



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

#### Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Wednesday, November 20, 2019, 8AM  
Brookens Administrative Building  
1776 E. Washington St., Urbana, IL 61802  
John Dimit Conference Room

1. Call to Order
2. Roll Call
3. Approval of Agenda\*
4. Citizen Input/Public Participation  
*At the chairperson's discretion, public participation may be limited to five minutes per person.*
5. President's Comments – Ms. Deb Ruesch
6. Executive Director's Comments – Lynn Canfield
7. Approval of CCDDB Board Meeting Minutes\* **(pages 3-6)**  
*Minutes from 10/23/19 are included. Action is requested.*
8. Financial Information\* **(pages 7-8)**  
*A copy of the claims report is included in the packet. Action is requested.*
9. New Business
  - A. Board Direction  
*For board discussion of planning and funding. No action is requested.*
  - B. Successes and Other Agency Information **(pages 9-10)**  
*Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.*
  - C. UCP-LL Vocational Contract Unused Funds and Unmet Need\* **(pages 11-13)**

*A Decision Memorandum with options for redirection of unused funds is included in the packet. Action is requested.*

**D. Individual Mini-Grant Application Update (pages 14-15)**

*A Briefing Memorandum summarizes activities to date and next steps.*

**10. Old Business**

**A. CCDDDB Three Year Plan with FY2020 Objectives\* (pages 16-22)**

*A Decision Memorandum and proposed final draft of the Plan are included. Approval is requested.*

**B. PY2021 CCDDDB Allocation Priorities\* (pages 23-33)**

*A Decision Memorandum with proposed final draft of allocation priorities and decision support criteria for Program Year 2021 is included. Approval is requested.*

**C. PY2021 CCMHB Allocation Priorities (pages 34-44)**

*A CCMHB Decision Memorandum with proposed final draft of allocation priorities and decision support criteria for PY2021 is included for information. The CCMHB will consider this draft at their 11/20 meeting.*

**D. Agency PY2020 1<sup>st</sup> Quarter Program Reports (pages 45-64)**

**E. Agency PY2020 1<sup>st</sup> Quarter Service Data (pages 65-79)**

*Report of PY2020 1<sup>st</sup> Quarter service hours and activities is included for information.*

**F. Meeting Schedules (pages 80-83)**

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

**G. Acronyms (pages 84-91)**

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

**11. CCMHB Input**

**12. Staff Reports (pages 92-100)**

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

**13. Board Announcements**

**14. Adjournment**

*\*Board action requested*

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

**DRAFT**

*Minutes –October 23, 2019*

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

*8:00 a.m.*

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- MEMBERS PRESENT:** William Gingold, Anne Robin, Sue Suter, Deb Ruesch
- MEMBERS EXCUSED:** Gail Kennedy
- STAFF PRESENT:** Kim Bowdry, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson
- OTHERS PRESENT:** Danielle Matthews, Laura Bennett, Scott Burner, Sarah Perry, Heather Livingston, DSC; Becca Obuchowski, Hannah Sheets, Community Choices Katie Harmon, Regional Planning Commission (RPC); Kathy Kessler, Rosecrance; Mel Liong, Jermaine Warren, PACE; Tina Yurik, IRC; Barb Jewett, Citizen
- 

**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken and a quorum was present.

**DRAFT**

**APPROVAL OF AGENDA:**

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

**CITIZEN INPUT:**

None.

**PRESIDENT'S COMMENTS:**

None.

**EXECUTIVE DIRECTOR'S COMMENTS:**

A written report was included in the packet.

**APPROVAL OF CCDDDB MINUTES:**

Minutes from September 18, 2019 were included in the Board packet.

**MOTION: Ms. Suter moved to approve the CCDDDB minutes from September 18, 2019. Dr. Robin seconded the motion. A voice vote was taken and the motion was passed.**

**FINANCIAL INFORMATION:**

A copy of the claims report for two months was included in the Board packet for review and approval.

**MOTION: Ms. Ruesch moved to accept the claims report as presented. Dr. Robin seconded the motion. A voice vote was taken and the motion passed.**

**NEW BUSINESS:**

**CCMHB and CCDDDB Travel Regulations:**

A Decision Memorandum on the CCMHB and CCDDDB Travel Policy and the Champaign County Travel Policy was included in the Board packet. Both travel policies were included in the packet as well.

**MOTION: Ms. Ruesch moved to approve the CCMHB/CCDDDB Travel Regulations, pending approval by the CCMHB. Ms. Suter seconded the motion. All members voted aye and the motion passed.**

**Building Evaluation Capacity Presentation:**

"A Final Report on Building Evaluation Capacity for Programs Funded by the CCMHB Year 4" written by Mark Aber, Nicole Allen, Chelsea Birchmier, and Markera Jones was included in the packet in September. Drs. Nicole Allen and Mark Aber made a presentation to the CCDDDB on their work.

**Independent Service Coordination Prioritization for Urgency of Need for Services (PUNS) Presentation:**

Katie Harmon, Community Services Program Manager, provided a presentation on the PUNS database and PUNS process. A copy of her presentation was distributed.

**Envision Unlimited:**

Shawnaci Schroeder, Central Illinois Respite Director provided an overview of respite services offered in Champaign County through Envision Unlimited.

**Illinois Respite Coalition:**

Tina Yurik, Director of the Illinois Respite Coalition, provided an overview of the respite services they offer in Champaign County.

**Board Direction:**

No comments:

**Successes and Agency Information:**

DSC, Community Choices, and Regional Planning Commission reported on recent activities within their agencies.

**OLD BUSINESS:**

**Mini Grant Process:**

A Decision Memorandum on the mini-grant process was included in the Board packet.

At their September 18, 2019 meeting, the CCDDDB authorized an individual mini-grant application process. The opportunity is available to people who would qualify for but are not receiving a state-waiver service or ongoing CCDDDB or CCMHB funded service and who have a need or preference which can be met by one-time specific assistance. Awards cannot be made to family members of a Board or staff member. Applications, submitted by or on behalf of an eligible person, are due by 4:30PM on November 8, 2019. These are to be submitted by mail or in person to the CCDDDB office.

The CCDDDB approved a broad process and timeline: a review committee will review applications from November 12 to December 6. Results will be compared, to arrive at recommendations. Recommendations will be brought to the CCDDDB for approval at their meeting on December 18. Notification of awards will be made by December 31, 2019. Agreements will be finalized in a timely manner and payments issued as appropriate to each individual award. The following would be recommended actions:

1. Establish a committee to review applications between November 12 and December 6 and develop a set of recommendations for grant awards to be considered by the CCDDDB on December 18.
2. Prepare applications for review.

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3. Review of applications and recommendations for individual awards.

Committee recommendations would be presented in a Decision Memorandum, prepared by non-review staff. This Decision Memorandum would be included in the packet for the CCDDDB's December 18 meeting.

**MOTION: Ms. Ruesch moved to approve the Executive Director and CCDDDB Staff to implement a mini-grant application review process as described in the memorandum. Ms. Suter seconded. The motion was approved unanimously.**

**Utilization Summaries for PY2019:**

Reports were included in the Board packet for review.

**Meeting Schedules:**

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

**Acronyms:**

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

**CCMHB Input:**

The CCMHB will meet later in the day.

**STAFF REPORTS:**

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

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 9:35 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/08/19

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRNS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
*** DEPT NO. 050 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
		10/28/19	01 VR 108-	84		599964	10/31/19	108-050-571.90-00	TO MENTAL HEALTH FUND	090MH090 LOAN REPAY TA	100,000.00
		11/07/19	04 VR 108-	93		600158	11/08/19	108-050-533.07-00	PROFESSIONAL SERVICES	NOV ADMIN FEE	28,129.00
										VENDOR TOTAL	128,129.00 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104			
		11/07/19	04 VR 108-	86		600159	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV SOC/EMOT DEV SV	2,033.00
										VENDOR TOTAL	2,033.00 *
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
		11/07/19	04 VR 108-	85		600163	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV DECISION SUPPOR	27,735.00
										VENDOR TOTAL	27,735.00 *
11587	CU ABLE										
		11/06/19	02 VR 108-	88		600181	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV COMM OUTREACH	1,439.00
										VENDOR TOTAL	1,439.00 *
18203	COMMUNITY CHOICE, INC							SUITE 419			
		11/06/19	02 VR 108-	89		600195	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV COMMUNITY LIVIN	6,750.00
		11/06/19	02 VR 108-	89		600195	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV CUSTOM EMPLOY	8,241.00
		11/06/19	02 VR 108-	89		600195	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV SELF DETERMINAT	11,500.00
										VENDOR TOTAL	26,491.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
		11/06/19	02 VR 108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV APARTMENT SVCS	36,896.00
		11/06/19	02 VR 108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV CLINICAL SVCS	14,500.00
		11/06/19	02 VR 108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV COMMUNITY EMPLO	30,114.00
		11/06/19	02 VR 108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV COMMUNITY FIRST	68,580.00
		11/06/19	02 VR 108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV CONNECTIONS	7,083.00
		11/06/19	02 VR 108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV EMPLOYMENT FIRS	6,667.00

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/08/19

PAGE 9

VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TR NO	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
		11/06/19	02 VR	108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV INDIV/FAMILY SU	34,713.00
		11/06/19	02 VR	108-	90		600214	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV SERVICE COORD	35,263.00
											VENDOR TOTAL	233,816.00 *
22816	DOWN SYNDROME NETWORK									ATTN: JEANNE DALY		
		11/06/19	02 VR	108-	87		600218	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV DOWN SYNDROME	1,250.00
											VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC											
		11/06/19	02 VR	108-	91		600271	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV CONSUMER CONTRO	1,976.00
											VENDOR TOTAL	1,976.00 *
61780	ROSECRANCE, INC.											
		11/06/19	02 VR	108-	92		600285	11/08/19	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	2,929.00 *
										DEVL MNTL DISABILITY BOARD	DEPARTMENT TOTAL	425,798.00 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	425,798.00 *
										REPORT TOTAL *****		806,660.65 *

## IAG FALL UPDATES

*IAG's "A Weekly Insight into IAG's CIS Program" contains many photos of residents and refers to them by name. Below are text excerpts from two issues of the newsletter.*

### **The Weekly Peep Oct 14<sup>th</sup> – Oct 18<sup>th</sup>, 2019:**

Community Lunch: "A" really enjoys living in Champaign, Illinois. When the weather is beautiful she always wants to eat her lunch at one of the many parks in the area. She loves watching the birds fly around and interacting with other people visiting the park. Today she is having lunch with the wonderful Miss Tee...

Plants Get Thirsty Too: "B" loves to do all types of gardening and the responsibilities that come with that. He decided to take it upon himself to help water the flowers at the Englewood CILA. He said it was hot out and the flowers needed a drink. The flowers were so happy that "B" came along and gave them a drink...

Sign Language Class: Every Monday morning is Sign Language Class we work on learning different signs to help communicate our needs and wants. Today we find "B" and "D" demonstrating the correct way to sign words we are learning.

Romeoville Homecoming 2019: On Friday October 11, 2019 the Champaign Region was gracefully invited to participate in Romeoville CIS's Homecoming Party in Romeoville, IL. Everyone had such a blast and Romeoville staff and individuals were such great host. They really know how to party up north. Of course everyone loved having tacos for lunch, along with dancing and lots of fun!!!!

Ice Cream? Yes Please!: One of "G"'s favorite treats is chocolate ice cream. He loves going to the food court at Market Place Mall in Champaign to get chocolate ice cream with chocolate syrup and cool whip covering the top.

In the Kitchen: Episode 5: On today's episode "Chef P" is hard at work making some chocolate pudding from scratch. Pudding is one of his favorite snacks to eat. He decided homemade is way better than store bought pudding. He had to make some vanilla too cause everyone loves his cooking...

Monopoly Awesomeness: Down here in Champaign we will bust out the Monopoly Game and make learning fun. We know how to play a mean and competitive game of Monopoly. Just ask Jason and Bradley whom dominated the entire game. They become financial tycoons...

### **The Weekly Peep Oct 21<sup>st</sup> – Oct 25<sup>th</sup>, 2019:**

"T" today at work with the Cheerleaders.

Bingo! Bingo!: "G" worked on learning to read numbers. What a fun way to do that? Well, by playing Bingo of course. "G" loves to play Bingo and is really good at it. This particular day, "G" managed to get 3 Bingos. Awesome job Captain Bingo!

Sensory: Touch/Feel!: Today in Sensory Class, we played a game called How Many? WE had to feel through the flour hoping to snag as many paper clips that we could in one turn. After searching through his handful, we discovered that it was a tie between "G" and "D" had grabbed 15 total paper clips. Great job!

Breakfast Is For Lunch: Master Chef's "D" and "B" are whipping up some delicious homemade pancakes. This week breakfast was on the menu for Cooking Class. There isn't anything wrong with having breakfast twice in one day, "B" says we should have breakfast for every meal lol...

In the Kitchen: Episode 6: This week's episode we find Chef G and Chef J creating and preparing delicious homemade pancakes and French Toast in Cooking Class. Breakfast is always a good choice to have for lunch. "G" loves eating pancakes and French Toast. "G" chose to have only pancakes this time around.

Let's Go Walking: Look at "A" get her walk on! Today we find "A" walking the track at the YMCA. When it's cold outside "A" will take full advantage of the indoor track at YMCA.

Water Aerobics: Water aerobics classes at the YMCA. We do Water Aerobics every Tuesday morning at the YMCA. She is also a great swimmer and loves to swim after her class has finished.

Volunteer! Every hour makes a Difference: Every week "A" volunteers at the Salvation Army. She loves to take care of the animals by cleaning out their cage and feeding them.

Get Your Game On: This week on Fun Friday, "A" went to play awesome games at Jupiter's At the Crossing in Champaign, IL. She enjoys having fun and interacting with people. She is very competitive but also loves to have fun in the process. It's even better when she is able to win a prize for her hard work.

Game Time: We had a blast playing arcade games at Jupiter's Pizza on Friday.



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

DECISION MEMORANDUM

**DATE:** November 20, 2019  
**TO:** Members, Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Lynn Canfield, Kim Bowdry  
**SUBJECT:** UCP-Land of Lincoln Vocational Services - Unspent Revenue and Unmet Need

**Background:**

The CCDDB PY2020 Vocational Services contract with UCP Land of Lincoln paid \$20,000 prior to contract termination. The total amount awarded for that program was \$60,000, through a fee for service contract. Our approach to fee for service is to 'advance and reconcile,' meaning that the first six monthly payments are each equal to 1/12 of the contract maximum and paid prior to services, and the second six payments are based on billings which have been submitted and approved; these payments also adjust for any 'overpayment' which may have occurred in the first six months. After receiving UCP-LL's 30-day notice terminating the program and contract, billings were reviewed and reconciled against the four months of advance payment, so that \$2,480 is to be returned to the CCDDB, leaving \$42,480 unspent of the total amount awarded for agency allocations in May 2019. The Board has expressed an interest in innovative funding to support individuals who have I/DD. The return of unspent revenue presents an opportunity to develop and consider options.

**Possible Options:**

1. The remaining \$42,480 could be used to support the 20 PUNS-eligible people who were enrolled with UCP-LL's Vocational Services program. The Independent Service Coordination (ISC) unit is already involved with most of these individuals and could take on the rest under their PY2020 contract with the CCDDB, helping these individuals find other services and supports for the remainder of this program year (to June 30, 2020). The amount of money available for the rest of the contract year equates to \$2,124 per person. Each could be offered the opportunity to direct the CCDDB, with guidance from the ISC, to purchase services or supports on their behalf from an appropriate provider who agrees. With approval of the client and the ISC, the provider would contract with the CCDDB and make necessary information available to CCDDB and the County in order to receive payment for services.
2. If all of the individuals agreed to use one vocational provider, per their service plans with ISC support, and if the provider agreed to offer the indicated services, individual amounts could be combined for PY2020 contract of \$42,480 with that provider, with Board approval.



CCDDB staff have asked directors of Community Choices and DSC about their capacity to add any or all of the 20 people under their current contracts. DSC may have capacity within PY2020 Community Employment but would consider each individual's situation before offering services. Community Choices does not have capacity under the PY2020 Customized Employment program, but if all or a majority of the 20 individuals agreed to their services, the agency may be in a position to increase staff if the contract maximum were increased.

3. The Board might instead increase the mini-grant total amount, especially if eligible mini-grant applications exceed the \$55,460 set aside for allocation. As with Option 1 above, the individual mini-grant is meant to support self-determined services and individual budgeting, very new strategies for funding.
4. The Board might choose **not** to reallocate the unspent \$12,480 of the 2019 portion of this grant and instead allow it to increase the fund balance. During 2019, it was necessary to spend from fund balance and to borrow from the CCMHB, as tax revenue distributions occurred later than usual. The state's role in local tax determination was a factor, out of our control, and could again result in late payments and the need to spend fund balance.

## Recommendations:

Staff seek direction from the CCDDB regarding whether to pursue an option above or another.

If the board chooses **Option 1** or **2**, subsequent board action will be requested and based on recommendations developed with input from ISC staff, the individuals who had been served by UCP, and other agency service providers.

If the board chooses **Option 3**, subsequent action will be requested through an increased total award amount for the current individual mini-grant application process.

If the board chooses **Option 4**, no additional board action will be required. The unspent 2019 amount (\$12,480) will go into fund balance, and the other \$30,000 reallocated in 2020.

## Budget Impact:

Due to termination of the UCP-LL contract for Vocational Services, a total of \$42,480 is available, with \$12,480 to be spent during 2019 and up to \$30,000 during 2020. Given the timing, it is not very likely that the 2019 amount can be spent during 2019 if Option 1, 2, or 3; however, it is a very small amount compared to total Contributions and Grants amount budgeted for 2020, and the value of continuing the commitment to these individuals, through self-directed planning, is worth the risk.

