



Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

Wednesday, October 20, 2021, 9:00AM

Shields-Carter 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 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. If the time or format of the meeting are not convenient, you may still communicate with the Board by emailing 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 4-7)*
Minutes from the 9/22/2021 board meeting are included. Action is requested.
9. New Business
 - A. Resource Guide Presentation (pages 8 and 9)
Included in the packet is the brochure for a resource guide created by Annabelle Hueber, who will give a brief presentation on this Girl Scout Gold Award project. No action is requested.
 - B. UIUC Community Data Clinic Resource Project (pages 10-24)
Included for information only is a presentation on the online resource directory project. The project team leader, Jorge Rojas Alvarez, will give a summary of this work so far and of next steps. No action is requested.
 - C. Direct Support Professional Workforce Shortage (pages 25-31)

Included for information only are recent news items on the DSP shortage in Illinois and elsewhere in the US. No action is requested.

- D. **DRAFT PY2023 Allocation Priorities and Selection Criteria (pages 32-45)**
For review and discussion is an initial DRAFT of funding priorities and selection criteria for the Program Year 2023. No action is requested.
- E. **DRAFT Revised CCDDDB Funding Guidelines (pages 46-63)**
For review and discussion is an initial draft of revised CCDDDB Requirements and Guidelines for Allocation of Funds. No action is requested.
- 10. **Successes and Other Agency Information**
Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.
- 11. **Old Business**
 - A. **Update on CILA Project (page 64 and 65)**
For information only is a Briefing Memorandum with an update on the CILA houses.
 - B. **PY2021 Utilization Report for I/DD Programs (pages 66-70)**
For information only, the packet includes a summary of utilization of all I/DD programs funded for PY2021, whether by the CCDDDB or CCMHB.
 - C. **CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 71-74)**
 - D. **Acronyms and Glossary (pages 75-82)**
A list of commonly used acronyms is included for information.
- 12. **CCMHB Input**
- 13. **Staff Reports (pages 83-93)**
Included for information only are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville.
- 14. **Board Announcements**
- 15. **Adjournment**

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCDDB Meeting October 20, 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

+13126266799,,81559124557# US (Chicago)

+16465588656,,81559124557# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Germantown)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

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.

#8

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

Minutes –September 22, 2021

This meeting was held in person at the Brookens Administrative Center, with remote access.

9:00 a.m.

- MEMBERS PRESENT:** Anne Robin, Deb Ruesch, Sue Suter, Georgiana Schuster, Kim Wolowiec-Fisher
- STAFF PRESENT:** Kim Bowdry, Leon Bryson, Lynn Canfield, Shandra Summerville, Chris Wilson
- OTHERS PRESENT:** Josh Cornwell, Patty Walters, Sarah Perry, Greg Schroeder, Danielle Matthews, Laura Bennett, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Mel Liong, PACE; Angela Yost, Regional Planning Commission; Mark Aber, Alexis Kronos, University of Illinois School of Social Work
-

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.

CITIZEN INPUT/AGENCY INFORMATION:

None.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield reviewed the agenda.

APPROVAL OF MINUTES:

Minutes from the 9/01/2021 special board meeting were included in the packet.

MOTION: Ms. Ruesch moved to approve the minutes from the September 1, 2021 meeting. Dr. Fisher seconded the motion. A voice vote was taken and the motion passed unanimously.

EXPENDITURE LIST:

An "Expenditure Approval List" was included in the packet.

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

NEW BUSINESS:

UIUC Evaluation Capacity Project:

Included for information was a report on PY2021 UIUC Evaluation Capacity Project activities. Dr. Mark Aber presented. (Appendices were included in the full report, which was posted as addendum to the board meeting, linked on the website.) Board members were given an opportunity to make comments and ask questions.

Community Needs Assessment Report:

Included in the packet for information was a report on Community Needs Assessment activities, to support the next Three-Year Plan and future funding priorities. (Appendices were included in the full report, which is posted as addendum to the board meeting, linked on the website.) Lynn Canfield reviewed the project. Board members generally discussed the document and what they found impactful about it.

DRAFT Three Year Plan for 2022-2024 with Objectives for FY 2022:

A Briefing Memorandum was included in the Board packet. A draft of strategic plans for 2022, 2023, and 2024 were included in the packet as well. Board members discussed the draft documents. They will be presented for final approval at a later Board meeting.

Successes and Other Agency Information:

Becca Obuchowski from Community Choices reported on classes their agency will be offering.

Patty Walters from DSC provided an update on their recent acquirement of a group home.

OLD BUSINESS:

Revised 2022 Budgets for CCDDDB and CILA Facilities Fund:

The packet included a Decision Memorandum and revised budgets for 2022, along with background information.

MOTION: Ms. Suter moved to approve the attached 2022 CCDDDB Budget, with anticipated revenues and expenditures of \$4,537,134. Ms. Ruesch seconded the motion. A roll call vote was taken. The motion passed unanimously

MOTION: Ms. Ruesch moved 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. Dr. Fisher seconded the motion. A roll call vote was taken and the motion passed unanimously.

Update on CILA Project:

For information only was a Briefing Memorandum with an update on the CILA houses. Lynn Canfield provided some updated information.

Update on Deferred Funding Requests:

The packet included a Briefing Memorandum with an update related to the two funding requests deferred in May. Kim Bowdry provided additional information.

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. Staff 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.

Update on Mini-Grant Project:

A Decision Memorandum describes a requested change in use of approved funding.

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.

MOTION: Ms. Suter moved to approve use of a portion of allotted remaining mini-grant funds up to \$2,000 to fund sessions at Evergreen Coaching & Counseling for Applicant #44. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed.

Agency Service Reports:

For information only, the packet included fourth quarter and year end data on programs funded for PY2021.

CCDDB and CCMHB Schedules and CCDDB Timeline:

Meeting schedules were included in the Board packet.

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCMHB Input:

The CCMHB will meet this evening with many of the same agenda items as the CCDDB.

Staff Reports:

Included in the board packet for information only were reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville.

BOARD ANNOUNCEMENTS:

“Strides Against Stigma” will be held on October 3 at 2 p.m. and Meadowbrook Park in Urbana. This is an annual NAMI event.

C-U Pride activities will be happening around the community all week.

ADJOURNMENT:

The meeting adjourned at 10:30 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

#9.A.

211 and United Way are great resources, within the community contact 211 for anything you need in terms of community service.

School staff or church pastors will also be able to help.

For fires, medical emergencies and violent situations, call 911 to contact emergency authorities such as medical personnel, firefighters and police.

Contact the police non emergency number for many situations such as watching the house while you are gone. The number is (217) 333-8911

The National Suicide Helpline is: 1-800-662-4357

Take a look at the united way and 211 brochures included in this brochure if you need any further help. Follow the instructions on the brochure included for anything in the packet



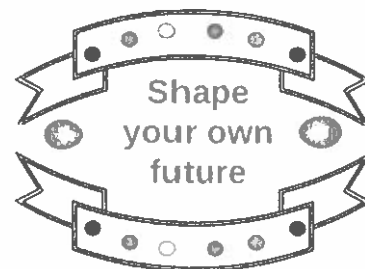
**United Way
of Champaign County**



Website:
<https://shapeyourownfuturecom.squarespace.com>

Is always open, take a look for more coping tips, and craft instructions

Shape Your Own Future:



A Girl Scout Gold Award project by Annabelle Hueber.

**Partnering with
United Way,
CCDDB and
CCMHB**

Anxiety coping tips

- 1, Listen to music
- 2, Eat well balanced meals
- 3, Limit alcohol and caffeine intake
- 4, Get enough sleep.
- 5, Exercise daily
- 6, Count to ten when nervous,
- 7, Do your best
- 8, Accept a lack of control over everything
- 9, Welcome humor
- 10, Replace negative thought with positive thoughts
- 11, Get involved in your community
- 12, Learn what triggers the anxiety
- 13, Talk to anyone

Depression coping tips

- 1, Listen to music
- 2, Exercise
- 3, stay connected
- 4, Take of physical health
- 5, Look at your thoughts and challenge negative ones

Stress coping mechanisms

1. Listen to music
2. Take a break from situations or things that may cause you more stress
3. Take a break from whatever caused the stress in the first place
4. Take care of yourself
5. Talk to other people.
6. Avoid drugs, alcohol, or other addicting and easily abused substances
7. Exercise
8. Recognize when you might need help

Fitness tips

- 1, Exercise 5 times per week for 30 minutes
- 2, Set small goals - be sure to do it daily,
- 3, Find forms of exercise that are fun for you
- 4, Listen to music or an audiobook while exercising
- 5, Try to find someone to exercise with
- 6, Be patient when you start - taking a while to get in shape enough is norm

Family Fun

Is your family bored at home, well you could always go to the parks in St. Joe. They are always free and tons of fun for kids. If you're looking for fun activities in the area that are family friendly check out Chambanamoms, they have a calendar of dates for fun family activities that your kids will have a lot fun doing.

How about making crafts?

Take a look at the pipe cleaner angels or other crafts on my website:

www.https://shapeyourownfutucom.squarespace.com

#9.B.

Champaign County Resources: A hub for community collaboration around 2-1-1

2-1-1 is a national helpline and information service providing connections to individuals with social services. People call in or search on the internet to find resources for unmet needs, such as financial assistance to pay for rent or asking for mental health support. Despite last years' increasing poverty population in Champaign County and the COVID-19 pandemic circumstances, the number of calls has decreased¹.

Challenges of the current service

Community members report that the information on 2-1-1 website is outdated². Populations with limited levels of technological literacy find visual restrictions for the current user experience. Although Champaign County population is growing in languages diversity, the current information service only supports English. The current platform discourages connections other than phone calls.

Human service providers reported that the 2-1-1 website is disconnected from their needs³. They find issues to create referrals to their clients, impossibility to advertise their own listings and activities, and issues to suggest improvements to the current platform to meet their local needs. Consequently, service providers are not finding value in their interaction with the current website.

Improving Champaign County 2-1-1 information service

Improving Champaign County 2-1-1 services is a community partnership between the Cunningham Township Supervisor's Office, the Champaign County Mental Health Board and Disabilities Board, the United Way of Champaign, PATH Crisis Center Bloomington, and UIUC's Community Data Clinic. Our aim is to democratize this service, so that in times of crisis a collaboration and active hub of resources can be available. The project has the following objectives for Champaign County:

- Increase access to human services providers by expanding the available options to browse into the 2-1-1 directory.
- Inform the design of a new online platform by evaluating together with community partners a new web-based app.
- Improve the accuracy of the information posted on the 2-1-1 directories by encouraging users' feedback on the precision of the data presented.
- Empower the community of human services provision by including their resources, experiences, and knowledge.

¹ Decreased 12% between Jul-Dec 2019 and Jul-Dec 2020. Decreased 5% between Jan-Jun 2019 and Jan-Jun 2020. Source: 2-1-1 Counts of Champaign County at <https://uwaypath.211counts.org/>

² Additionally, 60% agencies updated their listings in 2019. In 2020, 24% agencies updated their listings by Jun, 2020. Source: Data analysis of 2-1-1 dataset for Champaign County shared by PATH Crisis Center on Jun 2020.

³ Additionally, in both 2019 and 2020, no program funded by CCMHB reported that their target population learned about their services through 2-1-1. Source: Compiled Annual Performance Outcome Reports CCMHB Funded Programs, Contract Year 2019, and 2020. <http://co.champaign.il.us/MHBDDDB/PublicDocuments.php>

A new hub for community resources

Our partnership co-designed a prototype called Champaign County Resources – CCR. CCR delivers a directory with social media spirit. CCR supports principles of preserving a human perspective of clients’ crisis, fostering to share with others, and collaborate with service providers. CCR is intended to be a local complement to the 2-1-1 current directory, not to replace it. CCR offers the following features according to its user publics⁴:

For Clients / Participants	For Service providers
<ul style="list-style-type: none"> • Multilingual support for Spanish, French, English and the possibility to easily add other languages. • Maps and navigation for finding services or searching resources closer to client’s location. • Responsive design on mobile devices and easy to use interface, no hidden features. • Ability to know if information is correct, up to date, and report inaccuracies to service providers. 	<ul style="list-style-type: none"> • The ability to update their information in real time, so that wrong info isn’t left up on the website. • Export a list of recommended services (printed or emailed) for clients facilitating later reference. • A calendar platform for posting events to provide another outlet to advertise their events to their communities.

A fundamental feature of the hub is the creation of community processes to foster participation of service providers and clients in its continuous improvement.

- A 40-member service providers community around CCR information service who are registered on the website, attended info sessions, and updated their listings.
- Advised information technology decision making in PATH Crisis 2-1-1 to add new features based on community feedback.
- Built up a workflow in CC to include new resources, community directories, and make them visible.

A call to action

CCMHB/CCDDB has undertaken an important initiative to improve 2-1-1 information service by participating in the co-designing of CCR, attending to community meetings, and opening community spaces to present the project in the CCMHB/CCDDB meeting. These initiatives are important first steps toward enhancing 2-1-1 information service in Champaign County. But further action is necessary to make this service part of the infrastructure ecology of human services in our county. The Improving Champaign County 2-1-1 project team calls CCMHB/CCDDB executive board to:

- Lead a task force to choose a community website administrator and database curator for CCR.
- Fund and support an outreach campaign to increase the number of active service providers in CCR and co-host the public launch of the CCR.
- Submit a communication to PATH Crisis emphasizing the relevance of this project for the Champaign County.
- Co-design the connections between the DisABILITY Resource Expo and CCR.
- Support a first responders prototyping phase to comply the new CESSA mandate on maintaining an online database and resource page “to connect folks to resources related to crisis, wellness, trauma info, nutrition, stress reduction, anxiety, depression, violence prevention, suicide prevention, and substance use disorder treatment”⁵.

⁴ Community leaders elicited these needs through planning meetings and demo workshops from Jun 2020 to Jun 2021.

⁵ Illinois Public Act 102-0337 (signed on 8/21) Sec. 76.1.

