



Champaign County Developmental Disabilities Board (CCDDB) Meeting Agenda

Wednesday, April 21, 2021, 9:00AM

Lyle Shields Room, Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81559124557>

312-626-6799, Meeting ID: 815 5912 4557

Public Input: *All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate during a meeting, let us know how we might help by emailing kim@ccmhb.org.*

If the time of the meeting is not convenient, you may still communicate with the Board by emailing kim@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions - <https://us02web.zoom.us/j/81559124557> (page 3)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The chairperson may limit public participation to five minutes per person.
6. Chairperson's Comments – Dr. Anne Robin
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCDDB Board Meeting Minutes* (pages 4-6)
Minutes from 03/17/21 are included. Action is requested.
9. Expenditure List* (pages 7-8)
An "Expenditure Approval List" is included. Action is requested, to accept the list and place it on file.
10. New Business
 - A. Review of Applications (pages 9-79)
Included for information only are a spreadsheet listing agency requests for PY22 funding and the staff program summaries for each. Review and discussion of these documents will continue at the April 28 study session (also using this packet).
 - B. Successes and Other Agency Information
Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.

11. Old Business

A. CCDDDB and CCMHB Schedules and CCDDDB Timeline (**pages 80-83**)

B. Acronyms and Glossary (**pages 84-91**)

A list of commonly used acronyms is included for information.

12. CCMHB Input

13. Staff Reports

Due to staff attention to the review of agency applications for funding and the development of recommendations to the Board, staff reports are deferred.

14. Board Announcements

15. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for CCDDB Meeting April 21, 2021 at 9:00 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/81559124557>

Meeting ID: 815 5912 4557

One tap mobile

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

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 –March 17, 2021

*This meeting was held remotely and with
representation at the Brookens Administrative Center.*

9:00 a.m.

- MEMBERS PRESENT:** Gail Kennedy, Anne Robin, Deb Ruesch, Georgiana Schuster, Sue Suter
- STAFF PRESENT:** Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson
- OTHERS PRESENT:** Patty Walters, Heather Levingston, Scott Burner, Sarah Perry, Nicole Sikora, Danielle Matthews, Laura Bennett, Annette Becherer, DSC; Katie Harmon, Lisa Benson, Regional Planning Commission (RPC); Becca Obuchowski, Community Choices; Mel Liang, Sherry Longcor, PACE; Amy Slagell, CU Able; Julie Palermo, CU Autism Network; Elise Belknap, Head Start
-

CALL TO ORDER:

Dr. Robin called the meeting to order at 9:02 a.m.

ROLL CALL:

Roll call was taken and a quorum was present. Executive Director Canfield was present at the Brookens Administrative Center per the Open Meetings Act.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

CITIZEN INPUT:

Ms. Ruesch shared a letter she wrote to the Governor in response to the housing crisis in Illinois for people with developmental disabilities.

PRESIDENT’S COMMENTS:

Dr. Robin made a few brief comments regarding the agenda.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Lynn Canfield reviewed the agenda. Lynn introduced Leon Bryson as the new Associate Director for the CCMHB.

APPROVAL OF CCDDDB MINUTES:

Minutes from February 21, 2021 were included in the Board packet.

MOTION: Ms. Suter moved to approve the minutes from February 21, 2021. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.

EXPENDITURE LIST:

The “Expenditure Approval List” was included in the packet.

MOTION: Ms. Ruesch moved to accept the Expenditure Approval List as presented in the packet. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

NEW BUSINESS:

CCDDDB Process for Board Review of Applications:

A list of applicants was in the Board packet. Board members discussed being more involved in the review process and timeline.

Successes and Other Agency Information:

Annette Becherer from DSC, Becca Obuchowski from Community Choices, and Mel Liong from PACE provided updates on successes.

OLD BUSINESS:

Unmet Residential Support Needs:

A Briefing Memorandum offering updates to the CCDDDB/CCMHB CILA project was included for information only.

Meeting Schedules:

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

Acronyms:

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

CCMHB Input:

The CCMHB will meet later in the day. They will review similar agenda items.

STAFF REPORTS:

There were no staff reports this month.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 10:10 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

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VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 108	DEVLPMNTL DISABILITY FUND									
***	DEPT NO. 050	DEVLMTNL DISABILITY BOARD									
90	CHAMPAIGN COUNTY TREASURER										
	3/29/21 03 VR 108-	36				618002	3/31/21	108-050-533.07-00	MENT HLTH BD FND 090	APR ADMIN FEE	32,731.00
										VENDOR TOTAL	32,731.00 *
104	CHAMPAIGN COUNTY TREASURER										
	3/29/21 03 VR 108-	30				618004	3/31/21	108-050-533.92-00	HEAD START FUND 104	APR SOC/EMOT DEV SV	1,788.00
										VENDOR TOTAL	1,788.00 *
161	CHAMPAIGN COUNTY TREASURER										
	3/29/21 03 VR 108-	29				618006	3/31/21	108-050-533.92-00	REG PLAN COMM FND075	APR DECISION SUPPOR	25,957.00
										VENDOR TOTAL	25,957.00 *
11585	C-U AUTISM NETWORK										
	3/30/21 02 VR 108-	32				618040	3/31/21	108-050-533.92-00		APR COMM OUTREACH	1,250.00
										VENDOR TOTAL	1,250.00 *
11587	CU ABLE										
	3/30/21 02 VR 108-	31				618041	3/31/21	108-050-533.92-00		APR COMM OUTREACH	1,433.00
										VENDOR TOTAL	1,433.00 *
18203	COMMUNITY CHOICES, INC										
	3/30/21 02 VR 108-	33				618065	3/31/21	108-050-533.92-00	SUITE 210	APR COMMUNITY LIVIN	7,416.00
	3/30/21 02 VR 108-	33				618065	3/31/21	108-050-533.92-00		APR CUSTOM EMPLOY	15,166.00
	3/30/21 02 VR 108-	33				618065	3/31/21	108-050-533.92-00		APR SELF DETERMINAT	12,166.00
										VENDOR TOTAL	34,748.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF										
	3/30/21 02 VR 108-	34				618079	3/31/21	108-050-533.92-00	CHAMPAIGN COUNTY INC	APR CLINICAL SVCS	14,500.00
	3/30/21 02 VR 108-	34				618079	3/31/21	108-050-533.92-00		APR COMMUNITY EMPLO	30,114.00
	3/30/21 02 VR 108-	34				618079	3/31/21	108-050-533.92-00		APR COMMUNITY LIVIN	38,003.00

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/21

PAGE 8

VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND										
3/30/21	02 VR 108-	34	618079	3/31/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CONNECTIONS		7,083.00	
3/30/21	02 VR 108-	34	618079	3/31/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR EMPLOYMENT FIRS		6,667.00	
3/30/21	02 VR 108-	34	618079	3/31/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR INDIY/FAMILY SU		35,754.00	
3/30/21	02 VR 108-	34	618079	3/31/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR SERVICE COORD		36,321.00	
							VENDOR TOTAL		168,442.00 *	
54930	PERSONS ASSUMING CONTROL OF THEIR				ENVIRONMENT, INC					
3/16/21	03 VR 108-	28	617853	3/19/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FEB CONSUMER CONTRO		2,022.00	
							VENDOR TOTAL		2,022.00 *	
61780	ROSECRANCE, INC.									
3/30/21	02 VR 108-	35	618173	3/31/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR COORD SVC DD/MI		2,929.00	
							VENDOR TOTAL		2,929.00 *	
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH				AC#4798510049573930					
3/16/21	03 VR 108-	27	617921	3/19/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 LOWES 3/8		264.26	
							VENDOR TOTAL		264.26 *	
							DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	271,564.26 *	
							DEVLPMNTL DISABILITY FUND	FUND TOTAL	271,564.26 *	
							REPORT TOTAL	*****	681,291.20 *	

10.A.

I/DD Program Funding Requests for PY2022			Board Review	Board Reviewer
July 1, 2021 thru June 30, 2022			PRIMARY	SECONDARY
Agency	Program Name	DDB/MHB		
<i>Priority: Self-Advocacy</i>				
CU Able	CU Able Community Outreach	\$23,643.00	Anne	Gail
CU Autism Network	Community Outreach Programs	\$38,000.00	Gail	Deb
Piatt County Mental Health Center	VOC Programming Support - NEW	\$27,000.00	Deb	Georgiana
<i>Priority: Linkage and Coordination</i>				
CCRPC - Community Services	Decision Support PCP	\$311,489.00	Georgiana	Sue
Developmental Services Center	Service Coordination	\$435,858.00	Sue	Anne
Piatt County Mental Health Center	CDS Program Support - NEW	\$34,000.00	Anne	Deb
Rosecrance Central Illinois	Coordination of Services: DD/MI	\$35,150.00	Deb	Gail
<i>Priority: Home Life</i>				
Community Choices, Inc.	Community Living	\$201,000.00	Gail	Sue
Developmental Services Center	Community Living (formerly Apartment)	\$456,040.00	Sue	Georgiana
<i>Priority: Personal Life and Resilience</i>				
Developmental Services Center	Clinical Services	\$174,000.00	Georgiana	Anne
Developmental Services Center	Individual & Family Support	\$429,058.00	Anne	Deb
PACE	Consumer Control in Personal Support	\$24,267.00	Gail	Georgiana
<i>Priority: Work Life</i>				
Community Choices, Inc.	Customized Employment	\$201,000.00	Georgiana	Deb
Developmental Services Center	Community Employment	\$361,370.00	Deb	Sue
Developmental Services Center/Community Ch	Employment First	\$80,000.00	Sue	Anne
<i>Priority: Community Life and Relationships</i>				
Community Choices, Inc.	Self-Determination Support	\$162,000.00	Georgiana	Gail
Developmental Services Center	Community First	\$847,659.00	Deb	Sue
Developmental Services Center	Connections	\$85,000.00	Anne	Georgiana
<i>Priority: Young Children and their Families (CCMHB focus)</i>				
CC Head Start-Early Head Start	Mental Health Svcs (w DD program)	\$326,369.00	Gail	Anne
<i>*A portion is I/DD, funding should be split accordingly</i>				
Developmental Services Center	Family Development	\$596,522.00	Gail	Anne

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DRAFT PY2022 CCDDDB Program Summary

Agency: CU Able, NFP Inc.

Program: CU Able Community Outreach

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$23,643

Priority Category: Self-Advocacy and Family Support Organizations (not a PY22 priority)

Services and People Served

Target Population: Caregivers and professionals in Champaign County affected by any disability.

Scope, Location, and Frequency of Services:

Scope: resource information, meetings, networking, and educational opportunities to increase community awareness and acceptance about all disabilities. During Covid CU Able has provided online support meetings, family meals, and products donated by Walmart/FedEx/Lazyboy.

3 regular meetings during the year: allows sharing of resources, educational opportunities, activities, and personal challenges. Due to Covid we hold Zoom meetings. 3 educational meetings throughout the year on topics such as IEPs, safety, long term planning, etc. Annual Moms Retreat: respite for female caregivers to gather for networking, relaxation, and educational opportunities. Camp Big Sky for a family networking. 3 social events to encourage participation. Facebook community monitored daily by PT staff. Donation partnership with Walmart/FedEx/Lazyboy.

Location/Frequency: in the community, at least monthly. Online community daily (all hours).

Reviewer: Similar services to PY21. Updates related to COVID-19. CCDDDB funds scholarships for Mom's Retreat for Champaign County residents, pays for food at Big Sky, some supplies for social events, PT staff, and CU Able storage unit. Would offering larger scholarships to those who might need more assistance be better than giving everyone a scholarship, regardless of need? How is need determined?

Residency	63 in PY2020	34 in PY2021 (first two quarters)
<u>Champaign</u>	34 (54.0%) for PY20	7 (20.6%) for PY21
<u>Urbana</u>	15 (23.8%) for PY20	21 (61.8%) for PY21
<u>Rantoul</u>	1 (1.6%) for PY20	0 for PY21
<u>Mahomet</u>	6 (9.5%) for PY20	1 (2.9%) for PY21
<u>Other Champaign County</u>	7 (11.1%) for PY20	5 (14.7%) for PY21

Demographics of 42 of the 63 People Served in PY2020 (some data was not collected in full)

<u>Age</u>	
Ages 0-6 -----	13 (30.2%)
Ages 7-12 -----	19 (44.2%)
Ages 13-18 -----	3 (7.0%)
Ages 19-59 -----	8 (18.6%)
<u>Race</u>	
White -----	31 (73.8%)
Not Available Qty -----	11 (26.2%)
<u>Gender</u>	
Male -----	6 (14.3%)
Female -----	3 (7.1%)
Not Available Qty -----	33 (78.6%)
<u>Ethnicity</u>	
Not of Hispanic/Latinx Origin -----	31 (73.8%)
Not Available Qty -----	11 (26.2%)

Program Performance Measures

CONSUMER ACCESS: to provide care to a person with a disability or be a person with a disability. Eligibility determined by self-report, attendance records. People find out about the program through the CU Able Facebook group, word of mouth, Disability Resource Expo, monthly parent network meetings, CU Able website.

Within 3 days from referral, 100% of those referred will be assessed.

Within 3 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for Multiple years.

Additional Demographic Data: if their child/family member is on the PUNS list.

CONSUMER OUTCOMES: Facebook and surveys serve as an informal tool in assessing mood, satisfaction and needs among the members. Satisfaction surveys used for educational events, Mom's retreat, and website.

FY2022 Measurable goals/outcomes are as follows:

1. Host 3 regular meetings. Data: attendance sheets with demographic info included, filled out by participants
2. Host 3 educational opportunities. Data: attendance sheets with demographic info included, filled out by participants
3. Reach 30 new TPCs and 30 new NTPCs. Data: attendance sheets with demographic info included, filled out by parent/caregiver participants.
4. Host 3 family events annually.
5. Organize and host Annual Moms Retreat with at least 35 participants and 50% of them from Champaign County.
6. 90% of the Moms Retreat attendees planning to attend future retreat and learn something new at the 2022 retreat. Data: satisfaction survey on the last day of the retreat, completed by participants.
7. Bi-monthly giveaways from donations from Walmart and FedEx. Data: attendance sheets with demographic info included, filled out by participants.

Outcome gathered from all participants? No, those who choose to participate in surveys or give feedback in other ways.

Anticipate 425 total participants for the year.

Will collect outcome information at each event.

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

Estimated levels of change: N/A

Reviewer: Some measures relate to performance rather than personal/family 'consumer' outcomes. Surveys and social media comments are most likely to measure outcomes of value to people: relationships; personal satisfaction; the exercise of consumer choice; self-determination; rewarding, real work; community inclusion; family involvement; social connection; and resources for information, planning, access, and support.

UTILIZATION:

Treatment Plan Clients (TPCs): 150 (120 continuing + 30 new) Person with a disability

Non-Treatment Plan Clients (NTPCs): 125 (95 continuing + 30 new) Family members of someone with a disability

Service Contacts (SCs): 200 Facebook group members

Community Service Events (CSEs): 12 All events (whether support, networking/social, or educational)

Reviewer: Utilization Targets same as PY21, small decrease in CSEs.

Financial Analysis

PY2022 CCDDDB Funding Request: \$23,643

PY2022 Total Program Budget: \$130,646

Proposed Change in Funding - PY2021 to PY2022 = 37.5%

Current Year Funding (PY2021): \$17,200

PY21 request = \$17,200. PY20 request/award = \$17,275. PY19 request/award = \$15,285.

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

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

Of total program revenue, CCDDDB request is 18%. Other revenue is from Contributions = \$1,300 (1%), Special Events/Fundraising = \$500, Starnet Grant = \$500, Sales of Goods and Services = \$1,200 (1%), Interest Income = \$3, In-kind Contributions = \$3,500 (3%), and Miscellaneous = \$100,000 (77%).

Expenses: Personnel related costs are 41% of what is to be charged to CCDDDB. Other expenses are: Professional Fees/Consultants \$3,400 (14%); Consumables \$2,750 (12%); General Operating \$3,143 (13%); Specific Assistance \$300 (1%); and Lease/Rental \$4,250 (18%).

Total Agency and Total Program Budgets show surpluses of \$3,943. Total CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0.0 Indirect and 0.38 Direct = 0.38 FTEs Total CCDDDB. Total Program Staff: same.

Reviewer: Professional fees will pay for speakers/presenters and the financial review. Specific assistance will pay for gas or programming fees to allow community members to be able to attend and participate in CU Able events. Does the surplus suggest less revenue is needed from the CCDDDB, or is this related to in-kind contributions?

Audit Findings: CU Able, NFP Inc is required to perform a financial compilation per the PY20 contract. The agency operates a fiscal year aligned the with calendar year. As such, the PY20 financial compilation will be due in Spring 2021 for the period ending December 31, 2020.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes, while the PY22 category was not selected, this program aligns with Self-Advocacy and Community Life and Relationships?*

Expectations for Minimal Responsiveness: *Several sections of the Organization Eligibility Questionnaire were left blank or answered, no. All other expectations were met.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Mostly, there are some actions that are not covered in the CLC Plan.*

Highlights from the submitted CLC Plan: *The CLC Plan does not outline how they are utilizing the standards that will outline the different populations that are served by with their programs. Additional technical assistance to expand their actions that reach diverse populations in addition to the virtual platforms that are utilized to reach families. Each board member and staff person will receive cultural competence training and sign the CLC Plan each year.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes*

Highlights from the submitted CLC Progress Report: *CU Able reported that board members and staff have completed a Cultural Competence Self-Assessment. No action was noted based on the Self-Assessment that was conducted. CU-Able outlined in the program plan ways they have engaged families virtually during COVID.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Relationship with Unit 4 Special Education Department and hope to expand to other school districts. Actively recruiting board members of underserved and underrepresented minority populations to engage those populations.*

Inclusion, Integration, and Anti-Stigma: *safe environment for sharing and collaboration, policies in place for the FB community, family dinners/outings allow families to get into the community safely to build confidence and reduce isolation.*

Outcomes: *some measures (above) of process and some of satisfaction; very interactive with audience feedback.*

Coordinated System: *Down Syndrome Network, CU Autism Network, DSO promote each other's events and may cohost. Plans to partner with the DSO Christmas Party again. Outreach to Cunningham Children's Home, DSC, Early Intervention, local therapists, and Unit 4 Special Education Department to reach families that we have not served currently.*

Budget and Program Connectedness: *Budget Narrative provides detail on all revenue sources and expenses, indicating which are to be charged to the CCDDDB. The large Miscellaneous Program Revenue and corresponding Specific Assistance expense (charged to Total Program) represent the value of items donated by Walmart, LazyBoy, and FedEx which are then distributed by the agency to eligible community members.*

Person Centered Planning (PCP): *No*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *Yes*

Evidence of Collaboration: *No formal agreements.*

Staff Credentials: *PT staff has a child with a disability.*

Resource Leveraging: *the partnerships which allow distribution of items of value to individuals and families with a need.*

Other Pay Sources: *N/A* **Client Fees:** *No* **Sliding Scale:** *No*

Willing to participate in DD Medicaid-waiver programs? *No*

Process Considerations and Caveats

Contracting Considerations: *If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:*

- *A PY22 priority category should be selected.*
- *Survey tools used to measure outcomes.*
- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*

Applicant Review and Input: *Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.*

Recommendation: *Pending*

DRAFT PY2022 CCDDDB Program Summary

Agency: CU Autism Network

Program: Community Outreach Programs

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$38,000

Priority Category: Self-Advocacy

Services and People Served

Target Population: People with ASD, families, caregivers, and other supports. Autism Aware Program businesses, organizations, and agencies who provide services to the ASD community.

Scope, Location, and Frequency of Services:

Scope: community resource information, education and support through meetings emails, listserv, Facebook, and other networking outlets. Free activities/pop-up play dates, free sensory friendly family events: Regular Lights Up Sounds Down Sensory Friendly Movies, Autism Aware Program, Community Outreach Education Program, Beautification Community Program, Annual Walk and Resource Fair, Various Sensory Friendly Holiday events, Tailgate, Parades.

Location/Frequency: Various businesses, organizations, and agencies in Champaign County, monthly or bimonthly.

Residency	159 People in PY2021 (first two quarters)
Champaign	44 (27.7%)
Urbana	63 (39.6%)
Rantoul	1 (.6%)
Mahomet	14 (8.8%)
Other Champaign County	37 (3.3%)

Demographics of People Served in first half of PY2021 *(agency does not have TPCs, but tracked partial demographics at some events)*

Age	
Ages 0-6 -----	24 (29.3%)
Ages 7-12 -----	47 (57.3%)
Ages 13-18 -----	11 (13.4%)
Race	
White -----	68 (42.8%)
Other (incl. Native American and Bi-racial) -	9 (5.7%)
Not Available Qty -----	82 (51.6%)
Gender	
Male -----	54 (65.9%)
Female -----	28 (34.1%)
Ethnicity	
Of Hispanic/Latinx Origin -----	2 (2.6%)
Not of Hispanic/Latinx Origin -----	75 (97.4%)

Program Performance Measures

CONSUMER ACCESS: Public agency, business, organization, or resident in Champaign County that supports or want to learn more about ASD. People learn about CUAN through outreach events, website, social media, referrals soliciting, email list, cold calling.

Within 2 days from referral, 100% of those referred will be assessed.

Within 20 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average Annually.

Reviewer: Above is lightly edited. Services same as PY21.

CONSUMER OUTCOMES: Community Outreach program which includes The Autism Aware Program promotes inclusion and education, improves access to the community, and provides 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. Information will be collected through sign in sheets, tally sheets, questionnaires, and surveys.

Outcome gathered from all participants? Yes

Anticipate 800 total participants for the year.

Will collect outcome information at each event.

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

Estimated levels of change: 10% increase in participant attendance. We have an estimated 400-500 people in attendance for our annual CU Autism Walk and Resource Fair. The other events scheduled throughout the year make up the additional people attending and may be duplicates from the walk. Also, with the collaboration of various community agencies (Carle Foundation Hospital, DCFS, Arrow Ambulance, IL Fire Institute, Rotary Clubs, etc. just to name a few) we have projected that our attendance will increase by 10%. Also, we have 1,300 Facebook members.

Reviewer: Agency has large presence in community. With no anticipated increase in participants from PY21 to PY22, what will the increase in funding be used for?

UTILIZATION:

Community Service Events (CSEs): 25

Reviewer: Agency does not have TPCs. Could members of the organization be counted at TPCs? Could full demographic information be tracked at each event?

Financial Analysis

PY2022 CCDDDB Funding Request: \$38,000

PY2022 Total Program Budget: \$38,000

Proposed Change in Funding - PY2021 to PY2022 = 153.3%

Current Year Funding (PY2021): \$15,000

PY21 request = \$15,000

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

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

Of total program revenue, CCDDDB request is 100%.

Expenses: General Operating \$5,925 (16%), Conferences/Staff Development \$12,500 (33%), Lease/Rental \$1,375 (4%), and Miscellaneous \$18,200 (48%).

Total Agency Budget shows a surplus of \$8,279. Total Program and CCDDDB Budgets are BALANCED.

Reviewer: Errors exist in the agency columns of the revenue and expense forms. There is nothing budgeted to cover financial compilation expense. Based on budget narrative, it is unclear what expenses fall under the "Misc" expense category. Does \$8,000 surplus indicate that less money is needed from CCDDDB? The 2021 Autism Walk has been canceled; will this result in unspent PY21 revenue?

