



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

Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Wednesday, June 17, 2020, 8AM

This Meeting Will Be Conducted Remotely at

<https://us02web.zoom.us/j/84280575604>

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

1. Call to Order
2. Roll Call
3. Zoom Instructions - <https://us02web.zoom.us/j/84280575604> (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 CCDDB Board Meeting Minutes* (pages 4-14)
Minutes from 05/20/20 are included. Action is requested.
9. New Business
 - A. DSC Community First May/June Payment* (pages 15-17)
A Decision Memorandum is included for Board approval of amended May/June payment. For context, guidance from Illinois DHS-DDD on Community Day Services is attached. Board action is requested.
 - B. Covid-19 Agency Updates (pages 18-46)
Included for information only is a Briefing Memorandum with updates on local agency responses to the public health and economic threats.
 - C. DisABILITY Resource Expo Update (pages 47-54)
A Briefing Memorandum is included for information only, along with an attachment on Whova, a virtual platform for conferencing.
 - D. CILA Facilities Project Update (pages 55-56)

- A Briefing Memorandum offers some history and an update, with attached 2019 financial report and program report from the service provider, IAG. No action is requested.*
- E. **2-1-1 Information and Referral (pages 67-79)**
A Briefing Memorandum presents the history of the CCDDDB and CCMHB involvement with United Way of Champaign County (UWCC) in support of the 211 call service provided by PATH. Initial MOU and other attachments are included, and no action is requested.
- F. **Regional Health Plan Partnership (pages 80-84)**
For information are a Briefing Memorandum on the collaborative effort toward community needs assessment and health plan and initial agreement.
- G. **UIUC Evaluation Project (pages 85-90)**
A Briefing Memorandum summarizing the history of the program evaluation capacity project and a list of targeted programs are included for information only.
- H. **Draft CCDDDB and CILA FY2021 Budgets (pages 91-106)**
A Briefing Memorandum and draft budgets with background information are included in the packet. No action is requested.
- I. **Board Direction**
For Board discussion of planning and funding. No action is requested.
- J. **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.
10. **Old Business**
- A. **Mini Grant Update (pages 107-108)**
A Decision Memorandum offers updates and presents one additional recipient request of their award. Action is requested.
- B. **Carle Foundation Property Tax Interest (pages 109-111)**
An update on budget amendments, along with a copy of County Board memorandum with further details, are as included for information.
- C. **CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 112-115)**
- D. **Acronyms and Glossary (pages 116-123)**
A list of commonly used acronyms is included for information.
11. **CCMHB Input**
12. **Staff Report (page 124)**

The first quarter financial report from Chris Wilson is included.

13. Board Announcements

14. Other Business – Closed Session

**Motion to enter into closed session pursuant to 5 ILCS 120/2 (c) 21 to consider the minutes of meetings lawfully closed under this Act, whether for purposes of approval by the body of the minutes or semi-annual review of the minutes as mandated by Section 2.06, and that the following individuals remain present: members of the Champaign County Developmental Disabilities Board and Operations and Compliance Coordinator, Stephanie Howard-Gallo.*

For action when returned to open session:

**Motion to approve the minutes of September 21, 2016 closed session, open the minutes to the public, and destroy the recording.*

**Motion to approve the minutes of November 16, 2016 closed session, open the minutes to the public, and destroy the recording.*

15. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for CCDDB Meeting June 17, 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://us02web.zoom.us/j/84280575604>
Meeting ID: 842 8057 5604

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Find your local number: <https://us02web.zoom.us/u/kdXtpls5ag>

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.**

If you are not a member of the CCDDB or a staff person, **please sign in by writing your name and any agency affiliation in the Chat area.** This, like the recording of the meeting itself, is a public document. There are agenda items for Public Participation and for Agency Input, and we will monitor the 'raised hands' during those times.

If you have called in, please speak up during these portions of the meeting if you would like to make a contribution. If you have called in and therefore do not have access to the chat, there will be an opportunity for you to share your 'sign-in' information. If your name is not displayed in the participant list, we might ask that you change it, especially if many people join the call.

Members of the public should not write questions or comments in the Chat area, unless otherwise prompted by the Board, who may choose to record questions and answers there.

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

Minutes –May 20, 2020

This meeting was held remotely.

8:00 a.m.

MEMBERS PRESENT: Gail Kennedy, Deb Ruesch, Anne Robin, Georgiana Schuster, Sue Suter

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

OTHERS PRESENT: Danielle Matthews, Scott Burner, Vicki Tolf, Patty Walters, Heather Levingston, Laura Bennett, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Katie Harmon, Regional Planning Commission (RPC); Amy Slagell, CU Able; Jermaine Raymer, Imelda Liong, Sherry Longcor, PACE

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

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

CITIZEN INPUT:

None.

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PRESIDENT’S COMMENTS:

None.

EXECUTIVE DIRECTOR’S COMMENTS:

Ms. Canfield reviewed the budget process. She also provided an update on staff activities and board operation during COVID19.

APPROVAL OF CCDDDB MINUTES:

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

MOTION: Dr. Robin moved to approve the CCDDDB minutes from April 22, 2020. Dr. Kennedy seconded the motion. A voice vote was taken and the motion was passed.

EXPENDITURE LIST:

The Expenditure Lists were included in the Board packet. Upon request, staff provided a mini-grant budget update.

MOTION: Ms. Suter moved to approve the Expenditure Lists. Ms. Schuster seconded the motion. A voice vote was taken and the motion was passed.

NEW BUSINESS:

Staff Recommendations for PY2021 Funding:

A Decision Memorandum with staff recommendations for PY2021 funding was included in the packet, as well as a spreadsheet. For consideration by the Champaign County Developmental Disabilities Board (CCDDDB), the memorandum presented staff recommendations for funding for the Program Year (PY) 2021 contract year (July 1, 2020 through June 30, 2021.) Decision authority rests with the CCDDDB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing and affordability, and reasonable distribution of funds across service type and intensity.

The staff recommendations are based on decision support criteria and other factors outlined in this memorandum. For additional information, please refer to the application Program Summaries presented at the April 2020 CCDDDB Meeting.

Nineteen applications proposing I/DD supports and services were submitted for consideration by the CCDDDB. These requests total \$4,421,693 and have been evaluated by the CCDDDB and staff. The two most closely aligned with the CCMHB priority for Very Young Children and their Families were also reviewed by members of the CCMHB.

Agencies identified the priority area per application, as follows:

Linkage

3 organizations, 3 applications, totaling \$782,496 (PY20 = \$883,051)

Work

2 organizations, 3 applications, totaling \$623,370 (PY20 = \$600,270)

Non-Work

2 organizations, 6 applications, totaling \$2,016,024 (PY20 = \$1,965,009)

Young Children (CCMHB focus)

2 organizations, 2 applications, totaling \$700,603 (PY20 = \$691,152)

Self-Advocacy

4 organizations, 4 applications, totaling \$193,200 (PY20 = \$223,915)

Housing

1 organization, 1 application, totaling \$89,000 (PY20 = \$81,000)

The CCMHB will allocate \$696,137 for I/DD services. CCMHB decisions have been coordinated with the CCDDDB decisions and will be finalized at a CCMHB meeting.

Priority: Linkage 3 applications from 3 organizations, totaling \$782,496

CCRPC-Community Services – Decision Support PCP \$311,488

- Proposes slight decrease from PY20.
- Supports conflict-free case management and person-centered planning, transition from high school to adult life, and identification of desired supports (for future system planning).
- Provider has significant role in the state's system for assessment, planning, referral, monitoring. The only local provider under contract with the state to perform this role, uses same Discovery and Personal Plan tool as required for state waiver funded Independent Service Coordination services.
- One outcome relates clearly to consumer, two to program performance and other systems.
- Special provisions: retain PY2020 provisions as appropriate; work directly with other case management programs toward the best interests of people served and document these collaborative efforts in quarterly service activity report comments section.

DSC – Service Coordination \$435,858

- 3% increase in funding from PY20 to support increases in staff salaries.
- A longstanding program, formerly funded by state grants, with experienced staff.
- Consumer outcomes are measurable and relevant; use of CQL Personal Outcome Measures.
- Risk of conflict of interest with regard to assessment, service planning, referral and advocacy, and service monitoring. Many other valued service activities are identified.
- Special provisions: retain PY2020 provisions as appropriate; for CCDDDB contract files, share copies of template individual service plan and assessment forms (if any are used beyond ISC forms); collaborate with CCRPC ISC when enrolling new people into the program, taking into consideration length of time on PUNS; ensure that increased funding goes to Direct Support Professional salaries (QIDPs are DSPs).



Rosecrance Central Illinois – Coordination of Services: DD/MI \$35,150

- Request is the same as PY20 funding level.
- Clarity about what is to be purchased; includes consumer outcomes of value.
- Improves access to behavioral health services and benefits.
- Changes in Medicaid, other insurance, and health care delivery systems may alleviate or increase the need for this service. Program has secured benefits for clients and then no longer charged them to this contract, making room for new clients.
- As a unique program with one primary, highly specialized staff person, staff absence or turnover can interrupt services or necessitate coverage by supervisor.
- Special provisions: retain PY2020 provisions as appropriate; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; if case management services are provided through this and another funded program, document justification for use of more than one similar program or how the person chooses between them, freeing up space for others to access this valuable support.

Priority: Work 3 applications from 2 organizations, totaling \$623,370

Community Choices, Inc. – Customized Employment \$182,000

- Request is for 54% increase over initial PY20 award, to support increase in rent, 2 new Employment Specialists, and salary increases.
- PY20 funding was increased mid-year in response to agency proposal to serve clients experiencing a loss of services upon UCP's departure from Champaign County.
- New in PY2021 is an Increased Support Model Development; agency plans to research, connect with other providers, and develop a program design to ensure more people with I/DD can work inclusively in our community.
- Well-defined consumer outcomes which are measurable.
- Revisions: identify private pay fees in program plan narrative.
- Special provisions: retain PY2020 provisions as appropriate; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; ensure Direct Support Professional salaries are increased; for CCDDDB contract files, share Discovery process tools and copies of interagency agreements.

DSC – Community Employment \$361,370

- Request is the same as PY20 funding level.
- Application proposes additional volunteer and paid short-term job experiences.
- TPC and SC targets increased for this contract year.
- Outcomes relate to process, with two of three depending on program performance.
- Agency will use \$24,896 as a match for the Donated Funds Initiative (DFI Title XX), beginning July 1, 2020.
- Special provisions: retain PY2020 provisions as appropriate; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS.

DSC/Community Choices – Employment First \$80,000

- Request is the same as PY20 funding level.
- Features a continued collaboration toward transforming employment services.



- Outcomes are tied to program performance and to businesses, their employees, individuals and their families, and service providers.
- Proposes a Customized Employment presentation by Griffin and Hammis, open to others.
- Special provisions: retain PY2020 provisions as appropriate; for CCDDDB contract files, share a list of all LEAP certified businesses and detail on jobs resulting from LEAP training.

Priority: Non-Work 6 applications from 2 organizations, totaling \$2,016,024

DSC – Clinical Services \$174,000

- Request is the same as PY20 funding level.
- Outcomes relate to process, align with responsible behavioral health supports, but do not measure positive changes in individuals’ wellness.
- Improves access to behavioral health services and benefits and collaborates with other providers toward a system of care approach.
- Program has buffered vulnerable people from changes in the health care delivery and payment systems and helped meet behavioral health needs in spite of low provider capacity.
- Revisions: private pay should be listed in Client Fees section of program plan narrative.
- Special provisions: retain PY2020 provisions as appropriate; document efforts to make use of community alternatives, including tele-psychiatry, Promise Healthcare, and other providers who will bill insurance/other payers to create capacity for others in this program.

DSC – Community First \$847,659

- 3% increase in funding request from PY20, supports salary increases.
- Outcomes are relevant and measurable, relating to quality of life with input from participants; connect to consumer choice.
- Focus is transformation from shelter-based services to meaningful community life. For those with significant support needs, who often have state funding for Community Day Services, large group settings are still the norm, partially due to delays in state system transformation.
- In order for a person to participate as a TPC, there should be a Person Centered Plan, developed with ISC, and clarifying specific service needs/preferences to be addressed.
- Because the state rate for Community Day Services (for NTPCs) is understood to be inadequate, a higher per person cost is associated with this program, with performance benchmarks for each quarter: a six month minimum of 17,000 total service hours and subsequent quarterly minimum of 8,500 total service hours associated with qualifying TPCs; a minimum of 60% (10,200 and 5,100) of those service hours in direct contact with TPCs; and a minimum of 50% (5,100 and 2,550) of these direct contact service hours delivered in community settings. If these benchmarks are not met during a quarter, the following quarter’s payments will be prorated. Fourth quarter data will inform the final payment.
- Special provisions: retain PY2020 provisions as appropriate; ensure that the increased funding goes to Direct Support Professional salaries; collaborate with ISC when enrolling new people into the program, giving consideration to length of time on PUNS; to guarantee services to the identified TPC group (who do not have state funding for any services) and given the pandemic experience, which abruptly ended day programming in segregated settings with large groups of participants, providers and families and individuals have had to find new ways to stay connected and promote independence and wellness – some of these practices should be made



permanent or advanced further, dedicating this contract to integrated and individualized non-work supports.

DSC – Community Living (formerly Apartment Services) \$456,040

- 3% increase in funding request from PY20, supports salary increases.
- Outcomes relate to consumers/quality of life and are measurable.
- A longstanding program formerly supported by state grants.
- Special provisions: retain PY2020 provisions as appropriate; ensure Direct Support Professional salaries are increased (Budget Narrative indicates the need for a 3% increase “due to staff shortage, hiring crisis for social service agencies and scheduled minimum wage increases”); collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS.

DSC – Connections \$85,000

- Request is equal to PY20 funding level.
- Outcomes relate to program performance, rather than consumer satisfaction.
- For people participating in this program while also in other funded programs, interests and preferences addressed by the program should be demonstrated in the Person Centered Plan.
- Special provisions: retain PY2020 provisions as appropriate; allow artists from other local agencies to participate in community art shows; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS.

DSC – Individual and Family Support

\$429,058

- Request is for 3% increase over PY20 award, to support salary increases.
- 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.
- Revisions: differentiate between this program and Community First, esp target population.
- Special provisions: retain PY2020 special provisions as appropriate; ensure Direct Support Professional salaries are increased; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; collaborate with ISC, Illinois Respite Coalition, and Envision Unlimited for state-funded Respite when appropriate; require proof of scholarship denial before providing specific assistance.

Persons Assuming Control of Their Environment (PACE) –
Consumer Control in Personal Support

\$24,267

- Request is for 2% increase over PY20 award.
- Recruits and trains personal support workers (PSWs); the program has successfully matched three PSWs with people with I/DD seeking support after three quarters of PY20. Given this, the impact of the program remains uncertain.
- Outcomes are measurable, associated with agency performance rather than clients.
- Revisions: rework several sections of application; change definitions for NTPCs, as attendees at CSEs should not be counted as NTPCs unless they have completed PSW orientation.



- Special provisions: retain PY2020 provisions as appropriate; program staff should continue to work closely with ISC, Illinois Respite Coalition, and Envision Unlimited on behalf of those seeking PSWs for HBS and/or state-funded Respite workers.
- Staff recommendation is for Fee for Service contract as in PY20.

Priority: Young Children (CCMHB focus and Collaboration)

2 applications from 2 organizations, totaling \$691,152

CC Head Start/Early Head Start – Social Emotional Development Svcs \$21,466
(recommendation for the balance of funding from CCMHB)

- Request is for \$121,081, an 8.1% increase over the combined CCMHB and CCDDDB PY2020 awards of \$112,004.
- Serves children who are enrolled in HS/EHS and for whom a need has been identified through observation or scheduled screenings. Collaborates with other funded programs toward system of care approach.
- Consumer outcomes relate to changes in children’s behavior and skills.
- Revisions: submit application forms to CCMHB.
- Special provisions: retain PY2020 provisions, as appropriate; share copies of MOUs.
- Staff recommendation is for partial funding of \$21,466 for Champaign County Head Start/Early Head Start – Social Emotional Development Svcs as presented in this memorandum. By agreement, the Champaign County Mental Health Board will provide partial funding of \$99,615 for this program.

DSC – Family Development \$0 (recommendation for full funding from CCMHB)

- Request is for \$596,522, a 3% increase over PY20 award, to increase salaries.
- Services for children birth to 5 with assessed risk; developmental screenings, various therapies, uses Early Intervention funding when children are eligible. Collaborates with other funded programs toward system of care approach.
- Consumer Outcomes of value to families and children.
- Revisions: budgets should be adjusted so that CCMHB budget is balanced.
- Special provisions: retain PY2020 provisions as appropriate.
- Staff recommendation is to deny funding of \$596,522 for DSC – Family Development as presented in this memorandum. By agreement, the Champaign County Mental Health Board will provide funding of \$596,522 for this program.

Priority: Self-Advocacy

4 applications from 4 organizations, totaling \$223,915

CU Able – Community Outreach
\$17,200

- Request for same amount as PY20 contract.
- Significant outreach to families, who may be unsupported otherwise, through Facebook page
- Some outcomes relate to program performance, relevant for a support network.



- Collaborates with other support networks and service providers.
- Year-end report regarding social media participation and members' service preferences will support CCDDDB planning.
- Special provisions: retain PY2020 provisions as appropriate; rather than develop a resource directory of funded services and supports, partner with others on verification of existing online resource directories.

CU Autism Network – Community Outreach Programs - New \$15,000
NEW

- Program proposes to 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.
- The organization has a long history in community.
- Revisions: financial forms and CLC Plan, with technical assistance from CCDDDB staff.
- Special provisions: inform those with potential eligibility of PUNS and encourage enrollment; collaborate with similar organizations.

Champaign County Down Syndrome Network – CC Down Syndrome Network
\$15,000

- Funding at this level for several years, for a parent/professional volunteer run support network with long history in the community and popular annual event.
- Collaborates with other support networks and service providers.
- Program serves significant number of rural families.
- A financial review by independent CPA firm will be due for PY20 and PY21 contracts.
- Special provisions: retain PY2020 provisions as appropriate; coordinate with CCRPC-ISC; use CLC technical support available from CCDDDB staff.

Community Choices, Inc. – Self-Determination Support \$146,000

- Request includes a 5.8% increase over PY20 contract to support salary increases and higher Occupancy expenses from moving to larger office.
- Outcomes are well defined, relevant, and measurable.
- One new component of the program, Scaffolded Supports, provides supports to people in their community, participating in half-day small group social opportunities, attending park district classes, or a community cooking class.
- Program serves large portion of rural residents.
- Special provisions: retain PY2020 provisions as appropriate; ensure that Direct Support Professional salaries are increased; for CCDDDB contract files, share sample PCP documents and copies of interagency agreements.

Priority: Housing 1 application from 1 organization, totaling \$89,000

Community Choices, Inc. – Community Living
\$89,000



- Request includes a 10% increase over PY20 contract to support salary increases and other increased costs.
- Consumer outcomes for each program component are well-developed and measurable; uses CQL Personal Outcome Measures.
- Includes a 4-phased model of transitional support for independent community living as well as 8-session classes on related topics.
- Special provisions: retain PY2020 provisions as appropriate; collaborate with ISC when enrolling new people into the program, with consideration for length of time on PUNS; ensure that Direct Support Professional salaries are increased; for CCDDDB contract files, share copies of interagency agreements.

MOTION: Ms. Ruesch moved to approve CCDDDB funding as recommended for Priority: Linkage subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Kennedy moved to approve CCDDDB funding as recommended for Priority: Work subject to the caveats as presented in the memorandum. Ms. Schuster seconded. A roll call vote was taken and the motion passed unanimously. Ms. Danielle Mathews from DSC provided additional information regarding match funds.

MOTION: Ms. Ruesch moved to approve CCDDDB funding as recommended for Priority: Non-Work subject to the caveats as presented in the memorandum. Ms. Suter seconded. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Ruesch moved to approve CCDDDB funding as recommended for Priority: Young Children (CCMHB focus and Collaboration) subject to the caveats as presented in the memorandum and subject to approval by the CCMHB. Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Kennedy moved to approve CCDDDB funding as recommended for Priority: Self-Advocacy subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Ruesch moved to approve CCDDDB funding as recommended for Priority: Housing subject to the caveats as presented in the memorandum. Dr. Kennedy seconded. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Robin moved to authorize the executive director to conduct Contract Negotiations as specified in the memorandum. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Ruesch moved to authorize the executive director to implement contract maximum reductions as described in the Special Notification Concerning PY2021 Awards section of the memorandum. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Ruesch moved to authorize the executive director to include in all new PY2021 contracts the COVID-19 Special Provision described in the Special Notifications Concerning PY2021 Awards section of the memorandum. Dr. Robin seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Ruesch moved to revise/correct the amount on the top of page 25 from \$691,152 to \$717,603. Dr. Kennedy seconded. A roll call vote was taken and the motion passed unanimously.

Board Direction:

No comments.

Successes and Agency Information:

Patty Walters from DSC and Becca Obuchowski from Community Choices provided an update on recent successes.

OLD BUSINESS:

Mini Grant Update:

A Briefing Memorandum was included in the packet.

Agency 3rd Quarter Program Reports:

Reports were included in the packet.

3rd Quarter I/DD Hours of Direct Service Data:

Reports were included in the packet.

Meeting Schedules:

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

Acronyms:

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

CCMHB Input:

The CCMHB will meet later in the day.

STAFF REPORTS:

None.

BOARD ANNOUNCEMENTS:

Ms. Suter announced an upcoming Expo meeting and provided a brief update on the future Expo.

ADJOURNMENT:

The meeting adjourned at 9:00 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

9.A.



DECISION MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Kim Bowdry
SUBJECT: DSC Community First May/June Payment

Background:

The purpose of this memorandum is to seek approval for amendment to the CCDDDB contract #DD20-082 with DSC for Community First. The request is straightforward, that calculation of May/June payment not be based on fourth quarter service data, but the circumstances necessitating the request are highly unusual.

In accordance with the Governor's Executive Order, on March 15th, the Illinois Department of Human Services – Division of Developmental Disabilities ordered the closure of program sites providing Community Day Services (CDS) and guaranteed continued payment for these services in order to preserve workforce and capacity. The attached letter extends this to the end of PY21 (June 30, 2020).