211: The Role of Information Resources + Services in Crisis Response

Jorge Rojas-Alvarez, jorger3@illinois.edu

Anita Say Chan, achan@illinois.edu

Lynn Canfield, lynn@ccmhb.org

Danielle Chynoweth, Supervisor@cunninghamtownship.org

Community Data Clinic, University of Illinois at Urbana-Champaign
<https://www.communitydataclinic.com>

Presentation for CCMHB/CCDDB Executive Board

Team and Core Community



Prof. Anita S. Chan



Daniel Moon



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD



Cunningham Township
Supervisor's Office



Mitchell Oliver



Jorge Rojas-Alvarez



Students Pushing INnovation



United Way of
Champaign County

Issues in 2-1-1 website for user publics

Clients

Delays on service access and frustration by outdated information
 Visual and language restrictions on the web platform

Human services agencies

Participation is restricted (update only once a year)
 Disconnected with clients because top-down unidirectional communication
 Perception of inattention from the 2-1-1 provider

PATH Crisis (2-1-1 provider)

Standard product obstructs improvements
 Technological style privileges phone interaction
 Community based resources excluded by policies
 Service is underfunded



Objectives

Increase access to human services providers by expanding the available options to browse into the 211 directory

Inform the design of a new online platform by evaluating together with community partners a web-based app

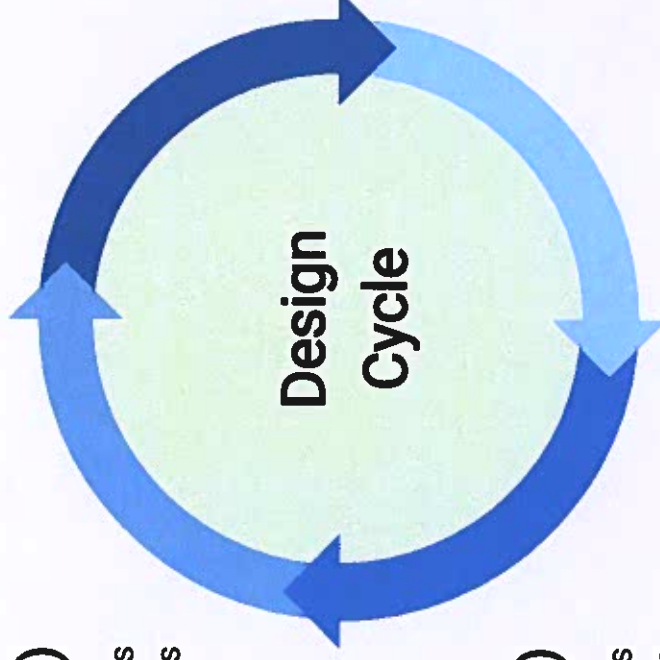
Improve the accuracy of the information posted on the 211 directories by encouraging users' feedback on the accuracy of the data presented

Empower the community of human services provision by including their resources, experiences, and knowledge

Design cycle

Evaluation (3)

Feedback and findings meetings
with core community members



Planning and Analysis (12)

Meetings and interviews with community
leaders

Demos (8)

Demonstrations for service providers
and other community partners

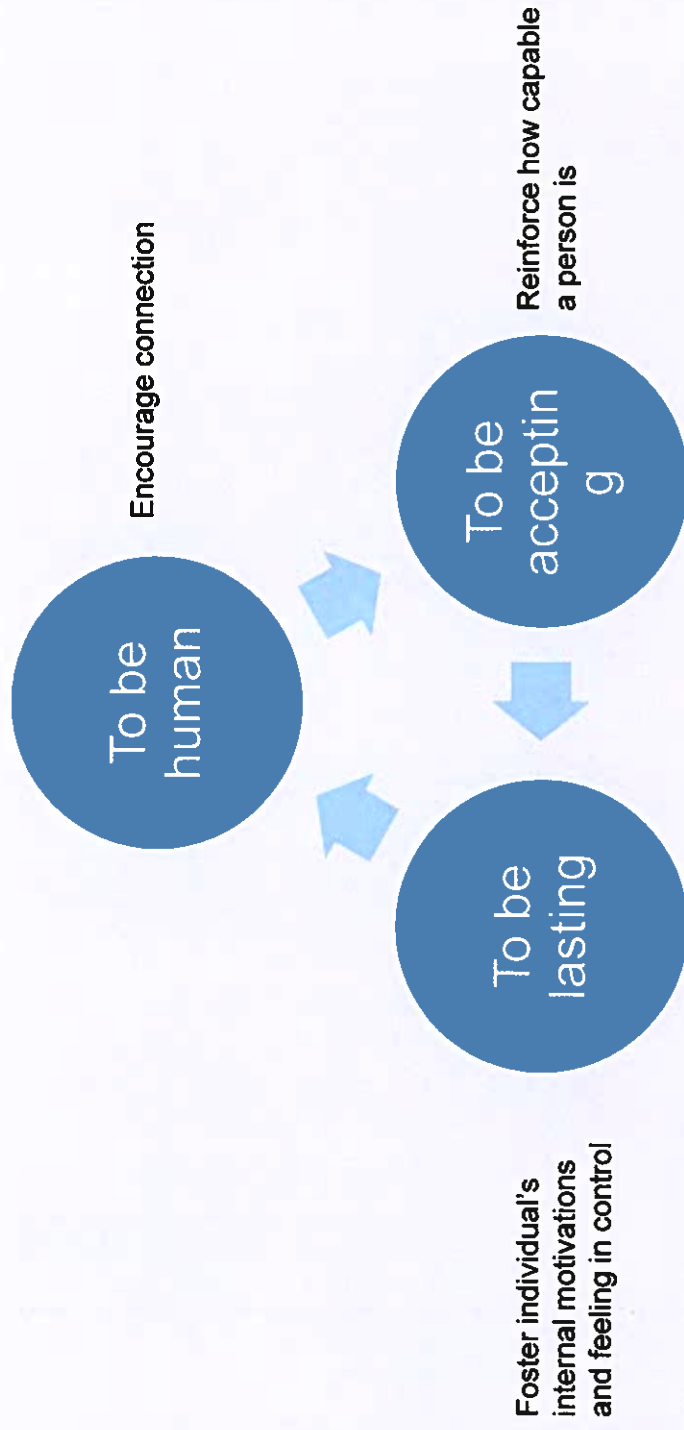
Workshops (5)

Meetings to design specific features

□ Participatory design (Schuler & Namioka, 2017)

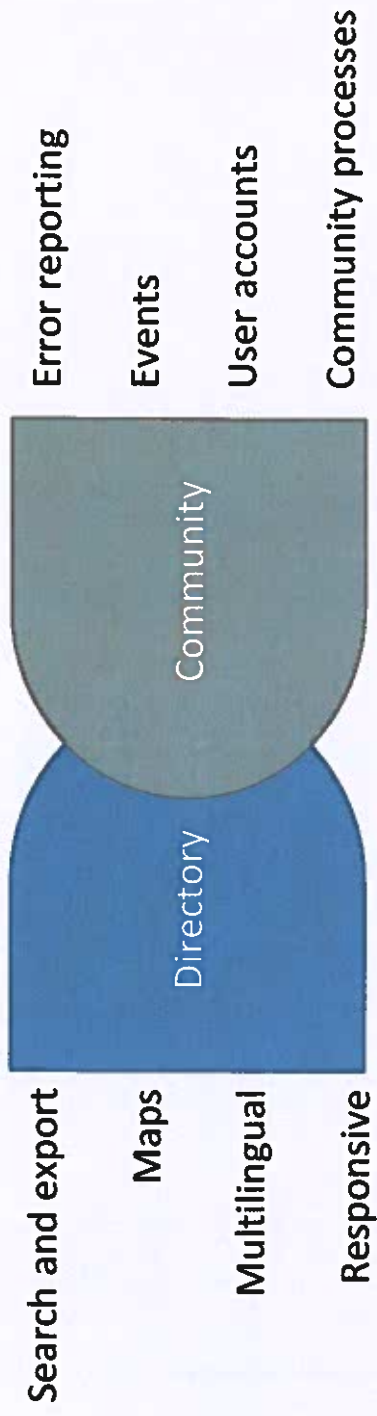
□ Patchwork Prototyping (Cameron, Floyd & Twidale, 2007) Using open-source software for prototyping

Design values of Champaign 211 Resources



Mesibov, Mari. "Designing Experiences To Improve Mental Health." *Smashing Magazine*, October 2018. <https://www.smashingmagazine.com/2018/10/designing-experiences-improving-mental-health/>.

Champaign County 2-1-1 Resources



to be human, to be accepting, to be lasting

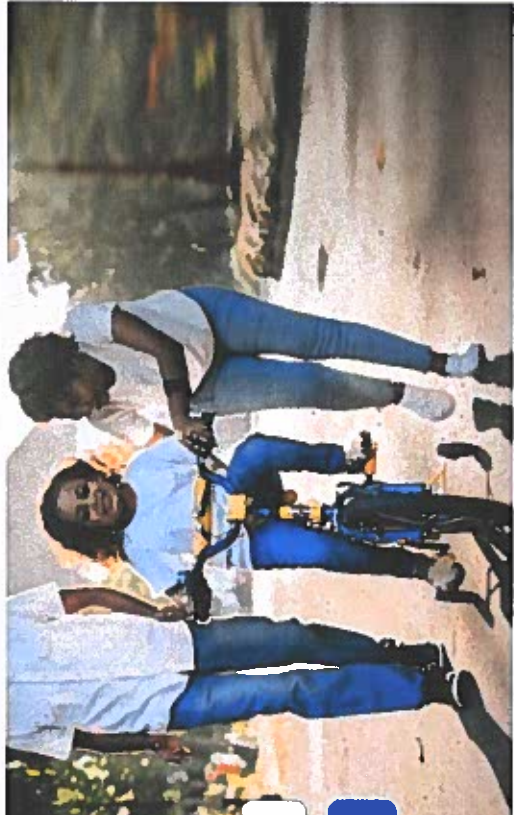
democratize, foster sharing

Get help in Champaign County

Search for service

Search Location...

Search



What are you looking for?

- Care
- Emergency
- Goods
- Housing
- Mental Health
- Transportation

Highlighted events

Cunningham's
Luminaries of HOPS
and Live Nativity

December 8, 10 & 19 | 6-8 p.m. | 1300 W. Champaign Ave. | Urbana

Luminaries of Hope and Live Nativity

Tienda Festiva Gratuta

December 8, 10 & 19 | 6-8 p.m. | 1300 W. Champaign Ave. | Urbana



[>> See More](#)



<https://champaigncountyresources.communitydataclinic.com>

🔍 rent payment

📍 Search Location...

Search

Types Of Services ▾

Sort By ▾

Results Per Page ▾

🔗 Download ▾

Salvation Army of Champaign County

Rent Payment Assistance

Rent payment assistance for past due rent or rent due within 10 days

📞 (217) 373-7832 - Voice

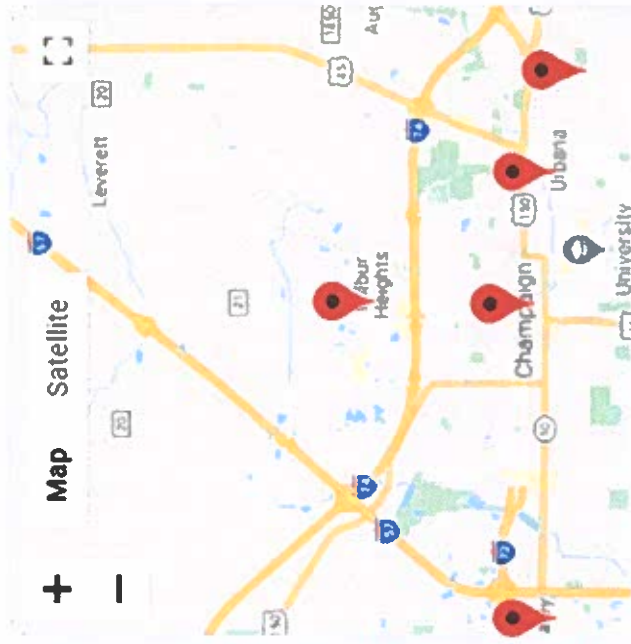
📍 2212 N. Market Street Champaign IL 61822

Champaign Township

Rent Payment Assistance

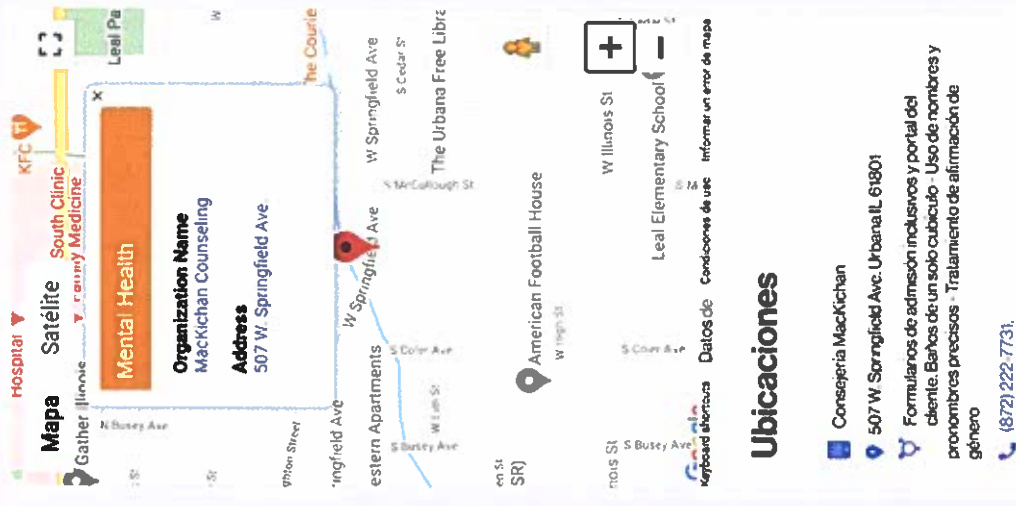
Rent or utility assistance may be available to individuals or families with an eviction notice or utility shut off notice. Assistance is available once every calendar year

📞 (217) 352-9433 - Voice



Community process with an LGBTQ organization

- Category of services absent in the previous 2-1-1 directory
- Co-design with Uniting pride: iconography and visibility
- Need for inclusive infrastructure across the directory:
 - Inclusive registration processes (e.g., non-binary forms)
 - Use of preferred nouns and pronouns
 - Safe space for gender identity expression
 - Gender-aware designed services
 - Inclusive physical infrastructures (e.g., unisex bathrooms)
 - Report of agencies that fail to comply with inclusive practices



COMMUNITY ANNOUNCEMENT

Champaign County Resources

Online Directory Prototype for Local Social Service Providers

- Stage 1 (2020)**
Development
- Stage 2 (Current)**
Leadership Outreach
- Stage 3 (Summer)**
Community Outreach
- Stage 4 (TBA)**
Public Launch



<https://champaigncountyresources.communitydataclinic.com/>

United Way, Champaign County Mental Health and Developmental Disabilities Boards, Cunningham Township, PATH Crisis 211, and Community Data Clinic are working

From a prototype to infrastructure

Prototype

Moderation and data curation
Relationship with other local directories
Activation of service providers



Prototyping CESSA

Infrastructure

- Advisory board to provide direction established
- Moderation and data curation in community set up
- Relationship with other directories clarified
- Service providers and groups of users involved
- Revenue stream and cost structure established

* We should design a canvas of the service

Call to action

- Co-lead a task force to design the transition from the prototype to an actual service.
- Fund and support an outreach campaign to increase the number of active service providers in CCR and co-host the public launch of the CCR.
- Submit a communication to PATH Crisis emphasizing the relevance of this project for the Champaign County.
- Co-design the connections between the DisABILITY Resource Expo and CCR.
- Support a first responders prototyping phase to comply the new CESSA

#9.C.

Low Wages And Pandemic Gut Staffing Support For Those With Disabilities

by Andy Miller, Kaiser Health News | September 28, 2021

Ernestine “Erma” Bryant likes her job, but the pay is a problem.

She works in a caregiver role as a direct support professional in Tifton, Ga., helping people who have intellectual and developmental disabilities with basic functions such as dressing, bathing and eating.

Bryant said it’s fulfilling work. “You can help people be successful — people who are confined to the bed,” she said. “It gives me joy knowing that I can help that person get out of the house.”

But she said she’s being paid less than \$10 an hour and is trying to get a second job.

In a way, Bryant is an anomaly, having worked as a support professional in the same job for five years in a field with high turnover. Even before the pandemic, the nation had a shortage of direct support professionals working in private homes, group facilities, day programs and other community settings.

Fears of contracting COVID-19 at work have made the caregiver staffing problem worse. Persistent low pay amid [a tight U.S. labor market](#) makes it that much harder to attract workers.

Worker shortages across the health care spectrum — from nurses to lower-level staffers — are an unprecedented challenge for hospitals and other medical organizations. The shortage is at an “epic level,” said [Elizabeth Priaulx](#), a legal specialist with the National Disability Rights Network.

People with disabilities who have been approved by state Medicaid programs to receive 40 hours a week in caregiver services now often get just 20 hours, Priaulx added. If family members can’t help offset the gap, a person may be forced into a nursing home, she said.

The Zoller family of Flowery Branch, Ga., is struggling with that reduction in service hours.

Katie, 34, has a developmental disability and lives at home. Her father, John, said that instead of the 24/7 care she previously received, she is provided less than half of that at about 60 hours a week because of caregiver shortages. So John, 65, and his wife, Weda, 63, must fill in the rest. “We have to tag-team,” he said. The staffing gap occurred after one caregiver for Katie moved away, and another took a warehouse job, each getting higher pay, he said.

[Diane Wilush](#), CEO of Atlanta-based United Cerebral Palsy of Georgia, said her organization has more than 100 vacancies among 358 jobs in 24/7 residential programs. Many day programs, including those run by her group, have been unable to offer full services because of staffing gaps.

“We can’t compete with every retail shop paying \$15 to \$18 an hour,” Wilush said.

That’s because several years ago the state of Georgia chose a base Medicaid reimbursement rate for residential services providers of \$10.63 per hour, though they can pay caregivers more — and sometimes pay less. “It was an inadequate rate even then,” Wilush said.

The strain from an increased workload has a negative effect on caregivers, said Bryant, the caregiver in Tifton. “When you don’t have enough help, it makes you want to find another job,” she said.

In 2019, before COVID-19 erupted, the direct support professional [turnover rate was 43% nationally](#), according to the National Core Indicators collaboration of public developmental disability agencies. In a [February 2020 survey](#) of providers by the [American Network of Community Options and Resources](#), two-thirds of service providers said they were turning away new referrals. Since staffing shortages became a problem, 40% have seen a higher incidence of events that could harm a person’s health or safety.

