



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, April 22, 2020, 8AM

This Meeting Will Be Conducted Remotely at <https://zoom.us/j/713328921>

1. Call to Order
2. Roll Call
3. Zoom Instructions - <https://zoom.us/j/713328921> (page 3)
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
8. Approval of CCDDDB Board Meeting Minutes* (pages – 4-8)
Minutes from 02/19/20 are included. Action is requested.
9. Expenditure Lists* (pages – 9-14)
The January and February "Expenditure Approval Lists" are included in the packet. Action is requested.
10. New Business
 - A. Mini-Grant Update and Requests* (pages – 15-17)
A Decision Memorandum offers updates and presents two recipient requests for reconsideration of components of their awards. Action is requested.
 - B. Agency Requests for I/DD Funding for FY2021 (pages – 18-76)
For discussion, the packet includes spreadsheet of requests for funding, from the CCDDDB, for I/DD programs DRAFT Program Summaries for FY2021 Requests and a list of acronyms specific to CCDDDB/CCMHB application/reporting. All applications were reviewed by agency staff, board members, and an independent reviewer. Comments were consolidated as 'Reviewer.'
 - C. Covid-19 Agency Updates (pages 77-116)

Included for information only is a Briefing Memo with details on specific impacts of the COVID-19 spread and response, including funded agency process changes when working with clients.

D. Star Tribune Article (pages – 117-120)

The Star Tribune article, “With Self-Direction, People With Disabilities Gain Control” is included for information only.

E. DSC Letter (page 121)

A letter from DSC CEO, Danielle Matthews, requesting approval to use CCDDDB Community Employment funds as a match for their Donated Funds Initiative (DFI Title XX) is included for information only.

F. Board Direction

For Board discussion of planning and funding. No action is requested.

G. 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.

11. Old Business

A. CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 122-125)

B. Acronyms and Glossary (pages 126-133)

A list of commonly used acronyms is included for information.

12. CCMHB Input

13. Staff Reports - *Deferred.*

14. Board Announcements

15. Adjournment

**Board action requested*

Instructions for participating in Zoom Conference Bridge for CCDDDB Meeting April 22, 2020 at 8 a.m.

You will need a computer with a microphone and speakers to join the Zoom Conference Bridge; if you want your face broadcast you will need a webcam.

Go to Join Zoom Meeting

<https://zoom.us/j/713328921>

Meeting ID: 713 328 921

One tap mobile

+13126266799,,713328921# US (Chicago)

+16465588656,,713328921# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US

+1 301 715 8592 US

+1 346 248 7799 US (Houston)

If prompted to download software and install Zoom software, do so.

When the meeting opens choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "raise hand" at the bottom of the participants screen. If you wish to speak click "raise hand" and the Chair will call on you to speak.

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

Minutes—February 19, 2020

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

8:00 a.m.

MEMBERS PRESENT: Gail Kennedy, Georgiana Schuster, Anne Robin

STAFF PRESENT: Kim Bowdry, Chris Wilson, Lynn Canfield, Shandra Summerville, Mark Driscoll

STAFF EXCUSED: Stephanie Howard-Gallo

OTHERS PRESENT: Katie Harmon, CCRPC; Annette Becherer, Heather Levingston, Sarah Perry, Scott Burner, Laura Bennett, Danielle Matthews, Patty Walters, DSC; Kyla Woods, SpringHealth; Kaitlyn Puzey, CU Able; Becca Obuchowski, Hannah Sheets, Community Choices; Mel Liong, PACE.

CALL TO ORDER:

Dr. Kennedy, Secretary, called the meeting to order at 8:02 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

MOTION: Dr. Anne Robin moved to approve the agenda. Ms. Georgiana Schuster seconded the motion. A voice vote was taken, and the motion was passed.

CITIZEN INPUT / PUBLIC PARTICIPATION:

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None.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Announcement of upcoming Expo. Watching introduced (state) legislation which would increase I/DD provider rates. Announcement of webinar on the HCBS Statewide Transition Plan. Review of today's agenda items.

APPROVAL OF CCDDDB MINUTES:

Minutes from the January 22, 2020 meeting were included in the Board packet.

MOTION: Dr. Anne Robin moved to approve the CCDDDB minutes from January 22, 2020. Ms. Georgiana Schuster seconded the motion. A voice vote was taken, and the motion was passed.

NEW BUSINESS:

Mini-Grant Update and Requests:

A Decision Memorandum regarding progress on agreements and purchases, along with requests from award recipients, was included in the packet.

Requests for Board Action:

- **Applicants #5 and #6** are young twin brothers with different disability-related needs. Purchase of television and shower fixture have already been very helpful, per correspondence from their mother. When credit card balance becomes available, we will purchase jacuzzi and basketball hoops. The approved award includes purchase of materials for projects which would support safety and health, but without funding for installation, these are not possible. The family is considering alternative solutions which would be cost neutral, but at the time of writing, a specific request has not been made.
- **Applicant #12** was awarded \$2,000 of \$5,000 toward purchase of a bike trailer but is unable to pay remaining amount. The applicant cannot ride a bicycle and participate in family bike activities; the trailer would allow him to be included on rides with family and friends. Family has requested that the board consider fully funding the original request. Budget Impact: increases total expenditures by **\$2,090.52**.
- **Applicant #32's** father would like reconsideration of the original request for a Teera Trike Rover i8 Tandem with IPS, as the approved single trike bike does not meet applicant's need. Budget Impact: increases total expenditures by **\$1,754.87**.
- **Applicant #44** is a young person whose weight has become a medical concern; other support needs were addressed in the application. His father asks the Board to reconsider the full original request (\$4,880) in order to include BowFlex and speech therapy. The approval was \$1,840 to cover cost of Camp New Hope camp and respite weekends.

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Budget Impact: increases total expenditures by \$2,000 for speech therapy and \$1,040 for Bowflex.

- **Applicant #46** has purchased orthopedic shoes, from a list of multiple items. Recipient requests purchase of Planet Fitness or Vision Fitness membership (depending on staff negotiation of payment) rather than the approved karate school and uniform, weight machine, and bike. Budget Impact: **cost neutral**.

If all requests for reconsideration were awarded, the additional expenditures would total \$6,885.39. Purchases have been completed for \$1,090 less than planned, and an amount greater than \$5,800 was not reallocated, so that these requests are affordable if deemed appropriate.

MOTION: Ms. Georgiana Schuster moved to approve full purchase of bike trailer, as originally requested by Applicant #12. Dr. Anne Robin seconded the motion. Discussion of request and of review committee recommendation. A roll call vote was taken, and the motion passed.

MOTION: Dr. Anne Robin moved to approve purchase of Teera Trike Rover i8Tandem with IPS, as originally requested by Applicant #32, in place of the approved item. Ms. Georgiana Schuster seconded the motion. Discussion of this request; follow-up will include confirmation that the item is being used and that it meets the applicant's needs. A roll call vote was taken, and the motion passed.

MOTION: Dr. Anne Robin moved to approve request from Applicant #44 for funding of original request as described above. Ms. Georgiana Schuster seconded the motion. Discussion of this request; similar to the concern about the previous request and whether this is what the individual wants, more information is requested. A roll call vote was taken, and the board unanimously voted to request more information.

MOTION: Dr. Anne Robin moved to approve request from Applicant #46 to purchase gym membership rather than the previously approved karate school and uniform, weight machine, and bike. Ms. Georgiana Schuster seconded the motion. Discussion of this request; follow-up will include confirmation that the item is being used and that it meets the applicant's needs. A roll call vote was taken, and the motion passed.

Mid-Year Progress Report:

Katie Harmon, Community Services Program Manager with the CCRPC, reported on the newly funded portion of the Decision Support Person Centered Planning program. A copy of her presentation was distributed. Board members were given the opportunity to ask questions.

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SpringHealth Behavior Health and Integrated Care:

Kyla Wood, Behavior Clinician, provided a presentation on behavior services offered in Champaign County. Board members and audience members were given the opportunity to ask questions.

Carle Foundation Property Tax Case Ruling:

A memorandum from the Champaign County Deputy Director of Finance was included in the packet for information only.

PY2021 Applications for Funding:

A list of applications by priority for PY2021 funding for I/DD programs was included in the Board packet.

Board Direction:

For this discussion item, Dr. Robin requested staff input. Staff seek Board members' input as to what will be most helpful in the review of applications for funding and the coming decision process. Board members may give that feedback individually, as many options are available.

Update on Illinois DHS-DDD:

Included in the packet, for information only, was a presentation from the Director of the Illinois Department of Human Services Division of Developmental Disabilities and the portion of the proposed State Transition Plan which relates to DD waiver programs.

Successes and Other Agency Information:

Representatives from DSC, Community Choices, and CU Able shared success stories. Annette Becherer, DSC announced The Crow @ 110 is hosting an Open House on March 7, 2020 from 3:00 p.m. – 5:00 p.m. Becca Obuchowski, Community Choices shared that two participants in the Community Choices Customized Employment program recently found jobs and that Community Choices is holding its Strategic Planning event on February 27, 2020. Kaitlyn Puzey, CU Able shared that the CU Able Good 360 program with Walmart is going very well. This program is coordinated through CU Able website/Facebook page.

OLD BUSINESS:

Agency PY2020 2nd Quarter Program Activity Reports:

Second Quarter reports were included in the packet for information only.

Combined Agency PY2020 2nd Quarter Service Data:

Second Quarter I/DD hours of direct service reported in all funded programs was included in the Board packet.

CCDDB and CCMHB Schedules and CCDDB Timeline:

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

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Acronyms and Glossary:

A list of useful acronyms was included for information only.

CCMHB Input:

Lynn Canfield reported that the CCMHB meeting tonight has a similar agenda plus an item on financial assurances and supports for funded agencies.

STAFF REPORTS:

Reports from Kim Bowdry and Shandra Summerville were included in the packet for review.

BOARD ANNOUNCEMENTS:

None.

OTHER BUSINESS – CLOSED SESSION:

MOTION: Dr. Kennedy moved to go into closed session pursuant to 5 ILCS 120/2(c)(11) to consider litigation which is pending against or on behalf of Champaign County, and litigation that is probable or imminent against or on behalf of Champaign County, and that the following parties remain present: Executive Director Lynn Canfield and Associate Director Kim Bowdry. Dr. Anne Robin seconded. The motion passed, and the Board went into closed session at 9:40AM.

The Board came out of closed session at 9:48 a.m.

MOTION: Ms. Georgiana Schuster moved to come out of closed session and return to open session. Dr. Anne Robin seconded. A roll call vote was taken. Dr. Robin, Dr. Kennedy, and Ms. Schuster were present, and the vote was unanimous.

ADJOURNMENT:

The meeting adjourned at 9:49 a.m.

Respectfully

Submitted by: Lynn Canfield and Kim Bowdry
CCMHB/CCDDB Staff

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

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/12/20

VENDOR NO	VENDOR NAME	TRN B	TR	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 108	DEVLPMNTL	DISABILITY FUND							
***	DEPT NO. 050	DEVLMNTL	DISABILITY BOARD							
90	CHAMPAIGN COUNTY TREASURER	2/06/20	04 VR 108- 26	604053	2/12/20	108-050-533.07-00	PROFESSIONAL SERVICES	FEB ADMIN FEE	32,997.00	
								VENDOR TOTAL	32,997.00 *	
104	CHAMPAIGN COUNTY TREASURER	2/06/20	04 VR 108- 20	604055	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB SOC/EMOT DEV SV	2,033.00	
								VENDOR TOTAL	2,033.00 *	
161	CHAMPAIGN COUNTY TREASURER	2/06/20	04 VR 108- 19	604058	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB DECISION SUPPOR	27,735.00	
								VENDOR TOTAL	27,735.00 *	
11587	CU ABLE	2/06/20	05 VR 108- 22	604100	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMM OUTREACH	1,439.00	
								VENDOR TOTAL	1,439.00 *	
15060	CHAMPAIGN COMMUNITY UNIT SCHOOL DIST #4	2/07/20	04 VR 108- 30	604107	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAR FEE M HUGHES	60.00	
		2/07/20	04 VR 108- 30	604107	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR FEE M HUGHES	80.00	
		2/07/20	04 VR 108- 30	604107	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY FEE M HUGHES	80.00	
								VENDOR TOTAL	220.00 *	
16203	COMMUNITY CHOICE, INC	2/06/20	05 VR 108- 23	604125	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY LIVIN	6,750.00	
		2/06/20	05 VR 108- 23	604125	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB CUSTOM EMPLOY	12,066.00	
		2/06/20	05 VR 108- 23	604125	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB SELF DETERMINAT	11,500.00	
								VENDOR TOTAL	30,316.00 *	
20300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	2/06/20	05 VR 108- 24	604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB APARTMENT SVCS	36,896.00	

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/12/20

VENDOR NO	VENDOR NAME	TRN B	TR	CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 108	DEVLPMNTL	DISABILITY	FUND								
	2/06/20	05	VR	108-	24		604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB CLINICAL SVCS	14,500.00
	2/06/20	05	VR	108-	24		604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY EMPLO	30,114.00
	2/06/20	05	VR	108-	24		604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COMMUNITY FIRST	68,580.00
	2/06/20	05	VR	108-	24		604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB CONNECTIONS	7,083.00
	2/06/20	05	VR	108-	24		604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB EMPLOYMENT FIRS	6,667.00
	2/06/20	05	VR	108-	24		604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB INDIV/FAMILY SU	34,713.00
	2/06/20	05	VR	108-	24		604148	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB SERVICE COORD	35,263.00
											VENDOR TOTAL	233,816.00 *

22816	DOWN SYNDROME NETWORK				21		604156	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB DOWN SYNDROME	1,250.00
											VENDOR TOTAL	1,250.00 *

ATTN: JEANNE DALY

32085	HEEL TO TOE, INC.				13		603855	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INV 5615 1/15	199.00
					31		604182	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INV 5621 1/18	240.00
											VENDOR TOTAL	439.00 *

58118	QUILL CORPORATION				12		603907	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INV 4083755 1/16	1,949.97
											VENDOR TOTAL	1,949.97 *

61780	ROSECRANCE, INC.				25		604271	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	2,929.00 *

78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH				11		603443	1/24/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 WALMART 1/3	178.00
					11		603443	1/24/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 1/7	279.00
					102		603443	1/24/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 WALMART 12/27	298.00
					17		603957	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 1/22	465.46
					17		603957	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 1/20	279.99

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

2/12/20

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VENDOR NO	VENDOR NAME	TRN B	TR	TRANS NO	FO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
1/28/20	01 VR 108-	17		603957	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 1/20		289.99	
1/29/20	01 VR 108-	18		603957	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 1/27		648.98	
1/29/20	01 VR 108-	18		603957	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 SAILFIN 1/27		235.98	
1/29/20	01 VR 108-	18		603957	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 1/25		43.40	
1/29/20	01 VR 108-	18		603957	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 BEST BUY 1/24		1,629.97	
2/04/20	02 VR 108-	28		604332	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 1/31		597.99	
2/07/20	04 VR 108-	29		604332	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 WALMART 2/4		359.22	
								VENDOR TOTAL		5,305.98 *	
79125	WALK EASY, INC.										
1/27/20	06 VR 108-	15		603964	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INV 256126 1/22		157.95	
								VENDOR TOTAL		157.95 *	
60990	DALY, ANN										
2/07/20	06 VR 108-	32		604373	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	REIM BEST BUY 1/5		599.00	
2/07/20	06 VR 108-	32		604373	2/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	REIM BEST BUY 1/30		699.99	
								VENDOR TOTAL		1,298.99 *	
645115	WATERS, DEBORAH										
1/27/20	06 VR 108-	14		604036	1/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INV 2 1/22		2,000.00	
								VENDOR TOTAL		2,000.00 *	
								DEPARTMENT TOTAL		343,886.89 *	
								FUND TOTAL		343,886.89 *	
								REPORT TOTAL	*****	759,756.49 *	

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

ITEM DESCRIPTION EXPENDITURE AMOUNT

3/09/20 ACCOUNT DESCRIPTION

CHECK ACCOUNT NUMBER

CHECK DATE

TRANS PO NO CHECK NUMBER

TENDOR VENDOR TRN B TR DTE N CD

NO NAME DEVLPNTL DISABILITY FUND

** FUND NO. 108 DEVLMTL DISABILITY BOARD

*** DEPT NO. 050 DEVLMTL DISABILITY BOARD

90 CHAMPAIGN COUNTY TREASURER 605261 3/09/20 108-050-533.07-00 PROFESSIONAL SERVICES

3/03/20 04 VR 108-47

104 CHAMPAIGN COUNTY TREASURER 605262 3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

3/03/20 04 VR 108-41

161 CHAMPAIGN COUNTY TREASURER 605265 3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

3/03/20 04 VR 108-40

220 4 PAWS FOR ABILITY 38 605271 3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

3/03/20 05 VR 108-

1200 ADAPTIVEMALL.COM, LLC 27 4143 4649 3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

3/03/20 04 VR 108-

5350 AUTISM-PRODUCTS.COM 16 4134 605296 3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

3/02/20 04 VR 108-

11587 CU ABLE 43 605308 3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

18203 COMMUNITY CHOICES, INC 44 605327 3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

3/02/20 03 VR 108-

3/02/20 03 VR 108-44

SUITE 419

3/09/20 108-050-533.92-00 CONTRIBUTIONS & GRANTS

MAR COMMUNITY LIVIN 6,750.00

32,997.00
32,997.00 *

2,033.00
2,033.00 *

27,735.00
27,735.00 *

2,500.00
2,500.00 *

2,277.90
2,277.90 *

341.11
341.11 *

1,439.00
1,439.00 *

6,750.00





DECISION MEMORANDUM

DATE: April 22, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Lynn Canfield
SUBJECT: Mini-Grant Update and Requests

Background:

Agency Program Year 2019 service data provided a very detailed profile of how Champaign County residents utilize services. They also revealed a number of people eligible for but not receiving state or county-funded services. In addition, funds originally allocated to two agency contracts became available. Subsequently, CCDDB developed an individual 'mini-grant' opportunity for these potentially underserved residents with I/DD to request specific assistance to support their needs.

For many years, CCDDB prioritized Flexible Funding to meet people's needs with individualized, person-centered planning and innovations which may reduce reliance on services, often unavailable due to greater demand than capacity. A similar approach has been in place for many years in the state's Medicaid-waiver funded Home Based Support program, which also funds specific assistance as related to individual need.

In December, after implementing a public grant process, the CCDDB approved funding for 37 requests, with total awards of \$62,508. For those who accepted the award and determining specific purchases with CCDDB staff; to date all but 4 agreements are fully executed, and purchasing is more than half completed. Some people did not accept the approved award, and others asked for changes within the awarded amount. Three reconsideration requests were approved in February, and more information was needed for a decision about the fourth. This and an additional request are summarized below for action by the Board.

Proposed Outcomes Survey:

All successful applicants who agreed to the approved purchases also agreed to provide the CCDDB with outcome information by 6 months after completion of the purchase. Possibly through electronic and paper versions and in person, CCDDB staff will seek input:

Selecting one from the five-point scale - "strongly agree"/ "agree"/ "neutral"/ "disagree"/ "strongly disagree" - evaluate the following statements:

1. The item(s) which were purchased were helpful to me.
2. The items(s) were helpful in the way I had hoped.
3. The items(s) were helpful in an unexpected way.
4. The process, from application through purchase, was a positive experience.

Comment on how this purchased worked out for you. (comment answer)

If the survey is simple, we hope for a higher return rate and comparable data. We appreciate the value of commentary and have discovered that some family care-providers give enthusiastic feedback, though it may be trickier to organize as data. In addition, the board has requested more detailed information about the outcomes in those cases where equipment was purchased; as a result, other feedback may be needed.

Requests for Board Action:

- **Applicant #35** was previously approved for the Black Card membership at Planet Fitness. Unfortunately, the Black Card, which would have met her needs, is not available, as Planet Fitness is only offering the Classic membership as an option to be paid for in advance. The Classic membership is not an appropriate option, as the young lady does not function well in places with strangers unless someone she knows is there with her. As a solution, and because her mother can support her using them at home, an elliptical and Exercise Bike Dual Trainer are requested in place of gym membership. Budget Impact: **cost neutral**.
- **Applicant #44** is a young person whose weight has become a medical concern; other support needs were addressed in the application. The original approval was \$1,840 to cover cost of Camp New Hope camp and respite weekends. His father requested reconsideration of the full original request (\$4,880) in order to include BowFlex and speech therapy. The CCDDDB requested more information about use of the BowFlex, prior to making a decision. Subsequent to conversation with CCDDDB staff and through email, his father reports:

“Thanks very much for getting back to us. I would be happy to add any information that I can that would help with this process. [X] is 21 and severely autistic. He would have great difficulty in speaking for himself but on his behalf, I will do what I can. I am his legal guardian and just trying to get him as much help as possible. Twice a week now through the school he is being taken to the local gym where he is using a very similar device to the bowflex. He does like the work outs but the sensory overload in a loud and busy place can be way too much for him. He is very heavy right now and needs the bowflex at home where he can use it on the daily. This will most definitely be used and used well. Once school lets out, he will be aged out and until he gets funding from the PUNS program he will be in need of every opportunity that we can give him. I worry about him getting heavier once school ends and diabetes does run in the family. I really dont want that for him as he has way too much in his way already. I broke my neck and have been recovering from spinal surgeries and I have limited ability to get him moving myself and this bowflex would really help him get his conditioning in at home.

Another activity that I would love to have considered is a pass for the indoor aquatic center in Urbana. [X] does the Tom Jones challenger baseball program which he is aging out of this year and all kinds of special olympics as well. He would love to go to the aquatic center and this would help him very much as well. An annual pass for an adult non resident is \$299. He loves to swim all year and will be in need of a new outlet once school lets out and he is no longer getting assistance from their programs.

Lastly for the speech therapy, his severe autism does limit his ability to communicate dramatically. We definitely need some outside help for him as school is letting out and he will no longer have access to any speech therapy. I want him to be a productive citizen and work and participate in the community. To do this he will need much speech therapy and training. Any help in obtaining at home therapy and training would be greatly appreciated.

Thanks again for your time and consideration and know that we will use these all for his benefit and they will definitely not go to waste.

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Best regards and have a great week. Looking forward to hearing back from you.”

Budget Impact: increases total expenditures by **\$2,000** for speech therapy and **\$1,040** for Bowflex.

Decision Section:

Motion to approve request from Applicant #35 to purchase an Elliptical and Exercise Bike Dual Trainer rather than the previously approved gym membership.

Approved _____
Denied _____
Modified _____
More information is requested _____

Motion to approve request from Applicant #44 for funding of original request as described above.

Approved _____
Denied _____
Modified _____
More information is requested _____

I/DD Program Funding Requests for FY2021									
July 1, 2020 thru June 30, 2021									
Agency	Program Name	Current Awards FY20	MHB	Requests FY201	Increase	Decrease	0%		
DDB	MHB	DDB/MHB	Increase	Decrease					
<i>Priority: Linkage</i>									
CCRPC - Community Services	Decision Support PCP	\$424,738.00		\$311,488.00		27%			
Developmental Services Center	Service Coordination	\$423,163.00		\$435,858.00		3%			
Rosecrance Central Illinois	Coordination of Services: DD/MI	\$35,150.00		\$35,150.00		PY20 Level			
<i>Priority: Work</i>									
Community Choices, Inc.	Customized Employment	\$118,016.00		\$182,000.00		54%			
Developmental Services Center	Community Employment	\$361,370.00		\$361,370.00		PY20 Level			
Developmental Services Center	Connections	\$85,000.00		\$85,000.00		PY20 Level			
Developmental Services Center/Community Choices	Employment First	\$80,000.00		\$80,000.00		PY20 Level			
<i>Priority: Non-Work</i>									
Developmental Services Center	Community Living (formerly Apartment Services)	\$442,757.00		\$456,040.00		3%			
Developmental Services Center	Clinical Services	\$174,000.00		\$174,000.00		PY20 Level			
Developmental Services Center	Community 1st	\$822,970.00		\$847,659.00		3%			
Developmental Services Center	Individual & Family Support	\$416,561.00		\$429,058.00		3%			
PACE	Consumer Control in Personal Support	\$23,721.00		\$24,267.00		2%			
<i>from PACE and UCP initial PY2020 awards</i>									
<i>Priority: Young Children and their Families (CCMHB focus)</i>									
Champaign County Head Start/Early Head Start	Social Emotional Development Svcs	\$24,402.00	\$87,602.00	\$121,081.00		8%			
Developmental Services Center	Family Development	\$579,148.00		\$596,522.00		3%			
<i>Priority: Self-Advocacy</i>									
CU Able	CU Able Community Outreach	\$17,275.00		\$17,200.00		PY20 Level			
CU Autism Network	Community Outreach Programs - NEW			\$15,000.00					
Champaign County Down Syndrome Network	CC Down Syndrome Network	\$15,000.00		\$15,000.00		PY20 Level			
Community Choices, Inc.	Self-Determination Support	\$138,000.00		\$146,000.00		6%			
<i>Housing</i>									
Community Choices, Inc.	Community Living	\$81,000.00		\$89,000.00		10%			
CILA (now subgranted from totals)	CILA Expansion	50,000	50,000	100,000					
TOTAL		\$3,779,647.00	\$666,750.00	\$4,421,693.00					
		total PY2020 = \$4,446,397		total PY2021 requests					
		w/ CILA = \$4,546,397		w/ CILA = \$4,521,693					
				MHB PY21 DD funding = \$696,137 (CILA excluded)					

Draft PY2021 CCDDDB Program Summary

Agency: CCRPC - Community Services

Program: Decision Support PCP

Services/People Served

Target Population: People with I/DD

Reviewer: Above, heavily edited. Below lightly edited. Other services include IDHS-DDD ISC program. Program uses same Discovery and Personal Plan tool as required for waiver funded ISC services. Scope of services largely unchanged from PY20. Program proposes to serve fewer people in Conflict Free Person-Centered Planning piece of program due to capacity in other CCDDDB funded programs.

Scope, Location, and Frequency of Service(s):

Scope: Extensive outreach, preference assessment, and person-centered planning services for Champaign County residents with I/DD without Medicaid waiver funding. Consultation and transition planning services to transition aged youth with I/DD and their families nearing graduation.

Location: Champaign County high schools; CCRPC offices; I/DD provider agency buildings; persons served homes; and community locations, based on persons served preference.

Frequency: PUNS preference assessment and assistance with case management - at minimum annually, ongoing as long as the persons served remain on PUNS. Transition Consultant (TC) services - on average, bi-monthly 1-3 months. PCP services - at minimum quarterly but more frequently based on each client's needs. Services ongoing as long as persons meet eligibility.

Residency:	485 = PY2019	295 = PY2020 (first two quarters)
Champaign	213 (43.9%) for PY19	129 (43.7%) for PY20
Urbana	121 (24.9%) for PY19	79 (26.8%) for PY20
Rantoul	34 (7.0%) for PY19	27 (9.2%) for PY20
Mahomet	33 (6.8%) for PY19	19 (6.4%) for PY20
Other Champaign County	84 (17.3%) for PY19	41 (13.9%) for PY20

Demographics: Total Served in PY2019 = 485

Age

Ages 0-6 -----	8 (1.6%)
Ages 7-12 -----	41 (8.5%)
Ages 13-18 -----	63 (13.0%)
Ages 19-59 -----	352 (72.6%)
Ages 60-75+ -----	21 (4.3%)

Race

White -----	353 (72.8%)
Black / AA -----	86 (17.7%)
Asian / PI -----	13 (2.7%)
Other (incl. Native American and Bi-racial) -	19 (3.9%)
Not Available Qty -----	14 (2.9%)

Gender

Male -----	317 (65.4%)
Female -----	168 (34.6%)

Ethnicity

Of Hispanic/Latinx Origin -----	25 (5.2%)
Not of Hispanic/Latinx Origin -----	446 (92.0%)
Not Available Qty -----	14 (2.9%)

Program Performance Measures

CONSUMER ACCESS: 1) Champaign County residents with a suspected I/DD will be eligible for a PUNS meeting. Those diagnosed with I/DD and registering on PUNS are eligible to complete a preference assessment; 2) adults with an I/DD in PUNS "seeking services" category are eligible for conflict-free person centered planning; and 3) transition aged youth

with I/DD are eligible for TC services. All served must be registered on PUNS to be eligible. People learn about program through direct referrals from providers, outreach events, flyer distribution to local community committees and agencies. Referrals from high school professionals, CCRPC's website and social media, direct contact from people with I/DD and their families, and inter-organizational referrals through CCRPC's community services programs.

Of those seeking assistance or referred, 95% will receive services/support.

Within 5 days from referral, 95% of those referred will be assessed.

Within 5 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for 1 to 3 months. For PCP participants, 1 to 3 years.

Additional Demographic Data: Insurance information and Medicaid RIN number.

Reviewer: above and below edited.

CONSUMER OUTCOMES:

Outcome #1: People with I/DD will have greater choice of services and supports in Champaign County.

Assessment Tools: Preference Assessment, Discovery Tool, and Person-Centered Plan. Collected annually.

Outcome #2: People with I/DD transitioning from ISBE services will have a goal plan developed collaboratively with TC.

Assessment Tools: Individualized Education Plan (IEP) and Goal Plan. Collected upon exit from TC services (quarterly).

Outcome #3: People selected from PUNS who were provided service through the DS-PCP program will be supported in service connection based on personal preferences; they will also meet eligibility criteria and have quicker access to Medicaid Waiver Services at PUNS selection.

Assessment Tools: DHS PAS paperwork and Medicaid Waiver Service award letters. Collected upon PUNS selection (annually).

Outcome gathered from all participants? Yes

Anticipate 450 total participants for the year.

Is there a target or benchmark level for program services? Yes

Outcome #1 – PCP Services, all persons served will be required to have at least one outcome. (IDHS-DDD standard.)

Outcome #2 – 100% of persons served with TC services will have a goal plan in place. This ensures families are able to discuss any actionable items at IEP meetings and are active participants in the transition planning process.

Outcome #3 – 95% of persons selected from PUNS will be found eligible for services. (IDHS requirement for ISC programs.)

Estimated levels of change:

Outcome #1 – 100% of people will be given the opportunity to complete a preference assessment. 100% of people will be supported in identifying services based on preferences in their person centered plan.

Outcome #2 – 100% of eligible people working with a TC will be registered on PUNS and provided support in developing a goal plan prior to graduation.

Outcome #3 – 95% of people selected from PUNS who were provided service through the Decision Support Program will be found eligible for Medicaid Waiver Services and 90% will begin receiving services within three months.

Reviewer: Consumer Outcomes lightly edited and largely unchanged from PY20. Data collected by Case Manager and Program Manager.

UTILIZATION:

Treatment Plan Clients (TPCs): 200 - those registering on PUNS needing linkage/referral to community resources and brief conflict free case management including gathering of PAS documentation; adults receiving conflict free person centered planning who are in PUNS "seeking services" category; and people/families receiving TC services.

Non-Treatment Plan Clients (NTPCs): 250 – those registering on PUNS and completing preference assessment and persons PUNS registered updating their preferences.

Service Contacts (SCs): 300 - those attending outreach events.

Community Service Events (CSEs): 40 - staff presentations, tabling at outreach events, meetings with high schools and other professionals.

Reviewer: service hours for TPCs and NTPCs reported into online reporting system.

Financial Analysis

PY2021 CCDDDB Funding Request: \$311,488 **PY2021 Total Program Budget:** \$311,488

Proposed Change in Funding - PY2020 to PY2021 = -2.5%

Current Year Funding (PY2020): \$319,420 (*request was for \$424,738, award was for \$311,488 due to capacity in other CCDDDB funded programs. Fifth staff person was not hired in PY20 and not proposed in PY21.*)

PY19 request/award = \$119,629. PY18 request/award = \$86,460. PY17 request/award = \$48,622.

Does the application clearly explain what is being purchased by the CCDDDB? Yes
Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes.

CCDDDB request is 100% of total program revenue.

Expenses: Personnel related costs of \$222,982 are the primary expense charged to CCDDDB at 71% of \$311,488. Other expenses: Professional Fees/Consultants \$1,200 (<1%); Consumables \$1,500 (<1%); General Operating \$10,250 (3%); Occupancy \$68,984 (22%); Conferences/Staff Development \$2,000 (<1%); Local Transportation \$4,572 (1%).

Total Agency shows a deficit of \$158,389. Total Program and CCDDDB Budgets are BALANCED.

Program Staff funded by CCDDDB: Indirect 0 FTEs and Direct 4.51 FTEs = Total 4.51 FTEs

Total Program Staff: Indirect 0 FTEs and Direct 4.51 FTEs = Total 4.51 FTEs

Reviewer: Professional fees support clinical and IT services. State-approved indirect cost rate calculated at 4.5% of salaries.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Linkage.

Agency Cultural and Linguistic Competence Plan

Champaign County RPC Community Services has combined their CLC Plan utilizing the National CLAS Standards. Each department will address individual benchmarks. All the required benchmarks were submitted in a comprehensive CLC Plan. The Program Plan specifically talks about serving people with IDD/DD that are enrolled on the PUNS List or that will enroll on the PUNS list. Conflict Free person-centered planning is a way to respond to families in a culturally responsive way. CCRPC attends community meetings and collaborates with agencies that can provide services to people living with. CCRPC have completed their 2nd Quarter Quarterly Reports for FY20.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Open to all County residents, with outreach to areas outside of C-U, Savoy, and Rantoul. High Schools in rural areas will be specifically targeted for outreach and referrals. Services may be provided at CCRPC's offices, homes, and other community spaces. Connections through community events, groups such as Transition Planning Committee, and outreach to provider organizations to provide service information and seek referrals.

Inclusion, Integration, and Anti-Stigma: collaborates with persons served to advocate for increased independence, autonomy, and community inclusion. In line with DHS requirements, upholds all components of the Person Centered Planning process that are supportive of promoting inclusion, reducing stigma or discrimination, or improving access to the community: ensure services are delivered in a manner that reflects personal preferences and choices; include evidence that setting is chosen by the individual; assist to achieve personally defined outcomes in the most integrated setting; include opportunities to seek employment and work in competitive integrated settings; include opportunities to engage in community life, control personal resources, and receive services in the community to same degree of access as those not receiving HCBS; written in plain language that can be understood by the person who receives services and their guardian. CCRPC will continue to attend outreach events, conduct presentations, and educate the community regarding the strengths and abilities of persons with I/DD and the services available to assist persons with I/DD in order to promote inclusion and reduce stigma.

Coordinated System: collaborates with Champaign County I/DD provider agencies and Champaign County High Schools.

Budget and Program Connectedness: Yes. *The budget narrative provides adequate descriptions of associated items.*

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Yes, Conflict of Interest Free Case Management/Person Centered Planning

Evidence of Collaboration: Yes, see Coordinated System above. Written working agreements are in place with local agencies.

Staff Credentials: QIDPs, meet IDHS-DDD requirements. Program Manager is an LCSW with 10+ years of experience working in social services. Others have 10-40 years' experience in social work, having a Master's degree, and one has a PhD.

Resource Leveraging: No **Other Pay Sources:** None. **Client Fees:** No. **Sliding Scale:** No. **Willing to participate in DD Medicaid-waiver programs?** No (but the larger program is involved with Medicaid-waiver and DHS grant.)

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Evidence of written working interagency agreements, and sample PCP documents.*

Draft PY2021 CCDDDB Program Summary

Agency: DSC **Program: Service Coordination**

Services and People Served

Target Population: people with I/DD who request support to enhance or maintain their highest level of independence.

Scope, Location, and Frequency of Service(s):

Scope: partners with Regional Planning Commission's Independent Service Coordination (ISC) to develop Person-Centered Plans and Implementation Strategies for county-funded and waiver participants. Varying degrees of intensive supports, many at request of those served: intake screening for other DSC services; supporting advocacy skill development or advocating on behalf of an individual/guardian; assessments; medical support – routine or intense; crisis intervention, e.g., for unexpected illness/injury, avoiding eviction, bedbug remediation, assisting with urgent financial circumstances (benefits or employment); 24-hour on-call emergency support; referral/collaboration with other providers; linkage to services, initial and ongoing maintenance of financial supports DHS/Medicaid (paperwork and caseworker meetings), SNAP (Supplemental Nutrition Assistance Program); Medical Card/QMB Medical; Health Benefits for Workers with Disabilities; SSDI and SSI - complete and update extensive paper work, obtain medical records, secure documentation for diagnoses eligibility, assist with interviews and SSA appointments, maintain eligibility (assets, wages, maximum allowable wages), complete SSA interviews/redeterminations, assist with Medicare eligibility and sign-up, apply for and maintain enrollment in "Extra Help," Representative Payee support; maintain records of all money spent; access tax professionals for federal and state taxes; legal support - assist with Special Needs Trust, Power of Attorney, guardianship coordination, and support people those involved in court proceedings for other reasons; and housing support - Housing Authority and Shelter Plus Care applications; locating safe and affordable housing; lease signings; move-in; yearly LIHEAP (Low Income Energy Assistance Program) enrollment.

Location: person's home, DSC, medical facilities, clinicians' offices, and other, as person requests. **Frequency:** not addressed.

Reviewer: above sections edited for length – see application for more details. Overall scope of services unchanged from PY20.

