



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, July 10, 2019

Brookens Administrative Building, Lyle Shields Room
1776 E. Washington St., Urbana, IL 61802

8AM

(Members of the Champaign County Mental Health Board are invited to sit in as special guests)

1. Call to Order
2. Introduction of Newly Appointed Board Members
3. Roll Call
4. Approval of Agenda*
5. Citizen Input/Public Participation
At the chairperson's discretion, public participation may be limited to five minutes per person.
6. President's Comments – Ms. Deb Ruesch
7. Executive Director's Report – Lynn Canfield **(pages 3-8)**
A written report (repeated from June 26, 2019 meeting packet) is included for information only.
8. New Business
 - A. Election of Officers* **(pages 9-12)**
By-Laws are included for reference. Board Action is requested.
 - B. UIUC Evaluation Capacity Proposal* **(pages 13-18)**
A Decision Memorandum on the UIUC Evaluation Capacity Proposal and Budget are included in the packet. Board action is requested.
 - C. CCDDDB FY2020 Draft Budget* **(pages 19-29)**
A Decision Memorandum on FY2020 CCDDDB and CILA Draft Budgets is included in the packet; board action is request. Additional budget documents are for information only.

D. Needs, Prevalence, and Funding Priorities (**pages 30-44**)

A Briefing Memorandum on Needs and Prevalence Data are included for information to prepare for the next funding priorities.

E. Board Direction

This item supports board discussion of planning and funding. No action is requested.

F. Successes and Other Agency Information

Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.

9. Old Business

A. UCP Request for PY2020 Funding* (**pages 45-47**)

A Decision Memorandum regarding PY2020 funding for the UCP program is included in the packet. Board action is requested.

B. Meeting Schedules (**pages 48-51**)

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

C. Acronyms (**pages 52-59**)

A list of commonly used acronyms is included for information.

10. CCMHB Input

11. Staff Reports Deferred

12. Board Announcements

13. Adjournment

**Board action requested*

Executive Director's Report – Lynn Canfield, June 2019

Background - Strategic Plan Goals:

Champaign County Mental Health Board Current Three-Year Plan Goals

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

Champaign County Developmental Disabilities Board Current Three-Year Plan Goals

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

Activities of Staff and Board Members:

To support CCMHB goals 1-8 and CCDDDB goals 1-7, a majority of staff and board time is spent in the processes for allocation decisions, contracting, and monitoring of programs funded for services and supports of value to eligible residents. In the Board budgets, these contracts with agencies appear as Contributions & Grants, the largest expenditure lines. Smaller but also important are other activities supporting individuals, families, agencies, systems, and community. Budgeted in Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training, some are through independent contractors, and some are board and staff partnerships with other organizations.

Many of these activities are detailed in staff reports. Examples include: 211/PATH with United Way; Alliance for Inclusion and Respect; disABILITY Resource Expo; Cultural and Linguistic Competence training and technical assistance; EMK Consulting support for agencies applying for funding, reporting on contracts, or entering service claims through the online system; independent CPA review of audits and development of competencies; Mental Health First Aid training and coordination; Monthly Case Management/Provider Trainings; access to GrantStation.com (a tutorial to be offered in July); and UIUC Program Evaluation Capacity Project.

Anti-Stigma and Community Awareness:

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

211/PATH features call-based and online information about current programs and resources; PATH's management of 211 and data services are co-funded with United Way for this County, through a Memorandum of Understanding and at current annual cost of \$18,066.

Alliance for Inclusion and Respect (AIR, formerly Anti-Stigma Alliance) initially focused on Ebertfest anti-stigma films, related events, and marketing during April. Momentum has allowed us to build year-round anti-stigma messaging, support for artists and entrepreneurs, and promotion of the member organizations. From November 2018 to May 2019, artists shared a booth at Urbana's Market in the Square, pausing for summer due to safety and staffing concerns. Stephanie Howard-Gallo secured and maintains a space in International Galleries, featuring a new artist each month. An accessible website promotes AIR's mission, members, artists, and events.

disABILITY Resource Expo activities are year-round but intensify for the annual event, now in Spring, and support networking and coordination; committees engage providers, volunteers, and leaders from the disability community. I serve on the Marketing/Sponsorship Committee. I've spoken with representatives from UIUC College of Medicine and UP Center about adding health fair and health access to the Expo, to enhance the event's value if we can overcome space limitations. CCMHB/CCDDDB staff support the Children's Room, Steering Committee, Volunteer Coordination, and tracking and processing of financials. Equipment has been moved to a new storage facility to reduce damage and improve access. Independent contractors coordinate all of the above and the Expo website, which has a searchable resource guide and is ADA compliant.

CCMHB/CCDDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

The CCMHB paid the CILA mortgage loan in full in May 2019. The intergovernmental agreement between the Boards was amended in February to guide budgeting and future decisions regarding these properties. Sale of the two houses or purchase of additional houses for the same purpose would require further Board discussion and action, with legal support. This spring we've had many discussions with Joel Ward Homes, property manager, Individual Advocacy Group (IAG), the

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provider of CILA services, real estate attorney Dan Walsh, and parents of two residents, regarding ongoing maintenance; fence repair; and review of management and lease arrangements, including rental amounts.

Support for Agency Programs:

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

Cultural and Linguistic Competence training and technical assistance are offered by Shandra Summerville, to improve outcomes locally. More recently, other funders have begun to require CLC Plans, giving local providers an advantage.

Independent Contractors: EMK offers technical support for agency users of our online application and reporting system; John Brusveen, CPA, reviews agency audits, conducted Bookkeeping 101 with Chris Wilson, and suggests strategies to improve accountability and financial management; and, in July, Carol Timms will train agencies on grant-seeking and fundraising and the use of GrantStation.com, annual subscription donated by James Barham.

Mental Health First Aid (Youth) trainings were conducted by Shandra Summerville last winter, with priority to funded agency providers, board members, and government officials. She recently completed certifications for Adult MHFA and MHFA for Public Safety and will offer sessions.

Monthly Provider Trainings are coordinated by Kim Bowdry and are free of charge, with CEUs for service providers, and on topics of interest: Trauma Informed Care for Persons with Intellectual/Developmental Disabilities (Raul Almazar); 2-1-1 (Karen Zangerle); Supportive Housing: Accessing & Obtaining Housing Supports (John Fallon); RESET: The Partnership Between Law Enforcement and the Mental Health System (Joel Sanders); SSA Disability and Return to Work: A Summary of Common Work Incentives (Laura Watkin); Bookkeeping 101 For Non-Profit Programs (John Brusveen); How to Support Parents with Transitional Age Youth (Regina Crider); Strategies for Increasing Resiliency at Work: Avoiding and Preventing Burnout, Vicarious & Secondary Trauma (Karen Simms); and Suicide Intervention for Service Providers (Kim Bryan). Carol Timms' session is scheduled for July 11.

UIUC Evaluation Capacity Project consults with agencies with CCMHB funded programs through 'theory of change' logic model workshops, consultation bank, and intensive support to 3-4 pilot programs each year. The researchers helped staff rewrite and reorganize application and reporting materials to better capture the value of services provided by all funded programs.

Activities of the Executive Director:

The following is meant to describe meetings, events, and partnerships I'm directly involved in which have a relationship to the strategic plans of the Boards. Activities not listed include: discussions with staff and board members, providers, and stakeholders; review and update of documents, websites, financials, budgets; personnel, office, employment policy, statutes, contract meetings... the fun stuff.

Intergovernmental/Interagency Collaborations:

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

Champaign County Department Heads: Monthly meetings of County Executive and Department Heads; various communications with other county officials and staff regarding budget process, tax calculation, policy development and vetting, Kronos, and facilities.

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Local Funders Group: As needed, the group can include United Way, Cities of Champaign and Urbana, Townships of Champaign and Cunningham, Village of Rantoul, Community Foundation of East Central IL, with a focus on funding priorities, allocation process, available funds, and co-funded programs. The large group did not meet this spring, but we have had many communications with United Way about challenges and strategies for strengthening non-profits.

Mental Health and Developmental Disabilities Agency Council: Monthly meetings of agency representatives, not all of whom are funded by the CCMHB/CCDDB, with staff and board updates, agency activities, state budget updates, federal and state system and changes, special topics, and announcements.

Metropolitan Intergovernmental Council: Quarterly meetings of governmental units; recent presentations on economic development opportunities through UIUC, workforce development, new employment and housing programs; updates and announcements from all members.

Regional Champaign-Vermilion Executive Committee: Monthly conference calls, quarterly in-person meetings. This partnership of public and private entities shares an obligation for community needs assessments and strategic plans every three years. For the last three cycles, the CU Public Health District I-Plan has identified behavioral health as a high priority, so there is some overlap with ours, and the committee has discussed how to include the interests and needs of people who have I/DD. With United Way as fiscal agent and CUPHD providing office space and supervision, a shared coordinator has responsibility for needs assessment activities, meetings, surveys, collection of data, and demonstration of database.

UIUC Chancellor's Conversation with Community Leaders: At this biannual event, participants in small groups identified their priorities, which fell into 19 broad categories. We then voted, with ranked results: *Youth/K-12 Education Opportunity and Access; Economic Development and Growth; Gun Violence / Community Safety; Community Collaborations - Town and Gown Relationships; and Community Wellness and Health.* The hope is that this shared view might serve as foundation for moving forward in strategic and sustainable ways.

UIUC School of Social Work and College of Media: Collaborations with School of Social Work occur in fall, College of Media in Spring. Currently responding to requests from the SSW Community Learning Lab and Students Consulting for Non-Profit Organizations on possible fall semester projects, and SW Policy course guest lectures.

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

Champaign Community Coalition: Monthly executive team and community 'goal team' meetings, and a related Champaign City Council study session, at which Council approved further development of a proposed community violence response program focused on children and families; this will also be supported by Unit 4 School Board.

Coordinated Crisis and Recovery Response: Discussions with providers, law enforcement, hospital administrators, and other stakeholders, as state-funded crisis services evolve, and as local needs and opportunities develop. Focus on systems as well as spaces (e.g., triage center, peer supports, community response, coordination.) These have been small group discussions, but a presentation is scheduled for July CCMHB meeting.

Crisis Intervention Team Steering Committee: Representatives of local law enforcement agencies, EMS, hospital, behavioral health, providers serving the homeless and those at risk,

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advocacy groups, and other stakeholders meet bimonthly to promote CIT and related trainings, to review data analyzed by City of Urbana, and to share updates and announcements.

Joint meeting of the Racial Justice Projects of UU Church and Mennonite Church: early in the spring, presentation of NAACP's 2018 report on criminal justice reform.

New American Welcome Center: Resource Committee meetings as needed; Health & Well-Being Working Group meetings monthly, with presentations by partner agencies and discussion of the community needs survey and program development.