And a KFF survey released last month found that during the pandemic, [two-thirds of responding states reported a permanent closure](#) of at least one provider of Medicaid-covered home and community-based services.

Workers have at times been forced to work 16-hour shifts during the pandemic, said Whitney Fuchs, CEO of [InCommunity](#), an Atlanta-based provider of community services and support to people with developmental disabilities. “This crisis is going to erupt into unsafe, unhealthy situations.”

His organization needs to fill 166 openings out of 490 positions. Before the pandemic, the number of job openings was 80. Even managers, who often cover work shifts, are leaving their jobs due to overwork, Fuchs said.

“People are tired constantly,” he said. “This is somebody’s life we’re supporting. There have been adverse patient outcomes,” such as medication mistakes.

Through the recently passed American Rescue Plan Act, the Biden administration has recognized the wage gap for direct care workers by adding more Medicaid funding to help compensate them for their work. The act increases the federal matching rate for state spending on home and

community-based services by 10 percentage points from April 1, 2021 through March 31, 2022.

It requires states to submit spending plans for those funds. Georgia has submitted a plan that contains rate increases, as well as a study of worker wages. The proposal is under review by the Centers for Medicare & Medicaid Services, according to the Georgia Department of Behavioral Health and Developmental Disabilities. Staffers there said the department is “acutely aware” of the shortages.

Federal COVID-19 funds have enabled Georgia to give a 10% pay increase for some provider services.

Other states are trying to buttress worker salaries on their own. Missouri recently approved [\\$56 million](#) to improve its direct support professional crisis.

Parents of people with disabilities, though, have concerns about the future viability of the services if the national worker shortage isn’t fixed.

Bill Clarke and his wife are in their 80s. They have two children with multiple disabilities receiving services in residential homes in the Atlanta area.

“They have physical problems that require 24/7 care,” Clarke said. “There are just not enough people willing to go into these lower-paying jobs. They are not compensated adequately.”

If these services disappear, Clarke said, “we could not handle both of our sons physically.”

[KHN](#) (Kaiser Health News) is a national newsroom that produces in-depth journalism about health issues. Together with Policy Analysis and Polling, KHN is one of the three major operating programs at [KFF](#) (Kaiser Family Foundation). KFF is an endowed nonprofit organization providing information on health issues to the nation.



The State of America's Direct Support Workforce 2021

New Research Finds COVID-19 Pandemic Further Decimating a Direct Care Workforce in Crisis

The COVID-19 pandemic drastically changed the landscape of service provision and accelerated the shortage of direct support professionals, or DSPs, the frontline workers who support people with intellectual and developmental disabilities (I/DD) to be included in the community.

For decades, the United States has witnessed a significant shortage of DSPs due to stagnant reimbursement rates and the inability of providers to offer competitive wages with entry-level industries, such as fast food, retail and convenience. In February 2020, ANCOR conducted a survey of providers of community-based I/DD services to glean a deeper understanding of how they experience the human and financial impacts of the DSP workforce crisis. The results of that survey revealed what at the time felt like staggering findings: at alarming rates, providers were discontinuing services, turning away new referrals, delaying the launch of new programs, struggling to adhere to quality standards and more.

And then came the pandemic.

With the onset of COVID-19 and throughout the entire duration of the pandemic to date, we have been fielding desperate calls from our network of more than 1,600 private providers of community-based I/DD services. These calls have made clear the new pressures and hazards of providing essential, close-contact services during the pandemic and how those pressures and hazards have exacerbated the existing workforce crisis. While many in the private sector pivoted by offering increased wages and hazard pay, community providers—who rely almost exclusively on Medicaid funding and are thus beholden to paying wages that Medicaid reimbursement rates will permit—lacked the resources to fund these kinds of unanticipated programmatic costs.

The dire situation we have heard about daily since our last survey led ANCOR to realize the need to further quantify the impact of the COVID-19 pandemic on the DSP workforce. In turn, we fielded a second survey to assess the current state of the direct support workforce crisis. We solicited responses to that survey for a five-week period beginning in August 2021 and garnered 449 responses. The survey measured the same dimensions we asked about in 2020, along with additional measures targeted specifically to the impact of COVID-19 on DSP hiring and retention.

As anticipated, the challenges to maintain services and quality standards have increased dramatically with the immediate and drastic exodus of DSPs from the field. By nearly every count, providers find themselves in a significantly more precarious situation than the ones that described their operations in early 2020.

The findings of this latest study are highlighted in the current report and reveal the significant need for immediate federal response. With the new public health and economic pressures of COVID-19, the very infrastructure of supports and services is held together by a shoestring of dedicated providers nationwide. Without significant investment in the DSP workforce, it is only a matter of time before people with I/DD and their families—many of whom already lacked access to high-quality, community-based supports—completely lose access to the options and resources needed to remain in their homes and in the community.

FACT: 77% of Providers are Turning Away New Referrals

Nearly 8 in 10 respondents indicated that they had turned away or stopped accepting new referrals due to insufficient staffing. This represents a 16.7% increase since the beginning of the pandemic.

- The limited number of available providers has left individuals with high support needs traveling significant distances outside of their communities to seek support and care, thereby furthering their risk of exposure to COVID-19.

FACT: 58% of Providers are Discontinuing Programs and Services

More than half of respondents indicated that they had discontinued programs or service offerings due to insufficient staffing. This represents a 70.6% increase since the beginning of the pandemic, as well as the most pronounced change wrought by the pandemic of all measures included in the survey.

- Without access to services, individuals with disabilities are at a higher risk of hospitalization and institutionalization at a time of limited capacity. As states begin announcing crisis standards of care in hospital settings, there remains a disparate impact to individuals with disabilities left unable to access services in their homes.

FACT: 84% of Providers are Delaying the Launch of New Programs or Services

More than 8 in 10 respondents indicated that they had delayed the launch of new programs or service offerings due to insufficient staffing. This represents a 29.2% increase since the beginning of the pandemic.

- As the infrastructure of services deteriorates without the ability to provide staffing, there are nearly 600,000 people languishing on states' HCBS waiting lists. States will remain unmotivated to reduce waiting lists when no providers are available to provide supports after authorization.

FACT: 81% of Providers are Struggling to Achieve Quality Standards

More than 8 in 10 respondents indicated that they had experienced difficulties in achieving quality standards due to insufficient staffing. This represents a 17.4% increase since the beginning of the pandemic.

- As a result, hiring standards are forced to be lower and providers are more likely to depend on emergency regulatory flexibilities to maintain minimum staffing requirements. When emergency orders are lifted, providers are left unable to comply with staffing requirements, in turn forcing immediate discharge of people who were once supported and, in the worst cases, complete and permanent agency closures.

FACT: 40% of Providers are Seeing Higher Frequencies of Reportable Incidents

More than 4 in 10 respondents indicated they are experiencing higher frequencies of reportable incidents than they had prior to their recruitment and retention challenges. ANCOR attributes the lack of increase in frequency of reportable incidents from pre-pandemic findings to the dedication of community providers to consistently offering quality services despite tremendous pressure and limited resources. It should be noted, however, that although it may be promising that this outcome remained unchanged, it may also be the case that there were the same or fewer reportable incidents due to the dramatic decrease in the number of people being served.

FACT: The Significant Financial Costs of High Turnover are Unsustainable

Nearly 3 in 10 respondents (29%) reported spending more than \$500,000 annually in costs related to high turnover and vacancy rates, while nearly 1 in 6 respondents (18%) reported spending more than \$1 million annually.

- These increased costs, which relate to everything from training to staff overtime and more, simply cannot be sustained by community providers that were significantly underfunded to begin with.

FACT: 92% of Providers Continue to Grapple with the Impact of the Pandemic on Recruitment and Retention

Nearly all providers agree that the COVID-19 pandemic continues to deeply impact the ability for providers to hire and retain DSPs.

Overwhelmingly, providers indicated that the inability to provide comparable wages to the private market has decimated the DSP workforce. Largely reimbursed as a minimum wage position, providers have continuously competed with entry-level industries offering less demanding work for staffing. During the COVID-19 pandemic, private companies and corporations simultaneously increased wages—steps providers simply could not take. Factors contributing to the lingering effects of the pandemic are illustrated by the following findings:

- 92.5% of respondents indicated “Industries that previously paid comparable wages now pay employees more than my organization can afford to pay.”
- 86.2% of respondents indicated “DSP wages are lower than income provided by unemployment or other state or federal safety net benefits.”
- 47.7% of respondents indicated “DSPs who left their positions temporarily due to the pandemic are not yet able to return (e.g., because their children’s schools remain closed, because of fear of contracting COVID-19, etc.)”
- 18.6% of respondents indicated “DSPs who were transferred from day programs to residential settings prefer to continue working in these settings.”

If Not Now, When? The Need to Support Full Funding for HCBS

In his Build Back Better Agenda, President Biden proposed a \$400 billion investment in the Medicaid Home and Community Based Services (HCBS) program. ANCOR strongly encourages the 117th Congress to support this full \$400 billion investment. The relentless challenges evidenced by the data highlighted in this report illustrate why forgoing this investment or reducing its scope would be insufficient in addressing the magnitude of unmet need in our communities.

Without the full investment proposed in the Build Back Better Agenda, states will not be able to support people with disabilities currently receiving Medicaid-funded services, let alone begin clearing the nearly 600,000 families from states’ HCBS waiting lists. A failure to adequately invest will also hinder lawmakers’ efforts to create equity and opportunity in their states and communities, as a failure to invest in the DSP workforce is a failure to invest in a community of more than one million professionals who are predominantly women and people of color. In all, choosing not to stabilize the direct support workforce will have devastating consequences not only for people with disabilities and their families, but also for local economies.

For opportunities to take action to support investments in community-based I/DD services, visit the ANCOR Amplifier at amplifier.ancor.org.

#9.D.



BRIEFING MEMORANDUM

DATE: October 20, 2021
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2023 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2023, July 1, 2022 to June 30, 2023. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. CCDDB members are presented this initial draft, which will then be distributed to providers, family members, advocates, and stakeholders, with a request for comments. A final draft will be presented for Board approval prior to the end of 2021.

During their July 21, 2021 meeting, CCDDB members offered input to strategic planning and priorities setting processes. Some may be addressed outside of the priorities document, e.g., through application materials or reporting requirements, as three-year plan goals, or through the staff, with volunteer or consultant support:

- Priority categories had been broad for several years, and the more refined PY2022 categories could be combined once again, or applicants could be allowed to choose more than one priority area per program application. *This version of the document does not combine priority categories, and if this is not done in the final draft, another option is for applicants to propose smaller, more focused, and more descriptive programs for the Board's consideration.*
- To balance the importance of client choice against the risk of overlapping services (i.e., more than one program available to serve a particular need), *funded agencies will be required to report client-level service data to ensure that our system reaches the greatest number of individuals with the services they choose.*
- Especially in light of all that we've learned through the pandemic regarding the need to stay connected through technology, introduce a specific priority category for technology use and access, possibly coordinating with county-wide efforts at broadband expansion/improvement. *A PY2022 priority "Personal Life and Resilience" had pointed to technology and training, so that category has been elaborated to capture this suggestion. Coordination of internet access and use efforts with other broadband infrastructure projects is added as an example under Overarching Considerations, Coordinated System.*

- With the Board suggestion and clear indications from many sources, including our own Community Needs Assessment, *a specific priority category is added through which agencies may propose workforce strengthening and stabilization programs. This category by its nature may not increase the number of eligible people being served but, if successful, would stop further loss of service capacity. This is also added to the Overarching Considerations, Coordinated System, as an example of a potential collaboration. We have described this existential threat in many prior Three Year Plans and Funding Priorities documents and have looked into various possible solutions, repeatedly landing on system advocacy as the clearest sustainable solution. The Self-Advocacy priority also includes a focus on system advocacy, with such issues in mind.*
- Work toward plain language in all public documents. *A tall order, but every read-through gets us a little closer to clear written language. As a related effort, CCDDDB/CCMHB staff are working with UIUC students on translation of approved board documents into other languages.*

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to 14) is the basis for CCDDDB funding policies. All funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. CCDDDB Funding Guidelines require annual review of the decision support criteria and priorities to be used in the funding allocation process which results in contracts for services from July 1 to June 30. Upon approval by the Board, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

Operating Environment:

The story of COVID-19 and its long-term impacts is still being written. As noted in the CCDDDB/CCMHB 2021 Community Needs Assessment, weaknesses and gaps in our social service and health care systems were dramatically unveiled and deepened, with the virus and responses to it causing great harm to people who have I/DD.

In previous years' decision support and priorities memoranda, we described an operating environment filled with challenges to the I/DD system and the people it should serve. 2020 and 2021 made the crisis of previous years look like practice. The challenges are interrelated, did not improve from one year to the next, and grew even more dire during the pandemic:

- insufficient provider capacity;
- limited flexibility in the current community-based service array and rules;
- notably low Medicaid-waiver reimbursement rates;
- long waiting lists for Medicaid-waiver services;
- 'change fatigue' experienced by service providers, funders, and advocates; and
- a complicated system for individuals and families to navigate.

During the pandemic, with new and prolonged threats to their well-being, people with I/DD and their family caregivers were under even more pressure. Although the rapid implementation of telehealth and virtual services provided relief, there are likely to be deeper and emerging support needs, which could be temporary if successfully met. A trauma-

informed approach across the service and support system, with consideration for new mental health concerns, is indicated.

Threats to Well-being:

During shelter-in-place and periods of limited in-person activities, people with I/DD experienced the abrupt ending of day programming, education, work life, social life, and other community engagement and relied more on support from others living in their homes, if there were any. Many people with I/DD, including children, had difficulty acquiring and maintaining skills without access to therapists, teachers, and support staff. In addition to restricting community life, Covid-19 and limited health care services took a heavy toll on residents and staff of congregate living settings. People with I/DD and their families and staff experienced greater isolation, fear of becoming sick, loss of loved ones, disruption of routine, and loss of income, all of which contribute to burnout, anxiety, and depression. Recovery from this period requires sensitivity to the impacts of trauma and grief on all participants, providers, and family members. Many caregivers had increased responsibilities for a family member, found caregiving to be more difficult emotionally due to Covid-19, reported anxiety and depression, and experienced the loss of health and finances.

Endangered Provider Capacity:

In August 2021, the American Network of Community Options and Resources (ANCOR) surveyed providers during a 5-week period. Key findings:

- **77% of providers are turning away new referrals**, a 16.7% increase since the beginning of the pandemic.
- **58% of providers are discontinuing programs and services**, a 70.6% increase since the beginning of the pandemic.
- **81% of providers are struggling to achieve quality standards**, a 17.4% increase since the beginning of the pandemic.
- **Nearly 3 in 10 providers report spending at least \$500,000 annually** on costs associated with high turnover and vacancy rates.
- **92% of providers report that the COVID-19 pandemic continues to complicate their ability to recruit and retain qualified direct support professionals.**

(Author: Elise Aguilar, October 5, 2021 <https://www.ancor.org/newsroom/news/ancor-issues-findings-2021-state-americas-direct-support-workforce-crisis-survey>)

The Institute on Community Integration at University of Minnesota's "Predictors of Annual Turnover Among Direct Support Professionals" identifies factors leading to high DSP turnover across the country and offers recommendations: DSP wages should rise with skill level, signaling that these workers are valued; these should be 'livable wages' with annual cost of living increases built into states' rates so that they remain competitive over the long-term; health insurance and paid time off should be offered, and states' rates structures should account for these in order to keep them affordable to agencies; states should prioritize moving people from large institutional settings and into community-based care, fully funding this transition and making it sustainable; states should increase participation in Home and Community Based Services; and investments are needed for strengthening the workforce.

In “Ed’s Newsletter” No. 204 September 29, 2021, Ed McManus reminds us that “provider agencies have been experiencing a severe shortage of staff for years due to inadequate funding from the State, and the pandemic has made it worse.” Many of Illinois’ agencies will be unable to take new individuals into CILAs, and at the same time over 100 people with I/DD are ready to transition out of large institutions and into community-based residential services. Mr. McManus notes that the state’s unprecedented appropriation of \$170 million for DD was a great start, but increased funding will also be needed next year, and DSP wages will not become competitive for several more years.

A federal infrastructure bill features funding to increase Medicaid Home and Community Based Services over the next ten years, which might improve the DSP wage and retention situation and allow expansion of these services, but that portion of the bill is at risk of being dropped in order to improve the likelihood of passage of other parts of the bill.