Audit Findings: N/A – as a newly funded program, an audit/review/compilation has not yet been submitted.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes, selected; also aligns with Community Life & Relationships.

Expectations for Minimal Responsiveness: Concerns were identified in the Organization Eligibility Questionnaire and it will need to be updated. The only mention of planning for continuation of services during pandemic is related to the Autism Walk and Resource Fair and appears in the Budget Narrative.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes.

Highlights from the submitted CLC Plan: CUAN- will seek to diversify the board and volunteers the CLC Plan does not clearly state how they will seek to diversify the board and volunteers. CUAN will provide flyers in the community of CUAN events and programs as well as provide access to multi language translation on their website via google translate. CUAN will provide resource guides in rural areas and conduct participant surveys after events are completed.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: Provide videos on diversity during leadership meetings. CUAN will promote and continue to advertise membership and leadership roles through and during our events and online. Additional technical assistance and consultation will be provided to ensure that activities and programs will connect to the value of cultural and linguistic competence.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Autism Aware Program through the community outreach program will educate and provide materials for management and staff of local businesses to provide the ASD community more Autism sensory friendly environments to utilize. All materials will be available online to access.

Inclusion, Integration, and Anti-Stigma: Program promotes inclusion, educates and improves access to community and provides materials for management and staff of local businesses to provide the ASD community more Autism sensory friendly, nondiscriminatory environments to utilize.

Outcomes: *There is an outcome related to participation in meetings and events, with a target of 10% increase, measured by sign-in sheets and surveys. Surveys could measure attendee satisfaction as well, but that is not identified in the application.*

Coordinated System: related organizations: TAP-education, trainings, materials, resources; CU Able - resources, retreat, social networking. Coordination with the above providers by referring to them as a resource in our community and networking capabilities as well as use of educational, visual and hands-on materials.

Budget and Program Connectedness: *Not clear, and there appear to be errors in the financial forms.*

Person Centered Planning (PCP): No

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Yes

Evidence of Collaboration: none

Staff Credentials: No paid staff, board members are family members of people with Autism.

Resource Leveraging: No

Other Pay Sources: no payment **Client Fees:** No **Sliding Scale:** No

Willing to participate in DD Medicaid-waiver programs? Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *The largest category of expenditures is Miscellaneous, but the Budget Narrative is not clear as to what this \$18,000 will pay for: revised Financial Forms and possibly Program Forms to justify the 153% increase in funding requested.*
- *Engage with CLC Coordinator to secure additional technical assistance and consultation to strengthen activities and programs and broaden the support network's reach.*
- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Piatt County Mental Health Center

Program: VOC Programming Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$27,000 – a NEW request

Priority Category: Self-Advocacy

Services and People Served

Target Population: Champaign County residents who engage in PCMHC vocational programming.

Scope, Location, and Frequency of Services:

Scope: Job Development - People are assisted in skills necessary to obtain employment. Skills include resume building, grooming, appropriate social skills, and interviewing. Job development based upon plans written by the DRS counselor. Job Coaching is a tiered system developed by DRS. CCDDDB funds would help with the costs of providing transportation for consumers to and from their job sites as well as for the transportation costs (fuel/maintenance).

Location/Frequency: Education, job mentoring, and application assistance happen at PCMHC. Other services provided on the job site of each consumer.

Residency and Demographic Data not available – not currently funded.

Program Performance Measures

CONSUMER ACCESS: Services are provided to those age 18 or older who are no longer in high school. Individuals must have a vocational disability and be found eligible for services through the Department of Rehabilitation (DRS). Center staff provide referral linkage to DRS. Case planning and meetings with IDRS. People learn of the program through: Word of mouth, referrals, website, and/or collaborative engagements with other social service providers.

Within 60 days from referral, 100% of those referred will be assessed.

Within 40 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: Once they meet IDRS milestones and/or no longer require supports

Additional Demographic Data: Referral source, MH diagnosis

Reviewer: If funded as requested funds would be used to purchase a vehicle and pay for fuel and maintenance for 10 Champaign County residents receiving vocational services.

CONSUMER OUTCOMES: People acquire skills and knowledge helpful for securing/maintaining employment. Process helps boost self-esteem, self-efficacy, and provides disposable income. Outcomes are measured by individual treatment plans, monthly Consumer Council, and quarterly Human rights council meetings.

Outcome gathered from all participants? Yes

Anticipate 10 total participants for the year.

Will collect outcome information Quarterly

Is there a target or benchmark level for program services? Yes, benchmarks are set/monitored by IDRS representatives.

Estimated levels of change: We would like to see individuals acquire helpful job skills/knowledge, obtain employment, and maintain said employment.

Reviewer: Anticipates 10 total program participants, are these people enrolled in PUNS and not currently receiving waiver funding? Outcomes are not specific, measurable, and do not include timeframes. If funded, outcomes will need to be developed further. Is there duplication in clients with the other funding request?

UTILIZATION:

Treatment Plan Clients (TPCs): N/A

Non-Treatment Plan Clients (NTPCs): N/A

Service Contacts (SCs): All IDRS contracts have measurable goals and outcomes

Community Service Events (CSEs): N/A

Other: N/A

Reviewer: If funded, agency will need to identify utilization targets, it is currently unclear how many Champaign County residents program serves.

Financial Analysis

PY2022 CCDDDB Funding Request: \$27,000 – a NEW request

PY2022 Total Program Budget: \$190,212

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

Does the application warrant that CCDDDB funding will not supplement Medicaid? No

Of total program revenue, CCDDDB request is 14%. Other revenue is from State Grants = \$81,922 (43%), Contributions = \$13,375 (7%), self-pay = \$4,550 (2%), State Fees = \$59,865 (31%), and \$3,500 (2%).

Expenses: Local Transportation \$2,000 (7%) and Equipment Purchases \$25,000 (93%).

Total Agency Budget shows a deficit of \$80,971, Total Program a surplus of \$29,362, and CCDDDB Budget BALANCED. – why the total program surplus?

Total Program Staff: 0 Indirect and 2.25 Direct = 2.25 FTEs Total Program.

Reviewer: Program shows a surplus larger than the grant request amount, indicating that our funding may not be needed. This request is for a vehicle and fuel/maintenance costs.

Audit Findings: N/A – agency does not currently receive CCDDDB funding.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Agency selected Self-Advocacy; Work Life seems more appropriate.

Expectations for Minimal Responsiveness: Concerns identified in Organization Eligibility Questionnaire include no Champaign County representation on Board. While the application was submitted prior to the deadline, CLC Plan, Program Plan Part 2, and Authorization and Cover Form were not submitted. The agency did not address planning for continuation of services during pandemic or epidemic.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? No

Highlights from the submitted CLC Plan: The agency did not submit a completed CLC Plan with the FY22 application.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: CDS programming is fully inclusive and does not discriminate based upon race, gender, sexual identity, SES, Veteran status, sexual preference, and/or ethnicity.

Inclusion, Integration, and Anti-Stigma: Programs promote inclusion and celebrating the uniqueness of all. Staff work to provide community activities to encourage the highest level of community integration.

Outcomes: Outcomes are not specific, measurable, and do not include timeframes.

Coordinated System: Vocational employment services are also offered at DSC. Attempted transportation agreements in the past with CCARTS, but unable to secure any firm agreements.

Budget and Program Connectedness: Yes, though there may be errors creating the appearance that the requested funding is not needed.

Person Centered Planning (PCP): Not directly, but transportation to/from jobs chosen by participants is directly related to personal choice.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Vocational services are closely monitored by both IDHS and IDRS.

Evidence of Collaboration: Piattran, Dial-a-ride, KMC, Promise HealthCare, DeWitt-Piatt Health Department, Kirby Medical Center, RPC, and Rosecrance.

Staff Credentials: All staff that engage clients are either credentialed as a DSP and/or a QIDP.

Resource Leveraging: Funds through IDHS and IDRS.

Other Pay Sources: IDRS, IDHS SEP **Client Fees:** No **Sliding Scale:** No

Willing to participate in DD Medicaid-waiver programs? Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Prior to funding, Champaign County will need to have representation on agency Board.
- A different PY22 priority category may be more closely aligned with the purpose of this proposal. Several parts of the application will need to be reworked, including those application sections which were incomplete and those which appear to have been completed incorrectly.
- If funded, agency will need to work with CCRPC ISC to develop PCPs for each participant.
- Consumer Outcomes should be developed, possibly with support from the UIUC Evaluation Consultation Bank or pilot program.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: CCRPC – Community Services

Program: Decision Support PCP

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$311,489

Priority Category: Linkage and Advocacy for People with I/DD - *not the exact name of PY22 priority category*

Services and People Served

Target Population:

People with I/DD wishing to register for or update PUNS and complete or update their preference assessment; adults with I/DD receiving CCDDDB funded services and in need of a Person-Centered Plan; and transition-aged youth with I/DD.

Scope, Location, and Frequency of Services:

Scope: extensive outreach, preference assessment, and person-centered planning services for Champaign County residents with I/DD without Medicaid waiver funding; consultation and transition planning services to transition-aged youth with I/DD and their families. During the COVID-19 pandemic, all services will be provided virtually. During warmer weather, staff may meet with clients outside, social distanced, and wearing masks. Outreach: Champaign County high schools and families prior to IEP meetings; attendance at scheduled community events in the community (virtually during the pandemic); CCDDDB funded provider agencies; people on PUNS and receiving CCDDDB funded services to participate in conflict free person-centered planning. Preference Assessments are offered during PUNS registrations and updates. Data is compiled and provided to CCMHB/CCDDDB to inform future funding decisions. Program provides conflict free person-centered planning services for up to 135 adults enrolled in PUNS and receiving services from other CCDDDB funded programs. Transition Consultants meet with transition aged youth/families prior to IEPs for PUNS/preference assessment updates. Transition Consultants assist and support families during transition from HS services to adult I/DD services, providing linkage to vocational, social/recreational, and other community services.

Location/Frequency: During the pandemic, services will be provided virtually. Post-pandemic locations include Champaign County High Schools, CCRPC offices, I/DD provider agencies, persons served homes, and community locations.

PUNS/preference assessments and assistance with case management are provided at minimum once annually and ongoing as long as persons served remain on PUNS.

Transition Consultant services are provided, on average, bi-monthly for one to three months.

PCP services are provided quarterly or more frequently based on client needs and if eligibility criteria is met.

Reviewer: Program uses IDHS-DDD PCP model and planning tools. Provides service updates related to COVID.

Residency	597 in PY2020	339 in PY2021 (first two quarters)
Champaign	268 (44.9%) for PY20	153 (45.1%) for PY21
Urbana	160 (26.8%) for PY20	101 (29.8%) for PY21
Rantoul	48 (8.0%) for PY20	22 (6.5%) for PY21
Mahomet	41 (6.9%) for PY20	19 (5.6%) for PY21
Other Champaign County	80 (13.4%) for PY20	44 (13.0%) for PY21

Demographics of 597 People Served in PY2020

Age

Ages 0-6 -----	12 (2.0%)
Ages 7-12 -----	41 (6.9%)
Ages 13-18 -----	77 (12.9%)
Ages 19-59 -----	442 (74.0%)
Ages 60-75+ -----	22 (3.7%)
Not Available Qty -----	3 (.5%)

Race

White -----	446 (74.7%)
Black / AA -----	114 (19.1%)
Asian / PI -----	14 (2.3%)
Other (incl. Native American and Bi-racial)-	17 (2.8%)

Not Available Qty -----	6 (1.0%)
Gender	
Male -----	380 (63.7%)
Female -----	214 (35.8%)
Not Available Qty -----	3 (.5%)
Ethnicity	
Of Hispanic/Latinx Origin -----	54 (9.0%)
Not of Hispanic/Latinx Origin -----	537 (89.9%)
Not Available Qty -----	6 (1.0%)

Program Performance Measures

CONSUMER ACCESS: 1) Champaign County residents with suspected I/DD are eligible for a PUNS meeting. Those determined to have I/DD diagnosis and registered on PUNS are eligible to participate in a preference assessment; 2) adults with I/DD in the PUNS "seeking services" category are eligible for conflict free person centered planning; and 3) transition aged youth with I/DD are eligible for TC services. All served must be PUNS registered to be eligible for services. People learn about program through referrals from other providers, outreach events, flyer distribution, high school professionals, agency website/social media accounts, direct contact from people with I/DD and their families, and inter-organizational referrals. Targeted mailings regarding TC services sent out to transition-aged youth on PUNS.

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

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

People will engage in services, on average, for 1-3 months. For person centered planning participants, 1-3 years.

Additional Demographic Data: insurance information and Medicaid RIN number.

Reviewer: Above is lightly edited, very good goals for access to service/client assessments.

CONSUMER OUTCOMES:

Outcome #1: People with I/DD will have greater choice of services and supports in Champaign County by completion of Preference Assessment or PCP. *Measured by:* Assessment Tools: Preference Assessment, Discovery Tool, and Person-Centered Plan. Information collected by Case Manager and Program Manager, bi-annually.

Outcome #2: People with I/DD transitioning from ISBE services will have a goal plan in place developed with their TC. *Measured by:* Assessment Tools: IEP and Goal Plan. Information collected by Transition Consultants and Program Manager.

Outcome #3: People selected from PUNS who were provided service through the DS-PCP program will be supported in service connection based on personal preferences; they will also meet eligibility criteria and have quicker access to Medicaid Waiver Services upon being selected from PUNS. *Measured by:* Assessment Tools: DHS required PAS paperwork and Medicaid Waiver Service award letters. Information collected by Case Manager and Program Manager.

Outcome gathered from all participants? Yes

Anticipate 440 total participants for the year.

Will collect outcome information: #1 – annually; #2 – upon exit from TC services (quarterly); #3 – upon each PUNS selection (annually).

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

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

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

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

Estimated levels of change:

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

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

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

Reviewer: Above is lightly edited. Largely unchanged since PY21.

UTILIZATION:

Treatment Plan Clients (TPCs): 220 people registering on PUNS who need linkage/referral to community resources and brief conflict free case management including gathering of PAS documentation prior to being selected from PUNS; adults receiving conflict free PCP in the PUNS seeking services category; and people/families receiving TC services.

Non-Treatment Plan Clients (NTPCs): 220 people registering on PUNS and completing/updating preference assessment.

Service Contacts (SCs): 300 people attending outreach events.

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

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system. Slight decrease in NTPCs.

Financial Analysis

PY2022 CCDDDB Funding Request: \$311,489

PY2022 Total Program Budget: \$311,489

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$311,488

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

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

Of total program revenue, CCDDDB request is 100%.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 70% of \$311,489. Other expenses are: Professional Fees/Consultants \$1,200; Consumables \$2,000 (1%); General Operating \$14,000 (4%); Occupancy \$69,093 (22%); Conferences/Staff Development \$2,000 (1%); Local Transportation \$4,416 (1%).

Total Agency Budget shows a deficit of \$196,596; Total Program and Total CCDDDB Budgets are BALANCED.

Program Staff funded by CCDDDB: 0 Indirect and 3.91 Direct = 3.91 FTEs Total.

Total Program Staff same, as no other funding supports this program.

Reviewer: PY20 program had \$16,390 excess revenue. Professional fees will pay for clinical and IT services related to the program.

Audit Findings: The Champaign County Regional Planning Commission is included in the County's Comprehensive Annual Financial Report (CAFR). The most recent CAFR available is for FY18.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes - while the PY22 category was not selected, this program aligns with Linkage and Coordination.

Expectations for Minimal Responsiveness: The Organization Eligibility Questionnaire was out of date, other concerns identified include inaccurate answers to audit questions and 6 questions related to the Board of Directors left unanswered. All other areas were addressed accordingly.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: Actions and benchmarks aligned with the National CLAS Standards. All the requirements were addressed in the actions and benchmarks. The Cultural Competence Committee is being intentional about going through a cultural competence assessment process. They have had training and consultation from the CLC Coordinator. CLC Committee incorporates antiracist principles, systemic racism, and social justice issues into monthly meeting agendas and develops an action plan for integration into agency.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: In PY2021, the agency began an intense Cultural Competence Organizational Process. As a result, reflective supervision, intentional implementation of wellness programs for staff, and community engagement virtually and through social media to address disparities, racism, and discrimination was reported on the 2nd quarterly report.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Program attends and conducts outreach at events that reach members of underserved and underrepresented minority populations, including disAbility Expo, Equip for Equality, Cunningham, and IEPs at Champaign County high schools. Due to the COVID-19 Pandemic, all outreach activities were conducted virtually and will continue as such until it is safe to move to in person activities.

Inclusion, Integration, and Anti-Stigma: Collaboration with persons served to advocate for increased independence, autonomy, and community inclusion. In line with DHS requirements, CCRPC upholds all components of the PCP process, that are supportive of promoting inclusion, reducing stigma or discrimination, or improving community access: ensures

services are delivered in a manner that reflects personal preferences and choices; includes evidence that setting is chosen by the individual; assists to achieve personally defined outcomes in the most integrated setting; includes opportunities to seek employment and work in competitive integrated settings; includes opportunities to engage in community life, control personal resources, and receive services in the community to same degree of access as those not receiving HCBS; written in plain language that can be understood by the person who receives services and their guardian. CCRPC attends outreach events, conduct presentations, and educate the community regarding the strengths and abilities of persons with I/DD and the services available to assist persons with I/DD to promote inclusion and reduce stigma.

Outcomes: *Three Consumer Outcomes are identified, two relating to each person's service plan, and the other to the program's performance (relative to PUNS enrollment equaling IDHS waiver eligibility and timeliness of service engagement), with implied value to the consumer and system.*

Coordinated System: Program works collaboratively with DSC, CC, CTF, Residential Developers, IAG, PACE, Rosecrance's DD/MI program, and Champaign County high schools.

Budget and Program Connectedness: *The Budget Narrative describes revenue, expenses, and how these were calculated.*

Person Centered Planning (PCP): *Yes, using IDHS-DDD standards and tools.*

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

Evidence of Collaboration: Yes, written working agreements are in place with agencies listed in Coordinated System above.

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

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

Medicaid-waiver programs? No (but the larger program is involved with Medicaid-waiver and IDHS grant.)

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*
- *Evidence of written working interagency agreements, and sample PCP documents.*
- *A PY22 priority category should be selected.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Service Coordination

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$435,858

Priority Category: Linkage and Coordination

Services and People Served

Target Population: People with I/DD requesting support to enhance or maintain their highest level of independence.

Scope, Location, and Frequency of Services:

Scope: DSC partners with the RPC-ISC to develop Person-Centered Plans and Implementation Strategies for county-funded and waiver participants. Varying degrees of intensive supports: intake screening; advocacy; assessments; medical support; crisis intervention; 24-hour on-call emergency support; referral and collaboration; linkage to services, initial and ongoing maintenance of financial supports; apply for/update SSDI and SSI; legal support; housing support.

Location/Frequency: participant’s home, DSC, medical facilities, clinicians’ offices, and other, as requested. Services have remained the same through the pandemic, staff attend appointments as needed and make contactless deliveries. Virtual technology has been used for case conferences, and coordinating care with doctors, and some limited telehealth options.

Residency	266 in PY2020	250 in PY2021 (first two quarters)
<u>Champaign</u>	111 (41.7%) for PY20	93 (37.2%) for PY21
<u>Urbana</u>	87 (32.7%) for PY20	89 (35.6%) for PY21
<u>Rantoul</u>	6 (2.3%) for PY20	7 (2.8%) for PY21
<u>Mahomet</u>	18 (6.8%) for PY20	17 (6.8%) for PY21
<u>Other Champaign County</u>	44 (16.5%) for PY20	44 (17.6%) for PY21

Demographics of 266 People Served in PY2020

Age	
Ages 7-12 -----	3 (1.1%)
Ages 13-18 -----	6 (2.3%)
Ages 19-59 -----	226 (85.0%)
Ages 60-75+ -----	31 (11.7%)
Race	
White -----	196 (73.7%)
Black / AA -----	52 (19.5%)
Asian / PI -----	9 (3.4%)
Other (incl. Native American and Bi-racial) -	9 (3.4%)
Gender	
Male -----	155 (58.3%)
Female -----	111 (41.7%)
Ethnicity	
Of Hispanic/Latinx Origin -----	6 (2.3%)
Not of Hispanic/Latinx Origin -----	260 (97.7%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled people with I/DD are eligible for services. People learn of services through the disAbility Expo events, TPC events, support groups, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials.

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

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

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

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

Reviewer: Scope of services largely unchanged from PY21. Changes in services related to COVID are noted above.

CONSUMER OUTCOMES:

Outcome 1: People will actively participate in the development of their personal outcomes driving the content of the implementation strategies documented by assigned QIDP.

Measured by: Personal Plan review, monthly QIDP notes, and self-reporting is documented.

Outcome 2: People will participate in POM (personal outcome measures) interviews.

Measured by: POM interview booklets will be maintained. Participation in interview documented in file.

Outcome 3: People will maintain/make progress toward their chosen outcomes.

Measured by: Progress toward personal outcomes documented monthly, random files reviewed each quarter to review progress.

Outcome gathered from all participants? Random record review (of those in services for at least 1 yr) selected quarterly.

Anticipate 280 total participants for the year.

Will collect outcome information Quarterly

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

FY21 Measure: People will actively participate in the development of their personal outcomes.

Target: 98%. Mid-Year Outcome: 93.3%. FY22: Continue as written.

FY21 Measure: People will participate in POM interviews.

Target: 35. Mid-Year Outcome: 2. FY22: Target revised to 20

FY21 Measure: Individuals will maintain/make progress toward their chosen outcomes.

Target: 80%. Mid-Year Outcome: 85.7%. FY22: Continue as written.

Estimated levels of change: Outcome 1: 98%. Outcome 2: 80%. Outcome 3: 20.

Reviewer: Outcomes are like PY21. Outcome 2 has been adjusted, likely due to COVID.

UTILIZATION:

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

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

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

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

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system. Utilization targets are same as PY21.

What steps is agency taking to ensure that 36 NTPCs are PUNS enrolled?

Financial Analysis

PY2022 CCDDDB Funding Request: \$435,858

PY2022 Total Program Budget: \$609,018

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$435,858

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

Does the application warrant that CCDDDB funding will not supplement Medicaid? No. Often overlap between those with Medicaid waiver services.

Of total program revenue, CCDDDB request is 72%. Other sources of revenue are: DHS Fee for Service = \$170,320 (28%), DHS reimbursement for staff training = \$2,738, and Other Program Service Fees = \$102.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 88% of \$435,858. Other expenses are: Professional Fees/Consultants \$1,902 (0%), Consumables \$3,074 (1%), General Operating \$7,021 (2%), Occupancy \$13,313 (3%), Conferences/Staff Development \$3,100 (1%), Local Transportation \$6,244 (1%), Equipment Purchases \$305, Lease/Rental \$10,955 (3%), Membership Dues \$1,424, Miscellaneous \$6,649 (2%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$3,559, and CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0.34 Indirect and 6.48 Direct = 6.82 FTEs Total CCDDDB.

Total Program Staff: 0.52 Indirect and 9 Direct = 9.52 FTEs Total Program.

Reviewer: Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/language pathology, psychological/social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional

items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted. PY20 program had \$2,389 excess revenue.