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## Decision Section:

Motion to approve the Executive Director and CCDDDB Staff to implement **Option 1** as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the Executive Director and CCDDDB Staff to implement **Option 2** as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the Executive Director and CCDDDB Staff to implement **Option 3** as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the Executive Director and CCDDDB Staff to implement **Option 4** as described in this memorandum:

- Approved
- Denied
- Modified
- Additional Information Needed



9.D.

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

BRIEFING MEMORANDUM

**DATE:** November 20, 2019  
**TO:** Members, Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Kim Bowdry, Lynn Canfield  
**SUBJECT:** Individual Mini-Grant Application Update

**Background:**

With over 200 Champaign County residents enrolled in PUNS and underserved, the CCDDB developed a grant opportunity to support identified needs as defined by the person seeking support. This opportunity was made available to people who qualify for but are not receiving a state-waiver service or ongoing CCDDB or CCMHB funded service and who have a need or preference which can be met by one-time specific assistance. Awards cannot be made to family members of a Board or staff member. The CCDDB approved a timeline and application and review processes. Staff mailed application forms to the 246 people in our database as PUNS-enrolled. 15 envelopes were returned, 'address unknown,' one person called to clarify their residence as Ford County, and another was reported to have moved to Vermilion County.

While timely postmarked applications might still be on their way, at the time of this writing, 54 have been received. All were screened and prepared for the committee by Kim Bowdry, with redaction of identifying information and explanation for the 9 deemed ineligible: 4 not enrolled in PUNS; 2 enrolled in state-funded Home-Based Support; 2 enrolled in CCDDB funded long-term supports (IFS and Community First); and 1 substantially incomplete. Paper copies of de-identified applications were distributed to review committee members: Sue Suter and Anne Robin, CCDDB Members; Mark Driscoll and Shandra Summerville, CCDDB Staff; and Linda Tortorelli, community member/family advocate. Back up reviewers are Gail Kennedy, CCDDB Member, Chris Wilson, CCDDB Staff, and Jane Webber, community member/family advocate.

**Next Steps:**

The committee will review applications, discuss findings, and share recommendations with non-review staff by 12/6. Applicants will be referred to by a unique identifier rather than by name. If the committee disagrees with a designation of ineligibility, they may recommend an exception, with rationale. They may ask additional questions about any application, through non-review staff who will contact applicants for information. They may recommend funding a set of requests now and a second set if and when additional funds are available. They may also recommend revised requirements, should the CCDDB initiate a second mini-grant process. Recommendations will be forwarded to non-review staff who will prepare a Decision Memorandum for inclusion in the packet for the CCDDB's December 18 meeting.

Eligible requests total \$146,844. While the total amount available currently is \$55,640, the CCDDB could authorize a different total amount for individual mini-grant awards through this process.

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**DECISION MEMORANDUM**

DATE: November 20, 2019  
TO: Champaign County Developmental Disabilities Board (CCDDB)  
FROM: Kim Bowdry, Lynn Canfield  
SUBJECT: FY2019–2021 Three Year Plan with FY2020 Objectives

**Background:**

In 2018, the CCDDB adopted a new three-year plan. An accompanying community needs assessment incorporated online survey results and information from local, state, and federal sources. Throughout the year, the Board is presented with information on emerging issues, through presentations, conferences, research and professional articles, materials prepared by staff, and public or agency input. CCMHB/CCDDB staff participate in the Regional Vermilion-Champaign Executive Committee, a group of representatives from health and behavioral health entities which have similar obligations to complete community needs assessments and strategic plans. This partnership could result in a shared assessment, replacing the one developed by CCDDB staff, in advance of the next three-year plan cycle.

The DRAFT Plan with Objectives for County Fiscal Year 2020 continues the commitment to existing goals and objectives with minor revisions. The Plan is meant to be responsive to emerging issues, often through state and national association involvement. An initial draft document was included in the September 18 board packet, posted online, and distributed following the meeting. Suggestions for improvement were welcomed from Board members and staff, service providers, advocates, and stakeholders. The draft presented today for consideration and approval incorporates subsequent input.

**Review of Changes and Updates**

Feedback was provided by board members, service providers, and stakeholders, including: clarification of objectives; corrections of errors/inconsistencies; and two additional objectives, one to partner with Continuum of Care for housing and employment supports, another to engage with leadership from higher education for anti-stigma.

**Decision Section**

Motion to approve the attached FINAL DRAFT of “CCDDB Three Year Plan for Fiscal Years 2019 to 2021, with Objectives for Fiscal Year 2020.”

\_\_\_\_\_ Approved  
\_\_\_\_\_ Denied  
\_\_\_\_\_ Modified  
\_\_\_\_\_ Additional Information Needed

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

**THREE-YEAR PLAN**

**FOR**

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

**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

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

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

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

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

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

**MISSION STATEMENT**

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

**STATEMENT OF PURPOSES**

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

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

## A COORDINATED, ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

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

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

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

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

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

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

## COMMUNITY ENGAGEMENT & ADVOCACY

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

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

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

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

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

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

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

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

Objective #1: Advocate for workforce development and stability.

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

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

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

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

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

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



## DECISION MEMORANDUM

DATE: November 20, 2019  
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: PY2021 Allocation Priorities and Decision Support Criteria

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“The theme you choose may change or simply elude you, but being your own story means you can always choose the tone. It also means that you can invent the language to say who you are and what you mean.”

– Toni Morrison

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### Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDDB) Program Year 2021, July 1, 2020 to June 30, 2021. These are based on Board discussions and our understanding of best practices and state and federal service and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Members of the CCDDDB were presented with an initial draft in the packet for their September 18, 2019 meeting. That draft version was shared with service providers, family members, advocates, and other stakeholders, with a request for comments.

The current draft, presented for board consideration and approval, incorporates input from:

- agency representatives and board members, related to the service activities reported as individual claims;
- a statewide provider, regarding the strength of local family and provider networks; a family advocate, regarding the state’s reliance on institutional care;
- board and staff, to combine secondary considerations with overarching priorities and to revise some language in process items and caveats; and

- the Champaign County Mental Health Board (CCMHB) regarding their continued commitment to people with developmental disabilities and specific interest in supports for very young children and their families.

## **Statutory Authority:**

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) is the basis for CCDDDB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDDB Funding Guidelines require annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum becomes an addendum to the Funding Guidelines incorporated in standard operating procedures.

## **The Operating Environment:**

State and federal systems, including health care coverage, long-term supports, and related regulations and their enforcement are ever-changing. Systems of care, service capacity, safety net, and state and local economies hang in the balance, and some proposed changes would make it even more difficult for people who have intellectual/developmental disabilities (I/DD) to secure services, participate in communities, and control their own day and service plan. The chaotic policy and funding environment is stressful for people who rely on services and leads to “change fatigue” in providers and funders, further eroding a system which already struggles to retain a qualified workforce.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services; this is especially true for the I/DD services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid and waiver services. For the last two years, the federal Ligas Court Monitor and Judge have agreed that the state is out of compliance with terms of the Ligas Consent Decree, identifying low rates as one of the problems. Earlier in 2019, a 3.5% increase was approved by the state for the Medicaid waiver services offered by the Illinois Department of Human Services-Division of Developmental Disabilities, but at the time of this writing, federal Centers for Medicare and Medicaid Services has not approved the increase. Further complicating matters, the increases in Illinois minimum wage and DSP wages require a greater rate increase than the 3.5%; as of January 1, Chicago area providers will lose \$1,000 per individual as a result. Years of advocating for increases in the reimbursement rates and DSP wages have been only partly effective.

Medicaid Managed Care contracting would also present significant challenges for providers, insured persons, and other funders. Kansas and Iowa made this shift in recent years, with troubling results. Illinois does not appear ready to move the I/DD waiver services into Managed Care quite yet – one piece of great news. If the state does make this move, funders

such as the CCDDDB and CCMHB might consider different strategies for supporting people with I/DD, e.g., indirect/infrastructure funding or workforce development initiatives.

Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state. Their enrollment in the Illinois Department of Human Services – Division of Developmental Disabilities’ Prioritization of Urgency of Need for Services (PUNS) database lets the state know who is waiting and approximately what their service needs will be; PUNS enrollment also creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

While federal and state threats and changes are complicated, our hope is to identify opportunities, whether through direct CCDDDB funding of agencies, helping agencies to secure other funding, promoting system redesign and innovation, coordinating across services, providing more specific assistance to individuals with I/DD, increasing community awareness and education, or other.

The CCDDDB works with advocates and providers to identify supports and services which improve outcomes for people and promote a healthier, more inclusive community and supports and services which are desirable but not covered by Medicaid or the I/DD waivers. Through person-centered plans, people have more control over their plans, services, and the outcomes which are meaningful to them.

## **Workforce Shortages:**

Nationally, the cost of turnover of Direct Support Professionals (DSPs) is at least \$2,000 per DSP. Illinois’ low reimbursement rates have exacerbated the situation here. During periods of staff absence, shifts are covered by supervisors, managers, or other staff at overtime. DSPs must complete over 40 hours of training at the beginning of their service. It is costly to lose these workers, and it becomes harder to replace them when other employment opportunities are more lucrative and less demanding.

The board’s primary strategy for fulfilling its mission is to contract with community-based organizations for services and supports. Our success relies on a stable and qualified workforce. Recruitment and retention will improve when the workforce is professionalized and rewarded with competitive wages and advancement opportunities. Systemic problems associated with the workforce shortage include:

- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- service capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;
- turnover adds significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff, as the need increases in other systems (e.g., care of older citizens);
- these problems have spread to other sectors of the I/DD workforce, including leadership and governance.

The shortage of direct support professionals and respite workers across the country is acutely felt in our community. Illinois consistently ranks among the lowest in the nation in community-based I/DD care but is near the top in the use of institutional care, separating people from their families and communities and tying up the state's I/DD investments in services not eligible for federal matching funds. In addition to strategies for strengthening the workforce, the situation may be improved through system advocacy, a strength of parent and self-advocacy networks.

## Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required forms completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of these online tools, are available upon request through the CCDDDB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

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

— *Maya Angelou*

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To the extent that help from others is desired and effective, a well-coordinated system of services and supports can improve an individual's access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer and contribute meaningfully to the community's health, culture, economy, and mood.

During our 2018 community needs assessment, people with I/DD identified what is important to them and what they don't like:

“I want to work part time, hang out with my mom, and live a low-key life.”

“I do not like DHS or DCFS. They are not fair.”

“More free events, fun events, not just going to library events. If they want to do a paid trip but has no money, being treated once in a while.”

“community involvement and accessibility”  
“make a way for someone else”  
“advocating for myself and for others”  
“I don’t care about exposure. I want to make money.”

## **Program Year 2021 CCDDDB Priorities:**

### Priority: Linkage

The CCDDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding and other resources. Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) are federal standards and are required for all Home and Community Based Services. Intensive case management (different from CFCM) has value for people with I/DD as they define their own goals and how to achieve them. Intensive case management may be helpful to people with more complex support needs related to aging, co-occurring physical or behavioral health conditions, or traumatic experiences. Planning and assessment activities should have no risk of conflict of interest; advocacy, linkage, and coordination should be guided by a Person-Centered Plan.

### Priority: Work

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports may help people achieve their desired outcomes. Proposed programs should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people’s specific aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day/habilitation programs. People may desire support for paths to self-employment/business ownership. Job matching and educating employers about the benefits of working with people who have I/DD should lead to work for people with I/DD.

### Priority: Non-Work

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration for people with I/DD. Delivered in the least segregated environments and selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other; and development of networks for people with I/DD and their families.

### Priority: Young Children and their Families

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family

support networks; systematic identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces. Through the intergovernmental agreement, the CCMHB has funded these programs, which complement an array of CCMHB funded programs addressing behavioral health of very young children and their families, and for which service providers collaborate toward a System of Care for children and families. For PY2021, the CCMHB has a strong interest in this priority area as a demonstration of their continued commitment to people with I/DD.

#### Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, identifying new or non-traditional resources, understanding how the service system works or does not work, and raising awareness. Self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other supporters, might focus on: improved understanding of diagnoses and conditions, resources, and rights; peer mentoring; navigating the service system; making social connections; engaging in system-level advocacy; and distributing current, accessible information to families and professionals. A strength of Champaign County is the presence of parent and self-advocate networks, small and mighty, which energize and inform the system of supports, our understanding of service preferences, and community awareness of care, accessibility, and inclusion.

#### Priority: Housing

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, with supports appropriate to their needs and preferences. Given the conundrum of state/federal funding for most residential options, proposals may offer creative approaches to independent community living opportunities in Champaign County.

## **Overarching Considerations:**

#### Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved/underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified.

#### Inclusion, Integration, and Anti-Stigma

Proposals for funding should promote the fullest possible community integration. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or

social clubs/networks. Community involvement helps decrease stigma. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with standards established in Home and Community Based Services rules, Workforce Innovation and Opportunity, and Department of Justice ADA/Olmstead findings. Although complicated, the paradigm shift these represent is clear.

### Outcomes

Applications for funding will identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are available online. A small set of programs may be selected to receive intensive support from UIUC Department of Psychology researchers in the development and use of theory of change logic modeling. Organizations reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. The Council on Quality and Leadership and the National Core Indicators share a focus on:

- *Personal Outcomes* – improve people's positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support real **work**, and increase people's **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information**, **planning**, **access**, and **support**, give them **choice and control**, and maximize **satisfaction**.

### Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCDDDB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaboration with other providers; a commitment to updating information in resource directories and databases; and participation in trainings, workshops, or council meetings with other providers of similar services. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaboration, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

### Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

### Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan which is directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP. In a self-determined, integrated system:

- *people control their day*, what they do and where, and with whom they interact;
- *people build connections* to their community as they choose, for work, play, learning, and more, in places other community members use and at the same times they use them;
- *people create and use networks of support* consisting of friends, family, community members with similar interests, and allies they choose; and
- *people advocate for themselves*, make informed choices, control their own service plans, and pursue their own aims.

Applications for funding will describe how specific services relate to what people have indicated that they want and need. For PY2021, funded programs will be required to report all service activities in simple categories, as full hours, to capture whether the service happens with the individual or on their behalf (in their absence) and whether the service is delivered in the community (including the person's home) or at an agency office. Benchmarks may be developed to promote fullest inclusion. Previous years' aggregate reports have demonstrated the complicated service mix and widely varying utilization patterns and costs, but lowering the time spent reporting should increase direct support.

### Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDDB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCDDDB funds are

to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative. *The CCDDDB is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

## **Process Considerations:**

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to online application forms. Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. These allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the CCDDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its members who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2021 but later than July 1, 2020, in the event of greater than expected Board revenue.

### Caveats and Application Process Requirements:

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application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.

- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCDDDB may deem some programs as appropriate for two-year contracts.

## **Decision Section:**

Motion to approve the CCDDDB Program Year 2021 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed



## DECISION MEMORANDUM

DATE: November 20, 2019  
TO: Members, Champaign County Mental Health Board (CCMHB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: PY2021 Allocation Priorities and Decision Support Criteria

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“It is no measure of health to be well adjusted to a profoundly sick society.”

– Jiddu Krishnamurti

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### Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2021, July 1, 2020 to June 30, 2021. These are based on board discussions and our understanding of best practices and state and federal service and payment systems. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission of the Board. CCMHB members were presented an initial draft on October 23, which was then distributed to service providers, family members, advocates, and other stakeholders, with a request for comments. The present draft incorporates input from the Board, staff, and others:

- removing language about a previous ‘renewal/other’ category;
- combining secondary considerations with overarching priorities;
- emphasizing collaboration and co-funding for programs with strong public safety or public health components; and
- continuing the commitment to collaboration with the Champaign County Developmental Disabilities Board (CCDDDB), through services for very young children who have developmental concerns as well supports for their families.

### Statutory Authority:

The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding

Guidelines require that there be annual review of the decision support criteria and priorities to use in the allocation process. Upon Board approval, this memo becomes an addendum to the Funding Guidelines incorporated in standard operating procedures.

## **The Operating Environment:**

State and federal systems, including health care coverage, mental health and addiction treatment, long-term supports, and related regulations or their enforcement are ever-changing. Systems of care, service capacity, safety net, and state and local economies hang in the balance, and some proposed changes would make it even more difficult for people who have behavioral health conditions and/or disabilities to secure services, participate in communities, and control their own service plans. The chaotic policy and funding environment is stressful for people who rely on services and contributes to “change fatigue” among providers and families, further eroding a system which already struggles to retain a qualified workforce.

Through Illinois’ 1115 waiver, pilots are testing integrated systems of behavioral and physical healthcare, as well as innovative and evidence-based approaches. Some opportunities created by the 1115 and State Plan Amendments remain under discussion, as are crisis rates, and the rollout of changes in assessment and services was not smooth.

Illinois’ Medicaid reimbursement rates remain well below the actual cost of services. The rate paid for each service is inclusive and taken as payment in full, so that providers cannot charge more for a covered service to an eligible person or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community-based providers to meet the needs of people who use Medicaid and waiver services. Medicaid Managed Care contracting continues to present challenges for community-based providers, insured persons, and other funders. In spite of Medicaid expansion, some remain uninsured, and circumstances which interrupt coverage (e.g., confusion about enrollment periods and options, incarceration) leave the cost of care to ‘someone else.’