One Step Forward:

Last year, building on providers’ successes in keeping people connected through online platforms, the State approved a new service category within Community Day Services (CDS). Virtual Day Services are person centered and planned so that people may participate safely, mitigating the effects of isolation, assisting with social and adaptive skills, supporting the development of interests and self-advocacy, and increasing interactions outside the home. The service is limited by: billable hours being counted toward the low annual cap on CDS hours; low reimbursement rate and high staff-to-individual ratio; only provided by CDS providers; and other barriers associated with the ‘digital divide’.

With telehealth services and remote meetings rapidly introduced out of necessity, some people were more able to connect with services and with social opportunities than they had been (e.g., if they had access to the internet but not to transportation, or if they preferred being home to being in the community or at an agency). Those who prefer virtual participation over in-person are encouraged to strike a balance, when in-person is safe, for the sake of increasing connections and reducing dependence on others in their home.

The Future:

Our service systems must prepare for increased and emerging needs. Those most deeply impacted require more attention and support to fully recover from losses and then to thrive. Services should be pandemic-proof, supporting individual and family recovery from isolation and stress and securing a more stable system. Recovery should center trauma-informed care, including for providers and family caregivers. CCDDDB funded programs target eligible individuals who do not have other funding or who seek services not billable to other payors.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are “non-responsive” and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. All required online application forms must be completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of these online tools, are available upon request through the CCDDDB office.

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire.
2. All required application forms must be submitted by the deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or have been maximized. Other potential sources of support should be identified and explored. This is especially important in 2022, as federal and state opportunities may apply to projects currently supported only by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.
6. Application must describe planning for continuation of services during a public health pandemic or epidemic.

“We have great parks. The cost of living is relatively low. It’s easy to get around town by car, bus, bike, or walking. The MTD is fantastic and one of the best bus systems we’ve encountered (out of many states and several countries). We have lots of entertainment options, from live music (Friday Night Live, free concerts in the park, etc), theatrical productions (Krannert), movie theaters...”

“Overall there is a LOT of segregation of people with disabilities in our communities in housing, access to employment and socialization... Transportation is a major issue... I would like to see more supports for caregivers, such as a caregiver support group.”

“Friendly people, great community, good restaurants and libraries, great health department, lots of nature and wonderful parks.”

“Right now, there are very little resources for people like myself who know nobody personally in the area, are disabled and need a helping hand occasionally. It leaves me in a very stressful and desperate situation...”

– *Various Survey Respondents, CCDDDB/CCMHB 2021 Community Needs Assessment*

Assessed Needs of Champaign County Residents:

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, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational

Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, Intermittent Nursing Services in the Home (in rank order).

- 321 people identified the need for **Transportation** Support.
- 243 people identified the need for **Vocational** or Other Structured Activities, preferring (in order) Support to work in the community, Support to engage in work/activities in a disability setting, Support to work at home, and Attendance at activity center for seniors.
- 65 people are waiting for Out-of-home **residential services** with less than 24-hour supports, and 45 are seeking 24-hour residential.

The year-end report prepared by the Champaign County Regional Planning Commission Independent Service Coordination (ISC) unit aggregates results of additional questions asked of those who enroll in or update PUNS information during the contract year. PY2021 responses show that people value: going out to recreation/sports events, eating out, zoo/aquariums, parks, and movies. Recreational and social activities are affordable in our county under 'normal' circumstances, and some work well in online platforms.

Other notable details from the Community Needs Assessment are quotes from focus group participants and an encouraging statement from a provider agency director:

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.

- *Focus Group Member and Community Choices Leadership & Advocacy Co-facilitator*

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.

- *Focus Group Member and Community Choices and DSC Participant*

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.*

Program Year 2023 CCDDDB Priorities:

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community rather than by the formal service system. In addition, parents and self-advocates improve the formal system and non-traditional resources and raise awareness of disabilities and of how the system works or fails. Self-advocacy and peer support organizations, especially those governed by people who have I/DD and their families or supporters, may:

- improve others' understanding of the personal experience of I/DD and the rights of people with disabilities;
- offer peer mentoring and networking to support other family- or self-advocates;
- navigate the service system or share information on helpful current resources; and
- engage in or define system advocacy at the local, state, and federal levels.

Priority: Linkage and Coordination

The CCDDDB will support efforts to connect people who have I/DD to appropriate benefits, state/federal funding, and resources. Agencies qualified to perform linkage, coordination, and planning support may provide these to people with I/DD who are eligible for but not receiving state Medicaid-waiver funding:

- Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) aligned with federal standards for all Home and Community Based Services, without risk of conflict of interest; and
- intensive case management or coordination of care, guided by a Person-Centered Plan, for people with complex support needs, whether those are related to aging, physical or behavioral health condition, loss of a family member or caregiver, or other traumatic experience.

Priority: Home Life

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, and with supports appropriate to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home;
- preparing to live more independently or with a different set of people; and
- given the limitations of community residential options through the state/federal partnership (i.e., Medicaid-waiver), creative approaches for those who qualify for but do not receive these services.

Priority: Personal Life and Resilience

Delivered in the least segregated environments and selected by the person, supports for personal success and resilience are across a broad range:

- assistive and/or adaptive technology and other accessibility supports;

- training in how to use technology, including electronic devices, apps, virtual meeting platforms, social media, Internet access, and online privacy/security;
- speech or occupational therapy;
- respite or personal support in the individual's home;
- personal care in other settings;
- training toward increased self-sufficiency in personal care;
- transportation assistance; and
- strategies to improve physical and mental health.

Priority: Work Life

Community employment opportunities have increased for people with I/DD, and with experience and exposure, people may find even better opportunities. Proposed programs should incorporate recommended or innovative practices and focus on people's aspirations and abilities, in the most integrated community settings possible, and help them achieve their desired outcomes. Programs may offer:

- job development, job matching, and job coaching;
- use of technology to enhance a person's work performance and reduce on-site coaching/training;
- job skills training conducted in the actual community work settings;
- community employment internships, initially paid by the program rather than the employer, especially for people who have relied on traditional sheltered day program;
- support for a path to self-employment or business ownership;
- education of employers about the benefits of working with people who have I/DD which results in work for people with I/DD; and
- other innovative employment supports.

Priority: Community Life and Relationships

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration. Of interest would be:

- facilitation of social and volunteer or mentoring opportunities;
- support for development of social and communication skills;
- connection to opportunities which are available to community members who do not necessarily have I/DD; and
- access to preferred recreation, hobby, leisure, or worship activities.

Priority: Strengthening the I/DD Workforce (possible collaboration with the CCMHB)

To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing "essential" services. Such strategies would strive to maintain the current service capacity and allow it to grow to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions.

Priority: Young Children and their Families (collaboration with the CCMHB)

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, include:

- coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family;
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers;
- education, coaching, and facilitation to focus on strengthening personal and family support networks; and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Through the Boards’ intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2023, the CCMHB may continue this priority area as a demonstration of their continued commitment to people with I/DD.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Applications (proposals for funding) should describe how the program will promote access for historically underinvested populations as identified in the 2001 Surgeon General’s Report on Mental Health: Culture, Race, and Ethnicity and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Because members of racial and ethnic minority groups encounter disparities in access and quality of care related to I/DD, applications should address earlier, accurate identification of I/DD in minority children, as well as reduction of racial disparities in the utilization of services across all ages. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to quality services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure and reach even those who are seeking support for the first time. A Cultural and Linguistic Competence Plan (CLCP) is required of each organization applying for funding. The online system includes a CLCP form which is consistent with requirements of Illinois Department of Human Services and which applies the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.)

Inclusion, Integration, and Anti-Stigma

Applications should promote the fullest possible community integration. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or social clubs/networks. Community involvement helps decrease stigma. Stigma limits people’s participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for community-based services. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with standards established in Home and Community Based Services rules, Workforce Innovation and Opportunity, and Department of Justice

Americans with Disabilities Act/Olmstead findings. Although complicated, the paradigm shift these represent is clear.

Outcomes

Applications should identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring outcomes of value can be challenging, the Board offers support through a research team from University of Illinois at Urbana-Champaign's Department of Psychology, with training and technical assistance on 'theory of change' logic modeling, a consultation 'bank', workshops on reporting, and a template for year-end reports. Agencies using these resources may gain an advantage when competing for other funding. Applicant organizations already reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding.

The Council on Quality and Leadership and the National Core Indicators share a focus on:

- *Personal Outcomes* – improve people's positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support real **work**, and increase people's **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information**, **planning**, **access**, and **support**, give them **choice and control**, and maximize **satisfaction**.

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCDDDB values partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in resource directories and databases; participation in trainings, workshops, or council meetings with other providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaborative planning, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies proposing services and supports consistent with their shared mission. This could include shared infrastructure (physical, data systems, professional services, etc.) to support organizations' common goals and improve administrative functions such as bookkeeping and reporting. Another critically important area appropriate for collaboration would be a joint application proposing strategies to strengthen and stabilize the direct support workforce. An application could

propose to coordinate internet access and use efforts with other local broadband infrastructure projects, to increase the efficiency and effectiveness of all.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCDDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability and to ensure that CCDDDB funding does not supplant other public funding.

Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP.

In a self-determined, integrated system:

- *people control their day*, what they do and where, and with whom they interact;
- *people build connections* to their community as they choose, for work, play, learning, and more, in the same places and times used by other community members;
- *people create and use networks of support* consisting of friends, family, community members with similar interests, and allies/associates they choose; and
- *people advocate for themselves*, make informed choices, control their own service plans, and pursue their own aims.

Applications should describe how specific services relate to what people have indicated that they want and need. For PY2023, funded programs will report on individuals' service activities in simple categories, as full hours, to capture whether the service happens with the individual or on their behalf (in their absence) and whether the service is delivered in the community (including the person's home) or at an agency office. Benchmarks may be developed to promote fullest inclusion. Previous years' aggregate reports have demonstrated the complicated service mix and widely varying utilization patterns and costs.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

- Approach/Methods/Innovation: Cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community

need, clearly describe the innovative approach, including method of evaluation, to be considered.

- Staff Credentials: Highlight staff credentials and specialized training.
- Resource Leveraging: While 'leveraging' is interpreted as local match for other funding, describe all approaches which amplify CCDDDB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCDDDB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms. *Note: During 2021, agencies who registered several years earlier are required to submit a new organizational eligibility questionnaire prior to the application deadline. This should not prevent them submitting PY2023 applications.*

Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application and reporting system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. These allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the CCDDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs of people who have I/DD. The nature and scope of applications may vary widely and may include treatment and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities

approved by the CCDDDB. If applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2023 but later than July 1, 2022, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the application preparation or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.

- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

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CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD REQUIREMENTS AND GUIDELINES FOR ALLOCATION OF FUNDS

INTRODUCTION

It is the policy of the Champaign County Developmental Disabilities Board (CCDDDB) that: services be provided in the least restrictive environment appropriate to the needs of the individual; CCDDDB funding support be community based; and CCDDDB planning and funding efforts be coordinated with governmental and non-governmental providers of services.

Funds allocated by the CCDDDB shall be used to contract for intellectual/developmental disability supports and services for Champaign County residents pursuant to the authority contained in the Community Care for Persons with Developmental Disabilities Act, 50 ILCS 835/0.01 et seq.

Only individuals determined to have an intellectual/developmental disability are eligible for services funded by the CCDDDB. The definition and eligibility determination process are described in the Illinois Department of Human Services, Division of Developmental Disabilities' Program Manual and website.

This policy should be reviewed by all agency staff responsible for contract management, including those who prepare applications for funding as well as those who record and report on contract activities, deliverables, and financials. This document offers guidance for contract compliance and clarification of expectations for fiscal accountability and financial management systems. In various sections of this document, the terms "applicant," "agency," "organization," and "provider" refer to the entity seeking or receiving funding from the CCDDDB. Acceptance of CCDDDB funding establishes a legal obligation on the part of the contracted agency to use the funding in full accordance with the provisions, terms and conditions of the contract. The funded agency assumes full responsibility for the conduct of project activities and deliverables and is responsible for meeting CCDDDB compliance standards for financial management, internal controls, audits, and periodic reporting. An individual contract, once awarded, will contain additional details.

GENERAL AGENCY AND ADMINISTRATIVE REQUIREMENTS

1. Eligible Organizations for CCDDDB Funding

- (a) An applicant for funding may be an individual or a public or private entity providing intellectual/developmental disability supports and services to residents of Champaign County.
- (b) An individual/sole proprietor who is appropriately certified or licensed by the applicable state or national board or organization that demonstrates financial reliability

and stability and who demonstrates appropriate service, fiscal, and administrative accountability is eligible to apply for funding.

- (c) Not-for-profit corporations are eligible to apply for funding. The agency must be chartered as a not-for-profit corporation in the State of Illinois and must be established as a Section 501 (C) (3) under the Internal Revenue Code. The agency must have a board of directors representative of the service area. No staff member of the agency or relative of a staff member will be allowed to serve on the agency board.

(Attorney asks, "Do you check?" Board member asks, "How closely related?" Stephanie found this <https://www.501c3.org/eb/related-board-members-of-a-nonprofit/> -- did some research and found the article above helpful and it is brief. I am guessing when we adopted the "no family member" rule it was based on IRS policies -- and went to the IRS site, and they have a form for a conflict of interest policy that is required for 501c3.)

- (d) For-profit organizations are eligible to apply for funding but must have a community based advisory committee representative of the service area and approved by the CCDDDB.
- (e) The CCDDDB and Champaign County Mental Health Board (CCMHB) may administer other funds on behalf of the Champaign County Board. An intergovernmental agreement will be executed between the respective boards defining the purpose, term, payment, and mutual responsibilities of the parties in the management of the funds. Any such activity shall have a direct relationship to the mission of the CCDDDB or CCMHB. The management of such funds will comply with the CCDDDB and/or CCMHB Funding Guidelines.

- (f) Government agencies ~~other than taxing bodies~~ are eligible to apply with the caveat that there has been a presentation and formal review of the capability of the agency to fund the services and that funding was not available. *(Attorney asks "Are not ALL governmental agencies a subdivision of a taxing body?")*

- (g) Departments and units within the University of Illinois and Parkland College related to the mission of the CCDDDB are eligible to apply.

2. Administrative Requirements of Applicants

- (a) Corporate bylaws at a minimum shall: encourage consumer representation on the board; specify the number of members of the board and include a mandatory board rotation policy; reference term limits for each board office; describe policies for recruitment, nomination and election of board members and officers; address removal and replacement of board members; include an indemnification clause; and describe committee structures. *(Attorney asks "indemnify who?")*
- (b) The provider must have its principal offices located within Champaign County. Exceptions must be approved by the CCDDDB, and if approved, the provider must have a local advisory board with a mechanism for providing direct input to the corporate board of directors.
- (c) The provider must not discriminate in the acceptance of clients, employment of personnel, appointment to the board of directors, or in any other respect on the basis

of race, color, religion, gender, sexual preference, national origin, ancestry, or disability. Services shall not be denied based on a client's inability to pay.

