DD nearing graduation from secondary education. Staff attend scheduled events in the community to engage underserved populations, providing opportunities for preference assessment. Online survey opportunities and focus groups are used to gather data from people about service preferences. Dual Diagnosis Case Manager utilizes

evidence-based approaches to increase service engagement. Case Manager works with clients on development/achievement of desired goals.

Utilization targets: 145 TPC, 30 NTPC, 100 SC, 25 CSE.
Utilization actual: 99 TPC, 43 NTPC, 314 SC, 46 CSE, 6,354 hours of service.

Outcome 1 target: 3% increase in community referrals for students.
Outcome 1 result: 18% increase in IEP participation by transition consultant.
Outcome 2 target: link dual dx clients with outpatient MH support of client's choice.
Outcome 2 result: 100% of clients who were not already receiving MH supports were connected to local MH providers through referrals.
Outcome 3 target: 95% of clients working with PCP case manager will have current person-centered plans with at least one outcome.
Outcome 3 result: 99% of clients have current Discovery tool and PCP with one or more outcome.

DSC **Service Coordination** $520,500*

Services: Works with ISC to develop Personal Plans and Implementation Strategies for county-funded and waiver participants. Supports people to be as active as possible in the development of their plan and to speak up for what they want. Offers intake screening; advocacy; assessments; medical support; crisis intervention; 24-hour on-call emergency support; referral and collaboration with other providers; linkage to services; apply for and maintain enrollment in SSDI and SSI and "Extra Help"; coordinate and assist with Medicare eligibility and enrollment; Representative Payee support; access tax professionals for filing federal and state taxes; legal support; and housing support.

Utilization targets: 275 TPC, 5 NTPC, 20 SC, 2 CSE.
Utilization actual: 277 TPC, 2 NTPC, 24 SC, 2 CSE, 7,929 hours of service.

Outcome 1 target: 98% will participate in development of personal outcomes driving implementation strategies.
Outcome 1 result: 98%.
Outcome 2 target: 20 will participate in Personal Outcome Measure interviews.
Outcome 2 result: 15 (due to limited staff resources.)
Outcome 3 target: 90% of people will be satisfied with support from SC.
Outcome 3 result: 88% satisfied with services, 100% felt respected by Service Coordinator.

Priority: Home Life

Community Choices **Inclusive Community Support** $213,000

Services: Housing, skills, connections, resource coordination, benefits and budget management, health, daily life coordination, and comprehensive HBS administration. Services chosen after in-depth planning process, in 1 of 3 tracks. Family-Driven Support: planning process for self-directed community living. Sustained Community Supports (ala carte): choice of services and supports in any domain, short or long term. HBS Basic Self-Direction Assistance (SDA): people with state-funded HBS may choose SDA to aid in the basic management of their personal support workers. (Paid for through Waiver Funding). Program Design: Support will be provided by a team and up to 5 times per week. Optional Personal Development Classes available to participants and other Members.

Utilization targets: 30 TPC, 18 NTPCs, 4 CSE, 2,063 SC, 2,878 Other (direct support hours + Personal Development class hours.)
Utilization actual: 35 TPC, 14 NTPC, 12 CSE, 2,179 SC, 2,818 Other (2,550 direct support hours and 268 Personal Development class hours.)

Outcome 1a target: Families have an achievable long-term plan for community living.
Outcome 1a result: 80% of families with an ICS participant for >1 year report they have an achievable long-term plan. 100% of families with an ICS participant for <1 year report they are "working towards a plan."
Outcome 1b target: Families spend less time providing daily living support.
Outcome 1b result: although challenging to gather data from the same respondents, 83% of families with an ICS participant for >1 year indicated that their support duties were "Quite Manageable." 17% indicated that this was "Somewhat Manageable."
Outcome 1c target: Families indicate an increase in quality of life.
Outcome 1c result: 67% indicated "Some Improvement" and 33% indicated "Somewhat" of an improvement.
Outcome 1d target: families indicate ICS supported their person to achieve desired goals.
Outcome 1d result: 100% of families with an ICS participant for >1 year indicated that ICS helped them achieve desired goals and 100% of families with an ICS participant for <1 year indicated that ICS support has increased independence skill at least "a little."
Outcome 2ai target: 95% of participants will maintain stable housing.
Outcome 2ai result: 95%.
Outcome 2aii target: 85% will express satisfaction with housing.
Outcome 2aii result: 95%.
Outcome 2aiii target: 50% will indicate the program helped with preferred housing.
Outcome 2aiii result: 50%.
Outcome 2bi target: 90% develop skills they identified as critical for community living.
Outcome 2bi result: 91% made progress in at least one goal, 42% in multiple goals.
Outcome 2bii target: 89% will indicate the program helped in skill building.
Outcome 2bii result: 90% of those completing checklist indicated program as helpful.
Outcome 2ci target: 90% will identify desire to build community connections (etc.)
Outcome 2ci result: 100%.

Outcome 2cii target: 80% will indicate the program helped build these connections.
Outcome 2cii result: 88%.
Outcome 2ciii target: 100% will have people and places where they are comfortable.
Outcome 2ciii result: 95%.
Outcome 3a target: 90% will increase Personal Outcome Measure scores in targeted outcomes.
Outcome 3a result: 55% of ICS participants for <1 year increased POM scores; 22% of ICS participants POM scores remained the same.
Outcome 3b target: 90% will increase POM Supports for targeted outcomes.
Outcome 3a result: 33% of ICS participants for < 1 year increased POM supports for targeted outcomes; 44% of ICS participants targeted support POM scores did not change.
Outcome 4 target: 100% will indicate growth/skill development based on course assessment.
Outcome 4 result: 93% indicated they learned new skills or improved skills.

DSC **Community Living** $615,000

Services: Supports people to live their best life enjoying independence, community engagement, and self-sufficiency. Staff provide individualized training, support, and advocacy and assist people with independent living skills, health and wellness, community access, various financial supports, and technology. Emergency Response is available after hours and on the weekends.

Utilization targets: 78 TPC, 6 SC.
Utilization actual: 76 TPC, 12 SC, 16,699 hours of service.

Outcome 1 target: 75% of participants will pass housekeeping and safety reviews at 80% or higher.
Outcome 1 result: 89%.
Outcome 2 target: 90% of participants will connect with community engagements.
Outcome 2 result: 89%.

Priority: Personal Life

Community Choices **Transportation Support** $171,000

Services: Addresses barriers that many people with I/DD have in accessing and being engaged in the community. Transportation Coordination and Training: A dedicated staff person manages, schedules, and trains participants on the use of our transportation options as well as existing options (MTD, Uber, Lyft, etc) and the additional tools,

technologies, and apps that can make those options safer and more accessible. Personalized Driver Services: CC drivers will be available from 8am-8pm on weekdays to provide scheduled rides to members according to their needs and preferences. Cost-free rides will be door to door with personalized reminders/arrival confirmations. Group rides will also be available for CC structured events.

Utilization targets: 45 NTPC, 3,256 SC, 4 CSE, 1,300 Other (hours of rides, scheduling, training, or support.)
Utilization actual: 59 NTPC, 6,666 SC, 11 CSE, 2,886 Other (hours of rides, scheduling, training, or support.)

Outcome 1a target: 90% of participants will feel able to participate in life with family and friends.
Outcome 1a result: 82% said better with program support, 18% same, and 0% worse.
Outcome 1b target: 90% of participants will be able to maintain a job.
Outcome 1b result: 61% said better with program support, 39% same, 0% worse.
Outcome 1c target: 90% will be able to do things they are interested in.
Outcome 1c result: 94% said better with program support, 6% same, 0% worse.
Outcome 1d target: 90% will be able to take care of basic errands and needs.
Outcome 1c result: In error, this was omitted from the survey. Will be included in PY26.
Outcome 2a target: 80% will report increased confidence/comfort being in the community.
Outcome 2a result: 85% said this was better with program support, 15% same, and 0% worse.
Outcome 2b target: 80% will report increased confidence/comfort traveling in the community.
Outcome 2b result: 88% said better with program support, 12% same, 0% worse.
Outcome 2c target: 80% will report increased knowledge/confidence using technology related to transportation.
Outcome 2c result: 55% said better with program support, 45% same, 0% worse.
Outcome 2d target: 80% of families will report comfort with family members accessing community.
Outcome 2d result: not enough response from parents to provide good data on outcome.
Outcome 3a target: 90% will report increased quality of life after each month of use.
Outcome 3a result: 91% said better with program support, 3% same, 0% worse.
Outcome 3b target: 90% will report increased emotional wellbeing.
Outcome 3b result: 85% said better with program support, 15% same, 0% worse.
Outcome 3c target: 90% will report increased feeling in control of one's life.
Outcome 3c result: 85% said better with program support, 15% same, 0% worse.
Outcome 3d target: 90% will report increase in feeling respected and equal to others.
Outcome 3d result: 85% said better with program support, 15% same, 0% worse.

DSC **Clinical Services** $260,000*

Services: Mental health and behavioral expertise to support people with I/DD. Counseling assessment and planning; individual, family, and group counseling; crisis response/intervention, short-term, long-term counseling. Initial/annual psychiatric assessment, quarterly medication review, and individual planning consultation. Psychological assessment, including new prospective participants (eligibility determination) and for changes in level of functioning. DSC seeks clinicians and options beyond the consultants enlisted to support people seeking/receiving services. State funding is maximized prior to the use of county funding. Staff Support Specialist provides staff training and dedicated resources to improve behavioral support and enhance participant engagement.

Utilization targets: 65 TPC, 5 NTPC, 10 SC, 2 CSE.
Utilization actual: 76 TPC, 7 NTPC, 33 SC, 2 CSE, 1,587 hours of service.

Outcome 1 target: 100% of counseling cases reviewed quarterly for progress and recommendations.
Outcome 1 result: 100%.
Outcome 2 target: 100% of psychiatric cases will be reviewed for progress and medication reduction.
Outcome 2 result: 100% reviewed. 5 patients had medication reductions.
Outcome 3 target: 80% positive ratings on self-assessment of services (increased well-being.)
Outcome 3 result: 82% of 17 returned surveys rated this positive impact.

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

Services: Resource Coordinator supports families to have access to much needed services, as there is no age requirement to access this support. Financial support from CCDDB has afforded families to benefit from extended breaks through support such as traditional respite, CUSR camps, after-school programs, and summer camps with specialized supports. Other examples have included YMCA and fitness club memberships; overnight trips to conferences; social skills training; home modifications; and therapy/sensory/accessibility equipment not funded by insurance.

Utilization targets: 40 TPC, 20 NTPC, 8 SC, 3 CSE.
Utilization actual: 43 TPC, 33 NTPC, 11 SC, 4 CSE, 8,043 hours of service.

Outcome 1 target: 20 will participate in educational opportunities and advocacy efforts.
Outcome 1 result: 33.
Outcome 2 target: 90% of families will express satisfaction with the service.
Outcome 2 result: 100%.

PACE **Consumer Control in Personal Support** $45,972*

Services: Personal Support Worker (PSW) recruitment and orientation, focused on Independent Living Philosophy, Consumer Control, and the tasks of being a PSW. Personal Assistant (PA)/PSW Registry can be sorted by; location, time of day, services needed, and other information which allows consumers to get the PSW that best matches their needs. Service is designed to ensure maximum potential in matching person with I/DD and PSW to work long-term towards achieving their respective goals.

Utilization targets: 30 NTPC, 250 SC, 20 CSE, 9 Other (Successful PSW matches).
Utilization actual: 97 NTPC, 216 SC, 31 CSE, 4 Other.

Outcome 1 target: outreach through 20 CSEs.
Outcome 1 result: 25 outreaches.
Outcome 2 target: 250 contacts through CSEs or other.
Outcome 2 result: 216 contacts.
Outcome 3 target: 30 NTPCs.
Outcome 3 result: 34 PSWs (some NTPCs did not complete paperwork or did not pass background check.)
Outcome 4 target: 9 successful PSW matches.
Outcome 4 result: 4.

Priority: Work Life

Community Choices **Customized Employment** $239,500

Services: Customized employment focuses on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. Supported Experiences for First Time Job Seekers provides classroom and intensive job-shadowing at two local businesses in structured 12-week program for first-time job seekers and others seeking additional experiences.

Utilization targets: 50 TPC, 2,000 SC, 4 CSE, 3,020 Other (direct support hours/hours of service).
Utilization actual: 54 TPC, 2,134 SC, 12 CSE, 3,162 Other (direct support hours/hours of service).

Outcome 1a target: 100% of participants will report engagement and support in employment process.
Outcome 1a result: engagement – 85% and support – 95%.
Outcome 1b target: 85% will report their strengths/interests are important to the employment process.
Outcome 1b result: 75%.
Outcome 2 target: 15 people will identify work interests/strengths in Discovery process (within 60 days.)
Outcome 2 result: 13 started and completed discovery, average wait list time = 64 days.
Outcome 3a target: 13 will work to obtain paid employment; 80% will find a job within 6 months.
Outcome 3a result: 7 found employment, average time 2.5 months; 100% found it within 6 months.
Outcome 3b target: 7 will work to obtain volunteer job or internship; 80% will find it within 6 months.
Outcome 3b result: 4 found volunteer positions; 100% found them within 6 mos.
Outcome 3c target: 100% of job matches related to person's employment themes.
Outcome 3c result: 100%.
Outcome 4 target: 20 will become independent at their jobs, through negotiation/coaching, within 2 months of their start date.
Outcome 4 result: 18 people used short term support. Average length of job coaching for new placements = 37 days.
Outcome 5 target: 70% will keep their jobs for at least one year.
Outcome 5 result: 75% of participants employed at the beginning of PY25 were still employed at the end of PY25.
Outcome 6a target: 100% of first-time job seekers increase knowledge/professionalism after 12 weeks.
Outcome 6a result: 70%.
Outcome 6b target: 80% will find community jobs within one year (if they choose it.)
Outcome 6b result: 67%.

DSC **Community Employment** $500,000

Services: Assists people to find and maintain jobs. Discovery process: employment plan development; interviews with the person and others; daily observation; exploration of job interests; encourage/support volunteer opportunities; discussions of pre-employment habits. Resume or portfolio development: interview preparation and support; contact with potential employers; soft skills education and practice. Application process/follow-up: traditional and non-traditional approaches to interviewing/hiring. Job orientation, skill acquisition including transportation, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers. Job coaching: advocacy, development of self-advocacy skills, identification of potential new responsibilities or promotions, monitoring work environment for potential risks to job security; identifying and facilitating natural supports.

Supported Employment: establish volunteer/work options for all people; support to increase time management skills, communication, and work preparedness; support niches for a small group of people within local businesses. Employment Plus addresses work/social life balance. Planned get-togethers will function as a peer support forum for participants. Topics and activities will be driven by attendees.

Utilization targets: 88 TPC, 2 CSE, 10 SC.
Utilization actual: 89 TPC, 2 CSE, 8 SC, 8,041 hours of service.

Outcome 1 target: 26 participants in job development.
Outcome 1 result: 25.
Outcome 2 target: 80% of participants will maintain employment.
Outcome 2 result: 84%.
Outcome 3 target: 90% of people who return surveys will express satisfaction with service.
Outcome 3 result: 100%.

DSC with Community Choices **Employment First** $98,500*

Services: Promotes a change in culture surrounding people with disabilities and their role and contribution to Champaign County as members of the workforce. Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. Directory of Disability-Inclusive Employers is a means of identifying employers who wish to hire qualified people with I/DD, a resource for those seeking employment, and a learning platform. Advocacy and ongoing dialogue with Division of Rehabilitation Services, Rotaries, Chambers of Commerce, and more.

Utilization targets: 25 CSE.
Utilization actual: 29 CSE.

Outcome 1 target: 10 people will be hired by LEAP-trained businesses.
Outcome 1 result: 9 who were supported by DSC or Community Choices (other people may have found a job using the new Inclusive Employers website.)
Outcome 2 target: 80% of LEAP trainees will express satisfaction through survey.
Outcome 2 result: 100%.

Priority: Community Life – IDDSI Fund

Champaign County Regional Planning Commission Community Services **Community Life Short Term Assistance** $232,033*

Services: Provides financial assistance, along with supportive services to address needs and desires of furthering community life for adults with I/DD… [to] access social, developmental, and leisure activities, that may not otherwise be financially accessible… assisting individuals with I/DD toward further understanding, confidence building and longer-term self-sufficiency.

Utilization targets: 44 TPC, 88 NTPC, 25 SC, 8 CSE.
Utilization actual: 5 TPC, 25 NTPC, 142 SC, 13 CSE, 491 hours of service.

Outcome 1 target: 90% of participants receiving financial assistance for technology purchases will report increased knowledge, skills, and ability to engage socially or entrepreneurially.
Outcome 1 result: 90%
Outcome 2 target: 80% of participants receiving financial assistance for payment of social events or classes will report increased knowledge, skills, ability to engage socially, or in overall wellbeing.
Outcome 2 result: 90%.

Priority: Community Life

Community Choices **Self-Determination Support** $213,500*

Services: Family Support & Education: educating families on the service system, helping them support each other, and advocating for improved services through public quarterly meetings and individual family consultation. Leadership & Self-Advocacy: 1 leadership class and Human Rights & Advocacy Group. Building Community: Structured Opportunities for adults with I/DD to explore their communities; Urban Explorers community opportunities with support from CC staff; Community Coaching: social skills development, tech training, interest exploration, individual and group connections. Cooperative Facilitation: management of resources to build cooperative communities, including member online platforms, individual membership connections, and the dissemination of coop news and opportunities.

Utilization targets: 215 NTPC, 3,369 SC, 4 CSE, 2,259 Other (direct support hours.)
Utilization actual: 262 NTPC, 2,969 SC, 13 CSE, 3,749.5 Other (direct support hours.)

Outcome 1a target: 80% of family support group participants will indicate a strategy or resource learned or a connection increased after each meeting.
Outcome 1a result: 100%.

Outcome 1b target: Family members or adult participants will report higher rates of connection to other families.
Outcome 1b result: 100%
Outcome 1c target: 75% of family members engaged in programming will report greater knowledge of the service system, connection, and belonging in a supportive community.
Outcome 1c result: 77%
Outcome 2a target: 80% of leadership class participants indicate growth in leadership skills.
Outcome 2a result: 80%.
Outcome 2b target: Human Rights and Advocacy Group (HRA) members will identify areas to grow self-advocacy skills and rate their growth in those areas every 6 months.
Outcome 2b result: 100%.
Outcome 3a target: 75% of members with I/DD indicate the program provides them a supportive community (after a year.)
Outcome 3a result: 87%.
Outcome 3b target: 75% participating in structured activities will reach out to other members or initiate community engagement.
Outcome 3b result: 56%.
Outcome 3c target: 50% of members seeking community engagement will report or have an observed connection to people, groups, or places within 3 months.
Outcome 3c result: 50%.

DSC **Community First** $950,000

Services: Community connection through participation in self-advocacy, recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Personalized support based on individual interests with choice identified through the personal plan, self-report, and surveys completed prior to the rotation of group offerings. Supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities, over 30 options.

Utilization targets: 45 TPC, 45 NTPC, 6 SC, 2 CSE.
Utilization actual: 59 TPC, 134 NTPC, 13 SC, 2 CSE, 38,555 hours of service.

Outcome 1 target: 80% of participants will express satisfaction with chosen activities.
Outcome 1 result: 100%.
Outcome 2 target: 5 new groups based on participant feedback.
Outcome 2 result: 10.

DSC **Connections** $115,000*

Services: Community-based alternative encouraging personal exploration and participation in the arts/artistic expression, promoting life enrichment and alternative employment.

Introduces and supports people to experience a creative outlet, promote self-expression, and profit from products they create/produce. Encourages people to be creative and offers a welcoming venue for a variety of events. Groups and classes vary and are based on the interests and requests of program participants. Program hosts on-site events to promote collaboration and a venue for like-minded community artists.

