



CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

## Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

Wednesday, September 22, 2021, 9:00AM

Putman Room, Brookens Administrative Building

1776 East Washington Street, Urbana, IL

<https://us02web.zoom.us/j/81559124557> 312-626-6799, Meeting ID: 815 5912 4557

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the County Executive's and CCDDDB President's determination that holding this meeting in person is not prudent at this time due to health concerns with rising numbers of COVID-19 cases and hospitalizations being reported in the county, this meeting will be held remotely via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at

<https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>

**Public Input:** All are welcome to attend the Board's meetings, using the Zoom options or in person, 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 [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org). If the time or format of the meeting are not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments 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 5 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 CCDDDB Board Meeting Minutes (pages 4-6)\*  
*Minutes from the 9/01/2021 board meeting 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. UIUC Evaluation Capacity Project Presentation (pages 9-32)  
*Included for information is a report on PY2021 project activities. Drs. Nicole Allen and Mark Aber will present. (Appendices are included in the full report, which is posted as addendum to the board meeting, linked on the website.) No action is requested.*
  - B. Community Needs Assessment Report (pages 33-76)

*Included in the packet for information is a report on Community Needs Assessment activities, to support the next Three-Year Plan and future funding priorities. (Appendices are included in the full report, which is posted as addendum to the board meeting, linked on the website.) No action is requested.*

- C. **DRAFT Three Year Plan for 2022-2024 with Objectives for FY 2022 (pages 77-86)**  
*For review and discussion are a Briefing Memorandum and DRAFT of strategic plan for 2022, 2023, and 2024. No action is requested.*
- 11. **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.*
- 12. **Old Business**
  - A. **Revised 2022 Budgets for CCDDDB and CILA Facilities Fund (pages 87-95)\***  
*The packet includes a Decision Memorandum and revised budgets for 2022, along with background information. Board action is requested.*
  - B. **Update on CILA Project (page 96)**  
*For information only is a Briefing Memorandum with an update on the CILA houses.*
  - C. **Update on Deferred Funding Requests (pages 97-98)**  
*The packet includes a Briefing Memorandum with an update related to the two funding requests deferred in May. No action is requested.*
  - D. **Update on Mini-Grant Project (page 99)\***  
*A Decision Memorandum describes a requested change in use of approved funding. Action is requested.*
  - E. **Agency Service Reports (pages 100-134)**  
*For information only, the packet includes fourth quarter and year end data on programs funded for PY2021.*
  - F. **CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 135-138)**
  - G. **Acronyms and Glossary (pages 139-146)**  
*A list of commonly used acronyms is included for information.*
- 13. **CCMHB Input**
- 14. **Staff Reports (pages 147-164)**  
*Included for information only are reports from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie Howard-Gallo, and Shandra Summerville.*
- 15. **Board Announcements**
- 16. **Adjournment**

*\*Board action requested*

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## Instructions for participating in Zoom Conference Bridge for CCDDB Meeting September 22, 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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Dial by your location

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Meeting ID: 815 5912 4557

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)  
SPECIAL MEETING**

*Minutes –September 1, 2021*

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

**9:00 a.m.**

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**MEMBERS PRESENT:** Anne Robin, Deb Ruesch, Sue Suter, Georgiana Schuster, Kim Wolowiec-Fisher

**STAFF PRESENT:** Kim Bowdry, Lynn Canfield, Stephanie Howard-Gallo,

**OTHERS PRESENT:** Patty Walters, Danielle Matthews, DSC; Hannah Sheets, Community Choices;

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**CALL TO ORDER:**

Dr. Robin called the meeting to order at 9:00 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ZOOM INSTRUCTIONS:**

Instructions were included in the packet.

**APPROVAL OF AGENDA:**

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

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**CITIZEN INPUT/AGENCY INFORMATION:**

None.

**PRESIDENT'S COMMENTS:**

Dr. Robin expressed her regret the properties will be sold.

**EXECUTIVE DIRECTOR'S COMMENTS:**

Ms. Canfield reviewed the agenda.

**APPROVAL OF MINUTES:**

Minutes from the 07/21/21 and 7/28/21 board meetings were included in the packet.

**MOTION:** Ms. Suter moved to approve the minutes from the 7/21/21 and 7/28/21 board meetings. Ms. Schuster seconded the motion. A voice vote was taken and the motion passed unanimously.

**RESOLUTION TO AUTHORIZE THE SALE OF PROPERTIES:**

The packet contained a proposed resolution authorizing the Executive Director to complete the sale of each CILA property. Board members discussed and reviewed the document. Ms. Schuster requested the third paragraph of the resolution be removed, as the statement does not reflect the feelings and wishes of the Board. The other Board members agreed. The third paragraph being removed reads as follows:

*Whereas, after open discussions and careful consideration of the services available in our community for these residents, the DDB finds it is in the best interest of these persons and the DDB that these residential services be discontinued.*

**MOTION:** Ms. Ruesch moved to authorize the executive director to complete the sale of each CILA property per the resolution presented, with the removal of the third paragraph of the resolution as discussed. Ms. Suter seconded. A roll call vote was taken and the motion passed unanimously.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 9:20 a.m.

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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

9/10/21

VENDOR NO	VENDOR NAME	TRN B	TR	PO NO	CHECK NO	CHECK DATE	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
90	CHAMPAIGN COUNTY TREASURER	02	VR	108-74	624175	9/10/21	MENT HLTH BD FND 090 108-050-533.07-00 PROFESSIONAL SERVICES	SEP ADMIN FEE VENDOR TOTAL	32,731.00 32,731.00 *
161	CHAMPAIGN COUNTY TREASURER	02	VR	108-68	624179	9/10/21	REG PLAN COMM FND075 108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP DECISION SUPPOR VENDOR TOTAL	25,957.00 25,957.00 *
11585	C-U AUTISM NETWORK	03	VR	108-69	624218	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP COMM OUTREACH VENDOR TOTAL	3,166.00 3,166.00 *
11680	CAMP NEW HOPE	04	VR	108-67	623875	8/31/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	J CRITES 8/27-29	300.00
		09	VR	108-76	624221	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	J CRITES 9/10-12 VENDOR TOTAL	300.00 600.00 *
18203	COMMUNITY CHOICES, INC	03	VR	108-70	624241	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	9,308.00
		02	VR	108-70	624241	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP CUSTOM EMPLOY	16,750.00
		02	VR	108-70	624241	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP SELF DETERMINAT VENDOR TOTAL	11,750.00 37,808.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC	03	VR	108-71	624256	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP CLINICAL SVCS	14,500.00
		02	VR	108-71	624256	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP COMMUNITY EMPLO	30,114.00
		02	VR	108-71	624256	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP COMMUNITY FIRST	70,638.00
		02	VR	108-71	624256	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	38,003.00
		02	VR	108-71	624256	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP CONNECTIONS	7,083.00
		02	VR	108-71	624256	9/10/21	108-050-533.92-00 CONTRIBUTIONS & GRANTS	SEP EMPLOYMENT FIRS	6,667.00

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

PAGE 9

9/10/21

VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 108	DEVLPMNTL DISABILITY FUND								
		9/02/21 03 VR 108-	71		624256	9/10/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDIV/FAMILY SU	35,754.00
		9/02/21 03 VR 108-	71		624256	9/10/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SERVICE COORD	36,321.00
		9/09/21 02 VR 108-	75		624256	9/10/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMMUNITY FIRST	70,638.00
		9/09/21 02 VR 108-	75		624256	9/10/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMMUNITY FIRST	70,641.00
									VENDOR TOTAL	380,359.00 *

54930	PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT, INC	9/02/21 03 VR 108-	72		624340	9/10/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CONSUMER CONTRO	2,022.00
									VENDOR TOTAL	2,022.00 *

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61780	ROSECRANCE, INC.	9/02/21 03 VR 108-	73		624362	9/10/21	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COORD SVC DD/MI	2,929.00
									VENDOR TOTAL	2,929.00 *

									DEPARTMENT TOTAL	485,572.00 *
									FUND TOTAL	485,572.00 *

REPORT TOTAL \*\*\*\*\* 1,011,198.46 \*

10A.

*A Final Report on Building Evaluation Capacity for Programs  
Funded by the Champaign County Community Mental Health Board (CCMHB) Year 6*

*Emily Blevins, M.S.  
Danyelle Dawson, M.S.  
Hope Holland, M.S.  
Andi Lee Quesbarth, M.S.  
Nicole Allen, Ph.D.  
Mark Aber, Ph.D.*

*Department of Psychology University of Illinois, Urbana-Champaign*

*August 10, 2021*

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*A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) Year 6*

***Statement of Purpose:***

**The aim of this effort was to continue to build evaluation capacity for programs funded by the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB). In Year 6, we proposed to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon our previous efforts over the last few years. Specifically, we proposed the following activities and deliverables.**

**1. Continue to create a learning organization among funded agencies and the CCMHB and the CCDDB.**

- a. Prepare new "targeted" agencies to share information at MHDDAC meetings once/year by Summer, 2021 (as schedules allow). The actual presentation will occur in the July or August following the end of the fiscal year at the MHDDAC meeting.*

Together with the CCMHB and CCDDB staff, we targeted five programs for more intensive evaluation capacity building partnership. Five funded programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Allen. These programs developed and engaged in targeted strategies for building evaluation capacity and received sustained individual support over the course of the year from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through VI of this report. Each section summarizes the effort engaged with each partner agency.

These relationships were created to foster a culture of learning, first within each program and then across CCMHDDB-funded agencies as a larger system. Consultants took an intensive approach that emphasized developing a learning organization, or one that is "skilled at creating, acquiring, and transferring knowledge, and at modifying its behavior to reflect new knowledge and insights" (pp. 79; Garvin, 1993). As one example, we hoped to position these target programs as 'peer experts' that could then report back and serve as resources to other CCMHB-funded programs. While the targeted programs are not at a point where they would be able to function as independent supports for other agencies building evaluation capacity, their experiences are valuable learning opportunities for their peers. During the Mental Health Agency Council (MHAC) meetings from years two through five, representatives from each of the targeted programs

presented to their peers about their experiences building evaluation capacity. Programs briefly shared about challenges they encountered and lessons learned, as well the general processes they engaged in. This feedback appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this evaluation effort. Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g. a specific business). In addition to engaging at the individual and organizational levels, our process also engaged programs and agencies within a larger system (CCMHDDDB). While ongoing effort will further advance these goals, the targeted partnerships begin the process of fostering a culture of i) valuing evaluation, ii) desiring evaluation to be meaningful, and iii) experimenting with evaluation.

- 2. Continue to Support the Development of Theory of Change Logic Models.**
  - a. Offer 2 logic modeling workshops to support funded programs in model development in Fall 2020*
  - b. Schedule and announce logic model training dates with 30 days advance notice*
  - c. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)*

We held seven total (virtual) logic model workshops, with two workshops offered in fall of 2020 open to CCMHDDDB funded programs, staff, and board members. The other five workshops were open only to CCMHDDDB staff and/or board members (more information regarding these latter workshops is provided under point number nine below). Workshops offered to funded programs were attended by three groups: the Cunningham Children's Home (CHC), Rape Advocacy, Counseling, and Education Services (RACES), and the Mahomet Area Youth Club (MAYC). During the workshops all programs engaged in hands-on theory of change logic model creation with the support of an Evaluation Capacity Building team member. All programs in attendance were provided with PowerPoint slides containing their logic models following the workshop. Additionally, we continued working with a couple programs to further develop their logic models after the workshop.

- 3. Choose three Programs for Targeted Evaluation Development in Consultation (up to two CCMHB and one CCDDDB)**
  - a. Work in collaboration with up to three funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)*
  - b. The goal would be to guide an evaluation plan and process that can be implemented and sustained by the program in subsequent years*

We worked with two programs as new targeted partners, both funded by the CCMHB, for evaluation capacity building support in year 6. Despite expressing general interest in participating in partnerships to build evaluation capacity, given the challenges associated with continuing to provide high quality services during the COVID-19 pandemic, no CCDDDB funded programs were able to devote the necessary time and effort to participate in new partnerships in year 6. The new CCMHB programs included: the Cunningham Children's Home – Families Stronger Together (CCH-FST) program and Rape Advocacy, Counseling, and Educational Services (RACES). Individual meetings and customized efforts were provided to each of these two programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections II and III.

**4. Choose three Programs for Targeted Evaluation Data Usage in Consultation (up to two CCMHB and one CCDDDB)**

- a. *Work in collaboration with up to three funded programs to support ongoing evaluation implementation (e.g., data collection, data usage, data translation).*
- b. *The goal would be to emphasize translating evaluation findings to inform program activities and facilitate usage of evaluation data to make informed programmatic decisions.*

We worked with three programs as continuing targeted partners, all funded by the CCMHB, for evaluation capacity building support targeted to data usage in year 6. Again, given the challenges associated with continuing to provide high quality services during the COVID-19 pandemic, no CCDDDB funded programs were able to devote the necessary time and effort to participate in continuing partnerships in year 6. The continuing CCMHB programs included: GROW, Rosecrance – Criminal Justice and Mental Health program, and Uniting Pride. Individual meetings and customized efforts were provided to each of these three programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections IV, V and VI.

**5. Invite follow-up with all previously targeted agencies via the Consultation Bank. This could include (depending on agency need):**

- a. *Reviewing evaluation implementation progress*
- b. *Revising and refining logic models*
- c. *Reviewing gathered data and developing processes to analyze and present data internally and externally*

We received two requests for consultation bank support from previously targeted agencies. These included: Community Choices and the Community Services Center of Northern Champaign County (CSCNCC). Across these programs, we provided support

in troubleshooting strategies for improving client response and engagement in an annual patient satisfaction survey. We also provided support in brainstorming creative ways to adapt their survey recruitment and data collection strategies to meet the needs of families in the virtual context of the pandemic. We also provided support on adapting data collection strategies in the age of COVID and on setting up datasets to make analyses easier in the future.

**6. Continue the Evaluation Consultation Bank with Agencies Who Have not Had Targeted Partnerships**

- a. *Offer a bank of consultation hours for use by funded programs*
- b. *Funded programs would request hours based on specific tasks*
  - i. *Developing an evaluation focus*
  - ii. *Completing a logic model*
  - iii. *Developing and sustaining evaluation activities (particularly in targeted agencies)*
  - iv. *Reporting data*

We received one request for consultation bank support from the Mahomet Area Youth Club (MAYC), who had not previously had a targeted partnership. With MAYC we discussed potential ways to assess outcomes for a diversity education workshop facilitated by an external presenter, including potential outcomes of interest, measurement methods, and important considerations for analysis and interpretation.

**7. Continue to Build a “Buffer” of Tools**

- a. *Maintain and expand a Google drive or other web-based repository for measures developed with and/or for funded programs*

While we continued to maintain the web-based repository of measures developed with and for funded programs, this year all new measures that were developed were highly specific to the individual programs involved, and thus were not appropriate for use by other programs. Consequently, in year 6, no new measures were added to the repository of measures.

**8. Offer two workshops with CCMHB/CCDDB funded agencies regarding data usage fundamentals including, for example:**

- a. *Data storage (setting up excel, confidential storage, identity keys)*
- b. *Basic analysis (shareware, means, standard deviations, change over time)*
- c. *Conceptualizing process and outcome evaluation questions based on the theory of change logic model*
- d. *Applying evaluation findings to inform programmatic decision-making*

In summer of 2021, we offered three data workshops to all CCMHB/CCDDB funded agencies. The workshops were sequenced to build on each other, with the first workshop being the most basic and the third the most advanced. The first workshop, Data 101, provided an basic introduction to data. It addressed what questions data can answer, and what types we can collect, use, and share. The second workshop, Data 102, provided an



introduction to basic statistical concepts for understanding program outcomes and best practices for data entry and management in Excel. The third workshop, Data 103, provided a more in depth introduction to using Excel to automate data analysis, reporting and visualization. As was true for the year 6 logic modeling workshops, the data workshops were delivered online via zoom. Each workshop was attended by between four and ten staff and/or board members from between three and five agencies. The following six agencies were represented at one or more workshops: Community Choices, CU-Able, GROW, Family Services, RACES and Uniting Pride. Several programs that attended expressed their intention to use the consultation bank to follow-up on ideas sparked by the workshops for improving their program's evaluation processes and procedures.

- 9. Meet with CCMHB/CCDDB members as requested to provide information on, for example:**
- a. The varied uses of evaluation
  - b. Logic modeling process
  - c. CCMHB/CCDDB goals and priorities with regard to evaluation
  - d. Instantiating evaluation practices for the CCMHB and the boards' funded programs

Through conversation with CCMHDDDB staff and some board members, it was decided that we would develop a logic model for the work of the Champaign County Mental Health and Developmental Disabilities Boards. This work is summarized below, starting with a brief description of the organizational background that provides context for the logic model.

Organization Background: "The [Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB)] are the local mental health and developmental disabilities authorities for Champaign County. The CCMHB is responsible for planning, coordinating, evaluating and allocating funds for the comprehensive local system of mental health, developmental disabilities and substance abuse services for Champaign County. The CCDDB has essentially the same functions, but is limited to developmental disabilities.

Duties associated with these responsibilities include preparation of a Three Year Plan with annual review of supporting objectives, setting criteria for evaluating program proposals supporting a system of care, analysis of requests for funding and contract monitoring to evaluate program performance and to maintain financial accountability." (Information pulled from <http://co.champaign.il.us/MHBDDDB/PublicDocuments>)

With the aim of clarifying links between organizational responsibilities and anticipated outcomes, CCMHDDDB staff and board members participated in a series of logic model workshops resulting in the model included in Appendices for Section I, at the end of this document.



## Section I: Year Six Overview

**Logic Model Overview:** A Theory of Change Logic Model aims to clarify the hypothesized relationship between organizational activities and desired impact. This type of model visually represents the connections between specific program activities, shorter-term outcomes, and longer-term outcomes. Ideally, creating a model is an iterative process that allows for dialogue and consensus-building among different stakeholders, resulting in a visual model that articulates a program's underlying theory of change.

**Logic Model Process:** The current model was developed in collaboration between CCMHDDDB staff, active CCMHB and CCDDDB volunteer board members, and members of the evaluation capacity building (ECB) team. The model was created over the course of six different meetings attended by ten board members and six staff, held from December, 2020 to March 2021. To maintain compliance with the Illinois Open Meetings Act (5 ILCS 120/), no more than two members of each board were present at the same workshop. Staff members attended multiple workshops.

Model development was an iterative process. During each workshop, participants provided model content and feedback and between each workshop, the ECB team refined the model based on that feedback. Feedback on the model generally reflected a high degree of conceptual consistency among participants, indicating a shared vision for organizational impact.

Early on, the decision was made to create a unified model that could represent both boards, as opposed to individual models for each. This decision reflects the perception that each board's activities and goals are more similar than different, even with slight differences in target populations. Importantly, this was a collaborative decision, with members of both boards and staff in agreement with this approach.

Ultimately, organizational mission, activities, and intended shorter- and longer-term outcomes were organized into a logic model (see **Section I Appendix**). The logic model includes a "detailed version" and a "simple version", with the only difference being the amount of detail provided in each box.

**Logic Model Details:** The first board activities described in the model are i. Required and regular planning for DDB/MHB activities and priorities, and ii. Review and update of MHB/DDB policy and procedures. Bidirectional arrows indicate that each of these activities influences the other; an additional arrow leads from these two activities to another column divided into three categories of 11 total activities (Consumers and Broader Community; Funded Programs; MH and DD Board Members), indicating that planning and review informs each of these activities.

Arrows indicate that these 11 activities result in a variety of shorter-term outcomes (e.g., Increase local capacity to develop and expand local resources), which then lead to intermediary outcomes (e.g., Increase connections and shared understanding and purpose with relevant systems). The model links these intermediary outcomes to the longer-term outcomes of i. Effective mental health and developmental disabilities service array and ii.

## Section I: Year Six Overview

Effective service delivery system, each of which lead to the ultimate organizational goal of a healthy community.

The CCMHDDDB is encouraged to incorporate regular review of the logic model into organizational training, strategic planning, evaluation, and/or goal setting processes. The organization should feel empowered to respond to changes in organizational focus, mission, or responsibilities by modifying the model as necessary.

Finally, the evaluation capacity building team provided consultation to CCMHDDDB staff regarding the evaluation sections of program applications for FY 2022. We did not make summary judgments about the merits of applicants plans, but rather reviewed the evaluation sections of their applications and provided descriptions of them that would help the staff understand what we saw as the plans' strengths and shortcomings.

## **Cunningham Children's Home (CCH): Families Stronger Together (FST) Program**

### **Program Overview**

The Families Stronger Together (FST) Program is an initiative of Cunningham Children's Home designed to support youth and families of youth currently involved or at risk of becoming involved in the juvenile justice system. The program includes extensive family engagement and casework efforts to engage families referred to the program in meeting their most immediate needs such as housing, food, and safety. Each family is provided a thorough assessment of family strengths and needs, and together with case managers, families are supported in strengthening natural supports and linking with professional supports where needed. For youth and families expressing a need for therapy services, they can also receive psychoeducation and individual therapy services. FST uses a trauma-informed, evidence-based intervention model called the Attachment, Regulation, and Competencies (ARC) Framework, which focuses on identifying and strengthening existing family supports and building skills in coping, emotion regulation, attunement, communication, and self-efficacy. From September 2020 to July 2021, one consultant from the University of Illinois worked with two primary staff members of FST to build the program's capacity to evaluate and improve their program.

### **Identifying Goals for Targeted Continuing Partnership**

1. Develop a plan to leverage chosen assessment tools to track FST's progress on an ongoing basis.
2. Build institutional knowledge to enable FST's evaluation plan to be sustainable over time and through staff changes.
3. Develop a method for measuring systemic change in the community, particularly as it relates to the juvenile justice system.
4. Improve skills in presenting FST outcomes in a clear to way funders.

### **Executing Goals**

1. **Develop a plan to leverage chosen assessment tools to track FST's progress on an ongoing basis.**

During FST's initial development, the staff developed an assessment battery to track youth and family outcomes throughout their engagement with the program, which includes multiple validated scales as well as an internally developed measurement tool specific to the Attachment, Regulation, and Competency (ARC) framework employed by the program (Hodgdon et al, 2016). FST sought support in leveraging these data to track the program's performance dynamically over time. We began by examining the program's original logic model, identifying which short-term outcomes they wanted to assess as indicators program success. Because the logic model was created during FST's initial development (before implementation began), we also invited staff to identify other short-term goals or indicators that they believed were important to track over time. Using this list of indicators, we helped staff to develop a data dashboard to clearly communicate

FST's key outcomes with staff on an ongoing basis. We supported FST staff in adapting a pre-existing dashboard for another Cunningham Children's Home program to meet the needs of FST. This support included helping FST staff to identify benchmarks and data sources for each outcome indicator. We also helped staff to conceptualize how to track community engagement efforts including offering community-wide trainings on trauma-informed care. Efforts were made to ensure the dashboard's data sources aligned with data collection procedures within the organization in order to integrate the dashboard with existing reporting capacity.

**2. Build institutional knowledge to enable FST's evaluation plan to be sustainable over time and through staff changes.**

Once the data dashboard was completed, we supported FST in revising their program's logic model, which was initially developed during the program's conception. While regularly updating logic models is a best practice, we also chose this activity so that staff could document the spirit and logic of the program for future iterations of FST staff. We paid close attention to the long-term goals that FST staff wanted to achieve, the specific activities conducted by FST staff in its programming, and what short-term and intermediary goals could help the program to achieve these long-term goals. Through a series of multi-hour meetings, we provided technical support to FST staff as they developed the content and organization of a more current logic model. We encouraged staff to acknowledge and interrogate the assumptions behind each arrow in the model, which resulted in greater clarity about the program's scope as well as a more intentional focus on client outcomes rather than staff outputs as indicators of the program's success.

Upon completion of the program logic model, we supported FST staff in developing an indicators worksheet to identify the indicators and data sources they would use for each short-term outcome. During this process, we supported staff in further operationalizing the key outcomes they would like to track as indicators of the program's success. Additionally, we helped staff to continue practicing the distinction between program inputs/activities and short-term goals rooted in client outcomes. As staff developed clarity about their own assumptions and opinions about program goals, we encouraged them to articulate their logic through the logic models and indicators worksheet so that future staff could understand the connection between the program structure and activities, the targeted client outcomes via various assessment tools, and the long-term goals.

**3. Develop a method for measuring systemic change in the community, particularly as it relates to the juvenile justice system.**

In addition to helping FST staff to update their program's logic model, we provided support in creating a secondary logic model specific to FST's systems change goals in the community. In its conception, the program aimed to make a community-wide impact by expanding community partners' awareness and use of trauma-informed practices throughout the county. Program leadership voiced a desire to support existing leaders in the juvenile justice sector of the community rather than adopting a leadership role and duplicating efforts. Thus, the systems change logic model focused on specific expertise

and resources that FST could contribute to existing efforts. FST staff attended our logic model workshop in Fall 2020 to begin the systems-level logic model, and we collaboratively revised the model over a series of one-on-one meetings. See appendices for the final version of the systems change logic model.

Additionally, funding was provided by CCMHB for FST to provide a training to community partners on trauma-informed care. FST staff asked for assistance developing a survey to evaluate the training delivered in May 2021. We conducted a literature review on evaluations of comparable trainings and met with staff to draft sample items and ultimately to finalize the details of the pre- and post-training surveys. Staff also voiced a desire to get feedback from attendees about their priorities and perceived needs for the juvenile justice sector of the community. Thus, we added items to evaluate community needs and priorities to the post-training survey. Following the training, we supported FST staff in summarizing the results of the pre- and post-training surveys, including the community evaluation items.

#### **4. Improve skills in presenting FST outcomes in a clear to way funders.**

FST staff made a presentation to the CCMHB in February 2021, and we were asked to provide input on this presentation during its preparation. We provided FST staff with guidance on best practices for presenting program outcomes and ultimately reviewed and provided feedback on the presentation slides with a particular focus on the program outcomes.

#### **Future Directions and Next Steps**

1. FST staff will continue to refine their program logic model, systems change logic model, indicators worksheet, and dashboard to reflect program activities and goals.
2. FST staff will consult with quality assurance staff within Cunningham Childrens' Home to develop a process for generating the reports necessary to update the dashboard and to evaluate the FST program as a whole using the data sources and indicators from the indicators worksheet.
3. Results from the training assessment and community evaluation will be shared with CCMHB, the contracted training facilitator, and possibly with training attendees to inform future iterations of the training and to inform community-wide juvenile justice efforts (e.g., developing a Juvenile Justice Council).

#### **References**

- Hodgdon, H. B., Blaustein, M., Kinniburgh, K., Peterson, M. L., & Spinazzola, J. (2016). Application of the ARC model with adopted children: Supporting resiliency and family well being. *Journal of Child & Adolescent Trauma*, 9(1), 43-53.

**Appendix Items:**

Section II A: Outcome Tracking Dashboard

Section II B: FST Program Logic Model

Section II C: FST Systems Change Logic Model

Section II D: ARC Training Assessment and Community Evaluation Survey

Section II E: ARC Training Assessment Summary and Community-Wide Juvenile Justice System Evaluation Summary



## **Rape Advocacy, Counseling, & Education Services (RACES)**

### **Program Overview**

RACES is an organization whose mission is to create a world that is free of sexual violence in our lifetime, starting with Champaign County. RACES offers a Child Assault Prevention Education Program that provides age-appropriate education to elementary-aged students and provides prevention education programs to public and private schools in Champaign County and beyond, focusing on topics including consent and fostering healthy relationships. They also provide confidential, compassionate, comprehensive support to those affected by sexual trauma through counseling, legal and medical advocacy, a 24-hour Crisis Line, and publication education and training.

### **Identifying Goals**

The first step in identifying goals for RACES was to create a logic model in which we documented the activities that RACES engaged in and how they connected to the program's desired short- and long-term outcomes. In creating this logic model, several key goals emerged:

1. Adapt and refine prevention education and its evaluation into a virtual format in light of the COVID-19 pandemic.
2. Assess the process and impacts of prevention education delivery in a virtual format.

### **Executing Goals**

#### **1. Adapt and refine prevention education and its evaluation into a virtual format in light of the COVID-19 pandemic.**

The COVID-19 pandemic affected the administration of RACES prevention education in schools and in-person, and thus much of the curriculum not only had to be adapted to a virtual format, but the content had to also be adapted. For the content of the survey and the programming, some initial concerns included issues around confidentiality, burden on younger grades (e.g., K-5) to fill out online surveys, and how to move from a discussion-based learning curriculum to something that could be engaging online. Furthermore, having learned in the Spring of 2020 that synchronous virtual learning was deeply challenging in terms of behavioral management, RACES had much to adapt in the ways of past education modules, and importantly, the systematic assessments that had been used in past years.

Using an asynchronous learning platform (Thinkific), RACES educators provided over four hours of video content with educators speaking across the curriculum, included knowledge checks, and devised interactive scenarios across the virtual learning modules. The questions that were included in surveys from prior years were adapted to mirror this new content, centering questions of consent, healthy relationships, and addressing myths about rape and sexual assault. Further, to reduce burden on learners, these surveys were

shortened to fewer questions than previous years, and data were collected on an online survey platform (SurveyMonkey). For the nineteen schools that used K-5 programming, curriculum content was administered and adapted for and through teachers, and surveys to collect data including the number of students who received the programming, which grades received the training, how many days of training were administered, and qualitative feedback from the teachers in terms of the virtual learning curriculum.

**2. Assess the process and impacts of prevention education delivery in a virtual format.**

As this was the first time that the prevention education was delivered in a virtual format, the team was interested in evaluating both the outcomes from the education and the process of virtual learning. For certain schools, prevention educators noticed that the online learning worked well through greater student engagement and higher completion rates of the training than in the classroom settings. Furthermore, for schools where it may be structurally difficult to offer training in-person, the online format could potentially be an avenue for outreach to these students in a trauma-informed way. The team also noted that the online format may also be an accessible outlet to welcome schools that have been hesitant to receive prevention education services in the past.

In addition to these observations and feedback from teachers, the team created a virtual Focus Group protocol to directly solicit feedback from student learners. These materials included a poster and email for recruitment, obtaining funding to pay student participants for their time, parent consent and youth assent forms, a semi-structured interview protocol, and accompanying slides for the protocol. Although the team had intended to complete these focus groups in the Spring of 2021, certain barriers prevented this from being successfully done. For example, the team observed burnout effects from both educators and student learners, in that teachers did not forward recruitment materials in a timely manner, students who may have received recruitment materials did not sign-up for the groups perhaps due to online learning fatigue. The team therefore assessed the limitations and planned for future years to inform the staff early on, positioning these groups as a component of informing service delivery, and moving the timeline earlier to administer the Focus Groups in the first quarter instead.

Finally, the Evaluation Capacity Building Team ran descriptive analyses for RACES based on the collected survey data and presented the data analyses for both the pre- and post-test total scores. The team also configured a graphical representation of the item level responses for student learners from 6th to 9th grade.

**Next Steps and Future Directions**

1. Continue to maintain relationships with and provide support for existing school partners
2. Utilize the developed assessment materials for evaluating the process of receiving trauma-informed prevention education in a virtual format



## Section III: RACES

3. Extend current pool of school partners into a system-wide network of superintendents across the state of Illinois to advocate for increased initial and continued delivery of prevention education
4. Mobilize and empower school staff (e.g., teachers, social workers, and school counselors) to implement prevention education from RACES within elementary schools throughout Illinois

### **Appendix Items:**

- Section III A: RACES Logic Model
- Section III B: RACES Survey Questions Answer Key
- Section III C: RACES Focus Group Materials

## **GROW in Illinois**

### **Program Overview**

GROW is a peer-to-peer mutual help organization that aims to foster recovery from mental illness, the prevention of mental health crises, and personal and social growth. Through weekly group meetings, leadership involvement, and friendship and community building, GROW members come together to support one another through recovery. Participation in GROW is voluntary, confidential, and free of cost. Although GROW is open to all adults, its services are most frequently utilized by participants experiencing mental illness and mental health-related hospitalizations and care. According to GROW's 2014 survey, 79% of participants had been given a mental health diagnosis, 66% had been hospitalized for mental health concerns, 86% were taking psychiatric medication, and 83% were receiving services from a professional mental health provider. From September 2020 to July 2021, one consultant from the University of Illinois worked with staff members of GROW to build the program's capacity to evaluate and improve their program.

### **Identifying Goals for Targeted Continuing Partnership**

1. Develop survey options to capture open-ended data related to participants' expectations, personal experiences with GROW, good and bad results/outcomes, and concerns or praises of the program.
2. Learn techniques for data analysis and graphical representation of data.
3. Develop knowledge and skills for tracking trends in participant outcomes longitudinally.
4. Build institutional knowledge and train future staff in evaluation of program outcomes.

### **Executing Goals**

1. **Develop survey options to capture open-ended data related to participants' expectations, personal experiences with GROW, good and bad results/outcomes, and concerns or praises of the program.**

We began our work by revisiting GROW's participant survey which was most recently revised during our team's previous partnership with GROW in FY2018. Before adding open-ended questions, we took time for staff to reacquaint themselves with the existing survey items. We invited staff to incorporate their observations from collecting data in the previous year to identify and refine any questions that have not worked as well in practice. Through this exercise, we identified three existing questions in need of revision. We provided education to staff about the balance between consistency and validity of survey data and encouraged them to change portions of their survey that are not working well, while weighing the loss in data consistency across time with each change made.

Once existing items were finalized, we worked with staff to draft open-ended questions to capture qualitative data on participants' experiences with GROW.

In addition to revising existing items and adding open-ended items, we explored the possibility of changing the hosting location of the survey to increase GROW's ownership of their survey data in the long-term by moving away from Qualtrics (a proprietary program) to Google Forms, which is a free service. In consultation with GROW staff, our team recreated GROW's participant survey on Google Forms, and we were able to replicate the procedure for creating participants' unique survey IDs that was originally created in Qualtrics.

**2. Learn techniques for data analysis and graphical representation of data.**

After the survey items were finalized and the survey was completely migrated to Google Forms, we provided data analysis support to GROW staff through a series of virtual and in-person meetings. Staff were coached on downloading results from Google Forms, opening in Excel, and conducting basic descriptive statistics on their data. At the time of these data analysis meetings (Spring 2021), GROW was undergoing substantial transitions in staffing, and therefore a focus on sustainability was emphasized. For example, all skills were written in narrative form after each meeting and emailed to all staff members. Additionally, staff completed their own data analyses using the tools imparted by our team and consulted us when they encountered barriers in their own processes. We sought to bolster GROW's own self-efficacy in summarizing and presenting their findings, and GROW staff exhibited receptiveness to this approach, developing a strong sense of ownership over their data and results. Ultimately, GROW was successful in learning to calculate frequencies, percentages, and means, and presenting their results in bar charts.

**3. Develop knowledge and skills for tracking trends in participant outcomes longitudinally.**

At the onset of this year's targeted partnership, GROW staff expressed an interest in learning tools to track participant outcomes over time. Together, we decided to prioritize this item for Spring 2021 once the changes to the participant survey were finalized. Unfortunately, GROW staff experienced an unexpected transition in personnel at the start of 2021, which decreased the frequency with which the remaining staff was able to engage in evaluation capacity building work during early Spring 2021. Given the substantial shifts in GROW's institutional knowledge with the departure of key staff, we worked with GROW to rework their evaluation goals for the remainder of the partnership. Rather than spending our remaining time on longitudinal outcomes tracking, we opted to focus on training incoming staff on GROW's evaluation progress to date and developing resources on GROW's evaluation strategy for new GROW staff in the future.

**4. Build institutional knowledge and train future staff in evaluation of program outcomes.**

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25

Due to turnover of GROW staff in early 2021, we decided in collaboration with remaining GROW staff to spend the last two months of our partnership building resources and knowledge to increase the internal sustainability of GROW's evaluation of its programming. First, we met with interim staff members to provide an overview of the participant survey items. This led to an addition of another open-ended question item and the identification of areas within the survey where additional instructions would be helpful. We then worked with the new staff to access the survey via Google Forms and made the suggested changes with our support. Interim staff then collected pilot data from two GROW participants, and these responses were used to illustrate to staff how to download the results from Google Forms and open in Excel. We helped staff to visualize how they want their data to look and then helped them to work backwards to engineer survey questions that would produce data in the desired layout. From here, minor adjustments were made to the survey by the staff. GROW staff then collected data from 13 additional participants. With these data, we worked with GROW staff to build a results tab in Excel that automatically calculates frequencies, percentages, means, and standard deviations of survey outcomes. We used GROW's FY2020 Performance Measure Outcomes (PMO) document to inform the statistics to prioritize for this year's PMO due in August 2021. We were thrilled to see GROW staff take ownership of their data analysis from the beginning, quickly learning Excel formulas and functionalities to calculate their own data and build graphs for presenting outcomes to funders. With each step of the data analysis process, we focused on sustainability within the organization, taking notes in each meeting on formulas and Excel steps to help future GROW staff understand how and why interim staff took the steps that they did.

