



Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

Wednesday, December 15, 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 4-9)*
Minutes from the 11/17/2021 board meeting and joint study session are included. Action is requested.
9. Old Business
 - A. Three Year Plan for 2022-2024 with One Year Objectives for 2022 (pages 9-22)*
Included in the packet are a Decision Memorandum and final draft of new Three Year Plan for board consideration and action.
 - B. PY2023 Allocation Priorities and Selection Criteria (pages 23-36)*
Included in the packet is a final draft of funding priorities and selection criteria for the Program Year 2023 for board consideration and action.
 - C. Revised CCDDDB Funding Guidelines (pages 37-55)*

Included are a Decision Memorandum and final draft of revised CCDDDB Requirements and Guidelines for Allocation of Funds for board consideration and action.

D. CILA Update (pages 56-62)

Included for information is an update on the project, along with a market analysis.

E. CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 63-66)

F. Acronyms and Glossary (pages 67-74)

A list of commonly used acronyms is included for information.

10. New Business

A. The Community Choices Human Rights and Advocacy Group (pages 75-83)

Included in the packet are materials from the Community Choices Human Rights and Advocacy Group (The HRA), who will present on their efforts. No board action is requested.

B. DSC Advocacy Community Leaders (pages 84-96)

Included in the packet are materials from the DSC Advocacy Community Leaders, who will present on their efforts. No board action is requested.

C. Community Learning Lab Project Final Report (pages 97-117)

Included in the packet is a description of a student project on the I/DD workforce shortage. Board staff will provide an overview. No action is requested.

11. Successes and Other Agency Information

Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.

12. CCMHB Input

13. Staff Reports (pages 118-131)

Included for information only are reports from Kim Bowdry, Leon Bryson, Lynn Canfield, 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 December 15, 2021 at 9:00 a.m.

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

Go to Join Zoom Meeting

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

Meeting ID: 815 5912 4557

One tap mobile

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+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/j/81559124557>

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.



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

Minutes November 17, 2021

*This meeting was held with representation at the Brookens Administrative Center
and with remote access via Zoom.*

9:00 a.m.

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

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

OTHERS PRESENT: Vickie Tolf, Sarah Perry, Annette Becherer, Heather Levingston, Josh Cornwell, Patty Walters, Greg Schroeder, Danielle Matthews, Laura Bennett, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Sherry Longcor, Mel Liong, PACE; Angela Yost, Regional Planning Commission

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

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/PUBLIC PARTICIPATION:

Mel Liong from PACE discussed their collaboration with DSC and Community Choices with finding Personal Support Workers.

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield reviewed the agenda.

APPROVAL OF MINUTES:

Minutes from the 10/20/2021 board meeting were included in the packet.

MOTION: Ms. Suter moved to approve the minutes from the October 20, 2021 meeting. Ms. Ruesch seconded the motion. A voice vote was taken and the motion passed unanimously.

EXPENDITURE LIST:

A list of expenditures was included in the Board packet.

MOTION: Ms. Suter moved to approve the expenditure list. Ms. Ruesch seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

None.

Successes and Other Agency Information:

Information was shared from Patty Walters from DSC; Annette Becherer from DSC; Becca Obuchowski from Community Choices; and Hannah Sheets from Community Choices.

OLD BUSINESS:

Update on CILA Project:

Included in the packet was a Decision Memorandum offering an update on the sale of CILA properties and seeking Board action. Director Canfield provided a more detailed explanation on property repairs. There was a general Board discussion regarding costs of repairs.

MOTION: Ms. Ruesch moved to authorize the Executive Director to approve additional repairs, as recommended by the real estate agent, and relist the property when these have been completed, pending similar approval by the CCMHB. Ms. Schuster seconded the motion. A roll call vote was taken and the motion was unanimously approved.

DRAFT PY2023 Allocation Priorities and Selection Criteria:

For review and discussion is an initial DRAFT of funding priorities and selection criteria for the Program Year 2023. Also included is feedback from stakeholders, received prior to November 5. No action is requested.

DRAFT Revised CCDDDB Funding Guidelines:

For review and discussion was a new draft of revised CCDDDB Requirements and Guidelines for Allocation of Funds.

Agency Service Reports:

For information only, the packet included PY2022 1st Quarter Program Reports and PY2022 1st Quarter Service Data charts.

Update from 211-PATH:

Included for information only were communications from the Executive Director of PATH and 211 data reports for the period of July 1 to September 30, 2021.

CCDDDB and CCMHB Schedules and CCDDDB 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 CCDDDB.

Staff Reports:

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 10:45 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
and
CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES
BOARD**

JOINT STUDY SESSION

Minutes—November 17, 2021

This Meeting Was Held Remotely and at the Brookens Administrative Center

5:45 p.m.

MEMBERS PRESENT: Joe Omo-Osagie, Thom Moore, Elaine Palencia, Julian Rappaport, Jon Paul Youakim, Anne Robin, Sue Suter, Georgiana Schuster, Matt Hausman, Daphne Maurer

MEMBERS EXCUSED: Susan Fowler, Kyle Patterson, Deb Ruesch, Kim Fisher

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

OTHERS PRESENT: Jessica McCann, RPC, Laura Lindsey, Courage Connection; Gail Raney, Rosecrance; Danielle Matthews, DSC

CALL TO ORDER:

Joe Omo-Osagie called the study session to order at 5:50 p.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

None.



STUDY SESSION:

Cultural and Linguistic Competence (CLC):

Head Start/Early Head Start Cultural and Linguistic Competence Planning—Shandra Summerville and representatives of CCRPC presented on their work together. A presentation was included in the packet as well.

Board members were given an opportunity to ask questions and discuss future steps the Board might want to take in the future.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:33 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

#9.A



DECISION MEMORANDUM

DATE: December 15, 2021
TO: Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Kim Bowdry, Associate Director
SUBJECT: FY2022-2024 Three Year Plan with FY2022 Objectives

Background:

The Champaign County Developmental Disabilities Board develops and approves a new strategic plan every three years, using results of a community needs assessment and consideration of the local, state, and federal context in which it operates. At the end of the agency program year, through a CCDDDB contract, the survey results of preferences and needs of all eligible individuals are provided for use in future planning. Objectives for each fiscal year are reviewed and revised annually, incorporating information on emerging issues which has been presented and discussed during regular Board meetings. A 'theory of change' logic model developed in early 2021 is featured in the new Three-Year Plan, with some relevant sections referred to throughout. An initial draft of the new Three-Year Plan was presented in the September Board packet and distributed to agency providers and stakeholders. General and specific suggestions have been incorporated in the final draft.

Purpose:

The final DRAFT CCDDDB Three Year Plan with Objectives for County Fiscal Year 2022 continues the commitment to many previous goals and objectives with revisions. The Plan is meant to be responsive to emerging issues, often through state and national association involvement. Proposed changes are highlighted, with new language italicized, and strikethroughs on language to be removed.

Decision Section:

Motion to approve the proposed Three-Year Plan for Fiscal Years 2022 – 2024 with Fiscal Year 2022 Objectives.