Audit Findings: *Audit in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes, as selected.*

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes*

Highlights from the submitted CLC Progress Report: *DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Program serves people from underserved and underrepresented minority populations and is responsive to cultural and/or religious preferences and considerations. Referrals may be received by RPC-ISC. Participation in community events and committees continues. Website and social media provide awareness and information about agency services. Expanded outreach efforts include sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings; and focus attention on underserved or underrepresented minority population for each program and catering outreach efforts.

Inclusion, Integration, and Anti-Stigma: People are encouraged to reside, shop, recreate and worship in whatever diverse community as desired. Staff try to encourage participants to experience activities throughout the community. Increased awareness often occurs naturally as community access/engagement is realized by people receiving services. Fulfilling adult responsibilities in the community is the most natural form of integration. Greater access and involvement in the community, by those receiving services will broaden the scope of inclusion, reduce stigma, and diminish discrimination.

Outcomes: *Three outcomes are listed, along with specific targets and the strategy for measuring each. Two of them measure a person's participation in their own service planning, and the third a person's progress toward self-identified goals. All are measured by staff documentation. There is implicit connection between the measures and their value to the person.*

Coordinated System: RPC-ISC, Rosecrance, and CC offer similar services with differences of support and expertise related to coordination of services. Intensive support is a pillar for DSC's program.

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

Person Centered Planning (PCP): *Yes, services documented in PCP completed by CCDDDB funded ISC.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: DSC is accredited through The Council on Quality and Leadership (CQL).

Evidence of Collaboration: CCRPC ISC & Shelter Plus Care programs, Rosecrance, Family Service, Community Choices, CRIS Healthy Aging Center, Promise Healthcare

Staff Credentials: IDHS-DDD state mandated DSP training, QIDP training and requirements met, and training specific to each participant.

Resource Leveraging: Not used as match for other funding. **Other Pay Sources:** State funding is also accepted for this service. No state funded services are reported to CCDDDB. **Client Fees:** No **Sliding Scale:** No

Willing to participate in DD Medicaid-waiver programs? *Yes*

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*
- *If this program uses individual service plans and assessments beyond those developed by the ISC, template copies should be made available for CCDDDB file.*
- *Consider working with RPC ISC when enrolling new people into the program, based on length of time on PUNS.*
- *Intensive case management involvement would be very helpful for people with mental health or substance use disorders.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Piatt County Mental Health Center

Program: CDS Program Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$34,000 – a NEW request

Priority Category: Linkage and Coordination

Services and People Served

Target Population: Champaign County residents.

Scope, Location, and Frequency of Services:

Scope: Services for CDS programming. Funds would aid in the cost of transportation to and from site for daily programming as well as for the transportation of those identified residents for special outings. Support funding would also help secure updated technological enhancements (ex. IPADS) and other supply costs to help with activities that aid in self-expression.

Location/Frequency: PCMHC and community. (*Frequency not noted, but CDS is usually M-F*)

Residency and Demographic Data not available – not currently funded.

Program Performance Measures

CONSUMER ACCESS: Adults with I/DD. Group collaboration between PAS agent, agency, and guardian/consumer.

People learn of program through: Word of mouth, referrals, website, and/or collaborative engagements with other providers.

Within 60 days from referral, 100% of those referred will be assessed.

Within 40 days of assessment, 90% of those assessed will engage in services.

People will engage in services Until they choose to discontinue services.

Additional Demographic Data: Referral source, MH diagnosis

Reviewer: Above lightly edited. Transportation costs are bundled in CDS rate, are proposed funds for those enrolled in PUNS waiting list, not currently receiving waiver services? What is the breakdown of people with waiver funding and those who private pay to attend?

CONSUMER OUTCOMES: assists with expression arts, provides MH treatment (if need identified), provides education, creates an environment of enrichment/socialization, and provides opportunities for community engagement. Most outcomes are measured by individual treatment plans, monthly Consumer Council, and quarterly Human rights council meetings.

Outcome gathered from all participants? Yes

Anticipate 65 total participants for the year.

Will collect outcome information Semiannually.

Is there a target or benchmark level for program services? Yes, benchmarks are identified and set by each consumer.

Estimated levels of change: (no entry)

Reviewer: Are 65 participants from Champaign County? Outcomes are not specific, measurable, and do not include timeframes. If funded, outcomes will need to be developed further.

UTILIZATION:

Treatment Plan Clients (TPCs): All clients in this program have a PCP.

Non-Treatment Plan Clients (NTPCs): All clients in this program have a PCP

Service Contacts (SCs): All clients in this program have a PCP

Community Service Events (CSEs): All clients in this program have a PCP

Other: All clients in this program have a PCP

Reviewer: If funded, agency will need to identify utilization targets, it is currently unclear how many Champaign County residents program serves.

Financial Analysis

PY2022 CCDDDB Funding Request: \$34,000 - a NEW Request

PY2022 Total Program Budget: \$750,215

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

Does the application warrant that CCDDDB funding will not supplement Medicaid? No

Of total program revenue, CCDDDB request is 5%. Other revenue is from Contributions = \$1,000, Contributions/Assoc Organizations = \$44,690 (6%), Self-Pay = \$41,910 (6%), State Fees = \$597,465 (8%), and Miscellaneous = \$31,150 (4%).

Expenses: Local Transportation \$4,000 (12%), Equipment Purchases \$25,000 (74%), and Miscellaneous \$5,000 (15%).

Total Agency Budget shows a deficit of \$80,971, Total Program a surplus of \$252,910, and CCDDDB Budget is BALANCED. – *this very large program budget surplus suggests that the requested funding is not needed – are there errors?*

Program Staff funded by CCDDDB: $0 + 0 = 0$

Total Program Staff: 0 Indirect and 8.54 Direct = 8.54 FTEs Total Program.

Reviewer: Program has over \$250,000 surplus, which indicates that our funding may not be needed. This request is for a van with an upgraded technology package and fuel/maintenance costs.

Audit Findings: N/A – agency does not currently receive CCDDDB funding.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *A PY22 Priority is selected, program might more closely align with Community Life and Relationships.*

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include no Champaign County representation on Board. All required forms were not complete and submitted by the deadline. The Program Plan Part 2 and Authorization and Cover Form were not submitted. All other responses were complete.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *No*

Highlights from the submitted CLC Plan: *Piatt County Mental Health Center did not submit a completed CLC Plan for the FY22 application cycle.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Our CDS programming is fully inclusive and does not discriminate based upon race, gender, sexual identity, SES, Veteran status, sexual preference, and/or ethnicity.

Inclusion, Integration, and Anti-Stigma: Our programs have always promoted inclusion and celebrating the uniqueness of all individuals. Our staff also tirelessly work to provide as many activities within the community to encourage the highest level of community integration as possible.

Outcomes: *Outcomes are not specific, measurable, and do not include timeframes.*

Coordinated System: CDS services are also offered at DSC. We are always willing to collaborate with any agencies. We have looked at transportation agreements in the past with CCARTS but have yet to be able to secure any firm agreements.

Budget and Program Connectedness: *Yes, though there may be errors creating the appearance that the requested funding is not needed.*

Person Centered Planning (PCP): *If funded, people in this program should have PCP completed by CCRPC ISC staff.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Our services are closely monitored by IDHS and CARF to ensure we have SMART goals/objectives of all programming.

Evidence of Collaboration: *Piatran, Dial-a-ride, KMC, Promise HealthCare, DeWitt-Piatt Health Department, Kirby Medical Center, Regional Planning Commission, and Rosecrance.*

Staff Credentials: All staff that engage clients are either credentialed as a DSP and/or a QIDP.

Resource Leveraging: Agency receives funds from IDHS for CDS program.

Other Pay Sources: CDS is supported by IDHS and/or private pay funds. **Client Fees:** No **Sliding Scale:** No

Willing to participate in DD Medicaid-waiver programs? Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Prior to funding, Champaign County will need to have representation on agency Board.*
- *A different PY22 priority category may be more closely aligned with the purpose of this proposal.*
- *Several parts of the application will need to be reworked, including those application sections which were incomplete and those which appear to have been completed incorrectly.*
- *If funded, agency will need to work with CCRPC ISC to develop PCPs for each participant.*
- *Consumer Outcomes should be developed, possibly with support from the UIUC Evaluation Consultation Bank or pilot program.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Rosecrance Central Illinois

Program: Coordination of Services: DD/MI

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$35,150

Priority Category: Linkage and Advocacy for People with I/DD - *not a PY22 priority category*

Services and People Served

Target Population: Champaign County residents, 18+, diagnosed with I/DD and MH disability, and PUNS enrolled.

Scope, Location, and Frequency of Services:

Scope: All clients referred are screened for eligibility. If appropriate, a full mental health assessment is used to determine a diagnosis and need for coordinated services. Clinician works with client/family to develop treatment plan goals; aids family as needed; provides technical assistance to professionals involved in care, coordination of inter-disciplinary meetings; consumer advocacy and community education. Clinician provides case management, skill building, community support team, community support groups (Drum Circle, WRAP and Problem-Solving when offered), medication monitoring, medication training, and client-centered consultation. Referrals to other group therapy offered by the agency's Counseling Program. Intensive case management is required for most of the clients to be successful. Program goals ensure that client services are coordinated effectively, that consistent messages and language are used by service providers; and that clients receive appropriate priority in both systems of care.

Location: Client's preference: home, family home, office, work setting, community, or service provider agency.

Frequency: determined by medical necessity & coordination between the client/clinician/family, weekly, bi-weekly or monthly.

Residency	27 in PY2020	25 in PY2021 (first two quarters)
Champaign	16 (59.2%) for PY20	12 (48.0%) for PY21
Urbana	4 (14.8%) for PY20	8 (32.0%) for PY21
Rantoul	3 (11.1%) for PY20	3 (12.0%) for PY21
Mahomet	1 (3.7%) for PY20	1 (4.0%) for PY21
Other Champaign County	3 (11.1%) for PY20	1 (4.0%) for PY21

Demographics of 27 People Served in PY2020

Age	
Ages 19-59 -----	27 (100.0%)
Race	
White -----	16 (59.2%)
Black/AA -----	9 (33.3%)
Asian/PI -----	2 (7.4%)
Gender	
Male -----	14 (51.8%)
Female -----	13 (48.1%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	27 (100.0%)

Program Performance Measures

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

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

Within 14 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: Current clients average is 7 years.

Reviewer: Scope of services unchanged from PY21. Service engagement is now at 7 years, PY21 average was 18 months. No updated service details related to COVID provided.

CONSUMER OUTCOMES:

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

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

Outcome gathered from all participants? No. We will collect outcome data on Treatment Plan Clients only.

Anticipate 28 total participants for the year.

Will collect outcome information Every 6 months

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

Estimated levels of change:

1. Improved mental health functioning demonstrated by at least a 3-point improvement on the Global Assessment of Functioning Scale by 60% of the clients from intake to discharge for those engaged in services a minimum of 6 months.

2. Improved access to services demonstrated by at least a level increase (in-crisis to vulnerable, vulnerable to stable, stable to safe or safe to thriving) for 60% of the clients who have participated in services for at least 6 months.

UTILIZATION:

Treatment Plan Clients (TPCs): 30 Clients who have a mental health assessment and treatment plan. – *in the Consumer Outcomes section of the application, the target is identified as 28.*

Service Contacts (SCs): 12 telephone calls or face-to-face contact with a potential consumer without a mental health assessment or treatment plan, information and referral contacts, initial screening/assessments, or crisis services. This may also include contacts for non-case specific consultations.

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

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system. 28 or 30 TPCs?

Financial Analysis

PY2022 CCDDDB Funding Request: \$35,150

PY2022 Total Program Budget: \$476,514

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$35,150

PY21 request = \$35,150

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

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

Of total program revenue, CCDDDB request is 7%. Other sources of revenue: Client Fees = \$5,612 (1%), Medicaid = \$430,868 (90%), Interest Income = \$276, and Miscellaneous = \$4,608 (1%).

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 82% of \$35,150. Other expenses are Professional Fees/Consultants \$5,800 (17%) and Local Transportation \$358 (1%).

Total Agency Budget, Total Program, and CCDDDB Budgets are BALANCED.

Program Staff funded by CCDDDB: 0 Indirect and 0.53 Direct = 0.53 FTEs Total CCDDDB.

Total Program Staff: 0.50 Indirect and 5.00 Direct = 5.50 FTEs Total Program.

Reviewer: Professional fees will pay for audit expense, benefits administration fees, legal fees, software license and support, and recruitment.

Audit Findings: Most recent Audit was in compliance.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *While a PY22 Priority was not selected, the program aligns with Linkage and Coordination and also Personal Life and Resilience.*

Expectations for Minimal Responsiveness: Eligibility Questionnaire is out of date. All other sections were addressed.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: Rosecrance uses survey responses from DEI Committee: survey, client responses to client satisfaction survey, and analysis of population served to develop specific action plan. All clients have the right to request Client Advocate to guide them through the complaint process. Following the SOP, the appropriate RCI leadership staff reviews and responds to the complaint. At least one RCI leader will participate in no fewer than 4 of 6 Champaign County iPLAN Behavioral Health committee meetings. Funding to cover sponsorship and staff resources to participate in community outreach events and activities. RCI will staff and as needed coordinate with volunteers to participate in at least 3 outreach, engagement and/or advocacy events each year.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: Due to COVID-19 pandemic, 12-step support group meetings are held virtually currently, but volunteers from 12-step community do virtual presentations to residential clients to help bridge the gap between treatment and recovery support groups. All items are on track. Outreach and engagement activities have focused on individual meetings with referral sources and using media, such as local TV station, WCLA-3 featuring stories on Rosecrance and Suicide Awareness Month and another story on Helping youth and families with the stress of virtual learning during the pandemic and resources available from Rosecrance. Multiple working agreements are in place. Services are provided at virtually, in the community and non-traditional hours are offered in many programs.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: information/brochures/fliers about services provided at community resource fairs, Disability Fair, Days in the Parks, and speaking.

Inclusion, Integration, and Anti-Stigma: community education about dually diagnosed population, advocacy with clients, families, service providers, etc. for linkage to needed services and resources that best address the clients' needs.

Outcomes: Two consumer outcomes are identified, with specific targets and strategies for assessment. The first relates to the positive impact on a person's 'functioning' (wellbeing) and the second on their improved access to supports.

Coordinated System: Our services are unique service focusing on those diagnosed with I/DD and mental illness.

Budget and Program Connectedness: The Budget Narrative provides adequate detail.

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

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Yes, services include: Wellness Recovery Action Planning (WRAP), Drum Circle, Problem-Solving, Art Therapy, Anxiety Group, Dialectical Therapy Behavior (DBT), etc. Groups currently on-hold due to COVID, but will resume when safe.

Evidence of Collaboration: written working agreements with: DSC, CCPO, and CCRPC. Informal agreements with: Community Connections and TAP.

Staff Credentials: program staff resigned effective March 19, 2021. New hire should have experience with I/DD and MH.

Resource Leveraging: No **Other Pay Sources:** Some services billed to Medicaid, when appropriate. **Client Fees:** No

Sliding Scale: No

Willing to participate in DD Medicaid-waiver programs? No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- If program has vacancy, contract will be prorated based on staff vacancy. May consider Fee for Service contract due to staff vacancy.
- Coordination/planning efforts should not be duplicated; if case management services are provided through this and another funded program, documentation may be required which either justifies the use of more than one similar program or demonstrates how the person chooses between them, freeing up space for others to access this valuable support.
- Program is not robust enough to address the need, as stated, and the need that has been brought to our attention as recently as January. The original proposal sought to educate both systems about the needs of people with dual diagnosis.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.
- A PY22 priority category should be selected.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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DRAFT PY2022 CCDDDB Program Summary

Agency: Community Choices

Program: Community Living

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$201,000

Priority Category: Expansion of Independent Community Residential Opportunities – *not a PY22 Priority*

Services and People Served

Target Population:

people with I/DD, at different places in life, desiring to live in the community needing a spectrum of supports.

Scope, Location, and Frequency of Services:

Scope: Inclusive Community Support provides flexible supports in the domains of housing, skills, connections, resource coordination, benefits/budget management, health, daily life coordination, and comprehensives HBS coordination. After a Community Life Planning process, participants can access these supports via three basic tracks:

Transitional Community Support a 4-phase model supporting people with I/DD to move into the community, focusing on building independence in four of the eight domains: housing, skills, connection, and resource coordination.

Sustained Community Support a team approach providing a choice of supports from all 8 domains, designed for those with complex support needs, fewer natural supports to access, or wanting comprehensive services.

HBS Self-Direction Assistance (SDA) those with state funded HBS may choose an SDA to manage their waiver services.

Program Design - Both Transitional and Sustained Support programs will use individualized planning and assessment to identify priorities in each domain and specific goals and supports to align with their plan. Support provided by a team and up to 5 times per week. Optional Personal Development Classes will be available to participants and other CC Members.

Location/Frequency: participants’ homes and community. Offices available for meetings, documentation, and logistical support. Zoom used to provide some services due to COVID, plan to continue with Zoom as a service option for some.

Residency	36 in PY2020	19 in PY2021 (first two quarters)
<u>Champaign</u>	25 (69.4%) for PY20	13 (68.4%) for PY21
<u>Urbana</u>	6 (16.7%) for PY20	3 (15.8%) for PY21
<u>Rantoul</u>	1 (2.8%) for PY20	1 (5.3%) for PY21
<u>Mahomet</u>	1 (2.8%) for PY20	0 for PY21
<u>Other Champaign County</u>	3 (8.3%) for PY20	2 (10.5%) for PY21

Demographics of 36 People Served in PY2020

Age

Ages 19-59 ----- 36 (100.0%)

Race

White ----- 23 (63.9%)

Black / AA ----- 8 (22.2%)

Asian / PI ----- 3 (8.3%)

Other (incl. Native American and Bi-racial) - 2 (5.6%)

Gender

Male ----- 21 (58.3%)

Female ----- 15 (41.7%)

Ethnicity

Not of Hispanic/Latinx Origin ----- 36 (100.0%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled people over the age of 18 who desire to ultimately live in the community and be able to be by themselves for most of the day. Others can participate in the Personal Development classes. Program staff will meet with those requesting services to determine if the program meets their needs and goals. Formal and informal outreach within the County. Referrals to the program from area schools and word of mouth. Referrals to and from DSC, CCRPC,

Rosecrance, TAP, and PACE. Informal outreach through participation in outreach events – such as the Disability Expo and the Northern Champaign County Community Resource Fair.

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

Within 60 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average at least 2-3 years or longer depending on circumstances. Classes are 8 weeks.

Additional Demographic Data: RIN numbers, PUNS eligibility, insurance type, and other program involvement.

Reviewer: Sustained Community Support new in PY22. Changes in services related to COVID, noted above. Can more use of virtual supports be explored to maintain program costs?

CONSUMER OUTCOMES:

Program Outcome: With support and planning, people with I/DD can live in housing of their choice and be part of the community.

Goal: 100% of participants indicate they are satisfied with their housing, 100% of participants indicate they have help other than parents, 100% of participants feel they have learned how to do new things, and 100% of participants indicate they have people and/or places they feel comfortable around. *Measured by: annual survey provided to all participants.*

Consumer Outcome A - Plan: participants build a CL Plan based on what is important to them and for them.

Goals for Sustained Community Support: 15 participants will build a plan for CL & 15 participants choose the supports they want and need to carry out that plan. *Measured by: record of community living plan.*

Goals for Transitional Community Support: 15 participants develop an annual transitional supports plan for CL & 15 participants ID goals based on their priorities. *Measured by: record of community living plan.*

Consumer Outcome B - Live, Learn, Connect: Participants build lives in the community.

Goals for Both Transitional and Sustained Community Support: 8 participants move into preferred housing, 22 participants sustain their housing, 30 Participants meet their self-determined goals for skill building, 30 Participants meet their self-determined goals for connections. Over time, all increase POM scores for targeted outcomes [15 participants this year, 30 in future years]. *Measured by: POMS tool and Independent Living Skills checklist, completed by all participants annually.*

Consumer Outcome C – Use Support: Participants have access to supports important for them to fulfil their CL Plan.

Goal for Sustained Community Support: all participants increase the POM Supports Present for targeted outcomes. People use supports to maintain their preferred housing. *Measured by: POMS tool (all participants) and annual program survey (Sustained Community Support participants).*

Data Collection: Assessments will be given to *(EXCEEDS CHARACTER LIMIT.)

Outcome gathered from all participants? Yes

Anticipate 30 total participants for the year.

Will collect outcome information: Formal assessments, annually. Formative Assessment on self-determined goals, monthly.

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

Estimated levels of change: Program aims to help participants live sustainably in the community and achieve personal goals. Though support need and situations are individual, within each year of service a person should achieve at least some personal goals, and over time build a fuller life (through more attained POM Outcomes) and have the needed support in their chosen living arrangement through more attained POM Supports. When compared to previous years, all participants should make progress towards these outcomes compared to the previous year.

UTILIZATION:

Treatment Plan Clients (TPCs): 30 adults with I/DD who are participants in the Inclusive Community Support Program. (15 continuing in Transitional Community Support Program, 15 new in Sustained Community Support Program option.)

Non-Treatment Plan Clients (NTPCs): 15 adults with I/DD who participate in Personal Development Classes.

Service Contacts (SCs): 3,529 contacts as claims through the online service reporting system. SCs for NTPCs are reported through quarterly program reports only.

Community Service Events (CSEs): 4 outreach events to organizations, community groups, service providers and others.

Other: 4,768 direct hours by staff supporting people with I/DD, reported as claims in the online reporting system for TPCs and in the quarterly program report for NTPCs.

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system. All utilization targets have increased from PY21, but increase seems small compared to 125% increase in requested grant amount. If not funded fully, which services would be cut?

Financial Analysis

PY2022 CCDDDB Funding Request: \$201,000

PY2022 Total Program Budget: \$258,000

Proposed Change in Funding - PY2021 to PY2022 = 125.8%

Current Year Funding (PY2021): \$89,000

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

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

Of total program revenue, CCDDDB request is 78%. Other revenue is from: Contributions = \$12,000 (5%) and DHSS Program Service Fees = \$45,000 (17%).

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 88% of \$201,000. Other expenses are: Professional Fees/Consultants \$5,265 (3%), Consumables \$2,500 (1%), General Operating \$2,500 (1%), Occupancy \$6,905 (3%), Conferences/Staff Development \$1,600 (1%), Local Transportation \$4,962 (2%), and Equipment Purchases \$1,000.

Total Agency Budget shows a surplus of \$3,792, Total Program \$1,676, and CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0.47 Indirect and 3.12 Direct = 3.59 FTEs Total CCDDDB.

Total Program Staff: 0.55 Indirect and 4.05 Direct = 4.60 FTEs Total Program.

Reviewer: Professional fees will pay for banking services, bookkeeping services, and financial audit. CQL accreditation should be charged to line 14 – Membership Dues.

