



Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

Wednesday, June 22, 2022, 9:00AM

*This meeting will be held remotely, with a required representative at
The 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 COVID-19

cases and hospitalizations 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 to observe and offer thoughts during "Citizen Input/Public Participation. For support, let us know how we might help by emailing*

stephanie@ccmhb.org. You may also communicate with the Board by emailing

stephanie@ccmhb.org any written comments you would like read into the record. 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 4-8)*
Minutes from the 5/18/22 board meeting are included. Action is requested.
9. Vendor Invoice List (page 9)*
A "Vendor Invoice List" of expenditures is included. Action is requested, to accept the list and place it on file.
10. New Business
 - A. Future of CILA Facilities Project (pages 10-14)*
A Decision Memorandum presents options for use of the shared CILA Facilities Project. Action is requested.

- B. **Regional Community Health Plan Coordinator (pages 15-21)***
A Decision Memorandum offers an update on the Regional Champaign-Vermilion Executive Committee and requests to share the cost of services of the Community Health Plan Coordinator. Action is requested.
 - C. **DRAFT Fiscal Year (Calendar Year) 2023 Budgets (pages 22-37)***
A Decision Memorandum, proposed 2023 budgets for the DDB, MHB, and CILA Project, with background information, are included for Board review and approval.
 - D. **Successes and Other Agency Information**
Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.
11. **Old Business**
- A. **DisABILITY Resource Expo Update (pages 38 and 39)**
Included for information is a briefing memorandum.
 - B. **CCDDB and CCMHB Schedules and CCDDB Timelines (pages 40-45)**
Updated copies of CCDDB and CCMHB meeting schedules and CCDDB allocation timelines are included in the packet.
 - C. **Acronyms and Glossary (pages 46-53)**
A list of commonly used acronyms is included for information.
12. **CCMHB Input**
13. **Staff Reports (pages 54-72)**
For information 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 June 22, 2022 at 9:00 a.m.

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

Go to Join Zoom Meeting

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

Meeting ID: 815 5912 4557

One tap mobile

+13126266799,,81559124557# US (Chicago)

+16465588656,,81559124557# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Germantown)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 815 5912 4557

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

When the meeting opens, choose to join with or without video. (Joining without video doesn't impact your participation in the meeting, it just turns off YOUR video camera so your face is not seen. Joining without video will also use less bandwidth and will make the meeting experience smoother).

Join with computer audio.

Once you are in the meeting, click on "participants" at the bottom of the screen.

Once you've clicked on participants you should see a list of participants with an option to "Raise Hand" at the bottom of the participants screen. **If you wish to speak, click "raise hand" and the Chair will call on you to speak.**

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

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

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

3

#8

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

Minutes May 18, 2022

*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, Georgiana Schuster, Kim Wolowiec-Fisher

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

OTHERS PRESENT: Sarah Perry, Vickie Tolf, Annette Becherer, Nicole Smith, Heather Levingston, Jeff Martin, Patty Walters, Danielle Matthews, Laura Bennett, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Sherry Longcor, Mel Liong, PACE; Angela Yost, Jodi McGhee, Elise Belknap, Regional Planning Commission; Julie Palermo, CU Autism Network; LaShuna Mallet, GROW

CALL TO ORDER:

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

ZOOM INSTRUCTIONS:

Instructions were included in the packet.

APPROVAL OF AGENDA:

The agenda was in the packet for review and approved.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Dr. Robin thanked staff and board members for their work on the application review.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Canfield made some brief comments regarding the Champaign County Board and ARPA funding.

APPROVAL OF MINUTES:

Minutes from the 4/20/2022 board meeting were included in the packet.

MOTION: Dr. Fisher moved to approve the minutes from the April 20, 2022 meeting. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet.

MOTION: Ms. Ruesch moved to accept the Vendor Invoice List as presented in the packet. Dr. Fisher seconded the motion. A roll call vote was taken and the motion passed unanimously.

NEW BUSINESS:

Staff Recommendations for PY23 Agency Allocations:

This decision memorandum in the board packet presented staff recommendations for funding for the Program Year (PY) 2023 (July 1, 2022 through June 30, 2023.) Decision authority rests with the CCDDB and their sole discretion and judgment concerning the most appropriate use of available dollars based on assessment of community needs, best value, alignment with decision support criteria, pricing, affordability, and reasonable distribution of funds across service intensity.

The staff recommendations were based on decision support criteria and other factors outlined above. For additional information, refer to Program Summaries presented at the April 20, 2022

CCDDB meeting. These recommendations continue a commitment to fund as much agency capacity as is reasonable and to prepare for more flexibility during the contract year, as service needs and relevant circumstances change. The services support the board's mission to enhance the lives of our neighbors with I/DD and their families.

MOTIONS:

Dr. Robin moved to approve CCDDB funding of \$388,271 for CCRPC-Community Services – Decision Support PCP subject to the caveats as presented in the memorandum. Ms Ruesch seconded. There was a roll call vote and the motion was approved unanimously.

Ms. Schuster moved to approve CCDDB funding of \$217,500 for Community Choices, Inc. – Customized Employment subject to the caveats as presented in the memorandum. Dr. Fisher seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Fisher moved to approve CCDDB funding of \$203,000 for Community Choices, Inc. – Inclusive Community Support subject to the caveats as presented in the memorandum. Ms. Ruesch seconded the motion. There was a roll call vote and the motion was approved unanimously.

Ms. Ruesch moved to approve CCDDB funding of \$171,000 for Community Choices, Inc. – Self-Determination Support subject to the caveats as presented in the memorandum. Dr. Fisher seconded the motion. There was a roll call vote and the motion was approved unanimously.

Ms. Ruesch moved to approve CCDDB funding of \$184,000 for DSC – Clinical Services subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. There was a roll call vote and the motion was approved unanimously.

Ms. Schuster moved to approve CCDDB funding of \$435,000 for DSC – Community Employment subject to the caveats as presented in the memorandum. Ms. Ruesch seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Robin moved to approve CCDDB funding of \$847,658 for DSC – Community First subject to the caveats as presented in the memorandum. Ms. Ruesch Seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Robin to approve CCDDB funding of \$536,000 for DSC – Community Living subject to the caveats as presented in the memorandum. Dr. Fisher seconded the motion. There was a roll call vote and the motion was approved unanimously.

Ms. Ruesch moved to approve CCDDDB funding of \$95,000 for DSC - Connections subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Robin moved to approve CCDDDB funding of \$85,000 for DSC/Community Choices – Employment First subject to the caveats as presented in the memorandum. Ms. Ruesch seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Fisher moved to approve CCDDDB funding of \$390,000 for DSC- Individual and Family Support subject to the caveats as presented in the memorandum. Ms. Schuster seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Fisher moved to approve CCDDDB funding of \$468,000 for DSC- Service Coordination subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. There was a roll call vote and the motion was approved unanimously.

Ms. Schuster moved to approve CCDDDB funding of \$227,500 for PY2023 and \$227,500 for PY2024 for DSC – Workforce Development and Retention subject to the caveats as presented in the memorandum. Dr. Robin seconded the motion. There was a roll call vote and the motion was approved unanimously.

Ms. Ruesch moved to approve CCDDDB funding of \$27,367 for Persons Assuming Control of Their Environment (PACE) – Consumer Control in Personal Support subject to the caveats as presented in the memorandum. Ms. Schuster seconded the motion. There was a roll call vote and the motion was approved unanimously.

Ms. Schuster moved to advise the Champaign County Mental Health Board to provide funding in the amount of \$149,666 to support the developmental services portion of the CC Head Start/Early Head Start – MH Services program subject to the caveats as presented in the memorandum and pending approval by the CCMHB. Ms. Ruesch seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Robin moved to authorize the executive director to conduct contract negotiations as specified in the memorandum. Ms. Ruesch seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Robin moved to authorize the executive director to implement contract maximum reductions as described in the memorandum. Ms. Schuster seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Robin moved to include in all PY2023 contracts the COVID-19 provision described in the memorandum. Ms. Ruesch seconded the motion. There was a roll call vote and the motion was approved unanimously.

Dr. Robin moved to include in all PY2023 contracts the provision for specific exceptions to Funding Requirements and Guidelines, as described in the memorandum. Ms. Ruesch seconded the motion. There was a roll call vote and the motion was approved unanimously

Successes and Other Agency Information:

Information was shared from Hannah Sheets from Community Choices and Julie Palermo for CU Autism Network.

OLD BUSINESS:

Agency PY2022 3rd Quarter Program Activity Reports:

Included for information only were copies of each program's submitted activity report.

PY2022 3rd Quarter Service Data Charts:

For information only were 3rd Quarter service hours and activities reports.

211 Quarterly Reports:

Included for information were reports prepared by PATH, with data on Champaign County 211 calls during the quarter.

CCDDB and CCMHB Schedules and CCDDB Timeline:

Meeting schedules were included in the Board packet.

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCMHB Input:

The CCMHB will meet this evening for a study session. They will make their funding decisions on May 25, 2022.

Staff Reports:

Staff Reports from Kim Bowdry, Leon Bryson, Stephanie Howard- Gallo, Shandra Summerville, and Chris Wilson were included in the Board packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 10:00 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

Champaign County, IL

VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN#	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10170	DEVELOPMENTAL SERVICES CENTER OF								
Apr DD22-082		04/01/2022	051322A	4442	70,638.00	04/01/2022	INV	PD	DD22-082 Community First
					70,638.00				
					70,638.00				

** END OF REPORT - Generated by Chris M. Wilson **

9

#9



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

DECISION MEMORANDUM

DATE: June 22, 2022
TO: Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Update on CILA Facilities Project

Background:

The CILA Facilities Project is a collaboration of the CCDDDB and the Champaign County Mental Health Board (CCMHB), initiated 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 CCDDDB/CCMHB members and staff. By 2020, difficulties securing a workforce were insurmountable, and the Boards made the difficult decision to sell the homes and reinvest in meaningful supports for this population.

Updates:

The first home was sold in September 2021, adding **\$226,017.05** to the CILA Facilities Fund, with insurance refund of **\$681**. The second home required quite a few repairs, which were completed early in 2022, and the home was sold in April, adding **\$260,368.90** to the fund, with insurance refund of **\$814**. The second home will be used as a CILA by a local service provider, increasing overall capacity slightly.

A full accounting of expenditures is not yet available, as the property management company will be refunding the balance of a checking account used to maintain and repair the properties. When this account is closed and the refund sent, they will provide 2022 accounting specific to their activities, which we can then combine with year to date financial information from the County database. The insurance claim for damage to the second home's subflooring was denied due to an exclusion for seepage occurring over a period greater than 14 days. At this time, the fund balance is \$740,771. This will increase in 2022 by the balance from the property manager; the only anticipated expense now relates to the individual 'trust' managed through this fund, which will not exceed \$5,063. In 2023, the CCDDDB will make its final \$50,000 transfer, making the Boards' contributions equal.

Possible Next Steps:

As a shared project of the Boards, subsequent uses of the fund will require approval by both. The Boards have final decision authority. Because the original purpose of the

fund was to offer intensive 24-hour support to people whose needs were not met by providers within the County, and because the barriers have not decreased, we might consider approaches that focus on people with unmet service needs, even waiving specific Funding Requirements. Allocations should align with the Community Mental Health Act and Community Care for Treatment of Persons with a Developmental Disability Act; the attached document is guidance from Attorney Dan Walsh, who has compared each Act with some possible uses – *see the attached notes*. While owning a property to support the Board and staff operations is allowable, these activities relate to a broader range of service needs than those for which the CILA Project was established and funded. To purchase an office, a mix of funding is more appropriate.

