



Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

Wednesday, November 20, 2024, 9:00 AM

*This meeting will be held in person at the Shields-Carter Room of the
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
Members of the public may attend in person or watch the meeting live through this link:
<https://us02web.zoom.us/j/81559124557> Meeting ID: 815 5912 4557*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. CCDDDB Meeting Schedule ([posted here](#)) and Allocation Process Timeline** (as "CCDDDB Important Dates" among [public documents here](#)) are no longer included in the packet.
- V. CCDDDB Acronyms and Glossary** are no longer included in the packet but [posted here](#).
- VI. Citizen Input/Public Participation** All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.
- VII. Chairperson's Comments – Ms. Vicki Niswander**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Introduction of Newly Appointed CCDDDB Member, Dr. Neil Sharma**
- X. Approval of CCDDDB Board Meeting Minutes** (pages 3-6)*
Minutes from the 10/23/2024 CCDDDB meetings are included for approval. Action is requested.
- XI. Vendor Invoice Lists** (pages 7-9)*
Action is requested to accept the "Vendor Invoice Lists" and place them on file.
- XII. Staff Reports** (pages 10-28)
Included for information only are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.
- XIII. New Business**
 - a) **Response to Potential Threats**
The Board may discuss how to protect our neighbors who have disabilities.
 - b) **Agency Request for Extensions** (pages 29-32)*
CU Autism Network's written request for extension of application revision and report deadlines is included. A decision memorandum offers background and possible motions. Action is requested.
- XIV. Old Business**
 - a) **CCDDDB Strategic Plan with Objectives for 2025** (pages 33–49)*

A decision memorandum seeks board approval of the attached CCDDDB Strategic Plan with DRAFT Objectives for Fiscal Year 2025. Action is requested.

b) **CCDDDB PY26 Funding Priorities** (pages 50–66)*

A decision memorandum presents CCDDDB funding priorities and decision support criteria for Program Year 2026. Action is requested.

c) **Engage Illinois** (pages 67-68)

For information only, this statewide system redesign effort has provided a summary on recent activities.

d) **Evaluation Capacity Building Project Update**

An oral update will be provided by representatives from the Evaluation Team.

e) **disAbility Resource Expo Update**

An oral update will be provided regarding the October 26, 2024 event.

f) **PY2025 Q1 DD Program Service Reports** (pages 69 –89)

For information only are PY25 First Quarter Service Activity Reports from funded agency programs.

g) **PY2025 Q1 Program Claims Data** (pages 90-104)

For information only are charts showing PY25 First Quarter service claims data.

XV. Successes and Other Agency Information

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

XVI. County Board Input

XVII. Champaign County Mental Health Board Input

XVIII. Board Announcements and Input

XIX. Adjournment

** Board action is requested.*

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

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

Minutes October 23, 2024

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

9:00 a.m.

MEMBERS PRESENT: Vicki Niswander (remote), Anne Robin, Georgiana Schuster, Susan Fowler, Anne Robin

MEMBERS EXCUSED: Kim Fisher

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

OTHERS PRESENT: Annette Becherer, Sarah Perry, Danielle Matthews, Patty Walters, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Angela Yost, CCRPC; Jacinda Dariotis, UIUC; Mel Liong, Michelle Ingram, Paula Vanier, LaShunda Hall, PACE; Brenda Eakins, GROW

CALL TO ORDER:

Dr. Robin called the meeting to order at 9:00 a.m. CCDDB member Vicki Niswander requested to attend remotely due to illness. In compliance with the CCDDB By-Laws a motion was requested by Dr. Robin to allow her remote attendance.

MOTION: Dr. Robin moved to allow remote attendance for Vicki Niswander for this meeting due to illness. Ms. Schuster seconded the motion. All CCDDB members voted aye and the motion passed.

ROLL CALL:

Roll call was taken, and a quorum was present.

APPROVAL OF AGENDA:

An agenda was approved.

CCDDB and CCMHB SCHEDULES/TIMELINES:

Updated copies of CCDDB and CCMHB meeting schedules and CCDDB allocation timeline were posted.

ACRONYMS and GLOSSARY:

A list of commonly used acronyms was posted.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

None.

EXECUTIVE DIRECTOR’S COMMENTS:

None.

APPROVAL OF MINUTES:

Minutes from the 9/18/2024 and 9/25/2024 meetings were included in the packet.

MOTION: Dr. Fowler moved to approve the 9/18/24 board meeting minutes and 9/25/24 study session minutes as presented. Ms. Schuster seconded the motion. A voice vote was taken and the motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet.

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

STAFF REPORTS:

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

NEW BUSINESS:

Summaries of PY2024 I/DD Program Results:

A briefing memorandum with an overview of utilization and outcome targets and results for all funded programs was included in the Board packet. Increasing the clarity of the data will continue.

Executive Director Contract:

To retain the current CCDDDB/CCMHB Executive Director from January 2025 through December 2026, a contract has been negotiated with the Presidents of the CCDDDB and CCMHB.

MOTION: Ms. Niswander moved to approve the negotiated contract with Director Canfield and the CCDDDB/CCMHB. Ms. Schuster seconded the motion. The motion passed.

OLD BUSINESS:

Revised Draft Budgets for Fiscal Year 2025:

MOTION: Ms. Schuster moved to approve the revised draft 2025 CCDDDB budget with anticipated revenues and expenditures of \$5,518,336. Dr. Fowler seconded. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Fowler moved to approved the revised draft 2025 I/DD Special Initiatives Fund budget, with anticipated expenditures of \$233,063 from fund balance. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

Engage Illinois:

Ms. Niswander provided a verbal update on the statewide redesign effort. The group's call for input was included in the packet.

Evaluation Capacity Building Project:

A representative from the team provided an update.

Expo Update:

Verbal updates were given by Expo Steering Committee members.

SUCSESSES AND AGENCY INFORMATION:

Updates were provided by LaShunda Hall from PACE; Patty Walters from DSC; Becca Obuchowski from Community Choices; and Angela Yost from Regional Planning Commission.

COUNTY BOARD INPUT:

None.

CCMHB INPUT:

The CCMHB will meet this evening.

BOARD ANNOUNCEMENTS AND INPUT:

None.

ADJOURNMENT:

The meeting adjourned at 9:46 a.m.

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

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER										
Oct '24	DD25-078	10/01/2024	100424A	37714	34,903.00	34,903.00	10/31/2024	INV	PD	DD25-078 Decision Supp
CHECK DATE: 10/04/2024										
10146 COMMUNITY CHOICES, INC										
Oct '24	DD24-076	10/01/2024	100424A	37753	2,833.00	2,833.00	10/31/2024	INV	PD	DD24-076 Staff Recruit
CHECK DATE: 10/04/2024										
Oct '24	DD25-075	10/01/2024	100424A	37753	17,791.00	17,791.00	10/31/2024	INV	PD	DD25-075 Self-Determin
CHECK DATE: 10/04/2024										
Oct '24	DD25-077	10/01/2024	100424A	37753	14,250.00	14,250.00	10/31/2024	INV	PD	DD25-077 Transportatio
CHECK DATE: 10/04/2024										
Oct '24	DD25-090	10/01/2024	100424A	37753	17,750.00	17,750.00	10/31/2024	INV	PD	DD25-090 Inclusive Com
CHECK DATE: 10/04/2024										
Oct '24	DD25-095	10/01/2024	100424A	37753	19,958.00	19,958.00	10/31/2024	INV	PD	DD25-095 Customized Em
CHECK DATE: 10/04/2024										
10170 DEVELOPMENTAL SERVICES CENTER OF										
Oct '24	DD25-080	10/01/2024	100424A	37765	25,666.00	25,666.00	10/31/2024	INV	PD	DD25-080 Individual an
CHECK DATE: 10/04/2024										
Oct '24	DD25-081	10/01/2024	100424A	37765	51,250.00	51,250.00	10/31/2024	INV	PD	DD25-081 Community Liv
CHECK DATE: 10/04/2024										
Oct '24	DD25-082	10/01/2024	100424A	37765	79,166.00	79,166.00	10/31/2024	INV	PD	DD25-082 Community Fir
CHECK DATE: 10/04/2024										
Oct '24	DD25-083	10/01/2024	100424A	37765	43,375.00	43,375.00	10/31/2024	INV	PD	DD25-083 Service Coord
CHECK DATE: 10/04/2024										
Oct '24	DD25-084	10/01/2024	100424A	37765	21,666.00	21,666.00	10/31/2024	INV	PD	DD25-084 Clinical Serv
CHECK DATE: 10/04/2024										
Oct '24	DD25-085	10/01/2024	100424A	37765	8,208.00	8,208.00	10/31/2024	INV	PD	DD25-085 Employment Fi
CHECK DATE: 10/04/2024										
Oct '24	DD25-086	10/01/2024	100424A	37765	20,333.00	20,333.00	10/31/2024	INV	PD	DD25-086 Workforce Dev
CHECK DATE: 10/04/2024										
Oct '24	DD25-091	10/01/2024	100424A	37765	41,666.00	41,666.00	10/31/2024	INV	PD	DD25-091 Community Emp
CHECK DATE: 10/04/2024										
Oct '24	DD25-092	10/01/2024	100424A	37765	9,583.00	9,583.00	10/31/2024	INV	PD	DD25-092 Connections
CHECK DATE: 10/04/2024										

72,582.00

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Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10424				300,913.00					
									PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.
Oct'24	DD25-079	10/01/2024	100424A / 37824	3,831.00	3,831.00	10/31/2024	INV	PD	DD25-079 Consumer Cont
	CHECK DATE: 10/04/2024								
16 INVOICES				412,229.00					

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION	
1	CHAMPAIGN COUNTY TREASURER									
	Oct'24	IDDSI25-089	10/01/2024	100424A	37715	19,336.00	10/31/2024	INV	PD	IDDSI25-089 Community
	CHECK DATE:	10/04/2024								
1 INVOICES				19,336.00						

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

Kim Bowdry,
Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2024

CCDDB/CCMHB/IDDSI: PY2025 1st Quarter Reports were due on October 25, 2024. 1st Quarter Program Reports and Service Data Reports are included in the November CCDDB Packet. Many Program Reports include detailed information about program activities in the comments section of those reports. It should also be noted that not all I/DD programs enter claims into the Online Reporting System, therefore there will not be a report for each program. All information from Program Reports is compiled on agency performance data charts to track progress.

PACE did not submit their 1st Quarter reports by the deadline and did not make an extension request. A contract compliance letter was sent to PACE on October 28, 2024. PACE staff completed reports on October 31, 2024.

I continue working on PY2024 claims data from the Online Reporting System. This data will be sorted by client and service type. Through review of this data, I can see duplication of services and client specific program involvement. An overview of how services are utilized will be provided prior to the next application review.

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

I helped agency users with claims in the Online System and other reporting.

Please see the ‘Incomplete Contract Requirements and Request’ Decision Memorandum in this Board Packet for an update on the CU Autism Network’s late reports.

Site Visits: The CU Early Site Visit was completed on October 31, 2024. No concerns were noted.

The PACE Site Visit was completed on November 13, 2024. The Champaign County Head Start/Early Head Start Site Visit was completed on November 14, 2024.

All site visit notes are finalized and shared with agency staff at the time of completion. I’d like to thank all the agency staff who worked to make these site visits smooth. I enjoyed meeting with all staff and getting a deeper look at each of the programs.

Learning Opportunities: Alex Campbell, EMK Consulting is scheduled to present an overview of the Online Application and Reporting System on December 5, 2024, from 10:00-11:30. This CCDDDB/CCMHB Online Reporting System training will guide and update agency users in completing the various application and reporting requirements in the context of program year timeline. This training will be beneficial for first-time, new, and experienced users of the Online Reporting System. Please register [here](#) to attend.

DISABILITY Resource Expo: The 15th DISABILITY Resource Expo was held on October 26, 2024, at Market Place Shopping Center. I arrived at the mall at 7AM to begin setting up for the event and stayed until after 4PM, when the Expo was over. The Expo ran from 11AM to 4PM and had over 70 exhibitors, many attendees (although maybe fewer than in previous years), and several wonderful volunteers.

The Expo Steering Committee will meet in early December to wrap up the 2024 event. At this meeting, we will review Exhibitor and Participant evaluations, discuss what worked and what could have gone better, and look ahead to the next Expo.

I delivered DISABILITY Resource Expo books to CCRPC, PACE, RACES, the Well Experience, CRIS Health Aging, the Pavilion, and Crane Feeding & Speech. Cindy Crawford, CSCNCC picked up Expo Resource books from the office. Mel Liang, PACE took additional Expo Resource books to deliver to Illinois Respite Coalition.

I have additional resource books in my office for distribution. I also dropped off two Gel Top Sensory Stimulation Trays at DSC, which had been used in the Children's Activity Room in previous Expos.

MHDDAC: I participated in the October MHDDAC meeting on October 22, 2024. Lara Davis, Human Rights and Advocacy gave a brief presentation on the services offered through the HRA.

ACMHAI: The next ACMHAI I/DD Committee is scheduled for November 12, 2024. I participated in the November Executive Committee Meeting. The ACMHAI December Membership Meetings are scheduled for December 5th and 6th, I plan to participate remotely.

NACBHDD: I participated in the November I/DD Committee Meeting.

Human Services Council: I participated in the November HSC Meeting. Teklii Dey Koontz and Georgiana Schuster presented on the services offered through NAMI. Kristen Neaville, Epilepsy Advocacy Network also shared about EAN’s services as part of Epilepsy Awareness Month. Agency updates were also shared.

Race Relations Committee: I attended the monthly Community Coalition Race Relations Committee meeting.

IDHS-DDD: I have reached out to Prairieland Service Coordination, Inc. (the Independent Service Coordination team for Champaign County) to schedule a meeting regarding a [PUNS Information Bulletin](#) released by IDHS-DDD in October. In the information bulletin, IDHS-DDD states that “If the individual's needs are currently being met in another way, DDD encourages ISCs to close their PUNS or change the individual to Planning category so that the Seeking category more accurately reflects those who are actively pursuing services, as the category was intended.” The concern is that people served through CCDDB funding will be closed from PUNS because CCDDB funding may be seen as having their needs met in another way. This may prevent people from timely access to Medicaid Waiver funding and lead to the loss of funding through the CCDDB.

Champaign County Transition Planning Committee (TPC): I participated in the November TPC meeting on November 15, 2024. At the November meeting, Leanne Mull from Blue Tower Solutions discussed epilepsy support and resources.

Other: I also participated in several webinars.

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

Staff Report-November 2024

Summary of Activity: The PY25 agency first quarter reports were due on October 25, 2024. The Champaign County Christian Health Center, Courage Connection, and The UP Center all requested and granted extensions to complete their first-quarter reports. Ms. Stephanie Howard-Gallo sent Notice of Funding Suspension letters to GCAP, ECIRMAC, and DMBGC's Community Coalition Summer Initiative for failing to meet the deadline or requesting an extension to submit late reports. Each agency would finally finish their reports. After receiving all first quarter Program Activity/Consumer Service reports, I was able to review and consolidate them into one substantial report, which is included in this board packet for your perusal.

Site Visits: On October 31st, Ms. Bowdry and I conducted a site visit at CU Early. The visit consisted of a review of client files and a conversation with the Program Director about the program's effectiveness. The Director provided the necessary supporting documentation upon request. There were no issues at the time of writing. The next site visit is with Champaign County MHB Head Start/Early Head Start on November 14th.

ACMHAI Committee: On October 15, 2024, members of the Legislative Committee welcomed Liz Brown Reeves, ACMHAI Lobbyist and heard legislative updates.

CCMHDDAC Meeting: At the October meeting, members provided updates and heard a presentation from Ms. Lara Davis, a Disability Rights Manager for the East Central Human Rights Authority in Champaign. The Human Rights Authority is the investigative arm of the Illinois Guardianship and Advocacy Commission. The Authority, which is made up of nine regional Authorities around the state, investigates alleged violations of the rights of individuals with disabilities by service providers.

CIT Steering Committee: The December meeting is canceled and will be reconvened in February 2025.

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

EXPO Steering Committee: The 2024 DISABILITY Resource Expo was from 11am-4pm on October 26th at Market Place Mall. Other staff worked at the Expo but I was unable to attend due to a scheduling conflict with another important event, the Black Mental Health Conference at Parkland College.

IPlan Behavioral Health Workgroup: No meeting for October 24th.

Rantoul Service Provider's Meeting: On October 21, 2024, the meeting, led by Ms. Josette Dial, featured updates from various participants on community initiatives and services. Ms. Cindy Crawford announced an upcoming food distribution and Halloween event at the Community Service Center, while Ms. Jasmine Eison discussed open enrollment for benefits and vaccine clinics through Chris Healthy Aging. Ms. Jessica McCann shared information on LIHEAP appointments and community referrals for at-risk youth, and Ms. Kathy Garrison

introduced a new mentoring program for middle school boys along with parenting classes. Members heard a presentation from Ms. Jennifer Summers on Hope Springs Counseling. Hope Springs is in Champaign County and offers a variety of services Individual, Family and Group Sessions, one-on-one or family sessions with a therapist, school-supported services, Case Management, and Trauma-Focused Cognitive Behavioral Therapy.

SOFTT/LANS Meeting: The next meeting is scheduled for November 20, 2024.

I was unable to attend the CSPH and Reentry Executive Committee & Council meetings since I was attending the NACBHDD conference.

Other Activities:

- I am presenting at the Summit on Homelessness convened by Community Coalition and CSPH on November 12, 2024, at the Champaign Public Library.
- Attended the Office of the Vice Chancellor Annual Celebration of Diversity - Friday, November 8, 2024, at the IHotel in Champaign, IL.
- Attended The 65th Annual Conference Successful Strategies to Support Individuals with Complex Needs to Improve Outcomes November 3 - November 6, 2024, Renaissance Arts Hotel New Orleans, Louisiana sponsored by NACBHDD.

Sessions:

Supporting Women with Complex Perinatal Needs. The urgency of rapid access to integrated services could not be more crucial than during the prenatal period, both for the mother and unborn child. Mental illness and substance misuse during the pre- and post-natal times in a woman's life, can and does have devastating effects on her life and that of her child. This session will discuss state-wide collaborations, from Connecticut and Iowa, that not only focus on early access to medical specialists, but also establish a connected constellation of integrated behavioral health providers, access to stable housing and to other social determinants impacting healthy outcomes for women and their children. Speakers will present concrete programmatic and policy changes necessary to fully support these women with complex needs. Speakers: Ira Chasnoff, MD – University of Illinois, College of Medicine (IL); Shelly Nolan, MS- Department of Mental Health and Addiction Service (CT)

Addressing Complex Behavioral Needs with Youth. Youth faced with complex behavioral health needs encounter multifaceted challenges that often transcend individual and familial contexts, necessitating comprehensive interventions within broader systems. This panel will explore both historically proven and innovative approaches in addressing the needs of youth with behavioral health challenges. This will include key ideas around collaboration, lessening barriers, and overcoming other challenges in complex care approaches. Our panelists will share insights garnered from their diverse experiences in the field encompassing community and state-based initiatives. Through interactive discussions and state and local examples, attendees will gain a deeper understanding of the interconnected systems impacting the well-being of youth people, including behavioral health services, education, justice system and other social support networks. Speakers: Elizabeth Manley, MSW - Innovations Institute (CT); Monica Stevens, PhD – Tulane University School of Medicine (LA)

Complex Needs and System Responses to Substance Misuse. This session will shed light on the latest advancements, research-driven interventions, and collaborative efforts aimed at improving outcomes for individuals struggling with substance use. Panelists will discuss various

interventions, including, but not limited to: integrated care models, technology solutions, policy driven change, community engagement, and more. Through engaging dialog with our panelists, participants will gain valuable perspectives on how healthcare systems can better prevent, intervene, and support individuals on their journey towards recovery and wellness. Speakers: David G. Stewart, PhD – California School of Professional Psychology (CA); Johanna Braud-Louisiana Supreme Court Specialty Courts Program (LA)

Individuals with Intellectual or Developmental Disabilities (I/DD): Working Across Systems to Provide Person-Centered Care Individuals with intellectual and developmental disabilities (I/DD) are at high risk for co-occurring mental health conditions and have a broad spectrum of unique needs. A strong coordinated continuum and system of care is key to providing appropriate person-centered care. This session will highlight best practice initiatives to address the unique needs of this high-risk population. This session will include information about The Link Center, which is funded by the Administration for Community Living and works to improve supports available to children and adults with intellectual and developmental disabilities (I/DD), brain injuries, and other cognitive disabilities with co-occurring mental health conditions. The Link Center provides training and technical assistance and advances systems change that will increase access to effective services and supports for people with cooccurring conditions. Speakers: Mary Sowers- National Association of State Directors of Developmental Disabilities Services (VA); Brian Hart- CEO, ShiftAbility Transformation Consulting (OH)

Individuals with Traumatic Brain Injury (TBI) and Behavioral Health Conditions Individuals who have experienced traumatic brain injury (TBI) often go undetected across behavioral health systems. Traumatic brain injury (TBI) is a common neurological condition that can affect a person's ability to regulate cognition, emotion, and behavior. Recognizing individuals with TBI in the context of behavioral health treatment is key to accurate diagnosis and providing appropriate treatment and accommodations. This session will provide information and data on the link between TBI and behavioral health conditions. Presenters will include recommendations based on clinical experience about how behavioral health programs and professionals can better meet the needs of their clients who also have had a TBI. Further, resources will be highlighted for working across systems to ensure individuals with traumatic brain injury and behavioral health conditions receive appropriate person-centered care. Speakers: Kim Gorgens, PhD - University of Denver (CO); Rebeccah Wolfkiel, MPP – National Association of State Head Injury Administrators (VA)

Collaborative Approaches for Older Individuals with Complex Needs. The needs of older individuals can be very complex, not just due to normal physiological and cognitive changes due to aging, but also their higher risk for more complex pathological changes, losses of natural supports, and more barriers to transportation and finances. The Program of All-inclusive Care for the Elderly (PACE), an evidence-based proven, collaborative care approach for older individuals with complex needs, does not uniformly include treatment for mental health and substance misuse. This session will present how behavioral health care was added to a PACE team and their integration as a collaborator was achieved and improved patient outcomes. In addition, this session will present work done by the National Coalition on Mental Health and Aging that provides opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health, preventive and treatment strategies to older Americans and their families through education, research and increased public awareness. Speakers: Susan Nelson, MD, FACP, FAAHPM - Ochsner Health Network (LA); Kathleen Cameron, MPH- National Center for Healthy Aging (VA)

Cross Cutting Strategies for Integrating Behavioral Health and Primary Care

There is growing awareness for the need to work across systems to provide person-centered care for the unique needs of individuals who have co-occurring behavioral health and physical health issues. Using First Episode Psychosis programs as an example, this session will provide strategies for how a best practice that involves multi-system collaboration can evolve from an idea – to implementation – to sustainability. Further, this session will include information on the recent Centers for Medicare and Medicaid (CMS) Innovation in Behavioral Health Model (IBH) demonstration, which is a state-based model, led by state Medicaid Agencies, with a goal of Aligning payment between Medicaid and Medicare or integrated behavioral health and primary care services. Speakers: David Shern, PhD – National Association of State Mental Health Program Directors (VA); Karin E. Bleeg, MPH, Acting Division Director, Division of Health Innovation & Integration, State and Population Health Group | Center for Medicare & Medicaid Innovation | CMS

Healthy Blue: A Value-based Contract (VBC) Promoting a Collaborative Model for Individuals with Complex Medical and Behavioral Care Needs Addressing the Social Determinants of Care.

The primary goal of the Integrated Collaborative Care Model (ICCM) is to ensure that members receive holistic treatment throughout the full spectrum of care and gain the value of integration of physical and behavioral healthcare through a community navigator. The model adopted by Healthy Blue VBC addresses the need for person-centered, integrated care using evidence-based supports, and services for its members. This presentation will present data on the ICCM model that has been implemented in a Federally Qualified Health Center setting with a focus on plans for individuals with psychiatric and substance use disorders. Speakers: Chatrian Roberson, MPH- Access Health Louisiana (LA); Cheryll Bowers-Stevens, MD - Healthy Blue Louisiana (LA)

- Attended the 2nd Annual Black Mental Health and Wellness Conference on October 26, 2024, from 8AM-4PM at Parkland College. Mr. Joe Omo Osagie and Dr. Lisa Liggins-Chambers did amazing jobs of stimulating conversation and facilitating their sessions.
- Champaign County Webinar - Building bridges: Collaboration at work (1HR)
- On November 1st, Ms. Lynn Canfield and Mr. Chris Wilson and I met with Uniting Pride's Interim Director and Board Treasurer Ms. Adelaide Aime to discuss staff changes and potential budget amendments. October 21st, Mr. Chris Wilson and I met with Uniting Pride's Interim Director Joshua Gavel and provided technical support.
- Attended NACBHDD: Bridging the Gap Webinar: Ensuring Continuity of Care After Release from the Criminal Justice System.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – November 2024 Board Meeting

SUMMARY OF ACTIVITY:

Quarterly Reporting:

First quarter reporting was due on October 25th, 2024. I sent a reminder of the deadline to the agencies on October 7th, along with a form to request an extension, if needed. I also sent them revised reporting instructions.