Utilization targets: 25 TPC, 12 NTPC, 5 CSE.
Utilization actual: 38 TPC, 32 NTPC, 3 CSE, 2,525 hours of service.

Outcome 1 target: participants will host or engage in 5 events connecting with the community.
Outcome 1 result: 5 events.
Outcome 2 target: 90% of participants will express satisfaction regarding The Crow.
Outcome 2 result: Met, all participants were satisfied with their experience at The Crow.
Outcome 3 target: 2 collaborations with community artists teaching classes.
Outcome 3 result: 2 (pixel art and printmaking).

Priority: Strengthening the I/DD Workforce

Community Choices **Staff Recruitment and Retention** $34,000*

Services: Provides New Hire Bonuses to attract and hire well qualified staff in a timely manner; bonuses to all new employees who successfully complete training and 90 day probationary period; Retention Bonuses to retain high performing employees; current staff are eligible for a quarterly bonuses for maintaining their good-standing, active employment, including ongoing professional development applicable to each position.

Utilization targets: 16 NTPC, 3 CSE, 63 Other (sign-on & quarterly incentive payments.)
Utilization actual: 19 NTPC, 5 CSE, 67 Other sign-on & quarterly incentive payments.)

Outcome 1 target: 100% of staff will be compensated at rates equal to or greater than those recommended in the Guidehouse rate study for DSPs ($19.50/hr., $40,560 annually).
Outcome 1 actual: 100%. Avg staff salary = $45,366, with a range of $42,500-$51,140.
Outcome 2 target: fill all open staff positions within 60 days.
Outcome 2 actual: all open positions were filled in an average of 34 days.
Outcome 3 target: average length of employee service greater than 4 years.
Outcome 3 actual: average of 4.1 years.

DSC **Workforce Development and Retention** $244,000

Services: Strengthens and stabilizes the workforce through training, support, and recognition/reward. Program utilizes trainings, resources, and tools for staff through NADSP membership. New employees will be provided hiring bonus after completing required agency training. Retention/incentive bonuses are paid to keep key employees during the workforce crisis and pandemic. Retention bonuses occur 3 times per year in recognition of staff enduring the challenges of a compromised work force and for the long-term effects of high turnover and frequent vacancies.

Utilization targets: 160 Other (DSPs receiving training and retention bonuses).
Utilization actual: 544 Other (DSPs receiving training and retention bonuses).

Outcome 1 target: 1 training to support professional development.
Outcome 1 result: 3 NADSP trainings were offered (Frontline Supervisor Training, Leadership Training – Culture, Myths about Aging and the Developmental Disability Population).
Outcome 2 target: bonuses for 25 completing new employee training.
Outcome 2 result: 24.
Outcome 3 target: 140 employees will receive quarterly retention bonuses.
Outcome 3 result: 160 employees received 520 retention bonuses.

Priority: Young Children and their Families

Champaign County Regional Planning Commission Head Start/Early Head Start
Early Childhood Mental Health Services $216,800 (CCMHB)

Services: Addresses social-emotional concerns in the early childhood period and identifies developmental issues and risk. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments.

Utilization targets: 116 TPC, 380 NTPC, 5 CSE, 3,000 SC, 12 Other (workshops, trainings, professional development efforts with staff and parents).
Utilization actual: 116 TPC, 62 NTPC, 3 CSE, 1,572.5 SC, 15 Other (workshops, trainings, professional development efforts with staff and parents), 557 hours of service.

Outcome 1 target: children will demonstrate improved social skills.
Outcome 1 result: 85% of children aged 6 weeks to 3 years were meeting or exceeding social emotional developmental expectations for their age group; 29% increase for those 3-

5, and 31% increase for kindergarten bound. Overall, 73% of children in the program were meeting or exceeding social emotional developmental expectations for their age group.
Outcome 2 target: HS staff will demonstrate improved skills (interpersonal, stress management, and caregiving.)
Outcome 2 result: due to program and staff changes, the assessment tool was not given to teachers.
Outcome 3 target: parents will demonstrate improved skills (stress management and caregiving.)
Outcome 3 result: due to staff shortages and low family event attendance, the assessment tool was not given to parents.
Outcome 4 target: classroom management will demonstrate social-emotional sensitive interactions.
Outcome 4 result: 83% of classroom observations showed consistent, effective support/organization; the rest were effective in each domain but not always consistent.

DSC **Family Development** $656,174* (CCMHB)

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

Utilization targets: 655 TPC, 200 SC, 15 CSE.
Utilization actual: 1,045 TPC, 186 SC, 16 CSE, 11,710 hours of service.

Outcome 1 target: 90% of caregivers will feel more competent/comfortable regarding their child's needs.
Outcome 1 result: 98%.
Outcome 2 target: 90% of children will progress in Individualized Family Service Plan (IFSP) goals.
Outcome 2 result: 91%.

CU Early **CU Early** $16,145 (CCMHB)

Services: Bilingual home visitor for at risk Spanish speaking families, serving expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development.

Utilization targets: 20 TPC, 5 NTPC, 464 SC, 4 CSE.
Utilization actual: 27 TPC, 7 NTPC, 714 SC, 17 CSE.

Outcome 1 target: 95% improvement in each area of parenting skill and knowledge.
Outcome 1 result: affection 100%, responsiveness 83%, encouragement 85%, and teaching 66%.
Outcome 2 target: 95% of children will make developmental progress.
Outcome 2 result: 92%. *NOTE: of bilingual caseload, 15 children on target, 3 with delays referred to EI, 8 received EI with an IFSP.*
Outcome 3 target: 95% of children up to date with well child exams and immunizations.
Outcome 3 result: 100%.

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PY2026
1st Quarter
Program Service Reports

for I/DD programs funded by

the Champaign County Developmental Disabilities Board

and Champaign County Mental Health Board

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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

I/DD Special Initiatives

Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Community Life Short Term Assistance** Period **First Quarter PY26**

Submitted 10/29/2025 by **AYOST**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**8**	**25**	**88**	**44**	**0**
Quarterly Data (NEW Clients)	**3**	**1**	**8**	**2**	**0**
Continuing from Last Year (Q1 Only)			**9**	**0**	**0**

Comments:

RPC's Developmental Disability Services team attended 3 outreach events in FY26, Quarter 1. These events included Promise Health Care's Back to School Resource Fair in Rantoul, Scott Bennet Family Resource Day at Lincoln Square Mall in Urbana and presenting at Heritage School District's Student University in Homer.

In PY26, Quarter 1 RPC's Community Life Short-Term Assistance Program received a total of 10 new applications for funding. 2 of those applications were withdrawn by the applicants due to no longer needing the requested funding. The CLSTA program provided funding to one individual to take part in a weekend trip with CUSR to Kentucky. This trip is set to take place in October. The CLSTA program also provided funding for an individual living in a rural community to participate in several upcoming CUSR events and activities including gaming at Jupiter's, visiting Curtis Orchard, and participating in a Friendsgiving. This funding has made a big difference for this person, as previously they had not been able to afford to take part in any type of recreational activities and reported feeling isolated from others their age. In addition to this, CLSTA funding was able to provide funding towards an Alaskan cruise that an individual will be taking with friends. This person's parent will also help financially to pay for this trip and will be going on the cruise to provide any support needed. RPC's CLSTA program also provided funding for an individual that experiences a high level of anxiety when in the community and around crowds to purchase gaming equipment so that he could invite friends over to his apartment to socialize in the setting that he is most comfortable. Finally, in PY26 Quarter 1 the CLSTA program worked with a couple on planning a trip to Chicago for the 3rd wedding anniversary. This couple received short-term case management services through RPC and were TPC clients. RPC's case manager worked with the individuals on planning their vacation and preparing them for what to expect while in Chicago. Our case manager had previously worked with these individuals and taught them how to use Uber. This information had been successfully retained since their last trip and was not reviewed. This trip is scheduled to take place in October.

The CLSTA program works closely with community agencies such as DSC and Community Choices to receive referrals and obtain necessary information for the referrals/coordinate services. RPC also works closely with CCAMR to share referrals as appropriate. RPC obtains signed release of information forms for all agencies that we work with on the client's behalf.

9 Carry over clients were noted. These clients applied for funding for attendance at Camp New Hope at the end of the Program Year and payment had not yet been paid at the beginning of the new Program Year. These individuals can now be closed out of the CLSTA program.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Decision Support PCP** Period **First Quarter PY26**

Submitted 10/29/2025 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**	**120**	**0**
Quarterly Data (NEW Clients)	**3**	**51**	**5**	**12**	**0**
Continuing from Last Year (Q1 Only)			**0**	**83**	**0**

Comments:

RPC's Developmental Disability Services team attended outreach events in FY26 Quarter 1. These events included: Promise Health Care's Back to School Resource Fair in Rantoul, Scott Bennett Family Resource Day at Lincoln Square Mall in Urbana and presenting at Heritage School District's Student University in Homer.

RPC's Person-Centered Planning Case Management program added 12 new individuals (TPC's clients) in FY26, Quarter 1. All of these individuals have begun services with our PCP Case Managers. Our PCP Case Managers will be slowly rolling out a trial of a new PCP Face Page for our clients' personal plans. The PCP Face Page is designed to be a 1-page summary of the person focused on the most important aspects of their plan as decided by the client.

Our Transition Consultant attended 5 IEP's in FY26 Quarter 1. IEP meetings were attended at include Champaign, Urbana, and Rantoul School Districts.

Our Dual Diagnosis Case Manager worked with 9 clients in PY26 Quarter 1. Frequency of the visits are based on each person's needs. All individuals within the Dual Diagnosis program also receive PCP Case Management services; thus, Dual Diagnosis clients are not added into TPC numbers as this would be duplicative. Our Dual Diagnosis program has immediate capacity to take on new individuals with I/DD & mental health diagnoses at the frequency that meets their level of need.

RPC Case Management continues to work closely with local DD Providers to ensure the best interests of the individuals being served. Our case managers work closely with agencies such as Community Choices, DSC, and PACE to make referrals and coordinate services. RPC Case Management reaches out to local ISC agency to also provide information as able and try to assist clients we are serving with a smooth transition to state-funded services.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Mental Health Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Early Childhood Mental Health Svs** Period **First Quarter PY26**

Submitted 10/29/2025 by **BELKNAP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**5**	**3000**	**380**	**100**	**12**
Quarterly Data (NEW Clients)	**2**	**284.5**	**27**	**13**	**1**
Continuing from Last Year (Q1 Only)			**50**	**47**	**0**

Comments:

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

Program: **CU Early** Period **First Quarter PY26**

Submitted 10/12/2025 by **KRUSSELL**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**464**	**5**	**20**	
Quarterly Data (NEW Clients)	**3**	**67**	**2**	**2**	
Continuing from Last Year (Q1 Only)			**0**	**18**	

Comments:

The CU Early program coordinator attended 3 community service events this quarter. They include the Birth to Five Blast off- Soccer Planet
Orchard Downs Recruitment fair and the First Presbyterian Family game night.

The Bilingual CU Early home visitor has 20 families on her caseload currently, this includes 19 children, and two prenatals. Two new families enrolled in August. 18 families are returning from last year. All of these families identify as Hispanic.

Also, during this quarter the bilingual home visitor referred two children to early intervention for additional services.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Customized Employment** Period **First Quarter PY26**

Submitted 10/29/2025 by **CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**2000**	**0**	**50**	**3020**
Quarterly Data (NEW Clients)	**4**	**617**	**0**	**2**	**883**
Continuing from Last Year (Q1 Only)			**0**	**39**	

Comments:

4 CSEs in Q1: SPED 444 Presentation 9/11, U of I Charitable Giving Fair 9/17, PACE Celebration & Fair 8/15, and TPCE Ice Cream Social 8/20

# of Claims in Q1: 617 (These are also reported via the online system.)

# of NTPCs: 0

# of TPCS in Q1: 2 new and 39 continuing

Other: 883 Direct hours in Q1

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Inclusive Community Support (Com Living)** Period **First Quarter PY26**

Submitted 10/29/2025 by **CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**2113**	**28**	**30**	**2023**
Quarterly Data (NEW Clients)	**4**	**458**	**15**	**0**	**606**
Continuing from Last Year (Q1 Only)			**0**	**26**	

Comments:

4 community service events in Q1: PACE Celebration & Fair on 8/15, TPC Ice Cream Social on 8/20, SPED 444 Presentation on 9/11 and U of I Charitable Giving Fair on 9/17

# of service contacts in Q1: 458 (55 for NTPCs and 403 were also reported for TPCs via the online system)

# of new NTPCs in Q1: 15

# of new TPCs in Q1: 0 (26 returning from FY25)

Other: 606 Direct Hours in Q1. (61 Direct hours for Personal Dev. Classes & Workshops for NTPCs & 545 total hours of claims also reported via the online system)

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Self-Determination Support** Period **First Quarter PY26**

Submitted 10/29/2025 by **CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**3723**	**245**	**0**	**2421**
Quarterly Data (NEW Clients)	**4**	**1172**	**7**	**0**	**782**
Continuing from Last Year (Q1 Only)			**213**	**0**	**0**

Comments:

4 CSEs in Q1: PACE Celebration & Fair on 8/15, TPC Ice Cream Social on 8/20, SPED 444 Presentation on 9/11, and U of I Charitable Giving Fair on 9/17

# of service contacts in Q1: 1172

# of new NTPCs in Q1: 7 (0 members with I/DD & 5 people without I/DD). Also had 213 returning from FY25 (92 members with I/DD, 121 family members)

0 TPCs

Other: 782 Direct hours in Q1

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Staff Recruitment and Retention** Period **First Quarter PY26**

Submitted 10/29/2025 by **CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**3**		**18**	**0**	**132**
Quarterly Data (NEW Clients)	**1**		**1**		**21**
Continuing from Last Year (Q1 Only)			**17**		

Comments:

CSEs: 1 Job posted during Q1 - Sign-on bonus was prominently posted with job description

NTPCs: 17 Staff members continuing from FY25, 1 new staff hired in FY26

Other: 21 Bonuses Paid
17 Retention Bonuses
4 Acknowledgement Bonuses
0 New Hire Bonuses (1 person hired, but they will not be eligible for a new hire bonus until Q2)

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Transportation Support** Period **First Quarter PY26**

Submitted 10/29/2025 by **CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**6816**	**65**	**0**	**2640**
Quarterly Data (NEW Clients)	**4**	**1596**	**3**	**0**	**705**
Continuing from Last Year (Q1 Only)			**55**	**0**	**0**

Comments:

4 CSEs in Q1: PACE celebration & fair on 8/15, TPC Ice Cream Social on 8/20, SPED 444 Presentation on 9/11 & U of I Charitable Giving Fair on 9/17

# of service contacts in Q1: 1596

# of new NTPCS in Q1: 3 (with 55 returning from FY25)

# of TPCs: 0

Other: 705 Direct hours in Q1

Gave 798 rides in Q1: Work/Volunteer - 337, Leisure/Education - 167, Family - 6, Medical/Health - 91, CC Social Opps - 125, CC appointment - 35, Errands - 29

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Clinical Services** Period **First Quarter PY26**

Submitted 10/28/2025 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**	**65**	
Quarterly Data (NEW Clients)	**0**	**5**	**0**	**4**	
Continuing from Last Year (Q1 Only)			**2**	**62**	

Comments:

Community Service Events: There were no community service events this quarter.

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

Service/Screening Contacts: There were five screening contacts this quarter. Three were opened for occupational therapy services, one was opened for psychiatry and the other was already open, but received a new service.

Update on DSP Support Specialist: The DSP Support Specialist supported 39 DSC staff this quarter. A wide variety of supports were provided, including modeling interactions, formal staff trainings, participation in team meetings, incident follow-up, collaboration with OT and SLP consultants, creation of visual supports, in-person support at home and CDS, communication with parents and guardians, environmental assessments, medication and medical follow-up, creation of Behavioral and Positive Support Strategies, and consultation with the state behavioral support team.

Occupational Therapy Update: The occupational therapist completed four evaluations this quarter including a home evaluation to improve safety within someone's apartment after she had several falls. The OT also assisted with multiple wheelchair repairs and deliveries of new wheelchairs.

Extra Reporting Time: 6 hours this quarter was spent on tasks related to coordinating, billing, and reporting.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community Employment** Period **First Quarter PY26**

Submitted 10/28/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**10**	**0**	**88**	
Quarterly Data (NEW Clients)	**0**	**2**	**0**	**1**	
Continuing from Last Year (Q1 Only)			**0**	**81**	

Comments:

In the first quarter of FY26 there were many individuals in Job Development. These job seekers were either new to Community Employment or individuals who had lost their jobs or wished to look for new opportunities. Six individuals were supported in learning new jobs! This involves filling out new hire paperwork, learning about how to start your day, getting to know supervisors and coworkers, and of course learning the tasks of the job.

The CE team also supported individuals who already have jobs. This quarter, 100% of those already employed maintained their jobs!

Several local employers hired job seekers for the first time. These include Holy Cross Catholic Church, Ollie's Bargain Outlet and the Rantoul School District.

Supported Employment (SEP) continues its partnership with the Champaign Park District (CPD), Advanced Medical Transport (AMT), Hessel Park Church, and Carle to offer work opportunities to individuals requiring more constant onsite work support. SEP has been using a task card system, which helps clearly identify what tasks need completed at each job. Individuals use the task card onsite and follow the steps to ensure all tasks are finished prior to the end of the shift.

The SEP team has excellent natural supports at each site. Employers are inclusive and even take the time to celebrate SEP team members on their birthdays.

Beyond paid employment, several CE participants engaged in volunteer opportunities at local businesses. These experiences help with skill-building and preparing individuals for continued employment success.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community First** Period **First Quarter PY26**

Submitted 10/28/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**10**	**45**	**45**	
Quarterly Data (NEW Clients)	**0**	**4**	**105**	**2**	
Continuing from Last Year (Q1 Only)			**0**	**48**	

Comments:

Two new participants joined Community First groups this quarter. One recently graduated high school and is enjoying getting to know new friends and his routine.

The Positivity Committee, History Buffs, and Library Crafts were new groups offered this quarter.

Existing groups took advantage of the warm weather and visited several local and state sites. Many of these were new experiences for participants. Visits were made to: Aikman Wildlife Adventure, Champaign County History Museum, Cruisin' with Lincoln on 66 Visitors Center, Illinois State Capitol Building, Monticello Train Station, Prairie Fruits Farm, Spurlock Museum, Staerkel Planetarium, UI Pollinarium, Chicago Autofest, and the St. Louis Zoo. Participants also visited movie theaters, The Virginia Theater, Krannert, and shopped and dined at local venues.

Volunteering continued to be popular with participants spending time at The Hope Center, Salt & Light, Tolono Library, and The Idea Store.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community Living** Period **First Quarter PY26**

Submitted 10/28/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**2**	**6**	**0**	**78**	
Quarterly Data (NEW Clients)	**0**	**2**		**2**	
Continuing from Last Year (Q1 Only)				**70**	

Comments:

Two people started in the Community Living Program this quarter. One moved into his own apartment for the first time. The other person is working on skills in order to move into a place of their own in the near future.

Participants in the Community Living Program continue to receive assistance with budgeting, banking, health care, social connection, apartment upkeep, shopping, and meal prep. People are also utilizing technology for independent living, including navigating websites and apps to request medication refills, ordering groceries online, mapping out bus routes, and accessing patient portals to track and schedule medical appointments.

There were two people closed from the program this quarter. One moved out of state and the other no longer qualified for PUNS according to DHS.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Connections** Period **First Quarter PY26**

Submitted 10/28/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**5**	**0**	**12**	**25**	
Quarterly Data (NEW Clients)	**0**	**0**	**21**	**0**	
Continuing from Last Year (Q1 Only)			**0**	**29**	

Comments:

First quarter got off to a great start! Participants enjoyed new opportunities to express their creativity with three new groups including:

•Custom Creations focused on the design and art of screen-printed works, which were then available for sale at various community events.