'Pandemic' bonuses to DSPs could not be paid directly, as they are not employees of the CCMHB and CCDDDB. The Boards could provide funding to those agencies which do employ DSPs, for the purpose of retention and incentive payments.

Such payments could be made to DSPs who work in Champaign County with people who have I/DD and complex support needs. Payments could be associated with completion of accredited trainings or employment for a specific period of time. The Boards might consider extending this type of funding to all organizations providing DSP services to Champaign County residents, waiving some organizational eligibility and reporting requirements, and through contracts which simply reimburse the agency for such payments to staff serving eligible persons. Financial and programmatic reporting requirements could be simplified and audit requirements waived. In addition to agencies currently funded, consideration could be given to Alan G. Ryle Companies, Individual Advocacy Group, Piatt County Mental Health Center, Marion County Horizon, and any other employer of DSPs who serve Champaign County residents.

PRIORITY: Strengthening the DSP Workforce.

Also best done through contracts with qualified organizations: **specific assistance to people who have I/DD and complex service needs**, especially those unable to secure services here, covering the types of purchase made through the CCDDDB mini-grant process; and **treatment for people who have I/DD and co-occurring behavioral or physical health issues** which result in complex support needs.

Although we might like to see it expanded, the latter priority category is represented within current funded programs of the CCDDDB, but the former is not. An agency knowledgeable of IDHS-DDD rules could identify eligible persons who are not receiving services, through state or county funding, and work with these individuals and their families on individual preferences and needs, identifying and purchasing **short-term supports and specific**

assistance not available to them through other means. The structure of the recent CCDDDB mini-grant process offers a starting point, namely an individual application form, per person cost limits, and follow up survey. A contract to fund such a project could be grant or reimbursement-based. A waiver of current requirements would not be necessary.

PRIORITY: Individual Supports to Underserved People.

The Boards might consider waiving the audit requirements and streamlining some reporting requirements for **family support networks**, which are especially well-suited to carry out certain activities of value to underserved eligible individuals and their families. Contracts could be developed to reimburse organizations such as CU Able, CU Autism Network, and the Champaign County Down Syndrome Network for the costs of community awareness and educational events or similar, whenever the focus is on intellectual and developmental disabilities.

PRIORITY: Community Education and Advocacy.

Recommended Action:

At this time, the staff recommendation is to use \$300,000, which is not more than half of the CILA fund balance, for additional allocations during the county Fiscal Year 2023. This includes half of agency Program Year 2023 and half of agency Program Year 2024. A timeline should be developed for setting of priorities, registration and applications by qualified organizations, review of funding requests, and approval by both boards for contracts executed during that term. Further, the staff recommendation is to use the remaining fund balance over the next two to three years, with focus on rightsizing the DSP shortage while offering relief to individuals who wait for adequate services, along with their families.

Decision Section:

Motion to authorize the Executive Director and staff to develop a timeline and allocation criteria and funding priorities related to each of the support needs identified in this memo, for consideration and approval by each Board:

- Approved
- Denied
- Modified
- Additional Information Needed

As to the Mental Health Board (MHB), its powers are set forth in 405 ILCS 20/3e(2.) A subunit of government has only the powers granted to it under the enabling statute. There are 10 reported cases and Attorney General opinions under this statute, but none deal with your questions.

Let me cover leasing property (or owning property) first. Paragraph (2)(n) originally said "...own or purchase real property for purposes consistent with this act..." This was modified Jun 24, 2002, and in my opinion became more limited, when the above was deleted and replaced by the next to last sentence in (2)(n) which says: "All of these activities must be for purposes consistent with this act as may be reasonably necessary for the housing and proper functioning of the board." The beginning of this paragraph allows owning or leasing property.

So, if it is reasonably necessary for the housing and proper functioning of the board (Which I would say includes the operations of the Executive Director and support staff.) then I think it is allowed.

As to DISPLAYING works of disabled artists to show their talents and maybe build their confidence—if it is a de minimis subfunction of the space, I do not see a problem. However, I do not believe the board has the ability to sell or advertise for sale the property of any individual, where an individual gets the money or makes the profit.

As to directly providing services of any sort, paragraph (2)(e) says the board may create a not-for-profit corporation to provide direct services. Paragraph (2) (f) limits to two (2) years the time a board can provide direct services if such services are being provided in the county.

Pay pandemic bonuses: No these are not your employees. I see nothing in the statute that allows this.

Specific assistance.....: if that is part of the treatment of persons, I think you could. See next paragraph.

Treatment for people.....: I think you could. Given (2)(e), I suggest a not-for-profit be created. The paragraph talks about contracting with persons to provide services, including psychiatrists and MD's (who will be independent contractors.)

Direct Support Professional retention fund..... and Pay frontline DSPs...: You could certainly build this in as a part of your contracts with providers in the future. I do not believe the board could now simply give taxpayer monies to individuals who are employed by your service providers.

As to the DDB:

In looking at 50 ILCS 835/4 (9 Attorney General Opinions- none on point and no appellate case law.) My answer as to each remains the same, except there is nothing in 835 that suggests a not-for-profit be created to give direct support.

#10.B.



DECISION MEMORANDUM

DATE: June 22, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: MOU and Shared Regional Community Health Plan Coordinator Services

Background:

This memorandum presents context for a request to commit a total of \$5,000 per year toward a Regional Community Health Plan Coordinator conducting the health needs assessment and reporting on behalf of several organizations. A new Coordinator has been hired, and the Executive Committee will be revising Memoranda of Understanding for a three-year period. The cost to each of the CCDDB and CCMHB would be split as most other non-agency contract expenses.

Since 2018, I have participated in the Regional Champaign-Vermilion County Executive Committee overseeing the IPlan Collaborative. The group includes public and private entities responsible for community health needs assessment and three-year strategic plans and holds bi-monthly meetings, frequent email exchanges, and an in-person public hearing. The Associate Director for Mental Health and Substance Use Disorders participated in the IPlan Behavioral Health Workgroup, and other CCDDB/CCMHB staff are active in the Champaign County Community Coalition, which is the IPlan Violence Workgroup. *See the attached MOU for the period of 2018 to 2021.*

In 2021, our team worked with the Regional Community Health Plan Coordinator on survey structure, data collection, and some content for the CCDDB/CCMHB Community Needs Assessment Report, providing foundation for each Board's Three Year Plan. Please see: https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf and https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ESPANOL.pdf

While the IPlan is broader than our own report, the most recent IPlan identified behavioral health and community violence as priorities, with the above workgroups established to address them. The most recent IPlan community health needs assessment survey continues these findings. Discussion of that survey's format, process, and results has included consideration of underrepresented groups, as they tend to experience the poorest health and behavioral health outcomes. Among them are people with mental health or substance use

disorders and those with developmental disabilities, a fact which elevated our contribution and allowed us to advocate for greater inclusion.

Cost Sharing Across Multiple Entities:

Please see the attached Job Description for details of the role of the Regional Community Health Plan Coordinator whose salary is supported by regional public and private partners to meet the shared goals. Carle and OSF (Danville and Urbana) have each committed \$28,000 annually. The CU Public Health Department and United Way of Champaign County will commit \$5,000 each, along with office space and payroll services. The Vermillion County Health Department has committed to \$3,000 per year. Vermilion County Mental Health Board and United Way of Danville have not yet made financial commitments, but the latter is pending a board request. The total of commitments will allow for salary increases over the three-year period.

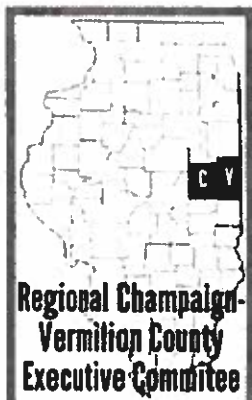
Budget Impact:

A shared cost of the CCDDDB and CCMHB, this contribution would be paid through CCMHB Professional Fees/Services and included in the CCDDDB's 42.15% share of total admin costs, paid to the CCMHB through the CCDDDB's Professional Fees/Services line. The cost is \$5,000 annually, or \$2,107.50 to the CCDDDB and \$2,892.50 to the CCMHB. CCMHB/CCDDDB staff participation and financial commitment repeat for three years.

Decision Section:

Motion to approve continued participation for three years in the Regional Executive Committee for Community Health Needs Assessment and to contribute \$5,000 annually for three years for the shared Coordinator's services, pending approval by the CCMHB:

- Approved
- Denied
- Modified
- Additional Information Needed



Executive Committee Letter of Commitment 2018-2021

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

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

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

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

The representative/contact for my agency is:

Organization: Champaign County Mental Health and Developmental Disabilities Boards

Name: Lynn Canfield

Title/Position: Executive Director

Address: 1776 East Washington Street, Urbana, IL 61802

Phone: 217-367-5703

Email: lynn@ccmhb.org

Signature:

Date: 8/15/18

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

Name: Mark Driscoll

Title/Position: Associate Director

Address: 1776 East Washington Street, Urbana, IL 61802

Phone: 217-367-5703

Email: mark@ccmhb.org

Signature: _____

Date: _____

Champaign-Urbana Public Health District / Carle / OSF HealthCare / United Way of Danville Area, Inc., / United Way of Champaign County / Vermilion County Health Department

Regional Community Health Plan Coordinator

United Way of Champaign County is seeking a full-time (40-hour week) Regional Community Health Plan Coordinator. This position will work under the supervision of the Champaign-Urbana Public Health District and the Vermilion County Health Department and will report to the Regional Champaign-Vermilion County Executive Committee on a regular basis. The selected candidate will be responsible for planning and coordinating strategies that result in the completion of Champaign and Vermilion Counties' needs assessments. Duties include implementation of IPLAN priorities, including creating work groups within the community, working with co-chairs and community partners from pre-existing work groups, providing data collection and analysis, and meeting facilitation/presentations.

Graduation from a recognized college or university with a Bachelor's degree in Community Health, Public Health, or a closely related field is required. Experience is preferred, minimum of 1-3 years. This position requires the ability to work flexible hours, including some weekends and/or evenings as needed to complete job assignments and accommodate meeting schedules.

Benefits for this position include health insurance, pro-rated vacation/sick/personal leave, and fifteen (15) pro-rated holidays per year. Annual salary for this position is \$50,000 – \$53,000 plus benefits.

Applicants can submit their cover letter and resume to Sue Grey of United Way of Champaign County via email at sue@uwayhelps.org

This position is open until filled. United Way of Champaign County is an equal opportunity employer

REGIONAL COMMUNITY HEALTH PLAN COORDINATOR

SUMMARY

Hired through United Way of Champaign County, this position will work under the supervision of Champaign-Urbana Public Health District and Vermilion County Health Department and will report to the Regional Champaign-Vermilion Executive Committee on a regular basis. Position will be responsible for planning and coordinating strategies that result in the completion of Champaign and Vermilion Counties' needs assessments.

ESSENTIAL DUTIES AND RESPONSIBILITIES

1. Establish and maintain effective working relationships with public and private groups and individuals.
2. Express ideas clearly and concisely, both verbally and in writing
3. Advanced written and verbal communications skills
4. Effectively work with a wide variety of people.
5. Effectively collect and analyze data, as well as communicate the results of community needs assessments, surveys, etc.
6. Coordinate programming, monitor effectiveness, evaluate progress and report results as required.
7. Maturity and ability to deal effectively with the multiple tasks and demands of the job.
8. Ability to work flexible hours, including some evenings as needed to complete job assignments, and accommodate meeting schedules
9. Establish project goals and objectives.
10. Prepare program plans and reports.
11. Develop and maintain a detailed project schedule which includes timelines and outcome evaluation.
12. Coordinate meetings and prepare and/or edit meeting minutes and presentations.
13. Analyze data to identify trends and unmet needs and modify program accordingly.
14. Assist and participate in grant preparation; gather and analyze information pertaining to project needs, including overall project evaluation; develop and monitor data collection systems.
15. Conduct literature searches and assist with publications.
16. Develop and support metrics to measure progress goals.
17. Serve as community liaison to build new relationships in order to achieve goals and objectives..
18. Perform other duties as required.
19. Provide support to Regional Executive Committee in scheduling meetings, developing agendas and taking/sending out minutes.