Courage Connection, Christian Health Center, and UP Center requested and received short extensions for reports. Letters of suspension were sent to Don Moyer Boys and Girls Club (DMBGC), Greater Community Aids Project (GCAP), East Central Illinois Refugee Mutual Assistance Center (ECIRMAC), and Persons Assuming Control of their Environment (PACE) because they did not submit reports by the due date and did not request an extension.

Audits:

Most audits are due 12/31. We are beginning to receive a few.

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

I provided staff support at the Expo. Eight artists sold work at the disABILITY Expo held October 26, 2024 at Market Place Mall in Champaign. There is no cost for participation. We provide tables, chairs, tablecloths, hand sanitizer, masks (if requested), and water/snacks.

The next art show will be at Ebertfest on April 26, 2025. Planning for that event is beginning to happen.

Other:

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

- Composed minutes for the CCMHB/CCDDB meetings.
- I prepared an orientation manual for a new CCDDB member.

Nov 2024 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

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

1. **Annual Cultural Competence Training-** All training related to building skills around the values of CLC and ways to engage marginalized communities and populations that have experienced historical trauma, systematic barriers to receiving quality care. Each organization is responsible for completing and reporting on the training during PY24/PY25
2. **Recruitment of Diverse backgrounds and skills for Board of Director and Workforce-** Report activities and strategies used to recruit diverse backgrounds for the board of directors and workforce to address the needs of target population that is explained in the program application.
3. **Cultural Competence Organizational or Individual Assessment/Evaluation-** A self-assessment organizational should be conducted to assess the views and attitudes towards the culture of the people that are being served. This also can be an assessment that will identify bias and other implicit attitudes that prevent a person from receiving quality care. This can also include client satisfaction surveys to ensure the services are culturally responsive.
4. **Implementation of Cultural Competence Values/Trauma Informed Practices-** The actions in the CLC Plan will identify actions that show how policies and procedures are responsive to a person culture and the well-being of employees/staff and clients being served. . This can also show how culturally responsive, and trauma informed practices are creating a sense of safety and positive outcomes for clients that are being served by the program.
5. Outreach and Engagement of Underrepresented and Marginalized Communities defined in the criteria in the program application.
6. **Inter-Agency Collaboration-** This action is included in the program application about how organizations collaborate with other organizations formally (Written agreements) and informally through activities and programs in partnership with other organizations. Meetings with other organizations without a specific activity or action as an outcome is not considered interagency collaboration.
7. **Language and Communication Assistance-** Actions associated with CLAS Standards 5-8 must be identified and implemented in the Annual CLC Plan. The State of Illinois requires access an accommodation for language and communication access with qualified interpreters or language access lines based on the client's communication needs. This includes print materials as assistive communication devices.

National Enhanced CLAS Standards for Health and Healthcare Reading Materials

Here is the Link to the [15 Enhanced National CLAS Standards](#)

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

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

Agency Support and Technical Assistance:

Community Choices: Board Training- November 13, 2024

Developmental Service Center: Completing Report about Agency Wide Training

CCMHDDAC Meeting October 29, 2024- Next Meeting November 26, 2024

Review of Application Instructions for PY2026

Webinars and Training Attended

Parenting While Rising to Child Developmental Challenges 2024

You may register for the entire series and listen to the recordings

https://bostonchildrens.zoom.us/webinar/register/WN_YAvE6rrvTh2FnIbSmusePQ#/registration

Ep. 4: November 4, 2024, 3 – 4 PM ET / 12–1 PM PT

Ep. 5: December 16, 2024, 3 – 4 PM ET / 12–1 PM PT

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Expo:

Volunteer Coordination meeting for Expo Planning. Will attend the post wrap-up meeting in November.

ACMHAI:

November 19, 2024- Legislative Committee Meeting

Human Services Council –November 7, 2024- Teklii Dey Koontz Executive Director of NAMI Champaign and Kristen Neaville Client Services Coordinator, Epilepsy Advocacy Network provided presentations about their agency.

Campus and Community Compact: November 14, 2024

Join the Campus-Community Compact and the Community Health, Wellness, and Resilience focus area for an engaging Interactive Workshop and Panel Discussion! This event is specifically designed for Health and Human Services professionals in Champaign County

Please Register by November 12, 2024

https://docs.google.com/forms/d/e/1FAIpQLSczGu5g0AUBeucrH3wM4iiE9cFmKJWiXymO7S1k_n58SI5htQ/viewform

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



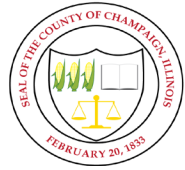
	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	4,515,775.74	4,914,179.96	5,179,568.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,415.00
04 PAYMENT IN LIEU OF TAXES	2,396.21	268.59	4,000.00
06 MOBILE HOME TAX	2,830.62	2,910.73	3,000.00
4001 PROPERTY TAX TOTAL	4,521,002.57	4,917,359.28	5,188,983.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	59,711.39	77,137.54	44,834.00
4008 INVESTMENT EARNINGS TOTAL	59,711.39	77,137.54	44,834.00
4009 MISCELLANEOUS REVENUES			
02 OTHER MISCELLANEOUS REVENUE	1,537.00	0.00	5,000.00
4009 MISCELLANEOUS REVENUES TOTAL	1,537.00	0.00	5,000.00
TOTAL REVENUES	4,582,250.96	4,994,496.82	5,238,817.00
EXPENDITURES			
5020 SERVICES			
01 PROFESSIONAL SERVICES	339,260.00	354,470.00	425,371.00
07 INSURANCE (NON-PAYROLL)	0.00	4,333.00	4,333.00
25 CONTRIBUTIONS & GRANTS	3,537,933.00	3,784,428.00	4,816,113.00
5020 SERVICES TOTAL	3,877,193.00	4,143,231.00	5,245,817.00
TOTAL EXPENDITURES	3,877,193.00	4,143,231.00	5,245,817.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	0.00	0.00	7,000.00
6001 OTHER FINANCING SOURCES TOTAL	0.00	0.00	7,000.00
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-50,000.00	0.00	0.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



	<u>ACTUAL</u> 2023 JAN - OCT	<u>ACTUAL</u> 2024 JAN - OCT	<u>2024</u> ANNUAL BUDGET
7001 OTHER FINANCING USES TOTAL	-50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	-50,000.00	0.00	7,000.00
NET CHANGE IN FUND BALANCE	-655,057.96	-851,265.82	0.00



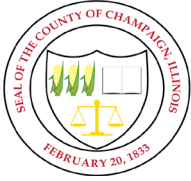
FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10

	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
REVENUES			
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	2,274.78	18,377.31	6,000.00
4008 INVESTMENT EARNINGS TOTAL	2,274.78	18,377.31	6,000.00
TOTAL REVENUES	2,274.78	18,377.31	6,000.00
EXPENDITURES			
5010 COMMODITIES			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
5010 COMMODITIES TOTAL	0.00	0.00	5,063.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	0.00	0.00	1,000.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	95,332.00	220,346.00	399,737.00
5020 SERVICES TOTAL	95,332.00	220,346.00	400,937.00
TOTAL EXPENDITURES	95,332.00	220,346.00	406,000.00
OTHER FINANCING SOURCES (USES)			
6001 OTHER FINANCING SOURCES			
01 TRANSFERS IN	50,000.00	0.00	0.00
6001 OTHER FINANCING SOURCES TOTAL	50,000.00	0.00	0.00
TOTAL OTHER FINANCING SOURCES (USES)	50,000.00	0.00	0.00
NET CHANGE IN FUND BALANCE	43,057.22	201,968.69	400,000.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
REVENUES			
4001 PROPERTY TAX			
01 PROPERTY TAXES - CURRENT	5,494,864.15	5,982,474.52	6,302,595.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,941.00
04 PAYMENT IN LIEU OF TAXES	2,915.74	326.98	1,500.00
06 MOBILE HOME TAX	3,444.34	3,543.48	4,200.00
4001 PROPERTY TAX TOTAL	5,501,224.23	5,986,344.98	6,311,236.00
4004 INTERGOVERNMENTAL REVENUE			
76 OTHER INTERGOVERNMENTAL	339,260.00	354,470.00	425,371.00
4004 INTERGOVERNMENTAL REVENUE TOTAL	339,260.00	354,470.00	425,371.00
4008 INVESTMENT EARNINGS			
01 INVESTMENT INTEREST	41,270.75	72,985.59	56,268.00
4008 INVESTMENT EARNINGS TOTAL	41,270.75	72,985.59	56,268.00
4009 MISCELLANEOUS REVENUES			
01 GIFTS AND DONATIONS	450.00	575.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	21,345.00	16,516.78	42,000.00
4009 MISCELLANEOUS REVENUES TOTAL	21,795.00	17,091.78	45,000.00
TOTAL REVENUES	5,903,549.98	6,430,892.35	6,837,875.00
EXPENDITURES			
5001 SALARIES AND WAGES			
02 APPOINTED OFFICIAL SALARY	86,423.19	89,447.82	110,745.00
03 REGULAR FULL-TIME EMPLOYEES	290,314.87	304,826.88	389,583.00
05 TEMPORARY STAFF	0.00	20.00	1,000.00
08 OVERTIME	0.00	0.00	500.00
5001 SALARIES AND WAGES TOTAL	376,738.06	394,294.70	501,828.00
5003 FRINGE BENEFITS			
01 SOCIAL SECURITY-EMPLOYER	27,518.34	28,788.93	38,275.00
02 IMRF - EMPLOYER COST	9,496.57	10,198.45	13,559.00
04 WORKERS' COMPENSATION INSURANC	1,488.51	1,524.99	2,001.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,655.53	1,899.88	1,899.88
06 EE HEALTH/LIFE	41,950.86	39,810.84	88,820.12
5003 FRINGE BENEFITS TOTAL	82,109.81	82,223.09	144,555.00
5010 COMMODITIES			
01 STATIONERY AND PRINTING	1,399.68	879.40	1,000.00
02 OFFICE SUPPLIES	3,511.63	2,061.83	3,700.00
03 BOOKS, PERIODICALS, AND MANUAL	71.85	0.00	300.00
04 POSTAGE, UPS, FEDEX	1,150.55	942.25	2,000.00
05 FOOD NON-TRAVEL	861.21	1,214.61	1,500.00
12 UNIFORMS/CLOTHING	703.50	0.00	550.00
13 DIETARY NON-FOOD SUPPLIES	233.89	122.66	200.00
17 EQUIPMENT LESS THAN \$5000	3,502.62	3,606.84	6,450.00
19 OPERATIONAL SUPPLIES	2,233.94	2,212.33	2,500.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
5010 COMMODITIES TOTAL	13,668.87	11,039.92	18,485.00
5020 SERVICES			
01 PROFESSIONAL SERVICES	143,610.88	164,197.15	180,000.00
02 OUTSIDE SERVICES	5,940.00	6,646.41	28,000.00
03 TRAVEL COSTS	6,820.16	2,458.40	7,000.00
04 CONFERENCES AND TRAINING	1,848.18	550.00	4,000.00
05 TRAINING PROGRAMS	4,175.85	0.00	12,000.00
07 INSURANCE (non-payroll)	9,618.00	5,285.00	15,000.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	300.00
13 RENT	22,981.99	23,539.11	40,000.00
14 FINANCE CHARGES AND BANK FEES	0.00	2.17	30.00
19 ADVERTISING, LEGAL NOTICES	5,320.50	2,855.20	9,500.00
21 DUES, LICENSE & MEMBERSHIP	17,239.99	16,069.99	20,000.00
22 OPERATIONAL SERVICES	2,448.19	1,987.02	7,000.00
24 PUBLIC RELATIONS	16,631.20	15,100.00	20,000.00
25 CONTRIBUTIONS & GRANTS	4,385,027.00	4,901,907.00	5,801,407.00
37 REPAIR & MAINT - BUILDING	0.00	0.00	300.00
45 ATTORNEY/LEGAL SERVICES	1,675.00	0.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	1,791.54	1,791.54	3,000.00
47 SOFTWARE LICENSE & SAAS	9,243.67	10,640.80	14,000.00
48 PHONE/INTERNET	2,020.21	2,264.15	2,470.00
5020 SERVICES TOTAL	4,636,392.36	5,155,293.94	6,166,007.00

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

COMBINED REPORTING FOR YEAR: 2024 FROM PERIOD: 1 THROUGH PERIOD: 10



	ACTUAL 2023 JAN - OCT	ACTUAL 2024 JAN - OCT	2024 ANNUAL BUDGET
TOTAL EXPENDITURES	5,108,909.10	5,642,851.65	6,830,875.00
OTHER FINANCING SOURCES (USES)			
7001 OTHER FINANCING USES			
01 TRANSFERS OUT	-127,535.00	0.00	-7,000.00
7001 OTHER FINANCING USES TOTAL	-127,535.00	0.00	-7,000.00
TOTAL OTHER FINANCING SOURCES (USES)	-127,535.00	0.00	-7,000.00
NET CHANGE IN FUND BALANCE	-667,105.88	-788,040.70	0.00

MAJOR PROJECT TITLE

***** disABILITY Resource Expo

PROJECT TITLE

DisExpo disABILITY Resource Expo

BEGINNING BALANCE 59,737.62

FUNDING SOURCES		TITLE	AMOUNT
DisExpo	-MISC REV -OtherMisc -	Sponsorships/Exhibitor Fees	-10,865.00
FUNDING SOURCE TOTAL			-10,865.00

EXPENSE STRINGS		TITLE	AMOUNT
DisExpo	-COMM -OPER SUPP -	Disability Expo Supplies	2,212.33
DisExpo	-COMM -STA PRINT -	Printed Materials	879.40
DisExpo	-SERVICES -JB REQ TRV-	Job Required Travel	25.23
DisExpo	-SERVICES -LEGAL ADV -	Advertising/Marketing	2,840.00
DisExpo	-SERVICES -PR -	Public Relations	100.00
DisExpo	-SERVICES -PROF SVC -	Professional Services	38,050.00
DisExpo	-SERVICES -Rent -	Rentals	1,788.00
EXPENSE TOTAL			45,894.96

ENDING BALANCE 94,767.58

******* TOTALS**

BEGINNING BALANCE	59,737.62
FUNDING SOURCE	-10,865.00
EXPENSE	45,894.96
ENDING BALANCE	94,767.58

REPORT TOTAL: 94,767.58

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

STEVE BECKETT LAW OFFICE, LLC
Attorneys at Law

Attorneys

J. Steven Beckett
steve@stevebeckettllc.com

November 6, 2024

508 South Broadway
Urbana IL 61801
(217) 328-0263
(217) 328-0290 FAX
(217) 278-2117 Alt. FAX

Champaign County Developmental Disabilities Board
Champaign County Mental Health Board
1776 E. Washington St
Urbana, IL 61802

Re: CU Autism Network

To Whom It May Concern:

I have been retained to help assist CU Autism Network to comply with all required reports and amendments relating to grants received by CUAN. I have no prior experience with the reporting process and compliance of information to disclose to CCDDDB/CCMHB. CUAN has engaged my services for that purposes and I feel it would be beneficial to have a meeting with CCDDDB/CCMHB to effectively assist CUAN complete their amendments and reports.

Please accept this letter as a request for permission to extend the deadline to finalize CUAN's PY24 application revisions and all PY24 reports.

Very Truly Yours,


J. STEVEN BECKETT

JSB/kmf
pc: CU Autism Network



DECISION MEMORANDUM

DATE: November 20, 2024
TO: Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director, and Kim Bowdry,
Associate Director for I/DD
SUBJECT: Incomplete Contract Requirements and Request

Purpose:

This memorandum offers possible actions as related to a request from an agency which was funded during PY2024. We notified the agency on October 1, 2024 that, due to none of the required reports being submitted, payments issued them should be returned. After three weeks, their attorney contacted us to say the funds had been used properly and that he and his staff would complete the missing documentation. Because deadlines and extended deadlines have passed, the agency is requesting that the Board approve exceptions to these timelines so that missing reports may be submitted and no funds returned. Background information is offered to support the Board's review of this unusual situation as they consider the agency's request.

Background:

The CU Autism Network was funded during PY2024 for two projects, the "CUAN Planning Seed Grant PY2024" and "CUAN Community Outreach Program." The application forms submitted prior to July 1 were incorporated in contracts, and their author, agency director Dr. Daniel Fox, had expressed confidence in the organization's ability to carry out both plans.

On September 20, 2023, Operations & Compliance Coordinator Howard-Gallo attempted to contact Dr. Fox because no CUAN Board Minutes had been submitted.

On October 20, 2023, the prior CUAN Board President Ms. Duvall let us know that that Dr. Fox had resigned on July 21, 2023. By that time, Mrs. Duvall had resigned as Board President so that she could serve as the paid agency director, with Tonya Carter brought on to help with reports. It was also

at this time that an Extension Request was submitted by Ms. Duvall for PY2024 1st Quarter reports, which were due on October 27, 2023.

Once it was clear that a shift in budget would be needed - from consultant cost for Dr. Fox to staff costs associated with Mrs. Duvall and Ms. Carter - CCDDDB staff had several email exchanges and meetings with them:

- to develop amendments for each contract;
- to confirm that the organization believed they would be able to deliver the services described originally in each contract;
- to provide technical support for making the financial form changes per contract amendments; and
- to adjust quarterly report periods to allow late reporting.

Payments were suspended in December 2023, as we continued to wait for the changes and reports.

In late February 2024, contract amendments were completed for each CUAN contract to allow for reallocation of funds from the Professional Fees/Consultants line to the Salaries/Wages line and to the Payroll Taxes line for both contracts. The last request from CUAN was on May 7, 2024, that the application financial forms be reopened for the approved edits.

When PY2024 had ended and the deadline for year-end reports had passed, we asked that the agency either return funds or complete the approved financial form edits and year end reports.

If the latter, we would help them gain access to the correct forms and report periods, to be completed by September 30, 2024, a one-month extension beyond the deadline for year-end reports. In this case, the annual independent CPA audit or financial review report would also be due within six months of the end of the agency's fiscal year. If the former, the full amount of payments issued would be due back to the CCDDDB by October 21, 2024.

On August 28, 2024, Mrs. Duvall asked if reports could be submitted in paper form rather than through the online system. Without a special contract provision for alternative format reporting, we were unable to offer this option.

On October 22, Mr. Beckett contacted CCDDDB staff to let us know that he was representing Ms. Duvall and CUAN and that he had been assured all funds were spent properly.

A total of \$72,168 was paid out, for the first six months of the PY2024 contracts. At the time of this writing, we have no information on how the funds were spent or services delivered. In addition to the application budget form changes and required quarterly, semi-annual, and annual reports, an independent CPA audit or financial review will be due.

Some Decision Options:

Option 1:

Motion to deny CU Autism Network’s request for additional support and time to complete all required reports and budget revisions and to affirm that all payments received on PY2024 contracts should be returned.

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

Option 2:

Motion to allow CU Autism Network until 4:30PM on January 8, 2025 to meet PY2024 contract requirements related to the first six months of the two PY2024 contracts.

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

AND

Motion to approve contract amendments to lower the CU Autism Network PY2024 contract maximums to the amounts already paid out, to allow for reporting on only the first six months of PY2024, including the CLC mid-year progress report and year-end Performance Outcome Reports.

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

If CUAN’s request is approved, a financial review or audit (depending on total agency revenue) will also be due six months after the close of the agency’s fiscal year. Eligibility for future funding will depend on completion of this requirement as well as the reports for which deadlines have already passed.



DECISION MEMORANDUM

DATE: November 20, 2024
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director for I/DD, and Lynn Canfield, Executive Director
SUBJECT: Strategic Plan for 2022-2025 with DRAFT Objectives for 2025

Purpose:

This memorandum seeks Board approval of the attached Plan with DRAFT Objectives for Fiscal Year 2025. The Plan continues the commitment to goals and responds to emerging issues. Proposed changes are *italicized* and highlighted, and language to be removed is lined out. These edit features will be removed from the version approved by the Board.

Update:

The CCDDB approved extending the current strategic Plan goals for one year, with revised objectives for Fiscal Year 2025. This will allow the next three-year plan to align with the shared community health plan timeline and incorporate results of the large-scale assessment and process. Revised objectives will guide our work in 2025.

Feedback from agencies and board members shaped initial draft objectives, presented on September 18, 2024. Further input was welcomed through the end of October. Public and agency comments made during a study session and a board meeting have affirmed much of the direction set by initial feedback.

Decision Section:

Motion to approve the attached draft Strategic Plan for Fiscal Years 2022-2025 with Fiscal Year 2025 Objectives.

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

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

STRATEGIC PLAN

FOR

**FISCAL YEARS 2022-2025
(1/1/22 – 12/31/25)**

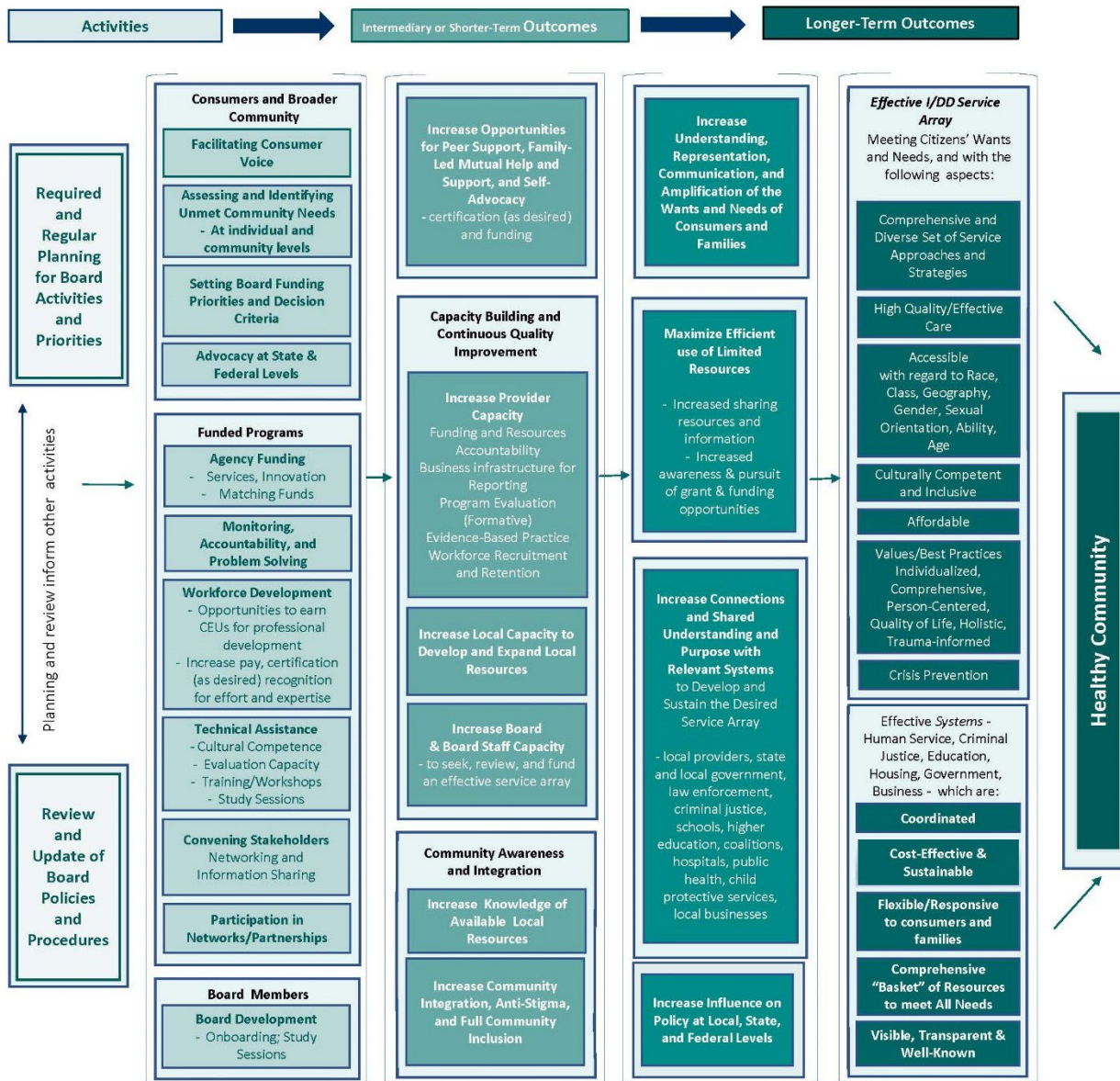
WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2025
(1/1/25– 12/31/25)**

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



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

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

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

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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

A COORDINATED AND ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS



Goal #1:

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

Objective #1: Under established policies and procedures, *and acknowledging that the “continuum” of services should only include least restrictive environments,* solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #2: With clear connection between the model and best outcomes for people served, based on input from the people who are

served, encourage use of appropriate evidence-based, evidence-informed, recommended, innovative, or promising practice models.