Residency:	273 = PY2019	263 = PY2020 (first two quarters)
Champaign	114 (41.8%) for PY19	111 (42.2%) for PY20
Urbana	88 (32.2%) for PY19	86 (32.7%) for PY20
Rantoul	9 (3.3%) for PY19	6 (2.3%) for PY20
Mahomet	17 (6.2%) for PY19	18 (6.8%) for PY20
Other Champaign County	45 (16.5%) for PY19	42 (16.0%) for PY20

Demographics: Total Served in PY2019 = 273

Age

Ages 0-6 -----	2 (.7%)
Ages 7-12 -----	2 (.7%)
Ages 13-18 -----	4 (1.5%)
Ages 19-59 -----	233 (85.3%)
Ages 60-75+ -----	32 (11.7%)

Race

White -----	200 (73.3%)
Black / AA -----	57 (20.9%)
Asian / PI -----	10 (3.7%)
Other (incl. Native American and Bi-racial) -	6 (2.2%)

Gender

Male -----	160 (58.6%)
Female -----	113 (41.4%)

Ethnicity

Of Hispanic/Latinx Origin -----	6 (2.2%)
Not of Hispanic/Latinx Origin -----	267 (97.8%)

Program Performance Measures

CONSUMER ACCESS: must have I/DD per State of Illinois and be on PUNS list. People learn of services through the disAbility Expo, Champaign County Transition Planning Committee, support groups, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials.

Of those seeking assistance or referred, 90% will receive services/support.

Within 30 days from referral, 90% of those referred will be assessed.

Within 30 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average: support in all aspects of a person's life, in many cases, for their lifetime.

Additional Demographic Data: disability, referral source and guardianship status.

CONSUMER OUTCOMES:

Outcome 1: People will actively participate in development of their personal outcomes driving the content of implementation strategies documented by assigned QIDP. *Measured by:* Personal Plan reviewed at annual meeting; monthly QIDP notes.

Outcome 2: People will participate in POM (personal outcome measures) interviews. *Measured by:* POM interview booklets will be maintained; participation in interview documented in person's file.

Outcome 3: People will maintain/make progress toward their chosen outcomes. *Measured by:* progress toward personal outcomes documented monthly, 25 random files reviewed each quarter to review progress.

Outcome gathered from all participants? No. Random records (of those in services for at least 1 yr) selected quarterly.

Anticipate 280 total participants for the year.

Will collect outcome information Quarterly

Is there a target or benchmark level for program services? Yes. Targets/benchmarks are estimated from past outcomes.

FY 20 Measure: People will actively participate in the development of their goals at their annual meeting.

FY 20 Target: 98%

FY 20 Mid-Year Outcome: 98%

FY 20 Measure: Individuals will maintain/make progress toward their defined goals.

FY 20 Target: 80%

FY 20 Mid-Year Outcome: 87%

FY 20 Measure: People will participate in POM interviews.

FY 20 Target: 35

FY 20 Mid-Year Outcome: 10

Estimated level of change for Outcome 1 is 98%, Outcome 2, 80%, and Outcome 3, 35.

UTILIZATION:

Treatment Plan Clients (TPCs): 280 people with case records and a formal Personal Plan and Implementation Strategies.

Non-Treatment Plan Clients (NTPCs): 36 people receiving services and supports without a formal Personal Plan and Implementation Strategies funded by CCDDDB.

Service Contacts (SCs): 75 Phone and face-to-face contacts with those interested in services.

Community Service Events (CSEs): 2 Contacts/meetings to promote the program and/or community outreach events.

Reviewer: Hours of service are entered as claims in the online system. Why is the agency supporting people who don't have a formal plan? Do these people have a PCP through CCRPC-ISC? Does this mean they might not be enrolled in PUNS as required?

Financial Analysis

PY2021 CCDDDB Funding Request: \$435,858

PY2021 Total Program Budget: \$599,015

Proposed Change in Funding - PY2020 to PY2021: 3%

Current Year Funding (PY2020): \$423,163 (100% of funding request).

PY19 request was for \$423,165 and award \$410,838. PY18 request/award \$410,838. PY17 request/award \$398,872.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? No. *Often overlap between those with Medicaid waiver services. During PY19, 115 people with waiver funding (other residential provider agencies' clients and Home-Based Support recipients) had 116 hours of service in the online claims system. Some might be attributed to newly funded waiver clients.*

CCDDDB request is for 73% of total program revenue. Other revenue is from DHS Fee for Service \$159,823 (28%), DHS FFS-Training \$3,206 (<1%), and Other Program Service Fees \$128 (<1%).

Expenses: Personnel related costs of \$387,374 are the primary expense charged to CCDDDB at 88% of \$435,858. Other expenses are: Professional Fees/Consultants \$1,749; Consumables \$3,117; General Operating \$5,829; Occupancy \$11,785 (3%); Conferences/Staff Development \$2,839; Local Transportation \$6,038; Equipment Purchases \$292; Lease/Rental \$8,819 (2%); Membership Dues \$1,511; and Miscellaneous \$6,505.

Reviewer: Professional fees support a variety of contract workers: IT services, occupational therapy, speech/ language pathology, psychological/ social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense.

Total Agency Budget has a surplus of \$60,559, **Total Program** a deficit of \$3,592. **Total CCDDDB** is **BALANCED**.

Program Staff - CCDDDB Funds: 1.37 FTE Indirect and 6.23 Direct. Total CCDDDB = 7.60 FTEs.

Total Program Staff: 1.94 FTE Indirect and 8.55 FTE Direct. Total Program = 10.49 FTEs.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Linkage.

Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan, utilizing the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors and includes allocation of resources for training for board members and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through referral through the ISC and public community events. The CLC Plan includes training on Trauma Informed Practices during FY21. Formal and informal agency collaboration is outlined in program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. 2nd Quarter FY20 CLC Plan Report was submitted.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access:

As with other submitted program plans, this description does not clarify how members of underrepresented minority groups may access the program – are any additional efforts made on their behalf; residency and demographic data indicate some reach to rural areas and minority groups.

Inclusion, Integration, and Anti-Stigma: All people served are encouraged to reside, shop, recreate, and worship in the community as desired. Increased awareness often occurs naturally as community access/engagement is realized by people receiving services.

Coordinated System: Community Choices and Rosecrance offer similar services. Services vary from RPC-ISC services because intensive support is a pillar for DSC's program.

Budget and Program Connectedness: Yes. Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 5% increase in health insurance cost, staff shortage/hiring crisis.

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: working with ISC is a primary function of the QIDPs, reflected through the person-centered planning process and implementation strategies. The Council on Quality and Leadership (CQL) extremely positive feedback, encouraging DSC to continue 'attention to excellence' on behalf of people with I/DD. CQL is recognized as a respected international leader that has redefined what excellence in person-centered services and supports looks like in action. DSC shares the philosophy promoted by CQL with emphasis on: non-negotiable human and civil rights; access to be in, a part of, and with community; social support, intimacy, familiarity, and belonging; decisions about ones' life and community; dreams and aspirations for the future.

Evidence of Collaboration: Shelter Plus Care, ISC; Rosecrance; Family Service; Community Choices; CRIS Healthy Aging.

Staff Credentials: DSC shares the philosophy promoted by CQL with emphasis on the five factors which drive service delivery across programs: My Human Security (non-negotiable human and civil rights); My Community (access to be in, a part of, and with community); My Relationships (social support, intimacy, familiarity, and belonging); My Choices (decisions about ones' life and community); My Goals (dreams and aspirations for the future).

Resource Leveraging: Not used as match for other funding. **Other Pay Sources** State funding is also accepted for this service. **Client Fees** No **Sliding Scale** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Reviewer: above sections edited for length – see application for many more details.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- If this program uses individual service plans and assessments beyond those developed by the ISC, template copies should be made available for CCDDDB file.
- Consider working with RPC ISC when enrolling new people into the program, based on length of time on PUNS.
- This style of case management involvement would be very helpful for people with mental health or substance use disorders.

Draft PY2021 CCDDDB Program Summary

Agency: Rosecrance Central Illinois Program: Coordination of Services: DD/MI

Services and People Served

Target Population: CC residents 18 and older, enrolled in PUNS, with diagnoses of I/DD and MH disability.

Scope, Location, and Frequency of Service(s):

Scope: All who are referred are screened for eligibility. When appropriate, a full mental health assessment is used to determine a diagnosis and need for coordinated services. Clinician works with eligible clients/family to develop treatment plan goals, including skill development/education, and aids families as needed; technical assistance to professionals, coordination of interdisciplinary meetings; consumer advocacy and community education. Clinician provides: case management, skill building, community support groups (Drum Circle, WRAP and Problem-Solving when offered) medication monitoring, medication training, and client-centered consultation. Referrals to other group therapy offered by agency's Counseling Program (Anxiety, Art Therapy, Dialectical Behavior Therapy, etc.) Intensive case management is often required. Program goals are to ensure that coordinated, effective services are received, that consistent messages and language are used by service providers, and that clients receive appropriate priority in both systems of care.

Location: at the client's discretion in the home, office, work setting, community, or provider agency, etc.

Frequency: Based on medical necessity and coordination between the client/clinician/family, weekly, bi-weekly or monthly.

Reviewer: Above is edited. Also included details on development of the program. Scope of services similar to PY2020.

Residency:	38 = PY2019	23 = PY2020 (first two quarters)
Champaign	21 (55.2%) for PY19	14 (60.9%) for PY20
Urbana	7 (18.4%) for PY19	3 (13%) for PY20
Rantoul	4 (10.5%) for PY19	2 (8.7%) for PY20
Mahomet	1 (2.6%) for PY19	1 (4.3%) for PY20
Other Champaign County	5 (13.1%) for PY19	3 (13%) for PY20

Demographics: Total Served in PY2019 = 6

Age	
Ages 19-59 -----	36 (94.7%)
Ages 60-75+ -----	2 (5.3%)
Race	
White -----	28 (73.6%)
Black/AA -----	8 (2.1%)
Asian/PI -----	2 (5.3%)
Gender	
Male -----	20 (52.6%)
Female -----	18 (47.4%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	38 (100.0%)

Program Performance Measures

CONSUMER ACCESS: CC residents aged 18 and up, enrolled in PUNS, with diagnoses of I/DD and mental health disability, and in need of coordination of services; demonstrating the need for medically necessary services; in need of integrated and coordinated services and residing in their own home, with family or in a residential facility. Eligible clients have an Integrated Assessment Treatment Plan (IATP) to assess functioning and demonstrate need for medically necessary services. Clients learn about the program by word of mouth and referrals from: I/DD service providers, MH providers within agency, PAS agents, family, friends, outreach and marketing efforts by agency staff, speaking engagements and Disability Fair.

Of those seeking assistance or referred, 80% will receive services/support.

Within 21 days from referral, 75% of those referred will be assessed.

Within 21 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for 18 months.

Additional Demographic Data: None

CONSUMER OUTCOMES:

1. Improved mental health functioning, *measured by* Global Assessment of Functioning (GAF) Scale (clinician assigns score based on psychological, social, and occupational functioning of client), required for Illinois Rule 132 Medicaid services.

2. Improved access to services, *measured by* Self-Sufficiency Matrix with levels of functioning in dimensions In-Crisis, Vulnerable, Stable, Safe, and Thriving. Data at intake and every 6 months, in a spreadsheet report at year-end.

Outcome gathered from all participants? No, data on Treatment Plan Clients only.

Anticipate 30 total participants for the year.

Will collect outcome information Every 6 months

Is there a target or benchmark level for program services? No

Estimated levels of change: for Outcome 1, at least a 3-point improvement on GAF, by 60% of the clients, from intake to discharge for those in services at least 6 months; for Outcome 2, at least a level increase (in-crisis to vulnerable, vulnerable to stable, stable to safe or safe to thriving) for 60% of those in services for at least 6 months.

UTILIZATION:

Treatment Plan Clients (TPCs): 28 clients who have had a mental health assessment and treatment plan.

Service Contacts (SCs): 12 telephone calls or face-to-face contact with a potential consumer who have not had a mental health assessment or treatment plan, information and referral contacts, initial screening/assessments, or crisis services. This may also include contacts for non-case specific consultations.

Community Service Events (CSEs): 12 contacts/meetings to promote the program - speaking engagements, presentations at small group workshops, consultations with community groups and/or caregivers, interviews with media, and attendance at open houses or other agencies to share information about service.

Reviewer: Above is edited – application has more detail on referrals to other resources for those found ineligible; Self-Sufficiency Matrix created by the Snohomish County Self-Sufficiency Taskforce. Utilization targets lower than PY20, funding request remains at PY20 level. Mismatch in Outcomes (anticipating 30 total participants) and Utilization (28); whichever is correct, both seem high compared to current and previous year performance.

Financial Analysis

PY2021 CCDDDB Funding Request: \$35,150 **PY2021 Total Program Budget:** \$460,744

Proposed Change in Funding - PY2020 to PY2021: 0%

Current Year Funding (PY2020): \$35,150 (= request)

PY19 request/award = \$35,510. PY18 request/award = \$34,126. PY17 request/award = \$32,903.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes. See "Other Pay Sources".

CCDDDB request is 8% of total program revenue. Other revenue is from Program Service Fees-Client Fees \$6,565 (1.4%), Program Service Fees-Medicaid \$386,424 (83.9%), Interest Income \$3,674 (<1%), Rental Income \$19,250 (4.2%), and Miscellaneous \$9,482 (2%).

Expenses: Personnel related costs of \$28,835 are the primary expense charged to CCDDDB at 82% of \$35,150. Other expenses: Professional Fees/Consultants \$5,800 (17%) and Local Transportation \$515 (1%).

Reviewer: Professional Fees support benefits administrator, legal services, audit fees (amount not specified). Federal indirect cost agreement of 24.7%.

Total Agency Budget shows a **BALANCED BUDGET**

Total Program Budget shows a **DEFICIT of \$37,678**

Total CCDDDB Budget shows a **BALANCED BUDGET**

Program Staff - CCDDDB Funds: 0 FTE Indirect and 0.53 FTE Direct. Total CCDDDB = 0.53 FTEs

Total Program Staff: 0.41 FTE Indirect and 5.80 FTE Direct. Total Program = 6.21 FTEs

CCDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDB Priorities? Yes. Linkage.

Agency Cultural and Linguistic Competence Plan

Rosecrance CI submitted an extensive and comprehensive CLC Plan that covers the entire organization. Rosecrance CI conducts annual cultural competence training and each department hosts a cultural awareness and wellness event monthly. Director/Administrators will work with Rosecrance Communication staff to develop print materials (in any language other than English) for which more than 2% of total clients have identified a need for interpreters for that same language. Supervisors are consulted when the need for interpreters is identified to ensure compliance with Standard Operating Procedure (SOP) and 100% of clients in need of language assistance will receive it. Implementation of Client Concern/Compliant SOP which includes the use of Client Advocates as needed. RCI provides funding to cover sponsorship and staff resources to participate in community outreach events and activities. RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and advocacy events each year. RCI submitted the 2nd Quarter CLC Report for FY20.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: information/brochures/fliers about services, provided at community resource fairs, Disability Fair, Days in the Parks, etc.; speaking engagements in these designated areas upon request.

Inclusion, Integration, and Anti-Stigma: by educating the community about dually diagnosed population and their needs; advocates with clients, families, and service providers for linkage to services and resources that best address clients' needs.

Coordinated System: unique focus on mental health and case management services to the dually diagnosed populations.

Budget and Program Connectedness: Yes. Budget Narrative contains adequate detail on associated items and indirect cost allocation for this small program within a very large provider agency.

Person Centered Planning (PCP): Yes, program should coordinate PCP with ISC.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: person-centered and strength-based approach to effectively assist clients in meeting their needs and improve coordination between I/DD and mental health providers. In past two years, promoting the use of evidenced-based groups as an additional mode of treatment for our clients. Clinician has incorporated: Wellness Recovery Action Planning (WRAP), Drum Circle, Problem-Solving, Art Therapy, Anxiety Group, Dialectical Therapy Behavior (DBT), etc. Response to groups is favorable (positive behavior changes in coping, communication, and symptom management skills).

Evidence of Collaboration: Written agreements with DSC, CCPO, CCRPC, informal agreement with TAP.

Staff Credentials: Bachelor's level Clinician with experience in working with both I/DD and the MI populations.

Resource Leveraging: No Other Pay Sources Medicaid pays for the mental health assessment, treatment plan and follow up case management services if medical necessity is met. Medicaid does not pay for any engagement efforts or communications with service providers, client or parents, outreach and educational activities.

Client Fees No Sliding Scale No

Willing to participate in DD Medicaid-waiver programs? No

Reviewer: Above sections were edited – see application for more details and links to evidence-based practice. Details on staff credentials and continuing education requirements and Clinicians background in Music Therapy. Though not participating in DD waivers, the program does refer people to Medicaid providers, taking advantage of other funding as possible.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Coordination/planning efforts should not be duplicated; if case management services are provided through this and another funded program, documentation may be required which either justifies the use of more than one similar program or demonstrates how the person chooses between them, freeing up space for others to access this valuable support.

Draft PY2021 CCDDDB Program Summary

Agency: Community Choices, Inc. DDB

Program: Customized Employment

Services and Persons Served

Target Population: adults with I/DD, un- or under-employed, interested in community-based customized employment.

Scope, Location, and Frequency of Service(s):

Scope: Individualizing relationships between employees and employers for mutually beneficial employment relationships.

DISCOVERY: Uses a person-centered approach to identify strengths, needs, and desires of employment seekers. Staff observe, interview, and engage in community activities to create a Vocational Profile and Plan used to target ideal job leads and design training and support necessary.

JOB MATCHING: Staff develops social and communication skills of job seeker, learns needs of local businesses and meeting those needs through customized employment. Job seekers learn about options through job shadowing and business tours.

SHORT-TERM SUPPORT: Staff works with the employee and employer to develop accommodations, support, and provides limited job coaching. Intentional efforts are made to connect and increase natural support within the workplace.

LONG-TERM SUPPORT: Support in expansion of job roles, retraining, and troubleshooting conflicts if they arise.

New: INCREASED SUPPORT MODEL DEVELOPMENT: There are limited examples of programs designed to give people with limited work experiences or exposure fully community-based employment options. We will research, connect with other providers, and develop a program design to ensure more people with I/DD can work inclusively in our community.

Location: jobsites, community locations relevant to job search, or in homes. Office setting is used for team meetings and for indirect staff support including research, documentation, and correspondence. **Frequency:** not addressed.

Reviewer: Above is edited. Program was very responsive to loss of UCP Employment services.

Residency:	33 in PY2019	23 in PY2020 (first two quarters)
Champaign	19 (57.6%) for PY19	17 (73.9%) for PY20
Urbana	7 (21.2%) for PY19	3 (13.0%) for PY20
Rantoul	1 (3.0%) for PY19	0 (.0%) for PY20
Mahomet	2 (6.1%) for PY19	1 (4.3%) for PY20
Other Champaign County	4 (12.1%) for PY19	2 (8.7%) for PY20

Demographics: Total Served in PY2019 = 33

Age	
Ages 19-59 -----	33 (100.0%)
Race	
White -----	30 (90.9%)
Black / AA -----	1 (3.0%)
Asian / PI -----	1 (3.0%)
Other (incl. Native American and Bi-racial) -	1 (3.0%)
Gender	
Male -----	16 (48.5%)
Female -----	17 (51.5%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	33 (100.0%)

Program Performance Measures

CONSUMER ACCESS: adults with I/DD, PUNS enrolled, motivated to work. Those meeting DRS criteria receive short-term services through DRS and transfer to this grant for longer-term support. Outreach within County. Referrals from DRS, area schools, and word of mouth. Referrals to and from DSC, CCRPC, Rosecrance, TAP, and PACE. Informal outreach to community through event participation, such as Disability Expo and Northern Champaign County Community Resource Fair.

Of those seeking assistance or referred, 90% will receive services/support.

Within 14 days from referral, 95% of those referred will be assessed.

Within 112 days of assessment, 75% of those assessed will engage in services.

People will engage in services, for: Discovery and Job Matching 2-6 months, up to 18 months of long-term support.
Additional Demographic Data: RIN (recipient ID number), PUNS status, medical insurance, other program involvement.

CONSUMER OUTCOMES:

Program Outcome: With strength-based vocational assessment and person-centered support, people with I/DD can find, obtain, and keep community-based competitive employment.

Measured by: annual Participant Survey presented to all participants and their families (if involved).

GOAL: 100% of participants with I/DD will report engagement and support in the employment process.

85% will report that their strengths and interests are important to the employment process.

Discovery Outcome: People develop a personalized employment plan based off interests and strengths.

Measured by: Griffin and Hammis' Customized Employment Model, asset-based assessment, multiple data sources including community-based observation, individual and team interviews, to develop all job seeker profiles.

GOAL: 20 people will complete Discovery and agree on a personal employment profile based on their strengths and interests.

Job Matching Outcome: People will acquire community-based employment based upon their strengths and interests.

Measured by: job offers for all participants, tracked and communicated through regular meetings.

GOAL: 14 people will obtain paid employment; 6 people will obtain volunteer jobs or internships.

Short-Term Support Outcome: People with I/DD, negotiate and learn duties to be successful at their jobs.

Measured by: regular meetings with participants, observation, discussion with stakeholders used as formative assessment data to inform the level and type of support offered on the job.

GOAL: 20 people will receive job negotiation and coaching leading toward greater independence when at their jobs.

Long Term Support Outcome: People with I/DD maintain jobs through ongoing support and job expansion.

Measured by: meetings and contacts with participants and their teams, recorded in participant's file and used to determine status and assess ongoing support needs.

GOAL: 30 people receive on-going support according to their needs. 70% of people keep their jobs for at least 1 year.

Support Model Development Outcome: Development a model of employment delivery for people with a wider range of needs

Measured by: tracking of events attended related to program development; project elements will be recorded and combined into a final summary along with the program model design.

Agency attends 3 employment-related conferences, shadows 3 progressive employment programs around the state, conducts 1 forum with employment providers, and prepares a program design for supporting people with more complex needs.

Reviewer: Above and below are edited. Proposing to serve more people in each program phase. Job Matching & Short-Term Support outcomes will include additional 5 people through DRS funding, same as PY20 level. Data collection includes surveys, contact notes, plan completion, and

Participant files. Program anticipates 38 total participants for year, but 42 TPCs, which number is most accurate of projected program participants?

Outcome gathered from all participants? Yes Anticipate 38 total participants for the year.

Will collect outcome information annually. Discovery profile when services initiate; formative assessment continually.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: Program aims to work with 20 people to find community-based employment or volunteer jobs and 22 participants who are receiving long-term support at current jobs.

UTILIZATION:

Treatment Plan Clients (TPCs): 42 participants

Non-Treatment Plan Clients (NTPCs): 5 providers, to design better support models for people with more complex needs.

Service Contacts (SCs): 1,824 - activities directly working with individuals and activities directly connected to providing support (connecting to employers, collaborating with families and natural supports, and documenting the support).

Community Service Events (CSEs): 5 outreach events to support the community's knowledge of these programs as well as the importance of people with I/DD having the opportunity to work in the community. 4 - sharing information on support options to the community. 1 - engaging providers in a dialog about employment program design options.

Other: 2,772 direct hours by staff supporting people with I/DD and their employment goals.

Reviewer: Service Contacts and TPC's service hours documented in online reporting system. Increase in TPCs and direct hours.

Financial Analysis

PY2021 CCDDDB Funding Request: \$182,000

PY2021 Total Program Budget: \$254,360

Proposed Change in Funding - PY2020 to PY2021: 54.2% (see note below)

Current Year Funding (PY2020): \$118,016. Original request/award of \$98,900 was amended during the contract year.

PY19 request/award = \$87,000. PY18 request was for \$115,000 and award \$74,103. PY17 request/award = \$70,000.

Does the application clearly explain what is being purchased by the CCDDDB? Yes
Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for 72% of total program revenue. Other revenue: CCDDDB-DSC Employment 1st subcontractor \$20,860 (8%), DRS Program Service Fees \$42,000 (16.5%), Contributions \$6,500 (2.5%), Special Events/Fundraising \$3,000. **Expenses:** Personnel related costs of \$158,965 are the primary expense charged to CCDDDB at 88% of \$182,000. Other expenses: Professional Fees/Consultants \$5,320 (3%); Consumables \$1,850; General Operating \$2,000; Occupancy \$8,515 (5%); Conferences/Staff Development \$1,600; and Local Transportation \$3,750 (2%).
Total Agency Budget has a surplus of \$6,630, Total Program a surplus of \$2,500, CCDDDB Budget is BALANCED.
Program Staff - CCDDDB Funds: 0.20 FTE Indirect and 3.3 FTE Direct. Total CCDDDB = 3.5 FTE.
Total Program Staff: 0.28 FTE Indirect and 4.58 FTE Direct. Total Program = 4.86 FTE.
Reviewers: Increase in funding includes increase in rent, 2 additional Employment Specialist positions and 5% salary increases. Professional fees include banking and bookkeeping services, \$2,320 allocated to audit expenses.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Work.

Agency Cultural and Linguistic Competence Plan

Community Choices' comprehensive CLC Plan includes the required benchmarks and uses the National CLAS Standards. 100% of the staff will receive CLC Training annually and during staff orientation. Community Choices will use natural supports and person-centered planning to ensure that all people served will have culturally responsive services. Community Choices maintains relationships with bilingual and interpretive resources to ensure that people who need language and communication assistance can them. Agency submitted the FY20 2nd Quarter Reports.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: outreach events attended by a broad scope of people in County. Services and supports included in resource lists, databases (Expo Booklet, 211, DRS, etc.), and web presence. Strong relationships with organizations serving underrepresented or underserved groups, including RPC, DRS, local churches, NCCRC, Uniting Pride, Champaign County Healthcare Consumers and others. Upon service initiation, CC works to build natural support networks. Rural residents are served at community locations of their choosing or in their homes.
Inclusion, Integration, and Anti-Stigma: working and building self-sufficiency is a critical part of growth into adulthood. People with I/DD have limited access to employment. Participants get support to access competitively paid, community-based work that allows them to earn meaningful wages, and to be meaningful and welcomed contributors to the community.
Coordinated System: DSC, Cunningham Children's Home, DRS also offer employment support. Participants choose between CC and other for supports. CC participates in Job Developers and TPC, partners with DSC for LEAP project.
Budget and Program Connectedness: Yes, budget narrative provides adequate descriptions of associated items.
Person Centered Planning (PCP): Yes, program participants also work with CCRPC Decision Support Program.
Evidence-based, Evidence-informed, Recommended, or Promising Practice: Yes
Evidence of Collaboration: No written agreements - process being developed. Relationships/partnerships with: DSC (formal); PACE; RACES; CUPHD; CU 1:1 Mentoring; Urbana Park Dist; Promise; CC Healthcare Consumers; TAP; CCRPC.
Staff Credentials: extensive experience supporting people with I/DD to find community-based employment. Lead Employment Specialist is a Certified Employment Specialist; team members have over 10 years' experience.
Resource Leveraging: No **Other Pay Sources:** Funding through DRS to support 5 people through Milestone Contract. Accepts private pay for employment support. **Client Fees:** No (include for private pay.) **Sliding Scale:** Yes **Willing to participate in DD Medicaid-waiver programs?** No

Reviewer: Above sections edited - application includes details on historical isolation of people with I/DD, links to sources and 'evidence-based...' CC asks new participants about services with other providers.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Sample of tools used in Discovery process and copies of written interagency agreements once they are obtained.
- Identify private pay fees in program plan narrative.

Draft PY2021 CCDDDB Program Summary

Agency: DSC

Program: Community Employment

Services and People Served

Target Population: adults with I/DD who want help to find or maintain a job; those in open plan through DRS not eligible.

Scope, Location, and Frequency of Service(s):

Scope: Employment plan development; Resume or portfolio development; Interview preparation and support; Soft skills practice; Contact with potential employers; Submission of applications and follow-up; Support for the newly employed - job orientation and skill; On-going job coaching including advocacy, development of self-advocacy skills, identification of potential for new responsibilities or promotions, monitoring of work environment for potential risks to job security; Continuous job coaching to support niches for a small group of people within local businesses; Supported Employment options for a wide range of people including those with significant support needs. Continuing development of volunteer and paid short-term job experiences.

Location: Job development in person's home community. If no job prospects are available there, the job search moves to nearby communities. Job development meetings in person's home, public library, or other community locations. **Frequency:** based on job seeker's preferences, at least weekly. Job coaching can occur on the job or elsewhere if the person does not want to disclose the use of a job coach. Job coaches for people participating in supported employment are present during all hours of work. Number of hours/days worked vary from person to person.

Reviewer: Above is edited, very similar to PY20. Interested in learning where additional volunteer and paid short-term job experiences will be.

Residency:	71 = PY2019	74 = PY2020 (first two quarters)
Champaign	25 (35.2%) for PY19	26 (35.1%) for PY20
Urbana	35 (49.3%) for PY19	37 (50.0%) for PY20
Rantoul	3 (4.2%) for PY19	3 (4.1%) for PY20
Mahomet	1 (1.4%) for PY19	1 (1.4%) for PY20
Other Champaign County	7 (9.9%) for PY19	7 (9.5%) for PY20

Demographics: Total Served in PY2019 = 71

Age	
Ages 19-59 -----	69 (97.2%)
Ages 60-75+ -----	2 (2.8%)
Race	
White -----	52 (73.2%)
Black / AA -----	15 (21.1%)
Asian / PI -----	2 (2.8%)
Other (incl. Native American and Bi-racial) -	2 (2.8%)
Gender	
Male -----	38 (53.5%)
Female -----	33 (46.5%)
Ethnicity	
Of Hispanic/Latinx Origin -----	1 (1.4%)
Not of Hispanic/Latinx Origin -----	70 (98.6%)

Program Performance Measures

CONSUMER ACCESS: enrollment in PUNS is required; people learn about this program through DRS, school programs, Champaign County TPC/Transition Services Directory, community events (disAbility Resource Expo), family meetings through Employment First, current employers. Responsive to requests, enhancing outreach efforts in rural County.

Of those seeking assistance or referred, 75% will receive services/support.

Within 30 days from referral, 90% of those referred will be assessed.

Within 90 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: Job coaching as long as needed for the person to maintain employment.

Additional Demographic Data: disability, referral source, and guardianship status.

Program Staff - CCDDDB Funds: 0.96FTE Indirect and 5.23 FTE Direct. Total CCDDDB = 6.19 FTEs.

Total Program Staff: 1.33 FTE Indirect and 7.55 FTE Direct. Total Program = 8.88 FTEs

Reviewers: Lower indirect and higher direct staff totals than PY2020. Professional fees support a variety of contract workers: IT services, occupational therapy, speech/ language pathology, psychological/ social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Work.

Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan, utilizing the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors and includes allocation of resources for training for board members and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through referral through the ISC and public community events. The CLC Plan includes training on Trauma Informed Practices during FY21. Formal and informal agency collaboration is outlined in program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. 2nd Quarter FY20 CLC Plan Report was submitted.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Champaign County Transition Planning Committee (TPC) representation, covering about 5000 students in 10 school districts. DSC is enhancing efforts to share information about services/supports in rural communities. Referrals from RPC-ISC. Also lists disAbility Expo, DSC website, and social media.

Inclusion, Integration, and Anti-Stigma: Stigma is reduced when people with no previous relationship with a person with a disability see that they share more similarities with their co-worker than differences and that this person also contributes to the viability and diversity of not only their work community but the community as a whole. Work provides a social network outside of family connections that may lead to opportunities to participate in company events or other social events with co-workers. In addition to agency efforts to reach out to members of underserved/underrepresented populations, increased awareness often occurs naturally as community access/engagement is realized by people receiving services. Personally fulfilling adult responsibilities, including employment, is the most natural form of integration. The intent is for one's disability not to be observed, especially as an obstacle or distraction, as they are recognized and accepted as responsible adults without a focus on either ability or disability.

Coordinated System: Cunningham Children's Home, Community Choices, DRS, RPC-ISC. Participation in Job Developers, TPC Bi-Annual Transition Conference, Employment First grant via LEAP Training (Leaders Employing All People).

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 5% increase in health insurance cost, staff shortage/ hiring crisis.*

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: customized employment approach, recommended by the Office of Disability Employment Policy (ODEP), the US Department of Labor, and the LEAD Center. Evidence-based practices of nationally recognized entities committed to employment of individuals with I/DD, including ODEP, APSE, and Griffin and Hammis, who will provide onsite training during PY20 (DSC will invite other providers.)

Evidence of Collaboration: Community Choices, CCRPC-ISC, DRS

Staff Credentials: Introduction to people with I/DD, human rights, and OIG through the DHS-mandated DSP training, the history of Employment First. Customized employment techniques are included in job specific training.

Resource Leveraging: No. This contract is not used as match for other funding. **Other Pay Sources** State funding is available for some people for this support. **Client Fees** No **Sliding Scale** No

Willing to participate in DD Medicaid-waiver programs? Yes

Reviewer: Above is edited – application includes further details on Coordinated System, details on APSE's "Characteristics for Successful Implementation of Employment First" that the agency shares, and links for evidenced-based practice. One-day Griffin and Hammis Customized Employment training scheduled for June 2020.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Consider working with CCRPC ISC when enrolling new people into the program, based on length of time on PUNS.

Draft PY2021 CCDDDB Program Summary

Agency: DSC Program: Connections

Services and People Served

Target Population: Adults with I/DD and interest in art, music, and other cultural experiences as well as non-traditional community employment options.

Scope, Location, and Frequency of Service(s):

Scope: community-based alternative encouraging personal exploration of and participation in the arts/artistic expression, both as a source of life enrichment and alternative employment. Part of the continued shift to increased community services and non-traditional employment opportunities. CCDDDB supports this program through funding of one FTE, rent, utilities, and associated costs for 110 E. University Avenue in Champaign (The Crow at 110), a venue for a variety of other events.

- Groups and classes requested by program participants.
- Alternative employment opportunities through sale of artwork, soap, cards, wax melts, etc. made by participants.
- On-site events to promote collaboration with like-minded artists as well as provide venues for community artists.

Location: The Crow at 110. **Frequency:** New group schedules every four months.

Reviewer: Above and below are edited. Scope of services largely unchanged from PY20. Participants should only be those enrolled in PUNS.

Residency:	27 = PY2019	18 = PY2020 (first two quarters)
Champaign	10 (37.0%) for PY19	8 (44.4%) for PY20
Urbana	12 (44.4%) for PY19	7 (38.9%) for PY20
Rantoul	0 (.0%) for PY19	1 (5.6%) for PY20
Mahomet	1 (3.7%) for PY19	1 (5.6%) for PY20
Other Champaign County	4 (14.8%) for PY19	1 (5.6%) for PY20

Demographics: Total Served in PY2019 = 27

Age	
Ages 19-59 -----	25 (92.6%)
Ages 60-75+ -----	2 (7.4%)
Race	
White -----	20 (74.1%)
Black / AA -----	7 (25.9%)
Gender	
Male -----	14 (51.9%)
Female -----	13 (48.1%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	27 (100.0%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled people with I/DD interested in pursuing their creative talents. Participants learn about services through tours, circulation of brochures at community service events (disAbility Resource Expo and the Champaign County TPC presentation). Referrals from people/families, RPC ISC, DRS, and employed people who are seeking additional connections to the art community.

Of those seeking assistance or referred, 90% will receive services/support.

Within 30 days from referral, 90% of those referred will be assessed.

Within 180 days of assessment, 75% of those assessed will engage in services.

People will engage in services, for 180 days, dependent on time of referral and 4-month rotation of community groups.

Additional Demographic Data: Disability, referral source, and guardianship status.

Reviewer: How many repeat participants? Are new people accepted into the program or the same people during each 4-month session? How close is this to being opened to the public all the time with the participants supporting the storefront? Why is the length of time from assessment to engagement so lengthy? Is there a plan to reduce the wait time to get into the program? Is the program open to people not otherwise involved with DSC?

CONSUMER OUTCOMES:

1. (25) people will participate in artistic activities/classes at The Crow at 110. *Measured by:* record of # of class participants.
2. (4) special events to connect people with I/DD to the greater community. *Measured by:* record of events hosted.
3. (At least 4) new classes developed as people define new areas of interest. *Measured by:* record and attendance of classes documented. DSPs develop a format for new groups with instructional information to share each week; info in a central location that all DSPs can access in the event a substitute is needed to lead group. Hours reported in CCDDDB database; monthly contact note in person's case record. Group schedule electronically for each trimester.

Outcome gathered from all participants? Yes

Anticipate 25 total participants for the year.

Will collect outcome information quarterly.

Is there a target or benchmark level for program services? Yes. Targets compared between fiscal years within this program as part of DSC's Program Evaluation Process.

FY 20 Measure: At least 25 people will participate in artistic activities, classes, or events at The Crow at 110.

FY 20 Mid-Year Outcome: 18 people have participated as TPCs.

FY 20 Measure: 4 special events will be hosted at The Crow at 110.

FY 20 Mid-Year Outcome: 1 event occurred in second quarter.

FY 20 Measure: 4 new creative exploration classes will be developed as participants continue to define areas of interest.

FY 20 Mid-Year Outcome: 2 new classes have been developed.

Estimated level of change for these outcomes: as above, Outcome 1: 25, Outcome 2: 4, and Outcome 3: 4.

UTILIZATION:

Treatment Plan Clients (TPCs): 25 participants from DSC's Community First Program.

Non-Treatment Plan Clients (NTPCs): 12 people participating in activities who are not receiving county funding.

Community Service Events (CSEs): 4 events hosted at The Crow at 110.

Reviewer: 2,441.25 Connections hours reported into online claims system for FY19, an increase of 1,325.5 hours from FY18. High cost associated for a few clients; can this effort be completed in an existing studio for less? Below, what is covered by Membership Dues? Are all participants also enrolled in Community Day Services, either with state waiver funding or through CCDDDB Community First or other CCDDDB contract?

Financial Analysis

PY2021 CCDDDB Funding Request: \$85,000

PY2021 Total Program Budget: \$85,364

Proposed Change in Funding - PY2020 to PY2021: 0%

Current Year Funding (PY2020): \$85,000 (100% of funding request)

PY19 request/award = \$85,000. PY18 request for \$90,000, award \$85,000. PY17 request/award = \$87,550.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for (almost) 100% of total program revenue. \$352 from DHS FFS, \$12 from Other Program Services.