#### **Next Steps and Future Directions**

1. Develop process for calculating results for baseline and follow-up surveys separately.
2. Track participants longitudinally (within-subjects) using individual survey IDs.
3. Work with other GROW chapters in Chicago and New Jersey to optimize survey effectiveness and explore aggregating data across chapters to measure national trends.
4. Use data to inform practices.

#### **Appendix Items:**

Section IV A: GROW Participant Survey (Revised 01/18/2021)

Section IV B: GROW Participant Survey (Google Forms)

Section IV C: GROW Participant Survey Results Calculations

## **Rosecrance Criminal Justice and Mental Health Program**

### **Program Overview**

The target populations for the Rosecrance CJMH program are individuals with behavioral health disorders and involvement in the Champaign County criminal justice system. This includes adults who are presently or within the past six months have been charged with a crime, are on some type of community supervision (probation, parole, conditional discharge, or court supervision), have been found unfit to stand trial, are on conditional release because they were found not guilty by reason of insanity, or are presently incarcerated at the Champaign County Correctional Center. The program's rationale for working with the justice-involved population with behavioral health needs comes from multiple sources: according to SAMHSA, the criminal justice system is the single largest source of referral to the public substance abuse treatment system, with probation and parole treatment admissions representing the highest proportion of these referrals. Rosecrance Mental health referrals primarily come from the Champaign County jail; and this population is over-represented by people of color and people who are low income and often have had little to no access to quality healthcare. Case managers work with those who want assistance with linkage to mental health treatment services and resources including obtaining a state ID, finding employment, securing health insurance or obtaining a medical provider, and locating affordable housing. From September 2020 to May 2020, one consultant from the University of Illinois worked with two primary staff members of the Rosecrance CJMH program to build the program's capacity to evaluate and improve their program.

### **Identifying Goals**

The first step in identifying Rosecrance's goals was to review (i) the program's logic model, in which past consultation efforts documented the activities Rosecrance engages in and how they connect to the intended short and long-term outcomes (see Section # : Appendix A for the most updated version of the logic model); as well as (ii) the program's evaluation goals for the present funding year. Using the logic model and the program's overarching evaluation goals, three key goals emerged related to assessing client's access needs and linkage to services:

1. Develop data analytic process to assess clients' identified access needs and linkage to resources and services and identify areas for program improvement.
2. Develop data analytic process to assess clients' service linkage to MRT and anger management groups, and needs in the four life domains being measured: Access to services, Mental Health, Substance Abuse, and Primary Health.
3. Develop systematic documentation and evaluation process for tracking jail referral slips

**Executing Goals**

After reviewing the logic model and the program's overarching evaluation goals, the first step in creating a comprehensive evaluation plan was to review current data collection protocols, and identify areas for improvement. For case management outcomes and indicators, potential data collection methods and sources of information were discussed, as well as the advantages and disadvantages of these different methods. Once data collection procedures were reviewed, we developed plans for collecting, storing, and analyzing case management and referral data.

- 1. Develop data analytic process to assess clients' identified access needs and linkage to resources and services and identify areas for program improvement.**

Prior work with the UIUC evaluation capacity building team resulted in existing data tracking tools that Rosecrance program staff were already using for programmatic purposes. However, staff expressed a desire to develop a process for analyzing the data collected, as well as an interest in streamlining their data entry process. UIUC consultants worked with staff to analyze current outcomes of interests and their data collection tools in order to address any gaps in their process. Program staff expressed finding data entry to be cumbersome with limited information available to analyze aside from linkage counts. Program staff and UIUC consultant identified areas for data entry improvements and identified possible data informed questions that could be used to improve program service delivery. In consultation with program staff a new database management workbook was developed to allow for more efficient tracking and analyzing of clients' identified needs and linkage to resources. Ease of entry was prioritized, and mechanisms for evaluation and tracking of outcomes of interest (e.g. clients identified needs, linkages to services, service follow-up, etc.) across time were developed as part of the Case Management Tracking Workbook (see Section #: Appendix B). The revised Case Management Tracking Workbook included a data entry dashboard, database management, and data reporting and visualization tools. The Case Management Tracking Workbook will be used to streamline data entry and database management, as well as auto generate quarterly and annual reports on service delivery in order to identify areas for program improvement.

- 2. Develop data analytic process to assess clients' service linkage to MRT and anger management groups, and needs in the four life domains being measured: Access to services, Mental Health, Substance Abuse, and Primary Health.**

Prior work with the UIUC evaluation capacity building team showed that service linkages and case management service delivery was highest amongst clients involved in the Moral Reasoning Therapy or Anger management groups within the Champaign County jail. Program staff expressed a desire to further interrogate these findings, as well as developing a systematic way to assess unmet service linkage needs across the four life domains of interest: Access to services, Mental Health, Substance Abuse, and Primary



Health. In consultation with program staff, database management and data reporting and visualization tools were developed to automate the process of examining service linkage needs across measured service/need domains. Data analytic mechanisms were also developed to track service delivery and unmet needs across client demographic groups (i.e., gender, housing status, probation status, involvement in MRT groups etc.) as part of the Case Management Tracking Workbook (see Section V: Appendix B). The Case Management Tracking Workbook will be used to auto generate quarterly and annual reports on service delivery across demographics, as well as identify areas for better targeted case management service improvement.

**3. Develop systematic documentation and evaluation process for tracking jail referral slips.**

Program staff reported a gap in service delivery and data tracking and reporting in regards to their documentation and evaluation process for tracking jail referral slips. Program staff expressed that a significant portion of caseworkers' time is devoted to processing and working on resource and service linkage requests from the Champaign County jail. However, they also noted that documentation and evaluation of this service delivery was inadequate. The jail resource referral slips are processed separately from the Case Management tracking, and generally involve staff connecting clients to indicated services (i.e., transportation services, insurance/medical, legal aid, mental health services, or substance use treatment). Previously existing data management process for this program arm did not allow for efficient analysis of service delivery and linkages aside from a count of referrals received, rendering this important service component difficult to include in data analytic and program improvement efforts. In consultation with program staff a new database management workbook was developed to allow for more efficient tracking and analyzing of resource referral slips. Ease of entry was prioritized, and mechanisms for evaluation and tracking of outcomes of interest across time were developed as part of the Request Slip Tracking Workbook (see Section #: Appendix C). The revised Request Slip Tracking Workbook included a data entry dashboard, database management, and data reporting and visualization tools. The Request Slip Tracking Workbook will be used to streamline data entry and database management, as well as auto generate quarterly and annual reports on service delivery in order to better capture program service delivery efforts.

**Future Directions and Next Steps**

1. Implement data collection, entry, and analysis process as described above using Case Management and Referral Slip Tracking Workbooks, starting Summer 2021
2. Utilize automated data visualization tools included in Case Management and Request Slip Tracking Workbooks to identify program areas for improvement.

**Appendix Items:**

**Section V A: Logic Model**

**Section V B: Case Management Tracking Workbook**

**Section V C: Request Slips Tracking Workbook**

## Uniting Pride of Champaign County

### Program Overview

Uniting Pride of Champaign County (The UP Center) is an organization whose mission is to create a Champaign County where all who identify as gender and/or sexual minorities can live full, healthy, and vibrant lives. The Youth and Families Division of Uniting Pride is specifically focused on empowering LGBTQIA2S+ youth, their families, and adults who work with youth in professional settings to build community with and better support LGBTQIA2S+ youth. Uniting Pride hosts support groups for youth and parents, community social events, workshops for professional settings such as churches and schools, and connect others to LGBTQIA2S+ resources.

### Identifying Goals

The first step in identifying Uniting Pride's goals was to create a logic model that demonstrated the connections between the program's desired long-term outcomes, short-term outcomes, and activities they engage in. This process allowed three key goals to emerge:

1. Increase capability to track and measure program effectiveness over time.
2. Streamline data collection for Uniting Pride across all programs (e.g., attendance, demographics).
3. Extend evaluation of LGBTQIA2S+ community needs to Champaign County more broadly

### Executing Goals

#### **1. Increase capability to track and measure program effectiveness over time.**

Having created a bi-annual youth survey to measure targeted outcomes (e.g., youth empowerment), the team then worked together to pare the survey length down to an optimal length of 15 minutes for completion to reduce the burden of data collection for youth, while also still collecting the outcomes for youth. They then piloted and tested the survey with a sample of youth in the Fall of 2020. The results of this pilot indicated that the survey was not perceived as burdensome, and the survey was able to be completed in approximately 10-15 minutes, including the open-ended responses for youth to provide feedback about the program itself to staff.

Currently, initial rounds of data collection are already underway for FY 2021, which contains a battery of evidence-based measures of sense of belonging, self-worth, self-efficacy, and social support to measure youth empowerment in the context of Uniting Pride's Talk It Up group. Using Google Forms and linking these survey responses to Google Sheets, the Uniting Pride staff can track the individuals' responses from these built-in features to report both quantitative and qualitative data from this survey on youth



empowerment. For the Play Group, a shortened version of the Youth Survey was adapted and created to be able to be administered and completed in a paper format.

**2. Streamline data collection for Uniting Pride across all programs (e.g., attendance, demographics).**

Another of Uniting Pride's short-term outcomes was to utilize their program evaluation tools to streamline data collection for Uniting Pride across all its programming. The team created a uniform system for tracking group attendance and gathered demographic data for participants who engaged in Uniting Pride's services (e.g., Talk itUP, UParent, Queries, Play Group, Trans UP, Aging UP). The survey was also designed to track the sources for which individuals heard of Uniting Pride, and whether this was their first time engaging in Uniting Pride's programming as a groundwork to better assess whether it was pre-teens, adolescents, or caregivers engaging in Uniting Pride's services this year.

Of note, as the COVID-19 global pandemic was still ongoing throughout the year, the team managed to adapt most of its forms of program evaluation to a virtual format using Google Forms and Google Sheets' built-in features. The team then trained all facilitators across its programming to be able to utilize these streamlined systems such that all the data could be formatted and reviewed in the same formats.

**3. Extend evaluation of LGBTQIA2S+ community needs to Champaign County more broadly.**

During the COVID-19 pandemic, the Uniting Pride team adapted its services to create a climate of inclusion in creative ways (e.g., Uniting Pride offered "Queerantime kits" for those isolating). The organization also adapted its programming to allow for participants to engage in a way that was most comfortable to them. For example, using the Zoom platform allowed for participants experiencing gender dysphoria to hide their faces, change their names, and utilize the chat function. Furthermore, other participants who normally would not be able to access Uniting Pride due to distance were able to engage through the virtual platform, and also engage through forums such as the Discord server and various Facebook groups. For members of the community who may not have been comfortable with virtual platforms, staff members also called them over the phone to allow for service engagement.

Uniting Pride's long-term goal is to make Champaign County a more inclusive and affirming place for LGBTQIA2S+ community members. One way to work towards this goal that the team identified was to extend evaluation of community needs to Champaign County more broadly outside of Uniting Pride's programming, by partnering with local schools and reaching out to more rural areas.

This led to the creation of two climate surveys in partnership with the Urbana School District and with the Interdisciplinary Health Sciences Institute Community Academic Scholars program. The Evaluation Capacity Building team assisted with the connection to school contacts and offered examples of existing school climate surveys that were

## Section VI: Uniting Pride

subsequently adapted for use for students in the Urbana School District and adult LGBTQIA2S+ individuals in rural areas in the surrounding Champaign County.

Finally, Uniting Pride has also developed and offered numerous trainings for organizations to assist with assessing LGBTQIA2S+ community needs, including pronouns workshops, workplace non-discrimination policies, and thematic coding analysis for research. With the growth that Uniting Pride has seen over the past year, the evaluation work that has been done has prepared Uniting Pride for evaluating new programming that has emerged.

### **Next Steps and Future Directions**

1. Extending evaluation of program effectiveness to adult populations
2. Launching the climate surveys that are in progress (pending IRB approval) and translating them from English to Spanish
3. Use data to inform program improvement.

### **Appendix Items:**

- Section VI A: Uniting Pride Logic Model
- Section VI B: Uniting Pride Youth Survey
- Section VI C: Uniting Pride Play Group Survey
- Section VI D: Uniting Pride UParent Survey
- Section VI E: Uniting Pride Demographic Survey

10.B.

9/22/2021

# 2021 COMMUNITY NEEDS ASSESSMENT REPORT

CHAMPAIGN COUNTY  
DEVELOPMENTAL DISABILITIES BOARD  
and  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

CCMHB/CCDDB  
Brookens Administrative Building  
1776 East Washington Street  
Urbana, Illinois 61802  
(217) 367-5703  
Executive Director Lynn Canfield  
ccddbrds.org

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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD  
AND CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
COMMUNITY NEEDS ASSESSMENT REPORT 2021



*This report was compiled and authored for the Champaign County Developmental Disabilities Board and the Champaign County Mental Health Board by CCDDDB/CCMHB Associate Director for Mental Health and Substance Use Disorders Leon Bryson, Associate Director for Intellectual and Developmental Disabilities Kim Bowdry, and Executive Director Lynn Canfield.*

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Sarah Perry, Director of Community Living, DSC  
Brittany Sanders, Program Manager, Don Moyer Boys and Girls Club  
Ashlee Salinetto, Project Manager, Champaign County Regional Planning Commission  
Dr. Anita Say-Chan, Director of UIUC Community Data Clinic  
Dr. Awais Vaid, Deputy Administrator & Epidemiologist, C-U Public Health District  
Rick Williams, Ministry Development Assistant, CU at Home  
Champaign County Community Coalition  
Community Focus Group Members  
Local Funders Group  
Human Services Council  
Mental Health and Developmental Disabilities Agencies Council  
Vermillion-Champaign Regional Health Plan Executive Committee

## INTRODUCTION

Established under the "Community Mental Health Act," Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.), the **Champaign County Mental Health Board** is required to prepare a one- and three-year plan for a program of community mental health services and facilities. To guide the development of this plan for Champaign County, statements of mission and purposes are identified in the Three Year Plan for 2019-2021.

*The mission of the CCMHB is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.*

The **Champaign County Board for Treatment of Persons with a Developmental Disability** operates under Illinois Compiled Statutes, Chapter 50, Sections 835/0.05 to 835.14 inclusive, referred to as the "Community Care for Persons with Developmental Disabilities Act." While not required to do so by the statute or other authority, the CCDDDB also prepares one- and three-year plans for a program of supports and services.

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

The Boards' strategic planning and priority setting processes are coordinated by staff who report to both. A variety of approaches are necessary for assessing these community needs and preferences, as the issues are not easy to talk about and have different impacts across the community. To develop three-year plans, annual objectives, and allocation priorities, we benefit from investigating the issues and sharing information as often as possible. Board and staff members participate in local collaborations, state and national trade associations, and national learning communities.

To assess the priorities of Champaign County's citizens regarding supports and services related to mental health conditions (MH), substance use disorders (SUD), or intellectual/developmental disabilities (I/DD), our primary data are from surveys of those who have a qualifying diagnosis in any of the three areas; care about someone with a qualifying diagnosis; provide the relevant services or supports; or otherwise have an interest. While surveys allow us to ask direct questions, those with the most at stake can be hard to reach, over-surveyed, or hesitant to share personal information. Based on our experience seeking feedback about these issues, we were prepared to learn from the focus group discussions and survey processes as well.

A variety of secondary sources offer context for issues identified by participants in the survey processes and contribute to our understanding of the operating environment and needs and strengths of those who seek or use MH, SUD, or I/DD services. Secondary data form a



community profile, including health, housing and financial stability, and characteristics of the population and service systems. Multiple sources are cited in References. Some informed the survey questions. Other useful information was contributed by partner organizations also engaged in assessment processes:

- United Way of Champaign County
- Champaign County Regional Planning Commission – Community Services
- Champaign County Regional Planning Commission – Independent Service Coordination
- Illinois Department of Human Services – Division of Developmental Disabilities
- New American Welcome Center
- Champaign-Urbana Public Health District and others' Champaign County Community Health Plan 2021-2023 (the "IPlan")

## EXECUTIVE SUMMARY

Our approach to completing a community needs assessment is different each time. With three years between each, the differences are sometimes in reaction to changes in Champaign County or the larger context and also to our own capacities and what we learned from the last community needs assessment process.

This time around, while some persistent challenges remain, a lot has changed. Even with the shortcomings of our primary data collection, major themes emerged which echo other findings.

*Persistent Challenges, to name just a few:*

- **State and federal funding and regulatory issues** of behavioral health and I/DD service systems do not change very quickly, to the dismay of advocates, providers, planners, and even policy-makers. Availability and flexibility of **services are limited**.
- The **stigma** associated with these conditions, and possibly with addiction more than the others, is tied to deep shared values and attitudes which are also slow to move.
- The healthcare and human services systems can be very **hard to navigate**, especially for those who are in crisis or have limited access, even to **resource information**.
- **Disparities** in health and behavioral health outcomes, which are not as positive for members of racial or ethnic minorities, young people, those with disabilities or serious mental illness, rural residents, and other groups.

These threats – and possible solutions - are prominent among survey results and other sources.

*A Driver of Change:*

While COVID-19 was not an explicit theme in direct survey results, it has exaggerated the existing vulnerabilities, and maybe also the strengths, of our systems and communities. Much of this report is built on evidence of health and support needs prior to the pandemic, as not all data are available at this time. Without knowing whether we are near the end, middle, or beginning of the global pandemic, we already know that its impacts are profound. Understanding the service needs and relative strengths of Champaign County may support recovery from its long-term consequences.

Some of the impacts of the pandemic are strongly identified in surveys and other sources, including **escalating violence**, increased **mental health** concerns, threats to **housing and financial stability**, the worsening human services **workforce shortage**, and concern for the community's **youth**.

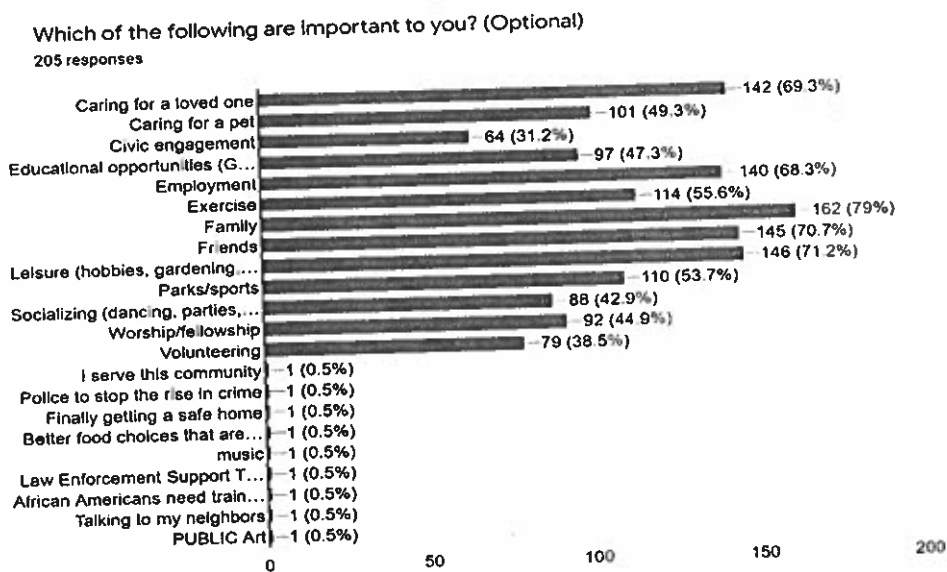
*Clues for the Future:*

Respondents also commented on positive qualities of our community, hinting at **strengths** which could grow and be mobilized. Natural resources such as the parks and rural settings were important to some and not mentioned by others, suggesting they are not universally experienced as assets. Champaign County is ranked as a relatively healthy community, again a strength for some but not true for all.

Although our approach to this process is different each time, during this cycle we benefited from many collaborators who also hope to understand what is needed to make Champaign County the healthiest in the state.

Early lessons about the process include:

- Low responses regarding SUD, possibly due to stigma or seeing SUD as an MI;
- Low awareness of I/DD services and issues by outsiders;
- Value of in-person outreach;
- Balance between what we want to know and what people are willing to share - one in-person respondent asked what changes would happen as a result;
- Value of the annual preferences assessment of people with I/DD, though respondents appear to prefer what they already have;
- Potential for annual preferences assessments of people with SUD or MI, though we would still be seeking that balance;
- More time is needed, regardless of outreach, distribution, and survey design; and
- Compassion is a value here...



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Because we are curious about everything, and respondents gave us so many clues to follow, but not in quantities sufficient for confidence, we have not completed all analysis of interest. We will continue to refer to these results to guide future efforts.

## OPERATING ENVIRONMENT

From the US Census Bureau Population Estimates Program, Champaign County's 2019 total population estimate was 209,689, a change of 4.3% for 2010 to 2019, with expected increases in both Cities and a small decrease in the Village of Rantoul. Although few results of the 2020 US Census have been released, they show lower growth. With total population 205,865 and 206.7 people per square mile, Champaign County experienced 2.4% growth since 2010, highest in immigrant and racial minority groups. Fuller demographic details are not yet published. Champaign County is the 10<sup>th</sup> most populous in Illinois.

### COVID-19 Impacts and Recovery:

Conditions prior to the global pandemic and early indications suggest that our healthcare and human service systems in their current state are not adequate to manage its long-term impacts.

#### Trends of concern:

- Increased death rates, regardless of cause, require us to consider the grief of others, as a secondary impact of the health crisis. Researchers estimate that every death from COVID-19 will leave nine bereaved loved ones. (Verdery et al.).
- People receiving and providing care have been especially impacted, as have children. In addition to the social and academic impacts of remote school and other stressors, "more than 1.5 million children around the world are estimated to have lost at least one parent, custodial grandparent, or grandparent who lived with them due to death related to COVID-19 during the first 14 months of the pandemic." (Hillis et al.).
- By 2018, US life expectancy had fallen further below that of peer countries, from 1.88 years less to 3.05 years less. Then between 2018 and 2020, it declined further, and disproportionately for racial and ethnic minority groups - by another 3.88 years for Hispanic, 3.25 years for non-Hispanic Black, and 1.36 years for White populations. These changes wiped out recent progress in reducing the gap between life expectancies of Black and White US citizens. (Woolf et al.).
- Even excluding COVID-19 deaths, significant increases in death risk during 2020 were found for all US age groups, other than those 4 or younger. Hardest hit were men aged 15 through 64. (Jacobson and Jokela).
- During this era, some have become more skeptical of information, regardless the source, more hesitant to follow 'expert' advice, and more divided along these lines. COVID misinformation is associated with lower education and news consumption, higher internet use and trust in social media, and being male. (Filukova et al.).
- Political unrest, wars, gun violence, natural disasters, and climate catastrophes simultaneous to the global pandemic are compounding the human costs.
- While the increase started before the pandemic and is still below historical high rates, violence continues to escalate in 2021, with a 7% increase in aggravated assault, 22% increase in gun assaults, and 24% increase in homicides across the US by March. First

quarter burglary, larceny, robbery, and drug offense rates were lower than 2020, due to stay-at-home orders and business closures. An increase in motor vehicle theft may also relate to vehicles less secure at home. (Rosenfeld and Lopez).

To recover from the crisis, in which one third of people in the US show signs of anxiety and depression, and with what we understand of the different impacts on various groups, the Well Being Trust report "Supporting a Nation in Crisis..." (p 5) recommends a focus on mental health and addiction needs and especially on:

- Health professionals and first responders
- Youth and families
- Formerly incarcerated individuals reentering the community
- People with SUD
- Older adults
- Victims of partner violence, child abuse, and elder abuse
- People of color
- Undocumented immigrants

Given the threats related to state/federal funding and regulation of safety net and social service systems, and the risk of missing opportunities offered at that level, special attention to these populations is consistent with our findings.

Among the states, Illinois has some of the strongest privacy and Mental Health and Substance Use Parity laws, a Section 1115 demonstration waiver with behavioral health focus, and expanded Medicaid eligibility. However, the implementation of Managed Care has not been smooth, Integrated Health Home innovation has been on hold since 2019, Medicaid rates are low, and progress toward compliance with a variety of rules and consent decrees is very slow.

The lack of adequate local service capacity, largely due to the deepening workforce shortage, was another shared concern of our survey respondents and other informants. The workforce shortage and low provider capacity will be another threat to recovery across the country. According to the report, "Trends in Behavioral Health..." (Otsuka, p 27 and p 88, 2021):

- The US behavioral health workforce (all occupations combined) is 13% below that needed to provide adequate care;
- The 2018 turnover rate of I/DD staff was near 50%;
- In 2020 26% of I/DD agencies were more short-staffed than before, and many had left their positions due to COVID;
- This, along with decreased revenue related to stay-at-home orders, caused 68% of I/DD providers to close one or more service options; and
- Approximately 66% of addiction treatment providers also reported revenue loss in 2020.

While the pandemic has forced some deep issues to the surface and exacerbated others, positive change may result if appropriate action is taken.

- Flaws and inequities in the safety net and health systems are on full display.

- Expansion of telehealth and other remote supports should continue, and efforts made to lower the variability in access, usefulness, and positive health outcomes.
- Integrated care coordination was also accelerated and should continue.
- Collective trauma shines a light on mental health and may help reduce stigma.
- Acknowledgement of the 'essential' roles of the behavioral health and I/DD direct support workforce should lift advocacy efforts to improve pay and conditions.
- Increased community employment of persons with I/DD may lead to other community integration opportunities.
- The relationship between social connection and well-being is much clearer.

#### Vulnerabilities:

Among survey results, concerns about **housing and financial stability** accurately reflect some local vulnerabilities. People with limited resources are likely to encounter barriers to health care access, including for mental health supports. Financial insecurity itself is an indicator of mental distress. To make matters worse, pay has not remained competitive for much of the human services workforce associated with safety net and long-term supports and services, creating financial hardship for those providing care and treatment for people who have behavioral health conditions or intellectual/developmental disabilities. As a result, the **workforce crisis** deepens while the need for services grows.

The National Low Income Housing Coalition estimates an hourly wage of \$22.11 is necessary to afford a two-bedroom apartment in Illinois and \$18.58 for a one-bedroom. The average renter wage is \$18.23, and the median wage for all occupations is \$21.55. There is a shortage of affordable rental homes across the state.

- 44% of Champaign-Urbana and 47% of County households are renters.
- The estimated mean renter wage here is \$12.11, far below the state.
- The hourly wage needed for a two-bedroom apartment in Champaign County (at fair market rent of \$868) is \$16.69.
- If earning minimum wage, the renter would have to work 61 hours/week; if the mean renter wage, 55 hours/week.
- With minimum wage of \$11, the affordable rental amount is \$572/month.
- With monthly SSI payments of \$794, the affordable amount is \$238/month.

In 2020, United Way reported that 36% of Illinois households lack financial resources for basic survival. The U.S. Census Bureau (2019) estimated 11.9% of Illinoisans were living at or below poverty and that Champaign County's poverty rate was even higher: of 84,290 households, 19.9% met federal poverty guidelines, and another 24% were at or below the threshold for ALICE "Asset Limited, Income Constrained, Employed."

- Younger families were among the poorest. Where the head of household was aged
  - 25 or younger, 8,192 were in poverty and 2,441 ALICE;
  - 25-44, 4,829 in poverty and 6,896 ALICE;
  - 45 to 64, 2,782 in poverty and 5,431 ALICE; and
  - 65 and over, 887 in poverty and 5,385 ALICE.

- Champaign County's highest rates of poverty were among American Indian/Native Alaskan (though few in number) and Asian families, and highest rates of ALICE were among Black, Asian, and multiracial families.

From the US News & World Report "Healthiest Communities" County rankings:

- Lowest rankings are in Equity (28), Housing (28), and Community Vitality (25)
- Highest rankings are in Infrastructure (80), Population Health (70), Education (66), Environment (60), and Public Safety (59)
  - Population Health is strong due to: fewer people with no health insurance (6.2% compared to 10.6% national); lower smoking rate (17.5% compared to 21.1% national); and higher life expectancy (80.5 years compared to 77.5 national)
- Mental Health score of 73 is based on:
  - 12.9% of adults with frequent mental distress (12.6% state and 15.1% national)
  - Deaths of despair (34.6 in 100,000) comparable to state, lower than national
  - Medicare beneficiaries with depression (17%) similar to state, lower than national
- The low Equity ranking is based on educational, health, income, and social equity:
  - Neighborhood disparity and racial disparity in educational achievement are higher than national rates, and neighborhood disparity is higher than state
  - Air toxics exposure and premature death disparity index scores are higher than national, and premature death rate is higher than state
  - Neighborhood disparity in poverty is higher than national and state rates
  - Racial disparity in poverty is higher than national, lower than state
- Poverty rate of 20% is higher than national (14.2%) and state (12.5%)
- Households receiving public assistance income (2.4%) are higher than national (1.9%) and close to state (2.3%)
- The low Housing ranking is based on very low rankings in Housing Affordability and Housing Capacity. The greatest threats are in work hours needed to pay for affordable housing, affordable housing shortfall (-90.4 compared to national -62.3 and state -66.8), and overcrowded households (5% compared to national 1.9% and state 2.5%).

#### *Children and Families*

From Voices for Illinois Children interactive maps, using data from 2015-2019:

- 15.8% of Champaign County's children lived below poverty level, vs 17.1% statewide.
- This rate varied with race and ethnicity, with 31.9% of Black children and 19% of Latina/o children below poverty level in Champaign County, slightly below state rates.
- Champaign County's median household income (\$52,797) was lower than the state's (\$65,886), and much lower for Black households (\$31,395 County, \$38,573 State) and Latina/o households (\$42,578 County, \$55,836 State).
- Rates of children ages 3 and 4 not enrolled in school were lower for Champaign County, at 39.6%, than for the state, at 44%.
- 82.1% of Champaign County mothers received adequate prenatal care, compared with 78.8% statewide.

- Champaign County's infant mortality rate of 9% was higher than the state rate of 5.6%. Statewide, the Black infant mortality rate was 11.4%.
- The percentage of Champaign County children (25.8%) living in households receiving Supplemental Security Income, cash public assistance, or Supplemental Nutrition Assistance Program benefits, was close to the state rate (25.5%).

The Illinois Early Childhood Asset Map offers data per county drawn from many sources (American Community Survey, state agencies, US Census Bureau, etc). For Champaign County, in the most recent year reported:

- In 2012, 381 children were in foster care.
- In 2019, 1.87% of kindergarten students were homeless. The state rate was 1.97%.
- In 2019, 24.82% of children birth to 5 were indicated victims of abuse or neglect. The state rate was 19.37%.
- In 2016, 19,083 children were enrolled in Medical Assistance Programs.
- In 2017, 700 children in preschool through 2<sup>nd</sup> grade had IEPs.
- In 2019, there were 389 enrollment slots for early childhood home visiting programs, and 234 children were enrolled in Early Intervention.
- In 2019, children birth to 5 in homes speaking English numbered 10,134, Chinese 682, Arabic 315, Spanish 296, Korean 195, Hindi 183, Urdu 89, German 75, and Unknown 49.
- In 2018, of limited English-speaking households, 0.81% spoke Spanish, and 3.53% spoke other languages.

#### Strengths:

Prior to 2020, Champaign County had been fortunate, with numerous social service organizations and resources.

- When the State of Illinois had no budget for two years, some regions lost critical provider capacities such as psychiatry and community-based long-term care, which are hard to reestablish when resources are again available. We suffered fewer losses.
- The 2021 County Health Rankings show Champaign among the healthiest counties in Illinois, with a better mental health provider rate than the state, though far less than top performing counties of the US. (University of Wisconsin Population Health Institute).
- Early Childhood partnerships, such as the Home Visiting Consortium, result in a system more prepared to meet the needs of very young children across the County.
- System of Care values are sustained by collaborations of providers focused on positive youth development. Pouring energy and resources into young people and their families may be the best way to ensure Champaign County's future health and wealth.
- With a culturally and linguistically diverse population, training and planning for appropriate and responsive healthcare and human services grows in relevance.
- Trauma-informed care and system training has been widely available in Champaign County, including for service providers, educators, neighborhood and faith-based groups, and law enforcement. This may give our community an advantage in collective recovery from collective trauma.



- Many peer support, family advocacy, and self-help groups exist, creating a foundation for more responsive care and reduction of the impact of stigma.

## SURVEYS, PROCESS, AND FINDINGS

Primary data were collected through two surveys, one of service providers and the other of community members, and through quarterly report comments by representatives of funded agencies on how the pandemic has impacted their services, clients, and staff. Full results of each survey and funded agency comments are presented in **Appendices I, II, and III**.

### Community Survey:

#### *Overview*

During the spring of 2021, CCDDDB and CCMHB staff designed a community needs assessment survey. Collection of community survey data began on June 8 and extended through August 20, 2021. With 24 questions, some optional and some long answer, this was a questionnaire style, self-administered survey available on the internet, in Spanish and English, and with paper copies distributed to interested groups. The process followed a cross-sectional research design, taking a snapshot of Champaign County residents at a single moment in time. 210 completed surveys, 12 of them in Spanish, were analyzed.

#### *Characteristics of Survey Respondents*

- **97%** of respondents live in Champaign County.
- Of those, **69%** live in Champaign, **28%** in Urbana, and **3%** Other.
- **34%** have a mental health concern, **9%** an I/DD, **8%** a substance use disorder, and **6%** don't know or prefer not to say. **48%** report having none of these.
- **49.5%** of respondents care for a family member or friend.
- **68%** have tried services.
- **95%** have access to the internet.
- **71%** live 'on my own in my own place', **17%** with others, **12%** miscellaneous/no answer.

GENDER	#	%
Female	151	72%
Male	48	23%
Non-binary	3	1%
Prefer not to say	3	1%

RACE/ETHNICITY	#	%
White	131	62%
Black/African American	39	19%
Latino/a/Hispanic	17	8%
Biracial/Multiracial	4	2%
Miscellaneous or no response	19	9%

AGE, BY RANGE	#	%
18 and younger	2	1%
19-24	8	4%
25-34	36	17%
35-44	67	32%
45-54	33	16%
55-64	37	18%
65-74	16	8%
75 and older	6	3%

EDUCATION COMPLETED	#	%
Grade School	4	2%
Junior high/middle school	3	1%
Some high school, no diploma	3	1%
High school diploma or equivalent	31	15%
Some college courses	42	20%
Certificate/technical degree	6	3%
Associate degree	15	7%
Bachelor's degree	41	20%
Master's degree	46	22%
Doctoral degree	7	3%
Professional certification or licensure	5	2%

Reminiscent of survey results informing the current IPlan, the most representative respondent would be a white woman who has a Master's degree, lives alone in the City of Champaign, is aged 35 to 44, does not have an MI, SUD, or I/DD, has tried services (possibly on behalf of someone else), and has access to the Internet. As shown below, she does not rely on or need public benefits or housing support and receives information primarily through email.

#### Findings

The following tables collect themes and responses to the survey, listing in order of frequency all which were identified in greater than 5% of responses. Full results, including narrative answers to open-ended questions, are presented in **Appendix I** of this report.

What do you like about life in Champaign County?

<b>No Answer:</b>	59 (28%)
<b>Opportunities:</b>	39 (19%)
<b>Rural Setting:</b>	32 (15%)
<b>Diversity:</b>	19 (9%)
<b>Community:</b>	19 (9%)
<b>Quiet/Tranquility:</b>	16 (8%)
<b>College:</b>	14 (7%)



What do you NOT like about life in Champaign County?