Objective #3: Promote wellness for people with I/DD, through supports and services which are based on their input and may include enrollment in benefit plans, linkage and advocacy, and coordinated access to primary care. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

Objective #4: ~~To identify outcomes of value to those who use services and supports, Partner with ask people with I/DD and key stakeholders for their ideas and preferences. 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 ~~flexible services. retention, including, but not limited to, Direct Support Professional (DSP) retention efforts and payments.~~ Use input from people with I/DD to shape these solutions.

Objective #7: ~~Support initiatives providing housing and employment supports for~~ Encourage consideration of the housing and employment needs of persons with intellectual and developmental disabilities through the Champaign County Continuum of Service Providers to the Homeless, Transition Planning Committee, or other local collaboration.

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

Progress will be accelerated by advocating for state system redesign which includes these flexibilities (overlapping with Advocacy Objectives.)



Goal #2:

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

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

Objective #2: Provide technical assistance for ~~continuous improvement of funded agency providers'~~ *funded agencies'* cultural and linguistic competence plans, to meet the needs of all people served *and to engage with those seeking services.*

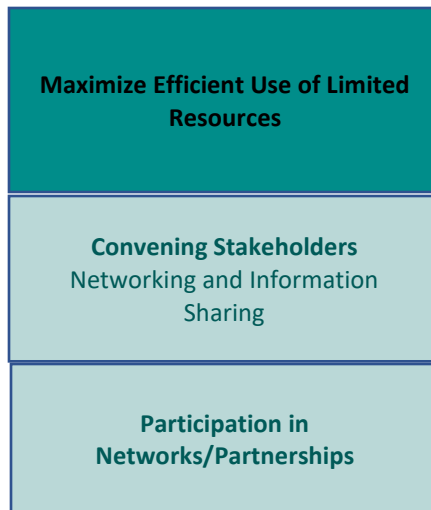
Objective #3: Encourage providers and other community-based organizations to allocate resources for training, technical assistance, and professional development activities for direct support staff and

governing and/or advisory boards, to advance cultural and linguistic competence.

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

Objective #5: With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on Champaign County residents with I/DD, particularly those who are also members of racial or ethnic minority groups. Encourage providers to support best health outcomes for all.

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



Goal #3:

Improve access to and engagement in services through increased coordination among providers, community

stakeholders, people with I/DD, their families, and other key supporters.


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

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

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

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

Objective #5: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Communicate with the Independent Service Coordination team, representatives of IDHS, and stakeholders, regarding PUNS and system changes. Through interviews and focus groups, learn about the service and support needs and preferences of Champaign County residents receiving services.



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

Goal #4:

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

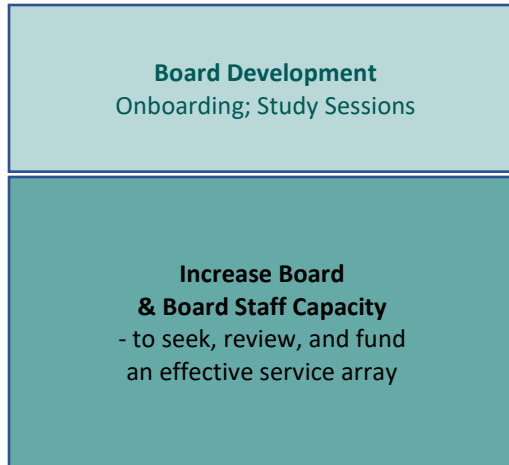
Objective #1: Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Support conflict free case management for all treatment plan clients.

Objective #2: Encourage ~~focus on achievement of the outcomes people with I/DD have identified~~ *people's identified personal outcomes* in their person-centered plans ~~and among their services and supports.~~

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

Objective #4: ~~Track the Use data on the~~ utilization of funded services, driven by self-directed service plans ~~and tracked~~ through an integrated online data collection and tracking system, ~~for future planning and priorities.~~

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



Goal #5:

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

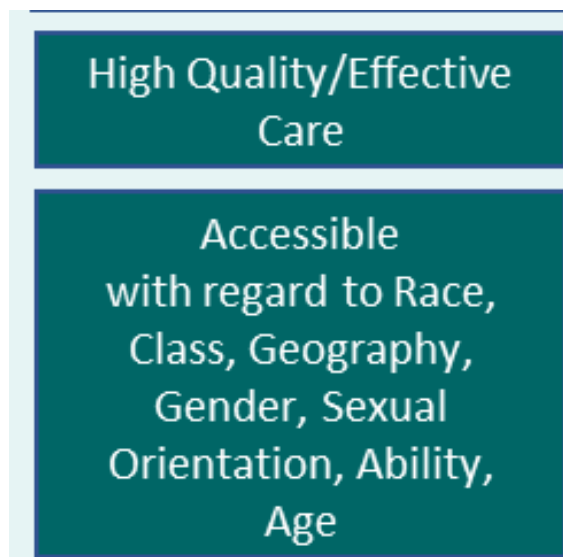
Objective #1: Coordinate integration, alignment, and allocation of resources with the CCMHB to ensure the efficacious use of resources for people with I/DD.

Objective #2: Increase the reach and variety of strategies that empower people who have I/DD and improve their access to integrated settings.

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

Objective #4: *Using input from people who have I/DD, collaborate with the CCMHB for use of the ~~funds from the sale of the CIL-A homes~~ I/DD Special Initiatives Fund to meet the needs of Champaign County residents with who have I/DD with and significant support needs.*

CHILDREN AND FAMILY-FOCUSED PROGRAMS

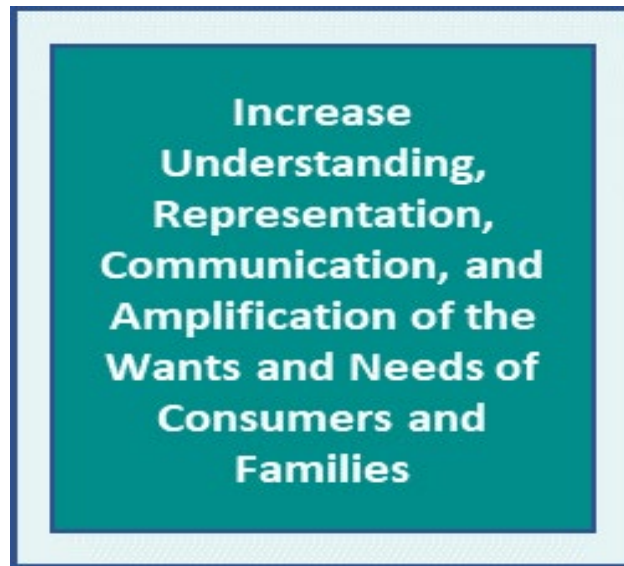


Goal #6:

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

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

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



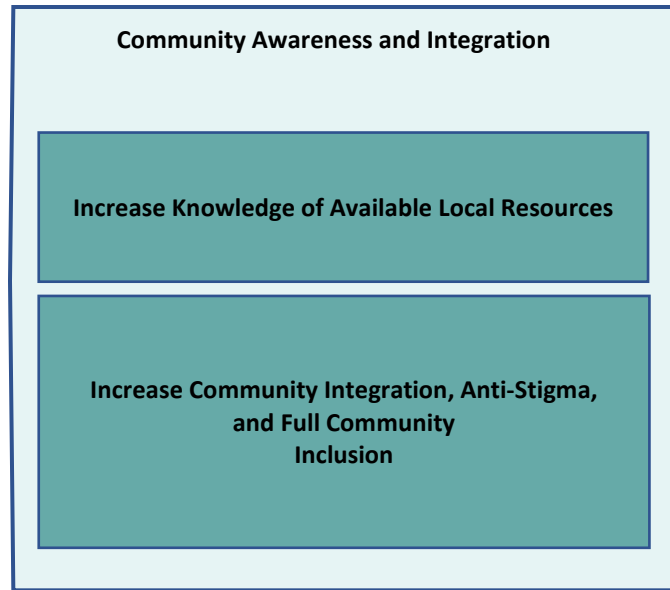
Goal #7:

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

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

Objective #2: Fund and advocate for other funding for flexible support for people with I/DD and their families to enhance their ability to live together, to transition to greater independence when and if they choose, and to be as connected to their communities as *fully and positively 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 Promote inclusion and challenge stigma and discrimination through collaborations such as the Alliance for Inclusion and Respect and disABILITY Resource Expo. Whenever possible, include student groups or interns in these efforts. Continue to engage with student groups and interns on related research projects and discussions, such as through UIUC School of Social Work Learning Lab.*

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


Objective #3: Improve awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those led by people with I/DD and their family members and other supporters. Promote their efforts to reduce stigma/promote inclusion and to work with Cultural and Linguistic Competence Coordinator on outreach and engagement strategies.

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

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

Objective #6: With input from people who have I/DD, ~~support development of web-based resources to~~ make information on community services and resources more accessible and user-friendly. *Explore 'plain language' versions of Board documents, possibly in partnership with agency providers, and aligned with plainlanguage.gov guidance on best practice.*

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



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

Goal #9:

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

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

Objective #2: Track relevant class action cases, such as the Ligas Consent Decree. Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities from state DD facilities. Encourage development of least restrictive residential options for people with I/DD. For people who have not yet been selected for Medicaid-waiver funding, and for those who were selected but chose an option not meeting their needs and preferences, advocate for the state to create flexible options.

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

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

~~**Objective #4:** Participate in the development of recommendations for the redesign of Illinois' I/DD service system, through Engage Illinois and similar collaborations.~~

Objective #5: With other organizations whenever appropriate, advocate for increased state funding, improved and improvements in service delivery, expanded workforce, adequate reimbursement rates, including for transportation, and timely payments for local community-based intellectual and developmental disability services and supports. and to the broader human services network under contract with the State of Illinois. As opportunities arise, p Participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate advocating for the needs and choices of Champaign County residents, based on direct and indirect input from people with I/DD.

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

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



DECISION MEMORANDUM

DATE: November 20, 2024
TO: Members, Champaign County Developmental Disabilities Board
FROM: Lynn Canfield, Executive Director, Kim Bowdry, Associate Director
SUBJECT: PY2026 Allocation Priorities and Decision Support Criteria

Statutory Authority:

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to 14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) policies. Funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. [CCDDB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the process which results in contracts for services. Upon approval, this memorandum becomes an addendum to the Funding Guidelines.

Purpose:

The CCDDB may allocate funds for the Program Year 2026, July 1, 2025 to June 30, 2026, using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board will contract with eligible human service providers for programs furthering the Board's goals and fulfilling their responsibilities to the public. This memorandum offers:

- Assessed needs and preferences of people who have Intellectual/Developmental Disabilities (I/DD).
- Impact of state and federal systems and other context.
- Broad priority categories to be addressed by proposals for funding.
- Best Value Criteria, Minimal Expectations, and Process Considerations to support the Board in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context. In September, an initial draft was presented to the Board and stakeholders for further input, through October. Revisions based on that input include:

- Link and references to study session comments by advocates who have I/DD (in “Assessed Needs of Champaign County Residents” and throughout.)
- Self-advocates helping the Board develop plain language documents (in PRIORITY: Advocacy and Linkage.”)
- Eliminating the expectation for personal resilience (in “PRIORITY: Personal Life.”)
- Consideration for how people with I/DD impact programs (in “Self-Determination and Self-Direction in Service Planning.”)
- Noting that historically underrepresented may also mean undervalued (in “Eliminating Disparities in Access and Care.”)
- Retitling the “Continuation of Services” section retitled “Technology Access and Use,” broadening how technology and training strengthen a program.

If this draft is approved, or approved with additional revisions, a Notice of Funding Availability will be published, and the application period will start December 20.

Assessed Needs of Champaign County Residents:

“Listen to me when I ask for things or share my goals.” - Wendy

The Boards’ [2021 community needs assessment](#) includes survey and qualitative data from Champaign County residents with I/DD and their supporters. Many people commented on barriers not just to services but also to resources enjoyed by others. The 2021 results contributed to allocation priorities for the past three years. A community health needs assessment and a survey specific to funded programs are in process, with results to be used in future planning and priorities.

Each year, people with I/DD report unmet service needs through the Illinois Department of Human Services – Division of Developmental Disabilities (IDHS-DDD) “Prioritization of Urgency of Need for Services” (PUNS) database. In the August 2, 2024 PUNS report, sorted by County and Selection Detail:

- The most frequently identified support needs are (in order): Transportation, Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Physical Therapy, Assistive Technology, Adaptations to Home or Vehicle, Respite, and Intermittent Nursing Services.
- 238 people are waiting for Vocational or Other Structured Activities, with the highest interest in community settings.
- 75 are waiting for (out of home) residential services with less than 24-hour support, and 39 are seeking 24-hour residential support.

Also annually, through a CCDDDB contract, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. Highlights of the PY2024 preference assessment, to which 103 people responded, 40% of them parents or guardians of the person, show:

- 45% had been on the PUNS list over five years, 30% three to five years.
- **94% of respondents have been on the PUNS list longer than one year.**
- **59% need services within one year.**
- 62% lived with family and 33% in their own home with occasional support.
- 62% preferred living with family and 42% living alone.
- 60% would choose to live in Champaign, 24% Urbana, 8% Mahomet, 8% outside of Illinois, 6% in Savoy, and 5% Rantoul.
- Despite interest in competitive employment (47%) or volunteer opportunities (37%), only 44% were doing so.
- From most to least frequently indicated, employment and volunteer interests were Other, Retail, Working with Animals, Restaurant/Food Services, Recreation and Outdoors, Office, and (a four-way tie) Factory and Public Service and the Arts and Trade Work.
- Half of respondents participated in a community group or organization. They identified Central Illinois Parrotheads, Special Olympics, CU Special Recreation, Penguin Project, CU Theater Company, Best Buddies, Church, Fast Track, Tae Kwon Do, Night to Shine, Parkland, The Singing Men of GNN Choir, Challenger League, Stephen's YMCA/Larkin's Place, Audubon Society, Dance Club, The Autism Program, Community Choices, and DSC.
- In order of most frequently indicated, recreation preferences included CU Special Rec (47%), Special Olympics, (three-way tie) YMCA and Church and Other, Groups/Clubs, Health and Wellness, Best Buddies, Continuing Education, and Gardening.
- Current leisure activities, in the order most often indicated: Eating Out, (tie) Shopping and Movies, Parks, Zoos/Aquariums, Sporting Events, (tie) Recreation/Sports and Festivals, Swimming, Concerts, and Other.
- Areas of support sought, in the order more often indicated: Financial, Medical, Independent/Daily Living, Transportation, (tie) Socialization and Competitive Employment Services, (tie) Behavioral Therapy/Counseling and Physical or Occupational Therapy, (tie) Community Day Services and Respite, Assistive Technology, Other, and None.
- **52% identified the need for Transportation Support.**
- 36% were on a provider agency's waiting list for the service or support indicated, with 17% waiting for longer than five years, 37% between three and five years, and 29% between one and three years.
- **83% had waited longer than one year for a service or support indicated.**
- The provider agencies identified were Community Choices, DSC, Envision, Familia Dental, and unknown. The majority were on PUNS.
- 82% were receiving case management services.
- As to navigating the system and advocating for themselves, 31 were "somewhat comfortable," 37 more comfortable, and 29 less comfortable. This is an improvement over last year's survey results.

157 people engage in CCDDDB funded programs while waiting for PUNS selection. In 2023, 41 adults and 8 children in Champaign County were issued selection letters. In 2024, 45 were selected. We do not have information from the Independent Service Coordination (ISC) unit regarding completed awards in either year.

Due to the long history of identified need for Transportation, data were presented to the Champaign County Board in [July 2024 \(see pages 106-111 of the CCDDDB packet\)](#). In addition to expansion of current transportation options, coordination of rides and training for participants and staff would help bridge the gap.

“Transportation is really important. I live near Tolono, and being able to have rides has been very helpful.” – Tobie.

Advocates Tiffany, Sarah, and Wendy added an emphasis on travel for social opportunities, some outside of Champaign Urbana and some involving staff support.

CCDDDB staff have received feedback from providers and board members:

- Some people with I/DD say they do not feel safe accessing the community. As we seek greater access for them, we need to be sure they want that and then work with them to become ready and comfortable.
- When asked what they think when someone gets off at the same bus stop as them, an individual shared that they fear that the person is stalking them. Others have shared that they fear they will be shot in the community or robbed or even get random unwanted text messages. Obviously, this does not apply to all people with I/DD, but if planning is not truly informed by the individual, we will miss important issues.
- Our hopes and dreams for people with I/DD may be bigger than what people want or are ready for. Some may not be thinking about vacation, classes, and hobbies if they don't feel their basic needs are being met.
- On the other hand...
- Despite priority categories and qualified local providers, there continue to be service gaps for those who are nearly independent. Young adults could use assistance to access community, social, hobby, and leisure opportunities. Some have transportation and the desire to try new things but rely only on family support to engage. The Champaign Public Library's new studio provides a great opportunity to learn about 3D printing and crafts using equipment provided there. Small groups or pairs who share an interest could explore such community options that are geared toward more independent involvement.

Self-advocates shared observations and answered Board member questions during a [study session on September 25](#). Their input is added to these PY2026 Allocation Priorities and Decision Support Criteria, affirming some of the considerations and underscoring the importance of people having a say in their own service plans as well as in the direction of programs meant to serve them.

Operating Environment:

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

This year, the State moved to terminate the Decree, arguing that it has complied with the terms, despite non-compliance findings for the past 7 years. [This](#) article published in Capitol News describes the decree and why the State should not terminate. The request was denied on August 30, 2024, when Judge Coleman agreed with legal advocates who argued that the state still hasn't met its decade-old promises to help people with I/DD live outside large institutions. The judge acknowledged that the state has made progress but has not yet met the mandates of the consent decree. Another [article](#) in Capitol News details the ruling.

Direct Support Professional (DSP) pay remains below what workers earn in State Operated Developmental Centers (SODCs), which have been plagued by findings of serious harm and neglect and inadequate corrective actions. Last year, Equip for Equality issued a report on their monitoring of one SODC, "[Choate Developmental Center Repurposing Plan: Why No One Should be Left Behind.](#)" Recommendations were to end new placements, develop step-down and forensic units, transition people to less restrictive environments, improve programming, surveillance, and monitoring, and more. Recently, self-advocates, family members, and even the Director of the Division of DD have become more engaged toward solutions.

The Illinois General Assembly and Governor have again increased wages for DSPs, to bolster community-based service capacity. While historically unprecedented, the recent investments and wage increases might still be too little or too late to foster the level of direct support people seek. The state's reliance on institutional care and the slow growth of home and community-based services (HCBS), those waiver programs which are eligible for federal funding match and which require DSPs, are well-known. Community-based service capacity lost in the last decade will take time to restore. The transition to less restrictive environments will require expansion of home and community-based services (HCBS) and its key workforce, DSPs.

As many have advocated, the shift away from institutional care should offer people flexibility in service options and engagement with their communities. The global pandemic demonstrated how institutionalization and isolation multiply health risks.

[“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation is not a new concern for those with I/DD and their paid and unpaid providers and loved ones, who experience its toll more than others. It has a role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. In [“Capturing the Truth Behind Causes of Death,”](#) the Coalition to End Social Isolation & Loneliness calls for investigation and mitigation. People who have I/DD and their supporters deserve trauma-informed services as well as solutions to barriers to all resources, whether particular to their needs or enjoyed by other community members.

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

A statewide coalition emerged during 2024, propelled by family advocates and providing an opportunity for unified advocacy. **Engage Illinois’** North Star Plan was envisioned by self-advocates, family advocates, advocate groups, allies, and government partners, who offered their expertise and energy in a number of areas, celebrated progress and strengths, and identified issues with Illinois’ DD system:

- No person-centered focus/principles
- Service gaps for those with complex needs
- Inflexible waiver options
- Limited support services
- Limited community-based service capacity
- Complex and insufficient funding resources
- Missed opportunities to use other resources and best practices
- Slow compliance and non-compliance with laws

Acknowledging that some important issues could not be addressed at this time, workgroups have been formed to take on the following:

- Sustainable structure/advocacy coalition
- Shared/universal vision for the system

- Waiver amendment for supported living
- Education to navigate the system

Finally, this new project celebrates accomplishments which can now be built on:

- Unprecedented investment in the service system, adding 2-3 billion dollars over five years, increasing DSP wages and number of people to be served
- Improvements in public policy
- IDHS housing navigator program permanent
- More involvement by counties and municipalities
- Increased engagement of legislators in I/DD issues
- Providers exploring mixed-use building supported housing to increase capacity
- Division of DD leaders listening, collaborating with respect on new initiatives
- Supported decision making for self-advocates
- People residing at SODCs participating in education, transition events, and voting sessions
- Increased participation of parents and self-advocates through various collaboratives, with stronger sense of community
- Peer empowerment and advocacy successes by groups and self-advocates
- Increased training, education, and outreach to people, families, and other supporters through advocacy organizations.

Inspired by their example, let's raise expectations and watch them be met!

Program Year 2026 CCDDDB Priorities:

PRIORITY: Advocacy and Linkage

In the spirit of “nothing about us without us,” PY25 categories merge which should be as closely related as possible: “Self-Advocacy” and “Linkage and Coordination.” The former had pointed to family support and self-advocacy groups, but in recent years these groups have relied on unpaid members, making contract requirements more challenging. Meanwhile other self-advocacy and family support groups have been hosted by provider agencies through contracts aligned with the “Community Life” priority category. By merging Self-Advocacy and Linkage and Coordination, we continue to value smaller organizations while encouraging professionals to include self-advocates and their supporters in all service planning, referral, linkage, coordination, and monitoring activities.

People with I/DD and their families have long been the best champions of formal service system redesign. People who have I/DD or their supporters can inform and lead self-advocacy and peer support groups, which are very effective at:

- community awareness about I/DD and the rights of people with I/DD
- peer mentoring and networking,
- developing and sharing information on resources, and

- advocating and directing advocacy at the local, state, and federal levels. They are also the experts on themselves and what will bring them success.

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

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

- Conflict-free Case Management and Person-Centered Planning aligned with federal standards for Home and Community Based Services, to help identify, understand, and secure benefits, resources, and services a person chooses,
- Case management or coordination, guided by a self-directed plan, including for people who have complex support needs such as those related to aging, physical or behavioral health issue, loss of family member or caregiver, or other traumatic experience, and
- To ensure that individuals with I/DD who have almost become independent can maintain their trajectory to independence and have a long-term plan beyond the lives of aging family members, assistance with setting up special needs trust, rep payeeship, banking supports, guardianship or power of attorney, etc., and with appropriately documenting these efforts.

For these and similar planning and coordination supports, input from the person, their family, and their other supporters will improve the plan and the results. While it should be central here, it is true for all other priority categories, as services under each would be indicated in a person-centered plan.

“I like the things we do for self-advocacy. I like giving presentations. We’re encouraged to share our experiences and Community Choices staff help us put down our words so we remember what we want to share.” – Tobie
Advocates Sarah, Wendy, and Patty mentioned participating in the Speak Up Speak Out Summit, Best Buddies, and other special events.

PRIORITY: Home Life

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

- assistance for finding, securing, and maintaining a home,
- preparing to live more independently or with different people, and
- given the limitations of community living options through the Medicaid waiver programs, creative approaches for those who qualify for but have not yet been ‘selected’ to receive these services.

PRIORITY: Personal Life

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

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

“People also mentioned some practical medical things - like replacing some teeth for example, saving money to do that, knowing where to go, and booking the appointment.” - Tiffany

PRIORITY: Work Life

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

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

“Job coaches for employment and the LEAP program. I think a lot of people need help finding jobs they're able to do and like.” - Ryan

PRIORITY: Community Life

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

- development of social or mentoring opportunities,
- transportation assistance,
- social and communication skill building, including through technology,
- connection to resources which are available to community members who do not have I/DD, both in-person and in digital spaces, and

- access to recreation, hobbies, leisure, or worship activities, matched to the person’s preferences, both in-person and in digital spaces.