This position requires frequent travel between both Champaign and Vermilion Counties, with mileage reimbursed for travel to meetings or work groups outside of designated work spaces.

Supervisory

- Does Not Supervise Employees
- Directly supervises employee(s). Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. Individual must be a team oriented, self-motivated professional.

Ability to:

- Prepare, present and maintain accurate records and reports.
- Communicate ideas, recommendations and proposals effectively both written & orally
- Work independently
- Work within established guidelines set by grants and/or agency policies
- Establish and maintain effective working relations with co-workers, community agencies and the general public.

Essential Knowledge:

- Thorough knowledge of computerized program software, internet access and database, spreadsheet and word processing programs.
- Working knowledge of research methods with ability to analyze and evaluate data.
- Working knowledge of community resources and services.
- Requires a valid driver's license, a reliable motor vehicle for work-related travel, and proof of insurance.

Education & Experience

Graduation from a recognized college or university with a Bachelor's degree in Community Health, Public Health, or a closely related field. Experience is preferred, minimum of 1-3 years.

Working Conditions

Physical Demands

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Patient Handling Category

- High Level: Normal routine includes but are not limited to dependent patient transferring tasks, lifting tasks, repositioning, tasks, bathing patients in bed, making occupied beds, dressing patients, turning patients in bed, and tasks with long durations. When a lift or carrying task involves more than 35 lbs. of the patient's weight, or is unpredictable and could exceed 35 pounds, then assistive devices should be used.
- Medium Level: Normal routine includes partial patient assists that require no more help than stand-by, cueing, or coaxing, or caregiver is required to lift no more than 35 lbs. of a patient's weight.
- Low Level: Duties are performed routinely do not include patient transferring tasks or patients are Interdependent – that is: patients perform tasks safely, without staff assistance or without assistive devices.

Object Handling Categories

- Heavy Lifting: Objects weighting 35-50 pounds lifted on a regular basis. Mechanical lifting devices (carts, dollies, pallet jacks, forklift trucks, etc.) or team lifts should be utilized.
- Medium Lifting: Objects weighing 15-35 pounds lifted on a regular basis
- Light Lifting: No lifting objects weighing more than 15 pounds on a regular basis.

OSHA Exposure Category

- Category I: Duties performed routinely require exposure to blood, body fluid, and tissue.
- Category II: Normal routine involves no exposure to blood, body fluid, or tissue, but exposure or potential for exposure may occur.
- Category III: Normal routine involves no exposure to blood, body fluid, or tissue and as part of their employment, incumbents are not called upon to perform or assist in emergency care of first aid.

#10.C.



DECISION MEMORANDUM

DATE: June 22, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2023 Champaign County CCDDB and CILA Budget Submissions

Overview:

This memorandum presents draft budgets for the Champaign County Mental Health Board (CCMHB), Champaign County Developmental Disabilities Board (CCDDB), and CILA Facilities Project Funds for County Fiscal Year 2023 (January 1 through December 31, 2023), for approval by the Board.

These initial drafts will form the basis for staff planning and may be revised later in the year based on advice and information from the County Executive and Deputy Director of Finance, with newer revenue and cost estimates. Initial drafts will be submitted for information to the Champaign County Board for a late August budget hearing. Final budgets will be presented during their appropriations process in November.

Attached are proposed 2023 CCMHB, CCDDB, and CILA Project Fund Budgets, with background details including comparisons of proposed 2023, projected 2022, and actual revenues and expenditures for fiscal years 2014 through 2021. The Intergovernmental Agreement between the CCMHB and CCDDB, also attached, defines cost sharing and other arrangements. The CILA Fund Budget is under joint authority of the Boards.

Highlights of All Draft Versions:

- Projected 2023 property tax revenue assumes 5% growth over 2022 for the CCDDB and 7% growth for the CCMHB, no adjustment for collection rate below 100%.
- Miscellaneous revenue includes excess revenue returned by agencies, if returned in a different fiscal year than expended (both boards).
- Majority of Expo Coordinator contracts are charged to Expo expense line, with a small portion in Professional Services or Public Relations due to Coordinator's work on non-Expo special projects. Prior to 2020, these had been charged to Professional Services, and Expo revenues and expenses were combined with other revenue and Public Relations costs, respectively (CCMHB budget).
- While the State of Illinois is expected to assume this cost starting in 2023 or 2024, both Boards participate with United Way to purchase 211 services from PATH, Inc., per 2021 approvals and shared as other costs, 57.85%/42.15% (CCMHB budget).

- CCMHB does not transfer an amount to the CILA fund in 2022, due to having paid off the mortgage; CCDDDB transfers \$50,000 for the final time (CILA budget).
- The CILA budget is based on potential joint decisions by the Boards regarding allocations to providers for special projects.
- Some expenses are not shared by the CCDDDB (the portion of Public Relations for anti-stigma film sponsorship; accounting support for CCMHB funded agencies).
- Increases in Contributions & Grants (MHB and DDB).
- Background information offers more detail on certain expenditure lines and previous year actual costs and revenues.
- The CCDDDB/CCMHB Intergovernmental Agreement and addenda are attached.

Anticipated Revisions, for Later Approval:

- Because this Board packet includes requests for continued funding or for funding of continued projects, under Old Business and therefore subsequent to this request for approval, later versions of 2023 budgets will incorporate any related deletion or increase.
- Later in the summer, the Boards will consider uses of the CILA Project fund, and their decisions may change the 2023 projection.
- The County’s new ERP system uses a different chart of accounts than in previous years. This can be observed in the DRAFT budgets as certain expenditure lines having the same identifier. Future presentations of the budget and background information will combine some categories to match up with the new chart of accounts.
- County staff will provide information about the costs of staff benefits during July, when they will also review these initial budgets and offer suggestions and corrections. Revenue projections are also likely to be updated, though not necessarily in July.
- The County Board will discuss budgets at hearings in late August.
- With each set of revisions, the projections for 2022 will be updated.

Decision Section:

Motion to approve the attached DRAFT 2023 CCDDDB Budget, with anticipated revenues and expenditures of \$4,760,101.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached DRAFT 2023 CILA Fund Budget, with anticipated revenues and expenditures of \$350,100. Use of this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCMHB action.

- Approved
- Denied
- Modified
- Additional Information Needed

Draft 2023 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$4,741,101
400103	Back Property Taxes	\$1,000
400301	Mobile Home Tax	\$3,000
400104	Payment in Lieu of Taxes	\$2,000
400801	Investment Interest	\$1,000
600101	Interfund Transfer (Expo and some Other Misc Rev) from MH Fund	\$4,000
400902	Other Miscellaneous Revenue	\$8,000
	TOTAL REVENUE	\$4,760,101

LINE ITEM	BUDGETED EXPENDITURES	
5002001	Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses)	\$408,804
502025	Contributions & Grants	\$4,301,297
700101	Interfund Transfer, CILA Fund	\$50,000
	TOTAL EXPENSES	\$4,760,101

Draft 2023 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
600101	From CCDDDB Fund 108	\$50,000
600101	From CCMHB Fund 090	
400801	Investment Interest	\$100
-	From Fund Balance	\$300,000
	TOTAL REVENUE	\$350,100

LINE ITEM	BUDGETED EXPENDITURES	
501017	Equipment Less than \$5,000 (includes a designated gift for the benefit of one individual, accessed at family request, with balance \$5063 as of May 5, 2022)	\$5,063
502001	Professional Services (legal, accounting, if needed)	\$4,000
502025	Contributions and Grants	\$340,837
502019	Legal Notices, Advertising	\$200
	TOTAL EXPENSES	\$350,100

Draft 2023 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$5,879,933
400103	Back Property Taxes	\$1,000
400301	Mobile Home Tax	\$4,000
400104	Payment in Lieu of Taxes	\$2,000
400476	CCDDB Revenue	\$408,804
400801	Investment Interest	\$2,000
400901	Gifts & Donations	\$3,000
400902	Expo Revenue	\$9,000
400902	Other Miscellaneous Revenue	\$30,000
	TOTAL REVENUE	\$6,339,737

LINE ITEM	BUDGETED EXPENDITURES	
500102	Appointed Official	\$107,000
500103	Regular FTE	\$365,290
500105	Temporary Salaries & Wages	\$2,500
500108	Overtime Wages	\$2,750
500301	FICA	\$36,291
500302	IMRF	\$24,953
500304	W-Comp	\$2,962
500305	Unemployment	\$1,904
500306	Health/Life Insurance	\$72,000
500309	Employee Development/Recognition	\$250
	Personnel Total	\$615,900
501001	Printing	\$500
501002	Office Supplies	\$4,200
501003	Books/Periodicals	\$300
501001	Copier Supplies	\$500
501004	Postage/UPS/Fed Ex	\$2,000
501017	Equipment Under \$5000	\$7,000
	Commodities Total	\$14,500
502001	Audit & Accounting Services	\$12,000
502001	Professional Services	\$148,000
502003	Travel	\$1,500
502004	Non-employee training	\$12,000
502007	Insurance	\$18,000
502002	Computer Services	\$18,000
502011	Telephone	\$600
502012	Equipment Maintenance	\$500
502013	Office Rental	\$26,000
502013	Equipment Rental	\$800
502019	Legal Notices/Ads	\$500
502022	Department Operating	\$300
501005	Business Meals/Expense	\$150
502002	Photocopy Services	\$3,000
502024	Public Relations	\$20,000
502025	Contributions & Grants	\$5,344,917
502021	Dues & Licenses	\$20,000
502004	Conferences/Training	\$8,000
502022	disAbility Resource Expo	\$58,000
502014	Finance Charges/Bank Fees	\$30
502012	Brookens Repair	\$100
	Services Total	\$5,692,397
700101	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev)	\$4,000
700101	Interfund Transfer, CILA Fund	-
502002	Interfund Transfer, to CARF for ERP	\$13,000
	Interfund Transfers TOTAL	\$17,000
	TOTAL EXPENSES*	\$6,339,797

26

Background for 2023 CCMHB Budget, with 2022 Projections and Earlier Actuals

2023 BUDGETED REVENUE	2022 PROJECTED	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$5,498,918	\$5,278,325	\$4,880,491	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$1,000	\$0	\$3,382	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$3,700	\$0	\$3,736	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,881
Payment in Lieu of Taxes	\$2,500	\$3,679	\$1,088	\$2,604	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$393,740	\$366,344	\$346,706	\$409,175	\$310,783	\$287,897	\$377,695	\$330,637	\$337,536
Investment Interest	\$2,000	\$1,343	\$7,827	\$45,850	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
Gift & Donations	\$3,000	\$500	\$2,900	\$4,706					
Expo Revenue (were combined)	\$9,000	\$100	\$13,805	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$30,000	\$2,205	\$80	\$129,028	\$28,955	\$117,195	\$21,340	\$67,599	\$85,719
*ARPA Fiscal Recovery Funding		\$770,436							
TOTAL REVENUE	\$5,947,358	\$6,422,532	\$5,259,815	\$5,428,887	\$5,023,555	\$4,853,939	\$4,676,764	\$4,597,006	\$4,488,514

* Per the County Board, the full amount of ARP request is deposited during 2021, with half spent in 2021 and the other half in 2022. This results in the appearance of a surplus in 2021 and deficit in 2022, when in fact the fund balance will cover it.