While the federal and state issues are complicated, our hope is to identify opportunities, whether through direct CCMHB funding of agencies, helping agencies to secure other funding, promoting system redesign and innovation, coordinating across services, providing more specific assistance to individuals with qualifying conditions, increasing community awareness and education, or other. CCMHB works with advocates and providers and to identify supports and services which improve outcomes for people and promote a healthier, more inclusive community, and supports and services which are indicated and preferred but not covered by other payors.

## **Expectations for Minimal Responsiveness:**

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required forms completed and submitted by the deadline. Accessible documents and

technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities (I/DD). **How will they improve quality of life for people with behavioral health conditions or I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

To preserve the CCMHB's emphasis on PY2021 allocation decision criteria, all applications should align with one or more of the priorities below. Applications should describe the relationship between the proposed service and mental health, substance use disorders, or intellectual/developmental disabilities. Applicants are encouraged to review the PY2020 program summaries and board discussions from April and May of 2019, as observations made in the previous review cycle may be helpful in the development of PY2021 requests for funding.

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“They called me mad, and I called them mad, and damn them, they outvoted me.”

– Nathaniel Lee

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## Program Year 2021 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. The service system, which also includes programs and resources *not* funded by the CCMHB, should balance health promotion, prevention, wellness recovery supports, early intervention, effective treatments, and crisis response, and it should ensure equitable access across ages, races, and neighborhoods. Champaign County residents who participated in our community needs assessment identified some unsurprising barriers: limited provider capacity, limited ability to pay, transportation issues, services hard to figure out/not well coordinated, belief that the service or provider will not be helpful, and stigma about the condition. While these concerns are not unique to our County, they can be addressed through Board/staff activities and funded programs.

### Priority – Behavioral Health Supports Which Reduce Incarceration

Community-based behavioral health supports and other resources that lead to wellness should be available to people who have mental illness, substance use disorder, or disability support needs. These should reduce contact with the criminal justice system.

Counties bear the cost of care for people who are incarcerated, whereas care provided in the community allows for payment by state, federal, and other funding sources. More importantly, people move toward wellness and away from 'criminalization'. Supports and services should: improve health and quality of life; connect and engage the most vulnerable people; increase access to effective treatments; reduce contact with law enforcement; 'divert' to services rather than arrest, booking, or charging; eliminate inappropriate incarceration; decrease the amount of time people spend in jail; and facilitate transition to the community from jail or prison.

Current collaborations of law enforcement, local government and funders, service providers, and stakeholders emphasize: data sharing analysis; Drug Court coordination; brief screening, case management, peer support, and benefits enrollment for people in jail; and coordinated supports for those in reentry. Recommendations from a previous project funded by US Department of Justice and the CCMHB are still relevant: strengthen the system; create a coordinating council; add case management for those served by the Public Defender's office; and explore feasibility of a 24 hour 'crisis center' or alternative, such as coordinated crisis interventions across the community. In collaborations which overlap with public safety or public health interests, co-funding by appropriate entities will reflect their commitment and ensure that we are not duplicating or interfering with similar efforts

*Programs offering an alternative to arrest, booking, or charging:*

- intensive or targeted *case management*, Assertive Community Treatment;
- enhanced *crisis response*, including access to detox and crisis stabilization, possibly through a crisis/triage/assessment center;
- *juvenile justice diversion supports* which are evidence-based, evidence-informed, promising, recommended, or innovative; may include counseling for youth and families and *prevention/intervention programs (also Systems of Care priority)*.

*Access to treatments, for those with justice system involvement:*

- *benefits enrollment*, increasing people's access to healthcare and services;
- *coordination of transition* from jail, prison, detox, or hospital to community;
- *peer mentoring and support* in jail and for those in re-entry;
- Moral Reconciliation Therapy, anger management training, or similar, for those participating in *specialty courts, court services, or in jail*.

*Services disrupting the cycle of violence:*

- *counseling, case management, crisis support* for survivors of violence or abuse;
- trauma-informed programming for *survivors of violence, youth* who have a risk of juvenile justice involvement or are in re-entry, and *adults* who have a risk of incarceration or are in re-entry.

Priority – Innovative Practices and Access to Behavioral Health Services

Insufficient behavioral healthcare and safety net systems not only lead to unnecessary incarcerations and hospitalizations but also to worsening of symptoms and loss of life; community awareness, system advocacy, and improved access to care and resources are

all needed. Although Champaign County Jail's frequent visitors (5 or more bookings per year) decreased 54% between 2013 and 2018, high rates of housing instability, emergency department visits, and crisis intervention contacts continue. A strengthened partnership of providers could help secure housing and other basic needs for people with behavioral health conditions.

Barriers to appropriate community care include: siloed care and outdated regulations; insufficient provider capacity; difficulty securing insurance coverage for essential services; high costs of care even with coverage; stigma; and limited transportation or resources. The US Secretary of Health and Human Services acknowledges the value of the social determinants of health/behavioral health, e.g., access to food, healthcare, and housing. Illinois is testing promising practices through a new 1115 waiver. Because social determinants have not been the traditional purview of behavioral health systems, collaboration and co-funding by other appropriate entities will add value to an application and ensure that we are not duplicating or interfering with similar efforts. Locally we can improve access to care and support innovations not otherwise funded:

*Access to services* which are billable to public or private insurance, through

- *wellness and recovery supports,*
- *mobile crisis response,*
- *getting people to services or bringing the services to people,*
- *intensive or specialized case management,* in some cases used as match for supportive housing, and
- *self-advocacy/self-determination,* for people to have a say in service plans;

*Increased enrollment in health plans,* private or public, using

- *benefits enrollment specialists, system navigators,*
- *outreach and education,* and
- *benefits counseling,* such as SSI/SSDI Outreach, Access, and Recovery (SOAR);

*Behavioral healthcare* for people who have severe mental illness and no insurance;

*Non-billable and innovative approaches,* to narrow gaps in the service system and improve outcomes for people, such as

- *peer support* networks and mentoring, including certified peer support specialists,
- *behavioral health services and supports* for those in *emergency housing,*
- *employment supports,* including job coaching, development, and paid internships,
- *community living supports,* including for housing,
- *caregiver supports,* and
- *suicide prevention education.*

#### Priority – Systems of Care for Children, Youth, Families

Since 2001, the CCMHB has focused on *youth* with multi-system involvement, funding evidence-based programs to reduce juvenile justice system contact among those with serious emotional disturbance. Programs have been introduced which promote positive youth development. The System of Care for Youth and Families includes the Champaign

County Community Coalition, with initiatives for summer youth programming and community crisis response to mitigate the harm caused by gun violence and other trauma. Where such community efforts overlap with public safety and public health interests, co-funding by appropriate entities will demonstrate their commitment and ensure that we are not duplicating or interfering with similar efforts.

The CCMHB has also funded programs for *young children*, including perinatal supports, early identification, prevention, and treatment. Coordination of public and private early childhood provider organizations has resulted in a Home Visitors Consortium which aims to become a “no wrong door” System of Care for very young children and their families, building resilience and self-determination, with an understanding of the negative impacts of Adverse Childhood Experiences. Programs may also serve children who have an identified developmental delay or disability (DD) or risk, as well as offering supports for the families of these children, aligned with Collaboration with CCDDDB priority below.

For best outcomes and to avoid criminalizing behavioral and developmental issues, Systems of Care should be strength-based, well-coordinated, family-driven, person-centered, trauma-informed, and culturally responsive. Early involvement has potential to improve individual and community health and disrupt poverty. Year-round, positive opportunities for all Champaign County children, from birth through young adulthood, should maximize social/emotional success and help them stay excited about learning. Success is sustainable when families and communities are resilient. Of interest are:

- *Family-driven and youth-guided organizations* which acknowledge the role of peer support, coordination, and system planning and advocacy;
- *Behavioral health supports* organized through partnerships such as the Community Coalition or the Home Visitors Consortium;
- *Evidence-based, evidence-informed, innovative, or promising programs* for children or youth who have been impacted by trauma or a mental, behavioral, or emotional disorder or who have multiple system involvement;
- *Positive programs for girls, young women, and youth of any gender*, to mirror successful programs for males, e.g., DREAAM and Midnight Basketball.

Priority - Collaboration with the Champaign County Developmental Disabilities Board  
The Intergovernmental Agreement (IGA) with the Champaign County Developmental Disabilities Board (CCDDDB) requires integrated planning concerning Intellectual and Developmental Disabilities (I/DD) allocation decisions and includes a specific CCMHB set-aside, which for PY2021 will likely total \$696,137 (PY2020 amount of \$666,750 plus an increase equal to increase in the property tax levy extension). In addition to funding agency programs, the Boards share a Community Integrated Living Arrangement (CILA) Expansion project, which has enabled the purchase, improvement, and maintenance of two small group homes for people with I/DD who would otherwise be unable to live in this community. This effort aligns with the Ligas consent decree and Olmstead decision.

This commitment continues for PY2021, with a particular interest in programs focused on the developmental needs of very young children and support for their families. In recent years, the CCMHB has funded such efforts as they complement an array of approaches to behavioral health support for very young children and their families, and for which service providers collaborate toward a System of Care for children and families (see above). Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks; identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Applications should explain how services, across levels of intensity of support, are as family driven, self-determined, and integrated as possible, consistent with state and federal standards.

## **Overarching Considerations:**

### Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved /underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards). Applications should address earlier, accurate identification in members of underrepresented populations and reduction of racial disparities in the utilization of services, mirrored by overrepresentation in justice and child welfare systems and a disproportionate trauma impact. Underserved groups and people living in rural areas should have access to quality services; engagement strategies should be identified.

### Inclusion and Anti-Stigma

Proposals for funding should describe how the proposed service or support increases inclusion or reduces the stigma associated with behavioral health disorders or intellectual and/or developmental disabilities. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for effective treatments. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation

activities, or other social clubs/networks. Community involvement helps decrease stigma. Young adults are at risk due not only to brain development and pressure to perform in school but also to fear of being exposed as having a behavioral health condition. Nationally, increases in farmer suicide and opioid/other addiction require that we improve awareness and lower the stigma in communities where traditional services are lacking but networks of support could be strengthened. Recognizing that lives are lost when stigma prevents people from seeking support, the CCMHB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Stigma is worsening, in spite of the American Psychiatric Association's finding that people with mental illness are more likely to be victims of gun violence than perpetrators.

### Outcomes

Proposals for funding should identify measures of access for people seeking to participate in the program and of outcomes expected to result from this participation. Because defining and measuring valuable outcomes can be a challenge, the Board offers support through a research team from University of Illinois at Urbana Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, an 'outcome bank', and a template for reporting. Agencies using these resources may gain an advantage when competing for other funding, in an increasingly competitive funding environment. Applicant organizations reporting on outcomes to other funders may choose to include those outcomes, if relevant, in their application for CCMHB funding. Unlike the healthcare system, where process measures dominate (e.g., lower blood pressure), behavioral health asks if people's lives are better as a result of the service. Outcomes reflect what people want and demonstrate a program's successes.

### Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCMHB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaborations with other providers and stakeholders (schools, support groups, hospitals, advocates); a commitment to updating information in any resource directory databases; participation in trainings, workshops, or council meetings with providers of similar services; and partnerships which go further to make sure that all who have a need are reached. Any written agreements should include details of coordinated services, referral relationships, or partnerships between providers. Applications for funding should acknowledge these relationships. A joint application may be submitted by two or more agencies with common goals, proposing services and supports or shared infrastructure, such as office space, data systems, and professional services. Collocation of various organizations' supports through community centers (such as worksites, churches, libraries, other 'hubs') or mobile service has the potential to reach underserved people who live in rural areas or neighborhoods with low access to health, behavioral health, social services, and other resources (*see above, Underserved/Underrepresented Populations and Countywide Access*).

### Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

### Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative. *The CCMHB itself is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

## **Process Considerations:**

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to online application forms. Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of Board documents are on the public page of the online system, at <http://ccmhddbrds.org>. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

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### **Decision Section:**

Motion to approve the CCMHB Program Year 2021 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed

*Information Only*

*44*

PY2020  
1<sup>st</sup> Quarter  
Agency  
Program  
Reports

**Instructions**

**Quarterly Program Activity / Consumer Service Report**

[Return to Quarterly Reports](#)

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

Status Submitted

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

Date Submitted 10/21/2019 11:24 AM

Submitted By KHARMON

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	40	300	250	248	
Quarterly Data (NEW Clients)	7	80	73	69	
Continuing from Last Year (Q1 Only)					
Community Service Events -					
Challenger Little League					
Penguin Project					
Comments Envision Unlimited					
RPC Family and Community Involvement Resource Fair					
John's Friends Special Needs Ministry					
Family Matters Transition Workshop					
CU Pride					

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**Instructions**

**Quarterly Program Activity / Consumer Service Report**

[Return to Quarterly Reports](#)

- \* Agency **CU Able, NFP Inc.**
- \* Board **Developmental Disabilities Board**
- \* Program **CU Able Community Outreach (2020)**
- \* Period **2020 - First Quarter FY20**

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

Date Submitted 10/25/2019 10:16 PM

Submitted By PUZEYK

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	16	150	125	150	
Quarterly Data (NEW Clients)	4				

*Handwritten initials*

Continuing from Last Year (Q1 Only)

This quarter, CU Able scheduled 3 events, our yearly Mom's Retreat, a July parent network meeting, and a hike at Sangamon River Forest Preserve in conjunction with Champaign Outdoors. We had a good turn out at the retreat with CU Able around 20 attendees. July parent network meeting had 3 continuing participants. The hike attracted 2 new families and 6 continuing families totaling 30 Cu Able participants.

Comments The CU Able Facebook page welcomed 72 new members (SC), for a total of 1,066 members. Of the new members, 47 identified as residents from Champaign County, 13 who reside outside Champaign County, and 12 who chose not to share their zip codes. Our most active times for engagement on Facebook were on Thursdays between 1pm and 3pm. We livestreamed the August and September CCDDDB meetings, but we were unable to livestream the July meeting due to the reschedule.

Finally, we had two Champaign residents utilize our discount diaper program and gave out 2 Lazy Boy recliners.

Instructions

Quarterly Program Activity / Consumer Service Report

( Return to Quarterly Reports )

- \* Agency **Champaign County Down Syndrome Network**
- \* Board **Developmental Disabilities Board**
- \* Program **Champaign County Down Syndrome Network (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

[ Change Status ] to Submitted ▼

Date Submitted 10/25/2019 05:52 PM

Submitted By EFRANKLIN

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	18		48	138	
Quarterly Data (NEW Clients)	4		5	4	
Continuing from Last Year (Q1 Only)					
Anna Wood Fitness & Wellness Training, July 27 - 14 Attendees Buddy Walk Kickoff Event, August 8 - 18 Attendees Board Meetings July 15, August 15, September - (6,6,6) Buddy Walk Planning Meeting - September 30 - 7					

48

▶ Instructions

Quarterly Program Activity / Consumer Service Report

( Return to Quarterly Reports )

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

\* Board **Mental Health Board**

\* Program **Social-Emotional Development Svs (2020)**

\* Period **2020 - First Quarter FY20**

Status Submitted

[ Change Status ] to Submitted ▼

Date Submitted 10/25/2019 10:15 AM

Submitted By BELKNAP

	Community Service Events (CSE)	Service / Screening (SC)	Contacts (NTPC)	NON-Treatment Plan Clients (TPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	700	70	80	10	
Quarterly Data (NEW Clients)	4	181	3	8	4	
Continuing from Last Year (Q1 Only)			0	24		
Comments						

67

**Instructions**

**Quarterly Program Activity / Consumer Service Report**

[Return to Quarterly Reports](#)

- \* Agency **Community Choices, Inc. DDB**
- \* Board **Developmental Disabilities Board**
- \* Program **Community Living (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

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

Date Submitted 10/25/2019 03:32 PM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	250	15	15	120
Quarterly Data (NEW Clients)		49	9	2	62
Continuing from Last Year (Q1 Only)				13	

NTPCs includes participants in Community Choices Life Skills Classes.  
 TPCs includes participants in the Community Transition Program.

**Comments** The 13 continuing TPC and 2 new TPC are reflected in the zip and demo reports. We also closed to clients this quarter. They are not included.

Other = Direct Hours specifically for Classes/NTPCs. All other direct hours for TPCs will be reported in the online claim system.

**Instructions**

**Quarterly Program Activity / Consumer Service Report**

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

- \* Agency **Community Choices, Inc. DDB**
- \* Board **Developmental Disabilities Board**
- \* Program **Customized Employment (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

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

Date Submitted 10/25/2019 03:29 PM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1120	0	38	1530
Quarterly Data (NEW Clients)	2	289		1	224.25
Continuing from Last Year (Q1 Only)				19	

CSE: 9/27 WEFT Interview promoting customized employment support  
 CSE: 8/27 Job Fair @ Harvest Market networking with potential employers

Comments There were 19 people continuing from FY19. One new person was added to the program. 5 People were closed via the online claim reporting system.

The 19 continuing and 1 new person (n=20) will be reported in the Zip and Demo Reports.

Instructions

Quarterly Program Activity / Consumer Service Report

( Return to Quarterly Reports )

- \* Agency **Community Choices, Inc. DDB**
- \* Board **Developmental Disabilities Board**
- \* Program **Self-Determination Support (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

[ Change Status ] to Submitted ▼

Date Submitted 10/25/2019 01:50 PM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1994	145	0	1523
Quarterly Data (NEW Clients)	1	589	9		401.5
Continuing from Last Year (Q1 Only)			158		

Comments CSE: 8/5 - Presented with a facilitated conversation with Parkland Volleyball Team about inclusive practices

52

Instructions

Quarterly Program Activity / Consumer Service Report

( Return to Quarterly Reports )

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Apartment Services (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

[ Change Status ] to Submitted ▼

Date Submitted 10/22/2019 12:38 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		8		56	
Quarterly Data (NEW Clients)	1	3		0	
Continuing from Last Year (Q1 Only)				53	

Comments 9/24/19-United Way community event held at OSF. DSC represented and discussed the Apartment Services program among other programs with OSF staff.