•Art Without Limits provided an opportunity to gain experience about influential artists ranging from Frida Kahlo to Vincent Van Gogh, inspiring participants to explore different artistic styles.

•Resin Art taught participants to create trendy jewelry pieces to share with peers, sparking conversation and pride in their work.

The Connections Program community partnership with CU-Create continued offering artists an inclusive environment to develop unique and meaningful artwork.

Woodworking remains extremely popular, encouraging creativity and craftsmanship. The group focused on making wooden garlands, coasters, porch stars, and more which they plan to sell at upcoming community events.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Employment First** Period **First Quarter PY26**

Submitted 10/28/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**25**	**0**	**0**	**0**	
Quarterly Data (NEW Clients)	**3**				
Continuing from Last Year (Q1 Only)					

Comments:

Employer Trainings (LEAP and/or Front-Line Supervisor Training):

•Beaumont Animal Clinic, 61801: Completed LEAP training virtually. The hospital manager was in attendance.

•Cold Stone Creamery, 61821: Completed FLS training. The store manager and four of his lead supervisors attended.

•Bundles of Joy Learning Center, 61821: Completed LEAP training. The director and 25 staff members were in attendance.

New Employment for those with I/DD:

There were four people employed and one volunteer position secured at LEAP trained businesses.

•Clark Lindsey: Hired 1 part-time housekeeper and 1 volunteer grounds person

•Curtis Orchard: Hired 2 part-time people in the bakery and the apple shed

•Urbana School District: Hired 1 crossing guard

LEAP Program Development:

•Attended the following networking events to make contacts and promote LEAP: Chamber First Friday Coffee, Champaign County, Chamber After Hours, Women Elevating Women Resource Group, and Urbana Welcoming Week Coffee with Mayor Williams.

•153 businesses were approached about LEAP/Frontline Staff training and the DDIE directory.

•A quarterly “News Flash” email was sent out to businesses that have been LEAP and FLS trained. It included the Ask JAN A-Z List of Accommodations and communications tips. This quarterly email directs recipients back to the Champaign County Directory of Disability-Inclusive Employers (DDIE) website.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Mental Health Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development** Period **First Quarter PY26**

Submitted 10/28/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**15**	**200**	**0**	**655**	
Quarterly Data (NEW Clients)	**5**	**51**	**0**	**74**	
Continuing from Last Year (Q1 Only)			**0**	**880**	

Comments:

Family Development (FD) continues to have a successful quarter with screenings and community outreach at various events. The department has maintained its partnerships with the Champaign County Home Visiting Consortium, Salt & Light, Parkland, UIUC, and other community agencies/organizations.

Developmental screenings were conducted at multiple sites, including Next Generation School, Happi-Time, Soccer Planet, Montessori School, and PerryAyz Head Start. These screenings support early identification and intervention for developmental concerns, ensuring children receive timely support.

In August, we launched bi-weekly playgroups facilitated by two of our Developmental Therapists. Additionally, we partnered with The Autism Program (TAP) at UIUC to support their weekly playgroup.

The FD Director, a Speech Therapist, and two Developmental Therapists presented at the Next Generation preschool and early childhood program to talk about Early Intervention and children's programs offered at DSC.

Staff also represented DSC and FD at various community resource events including: Rantoul High School Career Fair, CUPHD Back to School Resource Fair, Unity in the Community in Rantoul, and the Scott Bennett Family Resource Event.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Individual and Family Support** Period **First Quarter PY26**

Submitted 10/28/2025 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**	**40**	
Quarterly Data (NEW Clients)	**0**	**4**	**8**	**4**	
Continuing from Last Year (Q1 Only)			**18**	**34**	

Comments:

Respite care continues to provide families with much needed breaks from their 24-hour caregiving responsibilities. Support is offered either directly in the home or through community-based activities funded through specific assistance. These activities include wheelchair basketball camps, YMCA memberships, adapted swimming lessons, and other skill-building programs. Families are also encouraged to apply for state-funded respite programs.

This quarter, four new children enrolled in the Respite Program and are receiving in-home support from providers of their choosing. Meanwhile, three families chose to exit the program, sharing that their children have access to other support options and weren't utilizing their respite hours through DSC anymore.

Advocates at DSC were busy during the first quarter, connecting with the new Resource and Advocacy Coordinator and participating in various advocacy events. September was particularly eventful with the 20th Annual Speak Up Speak Out Summit (SUSO). Eleven individuals participated virtually, while ten attended in person in Bloomington. The summit featured sessions on voting, preventing abuse and neglect, sexuality and relationships, the Spread the Word campaign, and discussions with fellow advocates and state legislators. Many participants enjoyed reminiscing about the past 20 years of SUSO and the open mic session, using the opportunity to speak up for themselves and build public speaking skills and confidence. Four individuals stayed overnight at the hotel in Bloomington and enjoyed dinner and dancing with peers from across the state.

Additionally, in September, advocates from DSC and Community Choices collaborated to present to the Developmental Disability and Mental Health Boards. They shared insights on what is working well and what could be improved in key areas of life, including housing, health, recreation, transportation, employment, and advocacy.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Service Coordination** Period **First Quarter PY26**

Submitted 10/29/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**4**	**20**	**0**	**275**	
Quarterly Data (NEW Clients)	**0**	**8**	**0**	**8**	
Continuing from Last Year (Q1 Only)			**0**	**263**	

Comments:

Case Management continued to use a team approach to ensure people were safe, had food and medical support, as well as any additional resources they needed. Some of the specific services offered this past quarter included:

•Continued assistance for individuals with Medicaid/SNAP benefits.

•Successfully helped a person get their Social Security benefits reinstated after a prolonged period.

•Worked with the team to move someone from the Permanent Supportive Housing Voucher. They are very happy with their new residence.

•Assisted an individual with accessing services from another department to receive more help in maintaining independent living and have additional support with medical situations.

•Collaborated with families and team members to obtain and search for documentation proving individuals' eligibility to remain on the PUNS list. Also wrote letters of support for people and families to help them continue receiving services.

•Advocated for individuals to have meaningful outcomes with their team by facilitating conversations with the ISC, who may not have known them well or had the same relationship with them as DSC. When outcomes did not match what the individual was telling the DSC team, case management reached out to the ISC to facilitate a conversation and come to an agreed upon outcome that better aligned with the needs and desires of the person.

•Connected a new individual to benefits and resources. Referred them to another program within our agency after learning about further difficulties they were experiencing in their job and living situation.

•Assisted an individual and their family in moving their supports and benefits as they prepared to move to another state to be closer to additional family members.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Workforce Development and Retention** Period **First Quarter PY26**

Submitted 10/28/2025 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	**2**	**0**	**0**	**160**	
Quarterly Data (NEW Clients)	**1**			**0**	
Continuing from Last Year (Q1 Only)				**0**	

Comments:

Two Direct Support Professionals (DSPs) attended the NADSP National Conference in Buffalo, NY this quarter. Sessions included information on being a DSP leader, changing agency culture and retaining staff, avoiding burnout, and several other sessions intended to give DSPs tools for their own development, as well as information on supporting individuals. Both DSPs stated they learned a lot and are excited to put their new knowledge to use.

The Workforce Retention bonus distribution structure was changed this fiscal year due to survey feedback from DSP staff. The next payout will be at the end of the 2nd quarter.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Persons Assuming Control of their Environment (PACE), Inc.**
Program: **Consumer Control in Personal Support** Period **First Quarter PY26**
Submitted 10/29/2025 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)	**9**	**61**	**7**	**0**	**2**
Continuing from Last Year (Q1 Only)			**17**	**0**	**0**

Comments:
PACE offered in-person orientations and one-on-one appointments at the PACE office during this quarter to recruit PSWs. PACE continues to engage in outreach activities, job postings, and community events to recruit PSWs.

PACE staff participated in the following community events this quarter:

PACE staff had a table at Brightpoint Makes A Splash Resource Fair
PACE staff had a table for PACE's 40th Anniversary at Jupiters At The Crossing.
PACE staff had a table at Scott Bennett Resource Fair
PACE staff presented at Community Choices Co-op Meeting
PACE staff had a table at Champaign Public Library Job Fair
PACE had a table at Community Health And Wellness Fair (Love Clinic & Church of the Living God)

PACE also continues to reach out and attempt to collaborate with the University of Illinois School of Social Work, Family Resilience Center, Envision Unlimited, and parent groups at Community Choices, IRC, NAMI, and DSC. The staff also attended the Speak Up Speak Out.

There were no TPCs this quarter, as the individuals being served through this funding are those seeking employment as PSWs, and there is no vocational program available for consumers with I/DD. However, ongoing collaboration is taking place with DRS, IRC, Community Choices, and the DRS vocational program. These organizations are referring individuals with I/DD and their families to PACE to hire an oriented PSW from the registry through this funding.

PACE continues to offer quarterly PSW advisories to provide additional opportunities for consumers and PSWs to connect and discuss PSW program topics. The PSW advisory was held on Friday, September 19, 2025, and held a PSW Advisory: Meet & Greet and How To Communicate More Effectively.

PACE has sent 8 sets of referrals this quarter.

PY2026
1st Quarter
Program
Claims
Data

for I/DD programs funded by

the Champaign County Developmental Disabilities Board

and Champaign County Mental Health Board

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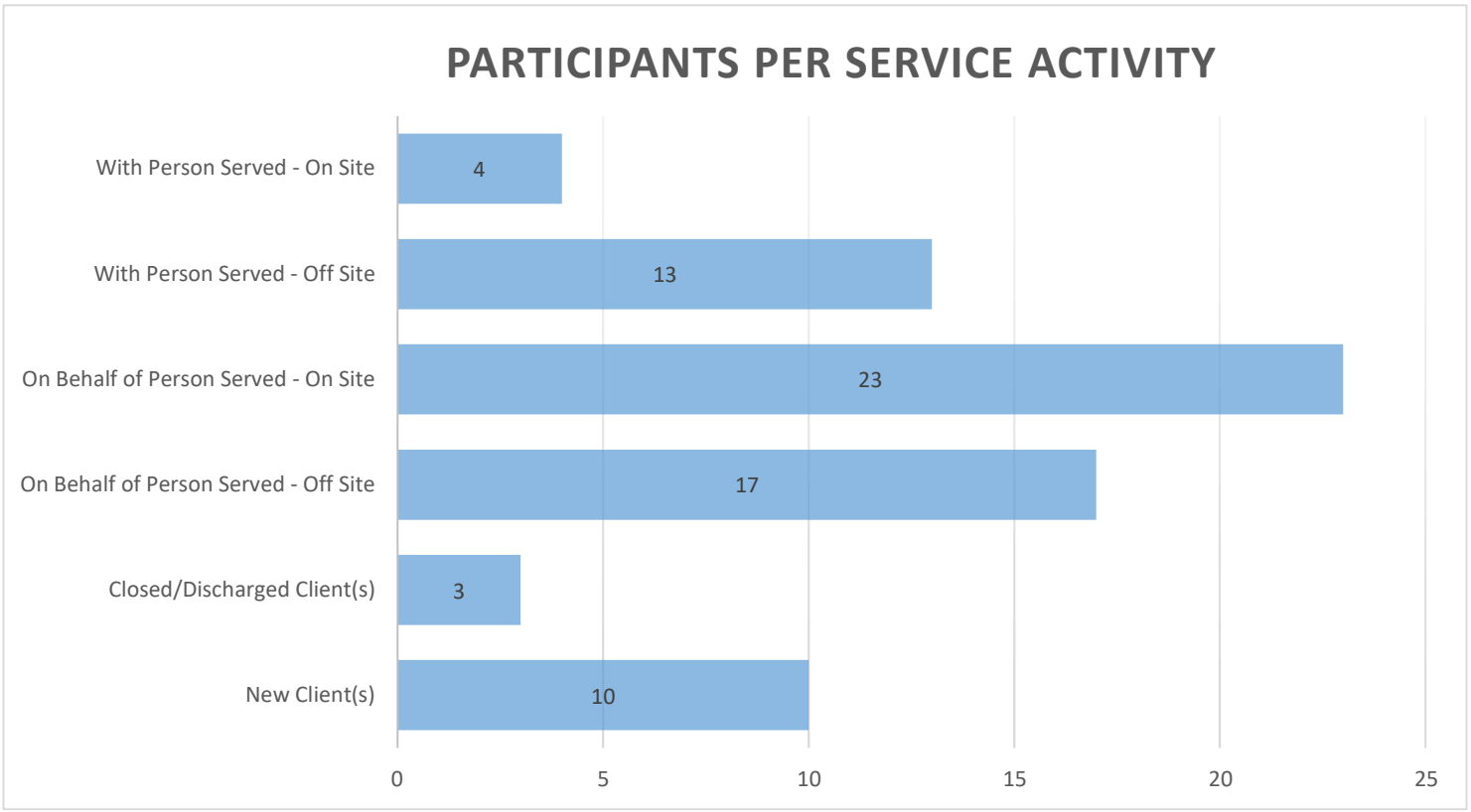
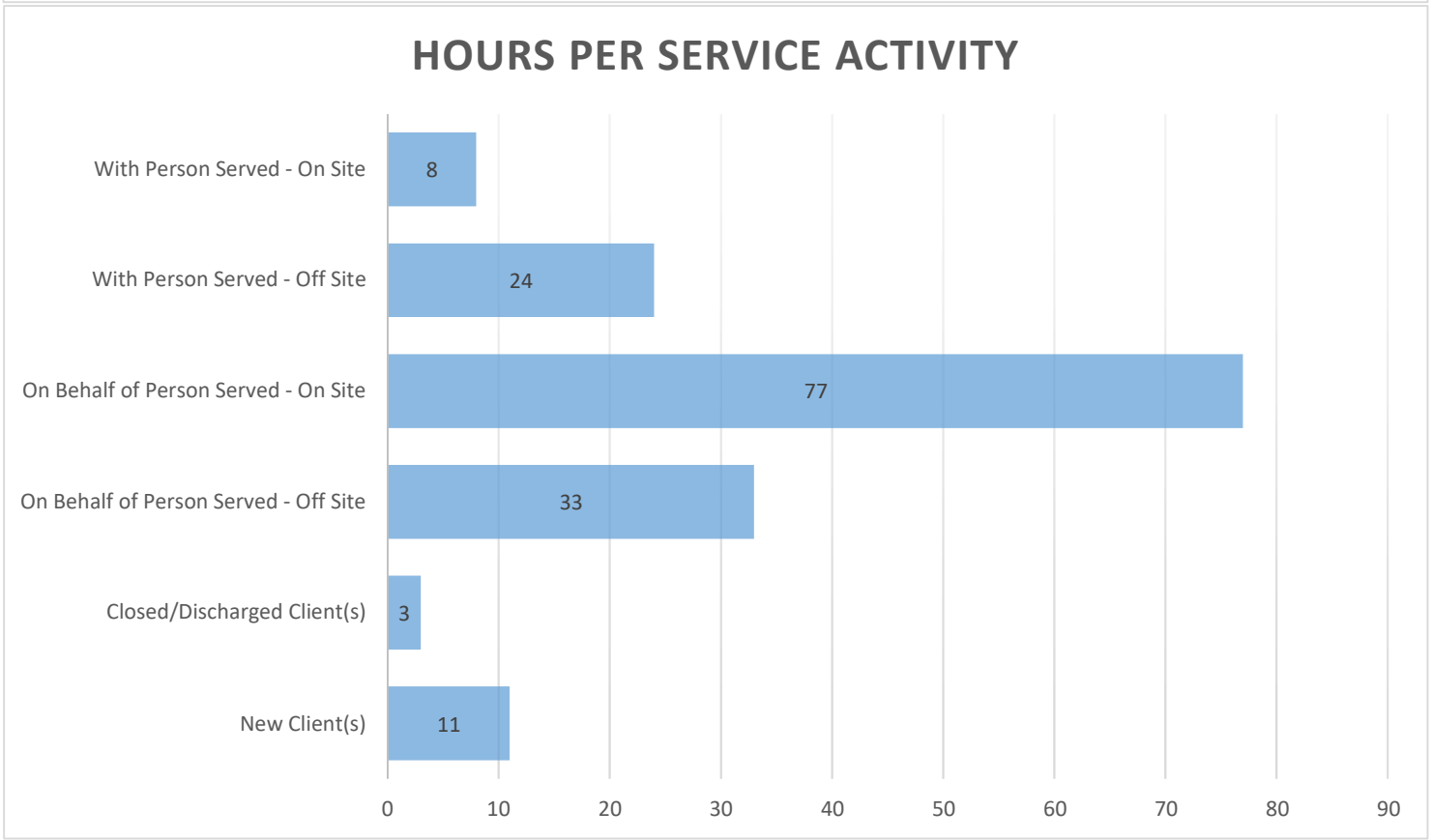
CCRPC - Community Services