2023 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2022 PROJECTED	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$583,761	\$564,542	\$544,001	\$517,053	\$522,073	\$449,220	\$577,548	\$502,890	\$532,909
Commodities	\$16,100	\$8,632	\$12,362	\$11,147	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contrib & Grants)	\$322,980	\$268,512	\$286,912	\$286,376	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
*Contributions & Grants	\$5,389,935	\$5,063,438	\$4,495,820	\$3,993,283	\$3,648,188	\$3,583,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$19,800	\$28,430	\$5,819	\$406,505	\$56,779	\$57,288	\$60,673	\$0	\$0
Interest on Tax Case	\$0	\$0	\$1,648						
TOTAL EXPENSES	\$6,332,576	\$5,933,554	\$5,346,582	\$5,214,364	\$4,641,148	\$4,539,017	\$4,484,391	\$4,232,715	\$4,591,882

27

Additional Information about Expenses (Proposed 2023 versus Projected 2022)

Personnel 2023 v 2022

PERSONNEL	2023	2022
Appointed Official	\$107,000	\$106,734
Regular FTE	\$365,290	\$340,803
Temporary Wage/Sal	\$2,500	\$2,500
Overtime Wages	\$2,750	\$2,750
FICA	\$36,291	\$34,237
IMRF	\$24,953	\$23,541
W-Comp	\$2,962	\$2,462
Unemployment	\$1,904	\$1,404
Health/Life Insurance	\$72,000	\$69,120
Employee Dev/Rec	\$250	\$210
	\$615,900	\$583,761

Commodities 2023 v 2022

COMMODITIES	2023	2022
Printing	\$500	\$600
Office Supplies	\$4,200	\$3,700
Books/Periodicals	\$300	\$200
Copier Supplies	\$500	\$1,000
Postage/UPS/Fed Ex	\$2,000	\$1,700
Equipment Under \$5000	\$7,000	\$9,000
	\$14,500	\$16,100

Services (not Contributions and Grants)

SERVICES	2023	2022
Audit & Accounting	\$12,000	\$12,000
Professional Services*	\$148,000	\$135,150
Travel	\$1,500	\$1,000
Non-employee conference**	\$12,000	\$7,000
Insurance	\$18,000	\$17,000
Computer Services	\$18,000	\$18,000
Telephone	\$600	\$600
Equipment Maintenance	\$500	\$500
Office Rental	\$26,000	\$24,000
Equipment Rental	\$800	\$800
Legal Notices/Ads	\$500	\$500
Department Operating	\$300	\$300
Business Meals/Expense	\$150	\$0
Photocopy Services	\$3,000	\$3,000
Public Relations***	\$20,000	\$17,000
Dues/Licenses	\$20,000	\$20,000
Conferences/Training	\$8,000	\$8,000
disAbility Resource Expo****	\$58,000	\$58,000
Finance Charges/Bank Fees	\$30	\$30
Brookens Repair	\$100	\$100
	\$347,480	\$322,860

Interfund Expenditures

INTERFUND TRANSFERS	2023	2022
CCDDB Share of Expo and some of MHB Misc Revenue	\$4,000	\$6,800
Payment to CILA Fund	\$0	\$0
Transfer to CARF for ERP	\$13,000	\$13,000
	\$17,000	\$19,800

*Professional Services:

- legal counsel, website maintenance, HR services, shredding, language access services, accessible document creation, independent audit reviews and other CPA consultation, independent reviews of applications, 211/Path through United Way, Health Plan Collaboration Coordinator through United Way, Outcomes Reporting and Financial Management supports.

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

**Non Employee Conferences/Trainings

- Mental Health First Aid trainings, monthly trainings for service providers, with expenses for presenters and supplies, and expenses related to board members attending conferences and trainings.

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

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

28

Additional Information about Services

SERVICES	2023	2022
Professional Services*	\$148,000	\$135,150
Public Relations***	\$20,000	\$17,000
disability Resource Expo***	\$58,000	\$58,000
CCMHB Contribution s & Grants	\$5,344,917	\$5,389,935
CCDDB Contribution s & Grants	\$4,301,297	\$4,093,394
Dues/ Licenses	\$20,000	\$20,000
Conferences /Training	\$8,000	\$8,000
Non-Employee Conferences / Trainings**	\$12,000	\$7,000
Unexpected		
	<p>Various supports. AAIM (3 year membership) \$3000 and human resources services (\$1000). Approximately \$84,000 for outcomes support, including CCDDB, and accounting support. CCMHB only, \$22,500 to United Way for 211. \$1,000 Ed McManus. \$20,000 Ed McManus. \$20,000 online application/reporting systems (EMIK). \$2,000 maintenance of Expo and AIR. \$5,000 coordination of community health assessment and plan. Also includes: assessment and plan. Language access and other accessible document production; graphic design; shredding services; CPA consultant/reviews; legal counsel. A second similar line is \$12,000 for Auditor's Office services. (Expo/Special Projects consultant costs are split between this line, Public Relations, and Expo, per project.)</p> <p>\$15,000 Ebertfest film sponsorship (if approved) or similar, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. (COULD include: charges from one Expo Coordinator for work on non-Expo events.)</p> <p>Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are offset by exhibitor fees and contributions from sponsors.</p> <p>Estimated CCMHB payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus 1/2 of estimated PY24 annual allocation amount, with agency contract maximums to be authorized by July 1, 2023. (Lower than previous year due to no additional revenues to support these.)</p> <p>Estimated CCDDB payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus 1/2 of estimated PY24 annual allocation amount, with agency contract maximums to be authorized by July 1, 2023.</p> <p>\$1,000 national trade association (NACBHD), \$16,000 state trade association (ACMHA), and smaller amounts Human Services Council, Arc of Illinois, any new membership, e.g., CEHA, NCBH, NADD, possible NADSP membership.</p> <p>\$1000 registration for NACo and NACBHD Legislative and Policy Conferences (likely offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NADD, or similar. Kaleidoscope, Inc. training and certification.</p> <p>Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Unknown whether in person or virtual, or impact on cost.</p> <p>Changes in contracts for supports to agencies (e.g., outcomes project, data clinic project). Additional non-employee trainings and additional Public Relations and Expo costs. Continued uncertainty regarding large gatherings. Budget transfers if: offices move to a different location or are modified; legal expenses are greater, etc. Budget amendment if employee retirement/resignation. Fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.</p>	<p>Various supports. Approximately \$84,000 UI Evaluation and new outcomes support TBD, including CCDDB, and accounting support (CCMHB only), \$22,500 to United Way for 211. \$2000 human resources services (AAIM). \$1,000 Ed McManus. \$18,000 online application/reporting systems (EMIK). \$2,000 maintenance of Expo and AIR. \$5,000 coordination of community health assessment and plan. Also includes: language access and other accessible document production; graphic design; shredding services; CPA consultant/reviews; legal counsel. A second similar line is \$12,000 for Auditor's Office services. (Expo/Special Projects consultant costs are split between this line, Public Relations, and disability Resource Expo, per project.)</p> <p>PAID IN 2020 - \$15,000 Ebertfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$5k/year. \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events. (COULD include: charges from one Expo Coordinator for work on non-Expo events.)</p> <p>Support for the 2021 and 2022 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. Expo costs are offset by exhibitor fees and contributions from sponsors.</p> <p>CCMHB payments to agencies from January 1 to June 30, 2022, as authorized in May 2021, plus payments authorized in May 2022 to be made from June through December 2022. Amount is greater than originally budgeted, by \$385,218, as a result of American Rescue Plan Act funds for additional programs in response to the public health emergency, one-time funding for PY22.</p> <p>Actual CCDDB payments to agencies from January 1 to June 30, 2022, as authorized in May 2021, plus payments authorized in May 2022, to be made from June through December 2022.</p> <p>\$950 national trade association (NACBHD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHA), small amounts Human Services Council, Arc of Illinois, possible NADSP membership.</p> <p>\$0 registration for NACo and NACBHD Legislative and Policy Conferences (offset by ACMHA), \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NADD or similar. MHFA trainer certification.</p> <p>Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Some virtual trainings.</p> <p>Unknown fate of large gatherings (Expo, Ebertfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if: offices move to a different location or are modified; legal expenses are greater, etc. Budget amendment if employee retirement/resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.</p>

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

Adjustments:	2023	2022
CCMHB Contributions & Grants	\$5,344,917	\$5,389,935
Bookkeeping pilot	\$6,000	\$4,000
Eberfest anti-stigma film and events	15,000	-
Payment to CILA fund	-	-
CCDDB Share of Donations & Misc Rev	\$4,000	\$6,800
Adjustments Total:	\$5,369,917	\$5,400,735
CCMHB Total Expenditures:	\$6,339,797	\$6,332,576
Total Expenditures less Adjustments:	\$969,880	\$931,841

	2023	2022*
CCDDB Share	\$969,880	\$931,841
Total Expenditures less Adjustments	\$408,804	\$392,771*
Adjusted Expenditures x 42.15%	\$171,000	\$165,000
Monthly Total for CCDDB Admin	\$4,067	\$32,781

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

Background for 2023 CCDDB Budget, with 2022 Projections and Earlier Actuals

2023 BUDGETED REVENUES	2022 PROJECTED	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$4,741,101	\$4,515,334	\$4,334,187	\$4,001,872	\$3,982,688	\$3,846,413	\$3,684,009	\$3,595,174	\$3,501,362
Back Property Taxes	\$1,000	\$1,000	\$0	\$2,773	\$5,369	\$412	\$2,278	\$2,105	\$1,398
Mobile Home Tax	\$3,000	\$3,000	\$0	\$3,066	\$3,361	\$3,261	\$3,142	\$3,305	\$3,348
Payment in Lieu of Taxes	\$2,000	\$2,000	\$3,021	\$0	\$2,154	\$2,841	\$2,671	\$2,515	\$2,479
Investment Interest	\$1,000	\$1,000	\$791	\$4,054	\$23,508	\$24,062	\$10,883	\$2,318	\$812
Gifts & Donations (transfer from MHB)	\$4,000	\$6,800	\$0	\$5,819	\$106,505	\$6,779	\$7,288	\$10,673	\$0
Other Miscellaneous Revenue	\$8,000	\$8,000	\$971	\$9,524	\$8,955	\$6,408	\$14,432	\$0	\$11,825
TOTAL REVENUE	\$4,760,101	\$4,537,134	\$4,338,970	\$4,027,108	\$4,132,520	\$3,890,176	\$3,724,703	\$3,616,091	\$3,521,224

2023 BUDGETED EXPENDITURES	2022 PROJECTED	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Services (42.15% of some CCMHB expenses, as above)	\$408,804	\$393,740	\$366,344	\$330,445	\$309,175	\$310,783	\$287,697	\$379,405	\$337,536
Contributions & Grants	\$4,301,297	\$4,093,394	\$3,514,153	\$3,659,691	\$3,435,748	\$3,250,768	\$3,262,938	\$3,206,389	\$3,224,172
Interfund Transfer, CILA Fund	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Interfund Transfer to MH (loan repay)	\$0	\$0	\$0	\$100,000	\$0	\$0	\$0	\$0	\$0
Interest on Tax Case	\$0	\$0	\$0	\$1,363	\$0	\$0	\$0	\$0	\$0
TOTAL EXPENSES	\$4,760,101	\$4,537,134	\$3,930,497	\$4,041,499	\$3,894,923	\$3,611,551	\$3,600,635	\$3,635,794	\$3,561,708

30

INTERGOVERNMENTAL AGREEMENT

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

WITNESSETH

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

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

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

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

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

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

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

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

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

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

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

The Parties Agree to the Following Financial Commitments:

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

Developmental Disabilities Board with the advice and consent of the two Boards.