Audit Findings: *Community Choices, Inc. was required to perform a financial audit per the PY20 contract. That audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *PY22 priority was not selected, program aligns with Home Life.*

Expectations for Minimal Responsiveness: *Several sections of the Organization Eligibility Questionnaire are out of date or incomplete.*

Several sections of the application exceeded word limits, causing those sections to be cutoff/incomplete. Evidence is provided that other sources of funding are not available or have been maximized. It has been documented in this application that the program is working to become an agency based PSW provider. All other areas were addressed accordingly.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: *Annual training is provided for all staff at orientation and the CLC plan is signed at the time of orientation. Community Choices uses a multi-pronged approach to advertising positions (i.e. send info to culturally diverse groups), include interview questions that indicate the openness of interviewees. At least 1 self-advocate will always serve on the board. Interagency collaboration with DSC Employment First ensures that clients are placed in the community with quality organizations and LEAP Trained Organizations. Languages Access resources are reviewed and updated annually.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: *Since COVID-19 has impacted the way that clients are engaged, Community Choices has utilized the Self-Advocates to help identify ways to adjust to the change to make sure that it was more inclusive. Community Choices continues to collaborate with other organizations about employment and ways to ensure that socialization and employment can be inclusive in virtual environments. Community Choices continued to work with the DisAbility Expo committee to ensure that clients are aware of the additional resources that are available to people living with disabilities.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: outreach events in Champaign County. Services and supports included in resource lists and databases (including The Expo Booklet, 211, DRS, etc) and web presence. Strong relationships with organizations serving underrepresented or underserved groups CCRPC, DRS, Housing Authority, local churches, NCCRC, Uniting Pride, CCHC and others. Upon service initiation, CC works to build natural support networks.

Inclusion, Integration, and Anti-Stigma: Program creates clear and concrete support for adults with I/DD to develop sustainable community living situations of their choosing, through planning, skill training, coordination, and by supporting each person to set up and maintain a home or apartment that will work for them.

Outcomes: *This is a really solid approach to assessing outcomes for the CL program. The program may consider a slight restructuring of Outcome 2 to more directly reflect the anticipated impact for CC members.*

Coordinated System: DSC's CL program provides some similar services but without the domain-based approach, the explicit option of ala carte supports, or the integration of HBS services when appropriate. DSC's Case Management Department offers SDA support to their clients with waiver services. CCRPC's Independent Service Coordination provides case management and planning services but with a broader and more hands-off approach. PACE offers some classes but their

target population and topics tend to vary from those of CC. Due to similarities between our Program and DSC's people are asked to choose only one.

Budget and Program Connectedness: *Yes. Budget Narrative provides adequate descriptions of associated items.*

Person Centered Planning (PCP): *Yes, program enrollment should be documented in CCRPC ISC PCP.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: program aims to create real supportive housing options for people with I/DD. Using the principles of Supportive Housing and the approach of Community Support Teams from the mental health field, we support people to find housing that meets their needs and offer a full set of services ensuring their living situation is sustainable. Research also supports Supportive Housing and Living models as cost-effective methods which are more, supportive of participant choice, community access, and social integration.

Evidence of Collaboration: written agreements with PACE, Champaign County Healthcare Consumers, CCRPC, DSC, and RACES. Strong working relationships and informal partnerships with: CUPHD, UI SPED Department, CU 1:1 Mentoring, Urbana Park District, Promise, TAP, CUSR, and Uniting Pride of Champaign County.

Staff Credentials: DSP and QIDP trained

Resource Leveraging: *does not appear to be used as match for another grant.*

Other Pay Sources: Those with waiver services can pay for aspects of this program through Self Direction Assistance (SDA) that can be billed through the state, though the services provided by each program do not fully align. We are working toward becoming an agency based PSW provider. This would allow us to bill for the additional services as our capacity to do so increases. We have re-designed the program structure so that it may shift to waiver funding at waiver rates in time. If an individual had the means and desire to private pay for this support, that would be negotiated. **Client Fees:** No **Sliding Scale:** Yes **Willing to participate in DD Medicaid-waiver programs?** Yes

Reviewer: Sources cited above in Evidence-based.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Sections exceeding character limits appear incomplete and are therefore more difficult to evaluate; consider submitting a separate application for new components which contribute to this problem (character limits are identified in the application forms and should be observed)*
- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*
- *A PY22 priority category should be selected.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Community Living

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$456,040

Priority Category: Home Life

Services and People Served

Target Population:

People with I/DD with desires and needs to optimize independent living.

Scope, Location, and Frequency of Services:

Scope: Focused on providing supports to ensure people can reside in their least restrictive environment in their community. Staff provide education, resources, assistance and supports in many areas, striving for each person’s desired independence. Services focus on balancing home and community life, thus improving/preserving quality of life. Supports vary depending on need and may include life skills; medical support; community access, connections, engagement; financial support/training; and emergency response. Services were altered due to COVID. In-person services were halted, unless medically necessary. Staff began virtual supports and made numerous trips to stores, pharmacies, banking, for CLP participants. Meeting basic needs and disruption in routines and social connections presented increased challenges, requiring more support from CLP staff.

Location/Frequency: services provided in the community and/or homes and at times that fit the person’s schedule and based on personal preference and circumstance. Services continue to evolve related to the pandemic.

Residency	55 in PY2020	54 in PY2021 (first two quarters)
<u>Champaign</u>	17 (30.9%) for PY20	14 (25.9%) for PY21
<u>Urbana</u>	34 (61.8%) for PY20	34 (63.0%) for PY21
<u>Rantoul</u>	1 (1.8%) for PY20	3 (5.6%) for PY21
<u>Mahomet</u>	1 (1.8%) for PY20	1 (1.9%) for PY21
<u>Other Champaign County</u>	2 (3.6%) for PY20	2 (3.7%) for PY21

Demographics of 55 People Served in PY2020

Age

Ages 19-59 ----- 49 (89.1%)
Ages 60-75+ ----- 6 (10.9%)

Race

White ----- 43 (78.2%)
Black / AA ----- 11 (20.0%)
Other (incl. Native American and Bi-racial) - 1 (1.8%)

Gender

Male ----- 27 (49.1%)
Female ----- 28 (50.9%)

Ethnicity

Of Hispanic/Latinx Origin ----- 1 (1.8%)
Not of Hispanic/Latinx Origin ----- 54 (98.2%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled people with I/DD. Outreach efforts occur via the TPC, disAbility Expo/events, website, and brochure circulation. We are responsive to requests and are enhancing outreach efforts in rural areas.

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

Within 45 days of assessment, 90% of those assessed will engage in services.

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

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

Reviewer: Scope of services largely unchanged from PY21. Changes in services related to COVID noted above.

CONSUMER OUTCOMES:

Outcome 1: Participants will pass monthly housekeeping and safety reviews.

Measured by: Electronic Monthly Housekeeping and Safety Review form and maintained spreadsheet.

Outcome 2: Participants will have an opportunity each month to connect to their community by attending local events, making a new friendship, identifying values and interests, and researching prospects within their community.

Measured by: A list of new community participation opportunities is maintained via staff and participant report.

Outcome gathered from all participants? Yes

Anticipate 56 total participants for the year.

Will collect outcome information: Outcomes are reviewed monthly and/or quarterly through program reviews, individual data collection and contact notes. – *how often is it collected?*

Is there a target or benchmark level for program services? Yes. Targets for outcomes are compared between fiscal years within this program. FY21 measures, targets, and mid-year outcomes recorded below.

FY21 Measure: Individuals will maintain/make progress toward defined outcomes. Target: 85% Mid-Year Outcome: 75%

FY21 Measure: People will be given opportunities to explore and/or participate in new activities or hobbies. Target: 40 opportunities. Mid-Year Outcome: 17 opportunities.

Estimated levels of change:

Outcome 1: 75% will pass Monthly Housekeeping and Safety Review.

Outcome 2: 75% of program participants will have an opportunity to connect with their community.

Reviewer: Identified outcomes make sense for the program and relate to quality of life. What are the opportunities that allow people to connect to their community?

UTILIZATION:

Treatment Plan Clients (TPCs): 56 people receiving support through the CL program funded by the CCDDDB

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

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system. Utilization targets same as PY21.

Financial Analysis

PY2022 CCDDDB Funding Request: \$456,040

PY2022 Total Program Budget: \$531,388

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$456,040

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

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

Of total program revenue, CCDDDB request is 86%. Other sources of revenue for the program are United Way Allocation \$30,000 (6%), DHS Fee for Service \$40,721 (8%), DHS Training Reimbursement \$4,523, and Program Service Fees \$104.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 87% of \$456,040. Other expenses are: Professional Fees/Consultants \$3,765 (1%), Consumables \$3,519 (1%), General Operating \$8,668 (2%), Occupancy \$6,003 (1%), Conferences/Staff Development \$767, Local Transportation \$21,417 (5%), Equipment Purchases \$35, Lease/Rental \$5,349 (1%), Membership Dues \$1,917, and Miscellaneous \$8,059 (2%).

Total Agency Budget shows a deficit of \$139,278, Total Program deficit of \$2,607, CCDDDB Budget BALANCED.

Program Staff funded by CCDDDB: 0.89 Indirect and 7.09 Direct = 7.98 FTEs Total CCDDDB.

Total Program Staff: 1.07 Indirect and 8.25 Direct = 9.32 FTEs Total Program.

Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/language pathology, psychological/social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted.

Audit Findings: *Audit is in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes, as selected. (Could also be Personal Life and Resilience.)

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: *The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: *DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Referrals received from RPC-ISC. Participation in community events and committees continues. Website and social media provide awareness and information about agency services. Expanded outreach efforts include sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings; and focus attention on underserved or underrepresented minority population for each program and catering outreach efforts.

Inclusion, Integration, and Anti-Stigma: Increased awareness often occurs naturally as community access/engagement is realized by people receiving services. Fulfilling adult responsibilities in the community is the most natural form of integration. Supports should reflect a commitment to increasing people's sense of belonging in their desired community. Emphasis on exploring areas of interest beyond basic needs is a critical component to personal fulfillment and contribution.

Outcomes: *This program would likely benefit from continuing partnership with the UIUC Evaluation project Consultation Bank and further developing Outcome 2 assessment strategies.*

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

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

Person Centered Planning (PCP): *Yes, program involvement documented in PCP completed by CCDDDB funded ISC.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: The CLP supports people to enjoy life in their community while promoting choice, health, safety, and wellbeing. Program intent is to support a sense of belonging in areas of life deemed important to each participant.

Evidence of Collaboration: CC, RPC-ISC, RPC Plus Care, Rosecrance, Family Service, CRIS Healthy Aging Center.

Staff Credentials: IDHS-DDD state mandated DSP training and training specific to each participant.

Resource Leveraging: No. This contract is not used as match for any other funding. **Other Pay Sources:** United Way funds <1 FTE. People who receive state funding for services are not reflected in the service reporting for this grant. As state funding through Home-Based Support monies becomes available, participants are not eligible for services funded by CCDDDB. **Client Fees:** No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Consider working with CCRPC ISC when enrolling new people into the program, based on length of time on PUNS.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.
- Use UIUC Evaluation Consultation Bank to develop assessment for Consumer Outcome 2.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Clinical Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$174,000

Priority Category: Personal Life and Resilience

Services and People Served

Target Population: Children and adults with I/DD in Champaign County. If approved as submitted, this program wishes to expand to become more responsive to the mental health needs of people with I/DD, either through consultation or a staff position. There is an identified need for expertise specific to co-occurring mental health issues at the direct support professional (DSP) level. Investing in staff training and their ongoing access to professional support/resources would enable DSPs to enhance their skills and ultimately improve quality of life for individuals receiving services across programs. Mental health and behavioral expertise are needed.

Scope, Location, and Frequency of Services:

Scope: Counseling assessment and planning; individual, family, and group counseling; crisis response, short-term, and long-term counseling; initial and annual psychiatric assessment, medication review, and crisis intervention, Interdisciplinary Team consultation with Clinical Consultants (included as a component of consultants' billed service); Psychological assessment to establish eligibility or changes in level of functioning. State funding is maximized prior to use of CCDDDB funds which could be by person or by service. Services were provided in person before COVID, after a brief pause, more services moved toward telehealth. iPads and tablets were provided. Counselors prioritized those with most pressing needs but did not hold sessions with their entire caseload. Psychiatry continued meeting twice each month with people/their team members via Zoom. This didn't allow for required checks such as blood pressure, weight, and abnormal movement, but proved better than no services.

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

Residency	70 in PY2020	65 in PY2021 (first two quarters)
<u>Champaign</u>	36 (51.4%) for PY20	34 (52.3%) for PY21
<u>Urbana</u>	27 (38.6%) for PY20	25 (38.5%) for PY21
<u>Rantoul</u>	2 (2.9%) for PY20	1 (1.5%) for PY21
<u>Mahomet</u>	1 (1.4%) for PY20	1 (1.5%) for PY21
<u>Other Champaign County</u>	4 (5.7%) for PY20	4 (6.2%) for PY21

Demographics of 70 People Served in PY2020

Age	
Ages 7-12 -----	2 (2.9%)
Ages 19-59 -----	60 (85.7%)
Ages 60-75+ -----	8 (11.4%)
Race	
White -----	55 (78.6%)
Black / AA -----	13 (18.6%)
Asian / PI -----	2 (2.9%)
Gender	
Male -----	41 (58.6%)
Female -----	29 (41.4%)
Ethnicity	
Of Hispanic/Latinx Origin -----	2 (2.9%)
Not of Hispanic/Latinx Origin -----	68 (97.1%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligible people with I/DD seeking clinical support. Eligibility determination is assessed by DSC's clinical consultants or upon referral from physician/provider with whom the person has an established relationship. People learn about the program through the disAbility Expo events, TPC, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials.

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

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

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

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

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

Reviewer: New offering for agency staff— training specific to co-occurring mental health issues for DSPs.

CONSUMER OUTCOMES:

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

Measured by: quarterly reviews maintained by Clinical Manager.

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

Measured by: psychiatric notes maintained by Clinical Manager.

Outcome 3: Clinical Manager will conduct annual individual self-assessments regarding effectiveness of clinical services on the person's overall sense of wellbeing.

Measured by: Assessment created using resources from Evaluation Capacity Building Team online measure bank.

DSC's consulting psychologist usually administers the Wechsler Adult Intelligence Scale (WAIS), results may recommend support interventions. Counselors determine appropriate number of sessions and is reviewed quarterly, with recommendations submitted to Clinical Manager. Initial assessments determine appropriate psychiatric intervention, patients meet with psychiatrist as deemed necessary/appropriate and is reviewed/evaluated routinely.

Outcome gathered from all participants? No Outcomes 1 and 2 will be completed for all. Outcome 3 random selection.

Anticipate 65 total participants for the year.

Will collect outcome information Quarterly.

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

FY21 Measure: Clinical Manager will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all people receiving DSC/DDB funded counseling support. Target: 100%. Mid-Year Outcome: 100%

FY21 Measure: DSC Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes. Target: 100%. Mid-Year Outcome: 100%

Estimated levels of change: Enhanced mental health will be realized by all clinical services recipients, determination must be assessed over an extended period to insure lasting recovery/well-being. Targets for outcomes 1 & 2 = 100%. Outcome 3 target is 80% response with a rating of four or higher.

Reviewer: Above is lightly edited. Outcomes 1 & 2 are same as PY21, outcome 3 is new in PY22.

UTILIZATION:

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

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

Service Contacts (SCs): 10 Phone and face-to-face contacts with people with or without open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services.

Community Service Events (CSEs): 2 Contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregiver. Also includes representation at community outreach events.

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system.

Financial Analysis

PY2022 CCDDDB Funding Request: \$174,000

PY2022 Total Program Budget: \$174,591

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$174,000

PY21, PY20, and PY19 request and award \$174,000

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

Of total program revenue, CCDDDB request is 100%. Also includes \$591 of training reimbursement.

Expenses: Personnel related costs are 45% of total expenses charged to CCDDDB.

Other expenses are Professional Fees/Consultants \$90,027 (52%), Consumables \$462, General Operating \$908 (1%), Occupancy \$1,118 (1%), Conferences/Staff Development \$289, Local Transportation \$718, Equipment Purchases \$7, Lease/Rental \$1,007 (1%), Membership Dues \$309, and Miscellaneous \$1,311 (1%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$474, and CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0.15 Indirect and 1.00 Direct = 1.15 FTEs Total CCDDDB.

Total Program Staff: same.

Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/ language pathology, psychological/ social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted. PY20 program had \$21,531 excess revenue.

Audit Findings: *Audit in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes, as selected.*

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors, and the questionnaire was out of date. Evidence is provided that other sources of funding are not available or have been maximized. – Unclear, while noted that discussions happened with Promise Healthcare and it being determined that current practice is more cost effective, it seems that Promise Healthcare would have the ability to bill more services to Medicaid if they were providing these services. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes*

Highlights from the submitted CLC Progress Report: *DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Program serves people from underserved and underrepresented minority populations and is responsive to requests regarding cultural and/or religious preferences and considerations. Expanded outreach efforts include sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings; and focus attention on underserved or underrepresented minority population for each program and catering outreach efforts.*

Inclusion, Integration, and Anti-Stigma: *intent is to enhance personal growth, health and well-being, helping people deflect stigma/discrimination and access their community. Access to appropriate mental health services contributes to a person's ability to engage and contribute, enhancing one's quality of life.*

Outcomes: *Three Consumer Outcomes are included, each with a specific and measurable target, as demonstrated by staff documentation at regular intervals. The first two measure staff/program activity – one that clinicians are involved in regular reviews of client progress, the other that reduction of psychotropic meds is addressed. Both have an implicit value to the person and a clearer relationship to best practices for licensed clinicians. The third seeks to identify positive impact on the Consumer (i.e., improved sense of well-being) using relevant self-assessment tool.*

Coordinated System: Family Service provides limited counseling support for this targeted population. Rosecrance has limited resources for those dually diagnosed. Consideration was given to the possibility of psychiatry services with Promise Healthcare. Upon discussion, their assessment of DSC's current practice vs. options/expertise with I/DD clinical needs was to preserve the clinical supports in place. The current service model is person-centered for those receiving clinical support and deemed more cost-effective than what Promise Healthcare could provide. When appropriate, DSC's Clinical Manager will refer individuals to other community providers within Champaign County.

Budget and Program Connectedness: *Yes. Budget Narrative contains adequate descriptions.*

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

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

Evidence of Collaboration: Elliott Counseling; Brad Allen, LCSW; Pamela Wendt, Creative Solutions; Dr. Martin Repetto, MD; Michael Kleppin, LCPC; Child and Family Counseling; Family Service; Rosecrance, CCRPC ISC, Promise Healthcare.

Staff Credentials: Clinical Manager is a QIDP. Consultants include two LCSWs, five LCPCs, two licensed Professional Counselors and one Psychiatrist.

Resource Leveraging: *Quarterly Program Reports document some people with insurance are referred to appropriate providers that can bill their insurance. In such cases, agency staff may continue to support people with the appointments, not necessarily charged to this contract.*

Other Pay Sources: When possible, people are referred to service providers who accept Medicare, Medicaid, or private insurance. Private pay is now an option for this service. Efforts to secure providers who can bill insurance/other payers will be documented in quarterly reports to create capacity for others in this program.

Client Fees: No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*
- *Copy of assessment used for Outcome 3.*
- *More detail on agency plans for training specific to co-occurring mental health issues for DSPs.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Individual and Family Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$429,058

Priority Category: Personal Life and Resilience

Services and People Served

Target Population:

Children and adults with I/DD especially those with significant behavioral, medical, training, or support needs. Special consideration is given to those with substantial support needs which limit participation in other services and those in crisis.

Scope, Location, and Frequency of Services:

Scope: Supports are utilized in a variety of integrated, community-based, choice-driven methods. People who opt for day-time supports are served by full-time IFS staff, those receiving evening and weekend supports are served by part-time contract employees. Services provided include direct staff support; intermittent direct support (IDS) – scheduled and emergency, funding for camps, after school programs, fitness club memberships, day program, recreational community activities, social skills/social thinking training, funds for home modification by an independent contractor; therapy/sensory/accessibility equipment not funded by insurance; enhanced independent living skills training; volunteer and employment support. IDS offers a much-needed service to primary caregivers. Families often provide their own training to address unique and sometimes intensive, personal support needed. Maximizing flexibility affords families the ability to define the kind of break they need, often in crisis situations. Allocated hours can be for short term or long term needs as identified by the caregiver. Through the pandemic, IFS has continued to provide a service to participants. In-home support, outside options when weather permitted. Virtual options have helped maintain connections. Some IDS families have continued to have providers in their home. Others have had requests granted for assistive technology to ease the stress for families without their reliable options of school, camps, afterschool programs, and day services.

Location/Frequency: services occur in the community, at DSC, and the person’s home. Hours range based on personal/family need. The pandemic forced a temporary halt of services, but 1:1 support has been offered to many participants with most welcoming the support. Preserving routine and providing breaks for caregivers has been the focus during the pandemic. For IDS, some families have welcomed services while others are not comfortable with the risk of exposure. Ever-changing COVID guidance, weather and limited recreational options has impacted community access.

Residency	47 in PY2020	48 in PY2021 (first two quarters)
Champaign	24 (51.1%) for PY20	25 (52.1%) for PY21
Urbana	13 (27.7%) for PY20	11 (22.9%) for PY21
Rantoul	0 for PY20	1 (2.1%) for PY21
Mahomet	1 (2.1%) for PY20	2 (4.2%) for PY21
Other Champaign County	9 (19.1%) for PY20	9 (18.8%) for PY21

Demographics of 47 People Served in PY2020

Age

Ages 0-6 -----	6 (12.8%)
Ages 7-12 -----	11 (23.4%)
Ages 13-18 -----	12 (25.5%)
Ages 19-59 -----	17 (36.2%)
Ages 60-75+ -----	1 (2.1%)

Race

White -----	32 (68.1%)
Black / AA -----	7 (14.9%)
Asian / PI -----	6 (12.8%)
Other (incl. Native American and Bi-racial) -	2 (4.3%)

Gender

Male -----	36 (76.6%)
Female -----	11 (23.4%)
Ethnicity	
Of Hispanic/Latinx Origin -----	2 (4.3%)
Not of Hispanic/Latinx Origin -----	45 (95.7%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled children and adults with I/DD are eligible. Requests for dual enrollment for IFS services and supports and the CF program will be approved by the CCDDDB staff. The target population learns of the program through current program participants' families, disAbility Expo events, TPC events, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials. Information is also shared via website, and brochures at community events.

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

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

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

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

Reviewer: If supports are so significant that they are needed throughout one's lifetime, agency should consider working with ISC for IDHS-DDD crisis funding. PY20 & PY21 Residency and PY20 Demographic data includes TPC and NTPCs; with 61% of clients of school age, avoid paying for things covered under School Code (prohibited per statute).

CONSUMER OUTCOMES:

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

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

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

Measured by: survey provided to all IDS participants, evaluated by Director of Program Assurance/IFS Manager or Director.

Outcome gathered from all participants? Yes

Anticipate 49 total participants for the year.

Will collect outcome information: Progress toward outcomes reviewed monthly. Data is reviewed quarterly.

Is there a target or benchmark level for program services? Yes, quarterly program evaluation reviews outcome progress.

FY21 Measure: All individuals receiving day services and requesting community activities, will participate on a weekly basis.

Target: 80%. Mid-Year Outcome: 100%.

FY21 Measure: All receiving Intermittent Direct Support will be satisfied with services.

Target: 90%. Mid-Year Outcome: Survey data is collected in fourth quarter.

Estimated levels of change: Outcome 1: 85% and Outcome 2: 90%

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

UTILIZATION:

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

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

Service Contacts (SCs): 8 Phone and face-to-face contacts with people interested in services, including information and referral contacts, initial screenings/assessments, and crisis services.

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

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system.