The CCDDDB funded day services are delivered by the same workforce, in accordance with state standards and rules, and in the CDS site or community locations which have also been closed to the public. As a result, the CCDDDB services could not be delivered as they had been from July through mid-March. The agency documents efforts to serve these individuals in new ways, primarily by phone and online, but the volume of hours are not likely to meet benchmarks described in the contract, so that the final two-month payment would be low enough to jeopardize service capacity.

With the closure of program sites due to the COVID-19 pandemic, the Community First program is not expected to meet benchmarks, the basis for payment calculation, as stated in B. 9. below:

B.9. Payment schedule is revised as follows; the Provider shall be paid 1/12th (one twelfth) of the contract maximum for each month during the first six months of the term of this Contract (i.e., July, August, September, October, November, and December). Upon review of the combined 1st and 2nd quarter service activity reports, the third quarter payments will be pro-rated, based on compliance with the conditions set in B. 8. (above), and a combined payment for January and February issued upon completion of the review. The March payment will also use this pro-rata. The April payment will be issued upon completion of review of 3rd quarter service activity report and pro-rated as above. A combined payment for May and June will be issued upon completion of review of the 4th quarter service activity report and pro-rated as above.

Recommended Action and Budget Impact:

Given the unusual circumstances and the approach taken by IDHS-DDD to its I/DD contracts and providers, the payment made on this contract for April was based on performance during the first half of the contract year, presumed to be 'normal' circumstances. The benchmark was met at

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98.53% of goal. Continuing this approach results in May/June payment equal to 98.53% of 1/6 of the contract maximum, or \$135,144.

Efforts to maintain contact with individuals and their families will also lead to new ways to meet their needs in case in-person services continue to be restricted by Executive Order and IDHS guidance. The scope of services for continuation of this program in PY2021 should be modified to maximize safer service delivery.

Any excess revenue to be returned, based on staff vacancies longer than 30 days, will be addressed at the end of the contract period.

Decision Section:

Motion to approve amended payment calculation for May/June as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed



JB Pritzker, Governor

Illinois Department of Human Services

Grace B. Hou, Secretary

Developmental Disabilities
600 East Ash • Building 400 • Springfield, IL 62703

May 21, 2020

Dear Partners,

As we move into June, we anticipate that many regions as identified under the Restore Illinois re-opening plan will enter into Phase III. This will provide additional opportunities for our communities, and services, to reopen.

The Division of Developmental Disabilities is notifying our provider community, however, that Community Day Services (CDS) will remain closed through the end of the fiscal year, which is June 30. For June, the Division will continue to provide payment for closed CDS programs only after the provider has communicated their application, and results of application, to the Paycheck Protection Program (PPP) to the Division.

We anticipate providing additional clarification and guidance on CDS, and all other services and activities that have been altered due to the COVID-19 pandemic, on or around June 1.

Finally, we notified Waiver-Funded CILA providers that the 60D per-diem would be temporarily increased by 10% through April 30. This notice serves to confirm the temporary increase will remain in effect through June 30. As a reminder this will not be subject to the PPP provision because this is a provided service.

If you have any questions, please reach out to us. Thank you for all you are doing on behalf of the individuals you serve.

We are all in this together.

Warmly,
Allison Stark
Director, Division of Developmental Disabilities

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BRIEFING MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Mark Driscoll, Kim Bowdry
SUBJECT: Updated Responses to COVID-19

Background:

The purpose of this memorandum is to continue documenting changes and challenges to our systems of services, with focus on the impact felt by local agency providers during the State of Illinois' Phase Three toward 'reopening.'

CCMHB/CCDDB staff have primarily worked from home since March 13, each of us visiting the office as needed to use equipment which is only available there and to maintain paper records. We continue to learn about virtual meetings and events which may support our meetings, workshops, trainings, anti-stigma events, and resource information efforts while larger in-person gatherings are not appropriate or permitted. Some of these could become permanent strategies, especially if they allow people to participate who could not do so before. Some may even be cost-effective. With application review and allocation decisions completed, we shift to PY21 contracts and FY21 budgets, preparing for unpredictable financial and public health impacts.

MHB and DDB funds could decrease in the coming years, as nearly all of their revenue is from property taxes. Economic relief for local and state governments addresses losses of other types of revenue as well as increased costs resulting from the pandemic and shelter-in-place; at this time, no relief is offered to compensate for loss of property tax revenues, making it even more important that we collaborate with service provider organizations, and that they work with each other, to secure other funding opportunities as they are offered, whether for emergency relief or to address the growing need for services.

Whenever the threat of COVID-19 is gone or lowered enough that we can claim to have survived it, and when the economy is more stable and some are relieved of overwhelming financial insecurity, we will remember the choices we made this year.

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Operating Environment Updates:

The United Nations May 13 “Policy Brief: COVID-19 and the Need for Action on Mental Health” offers observations on the growing crisis and resilient communities and includes recommendations to minimize mental health consequences of the pandemic:

- Apply a whole-of-society approach to promote, protect and care for mental health.
- Ensure widespread availability of emergency mental health and psychosocial support.
- Support recovery from COVID-19 by building mental health services for the future.

Federal and state agencies are taking note of the emerging challenges for mental health and substance use needs, Intellectual and Developmental Disabilities (I/DD) supports, social determinants of health, impacts of trauma, disparities in care, and the roles of Medicaid and the ACA marketplace as people lose employer-paid healthcare. However, when compared with other economic relief incentives, the investments in MH, SUD, and I/DD are too small to accomplish anything like the simple aims of the UN. Meanwhile, it is impossible to ignore the disproportionate harm experienced by people with behavioral health conditions or I/DD and by members of marginalized or minority groups.

The Illinois General Assembly has passed a budget which does not make the anticipated extreme cuts to the Department of Human Services (IDHS), and they have approved Direct Support Professionals’ wage increases to keep pace with minimum wage increases. However, the budgets for Health and Family Services and the divisions of IDHS are not likely to meet the projected substantial increases in needs. Worse yet, this proposed budget incorporates revenues which are not yet assured.

Illinois received federal approval for an emergency relaxation of licensure requirements and restrictions on healthcare providers, expansion of telehealth services and interstate practice, and more. I/DD and Behavioral Health were identified as essential workforce. The State issued guidance for working safely, temporarily increased some rates (CILA, e.g.), and guaranteed payments to non-profit providers to preserve capacity. The Illinois Council on Developmental Disabilities and Arc of Illinois created funding opportunities for people with I/DD and their families. The Governor launched a statewide broadband infrastructure project, for which the Housing Authority of Champaign County plans to submit an application, and established an emergency relief fund for use by United Ways and Community Foundations. This funding is made available in phases to families and organizations for identified purposes (e.g., housing assistance, agency equipment, food).

The United Way of Champaign County and the Community Foundation of East Central Illinois continue partnering with others to assess and meet the emerging needs of providers and community members. In May, the UWCC and Champaign Community Coalition held a special meeting with providers of services for young people, some funded by the CCMHB, and conducted a survey which found:

- Participants represent 25 programs offering a range and combinations of supports (mentoring, academic, recreational, arts, anti-violence, family networking), to begin in June or July, and variously serving children from under 5 through high school age;
- 3 have not previously offered summer youth services, but all anticipate participants with an interest in their programs;
- Only 1 does not plan to offer summer programming this year;
- 7 will offer their services virtually, 2 in-person, and 16 by some mix of the two;
- 4 do not have staff to operate the programs, and 2 do not have funds for staff (several answered “Maybe” to this question);
- 4 know that they do not have necessary equipment, and another 10 may not; 8 do not have funds to cover the cost;
- 21 have considered partnering with other organizations to share resources; and
- 20 have knowledge of best practices for virtual programming, and 6 believe their participants have the technology needed; none are confident that they have the resources needed to offer them.
- Beyond the survey results, it is likely that any programs offering in-person services will have ongoing needs for protective equipment, possibly met by UWCC.

During the May meeting of the Mental Health and Developmental Disabilities Agencies Council (MHDDAC), discussion centered around safely reopening at least some in-person services and facilities. An update from the director of C-U Public Health was requested, warranting a special meeting of the group the following week. Two other special meetings of the MHDDAC were held to support the development of trauma-informed, culturally responsive “reopening plans” which include consideration of the impacts on staff, persons served, and their loved ones and communities.

Funded Agency Responses:

As in April, Associate Directors Kim Bowdry and Mark Driscoll asked agencies with current CCDDDB and CCMHB contracts for updates on how they are responding to the impact of COVID-19, whether related to the services they provide, their workforce, or their contact with persons served. At the time of writing, businesses are attempting to ‘re-open’ safely, adding to the pressures of the times, which include many requests for information. Full responses are included:

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:

Independent Service Coordination (Decision Support/Person Centered Planning): CCRPC funded staff continue to provide services in the same manner since the start of the Shelter in Place Order. ISC’s provide all services remotely using email, phone (audio and text), FaceTime, and Zoom. All funded staff work their regularly scheduled hours, but also allow for flexibility with evening and

weekend virtual appointments to meet the needs of their clients. All staff have agency issued cell phones and email in which their clients can reach them directly. With the shelter in place order, some families are spending an increased amount of time connecting with their ISC due to increased isolation and also availability to spend more time on Discovery and Person Centered Planning meetings while they are at home. Transition Consultants are providing services in the same manner as listed above and have been attending virtual IEP meetings as requested by both schools and families. Correspondence by CCRPC was sent out previously to all Champaign County schools reminding them that Transition Consultant services are still available. Preference Assessments are being conducted via phone, email, and mail as PUNS are completed/updated. All staff continue to reach out to families to inquire if they need any resources and support during the COVID-19 pandemic.

Homeless Services System Coordination (HSSC): The HSSC Program is continuing to coordinate services through the Continuum of Care. The CoC Coordinator tracks relevant information shared by HUD and State resources relevant to the local homeless system, attends webinars, and shares information as appropriate with the various service providers in the Continuum. The CoC Coordinator liaises between the RPC, CU @ Home, Austin's Place, and the Illinois Department of Human Services to coordinate utilization & reporting for the IDHS COVID-19 Emergency Lodging Fund. Beginning on April 15th and continuing currently these funds have allowed the Men's Emergency Shelter and Austin's Place to continue operations after their scheduled April 15th programming end date, and have allowed the RPC Emergency Shelter for Families to utilize motel units as necessary. Needs of service providers are being reported to the CoC Coordinator and shared with C-UPHD and other resources as needed. The Coordinator supports the Continuum's Executive Committee in completing work related to ESG-CV funding as appropriate. The Coordinator participates in community meetings focused on supporting shelter providers and ensuring high-utilizers of shelters are referred to permanent housing opportunities such as the HACC Stay-at-Home temporary preference. The regular work of the CSPH continues through remote work and video meetings for both the monthly full meeting and the Executive Committee meetings.

Justice Diversion Program (JDP): Toward the end of April, Rantoul Police provided CIT forms dating back to September of 2019. The Justice Diversion Program Coordinator made diligent efforts to engage and offer services to these individuals. The Coordinator continues to review all police contacts for each day and reaches out to families and individuals (with and without referrals) by phone and snail mail. She has also been looking at new resources for families as they develop, sharing them with individuals through her work and also encouraging completion of the 2020 census when engaging individuals. She has continued to reach out to other agencies to learn more about their intake processes and services they have available during this time as well as looking for opportunities to engage in the community, by reaching out to organizations for trainings focusing on the populations served in her work within Rantoul. The JDP

program continues to facilitate the Rantoul Service Providers meetings through a web platform.

Youth Assessment Center (YAC): The Youth Assessment Center is continuing to provide case management services via phone and video meetings. 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. The YAC Coordinator is working to reach out to individual partner agencies to ensure understanding of the updated referral guidelines. Staff are participating in a weekly staffing meeting with the Program Coordinator and Manager to ensure productivity standards are met, as well as getting ongoing direction on new remote procedures, as necessary.

CU Able, with CCDDDB-funded program CU Able Community Outreach:

In response to COVID-19 CU Able has moved all parent meetings to Zoom. We have been able to reach more people this way than our normal meetings since there is not an issue of child care and travel. In the future we are going to consider doing a hybrid of our meetings, offering more online options or possible just some online meetings occasionally.

Cu Able also purchased as a group hand sanitizer wipes that were then distributed to members who needed them. We did a request form to identify those in need. A few of our board members have also made homemade cloth masks that we distributed for free to members in need on our Facebook page.

Champaign County Children's Advocacy Center, with CCMHB-funded program Children's Advocacy, from Executive Director Kari May:

The CAC will open back up full time on Monday, June 8th, following all of the Restore Illinois Phase 3 guidelines. I needed to wait until we were able to secure child sized masks and we were able to do so today thanks to the CU mask makers! We started this week with providing in-person services to any investigator that needs us to do an interview and ongoing case management services this week but staff will continue to work from home when we are not needed in the Center for the remainder of this week.

Champaign County Christian Health Center, with CCMHB-funded program Mental Health Care, from Executive Director Jeffrey Trask:

In response to your request, since April, Champaign County Christian Health Center's service delivery during COVID-19, we have established the following for the uninsured and underinsured patients in our community:

1. Free telehealth services including medical, dental, spiritual care, nutritional counseling, and mental health care services, was implemented for our current patients and new patients. Medical screenings are conducted through video or audio to determine their current medical/dental needs.

2. We continue to maintain contact with our patients after their telehealth visits through follow-up calls by our hospitality team.
3. We are also looking to implement a new system called CareMessage which will be used to text our patients. We will continue to provide care to our patients during this time.

I hope this information was helpful.

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:

The COVID-19 pandemic presented many challenges, which we systematically addressed by adapting our program and services to the reality of social distancing. Since closing in March, we responded by offering nine food distribution events which served 56,755 meals to children 18 years and younger. We provided diapers, baby wipes, infant formula, books, community resources, and educational packets and supplies to support children and families in their time of need. Our team partnered with the Enfamil company to easily access and provide infant formula to families. We also received donations from the Diaper Bank to support the families' need for diapers.

Our staff has contacted families weekly to assess their needs and connect them to resources within the community. We also offered another communication method through the Facebook Page, RPC Early Childhood Education, which now has 376 members consisting of parents, employees, and community members. Many of these members including parents have posted hundreds of ideas for child/family activities, virtual educational lessons, social-emotional support, strategies for talking with children about COVID-19 and wearing face masks, mental health support, and community resources and announcements.

We have been fortunate to pay employees their normal wages and benefits through the support of the Office of Head Start, Illinois State Board of Education, Champaign County Developmental Disabilities and Mental Health Boards, and Child Care Assistance Program. Many employees worked remotely from home and at the Food Distribution Events. In addition, our Policy Council and RPC Commissioner's Boards continued to meet, review reports and plans, and monitor program services.

On May 22, Governor Pritzker announced child care centers would reopen in Phase 3 to support people needing to return to work. Our team had been in the planning process prior to the announcement and will submit plans for approval to the Department of Children and Family Services once they are completed. Depending on approval, reopening could happen within the next four to six weeks. Due to the decreased number of children who can be in a classroom, our program will prioritize children who are kindergarten bound, homeless, living in foster care, and diagnosed disabilities and those families who

are identified essential workers. All classrooms will focus on school readiness, health screenings, safety education, mental health services, and social-emotional support in hopes of making up the time children lost during the COVID-19 pandemic. Those children who cannot start at the time of reopening will be offered weekly virtual lessons/services. If all goes well after four weeks, the program will be allowed to expand the number of children within the classrooms. As we prepare to reopen, our team has ordered safety supplies necessary to support adults and children within a classroom setting and identified trainings staff will need to complete and practice routinely. We will also share reopening plans with families and inform them of the enhanced safety procedures at our centers. Our team is ready to move forward.

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:

Overview: Champaign County Health Care Consumers (CCHCC) has two grants from the Champaign County Mental Health Board: 1) the Community Health Worker Outreach and Enrollment grant, and 2) the Justice-Involved Community Health Worker grant.

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).

We continue to work remotely, via phone and email, with all of our clients. CCHCC will continue to keep our office closed through the month of June. Staff review our protocols every two weeks to make decisions about office closure and remote work.

In addition, we continue to participate in several networking groups that are meeting by conference call or zoom, including CCMHBDDAC, Rantoul Service Providers, and others.

Community Health Worker Outreach and Enrollment:

We have seen a big increase in client contacts over the past couple of weeks, and we continue to work with clients remotely by phone and over email.

Clients (and prospective clients) can contact us by calling our office and leaving a message, sending an email to our general email at cchcc@cchcc-il.org, or sending a message through our website. One staff member is designated to check voicemail messages every day, and to share these messages to the Staff email list in the form of audio files. This staff member gets alerts whenever a voicemail message is left at our office, so he can check the message quickly and then share it out with staff. Messages from clients are shared across all staff via our staff email, and the appropriate staff member lets the rest of the staff know that they will respond. We have a google sheet to track all messages and staff that are responsible for responding and whether they have responded. We review this

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google sheet once a week during staff conference calls to make sure every client is served.

Staff contact the client by emailing them and/or by phone, depending on what works best for the particular client. CCHCC pays a portion of each staff member's cell phone costs so that they can use their personal cell phones to respond to clients. Each staff member is set up with google voice so that if they contact a client by cell phone, their personal phone number is not visible, and it looks like they are calling from the CCHCC phone number.

Clients are needing support with public benefits and prescription assistance, and we continue to provide that support. We are helping clients with Medicaid, Medicaid managed care, SNAP, SafeLink phones, Marketplace plans (if appropriate), hospital financial assistance, LIHEAP, etc., as well as referrals for other services.

We have some clients with significant needs for social/emotional support, and we discuss the status of each of these clients at every staff meeting.

Some staff members continue to have weekly, or in some instances, daily contact with clients who need support and regular check-ins.

CCHCC also continues to send out emails to our list, which we also post on our website and share with our various networks, about concrete resources, whether those are about expanded SNAP benefits, Medicaid, or how to apply for unemployment.

In addition, we have received three rounds of funding from the United Way's COVID-19 fund so that we can provide direct financial assistance to our clients. We were able to leverage this pass-through funding in part as a result of our MHB grants. The first round of funding was for \$2,000. The next round was for \$3,000. We identified clients we thought would be in need, and we contacted them to see if they could use direct financial assistance. We provided these clients with Visa gift cards in amounts ranging from \$50 to \$200, depending on the need, and clients have been able to use these funds to purchase food, gas, and household supplies, and in some instances, to pay certain bills. The first two rounds of funding were disbursed within about a week and a half. We just received a third round of funding in the amount of \$10,000, and we are in the process of disbursing these funds to clients now. Most of our clients benefiting from these funds are MHB clients.

Justice-Involved Community Health Worker:

This work follows the same pattern as above. Under normal circumstances, our staff member Chris Garcia, would be working in our County Jails and meeting directly with clients upon referral from Rosecrance's Courtney Bean or from Sheriff's Office staff members.

However, the jails have been closed to non-Sheriff's Office personnel, so Chris is receiving referrals via email or phone from Courtney Bean and Sheriff's Office staff members, and he is contacting the client once they have left the jail. Chris contacts the client or a family member of the client in order to begin the process of working with them. In addition, some of the justice-involved clients are proactively reaching out to Chris after they have left the jail. Whenever someone

leaves the jail, they are provided with a handout that tells them about various services that are available and who to contact.

In addition to this process, Courtney Bean from Rosecrance, and Chris Garcia are doing "look backs" with past clients to contact them and see how they are doing and if they need any help from CCHCC. This often results in Chris providing more assistance to his justice-involved clients, and they frequently request help for their family members as well.

Here are the ways that folks can contact CCHCC for help:

- Email us at: cchcc@cchcc-il.org

- Call us at: 217-352-6533

- Web form at: <https://www.healthcareconsumers.org/contact-us/>

If you have any questions, please feel free to contact Claudia Lennhoff at claudia@cchcc-il.org.

Champaign Urbana Area Project, with CCMHB-funded program TRUCE:

No update available.

Community Choices, with CCDDDB-funded Community Living, Customized Employment, and Self-Determination Support, from Executive Director Becca Obuchowski:

Through the months of April and May Community Choices has continued to keep our offices closed and connect with our members and participants virtually and on the phone. All our staff are working from home and coordinating between each other over phone, email, and zoom.

For all of our three programs, we have kept in touch with participants directly via weekly and as needed phone and email check-ins. Many of the folks we work with have reported to us that they are doing well despite the circumstances. We had initially thought that people would have a more difficult time accessing basic needs such as food, medical care, and prescriptions, but thankfully this largely remained a concern rather than an actuality. For the handful of people we work with who were in need of food and other resources we have been able to support them. One individual we were able to help through support from CC's Investing in Independence fund. Two others we were able to get connected with the Channing Murray Foundation and Cunningham/Champaign Townships Bucket Brigade Food donation program in the last week and likely going forward.

The biggest shift in our service delivery has continued to be offering a daily series of Zoom meetings for our member with disabilities to access for social connection, learning, and just fun. We offer 3 sessions per day, a 10am Check In, and 1 and 4pm sessions. Every two weeks we offer a lunch-hour parent-check in as well. We've developed into a regular routine of offerings. Mondays we focus on social-emotional development topics, such as coping skills, identifying and recognizing emotions in ourselves and other, defining things one can/can't and would like to control, and other topics. Monday "evenings" at 4 we have been offering a Women's group where we've discussed the lives of great women through history through the lens of intersectional feminism. Tuesdays our mid-day session is a cooking class where we've made basic dishes such as doctored up

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ramen, omelettes, mac n cheese, grilled cheese, and muffins. These sessions have been co-hosted by High School Special Ed Teacher Claire Vail. Our late session on Tuesday is a Crafter's Circle. Wednesdays we do a "Let's Move" exercise or dance session followed by Job Club. Thursdays we've been offering a Men's group (HE-ros), where we talk about men who have been good role models and advocates. The later session Thursday and early session Friday are generally a game of some sort (trivia, spot-it, watching a short film and talking about it, etc). We finish up the week with Quarentinis on Friday at 4. These generally have a theme or ice-breaker topic, and sometimes a play-list.

In the past three weeks we've begun efforts to bridge our internal membership connections with the broader community by inviting community members to join our Morning Check-ins. We wanted to invite people from community places where our members might want to go or could begin to build personalized connections, as well as connecting to community organizations that have been welcoming and inclusive. We've had guests from The Urbana Library, RACES, Makerspace, The Urbana Park District, The IMC, The CCDDDB/MHB, Uniting Pride, and Public Health.