- (i) Any recipient of funds is required to submit a statement by its director certifying that it does not discriminate in the acceptance of clients, employment of personnel, appointment of members of the board of directors, or in any other respect, on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disability.
 - (ii) Should any written charge or complaint of discrimination on the basis of race, color, religion, national origin, ancestry, gender, sexual preference, or physical or mental disabilities be made against an organization receiving funds, its employees, or agents in any court or regulatory or administrative body (whether federal, state, or local), the organization shall furnish a copy of said charge or complaint to the CCDDDB. Said organization shall comply with any reasonable request for information about the status of said charge or complaint. The obligations imposed by this paragraph shall be subject to and subordinate to any claim of legal privilege and any non-waivable legal requirement of confidentiality imposed by statute, administrative rule or regulation, local ordinance, court order, pre-existing contract, or collective bargaining agreement. Failure to comply with this provision shall result in immediate termination of the contract.
 - (iii) The CCDDDB reserves the right to conduct its own investigation into any charge or complaint of a violation of this non-discrimination requirement.
 - (iv) By this non-discrimination requirement and any efforts by the CCDDDB, its agents, or employees to enforce it, the CCDDDB assumes no responsibility for enforcement of, or compliance by the recipient organization with, any applicable federal, state, or local laws, regulations, or ordinances prohibiting discrimination. An organization receiving funds must agree to indemnify and hold harmless the CCDDDB for any liability accruing to it for any charges or complaints of discrimination or similar civil rights violations based upon the acts of the organization receiving funds, its agents, or employees and premised on the CCDDDB's provision of these funds.
- (d) The provider shall implement and report on a Cultural and Linguistic Competence Plan for the agency's staff, clients, and governance board and aligned with National Culturally and Linguistically Appropriate Services standards as set forth by the US Department of Health and Human Services.
 - (e) The provider shall demonstrate a willingness and ability to enter into networking agreements or contracts with other providers in order to avoid overlapping services and to ensure best outcomes for people using or seeking those services. Said agreements must be updated and on file annually. Because of the CCDDDB's commitment to the principle of continuity of care, agencies and programs must demonstrate a commitment to work cooperatively with all CCDDDB-funded and CCMHB-funded agencies and programs and such other health and human service agencies as are appropriate to the target population. Detailed working agreements with particular agencies with which the agency and program have a similar mission may be required by the CCDDDB.
 - (f) The provider will be expected to:

- (i) Make available for inspection by the CCDDDB copies of site, monitoring compliance, licensure/certification, evaluation, and audit visit reports performed by any funding authority;
 - (ii) Cooperate fully in program evaluation and onsite monitoring as conducted by CCDDDB staff pursuant to the mandates contained in the Community Care for Persons with Developmental Disabilities Act;
 - (iii) Make available for inspection by the CCDDDB copies of any request/application for new or adjusted funding in any program within the agency funded in whole or part by the CCDDDB;
 - (iv) Make available for annual inspection by the CCDDDB copies of all agency budget applications, provider plan forms, program service and funding plans, service agreements and fiscal reports prepared for the Department of Human Services, United Way, Department of Children and Family Services, or any other funding authority;
 - (v) Provide services to each eligible client in accordance with a written individual plan (where applicable) which identifies client needs and assets as determined by assessment. At a minimum, the plan will describe long term goals, measurable short-term objectives and expected outcomes of services with evaluative updates at least annually. Client files (where applicable) shall reflect written documentation of service units billed for reimbursement; and
 - (vi) Comply with all applicable Illinois and Federal laws and regulations with respect to safeguarding the use and disclosure of confidential information about recipients of services.
- (g) Admission and discharge policies and procedures shall be set forth in writing and be available for review.
 - (h) Professional staff must be licensed, registered, or certified by the State of Illinois, as applicable to the discipline and current Illinois regulations/requirements.
 - (i) All program facilities shall be in compliance with applicable State of Illinois licensure requirements and local ordinances with regard to fire, building, zoning, sanitation, health, and safety requirements.
 - (j) All programs shall certify that they do not use CCDDDB funds:
 - (i) To engage in proselytizing activities with consumers and/or require worship or religious instructional activities as a condition of participation;
 - (ii) For direct or indirect medical (physical health) services that are not related to intellectual/developmental disabilities;
 - (iii) For programs or services under the jurisdiction of public school systems.

3. Accreditation Requirements for Eligible Organizations

All CCDDDB funded agencies and programs shall strive to conform to appropriate standards established by recognized accrediting bodies in their field of services. For example, the CCDDDB recognizes the standards promulgated by the following accrediting bodies as indicative of acceptable agency and program performance: Commission of Accreditation of Services for Families and Children, Joint Commission on Accreditation of Health Care Organizations, Commission on Accreditation of Rehabilitation Facilities, and the Council on Quality and Leadership.

Accredited agencies and programs shall provide the CCDDDB with copies of relevant documents and correspondence between the agency and the accrediting body regarding

agency and program compliance with accreditation standards. CCDDDB staff shall determine what documents and correspondence are relevant for the CCDDDB monitoring purposes.

4. Organization Requirements in Lieu of Accreditation

All CCDDDB funded agencies and programs not accredited by a recognized accrediting body shall make available for annual inspection by the CCDDDB copies of the organization's policies and procedures including standard operating procedures (SOP) along with credentials of key staff (i.e., resumes). Quality management mechanisms must be described in detail. CCDDDB staff may develop, make available to agencies, and periodically review a set of compliance indicators. **The agency shall meet or exceed all compliance indicators as set forth by the CCDDDB and its staff.**

5. Organization Board Meetings

Agency governing boards must notify the CCDDDB of all board meetings, meet in session open to the CCDDDB, with the exception of sessions closed in conformity with the Open Meetings Act, and provide CCDDDB with copies of minutes of all open meetings of the governing board. A request for waiver or modification of the requirement to provide copies of all minutes may be made and considered as part of an individual contract negotiation.

6. Fiscal Requirements

- (a) The organization shall be managed in a manner consistent with sound fiscal standards and shall maintain written policies and procedures regarding its fiscal activities, including but not limited to payroll, purchasing, cash management, relevant fee schedules, contracts, and risk management. The funded agency should choose methods appropriate to the size of the organization and the scale of operations. Funded agencies will be expected to meet the standards specified in the contract, and failure to do so may be cause for suspension of payment or termination of the contract. In addition, an agency not in compliance with financial management standards shall not be eligible for CCDDDB or CCMHB funding for three years; eligibility may be reestablished after that period by demonstrating that the compliance issue has been corrected and no others exist.
- (b) An approved provider plan indicating projected levels of expenses and revenues is required for each CCDDDB funded program.
- (c) The salaries and position titles of staff charged to CCDDDB funded programs must be delineated in a personnel form incorporated into the contract. Employees whose salaries are charged in whole or in part to a CCDDDB contract are required to maintain personnel activity reports in order to account for all compensated time spent on other activities.
- (d) CCDDDB funds are restricted for use in the program(s) described in the contract(s) concerning obligation of funding. CCDDDB funds in excess of actual reimbursable expenses by the program are subject to recovery upon completion of an independent audit, financial review, or compilation, as required (per Audit and Financial Accountability Requirements, below).
- (e) Organizations will establish and maintain an accrual accounting system in accordance with generally accepted accounting principles to include a level of documentation, classification of entries, and audit trails.

- (i) All accounting entries must be supported by appropriate source documents.
 - (ii) Amounts charged to CCDDDB funded cost centers for personnel services must be based on documented payrolls. Payrolls must be supported by time and attendance records for individual employees.
 - (iii) The organization shall have accounting structures that provide accurate and complete information about all financial transactions related to each separate CCDDDB contract.
 - (iv) Contract expenditure records must tie back to cost categories indicated in the final contract budget, including indirect cost charged to the contract. Actual expenditures will be compared with budgeted amounts.
 - (v) Financial records must be supported by source documentation such as cancelled checks, invoices, contracts, travel reports and personnel activity reports. The same costs shall not be claimed and reported for more than one CCDDDB contract or programs funded by other funding sources.
 - (vi) Financial records shall be maintained on a current month basis and balanced monthly.
 - (vii) Costs may be incurred only within the term of the contract ~~as defined in the boilerplate~~, and all obligations must be closed out no later than thirty (30) days following the contract ending date.
 - (viii) All fiscal records shall be maintained for five (5) years after the end of the contract term.
 - (ix) The CCDDDB may establish additional accounting requirements for a funded program or agency. An agency may be required to engage the services of an independent audit firm during the term of the contract in order to implement adequate financial management systems for full compliance.
- (f) CCDDDB funds may only be used for expenses that are reasonable, necessary, and related to the provision of services as specified in the contract. All allowable expenses that can be identified to a specific CCDDDB funded program should be charged to that program on a direct basis. Allowable reimbursable expenses not directly identified to a CCDDDB funded program must be allocated to all programs, both funded and non-funded. *(Attorney suggests a clearer definition here.)*
- (g) The following expenses are non-allowable:
- (i) Bad debts;
 - (ii) Contingency reserve fund contributions;
 - (iii) Contributions and donations;
 - (iv) Entertainment;
 - (v) Compensation for board members;
 - (vi) Fines and penalties;
 - (vii) Interest expense;
 - (viii) Sales tax;
 - (ix) Purchase of alcohol;
 - (x) Employee travel expenses in excess of IRS guidelines;
 - (xi) Lobbying costs;
 - (xii) Depreciation costs;
 - (xiii) Rental income received must be used to reduce the reimbursable expense by CCDDDB funds for the item rented;

- (xiv) Capital expenditures greater than \$500, unless funds are specified for such purpose;
 - (xv) Supplanting funding from another revenue stream. The CCDDDB may delay allocation decisions when anticipated funds from other sources may be influenced by their decisions;
 - (xvi) Supplementation of state or federal funds and/or payments subject to the coordination of benefits;
 - (xvii) Expenses or items not otherwise approved through the budget or budget amendment process;
 - (xviii) Expenses incurred outside the term of the contract;
 - (xix) Contributions to any political candidate or party or to another charitable purpose;
 - (xx) Excessive administrative costs including:
 - Any indirect administrative cost rate in excess of 20% (subject to review by the CCDDDB) of the non-administrative portion of the budget, unless approved by the CCDDDB;
 - Any indirect administrative costs that exceed those approved in the program/service budget;
 - Any indirect administrative costs for which an organization's cost allocation plan has not been submitted and deemed acceptable to the CCDDDB.
- (h) Funded agencies shall provide safeguards for all funds provided through CCDDDB contracts to assure they are used solely for authorized purposes. Further, control will be enhanced if the duties of agency staff are divided so no one person handles all aspects of a transaction from start to finish. Although complete separation of functions may not be feasible for a small agency, a measure of effective control may be achieved by planning staff assignment of duties carefully. Some examples of techniques for improving internal controls are:
- (i) Cash receipts should be recorded immediately and deposited daily. Deposits should be reconciled by a second party.
 - (ii) All bank accounts should be reconciled on a monthly basis by someone other than the person who signs the checks.
 - (iii) Checks to vendors should be issued only for payment of approved invoices, and supporting documents should also be recorded. The staff member responsible for issuing check payments should not have signing authority.
 - (iv) The staff person responsible for the physical custody of an asset should not have responsibility for keeping records related to that asset.

ALLOCATION AND DECISION PROCESS

1. All CCDDDB allocation and contracting decisions are made in meetings open to the public. Allocation decisions will be based on statutory mandates, priorities and defined criteria related to the findings of various needs assessment activities sponsored by the CCDDDB. To the extent possible, final decisions will be predicated on how well an application matches up with the statutory mandates, priorities, and criteria.
2. The CCDDDB application for funding process shall include the following steps:

- (a) Public notification of the availability of funding shall be issued via the News Gazette during the month of December. This announcement will provide information necessary for an organization to submit an application for funding and how to access application materials.
- (b) Funding priorities and criteria will be approved no later than the December Board meeting.
- (c) All potential applicants must register with the CCDDDB. Information on the registration process will be provided by the CCDDDB upon request. Access to application forms and instructions follows completion of the registration process.
- (d) Technical assistance by Board staff may be requested at any time prior to the due date of the application, with the caveat that availability may be limited in the final week.
- (e) Completed application(s) will be due in the month of February on a date specified in the public notice. The CCDDDB may extend the deadline due to extenuating circumstances by posting notice of the extended deadline to the CCDDDB online application system.
- (f) Access to application(s) will be provided to member(s) of the CCDDDB upon a member(s) request and in a medium preferred by the member.
- (g) The CCDDDB may require some or all applicants to be present at an April or May Board meeting to answer questions about their application(s).
- (h) Staff will complete a program level summary of each agency application, for review and discussion by the CCDDDB at the April Board meeting. Program summaries will include fiscal and service data, population served, and expected outcomes in relation to the funding priorities and criteria and goals of the Board. In addition, a decision support “match-up” process comparing the application to established and contemporaneous CCDDDB criteria will be provided.
- (i) Staff will complete preliminary funding recommendations for CCDDDB review and discussion at the May Board meeting. The recommendations will be presented in the form of a decision memorandum. The CCDDDB shall review, discuss, and come to a decision concerning authorization of funding and a spending plan for the contract year.
- (j) Once authorized by the CCDDDB, staff will implement the spending plan and initiate the contracting process. Within the context of the final recommendations, staff are authorized to negotiate and complete the contracts. Execution of the contracts requires the signatures of the respective Executive Directors, agency Board President, and the CCDDDB President. The contract period is July 1 through June 30. Contracts may be for one or two years. Types of programs eligible for a multi-year contract period shall be defined by the CCDDDB as part of the funding priorities and criteria.
- (k) Allocation decisions of the CCDDDB are final and not subject to reconsideration.
- (l) The CCDDDB does not consider out-of-cycle funding requests or proposals.

AWARD PROCESS, CONTRACTS, AND AMENDMENTS

1. Award Procedures

Agencies awarded CCDDDB funds shall receive a letter of notification indicating program allocation(s). This will state the amount of the funds awarded, the effective time period of the award, name of program application receiving the award, and any additional conditions, stipulations, or need for a negotiation of provisions attached to the award.

2. Contracting Format and Implementation Procedures

The contract shall include standard provisions, (optional) special provisions, the boilerplate (i.e., standard language and provisions applicable to all contracts), the relevant program plan, personnel form (if applicable), rate schedule (if a fee for service contract), Business Associate Agreement (if service claims are to be entered), budget, required financial information, and agency Cultural and Linguistic Competence Plan. Completion of the contract requires the signatures of authorized representatives of the CCDDDB and the provider. Subsequent to execution of the contract, any change or modification requires a contract amendment.

3. Types of CCDDDB Contracts

(a) Grant Contract

Payment is predicated on the budget and obligations associated with the contract. Typically, payments are divided equally (i.e., 1/12 of the contract maximum per month) over the term of the contract, with May and June payments combined and released in June. Reconciliation takes place in the last quarter of the contract term. Accountability is tied to defined performance measures with targets and benchmarks. The annual renewal of a contract is subject to the allocation process and may result in re-negotiation of terms based on provider performance, needs assessment findings, or a desire by the CCDDDB to redirect funding in response to a change in goals, objectives, or priorities. The decision to use the grant contract format rests with the CCDDDB and is based on the appropriateness of this format to the objectives of the program plan.

(b) Fee for Service Contract

Payment is driven by retrospective billing for units of service provided within the constraints of the contract maximum. Typically, an "advance and reconcile" approach is used, with six monthly payments of 1/12th the contract maximum from July through December, and subsequent payment amounts based on reconciliation against billings beginning in January. Billing must be relatively proportional over the course of the contract term. Whenever possible and appropriate, CCDDDB contracts will establish rates based on those used by the State of Illinois. Fee for service contracts may be converted to a grant or value based payment structure.

(c) Consultation Contract

Payment is tied to a specific task or activity defined in the program plan. Typically, payment is tied to an hourly rate or completion of specific tasks (i.e., deliverables). Approved expenses associated with the consult shall be defined in the contract. Consultation contracts are not subject to the allocation process referenced above but rather are negotiated by the Executive Director with Board President approval, with full board approval sought when deemed appropriate by the Board President.

(d) Special Initiative Contract

The format can be either grant or fee-for-service and is subject to the same terms as described in the boilerplate. Most approved applications from "new" providers shall be classified as special initiatives for a period up to three years.

(e) Capital Contract

Terms and conditions are directly tied to expenditures for capital improvements or equipment purchases. Payment is driven by an approved spending plan and/or invoices associated with approved items.

(f) Intergovernmental Agreement

The CCDDDB, at its discretion and with agreement of the Champaign County Board, may enter into an intergovernmental agreement with other units of Champaign County government for the delivery of services.

4. Along with decisions for contract awards to be funded at July 1, the Board may make decisions about awards which would go into effect later in the contract/program year, in the event of additional available revenues which can be allocated to contracts.
5. Contract Amendments

The need for a contract amendment is driven by a change in conditions delineated in the original agreement. The provider is required to report changes that modify the administrative structure and/or implementation of the program plan. It is recognized that programs are dynamic, and it is prudent to make budget and program adjustments to better meet overall goals and objectives.

 - (a) The provider shall submit a formal request for an amendment to initiate the amendment process. The final decision regarding whether an amendment is necessary rests with the CCDDDB Executive Director.
 - (b) In general, decisions about amendments fall under the purview of staff and are executed by the Board President and Executive Director without formal action by the Board. The Board shall be informed of all contract amendments.
 - (c) At their discretion, the Board President or the Executive Director may ask for a full CCDDDB review and approval of a proposed amendment at the next regularly scheduled meeting, including a request to increase or decrease to any contract award amount.
 - (d) Proposed amendments that redirect approved dollars between agencies shall require the formal approval of the CCDDDB.