Financial Analysis

PY2022 CCDDDB Funding Request: \$429,058

PY2022 Total Program Budget: \$503,834

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$429,058

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

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

Of total program revenue, CCDDDB request is 85%.

Other sources of revenue for the program are DHS Fee for Service \$71,922 (14%), DHS reimbursement for staff training \$2,752 (1%), and Other Program Service Fees \$102.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 81% of \$429,058. Other expenses are: Professional Fees/Consultants \$1,301, Consumables \$4,480 (1%), General Operating \$2,856 (1%), Occupancy \$15,200 (4%), Conferences/Staff Development \$360, Local Transportation \$16,977 (4%), Specific Assistance \$17,481 (4%), Equipment Purchases \$29, Lease/Rental \$19,207 (4%), Membership Dues \$972, Miscellaneous \$5,009 (1%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$3,173, and CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0.54 Indirect and 6.88 Direct = 7.42 FTEs Total CCDDDB.

Total Program Staff: 0.68 Indirect and 8.10 Direct = 8.78 FTEs Total Program.

Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/language pathology, psychological/social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted.

Audit Findings: *Audit in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes, as selected.*

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes*

Highlights from the submitted CLC Progress Report: *DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Referrals received from RPC-ISC. Participation in community events and committees continues. Website and social media provide awareness and information about agency services. Expanded outreach efforts include sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings; and focus attention on underserved or underrepresented minority population for each program and catering outreach efforts.

Inclusion, Integration, and Anti-Stigma: IFS program goal is to promote community access for participants. Many participants have experienced limited opportunities due to physical limitations (personally or their caregiver), personal care needs, behavioral concerns, communication, and transportation. This program supports people with these needs to support community access and participation.

Outcomes: *Two measurable consumer outcomes are listed, along with specific targets and the strategy for measuring each. The first is more a measure of the program's performance/staff activity (i.e., making weekly community activities available). The second is relevant to the Consumer's experience of the program, measuring satisfaction through a survey tool administered annually.*

Coordinated System: Community Choices and CUSR provide community-based opportunities/activities for people with I/DD, but typically support people with greater levels of independence. Illinois Respite Coalition and Envision Unlimited, offer statewide respite, like the IDS portion of this program. However, state-funded respite limits access to "in-home only" services which puts unnecessary limits on families. The IFS program provides financial support to children and adults with I/DD, to attend CUSR camps and activities which provide invaluable opportunities for those participating.

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

Person Centered Planning (PCP): Yes, program involvement documented in PCP completed by CCDDDB funded ISC for adults in this program. Children receiving program services must be enrolled in PUNS.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: modeled after the IDHS-DDD HBS program, provides flexibility to cater supports to the unique needs of each person and their families' circumstances.

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

Staff Credentials: IDHS-DDD state mandated DSP training and training specific to each participant. Program has welcomed and encouraged family members to provide training for staff, working together to support their loved one.

Reviewer: All program participants should seek scholarships before program funds CUSR camp/activities.

Resource Leveraging: No, not used as match. **Other Pay Sources:** State funding. **Client Fees:** No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Proof that scholarships/reduced rates were denied for camps/YMCA.*
- *Work with CCRPC-ISC to be sure that this program's service is documented in PCPs.*
- *Work with PACE Consumer Control Program to help families find Personal Support Workers.*
- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: PACE, Inc.

Program: Consumer Control in Personal Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$24,267

Priority Category: Non-Work Community Life and Flexible Support - *not a PY22 Priority Category*

Services and People Served

Target Population: People who are seeking their first job as a Personal Support Work for people with I/DD or for previous/current PSWs seeking employment with others. These people tend to be underemployed/unemployed, have worked in healthcare/teaching, are looking for a job that makes a difference, or have a personal connection to I/DD.

Scope, Location, and Frequency of Services: **Scope:** PSW orientations and the associated services, to people seeking work as a PSW, or to current PSWs. Potential/current PSWs are put on employment registry, having met the following requirements: PSW orientation; passing post-orientation quiz; passing Illinois and National Sex Offender background check, Healthcare Registry check, and DCFS CANTS check. Orientation includes: program details; PSW tasks and expectations; avoiding stigma, encouraging inclusion and integration into working with consumers with I/DD, DD and MI; and avoiding fraud, abuse, neglect, and exploitation. PACE staff recruits potential PSWs; hosts PSW orientations; maintains PSW database; maintains PSW background check results; and maintains monthly contact with registered PSWs.

Location/Frequency: Monthly PSW orientations held at PACE offices. PSW recruitment online (Facebook, Twitter, job boards, etc) and word-of-mouth. Follow-up calls, emails, and background checks completed at PACE offices.

Reviewer: Above is edited. Scope of services is identical to PY20 & PY21 applications. PACE staff also works to match consumers with registered PSWs, although this is done through other funding. No updates provided related to COVID.

Residency	88 in PY2020	21 PY2021 (first two quarters)
<u>Champaign</u>	41 (46.6%) for PY20	8 (38.1%) for PY21
<u>Urbana</u>	31 (35.2%) for PY20	8 (38.1%) for PY21
<u>Rantoul</u>	2 (2.3%) for PY20	1 (4.8%) for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	14 (15.9%) for PY20	4 (19.0%) for PY21

Demographics of 88 People Served in PY2020

Age

Ages 13-18 -----	1 (1.1%)
Ages 19-59 -----	70 (79.5%)
Ages 60-75+ -----	7 (8.0%)
Not Available Qty -----	10 (11.4%)

Race

White -----	21 (23.9%)
Black / AA -----	51 (58.0%)
Asian / PI -----	2 (2.3%)
Other (incl. Native American and Bi-racial) -	3 (3.4%)
Not Available Qty -----	11 (12.5%)

Gender

Male -----	16 (18.2%)
Female -----	62 (70.5%)
Not Available Qty -----	10 (11.4%)

Ethnicity

Of Hispanic/Latinx Origin -----	1 (1.1%)
Not of Hispanic/Latinx Origin -----	77 (87.5%)
Not Available Qty -----	10 (11.4%)

Program Performance Measures

CONSUMER ACCESS: Potential PSWs must meet eligibility criteria for registry, pass all background checks, be seeking work in Champaign County, maintain contact information on datasheet. Program advertised via website, social media, online job boards, local newspapers, word-of-mouth, agency partners, flyers and brochures.

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

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

People will engage in services, on average, for 180 days.

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

Reviewer: PACE has reported 12 successful consumer and PSW matches since the beginning of this program. It is unclear how many of these matches are still working together.

CONSUMER OUTCOMES: Outcomes for this program will be reported on at different points throughout the year and will reflect several key measures of this program's success:

1. Number PSWs completing orientation and attended other CSEs – Quarterly

Measured by: sign-in sheets at orientations and estimated/actual NTPCs receiving information about program at other CSEs; event tracker to track number of contacts with potential consumers and PSWs during events.

2. Number of PSWs hired through our referral program – Other *Measured by:* number tracked in Consumer Service Records of TPCs being served with DHS funds.

3. Impact measure: track the number of people utilizing PACE's PSW referral service (paid for by other funding)

Measured by: number tracked in Consumer Service Records of TPCs being served with DHS funds; may be higher than that of #2, which measures people hiring PSWs, while this only measures people getting information.

Outcome gathered from all participants? Yes

Anticipate 12 total participants for the year.

Will collect outcome information: PACE facilitators notes contact/facilitation notes during each visit. They meet least quarterly to review/update goals pursuant to consumer needs.

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

Estimated levels of change: No changes from last FY

Reviewer: Above is edited. 12 total participants, but 65 NTPCs below.

UTILIZATION:

Treatment Plan Clients (TPCs): 0

Non-Treatment Plan Clients (NTPCs): 65 people completing PSW orientation.

Service Contacts (SCs): 200 individual contacts we have with the NTPCs or potential PSWs attending CSEs.

Community Service Events (CSEs): 15 events promoting PSW program.

Other: 3 successful matches between people with I/DD and PSWs on PACE registry.

Reviewer: Service Contacts and service hours associated with NTPCs are documented as claims in online reporting system.

Financial Analysis

PY2022 CCDDDB Funding Request: \$24,267

PY2022 Total Program Budget: \$25,118

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$24,267

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

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

Of total program revenue, CCDDDB request is 97%. Other revenue is from Contributions = \$851.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 61% of \$24,267. Other expenses are: Professional Fees/Consultants \$144 (1%), Consumables \$515 (2%), General Operating \$314 (1%), Occupancy \$813 (3%), Conferences/Staff Development \$517 (2%), Local Transportation \$368 (2%), Lease/Rental \$2,423 (10%), Membership Dues \$227 (1%), and Miscellaneous \$4,045 (17%).

Total Agency Budget shows a deficit of \$27,114, Total Program and CCDDDB Budgets are BALANCED.

Program Staff funded by CCDDDB: 0 Indirect and 0.35 Direct = 0.35 FTEs Total CCDDDB. Total Program Staff: same.

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Reviewer: Professional fees will pay for interpreter services. Membership dues will pay for membership to INCIL. Miscellaneous expense will pay for indirect costs. Audit expense not budgeted. PY20 program had \$1,960 excess revenue.

Audit Findings: None

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Agency did not select a PY22 Priority Category, most closely aligns with Personal Life and Resilience.

Expectations for Minimal Responsiveness: The Organization Eligibility Questionnaire is out of date. No evidence was provided in the application of planning for continuation of services during pandemic or epidemic. All other sections were addressed appropriately.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: PACE will provide services and information in a way that not only encompasses the CLC mandate of CCDDDB but will extend the definition to ensure that PACE is providing services in a way which emphasizes the diversity in disability as well as in culture/ethnicity. PACE staff will ensure that all printed materials are designed with language access in mind and that older materials are reviewed. Further., PACE staff will remain aware of resources to improve the language access of printed materials for individual consumers. All programs will have quarterly program Advisory Committee meetings where consumers can discuss—what about the program is working, what needs to be improved, and any new services they would like to see.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: All staff had learned about Deaf Culture, Racial Justice Inequity, Race and Disability and focused on providing materials in various languages. PACE has contacted various service providers to develop/obtain directories and contact information for community supports that provide certified professionals for language access. PACE's Diversity Advisory Committee will meet at least quarterly. Staff will read and sign agreement that CLCP has been read and practices will be implemented within the designated period outlined in the CLCP.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: includes diversity-enhancing goals related to outreach to board members, staff, and consumers; use of a diversity mailing list and advisory integrated into long-range plans, annual goals, and objectives. Outreach presentations to diverse groups; other agencies educate PACE staff.

Inclusion, Integration, and Anti-Stigma: application repeats statement from "Underserved" category above.

Outcomes: Three impact measures are included, though they lack specific targets: # of PSWs trained and hired and # of people using these PSW services later. These are measured through staff documentation. The value to the 'consumer' (people using PSW services) is understood.

Coordinated System: PSW referrals to CC, DSC, IRC, Envision Unlimited. Sharing of PSW list with other I/DD providers.

Budget and Program Connectedness: Yes, through budget narrative and consistent across financial forms.

Person Centered Planning (PCP): No, however PACE's PSW list allows people with I/DD to choose PSWs.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Program purpose is building long-term relationships between the consumer and PSWs. Focus on disability awareness, consumer control, independent living philosophy, and role of PSW.

Evidence of Collaboration: DRS (Other programs mentioned above not noted in this section.)

Staff Credentials: program staff is a QIDP with over 20 years in the field.

Resource Leveraging: No

Other Pay Sources: People with I/DD accessing PSWs are provided services under Independent Living Unit contract.

Client Fees: No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Provide PSW orientation materials.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.
- A PY22 priority category should be selected.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Community Choices

Program: Customized Employment

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$201,000

Priority Category: Employment Services and Supports - *not a PY22 Priority Category*

Services and People Served

Target Population:

Unemployed or underemployed adults who are interested in community-based customized employment.

Scope, Location, and Frequency of Services:

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

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

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

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

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

SUPPORTED EXPERIENCES FOR FIRST-TIME JOB SEEKERS: Classroom and intensive job-shadowing at two local businesses in a structured 12-week program for first-time job seekers and others seeking additional experiences.

Location/Frequency: Pre-COVID: job sites, community locations relevant to job search, or in homes. Office used for team meetings and for indirect support including research, documentation, and correspondence. Virtual support used when feasible and appropriate, due to COVID.

Reviewer: Section also includes details on Covid-related changes to location of services; otherwise largely unchanged from PY21. Frequency of services not noted above. What are the current limitations to providing services with COVID not having some businesses being able to provide services, what is this agency doing to support the clients in need of employment?

Residency	38 people in PY2020	28 people in PY2021 (first two quarters)
Champaign	26 (68.4%) for PY20	17 (60.7%) for PY21
Urbana	7 (18.4%) for PY20	6 (21.4%) for PY21
Rantoul	1 (2.6%) for PY20	1 (3.6%) for PY21
Mahomet	1 (2.6%) for PY20	1 (3.6%) for PY21
Other Champaign County	3 (7.9%) for PY20	3 (10.7%) for PY21

Demographics of 38 People Served in PY2020

Age

Ages 19-59 -----	37 (97.4%)
Not Available Qty -----	1 (2.6%)

Race

White -----	30 (78.9%)
Black / AA -----	5 (13.2%)
Asian / PI -----	1 (2.6%)
Other (incl. Native American and Bi-racial) -----	1 (2.6%)
Not Available Qty -----	1 (2.6%)

Gender

Male -----	24 (63.2%)
Female -----	13 (34.2%)
Not Available Qty -----	1 (2.6%)

Ethnicity

Not of Hispanic/Latinx Origin ----- 37 (97.4%)
Not Available Qty ----- 1 (2.6%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled adults with I/DD motivated to work. Those meeting DRS criteria receive short-term services through DRS and transfer to the grant for longer-term support. Others not meeting DRS criteria start with this grant. Outreach within the County, informal outreach at events (Disability Expo, Northern Champaign County Resource Fair, and TPC). Referrals from the DRS, area schools, and through word of mouth. Referrals to and from DSC, CCRPC, Rosecrance, TAP, and PACE.

Within 14 days from referral, 90% of those referred will be assessed.

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

People will engage in services for: Discovery and Job Matching 2-6 months, up to 18 months of long-term support.

Additional Demographic Data: RIN numbers, PUNS eligibility, medical insurance, and other program involvement
Reviewer: Largely unchanged from PY21.

CONSUMER OUTCOMES:

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

Measured by: the Annual Participant Survey, presented to all participants and their families, if involved.

GOAL: 100% of participants with I/DD will report engagement and support in the employment process.
85% will report that their strengths and interests are important to the employment process.

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

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

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

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

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

GOAL: 13 people will work to obtain paid employment, 7 people will work to obtain volunteer jobs or internships

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

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

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

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

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

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

First Time Job Seeker Program Outcome: First-time job seekers with I/DD will build skills, experience, and employment self-determination through structured supports.

Measured by: classroom - pre/post survey; Job-Shadowing – What Works reflection upon series completion.

GOAL: CC offers 2, 12-week FTJS Exploration Programs 10 total people with I/DD Participate

Outcome gathered from all participants? Yes

Anticipate 40 total participants for the year.

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

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

Estimated levels of change: 20 people will be supported to find community-based employment or volunteer jobs. 20 participants will receive long-term support at current jobs and those using the first-time job seekers program.

Reviewer: Numbers served remain at PY21 levels. Job Matching & Short-Term Support outcomes will include additional 5 people through DRS funding, same as PY21 level. Data collection includes surveys, contact notes, plan completion, and Participant files.

UTILIZATION:

Treatment Plan Clients (TPCs): 40 adults with I/DD.

Service Contacts (SCs): 1,840 - activities directly working with participants and activities working on behalf of the person (including connecting to employers, collaborating with families and natural supports, and documenting the support provided).

Community Service Events (CSEs): 4 outreach events

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

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system. Slight increase in SCs, program aims to serve two fewer TPCs than in PY21.

Financial Analysis

PY2022 CCDDDB Funding Request: \$201,000

PY2022 Total Program Budget: \$266,860

Proposed Change in Funding - PY2021 to PY2022 = 10.4%

Current Year Funding (PY2021): \$182,000 PY2020: \$118,016. Original request/award of \$98,900 was amended during the contract year. PY19 request/award = \$87,000.

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

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

Of total program revenue, CCDDDB request is 75%. Other sources of revenue are CCDDDB DSC Employment 1st Sub Contractor = \$20,860 (8%), Contributions = \$10,000 (4%), and DRS Program Service Fees = \$35,000 (13%).

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 89% of \$201,000. Other expenses are: Professional Fees/Consultants \$4,710 (2%), Consumables \$2,000 (1%), General Operating \$2,000 (1%), Occupancy \$8,342 (4%), Conferences/Staff Development \$1,600 (1%), and Local Transportation \$3,750 (2%).

Total Agency Budget shows a SURPLUS of \$3,792. Total Program Budget shows a SURPLUS of \$2,105. Total CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0.32 Indirect and 3.45 Direct = 3.77 FTEs Total CCDDDB.

Total Program Staff: 0.30 Indirect and 4.60 Direct = 4.90 FTEs Total Program.

Reviewer: Total Program Staff should be greater than Program Staff, even in the subcategories, which suggests there is an error in the Personnel form. Professional fees will pay for banking services, bookkeeping services, and financial audit. CQL accreditation should be charged to line 14 – Membership Dues.

Audit Findings: Community Choices, Inc. was required to perform a financial audit per the PY20 contract. That audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? PY22 priority was not selected, program aligns with Work Life.

Expectations for Minimal Responsiveness: Several sections of the Organization Eligibility Questionnaire are out of date or incomplete. Several sections of the application exceeded word limits, causing those sections to be cutoff/incomplete. All other areas were addressed accordingly.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: Annual training is provided for all staff at orientation and the CLC plan is signed at the time of orientation. Community Choices uses a multi-pronged approach to advertising positions (i.e. send info to culturally diverse groups), include interview questions that indicate the openness of interviewees. At least 1 self-advocate will always serve on the board. Interagency collaboration with DSC Employment First ensures that clients are placed in the community with quality organizations and LEAP Trained Organizations. Languages Access resources are reviewed and updated annually.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: Since COVID-19 has impacted the way that clients are engaged, Community Choices has utilized the Self-Advocates to help identify ways to adjust to the change to make sure that it was more inclusive. Community Choices continues to collaborate with other organizations about employment and ways to ensure that socialization and employment can be inclusive in virtual environments. Community Choices continued to work with the DisAbility Expo committee to ensure that clients are aware of the additional resources that are available to people living with disabilities.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: outreach events in Champaign County. Services and supports included in resource lists and databases (including The Expo Booklet, 211, DRS, etc) and web presence. Strong relationships with organizations serving underrepresented or underserved groups CCRPC, DRS, Housing Authority, local churches, NCCRC, Uniting Pride, CCHC and others. Upon service initiation, CC works to build natural support networks.

Inclusion, Integration, and Anti-Stigma: Progressive programs and supporting job seekers with I/DD to discover their skills and interests and matching with employers, CC is working to combat the history of segregation and discrimination experienced by people with I/DD. Participants get support to access competitively paid, community-based work allowing them to earn meaningful wages and be meaningful and welcomed contributors to the community.

Outcomes: Six outcomes are included, each with targets and associated measurement strategies and tools, including two participant surveys, staff notes, and the Griffin & Hammis assessment. Some goals focus on staff/program performance and some on positive change for the consumer.

Coordinated System: DSC, Cunningham Children's Home, and DRS provide similar supports. Participants choose between CC and others for supports. CC Employment Specialists participate in Job Developers and TPC. Continue LEAP partnership.

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

Person Centered Planning (PCP): Yes, participants work with CCRPC DSPCP and employment goals are personalized.

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Yes

Evidence of Collaboration: Written agreements with PACE, CC Healthcare Consumers, CCRPC, DSC, and RACES.

Working relationships and informal partnerships with: CUPHD, UIUC SPED Department, CU 1:1 Mentoring, Urbana Park District, Promise Healthcare, TAP, CUSR, and Uniting Pride of Champaign County.

Staff Credentials: All staff have extensive experience supporting people with I/DD to find community-based employment, each having over 10 years' experience in the field. Lead Employment Specialist is Certified Employment Specialist.

Resource Leveraging: No **Other Pay Sources:** DRS Milestone Contract supports 5 people. Accepts Private Pay **Client**

Fees: No **Sliding Scale:** Yes **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Sample of tools used in Discovery process and copies of written interagency agreements once they are obtained.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.
- A PY22 priority category should be selected.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Community Employment

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$361,370

Priority Category: Work Life

Services and People Served

Target Population:

Adults with I/DD who want help finding or maintaining a job. People in open plan through DRS are not eligible.

Scope, Location, and Frequency of Services:

Scope: CCDDDB funding covers discovery process, resume or portfolio development, soft skills practice, completion/submission of applications and follow-up, support for new employees, on-going job coaching, and support niches for a small group of people within local businesses. Throughout the pandemic, service delivery has been fluid and responsive to increases/decreases in COVID-19 cases, changes in mitigation restrictions imposed by the Governor, access to public spaces, and the comfort level of people receiving services. Employment Specialists were able to maintain already established relationships with management of long-time employers using virtual options. Communication regarding imminent closure of businesses, decrease in hours, increased safety measures, company required training for COVID-related information, potential virus exposure requiring support in testing, etc. required use of multiple methods of communication.

Location/Frequency: Job development is in the location of participants' job interests, home community or nearby communities depending on availability of jobs. Job coaches are present during all hours/shifts of work for participants. During the pandemic, it is anticipated that fluctuations in active participation will continue to be prevalent.

Residency	75 in PY2020	65 in PY2021 (first two quarters)
<u>Champaign</u>	27 (36.0%) for PY20	20 (30.8%) for PY21
<u>Urbana</u>	37 (49.3%) for PY20	30 (46.2%) for PY21
<u>Rantoul</u>	3 (4.0%) for PY20	5 (7.7%) for PY21
<u>Mahomet</u>	1 (1.3%) for PY20	1 (1.5%) for PY21
<u>Other Champaign County</u>	7 (9.3%) for PY20	9 (13.8%) for PY21

Demographics of 75 People Served in PY2020

Age

Ages 19-59 -----	73 (97.3%)
Ages 60-75+ -----	2 (2.7%)

Race

White -----	55 (73.3%)
Black / AA -----	15 (20.0%)
Asian / PI -----	2 (2.7%)
Other (incl. Native American and Bi-racial) -	3 (4.0%)

Gender

Male -----	43 (57.3%)
Female -----	32 (42.7%)

Ethnicity

Of Hispanic/Latinx Origin -----	1 (1.3%)
Not of Hispanic/Latinx Origin -----	74 (98.7%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled people over the age of 18 with I/DD and a desire help finding a job or maintaining a job. People learn about this program from DRS, school programs, TPC, Transition Services Directory, community events such as the disAbility Resource Expo/events, current employers, other individuals/families, and social media.

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

Within 45 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: Job coaching is provided if needed to maintain employment.

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

Reviewer: Above is edited. Services largely unchanged from PY21. Changes in services related to COVID noted above.

CONSUMER OUTCOMES:

Outcome 1: People will actively participate in job development activities including job club and employment discovery.

Measured by: Referral is completed for each person referred for job development. At program opening, a movement form is completed and kept in the main clinical file. Employment Specialist begins job development. Monthly progress is documented by ES. Direct service hours are documented in the CCDDDB direct service hour data base.