**Instructions**

**Quarterly Program Activity / Consumer Service Report**

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

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Clinical Services (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

**[ Change Status ]** to  ▼

Date Submitted 10/22/2019 01:44 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	10	5	65	
Quarterly Data (NEW Clients)	0	4	0	3	
Continuing from Last Year (Q1 Only)			3	62	

54

There were no new services provided to NTPC individuals this quarter.

Seven individuals received two types of clinical services.

**Comments**  
 Service/Screening Contacts: There were four screening contacts this quarter. Three were for counseling services. Two (WH & MG) were referred to Brad Allen because of their immediate need and the individuals having an established relationship with the counselor. The other one (CH) was referred initially to Promise Counseling Services; however, provider has not contacted DSC or the individual to date. The individual requested to try a counseling group in Champaign called Compass and was encouraged to make contact to set up an appointment after verifying about the types of insurance they accepted. One current individual (SS) needed an updated psychological for a legal matter. This was arranged through DSC, but paid for by RPC.

**Extra Reporting Time:**

Thirty hours of clinical time was recorded this quarter that could not be assigned to a specific individual. These hours included learning about clinical and counseling services at DSC and Champaign County, transitioning between the previous Clinical Coordinator and the new, billing, reporting time, scheduling, quarterly summaries, and organizing the clinical services in a manner that worked for the new Clinical Manager.

▶ Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Community Employment (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

**[ Change Status ]** to  ▼

Date Submitted 10/23/2019 10:23 AM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	15		70	
Quarterly Data (NEW Clients)	0	9		8	
Continuing from Last Year (Q1 Only)				63	

55

Employment Specialists spent more job coaching hours than usual at Carle supporting people who work in the dietary services department. Major renovations to the kitchen have resulted in relocation of their entire work area. Job coaches have worked side-by-side with people supporting them in learning an entirely new process as well as helping them navigate the anxiety produced by these changes.

Support needs of people in the program change over time. A common reason for searching for a new job is the effects of aging and the need for less physically demanding work. One woman found her first job with the help of an Employment Specialist 12 years ago. Over the years she has been coached through the ups and downs at a number of jobs. She enjoys working with animals and held jobs at a veterinary clinic and a boarding kennel in the past. Four years ago she once again was able to get a job at a veterinary clinic with the help of her job coach. Recently she asked for help finding another job as age and physical limitations were starting to take a toll on her. Although she has always enjoyed being active and did best at jobs that required her to be on the go, she was ready to look for work that was less physically demanding. This was a new direction for her. She is now working in a less physically demanding job and is enjoying her change of pace.

Philo Road Site:

- This quarter seven individuals were opened in Community Employment (CE).
- A new business, McKinley Foundation, was added to our employer roster in July and provided employment opportunities for 10 people during the quarter.
- Individuals maintained employment at Derek Martin HAIR; Jane Addams Book Shop; Maatuka, AI-Heeti, Emkes LLC (formerly Dodd & Maatuka) and Papa John's Pizza during the quarter.
- One person changed jobs this quarter, in order to have a position that better met his interests and changing physical needs.
- Twenty-two people were supported on their jobs this quarter.

Instructions

Quarterly Program Activity / Consumer Service Report

( Return to Quarterly Reports )

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Community First (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

[ Change Status ] to Submitted ▼

Date Submitted 10/23/2019 11:27 AM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	5	40	55	
Quarterly Data (NEW Clients)	0	4	82	3	
Continuing from Last Year (Q1 Only)			0	48	

56

Clark Road Group:

- Groups continued with the following: Healthy Cooking, four exercise groups, Coffee & Current Events, Job Club, two Book Clubs, Cooking (2 groups), Habitat for Humanity Volunteer group, Random Acts of Kindness, Tai Chi water classes, Yoga & Mindfulness group, Men's Group, Learning the MTD, Salt & Light Volunteers, Bowling, Board Games & Lunch, Equine group, Zine Making, Outdoor Walking Enthusiasts, Outdoor Games group.
- The Habitat for Humanity Group focused on the path to employment by developing job skills like: reporting to work on time, clocking in, staying on task, and working well with others.
- The Equine Group used their writing skills following a horse show to write about different types of horses that they saw.
- Both the Water Tai Chi and Yoga Groups learned new exercises and how to enroll in more classes held at the YMCA.

Comments

Other sites:

- Community First participants continued to help others in our community by volunteering at Crisis Nursery, CU Rehab, Habitat for Humanity ReStore, PACA, Prairie Fruits Farm, Salt and Light, Salvation Army, Vineyard Christian Fellowship, and Vineyard Food Pantry.
- TPCs continued to pursue personal interests by visiting the Champaign Public Library, Springer Recreation Center, Museum of the Grand Prairie, YMCA, movie theaters, bowling alleys, restaurants, stores, and going to enjoying summer fun at Ambucs, Hessel, Sunset Ridge parks, Kauffman Lake, Crystal Lake, Curtis Orchard, and garage sales.
- 65 NTPCs joined Community First participants this quarter in social, recreational, educational, fitness, volunteer, and interest-driven activities throughout our community and therefore also benefitted from this program.

**Instructions**

**Quarterly Program Activity / Consumer Service Report**

[Return to Quarterly Reports](#)

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Connections (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

**[ Change Status ]** to Submitted ▼

Date Submitted 10/22/2019 06:38 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	0	12	25	
Quarterly Data (NEW Clients)	0	0	10	18	
Continuing from Last Year (Q1 Only)			0	0	

This quarter, participants continued to utilize the Crow for an assortment of valuable and distinctive projects.

The Everyday Science Group planned and developed model rockets using found objects. These rockets used water pressure and a bicycle pump for their launch. Participants invited their peers to attend a launch to showcase the final product from this particular session.

**Comments** The Crafts from Scratch group used the Crow to develop ideas and piece together crafts from found items of recycled materials. They created a variety of unique and artistic crafts.

The Zine Making Group continued with participants editing peer submissions for the current issue. The DSC Zine has been circulated throughout the agency and enjoyed by all. Self-advocacy and self-expression was again the overall focus of this group.

▶ Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Employment First (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

**[ Change Status ]** to Submitted ▼

Date Submitted 10/22/2019 12:45 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	0	50	0	
Quarterly Data (NEW Clients)	1	0	0	0	
Continuing from Last Year (Q1 Only)			0	0	

58

- Comments
- In August, Leslie Olson was hired as the new Employment First/LEAP Coordinator.
  - The frontline staff training was finalized and is being reviewed for final edits before presenting to four businesses for feedback before launch.
  - The quarterly newsletter was sent out to all LEAP certified businesses. The newsletter highlighted a LEAP success story, National Disability Employment Awareness Month, and announced the new frontline staff training launch. It was distributed to over 50 recipients.
  - One business received LEAP certification this quarter: Planet Fitness - 61802

▶ Instructions

Quarterly Program Activity / Consumer Service Report

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

\* Agency **Developmental Services Center**

\* Board **Mental Health Board**

\* Program **Family Development (2020)**

\* Period **2020 - First Quarter FY20**

Status Submitted

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

Date Submitted 10/22/2019 06:02 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	300	200	0	655	
Quarterly Data (NEW Clients)	94	9		47	
Continuing from Last Year (Q1 Only)				470	

659

Comments Community service events include participation in day care settings, as well as community events with children and families. This quarter, the Screening Specialist and Director worked on a committee for a community screening day to be held in October. Additionally, Family Development staff participated in the Mommy and Baby Expo and the Regional Planning Commission's Family and Community Engagement Resource Fair. Screening contacts include developmental evaluations for the purpose of screening only. Children may be identified for further evaluation or for re-screening at three to six month intervals.

▶ Instructions

**Quarterly Program Activity / Consumer Service Report**

[Return to Quarterly Reports](#)

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Individual and Family Support (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

[ **Change Status** ] to Submitted ▼

Date Submitted 10/22/2019 02:49 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	5	36	18	
Quarterly Data (NEW Clients)	0	2	3	0	
Continuing from Last Year (Q1 Only)			26	12	

60

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

Instructions

Quarterly Program Activity / Consumer Service Report

( Return to Quarterly Reports )

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Service Coordination (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

( Change Status ) to Submitted ▼

Date Submitted 10/22/2019 07:27 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	100	36	300	
Quarterly Data (NEW Clients)	0	17	3	2	
Continuing from Last Year (Q1 Only)			29	257	

Comments Services provided by Case Coordinators:

- Collaborates with the team, identifying problems or needs that require special planning, intervention, teaching or follow-up
- Linkage and referral to community resources
- Documentation management
- Self-Direction Assistance: billing/budgeting of services
- Establishing and maintaining benefits: SNAP, Medical, and Social Security
- Shelter Plus Care Coordination
- 24-hour emergency response team participation and supervision
- Social Security Representative Payee services
- Medical appointment coordination and intermittent direct support for medical support
- Coordination of Support Services Team with DHS and DSC team
- Assistance with housing needs, resources, and advocacy
- Grocery shopping and nutrition guidance
- Encourages and supports an increased ability for self-management and decision-making on an individualized basis
- Actively supports measures that prioritize the individual's needs and promotes the effective use of resources
- Intervenes by arranging for services and by providing psycho-social support to the individual and their family
- Strives to maximize continuity of care by communicating with providers who are delivering services for the purpose of maintaining the quality of care
- Review Implementation Strategy Ongoing Supports and provide monthly summaries of services

11/5/2019

Consumer Service Report

The Services/Screening Contacts reported consisted of seven intake calls and ten unduplicated people evaluated for services during July, August, and September of 2019.

62

Instructions

Quarterly Program Activity / Consumer Service Report

( Return to Quarterly Reports )

- \* Agency **PACE, Inc.**
- \* Board **Developmental Disabilities Board**
- \* Program **Consumer Control in Personal Support (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

[ Change Status ] to Submitted ▾

Date Submitted 10/28/2019 02:51 PM

Submitted By NANCY

	Community Service Events (CSE)	Service / Screening (SC)	Contacts (NTPC)	NON-Treatment Plan Clients (TPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	200	50	0	0	100
Quarterly Data (NEW Clients)	4	22	21	0	0	53.5
Continuing from Last Year (Q1 Only)						
Other tracks the number of service hours						

63

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

0 matches made for employment during this reporting period

▶ Instructions

( Return to Quarterly Reports )

Quarterly Program Activity / Consumer Service Report

- \* Agency **Rosecrance Central Illinois**
- \* Board **Developmental Disabilities Board**
- \* Program **Coordination of Services: DD/MI (2020)**
- \* Period **2020 - First Quarter FY20**

Status Submitted

( Change Status ) to Submitted ▼

Date Submitted 10/23/2019 02:39 PM

Submitted By KKESSLER

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	15	0	30	
Quarterly Data (NEW Clients)	4	1	0	0	
Continuing from Last Year (Q1 Only)			0	22	

64

Comments Christine Kline had 4 Community Service Event with providers/agencies working with ID/MI clients. She screened 1 potential new client for services. Christine continued to facilitate the Drum Circle Group (DCG) with the assistance of another team member. During the quarter, she also developed and has began facilitating a Problem-Solving Group for clients at Eden Supportive Living. This group also meets weekly and they focus on problem-solving day-to-day issues expressed by group members. Christine has continued to provide: the warranted mental health services, linkages and coordination of services appropriate to meet the specific needs of the clients.

PY2020  
1<sup>st</sup> Quarter  
Service  
Data  
Charts

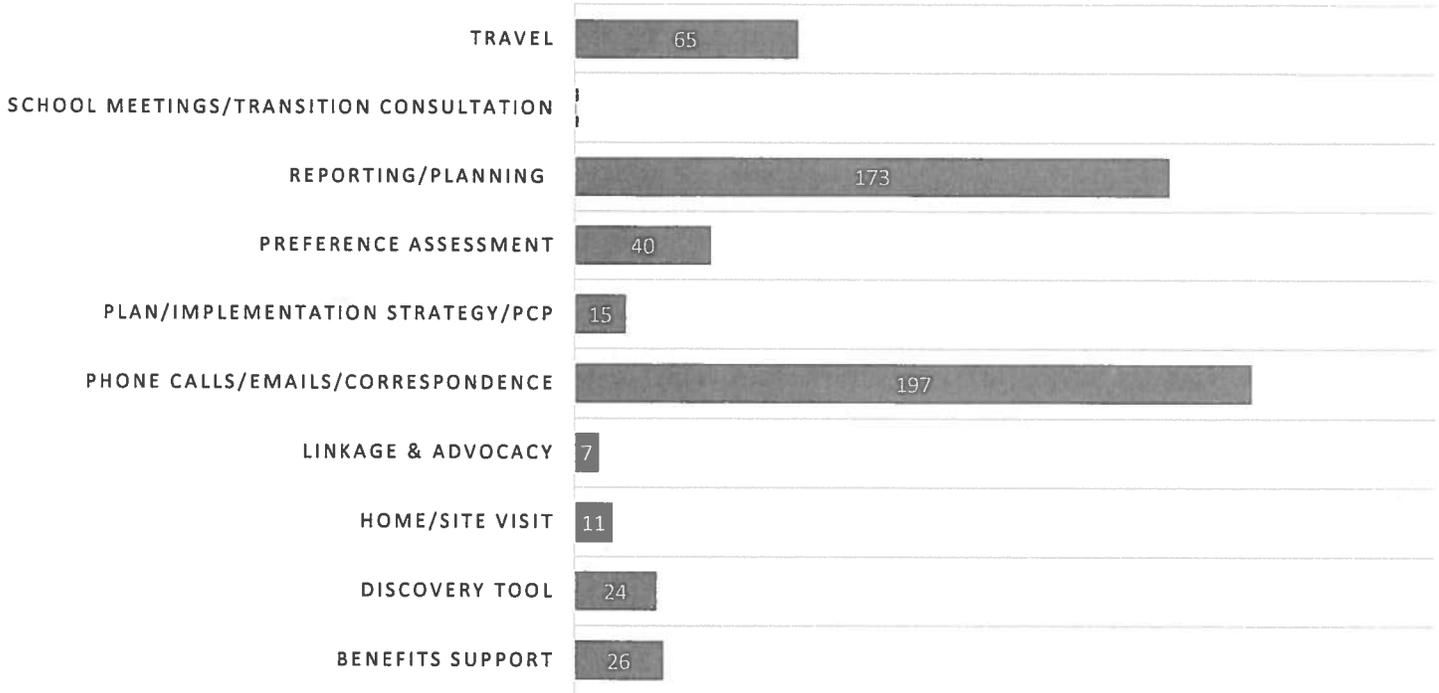
# CCRPC - Community Services

Decision Support Person \$79,855

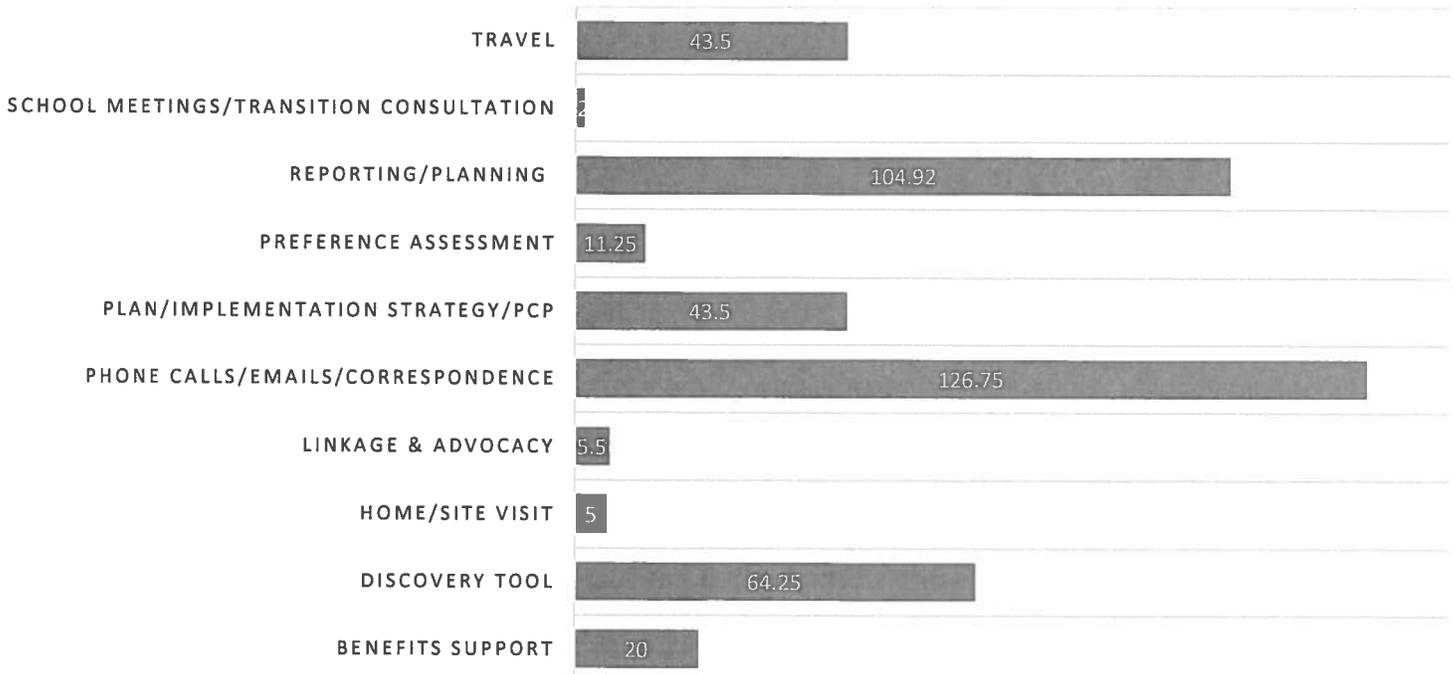
FY20 Q1

241 people were served, for a total of 425.92 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