GENERAL REQUIREMENTS FOR CCDDDB FUNDING

1. CCDDDB contracts shall specify the relationship between funding and services to be provided. Funding shall not be used for purposes other than those specified in the contract unless the contract has been amended.
2. The provider shall not use CCDDDB funds to establish or add to a reserve fund.
3. If the provider accumulates CCDDDB funds in excess of those required for two months operating expenses, written notification and an explanation must be sent to the executive director.
4. CCDDDB funds shall not be used for purposes related to construction of facilities or purchase of equipment unless capital improvement is the explicit purpose of the contract, or is approved as part of the program plan.
5. CCDDDB may provide advance payment(s) to the provider under contract with the Board. Any advance payment will be reconciled against financial reports or other method as defined by CCDDDB. Request for advance payment will follow the contract amendment process.

6. Providers shall maintain accounting systems, including expense and revenue classifications that can accurately and appropriately report and verify financial transactions using CCDDDB forms and comply with the provisions for audits. Providers may be required to institute special accounting procedures to resolve identified problems in financial accountability.
7. Providers shall notify the CCDDDB of any applications for funding submitted to other public and private funding organizations for services funded by the CCDDDB, especially those that could result in a funding overlap.
8. Provider Reporting Requirements
 - (a) Financial and service reporting requirements are delineated in the contract ~~boilerplate~~ and are subject to revision from year to year. In general, quarterly financial and program reports are required for all fee for service, special initiative, and grant contracts. Quarterly financial reports and monthly billings are required for fee for service contracts.
 - (b) Change in the Provider's corporate status shall be reported within 30 days of the change.
 - (c) Change in the Provider's accreditation status shall be reported within 30 days of the change.
 - (d) The Provider shall notify the CCDDDB about accreditation and/or licensing site visits by the State of Illinois or accrediting organizations.
 - (e) Additional reporting requirements may be included as provisions of the contract.
9. Monitoring and Evaluation
 - (a) CCDDDB staff shall conduct Provider financial and program site visits no less than every two years for the purposes of verifying reported financial and service information and reviewing compliance with the approved Program and Financial Plan.
 - (b) CCDDDB shall survey all non-accredited agencies and programs for compliance with CCDDDB Requirements in Lieu of Accreditation on an annual basis.
 - (c) CCDDDB staff may seek information to demonstrate continued compliance of all agencies and programs with appropriate standards in the interim between accreditation or certification surveys. Such information may address both individual agency and program issues, as necessary, and system-wide issues and may be obtained through such activities as periodic reports, on-site reviews, and special studies.
 - (d) CCDDDB staff shall conduct desk reviews of agency program activity and financial reports, typically submitted each quarter; additional information or revisions may be requested.
 - (e) The primary responsibility for on-going evaluation of services rests with the agencies and programs. In order for the CCDDDB to monitor these activities, agencies and programs shall submit at least annually a report of the outcomes achieved by CCDDDB-funded programs, in accordance with their annual Program Service Plan. This report shall also indicate how their results are used in agency and program management.
 - (f) Additional monitoring and evaluation activities may be included as provisions of the contract.
10. Non-Compliance with the Terms and Conditions of the Contract

- (a) The CCDDDB Executive Director or their representative shall notify the Provider Executive Director and Provider Board President in writing of any non-compliance issue. The Provider shall provide a corrective action plan within 10 days and correct the deficiency within 30 days of receipt of the notification. Upon approval of the plan, CCDDDB staff shall monitor implementation. If corrective action is not implemented within specified time frames, action may be taken to reduce, suspend, or terminate funding.
- (b) Suspension of Funding: Cause for suspension of funding shall exist when the Provider: (1) fails to comply with terms of the award letter; (2) fails to comply with terms and conditions of the contract, or; (3) fails to comply with CCDDDB monitoring and reporting requirements.
- (c) The following procedures will be followed in the process of suspension of funding:
 - (i) The Provider Executive Director and Provider Board President shall be notified in writing, via certified mail, return receipt requested, by CCDDDB staff that the agency funding has been suspended.
 - (ii) The notification of suspension will include a statement of the requirements with which the Provider is in non-compliance, the effective date of the suspension, and any conditions deemed appropriate for the agency to meet before termination of the suspension.
 - (iii) The Provider shall respond in writing to the CCDDDB office address within ten (10) days of the date of notification of suspension. The response shall include a plan of action to correct the situation or event(s) leading to the suspension of funding, together with a time frame for such action.
 - (iv) The Provider may be requested to appear before the CCDDDB.
 - (v) Failure to respond within 10 days shall be just cause for suspension of funding.
 - (vi) Failure to correct within 30 days shall be cause for suspension of funding. A suspension of funding shall remain in effect until the non-compliance leading to suspension has been corrected.
- (d) Reduction of the Contract Maximum: Cause for reduction of the grant award amount shall exist when a Provider fails to expend CCDDDB funds or deliver services in accord with the contract, which includes approved Agency Program and Financial Plans. The following procedures will be followed in the process of reduction of funding:
 - (i) The reduction of the grant amount shall be in an amount determined by action of the CCDDDB.
 - (ii) The Provider Executive Director and Provider Board President shall be notified, in writing, certified mail, return receipt requested, by CCDDDB staff that the contract maximum is being reduced.
 - (iii) The notification of reduction will include a statement of the cause for reduction and of the amount by which the grant amount is reduced.
 - (iv) Within thirty days of the effective date of reduction, the agency may request a re-allocation of the amount by which the funding was reduced.
- (e) Termination of Funds: Due cause for termination of funding exists when a Provider fails to take adequate action to comply with CCDDDB requirements within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCDDDB as stated in the notification of award; in the contract; in the applicable provisions of this document; or in the monitoring procedures and requirements of the CCDDDB. The following procedures will be followed in the process of termination of funding:

- (i) The Provider Executive Director and Provider Board President shall be notified, in writing, certified mail, return receipt requested, by the CCDDDB Executive Director that termination of funding is being recommended to the Board.
 - (ii) The notification of possible termination will include a statement of the requirements with which the Provider is non-compliant; a statement of the actions of the CCDDDB taken to urge the Provider to avert termination and move to compliance with CCDDDB requirements; a statement of the responses of the agency; and the effective date of the recommended termination of funding.
 - (iii) The CCDDDB shall consider and take action on the termination of funding at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if it so chooses.
 - ~~(iv) Termination of funding will be undertaken only after the CCDDDB has made reasonable effort to reach an acceptable settlement with the Provider.~~
- (f) Appeal procedures: The CCDDDB Executive Director shall be responsible for implementing and interpreting the provisions pertaining to appeals. The Executive Director may delegate monitoring responsibility to other CCDDDB staff.
- (i) Disagreements by Providers regarding the implementation and interpretation of the provisions of the policies delineated in this document shall be directed first to the CCDDDB staff member responsible for monitoring compliance with the particular provisions under contention within fourteen (14) calendar days of being notified of the staff decision.
 - (ii) If the Provider is not satisfied with the response received from the CCDDDB monitoring staff, the Provider may appeal the issue to the CCDDDB Executive Director within fourteen (14) calendar days from the date of response.
 - (iii) The Executive Director shall review information from both the CCDDDB monitoring staff and the Provider in arriving at a decision.
 - (iv) Any decision by the Executive Director that a Provider is in non-compliance with ~~these provisions of this chapter~~ shall be communicated in writing to the agency or program within fourteen (14) calendar days of receipt of the appeal.
 - (v) Only decisions by the CCDDDB Executive Director of non-compliance by a Provider with provisions of these policies may be appealed to the CCDDDB. Such appeals must be made in writing by the Provider.
 - (vi) CCDDDB shall review information from the CCDDDB Executive Director and the agency or program in arriving at a decision at the next regularly scheduled meeting following the notification of the agency, or at an intervening special meeting if the Board so chooses. The agency shall be afforded the opportunity to discuss the issue with the CCDDDB prior to a final decision.

AUDIT AND FINANCIAL ACCOUNTABILITY REQUIREMENTS

In the course of doing business, agencies funded by the CCDDDB should maintain a state of audit readiness. This means records relevant to financial and program aspects of contracts must be readily accessible. Failure to provide accurate and reliable information could result in questioned costs and disallowances. All funded agencies awarded contracts for direct services as part of the normal allocation cycle are required to have either an audit, financial review, or

compilation conducted by an independent certified public accountant (CPA) registered by the State of Illinois, for the term of the CCDDDB contract and following the close of its fiscal year. These reports must contain schedules using CCDDDB/CCMHB approved source clarifications for reporting operating income and operating expenses. Contracts with consultants and other specified vendors are exempt from this requirement.

Prior to the execution of a contract between the provider and the CCDDDB, the provider will demonstrate engagement with an independent CPA firm, through a letter from the firm stating that they will be performing the audit, review, or compilation, and specifying the timeline.

1. Independent Audit (for agencies with \$300,000 total revenue or greater)

- (a) An independent CPA firm performs an audit to provide a high level of assurance regarding the accuracy of financial statements, resulting in a formal report expressing an opinion on the presentation of the financial statements, identifying any significant or material weaknesses in internal control.
- (b) The resultant audit report is to be prepared in accordance auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in "Government Auditing Standards," issued by the Comptroller General of the United States. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. The report shall also contain the auditor's opinion regarding the financial statements, taken as a whole, or an assertion to the effect that an opinion cannot be expressed. If the auditor expressed a qualified opinion, a disclaimer of opinion, or an adverse opinion, the reason therefore must be stated. Supplementary Information (see below) will also be required with the audit.
- (c) A funded agency with total revenue of \$300,000 or greater will be required to have an audit performed by an independent audit firm. An agency with total revenue of less than \$300,000 and greater than \$30,000 may choose or be required by the CCDDDB to have an independent audit performed.
- (d) If a funded agency provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have an audit completed, and if one is to be completed for the CCDDDB contract, the funded agency may budget for and charge up to \$8,500 (total) to CCDDDB for costs associated with this requirement.

2. Independent Financial Review (for agencies with total revenue over \$30,000 and below \$300,000)

- (a) An independent CPA firm performs a review to provide a basic level of assurance on the accuracy of financial statements, based on inquiries and analytic and other procedures, and narrower in scope than an audit.
- (b) The resultant report is to be prepared in accordance with standards generally accepted in the United States of America. The report shall contain the basic financial statements presenting the financial position of the agency, the results of its operations, and changes in fund balances. Some of the supplementary information required for an audit will also be required in a review (see below).

- (c) A funded agency with total revenue of less than \$300,000 and greater than \$30,000 will be required to have a financial review performed by an independent audit firm. If the agency chooses or is required to have an independent audit rather than a financial review, this should be made clear prior to contract execution.
 - (d) If a funded provider is not required by another funding organization (e.g., state government, federal government, a foundation, etc.) to have a financial review, and if one is to be completed for the CCDDDB contract, the funded agency may budget for and charge up to \$5,000 (total) to CCDDDB for costs associated with this requirement.
3. Compilation (for agencies with total revenue below \$30,000)
- (a) An independent audit firm prepares a compilation report on financial statements, not providing a level of assurance but rather considering whether the financial statements appear appropriate in form and are free from obvious material misstatements.
 - (b) The resultant report is prepared in accordance with standards generally accepted in the United States of America. Some of the supplementary information required for an audit will also be required in a compilation (see below).
 - (c) A funded agency with total revenue of \$30,000 or less will be required to have a compilation performed by an independent audit firm.
 - (d) If a funded agency provider is not required by another funding organization to have a compilation, and if one is required for the CCDDDB contract, the funded agency may budget for and charge up to \$2,500 (total) to CCDDDB for costs associated with this requirement.
4. Shared Cost
- In the event that the funded provider is required by another funding organization to have an independent audit, financial review, or compilation, the cost is to be pro-rated across revenue sources. Audit, Financial Review, and Compilation cost limits still apply.
5. Supplementary Information (required from all agencies, regardless of total revenue)
- The following supplementary financial information shall be completed by an independent CPA firm and included in the audit or review or compilation report (and failure to do so will make the report unacceptable):
- (a) Schedule of Operating Income by CCDDDB-Funded Program: This schedule is to be developed using CCDDDB approved source classification and format modeled after the CCDDDB Revenue Report form. Detail shall include separate columns listing total program as well as CCDDDB-Funded only revenue. Individual sources of income should not be combined. Example: Funds received from several state or federal agencies should not be combined into one classification, such as "State of Illinois" or "Federal Government."
 - (b) Schedule of Operating Expenses by CCDDDB-Funded Program: This schedule is to be developed using CCDDDB approved operating expenses categories and format modeled after the CCDDDB Expense Report form. Detail shall include separate columns listing total program as well as CCDDDB-Funded only expenses. The statement is to reflect program expenses in accordance with CCDDDB reporting requirements including the reasonable allocation of administrative expenses to the various programs. The schedule shall **exclude** any expense charged to the Board from the list of non-allowable expenses (above). *(Attorney says, "HIGHLIGHT IN REPORT already paid by the Board" and circles the word "exclude.")*

- (c) CCDDDB Payment Confirmation: CCDDDB payment confirmation made to an agency required by the independent auditor during the course of the audit or review or compilation is to be secured from the CCDDDB office.
- (d) For Audit Only, Auditor Opinion on Supplementary Information: The independent auditor should clearly establish his/her position regarding the supplementary financial information presented in the Schedule of Operating Income by CCDDDB-Funded Program and Operating Expenses by CCDDDB-Funded Program. This can be done either by extending the overall opinion on the basic financial statements or by a supplementary opinion. If the independent auditor determines that the additional procedures necessary to permit a supplementary opinion on the schedules of operating income and expenses would materially increase the audit time, he/she may alternatively state the source of the information and the extent of his/her examination and responsibility assumed, if any.
- (e) Capital Improvement Funds: If the agency has received CCDDDB capital improvement funds during the last year, the audit or review or compilation shall include an accounting of the receipt and use of those funds.
- (f) For Audit Only, Internal Controls: The independent auditor should communicate, in written form, material weaknesses in the agency's internal controls when it impacts on the CCDDDB's funding. Copies of these communications are to be forwarded to the CCDDDB with the audit report.
- (g) **The independent CPA report must include, at a minimum, these** items described in the "Financial Accountability Checklist":
 - (i) Agency board-approved financial procedures in place that include separation of duties for preparation of payment authorization, approval of authorization and check signatories;
 - (ii) Agency board review of financial statements at Agency Board meetings and Source Document - Agency Board meeting minutes (dated);
 - (iii) Agency board Minutes with motion approving CCMHB/CCDDDB grant applications for current year;
 - (iv) Agency board minutes with motion approving the budget of the fiscal year under review;
 - (v) Verification that the agency has fulfilled its response to any findings or issues cited in the most recent Auditor's issuing of a Management Letter, if applicable;
 - (vi) Demonstration of tracking of staff time (e.g. time sheets);
 - (vii) Proof of payroll tax payments for at least one quarter, with payment Dates;**
(Attorney ASKS ABOUT THE OTHER THREE QUARTERS - would viewing proof of all be too much for outside auditors?)
 - (viii) Form 941 or IL-941 or UC3, comparison of payroll tax amounts and alignment to period;
 - (ix) W-2s and W-3, comparison to the gross on 941;
 - (x) Verification of 501-C-3 status (IRS Letter), if applicable;
 - (xi) IRS 990 Form or AG990-IL, confirmation that 501-C-3 status is maintained;
 - (xii) IRS 990 Form or AG990-IL for associated foundation, if applicable;
 - (xiii) Secretary of State Annual Report; and
 - (xiv) Accrual Accounting Method is in use.

6. Filing: The audit or review or compilation report is to be filed with the CCDDDB within 6 months of the end of the agency's fiscal year. In order to facilitate meeting filing requirements, agencies are encouraged to contract with certified public accountants before the end of the fiscal year. **A letter of engagement is required prior to contracting (as above.)**
7. Late Audit, Review, or Compilation:
In the event that an independently performed audit, review, or compilation report is not submitted to the CCMHB office prior to the **aforesaid six-month** deadline, payments on the agency's contract(s) will be suspended for three months or until the required report is received. If the report is not received within three months, the contract(s) will be **automatically** terminated **and no further monies paid to the agency**. However, if the payments for services delivered according to the contract(s) and withheld during that three month period will be released upon submission of the required report **and resolution of any negative findings**. Unless a satisfactory report is received within 12 months after the close of the agency's fiscal year, the parties agree that the **CCDDDB has no obligation to the agency to pay the suspended three months of payments**. An agency will not be eligible for subsequent CCMHB funding until the required report is filed and any negative findings (including the return of excess revenue) are resolved.
8. Penalty: Failure to meet these requirements shall be cause for termination or suspension of CCDDDB funding.
9. If the provider organization does not comply with the requirement to produce an audit or financial review or compilation as specified, the organization shall repay all Board CCDDDB funds allocated for such purpose.
10. Records: All fiscal and service records must be maintained for five years after the end of each budget period, and if need still remains, such as unresolved issues arising from an audit or review or compilation, related records must be retained until the matter is completely resolved.
11. At the discretion of the CCDDDB, independent audit or financial review or compilation requirements may be waived for special circumstances. The waiver provision shall be specified in the contract.