<b>Gun Violence/Unsafe:</b>	95 (45%)
<b>Misc Dislikes:</b>	33 (16%)
<b>No Response:</b>	22 (10%)
<b>Nothing:</b>	16 (8%)
<b>Lack of MH Resources:</b>	14 (7%)

Mental Health Services, Supports, or Resources Known to Respondents

<b>Rosecrance:</b>	44 (21%)
<b>Pavilion:</b>	37 (18%)
<b>Carle:</b>	28 (13%)
<b>Don't Know:</b>	27 (13%)
<b>Private Therapists:</b>	16 (8%)
<b>DSC:</b>	12 (6%)
<b>OSF:</b>	12 (6%)

Substance Abuse Services, Supports, or Resources Known to Respondents

<b>Rosecrance:</b>	54 (26%)
<b>Pavilion:</b>	32 (15%)
<b>Carle:</b>	18 (9%)
<b>NA:</b>	16 (8%)
<b>AA:</b>	13 (6%)
<b>Don't Know</b>	12 (6%)

Intellectual/Developmental Disabilities Services, Supports, or Resources Known to Respondents

<b>DSC</b>	59 (28%)
<b>Don't Know:</b>	30 (14%)
<b>Community Choices:</b>	19 (9%)

Services, Supports, or Resources which Should be Added, to Help More People

- |   |
|---|
| <p><b>Mental Health Services:</b></p> <ul style="list-style-type: none"> <li>• Walk-in clinics</li> <li>• Shorter or no wait times</li> <li>• More psychiatrists</li> <li>• Free, or more affordable, services</li> <li>• More in-patient options and case management</li> <li>• More emphasis on youth and young adults</li> </ul> <p><b>Substance Use Disorder:</b></p> <ul style="list-style-type: none"> <li>• Free or more affordable services</li> <li>• More in-patient options and case management</li> <li>• More emphasis on youth and young adults</li> </ul> <p><b>Intellectual/Developmental Disabilities</b></p> <ul style="list-style-type: none"> <li>• More options including for those with Autism</li> <li>• More options for adults and their families</li> <li>• Mentoring by those with I/DD for those with I/DD</li> </ul> |
|---|

- More vocational opportunities
- Housing/Homelessness:**
- More shelters
  - More affordable housing options
  - More transportation
  - Better support system and available mental health services
  - Supportive housing
- Miscellaneous:**
- More bi-lingual service options
  - Increase community outreach

Preferred Methods for Receiving Information

<b>Email:</b>	139 (66%)
<b>Cell:</b>	99 (47%)
<b>Social Media:</b>	67 (32%)
<b>Postal Mail:</b>	41 (20%)
<b>Radio/TV:</b>	39 (19%)
<b>Friends/WOM:</b>	36 (17%)
<b>In-Person:</b>	34 (16%)
<b>Newspaper:</b>	29 (14%)

Benefits or Services in USE, not Related to MI, SUD, or I/DD

<b>None of the listed:</b>	80 (38%)
<b>Medicaid:</b>	70 (33%)
<b>Medicare:</b>	55 (26%)
<b>SNAP:</b>	52 (25%)
<b>SSI/SSDI:</b>	35 (17%)
<b>Food Pantries:</b>	28 (13%)
<b>Legal Services:</b>	11 (5%)
<b>Planned Parenthood:</b>	10 (5%)
<b>Not Sure:</b>	7 (3%)

Benefits or Services NEEDED, not Related to MI, SUD, or I/DD

<b>None of the listed:</b>	99 (47%)
<b>Legal Services:</b>	24 (11%)
<b>SNAP:</b>	23 (11%)
<b>Medicaid:</b>	22 (10%)
<b>Section 8:</b>	21 (10%)
<b>Not Sure:</b>	21 (10%)
<b>SSI/SSDI:</b>	17 (8%)
<b>Food Pantries:</b>	16 (8%)
<b>Medicare:</b>	13 (6%)

Which of the following are important to you?

Family:	162 (77%)
Friends:	146 (70%)
Leisure:	146 (70%)
Loved One:	142 (68%)
Employment:	137 (65%)
Parks:	113 (54%)
Pet:	101 (48%)
Exercise:	100 (48%)
Education:	97 (46%)
Worship:	92 (44%)
Socializing:	89 (42%)
Volunteering:	59 (28%)
Civic:	55 (26%)

Housing Related Needs, not Specific to MI, SUD, or I/DD

None:	84 (40%)
Safe Neighborhood:	50 (24%)
Repairs:	47 (22%)
Affordable Housing:	28 (13%)
Rent/Mtg Assistance:	24 (11%)
Utilities Assistance:	21 (10%)
Accessible Housing:	19 (9%)
Safe Home:	18 (9%)
Help:	9 (4%)

*Relational Analysis*

Due to low total responses, this approach was not likely to yield insights, but it was attempted anyway and may offer clues for future surveys. Because 76% of respondents were from the Cities of Urbana and Champaign, certain responses are sorted by City, with very similar results:

	City of Champaign	City of Urbana
<b># Respondents</b>	105	50
<b>Likes</b>	No Answer/Don't Like/Cited the Past – 24% Opportunities – 19% Rural Setting – 14% Community – 13% Diversity – 11% University – 10%	No Answer/Don't Like/Cited the Past – 33% Diversity – 16% Community – 13% Opportunities – 13% Rural Setting – 9%
<b>Dislikes</b>	Gun Violence/Unsafe – 45% No Response – 24% Lack of Services (MH/SA/DD) – 7%	Gun Violence/Unsafe – 44% No Response – 18% Lack of Services (MH/SA/DD) – 7%
<b>Concerns</b>	No Concerns – 52% MH – 30% I/DD – 10% SUD – 9%	No Concerns – 49% MH – 40% I/DD – 9% SUD – 5%

<b>Tried Services</b>	Yes – 61%, No – 39%	Yes – 75%, No – 25%
<b>Internet</b>	Yes – 94%, No – 6%	Yes – 98%, No – 2%
<b>Gender</b>	Female – 71%, Male – 26%, No Answer – 3%	Female – 75%, Male 20%, Non-binary – 4%, No Answer – 2%
<b>Race</b>	Black – 21%, White – 59%, Hispanic – 10%, Other – 9%	Black – 20%, White – 65%, Hispanic – 7%, Other – 7%
<b>Age</b>	<18 – 1% 19-24 – 5% 25-34 – 20% 35-44 – 28% 45-54 – 14% 55-64 – 21% 65-74 – 9% 75 and older – 1% No Answer – 2%	<18 – 0 19-24 – 4% 25-34 – 20% 35-44 – 31% 45-54 – 16% 55-64 – 15% 65-74 – 7% 75 and older – 5% No Answer – 2%

Sorting Gender by Age Groups and Race by Age Groups showed few differences per City.

The largest groups of respondents by Race were White (60%) and Black/African American (18%), and with secondary sources pointing to important racial disparities in our community, sorting responses regarding the community's strengths and vulnerabilities may be of interest:

	<b>Black/African American</b>	<b>White</b>
<b># Respondents</b>	37	127
<b>Likes</b>	Opportunities – 27% Don't Like/Cited the Past – 19% No Answer – 16% Family Nearby – 11% Community – 11%	No Answer – 25% Opportunities – 20% Rural Setting – 13% Community – 11% Parks – 9%
<b>Dislikes</b>	Gun Violence/Unsafe – 41% No Response – 14% Lack of Opportunities – 14%	Gun Violence/Unsafe – 49% No Response – 19% Lack of Resources – 9%
<b>What Should be Added to Help More People?</b>	Youth programs/opportunities – 27% Don't know/none – 22% Homeless Shelters – 11% Mental Health Services – 11%	Mental Health Services – 35% (10 noted Psychiatric Services) Youth programs/opportunities – 9% I/DD Services (incl for Autism) – 9% SUD Services – 8% (4 noted Detox)

Focus Group:

*Planning*

Prior to assembling the focus group, CCMHB/CCDDB staff met with each of Dr. Anita Say-Chan, UIUC Community Data Clinic, Chaundra Bishop, Regional Health Plan Coordinator, CUPHD, and Victoria Cisneros, Consultant, to discuss the process and expectations for listening sessions, focus groups, and surveys. The Associate Directors began recruiting community members for a focus group by reaching out to agencies with self-advocates or peer supporters. We received

several responses from individuals interested in participating in the development of our Community Needs Assessment survey. The group consisted of 7 members with various backgrounds; diversity in age, gender, race/ethnicity, physical ability, and other background factors was favored in the recruitment. Once the group was assembled, they held two two-hour sessions on Zoom, due to COVID restrictions. During the sessions, there were key areas which helped shape the survey. These centered around: Quality of Life, Community Assets, and Community Concerns and Needs.

#### *Participants*

Representatives from DSC (3), Community Choices (2), CU Trauma & Resiliency Initiative (1), FirstFollowers (1), and a Champaign County resident/parent of children attending Unit 4 Schools. Also present were Chaundra Bishop, Victoria Cisneros, Leon Bryson, and Kim Bowdry.

#### *Quality of Life*

Factors most consistently highlighted as important to participants' quality of life included:

- Access to healthcare
- Access to quality and affordable housing
- Social interaction (how to make friends/communicate)
- Safety/Security in neighborhoods
- Financial security
- Education/opportunities for children's success
- Dignity, respect, and acceptance

#### Participants' own words:

Lower income rentals are usually in slum condition and not being addressed correctly – it's not an excuse to keep the rent low. If the rent is in the \$500 range, you are in a dangerous part of town. Things are broken down and not fixed. People should have access to decent housing.

- *Participant is an Outreach Specialist*

A lot of slumlords. Moving to a place across from a high school, constantly contacting the landlord to get him to do the things that she's already asked him to take care of... I had to help a neighbor to advocate for herself because she didn't know how to do it.

- *Participant is the parent of an Autistic teenager*

#### *Community Assets*

Focus group members recognized that specific people and organizations, or types of people and organizations, were community assets as well, such as advocates who help people navigate systems and those agencies that provide some sort of necessary social support. Specific agencies mentioned included the YMCA Swimming group, Cunningham Township, Healthcare Consumers & Courage Connection. Participants identified a few strengths and resources that they valued in their communities.

- Recreational Centers
- Social Service Grant Programs

- Disability Services

Participant's own words:

DSC has resources that can help with supporting people with Autism and disabilities, and other community places have resources.

- *Participant works at DSC*

#### *Community Concerns*

There were common concerns noted across the group. Factors most consistently highlighted as important to *participants' community concerns* included:

- Crime and violence
- Transportation and direct service line routes
- Access to the Internet and Technology in rural community
- Lack of Black and Brown businesses
- Inadequate employment opportunities

Participants' own words:

Approximately only 100 minority-owned businesses, most of those are owned by white women. You should have about 7% African American owned businesses when the population is 14% African American; you should see these types of businesses in the community – this has a lot to do with the youth now, food deserts, not taking care of the North End.

- *Participant is an Outreach Specialist*

Understanding what resources are available, having business plans available, understanding how to start and maintain businesses, how to get loans, what banks are the best to get loans. Need for support system in Champaign to help them do what they are trying to do.

- *Participant is the parent of an Autistic teenager*

Dangerous crime areas – lost two police officers. There needs to be a community discussion with law enforcement. If they could step up the patrols in those areas that would help. Whole BLM movement puts a different spin on things. We need to put our trust in law enforcement.

- *Participant works at DSC*

The crime is all over Champaign County. The gun violence is in limited areas. Champaign County is still a pretty safe community to live in, but we hope the violence calms down.

- *Participant is a retired Teacher's Aide*

We need activities, but we know that more patrol doesn't work. These issues have to be looked at from the community; we need wraparound services. We need preventative measures. We can't wait until after the shooting happened. We need mentorship.

- *Participant is an Outreach Specialist*

I live with parents on a farm. I like it, and it works for now. I am concerned that other people might not have as good of a situation as other people, and they may have been forgotten about. Transportation – not as easy for others living in the country, the weather is also an issue. Do those people have enough food, heating? Technology concerns – iPhones or laptops to facilitate communication purposes – training on Zoom, email, etc. Home living supports – training for daily living or in need of an aide. Having access to technology and internet in rural areas is a problem.

- *Participant has Autism, lives in rural Champaign County, and is a Community Choices and DSC participant*

#### *Community Needs*

- DARE for people with and without disabilities, starting in elementary schools
- Peer support-to prevent bullying situations, misunderstandings, or preventing being taken advantage of
- More plain clothed police officers
- Access to medical health care
- Healthier grocery stores
- Crime Prevention services

#### *Participant's own words:*

Social interaction missing, beyond skill streaming, I never had a mentor growing up in school. I now mentor a student in high school. I've always struggled with social interactions with teachers and friends who don't understand how I understand things. I still struggle with interactions with people, being able to recruit people for important things, like encouraging people to get involved with leadership and advocacy.

- *Participant is a CC Leadership & Advocacy Co-facilitator*

#### *Community Survey Distribution:*

With the focus group's input, and after comparison with the upcoming Community Health Needs Assessment which will support future health plans, a final version of questions was created in a Google survey and the link shared broadly. A Spanish language version of the google survey was also available.

- Mental Health and DD Agencies Council and Human Services Council
- CU Trauma & Resiliency Initiative working group; Senior Task Force; Champaign County Community Coalition; Birth to 6 Council and Local Interagency Council; Crisis Intervention Team Steering Committee; Reentry Council; Continuum of Service Providers to the Homeless; School of Social Work Community Learning Lab; and Disability Resource Expo Steering Committee



- I/DD providers: Al Ryle Company, LifeLinks, CU Able, CC Down Syndrome Network; CU Autism Network; The Autism Program at UIUC; Individual Advocacy Group; Piatt County Mental Health Center; RPC Independent Service Coordination Unit; DSC CILA and Employment programs
- MH support groups: NAMI; Depression & Bipolar Support Alliance; GROW in Illinois
- Representatives of other systems: Juvenile Detention Center; Sheriff's Office and Jail; New American Welcome Center Health & Well-being Working Group; Cunningham Township Supervisor's Office; Champaign Township Supervisor's Office; United Way of Champaign County; Champaign County Farm Bureau; Housing Authority of Champaign County; Carle Behavioral Health; Carle Pediatric Department (Windsor in Urbana); the Pavilion; OSF Community Resource Center; Board of Health; CU Public Health Department; Youth Assessment Center; Division of Rehabilitation Services; Workforce Innovation and Opportunity Act office; and local school district representatives
- Focus group participants and members of the CCMHB and CCDDDB
- Faith community: First Baptist Church of Savoy; Windsor Road Church; Fellowship Baptist District Association; Interfaith Alliance-CU Vicinity; Angel's Youth Center; CU at Home; Church of the Brethren; Community United Church of Christ; First Mennonite Church; Unitarian Universalist Church; Channing-Murray; Salvation Army; Faith United Methodist Champaign; Mount Olive Baptist Church; St. Luke CME Church; CU Church; The Hope Center at Vineyard; First United Methodist Urbana; Berean Covenant Church; Bethel AME Church
- Garden Hills Neighborhood Group; Rita Conerly; HitNHomeboy; Hayes HV&T
- Earned Media: The CCMHB/CCDDDB Executive Director did brief interviews with WCIA and WAND television; links to the online survey (English and Spanish) were included in the web versions of each interview.
- Social Media: Allison Boot, Consultant, promoted the survey through Alliance for Inclusion and Respect and Disability Resource Expo Facebook, Instagram, and Twitter pages. CCMHB/CCDDDB staff shared it through personal social media networks.

Of those contacted by email, one recipient strongly suggested this may not be the ideal way to learn about the opinions and concerns of all community members. This reinforced our commitment to efforts described below, to reach people more directly. Some who spoke to our team had similar reservations about surveys.

Paper copies of both the Spanish and English questionnaires were delivered to nine food pantries, five libraries, and a drop-in center for people without permanent housing.

- Broadlands Food Pantry; Community Services Center of Northern Champaign County; Jubilee Café; Newman Shares on UIUC campus; Restoration Urban Ministries; Salvation Army Pantry; St. Patrick's Food Pantry in Tolono; UniPlace Christian Church Food Pantry & Hot Dinner on UIUC campus; Windsor Road Christian Church
- Four food pantries did not return our calls; two declined to receive surveys; four other food pantries were not open often enough to allow for completion and return of surveys; one more was not open when surveys were delivered

- Public libraries in Champaign, Urbana, Mahomet, St. Joe, and Ogden
- DSC for Community Living participants and CILA residents
- CU at Home for Phoenix Center visitors to discuss and complete
- Pediatric office patients and families

Partners' own words:

The people coming to our food pantry are struggling financially, they don't have the types of needs that you are trying to reach with your survey. They can all drive.

- *Partner runs a food pantry at a church*

As you know, there's a huge Spanish-speaking population. And I know individuals and families don't often reach out for services, because it's not part of their culture and because of the digital divide, as well as the language barrier. I think, in the future, if the survey could be put in another language or two (I'm thinking French), that would be really helpful... Another thought, maybe for the future, would be to put a flier or something in Spanish, at the Latino grocery stores. I think there are about four in town...

I don't know if anyone in the deaf community would be interested in the survey. I don't think I can really get it out to appropriate people with the time that's left, but you might put it on the list for next time. PACE has connections with an active deaf community...

- *Partner is a disability rights advocate*

*Country Brook Apartments Complex*

The Associate Director for Mental Health and Substance Use Disorders traveled with two Program Managers of the Don Moyer Boys & Girls Club to the Country Brook Apartment Complex (CBA) to administer the Community Needs Assessment survey to residents. The CBA is a 150-unit Section 8 Family/Section 42 property located in west Champaign. The targeted area was a lower income neighborhood that continues to experience the effects of violence, trauma, and mental health and substance abuse challenges. An important goal of the canvassing effort was to empower residents to take a stronger role in speaking out about the strengths and needed services in their community. Since the desire was for a high participation rate and validity of results, the team chose to conduct door-to-door interviews. The surveys were administered during the daytime. The team randomly knocked on doors to generate participation. Approximately twenty residents filled out the survey. All were African American, and 95% were African American females. The other 5% identified as African American male. Once the residents completed the surveys, some decided to talk more about their environment and what is going on in Champaign County.

Respondents' own words:

This place is always bad around here with the violence and shootings going on. But these past few days have been good.

- Respondent is a single mother of three

I don't like Champaign because there is nothing to do for kids.

- Respondent is a single mother of two

I'm glad I have Section 8. I don't know about any mental health services. I only know you can go to the hospital or Rosecrance if you need help with alcohol and drugs.

- Respondent is married with three children

The Police need to do a better job with driving around and getting these guns off the streets. I know a lot of people who have been murdered for stupid reasons. That's why I got to get out of here. Nobody is safe here.

- Respondent is a single male

After the survey, what's changes gonna happened?

- Respondent is a mother of one

There were many residents who declined the survey for various reasons:

- Don't have the time
- Too many surveys administered in the area
- Not interested
- Too long and asking too much
- Unsure of the person knocking on their door

#### *Shadow Wood Mobile Home Park*

The Associate Director for MH/SUD and a Spanish-speaking Program Manager for Don Moyer Boys & Girls Club traveled to the Shadow Wood Mobile Home Park (SMHP) to administer surveys to the residents. Shadow Wood Mobile Home Park is located on the North end of Champaign, just south of Interstate 74. The team set up a survey table at the entrance of the park for the greatest results of respondents. Approximately 10 respondents, all Spanish-speaking between the ages of 25-64, filled out the Spanish version of the survey with assistance from the Spanish-speaking Program Manager.

Once the surveys were completed, the team debriefed the event. The Program Manager reported that all the respondents live below the poverty line, and many worked odd jobs to support themselves. All respondents relocated from other parts of the US and from Latin countries found living in the mobile park/Champaign peaceful and stress-free. When asked about supports or resources that should be added to our community to help more people, nearly all the residents said there need to be more religious services available. Only one respondent was familiar with substance abuse services in Champaign County. None of the respondents were familiar with intellectual/development disabilities services. When asked about using food pantries, only three reported taking advantage of free food when it is brought to the mobile park.

## Service Provider Survey:

### Overview

Champaign County's service providers have steadily shared insights with the CCDDDB and CCMHB and their staff, which became even more critical during the global pandemic. A brief survey was designed to seek their perspective on the service systems and the community generally. Questionnaire-style and self-administered, the survey included eleven optional and long-answer questions and was developed as a result of discussions during meetings of the CCMHB and CCDDDB. The purpose was to understand community assets and threats from the perspective of those within the system. The link to this online questionnaire was available through August and distributed through email groups:

- Mental Health and Developmental Disabilities Agencies Council
- Human Services Council
- CU Trauma and Resiliency Initiative Working Group
- United Way of Champaign County
- Champaign County Special Education Staff
- Unit 4 and Unit 116 staff
- Individual Advocacy Group (CILA provider)
- CU Public Health District

### Findings

Of 27 online surveys completed, many with questions left blank, the most frequently mentioned threats and barriers to care were:

- Mental health needs not met due to lack of: insurance/affordability, providers, school-based services, in-home services, senior services, or bilingual services (20)
- Loss of employment and not enough services for gaining employment (10)
- Overlapping with the above were lack of providers who bill Medicaid/Medicare, long waiting lists to see them, and related stigma (9)
- Homelessness, housing instability, housing for people with substance use disorders (8) and for those with I/DD (4)
- Lack of resources and information was a barrier to care for MH (7), I/DD (6), and SUD (8)
- High cost of services was a barrier to care for MH (7) and SUD (4)
- Other barriers: long waiting lists for MH (6), stigma about MH (5), and not enough staff in both the MH and I/DD systems (5)
- Of other concerns about life in Champaign County, gun violence topped the list (4)

There were fewer responses and less agreement regarding community strengths. The following were identified as assets or as adequately addressed:

- Enough mental health counselors, therapists, clinicians, providers (9), support for acquiring insurance (3), peer support groups (2), inpatient and employment services (1 each), and treatment options for schizophrenia, depression, and anxiety (1 each)
- (4) respondents felt I/DD care was adequate, (2) specified employment supports, and (1 each) mentioned adequate integration, leisure/recreation, access to services, and support for depression among those with I/DD.

- Few responses relate to adequate care for SUD: enough sober living homes/housing; enough rehab/counseling for those who have insurance; adequate treatment; adequate prevention; adequate inpatient; and needle exchange (1 each)

Full responses are found in **Appendix II**, and while some providers may be less aware of other types of service, these qualitative data tend to reinforce results from the full survey. In addition, throughout 2020 and 2021, funded agencies have shared observations about the impacts of the global pandemic on their services, people served, and staff (e.g., provider burnout). The most recent of these observations are available as **Appendix III**.

## MENTAL HEALTH DATA

Community survey respondents had more to say about mental health needs than the other categories and would most like to see the following supports added:

- walk-in clinics
- shorter or no wait times
- more psychiatrists
- free, or more affordable, services
- more in-patient options and case management
- more emphasis on youth and young adults

Service provider survey respondents also noted unmet mental health needs related to:

- insurance and affordability, lack of providers, or the need for specialty (school based, in home, senior, or bilingual) services
- lack of Medicaid/Medicare providers, long wait lists, and stigma
- lack of resources and information about MH resources

Consistent with Champaign County's Health Rankings (see Operating Environment above), some noted that we have enough of certain types of mental health providers. Still the dominant theme of unmet mental health needs in this community is appropriate given national and state evidence before and during the pandemic. Recent corroborating local findings follow.

The Champaign County Regional Planning Commission conducted a community needs assessment survey during Summer 2021 to assist in Social Services planning.

- Over 60% of "client" respondents indicated needing assistance with dealing with stress, depression, or anxiety.
- 66.67% indicated they wanted to learn how to help their children cope with stress, depression, or emotional issues.
- Of "Community" respondents, almost 70% believe that mental health services are among the top needs of low-income households.
- A majority of "Agency" respondents believed there are a sufficient amount of childcare programs for families. One mentioned that there was not enough AFFORDABLE childcare in Champaign County.



The United Way of Champaign County conducted a community needs assessment survey early in 2021 to support Community Impact strategic planning and funding decisions.

- The top 3 issues from ALL respondents were: child abuse and neglect; basic needs; and behavioral healthcare/mental healthcare.
- When sorted by demographics, the non-white respondents also indicated behavioral healthcare/mental healthcare in a tie for third.
- When presented with 4 choices related to Health - healthy lifestyles, community safety/violence prevention, access to behavioral/mental health treatment and innovation in healthy food accessibility - community safety/violence prevention ranked highest at 55.53%, access to behavioral/mental health treatments second at 27.58%.

Champaign County's New American Welcome Center (NAWC) engaged in a community needs process which also included surveys and focus groups:

- 42% of respondents selected healthcare services as a source of stress
- 25% of respondents noted "feeling depressed or down at times"
- 10% preferred not to say
- In listening sessions with community members from Central West Africa and Latin America, depression and mental health were identified as issues.

While the full report is not yet available, results of our surveys echo that these mental health needs are not being met, with language access an identified issue. 2020 Census data indicate growth in Champaign County's immigrant population, so the NAWC's findings will be useful in our own planning, highlighting the need for Cultural and Linguistic Competence training and for healthcare system navigators and service providers who use languages other than English.

Mental Health Crisis Meets Public Health Crisis:

Prior to COVID, increased rates of diseases of despair and related deaths, including from suicide and drug overdose, were found even among groups of people who had not been so deeply affected previously. With what is known from prior global pandemics, many predicted increases in mental health concerns, whether the direct long-term consequence of physical illness or as a consequence of prolonged stress, financial instability, overwhelming grief, or collective trauma.

Pre-COVID data of interest for Champaign County from the 2021-2023 Community Health Plan:

- The 2018 suicide rate of 12.9 per 100,000 people was higher than the state rate (10.3) and lower than national (13.4) (CUPHD et al., p. 24)
- Of gun-related deaths in 2019, 13 were suicide and 6 homicide. (p. 28)

From The State of Mental Health in America 2021 report, rankings, and prevalence data:

- Prior to COVID:
  - There had already been increases in the prevalence of MI (to 19%) and suicidal ideation among US adults.
  - Unmet mental health treatment needs were very high across the country, with 60% of youth with major depression receiving no treatment, and 23.6% of adults with a mental illness reporting an unmet need.

- By September 2020:
  - There had been a 93% increase over 2019 totals of people completing the anxiety screen, and a 62% increase in depression screens;
  - 80% of those screened scored moderate to severe anxiety or depression, and 70% of them cited loneliness in the top three causes;
  - By age, the group most likely to score moderate to severe were youth 11-17;
  - By race, the highest average rates of change for anxiety and depression were among Black/African American screeners.
  - Reports of thoughts of suicide and self-harm reached record levels, with 37% suicidal, higher rates among youth, even higher among LGBTQ+ youth; and
  - By race, the highest average rates of change for suicidal ideation were among Native American/American Indian screeners.
- By 2021:
  - Severe depression had reached 9.7% among US Youth, with the highest rate (12.4%) among those youth identifying as more than one race.
  - The US rate of uninsured adults with mental illness had increased (to 10.8%) for the first time since the Affordable Care Act.
  - Illinois ranks 11<sup>th</sup> of all states for adult mental health and 36<sup>th</sup> of all states for youth mental health. Each ranking is based on seven measures.
  - For prevalence of MI, Illinois ranks 19<sup>th</sup>, for access to care, 28<sup>th</sup>, and overall, 22<sup>nd</sup>.
  - The prevalence rate for any MI in adults is 18.06% in IL and 19% in the US.
  - Rate of serious suicidal thoughts among adults is 3.87% in IL and 4.34% in the US.
  - Rates of youth with a Major Depressive Episode are 14.86% in IL and 13.84% US, and for Severe Depressive Episode, 11% in IL and 9.7% US.
  - The prevalence rate for any SUD in adults is 8.16% in IL and 7.67% in the US.
  - The prevalence rate for any SUD in youth is 4.04% in IL and 3.83% in the US.
  - Rate of students with Emotional Disturbance on an IEP is 10.19% in IL and 0.757% in the US. (In this case, high rates are associated with better outcomes.)

As noted in the Operating Environment section above, Champaign County is fortunate to have a relatively high ratio of mental health providers and a low uninsured rate, but the difficulties people have in securing benefits, navigating the healthcare system, and finding providers who accept Medicaid are among key findings of our primary data collection.

The increased national focus on trauma, anxiety, depression, and deaths of despair creates an unprecedented opportunity to challenge the stigma associated with mental illness and addiction and to eliminate the disparities in behavioral healthcare. Reliable information about causes, symptoms, prevention, and treatments may be more welcomed than ever and may result in better understanding and compassionate care.

Disproportionate Impacts:

*Life Expectancy*



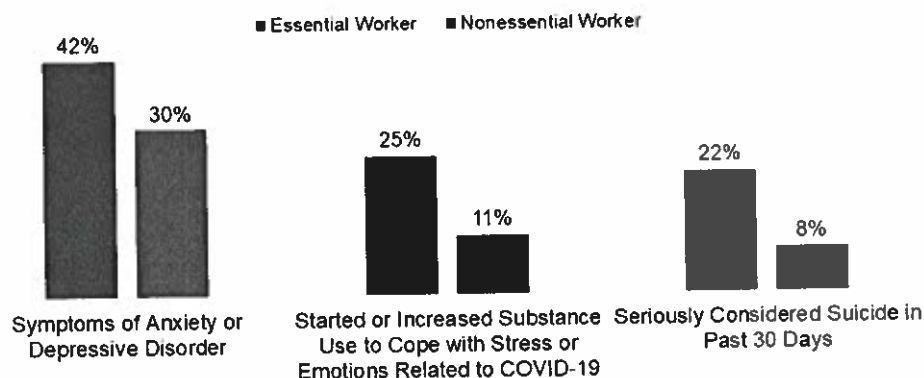
In addition to the unfavorable changes in life expectancy noted in 2018 and during the pandemic, with disproportionate ethnic and racial impacts, people with serious mental illness had already an average life expectancy 25 years lower than that of the general population and largely due to preventable conditions, including access to healthcare. (NASMHPD, p 5).

*Behavioral Health Workforce*

People performing 'essential work' during the pandemic reported higher rates of mental distress as a result. Providers of behavioral health and other social services are included in this category. During monthly meetings and in quarterly service reports from funded programs, local service providers noted many negative impacts of the new stressors.

Figure 8

Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.  
 SOURCE: Czeisler ME, Lane RI, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>



(Panchal et al.).

*Residents of Rural Areas with Limited Services*

People living in rural communities have had decreasing access to mental health services for some time, though the expansion of telehealth during the pandemic may have provided some relief, as long as those communities were 'connected' and residents were ready with devices.

Approximately 7.3 million nonmetropolitan adults reported having any mental illness (AMI) in 2018, accounting for 21.2% of nonmetro adults. In addition, nearly 1.6 million, or 4.8%, of adults in nonmetropolitan areas reported having serious thoughts of suicide during the year. While the prevalence of mental illness is similar between rural and urban residents, the services available are very different. Mental healthcare needs are not met in many rural communities across the country because adequate services are not present.

(Rural Health Information Hub)



Rural Health Clinics may be reluctant to start providing mental health services when reimbursement rates are low. In addition, high no-show rates among mental health clients and high numbers of uninsured patients further exacerbate the issue.

(Gale et al.).

#### *Racial and Ethnic Minority Groups*

There is evidence of other deeply uneven impacts of COVID-19, especially felt by members of racial and ethnic minority and immigrant groups. Black, Indigenous, and Hispanic/Latino people, reported higher levels of anxiety, depression, and suicidal ideation, as noted above. Making matters worse, prior to COVID, these groups had already been less likely to be able to access or benefit from appropriate care.

From The Center for American Progress report on "Health Disparities by Race and Ethnicity"

- In 2017:
  - Black/African Americans had lower rates of health care coverage than whites (89.4% versus 93.7%, 44.1% had government health insurance, and 12.1% under the age of 65 had no coverage.
  - 83.9% of Latino/a/Hispanic US residents had health care coverage, 39.5% had government health insurance, and 20.1% had no health insurance.
  - Asian Americans had a higher rate of coverage at 92.7% and lower rate of government insurance (29.6%).
  - 66.9% of Native Hawaiian/Pacific Islanders had private and 33.5% government health insurance.
  - 14.9% of American Indians/Alaska Natives were uninsured.
- In 2018:
  - 8.7% of Black/African Americans received mental health services, compared to 8.8% Latino/a/Hispanic, 6.3% Asian Americans, 10.9% Native Hawaiians/Pacific Islanders, 14.1% of American Indian/Native Alaskans, and 18.6% White.

Disparities are deepened by the economic disruption:

The economic downturn and staggering job losses due to the pandemic have resulted in lost health insurance, financial instability, food insecurity, and loss of housing among those lacking the safety net of savings and family resources. The median net worth of white families (more than \$170,000) is nearly 10 times higher than black families (less than \$20,000), and black households have been hit harder by downturns, whether in 2008 or currently. These stresses and losses increase the risks of depression, anxiety, substance use, and suicide, as well as poor physical health.

(Gibbs et al.).

Disproportionate COVID death rates among Black/African Americans cannot be attributed entirely to high prevalence of risk factors such as diabetes and hypertension. Factors such as higher presence in 'essential' front line jobs, disproportionate environmental risk factors, and discriminatory institutional practices have contributed. (Sawani and Malcom).

### Young People

The 2020 Illinois Youth Survey includes responses from students of nine schools, all grades, across Champaign County, though the majority of respondents reside in the City of Champaign. 48% were eligible for free or reduced lunch.

- Of 12<sup>th</sup> graders, 45% had experienced depression, and 20% had considered suicide.
- 25% experienced any type of bullying, 21% bullied due to disability or appearance and 17% due to race, religion, or sexual orientation, and 5% experienced every type.
- Of 10<sup>th</sup> graders, 48% had experienced depression, and 20% had considered suicide.
- 35% experienced any type of bullying, 23% due to disability or appearance and 22% due to race, religion, or sexual orientation, and 5% experienced every type.
- Of 8<sup>th</sup> graders, 40% had experienced depression. The suicide question is not asked.
- 47% experienced any type of bullying, 48% experienced bullying due to disability or appearance, and 6% experienced every type. Race question is not asked.
- For all three grade levels, the most prevalent type of bullying was name-calling, then cyber-bullying, then threats of violence, then violence (hitting, kicking, pushing).
- For all three grade levels, 5% reported an experience of violence in a dating relationship.

All of these 2020 findings, other than cyber-bullying of 8<sup>th</sup> graders and dating violence among 12<sup>th</sup> graders, were higher rates than statewide in 2018. They reflect the increased negative impacts on youth mental health described above for the US and Illinois.

### SUBSTANCE ABUSE DATA

Community Survey respondents indicated adding these would help people with SUDs:

- free or more affordable services
- more in-patient options and case management
- more emphasis on youth and young adults

Service Provider Survey respondents noted these barriers related to SUD:

- homelessness, housing instability, not enough housing for people with SUD
- lack of resources and information about SUD resources
- high cost of services

Respondents mentioned the following once each, as adequate for the local need:

- sober living homes/housing
- rehab/counseling for those who have insurance
- treatment, adequate prevention, and inpatient services
- needle exchange

Although fewer comments in either survey related to SUD, there is evidence that Champaign County's unmet SUD treatment needs have increased in recent years, as has related loss of life.

According to the Illinois County Behavioral Risk Factor Survey, Round 6 (2015-2019), 20.6% of County residents were at risk for binge drinking and 6.8% for heavy drinking. For the previous

five-year period, fewer were at risk for binge/acute drinking (13.9%) and for chronic drinking (2.3%). (IBRFSS).

The Champaign County Community Health Plan 2021-2023 data on local SUD-related deaths prior to 2020, greatly increased for alcohol-related:

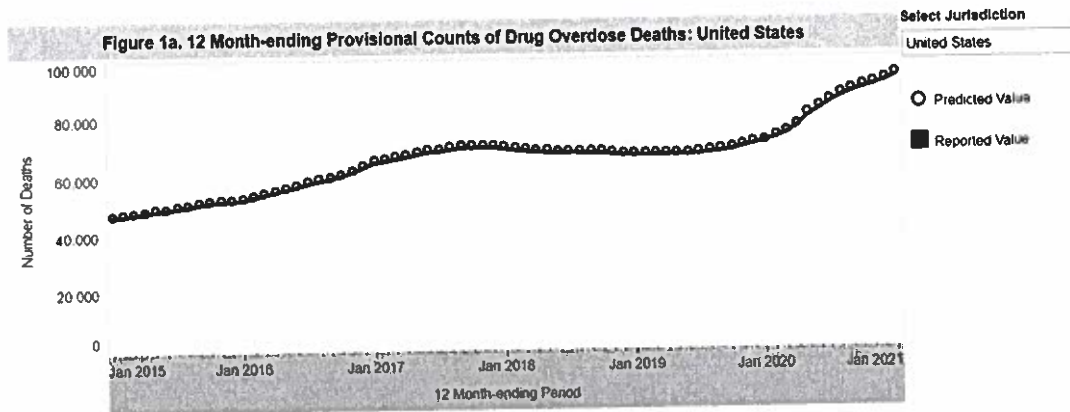
- Alcohol-impaired driving deaths more than doubled since 2015, to 32%, higher than state and national rates. (CUPHD, p 24).
- From 2015 to 2019, there were 198 drug-related deaths of Champaign County residents; 71% were white, 27% Black; >71% were male, 29% female; and ages ranged from 11 days and 73 years. (p 27).
- Opiates were the leading cause of these deaths. (p 57).