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

Miscellaneous Provisions:

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

Governing Law:

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

Entirety of Agreement:

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

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

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

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

Philip T. Krein, President

Philip T. Krein

March 16, 2016

For the Champaign County Mental Health Board
Deborah Townsend, President

Deborah Townsend

ADDENDUM TO INTERGOVERNMENTAL AGREEMENT

This Addendum to Intergovernmental Agreement is entered into this 2nd day of November, 2020, by and between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB").

Whereas, MHB and DDB entered into an Intergovernmental Agreement dated June 30, 2012 ("Agreement"), revised March 16, 2016 ("Agreement"), and amended September 17, 2014 and February 20, 2019,

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

Whereas, with financing provided by one or more local banks, MHB acquired residences in Champaign County to be leased to a CILA provider to provide housing to residents in Champaign County who qualify for CILA services,

Whereas, MHB paid the remaining mortgage balance (interest and principal) which has allowed for acquisition of two residences and provision of services to eligible persons, so that as of May 2019, the MHB had contributed a total of \$500,000, and the DDB \$300,000 to the project,

Whereas, per October 2020 resolution, the titles for each property were transferred from the MHB to the DDB,

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

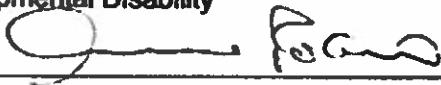
1. MHB and DDB have agreed that for so long as a residence is owned by DDB and used to provide CILA services to residents of Champaign County, each party shall be responsible for one-half of all costs associated with the acquisition of such residences, the debt payments associated with such residences, the maintenance costs of such residences and the costs associated with any disposition of a residence.
2. Prior to the contributions of the DDB becoming equal to those of the MHB, if expenses related to the CILA fund exceed the amount available in the annual budget, the DDB will transfer the additional amount to the CILA fund, reducing the remaining DDB obligation.
3. After the contributions of each Board have become equal, the CILA fund will continue to receive equal contributions from each board, by annual interfund transfers, for ongoing expenses associated with the properties. This annual amount will be based on most recently completed fiscal year actual expenses plus 10%.

4. If expenses related to the properties exceed the amount available in annual CILA fund budget, a request to transfer from CILA fund balance may be made. If fund balance is insufficient or transfer not possible, the Boards may agree to contribute equally to the fund as needed.
5. MHB and DDB agree that once a residence is no longer to be used to provide CILA services, DDB shall enter into a listing agreement with a realtor in an attempt to sell such residence.
 - A. If the homes are sold prior to such time as the total DDB contribution has become equal to that of the MHB, net proceeds from sale of the homes shall first be paid to MHB in an amount equal to the MHB's contribution that is greater than the then DDB's contribution. Any fund balance or net proceeds remaining will be split equally between the two Boards, as interfund transfers from the CILA fund to each of the MHB fund and DDB fund.
 - B. If the homes are sold after the contributions have become equal, the current balance of the CILA fund and proceeds from the sale of the homes will be split equally between the two boards, per the original agreement.

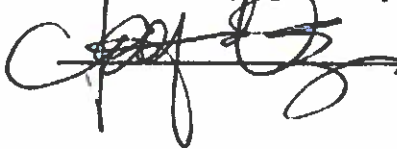
In witness whereof, the parties have executed this Addendum as of the date first written above.

As this Addendum contains the entire agreement between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB") concerning the operations, finances and disposition of any matter related to the CILA (former) homes, by mutual agreement, the Addendums of Feb 20, 2019 and Sept. 17, 2014 are null and void.

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



For the Champaign County Mental Health Board



#11.A.



BRIEFING MEMORANDUM

DATE: June 22, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director for I/DD
SUBJECT: Update on the 2022 Disability Resource Expo

Background:

Beginning in 2007 and originally conceived as a “DD Expo” by CCDDB Member Joyce Dill, the disABILITY Resource Expo was an annual in-person event until 2020. To accommodate increasing vendors, sponsors, and attendees over the years, the Expo used more and more available space at Lincoln Square, then Fluid Events, and finally the Vineyard Church. Volunteers and CCDDB/CCMHB staff and consultants plan all aspects through committees over several months. The Expo relies on members of the ‘disability’ community to foster accessible and inclusive planning, events, social media, and comprehensive resource directory at <https://disabilityresourceexpo.org>.

After the cancellation of the 2020 event, the Expo Steering Committee planned and hosted four monthly virtual events during late fall 2020 and early winter 2021. Each encompassed a different resource topic and included short overviews of all featured exhibitors and small exhibitor breakout sessions. A more in-depth presentation from a featured exhibitor was included in each event. Events were held on the Zoom platform with ASL interpreters. Exhibitor videos and featured presentations were captioned.

2022 Expo Updates:

An in-person event is being planned for October 15, 2022, at the Vineyard Church. The deposit for the 2020 Expo remained with the Vineyard. Allison and Dylan Boot have taken over as the Expo Coordinators, with support from Barb Bressner, who served in that role for 14 years.

It has been determined that there will not be a Children’s Activity Room at the 2022 Expo, out of an abundance of caution. Rather the Children’s Activity Room subcommittee decided to create activity/fidget bags instead. From previous Expo

events, we have approximately 380 fidget items in the storage unit. An Expo Steering Committee member has been in contact with Thrivent Financial about the donation of small bags for the Children's Activity bags. Thrivent and DSC have also agreed to donate 'squishy' fidgets for the bags, as well. At the time of this writing, it is planned that we will provide approximately 100 activity bags for children attending the 2022 Expo event. These will be handed to the children as they enter the Vineyard. Thrivent has agreed to donate small bags to hold the fidget items.

Due to uncertainty of being able to provide enough ASL and Spanish interpreters, the decision was made not to do live presentations at the 2022 Expo. Due to the shortage of interpreters, the Expo Steering Committee is considering exploring Video Remote Interpreters (VRI) to ensure adequate accessibility at a live event.

The Marketing Committee developed drafts of sponsorship letters and brochures and other messaging to be used for the 2022 Expo. During the June Steering Committee meeting, the Expo Coordinators requested support to identify possible new exhibitors and to make follow-up phone calls with potential exhibitors.

After a long hiatus, the Alliance for Inclusion and Respect Artists will be joining the 2022 Expo. Artists' tables will be amongst the other exhibitor tables. To ensure the artists are easy to spot, orange and purple helium balloons will be placed on the artists' tables. Signage will also be placed near the Expo entrance, encouraging attendees to be alert of the artists and their sale items. At the time of this writing, seven artists or art groups have committed to being at the Expo.

Additional Expo Updates:

Feedback was received that using "dis**ABILITY**" in the Expo name does not do enough to push for full acceptance of disability. To address this concern and maintain the essence and history of the Expo, "DIS**ABILITY**," will now be used in all printed materials, advertising, and signage.

Expo representatives have been tabling at local events, including the Ebertfest Art Show and the CU Autism Network Walk & Resource Fair. Expo representatives might also be found at the following upcoming events: the Champaign County Committee on Aging Summer Senior Event, Homer Freedom & Music Festival, and St. Joseph Community Fall Festival.

As the planned 2022 Expo date nears, Expo coordinators will reach out to representatives from Champaign-Urbana Public Health District to review Covid safety protocols and guidelines to ensure the safest possible event.



#11. B.

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

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

January 18, 2023 – Shields-Carter Room

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room

April 19, 2023 – Shields-Carter Room

May 17, 2023 – Shields-Carter Room

June 21, 2023 – 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 2022-2023 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

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*

January 18, 2023 – Shields-Carter Room

January 25, 2023 – *study session* - Shields-Carter Room

February 15, 2023 – *study session* - Shields-Carter Room

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room

March 29, 2023 – *study session* - Shields-Carter Room

April 19, 2023 – Shields-Carter Room

April 26, 2023 – *study session* - Shields-Carter Room

May 17, 2023 – *study session* - Shields-Carter Room

May 24, 2023 – 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. 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 - 2022 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY23

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.

- | | |
|---------|--|
| 1/3/22 | <i>Online System opens for Applications for PY23 Funding</i> |
| 1/19/22 | Regular Board Meeting |
| 1/28/22 | <i>Agency PY22 2nd Quarter and CLC Progress Reports due</i> |
| 1/31/22 | <i>Deadline for submission of updated eligibility questionnaires</i> |
| 2/11/22 | <i>Deadline for submission of applications for PY2023 funding
(Online system will not accept any forms after 4:30PM)</i> |
| 2/23/22 | Regular Board Meeting
List of Requests for PY2023 Funding |
| 3/23/22 | Regular Board Meeting |
| 4/13/22 | <i>Program summaries released to Board, posted online with the
CCDDB April 20 meeting agenda and packet</i> |
| 4/20/22 | Regular Board Meeting
Board Review, Staff Summaries of Funding Requests |
| 4/29/22 | <i>Agency PY2022 Third Quarter Reports due</i> |
| 5/11/22 | <i>Allocation recommendations released to the Board and posted
Online with CCDDB May 18 meeting agenda and packet</i> |
| 5/18/22 | Regular Board Meeting
Allocation Decisions; Authorize PY2023 Contracts |

6/22/22	Regular Board Meeting: Draft FY2023 Budget
6/24/22	<i>Deadline for agency application/ contract revisions Deadline for agency letters of engagement with CPA firms PY2023 contracts completed</i>
6/30/22	<i>Agency Independent Audits, Reviews, or Compilations due (only for those with calendar fiscal year, per Special Provision)</i>
7/20/22	Regular Board Meeting: Election of Officers
8/17/22	Regular Board Meeting - tentative
8/26/22	<i>Agency PY2022 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due</i>
9/21/22	Regular Board Meeting Draft Three Year Plan 2022-24 with 2023 Objectives
10/19/22	Regular Board Meeting Release Draft Program Year 2024 Allocation Criteria
10/26/22	Joint Study Session with CCMHB at 5:45PM
10/28/22	<i>Agency PY2023 First Quarter Reports due</i>
11/16/22	Regular Board Meeting (off cycle) Approve Three Year Plan, PY24 Allocation Criteria
12/11/22	<i>Public Notice of Funding Availability to be published by this date, giving at least 21-day notice of application period.</i>
12/21/22	Regular Board Meeting (off cycle)
12/31/22	<i>Agency Independent Audits, Reviews, or Compilations due</i>
1/2/23	<i>Online System opens for Applications for PY2024 Funding</i>

IMPORTANT DATES - 2023 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY24

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 PY24 and deadlines related to PY22 and PY23 agency contracts.