- Approved
- Denied
- Modified
- Additional Information Needed

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

THREE-YEAR PLAN

FOR

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

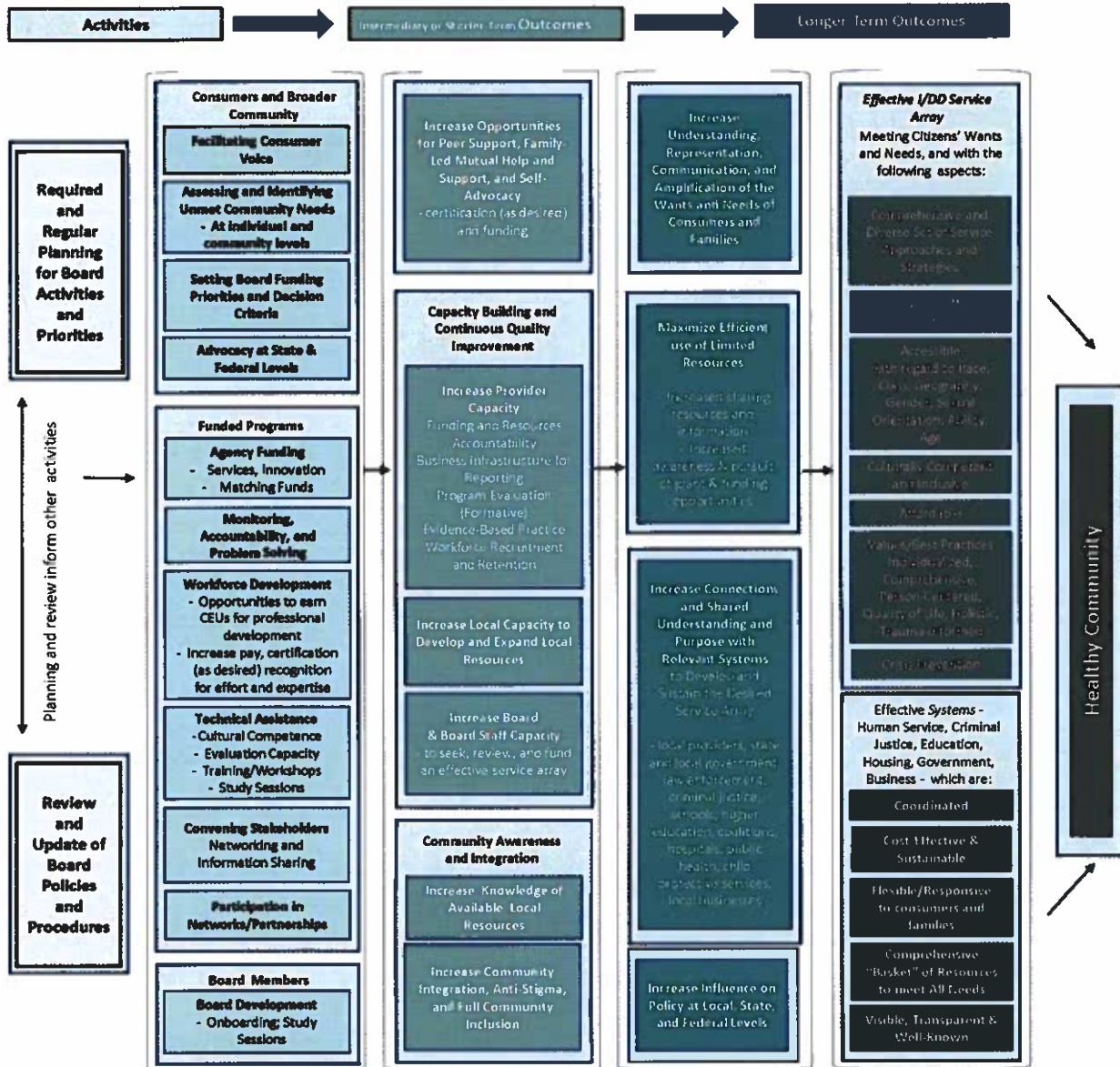
WITH

ONE YEAR OBJECTIVES

FOR

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

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



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

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

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

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

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

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

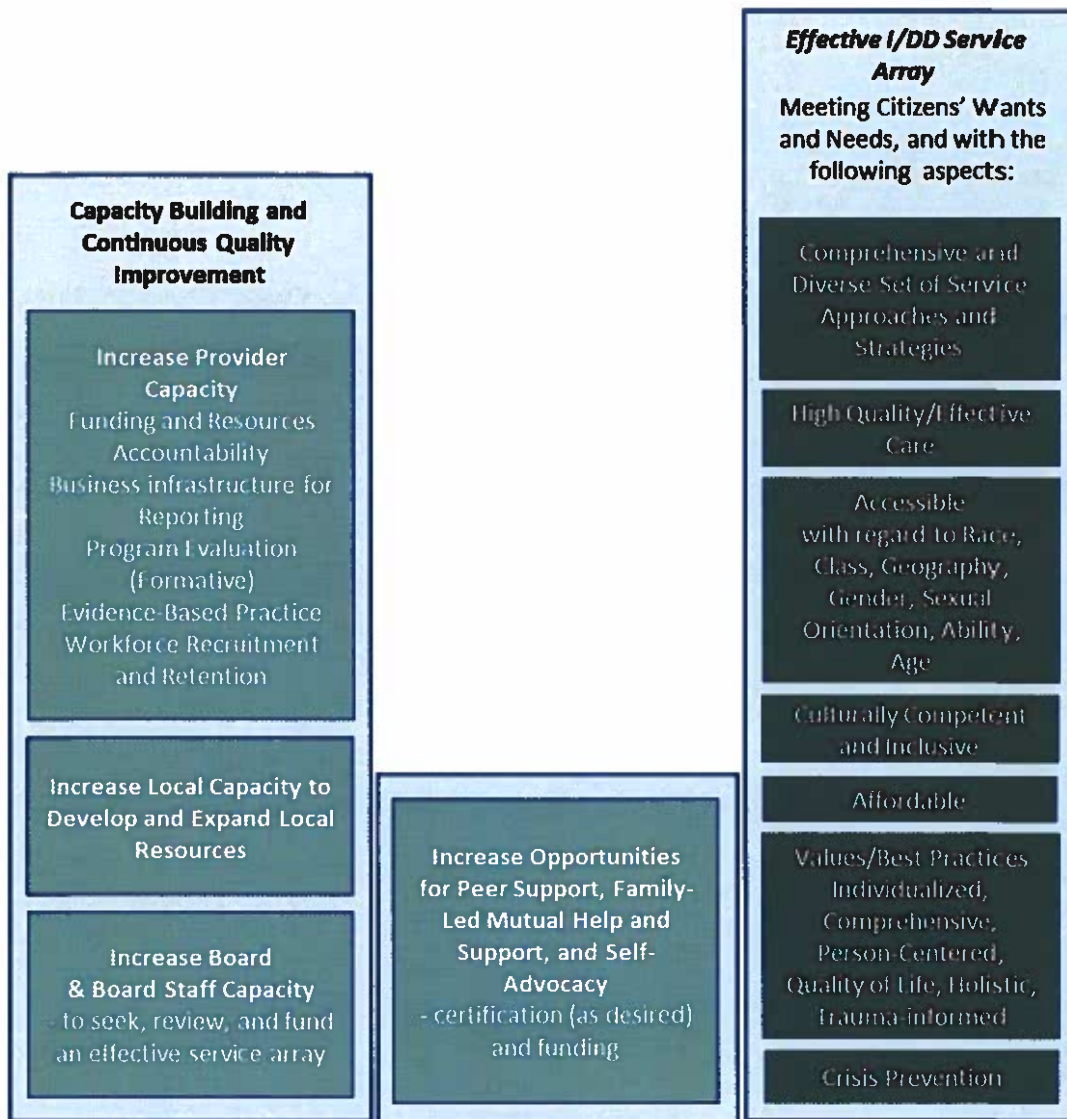
MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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



A COORDINATED AND ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS



Goal #1:

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

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

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

Objective #3: Promote wellness for people with I/DD to prevent and reduce early mortality, through supports and services which may include enrollment in benefit plans, linkage and advocacy, and coordinated access to primary care. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

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

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

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

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

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

Accessible
with regard to Race,
Class, Geography,
Gender, Sexual
Orientation, Ability,
Age

Culturally Competent
and Inclusive

Goal #2:

Sustain the commitment to improving outcomes for members of underrepresented and underserved populations.

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

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

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

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

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

Maximize Efficient use of
Limited Resources

Convening Stakeholders
Networking and Information
Sharing

Participation in
Networks/Partnerships

Goal #3:

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

Objective #1: Sponsor or co-sponsor educational and networking opportunities for service providers *and others supporting people with I/DD.*

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

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

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

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

Values/Best Practices
Individualized,
Comprehensive,
Person-Centered,
Quality of Life, Holistic,
Trauma-informed

Goal #4:

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

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

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

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

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

Board Development
Onboarding; Study Sessions

Increase Board
& Board Staff Capacity
- to seek, review, and fund
an effective service array

Goal #5:

Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

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

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

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

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

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

CHILDREN AND FAMILY-FOCUSED PROGRAMS

High Quality/Effective
Care

Accessible
with regard to Race,
Class, Geography,
Gender, Sexual
Orientation, Ability,
Age

Goal #6:

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

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

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

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

Goal #7:

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

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

Objective #2: Emphasize flexible support for people with I/DD and their families to enhance their ability to live together, to transition to greater

independence when and if they choose, and to be as connected to their communities as possible.

COMMUNITY ENGAGEMENT & ADVOCACY



Goal #8:

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

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

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

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

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

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

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

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

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

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

Goal #9:

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

Objective #1: Advocate for workforce development and stability, in coordination with people with I/DD.

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

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

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

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

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

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

#9.B.



DECISION MEMORANDUM

DATE: December 15, 2021
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
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 (CCDDDB) 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. CCDDDB members were presented an initial draft on October 20, which incorporated input from a July board meeting discussion. The draft was then distributed to providers, family members, advocates, and stakeholders, with a request for comments. Comments were received which supported specific sections. Using highlights and strikethroughs which will be removed in the approved version, this final draft uses feedback from Board, staff, and public:

- The sixth and final of Expectations for Minimal Responsiveness expands on use of technology and internet access;
- Considerations of training and access to technology are expanded in the Operating Environment section, in Priority categories for Community Life and Relationships and Strengthening the I/DD Workforce, and in Overarching Considerations, for Inclusion, Integration, and Anti-Stigma; and
- A confusing statement about re-registration is removed on page 12.

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to14) 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

23

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, **or through technology, if they had it and were able to use it.** 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. **Technology was and continues to be critical to decreasing social isolation and increasing community integration and employment, including the knowledge and skills needed to build relationships with others, participation in civic life, and obtaining and maintaining employment.** The Arc of the United States advocates for technology access and use (including internet access) as a way to support independence, inclusion, and community participation of people with disabilities (**The Arc of the United States Public Policy Agenda for the 117th Congress, page 66**). 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.

Further, in the report titled “[Addressing the Disability Services Workforce Crisis of the 21st Century](#)” (2017) and, more recently, in the report titled “[Bringing Long-term Supports & Services into the 21st Century](#)”, ANCOR indicates the need for service providers to be able to receive training on using technology to deliver services and also to support community integration, including self-advocates’ supported decision making in choosing and using technology to live more independent and overall quality lives.

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. **Programs should build on their successes with**

“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 CCDDB 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 CCDDB 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, including digital spaces. Of interest would be:

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

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, improve workforce knowledge of technology access and use for the benefit of those with whom they work, 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 **including in digital spaces**. 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.

Decision Section:

Motion to approve the CCDDDB Program Year 2023 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- Approved
- Denied
- Modified
- Additional Information Needed



**CHAMPAIGN COUNTY
DEVELOPMENTAL
DISABILITIES BOARD**
**CHAMPAIGN COUNTY
MENTAL HEALTH BOARD**

#9.C.

DECISION MEMORANDUM

DATE: December 15, 2021
 TO: Champaign County Developmental Disabilities Board (CCDDDB)
 FROM: Lynn Canfield, Executive Director
 SUBJECT: CCDDDB Requirements and Guidelines for Allocation of Funds

Background:

The Champaign County Developmental Disabilities Board establishes requirements for the allocation of funding, per the Community Care for Persons with Developmental Disabilities Act and consistent with relevant local, state, and federal rules. The requirements should be reviewed periodically, as was done in November 2018. At that time, revisions included many to ensure financial accountability in a changing environment. Further adjustments were approved in May of 2021, to allow additional time for completion of annual independent financial audits, reviews, or compilations. Since then, many clarifications have been suggested by a consulting attorney, members of the CCDDDB and the Champaign County Mental Health Board (CCMHB), and staff. A draft was discussed at October and November board meetings, and changes to the appeals process were developed. All revisions appear with highlights on new language and strikethroughs on what is to be deleted.

Purpose:

A draft “Champaign County Developmental Disabilities Board Requirements and Guidelines for Allocation of Funds” is presented for Board approval. Once approved, editing will be completed, and the final version posted at <https://www.co.champaign.il.us/mhbddb/PublicDocuments.php> and <https://ccmhddbrds.org>.

Decision Section:

Motion to approve the proposed “Champaign County Developmental Disabilities Board Requirements and Guidelines for Allocation of Funds”.

- _____ Approved
- _____ Denied
- _____ Modified
- _____ Additional Information Needed

DRAFT

**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. Consistent with the Internal Revenue Service conflict of interest policy, no staff member of the agency or relative of a staff member will be allowed to serve on the agency board.
- (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.
- (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.
- (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 solicitation, 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.
- (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 ~~budget plan~~ 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,

CCDDB 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 CCDDB 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 CCDDB 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 CCDDB 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 CCDDB.
 - (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 CCDDB 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 CCDDB.
 - (ii) The Provider Executive Director and Provider Board President shall be notified, in writing, certified mail, return receipt requested, by CCDDB 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 CCDDB requirements within ninety days of notification of suspension of funding; or repeatedly fails to comply with requirements of the CCDDB 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 CCDDB. 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 CCDDB 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) The written formal appeal should include, at minimum: (1) a thorough explanation of what happened to cause the noncompliance; (2) proof of corrective action that has been taken, or is underway, to ensure that the root cause has been addressed and will not happen again; and (3) a plan for additional reporting by the agency and possible additional oversight by CCDDDB relevant to the noncompliance for the remainder of the contract. The third component may be modified by the CCDDDB, possibly incorporating input from CCDDDB staff.~~
 - (vii) 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. ~~All written materials for consideration should be submitted by the Provider a minimum of eight (8) days prior to the meeting of the Board. The agency shall be afforded the opportunity to discuss the issue with the CCDDDB prior to a final decision. Additional information may be required for the CCDDDB to arrive at their 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).
- (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;
 - (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 payments made to the agency. 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. If a satisfactory report is NOT 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 issue the suspended payments. An agency will not be eligible for subsequent CCDDDB 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 CCDDDB 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.

#9.D.



BRIEFING MEMORANDUM

DATE: December 15, 2021
TO: 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 Champaign County Mental Health Board (CCMHB) and the CCDDB, launched in 2014 on behalf of residents who had I/DD and complex support needs and had been unable to secure residential services in or near their home community. For several years, challenges were met by the service provider, families of those served, Independent Service Coordination staff, and CCMHB/CCDDB members, staff, and attorneys. By 2020, difficulties securing a workforce had become insurmountable. While the I/DD workforce is a topic at state and federal levels, many providers are downsizing rather than expanding community-based services. With our CILA houses empty, the Boards made the difficult decision in July to sell them and reinvest in meaningful supports for this population.

Updates:

The first home was sold on September 10, adding **\$226,017.05** to the CILA Facilities Fund, along with insurance refund of **\$681**. Necessary repairs to the second home were identified prior to listing, and two inspections indicated the need for roof replacement.

- Removal of dead tree and landscaping stones - **\$475+\$195 DONE**
- Replace garage door and trim -**\$1876 DONE**
- Refinish hardwood flooring - **\$2275** (bid) *December likely*
- Replace broken face plates – **\$20** or less (bid) *DONE*
- Remove panel under kitchen sink, install cabinet doors - **\$850** or less *DONE*
- Repair/repaint kitchen ceiling, remove stickers, paint interior - **\$2650 DONE**
- Repair front railing, repair and restain rear deck, remove picket fence, fill in holes, plant grass seed - **\$1635 DONE**

- Remove signs from interior – *(waiting, due to potential buyer)*
- Roof replacement – **\$14,432 DONE**

When the home was listed in September, there were eleven realtor showings and one offer, contingent on repairs identified in the buyer's inspection report, which could not be completed by the closing date. The home was taken off the market so that we could follow up with inspections, bids, and determination of the necessity.

- Repair/replace downspouts as needed – *seeking a second bid*
- Prep and paint trim around exterior doors – *a minor repair*
- Repair auto-retract feature of garage door – **\$84 DONE**
- Finish drywall and paint garage – *not a qualifying deficiency*
- Qualified electrician to correct double tapping in electrical panel. Properly secure wiring in crawlspace. – *electrical items can be done for below \$300.*
- Professional HVAC company to inspect the heating system and the scorching issue. All repairs and/or replacement to be completed as recommended. – *servicing and inspection \$216.50 DONE - functioning normally, do not replace/repair at this time.*
- Improper filter to be replaced. – *if not already done, handyman bid.*
- Qualified plumber to replace improper piping material with appropriate materials, make necessary repairs to low water flow at left side back bathroom sink, and identify the source of the moisture and perform necessary repairs. - **\$729** *(repair shower pan and repair faucet and showerhead in master bath, repair showerhead and faucet in hall bath, install downspout extensions to correct water in crawlspace). Because the issue is the failing shower pan, seeking a bid to replace it.*
- Issue with standing water in the crawlspace to be corrected by the installation of a sump pit and sump pump with appropriate plumbing to move the water away from the home.
- Loose insulation in the crawlspace to be repaired or replaced as needed. – *not a qualifying deficiency, could be reattached; plumber notes downspout extensions will correct it, given the amount of seepage and lack of proper downspout extensions; sump pump may not be necessary – seeking a handyman bid.*
- Mold in the garage to be cleaned and treated by an appropriate professional.
- Miscellaneous work: replace 2 cover plates and outlet in back bathroom; repair ceiling fan in SE bedroom; replace 2 outlets on east side of kitchen island; replace doorbell button; replace garage attic access ladder; vent dryer outside. - **\$950**
- Effected subfloor and floor joists to be replaced by a qualified contractor. Any mold/milder remaining after repairs will be leaned and treated by a professional contractor (below back bedroom shower). Bathroom flooring to be repaired or

reinstalled after repairs (below back bedroom shower). – *Joists appear to be fine.*
First bid is \$11,722.02; second bid on December 20 - hard to find people to do this work at this time of year.