The 2020 Illinois Youth Survey includes data on substance use by Champaign County youth. While the following do not point to alarming changes over time, 2020 survey responses were lower than hoped, and comparisons here are limited to previous statewide rates:

- Among 12<sup>th</sup> graders, 46% had used alcohol, 2% inhalants, 30% marijuana, and 5% other illicit (lower rates than for Illinois students during 2018), and 8% had used a prescription drug not for them (higher than the rate for Illinois students during 2018).
- Sources of alcohol for 12<sup>th</sup> graders: any social source (68%), parent supply (43%), stolen/taken without permission (32%), and retail (19%). Sources of marijuana and prescription drugs were mainly "someone gave it to me" and "bought from someone".
- 17% drove under the influence when using marijuana and 8% when drinking, slightly lower than statewide 2018 rates.
- Among 10<sup>th</sup> graders, 37% had used alcohol and 2% inhalants (lower than for statewide 2018), 23% marijuana and 3% other illicit drug (higher than statewide 2018), and 4% a prescription drug not for them (lower).
- 6% drove under the influence when using marijuana (equal to 2018 statewide rate) and 6% when drinking (slightly higher than statewide 2018 rate).
- Among 8<sup>th</sup> graders, 20% had used alcohol, 4% inhalants, 4% marijuana, no other illicit, and 1% a prescription drug not for them. All were lower than state rates from 2018.
- For all three grade levels, the rates for first use (new users) for all substances were lower than state rates from 2018, with the exception of 10<sup>th</sup> graders trying marijuana.

Coping with Stress and Isolation:

By June of 2020, substance use was rising (13% of US adults) as a coping mechanism for stress. Deaths from drug overdose reached a record high in 2020, with 93,331 across the country, an estimated 250 people losing their lives each day. The Centers for Disease Control and Prevention National Center for Health Statistics' 12-month provisional data, January 2015 to January 2021, show a 30.9% increase across the US.



For Illinois, complete data are not yet available, but an increase of 24.3% is estimated. The national increase is attributed largely to synthetic opioids, e.g., Fentanyl. (CDC NCHS, 2021).

Shifts in drug availability may also be to blame for increased illicit opioid use deaths; if heroin isn't easy to access, someone might take fentanyl... pandemic-related strains, from economic stress and loneliness to general anxiety about the virus, are a major driver for the increase.

(Abramson).

In 2010, a range of conditions classified as Alcoholic Liver Disease was a leading cause of US deaths. The prevalence of alcoholic fatty liver disease (AFLD) was stable from 2001 to 2016, but those with AFLD and stage 2 or greater fibrosis increased significantly by 2016. This is of concern because fibrosis is the strongest predictor of cirrhosis, liver cancer, and death. (Wong).

During the pandemic, with psychosocial stressors such as social isolation, loss of structured activity, and loss of employment, the consumption of alcohol increased, and a rise in severe ALD followed in several states. (Chen et al.).

**Co-occurring disorders** are very common, affecting 9 million people in the US; over half receive no treatment for either condition, only 7% receive services for both. (Gordon and Gans). Prior to the pandemic, over 25% of adults who had depression, anxiety, schizophrenia, or personality disorders also had a substance use disorder. (MentalHealth.gov). In addition to barriers to treatment of co-occurring disorders created by privacy rules and licensing and billing codes, **stigma** complicates access to addiction treatment and other necessary care. People with SUD are underserved in the healthcare system, increasing their risk for other illnesses and possibly keeping them from treatment for COVID-19. (NIDA).

Priorities of Those in Recovery:

Community Catalyst's national study of people with substance use disorders identified the outcomes they seek from treatment:

- staying alive
- better quality of life and mental health



- reduction of substance use
- basic needs met
- increased self-confidence
- connection to ongoing supports.

During COVID, only 20% of respondents changed priorities, with quality of life less important and connection to services and basic needs more important. Their recommendations include:

- a full continuum of services, including crisis and long-term peer recovery supports
- harm reduction programs that focus on keeping people alive, including overdose prevention
- educating providers on harm reduction
- integration of mental health supports into SUD services, even for people who do not have an MI diagnosis
- adjusting services to meet individuals' desired recovery goals.

While this is a national survey and the first of its kind, it breaks a silence and should serve as a model for improving the needs assessment process.

## INTELLECTUAL/DEVELOPMENTAL DISABILITIES DATA

Service Needs and Preferences:

According to the Illinois Department of Human Services – Division of Developmental Disabilities "Prioritization of Urgency or Needs for Services (PUNS) Summary by County and Selection Detail" for July 14, 2021:

- Of 356 **Supports Needed**, the most frequently identified are:
  - Personal Support - habilitation, personal care, intermittent respite (306)
  - Behavioral Supports - behavioral intervention, therapy, counseling (147)
  - Speech Therapy (90)
  - Other Individual Supports (82)
  - Occupational Therapy (72)
  - Followed by Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, Intermittent Nursing Services in the Home
- 321 people identified the need for **Transportation** Support
- 243 people identified the need for **Vocational** or Other Structured Activities:
  - Support to work in the community (217)
  - Support to engage in work/activities in a disability setting (98)
  - Support to work at home (6), and
  - Attendance at activity center for seniors (2)
- 65 people are waiting for **Out-of-home residential services** with less than 24-hour supports, and 45 are seeking 24-hour residential.

Through a CCDDDB-funded contract, the CCRPC Independent Service Coordination Unit completes an annual preferences interview with each person enrolling in or completing an update for the State's PUNS system. This assessment adds questions to those required by the



State, in order to understand service gaps and opportunities. The full report will be available with other year-end reports as a downloadable document on <http://ccmhddbrds.org>. From 147 respondents, 25 new and 122 updating, selections are ranked from most to least popular.

- Living arrangements:
  - With family – 76%
  - Alone - 27%
  - With roommates – 3%
  - 24-hour CILA with bedroom of their own – 6%
  - 24-hour CILA with shared bedroom – 4%
  - Intermediate care facility – 1%
- Prefer to live in:
  - Champaign - 51%
  - Urbana – 16%
  - Outside of Champaign County – 7%
  - Mahomet or Rantoul – 6% each
  - Champaign County – 3%
  - Outside of Illinois – 3%
  - St. Joseph – 2%
  - Philo or Tolono – 1% each
  - Homer, Fisher, and Sidney – less than 1% each
- Employment/volunteering:
  - Other – 42%
  - Retail – 21%
  - Restaurant/food services – 16%
  - With animals – 14%
  - Service industry, outdoors, or education/childcare – 10%
  - Public services – 7%
  - The arts – 6%
  - Office – 5%
  - Technology services, factory, construction, recreation, or health services – 3%
  - Writer, trade work, agriculture, or automotive – 1%
- Community opportunities:
  - CU Special Recreation – 68%
  - Health & wellness – 57%
  - Special Olympics – 56%
  - Groups and clubs – 53%
  - Church – 48%
  - YMCA – 35%
  - Gardening – 33%
  - Best Buddies – 24%
  - Continuing education – 15%
  - Other – 10%
- Leisure activities:
  - Recreation/sports – 90%



- Eating out – 88%
  - Zoo/aquariums – 86%
  - Parks – 85%
  - Movies – 83%
  - Swimming – 71%
  - Theatre/arts/museums – 70%
  - Festivals – 67%
  - Shopping – 62%
  - Sporting events – 55%
  - Concerts – 51%
  - Other – 4%
- 98% seek support for Transportation, 98% for Financial, 96% Independent/daily living, 91% Medical, 81% Vocational, 80% Socialization, 47% PT/OT/Speech, 45% Behavioral therapy/counseling, 31% Respite, and 23% Assistive Technology
  - 71% are not receiving case management services; 12% have case management support from DSC, 12% Community Choices, 3% CCRPC ISC, 2% Other, 1% Rosecrance, 1% PACE
  - 49% were aged 19-59, 31% were 13-18, 12% were 7-12, 7% were 0-6, and 2% over 60
  - 58% were male and 42% female
  - 75% were white, 16% Black/African American, 6% Other/2 or more races, and 3% Asian
  - 5% were of Hispanic or Latino/a origin
  - 54% currently live in Champaign, 18% Urbana, 10% Rantoul, 7% Mahomet, 3% St. Joseph, 2% Tolono, 1% in each of Fisher, Philo, Rantoul, Savoy, and less than 1% in each of Bondville, Foolsland, Homer, and Sidney.

Most representative of respondents would be a white, non-Hispanic, non-Latino adult man, living in Champaign with family, not receiving case management, seeking support for transportation, financial, independent living, and medical, and most interested in recreation/sport, CU Special Recreation activities, and a job doing "Other."

Supports Sought by or on behalf of Residents with I/DD,  
Using data from IDHS-DDD July 14, 2021 PUNS Report Sorted by County and Selection Detail and CCRPC-ISC Decision Support program year-end report for PY2021:

Category of Support/Service	PUNS Result	ISC Result
Transportation	90%	98%
Financial management	-	98%
Independent living support	-	96%
Medical support	-	91%
Personal support	86%	-
Vocational support	68%	81%
Socialization	-	80%
Support for work in the community	61%	-
Speech/OT/PT	59%	47%

Behavioral supports	41%	45%
Work in disability setting	28%	-
Other individual supports	23%	-
Less than 24-hr residential	18%	-
Assistive technology	14%	23%
24-hour respite	5%	31%
24-hour residential	13%	10%
Adaptation to Home/Vehicle	4%	-
Intermittent in-home Nursing	2%	-
Support to work at home	2%	-
Attendance at senior center	Less than 1%	-

Reporting on unmet needs of Champaign County residents with I/DD may be easier than for residents with behavioral health concerns, thanks to: annually updated PUNS data; the CCRPC-ISC preference interviews; and strict eligibility criteria resulting in a smaller number of eligible persons whose needs and preferences should be clearly understood. Unfortunately, knowing that many people are waiting for long-term supports and services does not lead to immediate solutions to the system-wide insufficiencies which were worsened by COVID-19.

Community Survey respondents indicated they would like to see the following added:

- more options, including for those with Autism
- more options for adults and their families
- mentoring by those with I/DD for those with I/DD
- more vocational opportunities

Service Provider Survey respondents identified related barriers:

- lack of providers who bill insurance and long wait lists for those services
- insufficient housing options for people with I/DD
- lack of resources and information about them
- not enough staff

These are echoed in testimonials below.

Observations:

**People with I/DD** have been especially impacted by COVID-19, in part due to high-risk congregate living and difficulty accessing supportive services, including for health care:

A cross-sectional study of 64,858,460 patients across 547 health care organizations reveals that having an intellectual disability was the strongest independent risk factor for presenting with a Covid-19 diagnosis and the strongest independent risk factor other than age for Covid-19 mortality... Beyond the direct risk of Covid-19, the pandemic has had negative effects on the ability of individuals with intellectual disabilities to receive

the health care and daily support that they typically receive. Providers who are not cognizant of this medical limitation may incorrectly turn them away... A lack of typical supportive services may lead to increased behavioral issues and treatment with psychotropic medication with negative side effects, including weight gain.

(Gleason et al.).

**Providers of services for people with I/DD** have also been and continue to be deeply impacted by the COVID-19 pandemic, which has demanded even more from an already endangered and underpaid direct support workforce:

Not a single time have I posted encouraging/begging people to get the vaccine. Today is different. Despite the controversy, I want to make a plea to those working in the human service agencies. I am watching unvaccinated people quarantine over and over, while others work significant OT to make up for that loss all over the state of Illinois. There are so many unvaccinated that are doing that, too, but if exposed, guidance dictates safety measures that send them home for an extended time. (I don't disagree with the safety measure).

If ELIGIBLE and you work with a vulnerable population, please, please get the vaccine. People are depending on us for their health and safety. We've chosen a profession because we are passionate about a Mission that includes being responsible for the health, safety and welfare of others.

If you're on the fence about it, one of my favorite quotes I was accused of saying many years ago is (I didn't): Indecision is a decision in and of itself. I know there will be support and criticism to my plea, I just ask that you are kind in your responses.

#TheyDeserveMore #getvaccinated #itsnotover #deltaVariant #tired

- From the personal facebook page of a local I/DD agency executive, August 11, 2021

**Self-advocates** continue to identify the state/federal funding imbalance, a pre-pandemic condition with no solution in sight, as a barrier to independence for many:

I am a person with autism who lives in Champaign.

Advocating for my rights and the rights of others is important to me. I want Illinois legislators to know that people with intellectual and developmental disabilities deserve to live full lives in their communities. I am fortunate to have choices about where I work, where I live, the activities I participate in and what my day looks like.

Because I receive state funding, I work with community service providers to move into my own apartment, secure a job with the University of Illinois, and facilitate advocacy and leadership classes and projects for myself and others with these types of disabilities.

A lot of nondisabled people in Illinois don't understand that some people with these disabilities are not able to choose these things. Why? People with intellectual and developmental disabilities are part of their communities, contribute to their communities and are the experts in their own lives. They should have the right make decisions about their own lives. The state does not properly fund services for people with disabilities. Some people are on a waiting list for services and funding. I was on the wait list for 12 years.

Some people with disabilities live in state-run institutions and have to wait for services because the state doesn't have the funding available to help them leave. If Illinois legislators agree to fully fund community living services for people with these types of disabilities, then we can all choose the lives we want to live.

- Sarah Demissie, "From Our Readers: Disabled need greater support,"  
*The News-Gazette Opinions Page, July 21, 2021*

**Family members continue to be the drivers of system advocacy, against growing obstacles:**

I write today on behalf of my 32-year-old son, Daniel, and thousands of Illinois citizens with developmental disabilities who continue to face a housing and staffing crisis.

Dan has autism, is non-verbal and requires 24/7 supports. He is loving, funny and helpful. He's a terrific son who "keeps us on our toes" and is an essential part of our family. Dan is fortunate to live for just over six years in a small group home near us in Champaign — one that could be forced to close because of inadequate state funding. We are very grateful to the agency that committed to opening a home for Dan here in Champaign.

Over the years that Dan has been "home," his emotional and behavioral stability have improved dramatically. We've never seen him happier. But, the threat that the agency will not be able to hang on is with us every day. Dan and others like him deserve the opportunity to live near their families, to build friendships and develop interests, to volunteer, work and play in their communities, just like "regular" people do. Illinois agencies provide the homes and care that make this life possible for people with disabilities, but they are severely underfunded and chronically understaffed.

In fact, our state ranks 47th for its funding commitment to people with intellectual and developmental disabilities. Direct Support Professionals — the caregivers who really support my son — are systemically undervalued and undercompensated by the state.

I say that Dan is fortunate because far too many Illinois residents with developmental disabilities are forced to live far from their home communities. And that's if they receive any support or placement at all. More than 18,000 people with disabilities are languishing on the state's waiting list, and the lack of services is especially acute for people with complex medical or behavioral needs.

Even before COVID blindsided us all, we were aware that the cost to Dan's agency of operating the three Champaign homes was becoming too burdensome. They closed one home in January. The possibility that they could close Dan's home is frightening.

No system of care is perfect, but we can and absolutely must do better. Many other states do. Why can't Illinois?

The good news is that everyone now knows exactly how to solve this crisis. In December 2020, the Illinois Department of Human Services released a state-commissioned, independent study that lays out a clear list of priorities and the funding required to implement them. When the General Assembly passes its annual budget in the next few days, I urge them to follow the funding recommendations in the study.

Now is the time to finally make humane treatment of our citizens with developmental disabilities a priority.

*- Debra Ruesch, "My Turn: Debra Ruesch  
Town Hall | 'Now is the time to finally make humane treatment of our citizens with  
developmental disabilities a priority',"  
The News-Gazette Opinions Page, May 25, 2021*

**COVID** inadvertently brought some good news for **job seekers with I/DD**:

While COVID has put incredible strain on all areas of our communities, particularly direct service professionals working group homes and community day programs, there have also been some unexpected positive outcomes. After the initial period of hard lockdowns, business closures, and mass layoffs, people with I/DD have had an unexpectedly large presence in the economy re-opening. Since the spring of 2021, our participants with disabilities are finding community jobs at far greater rates than they were before the pandemic. In the last week alone, we have supported three people to find meaningful community-based, competitively paid employment. Two years ago this would have been unprecedented for the size of our organization.

Early in the pandemic we had a glimmer of hope that this extremely difficult period would spark the creativity of businesses to be flexible, carve positions, and think about different ways to do things. Some of the hiring we're seeing reflects this shift. Businesses have absolutely become more agile. They are, of course, also experiencing a significant shortage of workers. In response to this, hiring departments have become much more open and collaborative when approached by our employment staff.

Many of our participants are also coming to the employment process with renewed motivation and in some cases new skills. The pull of re-engagement in the community is high and lots of people are excited to find work. Many, like all of us, are also coming to our services with new computer and communication skills picked up from months of searching through emails for zoom links and messages from friends.



It has been an extremely heartening pattern to witness when so many people and organizations are struggling. COVID has stretched our community in many ways, but we hope that this trend toward flexibility and inclusion continues in our workforce.

- *Becca Obuchowski, Executive Director, Community Choices, Inc.*

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# CHAMPAIGN COUNTY MENTAL HEALTH BOARD

10.C.

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

### BRIEFING MEMORANDUM

DATE: September 22, 2021  
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)  
FROM: Kim Bowdry  
SUBJECT: DRAFT Three Year Plan

**Background:** Although not a requirement of the statute, the CCDDDB has used a strategic planning process like that of the Champaign County Mental Health Board (CCMHB), with which it shares authority for a system of supports and services for Champaign County residents who have intellectual/developmental disabilities. The strategic planning process begins with a community needs assessment, described in a separate memorandum in this Board packet.

During the late fall of 2020 and winter of 2021, CCDDDB Members and staff met with the UIUC Evaluation Capacity team to develop a Logic Model to inform the work of the Boards moving forward, by linking actions (funding local providers, advocacy efforts, collaboration, and coordination) with long term outcomes, such as a Healthy Community.

A community needs assessment survey was developed during the summer of 2021 engaging the broader community and apprising the CCDDDB Three Year Plan. The survey was available online and in paper format and was distributed broadly, throughout Champaign County. A provider survey was also disseminated to Champaign County provider agency staff to collect input related to I/DD and MI/SUD service systems in Champaign County. The compiled responses from these two surveys serve as the foundation of the 2021 Needs Assessment and informing the CCDDDB Three Year Plan for Fiscal Years 2022-2024. Additionally, the current state of Illinois' I/DD system provides an explanation for the limitations identified in the surveys, in the results of IDHS-DDD PUNS data, and in the Preference Assessment responses, administered by CCRPC ISC staff.

Barriers noted in the above include lack of transportation; financial issues; lack of independent/daily living supports; lack of vocational supports; lack of medical supports; lack of social opportunities; lack of behavioral therapy/counseling for those with dual diagnoses (I/DD & MI); and lack of supports for those with Autism or mild I/DD. People with I/DD are interested in aspects of community life which are abundant in Champaign County, although more difficult to do safely now due to the pandemic and in some cases, lack of staff support, such as recreation, restaurants, parks, movies, and swimming.

**Action to Consider:** So long as the CCDDDB continues this approach to strategic planning, a DRAFT Three Year Plan is presented for the period of 2022 to 2024, with revised goals and proposed objectives for 2022. Suggestions for improvement are welcomed. Service providers and stakeholders will have an opportunity to provide input as well, and a revised draft will be presented for approval at a later meeting of the Board.



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

**THREE-YEAR PLAN**

**FOR**

**FISCAL YEARS 2022-2024  
(1/1/22 – 12/31/24)**

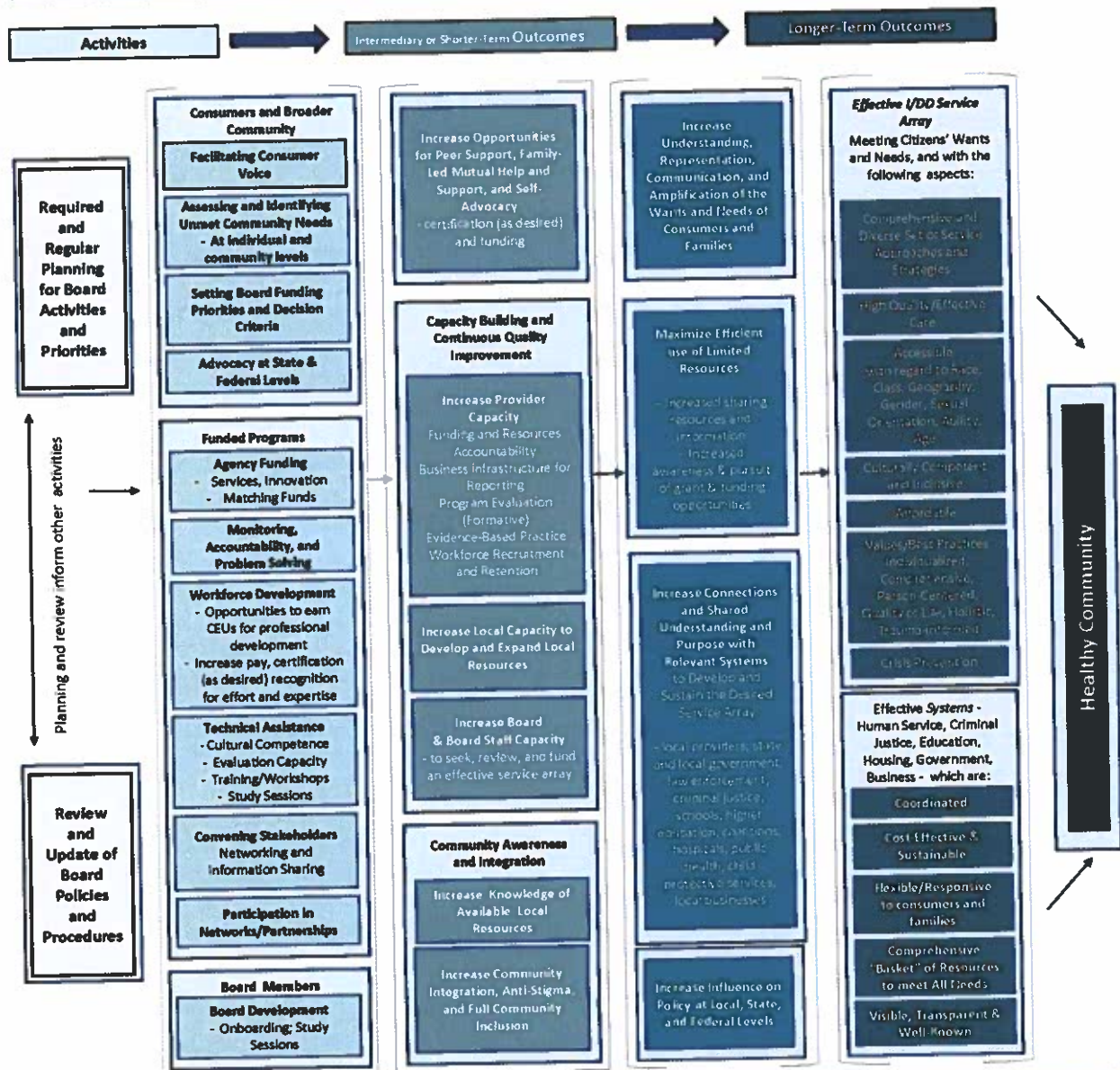
**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

**FISCAL YEAR 2022  
(1/1/22 – 12/31/22)**

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



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

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

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

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

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

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

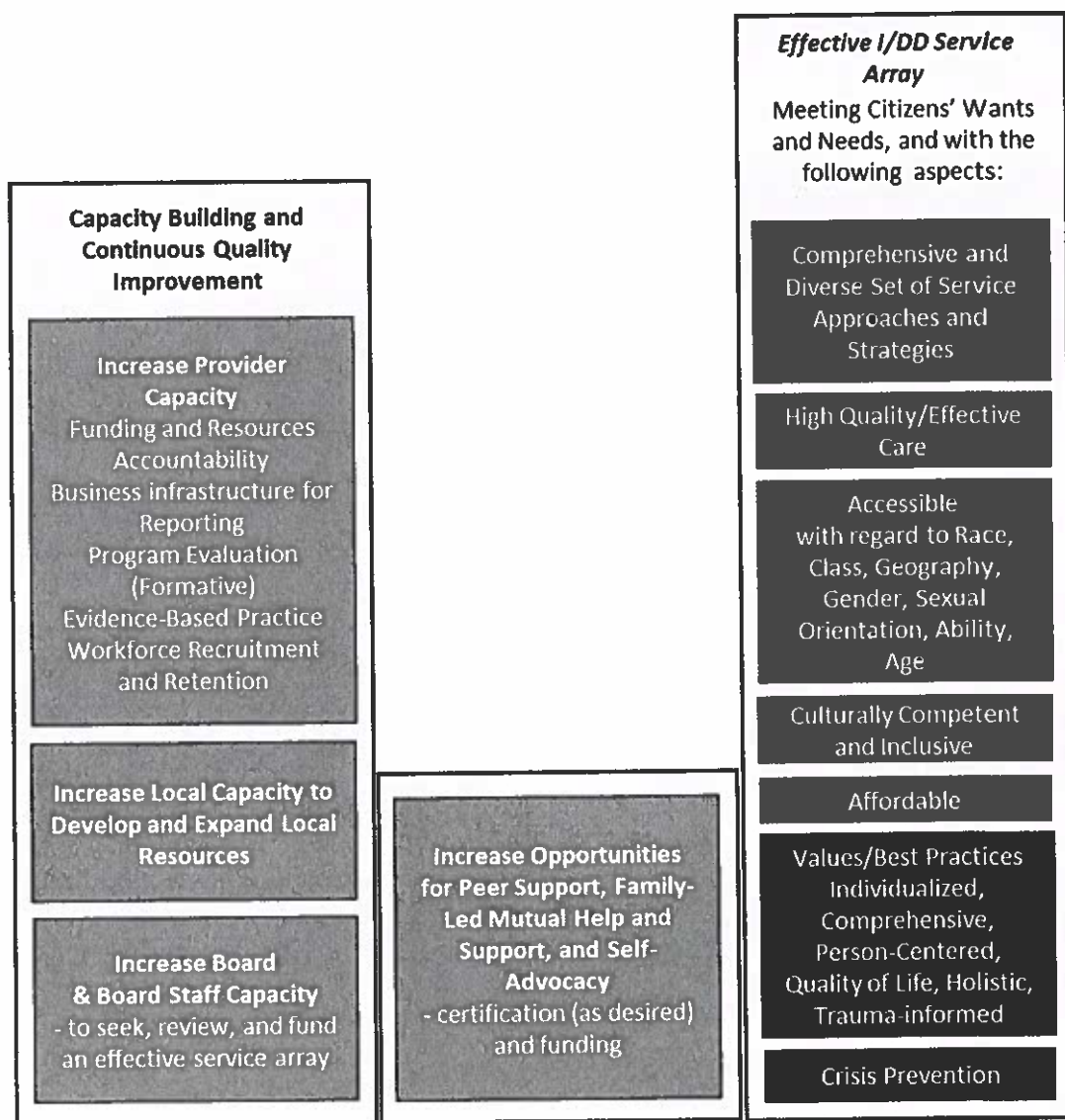
**MISSION STATEMENT**

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

**STATEMENT OF PURPOSES**

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

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



**A COORDINATED, ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS**

**Goal #1:** Support a continuum of services to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.

**Objective #1:** Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

**Objective #2:** Explore the use of evidence-based, evidence-informed, promising, recommended, and innovative practices which align with federal and state requirements and are appropriate to each person's needs and preferences, in an effort to improve outcomes for people with I/DD, along with their families, across the lifespan. Recommended practices are supported by an evidence base, cultural context, and sound clinical judgement.

**Objective #3:** Promote wellness for people with I/DD to prevent and reduce early mortality, through supports and services which may include enrollment in



benefit plans, linkage and advocacy, and coordinated access to primary care. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

Objective #4: Identify outcomes of value to those who use services and supports. Partner with key stakeholders toward improved outcomes for people.

Objective #5: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with I/DD not supported with state/federal funding.

Objective #6: In response to changes in Medicaid and Medicaid-waiver services, realign CCDDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems, such as workforce recruitment and retention, *including, but not limited to, Direct Support Professional (DSP) retention bonuses.*

Objective # 7: Support initiatives providing housing and employment supports for persons with intellectual and developmental disabilities through the Champaign County Continuum of Care or other local collaboration.

Objective #8: Enable providers to implement flexible responses to operations and program delivery during the *ongoing* COVID-19 pandemic, such as *continuing to* supporting telehealth or other virtual service options, to maintain access and engagement with clients and community.

Goal #2: Sustain the commitment to improving outcomes for members of underrepresented and underserved populations.

Objective #1: Support culturally responsive and family driven support networks for underrepresented and underserved populations of Champaign County.

Objective #2: Provide technical assistance for continuous improvement of funded agency providers' cultural and linguistic competence plans, to meet the needs of all people served.

Objective #3: Encourage providers and other community-based organizations to allocate resources for training, technical assistance, and professional development activities for *direct support* staff and governing and/or advisory boards, to advance cultural and linguistic competence.

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

Objective #5: Review data on the impact of COVID-19 on Champaign County residents with attention to underserved populations and promote provider response to mitigate the adverse impact, as resources allow.

Goal #3: Improve access to and engagement in services through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.

Objective #1: Sponsor or co-sponsor educational and networking opportunities for service providers.

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

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

Objective #4: Use public, family, self-advocate, provider, and stakeholder input to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCDDDB.

Objective #5: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Maintain and increase communication with the Independent Service Coordination team, representatives of the IDHS Division of Developmental Disabilities, and stakeholders, regarding the use of PUNS, the service and support needs and preferences of Champaign County residents, and system changes.

Goal #4: Encourage high-quality person-centered planning and follow-through for people served by funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.

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

Objective #2: Develop guidelines for connecting the person-centered plan to services and supports and people's identified personal outcomes.

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

Objective #4: Track the utilization of funded services, driven by self-directed service plans, through an integrated online data collection and tracking system.

Goal #5: Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

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

Objective #2: Assess alternative service strategies that empower people and increase access to integrated settings as exemplified by the local collaborative approach to the Employment First Act.



Objective #3: With the CCMHB, continue the financial commitment to community-based housing for people with I/DD from Champaign County and, as part of that sustained commitment, review the Community Integrated Living Arrangement (CILA) fund and recommend any changes.

Objective #4: Collaborate with the CCMHB on promoting inclusion and respect for people with I/DD.

*Objective #5: Collaborate with the CCMHB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs.*

Increase  
Understanding,  
Representation,  
Communication, and  
Amplification of the  
Wants and Needs of  
Consumers and  
Families

## CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #6: Identify children at-risk of developmental delay or disability, and support early intervention services and family supports.

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

Objective #2: Emphasize cultural and linguistic competence in services and supports for young children and early identification of disabilities among underserved and underrepresented children. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for underrepresented, underserved, and general populations of Champaign County.

Goal #7: Support access to services and programs for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.

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

Objective #2: Emphasize flexible support for people with I/DD and their families to enhance their ability to live together, to transition to greater independence when and if they choose, and to be as connected to their communities as possible.



## COMMUNITY ENGAGEMENT & ADVOCACY

Goal #8: Promote inclusion and respect of people with I/DD, through broad based community education efforts.

Objective #1: Continue efforts to challenge stigma and discrimination, such as the Alliance for Inclusion and Respect and disABILITY Resource Expo: Reaching Out for Answers. Continue to engage with student groups on related research projects and discussions.

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

Objective #3: Support the continued awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those comprised of parents and persons with the most prevalent intellectual/developmental disabilities. Encourage groups' community education efforts to reduce stigma/promote inclusion and collaboration with Cultural and Linguistic Competence Coordinator on outreach and engagement strategies.

Objective #4: Encourage and support efforts to integrate people with I/DD more fully into community life in Champaign County. Emphasize inclusion as a benefit to all members of the community, regardless of ability.

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

Objective #6: Engage with ~~leadership from~~ the community college and university ~~and their various departments~~ toward creating opportunities for people with I/DD and amplifying efforts to reduce stigma and increase inclusion, *including through the School of Social Work Community Learning Lab and similar opportunities.*

Objective #7: Support development of web-based resources to make information on community services more accessible and user-friendly.

*Objective #8: Increase knowledge, of the broader community, of available local resources to broaden support and advocacy for local provider agencies by the community at large.*

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

Goal #9: Stay abreast of emerging issues affecting service and support systems and access to services, and be proactive through concerted advocacy efforts.

Objective #1: Advocate for workforce development and stability.

Objective #2: Intensify advocacy efforts on behalf of people with I/DD. Advocate for positive change in state funding, including increased Medicaid reimbursement rates and policy decisions affecting the local system of care for persons with I/DD. Through participation in appropriate associations and organizations, support efforts to strengthen service and support systems.

Objective #3: Track implementation of relevant class action suit settlements, such as the Ligas Consent Decree. Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities from state DD facilities. Encourage development of least restrictive residential options for people transitioning from large facilities or selected from PUNS. For people not yet selected, and for those who have chosen Home-Based Support rather than CILA, advocate for the state to create flexible options.

Objective #4: Follow state and federal Olmstead cases, implementation of the Workforce Innovation and Opportunity Act, Home and Community Based Services guidance, and the local impact of each.

Objective #5: Monitor changes in the Medicaid waivers and Medicaid/Managed Care, and advocate for increased service capacity sufficient to meet demand.

Objective #6: Continue broad based advocacy efforts to respond to reductions in state funding or changes in service delivery, reimbursement rates below actual cost, and delayed payments for local community-based intellectual and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents, *including transportation rates.*

Objective #7: In addition to the monitoring and evaluation of funded programs, encourage organizational change strategies which not only align with new and anticipated federal and state requirements but also result in the highest quality personal outcomes for people with I/DD, their families, and those most closely involved in their lives.

12.A.



## DECISION MEMORANDUM

**DATE:** September 22, 2021  
**TO:** Members, Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** FY2022 Champaign County CCDDB and CILA Budget Submissions REVISED

### Overview:

This memorandum presents revised budgets for the Champaign County Mental Health Board (CCMHB), Champaign County Developmental Disabilities Board (CCDDB), and CILA Facilities Funds for County Fiscal Year 2022 (January 1 through December 31, 2022), for approval by the Board.

The Boards each approved initial drafts at their July meetings. The present drafts incorporate advice and information from the County Executive and Deputy Director of Finance, with newer revenue and cost estimates, and were submitted for information to the Champaign County Board for August 24 budget hearing. Final budgets will be presented during their appropriations process in November.

Attached are revised proposed 2022 CCMHB, CCDDB, and CILA Facilities Fund Budgets, with background details including comparisons of proposed 2022, projected 2021, and actual revenues and expenditures for fiscal years 2014 through 2020. The Intergovernmental Agreement between the CCMHB and CCDDB defines cost sharing and CILA ownership, among other arrangements. The CILA Fund Budget is under joint authority of the Boards. In the attachments, numbers which have been revised are *in italics*.

### Highlights of All Draft Versions:

- Projected 2022 property tax revenue assumes 3% growth over 2021, no adjustment for collection rate below 100%.
- Miscellaneous revenue includes excess revenue returned by agencies (both boards).
- Majority of Expo Coordinator contracts are charged to Expo expense line, with a small portion in Professional Services or Public Relations for special projects. Prior to 2020, these had been charged to Professional Services, and Expo revenues and expenses were combined with other revenue and Public Relations costs, respectively (CCMHB budget). The future of the in-person Expo is unknown.
- Both Boards participate with United Way to purchase 211 service and in the UIUC Evaluation Capacity Project, shared as other costs, 57.85%/42.15% (CCMHB budget).
- CCMHB does not transfer an amount to the CILA fund in 2022, due to having paid off the mortgage; CCDDB continues to transfer \$50,000 per year (CILA budget).
- No mortgage principal or interest expense (CILA budget).