Our members have given us extremely positive feedback about these sessions. Nearly all of our sessions have at least 10 people present, sometimes as many as 15. A few people come to nearly all of the sessions daily while other clearly pick and choose the topics and times that work best for them. Both members and parents have shared their appreciation of the routine, the ease of access, and the genuine connections and support that the attendees have found with each other. As staff we've also been able to continue to get to know our members and to facilitate connections between them. As this unusual pandemic period has stretched on, we've also seen our members connecting more outside of our sessions through their references of the calls, texts, snapchats, and other means of reaching each other that were more rare to hear about previously. We're excited to continue to help nurture these relationships and use this platform as a tool to help people build connections. We've already had extensive conversations about continuing this type of offering in the future as a compliment to our in person opportunities, both for general member connections, classes (which we'll be starting as a virtual offering this summer), and other more personalized supports. As we move into Phase 3 and begin resuming some of our more stand service opportunities we will likely be reducing the number of Zoom Connection Sessions to 2 per day.

Areas that have been more negatively impacted by the stay at home order and economic troubles are our Employment and Community Living Programs. Employment: We have continued to keep in touch via phone, text, and email with all of our job seekers and participants. We've helped a number of people successfully apply for unemployment when their jobs were put on hiatus or terminated as a result of the shut downs. Many others chose not to apply. Given the economic standstill, we decided to put all of our job development on hold. For participants who continued working through this period, we kept in close touch with them and their employers over the phone and through email, which worked

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well for those specific circumstances. With the state moving into Phase 3 of the Governor's plan, we will be re-starting some 1:1 meetings with job seekers. For people who are in need of employment to meet their basic needs, we will restart job development after discussions about safety needs as well as the potential for limited opportunities.

Given the unknown nature of the employment landscape in the next months and years, we'll be speaking with each person and team who is looking for work to define their priorities with them and to identify additional skills that we could be supporting with in the meantime if jobs are increasingly difficult to find. We're also discussing types of additional classes and skill building workshops that we could offer to groups to help work toward employment ends.

Community Living: For individuals we've been supporting in our Community Living /Community Transitional Support program, we've also continued to keep in close contact with them via phone, text, email, zoom, and other electronic communications. Some of the participants we work with have remained very stable over this period while some have needed more support. We've provided support and connected people to resources as we are able given the more limited opportunities that COVID-19 has created. For example, three participants who were food insecure we were able to connect them with food deliveries from the Townships and Channing Murray Foundation's Bucket Brigade grocery delivery program. With the Governor's Phase 3 starting, we will also resume 1:1 meetings with participants in this department using good social distancing practices as well as staggering meetings to ensure reduced possible transmission could happen. With all of our participants, one of the first priorities as we meet with them in person will be to discuss what virtual communication supports and resources they prefer, have access to, and need support with. We want to be sure that if we do move back into a full shelter in place mode, that our participants will have additional resources and increased comfort and knowledge of the technologies for communications. We'll also be continuing discussion about general technology access to see if this is an area where we should be devoting more of our direct resources, and if so how that could work.

As we move out of the "crisis" period of this pandemic to the "long-haul" portion, we will also be working to make all of our services a bit more flexible. We're going to move our classes to Zoom, starting with our Leadership Class this spring. As things continue, we're also planning to make sure all of our classes can be shifted to Zoom if need be while still making space for safe in person meetings as that becomes more and more reasonable.

If you, the other staff, or the board members have other more specific questions, please don't hesitate to reach out.

Community Service Center of Northern Champaign County, with CCMHB-funded program Resource Connection, from Executive Director Andy Kulczycki:

We are continuing in the same manner as before, but the number of calls and clients has increased in the last two weeks. The primary need is still food, but now we're getting more calls about utility assistance as the bills start coming in. We

are telling folks to contact LIHEAP first and then get back to us. We've set aside some dollars to be able to help with \$200 each for 22 households. We will also provide prescription assistance at a lesser level and look at other needs as they come in. Our main contact with consumers is by phone and our Facebook page. Right now we're evaluating what changes to make come June. I'm leaning toward keeping our doors closed for at least another week or two, given the number of Covid cases in our zip code area. We have not heard from any of agencies using our offices as to when they'll be ready to send their folks back to our office. The situation remains rather fluid and we'll make adjustments accordingly.

Courage Connection, with CCMHB-funded program Courage Connection:

As I mentioned in the April update, 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. Throughout the stay at home order, Courage Connection continued to provide complete services to our residential and non-residential clients.

With guidance from the State, Chamber of Commerce, and many other businesses, Courage Connection created new guidelines for staff and clients as we moved into Phase 3. The first week of June has been dedicated to orienting staff to these new safety procedures and working on-site in staggered shifts. All clients and staff are required to have their temperature taken once a day. Clients and staff are also documenting any COVID-19 related symptoms. Our facilities will only be accessed by clients, staff, and essential workers (like repair personnel) for the foreseeable future. On June 8th, we will welcome emergency shelter clients back to our facility. They will receive training regarding safety/sanitation procedures. The following week we will welcome back transitional housing clients and begin to see a limited number of clients in-person.

We continue to hold weekly administrative and program team meetings on Zoom. This practice will be re-evaluated once we enter Phase 4. Many of us would love to all be in the same room together again. Because we have experienced so much success with teletherapy, we anticipate a number of clients will choose to continue therapy this way. Zoom has also allowed us to continue and grow participation in support groups. While this has been a challenging time for Courage Connection, the team members have been exceptional. I can't say enough about their resilience, dedication, and optimism. We are deeply grateful to our funders and all those community members that have helped during this time. Lastly, we have two team members who finished their MSW classwork and just started internships at Courage Connection. We have already discussed career pathing with them and believe we can retain both once they complete their internship. Sara Whalen is just a few months away from completing supervision and moving forward with her LCSW. We have a plan to retain her, as well. To date we have not had any clients or team members test positive for COVID-19.

Crisis Nursery, with CCMHB-funded program Beyond Blue-Champaign County, from Executive Director Stephanie Record:

As of Tuesday, 6.2.2020, Crisis Nursery operations changed to the following:

1. The 24-hour Crisis Line will continue to be answered at 217-337-2730.
2. **All Safe Children Program staff** will report to work during normally scheduled hours.
3. Our capacity for care will be reduced to 6 children and we will continue to schedule by family units. Exceptions may be made for extreme emergencies with the support of additional staff members coming in to assist with care. One family will be scheduled at any given time and space for one additional family will be reserved for elevated emergencies similar to what we've provided care for during Phases 1 and 2. Therefore, a maximum of two families can receive care at the Nursery at any given time.
4. Crisis Nursery staff will continue to provide needed supplies, community resource referrals, follow up calls, and crisis counseling as needed.
5. There will be an increased staff presence in the administrative office Monday-Friday from 8am-4:30pm to cover the phones and to accept donations and deliveries as needed. Other administrative staff will rotate and work remotely to maintain social distancing and will be available via phone and computer from 8 am-4:30 pm Monday-Friday.
6. There will be an increased presence of Family Specialists in the building with a rotation to work remotely from home to maintain social distancing. Family Specialists will continue to connect to as many families as possible through virtual home visits and virtual groups. Family Specialists will be available to deliver goods to families as needed. **Beyond Blue** services align with these protocols. We continue to receive new referrals and are doing follow ups with families via phone and virtual home visits.

Unless there are recommendations from federal, state and local officials to do otherwise, this plan will remain in effect through June 26th.

Cunningham Children's Home, with CCMHB-funded programs ECHO Housing and Employment Support and Parenting Model, from Director Patricia Ege:

ECHO: Many of our clients struggled with feelings of isolation. We provided more frequent phone follows which included mental health support. Although most consumers have some sort of a cell phone, access to Wi-Fi/data and not having other technology devices continues to be an issue. We had an increase in ECHO client referrals with expressed concerns about being on the streets or in shelters due to COVID-19. For a period of time, it was tougher to obtain basic resources like furniture due to limited access to places. It took a bit more time but we were able to meet the needs, including providing PPEs and disinfectant

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supplies through Cunningham resources (including masks made by some of our quilters).

Families Stronger Together (FST): Referrals was still slow related to shelter in place, lack of court hearings, and low numbers at YAC. We have reached out to other levels of referrals with a slow response back. Our therapists are providing a high level of case management in addition to clinical support. Engagement has been excellent and a couple of clients were facing homelessness and unemployment. Our third therapist will start on June 15 and we are interviewing for the family support specialist position now. With the capacity, we have taken advantage of the time to train our staff are staff cases with our consultant. We anticipate as the shelter in care lifts, referrals may go up. We did checks with our youth on how they were doing with the community's social injustice range of responses (protests and looting).

DREAAM House, with CCMHB-funded program, from Executive Director Tracy Dace:
DREAAM has gone through challenging times since March 11th, but the support from all of you encouraged us to serve and serve more. Below is our COVID-19 Response Report for your reference. **Thanks for all you do to make our community a better place and for your funding support.**

As of May 31, DREAAM accomplished the following:

Number of families served: 50

Champaign: 32 Urbana: 11 Rantoul: 7

Number of youth served: 84

Champaign: 60 Urbana: 16 Rantoul: 8

Enrichment & Programming

- 21 Zoom enrichment/programming sessions
- 37 parents participated in virtual parent meetings
- 46 youth received online tutoring
- 151 hours of virtual tutoring sessions
- 8 hours of virtual training for Parent Mentors in Rantoul

Family Supports

- 898 forms of contact/communication with DREAAMers/families (phone, email, text)
- 1,606 hot dinner meals delivered to Champaign/Urbana families
- 78 stress relief kits for parents
- 148 care packages for families
- 265 face masks for families
- 6 parents received linkage and referral to community resources

Financial Assistance

- \$5,200 in grocery gift cards donated by First Presbyterian Church
- \$650 in assistance with utilities

Professional Development

- 50 virtual webinars/training completed by employees

Community Collaborations

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DREAAM staff and parents assisted with delivering meals for Rantoul City Schools #137 and volunteered to pack food donation bags for CU Better Together

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:

(Formerly Apartment Services) Community Living: DSC's Community Living Program, formerly Apartment Services, continues to provide essential supports during the pandemic. Specialists continue to communicate with individuals on their caseloads, whether it be in person or through the utilization of technology. Communication/education continues to be a priority, especially as guidelines begin to transition. Face to face visits are limited, but if warrant then public health guidelines are followed in order to decrease exposure to both the individual served and support staff. Technology supports have also increased the ability to communicate with individuals served without requiring an in person visit. Specialists are grocery shopping and delivering goods to individuals. Many individuals in the program shop for items themselves with some support. Specialists are completing this task in its entirety to minimize their exposure. This task has become even more challenging, requiring visits to numerous stores in order to fulfill the needs of multiple individuals due to the limitations placed on food and household items. 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 rent/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. They are also completing checks on their apartments to make sure that their residence is safe and maintained well. The Community Living Program continues to meet the needs of individuals; although the service delivery looks a little different. The program continues to be a vital asset for individuals to remain in their least restrictive environment.

Community First: A group of individuals are regularly participating in eight to thirteen virtual groups each week. Topics include journaling, adult coloring (two groups due to popularity), Health Matters (fitness and exercise), virtual travel and nature clubs, virtual games, short stories, dance, music (two groups due to popularity), and men's and women's group. Groups scheduled to begin in May were customized to fit the digital format. Staff, individuals, and guardians continue to explore, learn and utilize the features of Zoom, like: screen-sharing, the whiteboard; exotic or unusual backgrounds; breakout rooms; etc. The greatest challenges have been supporting people in the use of the technology and getting

materials to people. Many people don't have access to the technology. The parent of one person and significant other of another person won't allow them to have access to the internet. Some people have been very engaged and are getting more comfortable with the format. Staff have catalogued the available electronic devices (cell phone, tablet, smart TV, laptop/computer, webcam with mic, etc.) of each individual/family in order to connect with others virtually. Through grants and other means, DSC is building up its supply of tablets, laptops, and webcams for staff and individuals. DSC staff have been able to loan a tablet to an individual for a Zoom group – coordinating, calling immediately before/after session. Staff members are mailing or dropping off materials needed for groups. We have also developed a Zoom Meeting Calendar on our network so all staff members can schedule both devices to ensure they are available and participants so there is no double-booking! We have also had some “drive-by/social distanced” visits with NTPCs living in area CILAs and have more planned. It has been nice to see people in person, even if it is from a distance. For those who aren't able to or choose not to participate in the groups, Employment Counselors and CDS staff continue to reach out at least weekly to touch base with people and parents/guardians

Community Employment: Employment Specialists have been using zoom and phone calls to keep people engaged. As the weather warms, meetings have been scheduled in parks within walking distance of the person's home or in community locations where social distancing is possible for the few who drive. More people are returning to work as businesses start to reopen. They are providing education regarding social distancing, face masks, and other forms of protection for those people as they return to work. Filing for unemployment has also been ongoing. We also still continue to support those that have been working in the community through the pandemic.

Employment First: The Customized Employment training will be held in June although the format has changed to a webinar. All 35 slots for the presentation have been filled. The event will take place on the mornings of June 8 through June 11. In anticipation of continued social distancing, we are researching options to present the LEAP training virtually.

Family Development: There has been continued 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.

The Bureau approved the use Live Video Visits during COVID-19 Pandemic on April 7, 2020. This enabled the EI team to conduct Live Video Visits for 60 minutes as was the standard prior to the COVID -19 Pandemic. The EI team completed a training on Video Visits and the families sign the Illinois Part C COVID-19 Live Video Visit Services Consent Form prior to the start of services. EI-approved assessment tools are being utilized via Live Video Visit Services

which can be administered using parent interviews, observations and informed professional judgement. Additionally, IFSP Development, Initial, developmental screenings, 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 are being conducted via phone or Live Video Visit Services upon obtaining family's consent. Some families are struggling with virtual options due to access, comfort level and if they feel virtual works for their child/family. DSC's developmental therapists and speech language therapist have been contacting the families they currently provide therapy services for as well as families they have worked with in the past to check in and see how these families are doing as well as what they need. Therapists have been making materials for these families like Velcro puzzles, visual choice menus and visual schedules. Therapists have also been delivering activity bags, puzzles, manipulatives, art activities and books too. Families have also benefitted from diapers, food and essential supplies that these therapists have delivered. Therapists have been conducting therapy via video to families who signed up for these services. They have been attending school meetings for children who will be transitioning from Early Intervention services at the age of 3 to go to Early Childhood when school starts back up again. Check-ins, encouragement, motivation and praise have also been "delivered" through texts, emails and phone calls to stay connected with these families as well as provide resources, current information, strategies and activities to help carry over therapy at home.

Connections: Although the Crow location is closed, we have continued virtual groups and plan to reopen the space as soon as we are able with a small number of individuals. All of the individuals that participate have been offered virtual programming.

(Service Coordination) Case Management: We continue to work the ISC, receiving plans and writing Implementation Strategies. We are increasing Zoom meetings with individuals/teams as we try to move forward with things virtually and will continue to expand on those efforts. DHS redeterminations and phone interviews have not lessened since the onset of this pandemic. We are trying to keep continuity of services to the extent possible and reassurance to people during these challenging times. We are reaching out and checking on individuals to make sure they have what they need. Qs continue to get several calls multiple times (a day/week) from some individuals and are offering a great deal of support to many people during this time. Anxiety continues to be high for many right now and being available to people has continued to be a source of comfort. We have been talking with families and recalculating HBS service agreements each month. We continue to make 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 – 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 – we still have our on call service for after hours and that has picked up since March. As the shelter in place

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continues, people are becoming discouraged and feeling more disconnected, craving personal contact with friends and family. We are supporting the best we can across programs to meet basic needs and engage in meaningful services using technology as a bridge during this difficult time.

(Individual and Family Support) IFS: IFS DSPs are reaching out to the families to touch base and check in regularly. They continue to Face-time families to stay connected or called individuals and families each week. Attention is being directed toward activities, organizing areas and making pictures for people. These tasks will have a positive impact on service delivery when we come back together. Planning for activities in preparation for return of day program is a priority as well. IFS staff have taken a couple of the individuals out on rides, to the parks, or on walks to give some of the families who are really struggling and have no other support a break so they can get things done such as even just being able to mow their yard. IFS staff have also driven by each house to say hello from the road to individuals and families in their programs. **IFS IDS (respite):** We have had continual communication to respite families trying to offer extra support when able. We have also been hiring providers as able to find them and giving some additional hours since camps have been canceled which have been a huge benefit for the individuals and families in the program over the years. We have assisted with purchasing some equipment to ease some stress for the families without having school, afterschool programs, or camps that they have typically had to provide some relief.

Clinical Services: The Clinical Manager continues reaching out to families, teams and individuals to see how everyone is doing. She continues reading daily notes to also keep an eye on behaviors since routines have been changed during these challenging times. She is in contact with the psychiatrist and they began doing appointments via telehealth in May and that seemed to go very well. We continue assisting in running to get prescriptions to help families and keep people home as much as possible. Counselors continue 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. Some individuals are having difficulty with the virtual telehealth options.

Don Moyer Boys and Girls Club, with CCMHB-funded programs CU Change, CUNC, Community Coalition Summer Initiatives, and Youth and Family Services:

No update regarding CU Change or Coalition Summer Youth Initiatives.

From Karen Simms, CUNC/CUTRI Program Director:

June 2, 2020 - CU Trauma & Resilience Initiative continues to be actively engaged in programming. We are working on our revised sustainable COVID-19 programming plans. We feel as though we know how we will operate over the long haul.

Programming

Trauma Informed Implementation Collaboratives: We have continued to work closely with the 4 organizations in our trauma informed care implementation collaborative. We held 2 organizational trainings on trauma informed supervision

and how to create a crosswalk that links their organizational CLC plans with the trauma informed implementation efforts. We continue to work most closely with Crisis Nursery, RACES, and Don Moyers on their implementation plans. We look forward to having the opportunity to share their work with other organizations.

Community Violence Response Efforts: We assisted the Silver/Vawter neighborhood in organizing and launching its volunteer food and distribution efforts. Once their infrastructure was in place, we shifted our energies to find other neighborhood partners. During our work with the effort, we assisted with the distribution of food to over 500 households most of whom (65%) were seniors, individuals with physical, substance, and/or mental health needs, and the majority being people of color. Being in the Silver/Vawter area reminded us of the needs of individuals who are extremely marginalized in our community because they do not have children and live with so many structural barriers. We were also made aware when we visited Steering Place that many of the residents shared that they felt lonely and isolated. With so much focus on children and families, we miss those with chronic needs.

We have also been working on coordinating a working group focused on developing and launching a faith-based violence interpreter effort – in partnership with at least 4 faith-based organizations and other community partners.

Our Community Violence Response team hosted its first virtual community violence response forum and based on community members' responses we know that there is still a need to support community-building efforts in neighborhoods in the area. The team will begin working on ways to actively engage neighborhoods virtually to prepare for community and violence interruption needs as cities begin to re-open.

We are still serving families. We currently work with 6 families and we have had 2 new referrals. With our older clients, we have primarily been providing them with emotional support and comfort – helping them stay focused on their planned goals. With our 2 new referrals, we have made home visits immediately after their losses and continue to meet as needed – ensuring that their comfort and care needs are being addressed.

We have continued to work in partnership with First Followers, the City of Champaign, and other community partners on an ICJIA grant focused on developing violence prevention and intervention messages.

We are still working on developing a strong volunteer/resource network.

Hear 4 U. Our mental health support network has been meeting regularly and participating in trainings. They are currently conducting GRITT Groups (Gaining Resilience in Tough Times). We currently have a group for teen girls with 8 participants, essential workers with 6 participants, and a group for young moms with 9 participants. We tried to organize a group for teen boys but could not mobilize participants for a group. After listening to our stakeholders, we found that there was a need for a group for fathers – especially for fathers of young children. So, they will begin to offer this group soon. If there is interest and capacity, we might also be able to offer groups to providers who have been experiencing (verbalizing) many stressors during this time.

Infrastructure Building: The board of CU TRI has formed a working group focused on looking at the Social Determinants of Health and how they intersect with trauma informed values and principles. We will be working with the Community Learning Lab and students from U of I to create infographics, handouts, and printed resources.

We are participating/co-hosting two community-wide educational events focusing on trauma and resilience and its community impact. The first is an event with WILL-TV which will be a rebroadcast of the movie *Broken Places* on June 8, 2020, at 7:00 pm followed by a Facebook Panel discussion at 8:00 pm. My board will begin hosting regular discussions about trauma, equity, race, and resiliency after the showing of the movie. The second event is a COVID Webinar that will be hosted by the School of Social Work on June 19th at lunchtime.

We have been distributing our CU TRI newsletter. It reaches over 600 people per issue and has received positive feedback about it being both culturally responsive and useful. We have also restarted our CU TRI show in conjunction with UPTV – hosting virtual Lunch and Learns. Our first event had over 300 viewers who watched the show live and we have had over 600 viewers to date.

Summer Programming and Planning: We are developing a positive youth development program to train youth to engage in peer-to-peer mental health support, violence prevention and interruption efforts, and COVID education. We are also creating an arts-based program for girls who have been commercially sexually exploited. Our youth programming will be a hybrid program that will include some virtual and community work (adhering to best public health practices). With the help of interns and our Hear 4 U network, we have agreed to provide coaching and technical assistance to programs to ensure that they are effectively supporting youth who have experienced trauma. Finally, they will also be available to provide wraparound supports for youth who are participating in one of the coalition's funded summer youth programming to ensure those more intense/comprehensive needs are met.

We have also been working on our summer training series. We will be offering monthly When Trauma Hits Home, Trauma 101, and Building Resilient Communities trainings in addition to Healing Solutions Training or youth service providers. These activities will all be held virtually. Stay well!

From Regina Crider, Director of Youth and Family Peer Support Alliance:

1. PPSP's are maintaining contact with their Peers via phone and video conferencing (Zoom, Facebook, and Duo). Every caregiver's needs are different so, the number of contacts is determined by the Parent. Our goal, however, is to have minimally one contact a week if not more.
2. On April 14th we launched our parent group P3 online via Zoom. 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. When the parents assemble we conduct a wellness check, share updates on resources that they may find useful, inquire about any needs they may have, and then have a short presentation.