Commuity Life Short Term Assistance $58,008 *PY26 Q1* *IDDSI*

25 people were served, for a total of 156 hours

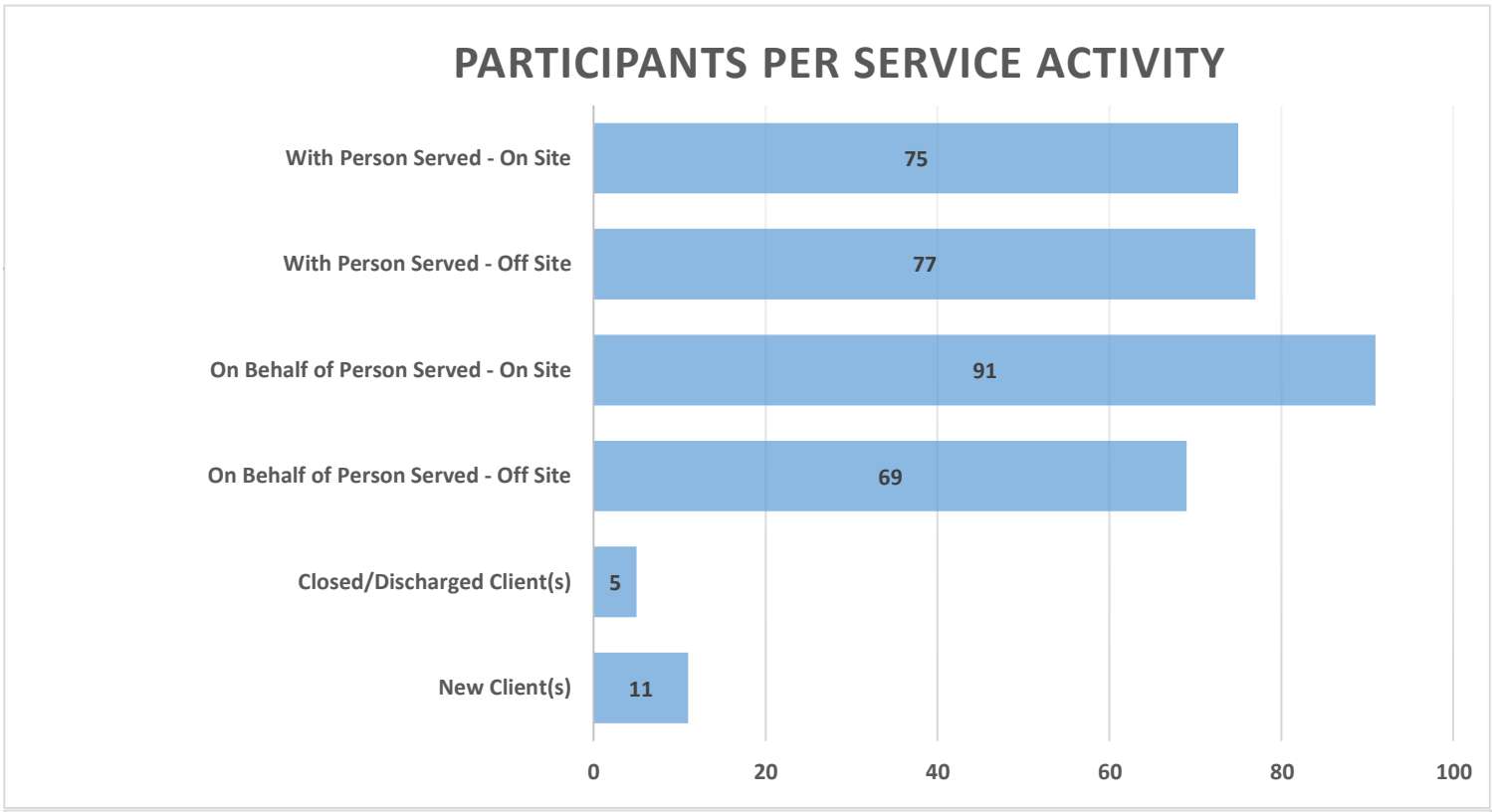


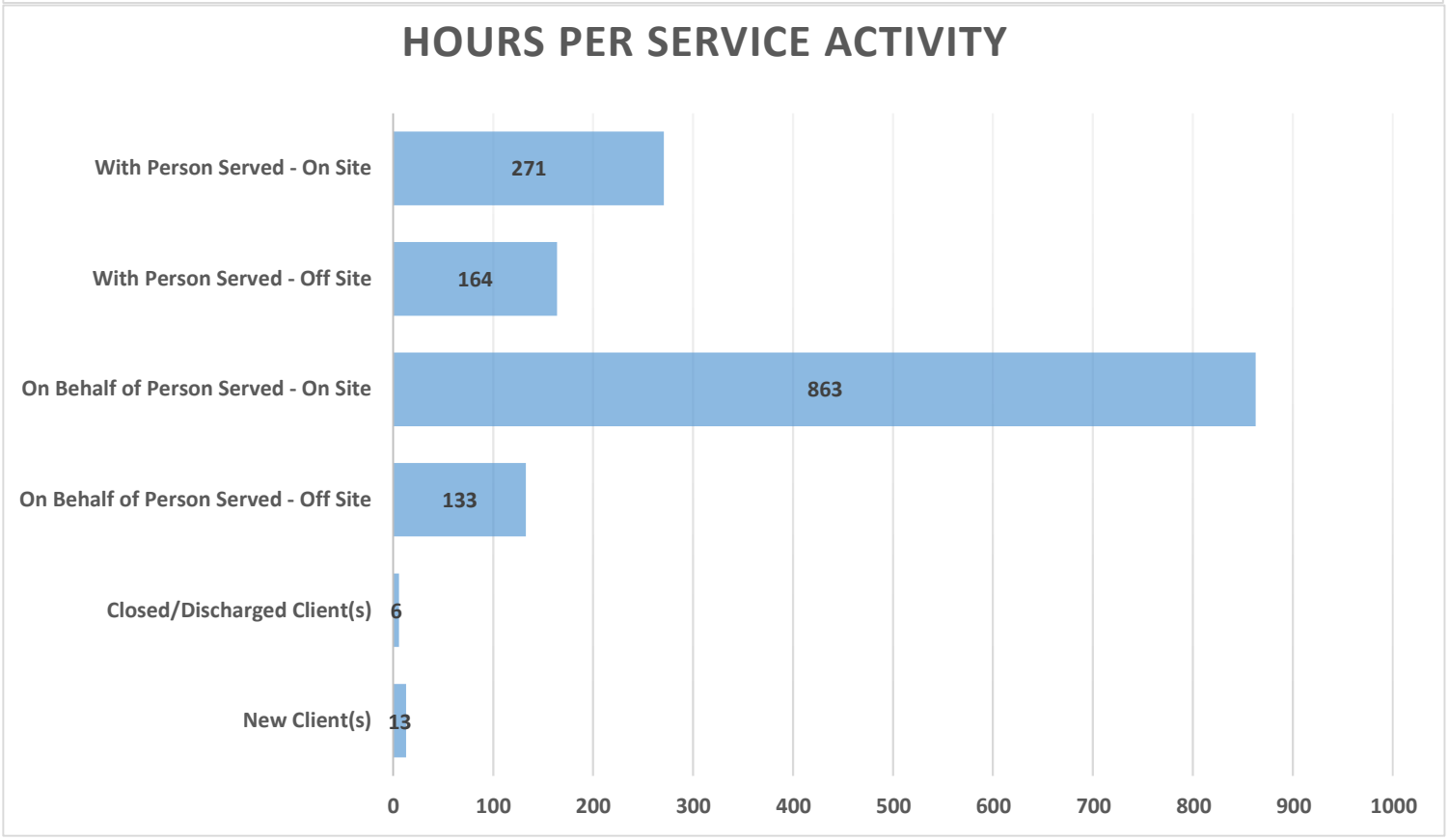


CCRPC - Community Services

Decision Support Person $106,260 *PY26 Q1*

96 people were served, for a total of 1,450 hours

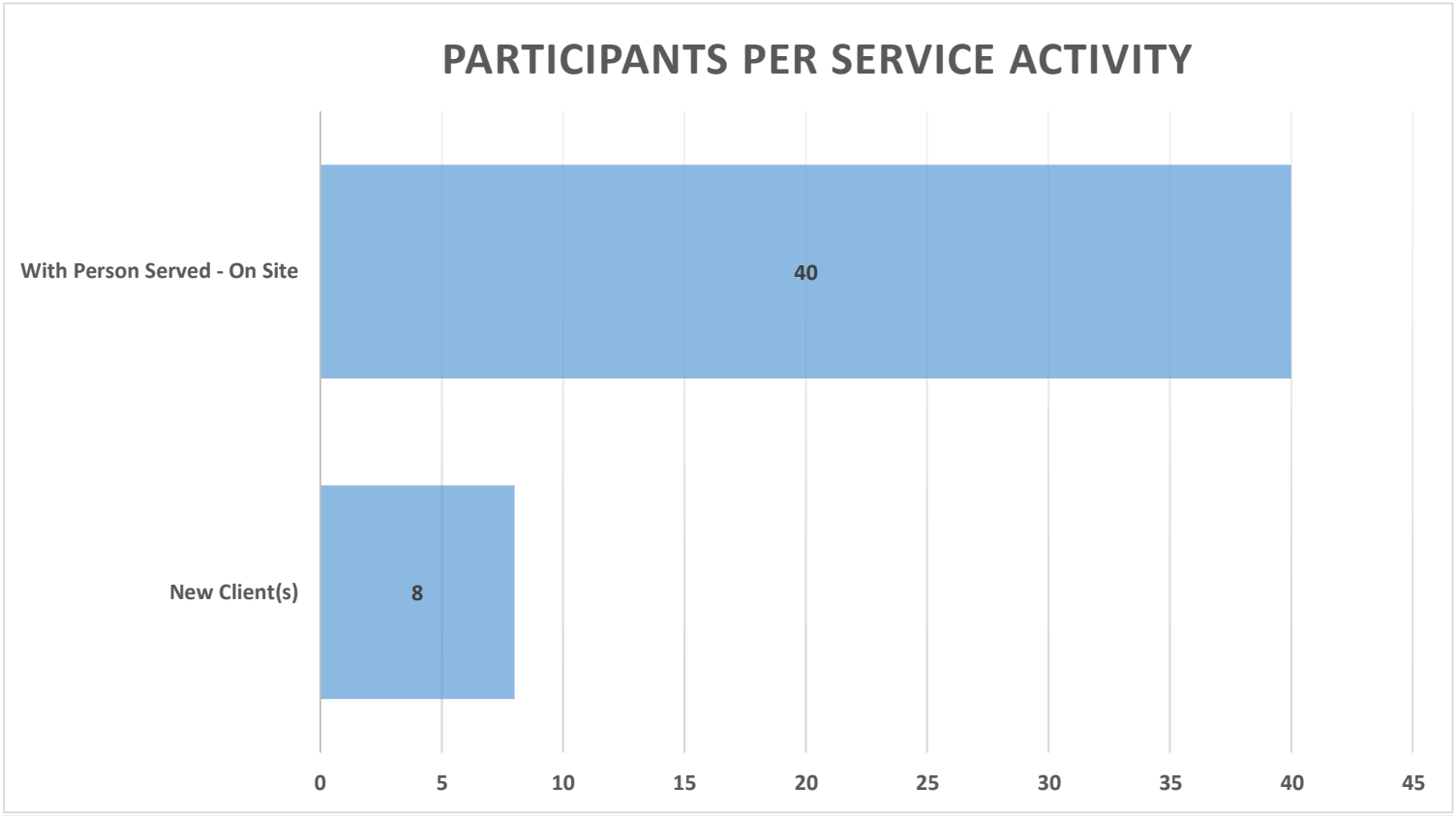


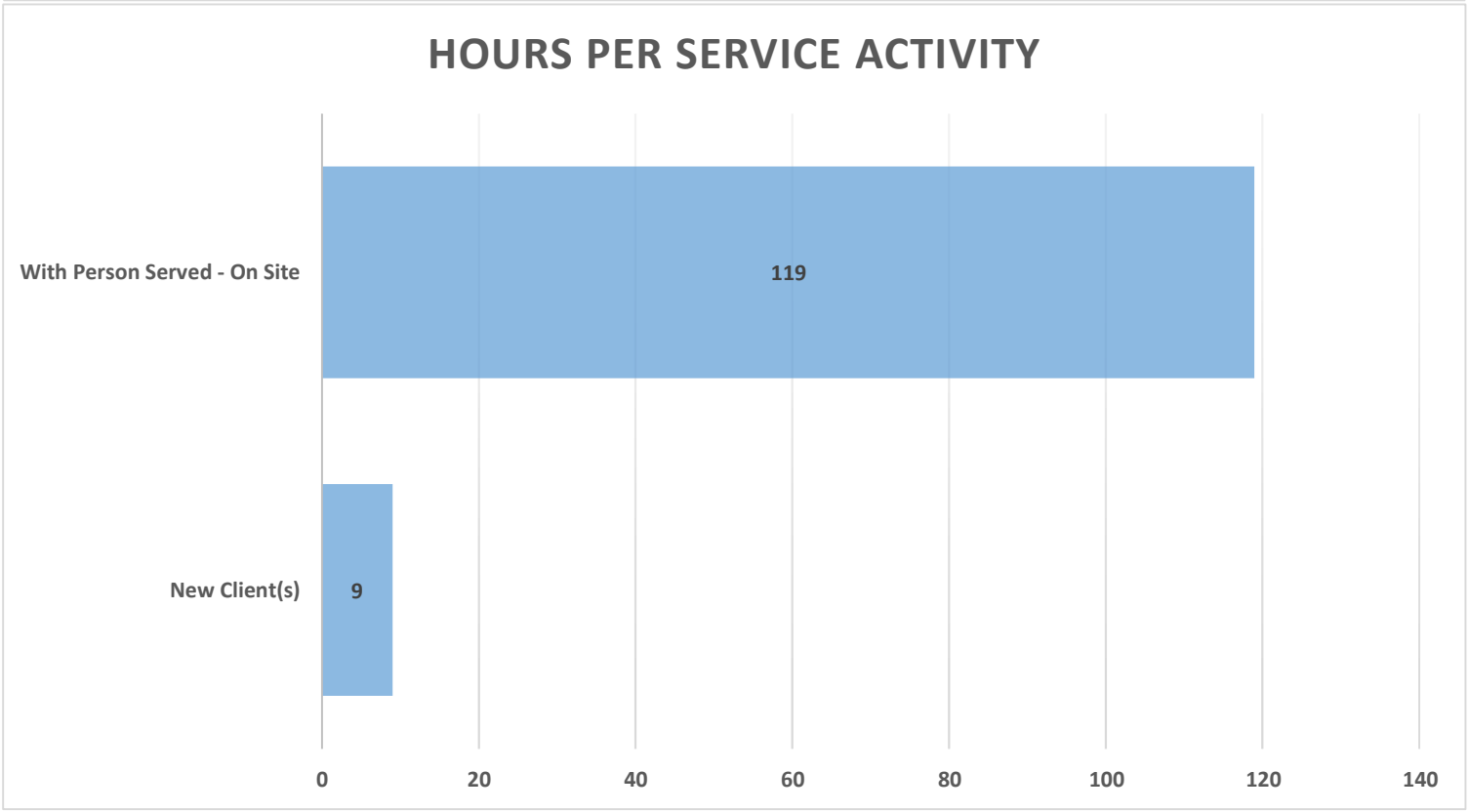


CCRPC - Head Start/Early Head Start

Early Childhood Mental Health Svs $54,200 *PY26 Q1* *MHB*

37 people were served, for a total of 128 hours

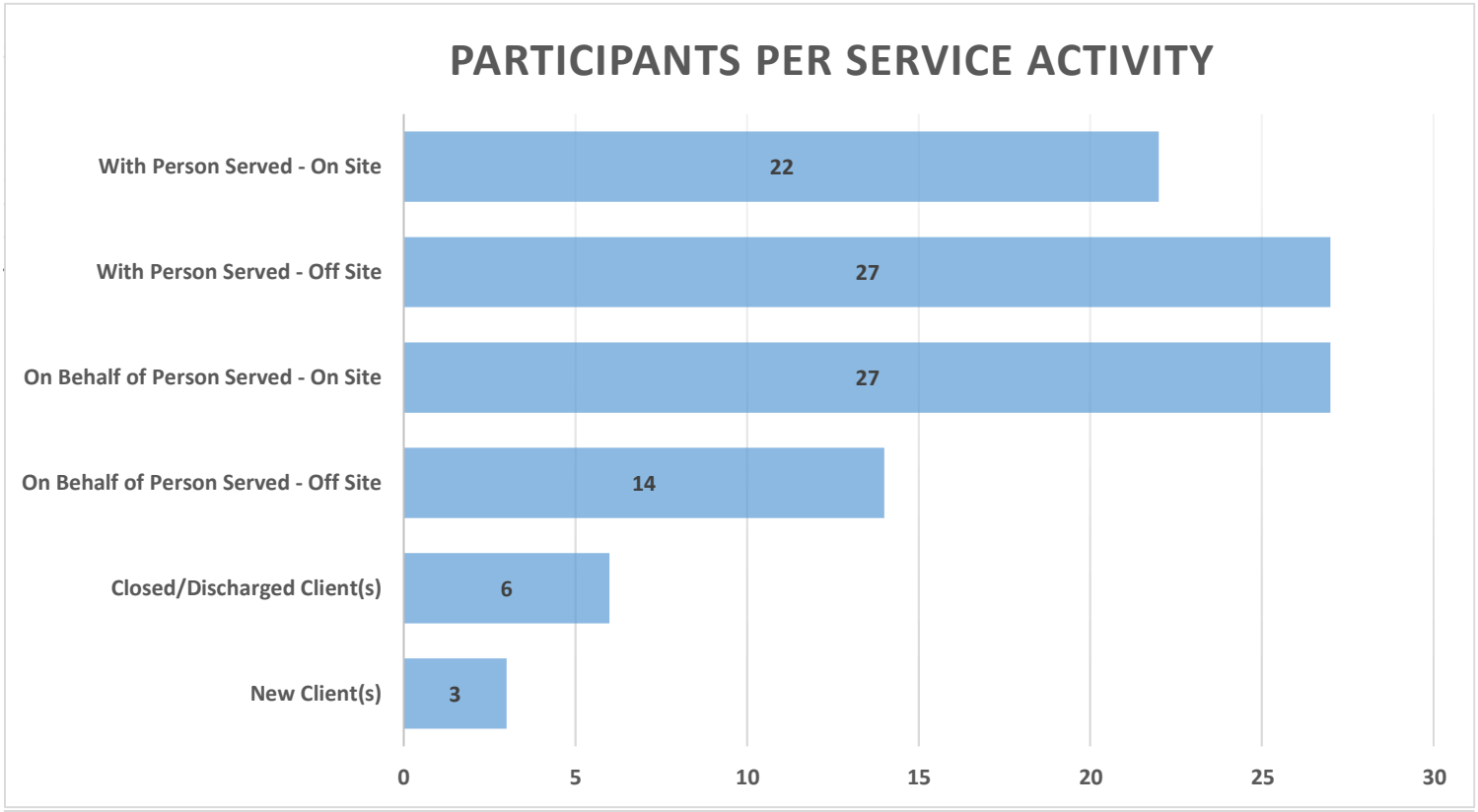


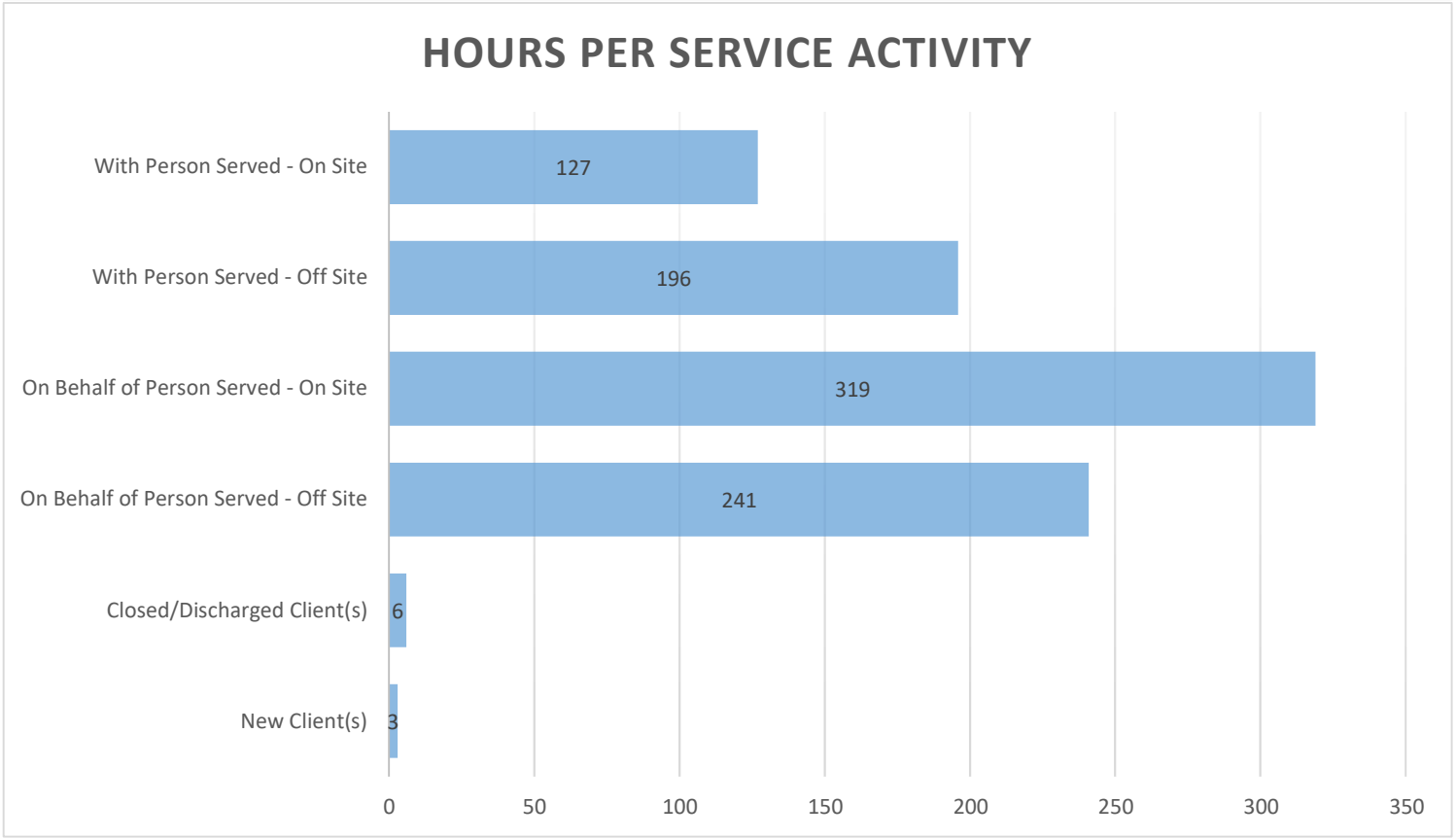


Community Choices

Customized Employment $64,000 *PY26 Q1*

36 people were served for a total of 892 hours

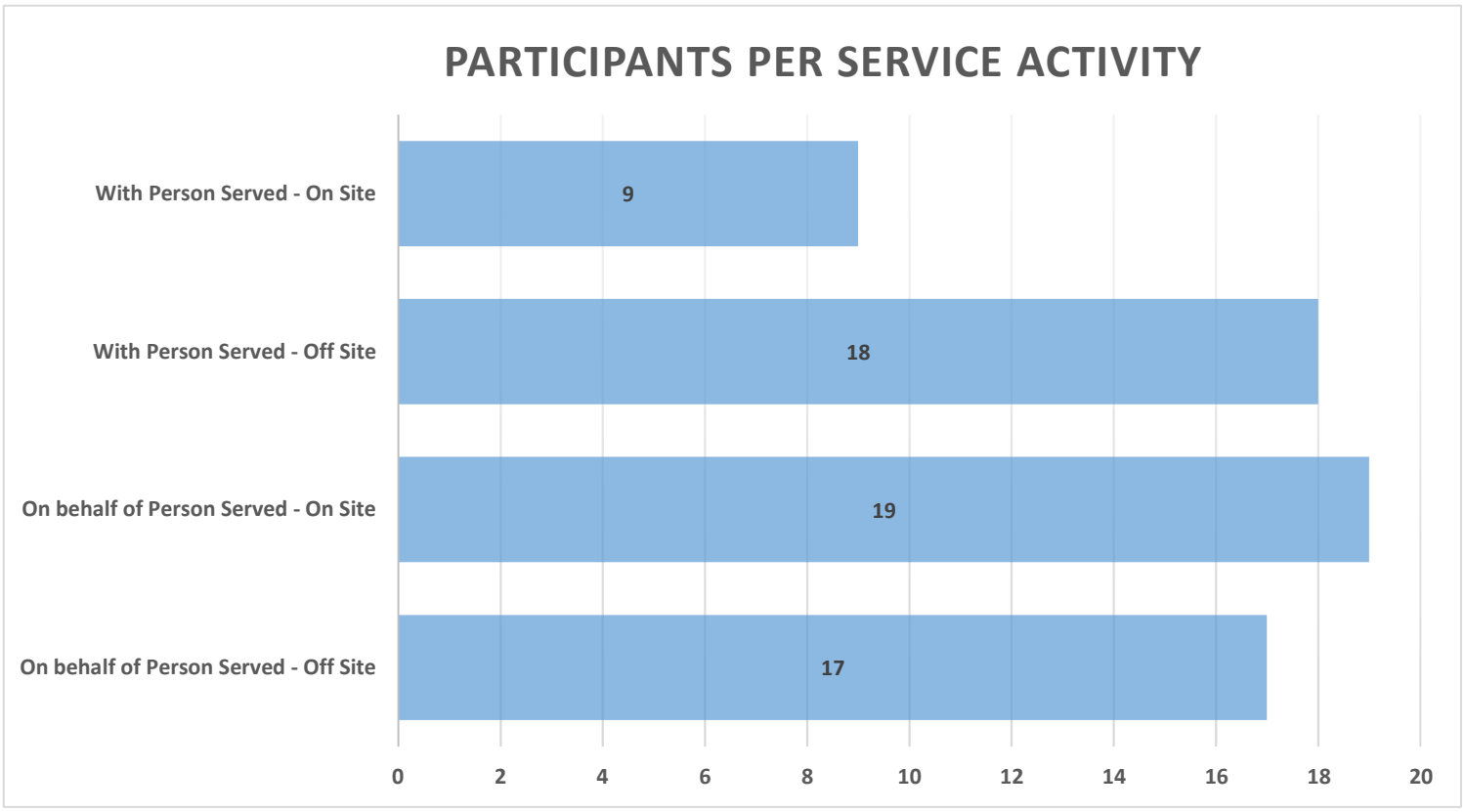


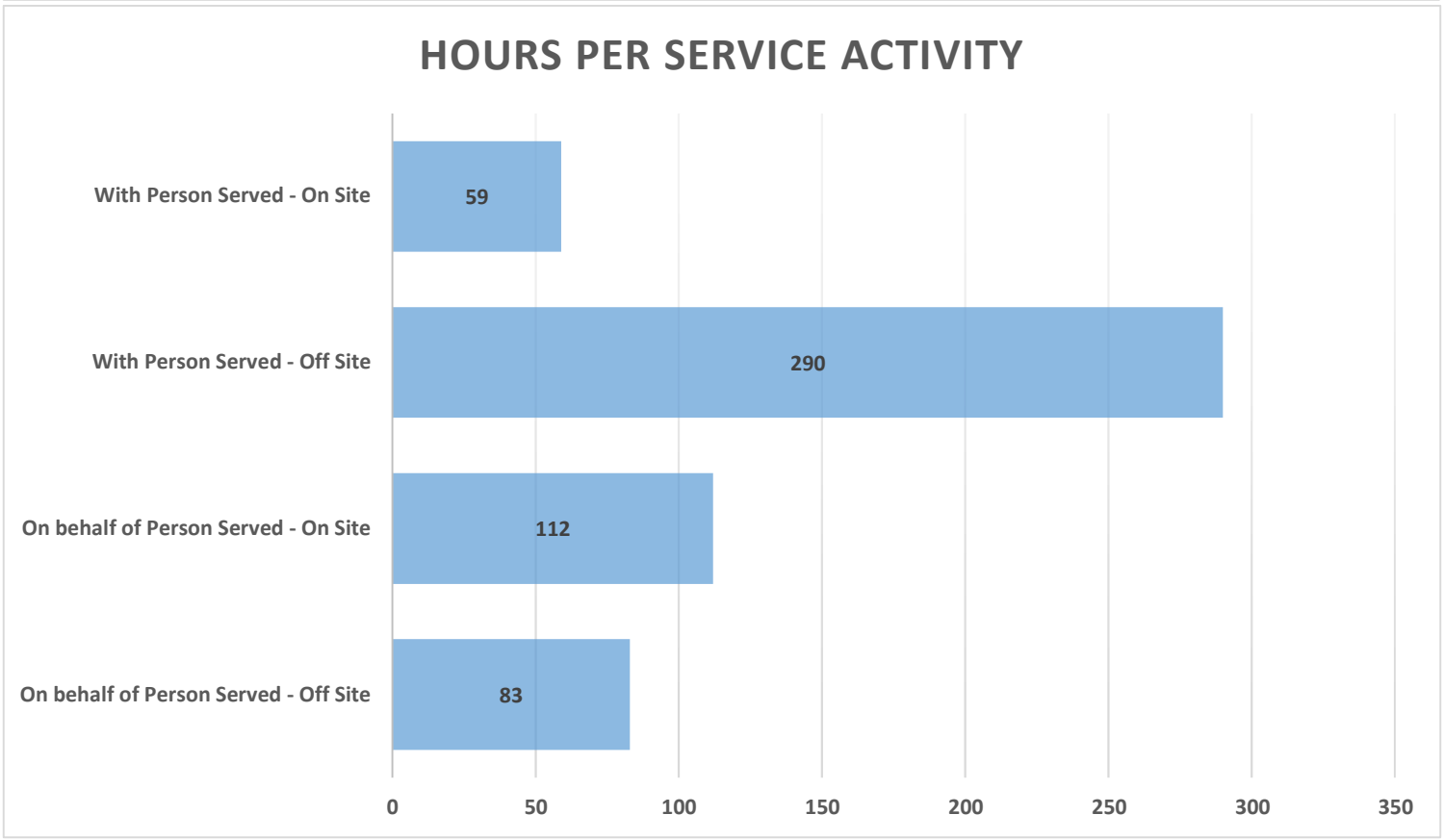


Community Choices

Inclusive Community Support $58,250 *PY26 Q1*