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- CILA budget based on projected actual 2020 and 2021 expenditures. Future of the CILA Facilities Project is unknown.
- Increases in Contributions & Grants (MHB and DDB).
- Lower cost of ERP system for 2022, with exact cost to be determined (MHB).
- Background information offers more detail on certain expenditure lines and previous year actual costs and revenues.

### Revisions to June 23 Budget Drafts:

- Increased 2022 property tax revenues based on 3.62% growth over 2021 (MHB, DDB).
- Decreased interest income (MHB, DDB).
- Increased mobile home tax (DDB).
- Additional revenue through one-time ARP funding (MHB).
- Increased total revenue and expenses (MHB, DDB).
- Recalculation of personnel costs: decreased FTE (fewer hours in the year); increased temporary staff, overtime, FICA, unemployment, health/life insurance, and employee recognition; and decreased IMRF and workers comp costs (MHB).
- Changes in other administrative costs: increased professional fees and legal notices; correction of error in interfund transfer total (MHB).
- Recalculation of CCDDDB share of total administrative costs, resulting from these adjustments (transfer is reflected as a change in MHB revenue and DDB expenditure).
- Increases in Contributions & Grants (MHB and DDB). One-time ARP funding is expended in 2021 and 2022 (though received in 2021).
- Background information has revised 2021 projected actuals and 2022 as above.
- Changes to the CILA Facilities budget, reflecting the project's shift in focus: decreased interest income, rent; decreased equipment (i.e., designated fund), repair costs, and landscaping; increased professional fees (to include legal), insurance, utilities, dues/licenses (a new category), real estate tax/drainage assessment (a new category), bank fees, and building improvements. Total revenue and expenses lower (CILA).

### Decision Section:

Motion to approve the attached 2022 CCDDDB Budget, with anticipated revenues and expenditures of \$4,537,134.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2022 CILA Facilities Fund Budget, with anticipated revenues and expenditures of \$50,200. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCMHB action.

- Approved
- Denied
- Modified
- Additional Information Needed



## Draft 2022 CCDDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current	\$4,515,334
313.19	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$1,000
371.90	Interfund Transfer (Expo and some Other Misc Rev) from MH Fund	\$6,800
369.90	Other Miscellaneous Revenue	\$8,000
	<b>TOTAL REVENUE</b>	<b>\$4,537,134</b>

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$395,426
533.92	Contributions & Grants	\$4,091,708
571.11	Interfund Transfer, CILA Fund	\$50,000
	<b>TOTAL EXPENSES</b>	<b>\$4,537,134</b>

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## Draft 2022 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$200
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	-
362.15	Rents	\$0
<b>TOTAL REVENUE</b>		<b>\$50,200</b>

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (includes a designated gift for the benefit of one individual, accessed at family request, with balance \$6,176 as of February 11, 2021)	\$6,176
533.07	Professional Services (property management)	\$9,000
533.20	Insurance	\$4,200
533.28	Utilities	\$4,603
533.93	Dues/Licenses	\$350
534.09	RE Tax/Drainage Asmt	\$2
534.36	CILA Project Building Repair/Maintenance	\$10,000
534.37	Finance Charges (bank fees per statement)	\$69
534.58	Landscaping Service/Maintenance	\$5,800
544.22	Building Improvements	\$10,000
<b>TOTAL EXPENSES</b>		<b>\$50,200</b>

# Draft 2022 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current	\$5,498,918
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$2,000
336.23	CCDDB Revenue	\$395,426
361.10	Investment Interest	\$2,000
363.10	Gifts & Donations	\$3,000
363.12	Expo Revenue	\$15,000
369.90	Other Miscellaneous Revenue	\$30,000
<b>TOTAL REVENUE</b>		<b>\$5,951,344</b>

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$106,734
511.03	Regular FTE	\$340,803
511.05	Temporary Salaries & Wages	\$2,500
511.09	Overtime Wages	\$2,750
513.01	FICA	\$34,237
513.02	IMRF	\$23,541
513.04	W-Comp	\$2,462
513.05	Unemployment	\$1,404
513.06	Health/Life Insurance	\$69,120
513.20	Employee Development/Recognition	\$210
<b>Personnel Total</b>		<b>\$583,761</b>
522.01	Printing	\$500
522.02	Office Supplies	\$3,700
522.03	Books/Periodicals	\$300
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$2,000
522.44	Equipment Under \$5000	\$7,000
<b>Commodities Total</b>		<b>\$14,500</b>
533.01	Audit & Accounting Services	\$12,000
533.07	Professional Services	\$150,000
533.12	Travel	\$1,500
533.18	Non-employee training	\$8,000
533.20	Insurance	\$18,000
533.29	Computer Services	\$7,000
533.33	Telephone	\$1,000
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$24,000
533.51	Equipment Rental	\$800
533.70	Legal Notices/Ads	\$500
533.72	Department Operating	\$300
533.84	Business Meals/Expense	\$150
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$13,000
533.92	Contributions & Grants	\$5,391,621
533.93	Dues & Licenses	\$20,000
533.95	Conferences/Training	\$8,000
533.98	disAbility Resource Expo	\$58,000
534.37	Finance Charges/Bank Fees	\$30
534.70	Brookens Repair	\$100
<b>Services Total</b>		<b>\$5,718,501</b>
571.08	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev, loan in 2019)	\$6,800
571.11	Interfund Transfer, CILA Fund	
571.14	Interfund Transfer, to CARF for ERP	\$13,000
<b>Interfund Transfers TOTAL</b>		<b>\$19,800</b>
<b>TOTAL EXPENSES*</b>		<b>\$6,336,562</b>

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# Background for 2022 CCMHB Budget, with 2021 Projections and Earlier Actuals

2022 BUDGETED REVENUE	2021 PROJECTED	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$5,304,965	\$4,887,609	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$0	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$0	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$3,000	\$1,088	\$2,604	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$402,852	\$346,706	\$409,175	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$2,000	\$7,627	\$45,950	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gift & Donations	\$3,000	\$2,900	\$4,706					
Expo Revenue (were combined)	\$15,000	\$13,805	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$30,000	\$80	\$129,028	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
*ARPA Fiscal Recovery Funding	\$770,436							
<b>TOTAL REVENUE</b>	<b>\$5,951,344</b>	<b>\$5,259,815</b>	<b>\$5,429,887</b>	<b>\$5,023,555</b>	<b>\$4,853,939</b>	<b>\$4,676,764</b>	<b>\$4,597,008</b>	<b>\$4,498,514</b>

\* Per July 28, 2021 authorization by the County Board, the full amount of ARP request is deposited during 2021, but half is to be spend in 2021 and the other half in 2022. This results in the appearance of a surplus in 2021 and deficit in 2022, when in fact the fund balance will cover it.

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2022 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2021 PROJECTED	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$576,937	\$544,001	\$519,678	\$522,073	\$449,220 <i>(understaffed)</i>	\$577,548	\$502,890	\$532,909
Commodities	\$16,295	\$12,362	\$11,147	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contrib & Grants)	\$310,055	\$286,913	\$286,385	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
*Contributions & Grants	\$5,269,478	\$4,310,455	\$3,993,283	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$59,170	\$5,819	\$406,505	\$56,779	\$57,288	\$60,673	\$0	\$0
Interest on Tax Case	\$0	\$1,648						
<b>TOTAL EXPENSES</b>	<b>\$6,231,935</b>	<b>\$5,161,198</b>	<b>\$5,216,988</b>	<b>\$4,641,148</b>	<b>\$4,069,797</b>	<b>\$4,484,391</b>	<b>\$4,232,715</b>	<b>\$4,591,892</b>

# Additional Information about Expenses (Proposed 2022 versus Projected 2021)

## Personnel 2022 v 2021

PERSONNEL	2022	2021
Appointed Official	\$106,734	\$103,625
Regular FTE	\$340,803	\$333,461
Temporary Wage/Sal	\$2,500	\$5,040
Overtime Wages	\$2,750	\$1,000
FICA	\$34,237	\$33,900
IMRF	\$23,541	\$30,443
W-Comp	\$2,462	\$2,908
Unemployment	\$1,404	\$1,416
Health/Life Insurance	\$69,120	\$64,962
Employee Dev/Rec	\$210	\$182
	<b>\$583,761</b>	<b>\$576,937</b>

## Commodities 2022 v 2021

COMMODITIES	2022	2021
Printing	\$500	\$700
Office Supplies	\$3,700	\$4,200
Books/Periodicals	\$300	\$2,695
Copier Supplies	\$1,000	\$1,000
Postage/UPS/Fed Ex	\$2,000	\$700
Equipment Under \$5000	\$7,000	\$7,000
	<b>\$14,500</b>	<b>\$16,295</b>

## Services (not Contributions and Grants)

SERVICES	2022	2021
Audit & Accounting	\$12,000	\$12,000
Professional Services*	\$150,000	\$139,425
Travel	\$1,500	\$500
Non-employee conference**	\$8,000	\$10,000
Insurance	\$18,000	\$19,000
Computer Services	\$7,000	\$8,000
Telephone	\$1,000	\$1,000
Equipment Maintenance	\$500	\$500
Office Rental	\$24,000	\$22,995
Equipment Rental	\$800	\$800
Legal Notices/Ads	\$500	\$1,505
Department Operating	\$300	\$300
Business Meals/Expense	\$150	\$0
Photocopy Services	\$4,000	\$4,000
Public Relations***	\$13,000	\$13,000
Dues/Licenses	\$20,000	\$20,000
Conferences/Training	\$8,000	\$8,000
disAbility Resource Expo***	\$58,000	\$49,000
Finance Charges/Bank Fees	\$30	\$30
Brookens Repair	\$100	\$100
	<b>\$326,880</b>	<b>\$310,055</b>

## Interfund Expenditures

INTERFUND TRANSFERS	2022	2021
CCDDDB Share of Expo and some of MHB Misc Revenue	\$6,800	\$6,800
Payment to CILA Fund	\$0	\$0
Transfer to CARF for ERP	\$13,000	\$52,370
	<b>\$19,800</b>	<b>\$59,170</b>

**\*Professional Services:**

- legal counsel, website maintenance, human resource services, shredding, graphic design, language access services, accessible document creation, website ADA consultant, independent audit reviews and other CPA consultation, independent reviews of applications, 211/ Path through United Way, UIUC Evaluation Project.

- Previously included Expo Coordinators, but now the cost of these contracts is split with Expo.

**\*\*Non Employee Conferences/Trainings**

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

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

- Eberfest (if one occurs, not shared with CCDDDB), community education/awareness, consultant support.
- Expo line was added mid-year 2018 to capture 2019 expenses; consultant time is charged here (could be under Professional Services.)

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# Additional Information about Services

Approval of 2022 Budgets does not obligate the Boards to all expenditures described; most consultant/service contracts are developed by Executive Director with Board officers and, for larger amounts or unusual circumstances, full board review and approval; estimates are based on previous years.

SERVICES	2022	2021
Professional Services*	\$150,000	\$139,425
Public Relations***	\$13,000	\$13,000
disability Resource Expo***	\$58,000	\$49,000
CCMHB Contribution s & Grants	\$5,391,621	\$5,269,478
CCDDB Contribution s & Grants	\$4,091,708	\$3,926,416
Dues/ Licenses	\$20,000	\$20,000
Conferences /Training	\$8,000	\$8,000
Non-Employee Conferences / Trainings**	\$8,000	\$10,000
Unexpected		

Approximately \$83625 UI Evaluation, including CCDDDB, \$22,500 to United Way for 211/Path, \$500 human resources services (AAIM), \$3,000 IT services (BPC), \$1,000 Ed McManus, \$1,500 website accessibility testing (Falling Leaf), \$18,000 online application/reporting systems (EMK), \$2,000 maintenance of Expo, AIR, and resource guide. Also includes: language access and other accessible document production; graphic design; shredding services; independent reviewers; CPA consultant/reviews; consultant/reviews; legal counsel. (Expo/Special Projects consultant costs are split between this line, Public Relations, and disABILITY Resource Expo, per project.)

\$9,000 Eberfest film sponsorship or similar, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.

Support for the 2021 and 2022 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors.

Estimated CCMHB payments to agencies from January 1 to June 30, 2022, as authorized in May 2021, plus 1/2 of estimated FY23 annual allocation amount, with agency contract maximums to be authorized by July 1, 2022. This amount is greater than originally budgeted, by \$385,218, as a result of American Rescue Plan Act Fiscal Relief Funds to support additional programs in response to the public health emergency, and as one-time funding for the Program Year 2022.

Estimated CCDDB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus 1/2 of estimated FY21 annual allocation amount, with agency contract maximums to be authorized by July 1, 2021. (Includes an amount equal to anticipated hospital property tax revenue = \$)

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

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

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

Unknown fate of large gatherings (Expo, Eberfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if: offices move to a different location or are modified; legal expenses are greater; etc. Budget amendment if employee retirement/resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.

Approximately \$80,198 UI Evaluation, including CCDDDB, \$21,330 to United Way for 211/Path, \$500 human resources services (AAIM), \$3,000 IT services (BPC), \$1,000 Ed McManus, \$1,500 website accessibility testing (Falling Leaf), \$15,000 online application/reporting systems (EMK), \$2000 maintenance of Expo, AIR, and resource guide. Also includes: language access and other accessible document production; graphic design; shredding services; independent reviewers; CPA consultant/reviews; legal counsel. (Expo/Special Projects consultant costs are split between this line, Public Relations, and disABILITY Resource Expo, per project.)

PAID IN 2020 - \$15,000 Eberfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$2,000 estimated for other community events. \$2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.

Expenses associated with 2020 Expo event and with 2021 Expo but paid in 2020. Coordinator time associated with Expo and related activities charged here rather than to Pro Svcs (in 2018). Expo costs are offset by exhibitor fees and contributions from sponsors (\$14k in 2018).

Actual CCMHB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus payments authorized in May 2021, to be made from June through December 2021. This amount is greater than originally budgeted, by \$385,218, as a result of American Rescue Plan Act Fiscal Relief Funds to support additional programs in response to the public health emergency, and as one-time funding for the Program Year 2022.

Actual CCDDB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus payments authorized in May 2020, to be made from June through December 2020.

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

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

Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. While travel is unlikely in 2021, virtual MHFA and CM trainings are considered.

Unknown fate of large gatherings (Expo, Eberfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if: offices move to a different location or are modified; legal expenses are greater; etc. Budget amendment if employee retirement/resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.

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

Adjustments:	2022	2021
CCMHB Contributions & Grants	\$5,391,621	\$5,269,478
UI Evaluation Capacity Project	-	-
Eberfest anti-stigma film and events	-	-
Payment to CILA fund	-	-
CCDDB Share of Donations & Misc Rev	\$6,800	\$6,800
MHB Interest on Tax Case	-	-
<b>Adjustments Total:</b>	<b>\$5,398,421</b>	<b>\$5,276,278</b>
CCMHB Total Expenditures:	\$6,336,562	\$6,232,035
Total Expenditures less Adjustments:	\$938,141	\$955,757

	2022	2021
CCDDB Share	\$938,141	\$955,757
Total Expenditures less Adjustments	\$395,426	\$402,852
Adjusted Expenditures x 42.15%	\$32,952	\$33,571
Monthly Total for CCDDB Admin		

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

## Background for 2022 CCDDB Budget, with 2021 Projections and Earlier Actuals

2022 BUDGETED REVENUES	2021 PROJECTED	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$4,515,334	\$4,007,711	\$3,982,668	\$3,846,413	\$3,684,009	\$3,595,174	\$3,545,446	\$3,501,362
Back Property Taxes	\$1,000	\$0	\$5,369	\$411	\$2,278	\$2,105	\$2,437	\$1,398
Mobile Home Tax	\$3,000	\$0	\$3,361	\$3,261	\$3,142	\$3,305	\$3,404	\$3,348
Payment in Lieu of Taxes	\$2,000	\$0	\$2,154	\$2,841	\$2,671	\$2,515	\$2,445	\$2,479
Investment Interest	\$1,000	\$4,054	\$27,098	\$24,062	\$10,883	\$2,318	\$1,488	\$812
Gifts & Donations (transfer from MHB)	\$6,800	\$5,819	\$106,505	\$6,779	\$7,288	\$10,673	\$0	\$0
Other Miscellaneous Revenue	\$8,000	\$9,524	\$8,955	\$6,408	\$14,432	\$0	\$0	\$11,825
<b>TOTAL REVENUE</b>	<b>\$4,537,134</b>	<b>\$4,027,108</b>	<b>\$4,196,110</b>	<b>\$3,890,175</b>	<b>\$3,724,703</b>	<b>\$3,616,091</b>	<b>\$3,555,220</b>	<b>\$3,521,224</b>
<b>2022 BUDGETED EXPENDITURES</b>								
Professional Services (42.15% of some CCMHB expenses, as above)	\$395,426	\$330,445	\$309,175	\$310,783	\$287,697 (understaffed)	\$379,405	\$330,637	\$337,536
Contributions & Grants	\$4,091,708	\$3,659,691	\$3,445,272	\$3,250,768	\$3,287,911	\$3,206,389	\$3,069,122	\$3,224,172
Interfund Transfer, CILA Fund	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Interfund Transfer to MH (loan repay)	-	-	\$100,000	-	-	-	-	-
Interest on Tax Case	\$0	\$1,363	-	-	-	-	-	-
<b>TOTAL EXPENSES</b>	<b>\$4,537,134</b>	<b>\$4,041,499</b>	<b>\$3,904,447</b>	<b>\$3,611,551</b>	<b>\$3,337,911</b>	<b>\$3,635,794</b>	<b>\$3,449,759</b>	<b>\$3,561,708</b>

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12.B.



## BRIEFING MEMORANDUM

**DATE:** September 22, 2021  
**TO:** Members, Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** Update on CILA Facilities Project

### Background:

The CILA Facilities Project is a collaboration between the Champaign County Mental Health Board (CCMHB) and the CCDDB since 2014, to address the needs of residents who have I/DD and complex support needs and who as a result had been unable to secure residential services close to home and community. Adjustments have been made to the cost- and authority- sharing agreement between the Boards with regard to this project, to ensure the best interests of the County and the people served. From the beginning, the project encountered challenges. Efforts by the service provider, parents of the people living in the homes, Independent Service Coordination Unit staff, and CCMHB/CCDDB members, staff, and attorneys usually resolved these challenges. By 2020, the difficulty securing a workforce had become insurmountable. While improving the I/DD service system is a topic at state and federal levels, relief is not in sight, and Illinois' providers appear to be downsizing rather than expanding community-based services. Now that the two CILA houses are empty, the Boards made the difficult decision to sell them and reinvest in other meaningful supports for this population.

### Updates:

As directed at the Boards' joint special meeting on July 28, I engaged with the selected realtor, Nick Ward of JoelWard Homes, Inc., for the sale of the first property and approved a list of repairs for each. The house was listed August 16. I accepted an offer at the list price of \$239,000 on August 27. Chicago Title's attorney and our attorney, Dan Walsh, requested a resolution from the CCDDB, as the title-holder, making explicit the decisions and rationale for selling the homes. The resolution was approved at a special meeting on September 1, signed by the officers and notarized on September 3, and forwarded to the attorneys with other requested information. The closing occurred September 10. The buyers are a young family relocating to Champaign County for work.

### Budget Impact:

Closing costs were as predicted in the selected realtor bid and not unusual per Dan Walsh. After seller title charges (\$809.15), half of the Chicago Title closing fee (\$162.50), U-C Sanitary proration (\$0.30), record release (\$61), and realtor commission (\$11,950), the total net to seller is \$226,017.50, which includes a check for earnest money. This has been deposited into the CILA Facilities Project fund. The 2021 budget for this fund anticipated professional services, which will cover our attorney's fees and repairs which were completed prior to listing by WardHomes as the property manager. Repairs on the second house will begin prior to listing, but there is already some interest.

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12.C.



## BRIEFING MEMORANDUM

**DATE:** September 22, 2021  
**TO:** Members, Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Kim Bowdry, Associate Director for I/DD  
**SUBJECT:** Update on Deferred Funding Decisions

### Background:

During their May 19, 2021 meeting, CCDDB Members voted to defer the decision on Piatt County Mental Health Center's (PCMHC) funding requests, pending additional information and application modifications. During their July 21, 2021 meeting, CCDDB Members approved Director Canfield and staff to engage in discussions with Piatt County Mental Health Center and provide the Board with a Decision Memorandum at a future meeting.

### Updates:

On July 13, 2021, the Association of Community Mental Health Authorities of Illinois (ACMHAI) I/DD Committee met with Director Stark, IDHS-DDD for a Q & A, where the question of increased funding related to transportation needs was posed. During her PowerPoint presentation, Director Stark confirmed that transportation was included in the reimbursement rate and shared that she is working toward review of reimbursement rates. Director Stark previously responded to an email inquiry from PCMHC that transportation is currently included in the reimbursement rates and additional funding is not provided for longer commutes, but that agencies can fundraise or seek private funds for a vehicle purchase. We continue to seek clarity on this issue from both HFS and DDD, because our understanding of the federal rule is based on comments by a former CMS administrator, the Ligas Court Monitor, and other national experts.

After the July 21, 2021 CCDDB meeting, an email was sent to PCMHC Executive Director Kirkman to providing an update on the Board discussion and next steps, including PCMHC creating a Champaign County Advisory Committee and combining the two funding requests into one funding application.

After the Q & A session with Director Stark, clarification was sought from HFS on the issue of Medicaid Supplementation. As the law is written, the Medicaid rate paying for a service or support is all-inclusive and taken as payment in full by the provider of service. A meeting was held with Illinois Department of Healthcare and Family Services Bureau Chief, Behavioral, Kristine Herman and members of her staff on August 5, 2021. While Ms. Herman was unsure of the rules surrounding Medicaid Supplementation, she put us in touch with Melissa Simpson, Illinois Department of

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Healthcare and Family Services Bureau of Professional and Ancillary Services (BPAS) Non-Emergency Transportation Services Prior Approval Program (NETSPAP).

Ms. Simpson provided an email response to the Medicaid Supplementation question. The information provided by Ms. Simpson was related to medical transportation, but indicated that payments reimbursed through Medicaid are considered payment in full and the transportation provider cannot bill or receive any further payment for transportation services paid for by the Department.

On August 17, 2021, Tony Kirkman, PCMHC Executive Director shared that during the PCMHC August Board Meeting, he learned that his Board was uncomfortable with having a Champaign County Advisory Committee, rather than just an Advisory Member who would attend their Board meetings. Mr. Kirkman went on to share the following, *"I am wondering if this year's request has become overly cumbersome for all parties. We may have to look to refocus our service deliverables in areas where financial support is more available or shoot for a next year application?"*

An additional meeting was held with representatives from Illinois Department of Healthcare and Family Services on August 18, 2021. Members of the ACMHAI I/DD committee spoke with Robin Morgan, HCBS Waiver Operations Unit, Division of Medical Programs; Lauren Tomko, Manager, Long-Term Care Supports and Services, Illinois Department of Healthcare and Family Services; and Pamela Winsel, Senior Public Service Administrator, Illinois Department of Healthcare and Family Services. During this meeting, HFS representatives shared information related to Adult Daycares, rather than Medicaid Waiver funded programs such as CILA, HBS, and CDS. After it was specifically stated that we were inquiring about Medicaid Waiver funded programs, the folks said they do not know the answer to the question and would need to reach out to someone in HFS working with Medicaid Policy.

At the time of this writing, there are no further updates from HFS.

## Summary:

Piatt County Mental Health Center has withdrawn their funding requests from consideration for now, for multiple reasons. However, the fact that Champaign County residents receive care out-of-county deserves attention. We will continue to seek guidance from the relevant state agencies regarding what can be done to ensure and expand provider capacity and even multiple service options for citizens.

12.D.



## DECISION MEMORANDUM

**DATE:** September 22, 2021  
**TO:** Members, Champaign County Developmental Disabilities Board (CCDDB)  
**FROM:** Kim Bowdry, Associate Director  
**SUBJECT:** Mini-Grant Update and Request

### Background:

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

In September 2020, Applicant #44 was approved to use \$1,840 previously approved for Camp New Hope Respite to purchase additional speech therapy sessions with Prairie Wind Speech Therapy, Inc.

### Update:

All mini-grant purchases have been completed in full for 29 of 37 applicants. Unfortunately, 3 of the 8 recipients with funds remaining have been unresponsive to emails, phone calls, and text messages and have become unreachable. At the time of writing, purchases have been made in the amount of \$52,560. CCDDB staff has continued contact with recipients with remaining funds for purchases.

### Requests for Board Action:

Applicant #44 and his father have requested approval to use a portion of the remaining \$2,000 of the original award for emotional intelligence/regulation and social skills training through Evergreen Coaching & Counseling. Applicant #44 continues to receive limited speech therapy services through Prairie Winds, those services have been limited to due scheduling conflicts/scheduling capacity issues. Applicant #44's father shared that these services will be charged at a rate of \$25/hour.

**Budget Impact:** neutral.

### Decision Section:

Motion: Move to approve use of a portion of allotted remaining mini-grant funds to fund sessions at Evergreen Coaching & Counseling for Applicant #44.

Approved \_\_\_\_\_  
Denied \_\_\_\_\_  
Modified \_\_\_\_\_  
More information is requested \_\_\_\_\_

99





12.E.

# PY2021 4<sup>th</sup> Quarter Service Activity Reports

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

100

Instructions

(Return to Quarterly Reports)

Quarterly Program Activity / Consumer Service Report

- Agency CCRPC - Community Services
- Board Developmental Disabilities Board
- Program Decision Support PCP (2021)
- Period 2021 - Fourth Quarter FY21
- Status Submitted

[Change Status] to Submitted

Date Submitted 07/19/2021 01:18 PM  
Submitted By KHARMON

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	40	300	250	200
Quarterly Data (NEW Clients)	9	56	66	91

101

Community Service Events = 8 IEPs (information shared about services and PUNS), meeting with Division of Specialized Care for Children to discuss PUNS.

**Impacts of COVID -**  
 During the COVID pandemic, CCDDDB funded staff continued to provide services to clients remotely (via phone, text, email, FaceTime, and/or Zoom). For new clients coming into services, this made establishing rapport more difficult since staff were not able to meet with them in person. In addition, staff reported some clients feeling isolated and more depressed during this time. Many clients were out of work and experienced disruptions in their day to day routines.

**Comments**  
 As experienced by people throughout the world, staff also experienced difficulties during the pandemic. Many were juggling work with assisting their children with remote learning (some also being single parents). With work changes, children being out of school/remote learning, and anxiety about the future of the pandemic, this led to increased staff stress. This was also coupled by both staff and clients experiencing high levels of anxieties about the significant racial injustices occurring in our country.

Instructions

(Return to Quarterly Reports)

Quarterly Program Activity / Consumer Service Report

Agency Champaign County Head Start/Early Head Start MHB

Board Mental Health Board

Program Social-Emotional Development Sys (2021)

Period 2021 - Fourth Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 08/27/2021 02:01 PM  
Submitted By BELKNAP

Annual Target	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
20	2	600	50	50	10
Quarterly Data (NEW Clients)	2	108	10	2	5

102

Community Service events are Birth to 6 Council meetings, Mental Health Advisory Committee, Health Advisory meetings, and Infant Mental Health meetings, Champaign Community Coalition meetings, collaboration with other agencies.

Service/Screening contacts consist of Social Emotional Observations, ASQ-SE goal setting, and individual child observations, parent and/or teacher meetings to discuss concerns of a child, counseling sessions, functional behavior assessment interviews, support plan meetings, positive behavior coaching, teacher mentoring, reflective supervision/consultation with staff about program and or client, contact to support outside referrals, parent support groups and virtual stress management workshops for staff, parents, and community members.

Comments Non-Treatment clients are children or caregivers who have received support, services, or have warranted consultation but do not have a treatment plan.

Continuing Treatment Plan clients were in counseling or had a behavior plan carry over from last year.

New Treatment Plan clients are new clients seen individually for counseling, have a new support plan, or have new individual social emotional goals written for them. 15

Other consists of mass screening events, virtual content for families, SE news clips for parent newsletters, and Policy Council.

Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- # Agency **CU Autism Network**
- # Board **Developmental Disabilities Board**
- # Program **Community Outreach Programs (2021)**
- # Period **2021 - Fourth Quarter FY21**

[ **Change Status** ] to **Submitted** v

Date Submitted 08/24/2021 01:24 PM  
Submitted By JPALERMO

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	25	0	0	0
Quarterly Data (NEW Clients)	5	0	0	0

103

- \*We had 3 Lights Up sounds down sensory friendly movies.
- \*We continue to provided updated ASD disability/covid-19 information on social media under our virtual CUAN Cares program as well as Autism Awareness and Acceptance.
- \*We added multiple people to our Social Media FB site.
- \*We had meetings and scheduled future sensory friendly Lights Up Sounds Down Movies and Sensory Swimming Event as well as had meetings to bring on a new It director and Event director.
- \*We had multiple meetings with Carle Foundation Hospital as well as collaboration with the CARLE Igive program education, and diversity inclusion department.
- \*Distribution of CUAN masks and information pamphlets to various individuals and community agencies.
- \*Distribution of Fidget Kits.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- \* Agency **Community Choices, Inc. DDB**
- \* Board **Developmental Disabilities Board**
- \* Program **Community Living (2021)**
- \* Period **2021 - Fourth Quarter FY21**

Status Submitted

[Change Status] to Submitted



Date Submitted 08/27/2021 02:01 PM

Submitted By CCCCOP

Annual Target	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Quarterly Data (NEW Clients)	1	55	1	0
				186

CSE = 4/13/21 meeting with Lilly Walton at HACC, housing support and access

SC = Service Contacts for TPCs are reported via the claims reporting system. Service contacts for NTPCs were 55 in Q4.

Comments NTPC = persons in Community Choices Personal Development classes - 1 new in Q4.

TPC: People who participate in Community Choices Transitional Support program - 0 new TPCs in Q4.

Other = Direct Service Hours for NTPCs in Personal Development classes - 186. Direct hours for TPCs are recorded via the claims reporting system.

104



Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

- Agency **Community Choices, Inc. DDB**
- Board **Developmental Disabilities Board**
- Program **Customized Employment (2021)**
- Period **2021 - Fourth Quarter FY21**

[ [Change Status](#) ] to **Submitted**

Date Submitted 08/27/2021 02:02 PM  
Submitted By CCCCOP

Annual Target	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Quarterly Data (NEW Clients)	0	250	0	3	323

CSE = 0 in Q4

SC = Service contacts are recorded through the online reporting system. 250 in Q4.

Comments

TPC = Adults with I/DD who participated in the Customized Employment Program. 3 new TPCs were added in Q4.  
 Other = Direct hours spent supporting people with I/DD and their employment goals. These hours were reported using the online claims reporting system. 232 direct hours in Q4.

501

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- \* Agency **Community Choices, Inc. DDB**
- \* Board **Developmental Disabilities Board**
- \* Program **Self-Determination Support (2021)**
- \* Period **2021 - Fourth Quarter FY21**

Status Submitted

[Change Status] to Submitted



Date Submitted 08/27/2021 02:03 PM

Submitted By CCCCCOP

Annual Target	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Clients (TPC)
4	2129	160	0	1713
Quarterly Data (NEW Clients)	2	1126	13	0

106

CSE = 4/20/21 with County Clerk to discuss voting access, supports and accessibility; 5/7/21 with CU Lockdown Trivia program overview

SC = 1126 service contacts

Comments NTPC = 13 new non-treatment plan clients (4 were members with I/DD, 13 were family members of people with I/DD)

TPC = 0

Other = 489 direct hours

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Clinical Services (2021)**
- \* Period **2021 - Fourth Quarter FY21**

Status Submitted

[Change Status] to Submitted

Date Submitted 08/18/2021 11:51 AM  
Submitted By VICKE2010

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	2	10	4	61
Quarterly Data (NEW Clients)	0	4	0	2

107

Comments Community Service Events: None were possible due to COVID-19 restrictions and public outreach events on hold at this time.

Individual Info:  
Six individuals received two types of clinical services.  
Two individuals opened in counseling services (MH & T.J).  
One individual opened in psychiatry services (T.J).

Services/Screening Contacts:  
There were four screening contacts this quarter for counseling services.  
• Individual 1: MH- Has needed counseling services for many years to deal with past trauma and abuse but has been unwilling to go until recently. Attempted to schedule with various community providers first that would accept Medicare, however, none were accepting new patients at this time. Due to her complexities and need for a counselor of a certain gender with a specific skill set, the best option was to schedule her with a DSC contracted counselor.  
• Individual 2: T.J- This individual was experiencing extreme anxiety resulting in aggressive outbursts, property destruction, and inappropriate work interaction. He was at risk of losing his job and apartment if unable to get support quickly. The wait for Carle psychiatry was six months at the time of the referral. Arranged evaluation with Dr. Repetto and counseling services through a DSC contracted counselor. First appointment with both was 11 days after screening contact.  
• Individual 3: MAH- was referred by her DSC Team due to anxiety revolving around her home life and work. Referred out to Promise Healthcare for services. Able to secure an appointment within three weeks of screening contact.  
• Individual 4: RM- Individual had major aggressive outburst at CLIA. Already open for psychiatry services. DSC Team requested counseling. Referred to primary care physician for discussion and possibility of receiving services through Carle Social Work since he is an established patient and had been evaluated recently in the ER for physical aggressive incident.



Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Community Employment (2021)**
- Period **2021 - Fourth Quarter FY21**

Status Submitted [Change Status] to Submitted

Date Submitted 08/23/2021 02:46 PM  
Submitted By VICKIEZ010

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other (TPC)
Annual Target	2	15	70	
Quarterly Data (NEW Clients)	0	5	1	

109

DSC's Employment Specialists (ES) continued their dedication through this quarter supporting people who were seeking employment after being laid off or seeking first time employment. Both of these types of job seekers came with specific needs and required their own brand of attention in order to be job ready.

- The job seeker who had been laid off might need to brush up on job skills including resume building, interviewing, and on-the-job tasks. Some needed to get into a routine of making appointments and keeping them. For a few of our job seekers, the stay-at-home order was not the same inconvenience it may have been to the rest of the world. Job seekers who don't relish social interaction were not disappointed with the requirement to remain at home therefore, Employment Specialists worked to find ways to remind these job seekers of their previous desire to work and the benefits they garnered from past employment.
- The first-time job seeker might be more apprehensive than the others about entering the workforce, especially on the heels of a pandemic, therefore, working with all job seekers to learn safety protocols that their employers have put in place proved important. First time job seekers were excited to see that the job market really opened up in the fourth quarter. All areas of business from manufacturing to retail to the service industry sought employees and our Employment Specialists worked hard to match our job seekers with employment opportunities that matched the interests and skills of the individuals they support.

Both of these groups were supported through ongoing face-to-face visits (when allowed) to interact and provide instruction and encouragement. Employment Specialists continue to find ways to involve technology in their service delivery.

Technology use: ES assisted people with required employment online trainings, downloading an app on their phone so their work schedule can be accessed digitally and also clock in/out remotely, conducting interviews using Zoom on phones and computers, and learning to use the MTD app on their phone to map a route to a desired location.

The Supported Employment Specialist continues to support individuals in their jobs with Derek Martin Hair, Papa John's, Urbana-Champaign Independent Media Center and Hessel Park Church, with all observing Covid mitigation protocols.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Community First (2021)**
- Period **2021 - Fourth Quarter FY21**
- Status Submitted

[Change Status] to Submitted

Date Submitted 08/23/2021 02:14 PM  
Submitted By VICKIE2010

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	3	5	50	55	
Quarterly Data (NEW Clients)	0	5	8	2	

111

During the fourth quarter, more people that were participating in virtual services returned to in-person programs. People participating in groups at CU Independence transitioned into community groups as well. Groups previously held at CU Independence became available to others in the program such as: Science Is Cool, Indoor Gardening, No Bake Cooking, Creative Blogging, Fan Club, Technology, and Podcast. The Podcast group focused on a special local music episode this quarter and began writing and interviewing guests. The team chose to interview a person who works at a local record label, a person who is in a popular local band, and even a peer having aspirations of recording a hit hip hop album.