“Paying for tickets or expenses to do fun things in the community” - Ryan
“Membership fees at community groups like Makerspace or gyms and studios.” - Tiffany

Patty expressed the desire to go to a Bears game. Eric had an interest in classes to learn to speak other languages so he can be more helpful to Chinese, Japanese, or Spanish speakers when he’s working at Home Depot.

PRIORITY: Strengthening the I/DD Workforce

Insufficient community-based service capacity remains a barrier to success and wellness for many people with I/DD and their supporters. Although the endangered direct support workforce and turnover in other roles could trap us in survival mode, advocates and providers hold modest goals to be innovative, culturally responsive, and focused fully on ‘the person.’ Agencies may propose strategies to improve staff knowledge of access to and use of technology for the benefit of the people they serve, attract new workers to the field, preserve current service capacity, and strengthen and diversify the workforce to meet the needs of all eligible residents of Champaign County. Solutions might include:

- social media and traditional media campaign informing middle school and high school students of the I/DD professions and opportunities,
- regular retention payments with a performance standard,
- intermittent payments for exceptional work,
- group and individual staff membership in trade associations which respect the I/DD workforce and offer networking and advocacy opportunities,
- trainings, including on technology use/access, which add to direct staff skills and promote greater independence for people with I/DD, and
- high quality trainings and certifications specific to staff roles, with recognition and payment at completion.

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

Following the global pandemic, providers of services to young children have seen increases in developmental and social-emotional needs. Early identification and treatment can lead to great gains later in life. Services and supports not covered by Early Intervention or under the School Code may be pivotal for young children and their families and might include:

- coordinated, home-based services addressing all areas of development and taking into consideration the qualities and preferences of the family,
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers,
- coaching to strengthen personal and family support networks, and

- maximization of individual and family gifts and capacities, to access community associations, resources, and learning spaces.

Through the Boards' intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2026, the CCMHB may continue this priority area in their commitment to people with I/DD.

Another collaboration of the Boards is the I/DD Special Initiatives Fund, supporting short-term special projects to improve the quality of life for people with complex service needs. During or resulting from the allocation process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either fund.

Criteria for Best Value:

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

Budget and Program Connectedness – What is the Board Buying?

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

The first is financial clarity, demonstrated by a recent independent CPA firm audit, financial review, or compilation report, or audited balance sheet. These reports, and the resolution of any negative findings, will support the Board's application review and allocation decision processes. Another Minimal Expectation is evidence that other funding is not available or has been maximized. The Budget Narrative submitted with each program proposal is an excellent place to describe efforts to secure other funding. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources. Programs with services billable to Medicaid or other insurance should attest that they will not use CCDDDB funds to supplement those. They may identify activities not billable to other payers which can be charged to the proposed contract.

While CCDDDB funds should not supplant other public systems, programs should maximize resources for long-term sustainability. The program's relationship to larger systems may be better understood, including how this program will leverage or serve as match for other resources, also described with Unique Features, below.

Participant Outcomes

A proposal should clarify how the program will benefit the people it serves, especially building on their gifts and preferences. In what ways are people's lives improved and how will we know? Simple, measurable outcomes are ideal. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. Applicants may view [short videos or 'microlearnings'](#) related to outcomes. A previously compiled ['measurement bank'](#) is also available, compiling information on outcome measures appropriate to various services and populations.

In a separate section, a proposal will describe how people learn about and access the program and will define measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and are required with every proposal.

Self-Determination and Self-Direction in Service Planning

The most meaningful participant outcomes will be developed through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party. Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDDB funding should focus on people rather than programs, so that people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in service planning and should connect the program activities to what people have indicated they want and need. Consistent with federal regulations for community-based services, person centered planning models are available for programs serving people who have I/DD. In addition to planning their own individualized services, people who have personal knowledge of the issues addressed by a program may also contribute to its development and operation. An application should describe how input from people with I/DD helps to shape or run the program.

“I’ve also helped with staff interviews. I like reading their resumes and getting a sense of what their communication is like.” - Eric

“We give feedback on what is helpful, what isn’t. What programs we want more of and what could be better. I’ve worked with the Queens University project, where I interview other members about their lives, agency supports at Community Choices, and supports they get from their family and friends.” - Tiffany

Eliminating Disparities in Access and Care

Programs should move the local service systems toward equitable care, for the sake of optimal health and quality of life for all community members. Barriers specific to some groups should be identified and minimized. Programs should improve access and offer appropriate care for people from historically under-resourced/undervalued populations, as identified in the [2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, as well as people living in rural areas and those with limited English language proficiency, should have access to supports and services. Applications should identify strategies to engage people and eliminate barriers to care.

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

Promoting Inclusion and Reducing Stigma

Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may even be a driver of insufficient State and Federal support for community-based services. Stigma limits communities’ potential and isolates people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language. Programs should increase community inclusion, including in digital spaces. People thrive when they have a sense of belonging and purpose, and they are also safer through routine contacts with co-workers, neighbors, and acquaintances through a faith community, recreation center, or social networks. Positive community involvement builds empathy and group identity, reduces stress, and even helps to reduce stigma.

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

Technology Access and Use

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact, now that the negative impacts of social isolation are understood. While in-person services may be preferred over virtual options, some capacity should be maintained. Telehealth and remote services connect more people to virtual care, overcoming transportation and other barriers, and they can also enhance people's access to other resources. Access to and training in the use of technology and virtual platforms, not only for people who participate in services but also for the direct staff involved in their care, will build on the existing successes and might also decrease the need for some in person staff supports.

Unique Features

A **best value** is also demonstrated through characteristics of the service approach, staff qualifications, or a funding mix unique to a proposed program. Proposals will describe other program resources, skills specific to the program's staff, and any recommended or innovative service models which will effectively meet the needs and preferences of program participants.

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

Expectations for Minimal Responsiveness:

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Instructions on how to register and how to apply are posted there. Accessible documents and technical assistance on using the online tools, are available upon request through the CCDDDB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration. For applicants previously registered, continued eligibility is determined by compliance with contract terms and Funding Requirements.
2. Applicant is prepared to demonstrate their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.

NEW FOR PY2026: Unless already provided under prior contract with the CCDDDB, applicant should submit their most recent audit, review, or

- compilation. If one has not been conducted, an audited balance sheet should be submitted.
3. All application forms must be complete and **submitted by the deadline**.
 4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
 5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. Payer of Last Resort principle is described in CCDDDB Funding Requirements and Guidelines.
 6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the service system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient system, application should acknowledge collaborative efforts and other resources.

Process Considerations:

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

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

Caveats and Application Process Requirements:

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

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

County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations.

- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Decision Section:

Motion to approve the CCDDDB Program Year 2026 Allocation Priorities and Decision Support Criteria as described in this memorandum.

Approved

Denied

Modified

Additional Information Needed

Engage IL

Uniting for progressive community support solutions



The mission of Engage IL is to create progressive self-directed, community-based services in the state of Illinois.

By uniting and representing a majority of the 11,500 people with disabilities currently receiving Home-Based waiver funding, we will advocate for a robust system of self-directed, community-based support that is equally accessible to all. These nearly 12,000 individuals represent over 50% of those currently receiving Home and Community Based Services (HCBS), however, they receive a rate that is a fraction of what they would receive if they were being supported in a CILA.

We owe our citizens with disabilities reform. We owe them support. We owe them equity.

In recent years, the rate at which individuals with disabilities are choosing Home-Based waiver 'fixed funding' over CILA (Community Integrated Living Arrangements) has **increased to 82%**. Unfortunately, the Home-Based waiver is not necessarily their first choice. Often it is the default choice due to a lack of CILA openings, no community capacity, staffing shortages, and limited flexibility or personal choice. Even more heart-wrenching, individuals with high medical or behavioral needs are being rejected altogether by CILA providers. It is critical to note that although the PUNS waiting list is reduced when individuals select the Home-Based waiver, this choice does not provide funding based on their individual needs, so they are most often unable to implement their person-centered plans.



Home-Based by Default



Many individuals with disabilities and their families struggle because the Home-Based waiver is inequitable and inadequate.

Home-Based recipients receive a flat rate of 3x SSI (about \$34K a year in 2024). This amount is insufficient to support their individual needs and their desire to live a full life in the community. It also prevents the creation of a life that will be sustainable after their parents are gone.

The current Illinois Home-Based waiver is also inequitable. While all other Illinois Home and Community Based Service (HCBS) waiver programs use an **assessment of need** to determine services, Home-Based recipients are all funded at the same rate.

We are asking the Pritzker Administration to help us get there.

We believe reform of the Home-Based waiver will increase capacity and drive progress in the State of Illinois. This can be done through a combination of program design, policy changes, and increased funding of Home-Based services. Now is the time for the Pritzker administration to take the lead for citizens with disabilities in Illinois!

Thank you for your careful consideration of this proposal.



Engage IL


Uniting for progressive community support solutions

Engage IL is asking the Governor's office to consider these specific next steps:

Engage IL United for Progressive Community Supports

Specific Asks by Engage IL

- Implement a rate study for Home-Based Services.
- Develop a Home-Based program that is flexible, self-directed, and needs-based.
- Create a **task force** to oversee a rate study, policy planning, and project management.



▶▶▶ Sharon Costabile | sharonc@team209.com © Engage IL | Page 7

1. Change the Home-Based waiver to one that is based on need rather than 'flat-rate funding' equal to 3x SSI. The waiver needs to be progressive and support living in the community with the flexibility to self direct the choices identified in the person-centered plan. Many other states are already doing this. It is national best practice.
2. Direct the IL Department of Human Services to implement an actuarial rate study to establish a new **assessment-based** rate model OR consider applying the current CILA needs assessment model to the Home-Based waiver.

3. Establish an **Official Task Force** of government leaders, self-advocates, families, and service providers, ALL dedicated to a shift in vision to self-directed person-centered community based services. The Task Force is needed to provide oversight, and implementation of these and other initiatives. Even more critical, the Task Force will need to include the development of strategic planning which will ensure the momentum we are building will create real sustainable change in the IL system.

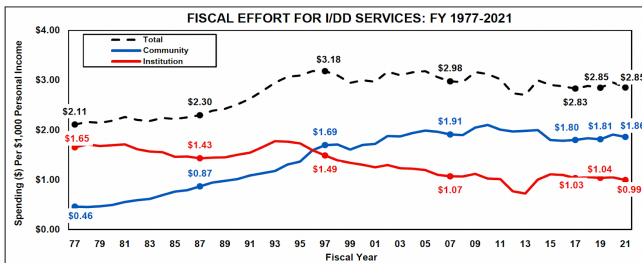


The Facts

Without a sustainable solution for aging families, the state is facing a crisis of significant magnitude when parents of Home-Based waiver recipients can no longer care for their loved ones leaving this growing population of citizens with disabilities again at risk of institutionalization. We need to take the actions required to mitigate this now.

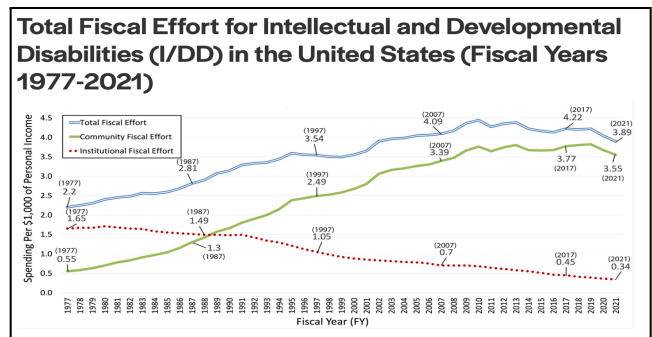
- ~ **Engage IL survey** of families with a disabled family member in the Home-Based waiver, **Oct 2024**, identifies 58% of responding participants as having a primary caregiver over 60 years of age with an additional 6% over 75 years of age.
- ~ **State of the States, FY 2021**, 24% of the caregivers of those with developmental disabilities in Illinois are 60+ years of age.
- ~ **State of the States, FY 2021**, 72% of the individuals with developmental disabilities in Illinois are living with their family caregiver.

ILLINOIS FISCAL EFFORT



Source: Tanis, E.S., et al. (2023). The State of the States in Intellectual and Developmental Disabilities, Kansas University Center on Developmental Disabilities, The University of Kansas. <https://hris.ku.edu>

UNITED STATES FISCAL EFFORT



KEY CHART TAKEAWAYS

- Illinois spending for institutional living is 3x the national average.
- Illinois spending for community-based living is 53% of the national average.

PY2024 1st Quarter Program Service Reports

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



Quarterly Program Activity / Consumer Service Report

Agency: CCRPC - Community Services

Program: Community Life Short Term Assistance Period First Quarter PY25

Submitted 10/25/2024 by AYOST

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	8	25	88	44	0
Quarterly Data (NEW Clients)	3	43	6	1	0
Continuing from Last Year (Q1 Only)			0	0	0

Comments:

A total of 3 clients received funding for items requested in FY25 Quarter 1. One client engaged in short-term coaching sessions, along with her husband, for assistance in planning out a trip to St. Louis. Purchases have been made for this trip for the pair to ensure they are able to take part in the activities they identified as priorities for them such as riding the tram at the arch, going to the zoo, and visiting the aquarium. Two other individuals received items for their home to help improve their overall mental wellbeing.

2 applications were forwarded on to CCAMR for review to see if they would meet their funding criteria. The outcome of these referrals is unknown at the time of this report.

Screening contact number includes calls received inquiring about the CLSTA program. Two individuals that called were already enrolled in Medicaid-Waiver funding and would not qualify at this time; two other callers had children under the age of 18 with I/DD so did not meet age criteria for program.

At the beginning of FY25, information regarding the Community Life Short-Term Assistance Program was sent out to targeted populations on the PUNS list (those meeting age requirements). Information was also sent to the local ISC agency regarding the CLSTA program to be given out to newly enrolled PUNS families. In FY25 Quarter 2, CCRPC's Developmental Disability Services Program will be taking part in the upcoming Disability Resource Expo. Information will be shared regarding the Community Life Short-Term Assistance Program at this event. Flyers will continue to be shared with local agencies and at upcoming outreach events as scheduled.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **CCRPC - Community Services**

Program: **Decision Support PCP** Period **First Quarter PY25**

Submitted **10/25/2024** by **AYOST**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	100	30	145	0
Quarterly Data (NEW Clients)	2	61	4	6	0
Continuing from Last Year (Q1 Only)			0	84	0

Comments:

At the start of FY24, flyers for our Transition Consultant and Dual Diagnosis programs were sent out to targeted populations waiting on the PUNS lists (those meeting age requirements). Flyers for these programs were also provided to the local ISC agency to provide to newly enrolled PUNS families. Information regarding the Transition Consultant program was also sent to all High School Special Education Teachers in Champaign County. Our Dual Diagnosis Case Manager is currently working with 13 individuals. These are all continuing clients from FY24. No new referrals were received in FY25 Quarter 1. Our Transition Consultant program attended 4 IEP's in FY25 Quarter 1. During these meetings, RPC ensured that families were connected with Prairieland for PUNS and shared contact information for Prairieland as needed. Information was shared for Transition Consultant program. Families noted that they would reach out later in the year or as their child got older for transition services. There were no new TPC clients this quarter for the Transition Consultant Program. In FY25 Quarter 2, CCRPC will be taking part in the Disability Resource Expo and sharing information regarding our Transition Consultant program and Dual Diagnosis Program. The Developmental Disability Services Program Coordinator will also be conducting outreach in the upcoming months to local mental health providers to raise awareness regarding the Dual Diagnosis program.



Quarterly Program Activity / Consumer Service Report

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

Program: **Early Childhood Mental Health Svcs Period First Quarter PY25**

Submitted 10/25/2024 by JSPAINMHB

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5	3000	380	100	12
Quarterly Data (NEW Clients)	0	408	14	25	5
Continuing from Last Year (Q1 Only)			19	42	0

Comments:



Quarterly Program Activity / Consumer Service Report

Agency: **CU Early**

Program: **CU Early Period First Quarter PY25**

Submitted 10/16/2024 by KRUSSELL

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	464	5	20	
Quarterly Data (NEW Clients)	2	69	1	22	
Continuing from Last Year (Q1 Only)			0	20	

Comments:

The CU Early program coordinator attended two community service events this quarter. The first was the Orchard Downs Welcome Back International students family event. This was held on August 24. The second event was the Meet your Friends night at Urbana Early Childhood School.

Cheryl Crosby, the CU Early bilingual home visitor completed 63 home visits and 6 parent/child events for a total of 69 service contacts.

Cheryl's current caseload is 22 families. This includes 2 prenatal mothers and 19 children. All of this families identify as Hispanic.

Cheryl completed developmental screenings with 11 children and referred one to Early Intervention for services.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Customized Employment Period First Quarter PY25**

Submitted 10/25/2024 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2000	0	50	3020
Quarterly Data (NEW Clients)	2	562	0	5	936
Continuing from Last Year (Q1 Only)				36	

Comments:

CSEs in Q1: 2 - Mahomet Resource Fair on 9/12 and CU Pride Fest on 9/21

Service Contacts in Q1: 562, which are also reported as claims via the online reporting system

NTPCs in Q1: 0

TPCs in Q1: 5 new and 36 continuing

Other: 936 direct hours in Q1



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Inclusive Community Support (Com Living)** Period **First Quarter PY25**

Submitted 10/25/2024 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	2063	18	30	2878
Quarterly Data (NEW Clients)	2	604	4	5	783
Continuing from Last Year (Q1 Only)				27	

Comments:

2 CSEs in Q1: Mahomet Resource Fair on 9/12, and CU Pride Fest on 9/21

Service Contacts in Q1: 7 for NTPCs in Personal Development Classes (597 Claims for TPCs reported via the online reporting system)

NTPCs in Q1: 4 (includes participants in Personal Development Classes)

TPCs in Q1: 5 New TPCs and 27 continuing

Other: 35 Direct Hours in Q1 for NTPCs in Personal Development Classes (748 total hours of claims for TPCs reported via the online reporting system)



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Self-Determination Support** Period **First Quarter PY25**

Submitted 10/25/2024 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	3369	11	0	2259
Quarterly Data (NEW Clients)	2	631	34	0	976
Continuing from Last Year (Q1 Only)			202	0	

Comments:

2 CSEs in Q1: Mahomet Schools Resource Event on 9/12, CU Pride Fest on 9/21

631 service contacts in Q1 (359 for members with disabilities and 272 for family members)

34 new NTPCs in Q1 (14 NTCPSs with disabilities and 20 family members)

202 returning NTCPS (87 members with disabilities and 115 family members)

0 TPCs

Other = 976 direct hours in Q1



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

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Staff Recruitment and Retention Period First Quarter PY25**

Submitted 10/25/2024 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	3	0	16	0	63
Quarterly Data (NEW Clients)	1		0		16
Continuing from Last Year (Q1 Only)			16		0

Comments:

CSEs: Job Posting for position in 9/2024 - Bonuses Featured on Indeed, Website, Mass Email Outreach

Bonuses: 16 Retention Bonuses Paid in Q1 - 0 Sign-on bonuses (no new staff in Q1)



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

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

Program: **Transportation Support** Period **First Quarter PY25**

Submitted 10/25/2024 by CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	3256	45	0	1300
Quarterly Data (NEW Clients)	2	1575	14	0	736
Continuing from Last Year (Q1 Only)			31	0	

Comments:

CEs in Q1: Mahomet Resource Fair on 9/12, CU Pride Fest on 9/21

Service Contacts in Q1: 1575

NTPCs in Q1: 14 new, with 31 returning

TPCs in Q1: 0

Other: Direct hours in Q1: 736

A total of 718 rides were provided : Work - 278, Leisure - 145, Medical/Health - 77, CC events - 77, CC meetings/appointments - 82, Errands - 25, Family - 2



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Clinical Services** Period **First Quarter PY25**

Submitted 10/25/2024 by KELLI2019

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	10	5	65	
Quarterly Data (NEW Clients)	0	3		3	
Continuing from Last Year (Q1 Only)			2	52	

Comments:

Community Service Events: There were no community service events.

Individual Info: Six individuals received two types of clinical services. Three people (NTPCs) were opened for a psychological assessment.

Service/Screening Contacts: There were three screening contacts and all three were opened for psychological assessments.

Extra Reporting Time: 3 hours this quarter was spent on tasks related to billing and reporting.

Update on DSP Support Specialist: The DSP Support Specialist supported 29 individuals, 23 DSC staff and 1 Addus home care staff. A significant amount of time was spent supporting the transitions of 4 individuals who moved into a group home. This support included making visual schedules, creating behavioral support strategies, in-person support, and staff training. Also attended training at CRIS Healthy Aging to become a certified Dementia Care Practitioner.

Occupational Therapy Update: An occupational therapist was hired. She completed onboarding training and met with staff in different agency programs to discuss OT needs of individuals.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community Employment Period First Quarter PY25**

Submitted **10/23/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	10		88	
Quarterly Data (NEW Clients)	0	0		2	
Continuing from Last Year (Q1 Only)				83	

Comments:

Building on placement success from last quarter, individuals learned new skills including how to establish natural supports. Understanding the day-to-day of a new work setting, how to get started in your work day routine, who to ask when you have questions, and when to know to go to your Employment Specialists for additional support are all important new skills to acquire when starting a job.

Technology played a role this quarter with individuals needing support for time keeping, paycheck, and training platforms. New usernames and passwords were created for individuals. For two employees, handheld scanning devices are used on-the-job and learning to use these took time and patience!

This quarter, Supported Employment continued their partnership with the Carle Dish Room, Champaign Park District (CPD), and Advanced Medical Transport East (AMT). AMT and the Champaign Park District continue to produce wonderful natural supports for those who work there. The Carle Hospital Dish Room provides shifts for several DSC crews throughout the week with the on-site support of a Supported Employment Specialist.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community First Period First Quarter PY25**

Submitted 10/23/2024 by KELLI2019

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	6	45	45	
Quarterly Data (NEW Clients)	0	1	116	2	
Continuing from Last Year (Q1 Only)			0	45	

Comments:

Throughout the first quarter, Community First continued to thrive, offering over thirty weekly activities for participants. Based on participant feedback, we introduced some new groups aimed at further enriching experiences and fostering shared connections. These included:

- Air Fryer Cooking
- Animal Lovers
- Journalism
- Unsolved Mysteries

Later in the quarter some of the fall favorites returned such as the Paranormal, Fall Explorers, and Fantasy Football groups.

Volunteering continued as a way for people to give back to the community and build skills for future employment. Several DSC volunteers were honored as recipients of Eastern Illinois Food Bank’s Mission Impact Award for going above and beyond. Volunteering at Salt & Light and also The Hope Center continued.

Individuals enjoyed many community experiences that were new to them such as visiting the Lincoln Log Cabin Historic Site, going to Scovill Zoo, and attending the Champaign County Fair. Participants also enjoyed the Spurlock Museum, Krannert, Crumb Cookies, Pandemonium Donuts plus many more community activities and events.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Community Living** Period **First Quarter PY25**

Submitted 10/23/2024 by KELLI2019

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		6		78	
Quarterly Data (NEW Clients)				2	
Continuing from Last Year (Q1 Only)				72	

Comments:

Individuals in the Community Living Program continue to receive support in managing their finances. Assistance includes using online portals to access bank accounts, maintain electronic registers, and utilizing Excel-based budgeting forms that present income versus expenses at a glance. These tools ensure that individuals have a clearer understanding of their financial status.

Some individuals used shopping apps like Walmart and Meijer to place grocery orders. Others prefer in store shopping and CLP staff were available to assist with transportation. Additionally, pharmacy apps were used to manage prescription refills, ensuring medications were scheduled and received on time.

Staff remained proactive in supporting individuals with their medical needs, helping with scheduling medical appointments and providing transportation when necessary. The MyChart app was frequently used to assist individuals in requesting new prescriptions, asking medical-related questions, and scheduling appointments.

Beyond financial and medical assistance, individuals in the program continued to receive support with homemaking tasks and participating in community activities and events.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Connections** Period **First Quarter PY25**

Submitted 10/23/2024 by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	5		12	25	
Quarterly Data (NEW Clients)	0	0	28	5	
Continuing from Last Year (Q1 Only)			0	23	

Comments:

This quarter, we introduced and/or maintained the following offerings:

- Mixed Media: Artists combined various art forms, from painting to 3D art, producing unique creations.
- Polymer Clay: Hands-on crafting of polymer beads and mini renderings of participant’s favorite things.
- Cartoon Art: Participants practiced character design, storytelling, and the creation of their own comic strips, sparking imagination.
- Zines: This workshop encouraged participants to create small booklets, combining writing, drawing, and collage to share personal stories and messages.
- Collage: In this group, artists used found materials and magazines to create dynamic works, exploring themes of identity and expression.
- Studio Art: A freeform offering where participants could work on independent projects, receive guidance from the group leader, and collaborate with peers on other artistic efforts.
- Sewing and Embroidery: Participants learned the basics of sewing and explored introductory embroidery techniques.
- Vinyl Printing: This group offered a space to create custom vinyl designs for ornaments, signs, and more.
- Cap Creations: A fun approach to pixel art where participants designed and laid out bottle caps in a pattern to create a larger image.