Rural Outreach and Engagement: MHFA trainings are planned; coordination with OSF and Carle, who plan to offer trainings to rural partners, among others. Regional Executive Committee members and mental health board directors representing other rural areas discuss how to reach rural farming communities which are experiencing increased economic stress and incidence of the "diseases of despair." Some online tools (webpsychology.com, OSF's SilverCloud, betterhelp.com, Bexar County's MHU app) and telemedicine are promising for some, as long as infrastructure is sufficient and people are aware. This discussion now involves state legislators, since 20% of cannabis revenue will be directed to Illinois Department of Human Services and could partially address the emerging needs.

Youth Assessment Center Advisory Committee: Representatives of law enforcement, Court Services, State's Attorney, service providers, and school districts meet quarterly for discussion of the program, review of referral and service data, and related updates (e.g., difficulty with workforce recruitment in roles requiring shift work or crisis response.)

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAI): Conference calls of Executive, Legislative, Medicaid/Managed Care, I/DD, and Ad Hoc (dues) committees and June membership meeting for trainings and business. Between meetings, members ask about issues which arise for one and may have been addressed by others, such as: agency contracting, board/staff policies and training, shared administrative costs, legal opinions, budget processes, tax extension, and best practices. Government Strategy Associates, our legislative liaison, helped defeat a bill highly destructive to Mental Health Boards' funds and authority and kept us informed about many introduced bills related to MI, SUD, or I/DD. We completed witness slips and contacted legislators about potential impacts on Medicaid reimbursement rates, wages for Direct Support Professionals, Customized Employment pilot, Mental Health First Aid in schools, Sex Education for adults with I/DD, Maternal Health, and more. St. Clair County helped challenge the state's ISC NOFO process, seeking transparency in allocation decisions.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): Monthly I/DD committee calls, with presentations from other national associations and experts in the field, planning for the upcoming annual summit, and highlights from member states (experience with managed care, innovations in services, workforce shortage, corrective action plans, consent decrees, state transition plans, etc.) Monthly Behavioral Health committee calls, primarily focused on creating a white paper on behavioral health outcomes. I now serve as co-chair. The association also hosts many webinars and shares articles of interest (research, legislation, innovations, etc.), but time constraints make it tough to absorb all.



National Association of Counties (NACO): Monthly Health and Regional committee calls; Health Committee leadership call for planning of annual meeting, priorities, and proposed resolutions; Stepping Up Innovator County calls; Data Driven Justice Initiative webinars.

Special Projects for Future Consideration:

In addition to ongoing review and refinement of the processes related to funding agency programs, along with staff and board projects as described above, the boards may accomplish their goals and missions in other ways, especially as the operating environment changes and local challenges or opportunities emerge. If any are of interest, I will develop recommendations for future discussion.

Shared Infrastructure:

Develop a pilot project to strengthen funded organizations by sharing business office and contract compliance functions or technology 'infrastructure'. Where small local organizations may be well-positioned to meet local needs, they may be too small to manage contract requirements, such as bookkeeping, data collection, program performance evaluation, or fundraising. Total costs could be lower if shared by a group of agencies. A pilot project may show how this is best accomplished.

Parkland College Foundation:

Establish a scholarship fund for people who have a qualifying diagnosis (MI, SUD, or I/DD), Champaign County residency, and financial need and an interest in participating in any of a variety of Parkland programs. Parkland Foundation would apply CCMHB contributed funds to each scholarship recipient's account and return unused funds to the CCMHB. In order to identify scholars, and taking care to avoid stigmatizing people or sharing private health information, the CCMHB might establish a review committee, a review process with timeline, a method for promoting the scholarship opportunity publicly, and maximum award amounts. Due to school and student timelines, it is most likely that the review of scholarship applications would coincide with the review of agency funding requests. The total amount to be awarded could vary from one year to the next, allowing the board to use funds beyond those budgeted for agency contracts, consultant contracts, staff, or administrative needs. Per statute, mental health boards may make scholarships, though the statute does not elaborate.

Mini-grant Process:

Establish a process for awarding 'specific assistance' to individuals with MI, SUD, or I/DD for projects or supports. A process for allocating smaller, individual awards could be helpful to those Champaign County residents who are eligible to participate in CCMHB or CCDDDB funded agency programs, have a one-time support need specific to their circumstance, and seek to exercise choice as a consumer.

Workforce Retention Initiatives:

Student Loan Repayment; Retention Payments. Workforce recruitment and retention challenge behavioral health and developmental disabilities systems across the country; this is true in Champaign County in spite of local resources. We could establish a student loan repayment or a retention incentive program for psychiatrists, behavioral health providers, direct support professionals, multilingual providers or interpreters, or others who would perform needed services within the County for defined periods.



J.A.

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

dba CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD

BY-LAWS

Adopted by the CCDDDB 1/4/05. Amended 12/5/06 and 7/23/14.

I. PURPOSE AND FUNCTIONS:

- A. The Champaign County Developmental Disabilities Board (CCDDDB) is established under the Illinois County Care for Persons With Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) in order to “provide facilities or services for the benefit of its residents who are intellectually disabled or under a developmental disability 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.”
- B. In order to accomplish these purposes, the CCDDDB performs the following functions:
 - 1. Planning for the intellectual and developmental disabilities services 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 disabilities services.
 - 3. Coordination of affiliated providers of services for individuals with intellectual and/or developmental disabilities to assure an inter-related accessible system of care.
 - 4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.
- C. The CCDDDB shall perform those duties and responsibilities as specified in Sections 105/0.01 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

II. MEMBERSHIP:

- A. The membership of the CCDDDB shall include the maximum allowed by statute.

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- B. The members of the CCDDDB shall be appointed by the Chairperson of the Champaign County Board, with the advice and consent of the Champaign County Board. The CCDDDB shall recommend nominees for membership to the Chairperson of the Champaign County Board.
- C. Members of the CCDDDB shall be residents of Champaign County and, as nearly as possible, be representative of interested groups of the community concerned with developmental disabilities as well as the general public. To the extent possible, members of the CCDDDB shall represent the geographic areas of the County. Members may be representative of local health departments, medical societies, local comprehensive health planning agencies, hospital boards and lay associations. No member of the CCDDDB may be a full-time or part-time employee of the Division of Developmental Disabilities (DHS/DDD) or a Board member or employee of any facility or service operating under contract to the CCDDDB. The term of office for each member shall be three (3) years. All terms shall be measured from the first day of July within the calendar year of appointment. Vacancies shall be filled for an expired term in the same manner as original appointments.
- D. Any member of the CCDDDB may be removed by the appointing officer for absenteeism, neglect of duty, misconduct or malfeasance in office, after being given a written statement of the charges and an opportunity to be heard thereon.

III. MEETINGS:

- A. The CCDDDB shall meet at a minimum, annually in July. The CCDDDB may meet each month as necessary at such time and location as the CCDDDB shall designate.
- B. The CCDDDB may meet in Study Session during the intervals between monthly meetings to receive reports, discuss issues, and develop recommendations on matters brought to it by its various advisory bodies, the Executive Director and the President.
- C. Special meetings may be called by the President or upon the written request by any member to conduct such business that cannot be delayed until a regular meeting date.
- D. The Executive Director shall prepare an agenda for all meetings of the CCDDDB and shall cause the notice of the meeting and the agenda to be sent to all members at least five (5) days in advance of the meeting - except in the case of special/emergency meetings wherein forty-eight (48) hours notice shall suffice.
- E. Public notices and the conduct of all meetings shall be in conformance with the Illinois Open Meetings Act (IL Revised Statutes, Chapter 102, Sections 41 etseq).

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- F. The presence of a majority of members shall constitute a quorum for any meeting of the CCDDDB. For a member to attend a meeting “electronically” (e.g. by teleconference or video conference), a majority of members must be physically present at the properly-noticed meeting, and a majority of physically present members must agree to allow the electronic attendance. Such attendance may only be due to: personal illness or disability; employment purposes or CCDDDB business; or a family or other emergency.

IV. OFFICERS:

- A. The officers of the CCDDDB shall be a President and a Secretary.
- B. Election of the officers shall take place at the July meeting of the CCDDDB.
- C. Officers shall be elected for one year, with term beginning upon election and ending no later than August 1 of the following year. No member shall hold the same office for more than three (3) consecutive years, except that officers may remain in their then current positions until their successors can be chosen.
- D. Duties of Officers:

- 1. President:

Subject to the control and direction of the CCDDDB, the President shall maintain a current general overview of the affairs and business of the CCDDDB. The President shall have the privilege of voting in all actions by the CCDDDB.

- 2. Secretary:

The Secretary shall act in place of the President in the latter’s absence. The Secretary shall attest to the accuracy of the minutes of the CCDDDB meetings.

- 3. The President, Secretary, or a member as designated by the President shall have the authority to sign all legal documents and expenditure authorizations approved by the CCDDDB.

- 4. The President may make, with the advice and consent of the CCDDDB, temporary appointments of interested citizens to assist the Board in fulfilling designated responsibilities or to perform certain functions or tasks.

V. STAFF:



The CCDDDB shall engage the services of an Executive Director who, subject to the control and direction of the Board, shall have general charge, oversight, and directions of the affairs and business of the CCDDDB and shall be its responsible managing head. The Executive Director shall have the responsibility for the employment and discharge of staff pursuant to the provisions of applicable personnel policies. The Executive Director shall have the authority to sign on behalf of the CCDDDB all necessary papers pursuant to CCDDDB action and shall have the authority with the endorsement of the President to make contracts and expenditures within the approved program and budget. The Executive Director or delegate shall attend all meetings of CCDDDB. The Executive Director shall also be liaison between the CCDDDB, staff, and affiliated agencies and implement policies regarding communications between them.

VI. FISCAL AND GRANT YEARS:

- A. The fiscal year of the CCDDDB shall be the same as that of the County of Champaign, i.e., January 1 through December 31.
- B. CCDDDB contracts for Intellectual and Developmental Disability programs and facilities shall be for the same fiscal year as the State of Illinois, i.e., July 1 through June 30.

VII. RULES OF ORDER:

Roberts' Rules of Order shall be followed in deliberations of the Board unless otherwise precluded by these By-laws.

VIII. CHANGE OF BY-LAWS:

Any or all of these By-laws may be altered, amended or repealed by a majority vote of the Board at any regular or special meeting, provided that written notice of the proposed action is given in the call to the meeting and that a quorum is present.

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8.B.

DECISION MEMORANDUM

DATE: July 10, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Mark Driscoll, Kim Bowdry, Lynn Canfield
SUBJECT: UIUC "Building Evaluation Capacity" Project

Background:

Since 2015, the Champaign County Mental Health Board (CCMHB) has funded a project directed by Nicole Allen and Mark Aber, UIUC Department of Psychology, to work with CCMHB and funded agencies on improving program/consumer outcomes. The project has typically included three or four pilot programs each year, a consultation bank, presentations to the Mental Health and Developmental Disabilities Agencies Council, workshops/trainings on 'theory of change' logic modeling, consultation with CCMHB staff regarding application and reporting materials, and development of an annual reporting template now in use by both the CCMHB and the CCDDDB.