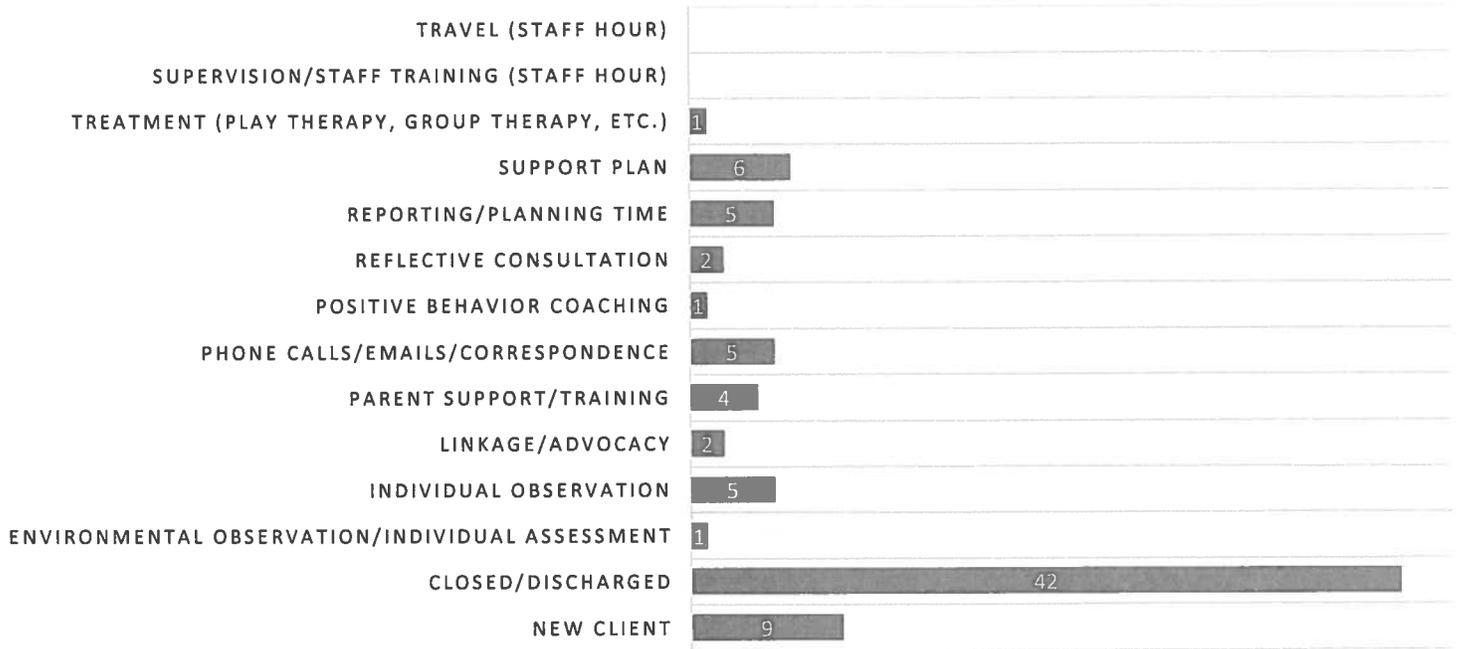
*Lolo*

# CCRPC - Head Start/Early Head Start

Social Emotional Disabilities Svcs \$28,001 FY20 Q1 DDB & MHB

58 people were served, for a total of 336 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



67

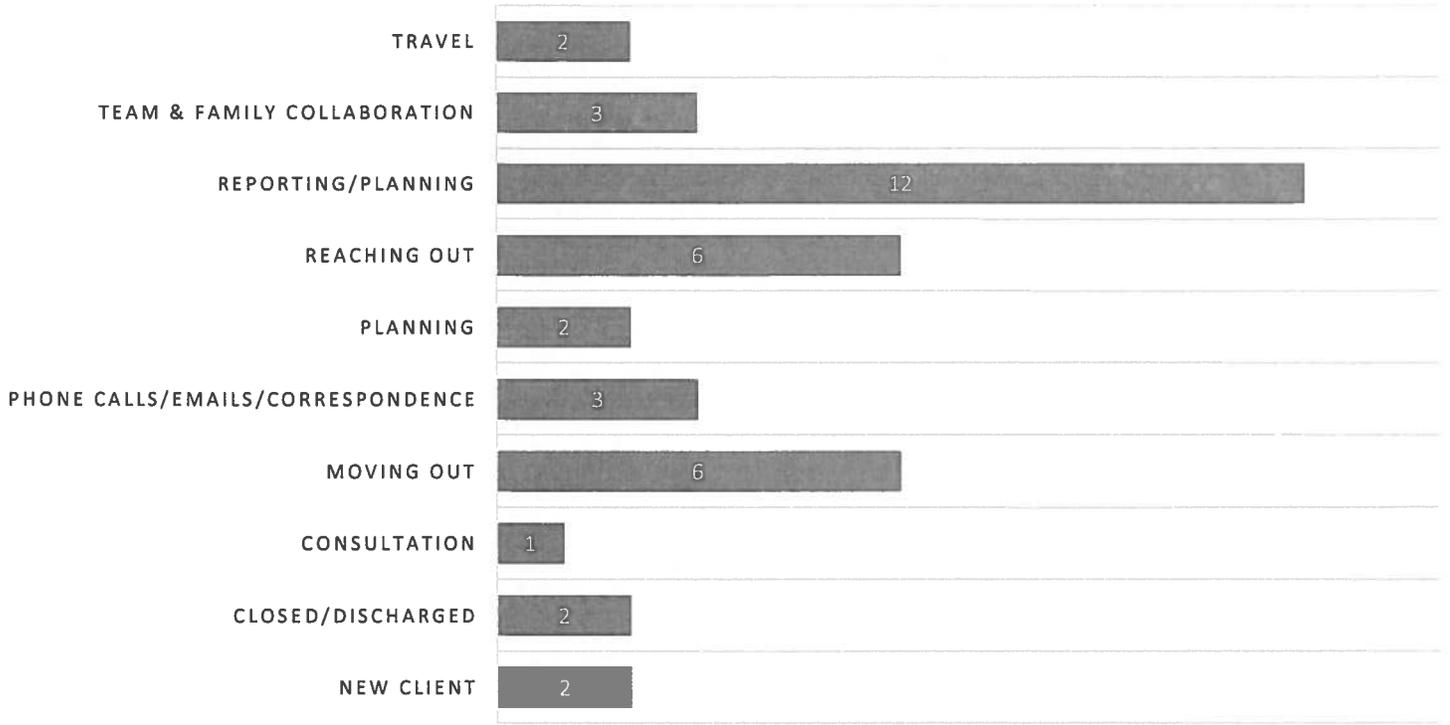
# Community Choices

Community Living \$20,250

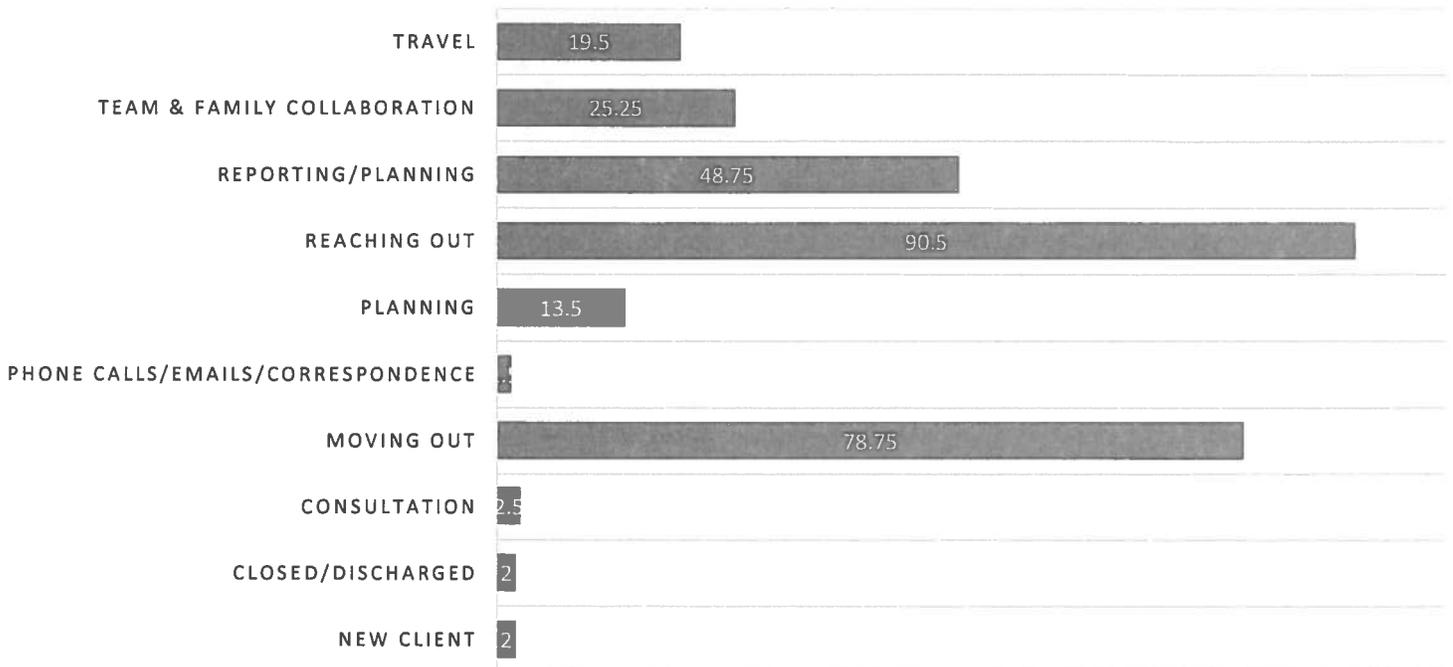
FY20 Q1

16 people were served for a total of 284.25 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



68

## Community Choices

Customized Employment \$24,725

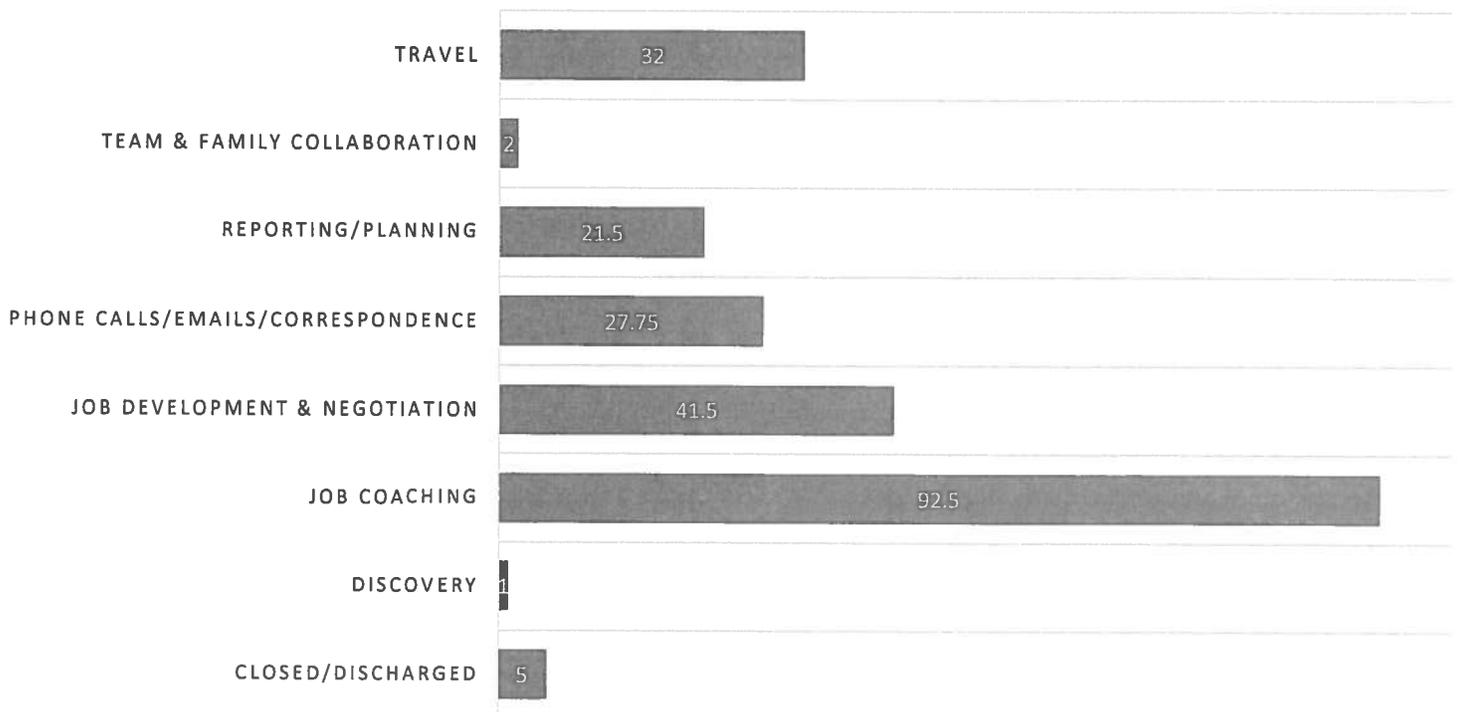
FY20 Q1

20 people were served for a total of 223.75 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



69

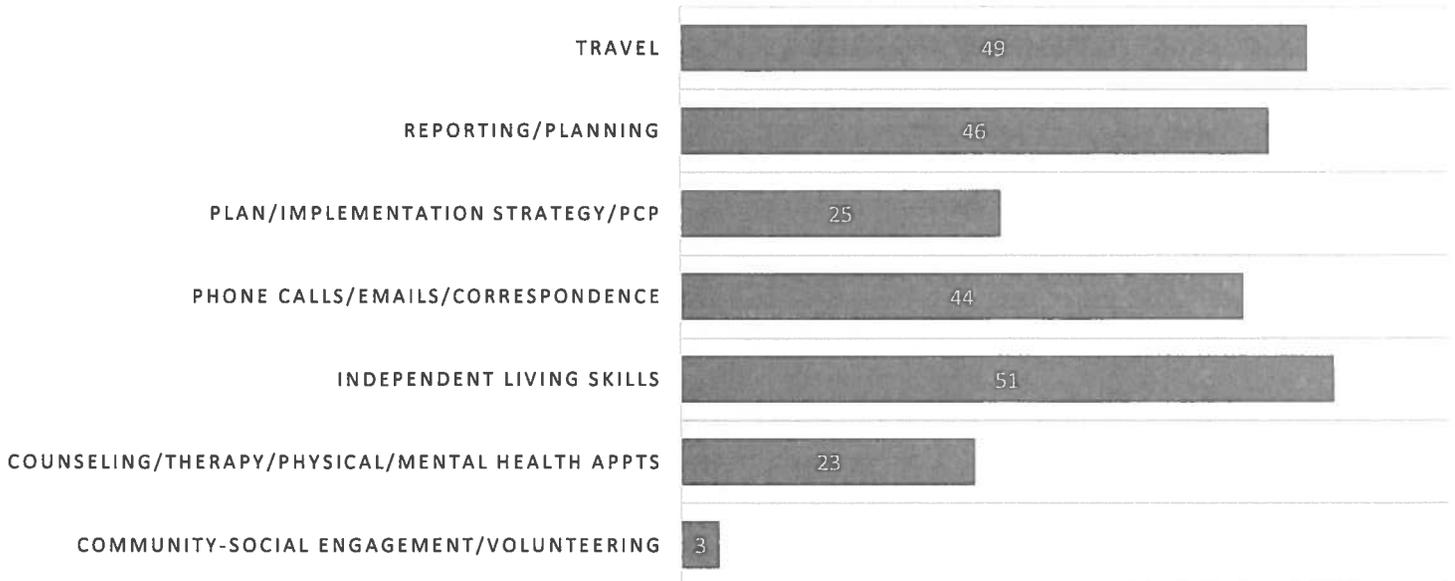
**Developmental Services Center**

Apartment Services \$110,689.25

FY20 Q1

51 people were served for a total of 1,769 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