22 people were served for a total of 544 hours

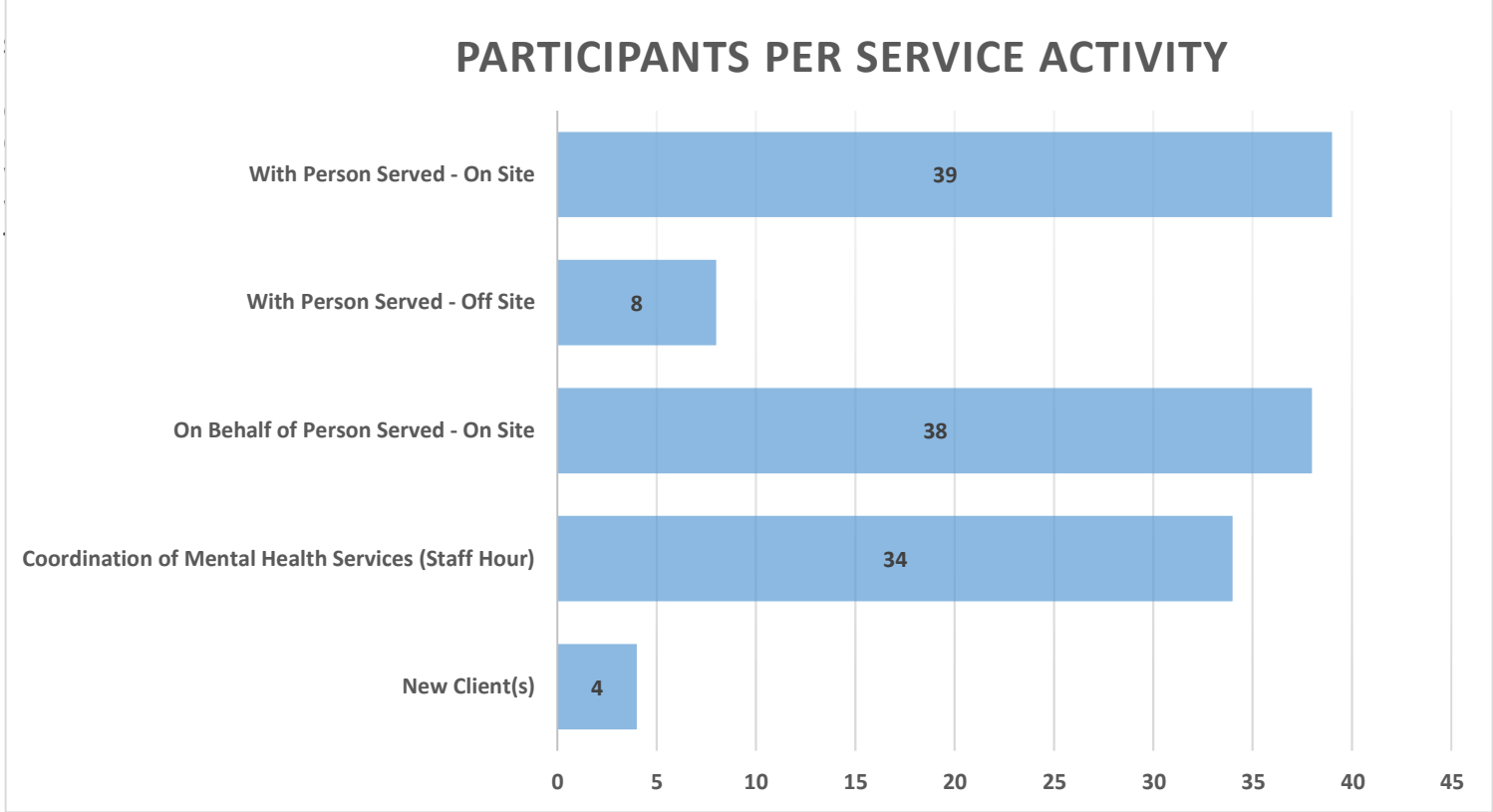


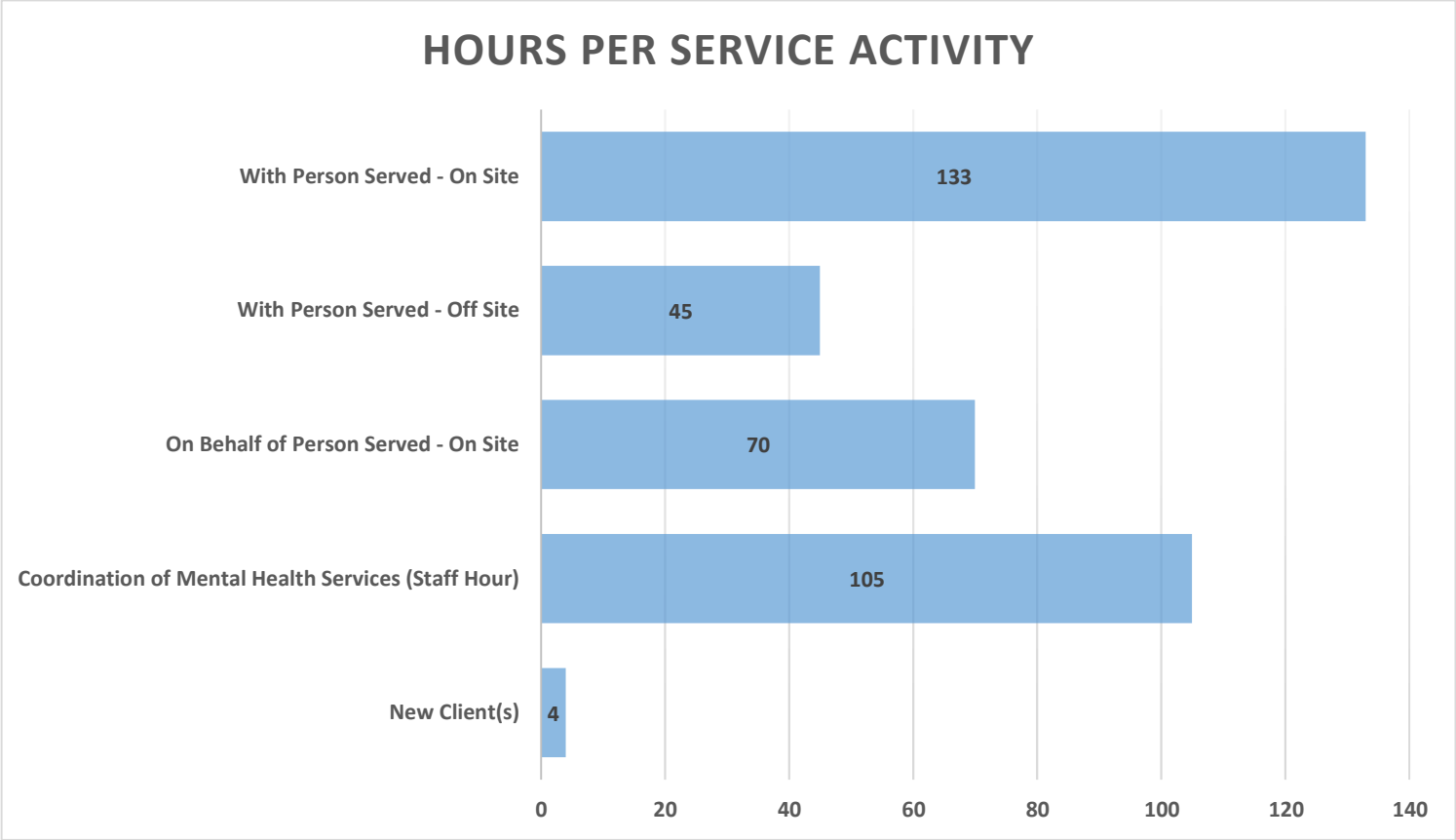


DSC

Clinical Services $65,750 *PY26 Q1*

46 people were served for a total of 357 hours

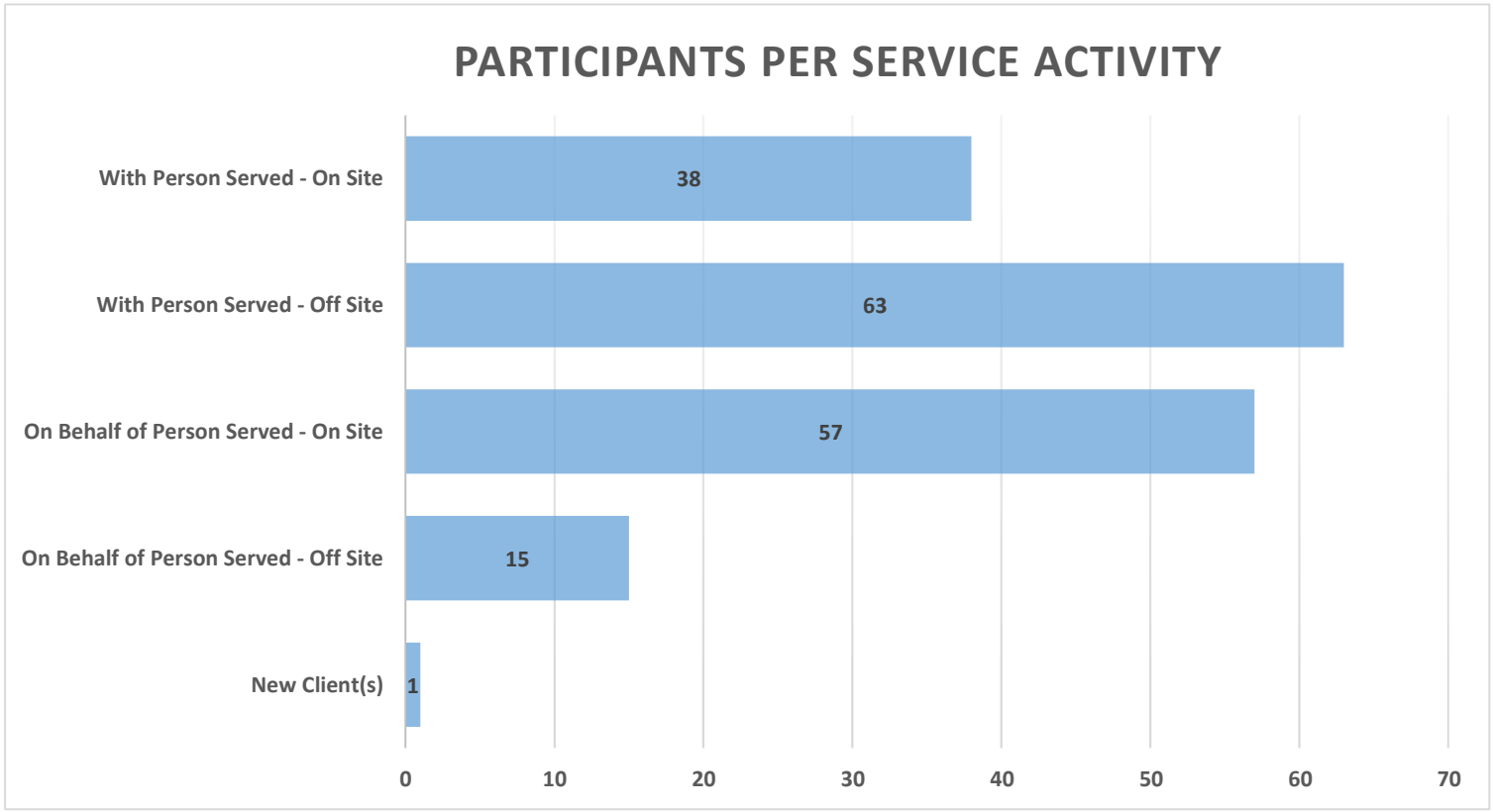


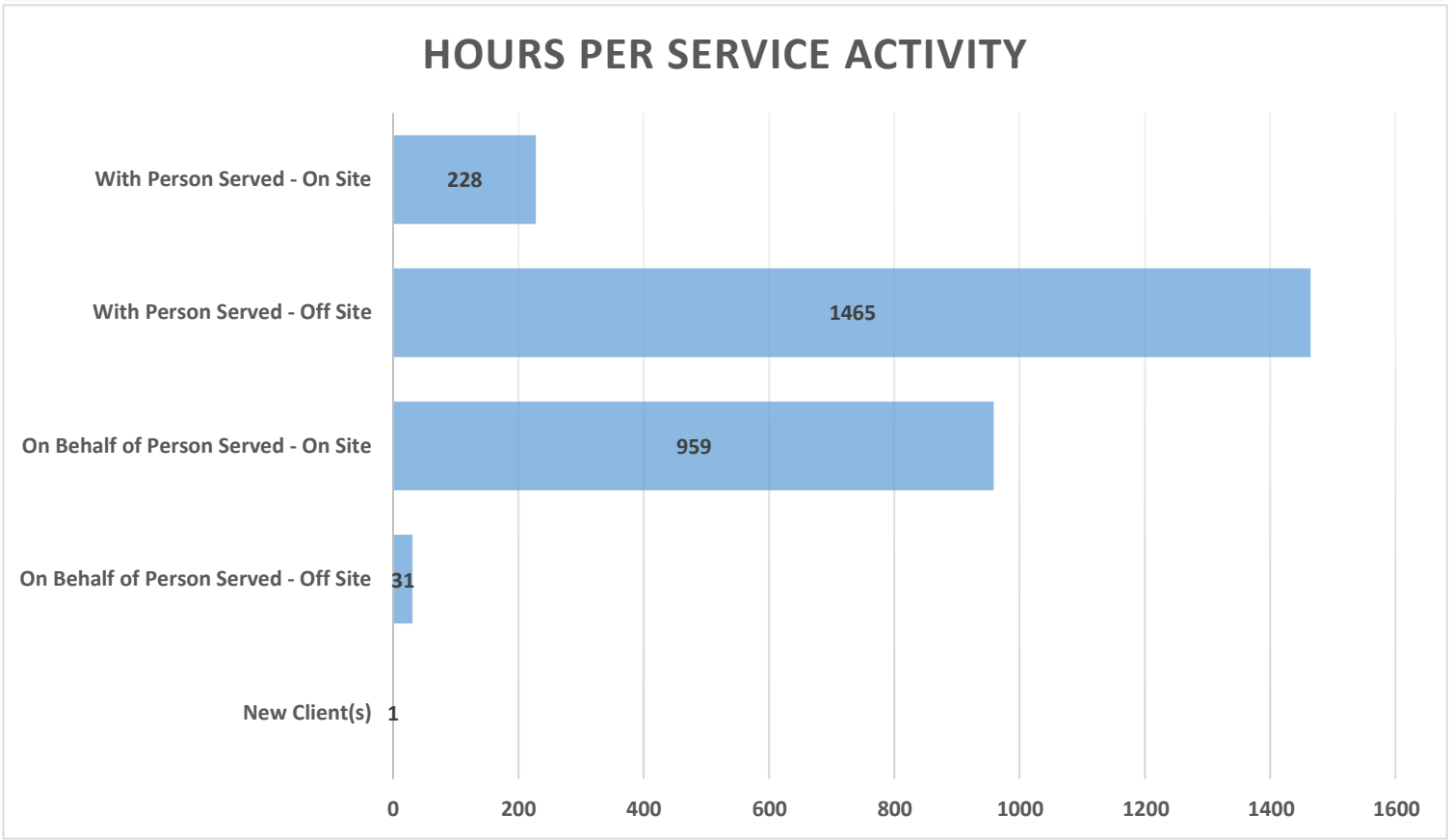


DSC

Community Employment $130,750 *PY26 Q1*

62 people were served for a total of 2,684 hours

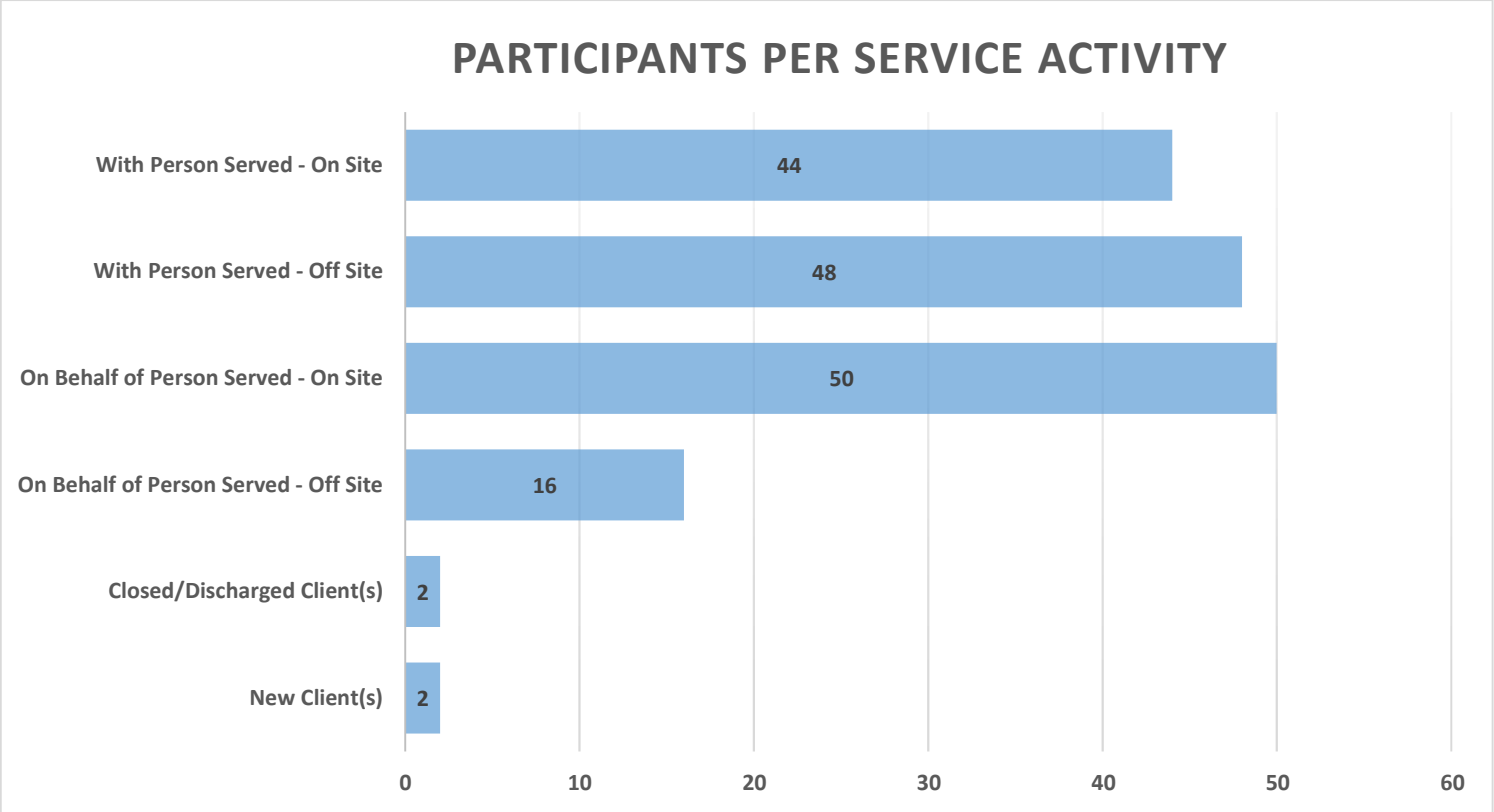


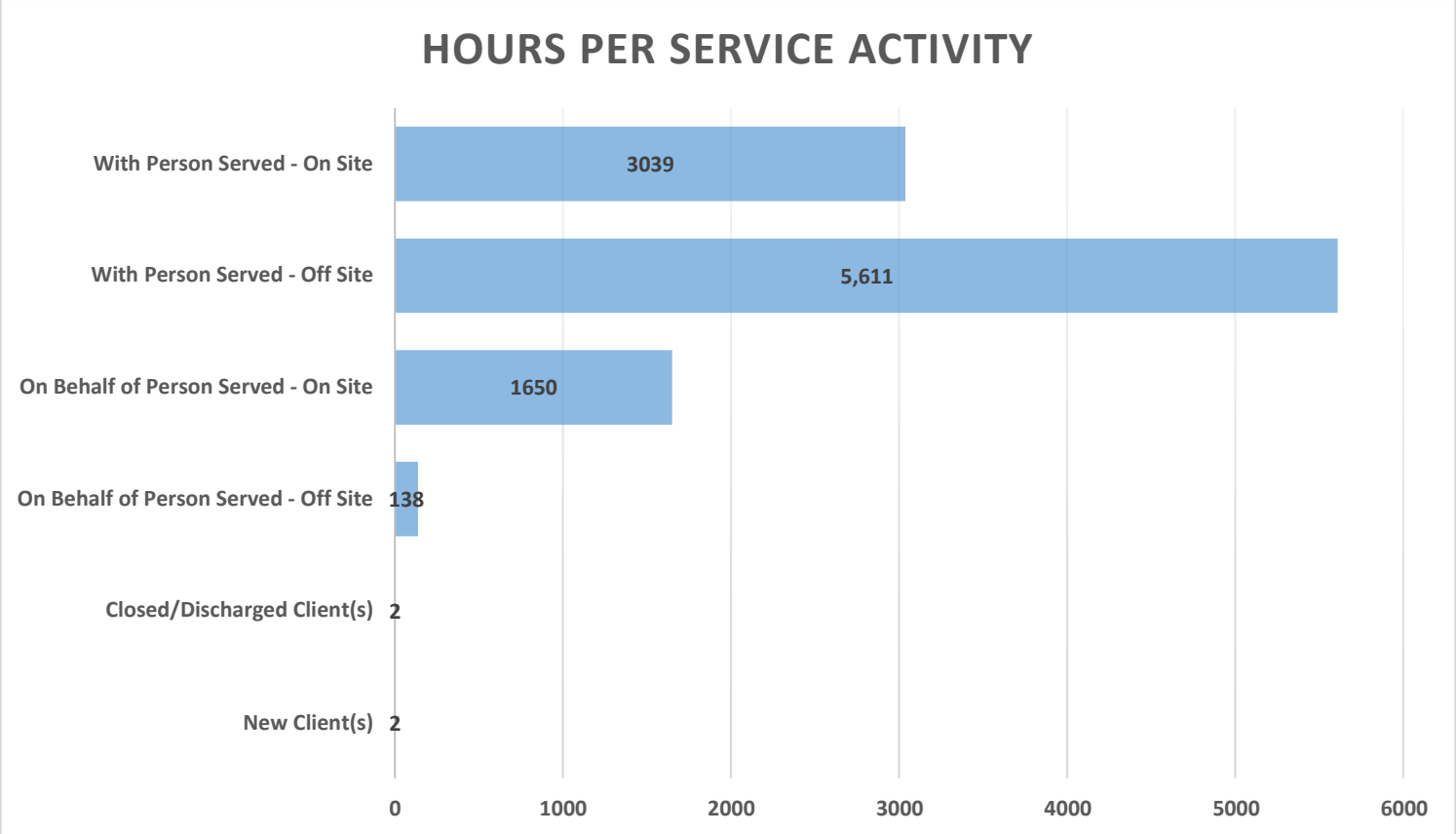


DSC

Community First $247,500 *PY26 Q1*

50 people were served, for a total of 10,442 hours

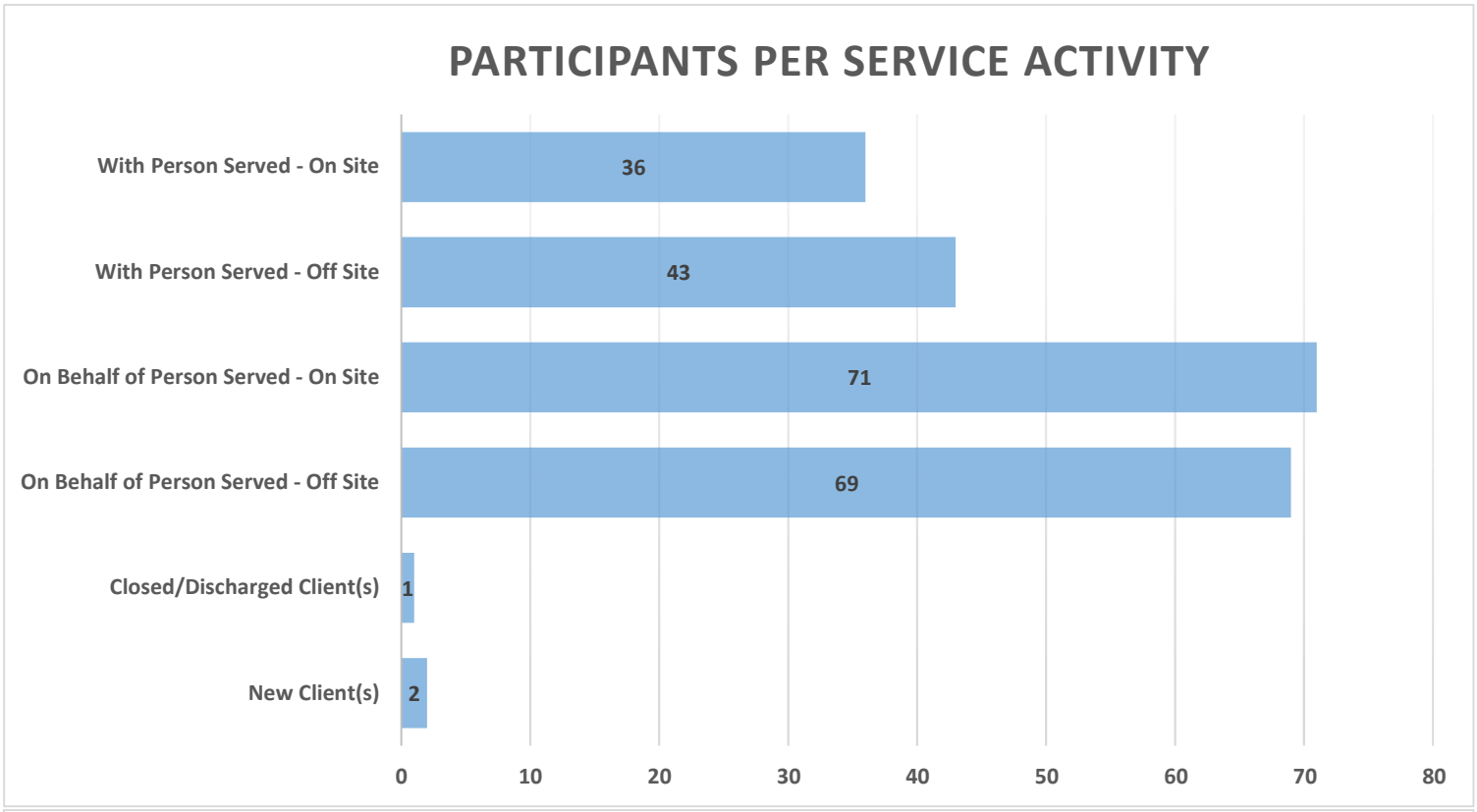


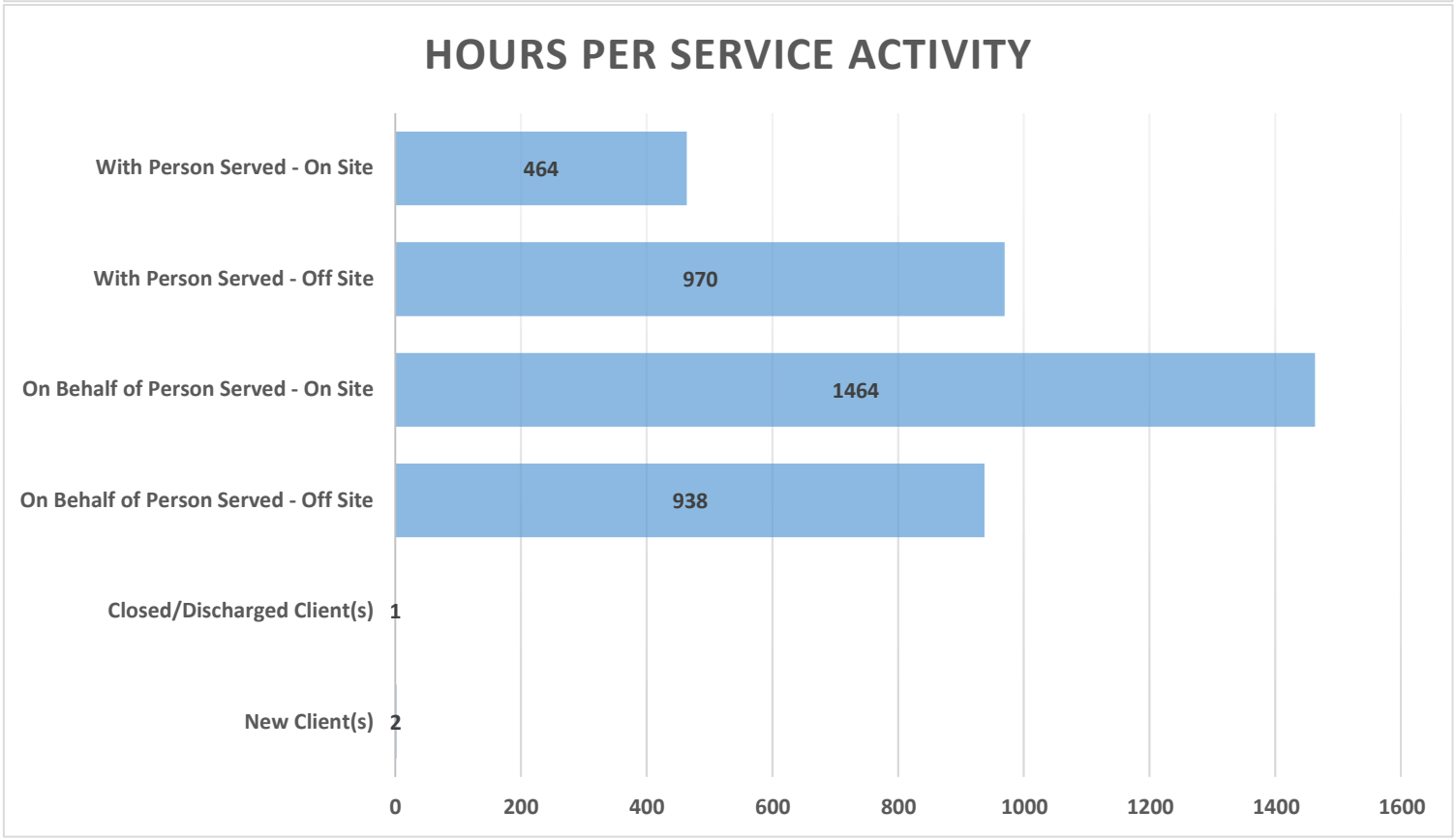


DSC

Community Living $157,000 *PY26 Q1*

72 people were served for a total of 3,839 hours

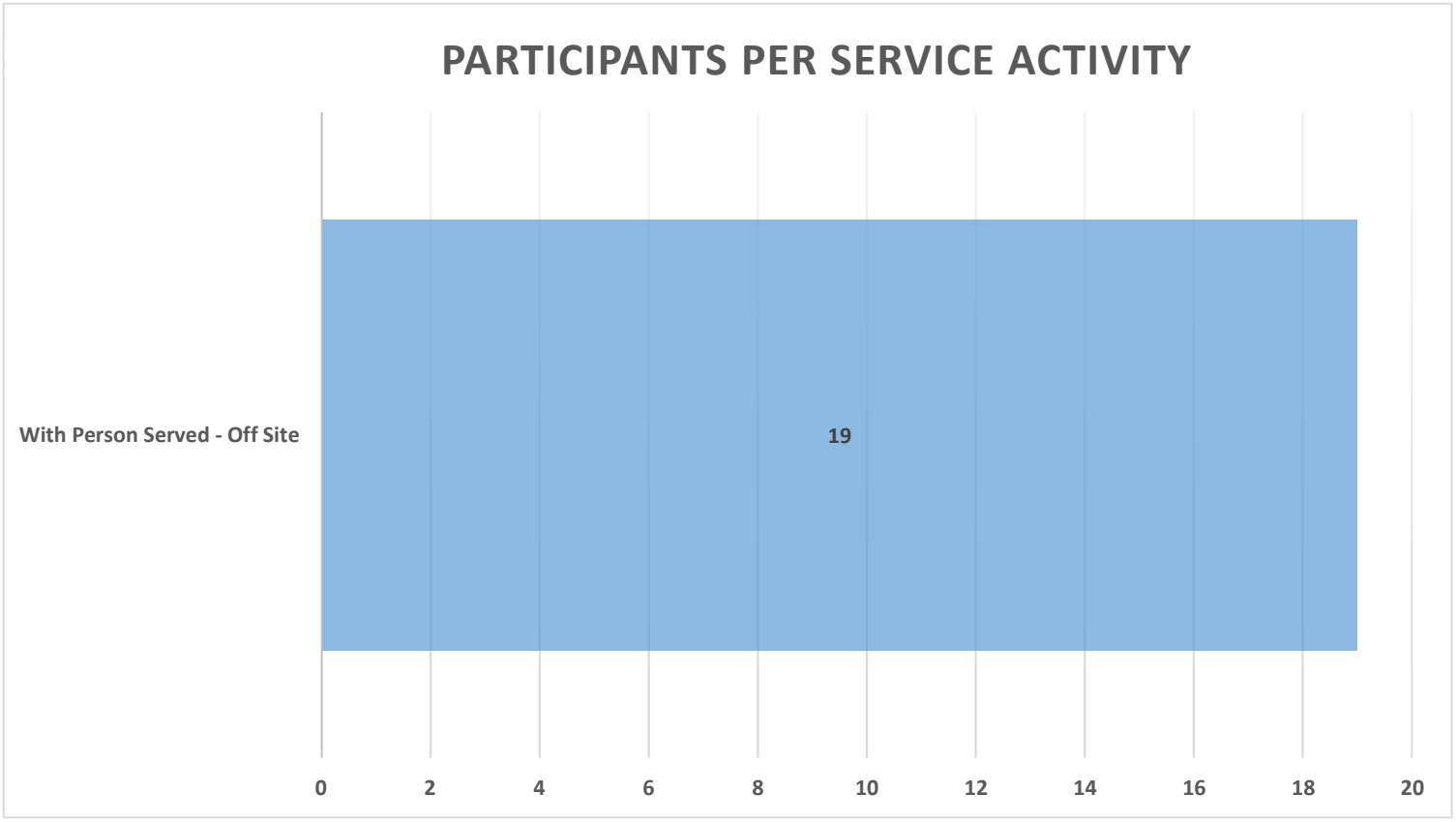


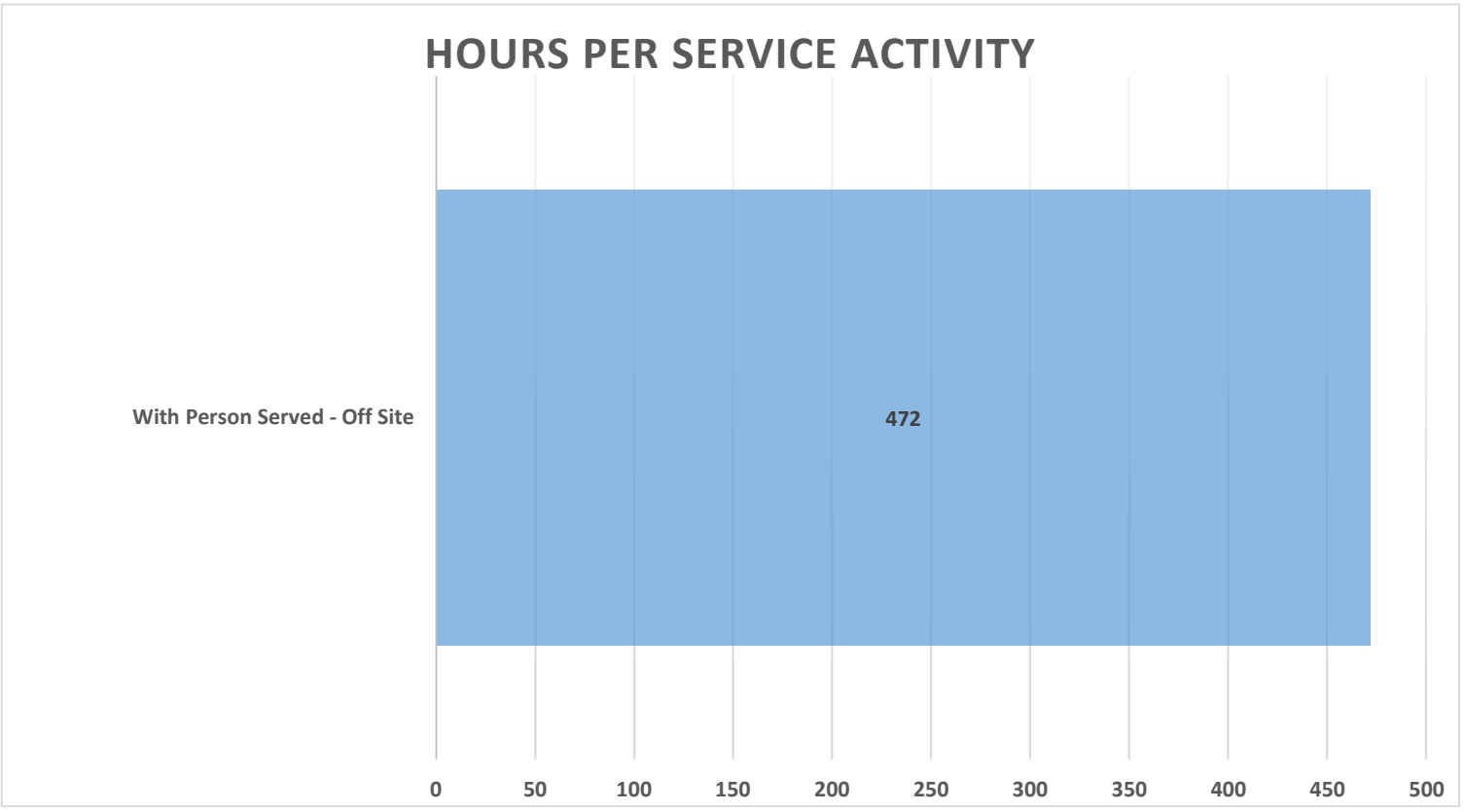


DSC

Connections $30,500 *PY26 Q1*