Newly offered was Nature Exploration, Garage Sales, and Movie Group as well as library Group returning from pre-pandemic favorites. People were excited to be in the community regularly again and had the opportunity to go on nature walks at Homer Lake and even tour a couple of local museums on rainy days. Once weather allowed, people were excited to attend midday concerts at Prairie Farm and have picnics in the park.

Comments Health once again was a focus of the program as people were still getting used to becoming active again. The Health Matters and Exercise groups explored fitness routines that best fit their abilities and interests. People worked on their own health plans and, with staff support, monitored their progress throughout the quarter.

Self-Advocacy is always an important theme in our Men's and Women's groups. They met regularly this quarter to discuss topics of importance and grow their social connections with one another. A blended self-advocacy group was also offered.

In keeping up with the changing world, staff focused on helping people continue to be comfortable in using their electronic devices and computers. The Technology group offered a space for people to continue practicing electronic communication and explored other ways to safely use the internet. The Creative Blogging group and Fan Club also had a strong focus on using technology.

One participant who had remained at home and participated in services virtually or socially distanced throughout the pandemic, resumed in-person services in June.



Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- \* Agency **Developmental Services Center**
- \* Board **Developmental Disabilities Board**
- \* Program **Community Living (2021)**
- \* Period **2021 - Fourth Quarter FY21**

Status Submitted [Change Status] to Submitted



Date Submitted 08/18/2021 11:52 AM  
Submitted By VICKIE2010

Quarterly Data (NEW Clients)	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	0	8	0	56
		3		2

Community Living Direct Care Staff continue to provide supports and services in people's homes and the community such as assisting with budgeting, medical appointments, shopping, and maintaining living environments. Skills are taught so people can remain living as independently as possible.

Comments Monthly housekeeping and safety reviews are completed so staff can educate and support people in those tasks required to maintain a safe home. Staff also assist in community connections such as identifying interests and attending local events.



Instructions

(Return to Quarterly Reports)

Quarterly Program Activity / Consumer Service Report

Agency Developmental Services Center

Board Developmental Disabilities Board

Program Connections (2021)

Period 2021 - Fourth Quarter FY21

Status Submitted

[ Change Status ] to Submitted

Date Submitted 08/18/2021 11:52 AM

Submitted By VICKIE2010

Annual Target	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Clients (TPC)
4	3	0	12	25
			0	8

211

Quarterly Data (NEW Clients)

Additional groups were offered at the Crow this quarter as some participants continued to return to in person services. Virtual groups continued to be offered for those who were not yet ready or able to return. The creative focus was back in full swing with: Card Making, Soap Making, Watercolor Painting, Acrylic Painting, Pinterest Crafts and loom knitting. Participants made soap and cards to be showcased at the Urbana Farmer's Market in June. These items were available for purchase at the market and will continue to be throughout the summer. Watercolor and Acrylic Painting were offered again due to interest by program participants. This quarter people painted scenes, characters, and other subjects of interest in order to grow their skills as artists. Pinterest Crafts was offered as well this quarter introducing new participants ways to find and explore ideas for art projects. The group chooses and completes projects together.

Comments

Soap Makers added two new scents for the Mother's Day Soap Sale in May. Mother's Day gift boxes were available to purchase online and curbside pickup was offered. The scents were well received by customers and permanently added to the catalog of available scents!

Our IDEA store partnership continued yet again this quarter with conversations of transitioning back to in person volunteering later in the summer!

Community Service Events – Due to Covid restrictions no events were held on site. A virtual Mothers' Day sale was held in April and May. Participants also manned a booth at the Urbana Farmers Market in June. Added third to count above as forgot to include the Valentine's day sale in third quarter report.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency Developmental Services Center
- # Board Developmental Disabilities Board
- # Program Employment First (2021)
- # Period 2021 - Fourth Quarter FY21

Status Submitted

[Change Status] to Submitted

Date Submitted 08/18/2021 11:54 AM

Submitted By VICKIE2010

Annual Target	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
30	4	0	0	0	0

Quarterly Data (NEW Clients)

4

113

Comments

o Employer Training --This quarter, we resumed in-person training activities, continued 4th Thursday virtual LEAP sessions, and started presenting our redesigned Frontline Staff training.

--Employers trained were:

- Hyundai Transys - 61822; Three managers attended an in-person LEAP training
- L M Thomas Group - 61822; 4th Thursday virtual LEAP session
- Mahomet Area Youth Club - 61853; Frontline Staff training for approximately 35 summer camp counselors
- University of Illinois AITS Client Services Desk - 61820; 4th Thursday virtual LEAP session

o Staff Continuing Education

- The LEAP Coordinator attended an APSE webinar on Equity in Employment: The Intersection of Employment, Race, Poverty, and Culture.
- The LEAP Coordinator and members of the DSC Community Employment team participated in the virtual National APSE Conference. The LEAP Coordinator attended 27 hours of talks, of which 11 hours were on the "Diversity in Employment Services" track.
- The LEAP Coordinator and members of the DSC and Community Choices community employment teams participated in a 24-hour (over six days) virtual training on job development that was presented by Marc Gold & Associates. Those who completed both this and last quarter's customized employment and the discovery process training earned the National Certificate of Achievement in Employment Services (Basic Level with Emphasis in Customized Employment) from the Association of Community Rehabilitation Educators (ACRE).
- The LEAP Coordinator completed the certification process to become a DHS Certified Section 508 Trusted Tester to evaluate websites for accessibility.

o Impacts of the LEAP Program for Q4

- Lodgic Everyday Community completed the LEAP training in Q3 and hired a DSC jobseeker in Q4. The business has expressed interest in hosting a virtual Frontline Staff training for all of their employees.
  - McDonald's completed LEAP training in 2017 and has hired multiple DSC jobseekers since then, most recently this quarter.
  - The Hyundai Transys LEAP training this quarter occurred because of a referral from the Champaign County Chamber of Commerce who completed the LEAP training in Q3. Hyundai Transys is also interested in Frontline Staff training.
- o Program Development**
- In an effort to increase outreach outside of Champaign-Urbana, the LEAP Coordinator attended two in-person events hosted by the Mahomet Area Chamber of Commerce. He is now working with the Director of the Chamber and the Head Special Education Teacher in the Life Skills "COMPASS" program at Mahomet-Seymour high school to determine ways for the LEAP program to be more effective in the Mahomet area.
  - Design continued on the Champaign County Directory of Disability-Inclusive Employers. The LEAP Coordinator held input sessions for jobseekers with disabilities to share their experiences as well as thoughts on the program's inclusion steps for employers.
  - Brochures were created to advertise both LEAP program trainings and the new Directory of Disability-Inclusive Employers and are currently in review.

114

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency **Developmental Services Center**
- Board **Mental Health Board**
- Program **Family Development (2021)**
- Period **2021 - Fourth Quarter FY21**

[ Change Status ] to Submitted



Date Submitted 08/18/2021 11:48 AM  
Submitted By VICKIE2010

Quarterly Data (NEW Clients)	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other (TPC)
Annual Target	4	200	655	110
Quarterly Data (NEW Clients)	1	69		

511

**Comments**  
 DSC's developmental therapists and speech language therapist have been conducting therapy, evaluations, school meetings, and screenings via video to families who signed up for these services. Within this quarter, we have returned to conducting outdoor activities for the families that prefer this to virtual services. The therapists provide check-ins, encouragement, and praise through texts, emails, and phone calls to stay connected with these families in between visits.  
 FD team continues to offer resources, current information, strategies and activities to help carry over therapy at home. We received some funding for healthy food, diapers, and formula from United Way and the City of Champaign. Therapists have delivered puzzles, visual choice menus, visual schedules, activity bags, manipulatives, books, diapers, food and other essential items to the families.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- # Agency **Developmental Services Center**
- # Board **Developmental Disabilities Board**
- # Program **Individual and Family Support (2021)**
- # Period **2021 - Fourth Quarter FY21**

Status Submitted

[Change Status] to Submitted



Date Submitted 08/18/2021 11:55 AM

Submitted By VICKIE2010

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Treatment Plan Clients (TPC)
Annual Target	2	5	32	17
Quarterly Data (NEW Clients)	0	2	2	1

116

Two individuals were opened in the Intermittent Direct Support (respite) part of the program as NTPCs. Another individual was opened as a TPC as wanted Case Management services and Intermittent Direct Support at this time as will be graduating from school soon.

Comments The Individual and Family Support Program continues to provide direct staff support during the day. Intermittent Direct Support and assistance with camps and activity events. Due to the pandemic, IFS staff have been visiting some individuals in the program from a distance by driving past their houses and providing a 'connection' from a distance with not only staff but with peers.



Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- \* Agency Developmental Services Center
- \* Board Developmental Disabilities Board
- \* Program Service Coordination (2021)
- \* Period 2021 - Fourth Quarter FY21

[ Change Status ] to Submitted

Date Submitted 08/18/2021 11:55 AM  
Submitted By VICKIE2010

Quarterly Data (NEW Clients)	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	75	36	280	
	0	6	2	4	

711

- Supports and Services provided:
- Coordinates services by creating pathways to needed supports and working with the team to integrate care
  - Facilitates delivery of service
  - Linkage and referral to community resources/direct assistance with housing, needs, resources, and advocacy
  - Establishing and maintaining benefits: SNAP, Medical, and Social Security; Shelter Plus Care grants
  - 24-hour emergency response team participation and supervision
  - Social Security Representative Payee services
  - Medical appointment coordination and intermittent direct support with medical care
  - Assisting with urgent financial circumstances (benefits and employment, etc)
  - Grocery shopping and nutrition guidance
  - Increase individual's ability for self-management and decision-making
- Documentation management
- Actively supports measures that prioritize the individual's needs and promotes the effective use of resources
  - Intervenes by arranging for services, and by providing psychosocial support to the individual and their family
  - Provides individual/family advocacy
  - Strives to maximize continuity of care especially during the ongoing pandemic
  - Communicates with providers who are delivering care and services for the purpose of maintaining the quality of care
  - Review Implementation Strategy Ongoing Supports and provide monthly summaries of services
  - When new individuals are opened in the agency or a new program, contacting the ISC to be sure they are touching base with the person first on what their needs/desires are, to be sure it remains conflict free.
  - Working with ISC to ensure timely plans and a smoother process for each individual.

An increase in the number of case conferences due to aging and mental health concerns was noted during this quarter. Staff continue to spend a considerable amount of time researching housing options, assisting with leases, and troubleshooting benefits.

811

[https://ccmhddbrds.org/orders/?p=595.141.486657713321...:141.P141\\_CSR\\_REP\\_NUM:20657&cs=1915341DF5F8A2A3E5DD3623895428FDC](https://ccmhddbrds.org/orders/?p=595.141.486657713321...:141.P141_CSR_REP_NUM:20657&cs=1915341DF5F8A2A3E5DD3623895428FDC)

Instructions

(Return to Quarterly Reports)

Quarterly Program Activity / Consumer Service Report

\* Agency PACE, Inc.

\* Board Developmental Disabilities Board

\* Program Consumer Control in Personal Support (2021)

\* Period 2021 - Fourth Quarter FY21

Status Submitted

[Change Status] to Submitted



Date Submitted 08/27/2021 10:21 AM

Submitted By SHERRY

	Community Service Events Service / Screening Contacts (CSE)	NON-Treatment Plan Clients (SC)	Treatment Plan Clients (NTPC)	Other Clients (TPC)
Annual Target	12	200	30	0
Quarterly Data (NEW Clients)	4	75	6	0

611

PACE have been offering orientations online for PSWs this quarter.

PACE has provided 9 sets of PSW referrals to consumers during this quarter.

PACE also held a PSW advisory for PSWs and consumers this quarter for PSWs and consumers to have the opportunity to get connected.

Comments No TPCs due to people being served through this funding are people seeking employment as PSWs and not consumers with IDD. Continued collaboration is taking place with IRC and CCRPC-ISC, in that they are referring individuals with IDD and their family to PACE to hire a PSW that was oriented and put onto a registry through this funding.

funding.

PACE continues to reach out and attempt to collaborate with the parent group at Community Choices, IRC and DSC.

Instructions

Quarterly Program Activity / Consumer Service Report

(Return to Quarterly Reports)

- Agency **Rosecrance Central Illinois**
- Board **Developmental Disabilities Board**
- Program **Coordination of Services: DDM/MI (2021)**
- Period **2021 - Fourth Quarter FY21**

Status Submitted

[Change Status] to Submitted

Date Submitted 08/25/2021 12:41 PM

Submitted By KKESSLER

	Community Service Events Service (CSE)	Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	12	0	0	0
Quarterly Data (NEW Clients)	0	0	0	0	0

120

This quarter has been one of transitioning due first, to the Service Facilitator resigning and secondly, the pandemic having slowed down our being able to provide services on a face-to-face basis in many cases. Both of these things together have had a major impact on the ability to receive and take-on new referrals. There were no Community Service Events nor Screening Calls this quarter due to these things. Our primary focus during this quarter was on providing the needed mental health, advocacy/linkage and case management services to existing clients on this caseload. This responsibility was assumed by existing Community Support case managers who saw the clients on a regular scheduled basis (that was recommended by Christine Kline) until her replacement, Ashley Parsley began on 5-10-21. Ashley spent her first two weeks in training and orientation to the agency, observing the other case managers/consulting with them as she met the clients whom she would be assuming. Ashley began seeing clients on her own the last week of May. She continues to see the clients in settings of their preferences: home, phone, video or community as the pandemic continues.

12.E.

PY2021  
Service  
Data  
Charts

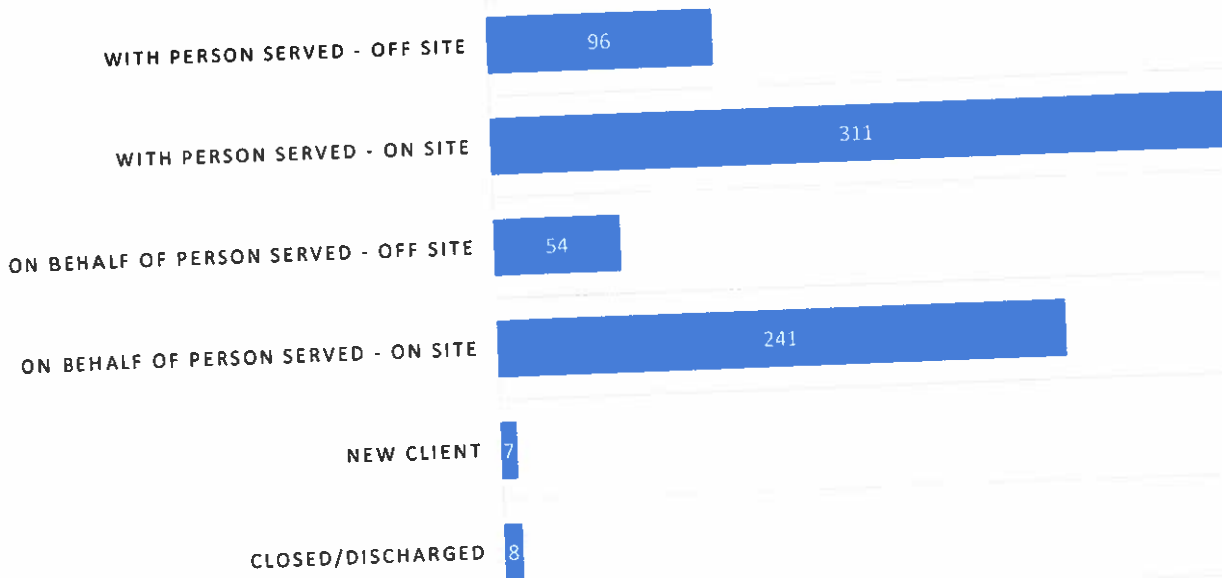
## CCRPC - Community Services

Decision Support Person \$311,488

PY21

336 people were served, for a total of 4,476.25 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



122



# CCRPC - Head Start/Early Head Start

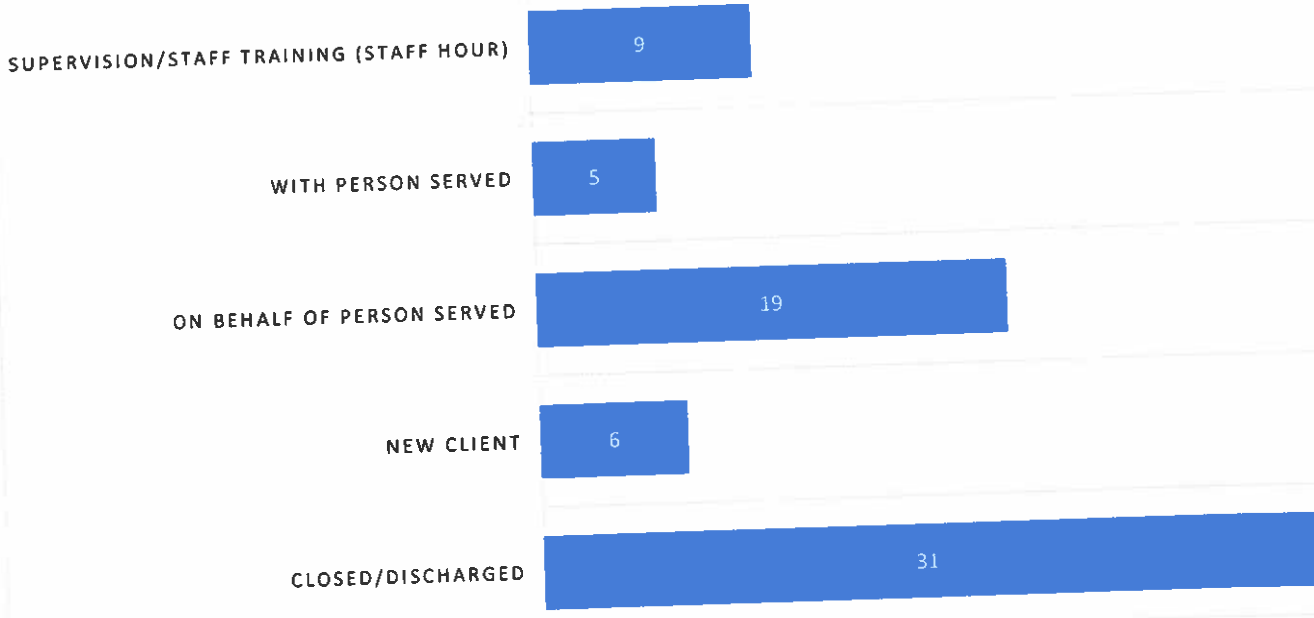
Social Emotional Disabilities Svcs \$121,080

PY21

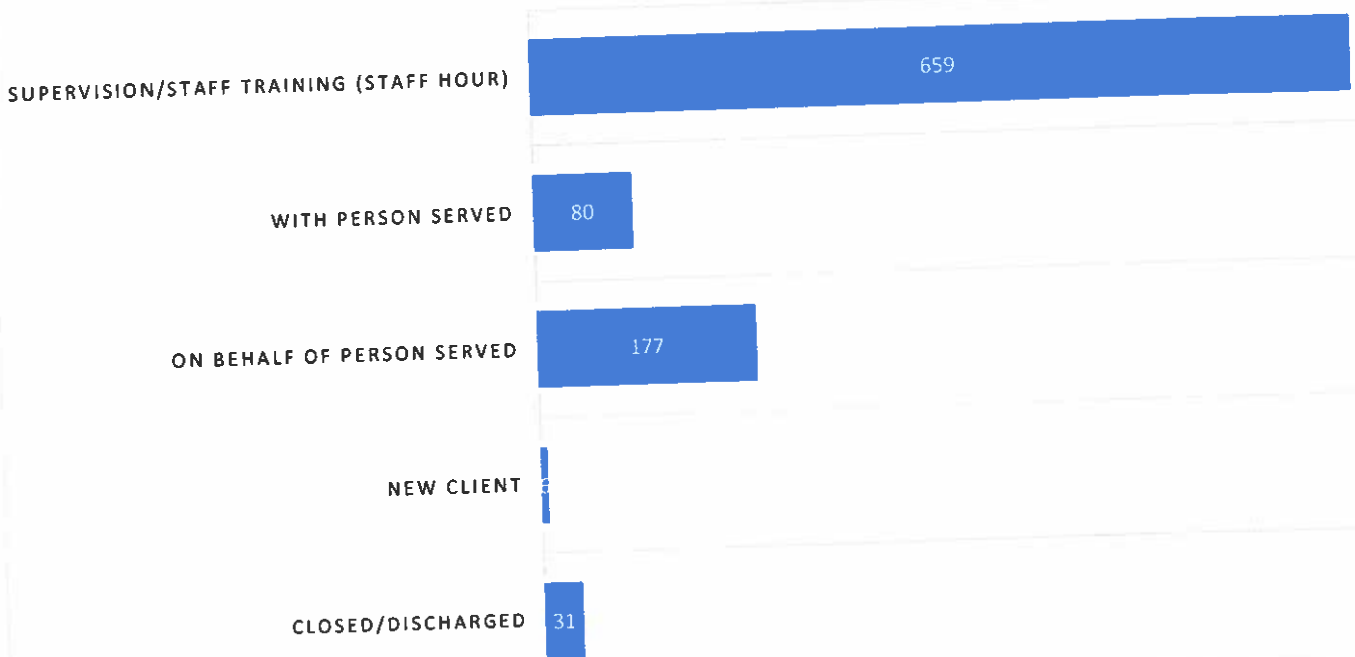
DDB & MHB

53 people were served, for a total of 953 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



123

## Community Choices

Community Living \$89,000

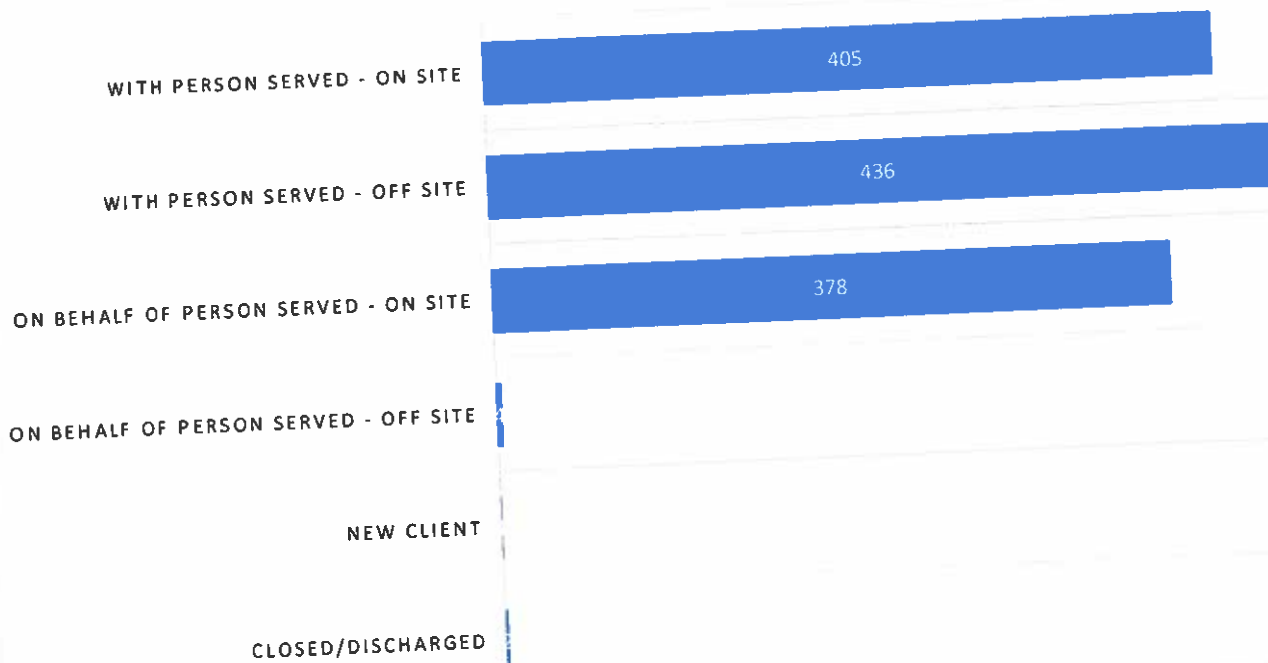
PY21

13 people were served for a total of 1,226 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



124

## Community Choices

Customized Employment \$182,000

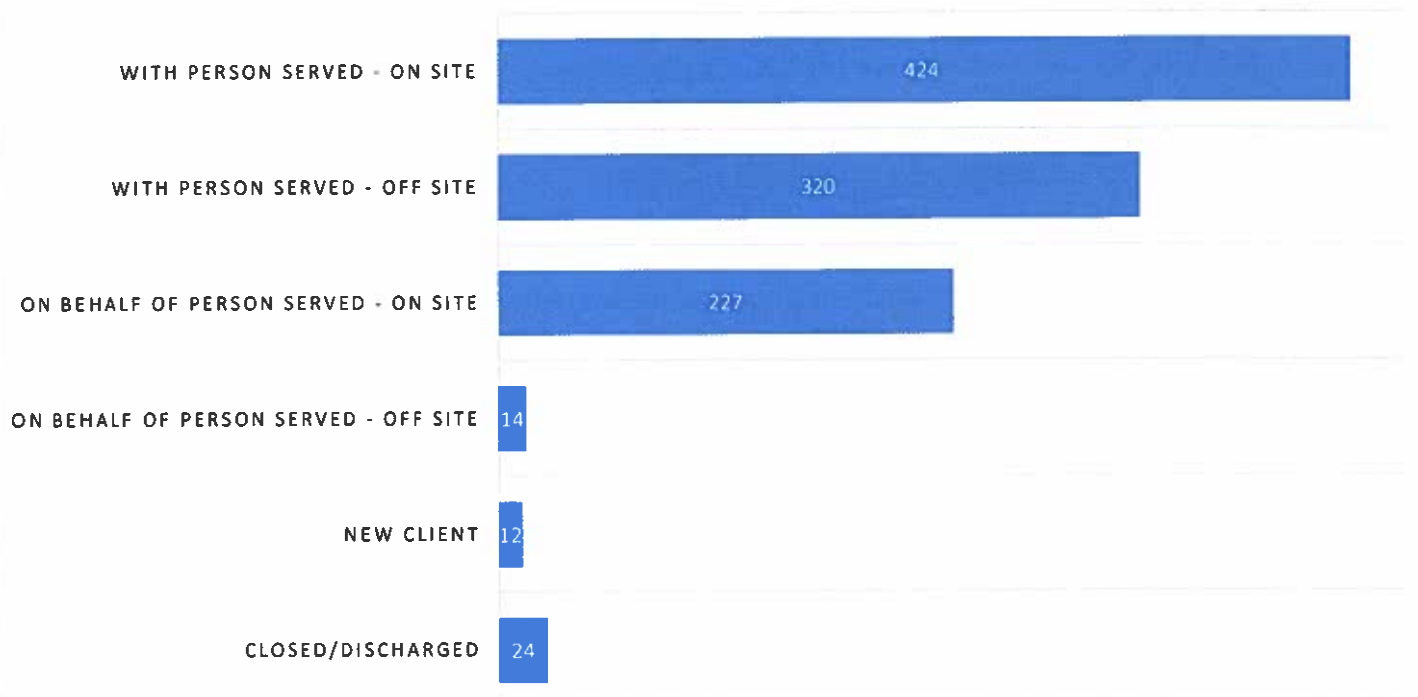
PY21

48 people were served for a total of 1,021 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



125

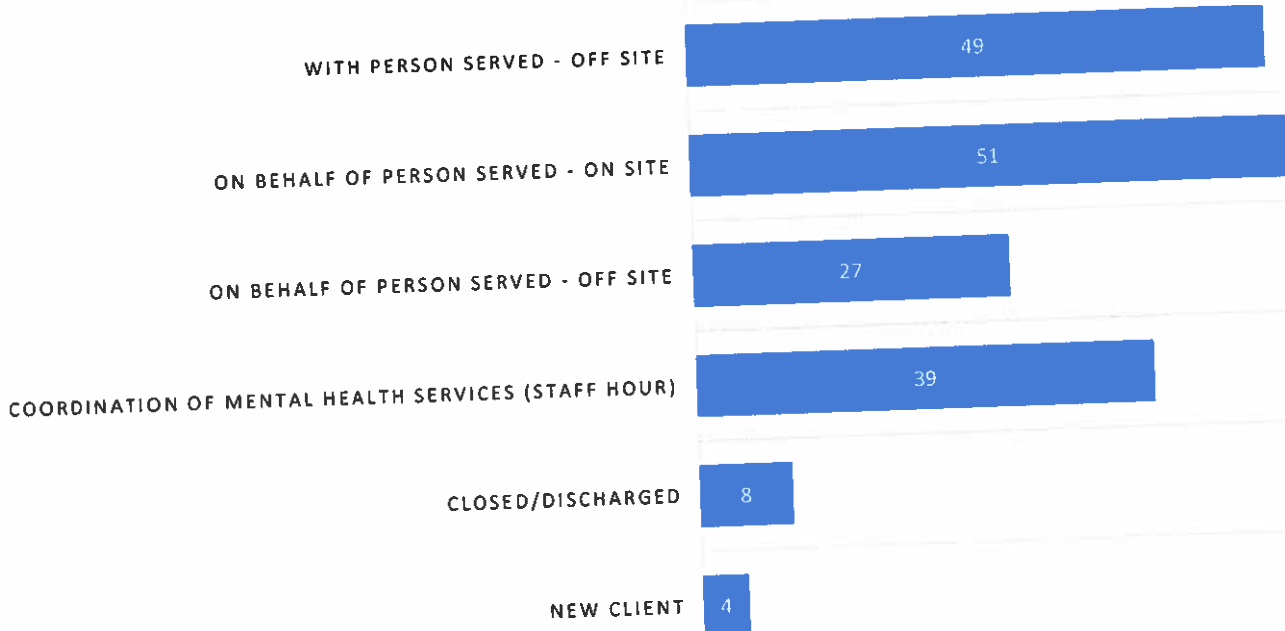
# Developmental Services Center

Clinical \$174,000

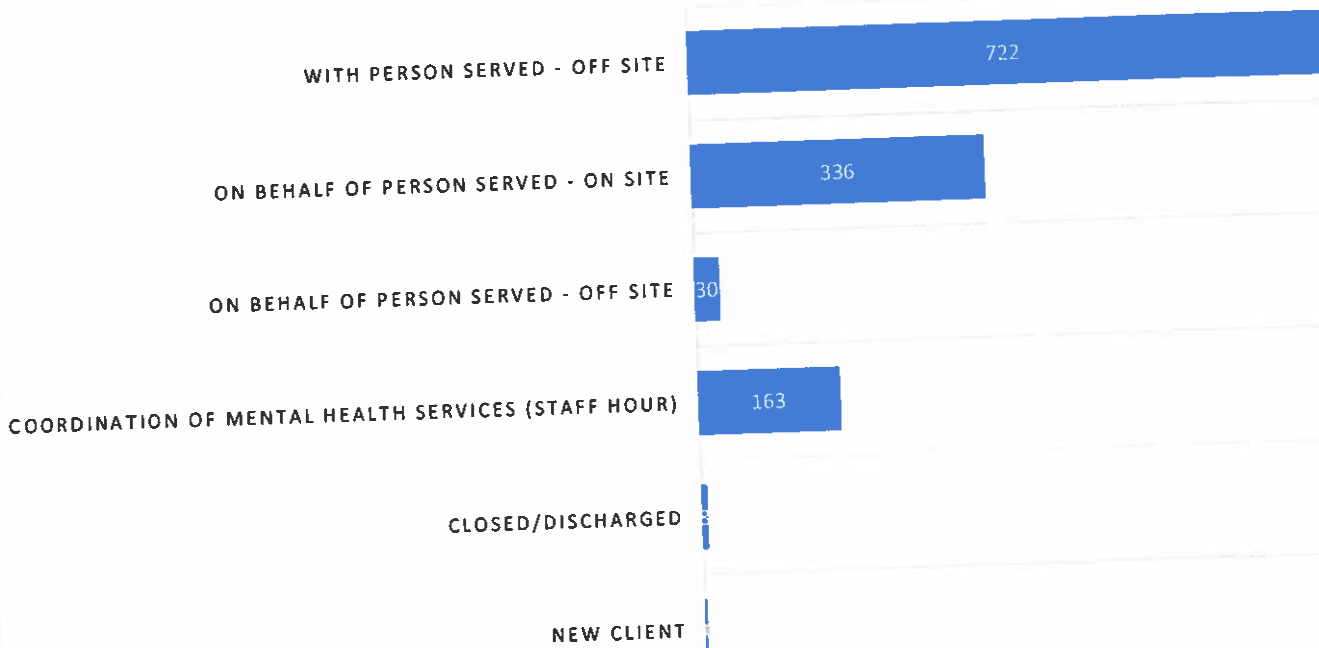
PY21

59 people were served for a total of 1,263 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



126

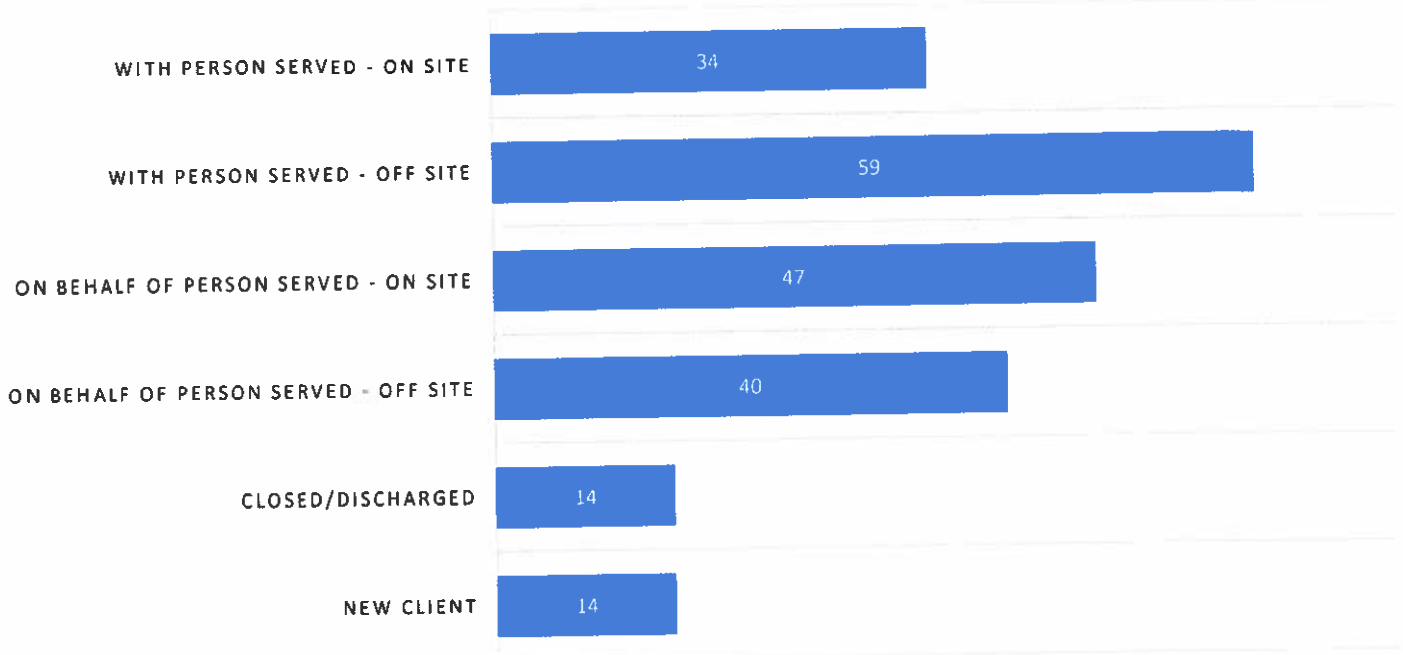
## Developmental Services Center

Community Employment \$361,370

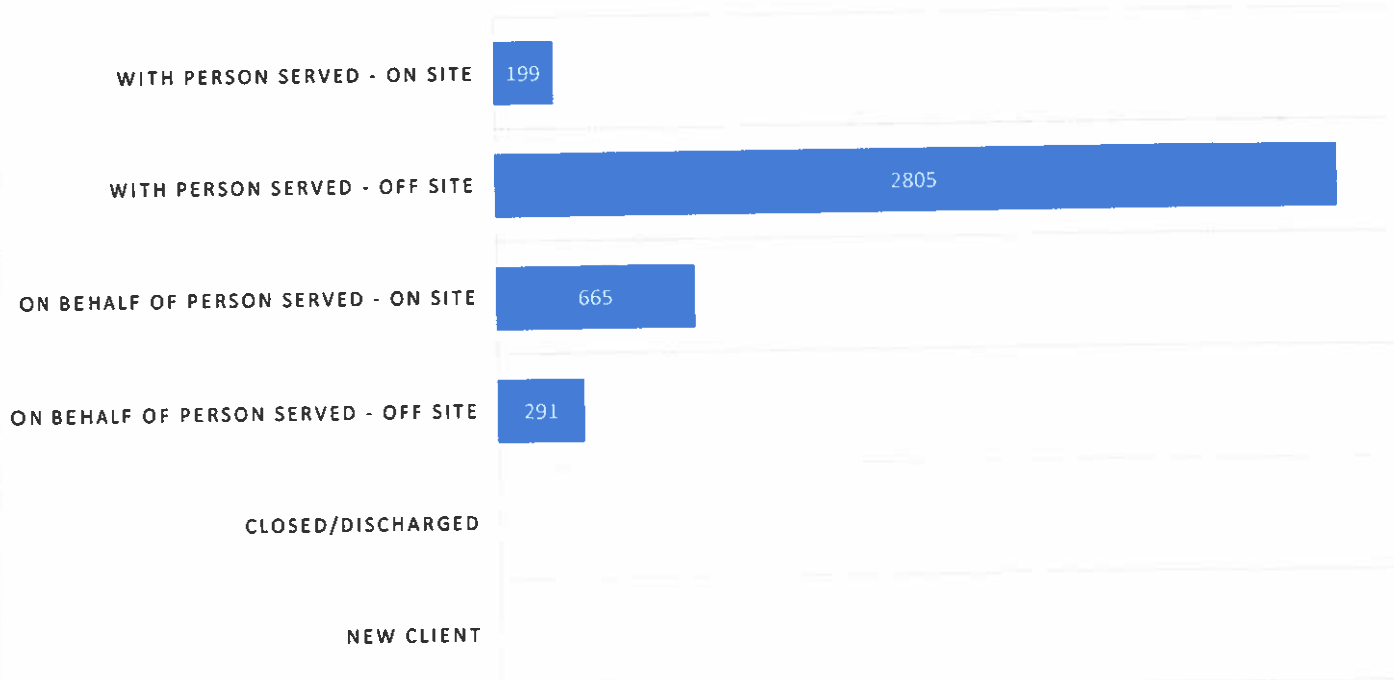
PY21

62 people were served for a total of 3,967 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