Outcome 2: People will participate in supported employment. *Measured by:* SE participant names are maintained in a database.

Outcome 3: People will maintain employment over the fiscal year. *Measured by:* Database is maintained.

Outcome 4: People will be satisfied with their Community Employment services. *Measured by:* Satisfaction Surveys distributed to participants annually.

Outcome gathered from all participants? No, random sample of participants receive satisfaction surveys at the end of FY.

Anticipate 70 total participants for the year.

Will collect outcome information monthly (most of it) and included in the quarterly report. Satisfaction Surveys are distributed in the fourth quarter.

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

Targets/benchmarks are estimated from reviewing outcomes, targets, and progress quarterly and annually.

FY21 Measure: People will actively participate in job development activities including job club and employment discovery.

Target: 20. Mid-Year Outcome: 2.

FY21 Measure: People will participate in supported employment. Target: 26. Mid-Year Outcome: 22.

FY21 Measure: People will maintain employment over the fiscal year. Target: 80%. Mid-Year Outcome: 98%.

Estimated levels of change:

Outcome 1: During the fiscal year, 20 people will participate in job development activities.

Outcome 2: During the fiscal year, 26 people will participate in supported employment.

Outcome 3: During the fiscal year, 80% of the people will maintain employment.

Outcome 4: 90% of the people who return the survey will be satisfied with Community Employment Services received.

Reviewer: The identified outcomes relate strongly to the provider's performance rather than client choice. Wait time for services appears to be reduced from previous years.

UTILIZATION:

Treatment Plan Clients (TPCs): 70 people with I/DD and without state funding

Service Contacts (SCs): 15 contacts with people or their support network seeking information about the CE program.

Community Service Events (CSEs): 2 formal presentations or tours

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system.

Financial Analysis

PY2022 CCDDDB Funding Request: \$361,370

PY2022 Total Program Budget: \$493,149

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$361,370

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

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

Of total program revenue, CCDDDB request is 73%. Other revenue is from: Ford County MHB grant = \$3,145 (1%),

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 93% of \$361,370. Other expenses are: Professional Fees/Consultants \$757, Consumables \$1,173, General Operating \$3,127 (1%), Occupancy \$3,689 (1%), Conferences/Staff Development \$304, Local Transportation \$11,624 (3%), Equipment Purchases \$18, Lease/Rental \$3,439 (1%), Membership Dues \$826, and Miscellaneous \$3,469 (1%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$12,287, CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 1.24 Indirect and 5.56 Direct = 6.80 FTEs Total CCDDDB.

Total Program Staff: 1.74 Indirect and 7.60 Direct = 9.34 FTEs Total Program.

Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/ language pathology, psychological/ social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted.
Audit Findings: *Audit in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes, as selected.*

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes*

Highlights from the submitted CLC Progress Report: *DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/ welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Referrals received from RPC-ISC. Participation in community events and committees continues. Website and social media provide awareness and information about agency services. Expanded outreach efforts include sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings; and focus attention on underserved or underrepresented minority population for each program and catering outreach efforts.*

Inclusion, Integration, and Anti-Stigma: *Stigma is reduced when people with no previous relationship with a person with a disability see that they share more similarities with their co-worker than differences and contributes to the viability and diversity of their work community and the community. Fulfilling adult responsibilities, including employment, is the most natural form of integration. The intent is for one's disability not to be observed, especially as an obstacle or distraction, as they are recognized and accepted as responsible adults.*

Outcomes: *Includes four Consumer Outcomes, three of which measure participation in the program (two count the total of consumers and one that 80% of them maintain employment). These are assessed through staff notes and documentation of hours of service, though a measure of hours worked by Consumers or of achieving their stated work-related preferences would also be of interest. The fourth measures the total of consumers claiming satisfaction with the program, by the results of an annual survey.*

Coordinated System: *Cunningham Children's Home provides employment supports for young adults, although not specifically those with I/DD. Program works closely with CC, DRS, and RPC-ISC. In June 2020, DSC hosted a virtual training by Griffin and Hammis that was attended by representatives from the employment support providers noted above. Program staff coordinate with the Job Developers Network, all county high schools, and the TPC Transition Conference.*

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

Person Centered Planning (PCP): *Yes, program involvement documented in PCP completed by CCDDDB funded ISC.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *DSC's Community Employment program incorporates evidence-based practices of several nationally recognized entities committed to employment of individuals with I/DD, including APSE, and Griffin and Hammis, ODEP, and the US Department of Labor, relying on a process that matches the strengths, needs, and interests of the person to the needs of an employer. Through Customized Employment, the relationship between employee and employer is personalized in a way that meets the needs of both. It's a universal strategy that benefits many people, including people with disabilities.*

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

Staff Credentials: IDHS-DDD state mandated DSP training, the history of Employment First, customized employment techniques are included in job specific training, and the Griffin and Hammis training in June 2020.

Resource Leveraging: Agency approved in May 2020 to use \$24,896 from this grant as a match for Title XX-Donated Funds Initiative.

Other Pay Sources: State funding is available for some people for this support. **Client Fees:** No **Sliding Scale:** No
Willing to participate in DD Medicaid-waiver programs? Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Consider working with CCRPC ISC when enrolling new people into the program, based on length of time on PUNS.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Employment First

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$80,000

Priority Category: Work Life

Services and People Served

Target Population:

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

Scope, Location, and Frequency of Services:

Scope: Collaborative effort between Community Choices and DSC promoting change in culture surrounding people with disabilities and their contribution to the workforce. Targeted activities include training for provider agency staff; outreach in business community promoting of inclusion; and communication and advocacy with policymakers.

Location/Frequency: Communication has switched to virtual, email, and phone due to COVID. Response to email outreach is at roughly 25%. Presentation now available at lunchtime on the fourth Thursday of each month. Trainings will be scheduled with interested employers. Resuming in-person presentations is anticipated post-COVID.

Residency and Demographic Data are not reported for this program.

Program Performance Measures

CONSUMER ACCESS: Employers in Champaign County who want to learn about available employment services and the benefits of hiring people with disabilities through the LEAP training are eligible for the training at no charge. Additional complimentary disability awareness staff training is available. Information shared through the TPC, the Job Developer's Network, disAbility Resource Expo events, social media, IEPs, and other communication. All businesses from any community in Champaign County that express an interest in LEAP will receive the training. Businesses learn about LEAP through other employers, social media, and cold calls from staff supported by this grant.

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

People will engage in services, on average, for: Training is 45 minutes. Follow-up occurs within 4 months unless there is contact prior to that milestone.

Additional Demographic Data: business zip code, number and job titles of employees in attendance, and business sector for each company.

Reviewer: Scope of services largely unchanged from PY21. Changes in service delivery due to COVID are noted. CCDDDB funds should not be used for provider agencies to attend IEPs.

CONSUMER OUTCOMES:

Below are the new goals for FY 22.

1. Trainings scheduled with employers and offered at regular intervals for any interested parties to attend open sessions.

Measured by: attendance, zip code, and business sector reported in CCDDDB quarterly report.

2. Quarterly newsletter provided for employers. *Measured by: Newsletter information reported in CCDDDB quarterly report.*

Outcome gathered from all participants? Yes

Anticipate 25 total participants for the year.

Will collect outcome information: Information about businesses including zip code, number of participants, attendees' job titles, and sector is gathered at each training.

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

The Employment First program has collected data through the Program Evaluation process since the grant was first received.

FY21 Measure: One individual/family informational meeting will be held.

Mid-Year Outcome: The informational meeting for FY21 is in planning stages.

FY21 Measure: Customized Employment training to be coordinated.

Mid-Year Outcome: The training is in planning stages.

FY21 Measure: Fifteen LEAP presentations will be presented to area professional business organizations and fifteen frontline

staff trainings to occur.

Mid-Year Outcome: One business has attended a LEAP presentation and other LEAP trainings are currently planned.

Frontline staff trainings are to be scheduled following the upcoming LEAP trainings.

FY21: Eight training follow-up contacts will be made.

FY21: Follow-up contacts have not occurred yet this fiscal year.

FY21 Measure: A quarterly newsletter including information about the disability community and employment of people with I/DD will be provided for employers.

Mid-Year Outcome: Quarterly newsletters have been distributed each of the first two quarters of FY21.

Estimated levels of change:

1. Twenty-five LEAP and front-line staff trainings for businesses will be conducted.

2. Newsletter will be provided for employers every quarter.

Reviewer: How many jobs have resulted from the LEAP training? Identified outcomes relate to process rather than impact of the services, such as attitude/culture change (not easily measured). Will program be able to meet current year targets due to COVID? Should CCDDDB expect unspent revenue for this program?

UTILIZATION:

Community Service Events (CSEs): 25 LEAP and front-line staff trainings conducted.

Reviewer: PY21 CSE target = 30. Program is seeing COVID related impacts.

Financial Analysis

PY2022 CCDDDB Funding Request: \$80,000

PY2022 Total Program Budget: \$80,374

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$80,000

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

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

Of total program revenue, CCDDDB request is 100%.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 64% of \$80,000. Other expenses are: Professional Fees/Consultants \$21,029 (26%), Consumables \$255, General Operating \$601 (1%), Occupancy \$513 (1%), Conferences/Staff Development \$4,379 (5%), Local Transportation \$663 (1%), Equipment Purchases \$4, Lease/Rental \$439 (1%), Membership Dues \$345, and Miscellaneous \$915 (1%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$246, and CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0.11 Indirect and 1.00 Direct = 1.11 FTEs Total CCDDDB.

Total Program Staff: same.

Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for 0.5 FTE plus taxes/benefits at Community Choices for outreach and education as well as national experts to weigh in as consultants. Any experts hired for the purpose of staff training should be charged to line 9 – Staff Development. Miscellaneous expenses will include outreach/marketing expenses. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted. PY20 program had \$9,825 excess revenue.

Audit Findings: *Audit in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes, as selected.*

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors, and the questionnaire was out of date. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Participation in Job Developer's Network, disAbility Resource Expo events; social media; and other agency communication. Efforts will include working in rural communities via Chambers of Commerce and the RCCSEC to access rural employers.

Inclusion, Integration, and Anti-Stigma: Promotes employment of people with disabilities. LEAP training gives examples of the benefits that businesses have experienced when they hire people with disabilities. Real life examples dispel myths and provide personal testimony of how their business has benefited from the addition of a person with a disability. Success stories included in the quarterly newsletter, testimonial videos in the LEAP training, and personal experiences shared in employer focus group. Referrals for presentations within the business community serve as evidence that the training is helpful and employers are embracing inclusion in the workplace. *How many additional trainings have been results of referrals from previous trainings?*

Outcomes: Two measurable Consumer Outcomes are included but do not connect the program to a positive impact on the 'consumer' (potential employer or employee). Both measure staff/program activity, number of training events and newsletters for the employers, documented by staff. The value to the Consumer is understood rather than addressed and measured.

Coordinated System: No similar services in Champaign County.

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

Person Centered Planning (PCP): No

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

Evidence of Collaboration: Community Choices and the Illinois Department of Rehabilitation Services.

Staff Credentials: knowledge of both the disability and business communities and ability to present information to employers in a manner that increases awareness of the employability of people with disabilities, address any misgivings or questions, and inform them about available partnerships with local agencies to support their efforts to hire people with disabilities.

Resource Leveraging: No **Other Pay Sources:** None **Client Fees:** No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Complete list of businesses LEAP certified.
- Details on number of jobs directly resulting from LEAP trainings.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.
- An outcome should be developed which connects the program to a positive, measurable impact experienced by the 'consumer'.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Community Choices

Program: Self-Determination Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$162,000

Priority Category: Non-Work Community Life and Flexible Support - *not a PY22 priority*

Services and People Served

Target Population: 1. Adults with I/DD wishing to expand their social networks and capital, build familiarity with resources and opportunities available in our community, and build their leadership skills. 2. Family members of adults with I/DD wishing to learn how the I/DD service system works, about resources available in our community, connect and learn with other families, and build their capacity to advocate for their adult children/family members with disabilities.

Scope, Location, and Frequency of Services:

Family Support and Education: educating families on the service system, helping them support each other, advocating for improved services, a public quarterly meeting focusing on resources and best practices, community parties, and a family support group. Individual consultation for families during times of transition or challenge.

Building Community: options for adults with disabilities to discover what type of engagement they enjoy, and interests they'd like to pursue. CC offers options for members with I/DD to build community: Social Opportunities: organized community and zoom events; Co-op Clubs: building organically sustained friendships. Members build natural supports, then staff fade out support; Open Champaign: building 1-to-1 connections with other citizens or connections to community groups. Members build natural supports, as staff fade out support.

Scaffolded Supports: participation in options available in the community, with ongoing intermittent staff support. Supports may include half-day small group social opportunities, support to attend a park district class, or other community classes.

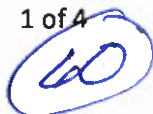
Leadership and Self-Advocacy: opportunities to learn/demonstrate skills associated with self-determination and self-advocacy.

Location/Frequency: Program services occur at community locations and at participants' homes. In-office services are limited to planning meetings, research, correspondence, and documentation. Services and programs adapted to occur through zoom related to Covid.

Residency	190 in PY2020	167 in PY2021 (first two quarters)
Champaign	103 (54.2%) for PY20	84 (50.3%) for PY21
Urbana	38 (20.0%) for PY20	35 (21.0%) for PY21
Rantoul	0 for PY20	1 (.6%) for PY21
Mahomet	12 (6.3%) for PY20	14 (8.4%) for PY21
Other Champaign County	37 (19.5%) for PY20	33 (19.8%) for PY21

Demographics of 190 People Served in PY2020

Age	
Ages 13-18 -----	2 (1.1%)
Ages 19-59 -----	166 (87.4%)
Ages 60-75+ -----	22 (11.6%)
Race	
White -----	166 (87.4%)
Black / AA -----	13 (6.8%)
Asian / PI -----	8 (4.2%)
Other (incl. Native American and Bi-racial)-	3 (1.6%)
Gender	
Male -----	81 (42.6%)
Female -----	109 (57.4%)
Ethnicity	



Of Hispanic/Latinx Origin ----- 1 (.5%)
Not of Hispanic/Latinx Origin ----- 189 (99.5%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled adults with I/DD, members of CC, and motivated to work towards the outcomes and life that they want. Formal and informal outreach within Champaign County. Referrals from area schools and word of mouth. Referrals to and from DSC, CCRPC, Rosecrance, TAP, and PACE. Informally community outreach through the Disability Expo and the Northern Champaign County Community Resource Fair.

Within 14 days from referral, 90% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: 1 year, with opportunity to renew after updating paperwork and eligibility.

Additional Demographic Data: RIN, PUNS eligibility, medical insurance type, and other program involvement.

Reviewer: Scope of services is largely unchanged from PY21. Changes in services related to COVID noted above.

CONSUMER OUTCOMES:

Program Outcome: Participation with CC leads to greater supportive networks and connections.

Goal: Members with I/DD: 70% indicate they made a friend and 60% of those friendships will be defined as at least somewhat close. 75% indicate that CC provides them with a supportive community. Family Members: 55% indicate they connected with another family member and 45% of those connections were meaningful. 75% indicate CC provides them with a supportive community. *Measured by:* Annual Member Survey presented to all members and their families.

Family Support & Education: Members support each other and gain knowledge of the DD service system

Goal: 5 Co-op meetings ~ 50 individuals reached. 4 Family Parties ~ 25 members attend each. 6 Family Support Group Sessions ~ 16 family members participate. 100% of Support Group participants indicate a strategy/resource learned or increased connection with others. *Measured by:* # and attendance rate of Co-Op meetings, Family Parties, Support Groups tracked. Post evaluation and interest survey.

Building Community: Members with I/DD engage with each other and community-based groups and opportunities

Goal: Community Social Opportunities – 48 Routine Social Opportunities; 2 Opportunities for Scaffolded Community Engagement; 48 Connection Zoom Sessions. Personalized Community Connections - 15 CC members complete Connection Exploration process; 3 new Co-Op clubs, 2 continuing clubs ~ 17 members participate; 3 Open Champaign Individual Connections ~ 3 members participate; 2 Open Champaign Events ~ 12 members participate. *Measured by:* # and attendance rate of routine and scaffolded social opportunities, co-op clubs, and Open Champaign Activities will be recorded. Pre/post model assessment using Relationship Maps completed by participants.

Leadership & Self Advocacy: People with I/DD build skills to direct services & shift mindset of community and service system
GOAL: 1 Leadership course offered - 80% of participants indicate an example of a leadership skill or mindset that they gain or increase confidence in. 10 members will have opportunities to demonstrate leadership growth by participating in Mentoring, Human Rights & Advocacy Group, or other leadership activities.

Measured by: # and attendance of leadership/self-advocacy events. Questionnaire to measure leadership skills provided to all.

Outcome gathered from all participants? No. Outcome information presented to all members/participants as participant survey. Specific activity evaluation will be given to those who were involved. Responses are encouraged, but not mandated.

Anticipate 170 total participants for the year.

Will collect outcome information Annually or following specific activities/events.

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

Estimated levels of change: Outcome goals are specific to the different assessment and activities. Please see specific goals in the numbered program outcomes above.

Reviewer: For participant feedback, these are appropriate efforts to measure personal and family outcomes of value, such as social connection, relationships, self-determination, and resources.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 170 Individual Co-op Members with I/DD will be counted. Their involved family members will be counted as well, and family members/individuals from the broader community who attend our public events will be counted. – *this target does not appear equal to other statement:* 80 NTPCs with I/DD, 90 NTPCs without I/DD (Family/Community Members).

Service Contacts (SCs): 2,380 direct interactions with participants or activity directly related to their support.

Community Service Events (CSEs): 4 outreach events to organizations, community groups, area service providers and other events.

Other: 1,788 hours worked directly with participants or activity directly related to their support

Reviewer: All target areas are increased from PY21, except CSEs stay the same. Program does not currently have TPCs.

Financial Analysis

PY2022 CCDDDB Funding Request: \$162,000

PY2022 Total Program Budget: \$179,500

Proposed Change in Funding - PY2021 to PY2022 = 11.0%

Current Year Funding (PY2021): \$146,000

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

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

Of total program revenue, CCDDDB request is 90%. Other revenue is from Contributions = \$7,500 (4%) and Special Events/Fundraising = \$10,000 (6%).

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 90% of \$162,000. Other expenses are: Professional Fees/Consultants \$3,732 (2%), Consumables \$2,300 (1%), General Operating \$2,500 (2%), Occupancy \$5,700 (4%), Conferences/Staff Development \$1,000 (1%), and Local Transportation \$1,400 (1%).

Total Agency Budget shows a surplus of \$3,792, Total Program a surplus of \$11, and CCDDDB Budget BALANCED.

Program Staff funded by CCDDDB: 0.53 Indirect and 2.37 Direct = 2.90 FTEs Total CCDDDB.

Total Program Staff: 0.60 Indirect and 2.40 Direct = 3.00 FTEs Total Program.

Reviewer: Professional fees will pay for banking services, bookkeeping services, and financial audit. CQL accreditation should be charged to line 14 – Membership Dues.

Audit Findings: Community Choices, Inc. was required to perform a financial audit per the PY20 contract. That audit revealed material weakness regarding segregation of duties related to the organization's accounting procedures and processes.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes. Although a PY22 priority was not selected, this program might align well with Community Life and Relationships or with Self-Advocacy.

Expectations for Minimal Responsiveness: Several questions in the Organization Eligibility Questionnaire are out of date or of concern. All other responses were complete and appropriate.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: Annual training is provided for all staff at orientation and the CLC plan is signed at the time of orientation. Community Choices uses a multi-pronged approach to advertising positions (i.e. send info to culturally diverse groups), include interview questions that indicate the openness of interviewees. At least 1 self-advocate will always serve on the board. Interagency collaboration with DSC Employment First ensures that clients are placed in the community with quality organizations and LEAP Trained Organizations. Languages Access resources are reviewed and updated annually.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: Since COVID-19 has impacted the way that clients are engaged, Community Choices has utilized the Self-Advocates to help identify ways to adjust to the change to make sure that it was more inclusive. Community Choices continues to collaborate with other organizations about employment and ways to ensure that socialization and employment can be inclusive in virtual environments. Community Choices continued to work with the DisAbility Expo committee to ensure that clients are aware of the additional resources that are available to people living with disabilities.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Participation in outreach events attended by a broad scope of people. Services and supports are included in resource lists and databases. Web presence can be accessed by anyone. Strong relationships with organizations where underrepresented or underserved groups might be connected/referred from. Once services have started, CC helps participants build natural support networks. It is our goal to help those with fewer natural supports identify the formal and informal resources that may positively impact on their lives.

Inclusion, Integration, and Anti-Stigma: Program directly works to support people with I/DD first to see themselves as important and valuable members of the community – as people with the capacity and desire to explore and connect with the opportunities available to all people. We work directly with parents through our support group to learn to see, communicate with, and advocate for their family members as adults with adult hopes and desires for their lives. We work to build the capacity of our external community by actively engaging with groups to welcome and fully include people with I/DD.

Outcomes: *This is a well-reasoned and thorough outcome assessment plan. The SDS program's outcome evaluation would be even further strengthened by structuring Outcome 3 to be more reflective of a consumer outcome rather than a staff output/activity.*

Coordinated System: No other organizations provide these services with the emphasis on genuine natural supports and full community inclusion, or with the same structure as CC. Unique cooperative model offers membership in an established community, whose objectives and processes explicitly support individuals' full participation within the organization and the community at large. PACE, DSC, CUSR, CU Able, and others do provide some aspects of these supports/services.

Budget and Program Connectedness: *Yes. Budget Narrative provides adequate descriptions of associated items.*

Person Centered Planning (PCP): *Yes*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: people with I/DD and their families are at risk for social isolation and increased stress; opportunities for cooperation with other parents and social support have positive impacts on parents' stress. For people with I/DD, social supports and opportunities for increased self-awareness provide positive outcomes and protection from such negative states. CC uses multiple innovative practices, e.g., Open Champaign.

Evidence of Collaboration: written agreements with PACE, Champaign County Healthcare Consumers, CCRPC, DSC; informal partnerships w RACES, UIUC SPED, CU 1:1 Mentoring, Urbana Park Dist, Promise, TAP, CUSR, and Uniting Pride of Champaign County.

Staff Credentials: master's level recreational therapist, individuals with 15+ years' experience supporting people with I/DD, K-12 educational experience, and community focused non-profit work. Staff backgrounds include DSPs and QIDPs.

Resource Leveraging: Not used as match for other funding. **Other Pay Sources:** No other payment sources are available

Client Fees: Yes **Sliding Scale:** Yes **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Sample PCP documents and copies of written interagency agreements once they are obtained.*
- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*
- *A PY22 priority category should be selected.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Community First

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$847,659

Priority Category: Community Life and Relationships

Services and People Served

Target Population:

Adults with I/DD receiving community and site-based services, participating in the shift from a primarily center-based model to expanded community connections and involvement and seeking either full or partial day options to explore and enjoy a variety of community opportunities.

Scope, Location, and Frequency of Services:

Scope: Program realizes greater community connection through participation in recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Community First supports people with a wide range of interests, abilities, and needs. Small groups result from people choosing from a diverse menu of activities. Program is committed to personalize support for each person based on their individual interests and needs. For most, that means continual community options. Some in-person services have resumed, there is a reliance on virtual options and technology to connect people with peers and staff in lieu of the temporary loss of community options due to COVID.