3. Technology allows us to be creative in how we can deliver services so, over the summer P3 will be expanded to include family activities. Once or twice a month we will host an online family movie night. There are extensions from Netflix and Google where we can share a special link that will give families access to the movie we will be showing for the evening. We will also have bedtime stories read to the younger kids. For those who participate, they will receive a copy of the book that was read. This is an effort to help combat the summer slide. We are also planning online family craft and cooking days. Supplies will be provided for the families to follow along with the Case Manager/Peer Supporter who will be leading the activity. We don't have an idea of what the summer is going to look like as far as activities for kids in the community so, we want to do our part to help parents keep their children engaged in safe activities as well as afford parents a chance to bond and connect as a family.
4. Through Case Management support we are assisting parents with identifying essential basic needs resources, and systems navigation (ie. filing for unemployment, applying for SNAP benefits, communicating with landlords/bill collectors, food, etc.). We are offering this support for Treatment Plan and Non-Treatment Plan Clients.
5. We are continuing to reach 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 continues to see clients by appointment only. Most of our direct client work is via phone call. Mrs. Ho and I are in the office daily, but our doors are closed to the public. At our office site, we have listed contact numbers for our staff in multiple languages. We have received Direct COVID Assistance Funds through several grantors and are assisting clients with applications for those funds. To date, we have distributed over \$32,000 in rent, utility and food assistance, with more funding available to be spent. We are also assisting clients with IDES applications, Pandemic SNAP applications, food pantry resources, WIC and all other public benefits services.

We anticipate that we will begin to have more in office appointments as soon as we have proper protection measures in place. We currently have enough sanitization and PPE for staff and the occasional in office client, but not enough to open our doors to walk-ins. The health and safety of our staff and clients is paramount.

Thanks for your continued support of The Refugee Center.

Family Service of Champaign County, with three CCMHB-funded programs, from Executive Director Sheryl Bautch:

Counseling: We continue to provide counseling services via phone or web-based video for those clients willing and able to participate in sessions via those

formats. We have begun preliminary discussions and planning for when we resume in-person services but have not yet determined a date when we will begin doing that. We continue to serve Drug Court clients and to receive new referrals for counseling from Drug Court (four new referrals since mid-March). The weekly Drug Court Team Meetings in which our program director participates and the Drug Court courtroom proceedings are both scheduled to transition back to in-person as of June 3 (they have been done remotely since March).

Self-Help Center: The Self Help Center coordinator continues to work primarily from home responding to e-mails, phone calls, etc. We determined that it will not be possible to reschedule our workshop before the end of this fiscal year (the workshop on “Mindfulness Training and Other Relaxation Techniques for Individuals and Self-Help Groups” that was originally scheduled for April 24, 2020). We are now tentatively planning to hold the workshop in the fall. We still are planning to host our biennial conference in the spring of 2021.

Senior Counseling & Advocacy: Our caseworkers are not yet making home visits to clients per direction from the Illinois Department on Aging and East Central Illinois Area Agency on Aging. They have not given us a target date for that as of yet but we are anticipating that may happen in late June or July. Our caseworkers 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 continuing frequent check-ins (at least weekly) with clients to inquire about the client’s physical health, mental health, safety, and supplies. Our caseworkers continue to address client needs related to the pandemic by problem-solving how to get their food, essential supplies, prescriptions, etc. and making emergency purchases and deliveries as needed. In April we received \$4,000 from the United Way and Community Foundation COVID-19 Relief Fund that allowed us to provide approx. 200 care packages of supplies to our senior clients and assist with other financial needs. We just received an additional \$4,000 from that fund to use for the same purpose. We are continuing to publicize our new Friendly Caller service to address social isolation in seniors, but we are planning to adjust the model to more of a “peer-to-peer” approach as we found more seniors wanted to be volunteer callers to “help others” and fewer than expected identified themselves as lonely or isolated and asked to receive calls. We continue providing the PEARLS program and Adult Protective Services but without face-to-face contact at this time.

FirstFollowers, with CCMHB-funded program Peer Mentoring for Re-entry, from Directors Marlon Mitchell and James Kilgore:

Our drop-in center remains closed but we are still connecting with people virtually. They are reaching out to us via Facebook, our website, email and phone. We have served half a dozen people in May, assisting them with finding housing, accessing stimulus checks and other benefits. We also continue to provide support for previous clients and those in our transition house. We have also conducted

GoMAD sessions online, doing a reading group and some training on social emotional issues.

Organizationally we have continued to meet weekly via Zoom and have also invited members of other organizations to join some of these calls, namely Boys to Men, Girls to Women and DreAAm House. We have had an average of 20 people on our weekly calls.

We have also used this moment to tighten some of our systems by updating our operating procedure guide for the drop-in center and holding a training session for peer mentors who work in the drop-in center.

We also continued our work on gun violence, hosting an online conversation on this issue on May 26th which was attended by 104 people on Zoom and 138 people on Facebook livestream. We are developing graphic arts material that will go on billboards.

We continue to try to adjust to working virtually and think we have done a fairly positive job in turning this adversity into an opportunity to do some things we don't normally have time to do.

GROW in Illinois, with CCMHB-funded program Peer Support, from Illinois Coordinator/Fieldworker Christopher Stohr and Fieldworker Trainee Melissa DeArmas:

IN BRIEF - GROW continues to hold meetings remotely by telephone and videoconferencing. Ms DeArmas and GROW are experimenting with innovative ways for peers to socialize to reduce isolation. GROW update from early April to end of May, 2020 during the COVID-19 pandemic for CCMHB:

During the Covid-19 pandemic, GROW has been putting forth several efforts to stay connected with our members.

- We have teleconferences on Mondays and a Zoom meeting Monday night.
- Thursday afternoon we also have a meeting from 1 to 3pm.

We reach out to our members with 12-stepping, or calling each other throughout the week to make sure everyone is managing alright, and doing their prospective practical tasks they were given for the week. We have also had a few zoom coffee dates in the morning hours.

Social Activities

- We had a GROW social on Zoom and watched "What about Bob?" together with a discussion following.
- We have also been attending webinars throughout the stay at home order.
- We also made a small essential care package for our growers and dropped them off door to door.

As the order is slowly being lifted, we will continue to reach out to our members by phone and eventually in person. We will continue Monday night zoom after the stay at home order is officially lifted, since we have several members who now enjoy calling it their "home" group.

Prepared by Melissa De Armas, GROW Fieldworker Trainee

Mahomet Area Youth Club, with CCMHB-funded BLAST and Members Matter:

No update available on the two programs.

NAMI Champaign County, with CCMHB-funded program, from Executive Director Alison Meanor:

- **Ending the Silence (NAMI Signature Program):** We were unable to present our Ending the Silence Youth Mental Health Awareness Program to middle schools and high schools, because of school closures due to COVID-19. We plan to reinstate this program in Fall 2020. This may involve training new peer speakers, as some of our Parkland and UIUC students may have graduated, have schedule conflicts, or be doing distance learning/online classes only.
- **We Care Calls:** We are modifying the script, in addition to asking our original questions, which include: “How are you feeling, both mentally and physically?”; “Do you have your medications, food, and household supplies?” For example, we will be asking if individuals are interested in socially distant get-togethers, via Zoom. We will announce via our various communication outlets that We Care Calls are continuing and invite more people to sign up to receive a call or make a call.
- **Family-to-Family (NAMI Signature Program):** Our Spring 2020 Family-to-Family course was successfully adapted to a Zoom platform. The last session was on June 2nd. We are discussing whether to provide this 8-week class over the summer, via Zoom.
- **NAMI CC Business + Committee Meetings:** Our meetings are successfully being held via Zoom, and members have been attending other online meetings, trainings, and support groups.
- **Social Media + Constant Contact:** We continue regular engagement with our members. We also have a new social media plan for increasing outreach to both membership and a general audience/community members.
- **Website:** We now have time to focus on updating our website. We have formed a committee and are developing new content.
- **Board Expansion:** We now have time to focus on expanding our Board. We are increasing the Board from 5 members to 9 members. We are recruiting two at-large members, one family representative, and one peer representative.

PACE, Inc., with CCDDDB-funded program Consumer Control in Personal Support, from Program Manager, Mel Liang:

No update available on this program.

Promise Healthcare, with CCMHB-funded programs Mental Health Services with Promise and Promise Healthcare Wellness, from Executive Director Nancy Greenwalt:

Mental Health Services with Promise and COVID-19: Promise Healthcare offers full access to psychiatry and counseling. Psychiatry offers in-person and two different types of telehealth. Psychiatry at our Walnut St. clinic includes an on-site telehealth option through Zoom for Healthcare. This has been set up as a way to keep staff and patients safe and was Promise Healthcare’s pilot for telehealth using Zoom. In execution, we learned that Zoom would not work for broader use within Promise. We moved to a different program for the next

provider. Psychiatry at Frances Nelson was set up for telehealth through Otto, a program integrated into our electronic medical and practice management records. Our psychiatry program remains busy and welcomes new patients. Mental health counseling offers in-person counseling using precautions similar to other Promise programs to keep patients and staff safe. These include phone screening for COVID-like symptoms, screening again at registration, staff and patients must wear masks or face coverings, taking staff and patient temperatures, setting up offices to try to maintain six feet between counselors and patients, and cleaning between patients. Promise continues to work towards a long-term billable telehealth option for counseling. In the meantime, providers continue to reach out and call patients that cannot come in for a visit. These calls are noted in the patient's record and are not billable visits. Counseling volumes have picked up in late May and are expected to continue to increase.

Adult Wellness with Promise and COVID-19: 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 assists people in enrolling in medical coverage. Demand for our Food As Medicine program has grown and includes volunteers organizing food deliveries for as many as 95 needy families weekly.

Testing for COVID-19: Promise Healthcare offers diagnostic PSR (nasopharyngeal swabs) and antibody testing (blood test) for COVID-19 at Frances Nelson. Testing is outdoors, right in front of the health center. Patients can either drive up or walk up for care. COVID-19 testing is free for all patients. Promise charges patient coverage for care. For information or to schedule an appointment call our COVID-19 care line at (217) 403-5402.

Rape Advocacy, Counseling & Education Services with CCMHB-funded program, Sexual Violence Prevention Education, from Director Adelaide Aime:

RACES is continuing to provide all services remotely, including therapy, legal advocacy, medical advocacy, and crisis hotline, as well as online prevention education webinars for adult audiences.

Limited court accompaniment services are provided in-person.

Telehealth therapy services are provided via phone, but we are delaying starting new therapy clients until necessary approvals for adding video telehealth from our statewide accrediting body are complete.

RACES is in the process of planning our return to in-person services, office-based services utilizing available public health guidelines and information.

Rattle the Stars, with CCMHB-funded program Youth Suicide Prevention Education, from Executive Director Kim Bryan:

We are maintaining service delivery as last reported. Due to limits on group sizes, we are conducting adult trainings online via Zoom. We are not currently giving youth trainings online, but are scheduling these for the fall. We do not feel we can adequately support and assess skill development for youth in an online

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format. We are still providing consultation support via email and Zoom, but will begin transitioning to in-person meetings with the lifting of restrictions on group sizes. We are not currently holding or participating in community events. We had postponed events until the fall, but will likely cancel. It is proving difficult to plan events with such uncertainty about whether we will be able to hold them. At this time, it doesn't seem to be a practical use of staff time to plan events that may potentially need to be canceled.

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:

Since early April we refined many of the things previously reported. Below are ways that service delivery has progressed in maintaining contact with/behalf of clients:

- A regular daily routine was established as to the frequency and best times of the day the client and families preferred to have contact via Video TeleHealth or three-way calls.
- A regular time was established daily for returning phone calls, e-mails and documenting contacts with clients, their families, collaterals or with other service providers.
- Developing ways of meeting client needs who lived in facilities where they were confined and unable to live during the pandemic (Eden and nursing home)
- Researching of needed items or resources took place (when would client stimulus checks arrive, setting up savings accounts, etc.).
- Established set weekly team meeting to receive updates and share information between team members essential in this pandemic environment.
- Ideas were generated from the experience of the pandemic as we plan to Return to Work and start conducting more face-to-faces with clients (PPE needed, safety precautions to take, etc.).

For the Mental Health/Substance Use Disorder programs:

The following is accurate as of 6/1/2020. 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): The only clients coming onsite for services are there for urine drug screens. Some clients who are at high risk for relapse have been put on a patch to help deter substance use. All other clients are participating in services via telephone and WebEx video conferencing. 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, but as of this writing all staff are working remotely except the outreach worker who performs

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toxicology testing. He is equipped with masks, face shield, hand sanitizer and guidelines for handwashing and social distancing. We continue to share important COVID-19 resources with clients participating in individual or group sessions. Group participation by Drug Court clients continues to be good.

Fresh Start: All case management services continue to be provided via telehealth. The Fresh Start Community Liaison is still providing weekly updates to the City of Champaign via email and video conferencing. The liaison is also maintaining contact with collaterals, referral sources, and Resource sub-committee members via telephone, email and WebEx meetings. The monthly WebEx Resource Sub-Committee is well attended and has resulted in 3 referrals to the program. Participants continue to be mailed information on how to apply for unemployment, rental assistance, foodbanks, and other COVID-19 community information to assist them during this time. 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 continued to work on creating e-learning lessons for the Too Good for Drugs curriculum. The completed lessons 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 continued to ask our teachers for rosters/numbers of students they have reached for our tracking purposes. We continue to keep in regular contact with the teachers and schools to offer ongoing support. In addition to providing e-learning lessons for Too Good for Drugs to schools, we will be offering virtual prevention lessons to Urbana's summer SPLASH program. The Prevention Team will be recording the virtual lessons and sending them to SPLASH staff to be used with students enrolled in the program during the summer months. Prevention will also be offering preschool and daycare centers virtual lessons during the summer months as well.

Updates for the Criminal Justice Team: Our team continues to work close with probation and the jail to meet the needs of the clients. In May, since access was limited, the Criminal Justice team reached out to former clients to offer additional supports

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

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

Assisting clients with budgeting stimulus checks

The UP Center (Uniting Pride), with CCMHB-funded program Children, Youth, & Families Program, from Board Member Hannah Sheets:

Uniting Pride is continuing to focus our efforts on supporting and connecting with the community virtually. Our Youth & Families Program Coordinator continues to facilitate our teen and pre-teen support groups through zoom, and our volunteer-facilitated parent group also continues to meet through zoom. He also facilitated a virtual trans-inclusive workshop for The College of Education recently, and is talking with The Boys and Girls Club about potential staff and youth training for the future. Our Program Administrator continues to lead the 3 groups she began through zoom at the beginning of sheltering in place: a Coffee Social Hour, Aging UP, and Read UP. She also continues to develop creative ways to engage with our LGBTQ+ community through facebook.

Board and staff are also preparing for what UP programming will look like as we move into Pandemic Phase 3 in June. We are developing an outline of what programming will look like, what precautions we will take, and what safety expectations we can have for support group attendees as we will likely be moving back and forth between phases over the rest of 2020.

Beyond our CCMHB funded programs, Uniting Pride has planned some virtual Pride activities for the month of June, and are recruiting a new committee for our September Pride celebration. Our Pride Celebration in September will look much different than last year, and we're recruiting creative folks who can help us prepare virtual and potentially small group activity options.

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 current COVID-19 Pandemic "Stay-At-Home" order since our last report of April 6th - 10th:

UNCC continued service delivery efforts for our youth from the last report dated April 10th through May 28th. The majority efforts were delivered via Zoom sessions and included UNCC Staff, UOI - FABLAB Staff, and USD 116 Administrators and parents during two family-focused sessions.

- Mondays sessions continued to include staff supervision and planning along with verification of completed required staff development training.

- Tuesdays, Wednesdays, and Thursdays consisted of youth engagement activities for grades K-12. Youth in grades K-5 benefited from guided online academics and games focused on Reading, Math, and Science Experiments.
- Middle and High school youth benefited from guided support pertaining to district requirements for completing academic assignments in order to progress this school year; life skill development activities, preparing and sewing masks for community and lastly, planning for summer activities.
- All youth participated in at least twice weekly guided physical fitness activities and social/life skill enhancements involving discussions pertaining to COVID-19 and its impacts on them, their families and our community.

UNCC completed our experience with UOI School Of Social Work Interns by accepting a manual designed by the interns to assist staff with engaging youth via Social and Emotional Learning activities.

UNCC will conduct summer enrichment activities from June 15th - July 2nd (remotely) and July 7th - August 7th (onsite).

9.C.



BRIEFING MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Kim Bowdry, Shandra Summerville
SUBJECT: Update on the 2020 Disability Resource Expo

Background:

On March 12, 2020 the decision was made to cancel the March 28 Expo. The Steering Committee met virtually to discuss the possibility of rescheduling. After coordination with the Vineyard, Best Expo, and other events in Champaign County, the Expo was rescheduled for October 10, 2020.

As the impacts of the pandemic and stay-at-home orders continued to develop, members of the Expo Steering Committee participated in webinars with Whova, an all-in-one event management solution that might allow the Expo to be held virtually. Another possible virtual platform, Zoom, was discussed briefly but may not offer many features. In subsequent meetings with Whova, a smaller group of committee members learned about the options that are available to promote the exhibitors, sponsors, and networking opportunities between attendees as well. A virtual event allows for the safety of staff, exhibitors, and those likely to attend the event and presents an opportunity to be a featured event serving people living with disabilities that is inclusive and culturally responsive.

Issues and Possible Next Steps:

While moving forward with a virtual event allows for the sharing of resources across a broad audience, we likely will not reach those with no access to a computer, tablet, or smart device and those with no or low internet access. This smaller set of attendees, without means, may be the audience in greatest need of the resources highlighted at the Expo. The learning curve associated with technology could also present a challenge for some attendees participating in a virtual event. Other concerns are the difficulties in accessibility for the deaf and those with low vision, and limitations presented by closed captioning.

Some typical expenses would continue, but there is a significant difference in total cost of an in-person versus virtual Expo. Whova has quoted \$2,099 as a starting price for utilizing their app. A decision will need to be made in time to allow for proper advertising or for that same to be cancelled without financial penalty. Attached are pages 26-31 of Whova's brochure on proposed services.

The cost for both an in-person and a virtual Expo may fall within the approved 2020 budget, but there could be practical issues for volunteers, staff, and exhibitors attempting both. A virtual platform may have value for an ongoing or annual Expo experience, with the future of in-person events still unknown, acknowledging the accessibility-related shortcomings of virtual platforms.

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In the meantime, the Expo website and social media pages continue to deliver excellent content every day, supporting and building community. This summer, CCMHB/CCDDB staff hope to work with UIUC Community Learning Lab students to create brief promotional videos for Expo exhibitors, which can be embedded in the website and featured in social media, to connect service and support information with the Expo audience. A collaboration between the UIUC Community Data Clinic and 211/PATH may also meet the needs of County residents seeking resources, by use of a real-time online 'hub'.

Any iteration of the annual disABILITY Resource Expo faces challenges we will continue working through. It is very possible that holding an October 10, 2020 in-person event will not be possible or permitted due to continued public health risk.

The Steering Committee will have met on June 16 to discuss moving forward with a virtual Expo. Barb Bressner and Jim Mayer, Expo Coordinators, will attend the Abilities Expo, June 19-21, which is also being done virtually this year and may foreshadow what we can expect with a virtual event of our own.

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App Features and Event Management Tools

Standard Package

Mobile Brochure

- Personalized agenda (30 consecutive days), multi-track support
- Interactive maps, custom links for logistics
- Offline package (working without Wi-Fi)

Event Marketing & Management Tools

- Event webpage builder & traffic analytics
- Social Media Scheduler
- Attendee check-in (badge scanner)
- Name badge generation tool and Templates
- Speaker information collector
- Social Wall and activity feed
- Past event content reuse
- CRM integration through Zapier

Engagement & Networking

- Announcement
- Session QA, like Session, rate Session, Live polling
- Community Board (discussions, social activities, interactions)
- Speakers and attendees SmartProfiles
- Attendee matchmaking
- Photo sharing
- Social media outlet
- Meeting scheduler
- Private messaging & group chat
- Business card scanning & exchanging
- Gamification, leaderboard, ice-breaker
- **Virtual Meet ups**
- **Whova Web App for Laptop and Desktop Access**
- **Virtual Event Center (Live Streaming + Hosted Video)**

Add-on Features

- Session Attendance Management: session capacity, enrollment, check-in
- Sponsor Banner Ads
- Session Feedback
- Document Sharing
- Exhibitor Center: Exhibitor directories, custom profiles, and badge (QR code) scanner, Live Stream and Videos
- Passport Contest
- Surveys

App Features and Event Management Tools

Session Attendance Manager

- Organizers can do session check-in, set capacity limits, enable waitlists, and pre-enroll attendees to sessions. You can also batch add attendees to sessions based on their category.

Session Feedback/Rating

- Attendees can rate each session and provide feedback. Organizers choose the questions and how they answer: Free response, 1-5 Stars, Yes/No. Unique quizzes for different sessions

Surveys

- Choose a pre-made survey template or create your own so you can gather the information you need from your attendees. You can also set automatic reminders, close/open surveys, and analyze the results within the dashboard.

Name Badge Templates

- Generate nice, modern name badges at the touch of a button. Choose one of our ready-made templates or create your own templates. Once you have a design ready, you can generate all name badges at once and print.

Exhibitor Center

- Highlight your exhibitors in business profiles within the app! You can give them control to build out their profile as they wish, run raffles, distribute coupons, gather leads using our lead generation feature and QR codes on name badges, create a map of all of your exhibitors and allow people to interact with the exhibitor profiles with likes, comments, and shares.
- Can add Livestream links or Pre-recorded video links to profile

Sponsor Banner Ads

- Give exposure to the sponsors that help put on your event! By running a banner ad at the bottom of the screen, your attendees will be able to see who sponsored the event. You can highlight their level of sponsorship (gold, silver, platinum, etc.), direct users to the sponsor website, and also create a button on the home screen with a list of all the sponsors.