The initial proposal was the result of meetings with evaluators, staff, and Board representatives. This same group meets annually as the Program Evaluation Committee to review past performance and agency engagement and to gauge interest in continuing the project. CCMHB representatives are Drs. Moore and Rappaport. Staff participating are Mark Driscoll, Lynn Canfield, and Kim Bowdry. Dr. Allen and Dr. Aber have worked with funded agencies for many years and are familiar with the mission and work of both Boards.

The CCDDDB has not participated in the past so that only CCMHB-funded programs have had access to technical assistance for program evaluation. CCDDDB Member Dr. William Gingold attended the recent meeting to learn about the contract and scope of work. Interest by the CCDDDB has resulted in an expansion of the scope of work as described in the proposal.

The evaluation team presents an annual report on the outcome of work with funded programs to the Board and to the agencies each year. In September, the evaluators are scheduled to present a report on activities and progress achieved under year four, the PY19 contract. Throughout the last year, a representative of the evaluation team has attended meetings of the Mental Health and Developmental Disabilities Agencies Council to report on activities available to CCMHB funded programs. A presentation by the evaluators and agencies with PY19 targeted programs that received intensive support will be made at the August meeting of the Council.

A copy of the proposal for Program Year 2020 is attached.

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Budget Impact:

The first year was an assessment of current evaluation requirements and CCMHB agency reports. Years 2-4 focused on developing evaluation capacity within CCMHB funded programs, including targeted intensive support to 3-4 per year. To continue the progress achieved by prior targeted programs, to engage new programs with intensive evaluation technical assistance, and to offer consultation and other supports to all CCMHB and CCDDDB funded programs and to the Boards, approval of the proposal is recommended. The total request is \$78,792 and expands supports to include the CCDDDB and funded agencies. Year four CCMHB cost was \$53,335. Participation by the CCDDDB would offset the total contract amount by \$33,211 with CCMHB adjusted cost of \$45,581, per the administrative cost rate split identified in the Intergovernmental Agreement between the Boards.

Contingent on participation by the CCMHB, staff recommends the Board approve the contract proposal. The cost of CCDDDB participation is 42.15% of total contract amount and would allow the CCDDDB and its funded programs access to the supports described in the proposal.

Decision Section:

Motion to approve participation in the Program Evaluation Capacity project, with cost of \$33,211 to the CCDDDB, to implement the scope of work presented in the "Capacity Building Evaluation: Year 5" proposal, contingent upon approval of the proposal by the Champaign County Mental Health Board.

- Approved
- Denied
- Modified
- Additional Information Needed

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SPONSORED PROGRAMS ADMINISTRATION

1901 S. First St., Suite A, MC-685
Champaign, IL 61820-7406

Proposal Approval Letter

The Board of Trustees of the University of Illinois endorses this proposal for Dr. Nicole Allen entitled "A Proposal to Build Evaluation Capacity for Programs" submitted to Champaign Co (IL) Mental Health Board. The period of performance for this project is 07/01/2019 through 06/30/2020, and the total requested amount is \$78,792. The internal proposal transmittal number is 3000.

This proposal has been reviewed and approved by the appropriate official of the University of Illinois and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel at Illinois approve this proposal submission, and our organization will actively participate in the project in accordance with the agreed upon terms.

Human Subjects:	Yes	Assurance #: 00008584
Vertebrate Animals:	No	Assurance #: A3118-01

Illinois is registered in the System for Award Management (SAM), and offers the following information and assurances:

Legal Name:	Board of Trustees of the University of Illinois
DUNS Number:	04-154-4081
EIN:	37-6000511
Place of Performance:	Henry Administration Building 506 S Wright Street Urbana, IL 61801-3620
Congressional District:	IL-013


Additional institutional information, including institutional rates and assurances, are available at our page on the FDP Expanded Clearinghouse: <https://fdpclearinghouse.org/organizations/241>

If awarded or if there are questions of a non-technical nature, please notify:

David Richardson, Associate Vice Chancellor for Research
spa@illinois.edu
Sponsored Programs Administration
1901 S First Street, Suite A
Champaign, IL 61820-7406

Illinois reserves the right to negotiate the terms, conditions and provisions included in any agreement prior to acceptance.

Sincerely,



Susan A. Martinis
Interim Vice Chancellor for Research
Board of Trustees of the University of Illinois
June 26, 2019

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*A Proposal to Build Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB)
Year 5, FY 2020*

Abstract

The aim of this effort is to continue to build evaluation capacity for programs funded by the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDDB). In Year 5, we propose to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon previous effort. Specifically, we will provide evaluation support to CCMHB and CCDDDB funded agencies, work closely with agencies identified for intensive partnership to develop evaluation activities, and provide training/workshops on the development of logic models.

Proposal and Deliverables

Statement of Purpose:

The aim of this effort is to continue to build evaluation capacity for programs funded by the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDDB). In Year 5, we propose to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon our previous efforts over the last few years. Specifically, we propose the following activities and deliverables.

1. Continue to Create a Learning Organization among Funded Agencies and the CCMHB and the CCDDDB
 - a. Prepare new “targeted” agencies to share information at MHDDAC meetings once/year by June, 2020 (as schedules allow). The actual presentation will occur in the July or August following the end of the fiscal year at the MHDDAC meeting
2. Continue to Support the Development of Theory of Change Logic Models.
 - a. Offer 4 logic modeling workshops to support funded programs in model development in Fall 2019
 - b. Schedule and announce logic model training dates with 30 days advance notice
 - c. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using “hours” from the consultation bank)
3. Choose *up to* Five Programs for Targeted Evaluation Support in Consultation with CCMHB and the CCDDDB
 - a. Work in collaboration with *up to* five funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)

- i. Three programs would be CCMHB funded
 - ii. Two program would be CCDDDB funded
 - b. The goal would be to guide an evaluation process that can be sustained by the program
- 4. Provide quarterly follow-up with the eleven previously targeted agencies. This could include (depending on agency need):
 - a. Reviewing evaluation implementation progress
 - b. Revising and refining logic models
 - c. Reviewing gathered data and developing processes to analyze and present data internally and externally
- 5. Continue the Evaluation Consultation Bank with Agencies Who Have not Had Targeted Partnerships
 - a. Offer a bank of consultation hours for use by funded programs
 - b. Funded programs would request hours based on specific tasks
 - i. Developing an evaluation focus
 - ii. Completing a logic model
 - iii. Developing and sustaining evaluation activities (particularly in targeted agencies)
 - iv. Reporting data
- 6. Continue to Build a “Buffet” of Tools
 - a. Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs
- 7. Meet with CCMHB and CCDDDB members as requested to provide information on, for example:
 - a. The varied uses of evaluation
 - b. Logic modeling process
 - c. CCMHB and CCDDDB goals and priorities with regard to evaluation
 - d. Instantiating evaluation practices for the CCMHB and CCDDDB and the boards’ funded programs

Budget and Justification

Nicole Allen (.50 mo) and Mark Aber (1 mo) ($13,694 \times 41.98\%$ benefits) = \$19,443
 Drs. Nicole Allen and Mark Aber would co-lead these evaluation activities. Both would reserve time throughout the year and intensively during a summer month (most likely May 15th to June 15th) to execute project deliverables.

Two Research Assistants- 11 mos ($\$2132.01/mo \times 11 \text{ mo} \times 2 \times 8.02\%$ benefits) = \$52,186

A research assistant would assist in all facets of project execution which would but not be limited to supporting evaluation planning, workshop development, and collaboration/funded program partnership.

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Indirect Costs of 10% of Total Direct Costs = \$7,163

GRAND TOTAL \$78,792

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J.C.

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

DECISION MEMORANDUM

DATE: July 10, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2020 Champaign County CCDDB and CILA Budget Submissions

Overview: The purpose of this memorandum is to seek approval of drafts of the Champaign County Developmental Disabilities Board (CCDDB) Budget and CILA Fund Budget, for County Fiscal Year 2020 (January 1, 2020 through December 31, 2020.)

The CILA Fund Budget, under joint authority of the CCDDB and Champaign County Mental Health Board (CCMHB), incorporates previous and current year actuals. The projected fund balance may protect against larger liabilities or cover unexpected repairs.

Attached are a 2020 CCDDB Budget and a 2020 CILA Fund Budget. The draft 2020 CCMHB Budget is included for information only, along with four pages of background details.

Highlights:

- Property tax revenues based on 3.5% growth over 2019 (both boards)
Property tax revenue associated with OSF hospital is included, but Carle is not, as it had been in previous year budgets; changes may occur based on judicial action.
The projected 2020 property tax revenue uses a lower 2019 amount than originally budgeted, at \$4,020,649 (\$13,884 of which is OSF property tax revenue) (CCDDB)
Increased miscellaneous revenue, to capture excess revenue returned by agencies (both boards)
New line for Expo Revenue; decreased Expo revenue and expense (CCMHB budget)
Increased Books expense, for trainings; reductions in other supplies (CCMHB budget)
Non-employee trainings/conferences line is increased, for monthly workshops for providers and stakeholders and Board member conference costs (CCMHB budget)

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- Increased contributions and grants lines; includes amounts equal to OSF hospital tax deposit (CCDDB and CCMHB budgets)
- Expo Coordinators charged to Expo, with 25% of one charged to Public Relations for other projects; these consultants had been charged to Professional Services in prior years (CCMHB budget)
- Presumes CCDDB will participate in UIUC Evaluation Capacity Project, so that this cost is now shared with the CCMHB, at 42.15% of the total (CCMHB budget)
- CCMHB does not transfer an amount to the CILA fund in 2020, due to paying off the mortgage; CCDDB continues to transfer \$50,000 per year (CILA budget)
- Decreased rental revenue, due to residents' incomes (CILA budget)
- Increase in equipment and repair expenditures, separating them by line (CILA budget)
- No mortgage principal or interest expense (CILA budget)

Decision Section:

Motion to approve the attached 2020 CCDDB Budget, with anticipated revenues and expenditures of \$4,200,372.

- Approved
 Denied
 Modified
 Additional Information Needed

Motion to approve the attached 2020 CILA Fund Budget, with anticipated revenue and expenditures of \$64,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB.