Expenses: Personnel related costs of \$50,439 are the primary expense charged to CCDDDB at 59% of \$85,000. Other expenses are: Professional Fees/Consultants \$185; Consumables \$1,069; General Operating \$442; Occupancy \$3,940 (5%); Conferences/Staff Development \$1,381 (2%); Local Transportation \$309; Equipment Purchases \$7; Lease/Rental \$24,979 (29%); Membership Dues \$1,046; and Miscellaneous \$1,203.

Total Agency Budget shows a SURPLUS of \$60,559

Total Program Budget shows a DEFICIT of \$3,594

Total CCDDDB Budget shows a BALANCED BUDGET

Program Staff - CCDDDB Funds: 0.20 FTE Indirect and 1.05 FTE Direct. Total CCDDDB = 1.25 FTEs

Total Program Staff: 0.20 FTE Indirect and 1.05 FTE Direct. Total Program = 1.25 FTEs.

Reviewer: Professional fees support a variety of contract workers: IT services, occupational therapy, speech/language pathology, psychological/social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense.

CCDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDB Priorities? Yes. Non-Work.

Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan which utilizes the required Benchmarks and are aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors and includes allocation of resources for training for board and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through referral through the ISC and public community events. The CLC Plan includes training on Trauma Informed Practices during FY21. Formal and informal agency collaborations are outlined in the program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. The FY20 2nd Quarter CLC Plan Report was submitted.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Referrals from RPC ISC, self or family, other community partners; program information at community events. People receiving CCDDB funded services would otherwise be defined as underserved/underrepresented while waiting for state-funded services. Services funded by CCDDB and provided by DSC fill previously identified service gaps. All scheduled events are open to the public. *(While important, this use of "underserved/underrepresented" does not clarify how members of medically underserved areas of county or populations typically underrepresented in services may access the program – are additional efforts made on their behalf?)*

Inclusion, Integration, and Anti-Stigma: As people engage with the community through exploration of their creative interests, connections are made with like-minded people. Community and DSC artists co-hosted an open house during the last two Boneyard Arts Festivals. The addition of a retail space in a growing area of downtown will establish our place in the revitalization of our community. Scheduled events are open to public, and others are invited to sell merchandise - intentional ways of promoting inclusion and reducing stigma.

Coordinated System: n/a. Daily participation by people receiving services, other events, and plans to expand efforts in FY21. The Crow served as a venue for Boneyard Arts Festival the past two years, to host again in April 2020. Local artists and vendors enjoyed a very successful poetry reading in November 2019 with over 100 people attendance; members of CU Poetry performed and helped to build this shared community through their love of poetry. Event scheduled for March 6th.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate detail on associated items and indirect cost allocation.*

Person Centered Planning (PCP): Yes, program should be documented in PCP completed by CCDDB funded ISC.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: People explore new interests, mastering skills and talents, selling their art, jewelry, greeting cards, etc. and sharing their joy as a member of the greater community now more than ever before. Through Connections and Community First, people are enjoying a more meaningful life simply by having the opportunity to share their interests with others with varying degrees of staff support.

Evidence of Collaboration: None *(while no formal interagency, collaborations with community partners are described above.)*

Staff Credentials: DHS-DDD DSP training; training specific to each person receiving services. Program benefits from talents and knowledge of staff - art teachers, music teachers, exercise enthusiasts, nature lovers, and assortment of lifelong learning.

Resource Leveraging: No **Other Pay Sources** None **Client Fees** No **Sliding Scale** No **Willing to participate in DD**

Medicaid-waiver programs? No *(are some NTPCs receiving state waiver funding for day program?)*

Reviewer: Above is edited – application includes details on evidenced-based practice from the University of Wisconsin Waisman Center.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Consider organizing the contract around # of events and activities, the content of which are identified by program participants.
- Consider including artists from other agencies in art shows.
- Consider working with CCRPC ISC when enrolling new people into the program, based on length of time on PUNS.

Draft PY2021 CCDDDB Program Summary

Agency: DSC Program: Employment First

Services and People Served

Target Population: People with I/DD, their families, advocates, staff of service providers, Champaign County businesses.

Scope, Location, and Frequency of Service(s):

Scope: focus on change in culture surrounding people with disabilities and their contribution to the workforce.

Informational/educational meetings for people with disabilities and their natural support networks; training for provider agency staff; outreach in the business community; and communication and advocacy with policymakers.

Location: LEAP trainings at place of business or community centers (if training includes multiple businesses.) Family meetings at Champaign Public Library. **Frequency:** *Not addressed in the application.*

Reviewer: *Above and below are edited – see application for more detail. Scope of services largely unchanged from PY20. Below, CCDDDB funds should not be used for provider agencies to attend IEPs.*

Program Performance Measures

CONSUMER ACCESS: informational meetings for people with disabilities and their natural support networks; businesses receive disability awareness certification through LEAP training, at no charge. Information disseminated through Transition Planning Committee, Job Developer's Network, disAbility Resource Expo, social media, IEPs, other agency communication. All businesses from Champaign County expressing interest in being LEAP certified will receive the training. Businesses learn about LEAP through other employers, social media, and cold calls from staff

Of those seeking assistance or referred, 100% will receive services/support.

Within 30 days from referral, 100% of those referred will be assessed.

Within 30 days of assessment, 100% of those assessed will engage in services.

People will engage: one-hour training, with follow-up within 4 months unless the company reaches out sooner.

Additional Demographic Data: zip code, number of employees who attend sessions, and business sector for each company.

CONSUMER OUTCOMES:

1. One individual/family informational meeting.
Data: attendance taken at informational meeting, shared in DDB quarterly reports.
2. Customized Employment training organized by LEAP Coordinator.
Data: training for service providers, documented in the quarter in which the training is provided.
3. LEAP trainings scheduled with interested employers.
4. Front-line training for businesses, to inform about natural supports.
Data for 3 and 4: Employer information re attendance, zip code, and business sector, in DDB quarterly report.
5. Follow up contact 3-4 months after initial LEAP training for all businesses receiving certification.
Data: follow up contacts with businesses and dates of contacts will be maintained.
6. Quarterly newsletter including information about the disability community and employment of people with I/DD, provided for employers.
7. *Data:* information shared in quarterly newsletter will be reported in DDB quarterly reports.

Outcome gathered from all participants? Yes

Anticipate 30 total participants for the year.

Will collect businesses' zip codes, number of participants, type of business.

Is there a target or benchmark level for program services? Yes, program has collected data through the Program Evaluation process since the grant was first received.

FY20 Measure: Two individual/family informational meetings will be held.

FY 20 Mid-Year Outcome: Meetings for FY 20 are in planning stages.

FY20 Measure: A customized employment training will be coordinated.

FY20 Mid-year Outcome: This training is being planned for June 2020.

FY20 Measure: Fifteen LEAP presentations will be presented to area professional business organizations and five frontline staff trainings to occur.

FY20 Mid-Year Outcome: Five LEAP presentations have occurred. Frontline staff trainings are to be scheduled soon.

FY20 Measure: A quarterly newsletter including information about the disability community and employment of people with ID/DD will be provided for employers.

FY20 Mid-year Outcome: Quarterly newsletters have been distributed each of the first two quarters of FY20.

Estimated level of change for these outcomes:

Outcome 1: One individual/family informational meeting to occur.

Outcome 2: Customized Employment training to be coordinated.

Outcome 3: Fifteen businesses will engage in LEAP training.

Outcome 4: Fifteen front-line staff trainings for businesses will be conducted.

Outcome 5: Eight training follow-up contacts will be made.

Outcome 6: Newsletter will be provided for employers every quarter.

UTILIZATION:

Community Service Events (CSEs): 30 – total of # of businesses attending LEAP training and certified following the training and # of businesses represented at front line staff training. Target is 15 for each of the two different trainings.

Reviewer: CSE target increases from 20 (PY20) to 30 in PY21, but NTPCs (people attending informational meetings) has gone away. How many businesses are requesting retraining or training for new staff? How many jobs have resulted from the LEAP training? As with other agencies and programs, many of the identified outcomes relate to process rather than impact of the services, such as attitude/culture change (not easily measured).

Financial Analysis

PY2021 CCDDDB Funding Request: \$80,000

PY2021 Total Program Budget: \$80,361

Proposed Change in Funding - PY2020 to PY2021: 0%

Current Year Funding (PY2020): \$80,000, as in PY19, PY18, and PY17. (PY18 request was \$82,400, award was \$80,000.)

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Although not explicitly stated, this is not a service funded through Medicaid waiver.

CCDDDB request is for (almost) 100% of total program revenue. Other revenue is from DHS Fee for Service \$349 and Other Program Service Fees \$12.

Expenses: Personnel related costs of \$51,517 are the primary expense charged to CCDDDB at 65% of \$80,000. Other expenses are: Professional Fees/Consultants \$21,918 (27%); Consumables \$238; General Operating \$499; Occupancy \$497; Conferences/Staff Development \$3,073 (4%); Local Transportation \$663; Equipment Purchases \$7; Lease/Rental \$394; Membership Dues \$347; and Miscellaneous \$847.

Total Agency Budget shows a **SURPLUS** of \$60,559

Total Program Budget shows a **DEFICIT** of \$237

Total CCDDDB Budget shows a **BALANCED BUDGET**

Program Staff - CCDDDB Funds: 0.15 FTE Indirect and 1.00 FTE Direct. Total CCDDDB = 1.15 FTEs.

Total Program Staff: 0.16 FTE Indirect and 1.00 FTE Direct. Total Program = 1.16 FTEs.

Reviewer: Professional fees support a variety of contract workers: IT services, occupational therapy, speech/language pathology, psychological/social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Work.

Agency Cultural and Linguistic Competence Plan

The agency's comprehensive CLC Plan utilizes required Benchmarks aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors and includes allocation of resources for training for board and staff. There is an internal newsletter. The only stated plans for outreach to underserved people are referral through the ISC and public community events. The CLC Plan includes training on Trauma

Informed Practices during FY21. Formal and informal agency collaboration is outlined in the program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. The 2nd Quarter CLC Plan Report was submitted for FY20.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: information is shared through: TPC (Transition Planning Committee); Job Developer's Network; disAbility Resource Expo; social media; other agency communication. Emphasis on culture change rather than person-specific job development; intent is to provide more employment opportunities for people with I/DD; businesses choosing LEAP training demonstrate willingness by becoming certified as disability-aware employers: this commitment at the leadership level supports a culture that celebrates differences rather than avoiding or ignoring them.

Inclusion, Integration, and Anti-Stigma: promotes employment of people with disabilities. Through LEAP training, employers are given examples of benefits of hiring people with disabilities. Colleagues' examples dispel myths and provide testimony of how businesses benefit from the addition of a person with a disability. Employers' stories are in quarterly newsletter, testimonial videos in LEAP training, and personal experiences shared in employer focus group. Employers who have become active partners in the inclusion of people with disabilities in the workforce speak with other business owners to answer any questions they may have about their experience with the hiring of a person with a disability and how it has positively affected their business and work environment. Referrals within the business community are evidence that the training is helpful and that employers are embracing inclusion in the workplace.

Coordinated System: collaboration between Community Choices and DSC.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 5% increase in health insurance cost, staff shortage/hiring crisis.*

Person Centered Planning (PCP): No

Evidence-based, Evidence-informed, Recommended, or Promising Practice: promoting inclusion and employment for people with disabilities reflects the agencies' mission and shared commitment, aligned with national Employment First efforts.

Evidence of Collaboration: Community Choices, Department of Rehabilitation Services

Staff Credentials: knowledge of both the disability and business communities, presenting information to employers increasing awareness of the employability of people with disabilities, addressing any misgivings or questions, and informing them about partnerships to support hiring efforts. As services evolve, staff must have a pulse on the changing concerns. Staff opportunities to learn from nationally recognized leaders in the field such as Griffin and Hammis, next in June 2020.

Resource Leveraging: No. This contract is not used as match for other funding. **Other Pay Sources No Client Fees No Sliding Scale No Willing to participate in DD Medicaid-waiver programs?** No

Reviewer: Above sections were edited for length – application includes more detail and links to websites. Specific engagement strategies to residents of underserved areas and members of underrepresented minority populations could be developed, possibly through rural and minority-owned businesses.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Will June 2020 Griffin and Hammis presentation be rescheduled?*
- *Complete list of businesses LEAP certified.*
- *Details on number of jobs directly resulting from LEAP trainings.*

Draft PY2021 CCDDDB Program Summary

Agency: DSC Program: Community Living (formerly Apartment Services)

Services and People Served

Target Population: people with I/DD with a variety of desires and needs to optimize independent living.

Scope, Location, and Frequency of Service(s):

Scope: stabilizing home and community life, in the least segregated environment, including their own community, and supporting their needs and preferences, thus improving/preserving quality of life. Services are varied depending on level of support needed and may include: independent life skills; medical support; community integration, coordination, and access; financial support and training; and Emergency Response System.

Location/Frequency: in community, or in the person's home, at times that fit the person's schedule, unique to each person and fluctuate based on personal circumstances and crisis.

Reviewer: Program was formerly called Apartment Services. Anyone receiving services from the program must be enrolled in PUNS (noted below).

People in the program reside in apartments in the community or DSC's subsidized apartment building. Above is edited, scope of services largely unchanged from PY20. Application includes more details on each type of service. Emergency response is available 10pm-8am daily.

Residency:	56 = PY2019	53 = PY2020 (first two quarters)
Champaign	18 (32.1%) for 2019	16 (30.2%) for 2020
Urbana	33 (58.9%) for 2019	33 (62.3%) for 2020
Rantoul	1 (1.8%) for 2019	1 (1.9%) for 2020
Mahomet	1 (1.8%) for 2019	1 (1.9%) for 2020
Other Champaign County	3 (5.4%) for 2019	2 (3.8%) for 2020

Demographics: Total Served in PY2019 = 56

Age	
Ages 19-59 -----	49 (87.5%)
Ages 60-75+ -----	7 (12.5%)
Race	
White -----	44 (78.6%)
Black / AA -----	11 (19.6%)
Other (incl. Native American and Bi-racial) -	1 (1.8%)
Gender	
Male -----	30 (53.6%)
Female -----	26 (46.4%)
Ethnicity	
Of Hispanic/Latinx Origin -----	1 (1.8%)
Not of Hispanic/Latinx Origin -----	55 (98.2%)

Program Performance Measures

CONSUMER ACCESS: people with I/DD, enrolled in PUNS. Outreach via Transition Planning Committee, disAbility Expo; information on website, and brochure at community events. Responsive to requests, enhancing rural outreach efforts.

Of those seeking assistance or referred, 75% will receive services/support.

Within 30 days from referral, 90% of those referred will be assessed.

Within 90 days of assessment, 90% of those assessed will engage in services.

People will engage in services as long as a person has a need and chooses to actively participate.

Additional Demographic Data: Disability, referral source and guardianship status are also collected.

CONSUMER OUTCOMES:

Outcome 1: People will maintain/make progress toward their defined outcomes. Program activities to support people to live in the community rather than a more restrictive setting while achieving self-identified outcomes.

Measured by: A person-centered plan detailing strengths, needs, and wants is developed using assessments and requests for support expressed by the person. Progress made on personal outcomes identified in this plan are reviewed quarterly.

Information collected via staff report in monthly reviews and contact notes.

Outcome 2: People will be given opportunities to explore special interests and/or participate in new activities.

Measured by: A list of new hobbies and participation in new activities/events maintained via staff and participant report.

Outcome gathered from all participants? No. For Outcome 1, 12 outcomes will be randomly selected for review on a quarterly basis. For Outcome 2, reported special interests and participation in new activities are recorded.

Anticipate 56 total participants for the year.

How often will outcome information be collected? reviewed monthly and/or quarterly through program reviews, individual data collection, and contact notes.

Is there a target or benchmark level for program services? Yes. Outcome targets are compared between fiscal years.

FY 20 Measure: People will maintain/make progress toward defined outcomes.

FY 20 Target: 85%

FY 20 Mid-Year Outcome: 78%

FY 20 Measure: People will be given opportunities to explore and/or participate in new activities or hobbies.

FY 20 Target: 40 opportunities

FY 20 Mid-Year Outcome: 44 opportunities

Estimated level of change: for #1, 85% will maintain/make progress; for #2, 40 new opportunities.

Reviewer: Above is edited. Long wait time from assessment to engagement in services. What is being done about wait time? The person-centered plan should be completed by CCDDDB funded ISC case managers. From monthly and annual program reviews with all program participants, more outcome data may be available, from which a sample could be reviewed and reported on. Is this practical? As a Council on Quality and Leadership accredited agency, the Personal Outcomes Measures system developed with CQL support would also be of interest. The identified outcomes make sense for the program and relate to quality of life. What are the opportunities that allow people to participate in new hobbies? Is this linking people with supports to investigate new hobbies, supporting people in hobby exploration? Given that program staff work from 8 to 4:30, often the same hours program participants work or engage in day activities, after hours and off-site (apartment or community) appointments may accelerate success in identifying and linking to such resources. Below, hours of service are reported as claims in the online reporting system.

UTILIZATION:

Treatment Plan Clients (TPCs): 56 people receiving support through the Community Living Program funded by CCDDDB.

Service Contacts (SCs): 8 people screened for Community Living Program Services support.

Financial Analysis

PY2021 CCDDDB Funding Request: \$456,040

PY2021 Total Program Budget: \$530,728

Proposed Change in Funding - PY2020 to PY2021: 3%

Current Year Funding (PY2020): \$442,757 (= request).

PY19 request/award = \$429,861. PY18 request was for \$429,865, award \$417,341. PY17 request/award = \$417,341.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for 86% of total program revenue. Other revenue is from United Way \$30,000 (5.7%), DHS Fee for Service \$40,154 (7.6%), DHS FFS Training \$4,422 (<1%), and Other Program Service Fees \$112 (<1%).

Expenses: Personnel related costs of \$408,001 are the primary expense charged to CCDDDB at 90% of \$456,040. Other expenses are: Professional Fees/Consultants \$1,808; Consumables \$3,039; General Operating \$5,212; Occupancy \$5,239; Conferences/Staff Development \$806; Local Transportation \$18,890 (4%); Equipment Purchases \$61; Lease/Rental \$4,327; Membership Dues \$1,773; and Miscellaneous \$6,884 (2%).

Total Agency Budget shows a **SURPLUS** of \$60,559

Total Program Budget shows a **DEFICIT** of \$2,363

Total CCDDDB Budget shows a **BALANCED BUDGET**

Reviewer: Professional fees support a variety of contract workers: IT services, occupational therapy, speech/language pathology, psychological/social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense.

Program Staff - CCDDDB Funds: 1.16 FTE Indirect and 7.48 FTE Direct. Total CCDDDB = 8.64 FTEs

Total Program Staff: 1.35 FTE Indirect and 8.70 FTE Direct. Total Program = 10.05 FTEs

Reviewer: What is the explanation for increases in indirect staff and decreases in direct staff?

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Housing.

Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan for the organization, utilizing the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors that includes allocation of resources for training for board members and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through a referral through the ISC and public community events. The CLC Plan stated the organization will receive training about Trauma Informed Practices during FY21. Their formal and informal agency collaboration is outlined in the program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. The 2nd Quarter CLC Plan Report was submitted for FY20.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Referrals from RPC-ISC, self, family, community partners. Outreach through community activities such as Champaign County TPC Roundtable, disAbility Expo; website and social media provide awareness and information. Enhanced outreach efforts in rural communities. Representation at Champaign Community Coalition meetings for increased networking opportunities to identify potential candidates needing this service.

Inclusion, Integration, and Anti-Stigma: Increased awareness often occurs naturally as community access/engagement is realized by people receiving services. Personally fulfilling adult responsibilities in community is the most natural form of integration. Intent is for one's disability not to be observed, especially as an obstacle or distraction, as they are recognized and accepted as responsible adults without a focus on either ability or disability.

Coordinated System: Community Choices offers similar support, but more family involvement tends to be available to their participants, who appear to have lesser support needs. DSC CLP participants typically request/need more intensive, ongoing/long-term support. Both providers are well connected to community resources and represented through various community events, committees, and groups. Referrals to one another's services when unable to meet the needs of someone seeking support. Connected to RPC-ISC, which enhances access to services. DSC will continue to partner with Community Choices to coordinate efforts and collaborate on relevant trainings.

Budget and Program Connectedness: Yes. Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 5% increase in health insurance cost, staff shortage/hiring crisis.

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Per the Administration for Community Living (ACL), "Community living offers many benefits for individuals and their families, but it also offers many benefits to the communities themselves. Communities miss out on valuable voices and perspectives when people with disabilities and older adults are left out. They are deprived of co-workers, volunteers, mentors, and friends who offer new ways of thinking about, and navigating, the world as well as wisdom collected over many decades."

Evidence of Collaboration: Written agreements with Community Choices; CCRPC-ISC; Shelter Plus Care; Rosecrance; Family Service; and CRIS Healthy Aging. U of I Evaluation Capacity Building Team collaboration continues.

Staff Credentials: DHS-state mandated DSP training in addition to training specific to each person receiving services.

Resource Leveraging: No. This contract is not used as match for any other funding. **Other Pay Sources** United Way funds <1 FTE. People receiving state-funded services are not reflected in service reporting for this grant. As people enroll in Home-Based Support, they are no longer eligible for services through this contract, providing opportunities for others interested in services. **Client Fees** No **Sliding Scale** No

Willing to participate in DD Medicaid-waiver programs? Yes

Reviewer: Above is edited. Agency noted rural areas served including St. Joseph and Tolono (Mahomet and Rantoul were also included, however not seen as rural by CCDDDB standards). ACL website provided. Details were provided on IDHS-DDD training requirements, CCDDDB organized Case Management workshops attended by DSC staff, and other relevant trainings.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Written working agreements with other agencies.
- Consider working with CCRPC ISC when enrolling new people into the program, based on length of time on PUNNS.

Draft PY2021 CCDDDB Program Summary
Agency: DSC Program: Clinical Services

Services and People Served

Target Population: Children and adults with I/DD who reside in Champaign County.

Scope, Location, and Frequency of Service(s):

Scope: Counseling assessment and planning, individual, family, and group counseling; crisis response, short-term, and long-term counseling; initial and annual psychiatric assessment, medication review, and crisis intervention Interdisciplinary Team consultation with Clinical Consultants (included as a component of consultants' billed service); psychological assessments for residents of Champaign County with I/DD whose level of functioning may have changed. State funding needs to be maximized prior to use of County funding which could be by person or by service. Exploration of potential community alternatives, such as tele-psychiatry, when individual choice/need can be matched with suitable options.

Location: licensed clinicians' offices, at DSC, and in instances of emergency, at area hospitals, people's homes, or locations such as a hotel in emergency situations, such as homelessness. **Frequency:** determined by licensed clinical consultants under contract with DSC and coordinated by DSC's Clinical Manager.

Reviewer: Above is edited. Scope of services unchanged from PY2020.

Residency:	71 = PY2019	69 = PY2020 (first two quarters)
Champaign	38 (53.5%) for PY19	36 (52.2%) for PY20
Urbana	26 (36.6%) for PY19	26 (37.7%) for PY20
Rantoul	4 (5.6%) for PY19	2 (2.9%) for PY20
Mahomet	1 (1.4%) for PY19	1 (1.4%) for PY20
Other Champaign County	2 (2.8%) for PY19	4 (5.8%) for PY20

Number of People receiving each service in PY2019

- 25 Coordination of Mental Health Services
- 66 Counseling/Therapy/Physical/Mental Health Appointments
- 23 Nursing Services, 23 Psychiatry, 1 Psychological Evaluation

Demographics: Total Served in PY2019 = 71

Age	
Ages 7-12 -----	2 (2.8%)
Ages 19-59 -----	62 (87.3%)
Ages 60-75+ -----	7 (9.9%)
Race	
White -----	56 (78.9%)
Black / AA -----	13 (18.3%)
Asian / PI -----	2 (2.8%)
Gender	
Male -----	39 (54.9%)
Female -----	32 (45.1%)
Ethnicity	
Of Hispanic/Latinx Origin -----	2 (2.8%)
Not of Hispanic/Latinx Origin -----	69 (97.2%)

Program Performance Measures

CONSUMER ACCESS: People with diagnosis of I/DD seeking clinical support are eligible for services. The person must be eligible for PUNS. Need for clinical services is assessed by DSC's clinical consultants or referral by a person's physician/provider with whom they have an established relationship. People learn about program through disAbility Expo, Transition Planning Committee presentation, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, informational materials.

Of those seeking assistance or referred, 70% will receive services/support.

Within 30 days from referral, 90% of those referred will be assessed.

Within 30 days of assessment, 90% of those assessed will engage in services.

People will engage in services, for as long as needed. Quarterly reviews determine continued need.

Additional Demographic Data: disability, referral source, and guardianship status.

Reviewer: Above is slightly edited. All program participants should be currently enrolled in the PUNNS database.

CONSUMER OUTCOMES:

Outcome 1: Clinical Manager conducts quarterly reviews regarding assessment, progress, and frequency of appointments.

Measured by: quarterly reviews maintained by the Clinical Manager.

Outcome 2: DSC Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes.

Measured by: psychiatric notes maintained by the Clinical Manager.

- Requisite *psychological assessments* qualify or confirm individual's eligibility for a wide array of supports funded by federal, state, and local entities. DSC's consulting psychologist generally administers the Wechsler Adult Intelligence Scale (WAIS).

- Planning and support based on assessment and significantly helpful in realizing positive outcomes for people. Based on the *psychological assessment*, support interventions may be recommended.

- *Counseling* support for people with I/DD. Each participant is assessed by their counselor quarterly to determine the number of sessions necessary and whether to continue; recommendations are submitted to Clinical Manager.

- *Psychiatric support* for individuals with I/DD participating in DSC services. DSC's psychiatric and behavioral supports are provided in a manner sensitive to each person's cognitive and communication abilities. Medical Director for the Pavilion Behavioral Health System is consulting psychiatrist. Each patient meets with psychiatrist as deemed necessary/appropriate and is reviewed/evaluated routinely. DSC will continue to explore available options/expertise with I/DD clinical needs.

Outcome gathered from all participants? Yes **Anticipate 65 total participants for the year.**

Will collect outcome information Quarterly

Is there a target or benchmark level for program services? Yes. Targets/benchmarks are estimated from previous.

FY 20 Measure: Clinical Manager conducts quarterly reviews regarding assessment, progress, and frequency of appointments.

FY20 Target: 100%. FY20 Mid-Year Outcome: 100%

FY 20 Measure: DSC Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes.

FY20 Target: 100%. FY20 Mid-Year Outcome: 100%

Estimated level of change: Ideally, enhanced mental health will be realized by all clinical services recipients. However, that determination must be assessed over an extended period of time to insure lasting recovery and well-being. Both targets 100%.

Reviewer: includes process measures but not measures of such results as improvement in individual's sense of well-being. Why are psychiatric services only available to those who participate in DSC services, especially because some participants have Medicaid to cover the cost of this care, and because there may be people with I/DD and need for psychiatry but no insurance to cover the cost of care? Are counseling services similarly limited?

UTILIZATION:

Treatment Plan Clients (TPC): 61 people with Individual Service Plans (ISP) and funded by CCDDDB.

Non-Treatment Plan Clients (NTPCs): 4 people with service and support records but no formal ISP, funded by CCDDDB.

Service Contacts (SCs): 10 phone and face-to-face contacts with people who may or may not have open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services.

Community Service Events (CSEs): 2 contacts, meetings, or community outreach events to promote the program.

Reviewer: All services should be documented in PCP completed by CCRPC ISC. Are NTPCs enrolled in other CCDDDB funded programs? Why no ISP? TPC hours will be documented as claims in the online reporting system.

Financial Analysis

PY2021 CCDDDB Funding Request: \$174,000

PY2021 Total Program Budget: \$174,552

Proposed Change in Funding - PY2020 to PY2021: 0%

Current Year Funding (PY2020): \$174,000 (100% of request).

PY19 request/award \$174,000. PY18 request was \$178,986, award \$174,000. PY17 request/award \$178,986.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Unclear. 34 participants receive Medicaid-waiver funding (and presumably Medicaid coverage.) CCDDDB should be payor of last resort.

CCDDDB request is for (almost) 100% of total program revenue. Other \$552 is from IDHS (*allocated across programs*).

Expenses: Professional Fees/Consultants costs of \$91,638 and Personnel related costs of \$76,651 are the primary expense

charged to CCDDDB at 53% and 44% of \$174,000. Other expenses are: Consumables \$425; General Operating \$728; Occupancy \$1,049; Conferences/Staff Development \$306; Local Transportation \$711; Equipment Purchases \$12; Lease/Rental \$879; Membership Dues \$303; and Miscellaneous \$1,298.

Total Agency Budget has a surplus of \$60,559, Total Program a deficit of \$402, Total CCDDDB Budget BALANCED.

Program Staff - CCDDDB Funds: 0.21 FTE Indirect and 1.00 FTE Direct. Total CCDDDB = 1.21 FTEs.

Total Program Staff: 0.21 FTE Indirect and 1.00 FTE Direct. Total Program = 1.21 FTEs.

Reviewer: Professional fees support a variety of contract workers: IT services, occupational therapy, speech/language pathology, psychological/social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Non-Work.

Agency Cultural and Linguistic Competence Plan

DSC's comprehensive CLC Plan utilized the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors and includes allocation of resources for training for board and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through referral through the ISC and public community events. The CLC Plan includes training on Trauma Informed Practices during FY21. Formal and informal agency collaboration is outlined in the program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. The FY20 2nd Quarter CLCP Report was submitted.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: serves people from underserved and underrepresented minority populations, responsive to individual or family request regarding cultural and/or religious preferences and considerations. Services at licensed clinicians' offices, at DSC, and in emergency, at area hospitals, people's homes, confidential community location, or another location deemed appropriate in a crisis.

Inclusion, Integration, and Anti-Stigma: intent is to enhance personal growth, health and well-being. Access to appropriate mental health services contributes to a person's ability to engage and contribute, enhancing one's quality of life.

Coordinated System: Family Service provides limited counseling for this population. Rosecrance has limited resources for people with a dual diagnosis. Seeking options through Promise Healthcare to determine whether collaboration is beneficial to those receiving clinical support from DSC consultants. When appropriate, referrals to other providers. DSC and Rosecrance will meet routinely on behalf of those receiving support from both agencies.

Budget and Program Connectedness: Yes. *Budget Narrative provides descriptions of associated items and indirect cost allocation methods.*

Person Centered Planning (PCP): No.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Per the complexities facing people with I/DD who may also experience MH needs, finding providers with this area of expertise is challenging on a national level. DSC's consultant model ensures a team that is educated and sensitive to the unique needs for people with I/DD experiencing temporary or long-term mental health needs.

Evidence of Collaboration: Elliott Counseling Center; Brad Allen, LCSW; Creative Solutions – Pamela Wendt; Dr. Martin Repetto, MD; Michael Kleppin, LCPC; Child and Family Counseling; Family Service of Champaign County; Rosecrance; and RPC-ISC. Clinical Manager is currently pursuing a written working agreement with Promise Healthcare.

Staff Credentials: Clinical Manager is a QIDP. DSC consultants include two Licensed Clinical Social Workers, five Licensed Clinical Professional Counselors, two licensed Professional Counselors and one Psychiatrist.

Resource Leveraging: No. This contract does not provide match for other funding. **Other Pay Sources** When possible, people are referred to service providers who accept Medicare, Medicaid, or private insurance. Private pay is now an option for this service. **Client Fees** No. **Sliding Scale** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Reviewer: Above is lightly edited – application includes sources linked above, details on Clinical Manager. Program is now accepting Private Pay.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Documentation of efforts to secure providers who will bill insurance/other payers to create capacity for others in this program.
- Documentation of efforts exploring potential community alternatives, including tele-psychiatry, and efforts with Promise Healthcare.
- Private pay should be listed in program plan narrative as Client Fees.

Draft PY2021 CCDDDB Program Summary

Agency: DSC

Program: Community First

Services and People Served

Target Population: Adults with I/DD receiving community and site-based services, participating in the shift from a primarily center-based model to expanded community connections and involvement.

Scope, Location, and Frequency of Service(s):

Scope: This program prompts a greater community connection through participation in recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Community First supports people with a wide range of interests, abilities, and needs. Small groups result from people choosing from a diverse menu of activities. Personalized support provided for each person based on interests and needs.

Location/Frequency: Various community locations. New groups every four months. Participation ranges from one to five days per week (varying hours/day), depending on the number of groups requested and availability of space in groups.

Reviewer: Above is edited - application includes details on specific groups and notes agency/program presentation at Vermont ASPE National Organizational Change Forum: Workshop Conversion to Community Employment in October 2019. Scope is largely unchanged from PY20. All program participants MUST be enrolled in PUNS (noted below).

Residency:	56 = PY2019	51 = PY2020 (first two quarters)
Champaign	28 (50.0%) for PY19	25 (49.0%) for PY20
Urbana	17 (30.4%) for PY19	18 (35.3%) for PY20
Rantoul	3 (5.4%) for PY19	1 (2.0%) for PY20
Mahomet	2 (3.6%) for PY19	2 (3.9%) for PY20
Other Champaign County	6 (10.7%) for PY19	5 (9.8%) for PY20

Demographics: Total Served in PY2019 = 56

Age

Ages 19-59 -----	51 (91.1%)
Ages 60-75+ -----	5 (8.9%)

Race

White -----	39 (69.6%)
Black / AA -----	16 (28.6%)
Other (incl. Native American and Bi-racial) -	1 (1.8%)

Gender

Male -----	32 (57.1%)
Female -----	24 (42.9%)

Ethnicity

Of Hispanic/Latinx Origin -----	1 (1.8%)
Not of Hispanic/Latinx Origin -----	55 (98.2%)

Program Performance Measures

CONSUMER ACCESS: People must have I/DD, an interest in community participation, and be enrolled in PUNS.

People learn about this program through DRS, school programs, Champaign County TPC/Transition Services Directory, community events (disAbility Resource Expo), family meetings through the Employment First program, current employers.

Responsive to requests and enhancing outreach efforts in rural Champaign County.

Of those seeking assistance or referred, 90% will receive services/support.

Within 30 days from referral, 90% of those referred will be assessed.

Within 180 days of assessment, 75% of those assessed will engage in services.

People will engage in services: until they are no longer interested in services.

Additional Demographic Data: disability, referral source and guardianship status.

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CONSUMER OUTCOMES:

1. People will try new things. *Measured by:* format designed for each group, includes group, rosters, leader, participants.
2. People assume a leadership role in what they do. *Measured by:* Co-leaders included in the group format.
3. People explore employment as they make community connections. *Measured by:* documentation of formal program participation.

Intent is to support people 'as needed' which looks different from person to person. Next natural step in this process is for people to assume more responsibility in leading the groups.

Outcome gathered from all participants? Yes **Anticipate 55 total participants for the year.**

How often will outcome information be collected? participation documented daily, included in monthly notes; outcome data collected quarterly.

Is there a target or benchmark level for program services? Yes. Targets/benchmarks are estimated from past outcomes.

FY 20 Measure: People will participate in at least one new group.

FY 20 Target: 35 people FY 20 Mid-Year Outcome: 25 people

FY 20 Measure: People will become a co-leader for a group.

FY 20 Target: 5 people FY 20 Mid-Year Outcome: Plans being made for group co-leaders in third quarter.

FY 20 Measure: People will be opened in Community Employment for active job exploration.

FY 20 Target: 5 people. FY 20 Mid-Year Outcome: None to date this fiscal year.

Estimated level of change for these outcomes: for # 1, 25 people; for #2, 5 people; and for #3, 5 people.

Reviewer: Section edited. As a Council on Quality and Leadership accredited agency, the Personal Outcomes Measures system developed with CQL support would also be of interest for this large program serving people with diverse support needs and preferences. The outcomes relate to quality of life, identified with input from program participants. Choices should also be clearly indicated in an individual's person-centered plan. Service hours are entered into online claims system. Consumer Outcome #1: 'People try new things' could be clearer. How many participants are now leading groups?

UTILIZATION:

Treatment Plan Clients (TPCs): 55 people without state funding.

Non-Treatment Plan Clients (NTPCs): 50 peers who accompany the TPCs for activities and events. *(A big increase.)*

Service Contacts (SCs): 5 Meetings with prospective participants and tours of the program by those interested in services.

Community Service Events (CSEs): 3 formal presentations.

Financial Analysis

PY2021 CCDDDB Funding Request: \$847,659 **PY2021 Total Program Budget:** \$2,824,331

Proposed Change in Funding - PY2020 to PY2021: 3%

Current Year Funding (PY2020): \$822,970 (= request).

PY19 request \$799,091, award \$799,090. PY18 request \$807,605, award \$799,090. PY17 request/award \$905,441.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes, *agency should take extra care not to supplement Medicaid in the program.*

CCDDDB request is for 30% of total program revenue *(In PY20, CCDDDB portion is 18% as total program revenue included nearly \$2m in Goods and Services. While the agency budget for PY21 continues to include over \$2m, none of it is allocated to this program.)*

Other sources: Ford County MHB \$20,617 (<1%), DHS Fee for Service \$1,943,473 (69%), DHS FFS Training \$12,582 (<1%) *(a reimbursement allocated across agency program budgets).*

Expenses: Personnel related costs of \$702,654 are the primary expense charged to CCDDDB at 82% of \$847,659. Other expenses are: Professional Fees/Consultants \$6,835; Client Wages/Benefits \$3,441; Consumables \$9,728; General Operating \$6,805; Occupancy \$28,203 (3%); Conferences/Staff Development \$1,102; Local Transportation \$47,266 (6%); Equipment Purchases \$602; Lease/Rental \$27,329 (3%); Membership Dues \$3,023; Miscellaneous \$10,671.