The main focus is the master bath subfloor, which if not repaired may dissuade potential buyers. Once the bathroom work is done, the water incursion problems will also be resolved. The hardwood floor repair is approved and scheduled. These repairs should settle the most important issues, and by then the seller's market may be better. We could go back to the earlier buyer with a revised list price, due to the scope of the work, and we could relist the house. *Attached is a copy of the real estate agent's most recent market analysis.*

Real Estate Market Update

November 2021

By Nick Ward

Solid information about our **local market** is helpful for everyone, and especially for our clients who are thinking about entering into a real estate transaction this year.

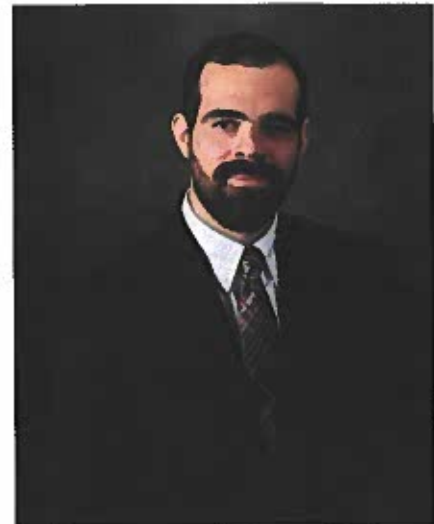
This update is based upon information supplied by the Champaign County Association of REALTORS Multiple Listing Service for all attached and detached single-family properties in Champaign, Savoy or Urbana. **It is important to keep in mind that specific segments of the market may have performed better or worse than the overall market analyzed below.**

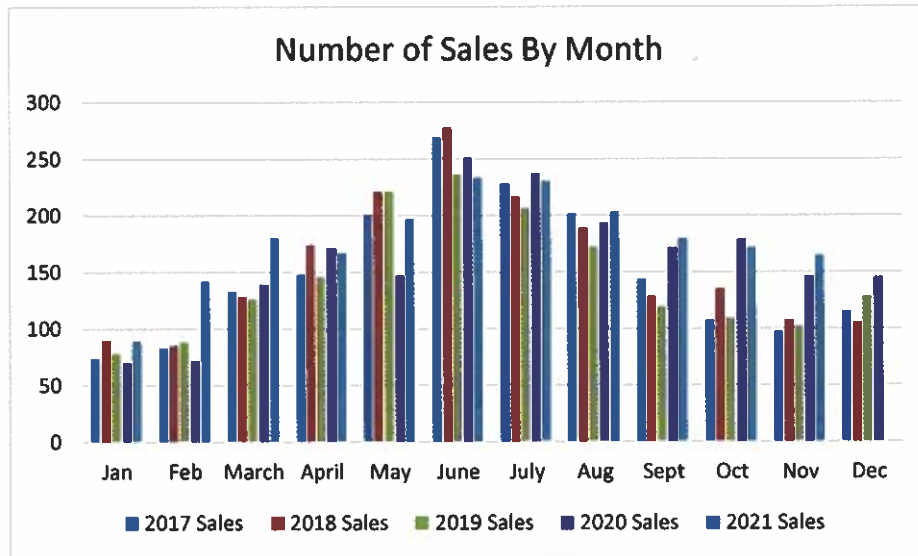
Comparing the Last 12 Months with the Previous 12 Months

For the most recent twelve months (12/01/2020-11/30/2021) the MLS reported 2,098 sales with a median sale price of \$179,700 and a reported average marketing time of 48 days. For the prior twelve months (12/01/2019-11/30/2020) the MLS reported 1,906 sales with a median sale price of \$170,000 and a reported average marketing time of 86 days.

This shows an increase in the number of sales of 192 homes or 10.1%. The median sale prices saw a 5.7% increase. There are currently 181 homes on the market with an average marketing time of 128 days. This results in a 1.0-month supply of homes in inventory, which is a significant shortage relative to historical supply demand relationships in this market.

Please note that while the number of sales still significantly higher than the historical average for the month of November, the market has slowed considerably since it's peak in July of this year.





Interest Rates

The Interest Rate Story: For most of 2017, 30-year fixed rate mortgages were available from 3.75% to 4.125%. Interest rates increased rapidly in January and February of 2018 and had remained relatively stable within the range of 4.5% to 4.75%. In September 2018, rates moved as high as 5% before starting to decline as the year ended. Beginning in 2019 rates started a decline.

In 2020, rates varied from 3.5% to 3.6% through March. Since then, and with the advent of the novel coronavirus pandemic and the Federal Reserve cutting the interest rate, rates have been more volatile and fluctuating within the 2.5% to 3.5% range. This trend has continued in 2021. Currently, 30-year fixed rate mortgage financing is available at 3.125%. Please note that the interest rate can vary significantly between lending institutions and borrower qualifications. Contact your Joel Ward Homes agent for recommendations!

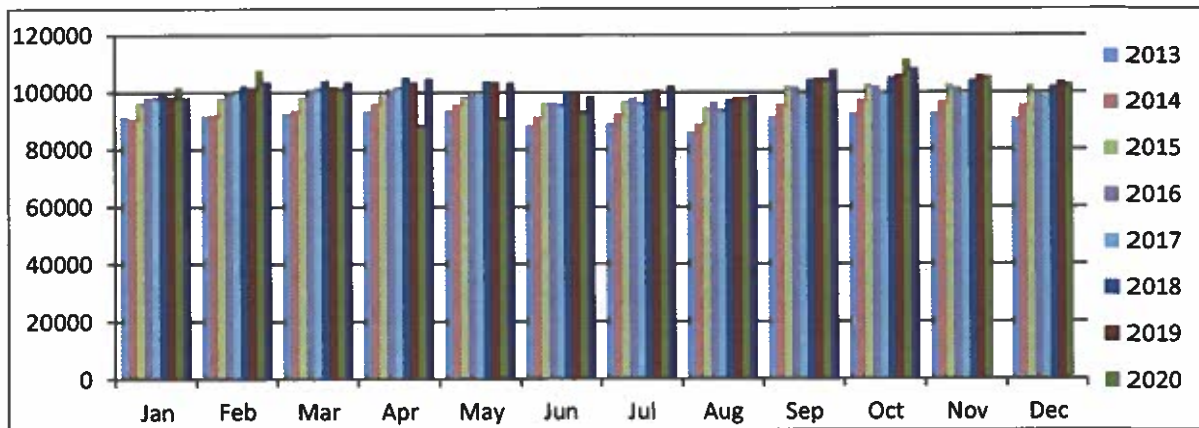
Local Employment Analysis

The close connection between employment levels and the strength of housing markets has been well established, both locally and on a national basis. **In October 2021 (the last month for which data has been published) there were 108,188 employed people in Champaign County and an unemployment rate of 3.7%. In October 2020 there were 111,374 people employed with an unemployment rate of 4.2%. This results in a 2.9% decrease in the number of people employed.** The current rate of unemployment is consistent with the rates since prior to the Covid-19 pandemic.

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What follows is a graph showing the number of jobs in Champaign County, by month, based upon non-seasonally adjusted U.S Bureau of Labor Statistics data.

**NUMBER OF JOBS IN CHAMPAIGN COUNTY NON-SEASONALLY ADJUSTED DATE
PER BLS**



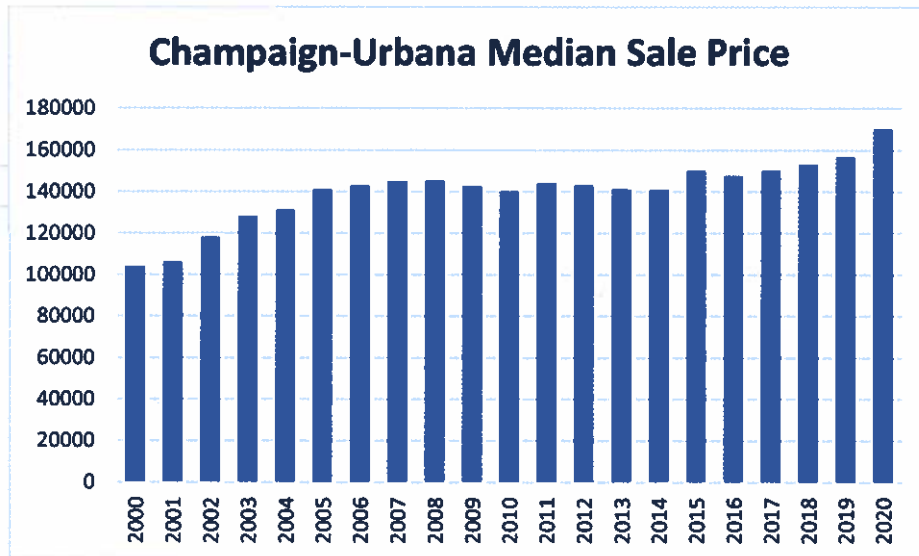
Conclusions

It is most notable that there is a significant shortage of homes in inventory, which is putting upward pressure on sales prices. This is most likely due to the combination of pent-up demand being released, along with the historically low interest rates.

What does this mean to the home seller? The market has slowed considerably since its peak earlier this year, though we are still seeing atypically short marketing times and high sales prices. There is still a significant shortage of housing available, which makes this a great time to sell. Contact your Joel Ward Homes REALTOR for the best options!

For buyers, the historic low interest rates are continuing their trend of remaining under 4.0%. Given the increase in the rate of inflation, it is likely that interest rates will increase during the coming year. However, there are many variables, and it is uncertain. The current supply of homes in inventory is exceedingly low, which is likely going to make it more difficult to find suitable housing. This makes it even more important for your REALTOR to stay current on all homes which are listed for sale and meet your criteria.

Please note that while the market is remaining a strong seller's market, the year-over-year increase in median sales price is slowing. Additionally, marketing times are slowly increasing.



Overall, Champaign-Urbana real estate has proven to be a good investment over time with an average annual appreciation rate of 2.6% since 2000, and this includes the 2009-2013 financial crisis and recession.

Remember that each particular segment of the market is different. If you are thinking about selling your home, or buying one, the best decision is to contact your Joel Ward Homes REALTOR to obtain current information about the specific segment of the market relevant to your property.



#9.E

CCDDB 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

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 - *tentative*

September 21, 2022 – Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 2022 5:45PM – Shields-Carter Room – 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 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

December 15 – Shields-Carter Room

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 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.

- 12/13/21 *Public Notice of Funding Availability to be published on or before this date, giving at least 21-day notice of application period.*
- 12/15/21 **Regular Board Meeting**
Approve Three Year Plan with One Year Objectives
Allocation Decision Support – PY23 Allocation Criteria
- 12/31/21 *Agency Independent Audits, Reviews, or Compilations due*
- 1/3/22 *Online System opens for Agency Applications for PY2023 Funding*
- 1/19/22 **Regular Board Meeting**
- 1/28/22 *Agency PY2022 Second Quarter and CLC Progress Reports due.*
- 1/31/22 *Deadline for submission of updated agency eligibility questionnaires*
- 2/11/22 *Deadline for submission of applications for PY2023 funding.
Online System will not accept any forms after 4:30PM.*
- 2/23/22 **Regular Board Meeting**
List of Requests for PY2023 Funding
- 3/23/22 **Regular Board Meeting**
- 4/13/22 *Program summaries released to Board, copies posted online with the CCDDDB April 20, 2022 Board meeting agenda and packet.*
- 4/20/22 **Regular Board Meeting**
Board Review and Staff Summaries of Funding Requests
- 4/29/22 *Agency PY2022 Third Quarter Reports due*
- 5/11/22 *Allocation recommendations released to the Board, copies posted online with the CCDDDB May 18, 2022 Board meeting agenda and packet*
- 5/18/22 **Regular Board Meeting**
Allocation Decisions; Authorize PY2023 Contracts

6/22/22 **Regular Board Meeting:** Draft FY2023 Budget

6/24/22 *Deadline for agency application/ contract revisions*
Deadline for agency letters of engagement with CPA firms
PY2023 contracts completed

6/30/22 *Agency Independent Audits, Reviews, or Compilations due*
(only for those with calendar fiscal year, check Special Provision)

7/20/22 **Regular Board Meeting:** Election of Officers

8/17/22 **Regular Board Meeting** - tentative

8/26/22 *Agency PY2022 4th Q Reports, CLC Progress Reports, and*
Annual Performance Measure Reports due

9/21/22 **Regular Board Meeting**
Draft Three Year Plan 2022-2024 with 2023 Objectives

10/19/22 **Regular Board Meeting**
Release Draft Program Year 2024 Allocation Criteria

10/26/22 **Joint Study Session with CCMHB** at 5:45PM

10/28/22 *Agency PY2023 First Quarter Reports due*

11/16/22 **Regular Board Meeting** (off cycle)
Approve Three Year Plan and PY24 Allocation Criteria

12/11/22 *Public Notice of Funding Availability to be published on or before this*
date, giving at least 21-day notice of application period.