- Approved
 Denied
 Modified
 Additional Information Needed

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Draft 2020 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current*	\$4,161,372
313.19	Back Property Taxes	\$2,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$16,000
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	\$8,000
369.90	Other Miscellaneous Revenue	\$8,000
	<i>*includes hospital tax revenue</i>	
	TOTAL REVENUE *	\$4,200,372

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$384,063
533.92	Contributions & Grants*	\$3,766,309
571.11	Payment to CILA Fund	\$50,000
	<i>*includes an amount equal to hospital tax revenue</i>	
	TOTAL EXPENSES*	\$4,200,372

Draft 2020 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$3,000
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	-
362.15	Rents	\$11,000
TOTAL REVENUE		\$64,000

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (includes a designated gift of \$16,881 of one individual, accessed at family request)	\$19,000
533.07	Professional Services (property management)	\$8,000
533.93	Utilities	\$964
534.36	CILA Project Building Repair/Maintenance	\$14,000
534.37	Finance Charges (bank fees per statement)	\$36
534.58	Landscaping Service/Maintenance	\$6,000
544.22	Building Improvements	\$16,000
TOTAL EXPENSES		\$64,000

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Draft 2020 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	*Property Taxes, Current	\$5,029,572
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$3,000
336.23	CCDDB Revenue	\$384,063
361.10	Investment Interest	\$25,000
363.10	Gifts & Donations	\$5,000
363.12	Expo Revenue	\$15,000
369.90	Other Miscellaneous Revenue	\$50,000
	<i>*includes hospital tax revenue</i>	
	TOTAL REVENUE*	\$5,516,635

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$103,625
511.03	Regular FTE	\$326,525
511.05	Temporary Salaries & Wages	\$5,040
511.09	Overtime Wages	\$1,000
513.01	FICA	\$33,369
513.02	IMRF	\$31,885
513.04	W-Comp	\$2,836
513.05	Unemployment	\$1,631
513.06	Health/Life Insurance	\$61,891
513.20	Employee Development/Recognition	\$300
	Personnel Total	\$568,102
522.01	Printing	\$1,000
522.02	Office Supplies	\$4,100
522.03	Books/Periodicals	\$4,100
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$800
522.44	Equipment Under \$5000	\$8,000
	Commodities Total	\$19,000
533.01	Audit & Accounting Services	\$11,000
533.07	Professional Services	\$140,000
533.12	Travel	\$3,500
533.18	Non-employee training	\$12,000
533.20	Insurance	\$11,000
533.29	Computer Services	\$6,000
533.33	Telephone	\$2,000
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$26,000
533.51	Equipment Rental	\$900
533.70	Legal Notices/Ads	\$300
533.72	Department Operating	\$400
533.84	Business Meals/Expense	\$250
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$28,000
533.92	Contributions & Grants*	\$4,582,453
533.93	Dues & Licenses	\$21,000
533.95	Conferences/Training	\$14,000
533.98	disAbility Resource Expo	\$58,000
534.37	Finance Charges/Bank Fees	\$30
534.70	Brookens Repair	\$200
	Services Total*	\$4,921,533
571.08	Payment to CCDDB (Share of Gifts, Donations, Misc Rev)	\$8,000
571.11	Payment to CILA Fund	-
	Interfund Expenditures TOTAL	\$8,000
	<i>*Includes amount equal to hospital tax revenue</i>	
	TOTAL EXPENSES*	\$5,516,635

Background for 2020 CCMHB Budget, with 2019 Adjusted Budget and Earlier Actuals

2020 BUDGETED REVENUE	2019 ADJUSTED BUDGET*	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current*	\$5,029,572	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$3,000	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$384,063	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$25,000	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gifts & Donations/Expo Revenue	\$20,000	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$50,000	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
*includes hospital prop tax revenue						
TOTAL REVENUE*	\$5,516,635	\$5,023,555	\$4,853,939	\$4,676,764	\$4,597,006	\$4,498,514

2020 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2019 ADJUSTED BUDGET	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$568,102	\$522,073	\$449,220 <i>(understaffed)</i>	\$577,548	\$502,890	\$532,909
Commodities	\$19,000	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contributions & Grants)	\$339,080	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
Contributions & Grants*	\$4,582,453	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$8,000	\$56,779	\$57,288	\$60,673	\$0	\$0
*includes amount equal to hosp tax						
		(hosp tax amount could increase contrib/grants)				
TOTAL EXPENSES*	\$5,516,635	\$4,641,148	\$4,088,787	\$4,484,391	\$4,232,715	\$4,591,892

Additional Information about Services

Approval of 2020 Budgets does not obligate the Boards to all expenditures described; specific contracts are developed by Executive Director with Board officers and, for larger amounts or unusual circumstances, full board discussion and approval; many are estimates based on previous years.

SERVICES	2020	2019
Professional Services*	\$140,000	\$235,000 (originally budgeted) to \$140,000 (estimated)
Public Relations**	\$28,000	\$30,000
disability Resource Expo**	\$58,000	\$60,000
CCMHB Contribution s & Grants	\$4,582,453	\$4,102,593
CCDDDB Contribution s & Grants	\$3,766,309	\$3,544,689
Dues/ Licenses	\$21,000	\$23,500
Conferences /Training	\$14,000	\$14,500
Non-Employee Conferences / Trainings	\$12,000	\$3,750 (originally budgeted) to \$8,000 (estimated)
Unexpected		

Budget had included Savamah support for PLL, terminated for 2019. \$53,335 UI Evaluation not shared with CCDDDB in first 6 months; approximately \$79,000 possibly shared, during second 6 months. \$18,066 United Way 211/Path. \$250 human resources (BPC). \$1,500 website accessibility (Falling Leaf). \$12,000 online application/reporting systems (EMIK). \$1600 maintenance of Expo and AIR sites + possible design of champaigncountyyresourcedirectory.org. Also includes: graphic design; shredding services; independent reviewer; CPA consult; legal. (Note that Expo/Special Projects consultants no longer charged to this line but instead split between Public Relations and Expo, according to projects; subject to change.)

\$15,000 Eberfest firm sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square. \$1,500 sponsorships of other anti-stigma/community awareness events. 25% of one Expo Coordinator is charged to this line for work on non-Expo events and special projects.

Expenses associated with 2019 Expo event and with 2020 Expo but paid in 2019. Coordinator time associated with Expo and related activities charged here rather than to Pro Svcs (in 2018). Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k in 2018.)

Actual CCMHB payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus payments authorized in May 2019, to be made from June through December 2019.

Actual CCDDDB payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus payments authorized in May 2019, to be made from June through December 2019.

\$900 national trade association (NACBHDD), \$16,000 state trade association (ACMHA), \$260 of IL, CBHA, NCBH, NADD, or similar.

\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, ARC, NADD, or similar. MHFA trainer certification.

Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with trainings for non-employees (e.g., case managers and other service providers and stakeholders), which can include presenters, rental, refreshments, materials, and promotion.

Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; etc. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus other reserved plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB. In 2019, fund balance was needed to pay bills until the first tax distribution, in July rather than May.

Approximately \$79,000 UI Evaluation, if expanded to include CCDDDB. \$18,066 United Way for 211/Path. \$500 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility testing (Falling Leaf). \$14,000 online application/reporting systems (EMIK). \$1800 maintenance of Expo and AIR sites and (possible) champaigncountyyresourcedirectory.org. Also includes: graphic design; shredding services; independent reviewers; CPA consultant/reviews; legal counsel. (Note that Expo/Special Projects consultants could be charged here as in previous years but are being split between Public Relations and disABILITY Resource Expo, according to projects.)

\$15,000 Eberfest firm sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.

Support for the 2020 and 2021 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k last year.)

Estimated CCMHB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2020. (includes an amount equal to anticipated hospital property tax deposits)

Estimated CCDDDB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2020. (includes an amount equal to anticipated hospital property tax deposits)

\$950 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHA), and smaller amounts Human Services Council, any new membership, e.g., Arc of IL, CBHA, NCBH, NADD, or similar.

\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, ARC, NADD, or similar. Kaleidoscope, Inc. training and certification.

Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with trainings for non-employees (e.g., case managers and other service providers and stakeholders), which can include presenters, rental, refreshments, materials, and promotion.

Budget transfers if: offices move to a different location or are modified; legal expenses are greater; etc. Budget amendment if hospital tax settlement or employee retirement/resignation. MH and DD fund balances at their lowest point (May) should each include: 6 months operating budget + hospital tax deposit amounts + reserved + each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospo tax revenue = \$430,716.29 MHB and \$359,363.81 DDB. If first tax distribution does not occur by June, fund balance may be used.

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Calculation of the CCDDB Administrative Share ("Professional Services")

	2020	2019
Adjustments:		
CCMHB Contributions & Grants	\$4,582,453	\$4,102,593
UI Evaluation Capacity Project	-	\$27,000.00
Eberfest anti-stigma film and events	\$15,000	\$15,000
Payment to CILA fund	-	\$300,000.00
CCDDB Share of Donations & Misc Rev	\$8,000	\$6,000.00
Adjustments Total:	\$4,605,453	\$4,450,593
CCMHB Total Expenditures:	\$5,516,635	\$5,293,357
Total Expenditures less Adjustments:	\$911,182	\$842,764

	2020	2019
CCDDB Share	\$911,182.00	\$862,764.00
Total Expenditures less Adjustments	\$384,063	\$363,655
Adjusted Expenditures x 42.15%	\$32,005	\$30,305
Monthly Total for CCDDB Admin		

At the end of the Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDB current year share.

Background for 2020 CCDDB Budget, with 2019 Adjusted Budget and Earlier Actuals

	2019 ADJ BUDGET*	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
2020 BUDGETED REVENUES						
Property Taxes, Current*	\$4,161,372	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$2,000	\$411	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$3,261	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$2,000	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$16,000	\$24,062	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (transfer from MHB)	\$8,000	\$6,779	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$8,000	\$6,408	\$14,432	\$0	\$0	\$11,825
*includes hospital prop tax revenue						
TOTAL REVENUE*	\$4,200,372	\$3,890,175	\$3,724,703	\$3,616,091	\$3,555,220	\$3,521,224
2020 BUDGETED EXPENDITURES						
Professional Services (42.15% of some CCMHB expenses, as above)	\$384,063	\$310,783	\$287,697 <i>(understaffed)</i>	\$379,405	\$330,637	\$337,536
Contributions & Grants*	\$3,766,309	\$3,250,768	\$3,287,911	\$3,206,389	\$3,069,122	\$3,224,172
Interfund Expenditure - CILA	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
*includes amount equal to hosp tax rev						
	(hosp tax amount could increase contrib/grants)					
TOTAL EXPENSES*	\$4,200,372	\$3,611,551	\$3,337,911	\$3,635,794	\$3,449,759	\$3,561,708

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MEMORANDUM OF UNDERSTANDING
United Way of Champaign County (UWCC)
And
Champaign County Mental Health Board (CCMHB)

2-1-1 Information and Referral Services

The United Way of Champaign County (UWCC) and the Champaign County Mental Health Board (CCMHB) are the two primary community-based local funders of human services in Champaign County and as such have collaborated to assure information and referral services are available and accessible to the citizens of Champaign County (i.e., First Call For Help). The advent and availability of 2-1-1 Information and Referral Services will improve access and efficiency and maximize community impact in terms of efficacy.