Total Agency Budget shows a **SURPLUS** of \$60,559

Total Program Budget shows a **DEFICIT** of \$123,607

Total CCDDDB Budget shows a **BALANCED BUDGET**

Reviewer: Professional fees support a variety of contract workers: IT services, occupational therapy, speech/language pathology, psychological/social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense.

Program Staff - CCDDDB Funds: 1.17 FTE Indirect and 16.85 FTE Direct. Total CCDDDB = 18.02 FTEs

Total Program Staff: 3.86 FTE Indirect and 56.15 FTE Direct. Total Program = 60.01 FTEs

Reviewer: increases in all DDB program staff and in total program indirect and decreases in total program direct and overall relate to request to fund a greater share of total program. Is this justified? Other Program Service Fees and Sales of Goods and Services not included in PY21 application.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes, Non-Work.

Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan, utilizing the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors and includes allocation of resources for training for board members and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through referral through the ISC and public community events. The CLC Plan includes training on Trauma Informed Practices during FY21. Formal and informal agency collaboration is outlined in program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. 2nd Quarter FY20 CLC Plan Report was submitted.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: Referrals from RPC-ISC, self, family, and community. Participation in community activities such as Champaign County TPC and disAbility Expo; website and social media provide awareness and information about DSC services. DSC is enhancing outreach efforts to rural communities.

Inclusion, Integration, and Anti-Stigma: Increased awareness often occurs naturally as community access/engagement is realized by people receiving services... participation in public events/locations fosters community, acceptance and inclusion.

Coordinated System: Champaign and Urbana Park Districts, Stephens Family, and MTD.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 5% increase in health insurance cost, staff shortage/hiring crisis.*

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Per the New Avenue Foundation, "Community inclusion is one of the greatest challenges facing people with disabilities. People with intellectual and developmental disabilities often do not participate in community activities in a meaningful way, in roles that allow them to demonstrate their abilities, establish true relationships with others, earn recognition and respect from others, learn new skills, or simply to have fun. True community inclusion must be based upon personal connections, common interests, shared values, and upon ongoing interactions that occur as people with disabilities and community residents encounter each other on a regular basis in natural settings, such as at church, the grocery store, at restaurants, and other community settings."

Evidence of Collaboration: Illinois Self-Advocacy Alliance

Staff Credentials: Introduction to people with I/DD, human rights, and OIG through the DHS-mandated DSP training, the history of Employment First. Program also benefits from the talents and knowledge each staff person brings.

Resource Leveraging: No **Other Pay Sources** None **Client Fees** No **Sliding Scale** No

Willing to participate in DD Medicaid-waiver programs? Yes

Reviewer: Above is edited – application has detail on collaboration with MTD, park districts, YMCA. Link to New Avenue Foundation website.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Consider working with RPC ISC when enrolling new people into the program, based on length of time on PUNS.*
- *The current pandemic crisis has temporarily put a stop to day services traditionally delivered in segregated settings and large groups of participants, forcing providers and families and individuals to find new ways to stay connected and promote independence and wellness. Can some of these practices be made permanent or advanced further by dedicating this program (the largest contract currently funded by CCMHB or CCDDDB) exclusively to integrated and individualized non-work supports?*

Draft PY2021 CCDDDB Program Summary

Agency: DSC Program: Individual and Family Support

Services and People Served

Target Population: children and adults with I/DD, esp those with significant behavioral, medical, training, or support needs.

Scope, Location, and Frequency of Service(s):

Scope: Supports will be utilized in a variety of integrated, community-based, choice-driven methods. People who choose DSC as a provider for daytime supports are served by full-time IFS staff. People receiving evening and weekend supports are served by part-time contract employees (including family members) identified by the person and family, or upon request, identified and hired by DSC upon appropriate vetting and training. Services include: assessment and planning; direct staff support; intermittent direct support (IDS) – scheduled and emergency; funding for camps, after school programs, YMCA and fitness club memberships; day program and community activities, social skills/social thinking training support; funds for home modification by independent contractor; therapy/sensory/accessibility equipment not funded by insurance; enhanced independent living skills training; volunteer and employment support. IDS offers a much-needed service to primary caregivers. Families often provide their own training to address unique and sometimes intensive, personal support needed. Maximizing flexibility affords families the ability to define the kind of break they need, often in crisis situations. Allocated hours can be for short term or long term needs as identified by the caregiver.

Location: Day program in community, at DSC, and in person's home. Financial support for camps, IDS, and other supports occur upon the request of the individual or family, given available resources. **Frequency:** not addressed.

Reviewer: Above is edited. Scope of services largely unchanged from PY20. Services determined by people/families. Payment of camps, etc. should be dependent upon the person's inability to qualify for scholarship/financial aid. Do funds go directly to camp provider/YMCA or to the family? What does the agency do if the person is unable to participate after the camp, etc. is paid for? PY19 & PY20 Residency and PY19 Demographic data includes TPC and NTPCs; with 61% of clients of school age, avoid paying for things covered under School Code (prohibited per statute).

Residency:	54 = PY2019	42 = PY2020 (first two quarters)
Champaign	24 (44.4%) for PY19	20 (47.6%) for PY20
Urbana	14 (26%) for PY19	12 (28.6%) for PY20
Rantoul	0 (0%) for PY19	0 (.0%) for PY20
Mahomet	5 (9.3%) for PY19	1 (2.4%) for PY20
Other Champaign County	11 (20.3%) for PY19	9 (21.4%) for PY20

Demographics: Total Served in PY2019 = 54

Age	
Ages 0-6 -----	8 (14.8%)
Ages 7-12 -----	13 (24%)
Ages 13-18 -----	12 (22.2%)
Ages 19-59 -----	18 (33.3%)
Ages 60-75 -----	3 (5.6%)
Race	
White -----	41 (80%)
Black / AA -----	5 (9.2%)
Asian / PI -----	6 (11.1%)
Other (incl. Native American and Bi-racial)-	2 (3.7%)
Gender	
Male -----	40 (74%)
Female -----	14 (26%)
Ethnicity	
Of Hispanic/Latinx Origin -----	2 (3.7%)
Not of Hispanic/Latinx Origin -----	52 (96.3%)

Program Performance Measures

CONSUMER ACCESS: people learn about the program through families of participants, disAbility Expo, TPC (Transition Planning Committee) presentation, community events, support groups, physician and interagency referrals, DSC website, etc. **Of those seeking assistance or referred, 75% will receive services/support.**

Within 30 days from referral, 90% of those referred will be assessed.

Within 180 days of assessment, 75% of those assessed will engage in services.

People will engage in services, for: from one specific event to partial full or daily participation, can span the lifetime.

Additional Demographic Data: disability, referral source, and guardianship status.

Reviewer: Program eligibility should be determined by PUNS enrollment. 6 months to access services to any program is unreasonable; organization needs to reduce wait time.

CONSUMER OUTCOMES:

Outcome 1: Those receiving day services and requesting community activities will participate on a weekly basis.

Measured by: documentation of those requesting community activities, with date and location of activities.

Outcome 2: All receiving Intermittent Direct Support will be satisfied with services.

Measured by: survey to all families receiving IDS, evaluated by Director of Program Assurance and Director or Manager of IFS.

Outcome gathered from all participants? Yes

Anticipate 49 total participants for the year.

Will collect outcome information as: progress toward outcomes is reviewed monthly, data reviewed quarterly.

Is there a target or benchmark level for program services? Yes. A quarterly program evaluation process is followed at DSC where progress toward defined outcomes are reviewed.

FY 20 Measure: All individuals receiving day services and requesting community activities, will participate on a weekly basis.

FY 20 Target: 80%. **FY 20 Mid-Year Outcome:** 91%.

FY 20 Measure: All receiving Intermittent Direct Support will be satisfied with services.

FY 20 Target: 90%. **FY 20 Mid-Year Outcome:** *(not available at this time)* survey data collected in fourth quarter.

Estimated level of change for: Outcome 1, 85% and Outcome 2, 90%.

Reviewer: outcome for consumer satisfaction with services is more relevant than program participation; ideally outcomes based on consumer choice, connection to community, and pursuit of individual interests would also be identified and surveyed.

UTILIZATION:

Treatment Plan Clients (TPCs): 17 people with case records and formal Personal Plans.

Non-Treatment Plan Clients (NTPCs): 32 people with service/support records but no formal Personal Plans.

Service Contacts (SCs): 5 phone and face-to-face contacts with people interested in services, including information and referral contacts, initial screenings/assessments, and crisis services.

Community Service Events (CSEs): 2 contacts, meetings, and community outreach promoting the program.

Reviewer: Many participants don't have a formal plan; what's the explanation for this? How is it determined that the service is necessary? Do all of the participants have a PCP completed by CCRPC-ISC? Program continues to request an increase in funds, yet proposes to serve fewer people.

Financial Analysis

PY2021 CCDDDB Funding Request: \$429,058 **PY2021 Total Program Budget:** \$520,091

Proposed Change in Funding - PY2020 to PY2021: 3.0%

Current Year Funding (PY2020): \$416,561 (100% of funding request)

PY19 request/award = \$404,428. PY18 request was for \$395,055, award \$392,649. PY17 request /award = \$387,428.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for 82% of total program revenue. Other revenue is from DHS Fee for Service \$88,327 (17%), DHS FFS-Training \$2,602 (<1%), and Other Program Service Fees \$104 (<1%).

Expenses: Personnel related costs of \$340,773 are the primary expense charged to CCDDDB at 80% of \$429,058. Other expenses: Professional Fees/Consultants \$1,608; Client Wages/Benefits \$495; Consumables \$6,219; General Operating \$3,313; Occupancy \$9,463 (2%); Conferences/Staff Development \$604; Local Transportation \$22,063 (5%); Specific Assistance \$24,959 (6%); Equipment Purchases \$67; Lease/Rental \$12,118 (3%); Membership Dues \$1,391; Misc \$5,985.

Reviewers: Professional fees support a variety of contract workers: IT services, occupational therapy, speech/language pathology, psychological/social services, and technology services. No allocation for audit expenses specified. 3% increase in salary expense. Confirm that families have applied for scholarships/financial aid before providing specific assistance.

Total Agency Budget shows a **SURPLUS** of \$60,559
Total Program Budget shows a **DEFICIT** of \$2,879
Total CCDDDB Budget shows a **BALANCED BUDGET**

Program Staff - CCDDDB Funds: 0.96 FTE Indirect and 6.72 FTE Direct. Total CCDDDB = 7.68 FTEs.
Total Program Staff: 1.02 FTE Indirect and 8.10 FTE Direct. Total Program = 9.12 FTEs

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Non-Work.

Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan which utilizes the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors that includes allocation of resources for training for board members and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through referral through the ISC and public community events. The CLC Plan includes training on Trauma Informed Practices during FY21. Formal and informal agency collaboration is outlined in the program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. The FY20 2nd Quarter CLC Plan Report was submitted.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: referrals from RPC-ISC, people or family members, medical professionals, and other community partners. Information about services through: Champaign County TPC, disAbility Expo, website, and social media. People receiving services funded by CCDDDB would otherwise be defined as underserved or underrepresented as they would be waiting for state-funded services. *(While important, this use of "underserved/underrepresented" does not clarify how members of medically underserved areas or members of underrepresented minority groups may access the program – are any additional efforts made on their behalf? Perhaps rural schools through TPC for the first group.)*

Inclusion, Integration, and Anti-Stigma: goal is to promote community access for participants.

Coordinated System: Community Choices and CUSR provide community-based opportunities. CC and CUSR services complement IFS, with evening and weekend activities. Community day options provide more intense direct support individually or in smaller groups, contingent on abilities, interests, and needs of each person. Community Choices activities are often event-based and at varying times, while IFS program provides day options. Illinois Respite Coalition and Envision Unlimited offer respite in Champaign County; both limit access to "in-home only" which puts limits on families. DSC's IDS program simplifies support by offering services at home, in the community, and with/without family present. Financial support to attend CUSR camps and activities provide invaluable opportunities for participants and give the caregiver/family short-term relief from the stress of caring for a loved one with significant support needs.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate detail.*

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: uses a model that people and families felt would provide the choice and flexibility necessary to best serve their loved one.

Evidence of Collaboration: at St. Andrew's Lutheran Church, participants provide cleaning services, receive work experience, and are paid for their work.

Staff Credentials: IDHS DSP training; training specific to each person receiving services.

Resource Leveraging: No, not used as match. **Other Pay Sources** State funding. **Client Fees** No **Sliding Scale** No

Willing to participate in DD Medicaid-waiver programs? Yes

Reviewer: Above is edited – application includes links and details on Promising Practice, 2018 CCDDDB Needs Assessment, how the program got its name, and IDHS-DDD DSP training requirements.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Proof that scholarships/reduced rates were denied for camps/YMCA.
- Work with CCRPC-ISC to be sure that this program's service is documented in PCPs.
- Work with PACE Consumer Control Program to help families find Personal Support Workers.

Draft PY2021 CCDDDB Program Summary
Agency: PACE, Inc.
Program: Consumer Control in Personal Support

Services and Persons Served

Target Population: People seeking their first job as a Personal Support Worker (PSW) for consumers with I/DD, or for previous/current PSWs interested in being employed by others. These people tend to be underemployed/unemployed, have worked in healthcare/teaching, are looking for a job that makes a difference, or have a personal connection to I/DD.

Scope, Location, and Frequency of Service(s):

Scope: PSW orientations and associated services, to people seeking work as a PSW or to current PSWs seeking more work. Potential/current PSWs are added to an employment registry, with requirements for: PSW orientation; passing post-orientation quiz; passing the Illinois and National Sex Offender background check, Healthcare Registry check, and DCFS CANTS check. Orientation includes: program details; PSW tasks and expectations; avoiding stigma; encouraging inclusion and integration into working with consumers with I/DD; Developmental Disabilities and Mental Illness; avoiding fraud, abuse, neglect, and exploitation. Program staff recruits people to work as PSWs; presents PSW orientations; maintains PSW database; follows up on PSW background checks; maintains monthly contact with PSWs on the registry; matches consumers with people from the PSW Database (services funded through other source.)

Location/Frequency: PSW orientations in the PACE offices, at least monthly. Recruitment of PSWs online (Facebook, Twitter, job boards, etc) and by word-of-mouth. Follow-up calls, emails, and background checks completed at PACE offices.

Reviewer: Above is edited. Scope of services is the same as PY2020. Large percentage of unknown demographic information because attendees at CSEs are counted as NTPCs and data not collected. This practice should not continue.

Residency:	199 = PY2019	52 = PY2020 (first two quarters)
Champaign	32 (16.1%) for PY19	20 (38.5%) for PY20
Urbana	29 (14.6%) for 2019	18 (34.6%) for PY20
Rantoul	4 (2.0%) for PY19	2 (3.8%) for PY20
Mahomet	0 (0%) for PY19	0 (0%) for PY20
Other Champaign County	134 (67.3%) for PY19	12 (23.1%) for PY20

Demographics: Total Served in PY2019 = 199

Age	
Ages 19-59 -----	60 (30.2%)
Ages 60-75+ -----	12 (6.0%)
Not Available Qty -----	127 (63.8%)
Race	
White -----	39 (19.6%)
Black / AA -----	28 (14.1%)
Asian / PI -----	1 (.5%)
Other (incl. Native American and Bi-racial) -	3 (1.5%)
Not Available Qty -----	128 (64.3%)
Gender	
Male -----	10 (5.0%)
Female -----	67 (33.7%)
Not Available Qty -----	122 (61.3%)
Ethnicity	
Of Hispanic/Latinx Origin -----	3 (1.5%)
Not of Hispanic/Latinx Origin -----	74 (37.2%)
Not Available Qty -----	122 (61.3%)

52

Program Performance Measures

CONSUMER ACCESS: Potential PSWs must meet eligibility criteria for registry, pass background checks, be seeking work in Champaign County, complete datasheet and orientation, and maintain contact information. Services are advertised on agency website and social media pages, online job boards, word-of-mouth, through agency partners, publicly posted flyers and brochures, and potentially local newspapers.

Of those seeking assistance or referred, 60% will receive services/support.

Within 30 days from referral, 85% of those referred will be assessed.

Within 60 days of assessment, 85% of those assessed will engage in services.

People will engage in services, on average, for 180 (Reviewer: assume the unit is days.)

Additional Demographic Data: consumer name, address, phone number, disability status, referral source, veteran status, and voter registration status.

CONSUMER OUTCOMES: reported on at different points in the year, reflecting several measures of program's success.

1. Number of PSWs completing orientation and attending other CSEs – Quarterly
Measured by: sign-in sheets at orientations and estimated/actual NTPCs receiving information about program at other CSEs; event tracker to track number of contacts with potential consumers and PSWs during events.
2. Number of PSWs hired through referral program – Other
Measured by: number tracked in Consumer Service Records of TPCs being served with DHS funds.
3. As a measure of impact, the number of people utilizing PACE's PSW referral service.
Measured by: number tracked in Consumer Service Records of TPCs being served with DHS funds; may be higher than that of #2, which measures people hiring PSWs, while this only measures people getting information.

Outcome gathered from all participants? Yes

Anticipate 12 total participants for the year. (Reviewer: 12 total participants, but 150 NTPCs indicated below).

Will collect outcome information ...PACE facilitators' contact/facilitation notes during each visit, meeting at least quarterly to review/update goals pursuant to consumer needs. (Reviewer: unclear, doesn't define if/how outcome information is collected).

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: No changes from last FY

UTILIZATION:

Treatment Plan Clients (TPCs): 0

Non-Treatment Plan Clients (NTPCs): 150 people completing PSW orientation + people attending CSEs or receiving information who are expected to utilize the information (potential PSWs, agencies, families involved in hiring PSWs)

Service Contacts (SCs): 200 individual contacts with NTPCs

Community Service Events (CSEs): 12 community events with info about the program

Other: 80 - PSWs referred to consumers (support for people seeking PSWs is funded with other organizational funds) through the program. Note that the number could be potentially higher than the number of active PSWs on the registry. A PSW can be referred to several consumers if their preferences match each consumer's preferences.

Reviewer: Outcomes sections should NOT include people attending CSEs only those completing PSW orientation. NTPCs should ONLY include those completing PSW orientation. SCs should be those attending CSEs or receiving program information.

Financial Analysis

PY2021 CCDDDB Funding Request: \$24,267

PY2021 Total Program Budget: \$25,759

Proposed Change in Funding - PY2020 to PY2021: 2.3%

Current Year Funding (PY2020): \$23,721 (= request). PY19 request was for \$22,800, award \$21,000 – NEW program.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for 94% of total program revenue. Other is from Contributions \$1,492 (5.8%).

Expenses: Personnel related costs of \$14,815 are the primary expense charged to CCDDDB at 61% of \$24,267. Other expenses: Professional Fees/Consultants \$495 (2%); Consumables \$515 (2%); General Operating \$304 (1%); Occupancy \$865 (4%); Conferences/Staff Development \$515 (2%); Local Transportation \$184 (1%); Lease/Rental \$2,303 (9%); Membership

Dues \$226 (1%); and Miscellaneous \$4,045 (17%).

Reviewer: Indirect costs capped at 20%. No allocation for audit expense. Professional fees support interpreter and contractual services.

Total Agency Budget shows a **SURPLUS of \$26,161**

Total Program Budget shows a **BALANCED BUDGET**

Total CCDDDB Budget shows a **BALANCED BUDGET**

Program Staff - CCDDDB Funds: 0 FTE Indirect and 0.36 FTE Direct. Total CCDDDB-funded staff = 0.36 FTEs

Total Program Staff: 0 FTEs Indirect and 0.36 FTE Direct. Total Program = 0.36 FTEs

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Non-Work.

Agency Cultural and Linguistic Competence Plan

PACE provides support for people that are living with a developmental disability. PACE completed the CLC Plan template where their actions matched with the National CLAS Standards. There is a plan for CLC Training for the leadership and staff during FY21. Their staff will ensure that all printed materials are designed with language access in mind and that older materials are reviewed. Further., PACE staff will remain aware of resources to improve the language access of printed materials for individual consumers. PACE will attend community events which include a diverse group of attendees. These events will be diverse in terms of the; ages, disability groups, partner organizations, and socio-economic groups which are the event's intended audience. PACE did not submit a 2nd quarter CLC Report for FY20.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: includes diversity-enhancing goals related to outreach to board members, staff, and consumers; use of a diversity mailing list and advisory is integrated into long-range plans and annual goals and objectives. Outreach through presentations to diverse groups; in return other agencies are welcomed educate PACE staff and consumers about their organization through staff/peer counseling in-services.

Inclusion, Integration, and Anti-Stigma: *(application repeats "Underserved..." statement in this section.)*

Coordinated System: PSW referrals to Community Choices, DSC, IRC, Envision Unlimited.

Budget and Program Connectedness: Yes

Person Centered Planning (PCP): Not directly, however the program keeps a list of PSWs allowing people with I/DD to choose PSWs.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: The purpose of this innovative program is to build long-term relationships between the consumer and the PSW. The purpose of the topics outlined as being part of the orientation, are to assist the PSW in assisting the consumer in developing the self-advocacy and independent living skills which will aid the consumer in being a full participant in the rights and responsibilities of society.

Evidence of Collaboration: DRS

Staff Credentials: Program staff holds a Bachelor of Psychology, is currently QIDP certified, a QIDP trainer, has experience teaching the IDHS DSP curriculum.

Resource Leveraging: This contract is not used as match for another funding source. **Other Pay Sources** if clients utilizing the PSWs require services, they will be provided under Independent Living Unit contract. **Client Fees No Sliding Scale No Willing to participate in DD Medicaid-waiver programs?** No

Reviewer: Above sections edited – see application for additional details in evidenced-based section.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Change definitions for NTPCs. Attendees at CSEs should not be counted as NTPCs unless they have completed the PSW orientation.*
- *Several sections of the application will need to be reworked.*

Draft PY2021 CCDDDB Program Summary

Agency: Champaign County Head Start/Early Head Start DDB

Program: Social-Emotional Development Svcs

Services and People Served

Target Population: Low-income children six weeks to kindergarten entry age who:

1. score above the cutoff on the Ages and Stages Questionnaire Social-Emotional (ASQ-SE) screening tool and/or
2. are referred by their parent or teacher for behavioral or social-emotional developmental concerns and for whom intensive intervention services are indicated.

Scope, Location, and Frequency of Service(s):

Scope: Screening newly enrolled children for social-emotional concerns using ASQ-SE. For children with high scores, teacher consultation. Individual Observation for a child with challenging behaviors or high ASQ-SE score. Observations help with analyzing the setting, interactions, and operations to identify additional classroom support or teacher training needs. Parents and teachers complete Devereux Early Childhood Assessment (DECA), to measure child's ability to use independent thought and action to meet needs, express emotions, manage behaviors in healthy ways, and promote and maintain mutual, positive connections with other children and significant adults. Social-Emotional Development Specialist (SEDS) analyzes the data and collaborates with the family support team to identify next steps and/or referrals. Team developed support plan includes agreed-upon strategies to teach social skills and help child engage in the classroom environment successfully and identify responsive relational interventions for teachers and parents. Plans may also include referral to family doctor, developmental pediatrician, local MH agencies, early intervention (EI), or school district for further screening or assessment. Other services: Professional Development Trainings and Reflective Consultation (ongoing) to teaching and supervisory staff working to support the success of children at their sites.

Reflective Supervision to Social Skills and Prevention Coaches delivering ongoing positive behavior support to identified children and prevention strategies in the classroom.

Location: classrooms, homes, or community setting, meeting where the families are. **Frequency:** not addressed.

Reviewer: Above is lightly edited. Scope of services largely unchanged from PY20.

Residency:	66 = PY19	31 = PY20 (first two quarters)
Champaign Set	25 (37.9%) for PY19	12 (38.7%) for PY20
Urbana Set	22 (33.3%) for PY19	9 (29%) for PY20
Rantoul	13 (19.7%) for PY19	7 (22.6%) for PY20
Mahomet	0 (0%) for PY19	0 (0%) for PY20
Other Champaign County	6 (9%) for PY19	3 (9.7%) for PY20

Demographics: Total Served in PY19 = 66

Age	
Ages 0-6 -----	66 (100.0%)
Race	
White -----	18 (28.1%)
Black/AA -----	43 (67.2%)
Other (incl. Native American and Bi-racial)-	3 (4.7%)
Gender	
Male -----	49 (74.2%)
Female -----	17 (25.8%)
Ethnicity	
Of Hispanic/Latinx Origin -----	2 (3%)
Not of Hispanic/Latinx Origin -----	64 (97%)

Program Performance Measures

CONSUMER ACCESS: Recruitment through Champaign County libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, other locations. Outreach at Disability Expo, Read Across America, Week of the Young Child, and local school district child-find activities. CCHS shares information with enrolled families about the services provided by the SEDS at parent meetings and through brochures and parent handbook. SEDS provides parent education trainings pertaining to trauma informed care, social-emotional development, and strategies to reduce challenging behaviors and increase social-emotional skills.

Of those seeking assistance or referred, 90% will receive services/support.

Within 14 days from referral, 95% of those referred will be assessed.

Within 14 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for 9 months.

Additional Demographic Data: information family structure, income, language, education, employment, military status, marital status, and housing status such as homeowner, renter, or homeless.

CONSUMER OUTCOMES:

1. Children with behavior goals or support plans will have a reduction in frequency and duration of challenging behavior.
Measured by: data on challenging behavior is collected in a variety of ways. We document antecedent-behavior-consequence, duration, frequency of behavior on behavior collection charts, behavior incident reports.
2. Children will demonstrate improvement in social skills related to resilience such as: Self-Regulation; Initiative; Relationship building/Friendship skills; Emotional Literacy; and Problem-Solving.
Measured by: pre and post resilience related social skills are assessed using ASQ-SE, DECA-P2, and DECA I/T. The ASQ-SE and the DECA are completed by teachers and parents. Continuous documentation collected by teachers in teaching strategies GOLD regarding S-E skills, evaluated during Fall, Winter, Spring checkpoints.
3. Caregivers (staff, parents) will gain understanding of impact of stress and trauma on themselves and children in their care.
Measured by: teachers attend trainings provided by the SEDS on Stress, Trauma informed care, and self-care during new employee orientation and staff development days. Staff fill out evaluation forms indicating understanding and feedback. Families are provided psychoeducation on stress, trauma, and resilience during home visits, family site meetings, Stress-less parties, support plan meetings. Parents are surveyed once a year to assess introduction and knowledge of these areas.
4. Caregivers (staff and parents) will strengthen their responsive caregiving skills.
Measured by: teachers attend trainings provided by the SEDS on positive guidance, co-regulation, and decoding behavior during new employee orientation and staff development days. Staff fill out evaluation forms indicating understanding and feedback. Families are provided opportunities for psychoeducation on positive guidance, co-regulation, and decoding behavior during home visits, family site meetings, Stress-less parties, and support plan meetings. Parents are surveyed once a year to assess introduction and knowledge of these areas.

Outcome gathered from all participants? Yes **Anticipate 130 total participants for the year.**

Will collect outcome information as: ASQ:SE in fall and spring; GOLD assessments quarterly, DECA in fall and spring.

Is there a target or benchmark level for program services? Yes. Through the GOLD Outcomes Assessment, program goal that at least 90% of CCHS children who age out are developmentally, socially, emotionally and health ready for Kindergarten. CCHS anticipates that at least 85% of all enrolled children will make age-appropriate progress in S-E development. For children remaining in the program, CCHS goal of 50% who receive services for the full period of engagement (9 or 12 months depending on the child's enrollment option) will not require a continuation of services.

Estimated level of change for this outcome: Children enter classrooms at different developmental stages, skills, and areas of need, which makes estimating a rate of change difficult. Data collected at 3 points using Teaching Strategies GOLD to determine if skills are below, match, or exceed "widely held standards" of S-E development. Children who receive S-E services are evaluated with DECA, goal for reliable change in a positive direction and lower scores in the challenging behavior domain.

UTILIZATION:

Treatment Plan Clients (TPCs): 50 new children who receive individual observations, DECA assessments, support plans, child studies, and functional behavioral analysis.

Non-Treatment Plan Clients (NTPCs): 50 children who need ASQ:SE reviews, IEP reviews, referrals for services, brief, one-time consultation, and in-depth informational consultation.

Service Contacts (SCs): 600 S-E Classroom Observations, ASQ-SE screenings, individual child observations, parent and/or teacher conferences to discuss concerns, functional behavior assessment interviews, Individual Success Plan meetings, positive behavior coaching, teacher mentoring, contact to support external referrals, parent support groups, and parent trainings.

Community Service Events (CSEs): 20 Birth to 6 Council meetings, Mental Health Advisory Committee, Health Advisory meetings, and Infant Mental Health meetings, Champaign Community Coalition meetings, collaboration with other agencies. **Other:** 10 mass screening events, staff training, social-emotional information for teachers to add to parent newsletters, reflective consultation, management meetings, case management and coordination, and program development. *Reviewer: CSEs should only include those meetings or events where program information is presented.*

Financial Analysis

PY2021 CCDDDB Funding Request: \$121,081 **PY2021 Total Program Budget:** \$121,081

Proposed Change in Funding - PY2020 to PY2021: CCMHB+CCDDDB = 8.1%

Current Year Funding (PY2020): \$24,402 CCDDDB + \$87,602 CCMHB (= request)

PY19 request/award \$73,605. PY18 and PY17 request/award \$55,645.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB/CCMHB request is for 100% of total program revenue.

Expenses: Personnel related costs of \$84,706 are the primary expense charged to CCDDDB at 69% of \$121,081. Other expenses are: Consumables \$1,000 (1%); General Operating \$978 (1%); Occupancy \$27,489 (23%); Conferences/Staff Development \$5,950 (5%); and Local Transportation \$958 (1%).

Total Agency Budget is balanced. Total Program Budget is balanced. Total CCDDDB Budget is balanced.

Program Staff - CCDDDB Funds: 0 FTE Indirect and 1.11 FTE Direct. Total CCDDDB-funded staff = 1.11 FTEs

Total Program Staff: 0 FTE Indirect and 2.00 FTE Direct. Total Program = 2.00 FTEs

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes, Young Children.

Agency Cultural and Linguistic Competence Plan

Champaign County RPC Community Services has combined their CLC Plan utilizing the National CLAS Standards. Each department will address individual benchmarks. All the required benchmarks were submitted in a comprehensive CLC Plan. CCRPC attends community meetings and collaborates with agencies that can provide services to people living with. CCRPC completed their FY20 2nd Quarter Quarterly Reports.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: families in medically underserved townships receive priority points for enrollment, as do geographically isolated families. Recruitment through libraries, elementary schools, door to door, grocery/convenience stores, community events, agencies, etc. CCHS Community Assessment to recruit where income-eligible families reside, including rural. CCHS info at community meetings and with providers who serve the same populations.

Inclusion, Integration, and Anti-Stigma: recruits and enrolls all children who meet eligibility requirements, including children who have developmental delays and challenging behaviors. CCHS embraces the least restrictive environment and offers this model in the classrooms and family childcare homes; annually completes ADA assessments of all facilities; diversity and inclusion training during new staff orientation and annually to increase understanding of diversity and inclusion, increase awareness of own biases and perceptions and reduce them, learn skills to communicate and interact respectfully with people without biases or misperceptions, recognize and appreciate differences, experiences, perspectives, ideas, and backgrounds of co-workers and families, and learn strategies to address conflict.

Coordinated System: HopeSprings provides outpatient therapy that works with individual children and their families. Local school district Pre-K programs work with at-risk preschool age children, offering preschool education and disability services. Child and Family Connections (CFC) links families to EI services for infants/toddlers with developmental delays. CCHS collaborates with providers to enhance S-E support services to enrolled children and families. Referrals when children need intensive services. Agreements with HopeSprings, 5 school districts, and CFC to decrease duplication of services, improve child find through screenings, and provide and coordinate services to children (birth to 5) diagnosed with a disability.

Budget and Program Connectedness: Yes. *Budget Narrative includes sufficient detail on associated items, includes GATA approved indirect cost rate, as 45% of salaries.*

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Center of Early Childhood Mental Health Consultation, the Illinois Association Infant Mental Health, Center on the Developing Child, Pyramid Model, and Conscious Discipline. *Reviewer: edited – see application for details and websites for evidence-based models.*

Evidence of Collaboration: working agreements with HopeSprings, Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections. MOU with CU Trauma and Resilience Initiative to support collaboration on Trauma Informed capacity building within the agency and community. Collaboration with CUPHD to provide health and nutrition services to children and pregnant women. Partners with CU Early to offer kindergarten ready kits to families enrolled in home-based and family childcare homes.

Staff Credentials: Master's in School Counseling, Doctorate in Counselor Education and Supervision, is a nationally certified counselor, has received specialized training in restorative practices and conflict mediation, Practice Based Coaching, the Pyramid Model, and early childhood MH services, is on CU TRI steering committee, and is pursuing LCPC license.

Resource Leveraging: No **Other Pay Sources** assistance from community providers who accept Medicaid prior to using this contract. **Client Fees No Sliding Scale No Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Continue to coordinate with providers of similar services and copies of MOU once obtained.*
- *Because services for very young children are identifies as priority to the CCMHB, application forms should be submitted there.*
- *No mention of collaboration with DSC FD. Program focus less on developmental delay than historically – primarily behavioral health?*



Agency: DSC

Program: Family Development

Draft PY2021 MHB I/DD Program Summary

PY2021 CCMHB Funding Request: \$596,522 PY2021 Total Program Budget: \$793,476
 Proposed Change in Funding - PY2020 to PY2021= 3.0%
 Current Year Funding (PY2020): \$579,148 (100% of request)

Focus of Application: I/DD

Type of Contract: Grant

Allocation Priority: Collaboration with the CCDDDB (Young Children and their Families)

Services and People Served

Target Population: age birth to five, with or at risk of developmental disabilities, and their families. For birth to three, developmental screening to aide in early identification, as state does not fund this. If a developmental concern is indicated, children are referred for further evaluation. Eligibility for state-funded services: under 3, with a 30% delay in one or more developmental areas, and/or an identified qualifying disability. These and enhanced services are provided with CCMHB funds for children up to age 5 and with risk but ineligible for state funding through the early intervention (EI) system. While many children are at-risk for developmental delays, waiting lists for EI due to shortage of qualified therapists. FD maximizes state funds to eligible children. State reimbursement for EI is 20% of budget; local funding at 80% allows children and families uninterrupted, comprehensive services, optimizing the potential for success.

Reviewer: (above and below edited.) Is the need/risk determined and documented (for those not eligible for state funded services) through the instruments listed in Outcome 2 or some other method?

Scope, Location, and Frequency of Service(s):

Scope: Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project. Culturally responsive, innovative, evidence-based services fill gaps left by insufficient state reimbursement and strict eligibility criteria. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. FD co-treats some families in DSC Adult Services and the Parent Wonders component of the FD program, responsive to the needs of families within this community through a coordinated system of care, including linkage and referrals.

Location/Frequency: natural environments (home visits), critical in rural areas for those isolated from services, alleviates the transportation barrier to services. Screening occurs at childcare centers, community centers, rural public schools, and public events. Services vary from weekly to monthly, based on need.

Access to Services for Rural Residents: Families in rural Champaign County 36% of total population. CCMHB funds allow enhanced access to rural families, with regular ongoing services in 21 different towns/villages. Program screenings occur in homes, childcare centers, and community centers. Therapies occur in the child's home.

Access to Services for Members of Underserved or Underrepresented Minority Populations: collaborates with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding. Outreach efforts and collaboration build access for those from underrepresented groups. Staff build and maintain relationships with agencies serving underrepresented groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, Urbana Early Childhood, and Carle Hospital among others.

Reviewer: Scope of services largely unchanged from PY2020. Program serves significant percentage of rural residents; staff travel to people in their preferred settings county-wide.

59

Residency: Totals Served in PY2019 = 655 and in first half of PY2020 = 582

Champaign	266 (40.6%) for PY19	241 (41.4%) for PY20
Urbana	141 (21.5%) for PY19	112 (19.2%) for PY20
Rantoul	102 (15.6%) for PY19	76 (13.1%) for PY20
Mahomet	38 (5.8%) for PY19	39 (6.7%) for PY20
Other Champaign County	108 (16.5%) for PY19	114 (19.6%) for PY20

Demographics: Total Served in PY2019 = 655

Age	
Ages 0-6 -----	655 (100.0%)
Race	
White -----	412 (62.9%)
Black / AA -----	141 (21.5%)
Asian / PI -----	32 (4.9%)
Other (incl. Native American and Bi-racial) -	70 (10.7%)
Gender	
Male -----	387 (59.1%)
Female -----	268 (40.9%)
Ethnicity	
Of Hispanic or Latino/a origin -----	95 (14.5%)
Not of Hispanic or Latino/a Origin -----	560 (85.5%)

Program Performance Measures

CONSUMER ACCESS: those with evidence of need for service based on assessment, at-risk for developmental disabilities or delays. This contract supports children who are “at-risk” but ineligible for state funded EI. Families learn about the program through collaborations with local hospitals and health clinics, child care centers, Crisis Nursery, local prevention initiative programs, other agencies, outreach events such as Read Across America, disAbility Expo, Mommy Baby Expo, and the Homeschool Fair. Developmental screener participates in quarterly screening events at Urbana Early Childhood, with the C-U Home-Visiting Consortium. Child and Family Connections make referrals to FD therapists.

Of those seeking assistance or referred, 100% will receive services/support.

Within 7 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for a one-time screening or until age five within the therapy program.

Additional Demographic Data: language spoken, primary disability, and referral source.

CONSUMER OUTCOMES:

Outcome 1: Families will identify progress in child functioning in everyday life routines, play and interactions with others. *Measured by:* Quarterly file review of parent report of child’s functional skills, play skills, and interactions as recorded on home visit contact note. Surveys will be mailed to some families at the end of the fiscal year, with questions based on evidence-based best practice as defined by the Division of Early Childhood of the Council for Exceptional Children and including feedback on program principles of child-centered, family-focused intervention, culturally responsive interactions. Parent input also sought during each home visit and incorporated in future planning.