We are also pleased to have continued our successful partnership with CU Create. This collaboration has expanded the range of creative opportunities available in our community, including events and workshops held at The Crow.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Employment First Period First Quarter PY25**

Submitted 10/23/2024 by KELLI2019

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25				
Quarterly Data (NEW Clients)	1				
Continuing from Last Year (Q1 Only)					

Comments:

Employer Training:

LEAP Training

- 7/10/2024 - Senator Paul Faraci, 61820 – Completed the LEAP training in-person

Employed by LEAP-trained business:

- Curtis Orchard - two seasonal hires through Community Choices
- Little Wings Daycare, Rantoul - FT employee through Community Choices

Program Development:

- Attended the following networking events to promote LEAP: Champaign County Chamber of Commerce (Chamber First Friday Coffee 2024); Champaign Exchange Club (attended 3 weekly club meetings); City of Urbana (Coffee with the Mayor); University YMCA (Friday Forum); Accolade Healthcare of Savoy (First Anniversary Open House).
- 26 businesses were approached about LEAP/Frontline Staff training.
- LEAP Coordinator reached out to all FY24 LEAP trained businesses to introduce the new LEAP Coordinator and to reengage.
- LEAP Coordinator began reaching out to FY23 LEAP trained businesses to introduce the new LEAP Coordinator and to reengage.
- Jobseeker Flyers are ready for the Disability Expo. Jobseekers are led to the directory so that employment opportunities can be explored. LEAP Coordinator plans to attend the Disability Expo.



Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Family Development** Period **First Quarter PY25**

Submitted **10/25/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	15	200		655	
Quarterly Data (NEW Clients)	3	32		73	
Continuing from Last Year (Q1 Only)				752	

Comments:

Family Development staff attended the monthly Home Visiting Consortium’s Soccer Planet developmental playgroups and offered developmental screenings open to the community. 32 developmental screenings were completed this quarter with 8 subsequent referrals to early intervention for special education evaluation for children ages birth-3 and one subsequent referral to the local early childhood preschool program for special education evaluation for a child aged 3-5.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Individual and Family Support** Period **First Quarter PY25**

Submitted **10/25/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	3	8	20	40	
Quarterly Data (NEW Clients)	0	0	7	0	
Continuing from Last Year (Q1 Only)			8		

Comments:

Throughout the quarter, families who received respite provider support expressed their need for these hours for various reasons with the biggest factor being that their children were out of school during this time period. Obtaining relief from caregiving duties, attending events for other family members, traveling for work, and receiving assistance with recreational activities continue to be reasons for individuals utilizing respite services.

Advocacy training sessions were conducted with several individuals using materials provided by The Alliance. Additionally, three advocates participated in a joint study session between MHB & DDB. The advocates spoke about what supports and services are important to them. They also shared information about, art, employment, home life, transportation issues, and their connection with family and friends. The advocates took time to plan and practice their discussion points prior to the meeting and were pleased with the end result of their first paid speaking engagement!



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Service Coordination** Period **First Quarter PY25**

Submitted **10/23/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	20	5	275	
Quarterly Data (NEW Clients)	0	0	0	6	
Continuing from Last Year (Q1 Only)			2	247	

Comments:

Case Management continues to use a team approach to ensure people are safe, have food and medical support, as well as any additional resources they need.

Some of the specific services offered this past quarter have included:

- Advocating and assisting an individual with mental health stabilization through the team approach.
- Recovering lost Social Security benefits for an individual.
- Supporting an individual who is in an unhealthy relationship by connecting them to resources such as counseling and a support group.
- Consulting with resources in our community to assist an individual after they experienced an injury and was out of work for several weeks. Securing rental assistance to help until they resume work.
- Supporting an individual at court.
- Assisting several individuals with Medicaid/SNAP benefits. Several are having issues with eligibility because of not receiving paperwork. All have gotten reinstated, but the process has been frustrating for individuals and families.



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

Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Workforce Development and Retention** Period **First Quarter PY25**

Submitted **10/25/2024** by **KELLI2019**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target				160	
Quarterly Data (NEW Clients)				133	
Continuing from Last Year (Q1 Only)					

Comments:

9 DSP staff received training bonuses this quarter. 124 eligible staff received a retention bonus in September 2024.



Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: **Persons Assuming Control of their Environment (PACE), Inc.**

Program: **Consumer Control in Personal Support** Period **First Quarter PY25**

Submitted **10/31/2024** by **MICHELLE**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	250	30	0	9
Quarterly Data (NEW Clients)	8	63	8	0	1
Continuing from Last Year (Q1 Only)			63	0	0

Comments:

PACE offered orientations in person and via Zoom, as well as 1:1 appointments at PACE's office during this quarter to recruit PSWs. PACE continues to do outreach activities, job postings, and community events to attempt to recruit PSWs. PACE staff participated in the following community events this quarter:

- Annual PACE Concert-Resource Table
- Scott Bennett Resource Fair
- Rosecrance Reentry Fair
- Champaign Public Library Job Fair

No TPCs due to people being served through this funding are people seeking employment as PSWs and no-vocational program to consumers with I/DD. Continued collaboration is taking place with DRS, IRC, DSC, Community Choices, and the DRS-vocational program in that they are referring individuals with I/DD and their family to PACE to hire a PSW that was oriented and put onto a registry through this funding.

PACE continues to reach out and attempt to collaborate with the Illinois School of Social Work, Arc of Illinois, parent groups at Community Choices, IRC, NAMI, and DSC.

PACE continues our quarterly PSW advisories to provide an extra opportunity for consumers and PSWs to connect and discuss PSW program topics. The PSW advisory also allows discussing issues to improve the employer/employee relationship. The Hybrid meeting (Zoom and In-Person) for the PSW advisory occurred on, Tuesday, September 24, 2024. The advisory had a guest speaker who presented on ABLÉ accounts.

PACE has sent 7 sets of referrals this quarter.

PY2025 1st Quarter Program Claims Data

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

CCRPC - Community Services

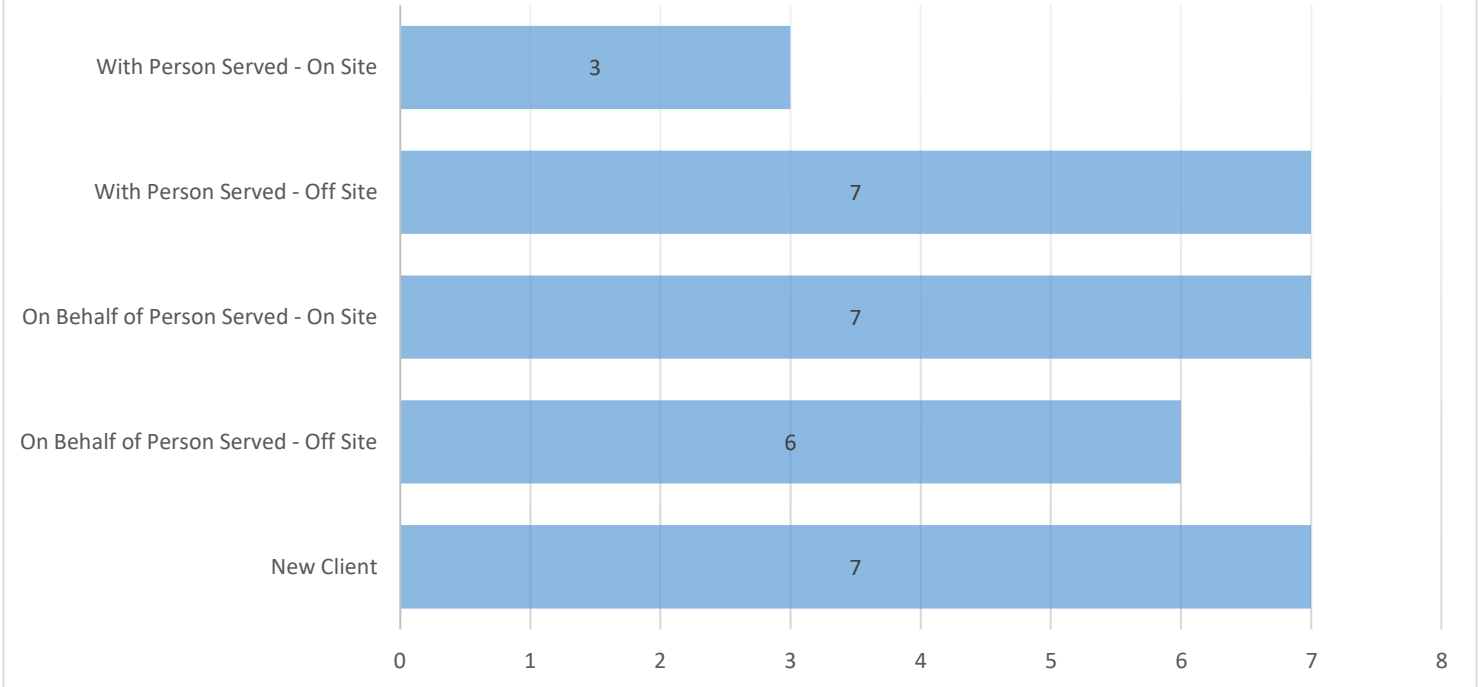
Community Life Short Term Assistance *NEW* \$58,008

PY25 Q1

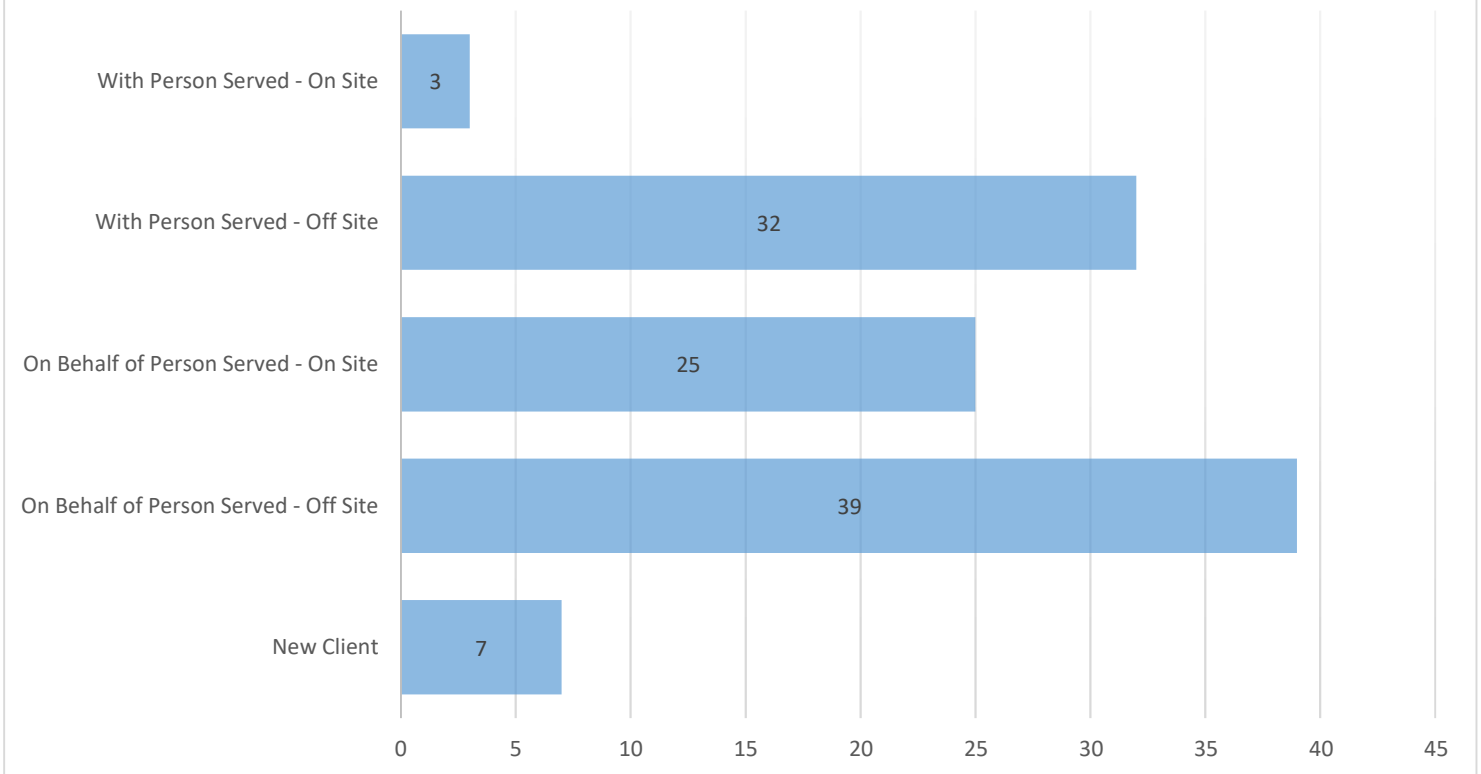
IDDSI

7 people were served, for a total of 106 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



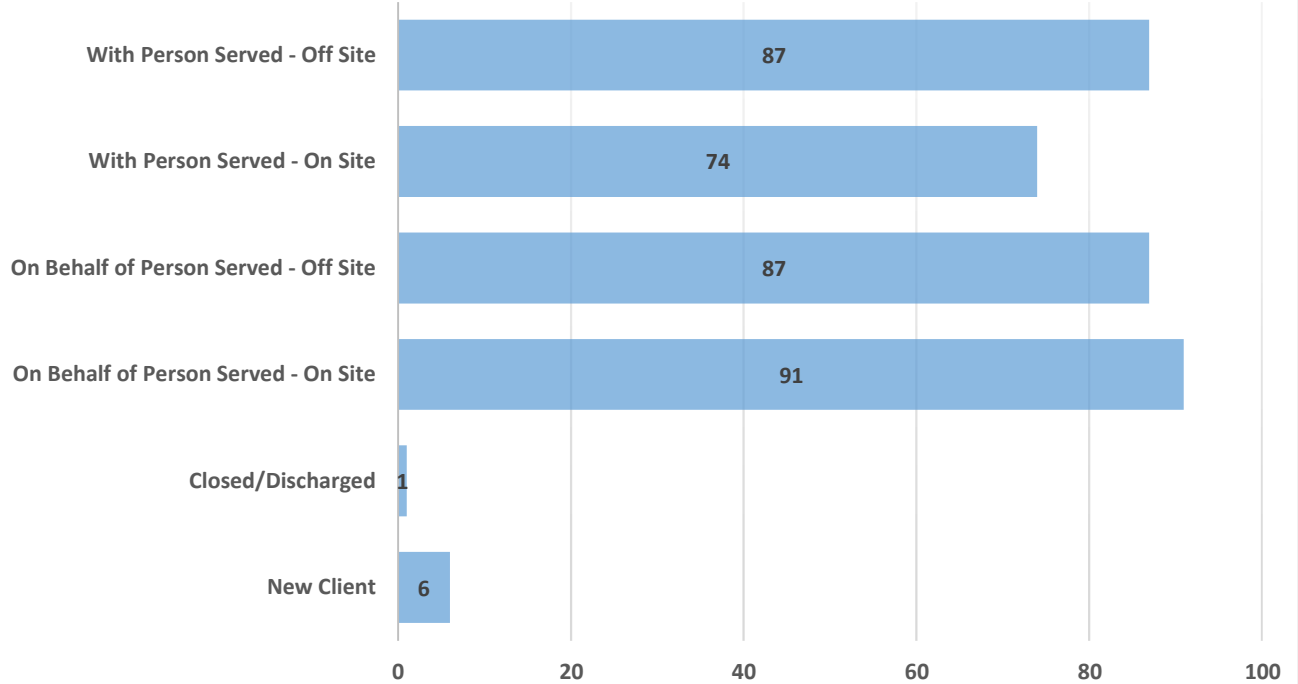
CCRPC - Community Services

Decision Support Person \$104,711

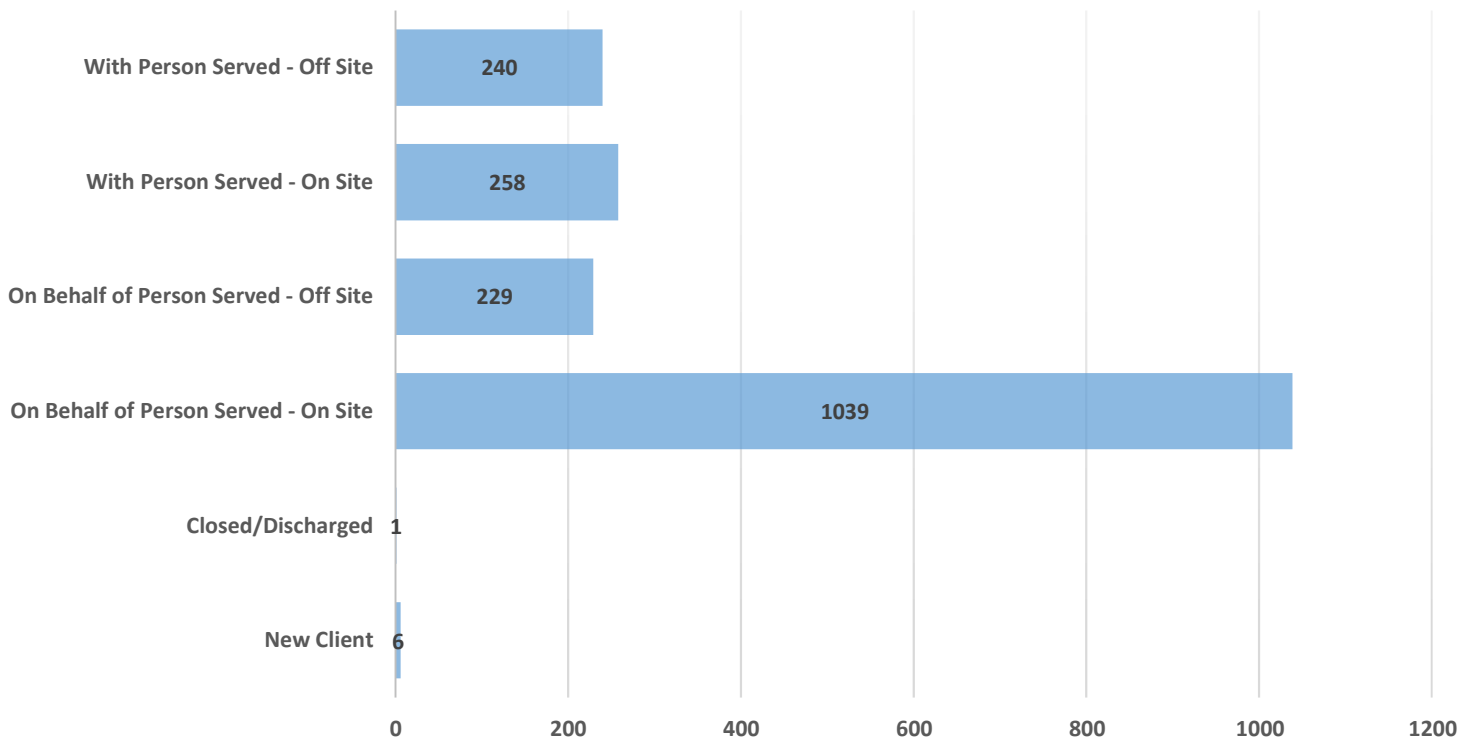
PY25 Q1

92 people were served, for a total of 1,773 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY

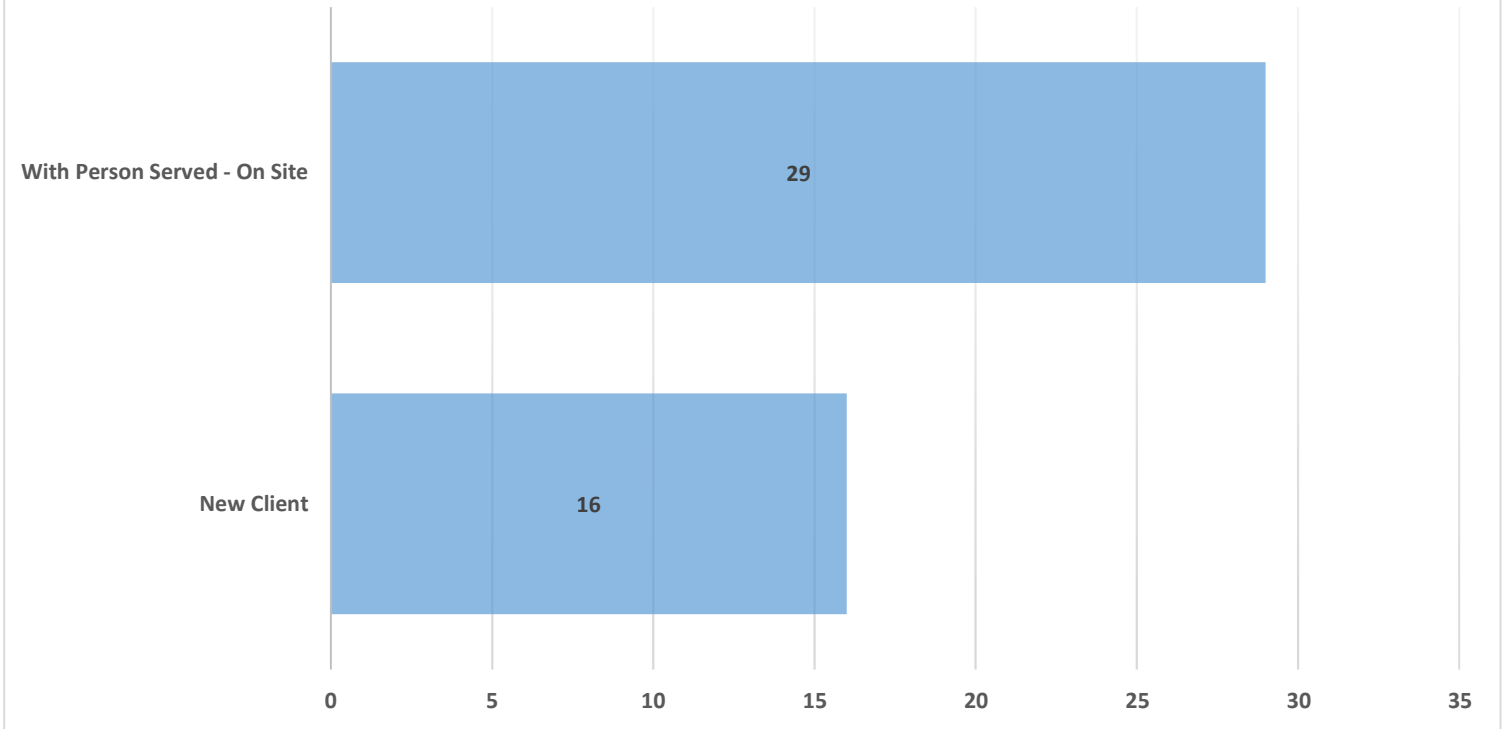


CCRPC - Head Start/Early Head Start

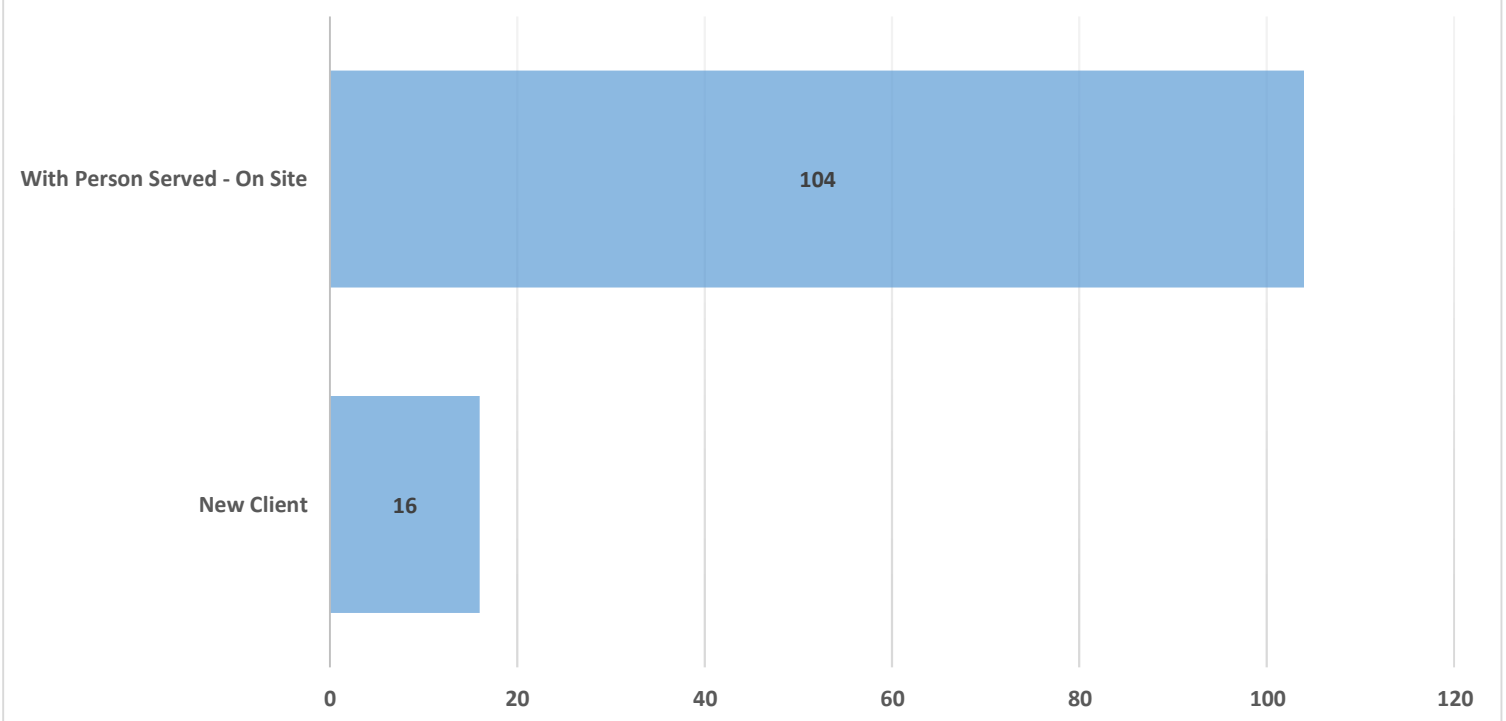
Early Childhood Mental Health Svs \$54,200 PY25 Q1 MHB