12/21/22 **Regular Board Meeting** (off cycle)

12/31/22 *Agency Independent Audits, Reviews, or Compilations due*

1/2/23 *Online System opens for Agency Applications for PY2024 Funding*

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#9.F.

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
- CUAN – Champaign-Urbana Autism Network
- DSC - Developmental Services Center
- DSN – Down Syndrome Network
- LAG – Individual Advocacy Group
- ISC – Independent Service Coordination Unit
- FDC – Family Development Center
- PACE – Persons Assuming Control of their Environment, Inc.
- PCMHC – Piatt County Mental Health Center
- RCI – Rosecrance Central Illinois
- RPC – Champaign County Regional Planning Commission

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

IDHS – Illinois Department of Human Services

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

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

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

Human Rights & Advocacy Group

COMMUNITY CHOICES

#10A

Meet the Group

SARAH DEMISSIE, CO-FACILITATOR

JENNIFER BUOY

ISAAC INSKEEP

HOPE HOLLAND

ERIC BEASLEY

TOBIE WOOD

JAZ DAVIS

CC STAFF: HANNAH SHEETS, BECCA OBUCHOWSKI

Past Projects

- Healthcare Professional's Guide to Working with People with Developmental Disabilities
- Learning about intersection between disability rights and other rights movements
- Accepting Housing Vouchers Pamphlet



THE HEALTHCARE PROFESSIONALS' GUIDE TO WORKING WITH PATIENTS WITH DEVELOPMENTAL DISABILITIES

GOAL	WHAT PATIENTS CAN DO	WHAT HCPS CAN DO	WHAT SUPPORT PEOPLE CAN DO
<p>HCPS UNDERSTAND THAT I HAVE A ROLE AND VOICE IN MY HEALTHCARE - IT'S MY BODY</p>	<p>Make a list of questions ahead of time (prioritize items before you come)</p> <p>Give a list of questions/topics to the tech when you are just starting an appointment</p> <p>Bring a medicine list or pill bottles - this saves lots of time for other issues and conversation</p> <p>Write down symptoms experienced and when ahead of time</p>	<p>Communicate to the patient that you are there for them</p> <p>Encourage the patient to be honest</p>	<p>Ask the patient before hand how they want you to be involved</p> <p>Let the patient explain who the support person is and why you are there</p> <p>Help the patient prepare for the appointment</p> <p>Help review with the patient after the appointment</p>
<p>HCPS ADJUST TO HOW I COMMUNICATE AND RESPOND IN A WAY I CAN UNDERSTAND</p>	<p>Find a communication style that works for you and practice how it can help at an appointment</p> <p>Bring communication tools with you</p> <p>Help HCPS understand why you are using a communication support and how it works</p> <p>Request a 30 minute appointment and explain that a communication need is a reason for it</p> <p>Use automated systems to send messages to providers ahead of appointments (48-72 hours ahead)</p>	<p>Use pictures to help explain things</p> <p>Use notes to record important information about the patient's communication preferences - bring in the support staff to help make this possible</p> <p>OK a 30 minute appointment when people need more time to communicate</p> <p>Connect with nurses and other office support people about when someone might have communication needs</p> <p>Ask patients if they need more time to process or consider options</p> <p>Slow down and explain things using plain language without being patronizing. Be patient and kind</p> <p>Let the patient know that you understood what they are saying or communicating</p>	<p>Help the patient prepare for the appointment</p> <p>Talk with the patient about supporting them to use an online communication portal</p> <p>Use automated systems to send messages to providers ahead of appointments (48-72 hours ahead)</p> <p>Take notes during the appointment</p> <p>Help review with the patient after the appointment</p>
<p>HCPS FOCUS ON ME AND USE MY SUPPORT PEOPLE AS A RESOURCE NOT A STAND-IN FOR ME</p>	<p>Make sure the doctors know who they have permission to talk to</p> <p>Let the clinic know that you will need someone or some support during your appointment - have them add it to an appointment note</p>	<p>Find a way to talk to the patient alone and ask them what they want</p> <p>Ask the patient who you have permission to talk to</p> <p>Help other HCPS when a patient and support person might not agree on something</p> <p>Be open with patients about when and why support people can and cannot be present</p>	<p>Ask the patient before hand how they want you to be involved</p> <p>Let the front desk or office staff know you are available to support someone</p> <p>Let the patient explain who the support person is and why they are there</p>

PLEASE UNDERSTAND HOW MY DISABILITY COULD AFFECT MY CARE, BUT TREAT ME LIKE ANYONE ELSE.

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MY GUIDE FOR HEALTH CARE PROFESSIONALS

MY GOALS	What I can do	What my HCPs can do	What my Support Person can do
<p>My HCPs understand that I have a role and voice in my healthcare - It's my body</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Make a list of questions ahead of time <input type="checkbox"/> Give a list of questions to the nurse when I am just starting my appointment <input type="checkbox"/> Write down my symptoms ahead of time <input type="checkbox"/> Bring a list of my medicines or pill bottles 	<ul style="list-style-type: none"> <input type="checkbox"/> Communicate to me that they are here for me <input type="checkbox"/> Encourage me to be honest and give me time to answer questions 	<ul style="list-style-type: none"> <input type="checkbox"/> Ask me before the appointment how I want them to be involved <input type="checkbox"/> Let me explain who they are and why they are with me <input type="checkbox"/> Help me prepare for the appointment <input type="checkbox"/> Help review with me after the appointment
<p>My HCPs adjust to how I communicate and respond in a way I can understand</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Find a communication style that works for me that I can use at an appointment <input type="checkbox"/> Bring any needed communication tools with me <input type="checkbox"/> Help HCPs understand why I am using a communication support and how it works <input type="checkbox"/> Request a longer appointment to explain my communication needs 	<ul style="list-style-type: none"> <input type="checkbox"/> Use pictures to help explain things <input type="checkbox"/> Record notes about my communication preferences <input type="checkbox"/> Ask if I need more time to process or consider my options <input type="checkbox"/> Slow down and explain things using plain language without being patronizing <input type="checkbox"/> Let me know that you understand what I am saying or communicating 	<ul style="list-style-type: none"> <input type="checkbox"/> Assist me with any communication support as needed <input type="checkbox"/> Take notes during the appointment
<p>My HCPs focus on me and use my support people as a resource not a stand-in for me</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Greet my HCP in the communication style I prefer <input type="checkbox"/> Make sure the doctors know who they have permission to talk to <input type="checkbox"/> Answer questions in the communication style I prefer <input type="checkbox"/> Ask my support person to help answer a question if I want them to do that 	<ul style="list-style-type: none"> <input type="checkbox"/> Ask me who they have permission to talk to <input type="checkbox"/> Find a way to talk to me alone and ask me what I want <input type="checkbox"/> Be open with me about when and why support people can and cannot be present 	<ul style="list-style-type: none"> <input type="checkbox"/> Re-direct questions about how I'm feeling and my experiences to me so I can answer <input type="checkbox"/> Ask my permission to give the HCP additional information, then ask if I agree with what they said



CREATED BY

PLEASE UNDERSTAND HOW MY DISABILITY COULD AFFECT MY CARE, BUT TREAT ME LIKE ANYONE ELSE.

Intersectionality



**BLACK
LIVES
MATTER**



QUICK VOUCHER FACTS

WHAT ARE MY NEXT STEPS?

Landlords choose which units allow vouchers, and can follow their usual tenant screening process.

Tenants who use vouchers follow the same leasing regulations as other tenants.

Inspections cover basic safety and unit upkeep. They are not difficult to pass and HACC is excited to work with landlords! 70% of landlords pass the inspection the first time.

Voucher holders have families, jobs, and contribute to our community.

Contact the
**Champaign County
Housing Authority**

for more
information!

217-378-7100

leasing@hacc.net

www.hacc.net



Created by Community Choices, Champaign IL
www.communitychoicesinc.org



ACCEPTING VOUCHERS MEANS BENEFITING FROM:

AND YOUR COMMUNITY BENEFITS, TOO!

PROOF OF SUCCESS

Reliable Tenants

Voucher holders tend to be long term tenants, staying for an average of 6 years. They are also motivated to pay their portion of rent each month to avoid losing their voucher.

Guaranteed Rent

The Housing Authority automatically deposits the majority of rent into your bank account each month.

Wide Tenant Pool

Each month in Champaign County, an average of 86 potential tenants are looking for landlords who accept housing vouchers.

"It's an extra special feeling to be able to provide housing to someone who may not have been able to afford it otherwise."

- Jane, Landlord



"It was a painless and pleasant experience working with the professional people at the HACC."

- Rob, Landlord

"I felt supported by the HACC staff. They were very responsive and knowledgeable when you had questions."

- Leslie, Landlord

"Using a voucher provides a sense of security that is very valuable."

- Lee, Tenant

"My housing voucher gave me freedom and independence. I love living in my apartment."

- Tara, Tenant, pictured left

Last project was really interesting to me and about advocating for apartments that are affordable. It's hard for me and most people to be able to afford housing and everything else with a lot of jobs right now. Big problems like that need more than one person to solve, and the Advocacy group lets us work together to help."

Current Campaign: Increasing Respect for People with I/DD

Encouraging community mindset shift through many small projects.

Creating projects around additional areas of life: community, work, housing, education

Partnership with Visit Champaign County

CHAMBANA WELCOME CREW 

- Accessible Champaign County

#10.B.



Self-Advocacy

What we've learned and where we're going!

1




What does self-advocacy mean to us?

- Standing up for yourself
- Speaking up
- Knowing your rights
- Getting help for those with disabilities and others that need it

2

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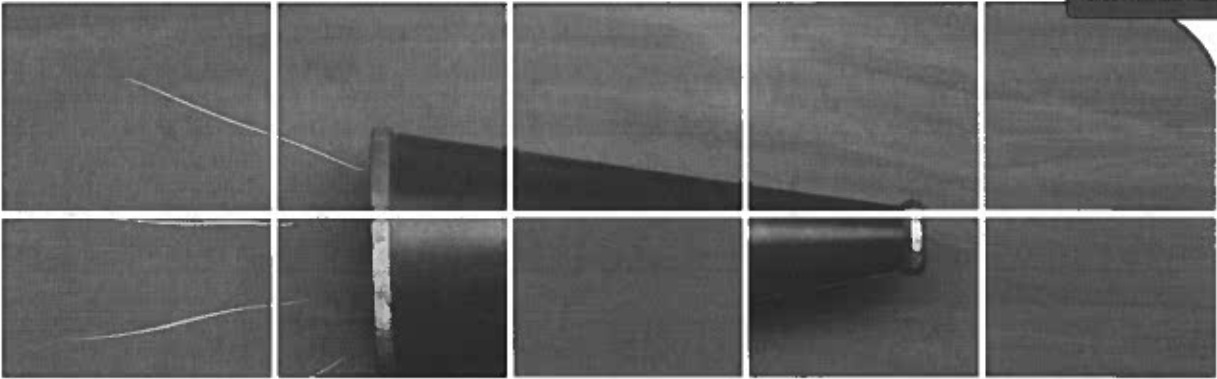
Slide Presenters: Doreen



**I am a person.
I have choices!**

3

Slide Presenter: Tom



**How Have We Been
Advocating?**

4

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Self-Advocacy Group



Learned more about our rights



Gained skills needed to speak up for ourselves



Participated in activities that allowed us to practice self-advocacy



We discussed self-advocacy issues as a group


5

Rights We've Discussed So Far

- | | | |
|---|------------------------------|---------------------------------|
| Right to Opinions | Advocating for Change | Right to View Clinical Records |
| Right to Community Activities and Leisure | Right Against Coercion | Right Against Abuse and Neglect |
| Right to Privacy | Right to Relationships | Right to Work |
| Right to Confidentiality | Right Against Discrimination | |



6



Beyond Ability Podcast

- Provided an outlet to talk about important topics with other members of the community
- Opportunity to discuss issues people with disabilities face with leaders
- Became familiar with new forms of technology
- Conquered our fears of interviewing

7

What technology do we use for podcasting?