Outcome 2: Children will progress in goals identified on their Individualized Family Service Plan (IFSP). *Measured by:* based on initial and ongoing evaluation, each Individualized Family Service Plan (IFSP) outlines goals and strategies for services, outcome measures. Children are evaluated using: Ages and Stages Questionnaire (ASQ), Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language.

Outcome gathered from all participants? No. A random sample of files will be chosen for review with the specific outcomes outlined above.

Anticipate 655 total participants for the year.

Will collect outcome information Quarterly. Satisfaction surveys to random sample annually for outcome 2.

Is there a target or benchmark level for program services? Yes, past outcomes/results assist in establishing targets.

FY 20 Measure: Families identify progress in child functioning in everyday routines, play, and interactions with others.

FY 20 Target: 90% FY 20 Mid-Year Outcome: 91%

FY 20 Measure: Children will make progress in goals identified by families on the IFSP.

60

FY 20 Target: 90% FY 20 Mid-Year Outcome: 94%

Estimated level of change for each outcome: Progress for the two outcomes is defined as any level of progress as perceived by the family or proven by an assessment. For both outcomes, the quantity is 90% of those reviewed.

Reviewer: Above and below are edited. CSEs should only include events where a presentation about the program is made, if program is funded application forms will need to be updated.

UTILIZATION:

Treatment Plan Clients (TPCs): 655 children receiving FD services.

Service Contacts (SCs): 200 developmental screenings.

Community Service Events (CSEs): 300 opportunities to increase awareness of the importance of early identification and early intervention, reduce stigma, and promote community-based solutions.

Other: hours of service are reported as claims in online system.

PY2021 Annual Target (per Utilization Form)

	TPC	SC	CSE
Annual Target	655	200	300
PY2020 mid-year	582	43	205
Annual Target	655	200	300
PY2019 actuals	655	150	505
Annual Target	655	200	300

Financial Analysis

PY2021 CCMHB Funding Request: \$596,522 **PY2021 Total Program Budget:** \$793,476

Proposed Change in Funding - PY2020 to PY2021= 3.0%

Current Year Funding (PY2020): \$579,148 (100% of request)

PY19 request/award = \$562,280. PY18 request was for \$579,150, award \$562,280. PY17 request/award = \$562,280.

Does the application clearly explain what is being purchased by the CCMHB? Yes

Does the application warrant that CCMHB funding will not supplement Medicaid? Yes

CCMHB request is for 75% of total program revenue. Other is from United Way = \$47,500 (6%), DHS FFS Training \$4,303 (>1%), Program Service Fees – Early Intervention \$145,000 (18%), and Other Program Service Fees \$151 (<1%).

Expenses: Personnel related costs of \$484,007 are the primary expense charged to CCMHB at 81% of \$596,243. Other expenses are: Professional Fees/Consultants \$2,111 (>1%); Consumables \$4,637 (>1%); General Operating \$8,055 (1%); Occupancy \$33,751 (6%); Conferences/Staff Development \$3,809 (>1%); Local Transportation \$17,631 (3%); Equipment Purchases \$264 (>1%); Lease/Rental \$30,720 (5%); Membership Dues \$2,448 (>1%); and Miscellaneous \$8,810 (1%).

Total Agency Budget shows a SURPLUS of \$60,559

Total Program Budget shows a DEFICIT of \$7,892

Total CCMHB Budget shows a SURPLUS of \$279 *(This needs correcting. Balanced budget required.)*

Staff Comments:

- Professional fees support contract workers: IT consultant, occupational therapy, speech/language pathology, psychological/social and technology services.
- No allocation for audit expense.
- Increased funding supports increased salary expense.

Program Staff to be Funded by CCMHB: 1.37 FTE Indirect and 6.9 FTE Direct. Total CCMHB = 8.27 FTEs.

Comment: Lower than current year by 0.13 FTE total.

Total Program Staff: 1.92 FTE Indirect and 9.30 FTE Direct. Total Program = 11.12 FTEs.

Comment: Lower than current year by 0.16 FTE total.

CCMHB PY21 Priorities and Decision Support Criteria

Priority: Collaboration with the CCDDDB/Services for Young Children and their Families was selected, appropriate.

Agency Cultural and Linguistic Competence Plan

DSC submitted a comprehensive CLC Plan for the organization. They utilized the required Benchmarks that aligned with National CLAS Standards. The CLC Plan talks about annual review by the Board of Directors that includes allocation of resources for training for board members and staff. There is an internal newsletter. The only stated plan for outreach to underserved people is through a referral through the ISC and public community events. The CLC Plan stated the organization will receive training about Trauma Informed Practices during FY21. Their formal and informal agency collaboration is outlined in the program applications. Printed Materials are provided based on the language or communication preferred by the family requesting services. The 2nd Quarter CLC Plan Report was submitted for FY20.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: collaborates with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding.

Inclusion and Anti-Stigma: families shape decisions regarding outcomes and services, including intensity, duration, and location. Access to culturally responsive services begins by building relationships with each family that honor diverse customs, viewpoints, and languages as assets. Cultural competence is a process of communication between families and providers with a goal of building cultural reciprocity – understanding and open-mindedness regarding diversity. This process is embedded within the initial referral process and assessment through intervention planning and implementation. Natural supports and strengths are maximized by coaching parents and caregivers in intervention strategies and by including extended family, medical and faith-based community resources, and peer groups. FD staff partners with families to enhance self-sufficiency within families' cultural and community foundations.

Coordinated System: n/a. The Place for Children provides similar services using Applied Behavior Analysis (ABA). FD coordinates services, consults, shares information/resources and plans for the children and families served by both. FD staff participates in Cradle to Career, Local Area Network (LAN), Birth to 3 Coordinating Council, Local Interagency Council (LIC), Home-Visiting Consortium, and Rantoul Provider meetings with community partners.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate detail on associated items and indirect cost allocation. As with most other applications from DSC, proposes a 3% salary increase, 5% increase in health insurance cost, staff shortage/hiring crisis.*

Approach/Methods/Innovation: PLAY (Play and Language for Autistic Youngsters) Project is an evidence-based autism intervention helping parents develop a better connection with their child through play and helping the child improve language, development, behavior, and social skills. PLAY Project Consultant coaches families on methods, principles, and techniques to help them deliver the intervention throughout everyday interactions.

Evidence of Collaboration: Down Syndrome Network, Child and Family Connections, Multicultural Community Center Migrant/Seasonal Head Start, PLAY Project License Agreement, Unitarian Universalist Church playgroups, Champaign County Home-Visiting Consortium, 0 to 3 Coordinating Council, and Champaign-Urbana Public Health District.

Staff Credentials: Developmental Therapists, Speech Therapist, and Developmental Screening Coordinator. 5 hold Master's degrees, 1 a Bachelor's, in relevant fields. 5 are licensed/credentialed by State of Illinois EI, 2 Developmental Therapists are trained/certified for PLAY Project, 1 is a certified evaluator in ASQ Developmental training tool.

Resource Leveraging: current and proposed contract not used as match for other funding. **Other Pay Sources:** United Way supports less than one FTE. State EI is billed when applicable. **Client Fees No. Sliding Scale No.**

Reviewer: Above is edited - application includes links to sites, specific coordination activities, details on specific training and certification requirements. All overarching considerations are addressed in the application.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Application forms updated to reflect CSE definition requirements.*
- *Budgets should be adjusted so that CCMHB budget is balanced.*
- *This contract is recommended for a two year term.*

Draft PY2021 CCDDDB Program Summary

Agency: CU Able, NFP Inc.

Program: CU Able Community Outreach

Services and People Served

Target Population: Caregivers and professionals affected by any disability.

Scope, Location, and Frequency of Service(s):

Scope: resource information, meetings, networking and educational opportunities.

- 12 regular meetings: allow caregivers to share resources, educational opportunities, activities, and personal challenges in a supportive environment; held at the Stephens Family YMCA with 'child watch' for those aged 6 weeks to 9 years.
- 4 educational meetings on member selected topics (IEPs, safety, long term planning, etc.)
- Annual Moms Retreat: respite, networking, relaxation, and educational opportunities; to recharge and to manage the stressors that come with providing care to a person with a disability. A nominal fee, with scholarships offered to residents of the County (funded by this contract).
- Facebook networking: paid staff responds to emails, monitors Facebook daily (funded by this contract).
- PY2019 CCDDDB request to create non-agency "low/no cost" recreational services and social activity list.

Location/Frequency: in the community, at least monthly; online community daily (all hours).

Reviewer: Above is edited – application includes details about FB Live of CCDDDB Meetings. Rather than recreate online repository of agencies, etc., work with UIUC NSCA students and an online directory (211, Expo). Paid Administrator funded through CCDDDB. Would offering larger scholarships to those who might need more assistance be better than giving everyone a scholarship, regardless of need? How is need determined?

Residency:	29 = PY2019	52 = PY2020 (first two quarters)
Champaign	18 (62.1%) for PY19	27 (51.9%) for PY20
Urbana	6 (20.7%) for PY19	12 (23.1%) for PY20
Rantoul	0 (.0%) for PY19	1 (1.9%) for PY20
Mahomet	0 (.0%) for PY19	5 (9.6%) for PY20
Other Champaign County	5 (17.2%) for PY19	7 (13.5%) for PY20

Demographics: Total Served in PY2019 = 29

Age	
Ages 0-6 -----	14 (48.3%)
Ages 7-12 -----	9 (31.0%)
Ages 13-18 -----	5 (17.2%)
Ages 19-59 -----	1 (3.4%)
Race	
White -----	24 (82.8%)
Black/AA -----	2 (6.9%)
Other (incl. Native American and Bi-racial) -	2 (6.9%)
Not Available Qty -----	1 (3.4%)
Gender	
Male -----	21 (72.4%)
Female -----	7 (24.1%)
Not Available Qty -----	1 (3.4%)
Ethnicity	
Of Hispanic/Latinx Origin -----	3 (10.3%)
Not of Hispanic/Latinx Origin -----	26 (89.7%)

Program Performance Measures

CONSUMER ACCESS: those who provide care to a person with a disability or who have a disability. Self-report, attendance records, CU Able Facebook group and website, word of mouth, Disability Resource Expo, monthly parent meetings.

Of those seeking assistance or referred, 85% will receive services/support.

Within 3 days from referral, 100% of those referred will be assessed.

Within 3 days of assessment, 100% of those assessed: members will be asked about PUNS enrollment.

CONSUMER OUTCOMES:

Facebook and surveys assess mood, needs, satisfaction with educational events, Moms Retreat, and website.

1. Host 12 regular meetings. Data: attendance sheets with demographic info, filled out by participants.
2. Hold 4 educational opportunities. Data: attendance sheets with demographic info, filled out by participants.
3. Reach 30 new TPC and 30 new NTPC. Data: attendance sheets with demographic info, filled out by parent/caregiver participants.
4. Plan 3 family events. Data: online sign-ups and Facebook event comments, completed by participants.
5. Organize/host moms retreat with at least 35 participants, 50% from Champaign County. Data: demographic information collected at registration, completed by participants.
6. 90% of Moms Retreat attendees will plan to attend a future retreat and learn something new at the 2020 retreat. Data: satisfaction survey on last day of retreat, completed by participants.
7. Record and post 7 events on Facebook and website, with virtual participants finding these helpful. Feedback from previous surveys and informal messages/comments on Facebook will be used to plan the 2020 Moms Retreat. Data: facebook/YouTube viewer counts and messages/comments indicating level of helpfulness, data provided by viewers unable to attend in person.

Outcome gathered from all participants? No. Those who choose to participate in surveys or give feedback in other ways.

Anticipate 425 total participants for the year.

Will collect outcome at each event.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome N/A

Reviewer: Some measures relate to performance rather than personal/family 'consumer' outcomes. Surveys and social media comments are most likely to measure outcomes of value to people: relationships; personal satisfaction; the exercise of consumer choice; self-determination; rewarding, real work; community inclusion; family involvement; social connection; and resources for information, planning, access, and support.

UTILIZATION:

Treatment Plan Clients (TPCs): 150 (120 continuing + 20 new). 90 people with disabilities.

Non-Treatment Plan Clients (NTPCs): 125 (95 continuing + 30 new) family members of someone with a disability

Service Contacts (SCs): 200 Facebook group members

Community Service Events (CSEs): 16 events (support, networking/social, or educational) hosted by CU Able

Financial Analysis

PY2021 CCDDDB Funding Request: \$17,200

PY2021 Total Program Budget: \$104,300 (error?)

Proposed Change in Funding - PY2020 to PY2021: = -0.4%

Current Year Funding (PY2020): \$17,275 (= request). PY19 request/award = \$15,285. PY18 request/award = \$13,802.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for 74% of total program revenue. Other is from Grants - Starnet \$500 (2%); Contributions – various \$4,500 (19%); Sales of Goods/Services \$1,200 (5%).

Expenses: Personnel related costs of \$6,450 are the primary expense charged to CCDDDB at 38% of \$17,200.

Other expenses are: Professional Fees/Consultants \$900 (5%); Consumables \$2,750 (16%); General Operating \$3,600 (21%); Specific Assistance \$300 (2%); and Lease/Rental \$3,200 (19%).

Total Agency Budget shows a **SURPLUS** of \$6,785

Total Program Budget shows a **SURPLUS** of \$6,785

Total CCDDDB Budget shows a **BALANCED BUDGET**

Reviewer: Professional fees support guest speakers and website maintenance. No allocation for audit expense. Does the surplus suggest less revenue is needed from the CCDDDB, or is this related to in-kind contributions?

Program Staff - CCDDDB Funds: 0 FTE Indirect and 0.25 FTE Direct. Total CCDDDB Staff = 0.25 FTEs

Total Program Staff: 0 FTE Indirect and 0.25 FTE Direct. Total Program = 0.25 FTEs

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Self-Advocacy

Agency Cultural and Linguistic Competence Plan

CUAble is a caregiver support network. The CLC Plan includes planning to accommodate the intended audience with specific tools and resources through the website and annual cultural competence training. CUAble will investigate steps to make the website ADA accessible. There is a part-time staff, and the board is comprised of volunteers working to engage all families in Champaign County. No formal agreements for interagency collaborations are in place, but there are verbal agreements. CU Able records CCDDDB meetings and livestreams through Facebook. PY20 2nd Quarter CLC report was not submitted.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: informational meetings at consistent time and place; online opportunities for families; video recordings/posting of meetings; and Mom's Retreat offered to all.

Inclusion, Integration, and Anti-Stigma: a safe environment for sharing and collaboration. Policies in place for FB community. Family dinners/outings allow families to get into the community safely to build confidence and reduce isolation.

Outcomes: some measures (above) of process and some of satisfaction; very interactive with audience feedback.

Coordinated System: Down Syndrome Network, CU Autism Network, CU Able promote each other's events, may co-host.

Budget and Program Connectedness: Yes. Budget Narrative provides adequate detail.

Person Centered Planning (PCP): No

Evidence-based, Evidence-informed, Recommended, or Promising Practice: extremely important for caregivers to get support and help from other caregivers, gain knowledge and learn about resources, and practice self-care.

Evidence of Collaboration: No written working agreements, but verbal connections.

Staff Credentials: Part time staff member has a child with a disability, important for being able to connect and understand the perspectives of the families.

Resource Leveraging: This funding is not used as match for another source of funds. **Other Pay Sources N/A Client**

Fees No Sliding Scale No Willing to participate in DD Medicaid-waiver programs? No

Reviewer: above is lightly edited – application includes caregiver website links. Responses to overarching considerations are appropriate to a volunteer support organization. Specific engagement strategies may be helpful to residents of medically underserved townships and to members of groups typically underrepresented in service systems; for such individuals and families, the community found in networks such as CU Able can be invaluable.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- Survey tools used to measure outcomes.
- Rather than list services, continue to identify non-traditional and natural supports to share. Or work with researchers testing online lists.

Draft PY2021 CCDDDB Program Summary

Agency: CU Autism Network

Program: Community Outreach Programs

Services and People Served

Target Population: People with ASD, families, caregivers and other supports in Champaign County as well as rural and culturally diverse backgrounds. Autism Aware target population includes businesses, organizations, and agencies providing services to the ASD community.

Scope, Location, and Frequency of Service(s):

Scope: Community resource information, education, and support through meetings emails, listserv, Facebook, and other networking outlets. Free, sensory friendly, family activities/pop-up play dates for people on the spectrum (skating, swimming, bowling etc.); Regular Lights Up Sounds Down Sensory Friendly Movies; Autism Aware Program; Community Outreach; Education Program; Beautification Community Program; Annual Walk and Resource Fair; Sensory Friendly Holiday events; Tailgate; and Parades.

Location: Various community businesses, organizations, and agencies. **Frequency:** Monthly.

No residency or demographic data, as the program is not currently funded.

Program Performance Measures

CONSUMER ACCESS: Public agencies, businesses, organizations, or residents in Champaign County supporting or wanting to learn more about ASD. Through outreach events, website, social media, referrals soliciting, email list, cold calling.

Of those seeking assistance or referred, 100% will receive services/support.

Within 20 days from referral, 100% of those referred will be assessed.

Within 20 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, Annually

Additional Demographic Data: None

CONSUMER OUTCOMES: The Community Outreach program, which includes The Autism Aware Program, will promote inclusion and education, improving access to the community by providing materials for management and staff of local businesses, schools, and peers to provide the ASD community more Autism sensory friendly, non-discriminatory environments to utilize. *Measured by:* sign in sheets, tally sheets, questionnaires and surveys.

Outcome gathered from all participants? Yes

Anticipate 800 total participants for the year.

Will collect outcome information at each event

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome is 20% increase in participant attendance.

Reviewer: Above slightly edited. Any records of current work being done in the community. Are the 800 participants duplicated or unduplicated?

Below, no definition of CSEs. 20% increase in participation is very ambitious. How many people usually attend Autism Walk, and do these people make up the majority of the 800 participants?

UTILIZATION:

Community Service Events (CSEs): 25

Financial Analysis

PY2021 CCDDDB Funding Request: \$15,000

PY2021 Total Program Budget: \$15,000

Current Year Funding (PY2020): N/A - A NEW request.

Does the application clearly explain what is being purchased by the CCDDDB? No, the Budget Narrative is unclear.

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for 100% of total program revenue. Other total agency revenue: contributions (\$5,232), special events (\$25,010), membership dues (\$130), and interest income (\$26).

Expenses: Form INCOMPLETE. No personnel costs. Form may contain errors to resolve, if contract is awarded.

Total Agency Budget shows a **SURPLUS** of \$26,491

Total Program Budget **INCOMPLETE**

Total CCDDDB Budget **INCOMPLETE**

Reviewer: Expense form is incomplete. No allocation for audit expense. Financial forms will need to be redone if contract is awarded.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Self-Advocacy

Agency Cultural and Linguistic Competence Plan

C-U Autism Network is a family run self-advocacy group. This is a new application and has not received the technical assistance for CLC Plan development. The CLC Plan addressed actions at the individual level only. The actions outlined how CUAN will work with diverse families and provide written materials in different languages based on requests from family members. The CLC Plan was incomplete and did not address the other areas based on National CLAS Standards. It is recommended that a new plan be developed based on the technical assistance that will be provided.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: educates and provides materials to businesses, organizations, and agencies in Champaign County. Online opportunities for families to stay connected to the Autism Community. Books and educational materials provided to rural Champaign County schools.

Inclusion, Integration, and Anti-Stigma: promotes inclusion, educates, and improves access to the community, and provides materials for management and staff of local businesses to provide the ASD community more Autism sensory friendly, non-discriminatory environments to utilize.

Coordinated System: TAP and CU Able. Program coordinates through community resource referrals and networking. Educational, visual, and hands-on materials will be shared.

Budget and Program Connectedness: Unclear

Person Centered Planning (PCP): No

Evidence-based, Evidence-informed, Recommended, or Promising Practices: www.the.noahrobertproject.com and www.championautismnetwork.com and www.cdc/Autism

Evidence of Collaboration: none

Staff Credentials: Elementary Education Teacher; Reading Specialist; Foster Parent; Specialized Foster Parent Training; Early Childhood teacher; CPA; Speech Pathologist

Resource Leveraging: No Other Pay Sources No Client Fees No Sliding Scale No

Willing to participate in DD Medicaid-waiver programs? Yes

Reviewer: above is lightly edited. Responses to overarching considerations are appropriate to a volunteer support organization, which has a long history in this community. Some more specific engagement strategies may be helpful to members of groups typically underrepresented in service systems; for such individuals and families, the community found in networks such as CUAN can be invaluable.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Application financial forms will need to be updated.*
- *CLC Plan should be revised. Technical assistance is available from CCDDDB staff.*
- *If funded, the organization will be required to have an independent CPA firm do a financial compilation at the end of the program year, so contact with a firm should be made during the first quarter of PY21.*

Draft PY2021 CCDDDB Program Summary

Agency: Champaign County Down Syndrome Network

Program: Champaign County Down Syndrome Network

Services and People Served

Target Population: Families who have a member with Down syndrome, professionals, and the general public.

Scope, Location, and Frequency of Service(s):

Scope: Supports for families, people with Down syndrome, the community and professionals by being a source of the most current information as it pertains to the various aspects of Down syndrome. Supports provided to new parents, foster, or adoptive parents by providing home and/or hospital visits to talk about the experience of having a child with Down syndrome. For new families of people with Down syndrome: books, DVD's, and other current information. For school personnel, parents and students with Down syndrome: attending meetings (IEPs) that outline yearly academic and vocational goals of people with disabilities. Annual conferences, workshops and presentations for parents and professionals in the C-U community. Communications primarily through email, website & Facebook. The Buddy Walk is held each fall to raise funds and awareness. Many social events for families and people with Down syndrome; information through booths at local events.
Location/Frequency: Monthly meetings at DSC in Champaign. Annual Buddy Walk at Champaign County Fairground. Local hotel for annual Christmas event. Events with speakers are held at a church, library, or hotel in C-U.

Reviewer: Above lightly edited. Scope of services largely unchanged from PY2020. How does Agency ensure that funds are used for Champaign County residents only? How many workshops/presentations are held each year? Below, high percentage of rural residents involved in program. The network offers transportation assistance; are efforts made to host any events outside of CU?

Residency:	179 in PY2019	99 = PY2020 (first two quarters)
Champaign	46 (25.7%) for PYPY2019	24 (24.2%) for PY2020
Urbana	26 (14.5%) for PY2019	15 (15.2%) for PY2020
Rantoul	13 (7.3%) for PY2019	6 (6.1%) for PY2020
Mahomet	19 (10.6%) for PY2019	10 (10.1%) for PY2020
Other Champaign County	75 (41.9%) for PY2019	44 (44.4%) for PY2020

Demographics: Total Served in PY2019 = 179

Age	
Ages 0-6 -----	17 (9.5%)
Ages 7-12 -----	23 (12.8%)
Ages 13-18 -----	42 (23.5%)
Ages 19-59 -----	84 (46.9%)
Ages 60-75+ -----	13 (7.3%)
Race	
White -----	149 (83.2%)
Black / AA -----	20 (11.2%)
Asian / PI -----	10 (5.6%)
Gender	
Male -----	78 (43.6%)
Female -----	101 (56.4%)
Ethnicity	
Of Hispanic/Latinx Origin -----	12 (6.7%)
Not of Hispanic/Latinx Origin -----	167 (93.3%)

Program Performance Measures

CONSUMER ACCESS: open to anyone affected by Down syndrome or wishing to support them. Information about the group is distributed to local hospitals, schools, places of employment, community agencies, and churches. Up-to-date website has contact information for the group and other Down syndrome organizations. Membership in The National Down Syndrome Society (NDSS) and the National Down Syndrome Congress (NDSC); local contact info is listed on both of their websites. DSN provides local hospitals with new parent packets that contain valuable information to new parents.

Of those seeking assistance or referred, 85% will receive services/support.

Within 10 days from referral, 100% of those referred will be assessed.

Within 10 days of assessment, 99% of those assessed will engage in services.

People will engage in services, on average, as long as they choose.

Additional Demographic Data: None

Reviewer: Above is edited. Why do only 85% of those seeking assistance receive services/support? Survey Monkey used for future planning. Outcomes?

CONSUMER OUTCOMES: to improve the lives of those affected by Down syndrome in practical ways: education, support, advocacy or community awareness. Examples: Fitness Seminar, Behavior Seminar, Support Seminar. Will seek feedback from events' participants through Survey Monkey, to determine future events and locations.

Outcome gathered from all participants? No. Survey Monkey and info will be sent to email addresses gathered at events.

Anticipate 100 total participants for the year.

Will collect outcome information Annually

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: adding at least 25 people, as more feedback is received about DSN events and what events people would like to see moving forward.

UTILIZATION:

Treatment Plan Clients (TPCs): 145 people with DS & their families attending meetings & events (not the Buddy Walk, primarily a fundraiser & community awareness event). Members are considered active if they attend at least one event per year.

Non-Treatment Plan Clients (NTPCs): 50 therapeutic, support or educational professionals attending training workshops, etc. intended to provide services to DSN members & their families.

Community Service Events (CSEs): 20 events: Buddy Walk; booths at Autism Walk, Disability Expo, and the Momology Event for first time mothers.

Reviewer: 100 total participants, but 145 TPCs and 50 NTPCs, is 100 the number of new participants?

Financial Analysis

PY2021 CCDDDB Funding Request: \$15,000 **PY2021 Total Program Budget:** \$47,000

Proposed Change in Funding - PY2020 to PY2021: 0.0%

Current Year Funding (PY2020): \$15,000 (= request) as in PY19, PY18, PY17 (also = requests).

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request is for 32% of total program revenue. Other revenue is from various contributions \$32,000 (68%).

Expenses: No personnel costs. Conferences/Staff Development \$7,600 (51%); Fund Raising Activities \$2,500 (17%); Professional Fees/Consultants \$1,300 (9%); Consumables \$300 (2%); and General Operating \$3,300 (22%).

Total Agency Budget shows a **BALANCED BUDGET**

Total Program Budget shows a **BALANCED BUDGET**

Total CCDDDB Budget shows a **BALANCED BUDGET**

Program Staff - CCDDDB Funds: N/A – volunteers

Reviewer: Amount allocated for audit not specified. No personnel costs – agency run by volunteers.

CCDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDB Priorities? Yes. Self-Advocacy

Agency Cultural and Linguistic Competence Plan

DSN is a self-advocacy group/ support group for caregivers of people living with Down Syndrome. They submitted a CLC Plan that utilized the updated template and aligned their actions and benchmarks with the National CLAS Standards. DSN has outlined in their CLC Plan that they are currently looking for some online training to do either as a group or individually to become a more well-rounded board. DSN is looking at ways to update their library to ensure that they have materials available in English and Spanish. They plan to host more education seminars and resources about living with Down Syndrome. DSN has allocated money to help cover the cost of transportation. This is an updated action outlined in the CLC Plan that will start reaching out to rural and under-served populations. DSN completed their 2nd Quarter report for FY20.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: All Champaign County residents who desire support are a priority. Those who may not be in town to attend regular meetings have access to information through emails, website, and social media. For residents needing transportation to and from meetings, we have allotted transportation costs in our yearly budget. DSN tries to connect members with others in the community for family support, information regarding medical issues, and fostering social interaction with peers.

Inclusion, Integration, and Anti-Stigma: DSN to host different venues throughout the area so people have the chance to attend something at place they might not normally go.

Coordinated System: CU Autism Network & CU Able; communicates regularly with DSC to help families.

Budget and Program Connectedness: Yes. *Budget Narrative provides enough detail.*

Person Centered Planning (PCP): No

Evidence-based, Evidence-informed, Recommended, or Promising Practice: NA

Evidence of Collaboration: NA

Staff Credentials: no paid staff. Run by volunteers with experience living with a child who has Down syndrome.

Resource Leveraging: No **Other Pay Sources** NA **Client Fees** No **Sliding Scale** No **Willing to participate in DD**

Medicaid-waiver programs? No

Reviewer: above is lightly edited. Responses to overarching considerations are appropriate to a volunteer support organization, which has a long history and broad reach. The transportation \$ may be helpful to residents of medically underserved areas; other strategies could be developed to reach members of underrepresented minority groups; for such individuals and families, the community found in networks such as DSN can be invaluable.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Coordinate with CCRPC-ISC*
- *CLC technical support available from CCDDB staff.*
- *This program was not required to submit an audit for PY19. PY20 financial review is due in late October. If funded for PY21, a Financial Review, completed by an Independent Certified Public Accountant, will be required.*

Draft PY2021 CCDDDB Program Summary

Agency: Community Choices, Inc. DDB Program: Self-Determination Support

Services and People Served

Target Population: 1. Adults with I/DD who wish to expand their social networks and capital, build familiarity with local resources and opportunities, and build leadership skills. 2. Family members who wish to learn how the I/DD service system works, about local resources, connect and learn with other families, and build capacity to advocate for their adult children/family members with disabilities.

Scope, Location, and Frequency of Service(s):

Scope: Family Support and Education: educating families on the service system, helping them support each other, and advocating for improved services through public quarterly meetings focusing on resources and best practices, community parties, and a family support group. Individual consultation for families during times of transition or challenge.

Building Community: Through an exploration process, options for adults with I/DD to discover what type of engagement they enjoy having with others, and interests to pursue. Community Choices will continue to offer the following ways for members with I/DD to build community: Social Opportunities (exploring the communities through CC organized events); Co-op Clubs (building organically sustained friendships between a small group of CC members); Open Champaign (members with I/DD build 1-to-1 connections with other citizens or connections to community groups).

New: Scaffolded Supports: Opportunities for adults with I/DD to participate in opportunities available in their community, with ongoing intermittent support from CC staff. These supports may include half-day small group social opportunities, support to attend a park district class, or community cooking class.

New: Leadership and Self-Advocacy: Adults with I/DD need opportunities to learn and demonstrate skills associated with self-determination and self-advocacy. Community Choices will offer a Leadership Class, an Advocacy Board, and opportunities for members to mentor youth with disabilities within the CU 1:1 Mentoring program.

Location: community, participants' homes, CC office (limited to planning, research, correspondence, documentation.)

Frequency: not addressed

Reviewer: Above lightly edited. Two new components to program for PY2021, other services largely unchanged from PY2020. Program serves a significant portion of rural residents.

Residency:	162 = PY2019	179 = PY2020 (first two quarters)
Champaign	85 (52.5%) for PY19	97 (54.2%) for PY20
Urbana	32 (19.8%) for PY19	34 (19.0%) for PY20
Rantoul	2 (1.2%) for PY19	0 (.0%) for PY20
Mahomet	9 (5.6%) for PY19	12 (6.7%) for PY20
Other Champaign County	34 (21.0%) for PY19	36 (20.1%) for PY20

Demographics: Total Served in PY2019 = 162

Age	
Ages 19-59 -----	145 (89.5%)
Ages 60-75+ -----	17 (10.5%)
Race	
White -----	137 (84.6%)
Black / AA -----	14 (8.6%)
Asian / PI -----	8 (4.9%)
Other (incl. Native American and Bi-racial) -	3 (1.9%)
Gender	
Male -----	70 (43.2%)
Female -----	92 (56.8%)
Ethnicity	
Of Hispanic/Latinx Origin -----	8 (4.9%)
Not of Hispanic/Latinx Origin -----	154 (95.1%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled adults with I/DD, members of CC, motivated to work towards the outcomes and life they want. Formal and informal outreach within the County. Referrals from area schools, word of mouth, to and from DSC, CCRPC, Rosecrance, TAP, and PACE. Disability Expo and Northern Champaign County Community Resource Fair.

Of those seeking assistance or referred, 95% will receive services/support.

Within 14 days from referral, 90% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average: 1 year, with opportunity to renew after updating paperwork and eligibility.

Additional Demographic Data: RIN, PUNs eligibility, medical insurance information, other program involvement.

Reviewer: Above is edited. Timeframes are based on internal intake process.

CONSUMER OUTCOMES:

Program Outcome: Participation with CC leads to greater supportive networks and connections.

GOALS: Members with I/DD: 70% indicate they made a friend, 60% of those friendships defined as somewhat close; 75% will indicate that CC provides a supportive community. Family Members: 55% indicate that they connected with another family member and 45% were meaningful connections; 75% will indicate CC provides a supportive community.

Measured by: Annual Member Survey (presented to all participants and their families).

Family Support & Education: Members support each other and gain knowledge of DD service system.

GOALS: 5 Co-Op meetings reach 45 people. 4 Family Parties, 20 members/each. 6 Family Support Group Sessions, 16 family members participating. 100% Support Group participants with strategy/resource learned or increased connection with others.

Measured by: # and attendance rate of Co-Op meetings, Family Parties, Support Groups tracked. Pre/post course evaluation.

Building Community: Members engage with others and community-based groups/opportunities.

GOALS: 48 opportunities. 2-3 Pilot opportunities Scaffolded Community Engagement (Park District Classes, Cooking classes, community-based ½ day social groups). Personalized Community Connections, 15 members complete Connection Exploration process. 3 new Co-Op Clubs, 3 continuing clubs with 17 participants. 3 Open Champaign Individual Connections with 3 participants. 2 Open Champaign Events with 12 participants.

Measured by: # and attendance rate of routine and scaffolded social opportunities, co-op clubs, and Open Champaign Activities recorded. Pre/post model assessment using Relationship Maps completed by participants.

Leadership/Self Advocacy: people with I/DD build skills to direct services & shift mindset of community and service systems.

GOALS: 1 leadership course, 80% participants indicating increased confidence in a leadership skill/mindset; 10 demonstrate leadership growth by participating in Mentoring, Advocacy Initiatives Board, Media Engagement, or other leadership activities.

Measured by: # and attendance rates of leadership/self-advocacy events. Questionnaire measuring leadership skills.

Outcome gathered from all participants? No. Participant survey presented to all. Specific activity evaluation will be given.

Anticipate 160 total participants for the year.

Will collect outcome information annually or following specific activities/events.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome: specific to the different assessment and activities (above).

Reviewer: Above edited. Data collected through surveys, assessments, pre/posttest, attendance records, questionnaires. For participant feedback, these are appropriate efforts to measure personal and family outcomes of value, such as social connection, relationships, self-determination, and resources.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 160 = 75 Co-op members with I/DD + 85 of their involved family members and family members/individuals from the broader community who attend agency's public events.

Service Contacts (SCs): 2,129 direct interactions with participants or activity directly related to their support, total of: 1374 associated with Community Building, 330 Leadership and Advocacy, and 425 Family Support and Education.

Community Service Events (CSEs): 4 outreach events to support the community's knowledge of these programs and the importance of people with I/DD having the opportunity to meaningfully connect with and engage in their communities.

Other: 1,713 hours worked directly with participants or activity directly related to their support, total of: 1195 hrs in Community Building, 302 in Leadership and Advocacy, and 216 in Family Support and Education.

Reviewer: above is edited – see application for more details per program component.

Financial Analysis

PY2021 CCDDDB Funding Request: \$146,000

PY2021 Total Program Budget: \$169,300

Proposed Change in Funding - PY2020 to PY2021: 5.8%

Current Year Funding (PY2020): \$138,000 (= request)

PY19 request/award = \$116,000. PY18 request \$115,000, award \$96,000. PY17 request/award = \$70,000.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes

CCDDDB request for 86% of total program revenue. Other: various contributions \$22,500 (13%), Private Pay \$800 (<1%).

Expenses: Personnel related costs of \$128,000 are the primary expense charged to CCDDDB at 88% of \$146,000. Other expenses: Professional Fees/Consultants \$5,700 (4%); Consumables \$2,300 (2%); General Operating \$2,000 (1%); Occupancy \$5,800 (4%); Conferences/Staff Development \$800 (<1%); and Local Transportation \$1,400 (1%).

Total Agency Budget has a surplus of \$6,630. Total Program a surplus of \$2,787, CCDDDB budget BALANCED.

Program Staff - CCDDDB Funds: 0.37 FTE Indirect and 2.22 Direct FTE. Total CCDDDB = 2.59 FTE.

Total Program Staff: 0.52 FTE Indirect and 2.27 FTE Direct. Total Program = 2.79 FTE.

Reviewer: Increased funding supports 5% salary increases and higher Occupancy expenses from moving to larger office. Professional fees allocated to banking and bookkeeping services. \$1,500 allocated to audit expense.

CCDDDB PY21 Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Non-Work.

Agency Cultural and Linguistic Competence Plan

Community Choices' comprehensive CLC Plan includes the required benchmarks and uses the National CLAS Standards. 100% of the staff will receive CLC Training annually and during staff orientation. Community Choices will use natural supports and person-centered planning to ensure that all the people served will have culturally responsive services. Community Choices maintains relationships with bilingual and interpretive resources to ensure that people who need language and communication assistance can them. Agency submitted the FY20 2nd Quarter Reports.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: social events have been held in rural areas, and outreach to rural areas expanded through a variety of formal and informal networks. Members are encouraged to arrange and share transportation and other supports by accessing each other on the Membership Directory and in a ride-sharing sign-up form.

Inclusion, Integration, and Anti-Stigma: educational, community building, and leadership/self-advocacy efforts to support people with I/DD first to see themselves as important and valuable members of the community – as people with the capacity and desire to explore and connect with the opportunities available all people.

Coordinated System: no other organizations provide services with the emphasis on genuine natural supports and full community inclusion, or with same structure. PACE, DSC, CUSR, CU Able, etc provide some aspect of these supports.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate descriptions of associated items.*

Person Centered Planning (PCP): Yes.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: people with I/DD and their families are at risk for social isolation and increased stress; opportunities for cooperation with other parents and social support have positive impacts on parents' stress. For people with I/DD, social supports and opportunities for increased self-awareness provide positive outcomes and protection from such negative states. CC uses multiple innovative practices, e.g., Open Champaign.