35 people were served, for a total of 120 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY

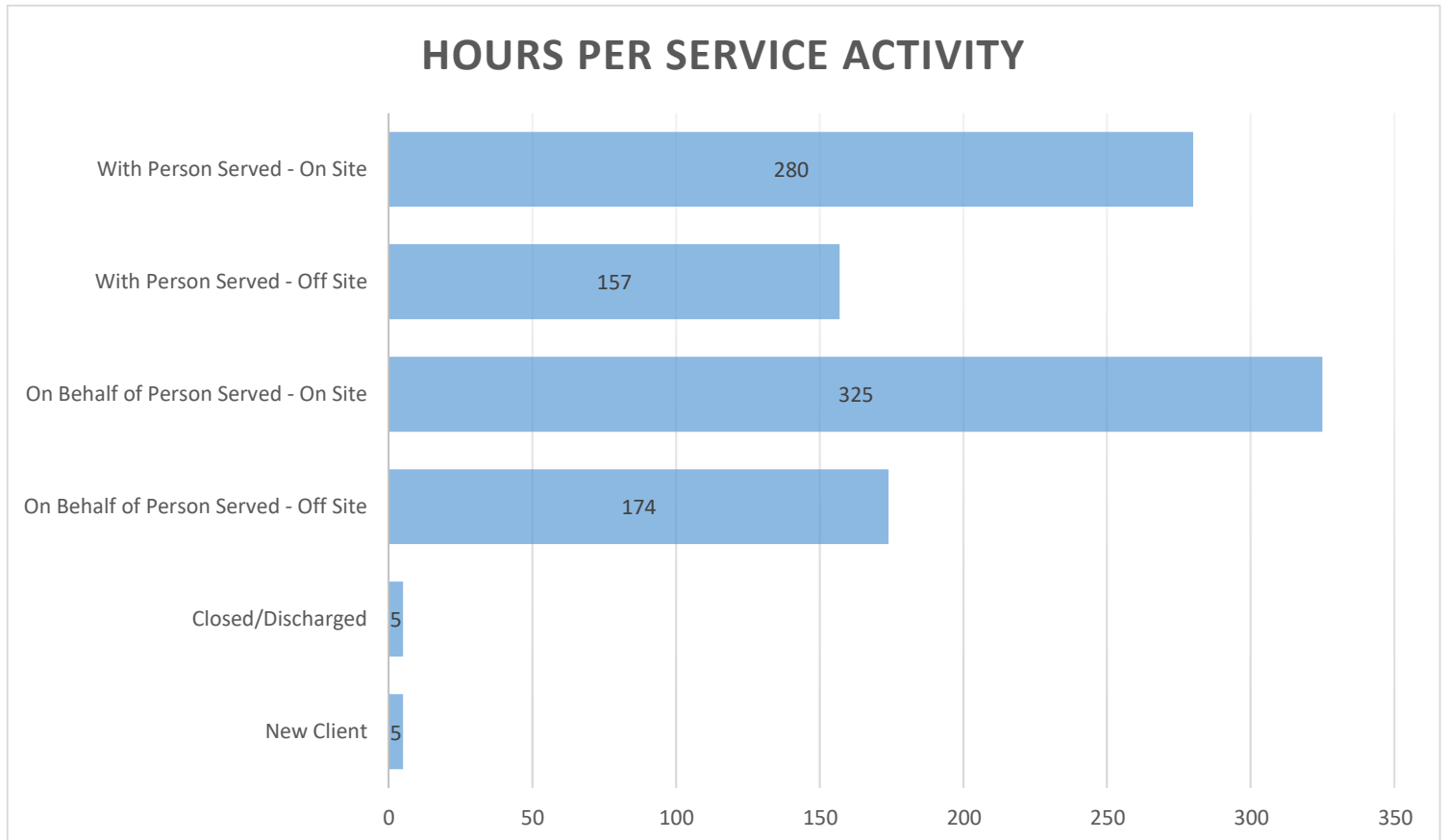
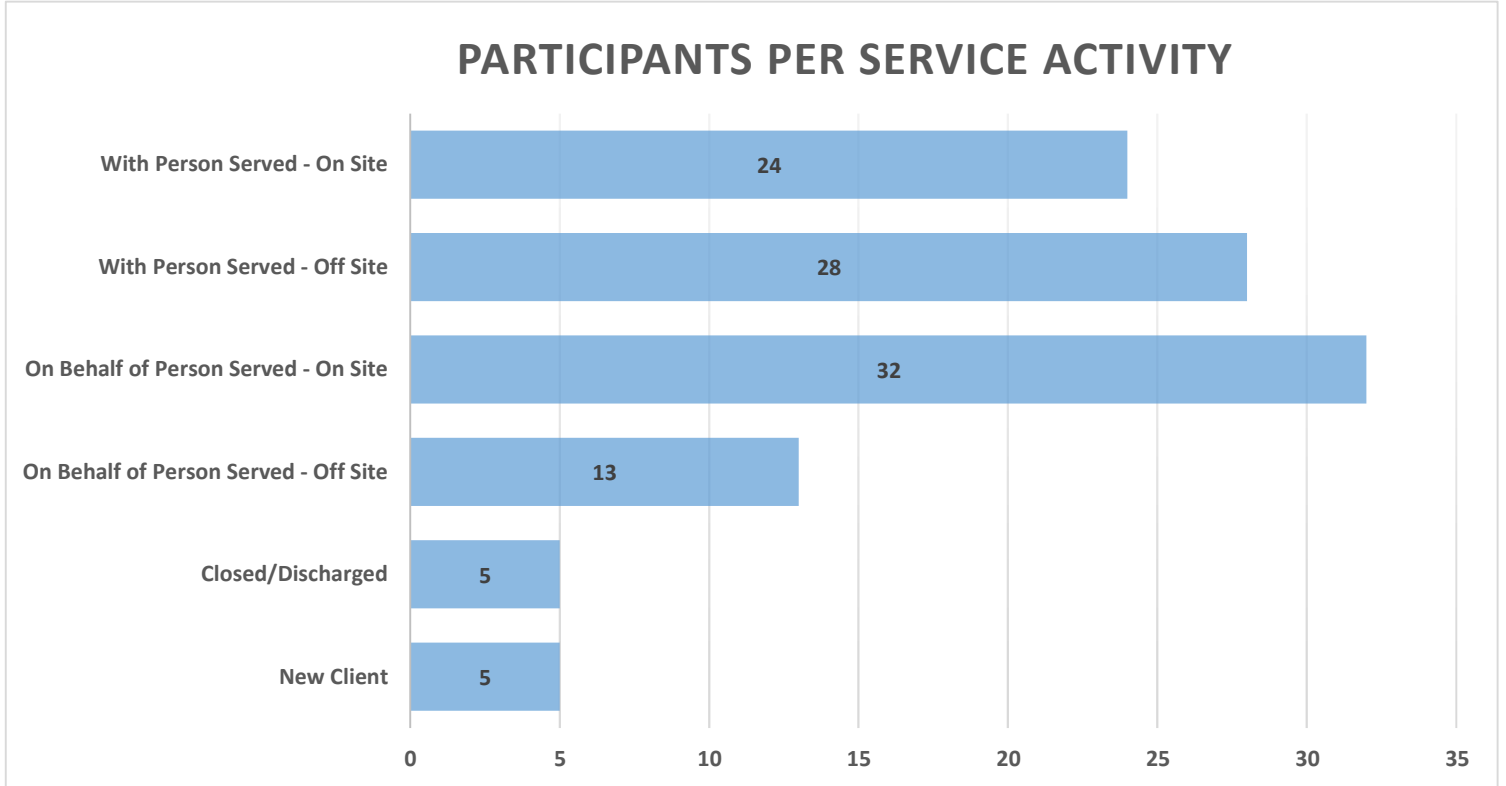


Community Choices

Customized Employment \$59,875

PY25 Q1

36 people were served for a total of 946 hours



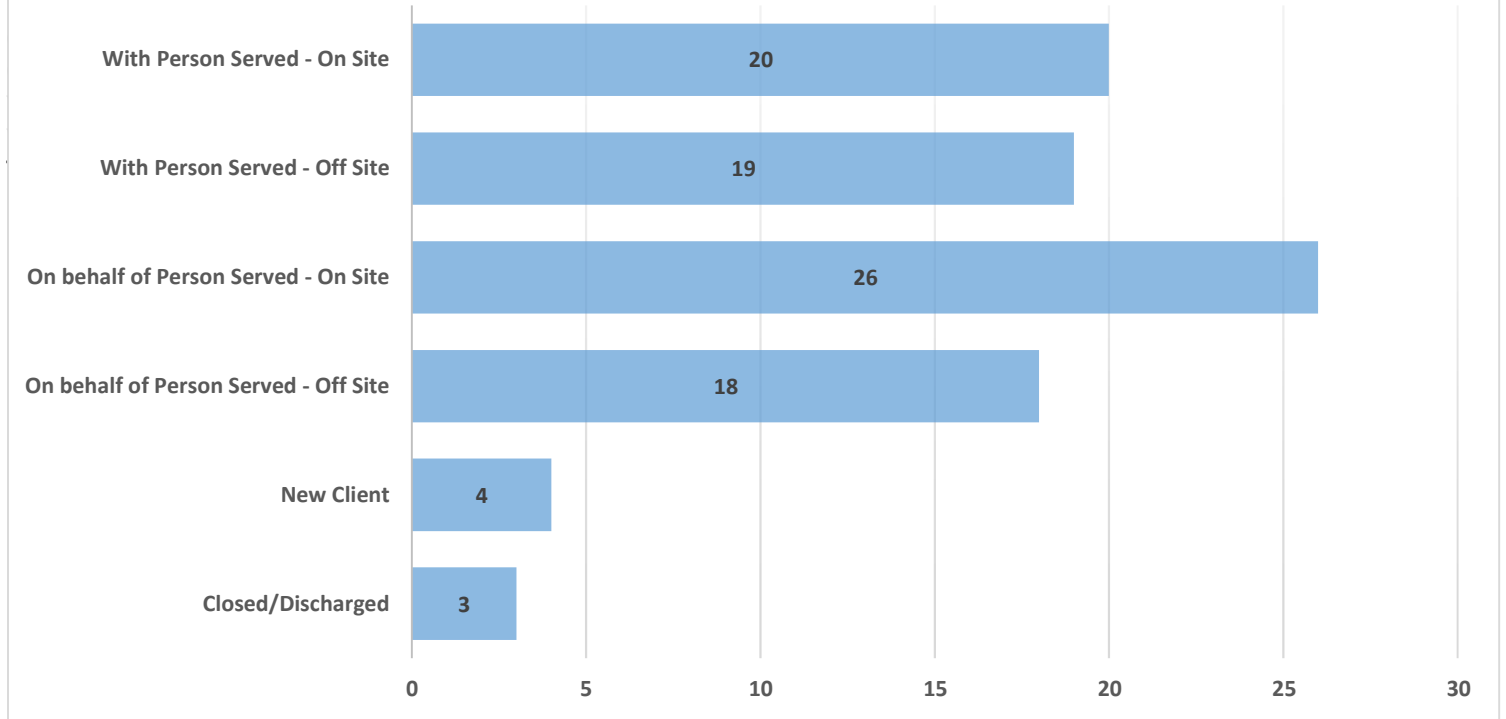
Community Choices

Inclusive Community Support \$53,250

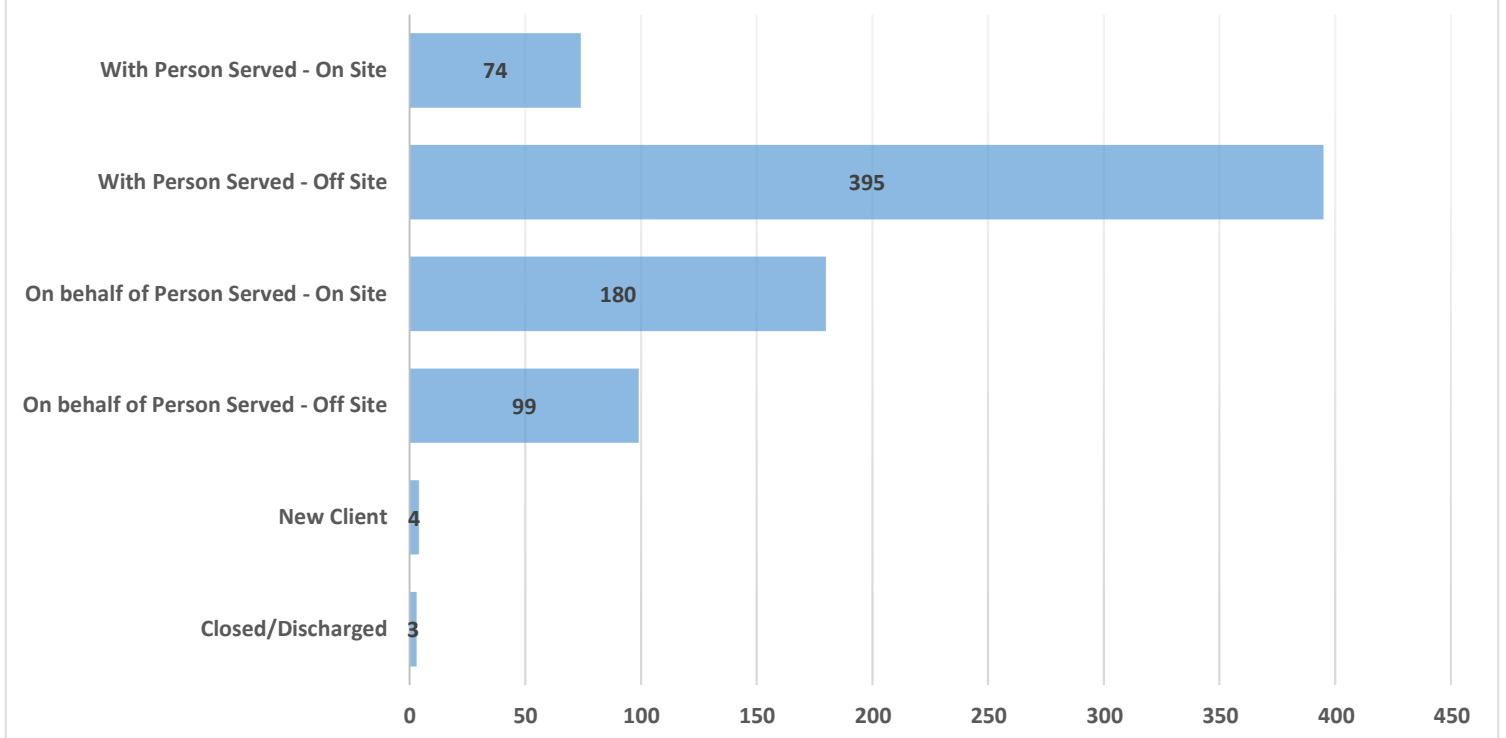
PY25 Q1

29 people were served for a total of 755 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



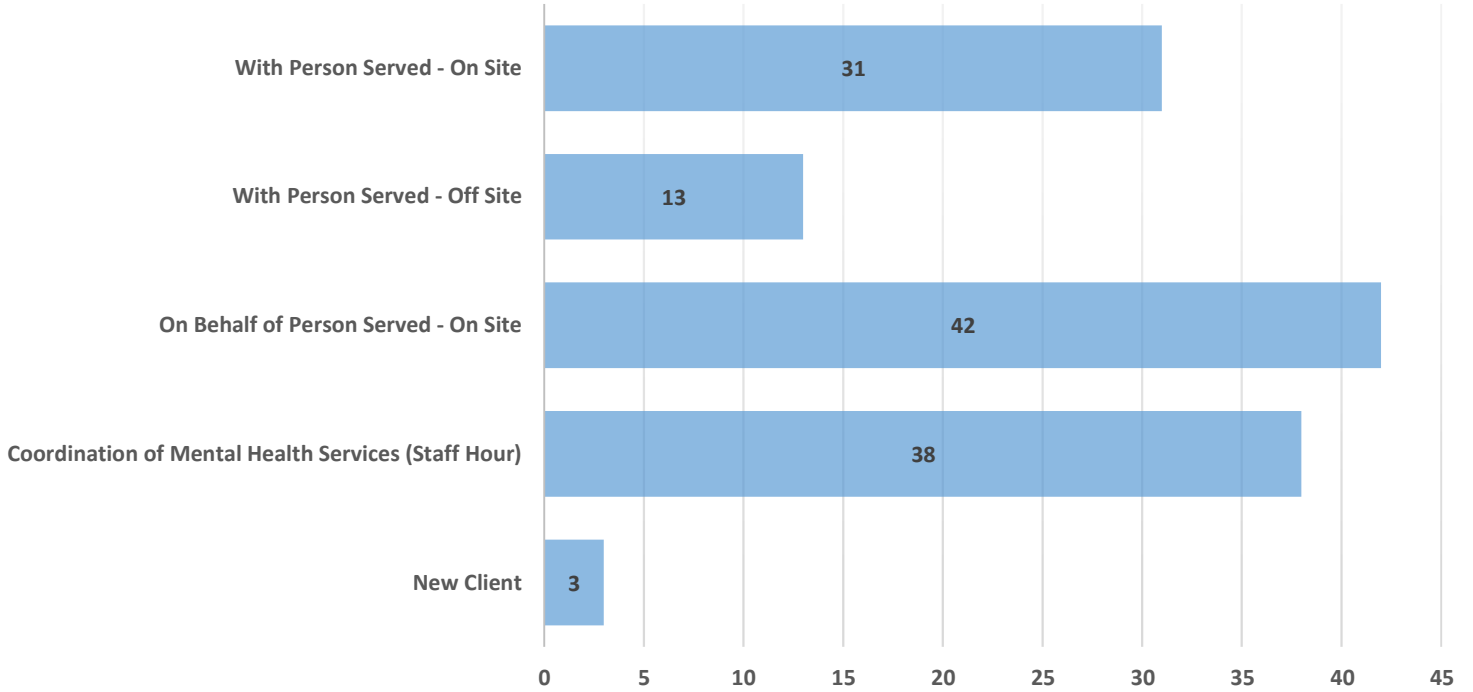
DSC

Clinical Services \$65,000

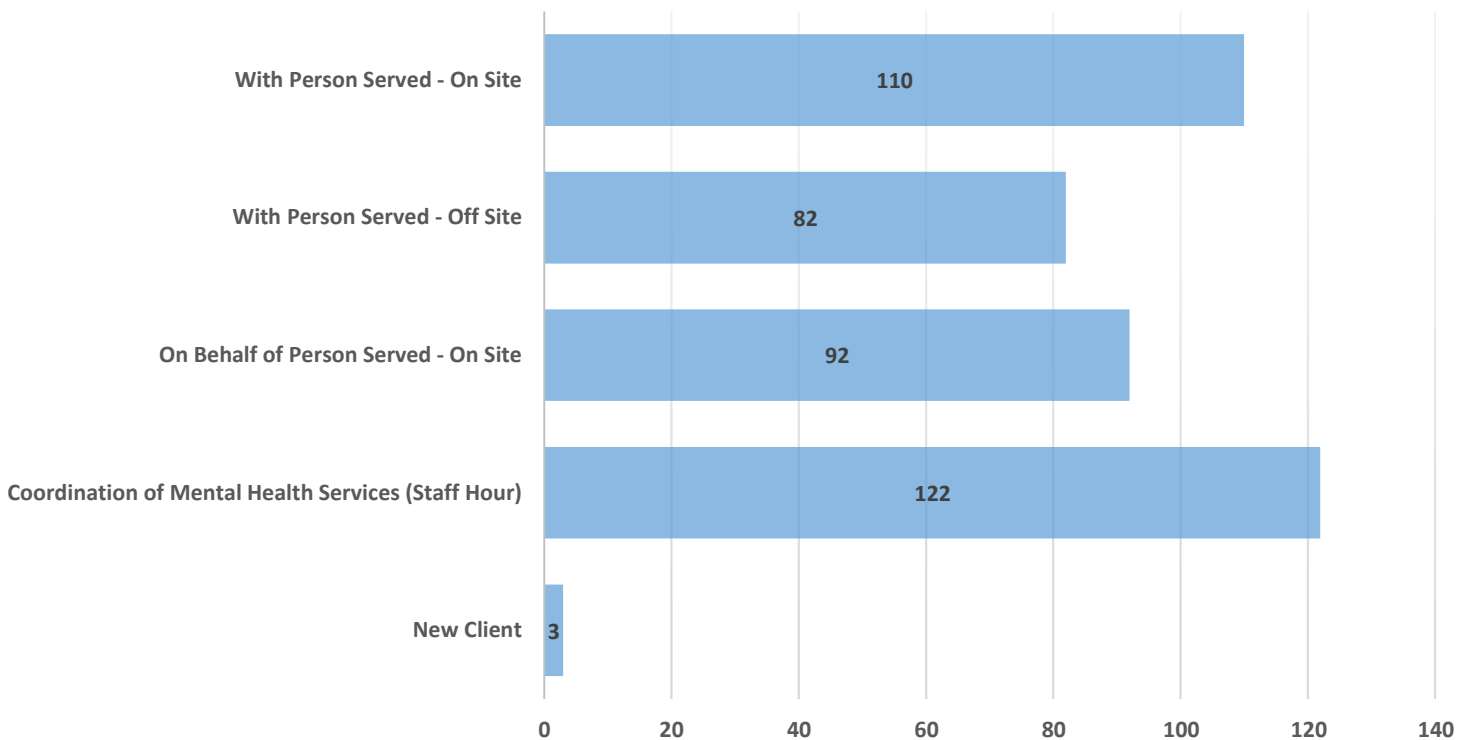
PY25 Q1

43 people were served for a total of 409 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