The Parties hereby enter into this Memorandum of Understanding to delineate respective roles, responsibilities, and financial obligations associated with the implementation of 2-1-1 Information and Referral Services which are to be provided by PATH, Inc.

The Parties agree to the following terms and conditions to implement this Memorandum of Understanding:

1. UWCC will enter into a contract with PATH, Inc. for the provision of 2-1-1 Information and Referral Services for the people of Champaign County. The CCMHB shall not be a party to the contract between UWCC and PATH, Inc.
2. The CCMHB shall provide funding to UWCC for 2-1-1 Information and Referral Services. The amount to be paid shall be fifty-percent (50%) of the contract maximum between UWCC and PATH, Inc., and shall be paid in quarterly installments. If revenue from other funders becomes available to support 2-1-1 Information and Referral Services, the share paid by the CCMHB shall be equal to, but shall not exceed the share paid by UWCC. The Parties agree that the contract maximum between UWCC and PATH, Inc. will not exceed \$40,000. If UWCC determines that the contract amount will be in excess of said amount, CCMHB will be contacted immediately and advised of the contract maximum. At that point, CCMHB has the option to terminate this Memorandum of Understanding immediately.
3. All relevant documents pertaining to the contract for 2-1-1 Information and Referral Services between UWCC and PATH, Inc. shall be provided to the CCMHB in a timely manner. If CCMHB determines additional/different documents are needed, UWCC will provide them upon request if such documents exist and UWCC has access to them.
4. UWCC shall identify the CCMHB as a partner in the provision of 2-1-1 Information and Referral Services in news releases, press conferences, and any written material made available to the public.
5. UWCC hereby expressly agrees and covenants to hold harmless and indemnify the CCMHB, its Board, employees, representatives, agents, assigns and successors from any and all liability, claims of liability or legal action or threat thereof by other parties arising out of this contract, the contract with PATH, Inc., or the provision of the information for or services identified, derived from or initiated as a result of the 2-1-1 Information and

Referral Services. CCMHB is solely a funding source as outlined herein and is undertaking to provide no services and assumes no liability.

Either Party may terminate this Memorandum of Understanding with 90-days written notice to the other. Upon the mutual written consent of both Parties, this Memorandum of Understanding may be terminated sooner. UWCC may terminate this Memorandum of Understanding immediately upon written notice to CCMHB if UWCC terminates its contract with PATH, Inc. for cause under Section 1.3 thereof. UWCC may also terminate this Memorandum of Understanding on 60 days written notice to CCMHB if its contract with PATH, Inc. is terminated by either party for convenience under Section 1.4 thereof.

Nothing contained herein serves to limit, alter, or amend either Party's duties, rights or responsibilities as set out in Federal and State statutes, laws, or regulations.

In witness were of, the Parties have caused this Memorandum of Understanding to be executed by their authorized representatives on this ____ day of _____, 2013.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

By

Board Chair

Executive Director

UNITED WAY OF CHAMPAIGN COUNTY

Board Chair

CEO

(for information only)



J.P.

BRIEFING MEMORANDUM

DATE: July 10, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Kim Bowdry
SUBJECT: Needs and Prevalence Data for Review of Priorities

Background

The purpose of this memorandum is to set the stage for evaluating and planning for Champaign County's system of supports and services for its residents who have Intellectual and Developmental Disabilities (I/DD). Highlights of the 2018 community needs assessment, along with local, state, and national prevalence data, support the current funding priorities and strategic plan, to review during the fall as the Board plans and establishes funding allocation priorities for the Program Year 2021 (July 1, 2020 through June 30, 2021).

Overview of Unmet Needs

In September 2018, the CCDDDB reviewed a summary community needs assessment, as is completed every three years. Subsequent suggestions were incorporated, and a final draft approved in October 2018. Primary sources were:

- CCDDDB Online Needs Assessment Survey (*Champaign County specific*)
- Champaign County Regional Planning Commission Independent Service Coordination – “ISC Preference Assessment” (*Champaign County specific*)
- Division of Developmental Disabilities’ Prioritization of Urgency of Needs for Services (PUNS) Summary, by County and Selection Detail (*state of Illinois data, sorted for Champaign County*)
- United Cerebral Palsy 2016 Case for Inclusion Report (*national data, state by state*)

CCDDDB Online Survey Data

The CCDDDB used four surveys, with most questions optional, targeting: CONSUMER, a person with an I/DD; CAREGIVER, a family member, caregiver, loved one, or guardian of a person with an I/DD; PROVIDER of services for persons with an I/DD; or STAKEHOLDER, having an interest in services/supports for people with I/DD. The following are aggregated results.

Services Needed but not Received:

- *Recreation and Transportation were most frequently selected as needed services.*

- *Although the Board funds a significant amount of Employment Supports, this was the third most frequent choice of services needed.*
- *As expected, Respite was also identified as a needed service.*

Barriers to service identified most often:

- *Transportation*
- *Financial issues*
- *Stigma/embarrassment/fear*
- *Waiting list*
- *Don't know how to access services/unaware of availability*
- *Eligibility*

Dominant themes from survey respondents' comments:

- *To lead a happy, healthy, and safe life,*
- *To be respected, independent, and part of their community.*

ISC Preference Assessment

This annual compilation of 300+ individual responses, completed by the CCRPC Independent Service Coordination Team, showed that people with I/DD want:

- *To go out to eat and to the movies or to recreation/sporting events,*
- *Support for Independent Living Skills, and*
- *Transportation and Vocational supports.*

DHS Division of Developmental Disabilities PUNS

According to DHS-DDD's Prioritization of Urgency of Needs for Services (PUNS) data (see the attached recent summary), Champaign County has 437 active PUNS cases and a total of 910 PUNS, which includes those who have been closed, are deceased, no longer need services, or were clinically ineligible. According to DHS PUNS data, children and adults with I/DD would benefit from state-funded:

- *Personal Support (includes habilitation, personal care, and intermittent respite services)*
- *Behavioral Supports (includes behavioral intervention, therapy, and counseling)*
- *Speech Therapy*
- *Transportation supports, and*
- *Support to work in the community.*

United Cerebral Palsy - The Case for Inclusion

This annual report offers state by state data and comparisons in several categories. "The Case for Inclusion 2016" ranks Illinois 47th overall, among the Worst Performing States. Sub-rankings for Illinois: 49th at Promoting Independence; 42nd at Keeping Families Together; 46th at Promoting Productivity; 36th at Reaching Those in Need; and 15th at Tracking Health, Safety, and Quality of Life.

Highlights from United Cerebral Palsy's State Scorecards:

- **Illinois' 7 large state-run facilities house 1,761 people at \$155,855 per.**
- **Illinois' waiting list would require the DD program to grow by 101% just to meet the currently anticipated need.**
- *A primary goal of the Ligas Consent Decree was to decrease reliance on Intermediate Care Facilities-DD (ICFs-DD) and increase use of the community-based Medicaid-waiver*

options under Home and Community Based Support (HCBS), primarily CILA and Home-Based Support programs.

- In 2014, the average cost of care per person in ICFs-DD was \$86,000, compared with HCBS care, at \$34,000.
- From 2006 to 2014, the number of people served in ICFs-DD went from 9,402 to 7,340 (a 22% decrease), and the number served through HCBS from 12,409 to 21,226 (a 71% increase).
- 74% of people with I/DD used HCBS, while **54% of state DD dollars were invested in HCBS.**
- Investments in **supported or competitive employment decreased** from the highest point of 19% in 2009 to 6% in 2014. In July of 2016, the Governor signed an executive order making Illinois an Employment First state, but correction of this underfunding of employment supports has been slow.

WORK, PLAY, BEING INCLUDED, BEING INDEPENDENT, and BEING VALUED were strong themes expressed by Champaign County residents through the 2018 community needs assessment project. The State of Illinois does not appear well-positioned to support people toward these outcomes, in spite of the Ligas Consent Decree and system transformation efforts undertaken by state agencies, officials, and stakeholders.

Prevalence and Service Engagement

State and County

Illinois now makes 'semi-regular' selections from the PUNS database to offer HCBS (DD Medicaid waiver) services to adults with I/DD. "Active PUNS" indicates people who are waiting for services and presumed eligible: 0.16% of total Illinois population, or 19,623 Illinois children and adults, are enrolled as Active PUNS cases, compared with 0.21% of total county population, or 437 Champaign County Active PUNS enrollees.

Of these 437 individuals, most of 413 of them are adults receiving DDB funded services while waiting for state-funding (and therefore remaining on the PUNS list). 750 children participate in DDB or MHB funded services; some are currently enrolled in PUNS. A reasonable ambition for the Boards is that some level of support be available to all who are eligible, waiting, and interested.

Of the 437 Active PUNS cases, 155 do not appear to participate in any DDB or MHB funded program. Another important consideration is that the state's Medicaid waiver reimbursement rates are well below actual cost, resulting in non-compliance findings by the federal judge overseeing the Ligas Consent Decree; as a result, those who do have state funding may not have everything they need. Of adults who have HCBS (Medicaid waiver) funding, 191 also use some CCDDDB funded supports.

National and State

Dr. Manderscheid, Executive Director of NACBHDD, explains that national data on intellectual and developmental disabilities and co-occurring disorders has not been well maintained since the 1970s, complicating the tasks of determining prevalence and unmet needs, for any age group or by individual level of ability/need for support.

From the Annual Disability Statistics Compendium, <https://disabilitycompendium.org/>, on Population and Prevalence, Table 1.6 (attached) “Civilians Living in the Community for the United States and States – Cognitive Disability: 2017”:

- Nationally, 40,675,305 individuals with disabilities **lived in the community**, and 15,378,144, or **37.8%**, of them had a **cognitive disability**.
- Of Illinois total population of 12,625,584, there were 1,400,753 people living in the community with disabilities, and of these, **483,953** were individuals with a **cognitive disability**, 34.8% of total disability and **3.8%** of total state population.
- Cognitive disability is not equal to developmental disability, which also includes autism, cerebral palsy, and epilepsy. Further complicating comparisons, the definition of I/DD for Illinois waiver services is narrower than developmental disability.

From Table 2.5 (attached) of the 2017 Compendium:

- Nationally, of the 8,836,223 people aged 18 to 64 who have cognitive disabilities and live in the community, 2,456,526 or **27.8% were employed**.
- In **Illinois**, **29%** (80,953) of the 279,394 people aged 18 to 64 with cognitive disabilities and living in the community **were employed**.