EXCEPTIONS TO THE PROVISIONS OF THE FUNDING GUIDELINES

All exceptions to the Funding Guidelines must have the prior approval of the CCDDDB, except for those specific sections of the Funding Guidelines where the authority is delegated to the CCDDDB's designee. Requests for exceptions that require the CCDDDB's approval must be submitted to the Executive Director for review and submission to the CCDDDB. Subsequently, the CCDDDB's written decision will be transmitted to the agency. If the contract and funding guidelines are not in agreement, the contract shall prevail.

Approved May 19, 2021 and Revised/Approved as of December or November 2021

Add to contract template: The CCDDB Requirements and Guidelines for Allocation of Funds is attached hereto and incorporated into this contract by reference, except this contract will control should there be an inconsistent/contrary provision in the aforesaid Requirements and Guidelines.

#11.A.



BRIEFING MEMORANDUM

DATE: October 20, 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 of the CCDDB and the Champaign County Mental Health Board (CCMHB) 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 regarding this project, to ensure the best interests of the County and people served. From the beginning, the project encountered challenges addressed by the service provider, parents of the people living in the homes, Independent Service Coordination Unit staff, CCDDB/CCMHB members, staff, and attorneys. 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, solutions are slow in coming, and providers are now downsizing rather than expanding community-based services. With our CILA houses empty, in late July, the Boards made the difficult decision to sell them and reinvest in meaningful supports for this population.

Updates:

The first home was sold on September 10, and \$226,017.05 was deposited into the CILA Facilities Fund. Chris Wilson requested a refund on the property insurance, depositing another \$681. Other transactions were payment of attorney's fees of \$700 (related to CILAs only) and \$1,113.10 in expenses charged to the designated donation (applies to one individual).

When residents of the second home moved out in July, Kim Bowdry, Chris Wilson, and I met the service provider and property manager for a walk-through, taking photos and making notes about repair needs. We have received and compared bids on almost all. Upon inspection of the attic, full roof replacement was indicated; because the roof had no hail damage, this was not covered by insurance. When the second home was listed in September, there were eleven realtor showings. An offer was made for the full list price of \$249,000, with credits for remaining repairs. Some repairs have been completed and others scheduled:

- Removal of dead tree - \$475 (HOA requests removal of stones and grinding of stump – *awaiting bid.*)
- Replace garage door and trim - \$1896
- Refinish hardwood flooring - \$2275
- Replace broken face plates – \$20 or less
- Remove panel under kitchen sink and install cabinet doors - \$850 or less
- Repair/ repaint kitchen ceiling, removing stickers, interior painting - \$2800 or less

- Remove front railing, repair and restrain rear deck, and remove picket fence - **\$1635**
- Remove signs from interior – *(waiting, due to potential buyer)*
- Roof replacement – **\$14,432**

The buyer's inspection was conducted on October 7, and the report sent on October 12. A great many additional repairs are indicated, which could not be accomplished by the closing date of October 22. These included work beyond the analysis our realtor used when setting the list price, thus beyond the authority the Boards have approved. We will take on repairs over a period of time and relist the house when ready or seek approval for a different list price.

Possible Next Steps:

Because this is a shared project of the Boards, their discussion and action will determine the next appropriate uses of the fund. Suggestions from board and staff members so far:

- Negotiate a contract with an agency to offer specific assistance to people who have I/DD and complex service needs, especially those unable to secure services within Champaign County. This assistance might cover the types of purchase we made through the 2019 CCDDDB mini-grant process or on behalf of the individual with a designated gift managed within the CILA Fund: assistive or adaptive technology; home or vehicle modifications or other equipment; summer camps; speech therapies; cooking lessons; gym memberships; transportation/travel support, etc.
- Fund programs for people who have I/DD and co-occurring behavioral or physical health issues which result in complex support needs.
- Establish a Direct Support Professional retention payment fund, from which individual DSPs who have a 'satisfactory' or better performance evaluation, or their employers on their behalf, receive a bonus payment after six and twelve months of employment in an 'essential' category (especially CILAs, some other settings may also be appropriate).
- Purchase or secure a long-term lease on a storefront space to host a permanent art gallery for showcasing and sale of the original works of many local artists who have disabilities. Stephanie Howard-Gallo and Consultant Allison Boot have the best understanding of what works and doesn't work for the artists who've participated through AIR, many of whom are people with I/DD and complex support needs. The space could include a coffee shop run by people with I/DD and room for the monthly workshops for I/DD case managers, board meetings, and groups whose work relates to the missions of the Boards.
- Include office space for CCDDDB/CCMHB staff in the above, using CILA Facilities fund for any appropriate expenses and covering other administrative costs as typically budgeted. Our requirements for a physical office have changed in the last two years. We will not need to be at Brookens to create payment vouchers, due to rollout of the County's new system in January 2022.

#11.B.

Utilization Summaries for PY2021 CCDDDB and CCMHB I/DD Programs

Detail on each program's performance toward defined consumer outcomes during the funding year of July 1, 2020 to June 30, 2021 is available at <http://ccmhddbrds.org>, among downloadable public files toward the bottom of the page. The relevant document is titled "CCDDDB PY21 Performance Outcome Reports."

TPC = Treatment Plan Client

NTPC = Non-Treatment Plan Client

CSE = Community Service Event

SC = Service Contact or Screening Contact

Other, as defined in individual program contract

Priority: Young Children and their Families

Champaign County Regional Planning Commission Head Start/Early Head Start Social Emotional Development Services \$121,081 (CCDDDB & CCMHB)

Services: Program seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person. **Utilization targets:** 50 TPC, 50 NTPC, 20 CSE, 600 SC, 10 Other (newsletter articles, staff training). **Utilization actual:** 45 TPC, 90 NTPC, 14 CSE, 729 SC, 39 Other (newsletter articles, staff training).

Developmental Services Center Family Development Center \$596,522 (CCMHB)

Services: Serves children birth to five years of age, with or at risk of developmental disabilities, and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. **Utilization targets:** 655 TPC, 200 SC, 4 CSE. **Utilization actual:** 828 TPC, 189 SC, 21 CSE.

Priority: Self-Advocacy

CU Able CU Able Community Outreach \$17,200

Services: Networking, education and social opportunities for families of people with disabilities, regardless of disability type. Monthly meetings for caregivers of people with disabilities, professionals and students from the University of Illinois and Parkland. Online community is an extremely important part of community allowing for quick feedback and providing support at all hours of the day. Annual Moms Retreat provides opportunity for respite for female caregivers to come together for networking, relaxation and educational opportunities. **Utilization targets:** 90 TPC, 125 NTPC, 200 SC, 16 CSE.

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Utilization actual*: 74 TPC, 85 NTPC, 132 SC, 4 CSE. **Does not include PY21 4th Quarter data – agency has not yet submitted 4th Quarter reports.*

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

Services: Support to people with Down Syndrome and their families, providing current DS related information for members, parents, professionals and the general public. DSN reaches out to new parents, providing many networking & social opportunities as well as education, support & connections to local resources. DSN hosts many community awareness events each year, helping to promote inclusion for individuals with Down syndrome in our community. **Utilization targets:** 145 TPC, 50 NTPC, 15 CSE. **Utilization actual:** 20 TPC, 13 NTPC, 15 CSE.

Community Choices Self Determination Support \$146,000

Services: Leadership & Self-Advocacy: a two-tiered Leadership Class, co-developed by self-advocates, focusing on fostering leadership skills and putting leadership into action. Family Support & Education: a public monthly meeting, to learn best practices and options, community family, and a family specific support group. Building Community: options for adults with disabilities to become engaged with others. **Utilization targets:** 145 NTPC, 2129 SC, 4 CSE, 1713 Other (direct support hours). **Utilization actual:** 160 NTPC, 4845 SC, 4 CSE, 2144 Other (direct support hours).

Priority: Linkage

***Champaign County Regional Planning Commission Community Services
Decision Support Person Centered Planning \$311,488***

Services: ISC staff continue to assess persons transitioning from other counties who are eligible for and may or may not be receiving DHS waiver funding, who have not yet been assessed for service preferences. Transition Consultants assist people/families in conflict free transition planning. Provides extensive outreach, preference assessment, and person-centered planning services for Champaign County residents with I/DD without waiver funding. Consultation and transition planning provided to people with I/DD (and families) nearing graduation from secondary education. New in 2018: Provides conflict free person-centered planning and case management services, using DHS' Discovery and Personal Plan tools currently utilized by ISC agencies throughout Illinois for those with Medicaid waiver funding. **Utilization targets:** 200 TPC, 250 NTPC, 300 SC, 40 CSE. **Utilization actual:** 423 TPC, 228 NTPC, 340 SC, 48 CSE.

Developmental Services Center Service Coordination \$435,858

Services: Serves children and adults with I/DD who request support to enhance or maintain their highest level of independence in the community, at work, and in their home. Focusing on the hopes, dreams, and aspirations serves as the basis of planning and outcomes for that person. With each person as the center of their team, Case Coordinators work closely with all members of each person's team assuring the most person-centered and effective coordination. **Utilization targets:** 280 TPC, 36 NTPC, 20 SC, 2 CSE. **Utilization actual:** 257 TPC, 39 NTPC, 75 SC, 1 CSE.

Rosecrance Champaign/Urbana Coordination of Services – DD/MI \$35,150

Services: Emphasis on serving people who are presently in residential settings for persons with I/DD, are living in other settings (families, friends, or self) but are struggling in caring for self in these environments, or are at-risk of hospitalization or homelessness due to inadequate supports for their co-occurring conditions. Focus is to ensure that services are coordinated effectively, that consistent messages and

language are used by service providers; and that service needs receive appropriate priority in both systems of care. **Utilization targets:** 28 TPC, 12 SC, 12 CSE. **Utilization actual:** 25 TPC, 12 SC, 7 CSE.

Priority: Work

Community Choices Customized Employment \$182,000

Services: focus on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. **Utilization targets:** 42 TPC, 1824 SC, 4 CSE, 2772 Other (direct support hours). **Utilization actual:** 36 TPC, 928 SC, 4 CSE, 1071 Other (direct support hours).

Developmental Services Center Community Employment \$361,370

Services: Assists people to obtain and keep jobs. Including a person-centered job discovery; business exploration, online research, and speaking/listening to others' regarding job experiences; resume/portfolio development; interview prep and meetings with potential employers; identifying niches in local businesses that emphasize the job seeker's strengths; advocating for accommodations; self-advocacy support; provision of benefits information; discussion/experiential opportunities for soft skills; develop and maintain long-term business relationships. **Utilization targets:** 70 TPC, 2 CSE, 15 SC. **Utilization actual:** 72 TPC, 2 CSE, 14 SC.

Developmental Services Center Employment First (with Community Choices) \$80,000

Services: Emphasis and priorities include: individual and family education events; ongoing staff development to facilitate DSC's shift in culture to more community and employment focused outcomes; continued business/employer outreach to provide education and certification for disability awareness for employers; establishing and maintaining relationships with all newly certified businesses; engaging in communication and advocacy with various state agencies/representatives around Employment First implementation. **Utilization targets:** 30 CSE. **Utilization actual:** 11 CSE.

Priority: Non-Work

Developmental Services Center Clinical Services \$174,000

Services: Provides clinical supports and services to children and adults with I/DD. Consultants under contract include one Licensed Clinical Psychologist, two Licensed Clinical Social Workers, three Licensed Clinical Professional Counselors, one Licensed Professional Counselor and one Psychiatrist. Consultants meet with people at their private practice, at the person's home, or DSC locations. People schedule their appointments or receive support from family and/or DSC staff members for scheduling and transportation. **Utilization targets:** 61 TPC, 4 NTPC, 10 SC, 2 CSE. **Utilization actual:** 65 TPC, 3 NTPC, 12 SC, 0 CSE.

Developmental Services Center Community First \$847,659

Services: Serves those receiving community and site-based services, transitioning from a center-based model to community connection and involvement. Efforts to support people in strengthening connections with friends, family, and community through volunteering, civic duty, citizenship, and self-advocacy opportunities; enhancing quality of life through recreational activities, social events, educational, and other areas of interest; access to new acquaintances; and job exploration in interest area and detection of support for employment goals. **Utilization targets:** 50 TPC, 55 NTPC, 5 SC, 3 CSE. **Utilization actual:** 52 TPC, 75 NTPC, 14 SC, 3 CSE.

Developmental Services Center Community Living (formerly Apartment Services) \$456,040

Services: Supports people with I/DD who reside in their own home in the community. The program has three primary goals: promote independence by learning/maintaining skills within a safe environment; provide long-term/on-going support in areas that cannot be mastered; provide increased support as needed due to aging, deteriorating health or other chronic conditions that jeopardize their ability to maintain their independence. Emergency Response is available for those needing assistance after hours and on the weekends. **Utilization targets:** 56 TPC, 8 SC. **Utilization actual:** 56 TPC, 7 SC.

Developmental Services Center Connections \$85,000

Services: Focused on building connection, companionship, and contribution in the broader community and pursues creative employment possibilities. People have expressed a desire to expand on interest in art nurturing their creative self, fostering community engagement and pursuing a desire for employment opportunities. Individual and small group activities will occur during the day. Services are driven by each person. **Utilization targets:** 25 TPC, 12 NTPC, 4 CSE. **Utilization actual:** 21 TPC, 2 NTPC, 4 CSE.

Developmental Services Center Individual & Family Support \$429,058

Services: Program serves children and adults with I/DD with priority consideration given to individuals with severe behavioral, medical, or support needs. Program is a flexible and effective type of choice-driven service to people and families. People may choose to purchase services from an agency or an independent contractor/vendor. Program continues to provide creative planning, intervention, and home/community support, collaborating with families, teachers, and other members of the person's support circle. **Utilization targets:** 17 TPC, 32 NTPC, 5 SC, 2 CSE. **Utilization actual:** 16 TPC, 36 NTPC, 11 SC, 1 CSE.

PACE, Inc. Consumer Control in Personal Support \$24,267

Services: Personal Support Worker (PSW) recruitment and orientation, focused on Independent Living Philosophy, Consumer Control, and the tasks of being a PSW. Personal Assistant/Personal Support Worker Registry can be sorted by; location, time of day, services needed, and other information which allows consumers to get the PSW that best matches their needs. Service is designed to ensure maximum potential in matching person with I/DD and PSW to work long-term towards achieving their respective goals. **Utilization targets:** 30 NTPC, 200 SC, 12 CSE, and 3 Other (Successful PSW matches). **Utilization actual:** 32 NTPC, 409 SC, 14 CSE, and 9 Other (Successful PSW matches).

Priority: Housing

Community Choices Community Living \$89,000

Services: COMMUNITY TRANSITIONAL SUPPORT – A four-phase model for supporting individuals with developmental disabilities to move into the community. PERSONAL DEVELOPMENT TRAINING includes small classes and 1-on-1 instruction. Eight sessions of hands-on, interactive instruction are held

throughout the year. Each class focuses on different topics, and people can take multiple sessions to build skills and confidence so they can continue their lifelong learning in integrated settings in the community. **Utilization targets:** 15 TPC, 15 NTPCs, 2 CSE, 250 SC, 1602 Other (direct support hours). **Utilization actual:** 14 TPC, 23 NTPC, 3 CSE, 317 SC, 1404 Other (direct support hours).

Individual Advocacy Group, CILA Expansion \$50,000 (CCMHB and CCDDb)

This annual investment pays for property management costs of two of the three local small group homes run by Individual Advocacy Group, which was selected in 2014 through an RFP process to provide services to people with I/DD living in MHB/DDb owned-homes. During 2019, the CCMHB contributed a larger share in order to pay off the mortgage loan in full; the CCDDb continues to transfer \$50,000 to this fund each year until their total payments are equal to the CCMHB contribution. **Utilization:** 7 TPCs with staffing ratios from 1:4 to 2:3 and a choice between IAG 'Flexible Day Experience' and day programs run by other local providers. One house closed in December 2020, the other July 2021, with all 4 individuals moving to CILAs in other counties.



CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD
CHAMPAIGN COUNTY
MENTAL HEALTH BOARD

#11.C.

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 to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.
All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at
<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

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

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



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 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.

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

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

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

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

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

CCDDB: I cloned programs in the online claims system. The PY22 1st Quarter programs and claims were cloned to give agencies the ability to begin reporting PY22 2nd Quarter claims. I also completed compiling the agency Performance Outcomes Reports into one document. This document can be found in the Downloadable Files section of the Champaign County (Illinois) Mental Health Board (CCMHB) and Developmental Disabilities Board (CCDDB) Registration, Application, and Reporting System site (<https://ccmhddbrds.org>). PY22 1st Quarter Service Activity Reports are due on October 29, 2021.

Using data from the PY21 4th Quarter reports, I have compiled the 'Utilization Summaries for PY2021 CCDDB and CCMHB I/DD Programs' document, which can be found in this packet.

Champaign County Down Syndrome Network has not yet submitted their PY20 audit. Down Syndrome Network Board President shared that after speaking with another audit firm, she learned that it was going to cost DSN \$5,000 for the financial review. The DSN Board President shared her displeasure regarding this requirement via email and mentioned that she would be writing a letter to the CCDDB Board, Staff, and to the Champaign County Board stating that CCDDB/CCMHB financial reporting requirements are unfair to small organizations. I have not yet received this letter at the time of this writing.

CU Able has not yet submitted their 4th Quarter Program Report, the 4th Quarter Zip Code report, or their Demographic Report. I have reached out to CU Able staff to inquire and the reports. A letter of noncompliance was mailed to the CU Able Board President on October 4, 2021.

CCDDB Contract Amendments: On September 30, 2021, I received an email from Dave Kellerhals, Director of Mental Health Services, Rosecrance. In his email, Mr. Kellerhals explained that the CCDDB funded Coordination of Services: DD/MI grant continued to struggle to maintain staff and that Rosecrance had decided to discontinue the contract with the CCDDB. A contract amendment was completed for the Coordination of Services: DD/MI contract. The contract was terminated, effective September 30, 2021. In his email, Mr. Kellerhals confirmed that Rosecrance would continue serving people enrolled in this program and would continue to work with referring agencies.

CCDDB Mini-Grant: I communicated with one Mini-Grant recipient's mother regarding two additional respite weekends at Camp New Hope. I also communicated with staff from Camp New Hope arrange for payment for these respite weekends. I also shared information with this family about the respite weekends at Camp Timber Pointe.

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Learning Opportunities: Elise Belknap is scheduled to present, "Boundary Work for Helping Professionals" on October 28, 2021. This will be another virtual event. Registration can be completed here (<https://www.eventbrite.com/e/boundary-work-for-helping-professionals-tickets-187023591597>).

NACBHDD: Mary Sowers, Executive Director of NASDDDS (National Association of State DD Directors) is scheduled to present to the NACBHDD I/DD Committee on October 20, 2021.

Disability Resource Expo: Barb Bressner, Allison Boot, and I met with Dr. Benjamin Lough's SOCW 245 class to hear from students regarding the video project and to answer any questions related to the project.

I participated in an Expo Steering Committee Meeting on October 6, 2021. The next Expo Steering Committee Meeting is scheduled for December 1, 2021. I also joined a subcommittee that will work to vet organizations wishing to join the Expo directory. These organizations may be located outside of East Central Illinois but offering virtual services that local people can access.

UIUC School of Social Work Community Learning Lab: I am working with a group of students who are working to translate CCDDDB/CCMHB documents into Spanish, French, and Arabic. Five students signed up for this project. We asked them to begin translating the 2021 Community Needs Assessment Report and the DDB and MHB Logic Model. Additional documents will be provided to the student group, if necessary.

I am working with another group of students who are researching Certification Programs, used in other states, aimed to strengthen the DSP workforce.

Other activities: I participated in the October Human Services Council meeting. Local service providers to the homeless provided a presentation to the HSC. Presenters included: Jazmine Hernandez, Program Director – Cunningham Township Supervisor's Office; Rob Dalhaus III, Community Outreach & Development Director – CU at Home; and Lisa Benson, Community Services Director – Champaign County Regional Planning Commission.

I participated in the October Race Relations Subcommittee Meeting. I participated in multiple meetings with UIUC Community Data Clinic and other partners involved in the Champaign County Resource Directory project.

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

I watched a previously recorded video from the Research and Training Center on Community Living at the University of Minnesota's Institute on Community Integration. Policy Forum: "The Direct Support Workforce and COVID-19: Low Wages and Racial Disparities" can be found at: <https://www.youtube.com/watch?v=6l1ZFum9uiU>.

Leon Bryson, Associate Director for Mental Health & Substance Use Disorders

Staff report—October 20, 2021 Board Meeting

Summary of Activity

CCMHB: In this Board packet is the Utilization Summaries for PY21CCMHB and CCDDDB I/DD Programs. This aggregate report lists each program utilization results for the year. Details of each program's performance toward defined consumer outcomes during the funding year are in the combined Performance Outcome Report available at <http://ccmhddbrds.org> .

With the exception of the Urbana Neighborhood Connection Center PY21 Performance Outcome Reports, all other CCMHB PORs have been compiled into one large document and will be posted online.

CCMBH PY22 First Quarter Reports:

First Quarter reports (financial and program, zip code, demographics) will be due on October 29th by 4:30pm. Any agency needing to request an extension must be made before the due date. Otherwise, will risk having payments paused.

Three Year Plan with Draft PY22 Objectives:

At this time no comments from stakeholders and providers about modifying Objectives or Goals have been received. Staff will continue to review and revise Objectives and Goals for a finanl draft to be presented to the Board.

CCMHB Contract Matters:

Promise Health Care contracts were terminated due to failure to submit an FY2020 audit approved by the agency's board. CCMHB will stop preparing and holding payments until they have submitted approved audit for review. Promise Heath Care has asked for reconsideration for funding and a written appeal letter is included in this Board packet.

RACES requested a reallocation of CCMHB funding for their Sexual Violence Prevention Education Program. The Board approved the contract amendment.

Financial Site Visits:

Lead by CCMHB Financial Manager Chris Wilson and staff, Courage Connections participated in their financial site visit. The purpose of financial site visit is to ensure the agency is demonstrating compliance with CCMHB funding. All agencies are notified ahead of time with a checklist of items to prepare for the site visit.

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Criminal Justice-Mental Health:

Participated in the Monthly Reentry Council Meeting. Captain Karee Voges announced that she is stepping down from the Reentry Executive Committee and from chairing the Reentry Council. We discussed Reentry program provider housing and transportation barriers updates. Misty Bell of Rosecrance presented PY 21 data to the Committee. The Reentry program is up for renewal in the coming weeks.

First Responders-UIUC Community Data Clinic Team Meeting:

An advisory committee was formed for designing new features for the Champaign County Resources (CCR) directory. This meeting focused on emergency response operators with the Urbana Police as an essential part of the recently signed the Community Emergency Services and Supports Act (CESSA). Under CESSA, law enforcement will intervene in an emergency if it is beyond the first responders' control.

CCMHDDAC Meeting:

Participated in the monthly CCMHDDAC meeting. We heard presentations from Dawn Rear about LIHEAP and Evaluation Project Presentations from Uniting Pride and RACES, Cunningham FST. GROW will present at the October 26th meeting.

Learning Opportunities:

CCMHB/CCDDB staff is collaborating with the University of Illinois School of Social Work students for service-learning projects. The students are researching workforce shortage in intellectual/developmental disabilities services system and reporting their findings and recommendations for Champaign County to staff. CCMHB/CCDDB staff meet with the students weekly for updates and discussions.

ACMHAI:

Participated in ACMHAI Committee meetings and webinars. ACMHAI Roundtable Discussion on ARPA Funds. ACMHAI Webinar: Building a System of Care for Children with Complex BH Needs

NACo:

Attended the NACo's Workforce Network. This webinar discussed the challenges of having employees return to work and the responsibilities of county human resources professionals and administrators in the current environment. Discussion included:

- Should employers mandating employee vaccinations pay for vaccines?

- If employers are requiring or encouraging employees to be vaccinated, what policies should they consider?

IPLAN Behavioral Health Workgroup Meeting:

Participated in the Work group meeting. Rosecrance staff provided programming updates including being awarded a two-year \$4 million SAMSHA federal grant to address critical needs of Champaign County residents. Rosecrance joined local law enforcement agencies to form a crisis co-responder team to work together in response to 911 calls from people experiencing a mental or behavioral health distress. Carle Hospital staff discussed their integrated primary care where patients with behavioral health issues can be seen by their primary care provider. Carle Hospital staff aim is to bring together parts of the healthcare delivery system that traditionally work in silos to residents of Champaign County.

University of Illinois Extension: Making Inroads into the Substance Use Disorder Crisis Mobilizing New Approaches to Rural SUD Services Presentation. The discussion centered around rural opioid prescriber training programs, the IL Prescription Monitoring Program Delta Counties Project, and the Substance Use Disorder Regional Leadership Center programs. This was a very informative presentation. Slides:

<https://uofi.box.com/s/vntj61bvk83kp735pudlypsaevrxfn9k> .

Other Activities:

I attended the Community Service of Northern Champaign County Celebrating 50TH ANNIVERSARY in Rantoul. Kudos to Andy K. and staff for a nice event.

CCMHB Financial Manager Chris Wilson and I met with GROW and its new staff to provide instruction on how to use the online forms required for submission of documents and reports.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – October 2021 Board Meeting

SUMMARY OF ACTIVITY:

I spent the majority of the past month on vacation.

Audits:

The Promise Healthcare (CCMHB funded) contracts have been terminated effective October 1, 2021 for not submitting an audit, per the CCMHB Funding Guidelines, Page 17, section 7. A formal letter of termination has been sent by email and by USPS.

Fourth Quarter Reporting—due August 27, 2021:

Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadline. They submitted some, but not all of the reports on October 5th. Payments to them have been suspended until we receive their reports.

GROW (CCMHB funded) requested and received an extension until September 30, 2021 to submit reports. They were missing 2 reports. Payments to them were suspended. Reports were received on October 6, 2021 and payment to them was released shortly after.

Formal letters of suspension are sent by email and certified mail.

First Quarter Reporting:

First Quarter reports will be due at the end of October. I sent out a reminder to all the agencies of the upcoming due date.

Other Compliance:

Down Syndrome Network (previously CCDDDB funded) did not apply for funding from us this year. However, they remain out of compliance from last year for failure to submit an audit, which should be noted if they re-apply for funding in the next cycle.

CU Able (previously CCDDDB funded) did not apply for funding from us this year. However, they remain out of compliance from last year for failure to submit various fourth quarter reports, which should be noted if they re-apply for funding in the next cycle.

I made contact with ten of our funded agencies because we had not been receiving copies of their Board approved minutes, as is required in their contract with us.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):

I continue to look for opportunities for our artists. We had one new artist join AIR this month.

FOIA/OMA Certification:

The Public Access Counselor's web page is still 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.

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.

2021 October 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 4th Quarter reports were submitted by organizations with some updates and changes. Please review the last pages for updates to the reports that were submitted.

Cultural Competence Training/Support

PACE: Training will be scheduled for all staff on September 22, 2021, was postponed until October 27, 2021.

Family Service Center of Champaign County: I attended the Self-Help Advisory Council meeting on September 22, 2021. I submitted the materials for the workshop that I will be presenting for CEU's. The conference will be virtual this fall, I will provide additional support for the conference as plans are solidified. The Self-Help Workshop will be November 5th 8:30 AM-12:00 PM.

CLC Coordinator Direct Service Activities

PY22 Contract Revisions

All CLC Plan Contract revisions that were required were updated and received by the 9/30/2021 Deadline.

Webinar and Training Activities:

Navigating Trauma for Kids & Teens: Back-to-School & COVID- Tuesday, October 12, 2021

- *Discuss the ways COVID-19 has increased traumatic stress*
- *Identify ways trauma impacts the developing brain* • *Explore ways trauma presents itself in the school setting*
- *Review the ways in which parents and caregivers, teachers, and school administrators can provide support*

Series 2, Back to School in the New Normal.

Episode 2 – Normal Adolescent Behavior vs. Problematic Behavior- Rosecrance Podcast

"Who Gets Health Care and Why: AI, Race and Health Equity"- Webinar September 28, 2021

Anti-Stigma Activities/Community Collaborations and Partnerships

2021 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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. We had a meeting on October 5 to discuss updates to the curriculum that will be implemented this year.

MI-Crew

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 September 20th virtually that was held at the American Legion. This was an open house for the Community Healing Opportunities. 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.

Walk as One Community Coalition

I attended the summit hosted by Courage Connection "The Courage to be Part of the Change Summit: Reducing Domestic Violence in CU" on Thursday, September 30, 2021. This was an insightful discussion about how to support DV and how gun violence is a product of Domestic Violence.

DisAbility Resource Expo-

I attended the steering committee on October 6, 2021. I have offered to serve on the committee that will vet additional resources that can be included on the website outside of Champaign County.

ACHMAHI

I attended a webinar called "Building a System of Care of For Children with Complex Behavioral Health Needs". Pathways to Success is a program for Medicaid enrolled children under the age of 21 in Illinois That are experiencing complex behavioral health needs and could benefit from additional support. The program provides access to an evidence-informed model of intensive care coordination and additional home and community-based service including Intensive In-Home, Family Peer Support, Therapeutic Mentoring and Respite. Pathways is targeted to launch on March 1, 2022.

**2021 October Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator
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>

Racial Bias in Health Care Artificial Intelligence

https://nihcm.org/publications/artificial-intelligences-racial-bias-in-health-care?utm_source=NIHCM+Foundation&utm_campaign=25937ad5d7-

[Disability Infographic 093021&utm_medium=email&utm_term=0_6f88de9846-25937ad5d7-167751988](https://nihcm.org/publications/artificial-intelligences-racial-bias-in-health-care?utm_source=NIHCM+Foundation&utm_campaign=25937ad5d7-Disability+Infographic+093021&utm_medium=email&utm_term=0_6f88de9846-25937ad5d7-167751988)

Kids with Disabilities Thrive with the Right Environment

<https://www.abilities.com/community/environment.html>

Champaign County Welcoming Plan

<https://universitymca.org/wp-content/uploads/2021/09/CCWP.pdf>

2021 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

121 CCMHB/DDB Agency Cultural and Linguistic Reporting Form

<u>Agency</u>	<u>2nd Quarterly Reports Completed</u>	<u>4th Quarterly Reports Completed</u>
<u>Antism Newtork</u>	<u>Yes</u>	<u>Yes</u>
<u>Champaign County Down Syndrome Network (DDB)</u>	<u>No</u>	<u>Submitted</u>
<u>Champaign County Head Start(RPC) DB/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>Submitted</u>
<u>Courage Connection</u>	<u>Yes</u>	<u>Submitted</u>
<u>Genesis Nursery</u>	<u>Yes</u>	<u>Submitted</u>
<u>GU Able (DD)</u>	<u>Yes</u>	<u>Submitted</u>
<u>Inningham Children's Home</u>	<u>Yes</u>	<u>Submitted</u>
<u>IREAAM</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>FORW Illinois</u>	<u>Yes</u>	<u>Submitted</u>
<u>Shohmet Area Youth Club</u>	<u>Yes</u>	<u>Submitted</u>
<u>AMI Illinois</u>	<u>Yes</u>	<u>Submitted</u>
<u>ACE</u>		<u>Submitted</u>
<u>Domise Healthcare Systems</u>	<u>Yes</u>	<u>Submitted</u>
<u>Hope Advocacy, Counsleing& Education</u>	<u>Yes</u>	<u>Submitted</u>
<u>Little the Stars</u>		<u>Submitted</u>
<u>Refugee Assistance Center</u>	<u>Yes</u>	<u>Submitted</u>
<u>Resecrance C-U</u>	<u>Yes</u>	<u>Submitted</u>
<u>P(Uniting Pride) Center</u>		<u>Submitted</u>
<u>Urbana Neighborhood Connections</u>	<u>Yes</u>	<u>Submitted</u>