- Squadcast – An online interviewing website that records audio
- Audacity – A computer program used to edit audio
- Canva – An online website used to create social media art
- Facebook and Instagram – Social media websites that we use to promote each episode
- Microphones – Used to record our voices during an interview
- Computers – Used to send draft emails to guests and access all apps and websites needed

8

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Slide Presentation Control


Spread the Word Campaign Episode

In this episode, we interviewed several community leaders to ask them how they are inclusive in their fields, like the Mayor of Champaign and the Mayor of Urbana, the Chief of Police in Urbana, the President of Parkland College, and the Dean of Students at U of I.

9

Going Home Rally

- In 2021, we participated virtually in the Going Home Rally.
- This is a rally to let legislators know that more opportunities for safe and affordable housing need to be created for people with developmental disabilities.



10

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Speak Up Speak Out Summit

Slide Presentation Script: Kaitlyn Hill



- Even though the summit was virtual this year, we still learned a lot!
- This year, we joined as a group at a local library space for one of the three summit days.

We learned more about...

- Our right to be treated the same as everyone else
- Having choices
- Gender, Pronouns, and Sexuality
- Healthy and unhealthy relationships
- Consent and Sexual Violence



10

11



Slide Presentation: Danielle

Future Advocacy Projects

Copyright photos.com/rauw


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12


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Slide Presenter: Valerie

LEAP Program



"Sharing God's love by fighting for opportunities that empower people."



When businesses receive LEAP training, we believe it would be useful and inclusive to have representation from advocates.


13

13

Slide Presenter: Scott

Champaign/Urbana First Responders

We would like to be included in the education of police, firefighters, and paramedics about responding to emergencies involving people with disabilities.



14

14

Slide Presenter: 1/11


DSC Staff Education

We would like to expand our role in educating new staff about the rights of individuals served during the hiring process as we've done in the past.

15

15

Slide Presenter: 1/11



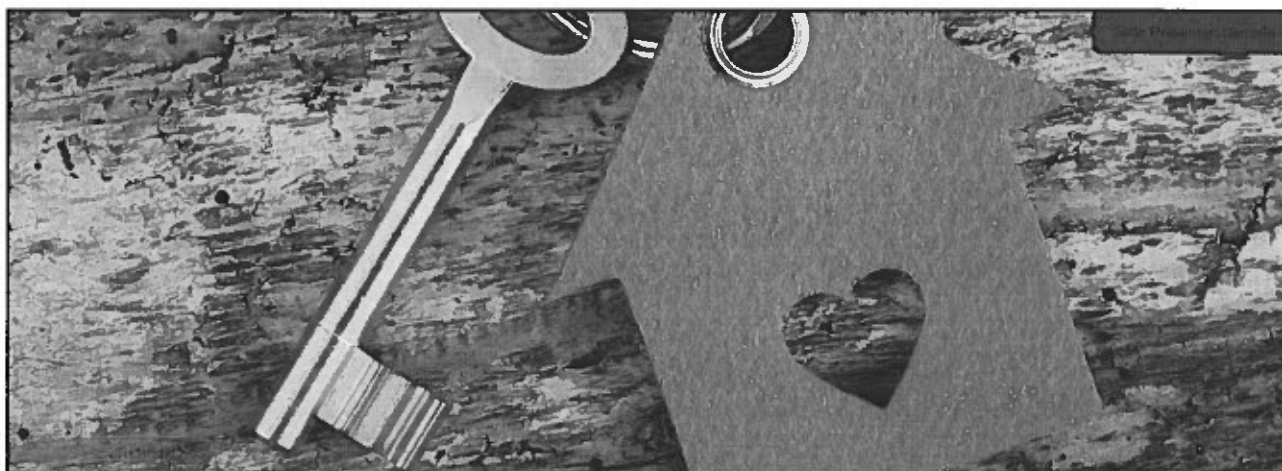
MTD System

We'd like to achieve an easier way to understand the bus system with safety in mind. It's easy to get lost in the community.

16

16


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Living Independently

We would like to see more people living independently.

17



Teaching Others About Their Rights

We will be working on helping others learn more about their rights and advocacy.


18



Group Offerings

We would like to see more groups centered around career and independence topics.

19



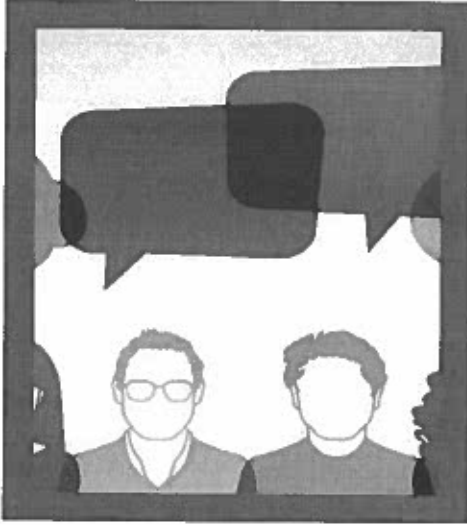
Marriage Equality

As it stands, people with disabilities will lose a lot when getting married. We want to see marriage equality.

20

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Public Speaking



We want our voices to be heard. We are currently working on a proposal to speak at the 2022 Arc of Illinois Annual Convention.

Our topic would include the importance of people with disabilities being involved in employee hiring and training in programs like ours.

21

What does the future hold?



Being more involved with DSC hiring and employee training



Continue to look at what's working and what isn't



Discussion with leaders about changes we'd like to see in our community



Reaching out to other self-advocates in the community

22

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What are our plans?

01

Speak to leaders
about our issues

02

Get more involved
in the training of
staff, teachers,
businesses, and
responders

03

Talk with
legislation

04

Continue to
educate others in
the community

23

Closing



To sum it up, COVID-19 has had a huge impact on our community's health and services. Regardless of this, advocates have been able to achieve so much.



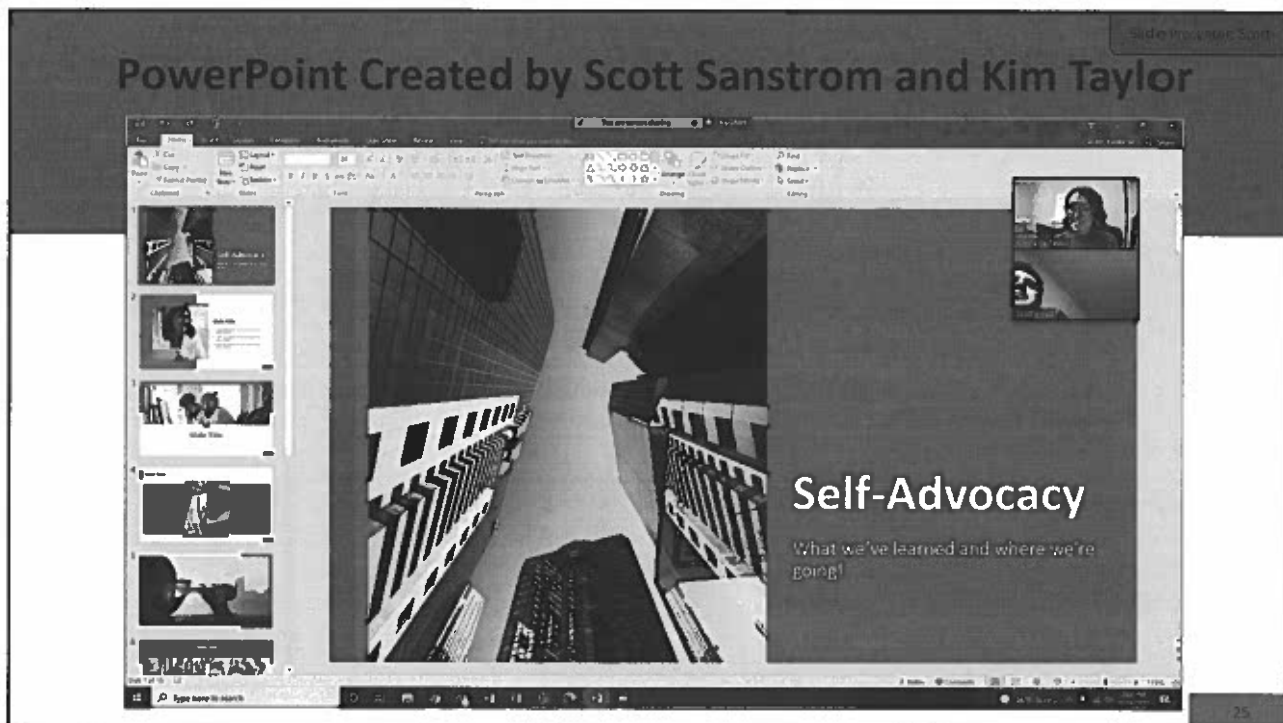
What we couldn't do in person, we did virtually. We learned a lot about technology and connected with others through it.



We've been able to use this time to think about what needs to be done in the coming future, and we are excited to bring about that change.

24

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25

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Direct Support Professional (DSP)

Workforce Shortage



Created by

Abigail Hernandez &
Alexis Krones

#10.C

Literature Review



- **IDD Pilots**
- **NACBHDD Legislative & Policy Conference Sedgwick County Presentation**
- **Community Connections Career Partnership- Ohio Presentation**
- **NACBHDD I/DD Summit Polk County Presentation**
- **Low Wages And Pandemic Gut Staffing Support For Those With Disabilities by Andy Miller**
- **They Deserve More Website**
- **Association of Community Mental Health Authorities of Illinois Meeting**

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Literature Review

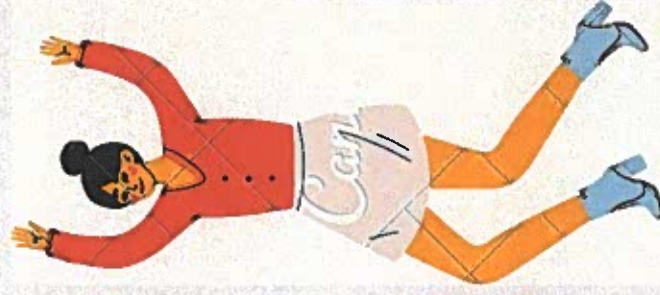
- Champaign County Mental Health Board Meeting Agenda
- May 2021 I/DD Community Organization Staff Survey
- Institute Membership Overview
- POLICY RESEARCH BRIEF PREDICTORS OF ANNUAL TURNOVER AMONG DIRECT SUPPORT PROFESSIONALS
- Providing Support During the COVID-19 Pandemic
- Direct Support Professionals 6-month follow-up survey | Illinois profile
- Recognizing the Role of Direct Support Professionals Act
- RTC Policy Forum



The Workforce Shortage



- Low wages/lack of benefits
- Lack of support from supervisors
- Nature of the work
- Increase in need
- Lack of adequate training and promotion opportunities are limited



Approximate DSP Salary



Illinois

\$17,641 annually

\$8.48 an hour

Illinois ranks number 49 out of 50 states nationwide for DSP salaries

Champaign County

\$20,371 annually

Nation

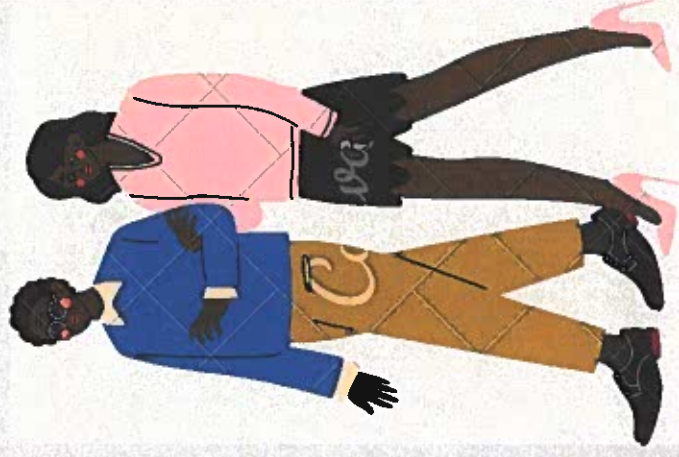
\$22,149 annually



What DSPS Had to Say About Their Pay



- "Was not great."
- "It is tempting to pick up extra days and hours" (due to low pay)
- The field needs more pay as it is constantly competing w/ hospitals & nursing homes for employees. DSPs constantly work nights and weekends so they would rather work at a hospital where this is not the case and the pay is better. This is especially true if they have higher education. The low pay gives DSPs no incentive to stay.