1/2/23	<i>Online System opens for Applications for PY24 Funding</i>
1/18/23	Regular Board Meeting
1/27/23	<i>Agency PY23 2nd Quarter and CLC Progress Reports due</i>
2/10/23	<i>Deadline for submission of applications for PY2024 funding (Online system will not accept any forms after 4:30PM CST)</i>
2/22/23	Regular Board Meeting List of Requests for PY2024 Funding
3/22/23	Regular Board Meeting
4/12/23	<i>Program summaries released to Board, posted online with the CCDDB April 19 meeting agenda and packet</i>
4/19/23	Regular Board Meeting Board Review, Staff Summaries of Funding Requests
4/28/23	<i>Agency PY2023 3rd Quarter Reports due</i>
5/10/23	<i>Allocation recommendations released to the Board and posted Online with CCDDB May 17 meeting agenda and packet</i>
5/17/23	Regular Board Meeting Allocation Decisions; Authorize PY2024 Contracts
6/21/23	Regular Board Meeting: Draft FY2024 Budget

6/23/23	<i>Deadline for agency application/ contract revisions Deadline for agency letters of engagement with CPA firms PY2024 contracts completed</i>
6/30/23	<i>Agency Independent Audits, Reviews, or Compilations due (only for those with calendar fiscal year, per Special Provision)</i>
7/19/23	Regular Board Meeting: Election of Officers
8/16/23	Regular Board Meeting - tentative
8/25/23	<i>Agency PY2023 4th Quarter Reports, CLC Progress Reports, and Annual Performance Measure Reports due</i>
9/20/23	Regular Board Meeting Draft Three Year Plan 2022-24 with 2024 Objectives
10/18/23	Regular Board Meeting Release Draft Program Year 2025 Allocation Criteria
10/25/23	Joint Study Session with CCMHB at 5:45PM
10/27/23	<i>Agency PY2024 1st Quarter Reports due</i>
11/15/23	Regular Board Meeting (off cycle) Approve Three Year Plan, PY25 Allocation Criteria
12/10/23	<i>Public Notice of Funding Availability to be published by this date, giving at least 21-day notice of application period.</i>
12/20/23	Regular Board Meeting (off cycle) - tentative
12/31/23	<i>Agency Independent Audits, Reviews, or Compilations due</i>
1/2/24	<i>Online System opens for Applications for PY2025 Funding</i>

#11.C.

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
- IAG – 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

#13

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities Staff Report – June 2022

CCDDB-CCMHB Activities: I spent late May and early June developing and completing contracts. I developed and reviewed the Special Provisions for each for each PY2023 contract. All CCDDB contracts are electronic, using Adobe Sign. The process is different than past years. Approval for executing electronic contracts was requested of all agencies and agency Board Presidents. If an agency was agreeable to completing an electronic contract, the email address of their Board President was required. At the time of this writing, several contracts are in process or already complete.

PY2022 4th Quarter programs were cloned in preparation for PY2023. The cloning of PY2022 4th Quarter Programs creates the PY2023 1st Quarter programs for data entry into the Online Claims system. I participated in a Zoom meeting with the Software Developer for the CCDDB/CCMHB Online Application and Reporting System and other CCMHB staff. This meeting focused on the Compliance Dashboard in the Online System.

The Community Choices Program Site Visit was held on May 19, 2022. No concerns were noted during the site visit.

A Program Site Visit was held with PACE on May 24, 2022. A subsequent file review was held with PACE's PA/PSW Coordinator on May 25, 2022. No concerns were noted during this site visit. I also participated in a follow-up to the PACE Financial Site Visit on May 23, 2022.

I participated in Zoom meetings with a UIUC Graduate Student, Suzanne Valentine, who is participating in the 'Humanities without Walls' program this summer and will be spending 20 hours/week during June and July supporting the CCDDB and CCMHB with various tasks. Suzanne will be working on projects for the DISABILITY Resource Expo and will be creating a satisfaction survey for people enrolled in CCDDB funded programs. She will also attend CCDDB and CCMHB meetings.

I participated in a phone call with the Board President of the CU Autism Network and the CCDDB Executive Director. This phone call was a follow-up to the comments that Ms. Palermo made during the May 18, 2022, CCDDB Meeting related to the financial accountability requirements.

I participated in a Board Orientation Meeting with Ms. Vicki Niswander and other CCDDB staff members. Ms. Niswander has been appointed to the CCDDB. I participated in two similar meetings with new members of the CCMHB.

54

I met with agency representatives from one CCDDB funded agency to provide technical support for their revisions to the PY2023 application.

Learning Opportunities: On June 30, 2022, The Human Rights and Advocacy Group at Community Choices will be presenting "Community is People with I/DD. The Impact from Others, Good and Bad." This presentation looks at true community inclusion and the benefits to the full community when all are included. Registration for the event can be found at: <https://us06web.zoom.us/meeting/register/tZMlfuirqT0qGNRm3lyh5Qfcru9oHBtMH4vP>

At the time of this writing, I am working with Joan Storey-Gorsuch to coordinate a presentation on July 28, 2022. Ms. Storey-Gorsuch will present with autistic self-advocates and will focus on acceptance and support in the workplace.

Disability Resource Expo: I participated in the Expo Steering Committee on June 2, 2022. Please see the Expo Briefing Memo in this Board packet for more updates.

Community Coalition Race Relations Subcommittee: I attended "Mental Health and The Black Community" on May 17, 2022, at Parkland College. This event was very interactive and provided great conversation around the topic of the event. The Race Relations Subcommittee Groups 1 & 2 has taken the summer off and will begin meeting again in the fall.

Other activities: I participated in several webinars and trainings. I also took some time off for end of the year activities at school and a family vacation.

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

Staff Report- June 2022

Summary of Activity

Throughout May, Lynn and I worked on completing PY23-PY24 contracts. Prior to being issued a contract, agencies are required to complete special provisions. These provisions were developed and reviewed with other staff members. As of June 9th, we have eight completed contracts and are waiting on revisions or Letters of Engagement (LOE) for the remaining programs. These LOEs are an essential compliance component as they describe the scope of engagement and the tax period.

Criminal Justice-Mental Health

Reentry Council: Council members heard from MTD Amy Synder who discussed various service packages available to the public. The Pass Program, a program not operated by MTD, offers transit passes available through employee donations at a discounted rate for human service agencies. Annual bus passes can be purchased for \$60 instead of \$84. Anyone who donate monthly passes for other community members will only pay \$10 instead of \$20. MTD also offers digital passes where anyone can purchase fares through an app. DASH Pass for Seniors, Senior Citizens (persons 65+ years of age) ride for free by providing proof of age. DASH Pass for Riders with Disabilities, Medicare Card holders and persons having significant difficulty getting on or off an MTD vehicle may qualify for a DASH Pass as a rider with a disability. Applications for DASH Cards must be submitted at Illinois Terminal and must include a copy of a Medicare Card or certification from an MTD authorized agency. This was great information for Council members who are working to eliminate the transportation barriers for persons reentering the community. Actionable Updates: The Council is looking for recommendations for July presentations on Housing issues. Caren Cohen-Heath was voted in as co-chair of the Council. The County Jail will not run groups in jail due to the spike of covid cases.

CCMHDDAC: Abbreviated meeting in which we discussed agency updates and if members were interested in being the chairperson. No interested parties. The next meeting is slated for June 28th via zoom from 9-10am.

Continuum of Service Providers to the Homeless (CSPH): Attended the CSPH full board meeting and listened to a presentation on *Basic Needs and University Student Housing Insecurity* by former and current U of I graduate students. The presentation addressed what happens when housing-insecure college students face academic disruption and drop out, hurting their future careers and earning potential.

ACMHAI: The ACMHAI I/DD Committee Meeting was cancelled due to the proximity to the April business meeting and will resume on July 12th at 10am.

Rantoul Service Provider's Meeting: The May meeting was cancelled twice and rescheduled for June 13th at 9am.

Disability Resource Expo Steering Committee: The Expo Steering Committee is moving along nicely toward the Saturday, October 15th in-person Disability Resource Expo at the Vineyard Church. Letters and brochures are going out to potential and returning sponsors, vendors, and organizations. Committee members will be making reminder calls to sponsors and organizations a few weeks before the event.

Other Activities:

- Attended two meetings, led by Chris Wilson with Promise Healthcare to review CCMHB fiscal reporting.
- Lynn and I met with The Well Experience agency and reviewed the application forms.
- Lynn and I met with ECIRMAC and reviewed PY22 application forms.
- Assisted Kim Bowdry by reviewing client documents in a site visit with Community Choices at their office.
- Attended a site visit led by Kim Bowdry with Pace via zoom.
- MHB/DDB staff met with new Board members Alexa McCoy, Molly McLay, and Vicki Niswander (DDB Board Member).
- Lynn, Kim, and I are collaborating with the Humanities Without Walls project in which selected PhD students in the humanities at the University of Illinois learn new skills and discover potential career paths. The program starts in June, and students will work 20 hours a week for 8 weeks. Ms. Suzanne Valentine will be assisting us with the Expo event.

Attended the Opioid Crisis Next Door 2022: Un-Press Pause On Addiction Treatment at the I-Hotel in Champaign, IL. The in-person conference covered post-covid tips, substance use disorder uses, federal initiatives, harm reduction, the ECHO collaborative, medication-assisted recovery, and personal stories battling addiction.

State of the State: An Update on Illinois' Opioid Statistics- Jennifer Epstein, Assistant Deputy Director, Office of Policy, Planning, and Statistics, Illinois Department of Public Health videotaped her presentation which included statistics about what is going on in the state of Illinois. See below.

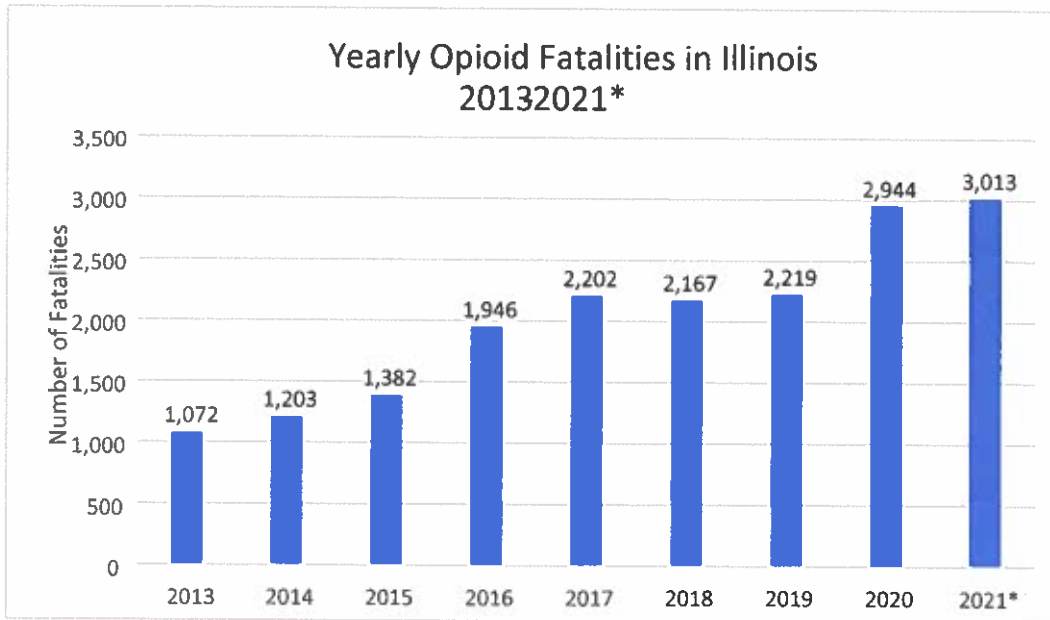


Figure 1. Yearly opioid fatalities in Illinois from 2013-2021 as reported by the Illinois Vital Records System, IDPH. *2021 opioid fatalities are provisional and may change as cases are reviewed.

Table 1. Statewide opioid fatality rate by race/ethnicity, age group, and sex for 2021* as reported by the Illinois Vital Records System, IDPH

	Total Number*	Fatality Rate (per 100,000 capita)
Statewide^	3,013	24
Race/Ethnicity^		
Non-Hispanic White	1,468	20.5
Non-Hispanic Black	1,158	60.8
Hispanic/Latinx	361	16.6
Non-Hispanic Other	26	3.0
Age Groups^		
< 25	228	2.1
25 - 34	613	4.8
35 - 44	666	6.6
45 - 54	672	5.8
55 - 64	659	3.5
65 +	175	1.1
Sex		
Female	781	12.2

The rise in the number of opioid fatalities in the past decade nationwide is attributed to the influx of synthetic opioids (fentanyl and its analogs) into the drug supply and to an increase in polysubstance use. In 2021, toxicology testing found that 2,672 (89%) of the opioid fatalities involved a synthetic opioid. Further, 1,789 (59%) of the opioid fatalities involved at least one additional substance (Table 2).