Virtual Event Center

- Integrate with major Live Stream Providers: Zoom Meeting, Google Hangouts Meet, Vimeo Streaming, WebEx, GoToMeeting, + more
- Integrate with major Video Hosting Services: Whoova Video Hosting (TBA), Youtube, Vimeo, Wistia, VeritasTV, Wix Video, + more
- Allow Live Session QA, chat, and document viewing during sessions.
- Optimized for both Mobile App and Web App (laptop and desktop access)

Whoava Setup Time for a 1-Day Single-Track Event

BASIC Setup Time
15 min to 1 hour
 at Most

Agenda
 via Whoava's
 uploading
 Service, or
 self-serve file
 uploading

0 - 40
 min

Attendee List
 automatic
 sync with your
 Registration
 system, or file
 uploading

0 - 5
 min

**Speaker
 Profiles**
 populated by
 Whoava

0
 min

**Custom
 Logistics**

10
 min

**Document
 Sharing**

5
 min

OPTIONAL Customization Time
30 min
 at Most

Sponsor ad banners
 (5 sponsors)

10 min

Exhibitor list

10 min

App Branding

5 min

Survey Uploading

2 min

Live Polling Question
 from Template

1 min

Twitter

1 min

Others

30 sec ~ a few min

Pricing

2020 Whova Price for

1 Event

- **\$1,399 for standard package up to 500 attendees**
- **Add-on features:**
 - Surveys: \$50 each
 - Premium Name Badges: \$100
 - Session Feedback: \$200
 - Session Attendance Manager: \$200
 - Virtual Exhibitor Center: \$300
 - Sponsor ad banner: \$50 each (\$300 for 10, \$500 unlimited)
 - Presentation/PDF upload: \$300 unlimited, 10 documents for free, \$30 each
 - **NEW!** Premium Exhibitor Center (Passport Contest): \$300
 - **NEW!** Virtual Event Center: \$500 --> **FREE in May**
 - **NEW!** Hosted/On-Demand Video: 3 GB included, \$50 per additional 5GB

- **Other Attendee Tiers:**

- 500-1,500: \$2,099
- 1,500-3,000: \$3,499

Your account manager:

Braulio Mendoza

braulio.mendoza@whova.com
+1 (213) 375-8031

Recommended Package

2020 Whoova Price for

One Event

- \$1,399 for one event
- Includes:
 - Standard Package
 - Mobile Brochure
 - Event Marketing & Management Tools
 - Engagement & Networking for up to 500 attendees
 - Virtual Event Center
 - (Host Live Streaming + On-Demand Video)

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Your account manager:

Braulio Mendoza

braulio.mendoza@whoova.com
+1 (213) 375-8031

Bulk pricing and small event (<50) event pricing available upon request

Bulk Pricing

2020 Whova Price for

your events:

- \$4,000 + = 10% off
- \$7,000 + = 15% off
- \$12,000 + = 20% off
- \$15+ submit for quote

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Y.D.



BRIEFING MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Kim Bowdry, Chris Wilson
SUBJECT: CILA Facilities Project Update

Background:

During 2014, the CCMHB and CCDDB issued a Request for Proposals to develop additional small group home capacity for persons with Intellectual/Developmental Disabilities, within the County. At the time, the Ligas Consent Decree was in force, compelling Illinois to decrease its reliance on segregated, institutional care, and the Governor was active in a "Rebalancing" initiative, to offer people with I/DD who were living in large institutions the opportunity to move into smaller, community-based residential settings, including CILAs (Community Integrated Living Arrangements). This created an additional financial incentive for providers of community-based care who would accept individuals from those settings.

Importantly, the local CCMHB/CCDDB CILA project was a response to parent advocates' coordinated message and request. Known as the Champaign 11, Champaign 12, and Champaign 13, these families' loved ones were eligible for CILA services and were willing to accept CILA services as described and funded by the State under its Medicaid Waiver program but had not been able to secure a placement in or near the County. With encouragement from the Governor's office, the CCMHB/CCDDB Executive Director issued RFP #2014-001 "Community Integrated Living Arrangement Services for the County of Champaign" on May 22, 2014, with the hope of securing up to four homes suitable for up to four individuals each, to be purchased with Board funds, and to identify a provider of CILA services who could use the homes to serve individuals who originated from the County but now lived far away, who were living with their families in Champaign County and waiting for a local placement, or who could be brought through the rebalancing effort with the additional initial funding which would increase revenue for the good of the whole. Addendum 1 was released on July 21, 2014, further defining terms and responding to questions from the public and potential applicants.

Responses to the RFP were submitted, reviewed by committee, and a selection made by the Boards in the fall of 2014. Individual Advocacy Group was identified as the provider of CILA services, and the search for appropriate houses began. Two houses were purchased, and work commenced to bring them into full compliance with State Rules governing CILA use. This proved to be a very slow process as acceptable sprinkler systems required more work than anticipated, and fire marshall inspections were delayed. In addition, one of the homes was renovated for maximum physical accessibility, meeting the needs of people identified for services there and increasing the value of the property. The additional time and expense precluded the purchase of subsequent houses.

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Updates:

Financial information for 2019 was prepared by the Champaign County Auditor's Office in April, using information from the property management company and an associated PNC account. This summary is presented as an attachment. Anticipated 2020 financial activity is the basis for DRAFT proposed 2021 CILA budget, also in this board packet, but there are many unknown factors at this point. One issue for possible consideration is the future of a gift made to the CCMHB in early 2015, designated to pay for any additional expenses which will support one Champaign County resident's success in a CILA; the individual's parents may prefer easier access to the fund, but board action and other releases and permissions would be required.

Individual Advocacy Group (IAG) has continued to provide services to residents of the two homes purchased by CCMHB/CCDDB and managed by Joel Ward Homes of Champaign. In addition, IAG serves County residents living in privately owned homes, offering day program and traditional, host home, and family CILA services. Some of the residents of the CCMHB/CCDDB CILA homes take advantage of other day program options. Upon request and at the end of program years, IAG shares updates on residents' activities; attached is a report for the period of January to May 2020.

For the past few years, CCMHB/CCDDB staff and IAG's director have discussed the financial difficulties of operating at a small scale within this County and at the state's Medicaid Waiver rates. Potential solutions such as expansion of non-traditional day program services or increased client base through host home, family, and intermittent CILA have been explored but have not taken hold. The agency continues to work with local individuals and families, the Illinois Department of Human Services -Division of DD, and the Independent Service Coordination unit to develop these.

Early in 2020, the CCMHB and CCDDB reviewed and approved new lease terms which would lower the rental amounts for the two County-owned homes, to stabilize operations on behalf of the residents currently served. New leases were drafted and sent to IAG for review and acceptance. Just as the agency's Board was planning to meet to consider the offer, the Governor issued Executive Order to slow the spread of COVID-19, and I/DD operations across the state were immediately impacted. IAG continues to serve people in the two houses but was only comfortable with signing leases to the end of 2020.

As with all services and supports, the future of this project is more uncertain than ever.

CHAMPAIGN COUNTY (CCMHB and CCDDB) CILA FACILITIES

ANNUAL FINANCIAL REPORT

1/1/19 - 12/31/19

REVENUE	2018	2019
From Mental Health Board	\$ 50,000.00	\$ 300,000.00
From Developmental Disabilities Board	\$ 50,000.00	\$ 50,000.00
Rent	\$ 22,440.12	\$ 21,676.00
Other Misc Revenue	\$ 3,585.25	\$ 669.56
TOTAL REVENUE	\$ 126,025.37	\$ 372,345.56

EXPENDITURES

Mortgage Principal	\$ 49,750.32	\$ 398,002.48
Mortgage Interest	\$ 17,230.37	\$ 10,771.34
Commodities	\$ -	\$ -
Professional Fees	\$ 6,000.00	\$ 6,000.00
Utilities	\$ 866.73	\$ 903.92
Building/Landscaping Maintenance	\$ 14,341.72	\$ 15,041.79
Building Improvements	\$ 12,045.00	\$ -
Other Services	\$ 36.00	\$ 33.62
TOTAL EXPENDITURES	\$ 100,270.14	\$ 430,753.15

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**Champaign County Mental Health Board
Monitoring Report**

January through May 2020

Royal Oak and Englewood CILAs

Individual Advocacy Group (IAG) provides services in Champaign in 2 houses owned by the Champaign County Mental Health Board. This required report covers the time period from January through May of 2020.

Demographics, Zip Codes, and Linguistic Competence

Englewood CILA

Zip Code 61820

This home consists of 3 Caucasian females and 1 African American female, all of whom speak and/or understand English as their primary language. Two of the women utilize wheelchairs for mobility. On May 21, 2020 one Caucasian female who utilizes a wheel chair moved out Englewood and the Champaign County area.

Royal Oak CILA

Zip Code 61820

This home consists of 2 Caucasian males and one African American male, all who understand English as their primary language.

COVID-19 Update

- Community Day Services were suspended as of March 13, 2020.
- Community outings for CILA were restricted at that time.
- There have been no diagnosed cases of COVID-19 in either staff or persons in support in these homes.

Monitoring Reports

- January 6-10, 2020, the Bureau of Licensure and Accreditation (BALC) completed its annual review of IAG's Community Integration Supports (CIS) and the 3-year review of Community Integrated Living Arrangements (CILA) services. IAG's CIS received a score of 99%, with one citation due to use of white out on a document. Staff were retrained to acknowledge that all errors must be corrected leaving the original entry intact.

IAG received a 98% for CILA services with deductions for a missing door knob on a closet and inadequate lighting in one bedroom. Maintenance was completed on the door and management staff were trained on the standard for adequate lighting.

- The board President changed in January.
- There were no changes in licensing status.
- There was no suspected fraud.

Service Report

Individuals in these CILA homes participate in goals to increase their independence in self-advocacy, financial skills, independent living skills, community integration, and medication administration.

In addition to participating in activities such as grocery shopping, banking, and going out to eat, individuals participated in activities such as:

- Zumba
- Volunteering at Champaign County Humane Society
- Going out to eat
- Library
- Participated in art show
- Movies
- Swimming
- Bowling
- Cooking classes
- Illinois State Museum
- Basketball
- Exercised at YMCA

Due to the Coronavirus pandemic, the persons in these homes began sheltering in place on March 13. Community activities were curtailed at that time. As of this writing, the governor's stay at home order remains in place.



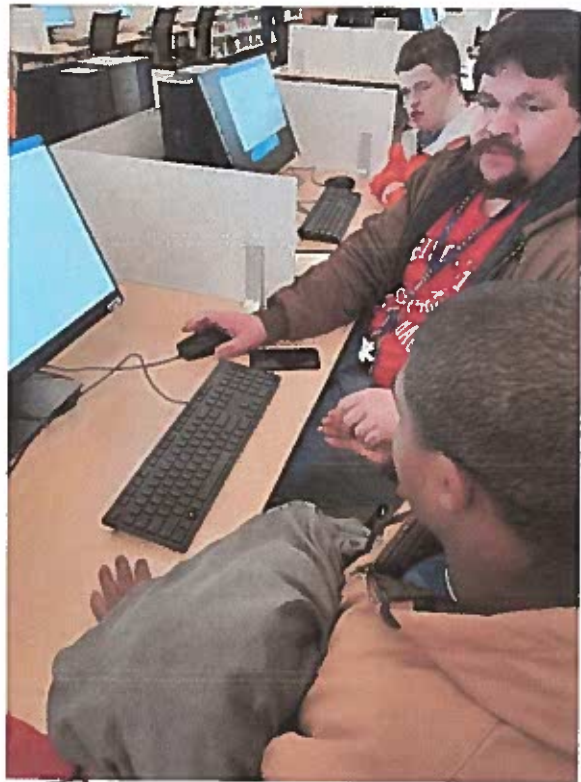
Helping teach Zumba at the YMCA (orange shirt)!











Stay at Home Order Fun!



9.E.



BRIEFING MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: 211 Information and Referral

Background:

The purpose of this memorandum is to offer history of the CCDDB and Champaign County Mental Health Board (CCMHB)'s involvement with United Way of Champaign County (UWCC) in support of the 211 call service provided by PATH. The attachments include:

- 2013 Memorandum of Understanding between the UWCC and CCMHB, splitting the cost evenly to a maximum of \$40,000. The current level is \$18,066.
- February 2014 press release from UWCC on behalf of all parties, launching the service.
- January-March 2020 Summary Report prepared by PATH for Champaign County partners.
- Also prepared by PATH, a January-March 2020 report on the County's Unmet Needs.

CCDDB/CCMHB staff meet as needed with UWCC staff on many issues related to this project, especially as we learn from providers and community members about their use of this and other information and referral services. Agencies funded by the three partners update PATH about programs, contacts, and capacities in order to ensure best 211 service to residents of the County. PATH/211's director has met with case managers and other local providers regarding the service and to improve our data. 211 is a project of National United Way and meets Alliance of Information and Referral Systems standards.

Issues and Possible Actions:

With the COVID-19 pandemic and the impact of efforts to slow its spread, PATH reports an 800% increase in 211 calls. Meanwhile, services and supports change rapidly, and emergency resources become available overnight, adding to the pressure for continuous updating of the database.

Even before being pushed to this prominence, 211 faced challenges in reaching younger people and special populations, which could be improved by adding text and online resources. CCDDB/CCMHB staff have worked with UIUC students, Expo consultants, stakeholders, and most recently the UIUC Community Data Clinic on possible development of a real-time, comprehensive resource database usable by providers, advocates, and community members. Aside from practical issues, the most ideal situation would be to coordinate this with United Way and the 211 service, which may impact future shared costs.

Also prior to the pandemic, deaths related to addiction and suicide had peaked, raising the question of 211 working with the National Suicide Prevention Lifeline. Another appropriate response to known local needs, this would also likely increase the cost to Champaign County partners.

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

2-1-1 Information and Referral Services

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

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

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

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



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

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

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

In witness were of, the Parties have caused this Memorandum of Understanding to be executed by their authorized representatives on this 28 day of June, 2013.

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

By

Melanie Henry
Board Chair

[Signature]
Executive Director

UNITED WAY OF CHAMPAIGN COUNTY

Steven A. Stender
Board Chair

Susan Grey
CEO

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2-1-1 Illinois: Principle for State Wide Coverage

Many people and organizations have contributed to the development of 2-1-1 in the state of Illinois. Various modalities of delivering 2-1-1 services to the entire state were discussed and reviewed by 2-1-1 Illinois. Taking into account the large investment of funds in hardware, software, staffing, trainings, and adherence to national protocols in addition to on-going operation costs, it became clear that regional centers would be the most cost effective model. One center for one community is costly; it makes sense to use economy of scale to provide services that meet the national standards for 2-1-1 and will ultimately be available to every resident of Illinois.

Agreement Between United Way of Champaign County and PATH, Inc. for Provision of 2-1-1 Information and Referral Services for Champaign County

and hereby set forth the terms and conditions under which PATH, Inc. shall provide 2-1-1 Information and Referral Services to those who live and work in Champaign County.

TERM AND TERMINATION

1.1 TERM OF THE CONTRACT

1.1.1 Contract term shall be from June 1, 2013 to June 30, 2014.

1.2 RENEWAL

1.2.1 This contract is for activities as described below and is renewable on July 1 annually based on the approval of both parties prior to the expiration of the current agreement in force in this and any subsequent year.

1.3 TERMINATION FOR CAUSE

1.3.1 United Way of Champaign County may terminate this Contract, in whole or in part, upon notice to PATH if it is determined that the actions, or failure to act, of PATH, its agents, employees or subcontractors have caused or reasonably could cause jeopardy to health, safety, or property. United Way of Champaign County shall provide written notice to PATH requesting that the actions or failure to act be remedied within 10 days as specified in the written notice. If the breach or noncompliance is not remedied by that date United Way of Champaign County may either (a) immediately terminate the Contract without additional written notice or, (b) enforce the terms and conditions of the Contract, and in either event seek any available legal or equitable remedies and damages.

1.4 TERMINATION FOR CONVENIENCE

1.4.1 Following sixty (60) days written notice, either United Way of Champaign County or PATH may terminate this Contract in whole or in part without the payment of any penalty or incurring any further obligation to PATH.

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2.3.1 PATH shall provide a data collection method for tracking how inquirers learned about 2-1-1 service in Champaign County.

2.3.2 PATH shall report statistics on Champaign County service requests, and provide these reports: quarterly updates – standard template, Year-End Report with accumulation of data for the year in the same standard quarterly template, when available the first two boxes to be comparatives from year-to-year rather than month-to-month, budget report for mid and end of year in Excel budget sheet.

2.4 PAYMENT AND ACTIVITIES PROVIDED BY United Way of Champaign County

2.4.1 United Way of Champaign will compensate PATH, Inc. in the amount of \$2,102.67 monthly through June 30, 2014 for the services outlined above. Monthly compensation for future years will be adjusted in accordance with the Central Illinois 2-1-1 Funding Model – 83 county (April 2012) with payment being due by the 30th of the month.

2.4.4 The United Way of Champaign County will be responsible for marketing 2-1-1 in Champaign County and agree to use an approved 2-1-1 logo.

3. STANDARD TERMS AND CONDITIONS

3.1 INDEMNIFICATION

3.1.1 PATH, Inc. hereby expressly agrees and covenants to hold harmless and indemnify United Way of Champaign, its directors, officers, agents and employees from and against any and all costs, liability, demands, claims, damage and expenses of any nature or any kind (including, but not limited to, indebtedness, penalties, fines, costs and reasonable legal fees), incurred in connection with this Contract or that arise out of any act or omission of PATH or any of its employees or agents.

3.2 INDEPENDENT CONTRACTOR: PATH shall, in the performance of this Contract, be an independent contractor.

3.3 ASSIGNMENT AND SUBCONTRACTING

3.3.1 This Contract may not be assigned, transferred or subcontracted in whole or in part by PATH without the prior written consent of 2-1-1 Illinois and the United Way of Champaign County inclusive of the requirements stipulated in section 2.1.2 above.

3.4 COMPLIANCE WITH THE LAW

3.4.1 PATH, its employees, agents and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations, orders, federal circulars and all license and permit requirements in the performance of this Contract. PATH shall be in compliance with applicable tax requirements and shall be current in payment of such taxes.

3.5 AUTHORIZATION

3.5.1 Each Party to this Contract represents and warrants to the other that (a) it has the right, power and authority to enter into and perform its obligations under this

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Contract and (b) it has taken all requisite action (corporate, statutory or otherwise) to approve execution, delivery and performance of this Contract and (c) this Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms.

3.6 Shared Ownership of Data. During the term of this agreement or within 30 days of termination, United Way of Champaign County will have access to all data in the resource database in a comma-delimited or other standard format from the information and referral software utilized by PATH.

4. **SUPPLEMENTAL PROVISION**

4.1 **ENTIRE CONTRACT**

This Contract, consisting of the signature page, sections one through four, and any attachments constitutes the entire Contract between the Parties concerning the subject matter of the Contract, and supersedes all prior proposals, contracts and understandings between the Parties concerning the subject matter of the Contract. Amendment, modifications and waivers must be in writing and signed by authorized representatives of the Parties. Any provision of this Contract officially declared void, unenforceable, or against public policy, shall be ignored and the remaining provisions shall be interpreted, as far as possible, to give effect to the Parties' intent. All provisions that by their nature would be expected to survive, shall survive termination. In the event of a conflict between United Way of Champaign County and PATH's terms, conditions and attachments, the United Way of Champaign County conditions and attachments shall prevail.

2-1-1 Illinois Call Center Contract

The Parties to this Contract are PATH, Inc. and United Way of Champaign County. The Contract consists of this signature page, the following pages detailing the contents described below, and any attachments identified on these pages.

1. TERM AND TERMINATION
2. DESCRIPTION OF SERVICES
3. STANDARD TERMS AND CONDITIONS
4. SUPPLEMENTAL PROVISIONS

In consideration of the mutual covenants and agreements contained in this Contract, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree to the terms and conditions set forth herein and have caused this Contract to be executed by their duly authorized representatives on the dates shown below.

United Way of Champaign County

Signature: Glenn A. Stanko

Printed Name: Glenn Stanko

Title: Board Chair

Date: 5/30/13

Address: 404 W. Church Street

City & State: Champaign, IL

Zip : 61820

Phone : 217-352-5151

Fax : 217-352-6494

E-mail : sue@uwayhelps.org

PATH, Inc.

Signature: Karen Zangerle

Printed Name: Karen Zangerle

Title: Executive Director

Date: 6-12-13

Address: 201 E. Grove Street #200

City & State: Bloomington, IL

Zip: 61701

Phone: 309-834-0500

Fax: 309-827-7485

Email: kzangerle@pathcrisis.org

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Media Contact:

Sue Grey, President & CEO: sue@uwayhelps.org

Mary Noel, Assoc. Director of Community

Engagement: mary@uwayhelps.org

217-352-5151

8:30AM - 5:00PM



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD



United Way
of Champaign County

2-1-1 Information & Referral Available in Champaign County

CHAMPAIGN, IL (2/4/2014) – It is nine o'clock on a Sunday night, your family has run out of food and the power is about to be shut off. Who can you call for help? People in Champaign County can now access free, confidential help 24 hours a day, 365 days a year just by dialing 2-1-1.

2-1-1 is a free and easy-to-remember phone number that streamlines the process of matching critical health and human services for the residents of Champaign County. Sue Grey, President & CEO of United Way of Champaign County, said, "2-1-1 is available to connect with resources for housing, family counseling, domestic violence, disability, elder care, severe weather, employment, disaster situations and countless other situations. The phone lines are answered by highly trained and compassionate specialists ready at any hour of the day." 2-1-1 specialists have access to hundreds of languages. Best of all, 2-1-1 is available 24 hours a day, every day of the year.

United Way partnered with the Champaign County Mental Health Board & Developmental Disabilities Board to fund the implementation of 2-1-1 locally. "Both of our organizations felt 2-1-1 was important for our community. We're happy that the Mental Health Board sees value in 2-1-1." Grey continued.

Peter Tracy, Executive Director, Champaign County Mental Health Board & Champaign County Developmental Disabilities Board, said, "The Champaign County Mental Health Board is pleased to partner with United Way of Champaign County to fully implement the 2-1-1 system. Access to a complete and accurate information and referral source on a 24/7 basis will significantly benefit people with mental health and substance abuse disorders, intellectual disabilities, and developmental disabilities in our community and will serve as a useful adjunct to staff with planning and case management responsibility."

Grey says one of the most unique facets of 2-1-1 is its extensive database. "The local 2-1-1 office has information about a plethora of Central Illinois services, so the specialist can search for local resources or beyond our county for regional services. 2-1-1 specialists will continue to build the database as new resources are available or come to their attention." Tracy added, "This has been a wonderful opportunity for local funders to collaborate and coordinate local funding to address the universal needs of people with disabilities and their families."

"2-1-1 is a fantastic resource for our community and aligns with our Community Basics goal of connecting people to the resources they need. With 2-1-1, you only need to make one phone call to get help," Grey said.

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How do I connect with 2-1-1?

Calls from businesses and organizations with standard land-based phone systems should be able to pick up the phone and dial 2-1-1 with no problems.