Evidence of Collaboration: written agreements with PACE, Champaign County Healthcare Consumers, CCRPC, DSC; informal partnerships w RACES, CUPHD, UIUC SPED, CU 1:1 Mentoring, Urbana Park Dist, Promise, and TAP.

Staff Credentials: Masters level recreational therapist, staff with 10+ years' experience supporting people with I/DD, K-12 educational experience, and community focused non-profit work.

Resource Leveraging: Not used as match for other funding. **Other Pay Sources** No other payment sources available.

Client Fees Yes **Sliding Scale** Yes **Willing to participate in DD Medicaid-waiver programs?** No

Reviewer: Above edited – application includes more detail and sources of studies referenced in 'evidence-based... practice' section.

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- *Sample PCP documents and copies of written interagency agreements once they are obtained.*

Draft PY2021 CCDDDB Program Summary

Agency: Community Choices, Inc. DDB Program: Community Living

Services and People Served

Target Population: adults with I/DD who can and wish to live independently in the community, with minimal staff support and the development of natural supports.

Scope, Location, and Frequency of Service(s):

Scope: Community Transitional Support is a four-phase model for supporting adults with I/DD to move into the community.

1. Planning Stage: assessments, observations, financial discussions, and identification of core skill areas.
2. Move Out Stage: establishing schedules and working on life skill areas in the person's community-based home.
3. Reaching Out: participants work on community connections and finding meaningful activities and relationships.
4. Consultation: informal agency support and check-in based over three years. Provides hands-on Resource Connection when needed during life transitions.

Personal Development Training: small 8 session classes, building skills and confidence, topics include finances, community safety, technology, sexuality and relationships, communication, and cooking. Resources are generalized into real-world settings on an ongoing basis.

Location: homes or community locations. Class locations vary depending on topic being covered. **Frequency:** *not addressed.*

Reviewer: *Above is edited, largely unchanged from PY20. Program also provides Illinois Department of Human Services-Division of Developmental Disabilities Self-Direction Assistance. PY2020 Residency includes NTPC numbers.*

Residency:	24 = PY2019	31 = PY2020 (first two quarters)
Champaign	17 (70.8%) for PY19	21 (67.7%) for PY20
Urbana	4 (16.7%) for PY19	6 (19.4%) for PY20
Rantoul	1 (4.2%) for PY19	1 (3.2%) for PY20
Mahomet	0 (0%) for PY19	1 (3.2%) for PY20
Other Champaign County	2 (8.3%) for PY19	2 (6.5%) for PY20

Demographics: Total Served in PY2019 = 24

Age	
Ages 19-59 -----	24 (100.0%)
Race	
White -----	17 (70.8%)
Black / AA -----	5 (20.8%)
Asian / PI -----	1 (4.2%)
Other (incl. Native American and Bi-racial) -----	1 (4.2%)
Gender	
Male -----	17 (70.8%)
Female -----	7 (29.2%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	24 (100.0%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled adults with ability/willingness to live alone or with minimal support within a year. Anyone eligible and interested in gaining skills can participate in classes. Program staff meet with those requesting, to determine if the Community Transitional Support Program is a good fit for their needs and goals. Formal and informal outreach within the County. Referrals from area schools and through word of mouth, to and from DSC, CCRPC, Rosecrance, TAP, and PACE. Informal outreach: Disability Expo and the Northern Champaign County Community Resource Fair.

Of those seeking assistance or referred, 95% will receive services/support.

Within 14 days from referral, 95% of those referred will be assessed.

Within 60 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for 2-3 years, circumstances may increase time. 8-week classes.

Additional Demographic Data: RINs (recipient ID numbers), PUNS eligibility, medical insurance, and information about involvement with other service providers, to ensure supports are not duplicated.

Reviewer: Above section has been edited. Largely unchanged from PY2020.

CONSUMER OUTCOMES:

Program Outcome: With planning and support, those with I/DD can live in community-based locations, building social connection. *Measured by:* annual Member Survey, presented to all participants and their families. GOAL: 75% of participants will report that participation supported their efforts to live independently. 70% will indicate that participation helped them to connect with others and community.

Planning Outcome: People with I/DD plan and develop community-based living options. *Measured by:* Personal Outcome Measures and Independent Living Skills Checklist. GOALS: 4 people develop person-centered goals focusing on a move-out plan and skills they want to work on. 4 people successfully complete the planning phase by moving into a community-based living situation of their choice.

Move-Out Outcome: People with I/DD develop the skills needed to live independently. *Measured by:* regular meetings with participants, to serve as a formative assessment on progress toward goals. GOALS: 6 people successfully complete the Move-Out phase by: meeting self-determined goals; improving POM score in at least one area; showing the ability to complete critical areas for independence on the Independent Living Skills Checklist. Plans and goals updated annually.

Reaching-Out Outcome: People with I/DD develop connections to people and community. *Measured by:* regular meetings with participants, to serve as formative assessment on progress. GOALS: 5 people successfully complete the Reach-out phase by: meeting self-determined goals; improving initial POM score in 2+ areas; and regularly engaging in 1 new community activity.

Resource Connection: connections to community resources.

Measured by: regular meetings with participants, to serve as formative assessment on progress.

Personal Development Class Outcome: People with I/DD will develop independent living skills. *Measured by:* recording courses and attendance; pre/post course assessment designed to be accessible for and completed by people with I/DD, to measure the skill growth by participants. GOALS: 15 participants. 5 courses will be offered. People can participate in multiple courses. 100% of participants will indicate growth or identify a new skill, based on the course assessment.

Reviewer: Above and below are edited - Personal Outcome Measures developed by Council on Quality and Leadership (accreditor of the agency), renewed annually. Data collection includes surveys and assessments.

Outcome gathered from all participants? Yes. **Anticipate 15 total participants for the year.**

Will collect outcome info: formal assessments annually; formative assessment on self-determined goals at least monthly.

Is there a target or benchmark level for program services? No

Estimated level of change: Participants should improve their POM scores in at least 2 areas, show the ability to complete critical tasks from the Independent Living Skills Checklist (critical tasks are determined according to the individual's context), have met self-determined goals, and regularly engage in one or more activities/groups/connections in the community.

UTILIZATION:

Treatment Plan Clients (TPCs): 15 participants in Community Transitional Support Program.

Non-Treatment Plan Clients (NTPCs): 15 participants in Personal Development Classes.

Service Contacts (SCs): 1,420 service contacts, recorded through DDB online claims system; activities directly working with people in the program and directly connected to providing support (including connecting to resources, collaborating with families and natural supports, and documenting the support provided). SCs for NTPCs are reported in the traditional format (total count of contacts). Community Transitional Support: 1170 SCs; Personal Development Classes: 250 SCs.

Community Service Events (CSEs): 2 outreach events to various organizations; other events to support the community's knowledge of programs and the importance of people with I/DD having the opportunity to live in the community.

Other: 1,602 direct hours by staff supporting people with I/DD. For TPCs these hours will be recorded via the online claims reporting system. For NTPCs, these will be recorded and reported in the traditional format. Community Transitional Support: 1482 Direct Hours; Personal Development Classes: 120 Direct Hours.

Reviewer: TPC hours documented in online reporting system. Utilization largely unchanged from PY20.

Financial Analysis

PY2021 CCDDDB Funding Request: \$89,000

PY2021 Total Program Budget: \$139,500

Proposed Change in Funding - PY2020 to PY2021 = 10 %

Current Year Funding (PY2020): \$81,000 (= request)

PY19 request/award = \$72,500. PY18 request was for \$66,000 and award \$63,000. PY17 request/award = \$63,000.

Does the application clearly explain what is being purchased by the CCDDDB? Yes

Does the application warrant that CCDDDB funding will not supplement Medicaid? Yes, SDA services through HBS. **CCDDDB request is for 64% of total program revenue.** Other: various contributions \$7,500 (3%), DHS-DD \$43,000 (31%). **Expenses:** Personnel related costs totaling \$72,700 (Salaries \$59,252, Payroll Taxes \$4,748, and Benefits \$8,700) are the primary expense charged to CCDDDB at 82% of \$89,000. Others are: Professional Fees/Consultants \$5,200 (6%), Consumables \$1,600 (2%), General Operating \$2,000 (2%), Occupancy \$3,600 (4%), Conferences/Staff Development \$700 (<1%), and Local Transportation \$3,200 (3%).

Total Agency Budget has a surplus of \$6,630, Total Program surplus of \$1,346, and CCDDDB Budget is BALANCED.

Program Staff - CCDDDB Funds: 0.20 FTE Indirect and 1.15 FTE Direct. Total CCDDDB = 1.35 FTEs

Total Program Staff: 0.28 FTE Indirect and 2.08 FTE Direct. Total Program = 2.36 FTEs

Reviewers: CCDDDB funds portions of salaries of Executive Director, Associate Director, and Community Support Specialist, and full salary of the Community Life Coordinator. Increased funding supports 5% salary increase and a slight increase across all expenses. Professional fees allocated to banking and bookkeeping services, \$1,500 for audit expense.

CCDDDB PY2021 Priorities and Decision Support Criteria

Does the plan align with one or more CCDDDB Priorities? Yes. Housing.

Agency Cultural and Linguistic Competence Plan

The agency's comprehensive CLC Plan included the required benchmarks and used National CLAS Standards. 100% of the staff will receive CLC Training annually and during staff orientation. Community Choices will use natural supports and person-centered planning to ensure that all served will have culturally responsive services. Community Choices maintains relationships with bilingual and interpretive resources to ensure that people who need language and communication assistance can receive services. Community Choices submitted FY20 2nd Quarter Reports.

Overarching Decision Support Criteria

Underserved Populations and Countywide Access: outreach events attended by a broad scope of County residents. Services/supports included in many resource lists and databases (Expo, 211, DRS). Strong relationships with organizations where underrepresented/underserved groups might be connected and referred from (RPC, DRS, churches, NCCRC, Champaign County Healthcare Consumers, etc.) Upon service initiation, CC helps build natural support networks.

Inclusion, Integration and Anti-Stigma: clear and concrete plan for adults with I/DD to develop sustainable community living situations of their choosing, through planning, skill training, and by supporting each person to set up a home or apartment that will work for them. Participants are supported to identify and use community resources and natural supports. This process allows members to be fully integrated and included in the community.

Coordinated System: DSC provides similar services without the phase-based approach. PACE offers classes, but target population and topics vary from CC's. Participants choose between CC supports or similar offered by another organization.

Budget and Program Connectedness: Yes. *Budget Narrative provides adequate descriptions of associated items.*

Person Centered Planning (PCP): Yes

Evidence-based, Evidence-informed, Recommended, or Promising Practice: programs aim to create real supportive housing options for people with I/DD, under the assumption that not all people with I/DD need or want to live in group home setting... each person has the right to live in their own homes in fully integrated settings of their choosing. Using the principals of Supported Housing, we work with people to find housing that meets their needs financially and environmentally and then provide the support to ensure that living situation is sustainable.

Evidence of Collaboration: No written working agreements, although a process is being developed. Strong working relationships/informal partnerships with DSC (formalized), PACE, RACES, CUPHD, CU 1:1 Mentoring, Urbana Park District, Promise Healthcare, Champaign County Healthcare Consumers, TAP, and CCRPC.

Staff Credentials: DSP and QIDP trained, with degrees in human-services fields, 10+ years supporting adults with I/DD.

Resource Leveraging: Other Pay Sources: Some SDA supports are billed through the state. **Client Fees:** No. **Sliding Scale:** No. **Willing to participate in DD waiver programs:** Yes, SDA currently.

Reviewer: Above is edited – application includes details on evidence-based approach, sources/websites. Has process to develop written working agreements been finalized, same statement in PY20 application?

Process Considerations & Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2021 contract:

- written interagency agreements if obtained.

10.c.



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

BRIEFING MEMORANDUM

DATE: April 22, 2020
TO: Members, Champaign County Mental Health Board (CCMHB) and
Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Federal, State, and Local Service System Responses to COVID-19

Background:

The purpose of this memorandum is to document specific impacts of this historic moment, as we witness the rapid spread of a virus with unknown implications.

Since scattering to the winds, our team has focused on application review and preparation for the coming allocation activities, adjusting to remote work, and managing a flurry of conference calls, townhalls, webinars, and committee meetings of national and state associations, Extension Office, Emergency Operations Center, and more. Staff have continued to 'attend' committee meetings and interagency collaboratives, including with United Way and on behalf of the rescheduled Expo.

Although busy responding to new challenges, witnessing confusion and fear and the huge cost of systemic inequities, decoding emergency regulations, accomplishing as much routine work as possible, and developing new resources and collaborations, some have noted that this Great Pause is a clarifying moment, with reverence for the natural world and a sense of what 'community' could be.

Federal Response:

By now, most are aware of the three federal emergency relief bills signed into law, with at least one more on the way. The related regulatory relief and emerging resources constitute the majority of wave after wave of forwarded emails; the flow of information has not made these new programs easier to navigate. Some also receive multiple daily updates from the Federal Emergency Management Agency, at the lead where we might have been expecting the Centers for Disease Control and Prevention.

The first and second relief packages included: nutrition assistance and support for the very young, the elderly, new families, and schoolchildren who rely on free lunch and breakfast programs; changes in telehealth, allowing states to expand services covered under Medicaid, Medicare, and private insurance (telephone is not yet approved in

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Medicare); changes in licensing, relicensing, interstate compacts, etc. A 6.2% increase in Federal match for all Medicaid services is meant to help States meet increased needs. The third package included economic relief for individuals and organizations. Requests submitted to these programs have overwhelmed federal agency staff and greatly exceeded the appropriation, leading to new, heated legislative discussions of a fourth package.

The Federal Communications Commission asked private providers to make changes (e.g., lifting bandwidth caps) to improve access to telecare services, and the effort to establish “988” as a national crisis/suicide prevention hotline is now being fast-tracked.

These changes apply only during the period of the federal declaration of emergency. At this time, projections about how long and what’s next are all over the place.

While some COVID-19 related services are meant to be free of cost, behavioral health needs may not be seen as directly related to the pandemic, and yet we’re only at the very beginning of those impacts.

In “Recommendations from County Behavioral Health and Developmental Disability Directors,” Dr. Manderscheid, Executive Director of NACBHDD and NARMH, writes about what we’ve learned through townhall meetings and regular updates, anticipating the impacts on behavioral health and I/DD services. He identifies challenges which call for additional legislative action:

- County response to the coronavirus crisis has not yet been organized.
- State Medicaid response is unduly slow.
- States and/or managed care organizations must be more responsive in enabling providers to utilize new telehealth/telephone care codes. The provider workload hasn’t gone down. It has just shifted to codes that are difficult to bill through existing systems. Michigan for example, gives verbal ability to use the telehealth waiver code retroactive to March 1 but has not released any written procedures.
- Need for accelerated implementation of the 988 suicide prevention/ crisis/mental health lines in taking the burden off of overloaded 911 emergency circuits.
- If the House proposes an additional \$10 billion for federally qualified health centers—then certified community behavioral health clinics, community mental health centers, and CSUCs must get added funding too.
- Behavioral health is not generally considered part of the health system. It’s at low priority relative to physical health. Providers can’t get any access to PPE available for other staff who are working face-to-face. Many additional resources are flowing to medical, nothing to behavioral health. This must be fixed.
- Behavioral health and I/DD providers are at risk of losing essential staff. They need the flexibility to reassign/redeploy staff who aren’t busy/who aren’t needed for closed programs into other appropriate tasks.
- Rising concern about the status of residential programs, recovery houses and other congregate living circumstances. These locations house a lot of sick people and operate on low margins, and there are staffing, funding and other challenges. How

do we assist these people? How do we keep them safe from coronavirus? How do we keep them fed? How do we ensure that staff are on hand?

- Inconsistent reimbursement practices across public and private insurance payers within a state.
- Low-income clients have inadequate prepaid phone plans—calling in uses up minutes quickly.
- Some providers don't have the steady-state funding to keep their payrolls up and their doors open. Some county boards have been adding funding to assist providers whose stream of work and billable revenues are disrupted. Some states, including Oregon and Pennsylvania, say they are approving provider payments based on history of monthly billings.
- Behavioral health and I/DD provider personnel working at home often lack the organizational tools/access/infrastructure to do their jobs effectively.
- School-based counselors in Ohio have been reaching out to parents and children to assess situations and offer assistance, but not getting huge response. Teachers, however, have been calling in to counselors to report children who are struggling with isolation, remote learning or other problems. So, children are having problems and teachers are a resource to help.
- Now is the time to share existing crisis response plans or work on new contingency plans, networks and partnerships for future crises. Sept. 11 gave rise to county emergency response resources. What resources are now needed to help counties to plan for and meet future crises?

State Response:

As most states have done, Illinois submitted and received approval for an '1135 waiver,' allowing relaxation of licensure requirements and restrictions on healthcare practice, expansion of telehealth services and interstate practice, and more. The Governor established an emergency relief fund for use by local United Ways and Community Foundations. The first wave of funding was used to address housing insecurity. Food supply and distribution are community-wide efforts of great importance.

I/DD and BH are identified as essential workforce and therefore should be eligible for emergency childcare, though available capacity might not meet the demand. In addition, the need for protective equipment is as relevant as for healthcare workers, another great reason to view this work as healthcare and value it similarly.

Illinois Department of Human Services (IDHS) issued guidance for I/DD providers, closing congregate day programs and increasing residential rates (CILA by 20%); the Illinois Council on Developmental Disabilities and the Arc of Illinois created funding opportunities for people with I/DD and their families. Many families have had to choose between not visiting their adult child who lives in a CILA and taking them home for this unknown period of time. The situation adds new stresses for individuals and families and providers, which have yet to be addressed.

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The state is seeking additional Peer and Family Wellness Support Specialists as professionals to run the Warm Line, at 1-866-359-7953 or TTY 1-866-880-4459. This support is available during business hours on weekdays other than holidays.

A special Call4Calm text line, for those feeling stress related to COVID-19 to communicate with a mental health professional: text TALK to 552020 for English or HABLAR for Spanish, 24 hours a day, 7 days a week.

Local Responses:

Beyond canceling large gatherings and in-person meetings, monitoring contracts, paying the bills, and evaluating proposals for funding, our attention is also on the local versions of some serious issues noted above, including: the exacerbation of inequities in many of our systems, with dramatic consequences on the health and wellness of marginalized people; the risks inherent in congregate or institutional settings, such as jails, prisons, psychiatric hospitals, large residential facilities, sheltered workshop or day programs, nursing homes; and the impact of chaotic implementation of new rules and emergency relief programs on service providers who were already stretched. There are local heroes in these stories, beyond first responders and medical providers, who provide care which cannot be accomplished over the phone or with an app or online meeting, and these include our least well-compensated staff.

The news that the County may delay collection of 2020 property taxes may be a sign of troubled times to come for the Boards' revenues. 2020 tax amounts are not subject to reduction, but it does matter if they are collected later than usual; this impacts our ability to pay on all obligations, including agency contracts for services. This is especially true for the DDB, with a lower fund balance, but both balances are lower than this time last year due to tax repayments associated with the recent court order. In addition, where normally 99% of tax bills are paid eventually, we should expect a lower percentage than projected, billed, and budgeted for 2020. We can manage that.

Although I had planned to stop budgeting conservatively, this might not be the day to stop expecting the worst. 2021 and 2022 may be much trickier, e.g., if values decline or a tax abatement strategy is implemented. If we look to the economic downturn of 2008 for clues, Champaign County may feel the ill effects later than other communities and then be slower to recover. We can also expect, as some board members have already noted, an increase in the diseases and behaviors associated with economic distress, such as domestic violence, substance abuse, suicide, inflammatory illnesses, depression. While revenues may begin to shrink, service needs will be expanding. Service provider agencies who've relied primarily on local funding should make serious efforts to secure state and federal revenues, especially as federal appropriations have been increased to address some of these very problems. CCMHB and CCDDDB staff will continue to share such information as opportunities arise and will assist to the greatest extent appropriate.

We should also plan for a system of services which meets new needs emerging from the indirect effects of social isolation and financial insecurity and the longer-term direct effects of the COVID-19 disease, as there is already evidence of neurological impacts, including encephalopathy. Historically, much research has been devoted to understanding the relationship between viral infections (along with high fevers) and conditions such as schizophrenia, bipolar disorder, autism spectrum disorders, and certain obsessive compulsive disorders. We will learn to plan for the unknown.

Funded Agency Responses:

Associate Directors Kim Bowdry and Mark Driscoll asked those agencies with current CCDDDB and CCMHB contracts for updates on how the COVID-19 spread, shelter-in-place orders, and emergency regulatory changes have impacted the services they provide, their workforce, and their contact with persons served. Some offered great detail, and the full responses are included, revealing some consistent themes and, most importantly, hope for the future. The responses follow, in near-alphabetical order:

Champaign County Regional Planning Commission, with CCDDDB-funded program Decision Support for DD/PCP and CCMHB-funded programs Homeless System Coordination, Justice Diversion Program, and Youth Assessment Center:

All RPC program staff were moved to working from home shortly before the shelter in place order. They are continuing operations through telecommuting; conducting client contact through phone contacts and hosting meetings through web based platforms. Following are program specific updates.

Independent Service Coordination (Decision Support/Person Centered Planning): ISCs are providing services remotely using email, phone (audio and text), FaceTime, and Zoom. We are providing services remotely. All of our funded staff are working regular hours and have agency issued cell phones and email in which their clients can reach them. With the shelter in place order, some families are spending an increased amount of time connecting with their ISC due to more availability in their schedules. Transition Consultants currently are not meeting in person, we talk by phone and exchange materials by email or mail (by including a self-addressed, stamped envelope). We can set up virtual meetings, too, if that is preferred. We are happy to help families and guardians with resources, contact information, and answers to their questions. We can help them envision a future for their child when they are no longer in school, and guide them in attaining services. Preference Assessments are being conducted via phone, email, and mail as PUNS are completed/updated.

Homeless Services System Coordination (HSSC): The HSSC Program continues to provide coordination services to the Continuum of Care / Homeless Service System in Champaign County. In line with program goals, the CoC Coordinator has continued to track all relevant information shared by HUD and State resources specific to homeless systems, attends webinars, and disseminates information to appropriate community stakeholders. The CoC Coordinator has liaised between

the C-UPHD and various Emergency Shelter Providers to facilitate adoption of guidance, as well as to share important information with the full CSPH. Additionally, the CoC Coordinator has participated in meetings and grant writing for emergency funds to support the emergency shelter functions of the homeless service system and assists with brokering agreements between service providers and local motels to secure additional shelter units. The CoC Coordinator is working to ensure continuity in regular CSPH work by organizing future meetings held during the pandemic to take place via web platform rather than in person. The CoC Coordinator completed a review of CSPH members United Way 211 listings in order to identify any out of date information, provided the detailed information to CSPH members with listings that may need to be updated and instructions on how to update 211 listings were communicated to the full CSPH mailing list.

Justice Diversion Program (JDP): The Justice Diversion Program Coordinator has not received many referrals directly from the Rantoul Police officers, however she has been diligent reviewing all police contacts for each day and reaching out to families and individuals (with and without referrals) by phone. With the Coordinator starting her position on March 16th (one week before RPC moving to work from home), she has also been calling different agencies to learn more about their intake processes and services they have available during this time. The JDP program will host the Rantoul Service Providers meeting scheduled for April 2020 through a web platform.

Youth Assessment Center (YAC): The Youth Assessment Center is continuing to provide ongoing services. Staff are receiving office calls via forwarded calls to their individual cell phones. Referrals are still being accepted from the police departments, State's Attorney, and the community via email (rpcyacemail@co.champaign.il.us). Staff are providing assessments over the phone and implementing Formal Station Adjustments and other services via virtual means. Staff are participating in a weekly staffing meeting with the Program Manager to ensure productivity standards are met, as well as supervision and direction on new remote procedures, as necessary. At the beginning of March, an MRT group began; we are trying to keep the group engaged through web meetings.

CU Able, with CCDDDB-funded program CU Able Community Outreach:

We are continuing to support the community to the best of our abilities. We have been hosting weekly (rather than monthly) support meetings via Zoom for the past couple weeks. We are skipping this week as our volunteer is celebrating Holy Week and we don't want to distract her from that. We are moving our virtual support nights to a different weeknight as 2 other groups are doing them on Mondays. I believe we are going to do them on Fridays for an end of week check in for people. We had one session with several attendees, and one with only 2, but that's ok. I suspect there may be some additional drop ins as more people struggle with remote learning. We want to have them there for when people need the support. I think we are also going to add a kid's event to see if there is interest in

that. We have also put the Walmart program on hold temporarily. I think most stores are declining returns at this point, but prior to that we were concerned about the safety of our volunteers so opted to stop the pick-ups. One of the items that we received before Christmas was a truckload (well, at least a full trunk full) of 100% cotton material. There were boxes and boxes of "americana" or 4th of July fabric that was donated to us. We have given most of that away now to various community groups and individuals who are sewing masks. It was so nice to be able to provide that resource in the community. I gave about 50 yards directly to Carle's Makeamask program and then divvied the rest up to other individuals who were part of the makeamask project in town. We also ordered small packets of antiseptic wipes from good360 just today. We will receive just under 150 SMALL packages of wipes that we will give out in the community. Our plan is to basically do porch pick up and trust that people will only take one or 2 packs. We may also have a couple people do porch drop offs for those who are unable to get out. If you know of anyone specifically in need, let us know. More will be announced in CU Able in the next few days once we are sure we secured the items. We are working on the website and should have more info for you on that in the next couple weeks. I'm very excited about the person who is taking this on for us. We did choose to postpone the retreat for the summer based the University cancelling all on campus activities through mid-July. We are evaluating options for dates that would still be in the 2020-2021 fiscal year. Of course that will all depend on what happens in the world.

*Champaign County Children's Advocacy Center, with CCMHB-funded program
Children's Advocacy, from Executive Director Kari May:*

This is what we have sent out to our Multidisciplinary Team partners and what is posted on the Champaign County webpage. In addition, our family advocate is reaching out to families to check in on them and provide resource and referral as necessary. We have had two cases that have been put on hold that are not emergency situations. One put on hold per Champaign Police Sergeant and the other put on hold after CAC staff and Champaign Police Department detective staffed the case and determined the child is safe, offender has no access and the interview can be held off until the stay at home order has been lifted. Please let me know if there is anything else you need. We did put up 10 Blue kids around Champaign Urbana for Child Abuse Prevention Month.

We want to let our MDT partners know that we are here if you need us. However, due to the extension of the Shelter in Place directive from the Governor and the recommendations from the CDC we have put the following protocol in place. Please understand that this plan will be revised/updated based on the ever-changing needs of our community. To ensure you have the most recent version of this protocol please see the revised date above. Any revisions to this plan will be noted in this area with the most recent revised date.

- Only essential forensic interviews will be conducted at the CAC. Essential is determined on a case-by-case basis with the input of the MDT members

assigned to the case. For any case where the child is determined to be not at risk for the next four weeks, will be scheduled at a later time.

- Staff will work at home with communication via email and cell phones (Kari: 217-552-6848).
- When an interview is requested and needed, CAC staff will need to obtain the caregivers name and phone number. Intake information will be done via phone and ahead of the interview if possible. In addition to the normal intake questions, ask if the caregiver or child has a fever, sore throat, cough, shortness of breath, muscle aches or has traveled to or been with a person from a high-risk area. If so, the interview will not take place. Attendance to the CAC for an interview is limited to one caregiver and only the child(ren) who will be interviewed.
- Only one law enforcement detective, one DCFS investigator and two CAC staff will be permitted to attend a forensic interview. We have to keep the exposure level to everyone as low as possible.
- Any toys/games used in the play room will be placed on the round table by the child/children using them. CAC staff will disinfect these items as well as other areas of the Center after the family has left.
- When the child and family arrive at the CAC, the family will be asked to wash their hands and go directly to the play room. CAC staff will get minimal information and provide minimum information/resources for intake. There will be no lengthy meetings with MDT members before or after the interview. Staff, families and MDT members will maintain 6ft social distancing while in the conference room and throughout the CAC. Follow-up or discussion will be done via phone. All areas used in the CAC will be sanitized with sanitizing wipes and a bleach disinfectant spray.
- MDT meetings will be canceled until further notice. For anyone who needs to staff a case we have the ability to host a ZOOM meeting. I will need you to email me the participants that need to be involved and dates and times that will work for you and we can get this scheduled.
- Clinicians are working with children/families on an as needed basis and utilizing Telemental Health Resources as they are able to.
- CAC staff will take their temperatures an hour prior to arrival at the CAC. Anyone with a fever or exhibiting COVID-19 symptoms will not report to work.

Please do not hesitate to reach out if you have any questions or concerns. The health and safety of all of you is our utmost priority at this time. Thanks for all you do! Be safe!

Champaign County Christian Health Center, with CCMHB-funded program Mental Health Care, from Executive Director Jeffrey Trask:

Due to OSF closing off the Community Resource Center, we had to close CCCHC. We are keeping up with patients by calling some over the phone. We are also soliciting funds to develop a Telehealth system being offered through the Illinois Association of Free and Charitable Clinics. Same thing goes for our

pharmacy assistance program (seeking funding to continue that via grant funding). FYI, Crystal just finished arranging Telehealth services for patients with our volunteers. She's done a great job setting that up.

*Champaign County Down Syndrome Network, with CCDDDB-funded program:
No update available.*

Champaign County Head Start/Early Head Start, with CCDDDB/CCMHB -funded program Social-Emotional Disabilities Services, and CCMHB-funded program Early Childhood Mental Health Services, from Division Director, Brandi Granse:

On March 16, the Head Start facilities and home-based services closed due to Governor Pritzker's school closure order. In order to continue providing services to children and families in a remote way, our team developed several ways to connect and share information with children, families, and staff as well respond to their needs and provide services and support. We created a Facebook Group page, RPC Early Childhood Education, to post educational lessons and activities, personal messages and lessons from our teachers, social/emotional activities and support, program and COVID-19 information, and community resources and information to support children and families. So far, we have approved 275 members, including parents, employees, and community partners, who joined the Facebook Group page, and this number has continued to grow daily. We are providing weekly care baskets that include food, milk, diapers, art supplies, educational packets, and community resource information to families, based on the family feedback we get from families through our weekly check ins (phone calls). In addition, the Social-Emotional Development Specialist and the Social Skills and Prevention Coaches have continued to work and provide services the best they can. The employees have created social/emotional support packets, activities, and called families inquiring about their needs. We have provided multiple resources on how to handle stress, create routines, access mental health support, and talk to children about why they are not in school. Our Specialist and Coaches have promoted their ability consult and support families and set up a weekly parent support group to meet through google hangouts/other platforms.

Champaign County Health Care Consumers, with CCMHB-funded programs CHW Outreach and Benefit Enrollment and Justice Involved CHW Services and Benefits, from Executive Director Claudia Lenhoff:

The first grant involves working with clients in community-based settings, including our office. The second grant primarily involves working with clients in the Champaign County Jails, as well as in the community upon the clients' release from the jails (but first contact is typically made while the client is still in the County Jail, and follow-up is often after their release). CCHCC's method for working with clients during the corona virus pandemic has evolved as the situation with the spread of the virus has changed.

Timeline of Evolving Work Protocols

March 9 – 13, 2020: On March 9, Gov. Pritzker issued the Disaster Proclamation for the State of Illinois. CCHCC had already been closely tracking the public

health news about the corona virus. During this period of time, earlier in the pandemic before Shelter In Place orders, CCHCC conducted both grant funded programs as usual. However, for services delivered in our office and in community settings we implemented new protocols for disinfecting and in-person social distancing, using wipes, more frequent hand washing, and maintaining several feet between our staff and our clients. We also implemented protocols for assessing fevers, coughs, etc. among staff and our clients, and we asked anyone experiencing those symptoms to let us know and to avoid coming to the office. We had one staff member who developed a very severe illness and cough, and she did not return to the office. We now suspect that she was in fact infected with the corona virus because she was negative for influenza, and she was diagnosed with pneumonia or bronchitis, and prescribed antibiotics. She had two rounds of antibiotics and her fever spiked during the second round. This led to an all office sanitizing effort. She did not come to work while sick, but we knew that the virus could be spread before the person was fully symptomatic. We locked our office door and posted a sign on the door requesting that people knock on the door. The sign also indicated that anyone with various symptoms would not be admitted in the office, but we would come out and see them and do an intake in the hallway and follow up with a phone or email appointment. Chris Garcia continued to go and work in the Champaign County Jail during this week.

March 16 – 20, 2020: This is the week that Gov. Pritzker issued the Shelter In Place order, on that Friday, to be effective beginning Saturday, March 21. However, at the beginning of that week, CCHCC developed protocols for limiting in-person client interactions, and working remotely for our office and community-based services. We advised clients that whenever possible, we would handle appointments remotely by phone and email. We were still willing to see clients in-person if necessary, but required that clients let us know if they were symptomatic. We slightly revised the sign on our door. We continued our office disinfecting protocols and refined those further. There were some clients we had to see in-person for them to turn in documents necessary for their applications, or to just facilitate better communication. But we were able to convert most of our client appointments into phone and email appointments. Chris Garcia continued to go and work in the Champaign County Jails during this week.

March 23 to current: Since March 23, CCHCC has been working primarily remotely, and with few exceptions we have not been working with clients in-person. The sign on our door has been further revised, and explains how clients can contact CCHCC. Chris can no longer go to the Jail, as restrictions limiting non-Sheriff Office staff were implemented.

How we are working with and communicating with clients: Our work with clients has almost totally shifted to remote work protocols. We continue to assist clients with applications for various benefits and resources, including Medicaid, SNAP, SafeLink phones, Rx assistance, hospital financial assistance applications, etc., but now we are doing this work primarily over the phone and by email, depending on the clients' needs and ease of communication (some clients do not have good access to technology for on-line work and communication). During the

first week of the Shelter In Place order (week of March 23, 2020), we saw a drop-off in appointments and clients seeking our services. We suspect that during this time, individuals and families were busy figuring out the practicalities of the Shelter In Place requirements. However, after that week, we saw an increase in contacts with new and old clients requesting services. The biggest downturn in client contacts has to do with the Justice-Involved program, because Chris cannot be in the Jails.

Here is the new Jail protocol: Chris was told that he could use the Jail's phone line that is dedicated for attorneys to speak with clients. This is not an ideal situation, as clients in the Jail really need to be able to communicate with their attorneys on a timely basis. It is also a logistically and labor-intensive option because if Chris is to speak to a client on the attorney line, the correctional officers have to expend resources to take time to move a client out of their jail pod and into shared space for the attorney line. When Chris does need to use that option, he schedules calls to be late in the day, usually after dinner, when the attorneys are least likely to need to use the phone line. So, Chris is using that phone line option as a last resort. The preferred protocol right now is that clients in the Jail are referred to Chris by Courtney Bean (Rosecrance). Chris and Courtney have worked out a system that involves Courtney gathering as much of the information from the client as possible, in order to avoid the need for a phone call. If Courtney can gather information about birth dates, etc., Chris can look up the clients' Medicaid and SNAP statuses, and begin applications for the client without having to speak to the client directly and tie up a phone line. Then Courtney and Chris communicate with one another by phone and by email. This, of course, requires the clients' consent, but seems to be working fine. Clients then also have Chris's information so that they can follow up with Chris after they are released. The protocols for working with released Justice-Involved clients are the same as those for our community-based clients.

How we have provided messaging about our new social-distancing protocols: CCHCC's messaging has changed over time, as the protocols have changed. But generally, we have provided messaging through emails to our listserv, messages on our Facebook page, and messaging to our community service provider partners. We have also posted signs on our office doors to explain our protocols for contacting us. Clients can contact us via email at cchcc@cchcc-il.org or by phone at 217-352-6533.

How we handle internal staff communications in order to triage client needs: CCHCC continues to have weekly all-staff meetings on Monday mornings by conference call. We are using a free conference call. Every email from a client or prospective client is forwarded to the all-staff email list, and a staff member will respond to take responsibility for following up with that person. This is documented in an excel spreadsheet and reviewed at every staff meeting. We also have a protocol requiring all staff to check emails every 15 minutes from the periods of 10 a.m. to noon, and 1 to 3 p.m., Monday through Friday. For rapid messaging, we are also using Slack, which can be accessed online and by a phone app. We also message and coordinate with one another to let each other know

when we will be coming in to the office. Fortunately, our suite of offices makes it possible to practice social-distancing, as each staff member has their own separate office workspace. We set a limit of no more than two CCHCC staff members in the office at one time. Staff are not seeing clients at the office, but staff need to come to the office to handle mail, use the fax machine and scanner to submit documents, and do data entry. We are checking voicemails remotely. All voicemails are going to one phone (we are not providing extension numbers for individual staff members at this time), and one staff member is charged with checking those voicemails. He then emails the voicemail recordings as a file to the staff list and staff members sign up to follow up with callers.

How we handle communications with clients: CCHCC pays a portion of all staff members' cell phone plans so that they can use their personal cell phones for work, when needed. For the most part, Staff do not want clients to have their personal cell phone numbers, so we are using Google Voice to call clients. The call shows up as being from CCHCC's office phone number. Staff are also using their CCHCC email accounts to follow up with clients who email us. In all our messaging, we ask for patience as we are working remotely, and we let clients know that someone will return their call or email as soon as possible. We have typically been able to respond to clients within the same day, unless their message arrives in the evening or at night. If that is the case, then, Claudia Lennhoff, our Executive Director, typically emails the client directly to let them know we have received their email and a staff member will respond to them soon. If clients need to deliver documents to us, they can send them electronically, or if necessary, they can drop them in our office door mail slot. Staff will receive the documents, make the necessary copies or scans of the documents, and then mail the originals back to the clients. CCHCC's Executive Director, Claudia Lennhoff, has approximately 8 clients with whom she is keeping in touch on a daily or weekly basis by cell phone calls and texts. There are three clients who were in crisis (suicidal ideation, extreme anxiety), and for whom it was determined (in collaboration with their prescribing physician) that the anti-depressant that they were on was not working well for them. All three of these clients tapered off, or continue to taper off, their antidepressants, but are getting daily or every-other-day text and phone call check-ins from Claudia to make sure that the tapering is going well and that they are not having withdrawal problems. One client has fully successfully tapered of the problematic antidepressant and is managing much better. The other two are doing well and already feeling better, and have almost completed the taper.