The Social Security Administration website reports that in 2017 nationally, 1,679,587 people with I/DD received SSDI or SSI benefits. Using this as a proxy for national prevalence data, **at least 0.5% of the US population have a diagnosis of I/DD**. Applied to Illinois population, this rate results in at least 631,279 people with I/DD, and for Champaign County, at least 10,470. People may be receiving support through public schools, private or public insurance, or federal and state funded services; 1,163 rely on DDB and MHB funds.

Health Management Associates’ “Current Landscape: Managed Long-Term Services and Supports for People with Intellectual and Developmental Disabilities” identifies several ongoing challenges for managed care organizations taking on I/DD supports and services. The first of these is lack of potential cost saving opportunities:

- Medicaid is the primary funding source for I/DD services, with very little private pay or commercial insurance coverage for HCBS services.
- Non-profit providers rely on fundraising to compensate for reimbursement rates below actual cost.
- Nationally, approximately 1.3 million direct support professionals comprise the majority of HCBS costs, with average wages at \$10.72/hour.

In their June 20, 2019 email newsletter, the Arc of Illinois says to Illinois legislators: “This year we have a nuanced message - thank you for your support but Illinois’ work is not done - there remains a staffing crisis, funding needs to be more flexible so that people can receive services where and how they want and we need more competitive integrated employment!”

This is consistent with our needs assessment and reflected in current funding priorities.

Current CCDDB Priorities

Based on the strong themes of WORK, PLAY, BEING INCLUDED, BEING INDEPENDENT, and BEING VALUED, the CCDDB approved the following priorities for funding for the Program Year 2020 and made awards to agencies offering services associated with each.

Priority: Linkage and Advocacy for People with Intellectual and Developmental Disabilities

Advocacy efforts to connect people who have I/DD to appropriate state funding; conflict-free case management; intensive case management services; and advocacy, linkage, and other service coordination activities with minimal or no risk of conflict of interest.

3 programs at 3 agencies, totaling \$883,051:

- CCRPC Community Services “Decision Support/Person Centered Planning”
- DSC “Service Coordination”
- Rosecrance Central Illinois “Coordination of Services: DD/MI”

Priority: Employment Services and Supports

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports; focus on people’s specific aspirations and abilities in the most integrated community settings possible; paid internships for people traditionally directed to sheltered day/habilitation programs (*not addressed*); and educating employers.

3 programs at 2 agencies, totaling \$540,270:

- Community Choices “Customized Employment”
- DSC “Community Employment”
- DSC and Community Choices “Employment First”
- (*possible addition of UCP “Vocational Services” at \$60,000*)

Priority: Non-Work Community Life and Flexible Support

Flexible support for people with I/DD should be person-centered, family-driven, and culturally appropriate, may include: assistive technology; accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; social and volunteer opportunities; transportation assistance; community education and recreation; health and fitness; mentoring; and development of networks for individuals and families.

6 programs through 2 agencies, totaling \$1,965,009:

- DSC “Apartment Services”
- DSC “Clinical Services”
- DSC “Community First”
- DSC “Connections”
- DSC “Individual and Family Support”
- PACE “Consumer Control in Personal Support”

Priority: Comprehensive Services and Supports for Young Children

Services and supports not covered by Early Intervention or School Code, for young children with developmental or social-emotional concerns: coordinated, home-based services with consideration for family needs; consultation with child care providers, pre-school educators,

medical professionals, and other providers; strengthening personal/family support networks; mobilization of individual capacities, to access community associations and learning spaces.

2 programs at 2 agencies, totaling \$691,152 (\$24,402 is CCDDDB funding, \$666,750 CCMHB):

- CC Head Start “Social Emotional Disabilities Services” (partial funding by CCMHB)
- DSC “Family Development Center” (funded by CCMHB)

Priority: Self-Advocacy and Family Support Organizations

Sustainable self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other allies, focus on: improved understanding of I/DD, supports, and rights; peer mentoring; navigating the system of care; social connections; system advocacy; and information to new families and professionals.

4 programs at 4 organizations, totaling \$225,915:

- CU Able “Community Outreach”
- CC Down Syndrome Network “CC Down Syndrome Network”
- Community Choices “Self-Determination Support”
- PACE “Opportunities for Independence”

Priority: Expansion of Independent Community Residential Opportunities

Support for people with I/DD to live in settings of their choice with staff supports and the use of natural supports; creative approaches to expanding independent community living opportunities in Champaign County.

1 program at 1 agency, for \$81,000:

- Community Choices “Community Living”

1 agency serving 2 CCMHB/CCDDDB-owned CILA homes, with state funding:

- Individual Advocacy Group “CILA Services”

Overarching Priorities:

- Underserved/Underrepresented Populations and Countywide Access
- Inclusion, Integration, and Anti-Stigma
- Outcomes: Personal (especially improving relationships, satisfaction, choice, self-determination, work, and inclusion) and Family (supporting involvement, connection, information, planning, access, support, choice/control, and satisfaction)
- Coordinated System
- Budget and Program Connectedness
- Person Centered Planning (PCP): in which people control their day, build connections, create and use networks of support, and advocate for themselves.

June 10, 2019



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Total and Active PUNS By County and Township

Township	Total Active PUNS	Total Active PUNS	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS	Township	Total Active PUNS
County: Adams				LYONS	570	MAINE	555	Burnside	24
Not Defined	312	107		Not Defined	142	NEW TRIER	232	Calumet Height	68
BEVERLY	1	0		County Totals:	142	NILES	665	Chatham	162
OTHER ADAMS (1	0				NORTHFIELD	407	Chicago Lawn	276
PAYSON	1	0		County: Clinton		NORWOOD PAR	88	Clearing	76
QUINCY	12	0		Not Defined	260	OAK PARK	279	Douglas	68
County Totals:	327	107		County Totals:	260	ORLAND	364	Dunning	123
						ORLAND	364	E. Garfield Pk	177
County: Alexander				County: Cook		PALATINE	565	East Side	77
Not Defined	46	12		Not Defined	29	PALOS	279	Edgewater	59
County Totals:	46	12		ASHMORE	5	PROVISO	1,144	Edison Park	41
				CHARLESTON	287	RICH	925	Englewood	206
County: Bond				EAST OAKLAND	5	RIVER FOREST	41	Forest Glen	70
Not Defined	63	14		HUMBOLDT	8	RIVERSIDE	71	Fuller Park	20
County Totals:	63	14		HUTTON	1	SCHAUMBURG	717	Gage Park	178
				LAFAYETTE	1	STICKNEY	187	Garfield Ridge	122
County: Boone				MATON	122	THORNTON	1,167	Grand Boulevard	98
Not Defined	118	59		MORGAN	1	WHEELING	557	Gtr Grand Cros	171
County Totals:	118	59		NORTH OKAW	4	WORTH	700	Hegewisch	29
				County Totals:	463	County Totals:	12,805	Hermosa	89
County: Brown								Humboldt Park	228
Not Defined	8	1		County: Cook/Chi		Not Defined	9	Hyde Park	47
County Totals:	8	1		Not Defined	202	Albany Park	150	Irving Park	149
				BARRINGTON	56	Archer Heights	30	Jefferson Park	92
County: Bureau				BERWYN	255	Armour Square	57	Kenwood	52
Not Defined	117	30		BLOOM	588	Ashburn	210	Lakeview	67
County Totals:	117	30		BREMEN	528	Auburn Gresham	268	Lincoln Park	42
				CALUMET	61	Austin	477	Lincoln Square	59
County: Calhoun				CICERO	296	Avalon Park	55	Logan Square	168
Not Defined	19	3		ELK GROVE	339	Avondale	108	Loop	23
County Totals:	19	3		EVANSTON	308	Belmont Cragin	280	Lower W. Side	126
				HANOVER	311	Beverly	97	Mckinley Park	43
County: Carroll				LEMONT	57	Bridgeport	59	Montclare	45
Not Defined	51	7		LEYDEN	291	Brighton Park	137	Morgan Park	134
County Totals:	51	7						Mount Greenwood	58

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June 10, 2019



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Total and Active PUNS By County and Township

Township	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS
Near N. Side	74	32	76	21	447	198
Near S. Side	39	14	516	244	516	244
Near W Side/no	89	22	692	311	692	311
Near W Side/so	16	3	647	278	647	278
New City	155	46	161	78	161	78
North Center	46	17	250	100	250	100
North Lawndale	120	28	509	178	509	178
North Park	55	29	4,001	1,671	4,001	1,671
Norwood Park	133	70				
O Hare	25	11				
Oakland	47	8				
Portage Park	218	102				
Pullman	44	9				
Riverdale	24	7				
Rogers Park	263	60				
Roseland	301	56				
South Chicago	160	38				
South Deering	101	27				
South Lawndale	230	68				
South Shore	309	87				
Uptown	84	34				
W. Garfield Pk	74	31				
Washington Hei	157	39				
Washington Par	64	15				
West Elsdon	67	35				
West Englewood	224	58				
West Lawn	108	52				
West Pullman	165	39				
West Ridge	381	114				
West Town	131	42				
Woodlawn	117	28				
County Totals:	9,425	3,247				
County: Crawford						
Not Defined	76	21				
County: De Kalb						
Not Defined	418	87				
County Totals:	418	87				
County: De Witt						
Not Defined	5	2				
CLINTONIA	52	13				
DEWITT	1	1				
SANTA ANNA	1	0				
WAPPELLA	1	1				
WAYNESVILLE	2	0				
County Totals:	62	17				
County: Douglas						
Not Defined	29	9				
ARCOLA	29	3				
BOURBON	1	1				
CAMARGO	4	0				
NEWMAN	4	1				
TUSCOLA	25	12				
County Totals:	92	26				
County: DuPage						
Not Defined	13	0				
ADDISON	331	124				
BLOOMINGDALE	435	160				
County: Edgar						
Not Defined	23	6				
EDGAR	4	3				
KANSAS	7	1				
PARIS	61	14				
STRATTON	1	1				
County Totals:	96	25				
County: Edwards						
Not Defined	20	14				
County Totals:	20	14				
County: Effingham						
Not Defined	178	47				
DOUGLAS	15	0				
MASON	4	2				
TEUTOPOLIS	21	9				
WATSON	8	4				
County Totals:	226	62				
County: Fayette						
Not Defined	83	15				
County Totals:	83	15				
County: Ford						
BRENTON	1	0				
County: Franklin						
Not Defined	101	14				
County Totals:	101	14				
County: Fulton						
Not Defined	141	30				
County Totals:	141	30				
County: Gallatin						
Not Defined	7	2				
EQUALITY	4	0				
NEW HAVEN	2	0				
OMAHA	1	0				
RIDGWAY	4	0				
SHAWNEE	9	1				
County Totals:	27	3				
County: Greene						
Not Defined	67	26				
County Totals:	67	26				
County: Grundy						
Not Defined	3	1				
AUX SABLE	38	21				
BRACEVILLE	23	13				
ERIENNA	1	0				
FELIX	7	3				
GARFIELD	4	3				
GREENFIELD	1	0				
MAINE	1	0				
MAZON	5	4				
County: Hancock						
Not Defined	103	21				
County Totals:	103	21				
County: Hardin						
Not Defined	29	1				
County Totals:	29	1				
County: Henderson						
Not Defined	5	0				
BIGGSVILLE	2	0				
GLADSTONE	2	0				
OQUAWKA	2	1				
County Totals:	11	1				
County: Henry						
Not Defined	106	38				
ANDOVER	1	0				
ANNAWAN	1	0				
ATKINSON	2	1				
COLONA	5	1				
EDFORD	1	0				
GALVA	4	1				
GENESEO	3	1				
KEWANEE	13	1				



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Total and Active PUNS By County and Township

Table with 5 main columns: Township, Total Active PUNS, Total Active PUNS, Total Active PUNS, Total Active PUNS. Rows are grouped by county: Iroquois, Jefferson, Jersey, Jo Daviess, Johnson, Kane, Kendall, Kankakee, La Salle, Lake, Lawrence, Lee, Livingston, Knox, and Waucconda.