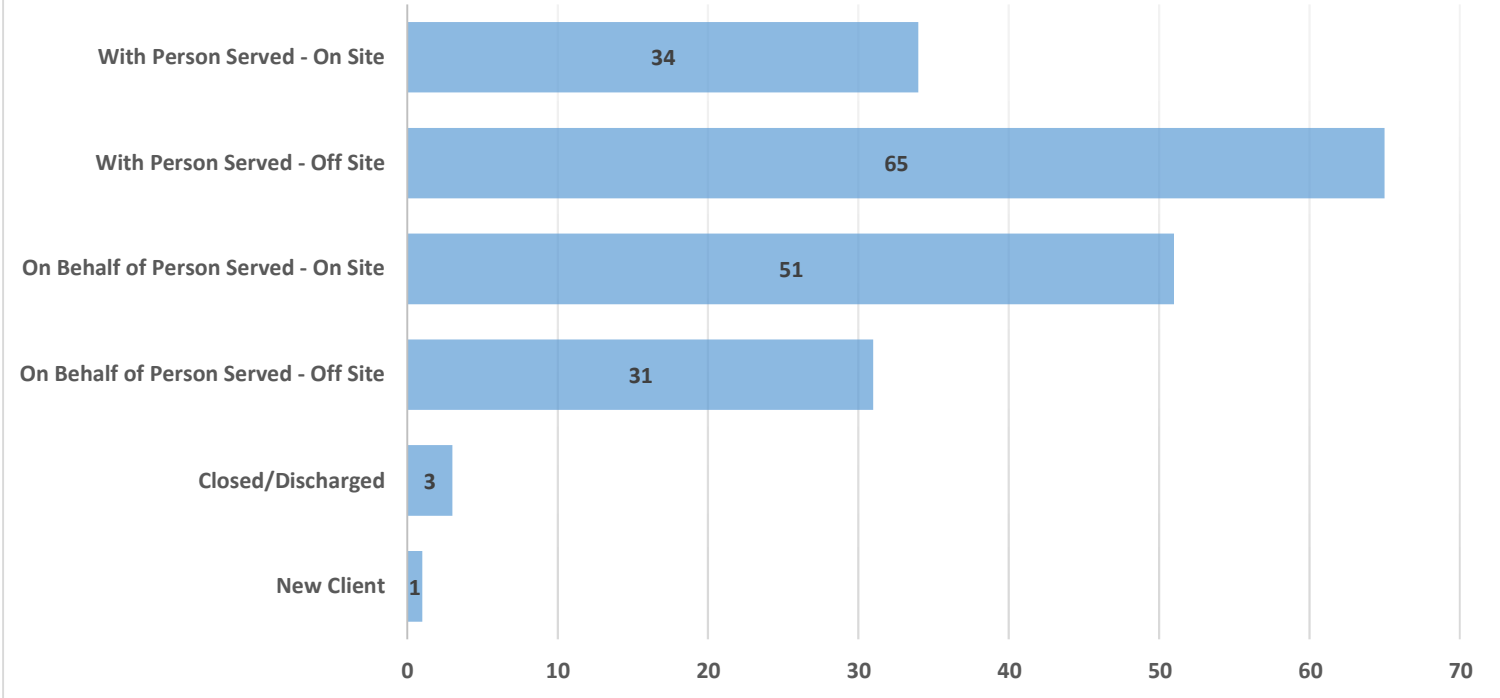
DSC

Community Employment \$125,000

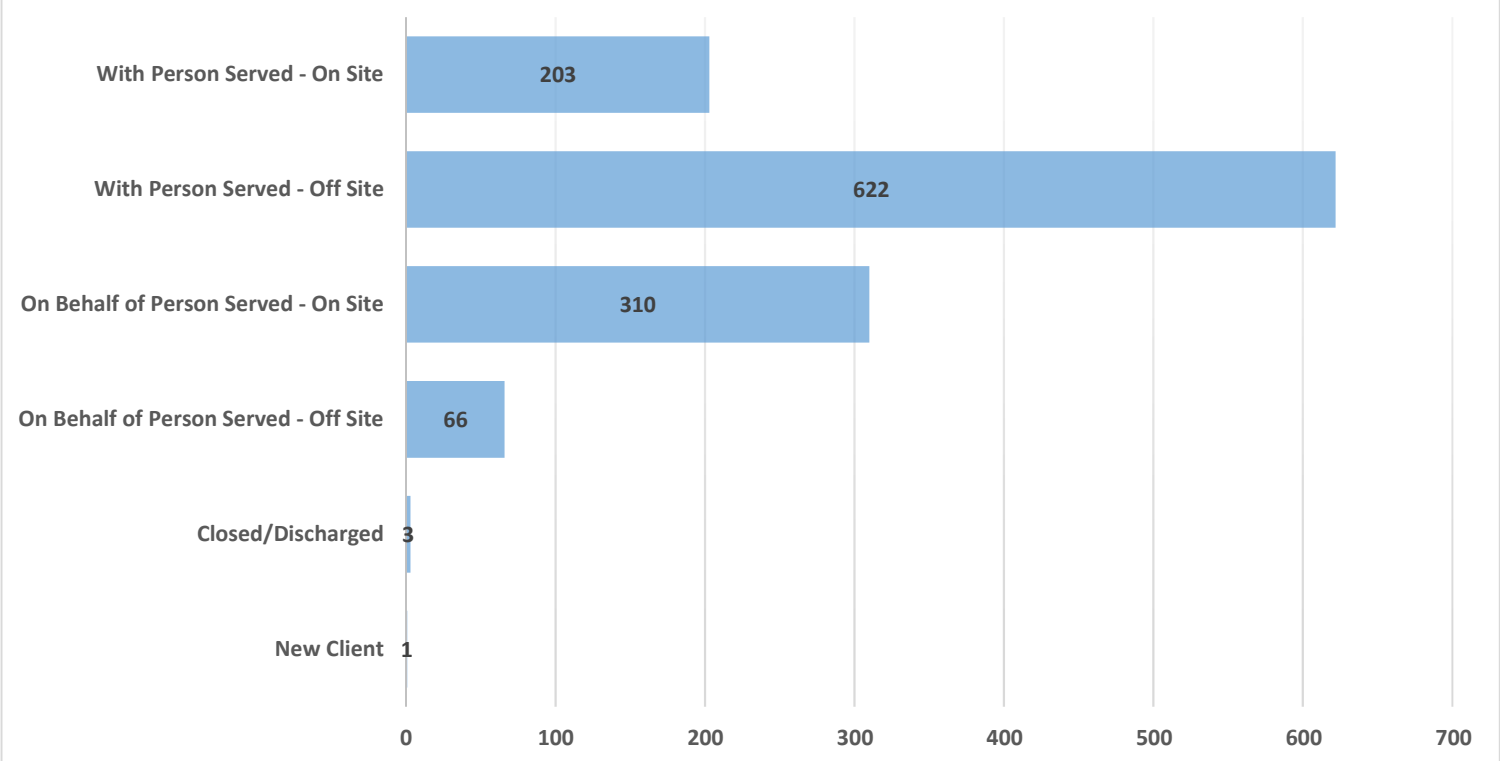
PY25 Q1

72 people were served for a total of 1,205 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



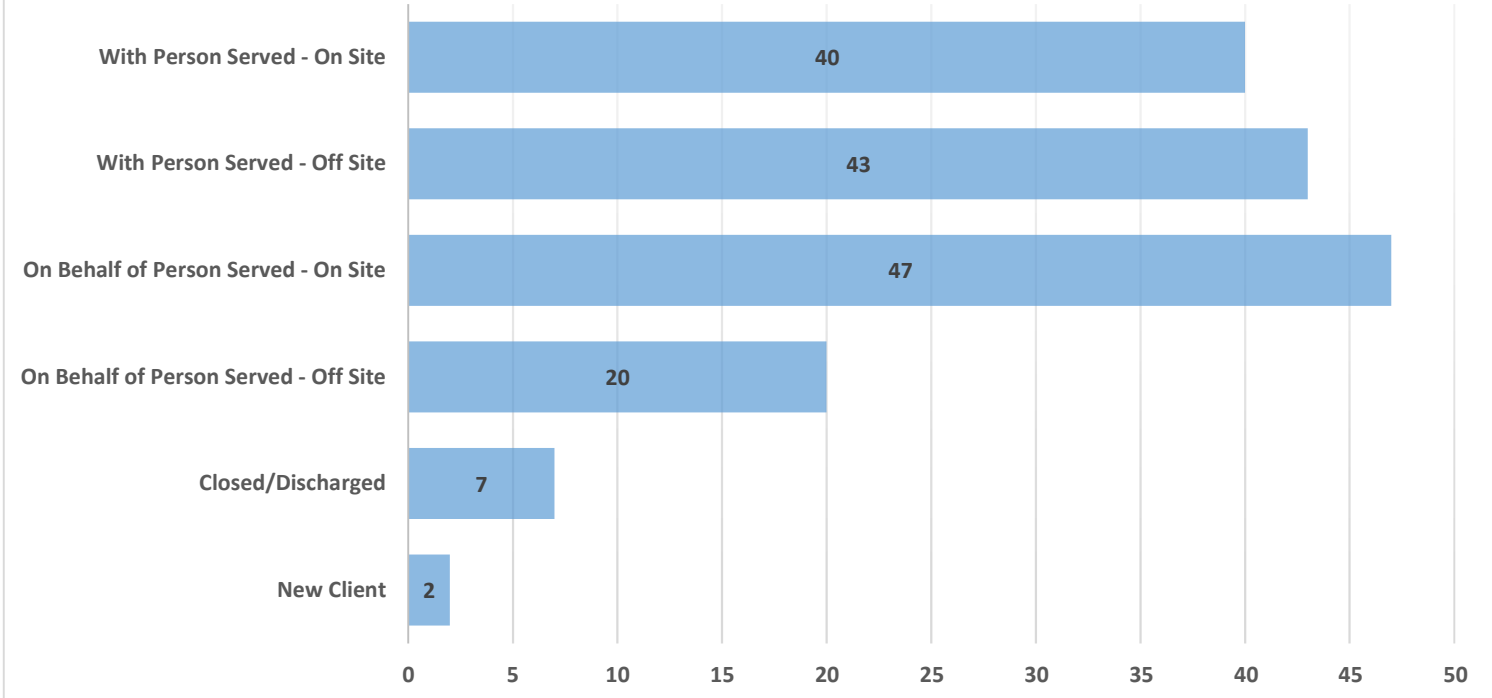
DSC

Community First \$237,500

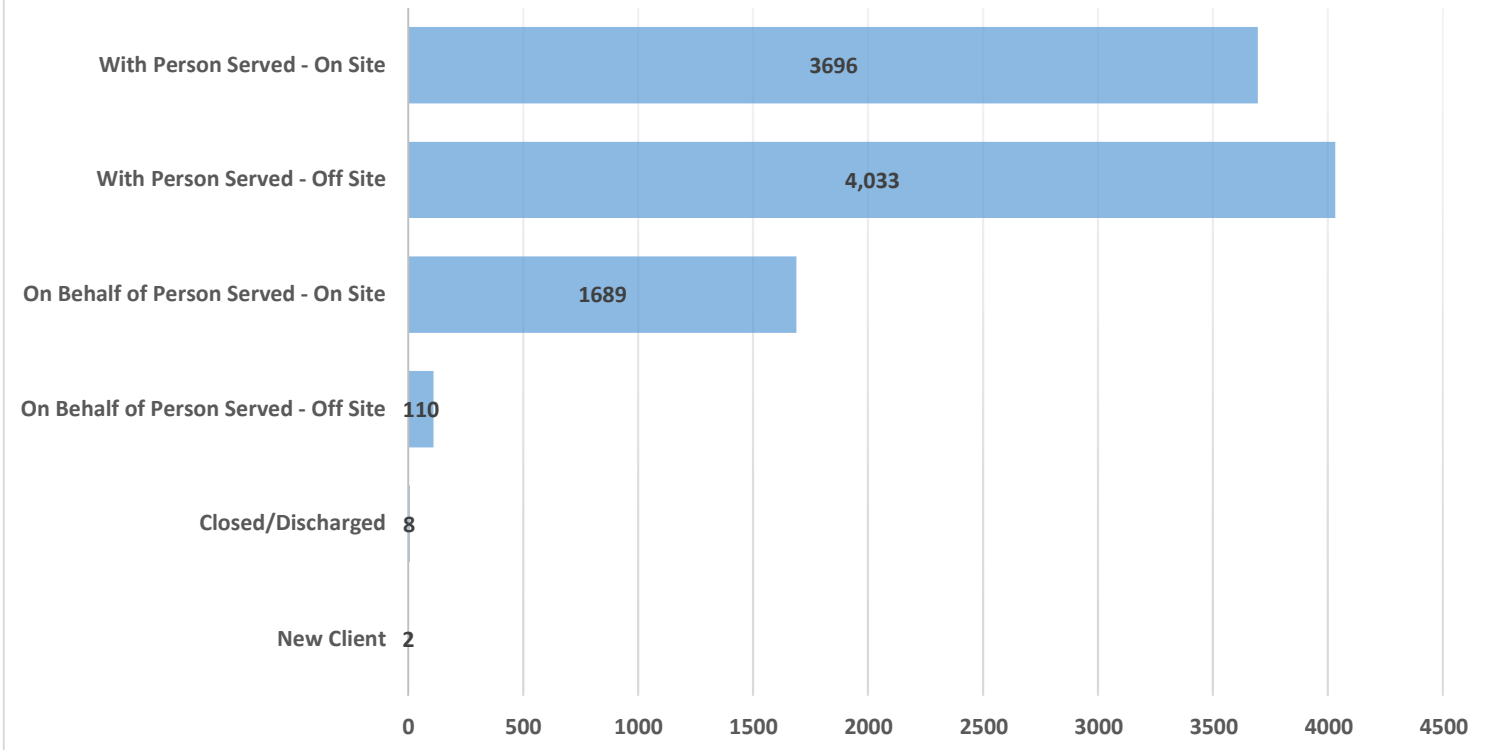
PY25 Q1

47 people were served, for a total of 9,538 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



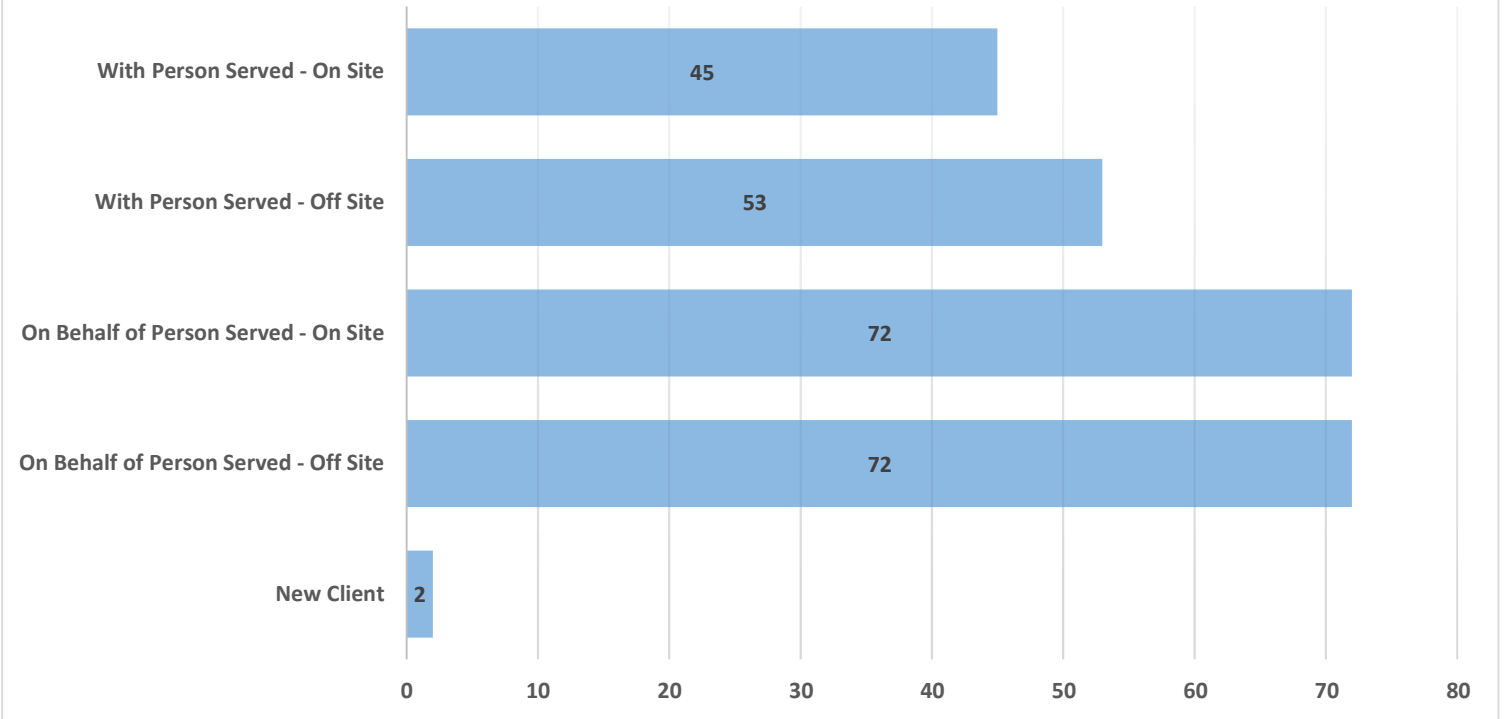
DSC

Community Living \$153,750

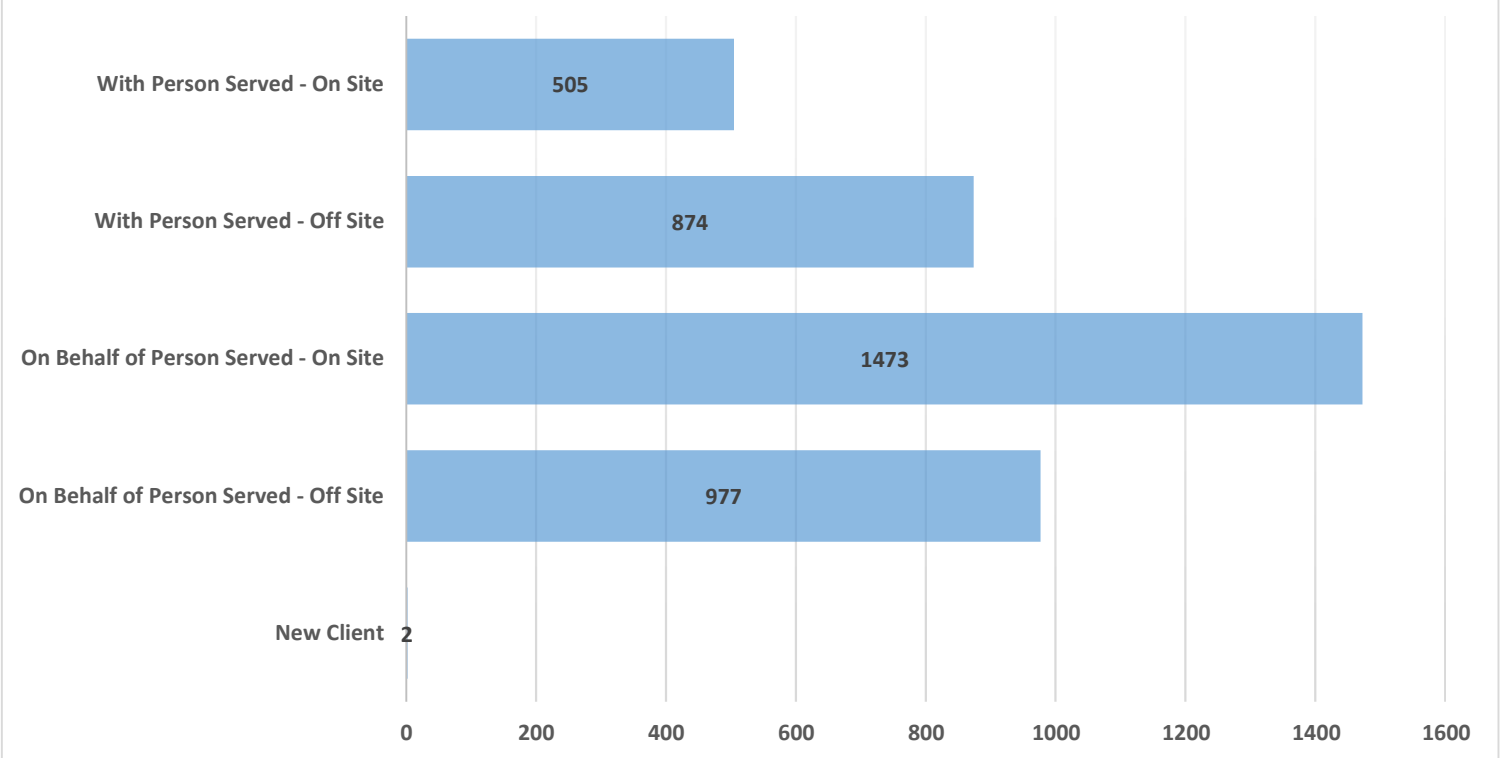
PY25 Q1

72 people were served for a total of 3,831 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



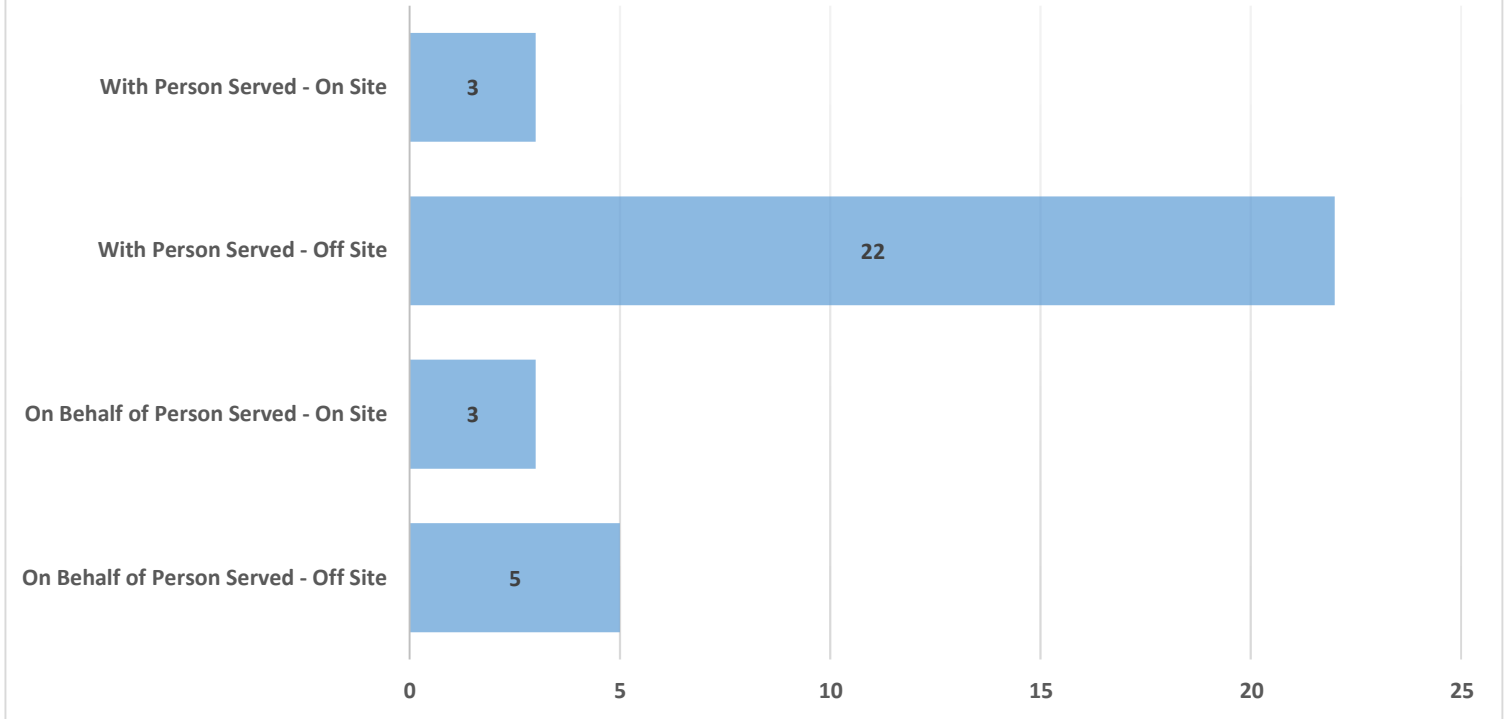
DSC

Connections \$28,750

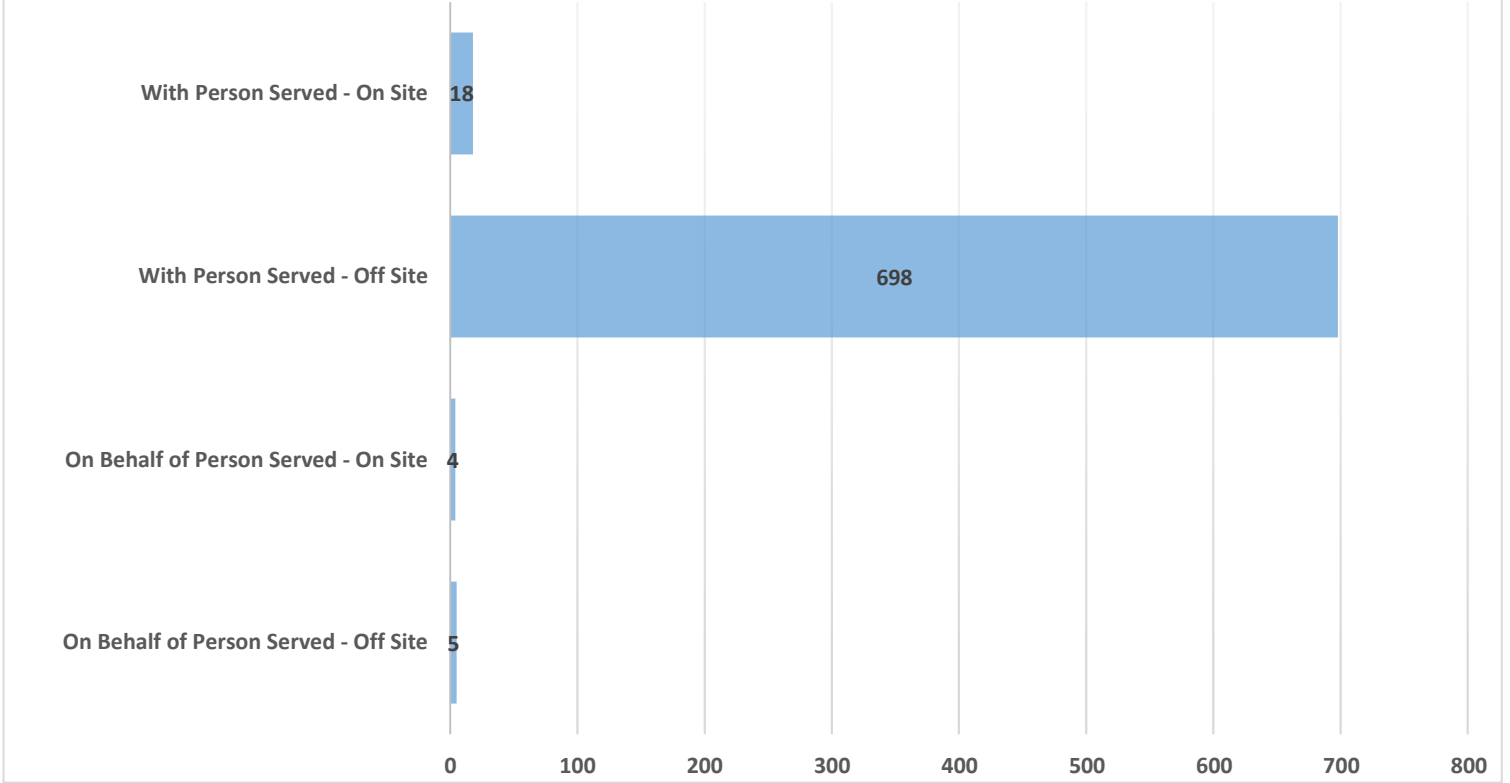
PY25 Q1

22 people were served, for a total of 725 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