How we are providing support for existing clients: We have many clients who are well set in terms of resources and benefits, but who are very anxious and/or lonely, and who need social/emotional support. We have emailed some of our lists (like our Medicare Task Force, and 5th & Hill), and specific individuals, to let folks know we can check in with them and to let us know if they need anything. We have offered periodical phone calls, and/or emails, depending on their preference. Likewise, at Staff Meetings we have identified individuals and families who we believe would benefit from a check in phone call, and we are systematically contacting people and checking in with them, and if needed,

developing a schedule for ongoing check-ins. We have many seniors who especially appreciate this.

In-person contacts with clients: CCHCC's Executive Director, Claudia Lennhoff, is the only person having in-person contact with clients right now, on a very limited basis. There are a few clients for whom Claudia has delivered groceries and/or supplies for dealing with the corona virus (cloth face masks, disinfecting wipes, toilet paper, tissue, gloves, hand sanitizer, etc.)

Update, from email late afternoon, April 10:

Chris Garcia just updated me that he heard from Celeste at the jail and they can no longer allow the use of the phones for Chris's application work. So, that protocol will change. No more phone contact with folks in the Jail, as of today. Chris is going to work with Celeste and Courtney to create a form that folks in the jail can fill out, or that can be filled out for them, and then sent to Chris - whether by fax, scan, or mail - so that Chris can start working on people's cases based on the information on the form.

Champaign Urbana Area Project, with CCMHB-funded program TRUCE, from Interim Director Donald Owen:

On March 14, we posted the following message on the CUAP Facebook Page:

In an effort to 'flatten the curve' of the COVID-19 pandemic, Champaign Urbana Area Project will be reducing face to face meetings.

We are also limiting office hours. We apologize for the inconvenience. If you have questions or need assistance, please feel free to email

info@cuareaproject.org or message us here.

Since that time, CUAP staff has been checking in with individuals who we were serving with advocacy, mentoring, and group meetings only through text messages and email. Currently, only three individuals are currently engaged. A fourth individual is currently incarcerated at the County Jail. We have been referring individuals to other programs and supporting as best we can.

Financial and Compliance Update: CUAP started the process to obtain a Financial Review in October, 2019. Due to an office move in November, complex and outdated record-keeping, payroll tax forms which had not been filed, that process took longer than expected. CUAP contracted with Martin Hood to perform a general update of all bookkeeping, upgrade financial software, and pay and file back taxes. In February, Feller and Kuester agreed to complete the required Financial Review. On March 20, Feller and Kuester wrote, "Unfortunately, due to the Governor's announcement this afternoon, our office is officially closed until April 7th or the restrictions are lifted. I know the importance of getting this wrapped up as soon as possible so I will work it in my schedule after our office is open and have something to you thereafter."

Currently, all CUAP work is on a strictly voluntary basis. We have applied for two grants, and we have two more that we are currently writing. We made a decision not to apply for CCMHB for FY2021, and I explained my rationale to Lynn Canfield, and I would be happy to speak to individual members of the

CCMHB if they have any questions about CUAP.”]

Community Choices, with CCDDDB-funded programs Community Living, Customized Employment, and Self-Determination Support, from Executive Director Becca Obuchowski:

In terms of our other services... Across the board, we have divided up all our members and participants between the staff to reach out to and check in on how they are managing and if their basic needs are met. For people living with families, we are reaching out at least once a week. For people living on their own, we're reaching out more. So far everyone seems to be coping well and there haven't been any significant concerns.

Our staff are working from home and have moved to remote meetings with the people we are working actively with (Community Transitional Support, HBS, Employment). I would say that the biggest impact has been to our employment program. We've paused all job development given the current circumstances. We had a few people who were still receiving some job coaching. We have moved to check-ins with these people and they continue to do well. Both were in jobs that did not see any interruption in work. We've also gone through all the people who were employed but in a maintenance/consultation phase. There are a couple people who have lost some hours, but no one who we are concerned won't be able to return once things get back to normal. These folks also, while bored, weren't concerned greatly about the loss in income. We are continuing to reach out to the former UCP clients. We've been in touch with Katie Harmon and let her know we are still have some capacity to support people, but that we can't do any job development.

We are pretty excited about some of the opportunities that we have put together for people to engage in in the meantime. Starting this week and expanding next week we are inviting members to join us on Zoom meetings. We wanted to provide some structure to peoples' days and opportunities for members to connect while they are all isolated in their homes. We are starting with a morning check-in meeting where we just see how everyone is doing and have some conversation starters. In the afternoon we've been having a longer session where people can join to learn about something or do something fun. This week we did a "Coping Skills" session, indoor gardening and plants, "get moving" a walking in place aerobics thing, arm chair travel, and this afternoon we'll be doing a wrestling recap. We also did a parent check in over Thursdays lunch hour, which went really well and we'll repeat next week. Next week we're going to expand to two afternoon sessions - Mondays will be social emotional skills, Tuesday will be How-tos or instructional sessions, Wednesdays will be physical activity and employment soft skills, Thursdays and Fridays we're planning for games and other fun things. People have been really excited and engaged. I think we've had between 5 and 10 people at each session.

Community Service Center of Northern Champaign County, with CCMHB-funded program Resource Connection, from Executive Director Andy Kulczycki:

As I indicated in an earlier email, we are operation on a reduced scale, being open from 8:30 am to 4:00 pm, rather than 5:00. We are not allowing anyone in the office area besides staff and two volunteers. The agencies that were using our facilities have all cancelled their visits here for the time being. We are still answering phones, helping with prescriptions, utilities, and any service that does not require face to face contact. We continue to answer many calls for information and referrals. Our pantry continues to function but we push a shopping cart with food out to the sidewalk and then wipe it down and bring it in once it's unloaded. We will continue to function in this manner as long as the "stay at home" order is in effect. I expect that our 3rd quarter numbers will show a downturn since this all began in March.

Courage Connection, with CCMHB-funded program Courage Connection:

Thank you for allowing Courage Connection to submit this update. Although the past month has been challenging for everyone in our community, I'm proud to report Courage Connection team members have been deeply engaged in continuing our mission. As they shifted to virtually providing counseling and other services, our program staff did some outstanding research and quickly put innovations into practice. In addition to the summary provided below, it is important to note that we've increased the number of staff and team meetings. Functional areas now meet weekly, as does the full program staff. Microsoft Teams has proved to be a lifeline for team communication. While we are physically apart, we feel very close to our clients and fellow team members.

Summary of actions taken by Courage Connection as of April 9, 2020 to address social distancing guidelines while continuing to fully practice our mission:

- On March 16, 2019, in response to Governor Pritzker's social distancing guidelines, Courage Connection program staff began providing all non-residential services (counseling, court advocacy, and housing referrals) remotely.
- The counseling staff immediately engaged in a literature review to identify best practices in teletherapy.
- The counseling sessions are going so well, we plan to explore adding teletherapy as a way to serve homebound clients even after social distancing ends.
- We have continued to staff the 24/7 hotline and provide evaluation/intake for those fleeing an imminent threat of DV.
- Until April 3rd Client Advocates were serving residential clients (Emergency Shelter and Transitional Housing) on-site while practicing social distancing.
- On April 3rd as a result on an increased number of COVID-19 cases in Champaign County, we moved our residential clients to a hotel out of an abundance of caution for clients and Client Advocates. Client Advocates are working their full shifts from the Emergency Shelter and Transitional Housing. Their modified job expectations include:

- Ongoing case management with their assigned clients and management the 24/7 DV hotline.
- Each client receives at least one wellness call from a Client Advocate each day.
- Client Advocates are not trained healthcare professionals. However, they ask clients about symptoms and make common sense recommendations (like suggesting the client go for treatment if s/he is short of breath).
- Client Advocates continue to document all case notes in OneNote.
- Client Advocates who are at a lower-risk for COVID-19 complications deliver food and personal items to clients as needed. Client Advocates will wear gloves and masks. They will observe social-distancing guidelines and not enter any hotel rooms.
- Client Advocates continue to make referrals for counseling and court advocacy.
 - Client Advocates have been assigned appropriate professional development reading and activities by the Director of Client Service.
- To date, we have not had any clients or employees with symptoms of COVID-19.

Crisis Nursery, with CCMHB-funded program Beyond Blue-Champaign County, from Executive Director Stephanie Record:

As of 3.31.2020, Crisis Nursery operations changed to the following:

1. Crisis Nursery staff continue to answer the 24-hour Crisis Line at 217-337-2730.
2. We have limited the use of Crisis Nursery until April 30th to families in extreme emergency situations. Crisis care services are limited to only the highest level of crisis due to the need for social distancing and health concerns. Our priority is to maintain support to families whose children are at-risk of immediate harm as a result of domestic violence, homelessness, or extreme parental stress.
3. Crisis Nursery staff will be onsite from **8am-1pm Monday, Wednesday and Friday** to provide any necessary supplies to families. Families can call during these times to schedule a time to pick up any supplies they may need. In addition, the Crisis Nursery staff will provide community resources, follow up calls, and crisis counseling as needed. **A director and program supervisor on site to provide support during the same times and days.**
4. **All Safe Children staff continue to be paid for the shifts they are scheduled and need to be available to come in for those shifts if there is an emergency.** We continue to maintain an on-call/beeper schedule for additional backup support in the event that someone is sick and unable to work their shift.
5. Administrative staff are working remotely from home and are available via phone and computer from 9 am-4 pm Monday-Friday.

6. **Family Specialists are working remotely from home and are staying connected to as many families as possible through virtual home visits and virtual groups.** They are also be available via phone and computer from 9 am-4 pm Monday-Friday.

Another support that has been put in place for all families, including Beyond Blue families, is a private Facebook group that Family Specialists use to share valuable resources, activities, and community during this time of uncertainty. Families have also been sharing ideas of what has worked well for them as they navigate the Stay at Home order. Our Beyond Blue staff continues to accept referrals and enroll families in the program. We are also providing diapers or goods to families in need via no contact pick up and drop off. We assess and review the Nursery plan each week and more often if needed. We recently shared updates via our eNewsletter to our staff, volunteers, donors and the community. Here is the link: <https://mailchi.mp/crisisnursery.net/covid19>.

Cunningham Children's Home, with CCMHB-funded programs ECHO Housing and Employment Support and Parenting Model, from Director Patricia Ege:

ECHO Program: During the first week in March, ECHO had 12 clients enrolled. As of today, ECHO has 15 clients enrolled with one pending. With our staff working remotely, we have used phone contacts, including FaceTime to work with our clients. We have had an on-going focus on client wellness and basic needs checks. We have and are prepared to make some face-to-face contact utilizing physical distancing protocols when necessary. Employment support has shifted due to the impact of so many closures. Although we continue to look at current employment needs, we are also considering how we might prepare our clients with skills, tools and knowledge for their future employment. We will continue to take new admissions to stay at our capacity. As COVID-19 concerns began, we had a unique risky client situation requiring extensive team work with RPC, AMMES, and PACE to meet the consumer's needs. Our staff and RPC exceeded expectations to meet the consumer's needs resulting in stable housing. Overall, collaboration in our community during the challenging time has been amazing!

Families Stronger Together (FST) program (aka Parenting Model Planning and Implementation): All of our staff are working remotely, each staff with a phone and laptop/computer. Contact with clients has been by phone as all clients, so far, have their own electronic devices. On a few occasions, we needed to go out to clients in our vehicles to have face-to-face interaction using physical distancing protocols to deliver a gift card for basics needs, bring paperwork, etc. We are working on implementing a video platform conferencing option and have completed all policies, procedures and consents to meeting regulations, including HIPAA compliance. We will begin using more video engagement once the privacy issues with Zoom and the agency computer system limitations are addressed. Throughout the COVID-19 crisis, we have provided wellness checks, including questions directly related to our clients and their families physical health. Our FST program currently has 3 clients with a capacity for 7 more. We

received a new YAC referral on Wednesday, April 8 and anticipate 2 more referrals very soon. The impact of “shelter in place” has slowed referrals to the Youth Assessment Center and presents unique challenges for all of us without face to face engagement with families. We are confident that the video conferencing will help. Our coordinator made a call to the states attorney’s office as our next referral level and will call the public defender’s office and court services the week of April 13th. We have also reached out to a community organization who we have heard might have families who meet our program criteria and need additional support. Our part-time therapist who is transferring from our residential program just became full-time. We hired another therapist who started orientation on Monday, April 6, 2020. By early May we will have capacity to bring in an additional 10 clients. We have made an offer to fill one of the two Family Support Specialist positions. Our coordinator reports that our current families are responding very well to services. We have used a few funds to buy therapeutic supplies for clients to help them deal with COVID related needs. We began our clinical ARC consultations the week of March 30th and a systems implementation session on Thursday, April 9, 2020. We will continue with every other week clinical and systems consultations. We are working to bring the YAC staff a 2 hour ARC live webinar training from our consultant. We also have become aware of some free on-line ARC training: <https://arcframework.org/what-is-arc/arc-at-a-glance/>. Another COVID-19 challenge is providing orientation to new staff, but we have utilized some Zoom presentations, videotapes and other measures to address social distancing requirements. We are facing unique challenges with training staff in CPR/FA and Therapeutic Crisis Intervention, adapting when possible, the physical skills practice and testing components with advice from the Red Cross and Cornell University.

DREAAM House, with CCMHB-funded program, from Executive Director Tracy Dace: Since the ‘shelter in place’ was implemented, DREAAM has shifted to electronic and limited face to face services. We are serving DREAAMers, their siblings, and parents in Champaign, Urbana, and Rantoul.

These services include:

- home delivery of dinner meals (Monday, Wednesday, Thursday), school supplies, enrichment materials, and parental self-care gift bags
- phone-based and online academic tutoring twice a week
- online enrichment activities and physical fitness
- case management to determine home learning resources and short-term needs
- electronic communication three times a week (newsletters, COVID information sharing, and phone/text check-in).

DSC, with CCMHB-funded program Family Development Center, and CCDDDB-funded programs Apartment Services, Clinical Services, Community Employment, Community First, Connections, Employment First, Individual and Family Support, and Service Coordination:

[Apartment Services] Community Living:

DSC's Community Living Program, formerly Apartment Services, continues to provide supports during "shelter in place". Specialists are consistently communicating with individuals on their caseloads. Communication/education is a top priority. This includes explaining what the COVID-19 virus is, the "shelter in place" definition and how it impacts each individual. Face to face visits have been limited to situations that necessitate the need, in order to decrease exposure to both the individual served and support staff. Specialists are grocery shopping and delivering goods to individuals. This task in itself has become challenging, requiring visits to numerous stores in order to fulfill the needs of multiple individuals. Specialists continue to collaborate with physicians regarding medical updates and needs; including: transporting to/advocating during essential medical appointments, picking up medications, preparing medications and educating individuals on any medication changes. Community Living Specialists continue to maintain individual's finances by paying bills, reconciling checkbooks, banking, providing spending money, etc. Due to some losing employment during this trying time, Specialists are collaborating with other DSC professionals to research financial assistance; including filing for unemployment, perusing grants, and distributing donations to those with the most need. The Community Living Program continues to meet the needs of individuals served during this difficult time, and are doing so in a compassionate, selfless and mission-driven approach.

Clinical Services:

Kelli is reaching out to families, teams and individuals to see how everyone is doing. She is reading daily notes to also keep an eye on behaviors since routines have been changed during these challenging times. Kelli is in contact with Dr. Repetto and exploring options if this situation prolongs and how we can maintain access and get him connected to individuals as needed with conference calls and telehealth as viable options. We are assisting in delivering prescriptions to help families to keep people home as much as possible. Counselors are having phone sessions with people. Staff from different programs help facilitate or get them started if needed and then give them privacy to talk to their counselor. Staff have been extremely supportive to the individuals and families we serve when anxiety levels for many are high as well since all of this is very unknown and scary. Everyone is still able to keep a professional perspective and keep their own fears and anxiety to the side when helping families work through these challenging times that have often been very uprooting for them. For example, we have had a family reach out worried if her and her husband were to get the virus and do not make it and her son goes to her other son what resources can she give him. They had questions related to what help can he get if he would need it and if he can't care for him. And related questions on if something happens to him what happens to her son with a disability. We are truly walking through and supporting families through a very challenging time and we don't have all the answers but we are doing everything we can to be supportive and reassuring that we will do the best we can to carry them through this crisis.

Community Employment:

Six people chose to take a leave of absence until the shelter in place order has ended. Twenty-one people were laid off from their jobs as a direct result of the COVID 19 pandemic, which is not only a hardship financially, but some run the risk of little to no contact with co-workers, friends or family. Employment Specialists, in addition to others they may work with from DSC, are checking in with each person individually during this critical time. Beyond the importance of maintaining a social connection, staff are reaching out to them and/or families to help navigate unemployment, SNAP benefits, and other available resources. Job coaching continues to be provided for 27 people who are still working. Contact is being made with employers as warranted. Overall, the emphasis is to maintain contact with every person in the program, assist with employment support/benefits and connect people to others for non-work related support as needed.

Community First:

Employment Counselors are reaching out to people on their caseloads at least one time per week as well. People who have few community supports and are at higher risk during this time are contacted more frequently. Social isolation is a concern for people with I/DD and our focus is to maintain contact with people and refer them to others for necessary support. We continue to maintain contact with businesses who have been serving as volunteer opportunities, reaching out to participants and preparing for the next series of groups to be made available when people return. As those plans transpire, we will reach out to people to get their input to identify individual interests and formalize a schedule in preparation for reopening community day services. Overall, staff report that people are appreciative of the ongoing contact and the calls serve as a source of comfort and reassurance as people struggle with not knowing when services will resume.

Connections:

Through Connections, people explore new interests, mastering skills and talents, selling their art, jewelry, greeting cards, etc. and sharing their joy as a member of the greater community. Prior to the Shelter in Place order, by exactly one week, participants hosted a very successful event that was open to the public and very well attended. Much work and passion goes in to creating items for purchase. We are fortunate that they were able to reap the benefits of their work before life changed so drastically for everyone. While their participation has been put on hold, we are eager to get back together to start creating and building product for the next public event. Other community events have also been postponed, but several plan to participate when rescheduled.

[Employment First] LEAP:

This is the program that is co-funded with DSC and Community Choices. There was an E1st session scheduled for March. For the health and safety of our community and participants, the LEAP Employment First session scheduled for March 25th was postponed until a later date yet to be determined. We are working to identify businesses for future training to include initial LEAP certification and the newer frontline training recently introduced. We are researching relevant webinars/training opportunities to strengthen Employment Services and the LEAP program. With employer connections being the most important focus of this



program, we look forward to resuming in person introductions and visits, as well as scheduling LEAP training as soon as possible.

Family Development Center:

There has been much guidance from the state regarding EI services and service delivery since the inception of the COVID 19 pandemic. We are following that guidance (see below) for all children/families served in the program regardless of funding source. Children and families receiving county funded services are continuing to have access to services in the best possible way, ensuring that we remain compassion and person-centered as we adjust to technology vs. the face-to-face in person visits that we all prefer. Early intervention Services halted face-face contact on 3/16/20 in an effort to stop the spread of the virus COVID 19. The Illinois Early Intervention Bureau temporarily approved allowing the use of existing IFSP Development authorizations for EI Providers to conduct phone-based consultation with families and submit claims under IFSP development time. The Bureau temporarily approved allowing the use of existing IFSP Development authorizations for EI Providers to conduct phone-based consultation with families and submit claims under IFSP Development Time. EI Providers were also able to bill for parent consultations, writing 6 month reports, and teaming with other therapists. Our team continued to reach out through email, text and phone calls to offer support, strategies, and guidance. The Bureau approved the use Live Video Visits during COVID-19 Pandemic on April 7, 2020. This will enable the EI team to conduct Live Video Visits for 60 minutes as was the standard prior to the COVID -19 Pandemic. The EI team must complete a training on Video Visits and the families must sign the Illinois Part C COVID-19 Live Video Visit Services Consent Form prior to the start of these services. EI-approved assessment tools can be utilized via Live Video Visit Services that can be administered by using parent interview, observation and informed professional judgement. Additionally, IFSP Development, Initial, annual and exit IFSP meetings are being conducted via phone or Live Video Visit Services upon family's consent, if evaluations and assessments have been completed prior to the shelter-in-place order. Furthermore Six-month IFSP review meetings can be conducted via phone or Live Video Visit Services upon obtaining family's consent. The Bureau has made concessions for families that might not be able to access high-speed internet and/or if the monthly charges are to cost prohibitive for families on a tight budget. In addition to internet fees, costs for a computer, camera, and microphone must be considered.

[Individual and Family Support] IFS:

IFS DSPs are reaching out to the families to touch base and check in regularly. They have Face-timed a couple of families too. Attention is being directed toward activities such as updating a manual for new staff when they are hired and individual packets of information that is helpful for staff to know when working in the IFS program. These tasks will have a positive impact on service delivery when we come back together. Planning for community opportunities in preparation for return of day program is a priority as well. IFS IDS (respite): We have started reaching out via email/phone calls/or letters to check on some families and will be calling/emailing more frequently as this situation continues.

Families are struggling and people are definitely appreciative of the calls/ongoing contact.

Service Coordination:

Much of our work carries on as scheduled. We continue to get plans from ISCs and write Implementation Strategies. We continue to have DHS redeterminations and phone interviews. We are reaching out and checking on individuals to make sure they have what they need. Qs are fielding many calls daily and weekly from some individuals and we are offering a great deal of support during this time. Anxiety is high for many right now and being available to people has been a source of comfort. Talking with families and recalculating HBS service agreements. We have researched benefits and applied if needed during this time. We continue to keep staff and individuals informed of constantly changing information. We have made deliveries for items such as food, toilet paper, and cashed checks for people to make things easier. We continue to support people in person as needed, i.e. – we go pick up medications and make sure they can get the med containers filled, pick up paperwork from individuals/families to obtain signatures and retain as needed. On Call Support – maintaining the on call service for after hours and we are expecting that to potentially pick up the longer that this goes on. Staff know that they have the support of the Director of Case Management and Director of Residential as resources 24/7 as well, to help support them as everyone's anxiety is higher during this time. We are working very hard to be sure we handle the calls in the safest manner during this pandemic.

Don Moyer Boys and Girls Club, with CCMHB-funded programs CU Change, CUNC, Community Coalition Summer Initiatives, and Youth and Family Services:

From Charles Burton, Director of Operations, DMBGC:

CU Change Program: While on site programming has been shut down during the COVID-19 situation, DMBGC staff have continued to carry out our CU Change Programming and contact with youth enrolled in the program. Programing and services have continued with the use of technology and a variety of distance-based and virtual programming formats. During the Club closure, CU Change staff have continued to connect with youth through telephone, email and via online platforms. DMBGC staff is also using the Zoom internet platform to allow program participants/parents/guardians and/others to communicate and interact in real time via computer, tablet, or cell phone.

We are using **Zoom** for the following anticipated program activities:

- Family Engagement/Case Management
- Program Video Conferencing
 - Homework Assistance (Power Hour)
 - Education & Career Goal Planning (diplomas2Degrees)
 - Coping & Risky Behavior Prevention (Positive Action)
 - Character, Leadership & Positive Behavior Training for males(Passport to Manhood)

- Health, Fitness and Self-Esteem Enhancement for females (SMART Girls)
- Substance Abuse, Sexual Activity Prevention/Education (SMART Moves)
- Activities focused on Planning for the Future (CareerLaunch)
- Media sharing (for example, uploading forms, etc.)

Our commitment during the shutdown is to continue to connect with and support our CU Change youth and families while keeping safety as a number one priority.

From Karen Simms, CUNC/CUTRI Program Director:

Trauma-Informed Implementation Collaboratives: We are providing technical assistance and support to the organizations involved in the learning collaboratives. Each organization has its own individualized plans and goals. Our work has been working with their change teams and staff to reach their individualized goals. To help support their goals have started also hosting monthly professional development trainings for the organizations in our collaborative. This month's training was on trauma informed supervision strategies with a focus on strategies to help staff navigate during this period of social change. Next month's meeting will focus on the intersections between trauma informed care and cultural competency. We hope that our work with them can continue into the next fiscal year.

Community Violence Response Efforts: These are on a lull, but we have been working with the task force to address some of the structural gaps in our response infrastructure. For example, we have been trying to clear people through the Carle volunteer process and by having potential volunteers' complete assessments and other trainings. We have also been working with Silver Hearts and neighborhood groups in the Silver/Vawter area. We are working with neighborhood leaders on a door-to-door delivery campaign for one-time and monthly care packages. Lee Ann has been working to identify donors and assisting with the logistics. We have been actively working with six families, one of them a new referral. The support offered has primarily been virtual. The families have a number of concerns about access to food and other basic needs, and we have been providing them with social and emotional support and linking them to care providers. We are also developing (because community leaders have requested this) user-friendly, local, culturally responsive resources on Covid-19, coping strategies, resiliency building and stress management. These might be distributed through the Coalition's efforts too.

Hear 4 U. Our mental health support network has been meeting regularly and participating in trainings. Once this period of social isolation has ended, they will begin programming at the juvenile detention center. We also hope to offer groups (psycho-educational and skill building) in the community once in-person meetings can resume.

CU TRI Discussion Group. Will start with a discussion of the film *Broken Places* on April 6 at 10:00 p.m., to be held on the CU Trauma & Resilience Facebook page. We hope to host regular discussions of trauma, adverse

community experiences, community/collective trauma and resilience/healing in our Facebook group and social media forums.

Wellness and Stress-Less Virtual Groups. We will begin offering online wellness groups using the Samaritan Wellness model and psychological first aid groups. We are recruiting members from Hear 4 U and our trained CU Neighborhood Champions network to assist with co-facilitating these groups. The audience for these wellness and psychoeducation/skill building groups teens, young adults and community members in our target population. *If there is interest and capacity, we might also have the ability to have offer groups to providers who have also been experiencing (verbalizing) a number of stressors. The staff and I have also spent time attending webinars and trainings on the best practices for telehealth, and on the unique needs and expectations of organizations providing services to victims of crimes. As a team, we have been trying to develop policies or at least recommended strategies that can be adopted if funds become available.

Infrastructure Building. We are also working on infrastructure and foundational activities: a volunteer manual that fully outlines our policies, practices, activities, reporting tools and processes, and the website. Our goal is to complete these before the end of April.

From Regina Crider, Director of Youth and Family Peer Support Alliance:
Below is an update on our response to the challenges families are facing during the shelter in place.

1. PPSP's are maintaining contact with their Peers via phone and video conferencing. The amount of contact made is contingent upon the parent/caregiver's needs.
2. Since the shelter in place has been extended to April 30th, the YFPSA staff will launch our parent group P3 (Parents Promoting Presence) online. During these uncertain times, parents need a safe place they can meet with other parents to discuss what's happening in their homes and lives. This can help reduce isolation and stress.
3. Several parents (and community organizations) have contacted YFPSA seeking information about essential basic needs resources, and systems navigation (ie. filing for unemployment, applying for SNAP benefits, communicating with landlords/bill collectors, food, etc.). Because of this, YFPSA staff hours will be increased to provide case-management support for Treatment Plan and Non-Treatment Plan Clients to essential personnel.
4. Parents/caregivers of students with mental health and/or behavioral challenges are reporting that they feel inadequate and unprepared to support their child(ren) with their school work. One mother, in particular, said to me, "I feel so stupid. I can't help my son with his school work. I was crying and he was crying. I need help. I don't want my kids to think I'm dumb." Students with IEP's, 504 Plans or Behavior Intervention Plans (BIP) are extremely vulnerable at this time. They do not have access to the support they are accustomed to. To keep these students encouraged and engaged, and to aid in

reducing household stress we will be offering online academic support via Zoom or Duo to junior high and high school students with state-certified Teacher's Aids and/or Substitute Teacher's (3-4 new temporary staff). Statistically, students with IEP's and/or behavioral challenges are more likely to drop out of school than their peers who do not have such accommodations. We are reaching out to other CCMHB grantees we have MOU's with updating them on our efforts and seeking additional ways to support their work with families as well.

East Central Illinois Refugee Mutual Assistance Center, with CCMHB- funded program Family Support and Strengthening, from Director Lisa Wilson:

The Refugee Center is operating remotely for the most part. We are considered essential employees by the Illinois Department of Human Services since we provide immigrants access to public benefit programs like SNAP, WIC and Medicaid. However, every single staff member is either vulnerable to COVID-19, or lives with someone who is. Therefore, our office is closed to clients. Most of us come in as needed to check the mail and retrieve client files. Our bilingual counselors are communicating with our clients mostly via telephone, as many do not have access to the internet. We have posted signs in several languages on our entry doors informing clients about our office closure, and have even posted staff cell phone numbers so clients can get assistance. We have spent a lot of time helping clients apply for unemployment benefits and Medicaid for those that have lost their health insurance when they lost their jobs. Fortunately, SNAP benefits will be automatically increased to the maximum amount per household by April 20 for the months of April and May. For our clients that do not qualify for unemployment, stimulus checks or public benefits due to their immigration status, we have been working with United Way, Community Foundation of East Central Illinois, Salt & Light, Champaign County Regional Plan Commission and Champaign and Cunningham Townships to support them. United Way and CFECI is giving Salt & Light \$7,500 in credit for our clients. We are now assembling a list of our most vulnerable clients in order to get gift cards to them promptly. This will likely require delivering gift cards to clients at their home. In addition, United Way and CFECI gave us a grant of \$5,000 for direct client assistance. We have helped several clients apply for COVID-19 Rental Assistance through a fund held by CCRPC and the Townships. It's first come, first served and the fund is limited, so I anticipate that we will use the unrestricted grant for additional rental assistance. In addition, we are looking for other ways to connect with the vulnerable undocumented population. I am hoping to be able to get information out via the schools food distribution.

Family Service of Champaign County, with CCMHB-funded programs Counseling, Self-Help Center, and Senior Counseling & Advocacy, from Executive Director Sheryl Bautch:

Counseling: We are providing counseling services via phone or web-based video for those clients willing and able to participate in sessions via those formats (most

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are). We continue to serve Drug Court clients and the program director continues to participate in weekly Drug Court Team Meetings that are now conducted remotely.

Self-Help Center: The Self HelpCenter coordinator is working primarily from home and continues to respond to e-mails, phone calls, etc. An intern is contacting support groups to find out what changes they have made due to COVID-19 concerns and restrictions so that we can try to keep information in our database current with those changes. We had to cancel our spring workshop on “Mindfulness Training and Other Relaxation Techniques for Individuals and Self-Help Groups” that was scheduled for April 24, 2020. The workshop will be rescheduled when it is safe to do so. We hope to be able to hold it before the end of the fiscal year but that remains to be determined.

Senior Counseling & Advocacy: Our caseworkers are not currently making home visits but continue to have regular contact with clients via phone and are doing work on their clients’ behalf via phone or computer, using mail or secure drop-off/pick-up to exchange paperwork with clients as needed. Caseworkers are doing more frequent check-ins (at least weekly) with clients to inquire about the client’s physical health, mental health, safety, and supplies. Our caseworkers are addressing client needs related to the pandemic by problem-solving how to get their food, essential supplies, prescriptions, etc. and can make emergency purchases and deliveries if needed. We will be receiving funds from the United Way and Community Foundation COVID-19 Relief Fund that will allow us to do even more in that regard.

We are continuing to publicize and enroll clients into our new **Friendly Caller** service to address social isolation. With the PEARLS program (evidenced-based program to empower older adults with mild depression to manage symptoms and improve quality of life), we are still conducting “visits” with existing clients via phone and are still taking referrals for new clients. Newly referred clients are given the option of starting the program with phone visits or waiting until face-to-face visits can resume. With all PEARLS clients, caseworkers are considering whether COVID-related goals are appropriate for each client (e.g., steps to decrease anxiety related to COVID fears, how to increase socialization, etc.) For Adult **Protective Services**, the Illinois Dept. on Aging has changed protocols regarding investigation and follow up services that preclude face-to-face contact. For Priority 1 (highest risk) reports, we are to call law enforcement to do a safety check on the alleged victim but all of our work is done by phone interviews.”

From an earlier email:

“In the Senior Resource Center we are working through the challenges of serving older adults telephonically (for Counseling & Advocacy), still supporting clients that understandably decide to put services on hold (HomeCare, Senior Transportation, Meals on Wheels) and keeping clients/staff/volunteers safe for the in-person services that continue (HomeCare, Senior Transportation, Meals on Wheels). Because we do not have volunteers or caseworkers handle clients’

money, we have come across tricky situations regarding groceries and supplies. To explain, if older adults do not have the technological ability to make online orders and do not have a support person to assist, they are having a hard time getting the needed supplies. We have been able to match volunteers from churches and other groups in some cases. We are also advocating to stores to allow phone orders or other more flexible options for older adults.

FirstFollowers, with CCMHB-funded program Peer Mentoring for Re-entry, from Directors Marlon Mitchell and James Kilgore:

As you can imagine, the COVID restrictions have had a big impact on our operations. Here is a brief summary:

1. We have ceased running our drop-in center at Bethel AME Church. The church requested this in compliance with Mayor Deb Feinen's request for churches not to gather people together. However, we have not stopped our drop-in operations. We have had numerous approaches from people via our website, Facebook page, email and telephone. We have continued to provide services in terms of housing, assistance with accessing ID and public benefits, doing job searches and providing specific assistance to people returning home from prison. We have placed two individuals in housing, assisted them in furnishing their residence along with providing advice and support to a number of people who are disoriented by the complications of accessing public benefits.
2. While the drop-in center has served as a focal point for our activities and meetings, we have shifted to Zoom connections. We are holding weekly 2-hour meetings of our mentors via Zoom. We have also set up various project and committee meetings. These include: leadership committee, project committees, budget/finance committee and Board meetings. Since we are unable to run face to face classes and training sessions with our emerging adults workforce development course, we have been having online sessions with them three days per week. This shift to online meetings has involved an upgrade of our technology and considerable training of our staff in the use of online platforms. However, this process has gone very well and all of our peer mentors are now conversant in Zoom.
3. Connections outside normal operations: we have also used Zoom to attend a number of national webinars and public forums which address the challenges of COVID-19, especially as they apply to reentry and to people who remain incarcerated. This has been a great education for our mentors, many of whom have not had previous exposure to the national networks to which we are connected.
4. FirstStepsHouse - Our reentry house has continued to operate pretty much as normal, the only restriction being the lack of movement of residents. We are also developing policy for adapting to COVID's presence in terms of cleaning the house and our behavior in the house. We have accepted another resident who is coming to the house on April 10th but we are requiring him to stay in a hotel for a 14-day period before he can enter our house. We have secured special discount rates from hotels.

5. We have had to hold a number of meetings with our funders to clarify the status of our program and to understand their modified reporting requirements.

6. We have been able to maintain our payroll and pay those consultants who regularly work with us. In fact, due to the decrease in flow of activity to the office, we have actually been able to use this time to restructure our financial systems to bring us more in line with auditing requirements, thereby ensuring that our audit will not be delayed this year due to any inadequacies on our part.

Overall, this has been a challenging time for us. But we also believe it has offered us some chances to develop in ways that we have not done previously, especially via the Zoom meetings. In addition to being a moment to handle FirstFollowers business these meetings are also an opportunity to support one another and build bonds of solidarity and support within our team. Please let us know if you have further questions.

GROW in Illinois, with CCMHB-funded program Peer Support, from Illinois Coordinator and Fieldworker Christopher Stohr:

Overview of delivering services during stay at home order:

The whole CCMHDD community has been tremendous in sharing resources that we GROWers can use during this stay at home order. Two GROW community groups have been able to continue to meet via teleconference and video conferencing. We have also established a new Videoconference GROW group that will continue to meet after the stay at home order is lifted. This has been very helpful and desired to keep some normalcy in the GROWers' weekly schedule with a lot of things abnormal during the crisis. GROW's overall formula for mental health and happiness is being used quite a bit.

"Settle for disorder in lesser things for the sake of order in greater things; and therefore, be content to be discontent in many things."

Hope is also conveyed through these weekly meetings. That we can overcome obstacles in living. It takes time and is a hard battle, but the victory is so sweet! Growers in Champaign County Community groups are not having issues with insufficient access to the internet or limited telephone minutes as other GROWers throughout Illinois. We have been fortunate in this regard. The two Champaign County Satellite Jail groups are in recess by order of the Sheriff, along with GROW's monthly community outreach at the Church of the Living God, and the monthly [planned bi-monthly] Christian Health Service which is located at the Community Resource Center at OSF Heart of Mary Medical Center. We have completed the requirements necessary to start an Orientation group at OSF Heart of Mary Medical Center, on the Behavioral Health floor, and were prevented from initial meetings by the COVID-19 crisis.

Staff and other leaders of the GROW community are continuing with studying of the GROW program, using phone calls and video conferencing. We have workshops on DVD that we are using during the study sessions via video conferencing. Staff is also taking advantage of other webinars related to mental health for continued education including videoconference training provided by

GROW In Australia. Staff participated in “National Standards for Culturally and Linguistically Appropriate Services (CLAS)” webinar.

GROWers continue to make phone calls to each other, keeping in touch and making sure everyone is using safety measures within the GROW community and family. GROW staff are helping to run necessary errands for GROWers as needed using safety measures.