June 10, 2019



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Total and Active PUNS By County and Township

Township	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS
County: Logan	38	2	117	633	168	49
Not Defined	233	46	6	33	168	49
County Totals:	233	40	7	33	168	49
County: Macon	7	5	359	38	80	3
Not Defined	35	9	15	38	80	3
BLUE MOUND	2	10	30	38	1,168	318
DECATUR	527	1	15	38	1,168	318
FRIENDS CREEK	1	4	131	38	1,168	318
HARRISTOWN	2	7	31	38	1,168	318
HICKORY POINT	7	1	165	38	1,168	318
ILLINI	2	12	81	38	1,168	318
LONG CREEK	1	14	12	38	1,168	318
MAROA	4	16	10	38	1,168	318
MOUNT ZION	18	123	67	38	1,168	318
NIANTIC	2	45	275	38	1,168	318
OAKLEY	2	328	172	38	1,168	318
SOUTH MACON	2	39	35	38	1,168	318
County Totals:	605	164	17	151	78	11
County: Macoupin	66	26	601	423	76	23
Not Defined	217	26	225	423	76	23
County Totals:	217	26	1,449	151	76	23
County: Madison	0	99	15	28	15	3
Not Defined	17	99	1	28	15	3
ALHAMBRA	13	26	1	28	15	3
ALTON	166	99	1	28	15	3
CHOUTEAU	29	26	1	28	15	3
COLLINSVILLE	98	74	2	28	15	3
EDWARDSVILLE	116	74	1	28	15	3
FORT RUSSELL	6	74	1	28	15	3
GODFREY	105	74	3	28	15	3
GRANITE CITY	135	117	6	28	15	3
County Totals:	605	117	6	134	34	3



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Total and Active PUNS By County and Township

Township	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS
County Totals:	34	3	1	24	10	1	0
County: Putnam	19	10	1	15	3	3	0
County Totals:	19	10	26	27	8	289	11
County: Randolph	89	19	12	7	4	289	23
County Totals:	89	19	26	114	47	289	23
County: Richland	105	16	3	83	23	36	6
County Totals:	105	16	17	1	0	36	6
County: Rock Island	519	165	0	7	3	36	6
County Totals:	519	165	34	12	3	78	12
County: Saline	19	3	1	11	5	269	45
County Totals:	19	3	1	11	5	269	45
County: Sangamon	1,027	267	1	569	209	2	0
County Totals:	1,027	267	16	1	0	2	0
County: Shelby	34	12	3	7	3	11	5
County Totals:	34	12	34	12	3	11	5
County: Stark	4	0	4	11	5	11	5
County Totals:	4	0	4	11	5	11	5
County: Tazewell	209	146	1	281	75	281	75
County Totals:	209	146	1	281	75	281	75
County: Vermilion	78	12	1	7	3	1	0
County Totals:	78	12	1	7	3	1	0
County: Whiteside	183	47	1	1	0	1	0
County Totals:	183	47	1	1	0	1	0
County: Will	22	7	1	1	0	1	0
County Totals:	22	7	1	1	0	1	0
County: Wayne	84	12	1	1	0	1	0
County Totals:	84	12	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Warren	101	45	1	1	0	1	0
County Totals:	101	45	1	1	0	1	0
County: White	48	10	1	1	0	1	0
County Totals:	48	10	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Whiteside	183	47	1	1	0	1	0
County Totals:	183	47	1	1	0	1	0
County: Will	22	7	1	1	0	1	0
County Totals:	22	7	1	1	0	1	0
County: Wayne	84	12	1	1	0	1	0
County Totals:	84	12	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Warren	101	45	1	1	0	1	0
County Totals:	101	45	1	1	0	1	0
County: White	48	10	1	1	0	1	0
County Totals:	48	10	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Whiteside	183	47	1	1	0	1	0
County Totals:	183	47	1	1	0	1	0
County: Will	22	7	1	1	0	1	0
County Totals:	22	7	1	1	0	1	0
County: Wayne	84	12	1	1	0	1	0
County Totals:	84	12	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Warren	101	45	1	1	0	1	0
County Totals:	101	45	1	1	0	1	0
County: White	48	10	1	1	0	1	0
County Totals:	48	10	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Whiteside	183	47	1	1	0	1	0
County Totals:	183	47	1	1	0	1	0
County: Will	22	7	1	1	0	1	0
County Totals:	22	7	1	1	0	1	0
County: Wayne	84	12	1	1	0	1	0
County Totals:	84	12	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Warren	101	45	1	1	0	1	0
County Totals:	101	45	1	1	0	1	0
County: White	48	10	1	1	0	1	0
County Totals:	48	10	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Whiteside	183	47	1	1	0	1	0
County Totals:	183	47	1	1	0	1	0
County: Will	22	7	1	1	0	1	0
County Totals:	22	7	1	1	0	1	0
County: Wayne	84	12	1	1	0	1	0
County Totals:	84	12	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Warren	101	45	1	1	0	1	0
County Totals:	101	45	1	1	0	1	0
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County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Whiteside	183	47	1	1	0	1	0
County Totals:	183	47	1	1	0	1	0
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County: Will	22	7	1	1	0	1	0
County Totals:	22	7	1	1	0	1	0
County: Wayne	84	12	1	1	0	1	0
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County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Warren	101	45	1	1	0	1	0
County Totals:	101	45	1	1	0	1	0
County: White	48	10	1	1	0	1	0
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County Totals:	22	7	1	1	0	1	0
County: Wayne	84	12	1	1	0	1	0
County Totals:	84	12	1	1	0	1	0
County: Washington	83	12	1	1	0	1	0
County Totals:	83	12	1	1	0	1	0
County: Wabash	55	10	1	1	0	1	0
County Totals:	55	10	1	1	0	1	0
County: Warren	101	45	1	1	0	1	0
County Totals:	101	45					



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Total and Active PUNS By County and Township

Township	Total Active PUNS	PUNS	Active PUNS	Township	Total Active PUNS	PUNS	Active PUNS	Township	Total Active PUNS	PUNS	Active PUNS
DUPAGE	329	164	1	MINONK	1	1					
FLORENCE	228	126	1	MONTGOMERY	1	0					
FRANKFORT	273	139	1	ROANOKE	1	0					
GREEN GARDEN	1	0	1	SPRING BAY	1	1					
HOMER	63	35	107	County Totals:	107	49					
JACKSON	21	6									
JOLIET	497	196									
LOCKPORT	173	85									
MANHATTAN	41	22									
MONEE	71	24									
NEW LENOX	129	63									
PEOTONE	17	8									
PLAINFIELD	343	173									
CREED	16	8									
TROY	82	36									
WASHINGTON	19	6									
WESLEY	2	1									
WHEATLAND	1	1									
WILL	16	5									
WILMINGTON	40	17									
WILTON	1	0									
County Totals:	2,532	1,189									
County: Williamson											
Not Defined	238	30									
County Totals:	238	30									
County: Winnebago											
Not Defined	1,095	365									
County Totals:	1,095	365									
County: Woodford											
Not Defined	97	46									
EL PASO	2	1									
METAMORA	4	0									



Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Total and Active PUNS By County and Township

Township	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS	Total Active PUNS
Township	PUNS	PUNS	PUNS	PUNS	PUNS

Report Grand Totals

Total PUNS 55,474
 Total Active PUNS 19,623

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Table 1.6 Civilians Living in the Community for the United States and States - Cognitive Disability: 2017

State	Total	Disability	Count	Cognitive		Total Disability
				%	%	
U.S.	320,842,721	40,675,305	15,378,144	4.8	37.8	37.8
AL	4,796,532	794,656	304,208	6.3	38.3	38.3
AK	716,592	92,086	33,524	4.7	36.4	36.4
AZ	6,908,516	889,172	314,529	4.6	35.4	35.4
AR	2,949,813	530,756	205,474	7.0	38.7	38.7
CA	39,052,156	4,147,243	1,584,020	4.1	38.2	38.2
CO	5,516,225	595,222	223,423	4.1	37.5	37.5
CT	3,537,144	389,835	150,406	4.3	38.6	38.6
DE	947,351	103,375	38,080	4.0	36.8	36.8
DC	684,065	91,020	28,969	4.2	31.8	31.8
FL	20,683,330	2,817,179	1,035,957	5.0	36.8	36.8
GA	10,246,239	1,251,435	475,852	4.6	38.0	38.0
HI	1,370,850	148,895	51,369	3.7	34.5	34.5
ID	1,696,598	241,552	101,880	6.0	42.2	42.2
IL	12,625,584	1,400,753	483,953	3.8	34.5	34.5
IN	6,568,754	912,728	353,335	5.4	38.7	38.7
IA	3,103,193	336,214	116,890	3.8	34.8	34.8
KS	2,856,162	376,013	139,344	4.9	37.1	37.1
KY	4,372,996	766,301	298,976	6.8	39.0	39.0
LA	4,580,488	681,241	270,809	5.9	39.8	39.8
ME	1,322,156	217,906	97,449	7.4	44.7	44.7
MD	5,959,960	652,671	249,080	4.2	38.2	38.2
MA	6,786,014	804,352	318,105	4.7	39.5	39.5
MI	9,853,848	1,389,051	541,526	5.5	39.0	39.0
MN	5,520,151	609,986	242,803	4.4	39.8	39.8
MS	2,922,300	491,082	187,781	6.4	38.2	38.2
MO	6,006,403	900,518	339,867	5.7	37.7	37.7
MT	1,036,512	142,087	49,192	4.7	34.6	34.6
NE	1,892,212	231,662	78,651	4.2	34.0	34.0
NV	2,961,838	363,442	121,813	4.1	33.5	33.5
NH	1,325,207	169,772	66,217	5.0	39.0	39.0
NJ	8,903,054	912,159	336,261	3.8	36.9	36.9
NM	2,054,508	323,332	123,452	6.0	38.2	38.2
NY	19,608,509	2,272,927	834,307	4.3	36.7	36.7
NC	10,071,642	1,344,880	512,223	5.1	38.1	38.1
ND	738,859	76,117	27,487	3.7	36.1	36.1
OH	11,485,462	1,614,808	632,945	5.5	39.2	39.2
OK	3,851,546	642,087	237,776	6.2	37.0	37.0
OR	4,103,141	571,644	227,905	5.6	39.9	39.9
PA	12,602,223	1,795,777	709,449	5.6	39.5	39.5
RI	1,044,426	144,941	63,814	6.1	44.0	44.0
SC	4,933,516	728,764	263,769	5.3	36.2	36.2
SD	852,604	95,051	31,651	3.7	33.3	33.3
TN	6,614,699	1,027,425	393,684	6.0	38.3	38.3
TX	27,844,511	3,164,535	1,179,967	4.2	37.3	37.3
UT	3,076,547	302,991	123,505	4.0	40.8	40.8
VT	617,936	89,911	33,696	5.5	37.5	37.5
VA	8,257,571	974,742	354,189	4.3	36.3	36.3
WA	7,301,382	931,008	366,864	5.0	39.4	39.4
WV	1,787,062	366,538	134,050	7.5	36.6	36.6
WI	5,725,670	676,102	259,432	4.5	38.4	38.4
WY	568,664	81,361	28,236	5.0	34.7	34.7