United Way has requested that every landline and wireless carrier provide access to 2-1-1 in this area. However, it is possible that some carriers are slow to implement the 2-1-1 code. Pay telephone services are offered by a vast number of companies and private interests, and some may not have programmed 2-1-1 into their networks yet, despite our request. A 2-1-1 specialist can always be reached 24/7 by dialing 1-800-570-7284.

Cell phone users dialing 2-1-1 from within Champaign County will connect to 2-1-1, even if their area code is not local. Some cell phone carriers may be slow in programming the 2-1-1 number. You can dial 1-800-570-7284 to connect 24/7. Once connected, please let the 2-1-1 specialist know you were unable to dial 2-1-1, the name of your carrier, and for wireless users, the location you are calling from.

For organizations with in-house PBX telephone systems, programming modifications may need to be made to ensure that users have easy access to 2-1-1. United Way of Champaign County encourages all PBX administrators to implement the necessary programming changes to facilitate 2-1-1 dialing for users. Employees having difficulty dialing 2-1-1 should alert their telecommunications staff. A 2-1-1 specialist can always be reached 24/7 by dialing 1-800-570-7284.

About United Way of Champaign County

Founded in 1924, United Way of Champaign County's mission is to bring people and resources together to create positive change and lasting impact in our community. UWCC focuses on funding programs and initiatives that improve the Building Blocks for a Good Life: Community Basics, Education, Health & Well-Being, and Financial Stability. In 2012, an estimated 73,000 people in Champaign County received services from United Way funded programs – one in three people in the community. For more information, visit uwayhelps.org.

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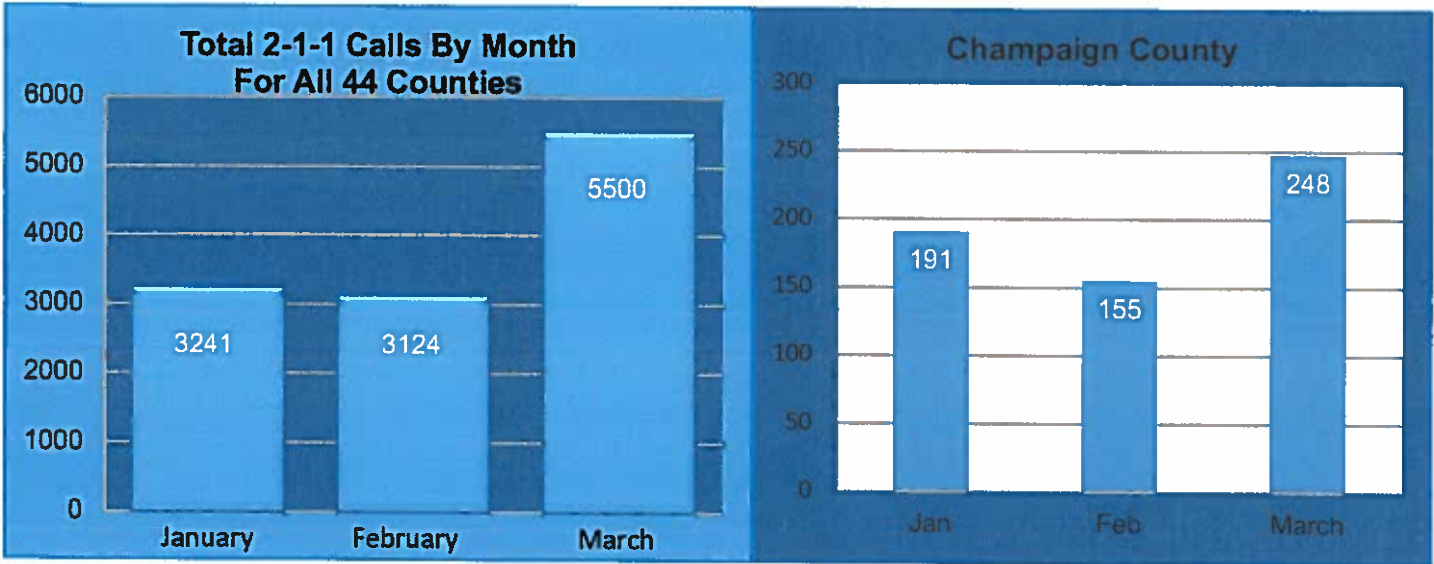
Get Connected. Get Help.™

United Way 2-1-1 Report

Champaign County

January – March 2020

Submitted by: Susan Williams, Database Manager, PATH, Inc.



Age of Caller

Adult	370
Unknown	172
Senior	52
Youth	0

Gender

Female	446
Male	145
Unknown	3

Contact Person Type

Individual	555
Third Party	25
Agency	7
Doctor/Hospital/Clinic	4
School	2
Church	1
Police/Sheriff	0

Follow-Up Calls

Number Performed	77
Received Assistance	19
Did Not Receive Assistance Attempted; no answer; number did not work; referral not contacted	10
	48

Referred By

Self-Referral	465
Agency	68
Family/Friend	18
United Way	10
Internet	10
Doctor/Hospital/Clinic	5
Business	4
Case Worker	4
Clergy/Church	2
Police/Fire	1
School	2
Advertisement	5

Top Reasons for Contact

Rent Assistance	185
Homeless Shelter/Services	107
Food Pantry/Food Service	84
Utility Assistance	59
COVID-19 (Coronavirus)	58
Information & Referral	31
Transportation	25
Low Income/Subsidized Rentals/Housing Needs	25
Mental Health/Counseling	14
Crisis Intervention	10
Domestic Violence Shelter	12
General Legal Aid	9
Tax Preparation Assist.	8
Unemployment Insurance	8

Top Ten Caller Zip Codes

61821 - 189
61820 - 138
61801 - 111
61802 - 108
61866 - 64
61822 - 36
61853 - 23
61874 - 8
61847 - 5
61843 - 4

For more detailed information on Reason for Contact see enclosed "AIRS Problem Needs and Referral Count" report.

Call Time Frequency

8 am-5 pm	512
6-11 pm	45
Midnight-7 am	37

Top Agency Referrals

Champaign County Regional Planning Commission	220
Salvation Army of Champaign County	170
City of Champaign Township	50
Cunningham Township	33
Austin's Place Emergency Shelter for Women	29
Champaign Church of the Brethren	29
Restoration Urban Ministries	26
Champaign-Urbana Public Health District	25
Grace Lutheran Church Food Pantry	23
Wesley Evening Food Pantry	23
COVID-19 (Coronavirus)*	22

*We created an agency in the database called "COVID-19 (Coronavirus)" to track calls related to people's questions about the pandemic when all this first started (middle of March). The "COVID-19 agency" contained the Illinois Department of Public Health's Coronavirus Hotline and their website, the CDC's website and phone number, and other pertinent info. There were 22 referrals made to this "agency" from callers in Champaign County.

Top Unmet Needs

Homeless Shelter/Motel Vouchers	14
Rent Assistance	8
Utility Assistance	4
General Legal Aid	2
Substance Use Disorder Treatment Programs	2

There were 21 more unmet needs recorded with one contact (call) logged for each of them; please see the attached Excel report on Unmet Needs to see them.

All 211 Calls

01-01-2020 through 03-31-2020

Service Level % = Percentage of calls answered within 90 seconds. Our goal is 80%. Our goal for abandoned calls is 9%.

SKILL NAME	TOTAL CALLS	AVG HANDLE TIME	ABAN-DONS	AVG INQUEUE TIME	% ABAN-DONS	AVG ABANDON TIME	SERV. LEVEL %
United Way 211	11,865	00:05:37	2,340	00:00:51	16.45 %	00:00:54	75.74

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PATH, Inc.
Statistical Report
Search Option - County and Unmet Need Count and Unmet Need Reasons
01/01/2020 To 03/31/2020

Total Contacts in Date Range: 11018

594	5.391%	Champaign	8	1.347%	Homeless Shelter	2	25%	Service is unavailable
						2	25%	Service referral is refused
						1	12.5%	Emergency Shelter(s) Full
						1	12.5%	Service hours are inappropriate/inconvenient
						1	12.5%	Service is too far away/Transportation is unavailable
						7 TOTAL Unmet Need Reasons		
			8	1.347%	Rent Payment Assistance	3	37.5%	Does not meet eligibility guidelines for program
						1	12.5%	Service hours are inappropriate/inconvenient
						1	12.5%	Service is out of funds
						5 TOTAL Unmet Need Reasons		
			6	1.01%	Homeless Motel Vouchers	6	100%	Service is unavailable
						6 TOTAL Unmet Need Reasons		
			4	0.673%	Utility Assistance	3	75%	Does not meet eligibility guidelines for program
						1	25%	Income too high to receive service
						4 TOTAL Unmet Need Reasons		
			2	0.337%	General Legal Aid	1	50%	Service is unavailable
						1 TOTAL Unmet Need Reasons		
			2	0.337%	Substance Use Disorder Treatment Programs	1	50%	Does not meet eligibility guidelines for program
						1	50%	Service unavailable because of eligibility waiting period
						2 TOTAL Unmet Need Reasons		
			1	0.168%	Burial/Cremation Expense Assistance	1	100%	Service is unavailable
						1 TOTAL Unmet Need Reasons		
			1	0.168%	Communicable Disease Control	1	100%	Service referral is refused
						1 TOTAL Unmet Need Reasons		
			1	0.168%	Diapers	1	100%	Service is unavailable for age
						1 TOTAL Unmet Need Reasons		
			1	0.168%	Disability Related Transportation	1	100%	Does not meet eligibility guidelines for program
						1 TOTAL Unmet Need Reasons		
			1	0.168%	Emergency/Homeless Shelter	1	100%	Service is unavailable
						1 TOTAL Unmet Need Reasons		
			1	0.168%	Health Insurance Marketplaces			

1	0.168%	Home Maintenance and Minor Repair Services
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Job Search/Placement
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Long Distance Bus Services
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Mental Health Support Services
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Pet Food
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Security Deposit
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Small Business Financing
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Smoke Alarms
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Support Groups
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Tax Preparation Assistance
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Temporary Financial Assistance
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Transportation Passes
		1 100% Service is too expensive
		1 TOTAL Unmet Need Reasons
1	0.168%	Tutoring Services
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons
1	0.168%	Winter Clothing Donation Programs
		1 100% Service is unavailable
		1 TOTAL Unmet Need Reasons

51 TOTAL Unmet Need Count

594 TOTAL Search Option - County

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9.1.



BRIEFING MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Regional Health Plan Partnership

Background:

The purpose of this memorandum is to share information about an ongoing collaboration among governmental and private entities with similar responsibilities. The Regional Champaign-Vermilion County Executive Committee includes:

- Champaign Urbana Public Health District
- Vermilion County Public Health Department
- United Way of Champaign County
- United Way of Danville Area, Inc.
- OSF HealthCare Heart of Mary Medical Center
- OSF HealthCare Sacred Heart Medical Center
- Carle Foundation Hospital
- Carle Hoopston Regional Health Center
- Vermilion County Mental Health Board
- Champaign County Mental Health and Developmental Disabilities Boards

The partnership’s vision is to “ensure our counties are the healthiest and safest in Illinois.” Its mission is to create the framework and structure for: 1) oversight of the overall county-wide needs assessment process and governance to the implementation of the resulting action plan; 2) addressing the strategic issues as identified in the county-wide community needs assessment and strategic plan; and 3) ongoing collaboration of the local public health system and residents of Champaign and Vermilion Counties. The structure consists of:

- Executive committee
- Work groups
- Evaluation and monitoring team
- General membership

The Executive Committee provides oversight to ensure that the vision and purpose of the Regional Community Health Plan Coordinator are being achieved and has authority to:

- Ensure continuation of the IPLAN process
- Provide guidance and oversight to the work of the work groups
- Approve work group plans and funding
- Approve and sign off on any grants written on behalf of the IPLAN Collaborative

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- Create and approve annual budget
- Develop and approve county-wide strategic plan
- Develop procedures for the Collaborative
- Appoint and replace Executive Committee members
- These authorities are not all-inclusive and may be changed as needed by approval of the Executive Committee. Each County approves its County's IPLAN.

Because the Community Mental Health Act requires 708 boards to develop a strategic plan every three years and review/revise it annually, and because the strategic planning process involves a community needs assessment, Vermilion and Champaign County Mental Health Boards were invited to participate fully in assessment and strategic plan processes. Vermilion County MHB will approve its own strategic plan, as will the CCMHB and CCDDDB. While not required by statute the CCDDDB completes community needs assessments and strategic plans every three years. Due to responsibility for people with Intellectual/Developmental Disabilities, the CCMHB's planning processes include attention to their needs and the services they use and seek. While not specified in the current IPLAN (in which behavioral health has been identified as high priority), their inclusion will make the next community health plan stronger and promote the shared vision of 'healthiest and safest in Illinois.'

Update on Activities:

A full-time coordinator is paid through United Way, has an office at CU Public Health District, and runs focus groups, targeted surveys, and related activities. She is currently seeking broad community input through surveys:

English version: <https://www.surveymonkey.com/r/IPLAN20>

Spanish version: <https://www.surveymonkey.com/r/YOPLANEO20>

Mark Driscoll has chaired the IPlan Behavioral Health Workgroup for a few years. Kim Bowdry is working with C-UPHD on collecting information related to local disability needs. An annual report from the CCDDDB-funded CCRPC Independent Service Coordination program offers data on eligible peoples' preferences and needs, along with unmet needs as reported to the state's Prioritization for Urgency of Need for Services database.

Strategic plans are being adjusted in such a way that when the new CCMHB and CCDDDB Three Year Plans for Fiscal Years 2019-2021 end, the terms of all entities' plans will align, with start dates of January 1, 2022.

Budget Impact:

The costs of community needs assessment activities and three-year plan development are budgeted with other ongoing administrative costs, as these efforts are led by the Associate Directors, with input from other staff, board members, agency providers, stakeholders, independent consultants, and trade association peers and committee work. CCMHB/CCDDDB staff have assisted with the regional health plan's assessment and planning activities through regular meetings and as requested. CCMHB and CCDDDB share administrative costs to increase efficiency and coordination across independent units of government. In the same way, Regional Health Plan participation to meet requirements shared by these private and public entities not only reduces duplication of effort but also supports each entity's commitment to improving our communities.

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Executive Committee Letter of Commitment
2018-2021

I, Lynn Canfield agree to participate on the Champaign-Vermilion County Executive Committee as a representative of Champaign City Mental Health & Developmental Disabilities Boards. As an Executive Committee member, I agree to attend monthly Executive Committee meetings to assist in guiding the overall IPLAN process. I will provide oversight and coordination to ensure the vision and purpose of the IPLAN Collaborative are being achieved.

As a member of the Executive Committee, I will have the authority to:

1. Ensure continuation of the IPLAN Process
2. Provide guidance and oversight to the work of the Work Groups
3. Approve Work Group plans and funding
4. Approve and sign off on any grants written on behalf of the Regional Community Health Plan Coordinator
5. Provide endorsements and letters of support on behalf of the IPLAN Collaborative
6. Create and approve annual budget
7. Develop and approve county-wide strategic plan
8. Develop procedures for the Collaborative
9. Appoint and replace Executive Committee members

I understand that I will serve a three year term. Each organization represented in the Regional Champaign-Vermilion County Executive Committee may appoint one voting member and one alternate vote in their absence.

The representative/contact for my agency is:

Organization: Champaign County Mental Health and Developmental Disabilities Boards

Name: Lynn Canfield

Title/Position: Executive Director

Address: 1776 East Washington Street, Urbana, IL 61802

Phone: 217-367-5703

Email: lynn@ccmhb.org

Signature: [Handwritten Signature]

Date: 8/15/18

Alternate Representative (in the absence of the primary contact):

Name: Mark Driscoll

Title/Position: Associate Director

Address: 1776 East Washington Street, Urbana, IL 61802

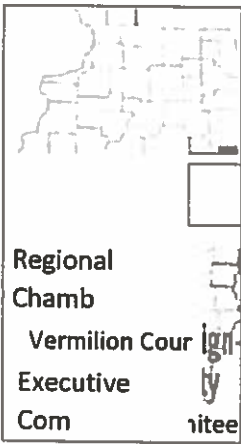
Phone: 217-367-5703

Email: mark@ccmhb.org

Signature _____

Date: _____

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Executive Committee Letter of Commitment

2018-2021

I, Lynn Canfield agree to participate on the ChampaignVermilion County Executive Committee as a representative of Boards Champaign Co | US Developmental Executive Committee member, I agree to attend monthly Executive Committee meetings to assist in guiding the overall IPLAN process. I will provide oversight and coordination to ensure the vision and purpose of the IPLAN Collaborative are being achieved.

As a member of the Executive Committee, I will have the authority to:

1. Ensure continuation of the IPLAN Process
2. Provide guidance and oversight to the work of the Work Groups
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5. Provide endorsements and letters of support on behalf of the IPLAN Collaborative
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9. Appoint and replace Executive Committee members

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The representative/contact for my agency is:

Organization: Champaign County Mental Health and Developmental Disabilities Board
Lynn Canfield

Title/Position: Executive Director

Address: 1776 East Washington Street, Urbana, IL 61802

Phone: 217-367-5703 Email: lynn@ccmhb.org

Signature: *Lynn Canfield*

Date: 8/15/18

Name:

Alternate Representative (in the absence of the primary contact):

Mark Driscoll

Title/Position: Associate Director

is: 1776 East Washington Street, Urbana, IL 61802

: 217-367-5703

Email: mark@ccmhb.org

Name:

Address:

Phone:

SignatureDate:

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9.6.



BRIEFING MEMORANDUM

DATE: June 17, 2020
 TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
 FROM: Mark Driscoll, Associate Director
 SUBJECT: University of Illinois "Building Evaluation Capacity" Contract

For the last five years, the Champaign County Mental Health Board (CCMHB) has contracted with the University of Illinois to build evaluation capacity of funded programs. The initial proposal was the result of meetings with evaluators, staff, and Board representatives. CCMHB representatives are Drs. Moore and Rappaport. Staff participating in addition to myself are Lynn Canfield and Kim Bowdry. The consultants are Drs. Nicole Allen and Mark Aber, who have worked with funded agencies for many years and are familiar with the mission and work of the Boards. This same group meets annually in June as the Program Evaluation Committee to review past performance and agency engagement and to gauge interest in continuing the project. However, the committee has not had the opportunity to meet yet this year.

The first year was an assessment of current evaluation requirements and agency reports. Years 2-5 focused on developing evaluation capacity within programs, including targeted intensive support to a small set of programs each year as well as quarterly follow-up with previously assisted targeted programs. Other activities include supporting any CCMHB funded program through what is known as the "consultation bank" where a program can request technical assistance, holding Logic Model workshops, and building an online resource of documents and other evaluation related materials developed with supported agencies.

The evaluation team presents an annual report on the outcome of work with funded programs to the CCMHB and to the agencies each year. The presentation to the Board is typically made in September. The evaluators and agencies with targeted programs will likely present at the August meeting of the Mental Health and Developmental Disabilities Agencies Council (MHDDAC). Throughout the last year, a representative of the evaluation team has periodically attended meetings of the MHDDAC to report on activities and services available to funded programs. A brief update was made at the May MHDDAC meeting on how support has continued through remote access during the COVID shelter at home order.

Last year as initial discussion of renewing the contract was starting, the CCDDB expressed interest in the evaluation project. The CCDDB had not participated in the past, limiting access to program evaluation support services to CCMHB-funded programs. Interest by the CCDDB resulted in an expansion of the scope of work in the PY2020 proposal primarily through expansion of targeted programs engaged, along with continuing to offer the workshops, consultation bank, and online resource repository. A list of targeted programs assisted over the years is attached.

While the PY2021 proposal is not yet in hand, the scope of work, deliverables, and cost is expected to mirror PY2020. The PY2020 contract was \$78,792 including the expansion to CCDDB funded agencies. The CCDDB cost for this project was \$33,211 and CCMHB \$45,581, based on the Boards' cost sharing agreement (42.15%/57.85%) and resulting in proportional service to the respective funded programs.