Mahomet Area Youth Club, with CCMHB-funded programs BLAST and Members Matter:

BLAST:

- The afterschool enrichment program completed 3 of the 4 sessions for the school year with session 3 ending right before Spring Break. Session 3 had 44 scholarships (on par with previous sessions).
- Session 4 has been cancelled indefinitely.
- School district has communicated this, MAYC continues to connect with district staff and families.

MAYC Members Matter!:

- General:
 - We immediately developed a needs assessment to discover what our families needed most during this time and continue to push this out and follow up with families weekly.
 - We have been calling, emailing and texting with families to check in, discover needs and find ways to connect and support. Some of the outcomes have included connection with each other and other resources as well as families knowing that MAYC cares.
 - We created a “MAYC Connects” Facebook group for MAYC families and have been sharing resources and creating content for this. Resources have included info on local agencies that can provide basic needs help as well as parenting and educational resources. Content has been created by staff and leadership including reading of books, demonstrating DIY craft projects and fun challenges.
 - We’ve created craft kits and coloring packets for kids and made them available to families to pick up and/or get delivered. This has been an unbudgeted expense for us, but we are working together with other local agencies to not be the only resource for it.
- Spring Break Day Camp:
 - We had 50+ kids registered for 6 days of Spring Break camp (March 13-20). We were open “with extreme caution” on Friday March 13th and had 30 kids attend, but Monday 3/16, we were only open for essential workers and only had 3 kids attend. We were closed after that given the state recommendations about sheltering in place.
 - This meant laying off all of our hourly camp staff- 10 PT & FT.
 - Food that was purchased for the break to feed kids breakfast, lunch + 2 snacks was redistributed to the local food pantry to be shared with families in need.

- Jr. High Afterschool Program
 - Mahomet Seymour Schools are doing e-learning and all Jr. High Students have chrome books, so MAYC has been connecting with kids individually and through twice weekly “afterschool” Zoom sessions to connect, check in and have a little fun.
 - We are offering virtual homework assistance.
- Summer Day Camps
 - We are taking registrations for summer in hopes that we will be able to provide some sort of day camp, but are being very clear that this is not guaranteed and that we have no idea what will happen in 2 months.

NAMI Champaign County, with CCMHB-funded program, from Executive Director Alison Meanor:

All of NAMI CC's upcoming outreach events have been cancelled or postponed. With the temporary closure of schools, and educators doing their best to keep students on target with curriculum requirements, I am anticipating that NAMI CC will not have any opportunities to present our Ending the Silence program this spring. Our outreach has shifted to making "We Care Calls" to roughly 40 NAMI members, including family, friends, and peers in recovery. The NAMI Board and Leadership will each be making about 5 calls, following a script of 9 questions. Of primary importance is making sure individuals have their medication, food, and household supplies. We are asking specifically how they are feeling both mentally and physically. We will maintain contact with our members on a regular basis. I will be reporting this engagement as Community Service Events. When time permits, I welcome your comments and direction. If you would like me to submit a formal document to the MHB, I will do so.

PACE, Inc., with CCDDDB-funded program Consumer Control in Personal Support, from Program Manager, Mel Liong:

To ensure that services to PSW consumers and PSWs are not impacted by what is happening in our community, PACE has allowed me to work remotely. PACE has provided me a laptop to be able to work at home and granted me access to the PACE server remotely. Further, to ensure services is not disrupted, consumers can still call PACE and the calls are transferred to my cell phone. Also, all voicemails can still be left my work phone and are also sent to my PACE's email for me to review. Lastly, I receive notifications from the office manager for voicemails that are left on the general mailbox, before she forwards me the voicemails to review. What new? At PACE, we started an online peer support groups. I am part of the rotation to provide support which allows me to touch base with the PSW consumers if they are in need of PSW services and/or PSW management. I continue to attend several webinars to further my understanding and learn new information to best support consumers with I/DD through this pandemic to be able to pass the information to PSW consumers. Also, Jermaine and I have been discussing other alternatives to be able to hold the orientation and the PSW advisory on an online platform in the future. Currently, PSW consumers has

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utilized communicating with me by email to update me of their current status and if I need to provide any PSW management assistance. I have also done several outreach activities both by phone and/or by email so I can attempt to update everyone on the PSW registry. When updating the information, I have focused on if the PSW is available on short notice hoping that this information could assist consumers who may be affected by COVID-19.

Promise Healthcare, with CCMHB-funded programs Mental Health Services with Promise and Promise Healthcare Wellness, from Executive Director Nancy Greenwalt:

Promise Healthcare CCMHB Program Operations Update: COVID-19 has changed everything about how we operate and we continue to evolve daily. However, all CCMHB funded programs and services continue to be offered to our patients at Frances Nelson, Promise Healthcare on Walnut, by phone and soon by Zoom for Healthcare. Not currently funded by CCMHB, our satellites at the Urbana School Health Center and OSF's Community Resource Center are temporarily closed.

Mental Health Services with Promise: All Promise Healthcare providers are reviewing schedules daily and reaching out to patients that do not need to come in person. That could be a patient whose medication could be refilled without a visit or counseling patient that can be helped with a quick call. Promise Healthcare has maintained our psychiatry access. Patients have been making and keeping their psychiatry appointments. Volumes in counseling have dropped dramatically. The counselors are rotating time off to reduce staffing to one to two counselors a day. Promise is working as quickly as possible to set up telehealth for all providers, all programs.

Adult Wellness with Promise: Adult wellness has maintained on-site operations. Staff continue to assist patients. With reduced volumes for our counseling and medical programs, the number of assists may be down, but staff continue to be busy. Outreach and Enrollment continues to assist people in enrolling in medical coverage.

In answer to CCMHB staff question, "Do you have the funds to purchase the IPADs or whatever, to support telehealth services?":

We are receiving additional funding from HRSA for responding to COVID-19 and maintain health center capacity through the public health emergency. While it is significant support, it will be a fraction of what we expect to lose in patient revenue. So yes, I have funding that I can use to buy technology for telehealth, it is money I can also use to help support other fixed costs. We have reduced staffing where we can, but will likely not be able to reduce our costs much. If there was other funding for telehealth equipment, we could use the HRSA funding for operations. Let me know if you have any ideas.

In answer to CCMHB staff question about progress with outstanding 2018 audit, Over the weekend prior to March 30 my top priority became to maintain access to psychiatry and protect staff. I pulled resources from the audit to work on

telehealth. It took all week to get it set up. Happy to tell you all the details as to why it would take that long, if helpful. Friday morning we were setting up our first provider to be able to deliver care through Zoom from his office and patients in another office in the building. I am hoping to soon expand our telehealth services to include patients from home—but the template in our EHR is not set up yet. So until then all visits are going to need to be reworked before submitting for payment.

The next most urgent thing became to try to get in line for a chance at a Paycheck Protection Program forgivable loan—as it is a first come, first served program. 60% of our 2019 revenue was patient revenue. A Paycheck Protection Program loan could prove to be very helpful. The guidelines and information our bank needed changed daily, causing us to spend significant time researching and working on the application. It was submitted last night.

Now, on to payroll—and that is full of changes related to FFCRA. Earlier today I signed an agreement with our payroll service related to getting our account set up to offer and execute the program benefits that became effective April 1. Payroll was supposed to be in last night but the service we use is setting up the tools we need right now.

Last week Promise had a special board meeting related to the interim CFO and accounting contracts and COVID-19 related agreements and approvals needed. I executed agreements with Martin Hood and Holton Healthcare. We have a call with our interim CFO tomorrow. After that call, I expect to have a sense on when the audit can be picked up again. I look forward to it being completed and us caught up on the reporting related to it.

I am grateful for the critical care that we are able to still provide to our patients through the pandemic and for how well Promise employees have pulled together to take care of our patients and each other. Let me know if you have other questions or need additional information.

Rape Advocacy, Counseling & Education Services with CCMHB-funded program, Sexual Violence Prevention Education, from Director Adelaide Aime:

Our CCMHB-funded program—Sexual Assault Prevention Education—is on a pause during the state’s shelter-in-place period. Because our staff provide the service to school students only on-site in K-12 classrooms, they are of course prohibited from delivering presentations. The CCMHB-funded staff are using the time at home to work on program evaluation, content improvement for next year, and staff continuing education. Although the staff stand ready to return to classrooms, our contacts in schools have indicated that even if schools reopen this spring there will likely be prohibitions against school visitors (including outside professionals) giving on-site presentations. We will be guided by the decisions of each individual school district. We are also exploring the possibility of offering online presentations in the fall if schools are again closed outright or closed to outside professionals.

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In response to the CCMHB staff follow up question, "Are the prevention staff continuing to provide back-up to the hotline and have you seen an increase in calls to the hotline?" -

Yes, our CCMHB-funded staff take hotline shifts as do all of our staff including myself. The first few weeks of shelter-in-place were eerily quiet on the hotline, but last week the phone rang off the hook. We usually average about 3 hotline calls per week and last week the number was 8 calls. Please note that as usual about half of the calls are from the more than 70 counseling clients who are also receiving once per week phone counseling.

Rattle the Stars, with CCMHB-funded program Youth Suicide Prevention Education, from Executive Director Kim Bryan:

Rattle the Stars has cancelled all of our events, trainings, and other activities that were scheduled between mid-March to mid-May due to the limits on group sizes and school closures. Also, most meetings and activities that we were participating in were cancelled by the organizers. Planning for most things has been put on hold until it is determined if or when things will be rescheduled, but we are scheduling some activities in September and October. Youth training programs are not able to be given virtually, so we are not able to conduct these until the restrictions are lifted. Some short adult trainings and meetings for response plan consultations can be done virtually, but we do not have anyone interested in doing this currently. We are still providing guidance, support, and resources to those who request it.

Rosecrance Central Illinois, with CCDDDB-funded program Coordination of Services - DD/MI and CCMH- funded programs Criminal Justice PSC, Crisis, Access & Benefits, Fresh Start, Prevention, Recovery Home, and Specialty Courts:

For the DD/MI program:

Here is the list of things being done by DD/MI case manager to assist clients:

- Having regularly scheduled times that the case manager calls their clients (daily, weekly, e/2 weeks, etc)
- Returning phone calls to clients that have been forwarded to case managers via their I-phones and discussing/problem-solving with them their specific issues
- Well Health calls to check on their clients and see how they are managing with the COVID issues and impacts it has placed on them
- Working with clients in educating/teaching/instructing them to do more things for themselves (skill building)
- Shopping/coordinating the drop-off of needed items to clients (food, groceries & clothing etc.)
- Coordinating on-line grocery delivery/pick-up through Walmart, etc.
- Linking clients to needed community resources
- Coordinating medication pick-up or delivery in client's behalf
- See clients briefly as warranted for a set appt. and time
- Telehealth conferencing using doxy.me
- Educating family members on logging into this system to assist the client

- Using three-way phone conferencing with clients to get answers more quickly to clients
- Coordination of services through less involved family members to be more active in assisting client when case manager cannot client.

For the Mental Health/Substance Use Disorder programs:

The following is accurate as of 4/10/2020. Please remember, the COVID-19 situation continues to be fluid. We remain grateful for the support of the Champaign County Mental Health Board, which is so very important during these difficult times.

Specialty Courts (Champaign Co Drug Court):

We have moved as many clients as possible to telehealth services beginning March 23rd. Clients are still coming on-site for services if they do not have access to the needed technology. Clients are also coming onsite for urine drug screens. For everyone's safety, we are looking into ways to decrease the number of in-person services and use technology as much as possible to help us continue to deliver services to our outpatient clients. Regular staffing of clients continues with the larger Drug Court team, and weekly written reports are being submitted to the court. We have had staff illnesses during this time. However, other staff has stepped up to cover groups and other treatment services. We have been sharing important COVID-19 resources with clients participating in individual or group sessions. Group participation by Drug Court clients has been good. They report having adapted well to the telehealth format.

Fresh Start:

All case management services are being provided via telehealth. The Fresh Start Community Liaison is still providing weekly updates to the City of Champaign. The liaison is also maintaining contact with collaterals, referral sources, and Resource sub-committee members via telephone, email and WebEx meetings. She also participates in the forensic meeting. Participants have been mailed information on how to apply for unemployment, rental assistance, food banks, and other COVID-19 community information to assist them during this time. All participants have been reached except one. Participants indicate they really appreciate the outreach, support and information right now. Some of them are opening up now more than they ever have sharing their fears, concerns and what they're doing to keep themselves busy while sheltered in place.

Recovery Home:

Services continue without interruption, but with multiple precautionary measures in place. We have implemented twice daily client COVID-19 precautionary screenings (which include temperatures), enhanced cleaning and sanitation, and screening of all staff and vendors who enter the facility. Clients are finding it more difficult to find/maintain jobs, viable housing, and other supportive resources at this time. We have extended the stay of some of the clients due to this. Staff continues to support clients during this stressful time, connecting them with resources for online support group meetings, community resources for food and other essential client needs.

Prevention:

Prevention has been working hard on creating e-learning lessons for the Too Good for Drugs curriculum. The lessons that are completed have been sent to our teachers/school contacts to share with the students. The teachers are thrilled to be able to provide this information and are very grateful we have been able to support them in this way. We have asked our teachers for rosters/numbers of students they have reached for our tracking purposes. We continue to keep in regular contact with the teachers to offer ongoing support.

Updates for the Criminal Justice Team:

Our team has been working hard to continue to serve the criminal justice system by checking in with current clients in the community via phone calls, offering Probation MRT group via WebEx, calling the jail at designated times in the evening for inmate screenings, mental health screenings for probation clientele, NGRI (not guilty by reason of insanity) 90 day reports to the courts, weekly check-ins with supervisor, and continued tracking within our spreadsheet per our grant. Since the shelter in place order began, the jail is closed to public visits which have led staff to work remotely. They are both calling into the jail after 5:30PM to perform screenings. Request slips have also been limited by the fact our staff not being in the jail, but have spoken with a staff member at the jail who is able to forward any request slips to our staff 1-2 times per week. Our groups at the jail, MRT and Anger Management, have also been postponed to 5/1 due to the jail not having the technology or the staff to provide such a service. Since the courthouse has been closed, it has postponed the start of anger management group at probation. We have continued our probation MRT group via WebEx and continue to graduate and add more clients. We continue to receive referrals from other Rosecrance departments or probation which has led to staff keeping busy with mental health screenings and IMCANS. Rosecrance staff has also been checking in on clients weekly.

MCR:

Mobile Crisis continues to respond to all crisis calls and clients are still welcome to receive walk-in crisis services at Walnut. Mobile crisis performs 48 hours follow up phone services and assists with initiating on going services

Case Management Services:

Having regularly scheduled times that the case manager calls their clients (daily, weekly, e/2 weeks, etc) Returning phone calls to clients that have been forwarded to case managers via their I-phones and discussing/problem-solving with them their specific issues. Well Health calls to check on their clients and see how they are managing with the COVID issues and impacts it has placed on them. Working with clients in educating/teaching/instructing them to do more things for themselves (skill building). Shopping/coordinating the drop-off of needed items to clients (food, groceries & clothing etc.) Coordinating on-line grocery delivery/pick-up through WalMart, etc. Linking clients to needed community resources. Coordinating medication pick-up or delivery in client's behalf. Telehealth conferencing using doxy.me. Educating family members on logging into this system to assist the client. Using three way phone conferencing with



clients to get answers more quickly to clients. Coordination of services through less involved family members to be more active in assisting client when case manager cannot.

The UP Center (Uniting Pride), with CCMHB-funded program Children, Youth, & Families Program, from Board Member Hannah Sheets:

Uniting Pride has been making efforts to stay connected with the community through social media and zoom sessions. We have cancelled any events and in-person meetings through the end of May and will continue to follow recommendations from the CDC, local and state authorities. While this has meant that we've had to cancel popular events such as Queer Prom and Turn it UP!, we have had the opportunity to engage with folks in new ways. Our Teen, Pre-teen, and Parent groups have all moved to on-line zoom meetings, with increased space for our Youth & Families Coordinator to check on regular members and be aware of their emotional wellbeing. Before the pandemic hit, there was quite a bit of interest for an older adult group to start. Our Program Administrator has reached out to all who were interested and a first group zoom meeting is being scheduled. She also started a children's reading group using FacebookLive and Zoom that features children's books that promote inclusive communities. Our Program Administrator continues to engage with the community through social media by sharing information that may be useful, such as resources for teletherapy and hotlines, online LGBTQ+ social groups and events, information about COVID-19 resources and emergency funding, and local mutual-aid projects. We have just started to receive requests from school districts for online guest speakers. Our staff will be scheduling those speaking engagements in the next few weeks.

Urbana Neighborhood Connections, with CCMHB-funded program Community Study Center, from Director Janice Mitchell:

The following information summarizes Urbana Neighborhood Connections Center's operations during the COVID-19 Pandemic "Stay-At-Home" order.

Week # 1. March 16th – 20th - Spring Break – Planned closing

Onsite staff planning sessions which was to be implemented in the event youths reside with parents who have essential jobs.

#2. March 23rd – 27th

Multiple staff meetings via Zoom to discuss impact of Stay-at-Home order on the center's operations and expectations for tasks completion to include online trainings (DCFS, DHS, SAMHSA, etc.), virtual activity planning sessions and 3 days per week Zoom engagement sessions with youth. Leadership team began compiling youth participant family contact information with a goal of contacting each household during following week. Beth Hand began work on creating a family needs survey. Participated in USD 116 Zoom meeting re: district's plan for outreach to families. Zoom meeting with all College and Career youth and parents. Participated in monthly CCMHDDAC meeting. Participated in United

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Way grant application review. Building (tables, chairs, computers, kitchen area, etc..) was totally disinfected.

#3. March 30th – April 3rd

Multiple sessions with USD 116 regarding roll-out of youth/family meal and technology distribution. Zoom meetings with DHS/Teen REACH and other funding representatives. Phone blast to all parents regarding upcoming leadership team contacts. Phone contact with 30 of the 36 families during which time family needs assessment was completed (SEE Attached Survey results) and follow-up and/or informed parents of school district's efforts to engage families and academic expectations. Multiple staff meetings via Zoom to discuss expectations and provide additional guidance for tasks completion to include online trainings (DCFS, DHS, SAMHSA, etc..), virtual activity planning sessions and 3 days per week Zoom engagement sessions with youth. Completed youth engagement plans with goal of beginning sessions with youth during the following week.

#4. April 6th - 10th

Continued staff meetings. Began Zoom sessions with youth. (3pm – 3:40pm) K-5 males and females and (3pm – 4:15pm) middle and high schools males and females. The youth sessions are held Tuesday – Thursday and include ice-breakers, academic check-in, life/social skill and physical activities. Meeting with USD 116 Family Engagement Team. Collaborated on grant proposal with University of Illinois School of Informatic Sciences. Participated in East Central Illinois Community Foundation Ed monthly meeting. Meeting with DHS/Teen REACH representatives. Note:

1. Linkage and referrals to community resources for families in need of specific assistance (food, rent, utilities, furniture, etc...) is ongoing.
2. Collaborations with Urbana School District administrative team, The Univ. Of Illinois Fab Lab and School of Social Work are regular occurrence as they continue supportive efforts for our youth and families. The Fab Lab staff is currently assisting with technological services to our families in order for our youth and staff to participate in UNCC's remote services.

Preliminary Results of April 2020 Urbana Neighborhood Connections Center's Family Needs Assessment During the Covid-19 Pandemic:

The Urbana Neighborhood Connections Center (UNCC) recently began a parent needs assessment via phone due to the stay at home order resulting from the covid-19 pandemic. In order to decide how best to serve UNCC's youth and families during this time, UNCC first needed to know families' current needs in regards to food, technological devices, internet services, childcare, housing and their ability to pay bills and rent. Due to discussions with the Urbana School District, UNCC also decided to seek information concerning parents' ability to navigate the Urbana School District website, where they were being referred for information on closings, other changes due to the pandemic and academic work for their children. Additionally, UNCC wanted to know if parents were able to understand and follow through on obtaining resources being offered by the school

district, such as food, technology devices and getting internet services. UNCC ultimately decided to pursue remote youth services three days a week via Zoom meetings as well as to continue to assist parents with basic needs. Remote youth services began April 7, 2020; however, it soon came to light that the ability of parents to navigate their cell phones or other devices to receive the Zoom invitations, get onto the Zoom meeting and ensure their child(ren) were successfully connected was very challenging for the majority of the parents. Jared Dunn and Emilie Butt, ongoing partners with the Center from the University of Illinois's Community Fab Lab, joined the Zoom meetings and remotely assisted parents as they were trying to access the meetings and to work with outdated technology that caused many issues which affected the children's ability to fully participate. In addition to the inability to connect to the Zoom meetings, other issues included poor sound, having to turn off the video so the youth could be somewhat heard and getting and staying connected to the internet. So far, all the parents contacted were delighted with this resource and committed their child(ren) to attend these remote UNCC sessions. Almost all said that their child would be pleased to be able to be online with their peers from the Center. Yet, of the 36 families contacted (representing 81 students), only 19 students have participated online at least to some degree over the first 2 days of services. Of these 19 students, 11 attended just one day. UNCC is encouraging UNCC students to call one another to encourage more youth participation. UNCC also found that more middle and high school students participated than elementary students. 7 of 49 elementary students previously attending in person (14%) and 12 of 32 (38%) middle school/high school students attended remote sessions. UNCC theorizes that middle school and high school students have stronger independent digital literacy skills compared to elementary students who may be more dependent on parents who may have less digital literacy competency. Although this assessment is far from controlled, preliminary results from this needs assessment and conversations with families have indicated to UNCC staff that:

- UNCC families are in dire need of good working technology devices. UNCC families need more than smart phones to take advantage of knowledge, general resources and particularly utilize academic resources.
- There are not enough devices for each person in a family or unit to provide sufficient technology access in order to promote digital literacy and to utilize needed services in the community and schools.
- UNCC families are also in need of internet services that can consistently support devices they have so they do not experience breaks in service delivery.
- UNCC families could benefit from 1:1 or small group support in using technology. The families that received phone assistance from Jared and Emilie were successful in being able to join the Zoom groups.

This Urbana Neighborhood Connections Center's Family Needs Assessment was begun April 2, 2020. Three staff including Mrs. Mitchell, Ms. Hand and UNCC's staff supervisor who is also an Urbana School District teacher, Mrs. Turner, connected via phone with parents/guardians representing 36 families/extended

families and continue to work on reaching 6 additional families. Some of these families have multiple youth served by the Center, some have multiple families living together and we are finding that many are caring for relatives' and neighbors' children to allow parents to do essential work outside the home. 53% of the children in these families were elementary youth and 47% were secondary, mostly middle school, youth. Of these family units:

- 83% (30 of 36) were in need of a technology device
- 44% (16 of 36) reported they were in need of internet services, although it was discovered that the quality of internet services was an issue for many more than this
- 22 of the 36 families requested or the caller felt that the family was in need of paper work packets for school work, likely due to the frustration of getting online, knowing how to access needed work, not having enough devices for all the youth in the home, and/or not having sufficient internet service to support the academic needs of the youth and other family members' needs
- It was estimated by the callers who spoke with the families that 69% (25 of 36) families needed assistance helping the children complete the online academic work either assigned or suggested by their teachers.
- 17 of the 36 respondents wanted information about resources for food.
- 39% of the families (13 of 33) needed to receive information the school district had posted, sent out via phone blasts and was on the local news about food distribution or to have that information clarified.
- 53% of the families (18 of 34) needed to receive information the school district had posted, sent out via phone blasts and was on the local news about Chromebook giveaways to families or to have that information clarified.
- Given a rating from 0 to 10 with 0 being unable to utilize the Urbana School District website at all to 10 being totally comfortable navigating all needed areas during this time, the callers judged the parents/guardian's ability to navigate the school district's website where important information and their children's academic work was located. The average rating was 4.5 with families having secondary aged youth having an average rating of 6.2 and families with just elementary aged youth having an average rating of 3.2.

The results of the Urbana Neighborhood Connections Center's Family Needs Assessment during the Stay at Home Order highlight the importance of this proposal by the School of Information Sciences and Illinois Informatics to devise a program expanding the ongoing partnership of the Champaign-Urbana (C-U) Community Fab Lab to enhance digital literacy skills in youth and families and then to replicate this in order to spread the methodology found best to serve youth and families across other agencies/resources/schools in the community. Urbana Neighborhood Connections Center's vision is for a healthy, compassionate, progressive community where all children and families have access to services and supports that empower successful development. To bring

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that vision into reality, UNCC provides quality educational, social-emotional, spiritual and recreational enrichments to youth and their families within the context of a safe, structured and nurturing environment. UNCC will continue to pursue its mission and will therefore seek methods to help youth and families increase digital literacy and digital ethical practices in order to enable youth and families to have access to services and supports that empower successful development.

Staff Conclusions:

After the deluge of information about COVID-19, regulatory and legislative actions and their shortcomings, the challenges to coordinating emergency responses and resources, tragic inequities and projections of even greater tragedies, it was refreshing to read the agency responses and see the resilience and dedication that characterizes our community.

In consideration of both Boards' strategic plan goals to protect and build a workforce, and in alignment with IDHS rules, per the statutes governing our work, we are in a good position to honor the remaining obligations on current agency contracts, provided there are not substantial compliance issues (prior to COVID-19 pandemic and shelter-in-place) or staff vacancies or furloughs, which can be accounted for at the contract year's end.

CCMHB/CCDDB staff look forward to input from Board members on how we might manage the great unknown challenges to come, starting with a defined set of PY2021 service contracts for each Board.

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10.D.

With Self-Direction, People With Disabilities Gain Control

by Chris Serres, Star Tribune/TNS | March 10, 2020

MENOMONIE, Wis. — A decade ago, Lori Sabby-Lemke was working two jobs while caring alone for her teenage son Dustin, who was born with a severe form of cerebral palsy.

She was tired, lonely and broke.

Dustin's only means of mobility — a rusted, wheelchair-accessible minivan with holes in the floorboards — sat idle in the weeds outside her mobile home because she had no money to fix it. Worse, her insurance company repeatedly denied requests for more supports to care for Dustin at home.

Then, in the fall of 2010, a social worker told Sabby-Lemke of a new state program that could change everything. It was called IRIS and it was designed to give people like Dustin power over their lives. For the first time, the family would control their own medical budget. Equipment and services that once seemed unattainable — such as a wheelchair-accessible bathroom and a working van — suddenly were within reach.

"It felt like we had emerged from the darkness and into the light," Sabby-Lemke said.

With IRIS (Include, Respect, I Self-Direct), Wisconsin became one of the first states in the nation to adopt a model known as self-directed Medicaid benefits. The controversial move shifted the balance of power away from insurers and government bureaucrats, and empowered individuals to make their own choices.

Today, Wisconsin leads the nation in most measures of promoting independence and quality of life among people with disabilities. Fully 33 percent of Wisconsin residents with intellectual and developmental disabilities report directing their own Medicaid services — nearly three times the national average, according to a 2018 national survey.

"The IRIS program is the best thing that ever happened in this state," said Patti Rood, of Elk Mound, Wis., whose adult son is enrolled in the program. "It's living proof that, when you trust people to make their own decisions, they live richer and fuller lives."

So far, Wisconsin's fervor for self-direction hasn't spread west across the border. In Minnesota, county case managers and large service providers still dictate major decisions for people with disabilities, consigning thousands to isolating group homes rather than independent lives in the community. In Minnesota, only 8 percent of people with intellectual and developmental disabilities report directing their own services, among the lowest rates in the nation.

Officials at the Minnesota Department of Human Services (DHS) pointed to data showing a steady rise in the percentage of Minnesotans on Medicaid choosing to direct their own services, in part because of a staffing shortage among providers. Self-direction will probably grow in popularity

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as the state embarks on a multi-year effort to simplify and streamline its complex system of Medicaid benefits, known as “waivers,” said Alex Bartolic, disability services director at the DHS.

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The movement that Wisconsin embraced is built on a radically simple concept: That people with disabilities will lead happier and more fulfilling lives when they’re in control.

It appeared on the national scene in the late 1990s, with an experiment known as “cash and counseling” that allowed Medicaid recipients to receive a fixed monthly sum to hire their own caregivers, rather than have the government pay residential facilities many times more to care for them.

One national study found that people in the program were nearly 20 percentage points more likely than others on Medicaid to say they were satisfied with their lives and were less likely to have health problems or accidents related to their care.

Wisconsin’s version of the strategy went statewide in 2008. The state organized a broad network of specially trained social workers, known as IRIS consultants, who make house visits and advise people on how to use their funds. People with more physical disabilities can spend their IRIS funds on home nursing services and specialized medical equipment, such as mechanical ceiling lifts or wheelchair ramps, that help them avoid costly institutional care. Decisions are made swiftly because there is less interference from counties and providers.

When Rood needed a new stroller for her growing son, Richie, who has spastic quadriplegia, she simply submitted a handwritten request with a doctor’s note to her IRIS consultant. Within a month, a new stroller arrived on the doorstep of her mobile home in western Wisconsin.

“The bureaucratic red tape that you would expect in a government program is pretty much nonexistent,” Rood said.

Today, nearly 22,000 Wisconsin adults with disabilities participate in IRIS. The program is so popular that, when former Gov. Scott Walker proposed a change that would effectively have eliminated the program, hundreds of families launched a grassroots campaign to block the effort.

The popularity of IRIS may explain Wisconsin’s low use of costly facilities. Only 10 percent of Wisconsin residents with intellectual and developmental disabilities live in group homes, about a quarter of Minnesota’s rate.

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Kathryn Burish felt a surge of excitement as she paced the living room of her apartment in a suburb of Milwaukee.

It was a Friday evening and Burish had big plans. Her three closest friends since childhood were going to a play and then a night on the town before returning to her place for their annual pre-

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Christmas slumber party. There would be gifts, dancing in her living room, and then a large pancake-and-eggs breakfast.

Burish, who is 23 and has Down syndrome, was already dressed up in her most elegant plaid scarf and long skirt.

“I sometimes feel like the luckiest person in the world. I get to choose how I want to live and whom I want to live with.”

Such a night would not have been possible without IRIS. Five years ago, Burish’s parents enrolled her in IRIS and directed most of her annual budget toward help with daily living skills, such as cooking and managing a budget. Much of the rest went toward job training and transportation, which helped her keep a job as a medical records clerk.

Today, she lives in her own apartment and requires only a few hours of caregiver support each week. Many weekends, Burish and her “three amigos” can be seen promenading through the Milwaukee Makers Market, a bustling arts and crafts fair.

“The beauty of IRIS is that Kathryn can now do what any other hip, 23-year-old woman would want to do with her life,” said her mother, Julie Burish.

Still, the rising costs of IRIS have alarmed some Wisconsin legislators. Its outlays have swelled along with its enrollment, from \$277 million in 2014 to \$622 million in 2018. Critics have pointed to reports of people using IRIS dollars for trampolines and extravagant vacations.

But a recent analysis found that monthly Medicaid expenditures by IRIS participants were 15 percent less, on average, than spending by participants in Wisconsin’s alternative, a managed-care program known as Family Care. In 2018, IRIS enrollees spent \$2,845 per month, while Family Care enrollees spent \$3,268, according to state records.

Far from being extravagant spenders, families in the IRIS program consistently underspend their allocated budgets by 10 to 15 percent, state data shows. And overall, Wisconsin spends significantly less through Medicaid waivers than most states. The state paid \$26,700 per waiver recipient in 2017, compared with \$33,900 in Minnesota, federal data shows.

“Families are used to squeezing every last dime out of their budgets,” said Matthew Bogenschutz, an expert on self-direction at Virginia Commonwealth University. “They carry that same fiscal discipline forward with their use of public funds.”

•••

Snow flurries and a biting wind were blowing over the wooded hills outside Menomonie when Sabby-Lemke rolled Dustin onto the back porch of her mobile home. With the help of a portable lift paid for by IRIS, she and her husband, Tom Lemke, gently lowered Dustin’s 180-pound frame into a hot tub. As he sank into the steaming water, Dustin let out a squeal of delight and a grin spread over his chiseled face.

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The swirling hot water soothes Dustin's chronic muscle pain and spastic limbs, conditions related to his cerebral palsy. With letters of support from his doctors, the IRIS program paid for the mechanical lift and one-third of the cost of the hot tub. "It's been a godsend," Sabby-Lemke said. "The pain and the spasticity just melts away."

The impact of IRIS is visible everywhere in the Sabby-Lemke home. Dustin's shower is wheelchair-accessible, and a mechanical ceiling lift helps transfer him in and out of bed. In the family's garage is a futuristic, all-terrain wheelchair that enables Dustin to join his family on hikes and trips to the lake. And there is a van out front with a power entry ramp — and a working engine.

All told, the equipment has cost Wisconsin's Medicaid program about \$100,000, and it has allowed Dustin to live at home and avoid years of costly care in a group home or other institutional setting.

"This program is what enabled this family to stay together, which is the most important benefit in my book," said Sabby-Lemke, as her family gathered for supper one evening. "After all, if you've got people around you that love you, what more do you need in life?"

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10.E.

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www.dsc-illinois.org

February 20, 2020

Lynn Canfield
Executive Director
Champaign County Developmental Disabilities Board
Champaign County Mental Health Board
1776 E. Washington Street
Urbana, IL 61802

Dear Lynn,

We were notified last week from United Way that we were not selected to move forward with our Community Employment grant for the next two year grant cycle. The loss of this funding not only has a direct impact on our Community Employment program but we have always listed the United Way grant money as a match for our Donated Funds Initiative (DFI Title XX). We are requesting to use the Champaign County Developmental Disabilities Board (CCCDDDB) Community Employment grant dollars as the match for state funding to minimize any additional loss in funding starting July 1, 2020. If you have any questions or need further information, please let us know.

As always, thank you for your continued support of Champaign County, DSC and its mission.

Sincerely,

Danielle Matthews
CEO
Developmental Services Center

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11.A.



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

CCDDB 2020 Meeting Schedule

Board Meetings

8:00AM except where noted
Brookens Administrative Building
1776 East Washington Street, Urbana, IL

- April 22, 2020 – Zoom online meeting (8AM)
- May 20, 2020 – Lyle Shields Room? (8AM)
- June 17, 2020 – Lyle Shields Room? (8AM)
- July 15, 2020 – Lyle Shields Room (4PM) – *off cycle, different time*
- August 19, 2020 – Lyle Shields Room (8AM) - *tentative*
- September 23, 2020 – Lyle Shields Room (8AM)
- October 21, 2020 – John Dimit Conference Room (8AM)
- November 18, 2020 – John Dimit Conference Room (8AM)
- December 16, 2020 – Lyle Shields Room (8AM) - *tentative*

*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 December 2020 Meeting Schedule with Subject and Allocation
Timeline, and moving into PY2022 process**

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 5:45PM. Included are tentative dates for steps in the funding allocation process for Program Year 2021 (July 1, 2019 – June 30, 2020) and deadlines related to 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> |
| 11/20/19 | Regular Board Meeting (Dimit Conference Room)
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY21 Allocation Criteria |
| 12/08/19 | <i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i> |
| 12/18/19 | Regular Board Meeting (Dimit Conference Room) |
| 01/03/20 | <i>CCMHB/CCDDDB Online System opens for Agency Registration and Applications for PY21 Funding.</i> |
| 01/22/20 | Regular Board Meeting (Lyle Shields Room) |
| 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 (Lyle Shields Room)
List of Requests for PY21 Funding |

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~~03/18/20~~ ~~**Regular Board Meeting (Lyle Shields Room)**~~ – canceled

04/15/20 *Program summaries released to Board, copies posted online with the CCDDDB April 22, 2020 Board meeting agenda*

04/22/20 **Regular Board Meeting (Zoom online)**
Program Summaries Review and Discussion

04/24/20 *Agency PY2020 Third Quarter Reports Due*

05/13/20 *Allocation recommendations released to Board, copies posted online with the CCDDDB May 20, 2020 Board meeting agenda.*

05/20/20 **Regular Board Meeting (Lyle Shields Room?)**
Allocation Decisions; Authorize Contracts for PY2021

06/17/20 **Regular Board Meeting (Lyle Shields Room?)**

06/24/20 *PY21 Contracts completed/First Payment Authorized*

07/15/20 **Regular Board Meeting at 4:00PM (Lyle Shields Room)**
– off cycle and different time
Election of Officers; Approve FY2021 Draft Budget

08/19/20 **Regular Board Meeting (Lyle Shields Room) - tentative**

08/28/20 *Agency PY2020 Fourth Quarter Reports, CLC Progress Reports, and Annual Performance Measures Reports Due*

09/23/20 **Regular Board Meeting (Lyle Shields Room)**

10/21/20 **Regular Board Meeting (Dimit Conference Room)**
Draft Three Year Plan 2019-2021 with 2021 Objectives
Release Draft Program Year 2022 Allocation Criteria

10/28/20 *Agency Independent Audits, Reviews, or Compilations Due*

10/30/20 *Agency PY2021 First Quarter Reports Due*

11/18/20 **Regular Board Meeting (Dimit Conference Room)**
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY22 Allocation Criteria

12/11/20 *Public Notice to be published on or before this date, giving at least 21-day notice of application period.*

12/16/20 **Regular Board Meeting (Lyle Shields Room) - tentative**

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**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**

**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

CCMHB 2020 Meeting Schedule

**First Wednesday after the third Monday of each month--5:45 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)**

April 22, 2020 – Zoom online meeting

April 29, 2020 – Zoom online Study Session

May 13, 2020 – Study Session

May 20, 2020

June 17, 2020

July 15, 2020 – off cycle, different time, 4PM

September 23, 2020

October 21, 2020

November 18, 2020

December 16, 2020 - tentative

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

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11. B.

Agency and Program acronyms

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

Glossary of Other Terms and Acronyms

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

AAC – Augmentative and Alternative Communication

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

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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

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

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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

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