Interviews with DSPs

Virtual Interviews Conducted with DSPs & Their Experiences

- Often worked long, hard, inconvenient hours
 - violation of rights
- Lacked a work/life balance
- Salary was not livable
- Communication issues amongst employees at all levels
- The nature of the work is draining
- Did not receive adequate training
- VERY minimal interaction w/ or support from supervisor(s)
- Racial inequalities were prevalent, lack of diversity amongst staff, & lack of cultural competency
- Staff to patient ratio was not ideal
 - at times 1:8
 - Little to no time to work on rights, happiness, and/or enrichment of the individuals with I/DD they work with
 - instead focus was "meds, meals, & mobility"



What can be done?



- increased pay
 - currently approx. \$9/hr in CU
 - livable wage in CU: \$14.98
 - poverty wage in CU: \$6:13
- increase awareness of job description & pros/cons within it
 - stigma
 - experiences with individual with a I/DD to gain interest in DSP field
- more opportunities for promotion
- serve broader spectrum of people
 - higher priority/ better funding allocations for Illinois for services
- more supportive supervision



Give Them Credit



Communicate

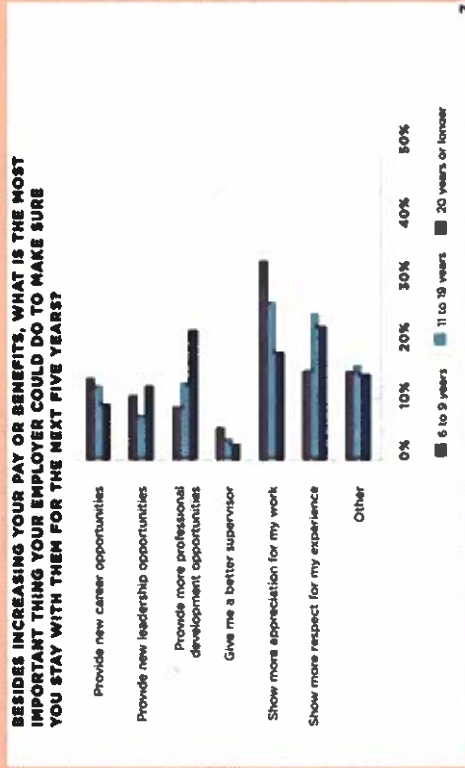
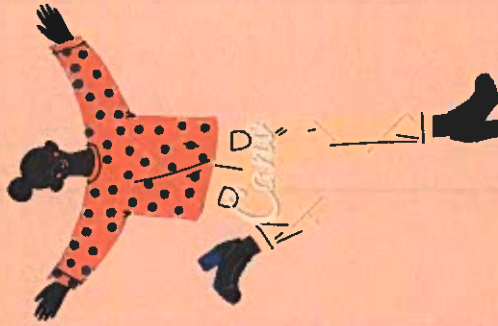
Create workspace which welcomes self-advocacy and improvement

Know their strengths

Reward and acknowledge positive work efforts and attitude

Community

Create a community within the workplace which cultivate deeper friendships



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Promote Racial Equality

Make sure that everyone is treated equally:

A DSP mentioned that they had been asked to sit in during meetings for increased racial diversity and was told several times by supervisor to "fit in".

How can we address this?

- Require ALL employees to have cultural & racial diversity trainings (yearly, or as needed)
- Encourage friendly relationships
- **Acknowledge** problem, provide support, discuss more acceptable behaviors



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Promote a better work-life balance for everyone

Step 1

Decreasing the amount of hours DSPs work while increasing their pay. This will allow time for self-care, which would likely decrease the turnover rate.

Step 2

Increasing the amount of DSPs per person served. This would create less stress and the nature of the job would be more manageable.

Step 3

Develop an improved working environment. This can be done by providing supervisors with the necessary training to be effective and supportive mentors.



The crisis also represents an opportunity.



The future of the DSP workforce

SEDGWICK COUNTY

- Recognition program
- Multi-media Community
- Recruitment Campaign

POLK COUNTY

- Professionalizing DSP workforce
- DSP workforce credentialing
- Multi-media Community
- Frontline supervisor curriculum & monetary incentives

OHIO PROVIDER RESOURCE ASSOCIATION

- Community Connections Career Partnership
 - 2 yr program which exposes high schoolers to the field through classwork and internship program
 - 32% graduates are employed in the field

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Summary

- DSPs are essential workers who are being overworked, under appreciated, and paid well below the national livable wage. The DSP workforce shortage needs to be resolved to decrease employee burnout/turnover and to increase the amount of individuals with intellectual or developmental disabilities who are able to receive services. This can be done by: increasing pay, requiring supervisors to complete yearly trainings (regarding race/ethnicity competency & being an effective mentor), allowing more areas for promotion, showing DSPs they are appreciated and supported, and being sure they receive adequate training.

How did we contribute?

- Increased awareness about DSP workforce shortage
- Researched & conducted literature review on topic
- Provided a fresh viewpoint to topic
- Conducted interviews
- Created survey for data collection
 - <https://forms.gle/RswkZzh6WCn4iqed9>



Direct Support Professional (DSP) Workforce Survey Questions

Direct support professionals (DSPs) play an integral role in the lives of people with intellectual and developmental disabilities (IDD) and are often the individuals directly responsible for assisting people with IDD to live and fully participate in their communities. This group of workers have typically been employed at lower wages with limited access to benefits, contributing to high rates of turnover compared to a similarly skilled worker in the United States. The intent of this questionnaire is to examine the needs of DSPs and learn about their experiences in the field as well as with their supervisors in order to evaluate better ways to support them (Bogenschutz et al., 2014).

Your responses will be held in STRICT CONFIDENCE. Results from the survey are confidential. The results may be shared as examples of data anonymously. There are no questions which involve identifying information. Participation is completely voluntary.

Your responses are very important to us. If you decide to participate in this survey, you have the right to stop at any time. You can skip questions you prefer not to answer.

We really appreciate your participation. Thank you in advance for your valuable input to improve our understanding of the current workforce shortage affecting Direct Support Professionals.

Survey questions adopted from:

https://www.relias.com/wpcontent/uploads/2019/10/WhitePaper_IDD_DSPSurveyResults.pdf

Questionnaire

1. What do you like most about your job? (please select up to 3 answers/no more than 3 answers)

Check all that apply.

- I enjoy being with the people I support.
- I make a difference in the lives of the people I support.
- I enjoy spending time with my coworkers.
- I am fairly compensated for my work.
- My job is easy.
- My supervisor is supportive.
- My work schedule is flexible and/or fits well with my other responsibilities.
- Other

2. What do you dislike about your job?

Check all that apply.

- I feel like I am not making a difference in the lives of people I support.
- I do not enjoy spending time with my coworkers.
- I am not fairly compensated for my work.
- My job is too hard.
- My supervisor is not supportive.
- My work schedule is not flexible and/or conflicts with my other responsibilities.
- I do not enjoy spending time with the people I support.
- Other

3. How long have you worked as a direct support professional (for any employer)?

Mark only one oval.

- Less than 1 full year
- 1-5 years
- 6-10 years
- 11-19 years
- 20 years or longer

4. If the answer to the question above is less than 1 full year or 1-5 years: What topics do you think you needed more training on before you started providing direct support?

Mark only one oval.

- Nothing. I was well-prepared on my first day to support individuals.
- The conditions/disorders of the people I support.
- How to empower the people I support.
- Positive behavior supports/how to deal with behavior problems.
- How to connect the people I support to their community.
- Other: _____

5. How long have you worked for your current employer?

Mark only one oval.

- Less than 1 full year
- 1-5 years
- 6-10 years
- 11-19 years
- 20 years or longer

6. With 1 being the answer that has the most impact on your work, please rank your answers to the question, "What do you like about your job?"

Mark only one oval per row.

	1	2	3	4	5	6	7	8
I enjoy being with the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make a difference in the lives of the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy spending time with my coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am fairly compensated for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job is easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is supportive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work schedule is flexible and/or fits well with my other responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. With 1 being the answer that has the most impact on your work, please rank your answers to the question, "What do you dislike about your job?"

Mark only one oval per row.

	1	2	3	4	5	6	7	8
I feel like I am not making a difference in the lives of the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not enjoy spending time with my coworkers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not fairly compensated for my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job is too hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My supervisor is not supportive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work schedule is not flexible and/or conflicts with my other responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not enjoy spending time with the people I support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. What motivates you to continue working for your current employer? (check all that apply)

Check all that apply.

- The respect and appreciation my employer shows me.
- My relationships with the people I support.
- My relationships with my coworkers.
- Benefits (health insurance, retirement account, paid time off, etc.)
- The professional development the organization provides.
- The opportunities I have to move up in the organization.

Other: _____

9. Besides increasing your pay or benefits, what is the most important thing your employer could do to make sure you stay with them for the next five years?

Mark only one oval.

- Provide new career opportunities
- Provide new leadership opportunities
- Provide more professional development opportunities
- Give me a better supervisor
- Show more appreciation for my work
- Show more respect for my experience
- Other: _____

10. Besides increasing your pay or benefits, what is the most important thing your employer could do to keep you as an employee?

Mark only one oval.

- Provide opportunities for career advancement
- Provide opportunities for professional development
- Provide better/more training
- Provide more flexibility in my schedule
- Give me a better supervisor
- Other

11. Do you think you will be in this job a year from now?

Mark only one oval.

- Yes
- No
- I expect to be with the same employer but in a different position.

12. If you answered No to the above question, Why do you think you will not be in this job a year from now?

Mark only one oval.

- I am/will be going to school.
- I expect to move to a different profession.
- I expect to continue as a DSP but with a different employer.
- Other

13. Are you officially classified in your state as an essential worker?

Mark only one oval.

- Yes
- No
- I am unsure

14. Where do you currently provide your services? (check all that apply)

Check all that apply.

- Agency/facility sites (group homes, nursing homes, Intermediate Care Facilities, state operated community programs or institutions, private facilities with 16 or more people, assisted living, workshop or day training sites)
- Family or individual home(s)
- Day program(s)
- Other: _____

15. How many hours per week did you work with your primary employer where you provide direct support during the COVID-19 pandemic?

Mark only one oval.

- Less than 15 hours
- 16-30 hours
- 31-40 hours
- 41-50 hours
- 51+ hours

16. How many additional hours per week have you worked due to the COVID-19 pandemic?

Mark only one oval.

- No additional hours
- 1-15 hours
- 16-30 hours
- 31-40 hours
- 40+ hours

17. Are you, or any coworkers, no longer working because of COVID-19? (Please check all that apply)

Check all that apply.

- I am still working
- No longer working because of testing positive for COVID-19
- No longer working because of child care issues
- No longer working for fear of becoming infected
- No longer working for fear of infecting others
- No longer working because of vaccine mandate

18. In the site(s) where you work, are you short staffed (not enough workers) due to the COVID-19 pandemic?

Mark only one oval.

- Yes, we are more short-staffed than before the COVID-19 pandemic
- We were short-staffed before the COVID-19 pandemic, and continue to be equally short-staffed
- No
- I am unsure

19. If you answered Yes you were or continue to be short-staffed to the above question, how has this affected you?

20. What is the hardest part of working as a DSP?

21. What is the hardest part of working during the COVID-19 pandemic?

22. What are you doing to take care of yourself?

23. What specifically would you like your employer (or supervisor) to do differently?

24. What is the best thing your employer has done to support you?

Thank you for your participation.

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

CCDDB: I am currently compiling PY2021 Utilization Samples per client and comparing any overlap between programs. I expect to include a sample of my findings in a future Board packet.

Champaign County Down Syndrome Network has not yet submitted their PY20 audit. The DSN President communicated through email that DSN selected Feller & Kuester CPAs LLP, in November, and the review will begin in early January.

I participated in Zoom meetings with DSC Family Development and the Online Reporting System developer. DSC FD has new staff and is working to report their PY22 1st Quarter claims in the Online Reporting System. All DSC FD reports were submitted before the extension deadline.

CCRPC Decision Support PCP staff consulted with me regarding the updated Preference Assessment. The Decision Support PCP team is working with the UI Evaluation Capacity team to update the Preference Assessment. Some new questions include which category a person is enrolled in on the PUNS list and time spent on waiting lists at any Champaign County provider agencies.