Source: Calculations based on U.S. Census Bureau, 2017 American Community Survey, Public Use Microdata Sample. Data represents the civilian, noninstitutional population. Based on a sample and subject to sampling variability.



Table 2.5 Employment – Civilians with Cognitive Disabilities Ages 18 to 64 Years Living in the Community for the United States and States: 2017

State	Total	Employed Count	% [1]
U.S.	8,836,223	2,456,526	27.8
AL	178,431	35,092	19.7
AK	21,349	6,646	31.1
AZ	179,499	48,682	27.1
AR	125,105	26,715	21.4
CA	841,455	220,446	26.2
CO	137,116	48,231	35.2
CT	87,951	25,160	28.6
DE	23,692	6,444	27.2
DC	17,266	5,461	31.6
FL	544,751	132,938	24.4
GA	272,576	67,869	24.9
HI	24,264	6,588	27.2
ID	60,595	20,354	33.6
IL	279,394	80,953	29.0
IN	210,430	61,599	29.3
IA	76,400	28,289	37.0
KS	80,461	29,581	36.8
KY	188,637	39,506	20.9
LA	152,166	37,053	24.4
ME	59,906	16,333	27.3
MD	144,842	47,251	32.6
MA	192,629	54,270	28.2
MI	330,345	86,579	26.2
MN	146,963	61,501	41.8
MS	111,186	21,363	19.2
MO	206,954	59,468	28.7

State	Total	Employed Count	% [1]
MT	29,667	11,630	39.2
NE	47,616	18,160	38.1
NV	72,846	23,596	32.4
NH	39,528	14,501	36.7
NJ	183,725	49,747	27.1
NM	74,490	19,349	26.0
NY	458,785	112,637	24.6
NC	291,082	74,360	25.5
ND	15,272	6,522	42.7
OH	381,824	109,574	28.7
OK	139,709	39,449	28.2
OR	135,308	39,337	29.1
PA	408,643	124,066	30.4
RI	38,929	12,840	33.0
SC	152,489	39,157	25.7
SD	20,308	9,075	44.7
TN	232,505	54,788	23.6
TX	649,519	185,543	28.6
UT	67,595	28,095	41.6
VT	22,339	8,690	38.9
VA	207,192	61,524	29.7
WA	218,054	64,899	29.8
WV	81,457	15,040	18.5
WI	154,713	52,853	34.2
WY	18,265	6,722	36.8
PR	149,258	23,129	15.5

Source: U.S. Census Bureau, 2017 American Community Survey, 1-Year Estimates, American FactFinder, Table B18120; <https://factfinder.census.gov> Based on a sample and subject to sampling variability.

[1] The percentage of people employed with cognitive disabilities.



9.A.

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

DECISION MEMORANDUM

DATE: July 10, 2019
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: UCP-LL Request for PY2020 Funding

Background:

During the May 22, 2019 meeting of the Champaign County Developmental Disabilities Board (CCDDDB), a number of requests for funding for the Program Year 2020 (July 1, 2019 through June 30, 2020) were considered, including UCP-Land of Lincoln's request to continue the work of its Vocational Services program, in response to the board priority for community employment and a growing demand by eligible individuals. CCDDDB staff recommendations were that this program be funded, but with an additional requirement to support improved reporting and other contract compliance.

United Cerebral Palsy Land of Lincoln - Vocational Services Request is for \$60,000.

- Application was of good quality; measurable consumer outcomes are included.
- Local job coaching staff collaborate well with other providers and have attended some Customized Employment training.
- Fee for Service contract is recommended, using \$40/hour (DRS rate); incentive payments could be developed to pay for consumer outcomes achieved during each quarter.
- A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort and maximize outcomes.
- CLC Plan will be further developed with support from CCDDDB staff.
- A special provision will be included to suspend payments immediately when any required report is not submitted by the deadline. Due to unresolved contract compliance issues, a PY20 contract should not be developed at this time.

Motion to DEFER a decision on funding of \$60,000 for United Cerebral Palsy Land of Lincoln - Vocational Services as presented in this memorandum, until given more information to proceed:

- X Approved
Denied
Modified
Additional Information Needed

Subsequent to the Board's decision to defer, the agency submitted a revised audit which meets most of the requirements identified in contracts, corrected and resubmitted the quarterly reports

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as requested, and identified the causes of the audit/reporting problems. The issue of board member with Champaign County residency is addressed:

“UCP plans on bringing on the new Champaign County board member next month at the July [23] board meeting. An orientation meeting will be scheduled next month with Jenny Niebrugge... and the new Champaign County board member.”

The Board may be interested in UCP-LL’s responses to the following questions related to issues which emerged during the PY2019 contract year:

- Does the agency expect to appoint a local board member quickly?
- Will that new board member have a mentor?
- Does the agency feel invested in Champaign County, with clarity about our processes and local needs and networks?
- How will they be responsive to funding requirements and more present at MHDDAC meetings, CCDDDB meetings, and other collaborative efforts?

Recommended Actions:

The CCDDDB staff recommendations included a new requirement related to timely compliance with contract provisions. This new provision remains relevant, the services are still in demand, and approval of the original request for funding is again recommended. The budget impact would be an additional \$30,000 in the CCDDDB’s 2019 Contributions & Grants line and an additional \$30,000 in 2020 Contributions & Grants line. At this time, the staff do not take a position on whether the CCDDDB should approve or deny the request for funding, other than to request that, if funded, the following conditions and provisions should be included:

- Fee for Service, using \$40/hour (DRS rate); incentive payments could be developed to pay for consumer outcomes achieved during each quarter.
- A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort and maximize outcomes.
- CLC Plan will be further developed with support from CCDDDB staff.
- Special provision to suspend payments immediately when any required report is not submitted by the deadline.

Decision Section:

Motion to **approve** funding of \$60,000 for **United Cerebral Palsy Land of Lincoln – Vocational Services** as presented in the staff recommendation above:

- Approved
- Denied
- Modified
- Additional Information Needed

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Lynn Canfield

From: Julienne Wilde <JWilde@UCPLL.ORG>
Sent: Monday, July 01, 2019 2:13 PM
To: lynn@ccmhb.org
Subject: CCMHB and CCDDDB grants

Good afternoon Lynn,

2 checks for the unused funds from FY18 are being sent via certified mail today. We will have a board member from Champaign county appointed on July 23rd. Jenny Niebrugge and a current board meeting will be orienting the new member by August 1, 2019. Please let me know if you need anything else from me for the decision regarding FY20 funding. Thank you kindly!

Respectfully,

Julienne Wilde, BS CHES
Employment Director
UCP Land of Lincoln
217-525-6522 ext. 1114
jwilde@ucpll.org

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CCDDB 2019-2020 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building

1776 East Washington Street, Urbana, IL

July 10, 2019 – Lyle Shields Room (8AM)

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

October 23, 2019 – Lyle Shields Room (8AM)

October 30, 2019 – Lyle Shields Room (5:30PM) Joint Study Session

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

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

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

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

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

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

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

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

This schedule is subject to change due to unforeseen circumstances.

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

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CCMHB 2019-2020 Meeting Schedule

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

*July 17, 2019
September 18, 2019
September 25, 2019 – Study Session
October 23, 2019
October 30, 2019 – Study Session
November 20, 2019
December 18, 2019 (tentative)
January 22, 2020
February 19, 2020
March 18, 2020
April 22, 2020
April 29, 2020 – Study Session
May 13, 2020 – Study Session
May 20, 2020
June 17, 2020*

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

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DRAFT

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

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

07/10/19	Regular Board Meeting (Lyle Shields Room) Election of Officers
08/30/19	<i>Agency PY2019 Fourth Quarter and Year End Reports Due</i>
09/18/19	Regular Board Meeting (Dimit Conference Room)
10/23/19	Regular Board Meeting (Dimit Conference Room) Draft Three Year Plan 2019-2021 with 2020 Objectives Release Draft Program Year 2021 Allocation Criteria
10/25/19	<i>Agency PY2020 First Quarter Reports Due</i>
10/28/19	<i>Agency Independent Audits, Reviews, or Compilations Due</i>
10/30/19 – 5:30PM	Joint Study Session
11/20/19	Regular Board Meeting (Dimit Conference Room)
12/08/19	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/18/19	Regular Board Meeting (Dimit Conference Room) Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY21 Allocation Criteria
01/03/20	<i>CCMHB/CCDDDB Online System opens for Agency Registration and Applications for PY21 Funding.</i>
01/22/20	Regular Board Meeting
01/31/20	<i>Agency PY2020 Second Quarter and CLC Progress Reports Due</i>
02/07/20	<i>Agency deadline for submission of applications for PY2021 funding. Online system will not accept forms after 4:30PM.</i>

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

9.C1

Agency and Program acronyms

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

Glossary of Other Terms and Acronyms

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

AAC – Augmentative and Alternative Communication

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

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BD – Behavior Disorder

BSP – Behavior Support Plan

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

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

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

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

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

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

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

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

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

DD – Developmental Disability

DDD – Division of Developmental Disabilities

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

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

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

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

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

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

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

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

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

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

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

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

MI – Mental Illness

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

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

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

VI – Visual Impairment

VR – Vocational Rehabilitation

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

WIOA – Workforce Innovation and Opportunity Act