127

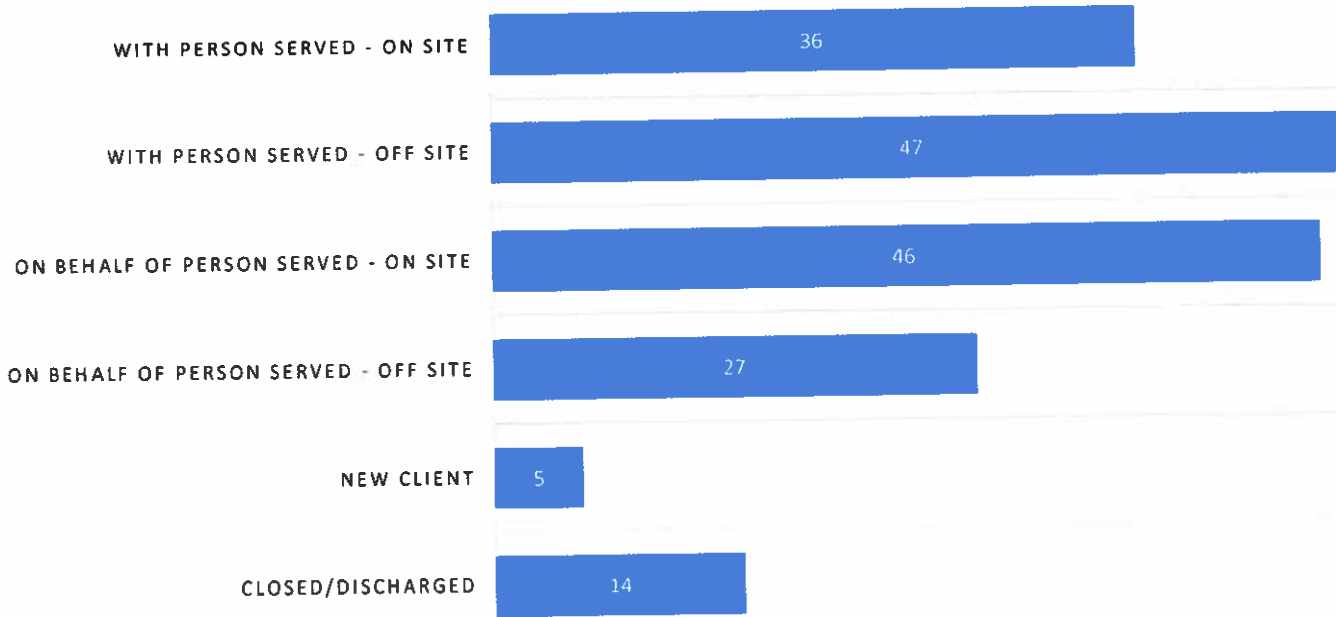
## Developmental Services Center

Community First \$847,659

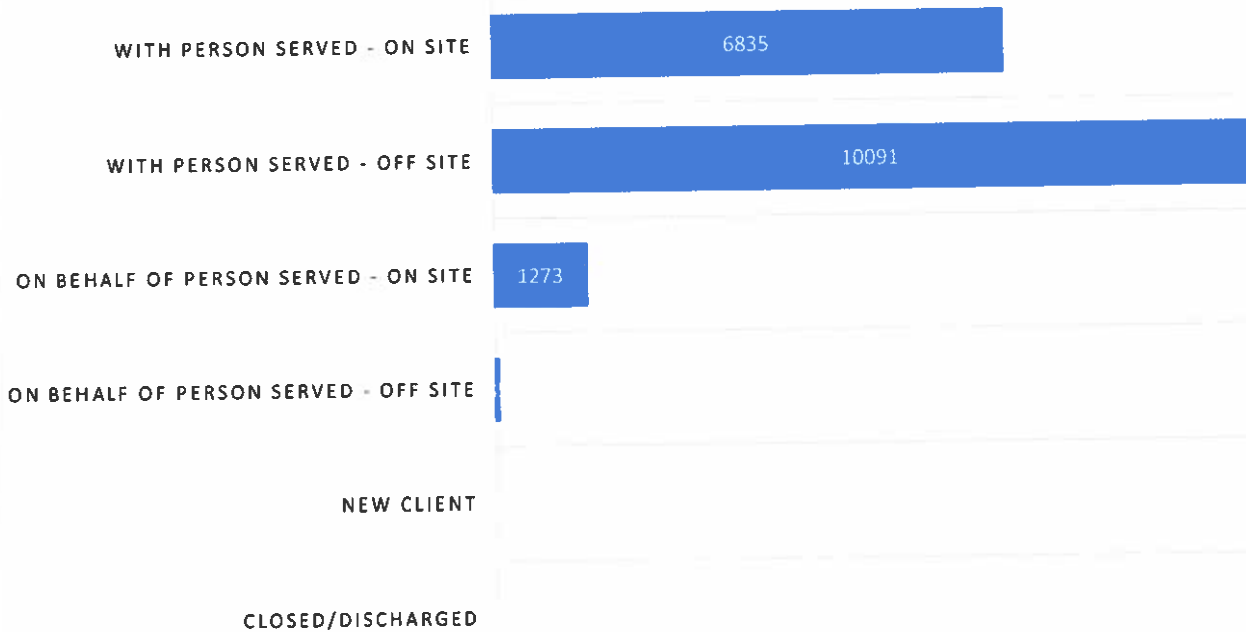
PY21

52 people were served, for a total of 18,288.75 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



128



## Developmental Services Center

Community Living \$456,040

PY21

56 people were served for a total of 10,298.50 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



129

## Developmental Services Center

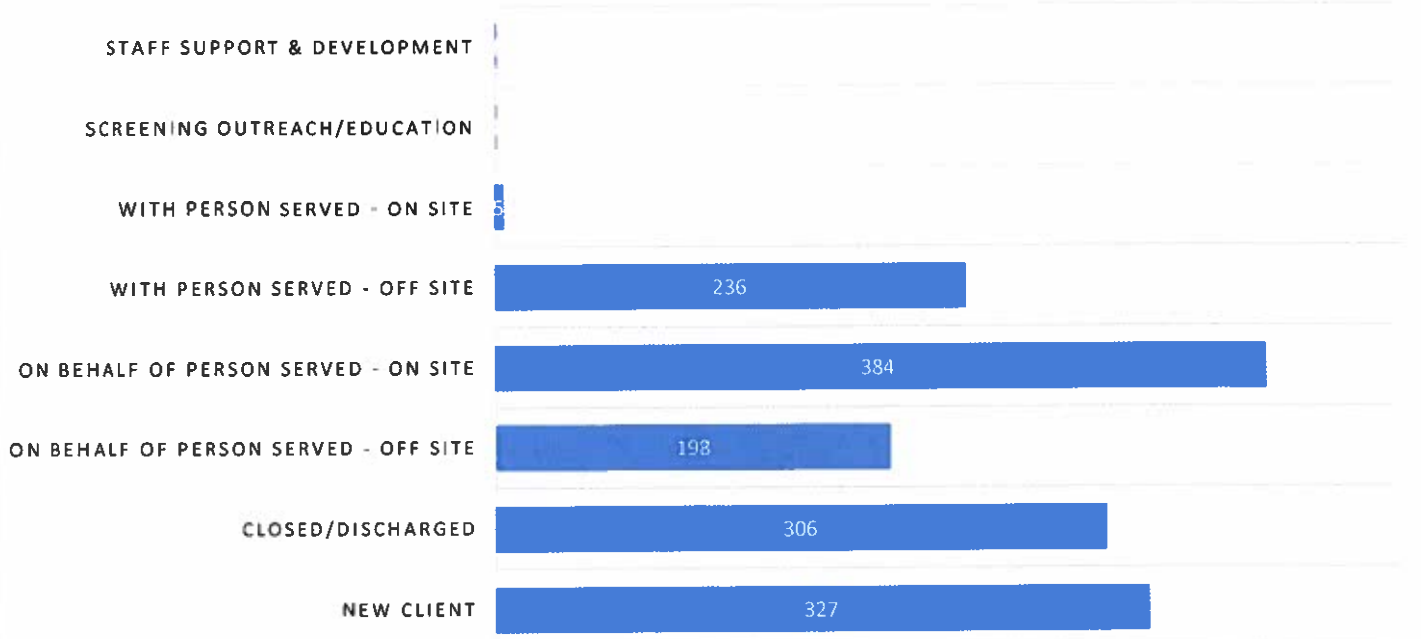
Family Development \$596,522

PY21

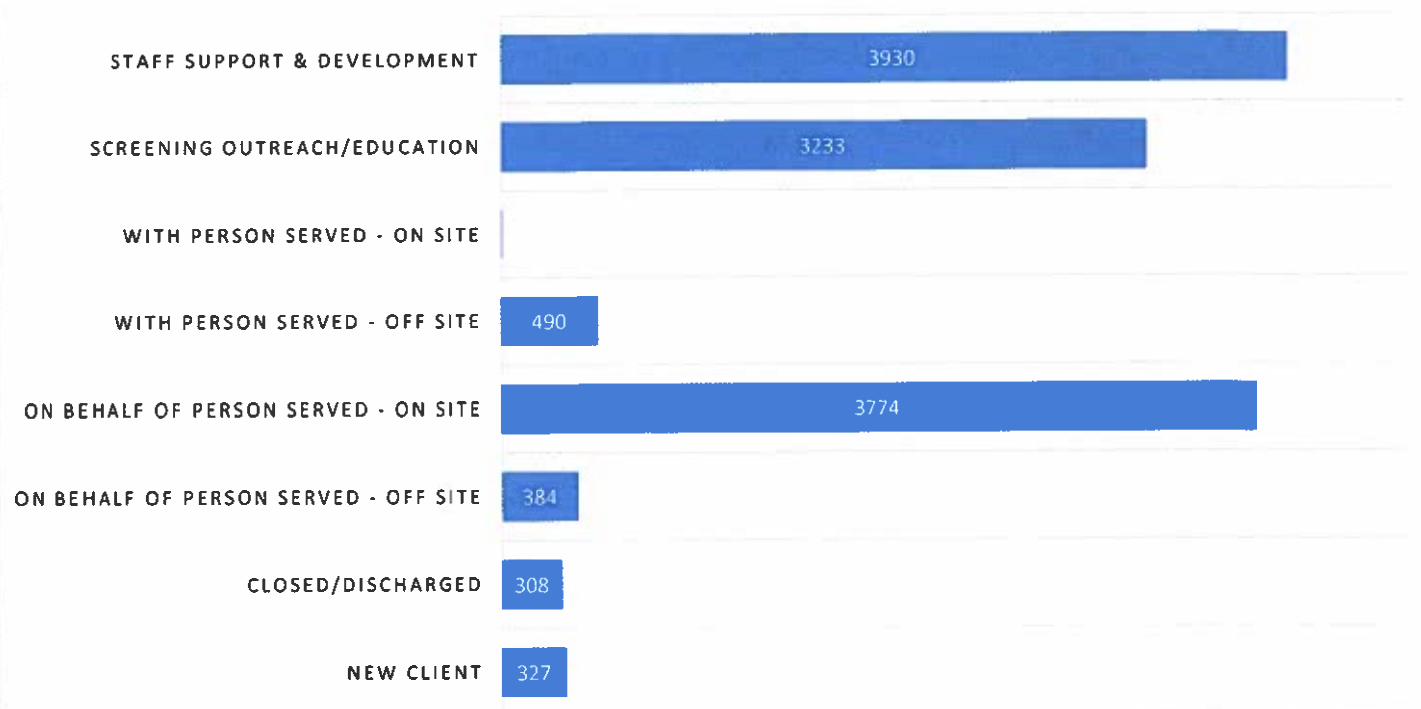
MHB

650 people were served for a total of 12,456 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



130

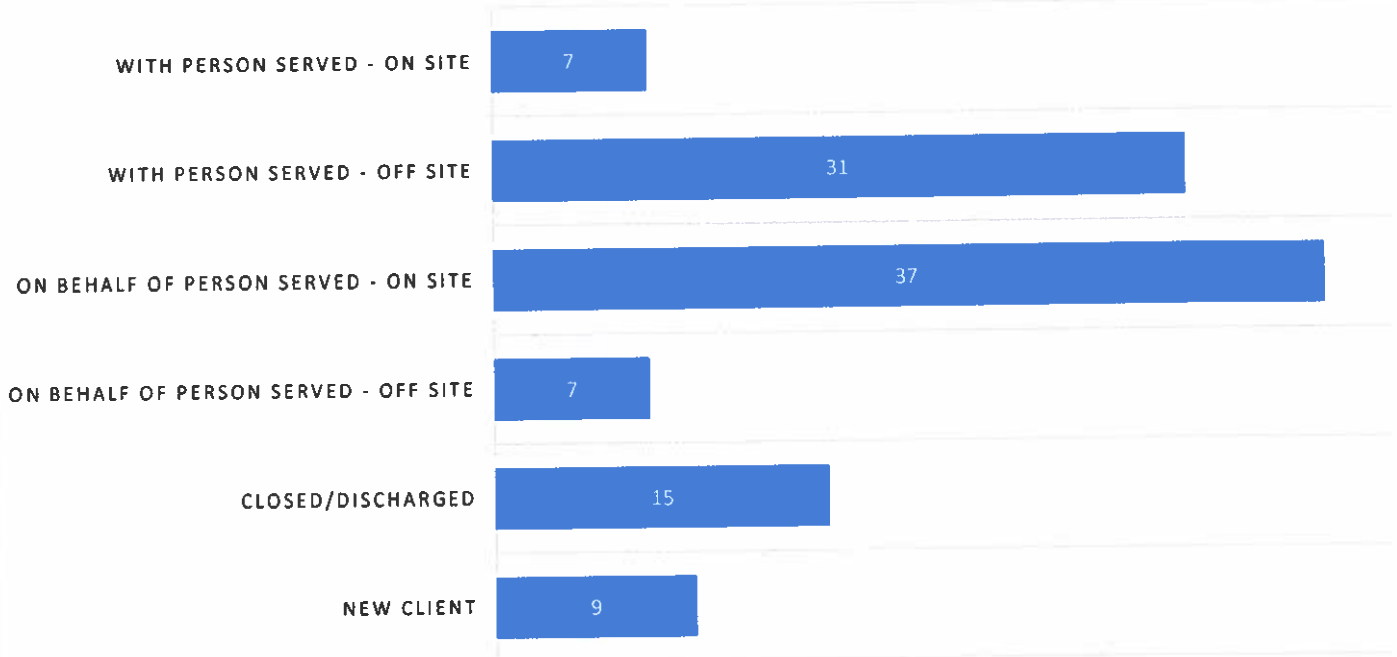
## Developmental Services Center

Individual & Family Support \$429,058

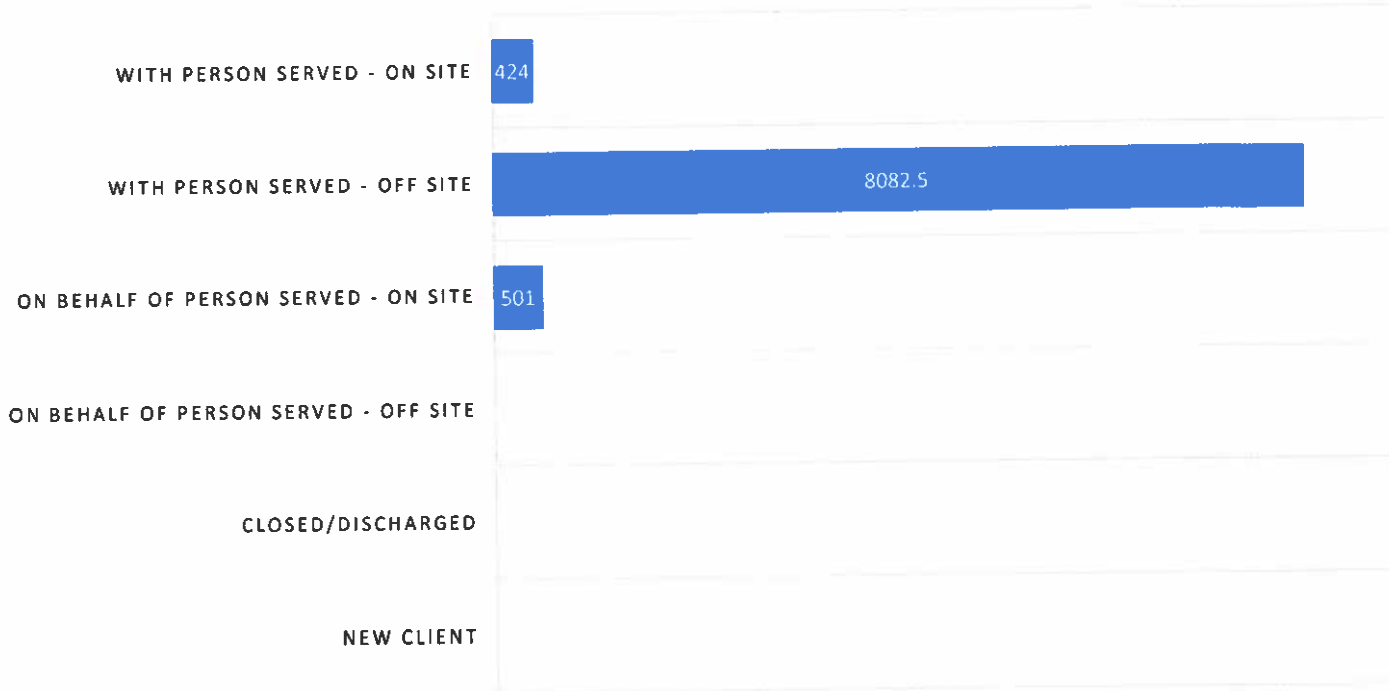
PY21

46 people were served for a total of 9,020.50 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



131

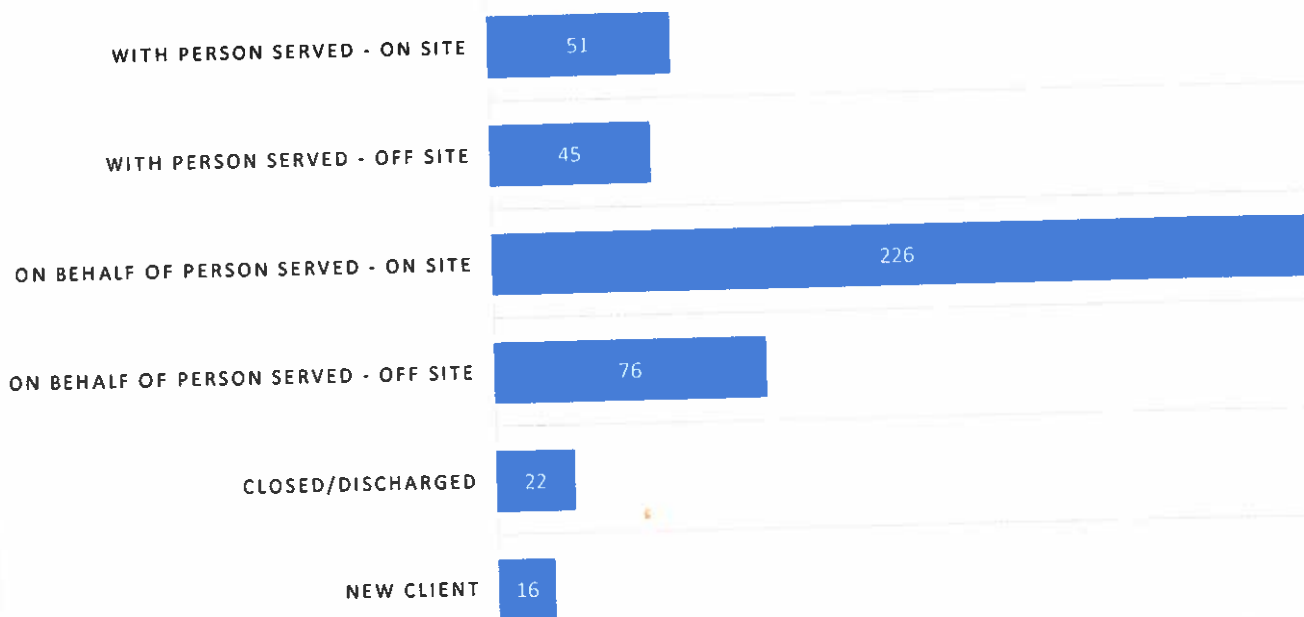
## Developmental Services Center

Service Coordination \$435,858

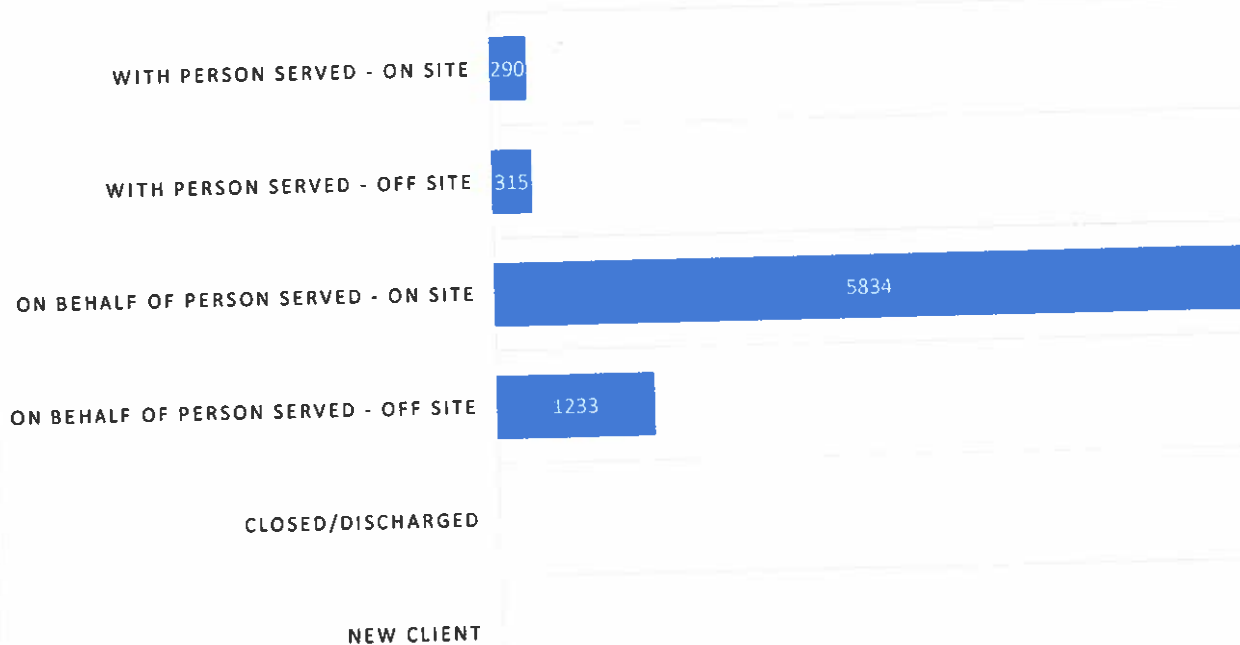
PY21

258 people were served, for a total of 7,682.25 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



132

**PACE**

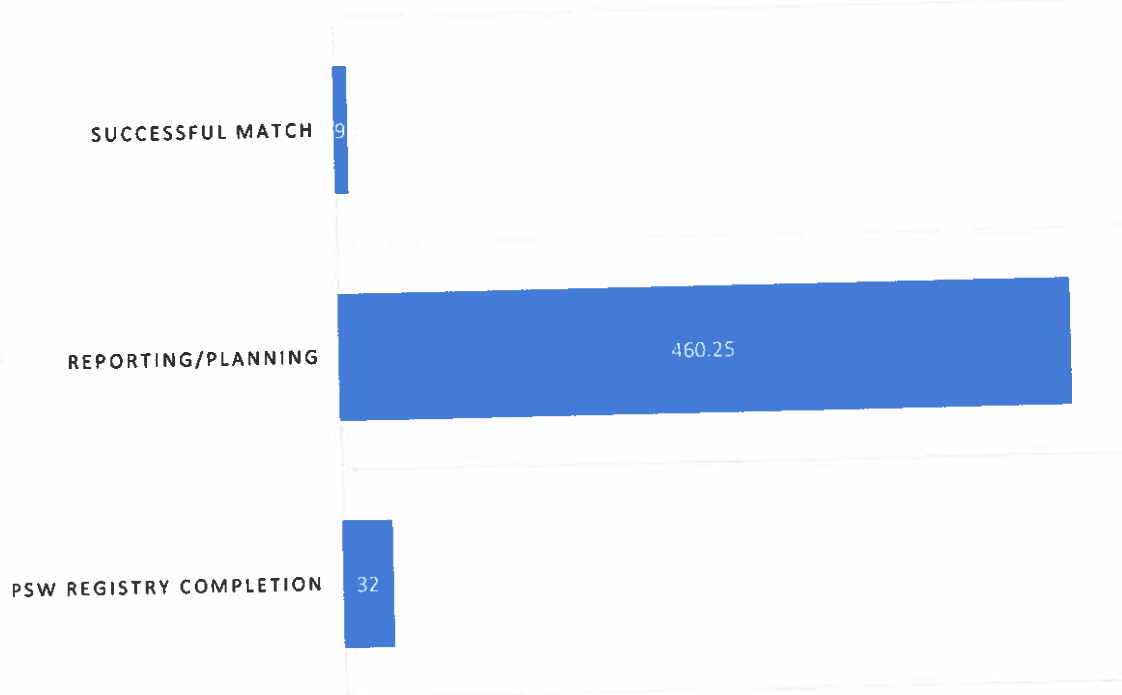
Consumer Control in Personal Support \$24,267  
31 PSWs registered, for a total of 504.25 hours

PY21

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



133

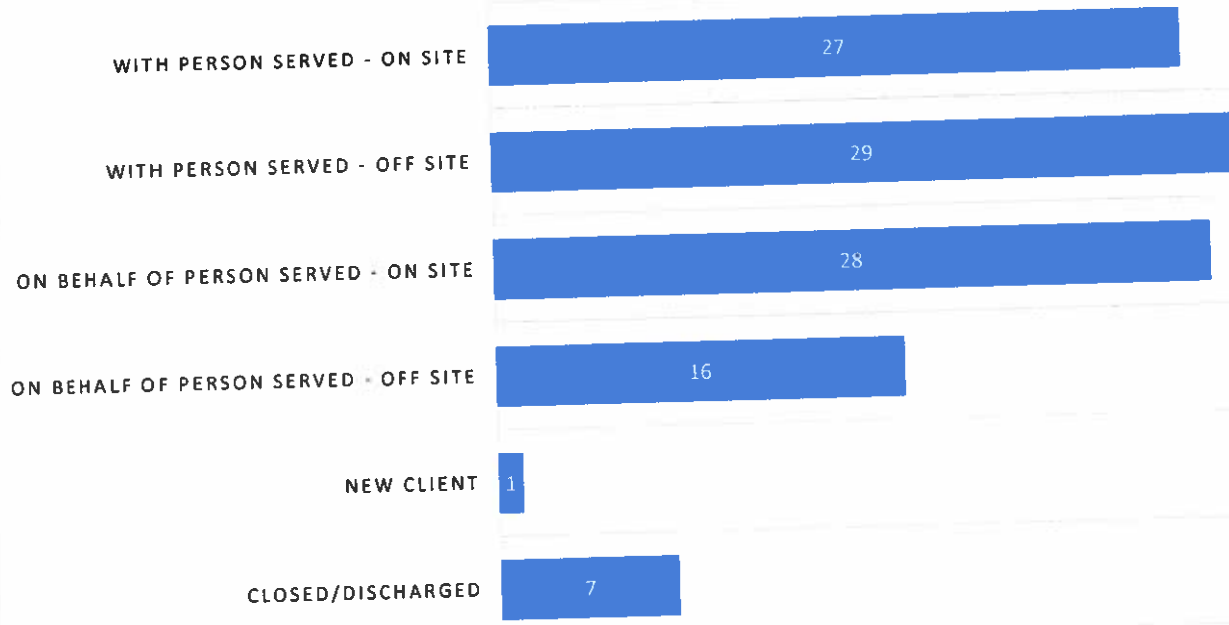
# Rosecrance Central Illinois

Coordination DD/MI \$35,150

PY21

33 people were served, for a total of 2,063 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



134



12.F.



## CCDDB 2021-2022 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

- September 22 – Putman Room
- October 20 – Shields-Carter Room
- November 17 – TBD (*Shields-Carter Room unavailable*)
- December 15 – Shields-Carter Room
- January 19, 2022 – Shields-Carter Room
- February 23, 2022 – Shields-Carter Room
- March 23, 2022 – Shields-Carter Room
- April 20, 2022 – Shields-Carter Room
- May 18, 2022 – Shields-Carter Room
- June 22, 2022 – Shields-Carter Room
- July 20, 2022 – Shields-Carter Room
- August 17, 2022 – Shields-Carter Room
- September 21, 2022 – Shields-Carter Room
- October 19, 2022 – Shields-Carter Room
- October 26, 5:45PM – Shields-Carter – study session with CCMHB
- November 16, 2022 - Shields-Carter Room
- December 21, 2022 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email [stephanie@ccmhb.org](mailto: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](mailto:stephanie@ccmhb.org).

If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto: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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CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

## CCMHB 2021-2022 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

- September 22 – Shields-Carter Room
- October 20 – Shields-Carter Room
- October 27 – *study session* - TBD
- November 17 – Shields-Carter Room
- December 15 – Shields-Carter Room - *tentative*
- January 19, 2022 – Shields-Carter Room
- January 26, 2022 – *study session* - Shields-Carter Room
- February 16, 2022 – *study session* - Shields-Carter Room
- February 23, 2022 – Shields-Carter Room
- March 23, 2022 – Shields-Carter Room
- March 30, 2022 – *study session* - Shields-Carter Room
- April 20, 2022 – Shields-Carter Room
- April 27, 2022 – *study session* - Shields-Carter Room
- May 18, 2022 – *study session* - Shields-Carter Room
- May 25, 2022 – Shields-Carter Room
- June 22, 2022 – Shields-Carter Room
- July 20, 2022 – Shields-Carter Room
- September 21, 2022 – Shields-Carter Room
- September 28, 2022 – *study session* - Shields-Carter Room
- October 19, 2022 – Shields-Carter Room
- October 26, 5:45PM – *study session with CCMHB* - Shields-Carter
- November 16, 2022 – Shields-Carter Room (*off cycle*)
- December 21, 2022 – Shields-Carter Room (*off cycle*) - *tentative*

This schedule is subject to change due to unforeseen circumstances.

Please email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

**Public Input:** All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, using the Zoom options or in person, in order to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org).

If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto: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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**IMPORTANT DATES - DRAFT 2021-2022 Meeting Schedule with Subjects,  
Agency and Staff Deadlines, and Allocation Timeline for PY2023**

This schedule offers dates and subject matter of meetings of the Champaign County Developmental Disabilities Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may be addressed. Study sessions may be added on topics raised at meetings or by staff, or with the CCMHB. Regular meetings are held at 9AM; joint study sessions at 5:45PM. Included are tentative dates for steps in the funding process for PY23 and deadlines related to PY21 and PY22 agency contracts.

- 8/27/21 *Agency PY2021 4<sup>th</sup> Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due*
- 9/22/21 **Regular Board Meeting** (Putman Room)  
Draft Three Year Plan 2022-2024 with 2022 Objectives
- 9/30/21 *Deadline for some agency revisions, if indicated by Special Provision*
- 10/20/21 **Regular Board Meeting**  
Release Draft Program Year 2023 Allocation Criteria
- 10/29/21 *Agency PY2022 1<sup>st</sup> Quarter Reports due*
- 11/17/21 **Regular Board Meeting** (*tentative due to no meeting room*)  
Approve Three Year Plan with One Year Objectives  
Allocation Decision Support – PY23 Allocation Criteria
- 12/13/21 *Public Notice of Funding Availability to be published on or before this date, giving at least 21-day notice of application period.*
- 12/15/21 **Regular Board Meeting** (business of 11/17 if needed)
- 12/31/21 *Agency Independent Audits, Reviews, or Compilations due*
- 1/3/22 *Online System opens for Agency Applications for PY2023 Funding*
- 1/19/22 **Regular Board Meeting**
- 1/28/22 *Agency PY2022 Second Quarter and CLC Progress Reports due.*
- 1/31/22 *Deadline for submission of updated agency eligibility questionnaires*
- 2/11/22 *Deadline for submission of applications for PY2023 funding.  
Online System will not accept any forms after 4:30PM.*
- 2/23/22 **Regular Board Meeting**  
List of Requests for PY2023 Funding
- 3/23/22 **Regular Board Meeting**

- 4/13/22 *Program summaries released to Board, copies posted online with the CCDDDB April 20, 2022 Board meeting agenda and packet.*
- 4/20/22 **Regular Board Meeting**  
Board Review and Staff Summaries of Funding Requests
- 4/29/22 *Agency PY2022 Third Quarter Reports due*
- 5/11/22 *Allocation recommendations released to the Board, copies posted online with the CCDDDB May 18, 2022 Board meeting agenda and packet*
- 5/18/22 **Regular Board Meeting**  
Allocation Decisions; Authorize PY2023 Contracts
- 6/22/22 **Regular Board Meeting: Draft FY2023 Budget**
- 6/24/22 *Deadline for agency application/ contract revisions  
Deadline for agency letters of engagement with CPA firms  
PY2023 contracts completed*
- 6/30/22 *Agency Independent Audits, Reviews, or Compilations due  
(only for those with calendar fiscal year, check Special Provision)*
- 7/20/22 **Regular Board Meeting: Election of Officers**
- 8/17/22 **Regular Board Meeting**
- 8/26/22 *Agency PY2022 4<sup>th</sup> Q Reports, CLC Progress Reports, and  
Annual Performance Measure Reports due*
- 9/21/22 **Regular Board Meeting**  
Draft Three Year Plan 2022-2024 with 2023 Objectives
- 10/19/22 **Regular Board Meeting**  
Release Draft Program Year 2024 Allocation Criteria
- 10/26/22 **Joint Study Session with CCMHB at 5:45PM**
- 10/28/22 *Agency PY2023 First Quarter Reports due*
- 11/16/22 **Regular Board Meeting (off cycle)**  
Approve Three Year Plan and PY24 Allocation Criteria
- 12/11/22 *Public Notice of Funding Availability to be published on or before this  
date, giving at least 21-day notice of application period.*
- 12/21/22 **Regular Board Meeting (off cycle)**



12.G

**Agency and Program acronyms**

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

**Glossary of Other Terms and Acronyms**

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

AAC – Augmentative and Alternative Communication

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

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

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

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

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

BD – Behavior Disorder

BSP – Behavior Support Plan

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

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

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

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

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

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

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



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

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

DD – Developmental Disability

DDD – Division of Developmental Disabilities

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

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

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

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

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

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

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

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

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

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

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

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

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

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

MI – Mental Illness

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

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

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

**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities  
Staff Report – September 2021**

**CCDDB:** 4<sup>th</sup> Quarter reports and year-end Performance Measure Outcome reports were due on August 24, 2021. 4<sup>th</sup> Quarter Program Reports and PY21 Service Data Charts can be found in this Board packet. I am reviewing each of the agency reports and compiling the Performance Measure Outcome report to be posted at ccmhddbrds.org.