19 people were served, for a total of 472 hours

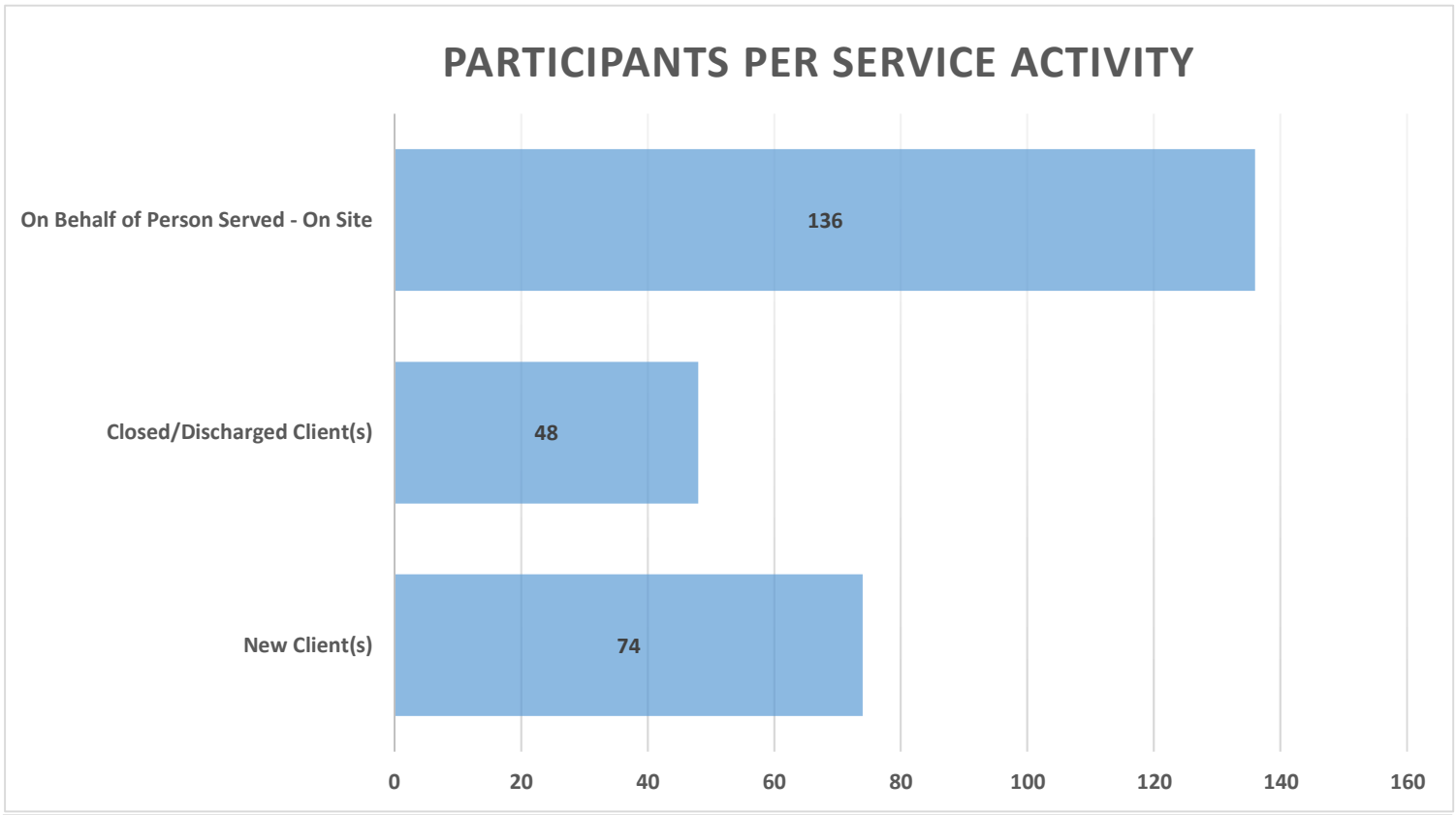


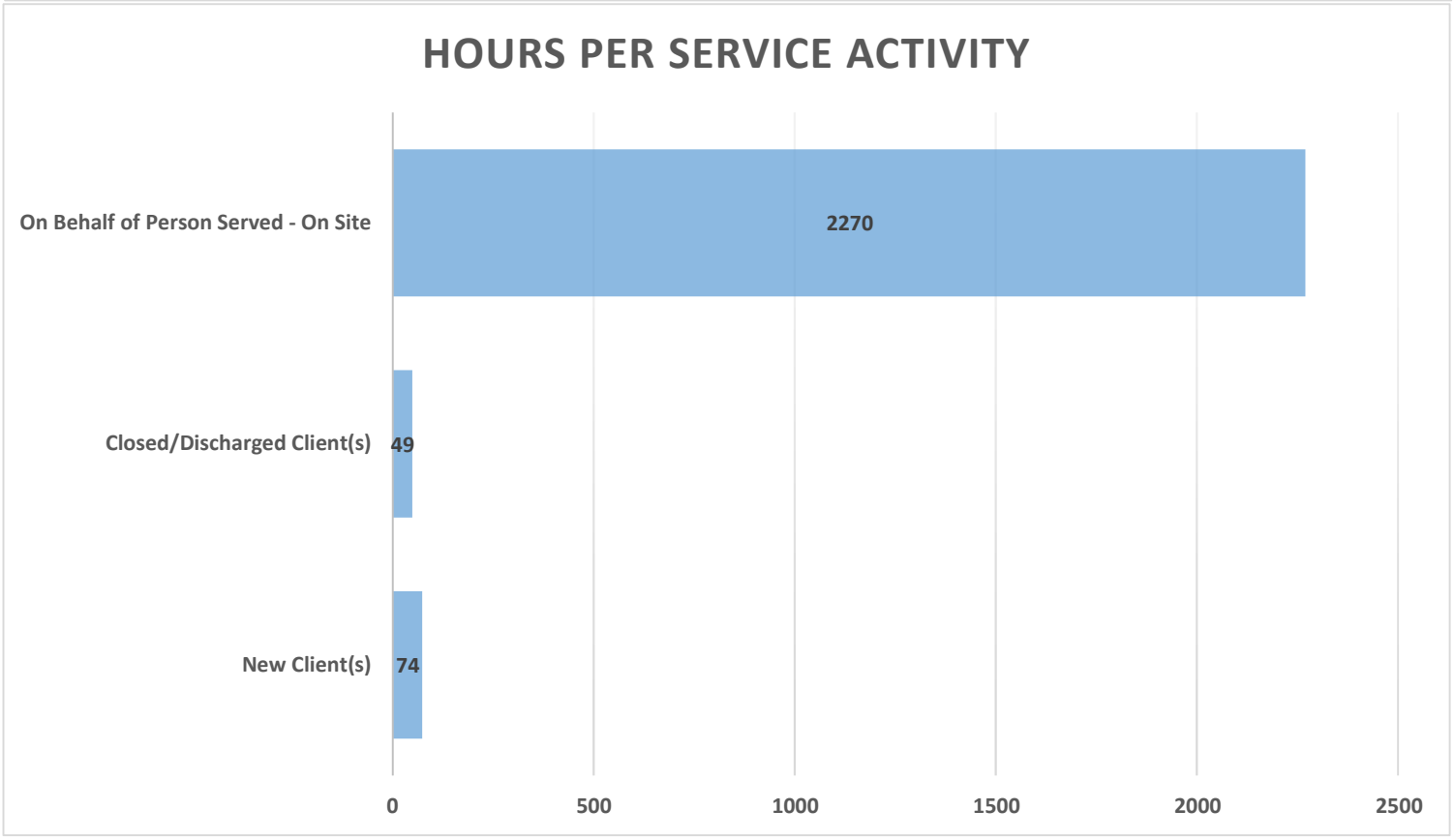


DSC

Family Development $175,500 *PY26 Q1* *MHB*

543 people were served for a total of 2,393 hours

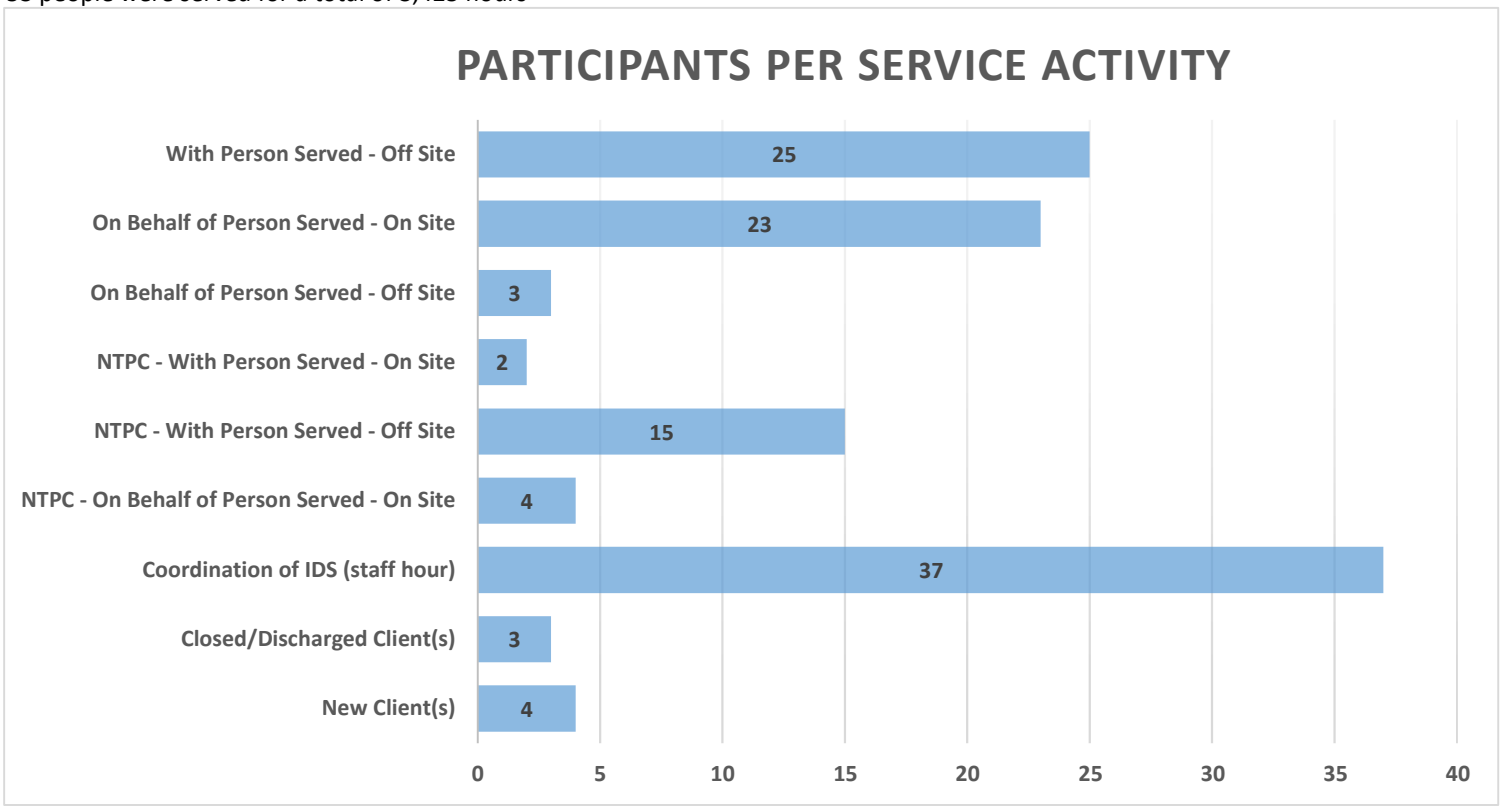


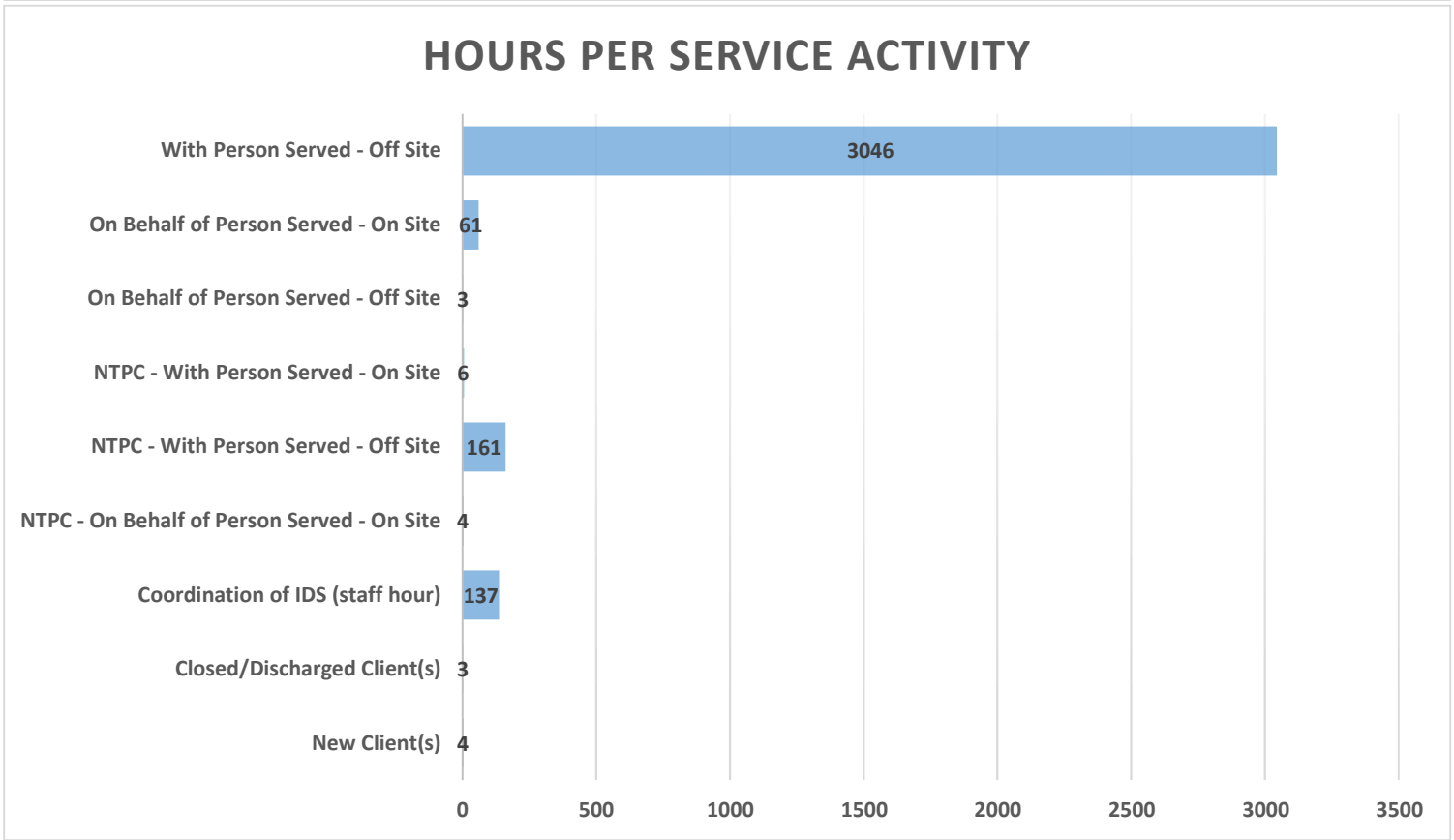


DSC

Individual & Family Support $80,000 *PY26 Q1*

53 people were served for a total of 3,425 hours

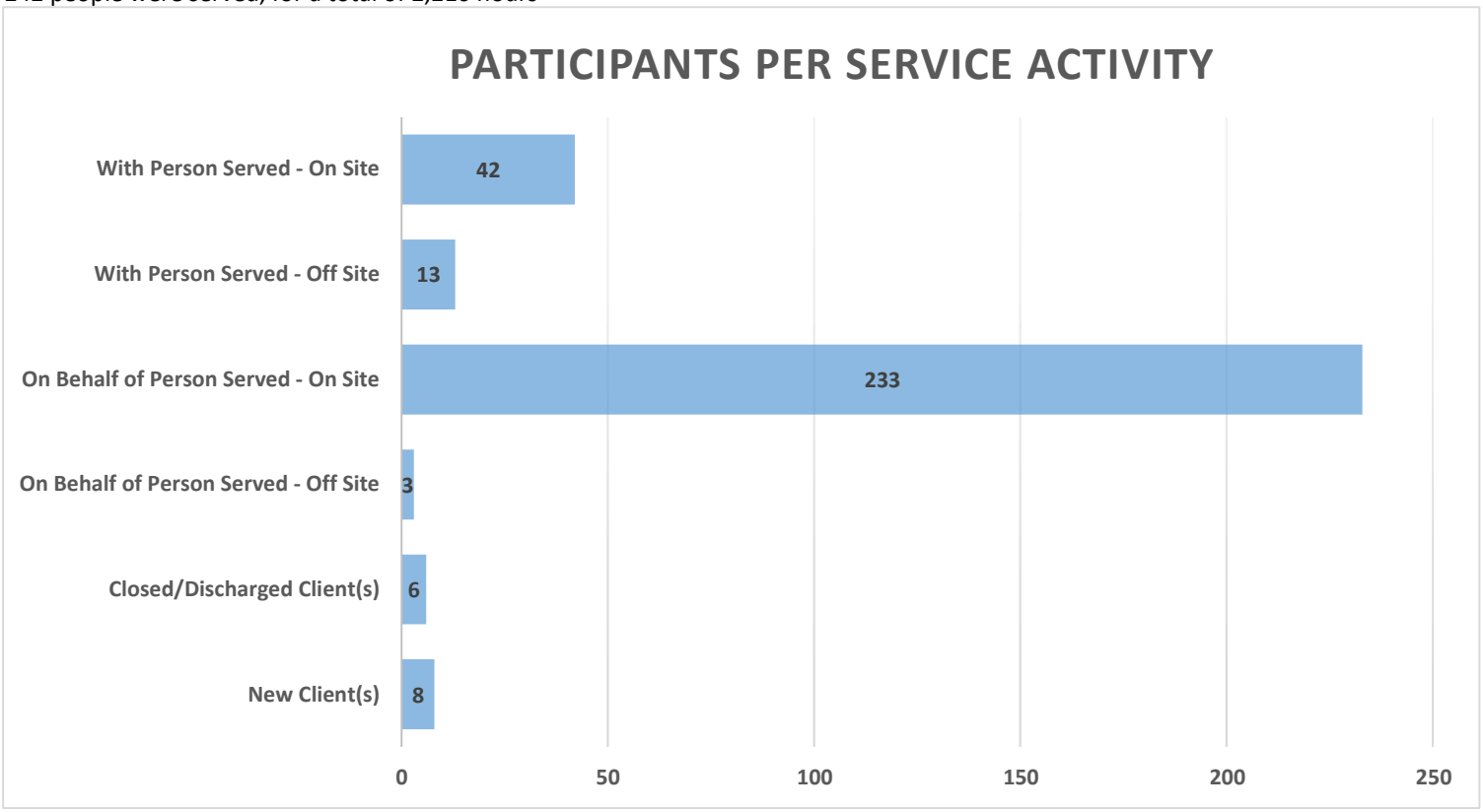


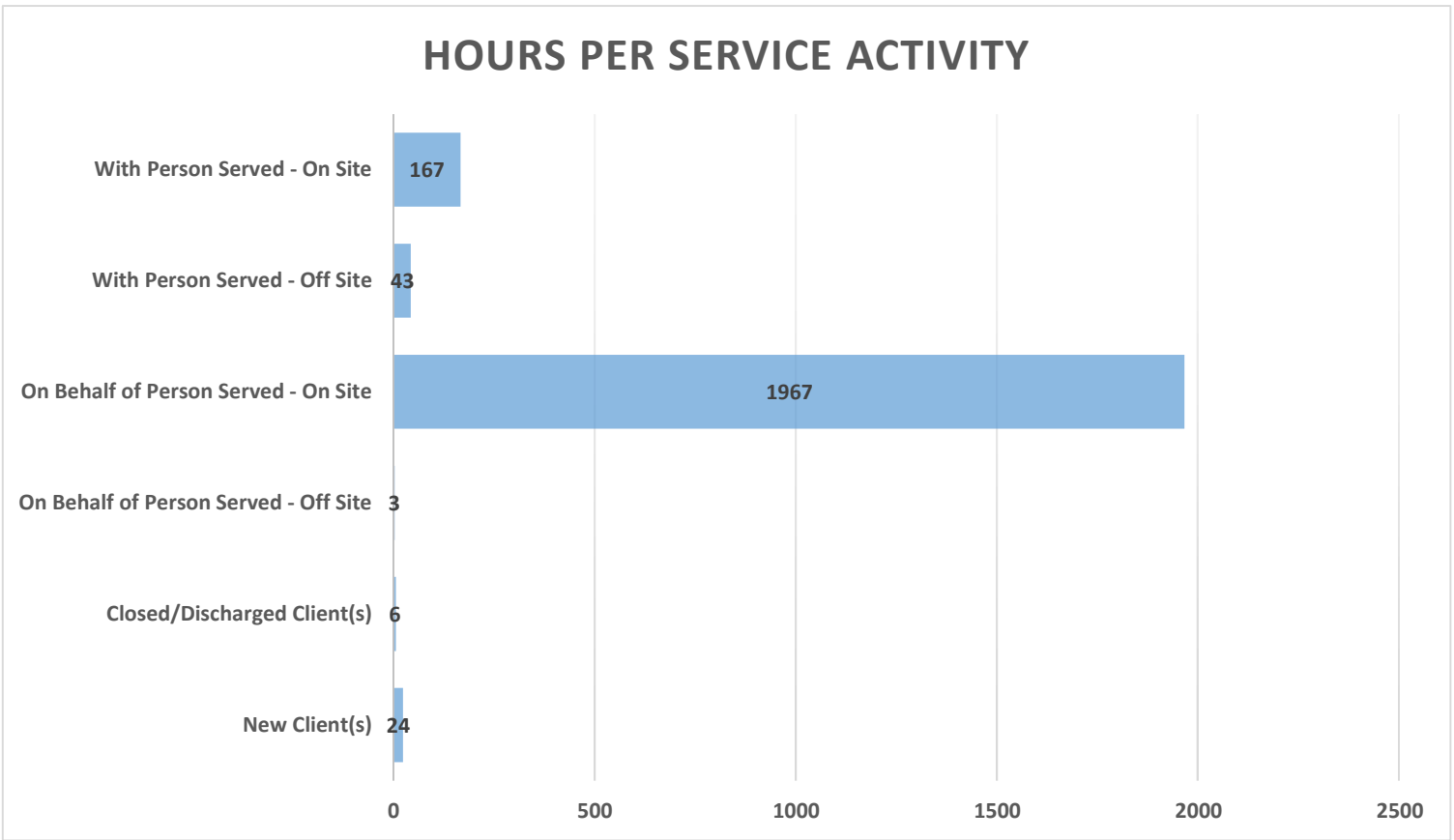


DSC

Service Coordination $125,000 *PY26 Q1*

242 people were served, for a total of 2,210 hours

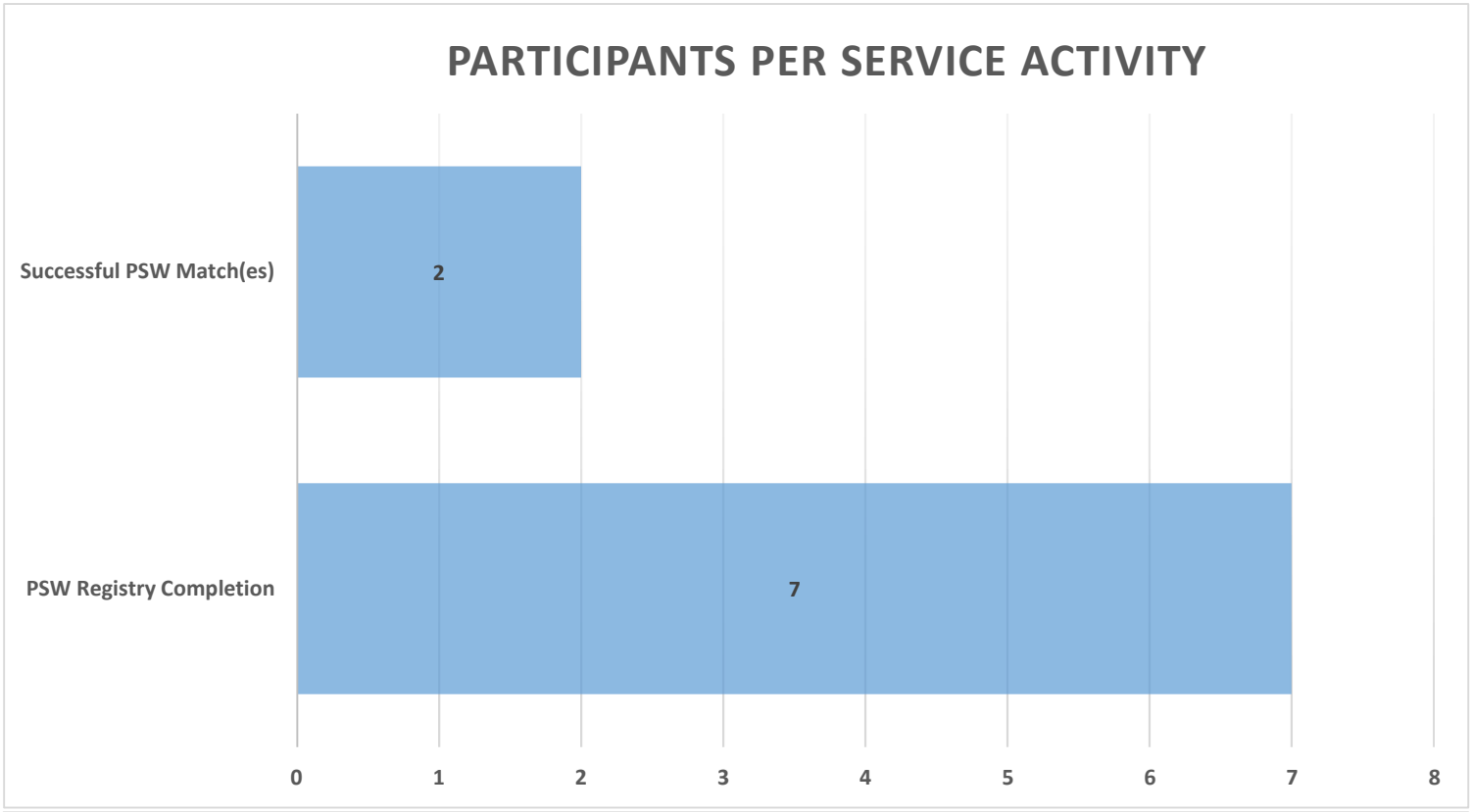


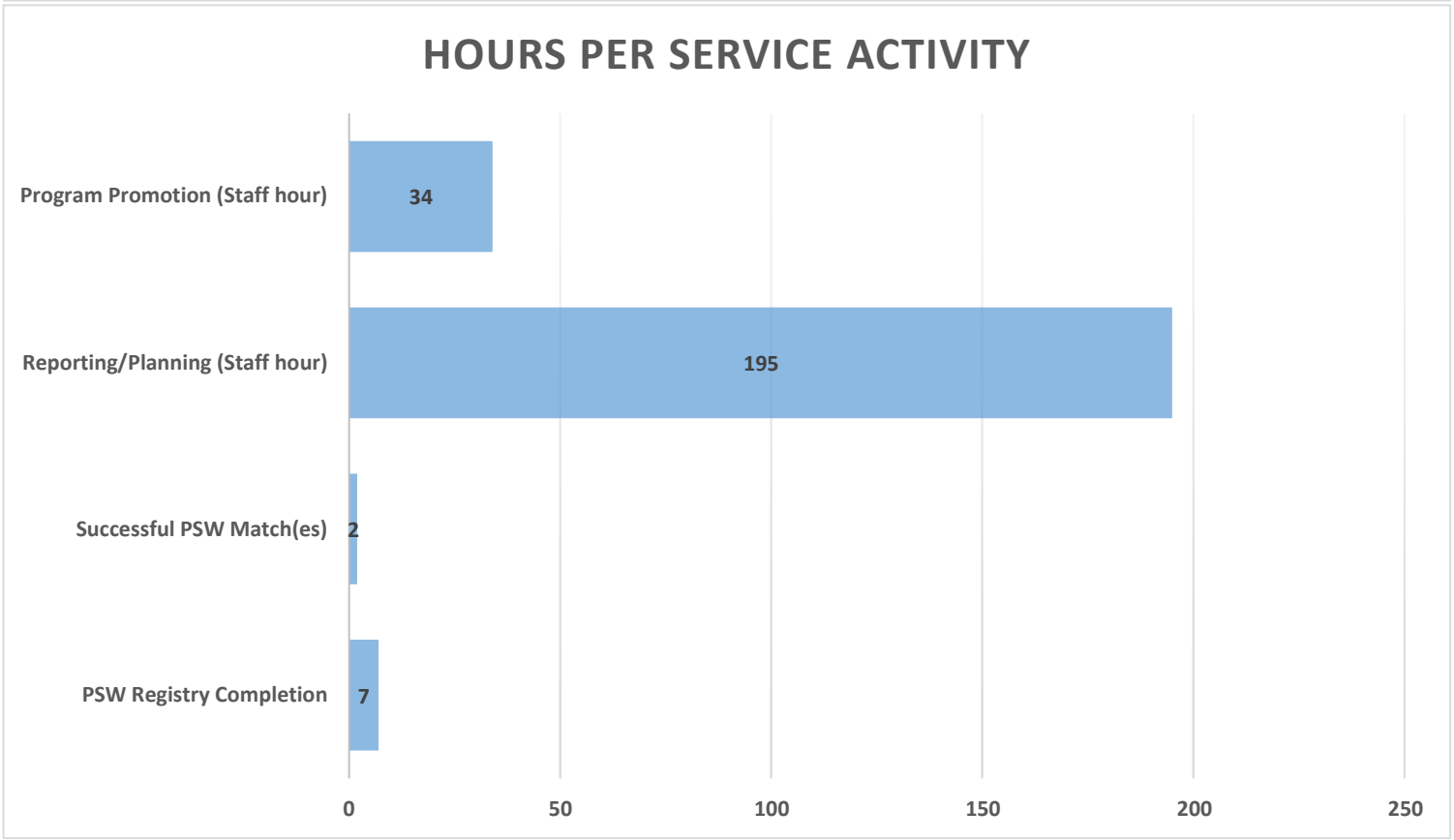


PACE

Consumer Control in Personal Support $11,493 PY26 Q1

7 PSWs registered, 2 Successful PSW matches, & 238 total program hours





disabilityscoop