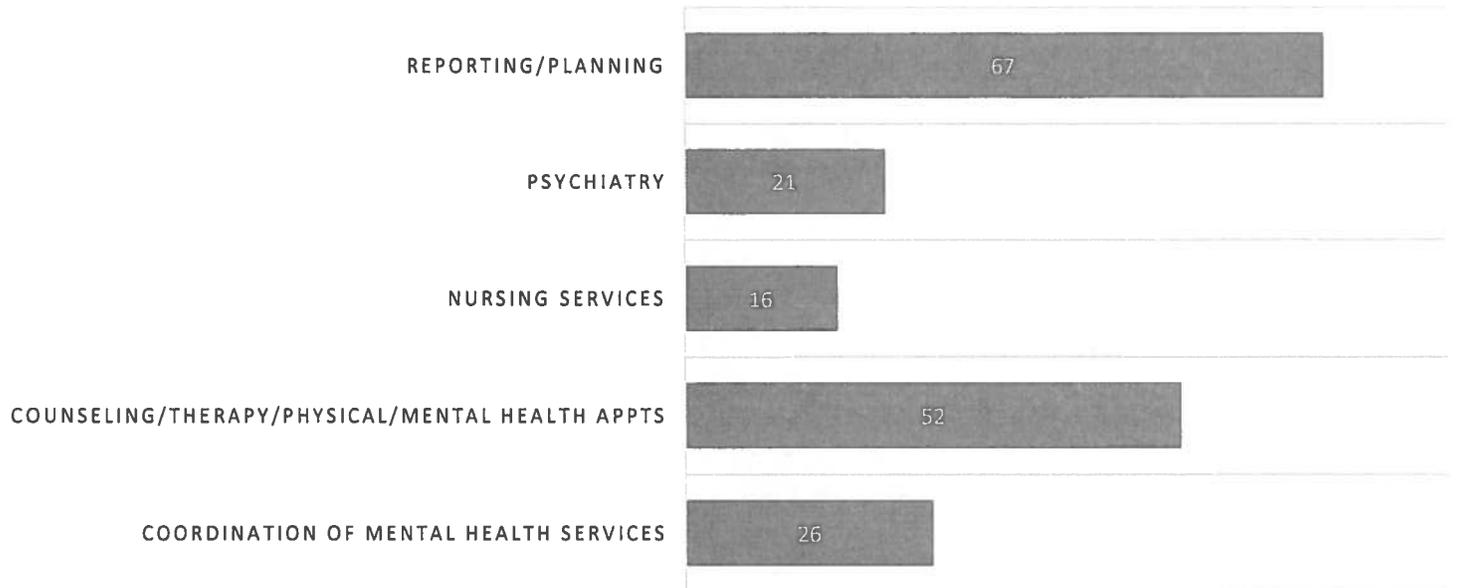
**Developmental Services Center**

Clinical \$43,500

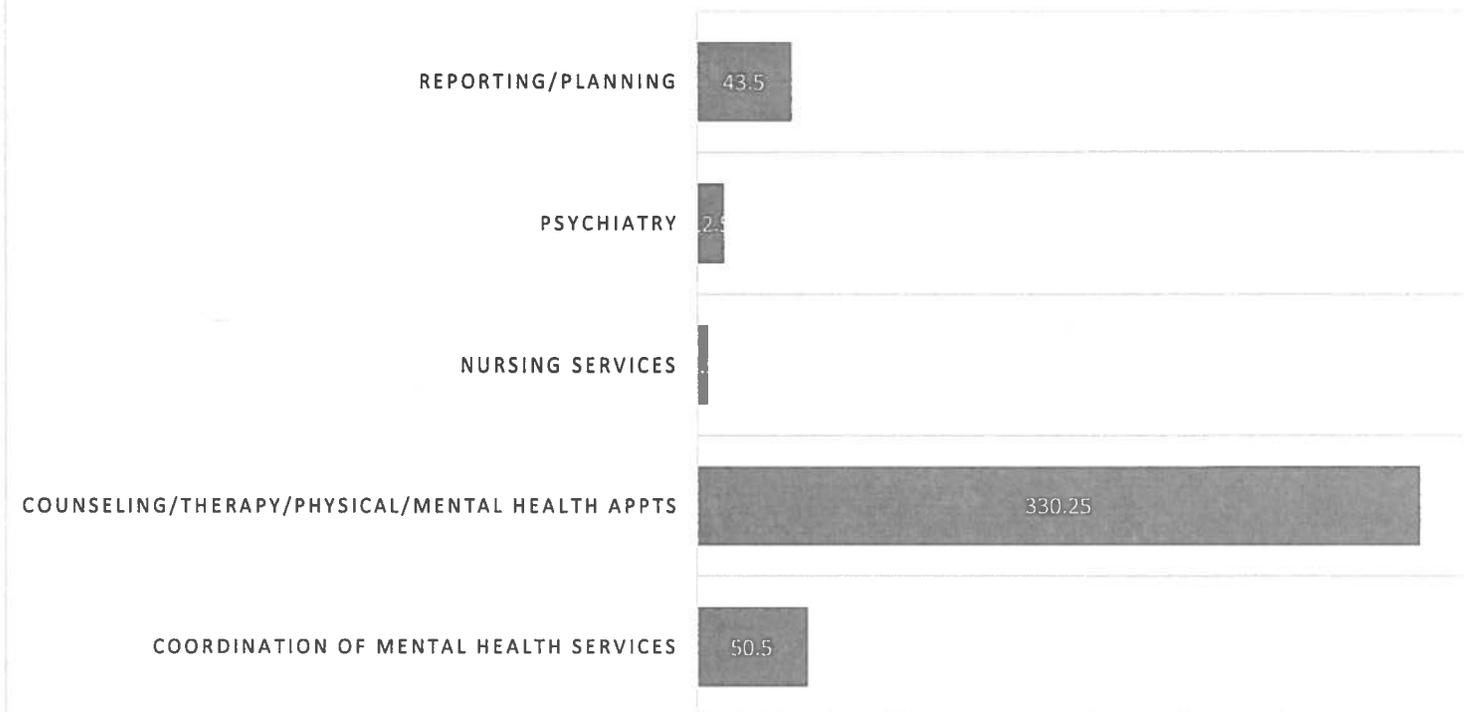
FY20 Q1

67 people were served for a total of 442 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



**Developmental Services Center**

Community Employment \$90,342.50

FY20 Q1

68 people were served for a total of 907 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



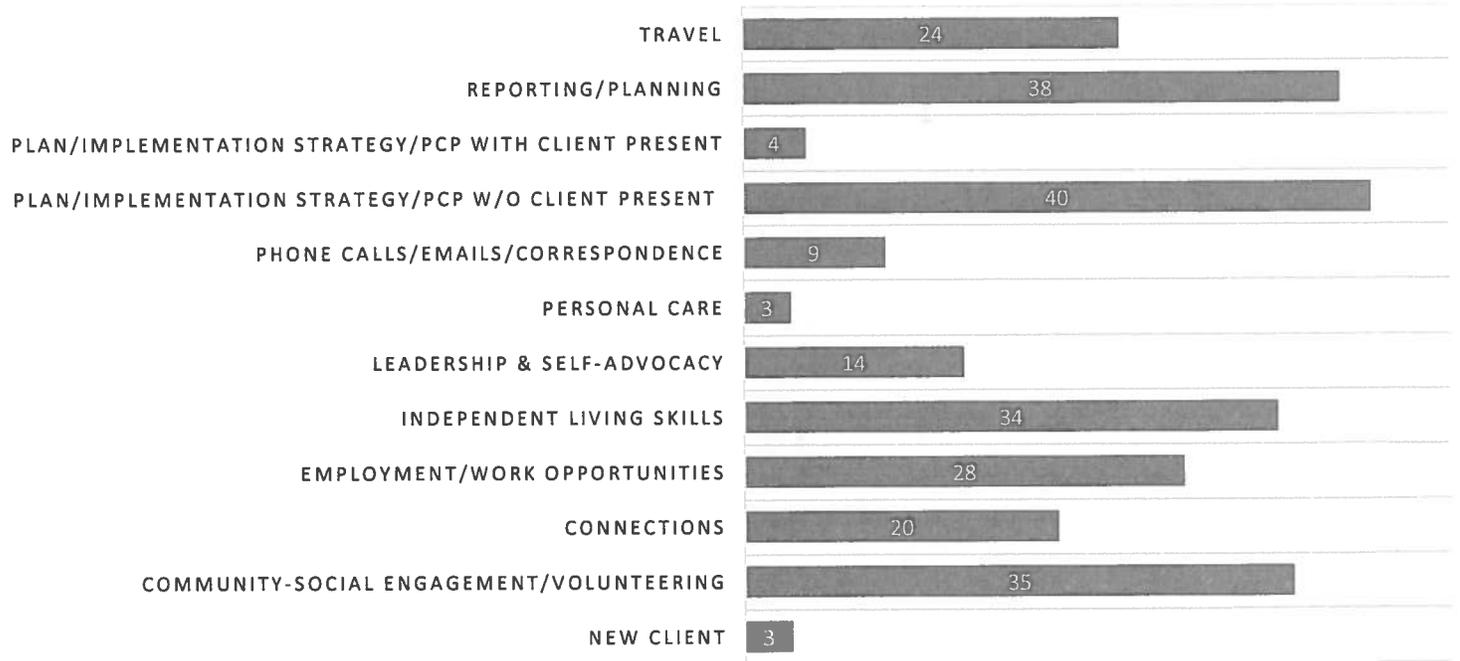
# Developmental Services Center

Community First \$205,742.50

FY20 Q1

49 people were served, for a total of 8,626 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



# Developmental Services Center

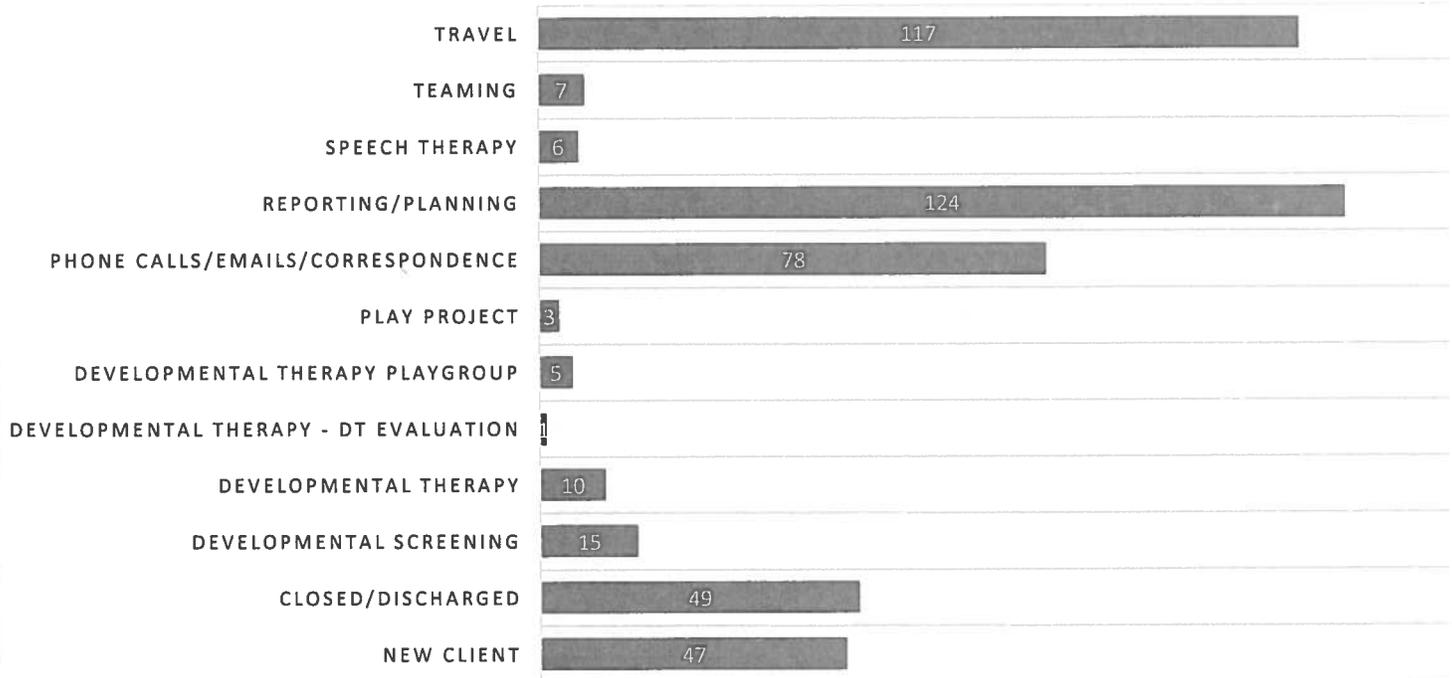
Family Development Center \$144,787

FY20 Q1

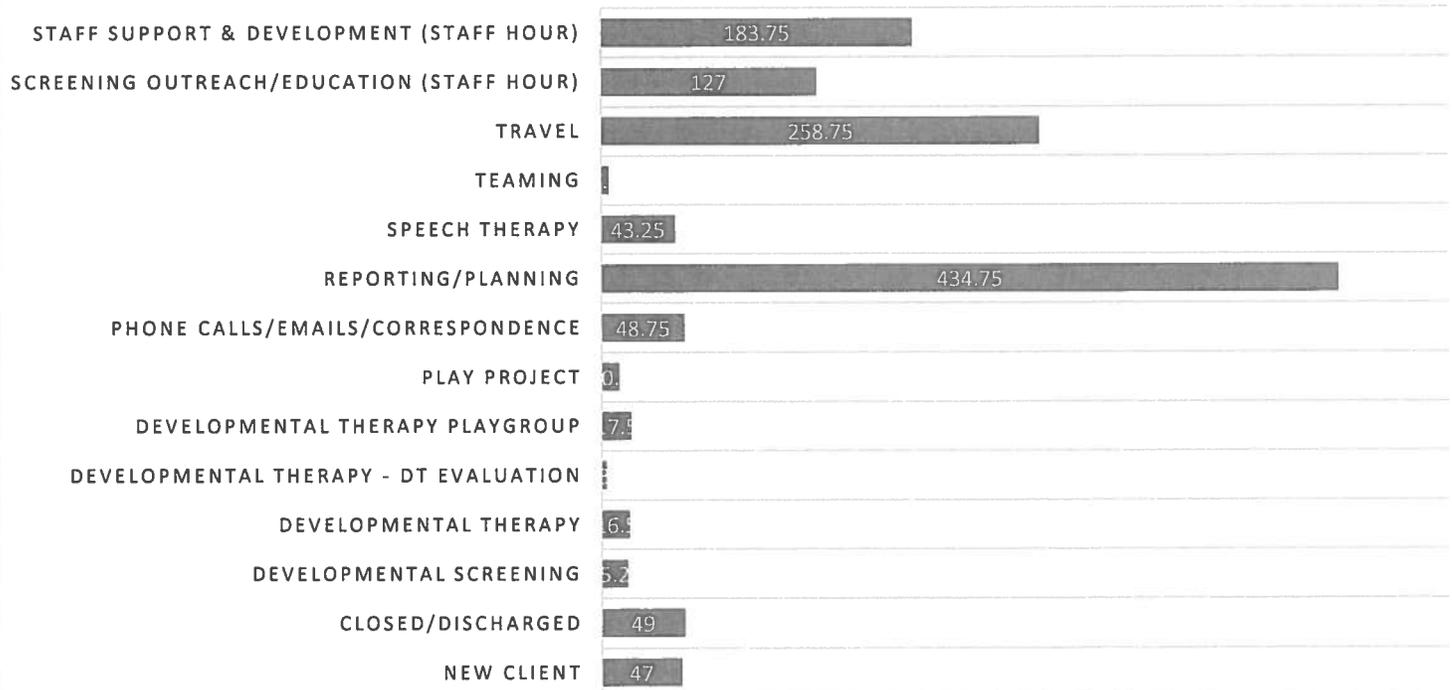
MHB

173 people were served for a total of 1259.5 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



74

## Developmental Services Center

Individual & Family Support \$104,140.25

FY20 Q1

28 people were served for a total of 3,181.5 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