Using data from the 4<sup>th</sup> Quarter reports, I have started compiling the 'Utilization Summaries for PY2021 CCDDB and CCMHB I/DD Programs' document, which will be included in the October 2021 CCDDB Packet.

Champaign County Down Syndrome Network has not yet submitted their PY20 audit. The agency is also still missing their CLC reports for the 2<sup>nd</sup> and 4<sup>th</sup> Quarters of PY21 and the PY21 Performance Measure Outcome report. In an email inquiry regarding the audit and missing reports, the DSN President shared that she had not gotten a response from the CPA firm regarding the DSN audit and would inquire again. I have no further updates at the time of this writing.

CU Able has not yet submitted their 4<sup>th</sup> Quarter Program Report, the 4<sup>th</sup> Quarter Zip Code report, or their Demographic Report. I have reached out to CU Able staff to inquire and the reports. I have no further updates at the time of this writing.

Additional meetings were held with Illinois Department of Human Services (IDHS) and Illinois Department of Healthcare and Family Services (HFS) to seek clarification on the risk of Medicaid Supplementation and our understanding of the federal rules associated with reimbursement rates. Please see "*Update on Deferred Funding Decisions*" in the Board packet, for further information.

I met with a representative from one of the funded organizations to review data entry into the Online Reporting System. I also worked with the System Developer and another agency representative to troubleshoot uploading of claims into the Online Reporting System.

I participated in the Community Choices Financial Site Visit with the Financial Manager and other CCMHB/CCDDB staff.

**CCDDB Contract Amendments:** Prorated contracts were issued for the Community Choices Community Living and Self-Determination Support programs due to three newly funded staff positions at the beginning of the contract year. In early August, Community Choices filled two of the three positions, therefore one contract amendment for each program was issued, adjusting the contract maximum for each program. The Community Living contract maximum



was adjusted to \$155,381 and the Self-Determination Support contract maximum was adjusted to \$160,251. One position within the Community Living program remains to be hired, and an additional contract amendment will be issued after the position is filled.

**Community Needs Assessment:** I participated in meetings related to the CCDDDB & CCMHB Community Needs Assessment and worked with other staff to develop the survey tool in Google Docs. I also delivered paper copies of the survey to several local food pantries, including those in Champaign, Urbana, Tolono, and Broadlands. Paper copies were also dropped off and picked up from DSC. I met with the Executive Director, other staff, and a consultant to review the results of the survey and discuss analyses of survey results. I also spent time reviewing the full Community Needs Assessment report.

**CCDDDB Mini-Grant:** I communicated with one Mini-Grant recipient's mother regarding another respite weekend at Camp New Hope. I also communicated with staff from Camp New Hope arrange for payment for this respite weekend. I also worked with another Mini-Grant recipient and his father due to their request to redirect of some of his remaining mini-grant funds. Please see "*Mini-Grant Update and Request*" in this packet for more information.

**Learning Opportunities:** On July 29, 2021, Karen Simms presented, "*Culturally Responsive Fundamentals of Trauma, Trauma Informed Care, & Resilience.*" These workshops continue to be held virtually. A Social Security presentation scheduled for September will be rescheduled due to a conflict with the presenter's schedule. Elise Belknap is scheduled for a presentation in October.

**ACMHAI:** I participated in the ACMHAI August Membership Meeting. "*I Need Data, Now What?*" was presented during the Best Practice training on Thursday and the Business Meeting was held on Friday, both meetings were held virtually.

I also participated in the September meeting of the ACMHAI I/DD Committee and an ACMHAI Roundtable Discussion of American Rescue Plan Act funds.

**NACBHDD:** I participated in the July meeting of the NACBHDD I/DD Committee. Mary Sowers, Executive Director of NASDDDS (National Association of State DD Directors) is scheduled to present during the October meeting.

**Disability Resource Expo:** Barb Bressner and I met with Dr. Benjamin Lough's SOCW 245 class to describe the Expo and the related video project that they will be working on during the fall semester.

I participated in an Expo Steering Committee Meeting on August 11, 2021. The next Expo Steering Committee Meeting is scheduled for October 6, 2021.

The Expo will have a booth at C-U Pridefest and will be distributing the Expo Resource Guide.

**UIUC School of Social Work Community Learning Lab:** I may also work with a group of students able to translate CCDDDB/CCMHB documents into Spanish, French, and Arabic. This is dependent on students signing up for this project. I will also fill in for other staff meeting with UIUC SSW students, when necessary.

**Other activities:** I participated in the August and September Human Services Council meetings. At the September meeting, guest speakers from Champaign Unit #4 School District and Urbana School District #116 were present to talk about the return to school and the effects of Covid on their students, teachers, and families.

I participated in the Race Relations Subcommittee Meeting. I participated in a meeting with United Way of Champaign County. Additional meetings were held with members of the UIUC Community Data Clinic and Cunningham Township.

I participated in a workshop led by the UIUC Evaluation Capacity Building team and a meeting with CCMHB/CCDDDB staff, Board Members, and the UIUC Evaluation Capacity Building team.

I participated in the August meeting of the MHDDAC. I also participated in several additional webinars, workshops, and virtual trainings.



**Leon Bryson, Associate Director for Mental Health & Substance Use Disorders**  
**Staff Report –September 2021 Board Meeting**

**Summary of Activity**

**Draft CCMHB Three Year Plan with FY22 Objectives:** The Draft Plan for FY 2022-2024 with FY 22 Objectives is included in the Board packet, along with a Briefing Memorandum. Very few changes were made to the Objectives, with only minor revisions to consider. This draft is presented to the Board for additional recommendations to be made, and a final version will be presented to the Board in November.

**Program Evaluation Committee:** The CCMHB staff and UIUC Evaluation team met in August to discuss the ongoing collaboration with CCMHB/CCDDB funded agencies. The Evaluation team proposed to continue to implement the recommendations and plans identified from the previous years. The University is currently making changes to the language in the contract before a final contract can be executed. The Evaluation team will present to the Board their last year's work with other agencies.

**PY 21 Fourth Quarter Reports:** The PY 21 Fourth Quarter and the Year-End Performance Outcome Measures Reports were due the last Friday in August. All agencies were contacted about the deadline. Some agencies required additional contact to submit their reports. Several agencies requested extensions for legitimate reasons, which ranged from a few days to a month to file. Staff is reviewing the reports for their accuracy and fullness. An excel spreadsheet is used to track the progress of each program's service activity.

**Contract Amendment Report**

All contract amendments are reviewed, amended, and modified by the Champaign County Mental Health Board Executive Director and approved by a Board officer. Below are amended contracts for CCMHB funded programs.

- Boot Books, LLC: amendment changes the mailing address
- Courage Connection: amendment changes the mailing address.
- First Followers – Peer Mentoring for Reentry: amendment specifies that funding is from ARP fiscal recovery funds.
- DREAM House - DREAM Big!: amendment specifies that funding is from ARP fiscal recovery funds and increases the obligation from \$80,000 to \$100,000, the amount originally requested.
- Champaign County Children's Advocacy Center – Children's Advocacy Center: obligation is increased from \$105,508 to \$112,850, the amount originally requested and covering a two-year term.
- Champaign County Health Care Consumers – CHW Outreach and Benefit Enrollment: obligation is increased from \$155,920 to \$160,548, the amount originally requested and covering a two-year term.

- Champaign County Health Care Consumers – Justice Involved CHW Services & Benefits: obligation is increased from \$150,280 to \$154,788, the amount originally requested and covering a two-year term.
- Community Service Center of Northern Champaign County – Resource Connection: obligation is increased from \$135,192 to \$137,218, the amount originally requested and covering a two-year term.
- Crisis Nursery – Beyond Blue Champaign County: obligation is increased from \$150,000 to \$180,000, the amount originally requested and covering a two-year term.
- Don Moyer Boys & Girls Club – Coalition Summer Initiatives: obligation is increased from \$90,000 to \$107,000, the amount originally requested.
- East Central Illinois Refugee Mutual Assistance Center – Family Support and Strengthening: obligation is increased from \$112,880 to \$124,000, the amount originally requested and covering a two-year term.
- Mahomet Area Youth Club – Members Matter!: obligation is increased from \$36,000 to \$43,810, the amount originally requested and covering a two year term.
- Rosecrance Central Illinois – Fresh Start: obligation is increased from \$79,310 to \$85,409, the amount originally requested.
- UP Center – Children, Youth, and Families Program: obligation is increased from \$154,846 to \$173,206, the amount originally requested and covering a two-year term.

**ARPA-related contracts:**

Champaign County Health Care Consumers – Disability Services (a NEW program) - Special Initiative contract for \$71,500  
 Rosecrance Central Illinois – Prevention - Grant contract for \$60,000  
 Terrapin Station Sober Living – Recovery Home (NEW) - Special Initiative contract for \$47,000  
 The Well Experience – Family Services (NEW) - Special Initiative contract for \$80,000  
 WIN Recovery – Re-entry and Recovery Home (NEW) - Special Initiative contract for \$69,488

**Meeting with Agencies:**

Met with Executive Director Andy K of Community Service Center of Northern Champaign County. Took a tour of the building and learned about the various services offered to residents the northernmost townships in Champaign County.

CCMHB staff met with Terrapin Station Sober Living Executive Director to provide technical support and assistance with revision of online forms required per their contract.

CCMHB staff met with the Win Recovery Executive Director to provide technical support and assistance with revision of online forms required per their contract.

CCMHB staff met with the WELL EXPERIENCE Executive Director to provide technical support and assistance with revision of online forms required per their contract.

Lynn and I met with Promise Healthcare Interim Director of Finance to provide technical support and assistance with online forms and Third and Fourth Quarter reports.

CCMHB/CCDDDB staff and United Way staff met to discuss a Request For Proposal (RFP). The RFP outlined United Way's new fund/grant model with a focus on community essentials: education, financial, and healthcare programs for residents of Champaign County.

Lynn and I met with Rosecrance and had an extensive conversation about the Notice of Funding Opportunity (590 Grant), creating a continuum of care, crisis response model, and telepsychiatry in Champaign County.

**Criminal Justice-Mental Health:** Participated in the bi-monthly Crisis Intervention Team Steering Committee meeting. Lt. Cory Koker is leading the Committee and shared information about the Co-Response team with Rosecrance which will start October 4<sup>th</sup>. He introduced to the Committee Paige Bennett a Behavior Health Detective. Paige will prioritize intensive callers and link them up to services. She will also work with a social worker and provide follow-up services. Her operating hours will be from 10am-6pm. U of I Police Officer Rachel Ahart shared similar information about their Co-Responder model and the positive measurable benefits during a crisis. We also discussed SB 1575 which states, "provides that the Department of Human Services shall create and maintain an online database and resource page on its website." Re-entry Council Meeting continues to meet each month. The agenda was a continuation from last month's topics on provider barriers: housing and transportation. Land of Lincoln staff talked about a rise in eviction filings and tenants not showing up for court. Stephanie Cockrell, The WELL EXPERINCE Director mentioned that her agency is working with a few families who are evicted and need help for a few women with DUI issues.

**ACMHAI:**

Participated in ACMHAI Committee meetings and webinars: "Leveraging Your SAMHSA Certified Community Behavioral Health Center Grant." "ACMHAI Best Practice Meeting, *I Need Data, Now What?*" ACMHAI Business Meeting.

**CCHMDDAC Mtg:** Attended the monthly CCHMDDAC meeting. Members were reminded about Fourth Quarter and Year End reports due August 29<sup>th</sup>.

**Learning Opportunities:**

- Attended *The Pathways to Success* webinar. The Illinois Department of Healthcare and Family Services (HFS) is proposing a new program under the 1915(i) State Plan Amendment, Pathways to Success, which will provide Home and Community Based Services to Medicaid enrolled children with identified behavioral health needs in consideration of the Department's commitments under the N.B. Consent Decree.
- Attended the *COVID-19 and Rural Public Health Systems* webinar. The webinar "COVID-19 and Rural Public Health Systems" discussed challenges faced and innovations necessitated by COVID-19.
- Attended the *2021 Illinois KIDS COUNT Report and Illinois Housing Issues* webinar.
- Attended *The Pandemic's Impact on Illinois Criminal Justice and Victim Services: Assessing Outcomes and Moving Forward* webinar.





# Executive Director's Report – Lynn Canfield, September 2021

## Activities of Staff and Board Members:

To support CCMHB Three Year Plan goals 1-8 and CCDDDB Three Year Plan goals 1-7, allocation and management of agency contracts are primary activities. This summer, we've developed and finalized contracts, processed amendments authorizing some increases (made possible by American Rescue Plan Act funding for 9 full program contracts) and spent time with agencies revising forms to meet expectations. Contracts for agency services appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of total costs are non-agency activities in support of individuals, families, agencies, and community. These impact Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training costs, and some are accomplished with independent contractors, associations, or partnerships.

## Anti-Stigma and Community Awareness:

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

211 - United Way, the CCMHB, and the CCDDDB co-fund this call-based resource information service, provided by PATH, Inc. and aligned with Alliance of Information and Referral Systems standards. UIUC Community Data Clinic students are rolling out their online directory using 211 data, focused on improving Champaign County providers' information and feedback to the 211 database and the UIUC CDC site. United Way of Illinois seeks to implement 211 across the state, which could incorporate features developed by the UIUC CDC. Simultaneous to 211 expansion is federal implementation of 988 for mental health crisis calls. PATH operates as the mental health crisis call center for many of the counties they serve, but Champaign County relies on a local crisis line managed by Rosecrance, which will participate in implementation of 988 and may be interested in the UIUC CDC database for callers from Champaign County.

Alliance for Inclusion and Respect (AIR) social media and website continue anti-stigma messaging and promotion of local artists/entrepreneurs. AIR is to sponsor No Malice short films during Ebertfest (which may include three short films by local youth), a post-screening Q&A, and an art show and sale. Due to COVID, the festival has been postponed to April 20-23, 2022.

disABILITY Resource Expo Steering Committee plans for virtual resource services and an October 15, 2022 in-person event at the Vineyard Church.

## CCMHB/CCDDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

A Briefing Memorandum in this board packet offers an update, with one of the CILA homes sold on September 10. Prior to listing the second house, some repairs will be completed, but there may already be an interested buyer. We continue to monitor the State funding situation in case expansion of CILA capacity seems possible and will inform the Boards if and when that happens. Preserving existing CILA capacity is a very high priority.

## Support for Agency Programs:

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

### Activities described in staff reports:

- Cultural and Linguistic Competence training and technical assistance; Mental Health First Aid training and coordination (Shandra Summerville).

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- Collaborations: Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Reentry Council, Drug Court Steering Committee, Coalition Race Relations Subcommittee, Human Services Council, New American Welcome Center, CUPHD I-Plan Behavioral Health Committee, Youth Assessment Center Advisory Committee, and more (various staff).
- Monthly Provider Trainings (Kim Bowdry) are free of charge and offer CEUs. While the primary audience is case managers from funded programs, others are invited. Due to strong interest, a spring workshop focused on bookkeeping, and there may be another this fall.

**County Enterprise Resource Planning (ERP) System:** a new expenditure is implementation of the new county-wide ERP system, which will serve as our accounting and payroll databases. Payment to the County for use of the ERP will be far lower next year. Rollout is January 2022.

**Independent Contractors:** EMK offers technical support for users of the online application and reporting system. Board members interested in talking with Alex Campbell about how to access forms and reports may reach him at [afcampbell9@msn.com](mailto:afcampbell9@msn.com) or through staff. John Brusveen, CPA, has reviewed all agency audits, compilations, and financial reviews, summarizing findings for us to follow-up. ChrispMedia maintains AIR and Expo websites and hosts short videos on the sites. We are talking with accounting consultants about a pilot project to support small agencies.

**UIUC Evaluation Capacity Project:** Research leads met with staff and board members to discuss Year 7 workshops, programs for intensive support, and continuous quality improvement.

## **Executive Director Activities:**

Summer has been busy, thanks to community needs assessment activities, budget revisions, the County Board's commitment of \$770k ARP for behavioral health contracts, sale of CILA properties, and more. I revised the Organizational Eligibility Questionnaires which are completed by all seeking funding from the Boards. As you might recall from program summaries, the form had not been completed by many agencies for ten years, missing important updates. The online system is updated so that they may complete the form between now and the close of the next application period. Our office continues to respond to risks associated with COVID-19, and I appreciate that Board officers have been so accommodating about meeting to sign contracts, amendments, and more.

## **Intergovernmental/Interagency Collaborations:**

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

**Champaign County Department Heads:** with the County Executive, Admin staff, and other Departments' representatives, this bimonthly meeting covers budgets, trainings, ERP implementation, facilities issues, ARPA fiscal recovery fund requests, and COVID impact.

**Mental Health and Developmental Disabilities Agency Council:** monthly meetings of agency representatives, for updates, special topics, and announcements. In August, members gave brief introductions, with four new organizations at the table, and the UIUC CDC team leader updated us on the resource directory. The September meeting will include a UIUC Evaluation Capacity Building project year-end presentation, with reports from agencies with targeted programs. In October, Kristine Herman of Healthcare and Family Services will present to the group and begin attending, to ensure best implementation of the State's children's mental health initiative.

**Metropolitan Intergovernmental Council:** quarterly meetings of representatives from local governmental entities. I presented on mental health issues in February. The May presentation was

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by Dr. Wanda Ward, Executive Associate Chancellor for Administration and University Relations, on the Campus-Community Compact.

**Regional Champaign-Vermilion Executive Committee:** bimonthly meeting of public and private entities responsible for community health plans. The 2021-2023 I-Plan once again identifies behavioral health and community violence among priorities. A new community health needs assessment survey, written by Dr. Weinzimmer of Bradley University with input from the group, is being distributed. To ensure this captures the 'voice of the community', data on respondents will be tracked and strategies shifted if a group (e.g., men) appears to be missed.

**UIUC School of Social Work Community Learning Lab:** We have requested three projects for the fall semester: students translating our documents into any of several languages in use in Champaign County; social connection with those who tend to be most isolated; and exploration of other communities' solutions to the I/DD workforce shortage. One student group has agreed to take on the latter. A commitment to an instructor outside of CCL will continue his class' efforts to create short videos of Expo exhibitors for use in our websites and social media.

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

**Champaign Community Coalition:** monthly open meetings with updates on public safety, positive youth programming, trauma-informed system work, and efforts to reduce community violence. The Executive Committee met August and reviewed: the Race Relations Subcommittee Strategic Plan; Community Violence Priority – task force, messaging campaigns, violence intervention models, Fresh Start, budget impact; and roundtable information.

**Crisis Intervention Team (CIT) Steering Committee:** bimonthly meetings of representatives of law enforcement, EMS, hospitals, behavioral health, providers of service to people with housing insecurity, support network leaders, and interested parties, to promote CIT training, review data analyzed by City of Urbana, and share updates. Lt Cory Koker of Urbana Police has taken over leadership, and with high turnover in many organizations, as well as crisis-response related legislative and funding developments, introductions and information-sharing are main topics. A project is under consideration to test the database developed by the UIUC CDC for ease of use by crisis response professionals, as such databases will become mandatory under Illinois law.

**Illinois Connected Communities:** for a state-funded Housing Authority of Champaign County project, I attended meetings of the steering committee and with other communities with similar planning projects. Representatives from HACC, UIUC CDC, Cunningham Township, and I met regarding the subsequent NOFA, and the UIUC CDC was awarded funding to implement a pilot in Housing Authority sites in Champaign and Vermilion Counties, to expand regionally later.

**Youth Assessment Center Advisory Committee:** quarterly meetings of law enforcement, Court Services, State's Attorney Office, service providers, Coalition staff, and school districts for discussion of the program, review of referral data, and roundtable. With the passing of YAC Director Jonathan Westfield and high turnover in the program, our August meeting included many introductions and review of purposes.

***State and National Associations and Advocacy:***

(MHB goal 10 and DDB goal 9)

**Association of Community Mental Health Authorities of Illinois (ACMHAI):** Executive, Legislative, Medicaid/Managed Care, and I/DD Committees on: allocation, contracting, and

monitoring processes; state budget and policies; legal opinions; levies; strategic planning; community awareness; and changes in operating environment. Government Strategy Associates (consultant) provides updates on state legislative activity and receives input from the membership on advocacy positions. The August membership meeting featured a training on Census and other population data. The I/DD committee held a webinar about advocacy and the impact of COVID on I/DD, with speakers from the Arc of Illinois and Illinois Association of Rehabilitation Facilities, and we met with the Director of IDHS-Division of DD in July. A subset of ACMHAI members also spoke with Healthcare and Family Services' Kristine Herman for discussion of Medicaid rules and HFS' Pathways to Success (for children) to be implemented across the state, by regions from South to North. Subsequent meetings will include these topics. The September webinar was on rural mental health and creating a culture of wellness in farming communities.

**Illinois Children's Mental Health Partnership:** I will serve on the Treatment Workgroup toward development of a new Children's Mental Health Plan for Illinois, with monthly discussions through December. The Plan has not been updated for fifteen years. The three workgroups are Treatment, Promotion/Prevention, and Intervention.

**Institute for Behavioral Health Improvement:** monthly meetings of the Community of Practice, discussing behavioral health, criminal justice, and crisis response. With Rosecrance' planned implementation of CCBHC services in Champaign and Winnebago Counties, I will continue for another six-month session if the director from Winnebago joins.

**National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD):** I/DD committee calls include discussion of state and federal rules and funding, COVID impacts, and workforce crisis. The Behavioral Health and Decarceration committee, which I co-chair, developed policy resolutions for NACBHDD and NACo, continued to work on outcomes project to pilot and present for future federal consideration, and hosted a webinar on Illinois' Medicaid programs. The Executive Committee reviews policies and finances, evaluates the CEO's performance, and plans membership meetings. The annual Legislative & Policy Conference was held virtually in two-hour segments during February and March. Due to the resignation of President/CEO Ron Manderscheid and the search for a successor, there was no summer meeting, no annual DD summit, and most committee work is paused.

**National Association of Counties (NACO):** monthly Health Steering Committee calls with legislative updates, reports on special projects, local innovations, and policy priorities; quarterly Healthy Counties Advisory Board meeting on initiatives related to racism and health/mental health; and quarterly Stepping Up Innovator calls. The Annual Conference was held in-person and virtually July 9-12. Detailed notes are available on request, related to sessions I attended:

**NACO CIO Forum & Technology Summit:**

Keynote – Election Security: Preparing for 2022 and Beyond

Latest on U.S. Treasury Guidance on the ARP's State & Local Coronavirus Fiscal Recovery Fund Information Technology Strategic Planning and Beyond

Redefining Connectivity to Protect Your Employees, Contractors and Citizens

Accelerating Citizen Adoption of Engagement Technology

Low Code and Virtual First, Getting Out of the IT Application Development Business

Taking the Byte Out of Cyber Crime - Learning from the Past to Prepare for the Future of Cyber Threats

Digital Counties Survey: Counties of the Future

**NACO Health Steering Committee Business Meeting:**

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*We passed 18 resolutions and 1 platform change. No Emergency Resolutions.*  
Resolutions Not Revised: Crisis Response Methods for People with Behavioral Health Conditions or Developmental Disabilities; Addressing Toxic Exposure for Veterans; Support For Supporting and Improving Rural Ems Needs (SIREN) Act; Declaring Racism as a National Public Health Crisis; Increase Resources for Suicide Prevention; Encouraging Congress to Fund Creative Arts Therapies for Treating Veterans; Supporting Improved Compliance through Better Regulation in Nursing Homes; Supporting Better Staffing in Nursing Homes; Addressing the Impact of COVID-19 on Community Violence; Urging the Federal Government to Suspend, Instead of Terminate, Medicaid Coverage for Incarcerated Individuals; Supporting Mental Health Funding and Programs; Supporting Amendment to 42 CFR Privacy Provisions  
Revised Resolutions: Regarding the National Health Service Corps Loan Repayment Program; Amend the Health Resources and Services Administration's Federal Tort Claims Act Health Center Policy Manual; Amend the Medicaid Inmate Exclusion Policy in the Federal Social Security Act  
Platform Change on the Importance of the ACA and Medicaid Expansion  
New Resolutions: Supporting a Joint State, Local, Tribal, Territorial, And Federal Covid-19 Pandemic After-Action Report; Declaring Gun Violence as a National Public Health Crisis; Lift and Reform the Medicaid IMD Exclusion.

**NACO Conference Sessions and Workshops:**

Lunch Session with Vice President Kamala Harris

State Policy Trends and County Priorities

Say and Do: Five Strategies for Advancing Diversity, Equity, and Inclusion in your Community

COVID-19 Lessons Learned in Addressing Homelessness and the Role of Emergency Rental Assistance

**Annual NACO Business Meeting and Elections:**

587 member counties submitted credentials, with 2,614 votes to cast (IL has 105).

Steering Committee reports and policy resolutions submitted and approved

Nominating Committee report: President Larry Johnson and First VP Denise Winfrey approved.

Nominations made by state associations and affiliate organizations approved.

Mary Jo McGuire elected from three candidates for Second VP.

New and renewed appointments announced.



## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – September 2021 Board Meeting**

#### **SUMMARY OF ACTIVITY:**

##### **Audits:**

The Promise Healthcare (CCMHB funded) payments on PY22 contracts continue to be withheld until their audit is submitted.

##### **Certificates of Liability Insurance:**

I requested Certificates of Liability Insurance from each agency at the beginning of the new contract year, as written in their contracts.

##### **Fourth Quarter Reporting:**

4th Quarter financial and program reports for all funded programs were due August 27th at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Some of the agencies requested an extension of time to complete the reporting. Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadline. Payments to them have been suspended until we receive their reports.

Board members can access these reports using the online system. Staff can also provide paper copies of the reports for you, if requested.

##### **Organizational Eligibility Questionnaire:**

The online registration/application system has a new organizational eligibility questionnaire for each board that was updated by Lynn Canfield and other staff. I sent a request to each agency that these be completed by the close of the next application cycle, at 4:30 PM on February 11, 2022.

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

Fourteen artists/groups were signed up to show at the AIR Art Show/Sale at Ebertfest 2021 scheduled for September 11th. Unfortunately, Ebertfest was postponed until April 2022 due to COVID concerns. We plan to be there again next year! In the meantime, I am keeping an eye out for any other opportunities for the artists. Let me know if you hear of anything.

##### **Contracts:**

In August, I met with Nelson Novak from the newly CCMHB funded agency, Terrapin Station Sober Living (along with Leon Bryson and Lynn Canfield) to review contract requirements for the coming year.

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**FOIA/OMA Certification:**

As the Open Meeting Act (OMA) Designee and the Freedom of Information Act (FOIA) Officer for the CCMHB/CCDDB, I must successfully complete training on an annual basis.

The Public Access Counselor's web page is presently being repaired, therefore the OMA electronic training, as well as the Freedom of Information Act electronic training, are inaccessible. There is no set completion date for the website repairs at this time. Public body members and designees are not penalized for failure to complete the electronic training within the statutory time periods.

**Other:**

- Preparing meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.
- I volunteered to staff the disABILITY Expo table at the Champaign County Fair for a Friday evening in July.

## 2021 September Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

#### Agency Support and Technical Assistance:

FY 21 CLC 4<sup>th</sup> Quarter reports were submitted by organizations. Please see the chart on the last page that shows quarterly reports that were submitted by the funded agencies. If there is an omission, that means there was not a report for the 2<sup>nd</sup> or 4<sup>th</sup> Quarter. There was support provided individually for the following organizations for the 4<sup>th</sup> quarter reporting:

1. Community Choices- DDB
2. PACE- DDB
3. Champaign County Health Care Consumers
4. Champaign County Christian Health Center
5. GROW
6. First Followers

#### Cultural Competence Training/Support

**Champaign County Head Start:** I conducted All Staff Training on September 2<sup>nd</sup> and 3<sup>rd</sup>. All sites and Administrative Staff were present at one of the sessions that were provided.

**PACE:** Training will be scheduled for all staff on September 22, 2021, to review CCDDDB CLC Plan Requirements.

**Family Service Center of Champaign County:** I attended the Self-Help Advisory Council meeting on September 8, 2021. The Fall Conference will take place in November and the focus will be on Wellness and Self-Care. I was asked to present on ways that we can celebrate culture and wins during challenging times. The conference will be virtual this fall, I will provide additional support for the conference as plans are solidified.

#### CLC Coordinator Direct Service Activities

##### PY22 Contract Revisions

I am working with the team to review contract revisions and provide support to organizations that require updates to their CLC Plans for PY22.

I with the following organizations that made revisions for PY22.

1. WIN Recovery
2. Children's Advocacy Center

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## **2021 September Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator**

### **Webinar and Training Activities:**

#### **Prioritizing Diversity, Equity, and Inclusion in Behavioral Health**

**Wednesday, August 25·1:00 – 2:00pm.**

#### **Reform: Restoration, Revitalization, and Representation Thursday, August 26·5:30 – 7:00pm**

The Illinois Legislative Black Caucus Foundation (ILBCF) and the University of Illinois Springfield have partnered to create a focused speaker series to educate the citizens of Illinois on critical, societal issues resulting from social determinant factors directly impacting historically marginalized populations. The series will embody principles of equity, diversity and inclusion and promote social change with a concentration on the reform pillars of the Illinois Black Caucus.

#### **Race and Disability: The Financial Impact of Systemic Inequality**

##### **Tuesday, September 21·1:00 – 2:00pm Webinar Description**

“People of color with disabilities face unique systemic challenges as a result of their intersecting identities. Centuries of exclusive practices in the United States, such as redlining and employment discrimination, have resulted in a society where people of color with disabilities, particularly Black, Indigenous, and Latinx communities, are at a particular disadvantage financially.

In this webinar, attendees will learn about the financial conditions of people of color who live at the intersection of race, ethnicity, and disability. Join us as we hear from subject matter experts and professionals from the field about the financial impact of systemic inequality and intersectionality and how practitioners in the workforce development field are applying the lessons learned about race, disability, and poverty. Speakers include Dr. Andrea Urqueta Alfaro, Director of Research from the National Disability Institute, Nathan Turner, Black, Indigenous, and other people of color ABLE NRC Ambassador from the Lucas County Board of Developmental Disabilities, and Ben Feimer, Credit Building Manager, from Justine Petersen.”

### **Anti-Stigma Activities/Community Collaborations and Partnerships**

#### **C-HEARTS African American Storytelling Project:**

The ASPIRE Program received funding from the University of Illinois Call to Action to Address Racism & Social Injustice Research Program. The ASPIRE program is a youth-centered intervention that is co-created between trusted adult facilitators and middle school youth that facilitates psychological health. This project will take place 9/1/2021-8/30/2022. The ASPIRE Program was conducted for the PY2021, and this will be another program to expand the number of youth and community groups.

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## **2021 September Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator Community Research Cooperative - ADVISORY BOARD**

This is a partnership with the Community Data Clinic. This is a project that is funded by the University of Illinois, Urbana-Champaign, for Community Media, Data and Technology (CMDT) fellowships to provide annual funding and technical support to community organizations in Champaign County looking to advance promising ideas to change local communities and systems. I attended the first meeting on August 11.

### **C-U Trauma and Resilience Initiative**

The Community Violence Response Community Committee meets monthly. I attended the meeting on August 13 to discuss the work that has been happening with the community violence response. The purpose of the group is to discuss the areas that community members can support families that are impacted by community violence. This is ongoing work that is happening in collaboration with the Walk as One Community Coalition.

**AIR-Alliance for Inclusion and Respect:** The Ebert Film Festival was rescheduled for April of 2022. I distributed the information about the Film Contest to 5 youth serving organizations. Since the Festival has been rescheduled, we will revisit engagement efforts.

### **Short Reading List to continue the conversation about Racism and Trauma as a decision maker.**

**MENTAL HEALTH: Culture, Race, and Ethnicity**

**A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL**

<https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1&isAllowed=y>

**National CLAS Standards Fact Sheet**

<https://thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf>

**The Surge in COVID-19 among Children**

<https://nihcm.org/publications/the-surge-in-covid-19-among-children>

2021 September Staff Report- Shandra Summerville  
Cultural and Linguistic Competence Coordinator



# The Surge in COVID-19 among Children

## Cases Rising

As of September 2, 2021 children represented:



15.1% of total cumulative COVID-19 cases

In the last week children represented:

26.8% of the weekly reported cases



8/26/21-9/2/21

## Hospitalizations

Less than 2% of all child COVID-19 cases resulted in hospitalization



*In states where data was available*

## Racial Disparities

Children who are Black, Hispanic, American Indian and Alaska Native were all hospitalized about 3x more often than White children

*according to the CDC*

Sources: "Children and COVID-19: State Data Report," a joint report from the American Academy of Pediatrics and the Children's Hospital Association, last modified September 2, 2021.; "Disparities in COVID-19-Associated Hospitalizations," Centers for Disease Control and Prevention, last modified August 30, 2021.

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# 2021 September Staff Report- Shandra Summerville

## Cultural and Linguistic Competence Coordinator

2021 CCMHB/DDB Agency Cultural and Linguistic Reporting Form

<u>Agency</u>	<u>2nd Quarterly Reports Completed</u>	<u>4th Quarterly Reports Completed</u>
<u>Autism Network DDB</u>	<u>Yes</u>	<u>Yes</u>
<u>Champaign County Head Start (RPC) (DDB/MHB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Regional Planning Commission Community Services</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Christian Health Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Champaign County Healthcare Consumers</u>		<u>Submitted</u>
<u>Children's Advocacy Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Community Choices (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Community Service Center of Northern Champaign County</u>	<u>Yes</u>	
<u>Courage Connection</u>	<u>Yes</u>	<u>Submitted</u>
<u>Crisis Nursery</u>	<u>Yes</u>	<u>Submitted</u>
<u>C-U Able (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Cunningham Children's Home</u>	<u>Yes</u>	<u>Submitted</u>
<u>DREAAM</u>	<u>Yes</u>	<u>Submitted</u>
<u>Developmental Services Center (DDB)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Don Moyer's Boys and Girls Club</u>	<u>Yes</u>	<u>Submitted</u>
<u>Family Service Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>First Followers</u>	<u>Yes</u>	<u>Submitted</u>
<u>GROW Illinois</u>	<u>Yes</u>	<u>Submitted</u>
<u>Mahomet Area Youth Club</u>	<u>Yes</u>	<u>Submitted</u>
<u>NAMI Illinois</u>	<u>Yes</u>	<u>Submitted 8/30</u>
<u>PACE</u>		<u>Submitted</u>
<u>Promise Healthcare Systems</u>	<u>Yes</u>	<u>Submitted</u>
<u>Rape Advocacy, Counseling &amp; Education</u>	<u>Yes</u>	<u>Submitted</u>
<u>Rattle the Stars</u>		<u>Submitted</u>
<u>Refugee Assistance Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Rosecrance C-U</u>	<u>Yes</u>	<u>Submitted</u>
<u>UP(Uniting Pride) Center</u>		<u>Submitted</u>

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