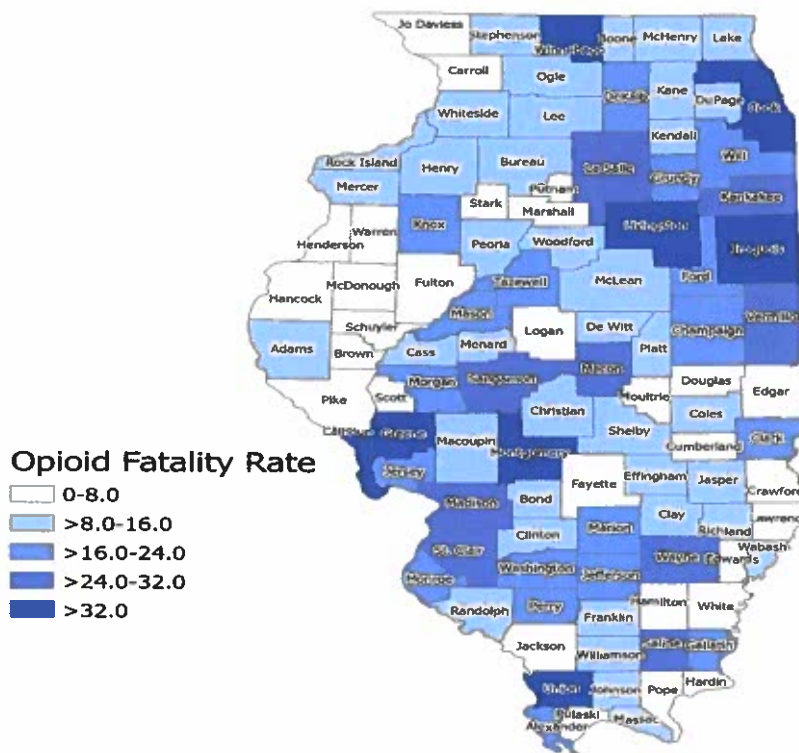
Table 2. Substance involvement in opioid-related fatalities for 2021* as reported by the Illinois Vital Records System, IDPH

Total Opioid-Involved Fatalities*	3,013
Opioid Only	1,224
Opioid + Another Substance	1,789
<i>Cocaine</i>	660
<i>Multiple substances</i>	445
<i>Alcohol</i>	235
<i>Benzodiazepine</i>	227
<i>Psychostimulant</i>	222

*2021 opioid fatalities are provisional and may change as cases are reviewed.

Opioid use and opioid fatalities are spread across the state. High opioid overdose rates occur in both urban, small urban, and rural counties, with 17 having a rate above the statewide opioid fatality rate of 24 deaths per 100,000 capita. Figure 3 and Table 3 depict the provisional county-level opioid overdose fatality rate per 100,000 capita.

2021 Provisional Illinois Opioid Fatality Rate per 100,000 Capita



The Living Room Project- Kent Tarro, director of the Macoupin County Public Health Department and Brian Pollo ROSC (Recovery Systems of Care) council coordinator for Macoupin and Montgomery counties discussed their comprehensive system of care from nutrition, dental program, to domestic violence victims' services and medical transportation program.

Project ECHO-Dr. Kate Austman, double board-certified in Family and Addiction Medicine, Family Health Care of Gibson City and Gibson Health of Watseka; and Dr. James Besante, certified in Addiction and Internal Medicine, Carle Addiction Recovery Center, presented on The ECHO Model. Project ECHO is a collaborative learning platform that connects specialty training to local care providers. The platform uses videoconferencing technology to create a network of care providers who share best practices, discuss cases, and identify effective strategies. Carle Hospital offers an Opioid Use Disorder Treatment Fellowship ECHO Program to physicians, physician assistants and nurse practitioners to train them in opioid use disorders.

Canary in the Coal Mine: A forgotten Rural Town, a Hidden Epidemic, and a Lone Doctor Battling for the Life, Health, and Soul of the People. - Dr. William Cooke, MD discussed his experiences in rural Indiana where a community outbreak of 200+ cases of HIV among people who injected drugs in 2015. The presentation concluded with a Q&A panel of people sharing their opioid use disorders, contracting HIV, and working for Dr. Cooke as Peer Specialist in Austin, Indiana.

Learning Opportunities (Trainings and Webinars) :

-NACo Data-Driven Justice Relaunch: Improving Outcomes Through Coordinated Health & Justice Systems.

-White House Office of Public Engagement, Disabled Stakeholder Call 5.26.22

Executive Director's BRIEF Report

– Lynn Canfield, June 2022

Background - Strategic Plan Goals:

Champaign County Mental Health Board Current Three-Year Plan Goals

1. Support a **continuum of services** to improve the quality of life experienced by individuals with mental or emotional disorders, substance use disorders, or intellectual and/or developmental disabilities and their families residing in Champaign County.
2. Sustain commitment to addressing health disparities experienced by **historically underinvested populations**.
3. Improve **access** to supports, services, and resources currently available and beneficial.
4. Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).
5. Building on progress achieved through the six year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the CCMHB, **sustain the SAMHSA/IDHS system of care model**.
6. **Divert persons with behavioral health needs or I/DD from the criminal justice system**, as appropriate.
7. In conjunction with the Champaign County Sheriff's Office, other law enforcement, and community stakeholders, pursue a continuum of services as an **alternative to incarceration and/or overutilization of local Emergency Departments** for persons with behavioral health needs or I/DD.
8. Support **interventions for youth** who have juvenile justice system involvement.
9. Address the need for **acceptance, inclusion, and respect** associated with a person's or family member's mental illness, substance use disorder, intellectual and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.
10. Engage with other local, state, and national stakeholders on **emerging issues**.

Champaign County Developmental Disabilities Board Current Three-Year Plan Goals

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.
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations**.
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.
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.
5. Continue the collaborative working relationship with the Champaign County Mental Health Board.
6. Identify children at-risk of developmental delay or disability and support **early intervention services and family supports**.
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.
8. Promote **inclusion and respect** of people with I/DD, through broad based community education efforts.
9. Stay abreast of **emerging issues** affecting service and support systems and be proactive through concerted **advocacy efforts**.

Brief – Just Good News:

In previous staff reports, team members and I have referenced working on a long-term research project with the UIUC College of Media Community Data Clinic. The purpose was to create a very user-friendly, comprehensive, up to date, searchable online database which would include all of the information comprising the 211 call service data. This collaboration was in support of MHB goals 1, 2, 4, 9, and 10 and DDB goals 1,2, 3, 5, 8, and 9. With changes in the federal and state crisis call systems, the provider of 211 services for Champaign County was not able to incorporate all of the lessons and recommendations but did implement several. It is my belief that this student-led innovation will be applicable in many communities, possibly here, once our crisis response systems have stabilized.

The lead student researcher on the project was Jorge Rojas Alvarez, who was nominated for and received the 2022 Student Campus Award for Excellence in Public Engagement for this work.



Pictured above are Jorge with his reception guests and with his wife. Below is a photo of Jorge, his wife, and I during the ceremony. See his statement and my letter of support attached. For more details, check <https://provost.illinois.edu/awards/campus-awards-honors/campus-awards-for-excellence-in-public-engagement/excellence-in-public-engagement-awards-students/>.



Self-statement for the Excellence in Public Engagement Award

By Jorge Rojas-Alvarez

As a Colombian-born researcher who lived and studied in Bogota in the decades prior to the end of its civil conflict, I have always wanted to dedicate my professional life to addressing societal issues through the design of information technologies based on collaborations between universities and communities. Although I had worked and studied as a computer scientist in my undergraduate work, I had decided to pursue doctoral studies at interdisciplinary programs that would enable me to draw together my training as an engineer with new disciplinary perspectives that would deepen my ability to understand and negotiate the social contexts of design and engineering. And when I first arrived in the US to begin my doctoral studies, it was Illinois, a land grant public university with a proud tradition of public service and innovative interdisciplinary programs like Informatics and Media Studies, where I chose to do my work.

And I am more assured than ever that I am exactly at the right place and campus for the kind of future, public-minded and community-invested scholar I want to be. Since Fall 2019, I have co-lead with local community organizations the project Rediscovering 2-1-1, a community partnership between the Community Data Clinic at UIUC's School of Information Sciences and varied social service organizations in Champaign County to improve the 2-1-1 directory service for individuals in crises. 2-1-1 is essentially one of the first and largest information resources designed for poor, marginalized and housing precarious communities, and the organizations that serve them. As a community partner of this project explained it to me: if you have ever been homeless or in need of a shelter, you have most probably encountered 2-1-1.

But for as critical as 2-1-1 is as an information resource for the marginalized and housing precarious communities, few people – beyond those who were already users of the site - seemed to know of it. The project that leading social service organizations in Champaign - including the Champaign County Mental Health Board, Champaign County Developmental Disabilities Board, Cunningham Township Supervisor's Office, and United Way of Champaign - suggested, thus sought to increase the general public literacy and visibility of this service, as well as create new means to ensure that data archived within the system could be regularly updated, therefore ensuring that data were as up to date and reliable as possible. These issues found critical relevance amidst the COVID-19 outbreak because current information services lacked flexibility and prompt responses to communities on multiple crises. My work with community partners over the last 2 years also highlighted new improvement opportunities for a resource serving a diverse and increasingly global Champaign County. Populations with limited levels of technological literacy face visual constraints with the current user experience. Although the county's migrant population is growing in a diversity of languages, the old website only supports English. The new website allows our communities to browse an easily navigable, and multilanguage service wherein members can easily share resources with others and make visible inaccurate information to prevent frustration in service access. The project expanded from a conventional directory of contacts to an articulated community of care between social service providers, clients, and community resources. Rediscovering 2-1-1 also informs enhancements in software prototyping methods to motivate participants' involvement. To make this project possible, community engagement was fundamental, and adapting methods was necessary.

Projects like Rediscovering 2-1-1 allowed me to apply and reform my prior training as an engineer, while showing me how technologies for social change require flexible design approaches. While I initially had difficulties modifying my solutions after applying rigorous processes of engineering design, I learned that contributing to public good requires openness to continuous change that addresses the dynamic needs of communities. To reach this flexibility, personal experiences and work with community partners taught me that engineers must take part in interdisciplinary communities to adapt our research cultures.

Confronting this challenge allowed me to develop a deep appreciation for community-based participatory methods and strategies for creating bridges between STEM based disciplines, social sciences, humanities, and arts. My background in STEM and my current training in the humanities as a PhD student in the Institute of Communications Research in the College of Media also help me to embrace these interdisciplinary dialogues. Additionally, my participation in the Rediscovering 2-1-1 project reinforces how interdisciplinary hubs between the university and communities empower students' community engagement. STEM students and colleagues taking part in this project find that there is a space to create connections. My orientation to engineering has improved significantly with community engagement. Finally, thanks to these experiences, I expect to build more interdisciplinary communities of practice to design technologies for social change.