Workforce Participation By Those With Disabilities 'Historically High'

by Shaun Heasley | November 4, 2025

The number of people with disabilities in the workforce has surged in recent years, new research shows.

A report out from SHRM, an association for human resource professionals, finds that labor force participation by people with disabilities has grown over 30% since the onset of the COVID-19 pandemic.

As of July, almost a quarter of people in this population were employed or actively looking for work, according to SHRM, which called this a "historically high rate." The professional association attributed the increased labor force participation to expanded remote and flexible work arrangements that were spurred by the pandemic.

"The remarkable increase in workforce participation among people with disabilities is a testament to what's possible when organizations commit to inclusion and flexibility," said Wendi Safstrom, president of the SHRM Foundation. "By expanding access and opportunity — especially through remote and flexible work — employers can tap into a diverse talent pool that fuels growth, resilience, and innovation."

The report notes that people with disabilities are more likely than others to work fully remote schedules.

Notably, increased interest in employment was especially pronounced among young people with disabilities. Since early 2020, labor force participation among those ages 16 to 24 rose by nearly 60%, SHRM found.

Still, workers with disabilities account for only 4.8% of the workforce as a whole and they are more prevalent in lower skill jobs such as maintenance and grounds cleaning, the findings show.

View this article online at https://www.disabilityscoop.com/2025/11/04/workforce-participation-by-those-with-disabilities-historically-high/31714/