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UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

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Community Choices – Connect program

44 E. Main St., Ste. 419, Champaign, IL 61820
621-1090

Executive Director: Rebecca Obuchowski becca.communitychoices@gmail.com

Rosecrance – Criminal Justice program

2302 Moreland Boulevard., Champaign, IL 61822
398-8080 or 373-2431

Executive Director: Chris Gleason cgleason@rosecrance.org

Clinical Director: Juli Kartel jkartel@rosecrance.org

Family Services – Senior Counseling & Advocacy program

405 S. State St., Champaign, IL 61820
352-0099 or 352-5100

Executive Director: Sheryl Bautch sbautch@familyservicecc.org

Senior Resource Center Director: Rosanna McLain rmmclain@familyservicecc.org

Promise Healthcare - Wellness & Justice program

819 Bloomington Rd., Champaign, IL 61820
356-1558

Executive Director: Nancy Greenwalt ngreenwalt@promisehealth.org

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CCRPC - Youth Assessment Center/MHB program

1776 E. Washington St., Urbana, IL 61802
328-3313

Human Services Director: Lisa Benson lbenson@ccrpc.org

Courage Connection – Courage Connection program

508 E. Church St., Champaign 61820
352-7151

Contact: Michael Ujcich mujcich@courageconnection.org

DREAAM House – DREAAM program

POB 11 Champaign, IL 61824
548-4346 or 560-2194

Executive Director: Tracy Dace tracy@dreaaam.org

GROW in Illinois – Peer Support program

POB 3667, Champaign IL 61826
352-6989

President: Chris Stohr cstohr28@gmail.com

PY19

Community Service Center of Northern Champaign County - Resource Connection program

520 E. Wabash, Rantoul, IL 61866
893-1530

Executive Director: Andy Kulczycki (evergreen3069@yahoo.com)



UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

CUAP - TRUCE program

201 W Springfield Ave # 702, Champaign, IL 61820

359-0998

Director: Patricia Avery

patricicavery@gmail.com

Rattle the Stars - Youth Suicide Prevention Education program

4002 Tallgrass Dr. Champaign, IL 61822

372-4479

ED: Kim Bryan (kbryan2@illinois.edu)

PY20 - CCMHB

Champaign County Head Start/Early Head Start – Early Childhood Mental Health Services program

Brookens Administrative Building

1776 E. Washington St., Urbana, IL 61802

328-3313

Early Childhood Division Director: Brandi Granse (bgranse@ccrpc.org)

Crisis Nursery (CN) – Beyond Blue Champaign County program

1309 W. Hill St., Urbana, IL 61801

337-2731

Executive Director: Stephanie Record

(srecord@crisisnursery.net)

Uniting in Pride Center (The UP Center) – Children, Youth, & Families program

YMCA Building 1001 S. Wright St. Champaign 61821

Contact: William Blanchard, Board President

board@unitingpride.org

550-4248

PY20 – CCDDDB

Community Choices – Community Living program

44 E. Main St., Ste. 419, Champaign, IL 61820

621-1090

Executive Director: Rebecca Obuchowski becca.communitychoices@gmail.com

Developmental Services Center (DSC) – Apartment Services program

1304 W. Bradley Ave. Champaign, IL 61822

356-9176

ED: Danielle Matthews (dmatthews@dsc-illinois.org)

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UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

PY2021 CCMHB Eligible Agencies (no prior Targeted Program)

Champaign County Christian Health Center
POB 5005 Champaign, IL 61825
766-6425
ED: Crystal Hogue ccchcdirector@outlook.com

Champaign County Health Care Consumers
44 E. Main St., Champaign 61820
352-6533
ED: Claudia Lenhoff (claudia@shout.net)

Children's Advocacy Center (CAC)
201 W. Kenyon Rd., Champaign, IL 61820
384-1266 or 778-6448
ED: Kari May (kmay@co.champaign.il.us)

Cunningham Children's Home (CCH)
1301 N.Cunningham Ave.
Urbana, IL 61802
367-3728
Director: Pat Ege
pege@cunninghamhome.org

Don Moyer Boys & Girls Club (DMBGC)
201 E. Park St. POB 1396 Champaign 61824-1396
355-5437
Executive Director: Sam Banks
sbanks@dmbgc-cu.org

FirstFollowers
Bethel A.M.E. Church
401 E. Park Street, Champaign, IL 61820 or
POB 8923 Champaign, IL 61826
FirstFollowersCU@gmail.com
Director: Marlon Mitchell
marlonmitchell@sbcglobal.net

Mahomet Area Youth Club (MAYC)
700 W. Main St., Mahomet, IL 61853
590-2860
Executive Director: Sara Balgoyen
sara@mahometyouth.org

NAMI
POB 3552 Champaign, IL 61826
Contact: Nancy Carter
Nancycarter93@sbcglobal.net



UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

RACES

301 S. Vine St, Ste. 211 Urbana, IL 61801

344-6298

Director: Adelaide Aime

aime@cu-races.org

Refugee Assistance Center (RAC)

201 W. Kenyon Rd., Suite 4D, Champaign 61820

344-8455

Director: Lisa Wilson (ecirmac@hotmail.com)

Urbana Neighborhood Connections Center (UNCC)

1401 E Main St, Urbana, IL 61801

954-1749

Director: Janice Mitchell

janice@urbanaconnectionscenter.org

UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

PY2021 CCDDDB Eligible Agencies

CU Autism Network

PO Box 17024, Urbana, IL 61803

(412) 953-8434

President: Julie Palermo (jpalamo.cuan@gmail.com)

Community Choices

44 E. Main St., Ste. 419, Champaign, IL 61820

(217) 621-1090

Executive Director: Rebecca Obuchowski (becca.communitychoices@gmail.com)

C-U Able

2101 Laurel Park Place, Champaign, IL 61822

(815) 354-2263

President: Meredith Barnes (meredithpbarnes@yahoo.com)

Developmental Services Center (DSC)

1304 W. Bradley Ave. Champaign, IL 61822

(217) 356-9176

Executive Director: Danielle Matthews (dmatthews@dsc-illinois.org)

Down Syndrome Network (DSN)

PO Box 1143 Champaign, IL 61824

(217) 766-1044

President: Connie Hilson (chilson@champaigndsn.org) (president@champaigndsn.org)

Individual Advocacy Group, Inc.

1289 Windham Parkway

Romeoville, IL 60446

630-759-0201

Executive Director: Dr. Charlene Bennett (cbennett@individualadvocacygroup.com)

Persons Assuming Control of their Environment (PACE)

1317 E. Florida Ave., Urbana, IL 61801

344-5433 TTY: 344-5024

Executive Director: Nancy McClellan-Hickey (nmch@pacecil.org)

Regional Planning Commission (RPC)/Headstart

Brookens Administrative Building

1776 E. Washington St., Urbana, IL 61802

328-3313

Early Childhood Division Director: Brandi Granse (bgranse@ccrpc.org)

Italicized Agencies also have CCMHB funded program

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BRIEFING MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2021 CCDDB and CILA Budget Submissions

Overview:

This memorandum presents initial budget information for the Champaign County Developmental Disabilities Board (CCDDB), Champaign County Mental Health Board (CCMHB), and CILA Facilities Funds for County Fiscal Year 2021 (January 1 through December 31, 2021), with approval to be sought in July. Proposed budgets may be revised with advice from the County Executive and Deputy Director of Finance, incorporating newer revenue and cost estimates, and submitted for information to the Champaign County Board in August. Final budgets will be presented during their appropriations process in November.

Attached are drafts of 2021 CCDDB, CCMHB, and CILA Fund Budgets, with background details including comparisons of proposed 2021, approved 2020, and actual revenues and expenditures for fiscal years 2014 through 2019. Also attached is the Intergovernmental Agreement between the CCMHB and CCDDB, defining cost sharing and CILA ownership, among other arrangements. The CILA Fund Budget is under joint authority of the Boards.

Highlights:

- Property tax revenues based on 3.8% (MHB) and 3.3% (DDB) growth over 2020.
- Projected 2021 property tax revenue based on a lower 2020 amount than originally budgeted, due to return of reserved hospital revenue amounts (both boards)
- Miscellaneous revenue includes excess revenue returned by agencies (both boards)
- Fund balances contain amounts to be paid in relation to the hospital tax ruling, but these amounts are no longer reserved (may be returned during 2020)
- Majority of Expo Coordinator contracts are charged to Expo expense line, with 25% of one charged to Public Relations for other projects. Prior to 2020, these had been charged to Professional Services, and Expo revenues and expenses were combined with other revenue and Public Relations costs, respectively (CCMHB budget)
- Presumes both Boards will participate in the UIUC Evaluation Capacity Project, shared as other costs, with 57.85%/42.15% split (CCMHB budget)
- CCMHB does not transfer an amount to the CILA fund in 2021, due to paying off the mortgage; CCDDB continues to transfer \$50,000 per year (CILA budget)
- No mortgage principal or interest expense (CILA budget)

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Draft 2021 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current	\$5,275,577
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$3,000
336.23	CCDDB Revenue	\$389,661
361.10	Investment Interest	\$33,000
363.10	Gifts & Donations	\$3,000
363.12	Expo Revenue	\$11,000
369.90	Other Miscellaneous Revenue	\$80,000
TOTAL REVENUE		\$5,800,238

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$103,825
511.03	Regular FTE	\$333,043
511.05	Temporary Salaries & Wages	\$5,040
511.09	Overtime Wages	\$1,000
513.01	FICA	\$34,036
513.02	IMRF	\$32,523
513.04	W-Comp	\$2,871
513.05	Unemployment	\$1,864
513.06	Health/Life Insurance	\$83,581
513.20	Employee Development/Recognition	\$200
Personnel Total		\$597,783
522.01	Printing	\$700
522.02	Office Supplies	\$4,200
522.03	Books/Periodicals	\$4,000
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$700
522.44	Equipment Under \$5000	\$7,000
Commodities Total		\$17,600
533.01	Audit & Accounting Services	\$11,000
533.07	Professional Services	\$140,000
533.12	Travel	\$2,000
533.18	Non-employee training	\$12,000
533.20	Insurance	\$19,000
533.29	Computer Services	\$6,000
533.33	Telephone	\$1,000
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$23,000
533.51	Equipment Rental	\$800
533.70	Legal Notices/Ads	\$200
533.72	Department Operating	\$300
533.84	Business Meals/Expense	\$150
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$13,000
533.92	Contributions & Grants	\$4,870,775
533.93	Dues & Licenses	\$20,000
533.95	Conferences/Training	\$8,000
533.98	disAbility Resource Expo	\$48,000
534.37	Finance Charges/Bank Fees	\$30
534.70	Brookens Repair	\$100
Services Total		\$5,179,855
571.08	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev, loan in 2019)	\$5,000
571.11	Interfund Transfer, CILA Fund	
Interfund Transfers TOTAL		\$5,000
TOTAL EXPENSES*		\$5,800,238

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Draft 2021 CCDDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current	\$4,308,511
313.19	Back Property Taxes	\$2,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$11,000
371.90	Interfund Transfer (Expo and some Other Misc Rev) from MH Fund	\$5,000
369.90	Other Miscellaneous Revenue	\$8,000
	TOTAL REVENUE	\$4,339,511

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$389,661
533.92	Contributions & Grants	\$3,899,850
571.11	Interfund Transfer, CILA Fund	\$50,000
	TOTAL EXPENSES	\$4,339,511

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Draft 2021 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$4,000
371.54	From CCDDB 108	\$50,000
371.90	From CCMHB Fund 090	
362.15	Rents	\$18,000
	TOTAL REVENUE	\$72,000

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (includes a designated gift for the benefit of one individual, accessed at family request, with balance of \$13,826 as of May 28, 2020)	\$25,000
533.07	Professional Services (property management)	\$8,000
533.20	Insurance	\$2,000
533.28	Utilities	\$964
534.36	CILA Project Building Repair/Maintenance	\$12,000
534.37	Finance Charges (bank fees per statement)	\$36
534.58	Landscaping Service/Maintenance	\$16,000
544.22	Building Improvements	\$8,000
	TOTAL EXPENSES	\$72,000

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Background for 2021 CCMHB Budget, with 2020 Adjusted Budget and Earlier Actuals

2021 BUDGETED REVENUE		2020 ADJUSTED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$5,275,577	\$5,082,444	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$1,000	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$4,000	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$3,000	\$3,000	\$2,604	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$389,661	\$394,706	\$409,175	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$33,000	\$33,000	\$45,950	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gift & Donations	\$3,000	\$5,000	\$4,706					
Expo Revenue (were combined)	\$11,000	\$14,000	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$80,000	\$50,000	\$129,028	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
TOTAL REVENUE	\$5,800,238	\$5,587,150	\$5,428,887	\$5,023,555	\$4,863,938	\$4,676,764	\$4,587,006	\$4,488,514

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2021 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)		2020 ADJUSTED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$597,783	\$588,351	\$519,678	\$522,073	\$449,220 <i>(understaffed)</i>	\$577,548	\$502,890	\$532,909
Commodities	\$17,600	\$19,000	\$11,147	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contrib & Grants)	\$309,080	\$344,080	\$286,385	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
Contributions & Grants	\$4,870,775	\$4,627,571	\$3,993,283	\$3,848,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$5,000	\$6,500	\$406,505	\$56,779	\$57,288	\$60,673	\$0	\$0
Interest on Tax Case		\$1,648						
TOTAL EXPENSES	\$5,800,238	\$5,587,150	\$5,216,998	\$4,641,148	\$4,089,797	\$4,484,381	\$4,232,715	\$4,591,892

Additional Information about Expenses (Proposed 2021 versus Adjusted Budget 2020)

Personnel 2021 v 2020

PERSONNEL	2021	2020
Appointed Official	\$103,625	\$103,625
Regular FTE	\$333,043	\$326,512
Temporary Wage/Sal	\$5,040	\$5,040
Overtime Wages	\$1,000	\$1,000
FICA	\$34,036	\$33,368
IMRF	\$32,523	\$31,885
W-Comp	\$2,871	\$2,815
Unemployment	\$1,864	\$1,864
Health/Life Insurance	\$83,581	\$81,942
Employee Dev/Rec	\$200	\$300
	\$597,783	\$588,351

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Services (not Contributions and Grants)

SERVICES	2021	2020
Audit & Accounting	\$11,000	\$11,000
Professional Services*	\$140,000	\$140,000
Travel	\$2,000	\$3,500
Non-employee conference**	\$12,000	\$12,000
Insurance	\$19,000	\$19,000
Computer Services	\$6,000	\$6,000
Telephone	\$1,000	\$2,000
Equipment Maintenance	\$500	\$500
Office Rental	\$23,000	\$26,000
Equipment Rental	\$800	\$900
Legal Notices/Ads	\$200	\$300
Department Operating	\$300	\$400
Business Meals/Expense	\$150	\$250
Photocopy Services	\$4,000	\$4,000
Public Relations***	\$13,000	\$28,000
Dues/Licenses	\$20,000	\$21,000
Conferences/Training	\$8,000	\$11,000
disAbility Resource Expo***	\$48,000	\$58,000
Finance Charges/Bank Fees	\$30	\$30
Brookens Repair	\$100	\$200
	\$309,080	\$344,080

Commodities 2021 v 2020

COMMODITIES	2021	2020
Printing	\$700	\$1,000
Office Supplies	\$4,200	\$4,100
Books/Periodicals	\$4,000	\$4,100
Copier Supplies	\$1,000	\$1,000
Postage/UPS/Fed Ex	\$700	\$800
Equipment Under \$5000	\$7,000	\$8,000
	\$17,600	\$19,000

Interfund Expenditures 2021 v 2020

INTERFUND TRANSFERS	2021	2020
CCDDDB Share of Expo and some of MHB Misc Revenue	\$5,000	\$6,500
Payment to CILA Fund	\$0	\$0
Interest on Tax Case	\$5,000	\$1,648

*Professional Services:

- legal counsel, website maintenance, human resource services, shredding, graphic design, ADA consultant, independent audit reviews and other CPA consultation, independent reviews of applications, 211/Path with United Way, UIUC Evaluation Capacity Project.
- Previously included Expo Coordinators, but now their contracts are included with Expo and Public Relations (1/4 of one, for special projects).

**Non Employee Conferences/Trainings

- Continues Mental Health First Aid trainings and monthly trainings for service providers and stakeholders, with expenses for presenters, materials, refreshments, promotion, supplies. This category also includes expenses related to board members attending conferences and trainings.

***Public Relations (Community Awareness) and disAbility Resource Expo:

- EBertfest (2021 event paid in 2020, not shared with CCDDDB), community education/awareness, some consultant support.
- Expo line was added mid-year 2018 to capture 2019 Expo expenses; consultant time is charged here (could be under Professional Services.)

Additional Information about Services

Approval of 2021 Budgets does not obligate the Boards to all expenditures described; most consultant/service contracts are developed by Executive Director with Board officers and, for larger amounts or unusual circumstances, full board review and approval; estimates are based on previous years.

SERVICES	2021	2020
Professional Services*	\$140,000	\$140,000
Public Relations***	\$13,000	\$28,000
disability Resource Expo***	\$48,000	\$58,000
CCMHB Contribution s & Grants	\$4,870,775	\$4,627,571
CCDDDB Contribution s & Grants	\$3,899,850	\$3,760,403
Dues/ Licenses	\$20,000	\$21,000
Conferences /Training	\$8,000	\$11,000
Non-Employee Conferences / Trainings**	\$12,000	\$12,000
Unexpected		
	Approximately \$79,000 UI Evaluation, if expanded to include CCDDDB. Approx \$18,066 United Way for 211/Path. \$500 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility (Falling Leaf). \$1,000 Ed McManus. \$1,500 online application/reporting systems (EMK). \$1800 maintenance of Expo and AIR sites + possible new resource directory. Also includes: graphic design; shredding services; independent reviewer; CPA consult; legal counsel. (Note that Expo/Special Projects consultants no longer charged to this line but instead split between Public Relations and Expo, according to projects and subject to change.)	\$15,000 Eberfest firm sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art shows/ and promotion, including Market in the Square. \$2,000 sponsorship of other anti-stigma/ community awareness events. 25% of one Expo Coordinator is charged to this line for work on non-Expo events and special projects.
	PAID IN 2020 - \$15,000 Eberfest firm sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art shows/ and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.	Expenses associated with 2020 Expo event and with 2021 Expo but paid in 2020. Coordinator time associated with Expo and related activities charged here rather than to Pro Svcs (in 2018). Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k in 2018.)
	Support for the 2020 and 2021 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors.	Actual CCMHB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus 1/2 of estimated FY21 annual allocation amount, with agency contract maximums to be authorized by July 1, 2021. (Includes an amount equal to anticipated hospital property tax revenue = \$4)
	Estimated CCDDDB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus 1/2 of estimated FY21 annual allocation amount, with agency contract maximums to be authorized by July 1, 2021. (Includes an amount equal to anticipated hospital property tax revenue = \$4)	Actual CCDDDB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus payments authorized in May 2020, to be made from June through December 2020.
	\$950 national trade association (NACBHDD), \$16,000 state trade association (ACMHA), and smaller amounts Human Services Council, e.g., CBHA, NCBH, NAADD, or similar.	\$950 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHA), and smaller amounts for Human Services Council, Arc of Illinois, possible new memberships, e.g., CBHA, NCBH, NAADD, or similar.
	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NAADD, or similar. Kaleidoscope, Inc. training and certification.	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NAADD or similar. MHFA trainer certification.
	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Unknown whether in person or virtual, or impact on cost.	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. While travel is unlikely in 2020, virtual MHFA and CM trainings are considered.
	Unknown fate of large gatherings (Expo, Eberfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if offices move to a different location or are modified; legal expenses are greater; etc. Budget amendment if hospital tax settlement or employee retirement/resignation. MH and DD fund balances at their lowest point (May) should each include: 6 months operating budget + remaining hospital tax liabilities + reserved + each board's share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.	Unknown fate of large gatherings (Expo, Eberfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; etc. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget, hospital tax liabilities, other reserved, and each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81, some paid during 2020. DDB.

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

	2021	2020
Adjustments:		
CCMHB Contributions & Grants	\$4,870,775	\$4,627,571
UI Evaluation Capacity Project	-	-
Eberfest anti-stigma film and events	-	\$15,000
Payment to CILA fund	-	-
CCDDB Share of Donations & Misc Rev	5000	6500
MHB Interest on Tax Case	-	1648
Adjustments Total:	\$4,875,775	\$4,650,719
CCMHB Total Expenditures:	\$5,800,238	\$5,587,150
Total Expenditures less Adjustments:	\$924,463	\$936,431

Total Expenditures less Adjustments	\$824,463	CCDDB Share	2020	2021
Adjusted Expenditures x 42.15%	\$389,661	\$824,463	936,431	CCDDB Share
Monthly Total for CCDDB Admin	\$32,472	\$389,661	\$394,706	\$32,892

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

Background for 2021 CCDDB Budget, with 2020 Adjusted Budget and Earlier Actuals

	2021	ADJ BUDGET	2018	ACTUAL	2017	ACTUAL	2016	ACTUAL	2015	ACTUAL	2014	ACTUAL
2021 BUDGETED REVENUES												
Property Taxes, Current	\$4,308,511	\$4,170,872	\$3,982,688	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362				
Back Property Taxes	\$2,000	\$2,000	\$5,369	\$411	\$2,278	\$2,105	\$2,437	\$1,398				
Mobile Home Tax	\$3,000	\$3,000	\$3,361	\$3,281	\$3,142	\$3,305	\$3,404	\$3,348				
Payment in Lieu of Taxes	\$2,000	\$2,000	\$2,154	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479				
Investment Interest	\$11,000	\$11,000	\$27,098	\$24,062	\$10,863	\$2,318	\$1,488	\$812				
Gifts & Donations (transfer from MHB)	\$5,000	\$8,000	\$106,505	\$6,779	\$7,288	\$10,673	\$0	\$0				
Other Miscellaneous Revenue	\$8,000	\$9,600	\$8,955	\$6,408	\$14,432	\$0	\$0	\$11,825				
TOTAL REVENUE	\$4,339,511	\$4,206,472	\$4,136,110	\$3,690,175	\$3,724,703	\$3,616,091	\$3,655,220	\$3,621,224				

	2020	ADJ BUDGET	2019	ACTUAL	2018	ACTUAL	2017	ACTUAL	2016	ACTUAL	2015	ACTUAL	2014	ACTUAL
2021 BUDGETED EXPENDITURES														
Professional Services (42.15% of some CCMHB expenses, as above)	\$389,661	\$394,706	\$309,175	\$310,783	\$287,697	\$379,405	\$330,637	\$337,536						
Contributions & Grants	\$3,899,850	\$3,760,403	\$3,445,272	\$3,250,768	\$3,287,911	\$3,206,389	\$3,069,122	\$3,224,172						
Interfund Transfer, CILA Fund	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000						
Interfund Transfer, MH Fund (Repayment of loan)	-	-	\$100,000	-	-	-	-	-						
Interest on Tax Case	-	-	-	-	-	-	-	-						
TOTAL EXPENSES	\$4,339,511	\$4,206,472	\$3,904,447	\$3,611,551	\$3,337,911	\$3,635,784	\$3,449,759	\$3,561,708						

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INTERGOVERNMENTAL AGREEMENT

THIS INTERGOVERNMENTAL AGREEMENT is entered into this 16th day of March, 2016 by and between the **Champaign County Mental Health Board** (hereinafter the "Mental Health Board") and the **Champaign County Board for the Care and Treatment of Persons with a Developmental Disability** (hereinafter the "Developmental Disabilities Board"). The parties hereby enter into this INTERGOVERNMENTAL AGREEMENT to delineate respective roles, responsibilities, and financial obligations associated with the shared administrative structure that shall be responsible for the staffing and operation of the Mental Health Board and the Developmental Disabilities Board. Both parties understand and agree as follows:

WITNESSETH

WHEREAS, the Mental Health Board has a statutory responsibility (Illinois Community Mental Health Act, 405 ILCS 20 / Section 0.1 et.seq.) to plan, fund, monitor, and evaluate mental health, substance abuse, and developmental disability services in Champaign County;

WHEREAS, the Developmental Disabilities Board has a statutory authority (County Care for Persons with Developmental Disabilities Act, 55 ILCS 105 / Section 0.01 et. seq.) to fund services and facilities for the care and treatment of persons with a developmental disability;

WHEREAS, the Mental Health Board and Developmental Disabilities Board have overlapping responsibilities pertaining to planning, funding, monitoring, and evaluating developmental disability programs and services in Champaign County;

WHEREAS, the members of the Mental Health Board and the Developmental Disabilities Board are appointed by the Chair of the Champaign County Board with consent of the Champaign County Board and as such have committed to share the same administrative structure to maximize the funding available for direct mental health and developmental disabilities programs and services;

WHEREAS, the Parties agree sharing an administrative structure will reduce administrative costs, maximize available funding for direct services, and assure an integrated planning process for developmental disabilities and behavioral health programs and services;

NOW, THEREFORE, it is the agreement of the parties that this INTERGOVERNMENTAL AGREEMENT is entered into in order to assure an efficient, ongoing, cooperative effort that will benefit people with disabilities in Champaign County.