Yet, there must be more than flexible methods and benefit technologies to foster social change. I have also found that engaging vulnerable and marginalized communities requires cultural responsiveness. Rediscovering 2-1-1 have built trust with communities by embracing their cultural expressions. Some Latinx individuals are reluctant to speak Spanish in public to favor assimilation of a dominant English-speaking context. We built trust with them respecting their language preferences. After several contacts, they expressed deep thoughts about the project, their needs, and sometimes even switched languages to express their emotions. The trust we built in the process motivated committed participation. Additionally, I have learned that immigrants and refugees avoid the 2-1-1 directory to prevent exposition to migration authorities. I knew this issue when served as a volunteer in the Cunningham Township Supervisor's Office. Unfortunately, the old directory also lacks strategies to highlight organizations who accept participants despite of their immigration status. Our new directory provides support to citizenship and immigration friendly services. Consequently, my experience as an international student in this project has deepened my sensibility to my Latinx cultural identity. I hope to research deeply into these aspects of cultural responsiveness to enhance curriculums about community-based research for Latinx populations.

Mentoring is also an indispensable part of my engagement with Rediscovering 2-1-1. I have been mentoring 4 undergraduate STEM students under the Students Pushing INnovation Program (SPIN). The students work as user interface designers and collect firsthand feedback from community partners. They listened to the community's voices and adjusted their designs accordingly. Such community engagement provides students with impactful experiences. They learned to prioritize the project's effect on the community over the plans of the engineers. Moreover, students become more confident about their future career through interacting closely with a mentor who shares similar backgrounds and interests. One of my mentees, an undergraduate in computer engineering and who has since graduated, has now started a PhD in human computer interaction and community education at the University of Wisconsin-Madison.

As I am pursuing an inspiring career in higher education through community engagement, I want to return to society by sharing my experiences and guiding students toward similar paths. Therefore, I have integrated my experience with Rediscovering 2-1-1 into a community innovation course I taught. I presented to my students my work with Latinx communities and my personal reflections as a researcher. We discussed students' motivations to work with community engagement. A student of my class who currently pursues a master in a STEM discipline here at UIUC reflected that "I would like to be more involved with the Korean-American community and help them assimilate into both cultures. Growing up, I never felt as if there was one place for me because Koreans would say I am too Americanized, but Americans would say otherwise and that I am too Asian." This student examined the inclusion of Asian-American communities in language learning technologies. Working with communities allowed her to reflect on the construction of her own identities.

Thus, I find endless inspiration to investigate the design of technologies for social change, include Latinx community in these processes, and foster interdisciplinary academic communities to strengthen purposeful collaborations between university and communities.



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1776 East Washington Street
Urbana, IL 61802
(217) 367-5703 <https://ccmhddbrds.org>

Date: February 14, 2022
From: Lynn Canfield, Executive Director
To: Campus Awards for Excellence in Public Engagement Review Committee
Re: In Support of Jorge Rojas-Alvarez for the Campus Award for Excellence in Public Engagement by a Graduate Student

Dear CAEPE Review Committee:

It is my pleasure to offer this letter of recommendation for Jorge Rojas-Alvarez. I hope that, because he has earned my absolutely unqualified recommendation, you will give this candidate your very strongest consideration for the Campus Award for Excellence in Public Engagement by a Graduate Student. Briefly, he is a brilliant innovator who has been consistently thoughtful and patient in his interactions with so many community stakeholders, my team, members of our governance bodies, and myself. I serve as the Executive Director of the Champaign County Developmental Disabilities Board and the Champaign County Mental Health Board, two semi-autonomous units of government overseeing public trust funds with similar missions. The CCDDDB has five appointed volunteer members, and the CCMHB nine. I lead a small team with expertise in relevant areas. For details, see <https://ccmhddbrds.org>. Charged with strengthening the community-based service system, we have a strong interest in partnerships with the university, whether through short-term student projects or long-term collaborations with lofty goals, such as evaluation capacity building with the Department of Psychology, community awareness efforts with School of Social Work and College of Media, and the increasingly important crisis response information system efforts of the Community Data Clinic.

Central to the mission of our Boards is ensuring that people who have a mental health condition, substance use disorder, or developmental disability are able to secure services as needed and preferred. Unfortunately, the barriers to service include simply finding out what is available. For many years, we sponsored an annual disability-centered resource fair and co-funded 2-1-1, a call-based resource information service. Each of these has an online database, but the former is not comprehensive, and the latter not user-friendly. Shortcomings associated with the call service had been a growing concern for some time, and Mr. Rojas has led the Community Data Clinic's research team exploring solutions to improve the availability and accuracy of Champaign County's resource information through 211. The importance of this project has been amplified since March 2020 and the subsequent loss of our in-person resource fair, which had targeted the hardest to reach members of our community with some success.

For over two years, Mr. Rojas has facilitated numerous meetings of partner groups of every flavor, including the leadership and staff of public and private organizations responsible for planning and funding, academic researchers across the state with similar projects, directors of service provider agencies, community activists and advocates who work closely with people seeking services and supports, law enforcement and first responders who encounter people in crisis, and even our disAbility Resource Expo team, now interested in collaborating on expanded

66

virtual access. During small group sessions with my team and Community Data Clinic researchers, Mr. Rojas' mentorship of students and patience with tech amateurs (me) were on display. He also met with my board members for a demonstration of the enhanced "211" database and offered an overview of the project at regular public meetings. In every situation, with all participants, he presented the developing project with enthusiasm and clarity and responded to every question with grace. These meetings served not only to collect feedback to inform the design and content of the website, but also to raise awareness of the site, the services, and the barriers people experience when seeking resources. He has navigated challenges I did not anticipate and won the hearts of many community partners along the way.

Enhanced digital access has obvious value during this era of greatly increased behavioral health concerns, and some of specific innovations resulting from this research project also promise greater equity: improved language access for our increasingly diverse community; better visual accessibility and more 'intuitive' organization of sections; shared calendar of events; highlighting of resources available to immigrants, ethnic and racial minorities, and LGBTQ+ individuals; engagement of service providers for timely updates to their information; and more. There is also great value in the nurturing of these partnerships throughout the process. Mr. Rojas' unique ability to engage with collaborators "where they are" while designing complex systems in the service of others is exceptional even among the exceptional set of academic partners I have the pleasure to work with in my role with the CCMHB and CCDDB.

Again, I give my highest recommendation to Jorge Rojas, without reservation. I believe he already exemplifies the aspirations of this award and that you will not be disappointed in his performance as a recipient, carrying out its mission.

Best,



Lynn Canfield, Executive Director
Champaign County Mental Health Board and
Champaign County Developmental Disabilities Board

Stephanie Howard-Gallo

**Operations and Compliance Coordinator Staff Report –
June 2022 Board Meeting**

SUMMARY OF ACTIVITY:

Audits:

Champaign County Christian Health Center's audit for 2021 (CCMHB funded) was received May 10th.

The UP Center's audit for 2021 (CCMHB funded) was received on May 25th.

The DREAM audit for 2021 (CCMHB funded) was received on May 31st.

Quarterly Reporting:

I attended a meeting with Promise Healthcare (CCMHB funded) led by Chris Wilson on May 16th regarding corrections to their quarterly financial reports. Fourth quarter reporting will be due at the end of August.

Other Compliance:

An email reminder was sent on May 10th, reminding all funded agencies that we require a "letter of engagement" from an auditing firm prior to July 1, 2022.

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

I am coordinating the art show for the Disability Expo scheduled for October 15, 2022. So far, seven artists/groups have signed up.

The CROW at 110 invited AIR artists to participate in their May 21 art sale. (Thank you, Vickie Tolf, DSC!)

Contract File Maintenance:

I contacted the Illinois State Archives regarding local records disposal for CCMHB/CCDDB old files and my request was approved. I am in the process of destroying old files.

68

Contracts:

The contract process was different this year than in the past. Contracted agencies were given the option of signing the contracts electronically using Adobe Sign. Contracts returned and program plan revisions made after the June 24th deadline will usually result in delayed payments.

Site Visits:

On May 19, I participated in an in-person site visit at Community Choices (CCDDB funded) led by Kim Bowdry. Leon Bryson and I reviewed client files.

Other:

- Proofreading and 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 met with Alex Campbell on May 12, May 16, and June 8 regarding our online compliance dashboard.
- I am taking some time off in June and July for vacations.

Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies

Agency Support and Technical Assistance:

Community Choices Human Rights and Advocacy Group- A training has been developed by the members of the Human Rights Advocacy Group. **This training will be able to serve as a CCMHB/DDB Required Training starting July 1, 2022.** This training focuses on how to work with people living with a disability. If your organization will utilize this as a training as a funding requirement, please include me in your correspondence with Hannah Sheets.

HRA Training Guidelines

- 5 trainings in FY23 for DDB/CCMHB Funded Organizations.
- Preferred day of the week is on Thursdays at 10am or 3pm
- You must Schedule your training at least one week before the training dates.

Please contact Hannah Sheets at hannah@communitychoicesinc.org to schedule your presentation.

PY 23- Contract Review- I have reviewed the contracts for the CCMHB/DDB Funded Organizations. 2nd Quarter requirement will change to add the demographics of board that will show the reflection of the value of diversity, cultural competence, and qualities of the Board Composition.

Cultural Competence Training/Support

Community Choices- May 26, 2022- Support with organizations to become more inclusive with people living with Disabilities.

Terrapin Station Supportive Living House- Updated CLC Plan Support

The WELL- Annual CLC Training for Summer Staff – June 7, 2022

DMBC- Annual CLC Training for Champaign/Rantoul Site- May 27/June 3, 2022

CLC Coordinator Direct Service Activities

Mental Health First Aid-

Rescheduled MHFA for June 15, 2022, to July 15, 2022.

Anti-Stigma Activities/Community Collaborations and Partnerships

June 2022 Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

C-HEARTS African American Storytelling Project:

The ASPIRE Program received funding from the University of Illinois Call to Action to Address Racism & Social Injustice Research Program. The ASPIRE program is a youth-centered intervention that is co-created between trusted adult facilitators and middle school youth that facilitates psychological health. This team meets bi-weekly as a research team. The Celebration event will be held on June 16, 2022, at 6:30pm at First Presbyterian Church in Centennial Hall. Students and Parents will talk about the impact of the program. There will be an overview of the observation and research.

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. The first Cohort Concluded on May 18, 2022. With a presentation from each of the organizations about their funded work. If you would like to learn more about the The Community Data Clinic, please visit: <https://www.communitydataclinic.com/>

ACHMAHI

I attended the Children's Behavioral Health Committee Meeting on May 26, 2022. We discussed the ACHMAI strategic plan and how to get additional feedback from communities about the services in areas that have 708/377 Boards.

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

Eliminate Racism – Five Year Impact

“The Grand Challenges for Social Work released a 5-year impact report on January 22, 2021. “Progress and Plans for the Grand Challenges: An Impact Report at Year 5 of the 10-Year Initiative” highlights the many accomplishments throughout the initiative and across the country in its first five years. The report acknowledges progress to date and outlines goals for the remaining five years. Below is the section of the report as it relates to the Grand Challenge to Eliminate Racism”

<https://grandchallengesforsocialwork.org/resources/eliminate-racism-five-year-impact/>

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>

June 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Illinois Children's Mental Health Plan

The Illinois Children's Mental Health Plan Release Webinar

"In honor of Children's Mental Health Week and Mental Health Month this year, we announced the release of our highly anticipated Children's Mental Health Plan for Illinois where we shared our journey to develop the Plan and our goals for improving child and family mental health and wellness. The webinar featured remarks by ICMHP Interim Chair Dr. Sameer Vohra, ICMHP Director Amanda M. Walsh, and Dr. Dana Weiner, the newly announced Director of the Governor's Office Children's Behavioral Health Transformation Initiative. The webinar provided an overview of the Plan's 5 goals." Illinois Children's Mental Health Plan Website

<https://www.icmhp.org/our-work/childrens-mental-health-plan/>