Location/Frequency: Various community locations. New groups every four months. Participation ranges from one to five days per week (varying hours/day), depending on the number of groups requested and availability of space in groups. Virtual options may continue to be available to build social connections as well.

Residency	52 in PY2020	49 in PY2021 (first two quarters)
<u>Champaign</u>	25 (48.1%) for PY20	19 (38.8%) for PY21
<u>Urbana</u>	19 (36.5%) for PY20	21 (42.9%) for PY21
<u>Rantoul</u>	1 (1.9%) for PY20	1 (2.0%) for PY21
<u>Mahomet</u>	2 (3.8%) for PY20	2 (4.1%) for PY21
<u>Other Champaign County</u>	5 (9.6%) for PY20	6 (12.2%) for PY21

Demographics of 52 People Served in PY2020

Age

Ages 19-59 -----	48 (92.3%)
Ages 60-75+ -----	4 (7.7%)

Race

White -----	37 (71.2%)
Black / AA -----	14 (26.9%)
Other (incl. Native American and Bi-racial) -	1 (1.9%)

Gender

Male -----	29 (55.8%)
Female -----	23 (44.2%)

Ethnicity

Of Hispanic/Latinx Origin -----	2 (3.8%)
Not of Hispanic/Latinx Origin -----	50 (96.2%)

Program Performance Measures

CONSUMER ACCESS: People must be enrolled in the PUNS database. Ongoing outreach efforts occur via the TPC, disAbility Expo events, and information included on website, and circulation of brochures at community events. People learn about services through tours for families that include discussion of possible services and their availability. Referrals are received from people/families; CCRPC; the local DRS office when people with I/DD are in search of day program support; and employed people who are seeking additional connections.

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

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

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

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

Reviewer: Scope of services largely unchanged. Changes in services related to COVID noted. Long wait time from assessment to engagement.

CONSUMER OUTCOMES:

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

Outcome gathered from all participants? Yes

Anticipate 55 total participants for the year.

Will collect outcome information: participation is documented daily and included in monthly notes, outcome data is collected quarterly.

Is there a target or benchmark level for program services? Yes, estimated from past outcomes in the program.

FY21 Measure: People will participate in at least one new group.

Target: 35 people. Mid-Year Outcome: 29 people.

FY21 Measure: People will become a co-leader for a group.

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

FY21 Measure: People will be opened in Community Employment for active job exploration.

Target: Five people. Mid-Year Outcome: No new openings thus far.

Estimated levels of change:

Outcome 1: 35 people will participate in at least one new group.

Outcome 2: Five people will become a co-leader for a group.

Outcome 3: Five people will be opened in Community Employment for active job exploration.

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

UTILIZATION:

Treatment Plan Clients (TPCs): 55 people with I/DD participating in the program without state funding.

Non-Treatment Plan Clients (NTPCs): 50 Peers who accompany the TPCs for activities and events.

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

Community Service Events (CSEs): 3 formal presentations to organizations, civic groups, and other community entities.

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system.

Financial Analysis

PY2022 CCDDDB Funding Request: \$847,659

PY2022 Total Program Budget: \$2,679,323

Proposed Change in Funding - PY2021 to PY2022 = 0.0%

Current Year Funding (PY2021): \$847,659

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

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

Of total program revenue, CCDDDB request is 32%. Other revenue is from Ford County MHB = \$20,617 (1%), DHS Fee for Service = \$1,800,275 (67%), DHS training reimbursement = \$10,915, and Other Program Service Fees = \$577.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 86% of \$847,659.

Other expenses are: Professional Fees/Consultants \$6,397 (1%), Client Wages/Benefits \$2,928, Consumables \$7,455 (1%), General Operating \$46, Occupancy \$21,790 (3%), Conferences/Staff Development \$3, Local Transportation \$40,974 (5%), Equipment Purchases \$496, Lease/Rental \$21,934 (3%), Membership Dues \$515, and Miscellaneous \$10,001 (1%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$94,912, and CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 1.56 Indirect and 17.29 Direct = 18.85 FTEs Total CCDDDB.

Total Program Staff: 4.74 Indirect and 54.15 Direct = 58.89 FTEs Total Program.

Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/language pathology, psychological/social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted.

Audit Findings: *Audit in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes, as selected.*

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes*

Highlights from the submitted CLC Progress Report: *DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Referrals received from RPC-ISC. Participation in community events and committees continues. Website and social media provide awareness and information about agency services. Expanded outreach efforts include sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings; and focus attention on underserved or underrepresented minority population for each program and catering outreach efforts.*

Inclusion, Integration, and Anti-Stigma: *Increased awareness often occurs naturally as community access/engagement is realized by people receiving services. Participants gain experience with those who share common interests and passions. As people try new things, they develop friendships and a sense of connection to others. Active participation in public events fosters a sense of community, acceptance, and inclusion. Program intent is to improve access to the community. Staff partner with participants to plan for various activities, which leads to learning how to navigate the community and enjoy meaningful activities. Each new experience leads to more interest, confidence and a sense of belonging, thus a desire to seek new opportunities and an improved quality of life.*

Outcomes: *Three Consumer Outcomes are included, each with a specific, measurable target and simple assessment strategy. All focus on the person served but presume that the outcome represents a positive change (participation in a new group, becoming a co-leader, and active job exploration); the relationship could be supported by the person's service plan or other documentation of their interest in each.*

Coordinated System: *Champaign and Urbana Park Districts, Stephens Family YMCA and other fitness-related businesses provide recreational opportunities to community members. We often facilitate and support people to enjoy activities scheduled through all these established businesses. Groups interested in wildlife have taken advantage of the Anita Purvis Nature Center through the Urbana Park District. People interested in swimming and low impact exercise participate in classes at the Stephens Family YMCA. MTD personnel have reached out to determine unmet needs of potential riders. They also have provided floating bus passes for people who do not ride regularly but take the MTD for groups including the Learning the MTD group.*

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

Person Centered Planning (PCP): *Yes, program involvement documented in PCP completed by CCDDDB funded ISC.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Yes. Community First promotes community exploration and participation and the benefits extend beyond day program. As people become more confident and fully engaged in their community, they discover more about themselves and the opportunities available to them.

Evidence of Collaboration: Illinois Self-Advocacy Alliance

Staff Credentials: IDHS-DDD state mandated DSP training and training specific to each participant. New employee training also includes Employment First information. Program also benefits from the talents and knowledge each staff person brings.

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

Willing to participate in DD Medicaid-waiver programs? Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Consider working with RPC ISC when enrolling new people into the program, based on length of time on PUNS.*
- *The pandemic temporarily put a stop to day services traditionally delivered in segregated settings and large groups of participants and service delivery was adjusted. Can some of these practices be made permanent or advanced further by dedicating this program (the largest contract currently funded by CCMHB or CCDDDB) exclusively to integrated and individualized non-work supports.*
- *A new organizational eligibility questionnaire should be completed prior to next application cycle.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 CCDDDB Program Summary

Agency: Developmental Services Center

Program: Connections

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCDDDB Funding Request: \$85,000

Priority Category: Community Life and Relationships

Services and People Served

Target Population:

Adults with I/DD interested in art, music, cultural experiences, and nontraditional community employment.

Scope, Location, and Frequency of Services:

Scope: Connections is a commitment to increase community access and non-traditional employment opportunities. CCDDDB supports this program by funding one FTE, rent, utilities and associated costs for the community site. Program introduces and supports people to: experience a creative outlet; promote self-expression; and profit from products they create/produce. Program participants choose classes, including card-making, soap-making, painting, and poetry. Covid response included art supply drop-off to participants, Zoom sessions, and socially distant instruction to maintain connection with participants.

Location/Frequency: Groups are held on-site or virtually. Frequency varies by participant and rotation four-month schedule. Per the pandemic, virtual activities/instruction replaced in-person options, with doorstep delivery of art supplies and providing socially distanced 1:1 instruction during drop off along with online options. Virtual options continue to be available. Recent efforts even blended a virtual group with an onsite group to increase access and social connectivity.

Residency	30 in PY2020	12 in PY2021 (first two quarters)
<u>Champaign</u>	14 (46.7%) for PY20	5 (41.7%) for PY21
<u>Urbana</u>	10 (33.3%) for PY20	3 (25.0%) for PY21
<u>Rantoul</u>	1 (3.3%) for PY20	1 (8.3%) for PY21
<u>Mahomet</u>	2 (6.7%) for PY20	1 (8.3%) for PY21
<u>Other Champaign County</u>	3 (10.0%) for PY20	2 (16.7%) for PY21

Demographics of 30 People Served in PY2020

Age	
Ages 19-59 -----	28 (93.3%)
Ages 60-75+ -----	2 (6.7%)
Race	
White -----	21 (70.0%)
Black / AA -----	9 (30.0%)
Gender	
Male -----	15 (50.0%)
Female -----	15 (50.0%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	30 (100.0%)

Program Performance Measures

CONSUMER ACCESS: PUNS enrolled people with I/DD who are interested in pursuing their creative talents are eligible for services. People learn about services through tours, circulation of brochures at community service events like the disAbility Resource Expo events, and TPC presentations. Referrals are received from people/families, ISC, and DRS.

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

Within 120 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for 120 days – dependent on time of referral and the 4-month rotation.

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

Reviewer: Above is lightly edited. Scope of services largely unchanged. Covid related services changes noted above. Are the 25 participants unduplicated from PY21? Are new people accepted into the program or the same people during each 4-month session? How close is this to being

opened to the public all the time with the participants supporting the storefront? Why is the length of time from assessment to engagement so lengthy? Is there a plan to reduce the wait time to get into the program? Is the program open to people not otherwise involved with DSC?

CONSUMER OUTCOMES:

1. People will participate in activities/classes at The Crow at 110. *Measured by:* record of class participants.
2. Special events to connect people with I/DD to the greater community. *Measured by:* record of events.
3. Classes developed as people define areas of interest. *Measured by:* Record of classes and attendance. Hours documented in Online Reporting System and monthly contact note kept in client file. Class schedule maintained electronically.

Outcome gathered from all participants? Yes

Anticipate 25 total participants for the year.

Will collect outcome information and review it quarterly.

Is there a target or benchmark level for program services? Yes, targets for outcomes are collected quarterly and compared between fiscal years within this program as part of DSC's Program Evaluation Process.

FY21 Measure: At least 25 people will participate in artistic activities, classes, or events at The Crow at 110.

Mid-Year Outcome: Thirteen people have participated counting as TPCs. FY22: Continue as written.

FY21 Measure: Four special events will be hosted at The Crow at 110. Mid-Year Outcome: One event occurred in second quarter. FY22: Target to be lowered to three due to anticipated limitations of Covid.

FY21 Measure: Four new creative exploration classes will be developed as program participants continue to define areas of interest. Mid-Year Outcome: One new class has been developed. FY22: Continue as written

Estimated levels of change:

Outcome 1: 25 people will participate in classes at The Crow at 110.

Outcome 2: Three special events will be hosted at The Crow at 110.

Outcome 3: At least four new classes/groups will be developed.

Reviewer: Above is lightly edited. Variations in target numbers between PY21 and PY22 are noted above and related to COVID.

UTILIZATION:

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

Non-Treatment Plan Clients (NTPCs): 12 participants who are not receiving county funding.

Community Service Events (CSEs): 3 events hosted at The Crow at 110.

Reviewer: Service Contacts and service hours associated with TPCs are documented in online reporting system. 2,539.25 Connections hours reported in Online Reporting System in PY20, and 2,441.25 Connections hours reported in PY19.

Financial Analysis

PY2022 CCDDDB Funding Request: \$85,000

PY2022 Total Program Budget: \$85,400

Proposed Change in Funding - PY2021 to PY2022 = 0%

Current Year Funding (PY2021): \$85,000

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

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

Of total program revenue, CCDDDB request is 100%. Also includes \$400 of DHS reimbursement for staff trainings.

Expenses: Personnel related costs are the primary expense charged to CCDDDB at 61% of \$85,000. Other expenses are: Professional Fees/Consultants \$148, Consumables \$1,419 (2%), General Operating \$440 (1%), Occupancy \$3,742 (4%), Conferences/Staff Development \$60, Local Transportation \$240, Equipment Purchases \$3, Lease/Rental \$25,250 (30%), Membership Dues \$161, and Miscellaneous \$1,680 (2%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$3,889, and CCDDDB Budget is BALANCED.

Program Staff funded by CCDDDB: 0 Indirect and 1.05 Direct = 1.05 FTEs Total CCDDDB.

Total Program Staff: same.

Reviewer: Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/language pathology, psychological/social, and technology services. Miscellaneous expenses include advertising, marketing, promotional, printing costs, registration fees, and costs associated with specific events and activities. Membership dues pay for CQL membership. Audit expense not budgeted.

Audit Findings: *Audit in Compliance.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes, as selected.

Expectations for Minimal Responsiveness: *Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: Referrals from CCRPC. Participation in a variety of community events and committees will continue. DSC's website and social media. Expanded outreach efforts include: Sending letters to community representatives/stakeholders not previously engaged; Wider participation in community groups/forums and inviting representatives to program meetings as guest speakers; and Focus attention on underserved or underrepresented minority population for each program and catering outreach efforts for the specific service.

Inclusion, Integration, and Anti-Stigma: Community and DSC artists co-hosted an open house during previous Boneyard Arts Festivals, and plan to continue post-pandemic. Open houses and other formal events have a dual benefit by inviting community artists in to showcase their talent and sell merchandise within this shared space and the community is invited to enjoy and purchase unique one of a kind works of art, jewelry, and other handmade gifts. All are very intentional ways of promoting inclusion and reducing stigma.

Outcomes: Three Consumer Outcomes are included, each with a specific and measurable target, but measuring staff/program activity rather than a positive impact on the Consumer. Each is assessed through staff notes/reports, and the value to the Consumer is understood rather than addressed and measured. One relates to consumer choice (stated areas of interest) and could focus on that aspect; the value of consumer choice is implied and could be supported with satisfaction surveys.

Coordinated System: (n/a - no similar services)

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

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

Evidence-based, Evidence-informed, Recommended, or Promising Practice: Through Connections and Community First, people are enjoying a more meaningful life simply by having the opportunity to share their interests with others with varying degrees of staff support.

Evidence of Collaboration: n/a – Collaboration would likely help accelerate the program goals?

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

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

Willing to participate in DD Medicaid-waiver programs? No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- Consider organizing the contract around # of events and activities, the content of which are identified by program participants; the related Consumer Outcome could be developed along these lines as well.
- Consider including artists from other agencies in art shows.
- Consider working with CCRPC ISC when enrolling new people into the program, based on length of time on PUNS.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Champaign County Head Start/Early Head Start

Program: Early Childhood Mental Health Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$326,369

NOTE: by request of the CCMHB, this application combines the long-standing DD program with MH services offered through the same unit. PY21 MH amount is \$209,906 and DD \$121,081 (MHB contract = \$99,615 and DDB = \$21,466.)

Focus of Application: Mental Health – *due to developmental disability services, 'co-occurring' would be appropriate.*

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: low-income children enrolled in Champaign County Head Start/Early Head Start (CCHS) and their caregivers (teachers and parent/guardians).

Staff Comment: all are screened, with the program's additional services based on screening/referral, described below.

Application references research supporting pre-school-based prevention/intervention.

Scope, Location, and Frequency of Services: *(combines applications to more accurately represent the program.)*

Social-emotional (S-E) development program serves children, staff, and parents:

1. Collaborates with parents and teachers through the S-E Committee to identify S-E strengths and areas of need in the children in their care, using assessments, observations (video when necessary), and reflective conversation.
2. Supports CCHS staff and parents in writing individualized S-E goals and action plans.
3. Supports CCHS staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting.
4. Collaborates with CCHS staff and parents in identifying individualized inter/intra-personal goals and action plans.
5. Collaborates with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs.
6. Facilitates workshops, support groups, and coaching for CCHS staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency.
7. Supports staff in monitoring children's progress and outcomes.
8. Offers parenting consultation and coaching through Facebook groups and Zoom meetings.
9. Creates unique virtual stress management and equity related content for residents in collaboration with CU TRI.

Families and staff are served at assigned sites or across sites, depending on needs. Services in classrooms, homes, a community setting, or virtually. Biweekly coaching to support parents' and teachers' relationships with children. Reflective conversations and consultation, from once a week to once a month, depending on need of adults and children.

Staff Comment: continues services described in PY19-21 for the MH and DD programs combined, adds virtual services and a focus on stress and equity.

Access to Services for Rural Residents: recruits families throughout the county at libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and many other locations. Community events such as annual Disability Expo, Read Across America, Week of the Young Child, and local school district early childhood program child-find activities. HS Performance Standards require at least 10% of enrollment for children with diagnosed disabilities. Serves children with health conditions such sickle cell anemia, asthma, and diabetes. Social-Emotional Services through centers in Champaign, Rantoul, Savoy, and Urbana, and home-based option for all HS/EHS services to families in their home, particularly meets the needs of families living in rural areas who want resources that support their child's growth and development. Another option for families working and attending school is family child care. Services in libraries, churches, coffee shops; the pandemic normalized virtual services, reaching more families.

Access to Services for Members of Underserved or Underrepresented Minority Populations: recruitment (as above). Community Assessment focuses recruitment where income-eligible families reside. Staff attends and presents information at community meetings, reaching providers serving the same populations. Center-based, home-based, and family child

care home provider options to meet the needs of children and families. Collaborates with Courage Connection (housing and supportive services to victims of domestic violence) with CCHS staff onsite to offer home-based services.

Residency of 64 People Served in PY2020 and 13 in the first half of PY2021

<u>Champaign</u>	32 (50.0%) for PY20	9 (69.2%) for PY21
<u>Urbana</u>	18 (28.1%) for PY20	1 (7.7%) for PY21
<u>Rantoul</u>	11 (17.2%) for PY20	0 for PY21
<u>Mahomet</u>	0 for PY20	0 for PY21
<u>Other Champaign County</u>	3 (4.7%) for PY20	3 (23.1%) for PY21

Demographics of 64 People Served in PY2020

<u>Age</u>	
Ages 0-6 -----	64 (100.0%)
<u>Race</u>	
White -----	17 (26.6%)
Black / AA -----	39 (60.9%)
Other (incl. Native American and Bi-racial) -	8 (12.5%)
<u>Gender</u>	
Male -----	45 (70.3%)
Female -----	19 (29.7%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	4 (6.3%)
Not of Hispanic or Latino/a Origin -----	60 (93.8%)

Program Performance Measures

CONSUMER ACCESS: Children are eligible for services funded by this grant if they score above the cut-off on the ASQ-SE screening. The S-E Committee may identify a child, teacher, or parent needing additional support. Adults can self-refer. Members of the site-level S-E Committee (Teachers, SSPC, Site Managers, Family Advocate, ECMHC) determine the need for setting an S-E Goal after screening yields an ASQ-SE score indicating eligibility for services OR challenging and disruptive or age-inappropriate behavior have been documented in the classroom or reported at home. Adults meet criteria if they are a caregiver of an enrolled child and are requesting services. All staff learn about the program’s coaching and consultation during orientation. CCHS shares information with families through parent meetings, one-on-one with teachers and family advocates, Facebook group, brochures, parent handbook. Parent education pertains to trauma informed care, S-E development, and strategies to reduce challenging behaviors and increase S-E skills.

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

Within 7 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: between 3 months to 2 years.

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

Staff Comment: good timeframes for assessment and engagement; the wide range of length of service is due to variety of services, clients, and individual needs.

CONSUMER OUTCOMES:

1. Children will demonstrate improvement in social skills related to resilience such as: Self-Regulation; Initiative; Relationship building/Friendship skills; Emotional Literacy; and Problem-Solving.
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills. And a reduction in Burnout/compassion fatigue.
3. Parents will demonstrate improvement in stress management and caregiving skills.
4. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

Measured by:

1. Pre and post resilience related social skills are assessed using the Ages and Stages Questionnaire: Social-Emotional and the DECA-P2 and DECA I/T. Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, and spring checkpoints.
2. ProQOL Measure of Burnout, Compassion Fatigue, and Vicarious Trauma; and Adult DECA

3. Parenting Stress Index; and Adult DECA

4. TPOT/TPITOS - classroom management

Outcome gathered from all participants? No. Only collected on the formal/intensive services with TPCs.

Anticipate 480 total participants for the year.

Will collect outcome information 2 to 3 times a year.

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

Estimated level of change: difficult to estimate, as each child enters at different developmental stages with different skills and areas of need. Changes are evaluated over time using: data collected for all enrolled students at 3 checkpoints during the school year using teaching strategies GOLD to determine if their demonstration of skills is below, matches, or exceeds the "widely held standards" of S-E development; DECA for students receiving services. Using a pre and post assessment schedule, we identify clinically meaningful improvement using the normed pretest-posttest comparison table.

UTILIZATION:

Treatment Plan Clients (TPCs): 90 children, parents, or staff members who receive ongoing support or consultation which requires goal setting, planning, and follow up. *(elsewhere, the application lists a target of 80 TPCs)*

Non-Treatment Plan Clients (NTPCs): 400 children, parents, or staff who receive screening, intermittent, one-off support and consultation. Recipients of psycho-education, trainings, or professional development.

Service Contacts (SCs): 3000 meetings and observations regarding children, Practice Based Coaching with education staff, S-E Committee meetings. Reflective Consultation with staff and caregivers. Screenings and assessments. Other direct and indirect services with or on behalf of TPC and NTPC's.

Community Service Events (CSEs): 5 community trainings/workshops that share information about S-E services.

Other: 12 psycho-educational workshops, trainings, professional development efforts with staff and parents.

Staff Comment: TPC, NTPC, and SC targets are greatly increased for PY22, as the application combines what have been separate programs and sets of children/families (DD and MH); CSE target remains, and Other is reduced. During PY20, program exceeded targets for 50 TPC, 1800 SC, 5 CSE, and 50 Other, and was under the NTPC target of 80 (59 actual). At mid-year PY21, the program was on track to meet TPC target, fall below NTPC and SC, and exceed CSE and Other.

Financial Analysis

PY2022 CCMHB Funding Request: \$326,369

PY2022 Total Program Budget: \$326,369

Proposed Change in Funding - PY2021 to PY2022 = 55.5% *(incorporates the SES program, currently cofounded by MHB and DDB, for a more accurate net decrease of \$16,848 or -5.4 %)*

Current Year Funding (PY2021): \$209,906 MHS + \$99,615 SES + \$21,466 SES = \$330,987 (MHB total is \$309,521)

CCMHB request is for 100% of total program revenue.

Staff Comment: asked about other possible funding for this program, the applicant explained, "In April 2019, the program received the Early Head Start Expansion grant to expand services to 90 infants, toddlers, and pregnant women within Champaign County... we did choose to use some of that funding to hire a mental health support staff... This was the first time we have been able to access new funds to pay for MH staff" and described efforts over the last four years to secure additional funding: one not funded due to the pandemic; others awarded and indirectly supporting the program; and more recently notice of a 1.22% COLA increase for HS-EHS, to apply to wages, benefits, rent, maintenance.

Expenses: Personnel related costs of \$187,783 are the primary expense charged to CCMHB at 58% of \$326,369.

Other expenses are: Professional Fees/Consultants \$72,000 (22%); Consumables \$6,000 (2%); General Operating \$2,500 (1%); Occupancy \$54,746 (17%); Conferences/Staff Development \$2,500 (1%); and Local Transportation \$840.