A letter was sent to CCRPC related to excess revenue identified in their 4th Quarter Financial Reports for the Decision Support PCP program. According to the 4th Quarter reports the program had \$2,408 in unspent revenue, which is to be returned to the CCDDB. An email was sent to CCRPC Decision Support PCP related to their 1st Quarter Expense Report. An expense was charged to the Equipment Purchases line, that was not identified in the original application.

I met with the Executive Director, a CCDDB Board Member, and the Property Manager at the Englewood home to get an update on the necessary repairs to the home. Many of the repairs at the home have already been completed.

Consultant Contracts: I reviewed FY2022 consultant contracts with the Executive Director and other staff members.

CCDDB Mini-Grant: I communicated with one Mini-Grant recipient's mother regarding two respite weekends at Camp New Hope. I also communicated with staff from Camp New Hope arrange for payment for these respite weekends. Despite the Covid-19 pandemic, this recipient was able to expend his mini-grant award, in full, by attending Camp New Hope, as originally requested.

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Additional emails were sent to the families of Mini-Grant recipients with additional funds to spend by the end of the term. I made purchases at Menards to the full award for one recipient and will finalize any remaining purchases before the end of December 2021.

Learning Opportunities: Tamela Milan-Alexander presented "The Importance of Connection and Support" on November 18, 2021. Ms. Milan-Alexander first presented in December 2019. This session offered 2.0 CEUs. Social Work CEUs, approved by The University of Illinois School of Social Work approved Social Work CEUs for this session. I prepare the required documents to send to the School of Social Work for approval. 2.0 QIDP CEUs were also provided for this session.

Mary Fortune is scheduled to present "QuickBooks Navigation" on December 18, 2021. Attendees will be provided with the following: QuickBooks overview; Desktop versus online; Basic cash transaction entries; Classifications and account categories; Month-end close process; Reports; standard and CCMHB requirements. This will be a virtual workshop.

In January 2022, Laura Gallagher-Watkin is scheduled to present on 2022 Social Security changes related to the Cost-of-Living Adjustment (COLA).

MHDDAC: I participated in the November meeting of the MHDDAC. During the November meeting, members of the MHDDAC provided introductions and agency updates. The MHDDAC does not meet during the month of December.

ACMHAI: I participated in the December ACMHAI Membership Meeting, using the Zoom platform. The Best Practice Training included two presentations. Paul A. LaLonde, SHRM-CP, HR Philosopher, Vice President of People & Culture at CEDA and Owner & Founder HR Logic presented "Hiring & Retaining Workforce in a Covid World: The Great Resignation." Lore Baker, President & CEO, Association for Individual Development (AID) presented "Capacity Building in the Behavioral Healthcare Workforce." I also participated, virtually, in the ACMHAI Business Meeting.

NACBHDD: I participated in the November I/DD committee call. The main topic of discussion with the group was the DSP workforce shortage.

Disability Resource Expo: I participated in the Expo Steering Committee Meeting on December 1, 2021. The next Expo Steering Committee Meeting is scheduled for January 12, 2022. At this time, the 2022 Disability Resource Expo is being planned as an in-person event. The Expo Steering Committee will follow all CUPHD recommendations and requirements to maintain the safety of the event.

UIUC School of Social Work Community Learning Lab: UIUC students finished their work for us in early December. The videos that were created by the student group will be added to the agency pages on the Disability Resource Expo website. The Community Learning Lab students

developed a PowerPoint on their findings related to the I/DD Workforce Shortage. The PowerPoint can be found in this packet.

Other activities: I participated in the November meeting of the Transition Planning Committee. Greg Schroeder, DSC and Ashley Withers, Community Choices presented on the LEAP Program. Jim Mayer provided an update on the Youth Transition Conference.

I participated in multiple webinars. I participated in meetings with local IT companies to explore those companies taking over our IT needs in the future.

I also took some time off around Thanksgiving and in early December.

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

Staff Report-December 2021

Summary of Activity

CCMHB: Lynn and I worked on revising a final DRAFT CCMHB Three Year Plan with Objectives for County Fiscal Year 2022 to present to the Board for a decision. The Plan is designed to look at developing issues and translate that understanding into a strategic guide. The Decision Memorandum for the Board is included in the Board packet.

CCMHB staff had a few meetings with Urbana Neighborhood Connections Center's Board member and staff coordinator Beth Hand regarding the online reporting process. We provided step-by-step guidance for completing each required report. CMHB staff will continue to provide support to UNCC during this difficult transition.

I met with Ms. Gail Raney of Rosecrance and discussed the materials needed for the crisis response system presentation to present to the Board. The presentation materials are featured in the December 15th Board packet.

Financial Site Visits: Chris Wilson and I met with GROW and some of its new staff for online training with the financial forms required for reports.

Chris Wilson and I met with Don Moyer Boys & Girls Club/CUNC Mr. Ray Pratt and Ms. Karen Simms to review their financial forms.

I sent out emails to directors and financial managers of several agencies about their First Quarter reports with financial errors. Each agency was very responsive and made their corrections in the online system. No significant concerns noted at this time.

Financial Management Coaching Pilot Program: Two more CCMHB agencies have agreed to participate in the six-month bookkeeping pilot with financial consultants Ms. Mary Fortune and Ms. Regina Stevenson. The consultants will support the small agencies with keeping/preparing records of financial statements and submission of reports in a timely manner. The agencies are The Terrapin Station Sober Living, The UP Center, WIN Recovery and The Well Experience.

Criminal Justice-Mental Health: Reentry Council meeting met via zoom and went over bi-laws, IDOC Re-entry District 3 Change, and provider barriers: housing and transportation. The next meeting will be held on Wednesday, January 5, 2022, via zoom.

Crisis Intervention Team Steering Committee: The next bi-monthly CIT meeting is scheduled in January 2022.

Continuum of Service Providers to the Homeless (CSPH): The next CSPH meeting is scheduled hours after submission of this report. I will report on the meeting in the January report.

CCMHDDAC Meeting: CCMHDDAC Meeting was held via zoom. Service providers summarized their services and discussed any changes that were made in the past year. The next meeting will be January 25, 2022.

ACMHAI: I participated in the ACMHAI committee meetings. Also, I attended via zoom the ACMHAI Membership Meeting - Training and Best Practices, which was held in Chicago. The focus was a panel discussion on Behavioral Health Workforce Shortage.

Other Activities: I attended the UIUC Community Data Clinic and Champaign County Resources feedback meeting. The goal of this meeting is to improve 2-1-1 service provision and strengthen the support networks.

Lynn, Kim, and I met with U of I Social Work students on their service-learning project which is featured in the Board packet. The students presented staff with a power point presentation of the research and survey they conducted on Direct Service Professional Workforce Shortage Developmental Disability communities. The final project is excellent, and the students should be proud of their laborious efforts.

Disability Resource Expo: I attended the Steering Committee meeting for the first time. In the meeting there was discussion about resource book distribution, website promotion, Social Work student vides and the Expo planning. I was asked to be on one of the subcommittees. The next meeting is scheduled for January 12, 2022.

Learning Opportunities: I attended and participated in the presentation, *The Importance of Connection and Support* with presenter Tamela Milan-Alexander, organized by Kim Bowdry Associate Director for Champaign County Developmental Disabilities Board. Ms. Alexander shared a heart-felt story about personal trauma, positive support systems, and the importance of collaborative communities for individuals with behavioral health challenges and social disabilities.

I attended the webinar, "*Confronting the Twin Pandemics of COVID-19 and Opioid Overdose.*" Speakers discuss the current status of treatment for individuals affected by opioid use disorder and the importance of mental health support systems that include peer networks.

Executive Director's Report – Lynn Canfield, December 2021

Activities of Staff and Board Members:

To support CCMHB Three Year Plan goals 1-8 and CCDDDB Three Year Plan goals 1-7, the allocation and management of agency contracts is a primary focus. During the last few months, our focus shifted to strategic plans and PY2023 allocation priorities for each board, along with further revisions to Funding Guidelines, clarifying a number of points. We have also completed new application instructions for agencies seeking funding and are working on changes to the application forms internal to the online system, which will be open from January 3 to February 11, 2022. Contracts with service providers appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of total costs are non-agency activities in support of individuals, families, agencies, and community, which impact Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training costs and are accomplished with independent contractors, associations, or partnerships. Many activities and collaborations are referenced in other staff reports.

Anti-Stigma and Community Awareness:

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

Resource information: 211 offers call-based and online resource information. United Way, the CCMHB, and the CCDDDB co-fund this service. A research project of the UIUC Community Data Clinic offers an online directory using these data, working to improve provider information and feedback to 211 and the UIUC CDC site. While it is not clear that the 211 provider for our region, or United Way as it seeks to implement 211 across the state, will incorporate these online enhancements, the work may support other new resource information needs: simultaneous to 211 expansion is the federal implementation of 988 for mental health crisis calls. PATH currently serves as a call center for this (previously as the National Suicide Prevention Lifeline) for other counties they serve but not for Champaign County, which relies on a local crisis line operated by Rosecrance. Rosecrance will participate with the State of Illinois in implementation of 988.

Alliance for Inclusion and Respect (AIR) social media and website continue anti-stigma messaging and promotion of member organizations and local artists/entrepreneurs. AIR will sponsor an 'anti-stigma' film, a post-screening Q&A, and an art show and sale, during the Roger Ebert's Film Festival, now scheduled for April 20-23, 2022.

disABILITY Resource Expo Steering Committee plans for virtual resource services and an October 15, 2022 in-person event at the Vineyard Church. Board staff and consultants continued working with a UIUC class on exhibitor videos to enhance the Expo website and social media.

CCMHB/CCDDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

Subsequent to the Boards' joint special meeting on July 28, I engaged with the realtor for listing of the homes, along with repairs. More information is in a Briefing Memo in this board packet. Because the core issue is the direct support professional (DSP) workforce shortage, and in order to preserve existing CILA capacity, we monitor the state and federal funding situation and raise this advocacy issue at state and national association meetings. We engaged with a group of UIUC Social Work students on the DSP workforce crisis, and their final report is included in this packet.

Support for Agency Programs:

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

Activities described in staff reports:

- Cultural and Linguistic Competence training and technical assistance; Mental Health First Aid training and coordination (Shandra Summerville).
- Collaborations: Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Champaign County Reentry Council, Drug Court Steering Committee, Coalition Race Relations Subcommittee, Human Services Council, New American Welcome Center, CUPHD I-Plan Behavioral Health Committee, Youth Assessment Center Advisory Committee, and more (various staff).
- Monthly Provider Trainings (Kim Bowdry) which are free of charge and offer CEUs. While the primary audience is case managers from funded programs, other providers, family advocates, and social workers also attend. Participants often suggest topics, including a workshop on using QuickBooks (this month).

County Enterprise Resource Planning (ERP) System: During 2021, the CCMHB and CCDDDB have a new expenditure related to implementation of the new county-wide ERP system, which will at minimum serve as our accounting and payroll databases. Chris Wilson is our liaison for implementation and establishment of workflows. He and I have attended several training sessions for creating invoices and deposits. Rollout will begin January 2022.

Independent Contractors: Alex Campbell of EMK offers technical support for users of our online application and reporting system. Board members interested in learning how to access forms and reports may reach him at afcampbell9@msn.com or through staff. John Brusveen, CPA, reviews all agency audits, compilations, and financial reviews, summarizing findings and recommendations. ChrispMedia maintains AIR and Expo websites and hosts short videos on the sites. Two bookkeeping consultants are working with two small agencies each on a pilot project to improve bookkeeping and financial reporting.

UIUC Evaluation Capacity Project. The research team works with target programs for intensive support and offers workshops and consultation bank to a broader network.

Executive Director Activities:

With less activity related to contracts, sale of CILAs, and preparing budgets, I've spent more time with our team on review of agency reports, meeting with agencies, setting up the bookkeeping pilot, discussing potential solutions for the workforce shortage, and preparing consultant contracts for 2022. The longtime coordinator of our annual Expos will now provide support to new coordinators, Allison and Dylan Boot. Another longtime contractor is seeking to retire but also offering support through the transition, so we are interviewing IT companies for an appropriate replacement. As agency audits and financial reviews have arrived, I've been able to keep up with reading them all. Whenever a negative finding or excess revenue is indicated, there is some follow up, but so far so good. Most are due at the end of the year, when I plan to be adjusting the online system for the coming applications, but other team members and a CPA consultant review all in detail.