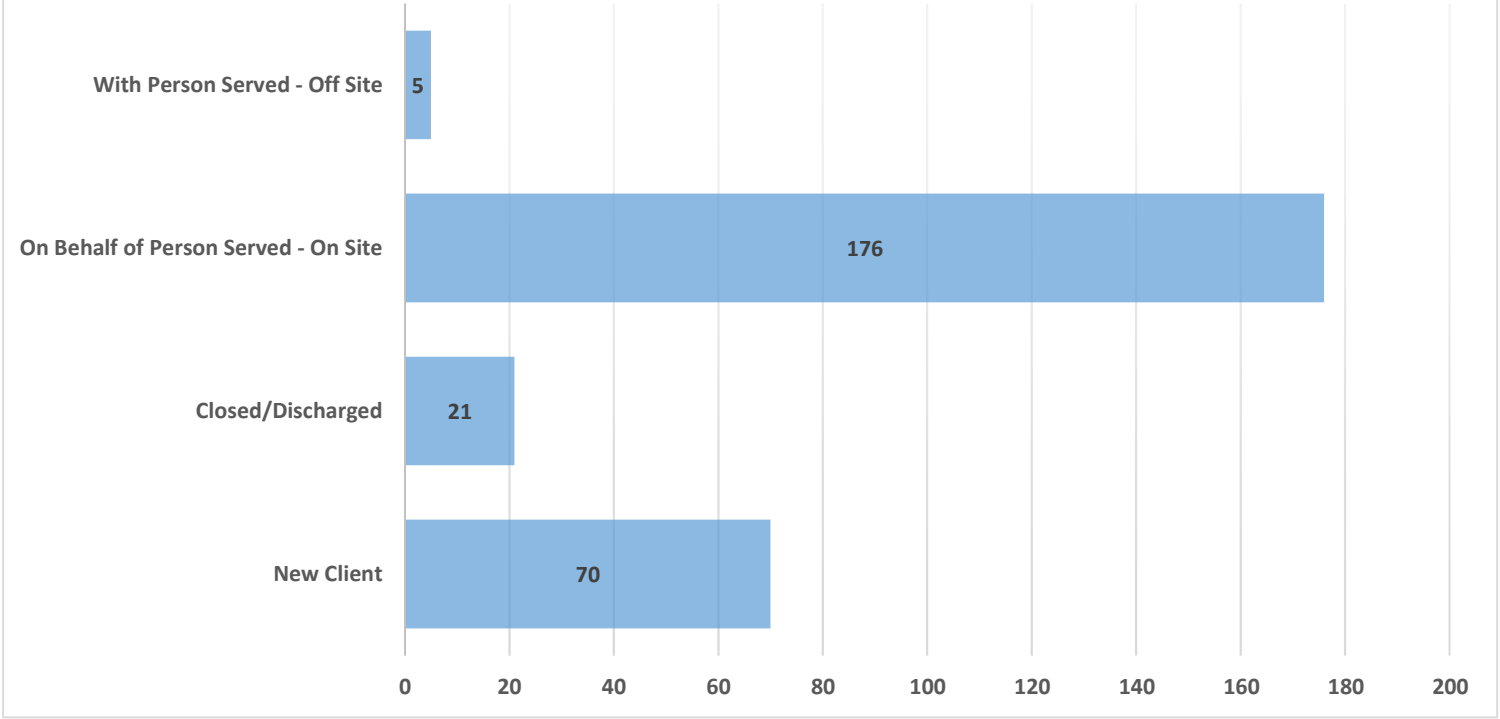
DSC

Family Development \$164,043

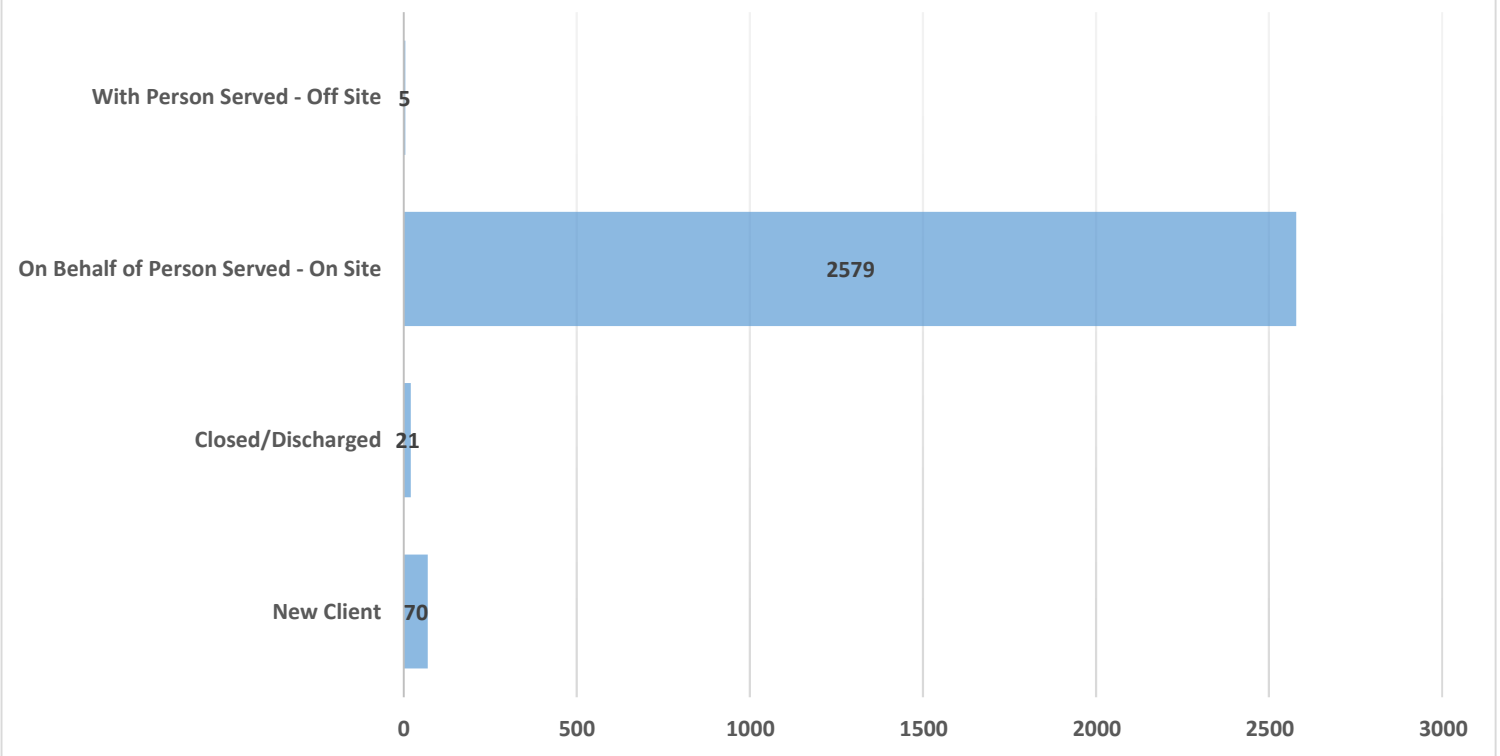
PY25 Q1 MHB

217 people were served for a total of 2,675 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



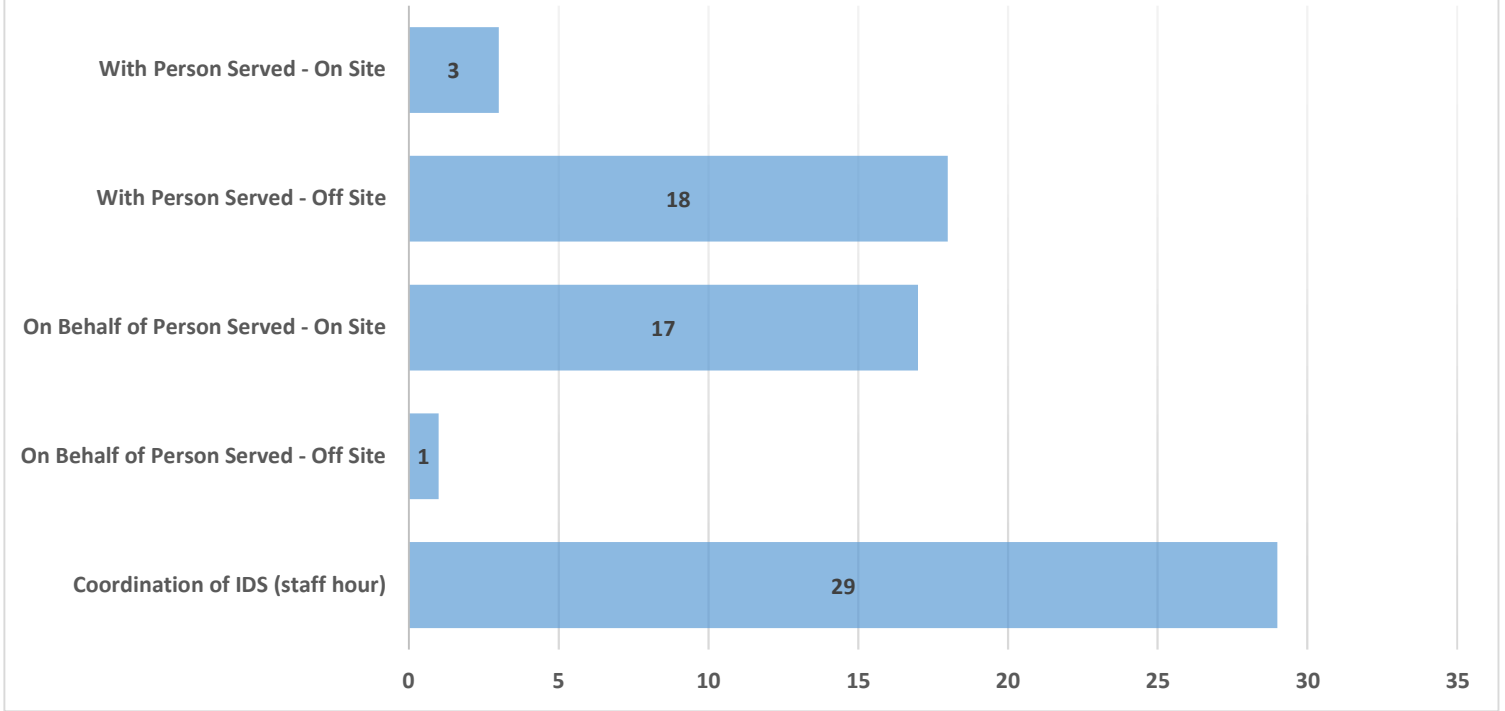
DSC

Individual & Family Support \$77,000

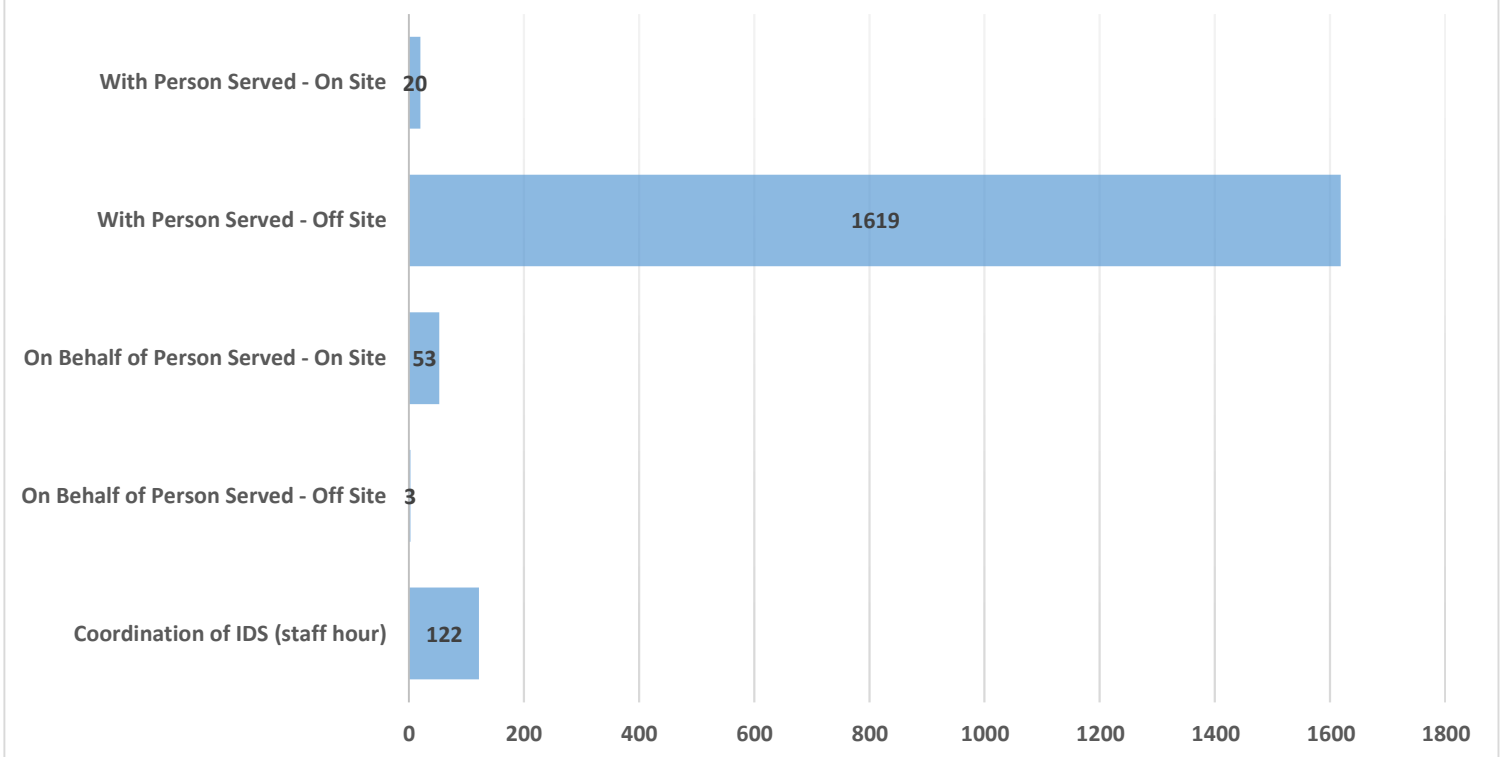
PY25 Q1

33 people were served for a total of 1,817 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



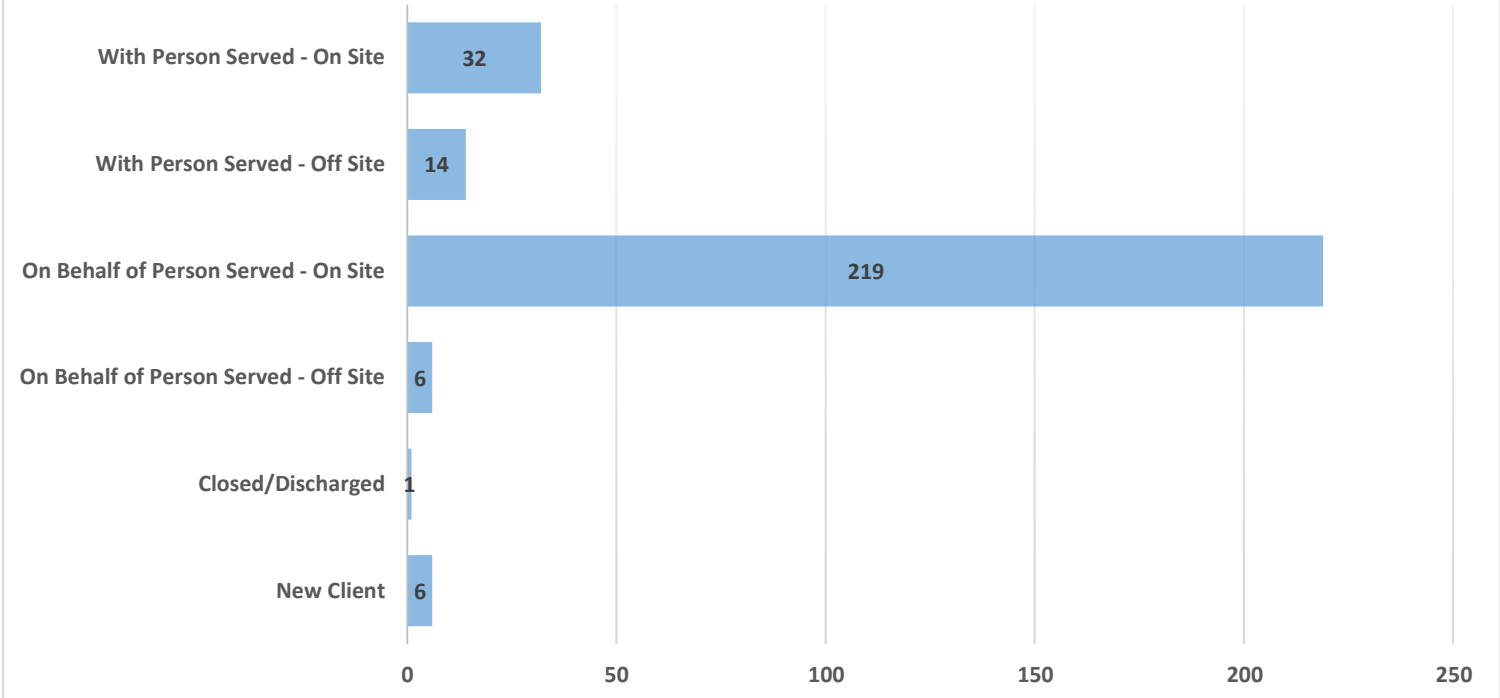
DSC

Service Coordination \$130,125

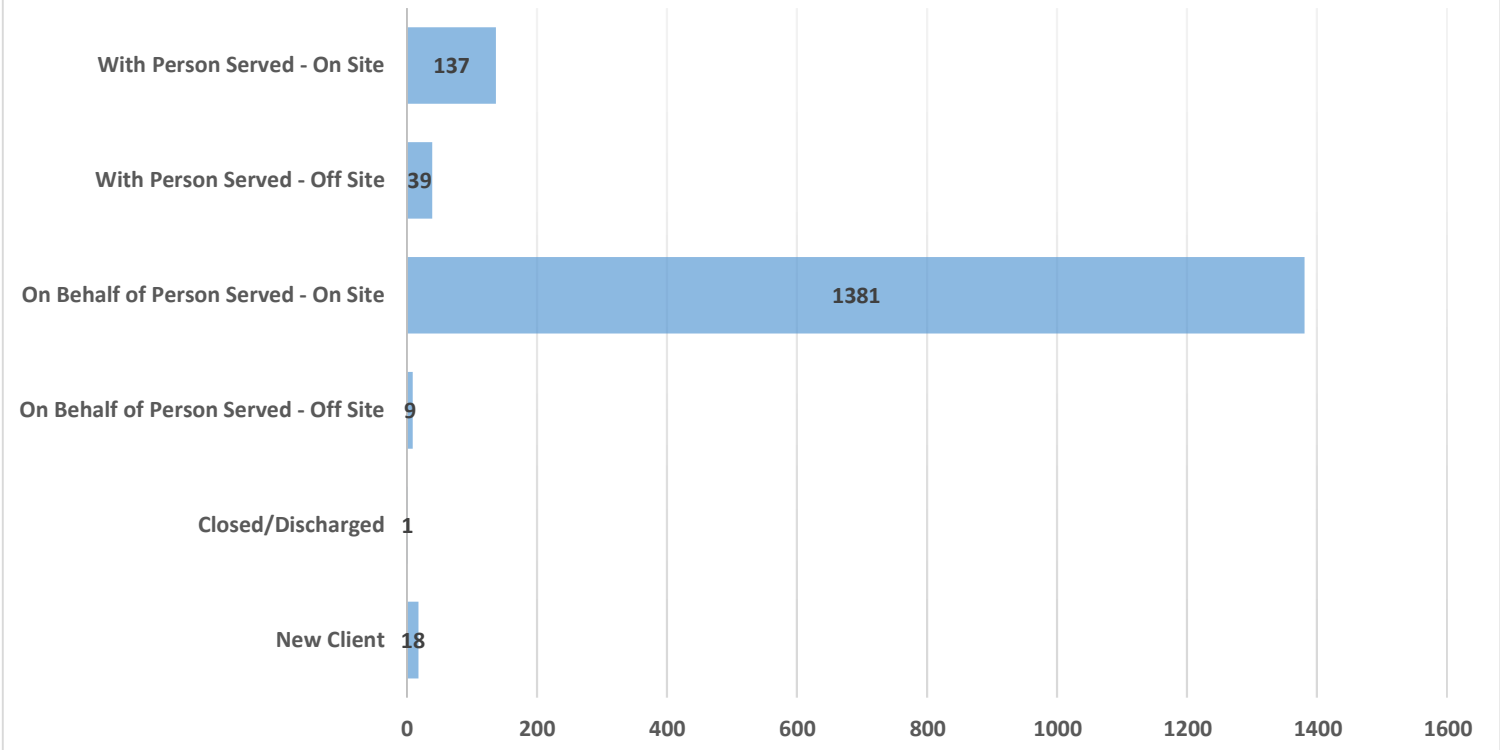
PY25 Q1

222 people were served, for a total of 1,585 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



PACE

Consumer Control in Personal Support \$11,493 PY25 Q1

9 PSWs registered, 1 Successful PSW match, & 141 total program hours