75

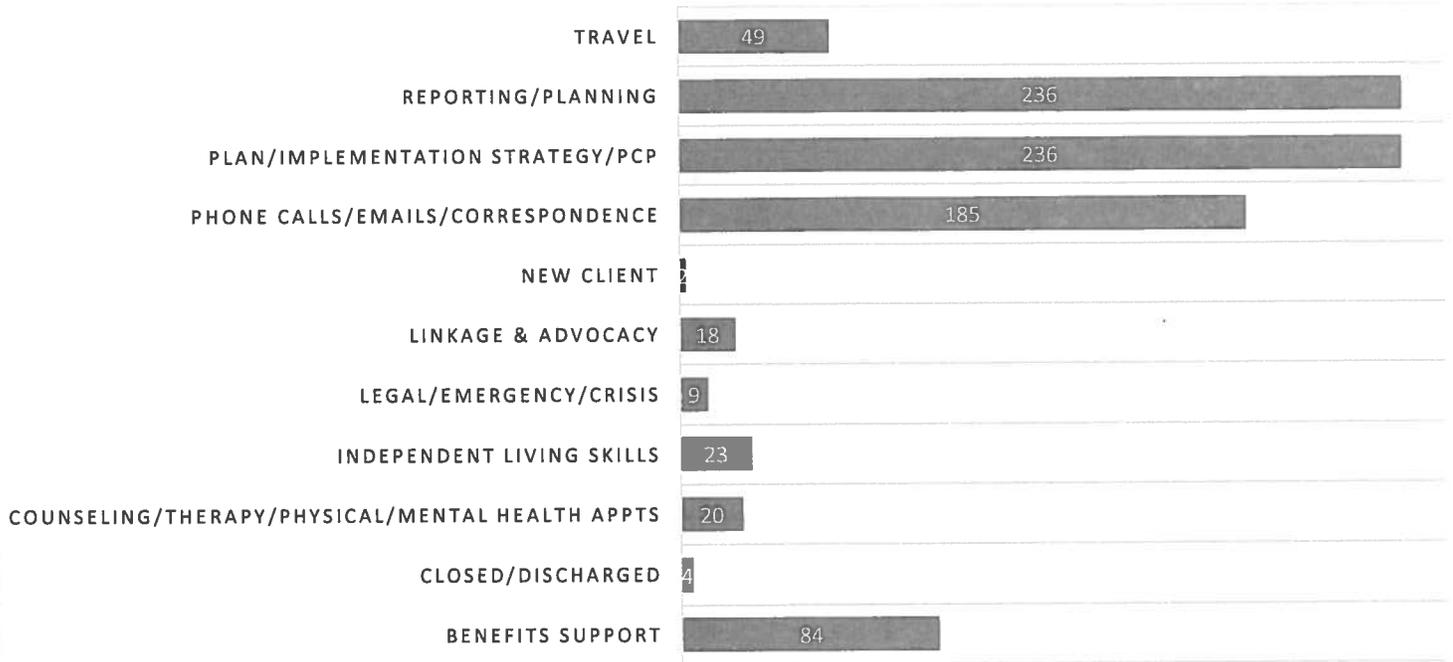
# Developmental Services Center

Service Coordination \$105,790.25

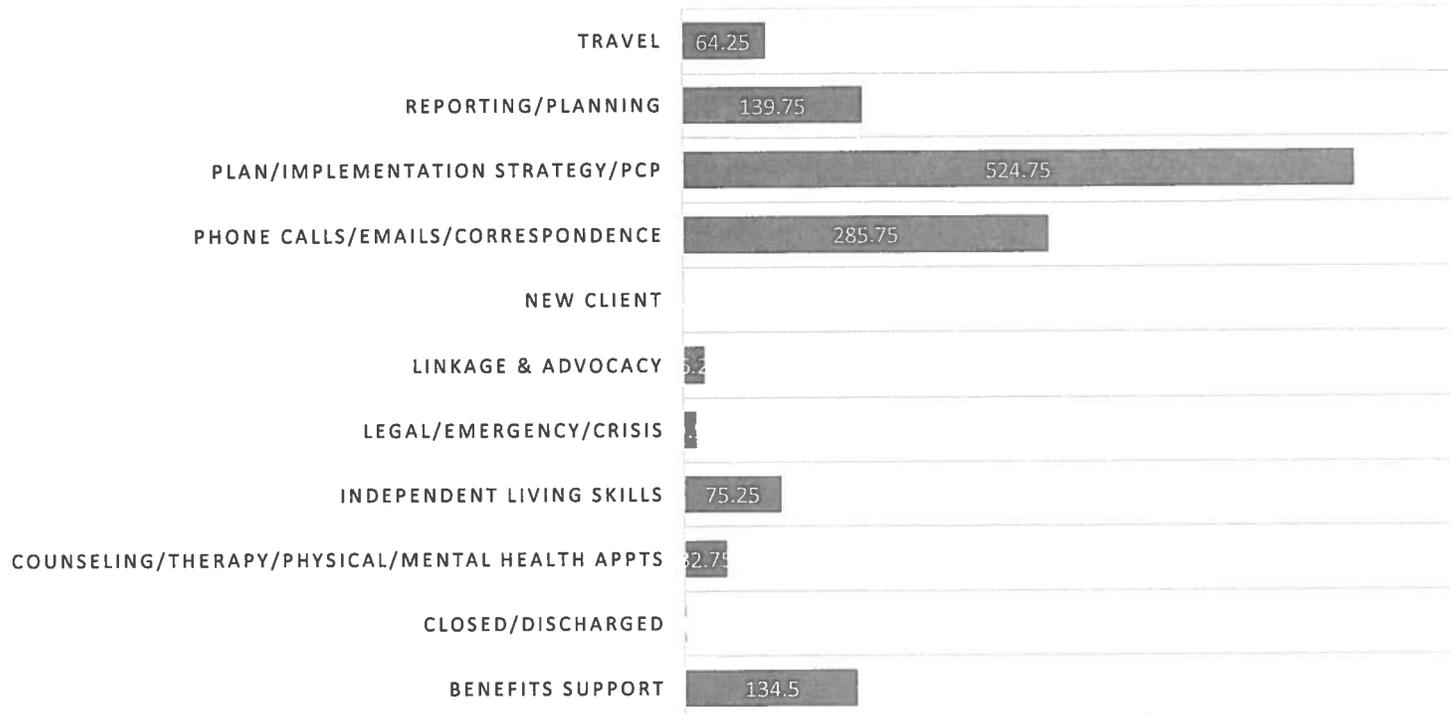
FY20 Q1

241 people were served, for a total of 1,284.25 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY

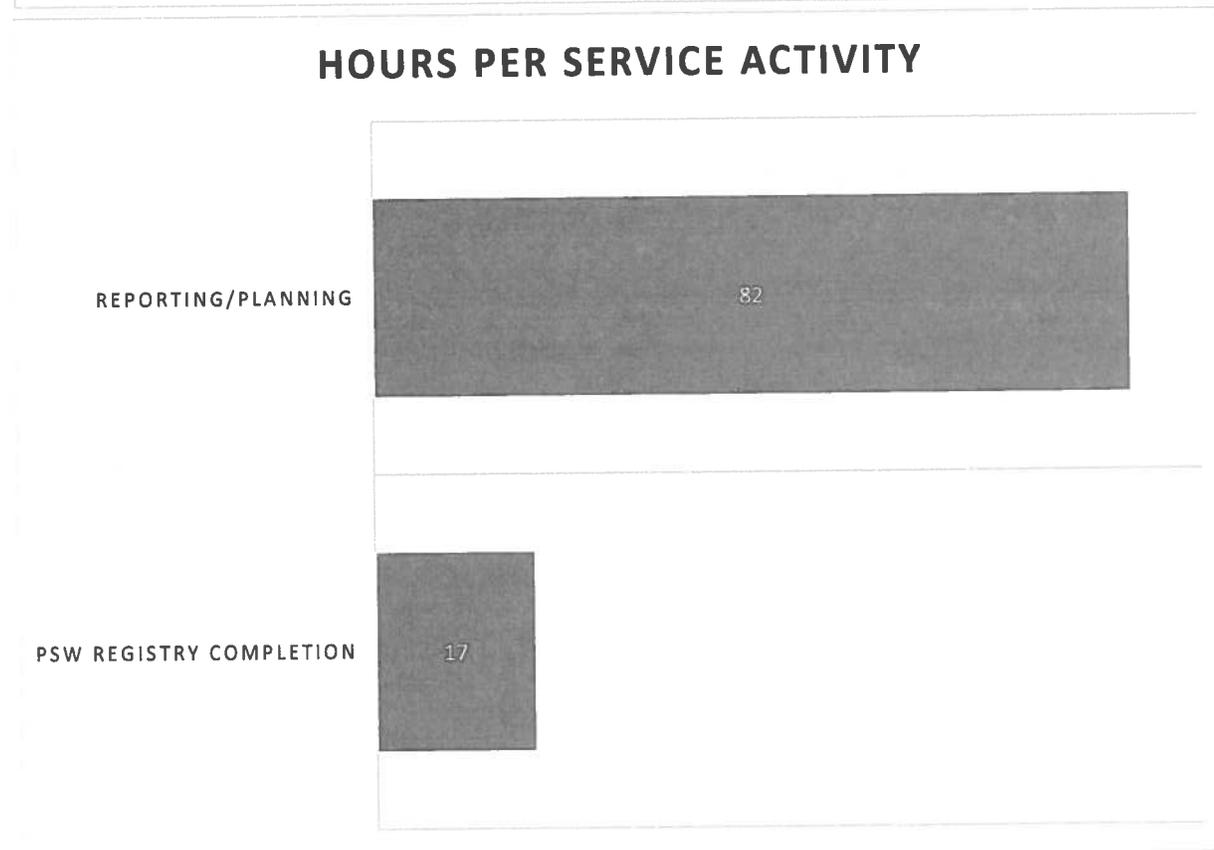
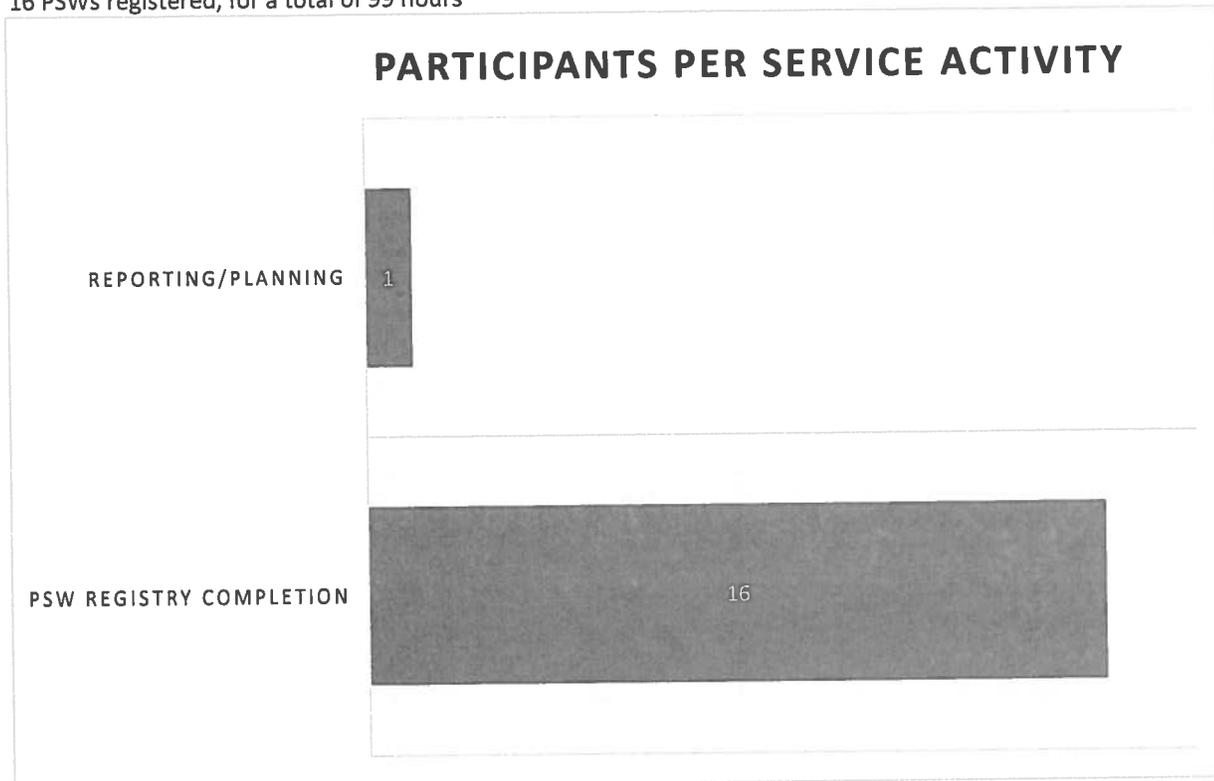


**PACE**

Consumer Control in Personal Support \$5,930.25

FY20 Q1

16 PSWs registered, for a total of 99 hours



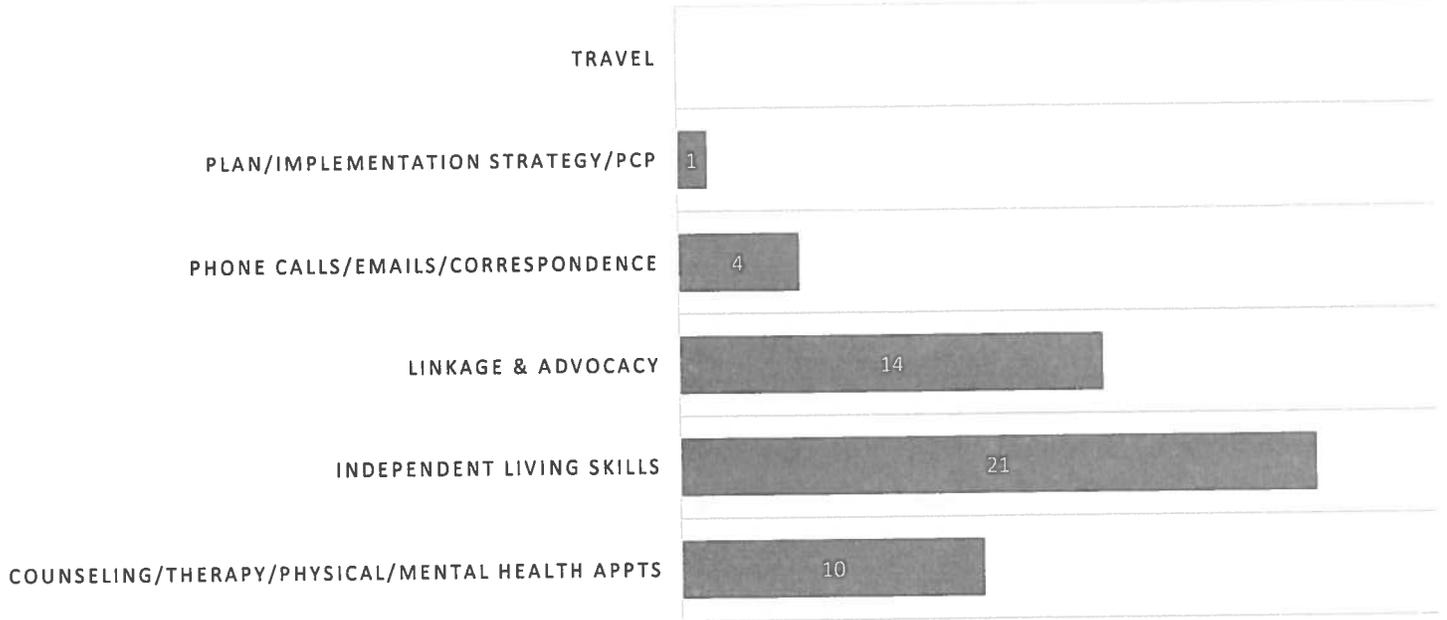
**Rosecrance Central Illinois**

Coordination DD/MI \$8,787.50

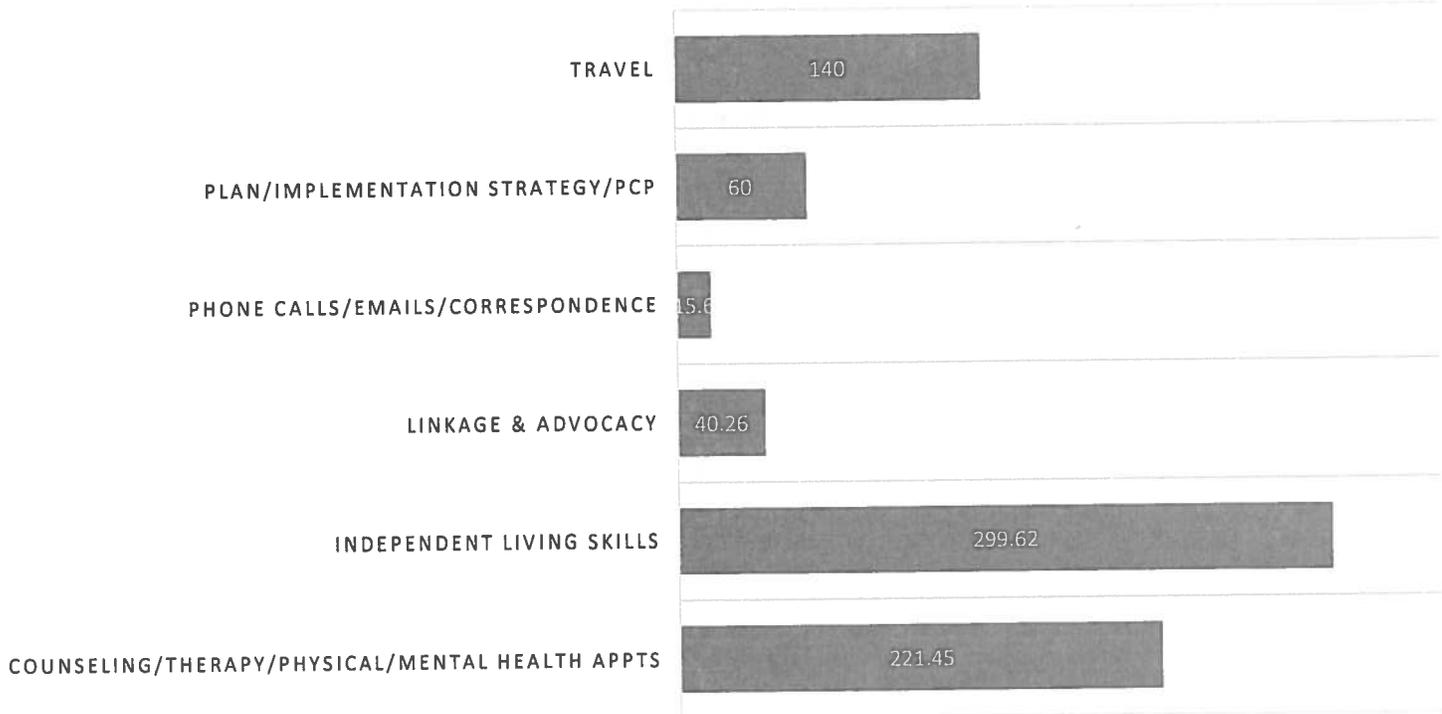
FY20 Q1

23 people were served, for a total of 776.93 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



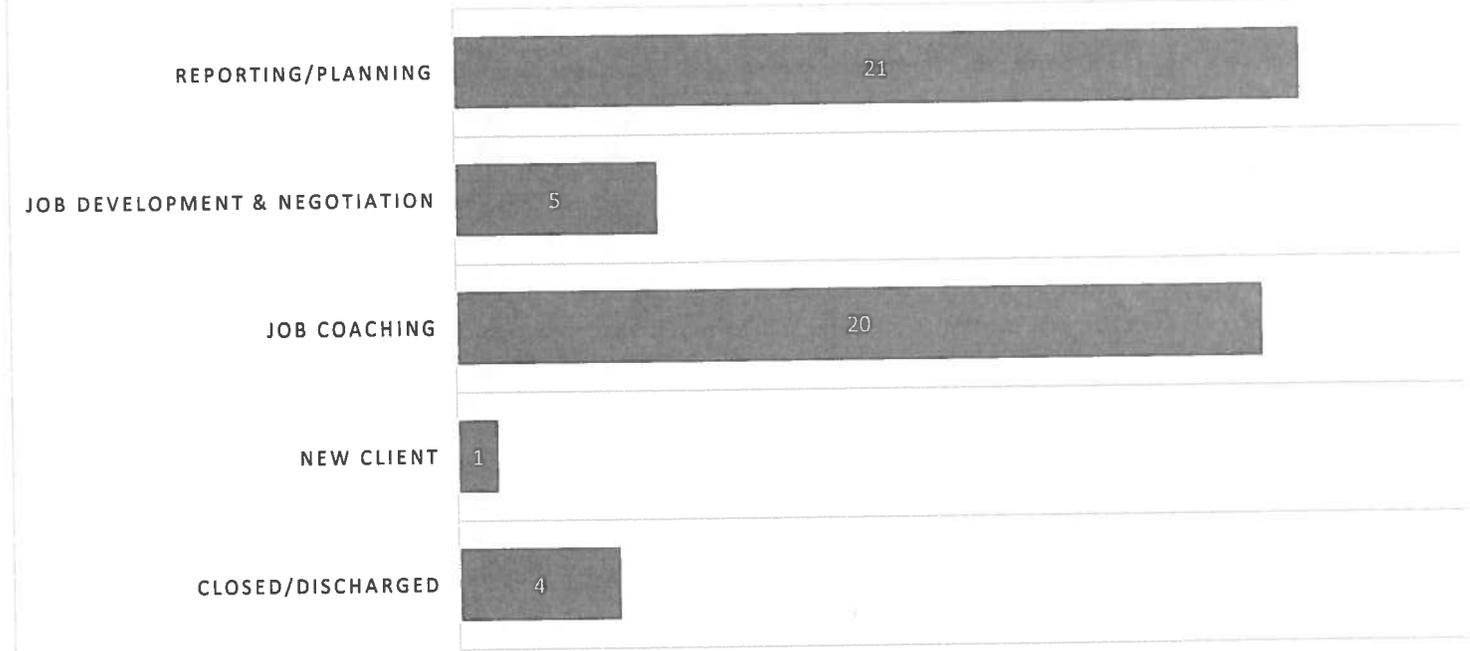
**UCP Land of Lincoln**

Vocational Services \$15,000

FY20 Q1

25 people were served, for a total of 496.50 hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**





10.F.