I worked with our team on revising the Application Instructions and considering possible enhancements to the online reporting system. The new Organizational Eligibility Questionnaire, completed by all applicants for funding from the CCMHB and CCDDDB, has been incorporated into the system; as you might recall from many program summaries, some long-funded agencies will need to complete the new form prior to applying for funding, so a re-registration process has been created. With approved allocation priorities for PY2023, I will begin updating the template application forms within the online system and setting up a format for program summaries, with input from the team.

Intergovernmental/Interagency Collaborations:

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

Champaign County Department Heads: with the County Executive, Admin staff, and other Departments' representatives, this bimonthly meeting covers budgets, ERP implementation, facilities issues, ARPA fiscal recovery fund requests, and employee recognition and benefits. A special meeting was called to consider the State's Attorney's Office's work on an OSHA-compliant COVID safety policy, for if/when the stay is lifted on the new federal vaccine mandate.

Mental Health and Developmental Disabilities Agency Council: monthly meeting of agency representatives, not all of which are funded by the Boards, for discussion of agency activities, federal and state updates, special topics, and announcements.

Metropolitan Intergovernmental Council: quarterly meeting of representatives from local government, reviewing whether to change the format, timing, topics, membership, or other.

Regional Champaign-Vermilion Executive Committee: bimonthly meeting of public and private entities responsible for community needs assessment and strategic plan. The most recent health plan/I-Plan identified behavioral health and community violence as priorities. The new community health needs assessment survey (for adults only) written by Dr. Weinzimmer of Bradley University with input from the group, is in use now. To ensure it is the 'voice of the community', respondent data will be tracked and strategies shifted if a group is underrepresented.

UIUC School of Social Work Community Learning Lab: We had student support for two CLL projects during the fall semester. A third commitment, outside of CLL, is through an instructor and repeats his class's successful efforts to create short videos of Expo exhibitors. Kim Bowdry worked with students translating documents – so far a Spanish version of the Community Needs Assessment report has been completed and posted online. We had requested a project on social connection with those who tend to be most isolated, but this was not taken up. The final report from a student group who worked with the Associate Directors and me is included in this board packet, examining the I/DD workforce shortage, likely underlying causes, and possible solutions.

Partnerships related to Underrepresented Populations and/or Justice System:

(MHB goals 1, 2, 5, 6, 7, 8, and 10 and DDB goals 1, 2, 3, and 7)

Champaign Community Coalition: monthly Goal Team meetings, now in person; updates from law enforcement; reports on positive youth programming, trauma-informed system work, and efforts to reduce community violence. The Executive Committee meets less frequently.

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

Youth Assessment Center Advisory Committee: quarterly meetings of law enforcement, Court Services, State's Attorney Office, service providers, Coalition staff, and school districts for discussion of the program, review of referral data, and roundtable updates. Mr. Bryson has become involved with this committee, allowing me to step back.

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

Association of Community Mental Health Authorities of Illinois (ACMHAD): meetings of Executive, Legislative, Medicaid, and I/DD committees for discussion of: contracting and monitoring; state funding and policies; local budgets and levies; strategic planning; community awareness; etc. Government Strategy Associates updates the membership on state legislative activity and receives our input regarding advocacy and impact. We held a hybrid membership meeting on December 2 and 3. Training Topics: Hiring & Retaining Workforce in a COVID World: The Great Resignation - Capacity Building in the Behavioral Healthcare Workforce; and Community Emergency Services and Support Act (CESSA) Roundtable Discussion (focus on the McHenry County Police Social Worker Program). After the training, the Executive Committee met for Coordinator's annual performance review and agreed that in her first year, Ms. Dart has exceeded all expectations. The membership's business meeting included: review of new strategic plan (being developed); Treasurer's Reports; report from the Coordinator; committee reports; GSA Legislative Report; Illinois Public Health Association Report; and community reports.

Illinois Children's Mental Health Partnership: I am involved with the Treatment Workgroup, making recommendations for development of a new Children's Mental Health Plan for Illinois, which has not been updated for fifteen years. The three ICMHP workgroups are Treatment, Promotion/Prevention, and Intervention. Our final meeting has been rescheduled for January.

Institute for Behavioral Health Improvement: monthly meetings of the Community of Practice, discussing Behavioral Health and Criminal Justice. This is a six-month commitment. Due to Rosecrance' implementation of CCBHC services in Champaign and Winnebago Counties, I may continue for another session if the director from Winnebago Mental Health Board joins. He has requested that IBHI host a Community of Practice for Illinois communities to focus on the implementation of CESSA requirements. This is under consideration.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): The Executive Committee reviews policies and financial information, evaluates the CEO's performance, and plans membership meetings; in the last quarter, we have hired and oriented a new CEO, Jonah Cunningham. Monthly I/DD committee calls include discussion of state and federal rules and funding, COVID impacts, and workforce crisis. The Behavioral Health and Decarceration Committee, which I co-chair, previously developed policy resolutions for NACBHDD and NACo, developed an outcomes pilot project for future federal consideration, and hosted a webinar on Illinois' Medicaid programs. Unfortunately, the committee has not met since the previous NACBHDD CEO left, so I met with the new CEO on December 8 to discuss its future. Our winter board meeting will be held on December 13 and 14, virtually, to cover: Committee Reports; Officer Turnover; 988 Implementation; Behavioral Health Workforce; and Direction Setting on Communication, Policy and Advocacy, and Internal Infrastructure. The Legislative & Policy Conference is planned as an in-person event February 12-16, 2022.

National Association of Counties (NACO): monthly Health Steering Committee calls with legislative updates, reports on special projects, local innovations, and policy priorities; quarterly Healthy Counties Advisory Board meeting on county initiatives related to racism and public health/mental health; and quarterly Stepping Up Innovator County calls. I presented at the October HSC meeting, on the need to support and advocate for an individual Bureau of Labor Statistics classification for DSPs; I also introduced the group to NACBHDD's new CEO, who then fielded many questions about behavioral health legislation.

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – December 2021 Board Meeting

SUMMARY OF ACTIVITY:

Audits:

Audits are due on December 31, 2021. We have received the 2020 audit from 5 agencies so far. John Brusveen will be working with us again this year as a consultant for the audits.

Quarterly Reporting:

Urbana Neighborhood Connections (UNCC, CCMHB funded) did not request an extension and missed the deadlines for both fourth and first quarters. Their funding has been suspended since September 2021. We reached out to the organization and offered any assistance they might need. On November 19th, We met with a staff member and Board member (via Zoom) for Urbana Neighborhood Connections to discuss how to catch up on reporting, their audit, and other compliance issues.

2nd Quarter reporting will be due at the end of January 2022.

Other Compliance:

Lynn, Leon and I met with First Followers (CCMHB funded) on Nov. 9th regarding a compliance issue that was resolved to our satisfaction.

I made contact with three agencies regarding various contract compliance issues which included receiving their Board minutes and eligibility requirements. No suspension letters were sent regarding these issues.

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

No report.

Notice of Funding Availability (NOFA):

The Notice of Funding Availability (NOFA) will run in the News Gazette on December 8th and December 12th. It reads:

Notification of Funding Availability – Champaign County Mental Health Board (CCMHB)/ Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB) - The two funding sources utilize an online system

for submission of funding requests for the contract year which begins July 1, 2022 and ends June 30, 2023. Applicants register on the site prior to requesting funding, and if awarded a contract, successful applicants will submit required reports on this system. Per a publicly available allocation timeline, the system will be available for registration and application from January 3, 2022 at 8:00 AM CST to February 11, 2022 at 4:30 PM CST, with no consideration of late applications. Final allocation decisions will be made prior to July 1, 2022. For more information, visit www.ccmhddbrds.org. For accessible documents or technical assistance with the registration/application system, contact stephanie@ccmhb.org.

Trainings:

I attended “The Power of Connection and Support” presented by Tamela Milan-Alexander that was sponsored by the CCMHB/CCDDB and organized by Kim Bowdry.

FOIA/OMA Certification:

The Public Access Counselor’s web page is **still** being repaired, therefore the Open Meetings Act 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.
- I and the other staff members met with Alex Campbell in November to discuss updates to our online system.

2021 December 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:

First Followers

Family Service Center- Self- Help Advisory Committee Meeting- December 8, 2021

Urbana Neighborhood Connection Center- Attended the services for Executive Director Janice Mitchell.

Cultural Competence Training/Support

I am reviewing CLC Plans for PY 2022 to prepare for 2nd Quarter Reporting.

I reviewed Application Instructions, Notice for Funding Availability for PY23

CLC Coordinator Direct Service Activities

Webinar and Training Activities:

Wednesday, December 8 @ 2pm Indigenous Wisdom for Listening to Children and Families

Featuring Dr. Hinemoa Elder, MNZM, Māori child and adolescent psychiatrist and Chair of the Indigenous Working Group of the International Association of Child and Adolescent Psychiatrists and Allied Professionals

Is Doing Good Enough? Opportunities to Advance Healthcare Disparities November 18 1pm

Here is the link to the Discussion: <https://www.youtube.com/watch?v=DQZDaXo-dZg>

CESSA—Collaborating for Racial Equity and Disability Justice -December 1

"The Community Emergency Services and Support Act (CESSA) is a landmark bill made possible by the leadership of Access Living in partnership with racial justice advocates. As CESSA demonstrates, when we approach systemic oppressions collaboratively, we stand to make a change. It's why we launched the Collab and our goal is to forge lasting and strong partnership across social justice issues to bring forward true liberation for all. Candace Coleman, State Senator Robert Peters, Cheryl Miller, and Renee Watts will discuss CESSA, cross social justice partnerships, and where we go from here.

Following the horrific shooting of Stephon Watts by a police officer, the Watts Family, Access Living, and many partner organizations, including STOP, wanted to create an alternative to police responding to mental health crises. Police response had previously resulted in

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disproportionate arrest, violence, and killings of Black and brown people with disabilities. Because of their collaboration and seven years' worth of work, this new law—which must be implemented by July 2022—mandates that Illinoisans will receive services from mental health professionals instead of police. Imagine a world in which this type of partnership is sustained, prioritized, and valued. The Collab will be a space for these partnerships to begin and to grow.”

Source: <https://www.disabilitylead.org/events/cessa-collaborating-for-racial-equity-and-disability-justice>

Anti-Stigma Activities/Community Collaborations and Partnerships

C-HEARTS African American Storytelling Project:

The ASPIRE Program received funding from the University of Illinois Call to Action to Address Racism & Social Injustice Research Program. The ASPIRE program is a youth-centered intervention that is co-created between trusted adult facilitators and middle school youth that facilitates psychological health. This team meets bi-weekly to review data collected and develop the implementation for the spring semester. I completed the CITI (Collaborative Institute Training Initiative) Training. This will enable my participation as a community partner in research collaborative.

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. We will have our first meeting to review the ways we will support the organizations. On Thursday, December 9.

DisAbility Resource Expo-

The Steering Committee met on Wednesday, December 1st, from 10:00-11:30 am. I was not able to attend the meeting. I have decided to step down as volunteer coordinator for the Expo and serve on the volunteer committee. I will still support the committee and will no longer take on a leadership role.

ACHMAHI

I attended the Winter Quarterly Meeting on December 2nd & 3rd in Chicago, IL. There was a best practice session about “The Great Resignation”. This was a HR Philosopher and Director that talked about what is needed to retain the workforce and what the leadership of organizations should consider moving forward. I also attended the Business meeting and had direct conversations about the CLC Work in Champaign County with Winnebago County and DuPage County.

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Children's Behavioral Health Committee- I attended the meeting on November 16, 2021. We are discussing how to learn about the different evidenced based practices in Illinois. There will be a survey conducted in January 2022 that will look services in the ACMAHI Membership. The Illinois Children's Mental Health Partnership (ICMHP) is working on revising the Illinois Children's Mental Health Act that guides children's mental health services in Illinois. It has been 15 years since the Act has been reviewed. I have been reviewing the notes from those meetings and receive updates from the committee.

Short Reading List to continue the conversation about Racism and Trauma as a decision maker.

MENTAL HEALTH: Culture, Race, and Ethnicity

A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL

<https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1&isAllowed=y>

National CLAS Standards Fact Sheet

<https://thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf>

The Pandemic's Impact on Children: COVID Vaccinations & Mental Health

https://nihcm.org/publications/the-pandemics-impact-on-children-covid-vaccinations-mental-health?utm_source=NIHCM+Foundation&utm_campaign=dad675ae61-Child_Vaccinations_Infographic_111821&utm_medium=email&utm_term=0_6f88de9846-dad675ae61-167751988

White Paper- Building Resilience

<https://www.relias.com/wp-content/uploads/2020/12/20-HHS-2793-Whitepaper-Building-Resilience.pdf>