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The Parties Agree to the Following Arrangements for a Shared Executive Director and Joint Programs:

1. The chief administrative employee shall serve in a dual (i.e., shared) capacity as Executive Director of the Mental Health Board as well as Executive Director of the Developmental Disabilities Board.
2. The terms and conditions of the Executive Director's employment shall be delineated in an employment contract with both the Developmental Disabilities Board and the Mental Health Board as Parties to the agreement.
3. Each Board shall complete a separate annual performance evaluation of the Executive Director. If either Board rates the Executive Director as "less than satisfactory," a Joint Personnel Committee comprising two (2) officers of the Mental Health Board and two (2) officers of the Developmental Disabilities Board shall be convened to assess the situation and formulate recommendations. A recommendation of termination by the Joint Personnel Committee, or any other action proposed, shall require ratification by each Board by majority vote. The Joint Personnel Committee shall have no other function.

An annual performance review conference with the Executive Director shall be convened by the Presidents of the two Boards. This conference shall be used to provide feedback about performance and discuss goals and objectives for the coming year.

4. Process for selection of a new shared Executive Director: At such time as it becomes necessary to fill the shared position of Executive Director for the Mental Health Board and the Developmental Disabilities Board, the search and decision process shall include the following steps and processes.
 - a. The Mental Health Board and the Developmental Disabilities Board shall develop and agree upon selection criteria and job description for the shared Executive Director position. If necessary, a separate document delineating the search process shall be developed and agreed upon by each Board.
 - b. The Presidents of the two Boards, with the advice and consent of the two Boards, shall appoint a Search Committee to manage the search and selection process for the shared Executive Director using the job description and selection criteria.
 - c. The Search Committee shall report, in advance, a general schedule for the search process, any advertising content to be used, shall request budget support for the search process, and shall keep the two Boards informed about activities and progress associated with the search with regular reports at each Board meeting during the search schedule.
 - d. Ultimately, finalists for the shared Executive Director position will be determined by majority vote of the Search Committee and forwarded to the two Boards.

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- e. If within 45 days of the planned time of completion of the search, from the schedule in part (c) above, the Search Committee is unable to come to a decision about finalists, then the two Boards may elect to extend the search time to a specific later date or to start the search again from the beginning. If the two Boards do not so elect, this shall be considered to imply that a shared Executive Director is no longer viable and the process of termination or amendment of this agreement shall commence.
- f. The Executive Director shall be chosen from among the final candidates by majority vote of each Board. If the two Boards do not reach mutual agreement, then the two Boards may elect to start the search again from the beginning. If the two Boards do not so elect, this shall be considered to imply that a shared Executive Director is no longer viable and the process of termination or amendment of this agreement shall commence.

The Parties Agree to the Following Financial Commitments:

5. There shall be ongoing communication between the Mental Health Board and the Developmental Disabilities Board. On at least a quarterly basis, the shared Executive Director shall meet with the Presidents of the Mental Health Board and the Developmental Disabilities Board to review the status of the provision of administrative services, to discuss coordination of funding for developmental disabilities services, to coordinate regarding joint projects and activities, and to address any other items pertinent to the operations of either Board. The Presidents shall report on the discussion and any actions taken at regular meetings of each Board.
6. The Mental Health Board shall provide funding for developmental disabilities services using the FY12 amount of \$529,852 as a base with annual increases or decreases predicated on the percentage of increase or decrease in the levy fund in subsequent years.
7. The organization of Champaign County Government makes it cumbersome for administrative costs to be paid by both the Mental Health Board and the Developmental Disabilities Board. To simplify matters, all administrative costs shall be paid through the Mental Health Board fund/account. The Developmental Disabilities Board will transfer their share of administrative costs to the Mental Health Board for this purpose.
8. The split for administrative costs on the date of execution of this agreement is 42.15% for the Developmental Disabilities Board share with the remainder paid by the Mental Health Board. This percentage is based on a time study of staff effort to determine the salary cost split between the Boards. Subsequent appropriate cost sharing adjustments, based on time studies, pro rata allocation, or other mutually agreed approach shall be determined through the regular meetings between the Presidents of the Mental Health Board and the

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- Developmental Disabilities Board with the advice and consent of the two Boards.
9. In preparation for the annual budget process, the Executive Committee shall review the proposed administrative costs of the Mental Health Board budget to assure the share in paragraph (8) above is applied only to expenditures which are common for both boards. Administrative costs which are specific to the Mental Health Board or to the Developmental Disabilities Board shall be excluded from (i.e., backed out of) the shared cost pool.
 10. All current and future "jointly sponsored programs and activities" shall be shared equally between the Boards unless each Board agrees to some other allocation. These include, but are not limited to, various Acceptance, Inclusion, and Respect programs intended to address discrimination, violations of civil rights, and other stigma directed to people with disabilities.

Miscellaneous Provisions:

11. Nothing contained herein serves to limit, alter, or amend either party's duties, rights, or responsibilities as set out in applicable State statutes, laws, or regulations.
12. This agreement can be amended at any time based on needs identified at the quarterly Presidents Meeting or by either of the two Boards.
13. This agreement may be terminated by first providing notification of intent to terminate the agreement at the President's Meeting, followed by majority vote of either Board, or in the event of disagreement about candidates for the Executive Director position as described in Paragraph 4 above. In the event of a decision to terminate the Intergovernmental Agreement, full implementation of the termination and separation shall be coordinated and concurrent with the Champaign County Budget and fiscal year (January 1).

Governing Law:

14. This Agreement shall be interpreted, construed, and governed by the laws of the State of Illinois.

Entirety of Agreement:

15. This Agreement embodies all representations, obligations, agreements, and conditions in relation to the subject matters hereof, and no representations, obligations, understandings, or agreements, oral or otherwise, in relation thereto exist between the parties except as expressly set forth herein and incorporated herein by reference. This Agreement constitutes the entire agreement between the Mental Health Board and the Developmental Disabilities Board on the subject matters hereof and supersedes and replaces any and all other understandings, obligations, representations, and agreements, whether written or oral, express or implied, between or by the Mental Health Board and the Developmental Disabilities Board. This

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Agreement may be amended or terminated only by an instrument in writing duly executed by the parties hereto.

IN WITNESS WHEREOF, the Parties have caused this INTERGOVERNMENTAL AGREEMENT to be executed by their authorized representatives on the 16th day of March, 2016.

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

Philip T. Krein, President



March 16, 2016

For the Champaign County Mental Health Board
Deborah Townsend, President



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ADDENDUM TO INTERGOVERNMENTAL AGREEMENT

This Addendum to Intergovernmental Agreement is entered into this 17th day of September, 2014, by and between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB").

Whereas, MHB and DDB entered into an Intergovernmental Agreement dated June 30, 2012 ("Agreement").

Whereas, MHB and DDB desire to amend the Agreement by providing for the sharing of costs related to the acquisition of residences to be used to provide Community Integrated Living Arrangement Services ("CILA").

Now, therefore, MHB and DDB hereby agree as follows:

1. MHB shall acquire residences in Champaign County to be leased to a CILA provider to provide housing to residents in Champaign County that qualify for CILA services.
2. MHB shall acquire such residences with financing provided by one or more local banks.
3. MHB and DDB agree that for so long as a residence is owned by MHB and used to provide CILA services to residents of Champaign County, each party shall be responsible for one-half of all costs associated with the acquisition of such residences, the debt payments associated with such residences, the maintenance costs of such residences and the costs associated with any disposition of a residence.
4. MHB and DDB agree that once a residence is no longer to be used to provide CILA services, MHB shall enter into a listing agreement with a realtor in an attempt to sell such residence. The parties agree that the proceeds, net of all selling expenses, from the sale of such residence shall be distributed equally to MHB and DDB.

In witness whereof, the parties have executed this Addendum as of the date first written above.

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

For the Champaign County Mental Health Board

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ADDENDUM TO INTERGOVERNMENTAL AGREEMENT

This Addendum to Intergovernmental Agreement is entered into this ^{20th} day of ~~February~~ 2019, by and between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB") and replaces the agreements outlined in the addendum dated September 17, 2014.

Whereas, MHB and DDB entered into an Intergovernmental Agreement dated June 30, 2012 and revised March 16, 2016 ("Agreement") and amended September 17, 2014, and

Whereas, MHB and DDB desire to amend the Agreement by providing for the sharing of costs related to the acquisition, maintenance, and disposition of residences to be used to provide Community Integrated Living Arrangement ("CILA") Services,

Now, therefore, MHB and DDB hereby agree as follows:

1. MHB will pay the remaining mortgage balance (interest and principal) which allowed for acquisition of residences in Champaign County to be leased to a CILA provider to provide housing to residents in Champaign County that qualify for CILA services.
2. By this action, as of May, 2019, the MHB will have contributed a total of \$500,000, and the DDB \$300,000, to the project.
3. MHB and DDB agree that for so long as a residence is owned by MHB and used to provide CILA services to residents of Champaign County, each party shall be responsible for one-half of all costs associated with the acquisition of such residences, the debt payments associated with such residences, the maintenance costs of such residences and the costs associated with any disposition of a residence.
 - A. Prior to the contributions of the DDB becoming equal to those of the MHB, if expenses related to the CILA fund exceed the amount available in the annual budget, the DDB will transfer the additional amount to the CILA fund, reducing the remaining DDB obligation.
 - B. After the contributions of each Board have become equal, the CILA fund will continue to receive equal contributions from each board, by annual interfund transfers, for ongoing expenses associated with the properties. This annual amount will be based on most recently completed fiscal year actual expenses plus 10%.
 - C. If expenses related to the properties exceed the amount available in annual CILA fund budget, a request to transfer from CILA fund balance may be made. If fund balance is insufficient or transfer not possible, the Boards may agree to contribute equally to the fund as needed.

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4. MHB and DDB agree that once a residence is no longer to be used to provide CILA services, MHB shall enter into a listing agreement with a realtor in an attempt to sell such residence. The parties agree that the proceeds, net of all selling expenses, from the sale of such residence shall be distributed equally to MHB and DDB.
 - A. If the homes are sold prior to such time as the total DDB contribution has become equal to that of the MHB, revenue from sale of the homes will be adjusted to balance them, after which, any reserve in the CILA fund will be split equally between the two Boards, as interfund transfers from the CILA fund to each of the MHB fund and DDB fund.
 - B. If the homes are sold after the contributions have become equal, the current balance of the CILA fund and proceeds from the sale of the homes will be split equally between the two boards, per the original agreement.

In witness whereof, the parties have executed this Addendum as of the date first written above.

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



For the Champaign County Mental Health Board



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DECISION MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Kim Bowdry, Associate Director
SUBJECT: Individual Mini-Grant Application Update and Request

Background:

During the fall of 2019, the CCDDDB launched a mini-grant opportunity for people who qualify for but were not receiving state-waiver service or ongoing CCDDDB or CCMHB funded service, who had a need which could be met by specific assistance, and who are not related to Board or staff.

In December, 37 requests were approved, totaling \$62,508, and staff began working with the applicants and their families to finalize purchases. In February 2020, the CCDDDB approved additional funding, as originally requested, increasing the cost of the total awards \$66,353. On April 22, 2020, the CCDDDB approved funding for Applicant #44 as originally requested in the amount of \$4,880, increasing total awards to \$69,393.

Update:

At the time of writing, purchases have been made for 29 of the 37 approved applicants in the amount of \$34,210. All purchases have been completed in full for 22 applicants. Some purchases remain for 5 applicants who have already received some items. The purchases remaining for these applicants include a window, payment of dental services, payment of YMCA membership if denied for scholarship, clothing, and personal hygiene items.

Details are provided below for those with no completed purchases: Applicants 17, 27, 33, 34, 48, 49, 51, and 55.

CCDDDB staff continue to work with Camp New Hope and Applicant 17 and 44, who are interested in attending Respite Weekends in the fall if the camp can open safely.

Applicant 27 was approved for purchases up to \$2,500 for video and computer equipment to support self-employment. CCDDDB staff continues to work with the applicant to determine which items should be purchased.

Purchase of materials for accessible bathroom for Applicants 33, 34, and 48 has been put on hold due to the pandemic, and purchase of fencing materials for Applicant 51 has also been put on hold. Applicants 33 and 34 (brothers) and their family are working with their contractor to determine items that can be purchased online so the bathroom accessibility improvements can begin.

CCDDDB staff have not received the Mini-Grant agreement back from Applicant 49. At the time of this writing, the agreements were mailed to the family a second time. CCDDDB staff also reached out to CCRPC ISC to confirm the address on file and although they had an updated address, it was not correct either. CCDDDB staff reached out via phone and text, multiple times, but was unable to successfully contact this person or her family. This applicant was approved for up to \$2,000 for the purchase of assorted items.

Applicant 55 is working through the Rules of the Road book before taking driving lessons, which will be paid through the Mini-Grant.

Other purchases have been finalized and delivered to applicants and their families. Applicants 5 and 6 (twin brothers), had their final items, fitness equipment and a therapeutic tub, delivered to their home in early June.

At their February 19, 2020 meeting, the CCDDDB approved the original requests of Applicants 12 and 32. The Bicycle trailer has been delivered to the home of Applicant 12. The Terra Tryke was fitted and picked up by Applicant 32 and their family at the end of May.

Applicant 16, who was approved for \$5,000 for the purchase of a set of hearing aids, had unknown insurance coverage lowering the cost from \$5,000 to \$906.58. The family submitted the Carle bill to CCDDDB staff, and payment has been made. The recipient's father shared, "*Xxxx has adapted well to the new hearing aids, and is wearing them nearly all of the time now. They have been a big improvement over the old ones.*"

Due to the unavailability of the Exercise Bike Dual Trainer, Applicant 35 found another piece of exercise equipment, within the preapproved price range, to meet her needs. This item was delivered to her family home in early June.

Next Steps:

All successful applicants who agreed to the approved purchases also agreed to provide the CCDDDB with outcome information by 6 months after completion of the purchase. An online survey has been developed using SurveyMonkey. This online survey was sent to the 17 applicants whose purchases have been completed. Paper surveys will be sent to those with no email address on file. Responses will be aggregated and presented in a future briefing memo.

Requests for Board Action:

- **Applicant #44** was approved for his full original request (\$4,880) to include BowFlex and speech therapy, during the April 22, 2020 CCDDDB meeting. The originally approved Bowflex was no longer available when CCDDDB staff attempted to make the purchase on behalf of the applicant. An alternative, less expensive item was identified and purchased. The applicant's father has requested approval to purchase an additional piece of exercise equipment to meet the applicant's needs. The combined cost of both items (\$938.99) falls within the previously approved amount of \$1,040. Budget Impact: **cost neutral**

Decision Section:

Motion to approve request from Applicant **#44** to fund request as described above.

Approved _____

Denied _____

Modified _____

More information is requested _____

10.B.



BRIEFING MEMORANDUM

DATE: June 17, 2020
TO: Members, Champaign County Developmental Disabilities Board
FROM: Lynn Canfield, Executive Director
SUBJECT: Budget Amendment for Carle Foundation Property Tax Case

As discussed during the Board's regular meeting on February 19, 2020, the Sixth Judicial Circuit Court ruling on the Carle Foundation Property Tax Case requires repayment of funds which had been held in reserve. The first amounts to be refunded, based on the levy rates for 2018, were \$213,490.77 from the Champaign County Mental Health Board (CCMHB) and \$176,584.59 from the Champaign County Developmental Disabilities Board (CCDDB). At that time, other potential liability involving other hospital property tax exemptions disputes was not included, and the issue of interest also not addressed.

With recent confirmation from the Champaign County Treasurer's Office regarding the County's portion of post-judgement interest, a breakdown per levy has been completed as of June 4, 2020 and is presented in the attached Memorandum from Tami Ogden, Deputy Director of Finance to the Champaign County Board.

Revenue is removed from each fund's property tax line as stated under "Per Court Order," and the Auditor's Office added line 582.09 to each fund for the post-judgement interest amounts, rounded up in our budget amendments and related documents.

Chris Wilson prepared the budget amendments and provided copies and originals to each of the appropriate County departments.

The amounts listed in the attachment, for each of the CCMHB and CCDDB funds, have been included in background documents to the draft 2021 CCMHB, CCDDB, and CILA fund budgets elsewhere in this board packet.

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OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE

1776 East Washington Street, Urbana, Illinois 61802-4581

Darlene A. Kloeppel, County Executive

MEMORANDUM

To: Jim Goss, Deputy Chair – Finance; and
Stephanie Fortado, Assistant Deputy Chair – Finance; and
Honorable Members of the Finance Committee of the Whole

From: Tami Ogden, Deputy Director of Finance

Date: June 4, 2020

Subject: Budget Amendments regarding Carle Foundation Property Tax Case

The Sixth Judicial Circuit Court recently ruled regarding the Carle Foundation property tax exemption case for parcels in its main campus for tax years 2005-2011. The County's portion of the court ordered refund was \$1.48 million, plus \$11,435.99 in post-judgement interest. A breakdown of the refund and post-judgement interest by levy, calculated by the levy rate, is stated below. Based on the advice of the County's outside auditor, Baker Tilly, prepared budget amendments reflect a reduction of property tax revenues for the ruling, and increased expenditures for the post-judgement interest costs.

These amounts do not include a separate assessment of court costs. Additional budget amendments may be required for those amounts in the future. In addition, potential liability involving other hospital property tax exemption disputes is not included.

	Per Court Order	Post-Judgement Interest
General	\$ 530,636.68	\$ 4,094.98
Extension Education	\$ 18,894.55	\$ 145.81
IMRF	\$ 112,131.21	\$ 865.33
Highway	\$ 114,426.81	\$ 883.05
County Bridge	\$ 57,389.99	\$ 442.89
Highway Fed Match	\$ 4,591.20	\$ 35.43
Mental Health	\$ 213,490.77	\$ 1,647.53
Dev Care	\$ 176,584.59	\$ 1,362.73
Health	\$ 54,388.05	\$ 419.72
Tort Liability	\$ 106,657.09	\$ 823.09
Social Security	\$ 92,706.91	\$ 715.43
TOTAL	\$ 1,481,897.85	\$ 11,435.99

The following amounts are held in reserve fund balance from the Urbana Surplus TIF distribution. It is recommended the Auditor's Office release these reserves to be applied towards the Carle Refund.

	Reserve Fund Balance
General	\$ 294,663
Extension Education	\$ 12,764
IMRF	\$ 87,602
Highway	\$ 69,820
County Bridge	\$ 35,019
Highway Fed Match	\$ 2,836
Mental Health	\$ 128,404
Dev Care	\$ 108,658
Health	\$ 33,165
Tort Liability	\$ 45,383
Social Security	\$ 48,983

REQUESTED ACTION

The Finance Committee recommends the budget amendments for the refund to Carle Foundation ordered by the Sixth Judicial Court, and related post-judgement interest costs, be forwarded to the County Board for approval.



10.C.



**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 – **Zoom online meeting (8AM)**

June 17, 2020 – **Zoom online meeting (8AM)**

July 15, 2020 – Lyle Shields Room (3:30 PM) – *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 (Zoom online)**
Allocation Decisions; Authorize Contracts for PY2021
- 06/17/20 **Regular Board Meeting (Zoom online)**
- 06/24/20 *PY21 Contracts completed/First Payment Authorized*
- 07/15/20 **Regular Board Meeting at 3:30 PM (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**



**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 – Zoom online Study Session

May 20, 2020 – Zoom online meeting

June 17, 2020 – Zoom online meeting

July 15, 2020 – off cycle, different time, 5:30 PM

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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Agency and Program acronyms

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

Glossary of Other Terms and Acronyms

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

AAC – Augmentative and Alternative Communication

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

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

Champaign County Mental Health Board
FY20 Revenues and Expenditures as of 03/31/20

Revenue	Q1	YTD	Budget	% of Budget
Property Tax Distributions	\$ -	\$ -	\$ 5,247,310.00	0.00%
From Developmental Disabilities Board	\$ 98,991.00	\$ 98,991.00	\$ 395,970.00	25.00%
Gifts & Donations	\$ 16,475.00	\$ 16,475.00	\$ 20,000.00	82.38%
Other Misc Revenue	\$ 4,561.54	\$ 4,561.54	\$ 83,000.00	5.50%
TOTAL	\$ 120,027.54	\$ 120,027.54	\$ 5,746,280.00	2.09%

Expenditure	Q1	YTD	Budget	% of Budget
Personnel	\$ 119,092.83	\$ 119,092.83	\$ 588,351.00	20.24%
Commodities	\$ 1,378.20	\$ 1,378.20	\$ 19,000.00	7.25%
Contributions & Grants	\$ 1,023,108.00	\$ 1,023,108.00	\$ 4,783,849.00	21.39%
Professional Fees	\$ 35,869.25	\$ 35,869.25	\$ 140,000.00	25.62%
Other Services	\$ 43,575.24	\$ 43,575.24	\$ 215,080.00	20.26%
TOTAL	\$ 1,223,023.52	\$ 1,223,023.52	\$ 5,746,280.00	21.28%

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Champaign County Developmental Disability Board
FY20 Revenues and Expenditures as of 03/31/20

Revenue	Q1	YTD	Budget	% of Budget
Property Tax Distributions	\$ -	\$ -	\$ 4,341,905.00	0.00%
From Mental Health Board	\$ -	\$ -	\$ 8,000.00	0.00%
Other Misc Revenue	\$ 2,508.04	\$ 2,508.04	\$ 24,000.00	10.45%
TOTAL	\$ 2,508.04	\$ 2,508.04	\$ 4,373,905.00	0.06%

Expenditure	Q1	YTD	Budget	% of Budget
Contributions & Grants	\$ 926,768.97	\$ 926,768.97	\$ 3,927,935.00	23.59%
Professional Fees	\$ 98,991.00	\$ 98,991.00	\$ 395,970.00	25.00%
Transfer to CILA Fund	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	100.00%
TOTAL	\$ 1,075,759.97	\$ 1,075,759.97	\$ 4,373,905.00	24.59%