## CCDDB 2019-2020 Meeting Schedule

### Board Meetings

8:00AM except where noted

Brookens Administrative Building

1776 East Washington Street, Urbana, IL

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

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

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

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

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

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

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

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

*This schedule is subject to change due to unforeseen circumstances.*

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

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**CCMHB 2019-2020 Meeting Schedule**

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

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

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

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**DRAFT**

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

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

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

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

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**Agency and Program acronyms**

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

**Glossary of Other Terms and Acronyms**

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

AAC – Augmentative and Alternative Communication

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

BD – Behavior Disorder

BSP – Behavior Support Plan

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

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

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

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

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

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

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

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

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

DD – Developmental Disability

DDD – Division of Developmental Disabilities

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

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

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

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

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

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

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

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

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

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

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

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

MI – Mental Illness

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

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

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

VI – Visual Impairment

VR – Vocational Rehabilitation

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

WIOA – Workforce Innovation and Opportunity Act

**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities  
Staff Report – November 2019**

**CCDDB Contracts:** On October 15, 2019 UCP's official letter of termination of services was received. On October 16, 2019, a contract amendment was mailed to UCP, changing the contract termination date from June 30, 2020 to November 15, 2019, canceling further payment, and reminding UCP of the contract requirement to repay excess revenue.

On November 4, 2019, a letter requesting the excess revenue was mailed to UCP. Since the UCP contract was a Fee for Service contract, UCP was paid 1/12 (one twelfth) of the contract maximum for July, August, September, and October. These payments were reconciled to actual billings in the online claims system to determine the amount of revenue owed to the CCDDB.

**CCDDB Reporting:** PY20 1<sup>st</sup> Quarter Service Activity Reports were due on October 25, 2019. Program reports for all programs were compiled and can be found in this Board packet. Service data reports were completed and can also be found in this Board packet. Programs were required to submit the names of program participants who also receive IDHS-DDD waiver funding. Claims will be entered into the online system for those participants.

**CCDDB Mini-Grant:** After the CCDDB meeting on October 23, 2019, Stephanie, Shandra, and Lynn helped me stuff 246 mini-grant applications into envelopes to be mailed to people registered on PUNS with no long-term supports or services funded through CCDDB, CCMHB, or the Illinois Department of Human Services.

As Mini-Grant applications began to come into the office, I created a spreadsheet to track each of the applications. The spreadsheet tracked name, address, phone number, and eligibility requirements. I then created a review form for each application. The Review Form gave each application an ID number and verified all areas of eligibility (residency, PUNS enrollment, service eligibility, and non-family member of CCDDB/CCMHB Board or staff). Each application was then anonymized and copied in preparation for distribution to the Application Review Committee. I also numbered all of the pages of each application packet for review. Original documents were kept separate from the copies to be distributed to the Review Committee and will be used after the Committee has made their decisions on awards.

**MHDDAC:** I participated in regular meetings of the Mental Health and Developmental Disabilities Agencies Council Meetings. The agenda of the MHDDAC meetings have been altered based on the responses from the survey. MHDDAC meetings will have more opportunities for networking, discussing emerging community needs, sharing best practices, sharing data collection and evaluation tools, etc. CCDDB and CCMHB Board meeting updates will no long be on the MHDDAC agenda (all meeting materials and audio recordings of meetings continue to be available online). Staff will continue to be available to answer questions about the board meetings or highlight decisions of importance to the agencies.

**Site Visits:** I conducted a site visit with the CU Able Community Outreach program. PY19 reports were reviewed. No concerns were noted. Site visit reports for Rosecrance DD/MI,

CCRPC Decision Support Person Centered Planning, and CU Able Community Outreach are currently in progress.

**Learning Opportunities:** Laura Gallagher Watkin presented a follow-up to her February 2019 presentation. Ms. Watkin will be presenting, “Social Security Disability and Returning to Work” on November 7, 2019.

Tamela Milan-Alexander, MPPA is scheduled to present, “A Mother’s Story: Her Journey in Becoming a Community Advocate,” on December 5, 2019. Ms. Milan-Alexander was the lunchtime presenter at the closing session of the Illinois Public Health Association Conference/Association of Community Mental Health Authorities of Illinois opening session in Springfield in September.

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

**ACMHAI:** I participated in the ACMHAI I/DD committee call.

**Disability Resource Expo:** I participated in Steering Committee meetings for the 13<sup>th</sup> Annual Disability Resource Expo. The Expo is scheduled for Saturday, March 28, 2019 at The Vineyard Church. The next Expo meeting is scheduled for December 4, 2019 at the Champaign County Chamber of Commerce.

I also participated in meeting for the Children’s Room. Some things that the committee feels are important for the Children’s Room include: Walkie Talkies for any emergencies that may arise and formal Expo signs reminding families that children must be accompanied by parents/adults.

**Other activities:** I participated in the following webinars: *NADD – A Family Perspective on Trauma Informed Care*, *NADD - Healing and Recovery for People with I/DD*, *NADD - Creating a Trauma Informed IDD System of Care*, *NADD - Understanding Trauma: The Workforce Perspective*, and *the Community Choices Advocacy Initiatives - Board Be the Leader of Your Healthcare Team*.

I participated in the monthly Race Relations planning meetings at the Bahai’ Center.

I also attended a planning meeting for the New American Welcome Center.

I met with two community members about possible topics for upcoming Case Management workshops.

I attended the Local Interagency Council Meeting. This goal of this meeting was to determine if this meeting should be held on a regular basis as it had previously been done. There was a general consensus amongst the attendees that this meeting is particularly beneficial for providers of Early Intervention Services. The next meeting will be held in January 2020.

**Community Learning Lab:** I continue to meet with the students from the Community Learning Lab. The students are working to verify the information included in resource guides for Champaign County. The students have been able to meet with Dr. Anita Chan, UIUC, staff from

Oak Park Township Mental Health Board, and an app developer. As the end of the semester draws near, the students are preparing their final presentation.

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

1 of 33 people has received an award letter Home Based Services (HBS). 23 are in the PAS process and are requesting HBS. 4 people in the PAS process are requesting CILA. 5 people are still undecided and are working with CCRPC ISC to determine if CILA or HBS is the right fit for them.

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## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – November 2019 Board Meeting**

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

##### **Audits:**

Audits and financial reviews were due on October 31, 2019. Nine agencies submitted their audits to us. Seven agencies requested an extension (usually until 11/30 or 12/31).

John Brusveen (consultant) has again agreed to review audits. I send him copies of all audits received as well as 4th quarter financial reports for each program.

As reported last month, Promise Healthcare received an extension for their 2018 audit. Originally their audit was to be completed by June 30, 181 days after the close of the agency's fiscal year. The extension was approved by staff until September 30, 2019. They did not meet the deadline and payments have been withheld. We were informed their audit was expected October 31, 2019. We have not yet received their audit.

##### **Compliance:**

CU-Area Project (CUAP) had their payments held because they had missing and incorrect financial reports for the 4th quarter. They successfully addressed the issue and payments were released.

I made contact with seven of our funded agencies because we had not been receiving copies of their Board agendas and approved minutes as is required in their contract with us.

First Quarter financial and program reports for all funded programs were due at the end of October. Four agencies did not submit reports by the due date and were issued a non-compliance notification. Three agencies requested an extension of time to complete the reporting, which was approved by staff. Four agencies were sent notification to correct errors on their financial reports. As of this writing, no payments have been withheld.

##### **Webinars:**

I will participate in a live webinar on Thursday, November 21<sup>st</sup>. Topics include:

- Basics of Illinois' new recreational marijuana legislation
- Differences between Illinois' medical marijuana law and recreational marijuana legislation
- Implications of the recreational legislation for employers
- Q&A session

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

A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page.

International Galleries at Lincoln Square in Urbana continues to give AIR artists a space, free of charge, to host monthly artists. I organize the schedule and maintain a relationship with gallery personnel and the artists.

The November artists are from the Cunningham Children's Home. Their statement reads, "*Cunningham Children's Home provides the space for children to heal, learn and grow. Our students suffer from serious emotional and behavioral challenges caused by abuse, neglect, mental illness and more. Part of their healing program includes art, in an educational and therapeutic environment. The artwork on display at this show has been created by our youth, and we hope you enjoy viewing it. All sales will go directly to the students who created the pieces.*"

For the month of December, the gallery will host a compilation of artists that have shown throughout the year (I'm still organizing the list). In January, local National Alliance for the Mentally Ill (NAMI) artists have been invited to sell their work. We will continue with a new artist every month for as long as International Galleries (and owner, Bill Mermelstein) will host us. The gallery does not take any percentage of the artist's sales.

Additionally, Barb Bressner is now organizing AIR artists to show at the Market IN the Square (Lincoln Square in Urbana on most Saturdays from 8 a.m. until 1 p.m.) during the winter months. The current schedule is as follows:

- Nov 9 – Patti Hand, paintings, gift cards, photography
- Nov 16 – Philo Art Crew, various
- Nov 23 – mvzonik, t shirts
- Dec 7 – Allison Boot, author
- Dec 14 – National Alliance for the Mentally Ill (NAMI), various

**Site Visits:**

I participated in a site visit with Kim Bowdry at CU Able (CCDDB funded) on November 7, 2019. We met with staff to talk about the program. I will forward my notes to Kim Bowdry to be added to her site visit report.

**Mini-Grant Review:**

Applications for the CCDDB Mini-Grant were due November 8, 2019 (mailed applications must be postmarked by this date). I assisted Kim Bowdry with a mass mailing and general organization as applications came in. Around fifty applications have been received as of this writing.

**Other:**

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.
- I will attend the Association of Community Mental Health Authorities of Illinois (ACMHAI) meeting in December.

# 2019 November Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

### CLC Compliance Check:

I am reviewing the instructions for the 2<sup>nd</sup> Quarter to Ensure that the reporting for the 2<sup>nd</sup> quarter is streamlined to learn how the organizations will need additional support for CLC Plan Development for FY21.

**MAYC-** (Mahomet Area Youth Club)- I was asked to do a cultural competence workshop with Jr. High and High School students on December 11, 2019.

### Promise Healthcare-

I will conduct their annual CLC Training on January 16, 2020. Planning will take place to ensure that topics will cover the needs that they have identified as a cultural competence committee.

## CLC Coordinator Direct Service Activities

**Mental Health First Aid Training: There will be two Mental Health First Aid Trainings on**

December 13 & December 20- For Adults

January 3 & January 10, 2019- For Youth

For additional information please email [shandra@ccmhb.org](mailto:shandra@ccmhb.org).

**Georgetown Leadership Academy Resources:** I attended the webinar "Cultural Competence: What it Means for Person-Centered Thinking, Planning, & Practice on Tuesday October 29<sup>th</sup>. They have a series of webinars that is focusing on person centered planning. There are some resources that takes a deeper look at person centered planning through a culturally responsive lens. I would encourage you to visit the website to view past webinars and upcoming webinars. National Center on Advancing Person-Centered Practices and Systems <https://ncapps.acl.gov/>

### Upcoming Training

#### **November 2019 Webinar:**

Trauma-Informed Person-Centered Thinking and Support  
*Monday November 18th, 2:30pm to 4:00pm Eastern Time*

To register, visit [https://zoom.us/webinar/register/WN\\_O2c564D5Sdm2eU9k\\_a03jg](https://zoom.us/webinar/register/WN_O2c564D5Sdm2eU9k_a03jg)

To engage in person-centered practices, including person-centered planning, it is essential to see the whole person. This whole person view must include acknowledgment and consideration of a person's life experiences, which may – and often do – include experiences of trauma. Person-centered practices and trauma-informed approaches share key values, including

## **2019 November Monthly Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator**

collaboration, mutual trust, informed choice, and empowerment. However, we lack the tools to apply trauma-informed principles to the person-centered planning process, and to intentionally engage in trauma-informed person-centered practices. This webinar will explore the intersection of trauma and person-centered thinking, planning, and practice. It will emphasize actionable steps people can take to ensure that we consider trauma when we engage in person-centered thinking, planning, and practices.

**UIUC Community Learning Lab:** The CLL Students have formalized their project on the “Barriers to Providing Services in Rural Areas.” There is a summary included in the board packet of the information they found. They will provide a report to the Mental Health Board on November 20, 2019 and will give a full presentation on December 5, 2019. All organizations that completed the survey are invited to learn about the findings from their meetings and recommendations moving forward.

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

#### **Alliance for Inclusion and Respect:**

I provided information about the Winter Farmers Market to a possible new exhibitor. I connected the person with Barb B. about specific dates of availability.

**Disability Resource Expo:** I attended the Expo Steering Committee Meeting on October 25, 2019. There was a suggestion made about different recruiting different groups to volunteer at the Expo. I am working with the committee to complete the volunteer sign-up so that identified groups can reserve the areas that they would like to volunteer. I am working with the committee to develop a volunteer tracking system so that we can capture the number of volunteer hours spent preparing for the expo.

**C-HEARTS African American Story Telling Project:** I attended the Diversity Breakfast at the University Illinois. A member of our team was honored for her work on the “Physical Impact Of Community Violence.” There will also be a community work in on December 3<sup>rd</sup> at Pilgrim Baptist Church with community members about the impact of community violence and how the University of Illinois can continue to provide support to those members.

#### **National Federation for Children’s Mental Health:**

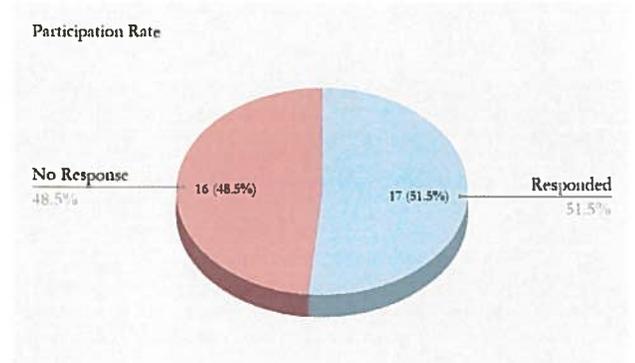
I will be attending the National Conference on November 13-17 in Phoenix, AZ. I will learn about new research and trends that are impacting the families receiving services.

# Service Learning

## Champaign County Mental Health Board

### Our Project:

- Identify barriers that exist when trying to connect rural communities with mental health services.
  - Meet with organizations funded by the board to assess their needs in regards to rural services.
  - Promote relationships between agencies within Champaign County.

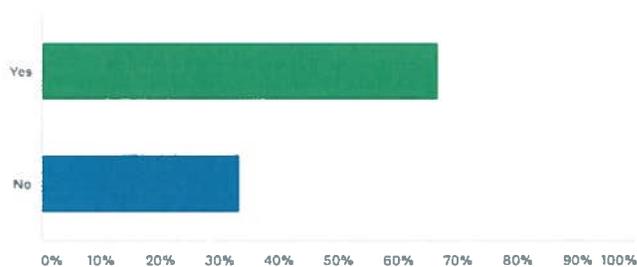


### Ideas:

- Build new relationships between funded agencies
- Connect agencies looking to co-locate with sites that have already successfully done so
- Transportation Grants to be utilized for employee transportation costs
- Start forming relationships between agencies and the school districts around Champaign County

Would you be willing to co-locate your services to rural communities (i.e., providing a support group once a week at a library in a rural community)?

Answered: 18 Skipped: 1



100