Total Agency Budget shows a Surplus of \$2, Total Program Budget and CCMHB Budgets are BALANCED.

Program Staff to be funded by CCMHB: 0 Indirect and 3.22 Direct = 3.22 FTEs Total CCMHB. (Same as total program.)

Staff Comment: request is to secure funding for 4 staff - 1 part time consultant (charged to Professional Fees/Consultants) and 3 (of 4 total) full-time Social Skills and Prevention Coaches, with the fourth coach funded through an ISBE grant.

This means MHB is not the sole funder, though budget forms do not reflect this. Occupancy expense is the GATA-approved indirect rate of 45% of direct staff salaries.

Audit Findings: *Head Start/Early Head Start is included in the County's Comprehensive Annual Financial Report (CAFR). The most recent CAFR available is for FY18.*

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: *Eligibility Questionnaire is old, missing newer questions (6 questions about their Board are unanswered, and answers to audit questions may be inaccurate now). Application is complete, meeting expectations. Notes the value of virtual services, during and post pandemic, as they engage more people.*

Priority: Systems of Care for Children, Youth, Families: *Yes. – program aligns with the selected priority.*

Priority: Collaboration with the CCDDDB/Services for Young Children and their Families: *While not selected, this program is based on an I/DD program funded by CCMHB and CCDDDB over many years, and the proposed combined program preserves those developmental supports as at least one third of the total service/client mix.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan *Actions and benchmarks aligned with the National CLAS Standards. All the requirements were addressed in the actions and benchmarks. Head Start is being intentional about going through a cultural competence assessment process during FY21 and will implement strategies from the trainings and supervisor meetings from the CLC consultation.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? *Yes.*

Highlights from the submitted CLC Progress Report: *In PY2021 CCHS began an intense Cultural Competence Organizational Process. As a result, reflective supervision, intentional implementation of wellness programs for staff, and community engagement virtually and through social media to address disparities, racism, and discrimination were reported on the 2nd quarter report.*

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: *Access sections describe outreach efforts to rural residents and members of underrepresented minority groups. Some effective methods rely on in-person contact so that COVID restrictions likely caused lower service contacts; virtual services are added, enhancing access.*

Inclusion and Anti-Stigma: *recruits and enrolls all eligible children, including those who have developmental delays and challenging behaviors. Embraces the least restrictive environment and offers this model in classrooms and family childcare homes. Takes seriously the need to reduce implicit bias in our staff and the impact of structural racism for our families. S-E staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care within our program and community.*

Outcomes: *Generally, this program does a great job of utilizing evidence-based measures and being specific about the assessment plan for Outcome 1 (the child-focused outcome). We would encourage more specificity about a) how improved caregiving skills are measured for Outcome 2 (the teacher-focused outcome) and b) the timing of data collection and how data will be interpreted for Outcome 3 (the parent-focused outcome). Lastly, the program may benefit from considering the applicability of the DARS for staff/teachers and perhaps surveying teachers about the specific aspect(s) that are applicable to program activities (e.g., availability of mentors; stress-management techniques).*

Coordinated System: *Works with listed providers to enhance S-E support to enrolled children and families; completes referrals and seeks services for children identified as needing intervention with specialized professionals.*

HopeSprings offers outpatient therapy with individual children and their families.

Champaign Unit 4, Rantoul City Schools, Middletown Early Childhood, Urbana Unit 116, and Spectrum Early Childhood work with at-risk preschool age children and offer preschool education and disability services.

Child and Family Connections links families to early intervention services for infants/toddlers with developmental delays.

Caregiver Connections provides limited Early Childhood Mental Health Consultation to daycares not employing S-E staff.

Budget and Program Connectedness: *The Budget Narrative provides detail on other sources of revenue for Head Start-Early Head Start (treated as 'total agency'.) This does include annual ISBE funding for HS-EHS, though no additional info about the ISBE support for fourth full time coach. (In-kind contribution includes a reduction in rent from landlords.) Each expense is described, some with explanation of how calculated, e.g., adoption of the agency's GATA-approved indirect cost methodology. Detail on staff and consultant includes total of salaries and qualifications of coaches (staff.)*

Approach/Methods/Innovation: Practice-Based Coaching (PBC) supports teachers' use of practices that lead to positive outcomes for children. <https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc> S-E service delivery model, based on Illinois Model of Early Childhood Mental Health Consultation (evidence-based per SAMHSA) to decrease disproportionate preschool suspension and expulsion rates of Black, Indigenous, children of color. https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/il-approach-building-sustaining-iecmhc.pdf

As a membership organization, Illinois Association Infant Mental Health helps professionals to connect with others serving children's S-E development- <https://www.ilaimh.org/the-illinois-mental-health-consultant-statewide-registry/> Harvard University's Center on the Developing Child research on child development- <https://developingchild.harvard.edu/> Pyramid Model supports social-emotional competence in infants and young children, is researched and evidenced-based, and can be found at <http://csefel.vanderbilt.edu>. CSEFEL offers strategies, training modules, and family tools to implement the model. Staff use Conscious Discipline (evidence-based, trauma-informed) to develop emotional intelligence through a self-regulation program that integrates S-E learning and discipline <https://consciousdiscipline.com>

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

Staff Credentials:

Rantoul Coach: Bachelor's in Health Education/Science, minor in Sociology, 6 years experience with children diagnosed with Autism Spectrum Disorder, Board Certified Behavior Analyst.

Savoy Coach: Bachelor's in Sociology, minor in Psychology, 11+ years in human services, certified in Illinois Medicaid Comprehensive Assessment of Needs, experience completing KEMPE Assessments.

Urbana Coach: Bachelor's in Psychology, certification in Training for Intervention Procedures, and through 100+ volunteer hours and one year of employment, he mentored young children in crisis at a local program.

ECMH Consultant: Masters in School Counseling, Doctorate in Counselor Education and Supervision, trained in Restorative Practices, Practice Based Coaching, and Self-Compassion Meditation Skills, certified in Facilitating Attuned Interactions (FAN), a trained trainer in both the Pre-K and Infant Toddler Pyramid Model, and working towards licensure.

Resource Leveraging: *One position is funded by ISBE. This contract is not used as match for other funding but has led to CCHS-EHS receiving state and national recognition for their approach. See Financial Analysis for agency efforts and successes securing other resources.* **Other Pay Sources:** CCHS seeks assistance from community providers who accept Medicaid prior to using MH grant funds. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2022 contract:

- *Board member list should be updated. Submit a new eligibility questionnaire prior to next application.*
- *Revise budget forms to reflect that the program includes an ISBE-funded full-time staff.*
- *Add detail on the developmental services and how children are identified for these; a portion of the contract would serve up to 37% of children who have developmental issues, based on current client estimates.*
- *Fourth quarter financial reports will be used to determine whether excess revenue is due to the Board.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending

DRAFT PY2022 MHB Program Summary

Agency: Developmental Services Center

Program: Family Development

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2022 CCMHB Funding Request: \$596,522

Focus of Application: I/DD (Young Children and their Families)

Type of Contract: Grant

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

Services and People Served

Target Population: children birth to five years, with/at risk of developmental disabilities, and their families.

Birth to age three years, developmental screenings aide in early identification. If screening indicates a developmental concern, children are then referred for further evaluation. Eligibility for state-funded services: under 3, with a 30% delay in one or more developmental areas, and/or an identified qualifying disability. These and enhanced services are provided for children up to age 5 and with risk but ineligible for state funding through the early intervention (EI) system. While many children are at-risk for developmental delays, waiting lists for EI due to shortage of qualified therapists. FD maximizes state funds to eligible children. State reimbursement for EI is 15% of budget; local funding at 85% allows children and families uninterrupted, comprehensive services, optimizing the potential for success.

Scope, Location, and Frequency of Services:

Scope: responds to the needs of young children and their families with culturally responsive, innovative, evidence-based services that fill gaps left by insufficient state reimbursement and strict eligibility criteria. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. Comprehensive intervention services include Developmental Screening, Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project. The pandemic forced a temporary suspension of services until technology/alternative modes of therapy were implemented. Frequent check ins, and contactless drop-off of essential supplies, activity bags, and items used for virtual home visits became the norm. Consultation, encouragement, and motivation have been delivered virtually. Home visits continue to be virtual and bridge the gap until the home program can conduct much needed therapies in person.

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

Staff Comment: Scope of services largely unchanged from PY2021. Program serves significant percentage of rural residents; staff travel to people in their preferred settings county-wide. Changes in service delivery related to COVID noted above. State funding/Medicaid is billed for children age birth –three deemed eligible for EI services.

Access to Services for Rural Residents: Home visiting program provides for FD staff to bring services to families, eliminating barriers that may be associated with rural access. Virtual options currently available support access to those in rural areas as well. The FD program screenings occur in the family home (natural environment), childcare centers, and community centers. Therapies occur in the child's home.

Access to Services for Members of Underserved or Underrepresented Minority Populations: collaboration with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding. Outreach efforts and collaboration builds access for children from underrepresented groups. Staff maintain relationships with agencies serving underrepresented groups, including Rantoul Multicultural Community Center, CUPHD, DCFS, Center for Youth and Family Solutions Intact Families program, ISBE Prevention Initiative Programs, Urbana Early Childhood, and Carle Hospital. Expanded outreach efforts include letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums and inviting representatives to program meetings as guest speakers; and focus attention on underserved/underrepresented populations. CCMHB funds allow enhanced access to rural populations, with regular ongoing services in 22 different towns/villages.

Residency	724 in PY2020	651 in PY2021 (first two quarters)
<u>Champaign</u>	293 (40.5%) for PY20	251 (38.6%) for PY21
<u>Urbana</u>	132 (18.2%) for PY20	119 (18.3%) for PY21
<u>Rantoul</u>	99 (13.7%) for PY20	82 (12.6%) for PY21
<u>Mahomet</u>	50 (6.9%) for PY20	50 (7.7%) for PY21
<u>Other Champaign County</u>	150 (20.7%) for PY20	149 (22.9%) for PY21

Demographics of 724 People Served in PY2020

<u>Age</u>	
Ages 0-6 -----	724 (100.0%)
<u>Race</u>	
White -----	454 (62.7%)
Black / AA -----	156 (21.5%)
Asian / PI -----	38 (5.2%)
Other (incl. Native American and Bi-racial)-	76 (10.5%)
<u>Gender</u>	
Male -----	427 (59.0%)
Female -----	297 (41.0%)
<u>Ethnicity</u>	
Of Hispanic or Latino/a origin -----	96 (13.3%)
Not of Hispanic or Latino/a Origin -----	628 (86.7%)

Program Performance Measures

CONSUMER ACCESS: children with evidence of need for service based on assessment, at-risk for developmental disabilities or delays. This contract supports children who are “at-risk” but ineligible for state funded EI. Families learn about FD program services through local hospitals and health clinics, childcare centers, Crisis Nursery, local prevention initiative programs, other agencies, and outreach events, such as, Read Across America, disAbility Expo/events, the Mommy Baby Expo, and the Homeschool Fair. Our developmental screener participates in quarterly screening events offered at Urbana Early Childhood with the CU Home-Visiting Consortium. CFC make referrals to the FD therapists.
Within 7 days from referral, 100% of those referred will be assessed.
Within 7 days of assessment, 90% of those assessed will engage in services.
People will engage in services, on average, for: may be one-time screening or until age 5 within the therapy program.
Additional Demographic Data: language spoken, primary disability, and referral source.

CONSUMER OUTCOMES:

1: Families identify progress in child functioning in everyday life routines, play and interactions with others.
Measured by: quarterly file reviews will assess functional skills, play skills, and interactions as recorded on the home visit contact note. Family surveys mailed to some families at the end of the FY. Questions include parent perception of child’s functioning in everyday routines, play, and interactions with others. Parent input/feedback sought during home visits.

2: Children will progress in goals identified on their Individualized Family Service Plan (IFSP).
Measured by: initial and ongoing evaluation. IFSPs outline goals and strategies for services as well as outcome measures. Evaluation tools: Ages and Stages Questionnaire (ASQ), Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language.

Outcome gathered from all participants? No, random sample chosen for review with the specific outcomes above.
Anticipate 655 total participants for the year.
Will collect outcome information Quarterly. Satisfaction surveys to random sample annually for outcome 2.
Is there a target or benchmark level for program services? Yes, past outcomes/results establish targets/benchmarks.
FY21 Measure: Families will identify progress in child functioning in everyday life routines, play and interactions with others. Target: 90%. Mid-Year Outcome: 100%. FY 22: Continue as written.
FY21 Measure: Children will make progress in goals identified by families on the IFSP. Target: 90%. Mid-Year Outcome: 100%. FY 22: Continue as written.
Estimated level of change for both outcomes is 90% of those reviewed: defined as any level of progress as perceived by the family or proven by an assessment.

UTILIZATION:

Treatment Plan Clients (TPCs): 655 children receiving FD program services, living in Champaign County.

Service Contacts (SCs): 200 developmental screenings.

Community Service Events (CSEs): 15 events to increase awareness.

Staff Comment: The program served 724 TPCs in PY20, exceeding their target (655) by 69 and is on target to exceed PY21 TPC target (655) as well, currently at 651. The program did not meet the proposed SCs in PY20 and is below target during the first two quarters of PY21. CSEs were exceeded in PY20 and greatly reduced for PY21, but the program has already surpassed the target of 4 CSEs during PY21. During PY21, Six Therapists average 46 home/virtual visits per month, approximately 275 visits monthly (including Play Project). One Developmental Screener averages 15 – 18 screenings per month. Two Credentialed Evaluators average 12 – 15 evaluations per month (3 – 4 hours per Evaluation).

Financial Analysis

PY22 CCMHB Funding Request: \$596,522

PY22 Total Program Budget: \$783,735

Proposed Change in Funding - PY21 to PY22 = 0%

Current Year Funding (PY21): \$596,522

CCMHB request is for 76% of total program revenue. Other revenue: United Way = \$47,500 (6%); (allocated reimbursement of training as) DHS FFS = \$4,561; Early Intervention Program Service Fees = \$135,000 (17%); and Other;

Expenses: Personnel related costs of \$481,466 are the primary expense charged to CCMHB at 81% of \$596,522. Other expenses are: Professional Fees/Consultants \$2,368; Consumables \$4,755 (1%); General Operating \$7,483 (1%); Occupancy \$34,409 (6%); Conferences/Staff Development \$3,569 (1%); Local Transportation \$17,405 (3%); Equipment Purchases \$223; Lease/Rental \$33,556 (6%); Membership Dues \$2,233; and Miscellaneous \$9,055 (2%).

Total Agency Budget shows a deficit of \$139,278, Total Program \$8,762, and Budget is BALANCED.

Program Staff to be funded by CCMHB: 1.38 Indirect and 6.84 Direct = 8.22 FTEs Total CCMHB.

Total Program Staff: 1.74 Indirect and 9.00 Direct = 10.74 FTEs Total Program.

Staff Comment: Funding primarily is for staffing. Request represents 76% of budget, some help from United Way and state funds. Personnel expenses reflect a 3% wage increase. Professional fees will pay for IT consultant, occupational therapy, speech/language pathology, psychological/social, and technology services. Miscellaneous expenses will include report filing fees, bank fees, advertising, and promotional items. Based on budget narrative, it is unclear what memberships will be paid by line 14 – Membership Dues. Audit expense not budgeted. In PY20, the program had \$1,348 excess (unspent) revenue, which was returned to the CCMHB.

Audit Findings: Audit in Compliance.

Priorities and Decision Support Criteria

Expectations for Minimal Responsiveness: Concerns identified in Organization Eligibility Questionnaire include relatives of staff allowed to serve on the Board of Directors and the questionnaire was out of date. All other sections were addressed appropriately.

Priority: Systems of Care for Children, Youth, Families: - while not selected, some alignment with this priority.

Priority: Collaboration with the CCDD/Services for Young Children and their Families: Yes. – program aligns with selected priority.

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: The Board of Directors has allocated training for all staff and all staff are required to review the CLC Plan upon hiring. DSC has formal partnerships with Illinois Self-Advocacy Alliance and St. Andrew's Lutheran Church the highlight their commitment to partner with organizations that are faith based and grass roots. A list of qualified interpreters will be maintained as a resource to ensure informed care. DSC also provides translation and interpretive services at no cost to the client. Board and Staff members review and sign the CLC Plan annually and there is a budget line item allocated for CLC training and support.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2021? Yes

Highlights from the submitted CLC Progress Report: DSC Human Resource department provided support and incentives for preventing burn-out, compassion fatigue. To date some of the supports and incentives are as follows: food

for DSPs during the pandemic; 12 days of Christmas; holiday contests; contest in lieu of fish fry; Target gift cards in lieu of holiday party; addition of 3-month and 1 year service awards/welcome swag bags. In progress. The Board will participate in a training and staff throughout the agency have reported attending trainings with topics on microaggressions, talking about racism with children, transgender identities, racism, and violence, and they participated in the United Way Equity Challenge.

Overarching Decision Support Criteria

Underserved/Underrepresented Populations and Countywide Access: See underserved/underrepresented above.

Inclusion and Anti-Stigma: families shape decisions regarding the resulting outcomes and services, including the intensity, duration, and location of services. Access to culturally responsive services begins by building relationships with each family that honors diverse customs, viewpoints, and languages as assets. Cultural competence is a process of communication between families and providers with a goal of building cultural reciprocity – understanding and open-mindedness regarding diversity. This process is embedded within the initial referral process and assessment through intervention planning and implementation. FD staff partners with families to enhance self-sufficiency within their cultural and community foundations.

Outcomes: Two measurable outcomes relate to a child's progress. Outcomes are measured by a survey completed by the family and screening/assessments commonly used by early childhood providers.

Coordinated System: The Place for Children with Autism provides similar services, with an Applied Behavior Analysis (ABA) approach. We do consult, share information/resources and plan together for children/families we jointly serve. Program staff participates in Cradle to Career, the Local Area Network (LAN), the 0 to 3 Coordinating Council, Local Interagency Council (LIC), the Home-Visiting Consortium and the Rantoul Provider meetings.

Budget and Program Connectedness: The Budget Narrative identifies sources of revenue (and how amounts were projected), what is included in each expense line, relationship of various personnel to this program, and how some expenses were calculated (Allocated Program Expense formula is reviewed by auditors annually.)

Approach/Methods/Innovation: Services... shown to positively impact outcomes across developmental domains. The PLAY (Play and Language for Autistic Youngsters) Project, an evidence-based autism intervention devoted to helping parents develop a better connection with their child through play, and helping the child improve their language, development, behavior, and social skills. PLAY Project Consultant coaches families on methods, principles, and techniques to help deliver the intervention with their child throughout everyday interactions.

Evidence of Collaboration: Down Syndrome Network, Child and Family Connections, Multicultural Community Center Migrant/Seasonal Head Start, PLAY Project License Agreement, Unitarian Universalist Church in Urbana (playgroups), Champaign County Home-Visiting Consortium, Birth to 3 Coordinating Council, CU Public Health District.

Staff Credentials: developmental therapists, a speech therapist and a developmental screening coordinator. 5 with Master's and 1 with Bachelor's in relevant fields; 6 licensed and credentialed by the State of IL EI program; 2 developmental therapists trained/certified to provide PLAY Project; 1 a certified evaluator in ASQ Developmental tool.

Resource Leveraging: current and proposed contract not used as match for other funding. **Other Pay Sources:** United Way funding supports <1 FTE. State EI is billed when applicable. **Client Fees** No **Sliding Scale** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY22 contract:

- Offer a two-year term.
- A new organizational eligibility questionnaire should be completed prior to next application cycle.

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of award process.

Recommendation: Pending



11.A.

CCDDB 2021 Meeting Schedule

9:00AM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557>
312-626-6799, Meeting ID: 815 5912 4557

March 17 – Staff Office, Pod 200

~~March 24 – Putman Room – tentative study session~~ – Cancelled

April 21 – Shields Room

April 28 – Putman Room – study session

May 19 – Shields Room

June 23 – Shields Room

July 21 – Shields Room

August 18 – Shields Room – tentative

September 15 5:45PM – Shields – study session with CCMHB

September 22 – Putman Room

October 20 – Shields Room

November 17 – TBD

December 15 – Shields Room - tentative

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org. If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated, but be aware that the time for each person's comments may be limited to five minutes.

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CCMHB 2021 Meeting Schedule

5:45PM Wednesday after the third Monday of each month
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81393675682>

312-626-6799, Meeting ID: 813 9367 5682

~~March 24 – Putman Room – *study session*~~ Cancelled

April 21 – Shields Room

April 28 – Shields Room - *study session*

May 12 – Shields Room - *study session*

May 19 – Shields Room

June 23 – Shields Room

July 21 – Shields Room

September 15 – Shields Room – *joint study session*

September 22 – Shields Room

October 20 – Shields Room

October 27 – TBD – *study session*

November 17 – Shields Room

December 15 – Shields Room - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

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DRAFT January to December 2021 Meeting Schedule with Subject and Allocation Timeline for PY2022 continued, moving into PY2023

This schedule provides dates and subject matter of meetings of the Champaign County Developmental Disabilities Board through 2021. 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 9AM; study sessions at 5:45PM. Included are tentative dates for steps in the funding allocation process for Program Year 2022 (July 1, 2021 – June 30, 2022) and deadlines related to PY2021 agency contracts.

- | | |
|----------|---|
| 4/21/21 | Regular Board Meeting: Review of Agency Applications |
| 4/28/21 | Study Session: Review of Agency Applications |
| 4/30/21 | <i>Agency PY2021 3rd Quarter Reports due</i> |
| 5/12/21 | <i>Allocation recommendations to CCDDDB, posted with meeting agenda.</i> |
| 5/19/21 | Regular Board Meeting: Allocation Decisions
(an additional meeting may be necessary) |
| 6/23/21 | Regular Board Meeting: Approve FY2022 Draft Budget |
| 6/23/21 | <i>PY2022 Contracts Completed</i> |
| 7/21/21 | Regular Board Meeting: Election of Officers |
| 8/18/21 | Regular Board Meeting - tentative |
| 8/27/21 | <i>Agency PY2021 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due</i> |
| 9/15/21 | Joint Study Session with CCMHB (5:45PM) |
| 9/22/21 | Regular Board Meeting
Draft Three Year Plan 2022-2024 with 2022 Objectives |
| 10/20/21 | Regular Board Meeting
Release Draft Program Year 2023 Allocation Criteria |
| 10/28/21 | <i>Agency Independent Audits, Reviews, or Compilations Due</i> |
| 10/29/21 | <i>Agency PY2022 1st Quarter Reports Due</i> |
| 11/17/21 | Regular Board Meeting |

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Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY23 Allocation Criteria

12/13/21

Public Notice to be published on or before this date, giving at least 21-day notice of application period.

12/15/21

Regular Board Meeting - tentative

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11.B.

Agency and Program acronyms

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

Glossary of Other Terms and Acronyms

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

AAC – Augmentative and Alternative Communication

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

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BD – Behavior Disorder

BSP – Behavior Support Plan

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

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

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

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

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

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

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

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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.

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FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

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

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

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

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

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

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

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

MI – Mental Illness

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

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

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SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

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

VI – Visual Impairment

VR – Vocational Rehabilitation

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

WIOA – Workforce Innovation and Opportunity Act

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