



Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

Wednesday, September 21, 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 4)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The chairperson may limit public participation to five minutes per person and limit total time to 20 minutes.
6. Chairperson's Comments – Dr. Anne Robin
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCDDDB Board Meeting Minutes (pages 5-7)*
Minutes from the 7/20/22 board meeting are included. Action is requested.
9. Vendor Invoice Lists (pages 8-9)*
"Vendor Invoice Lists" of expenditures are included. Action is requested, to accept the lists and place them on file.
10. New Business
 - A. Presentation: UIUC Evaluation Capacity Building Project (pages 10-36)

Included in the packet is the final report to be presented by the UIUC research team. Appendices are posted as an addendum to this meeting. No action is requested.

B. Agency Matching Funds Request (pages 37 and 38)*

Attached is a Decision Memorandum requesting approval for DSC to use PY23 Community Employment funds as match for state funding. Action is requested.

C. Self-Advocate Needs Assessment Report (pages 39 and 40)

For information only, the packet contains a briefing memo with results of surveys completed by participants of self-advocacy groups.

D. Three Year Plan with DRAFT 2023 Objectives (pages 41-53)

For information only, the packet includes the CCDDDB Three Year Plan for 2022-2024 with proposed Objectives for FY2023.

E. 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 and total time to 20 minutes.

11. Old Business

A. 2023 Budgets (pages 54-87)*

A Decision Memorandum details revisions to the 2023 CCDDDB and CILA (now I/DD Special Initiatives) budgets approved on July 20; approval is requested for the updated versions. Attachments include background information, CCMHB budget details, and IGA between the boards.

B. Agency Service Reports (pages 88-120)

For information only, the packet includes fourth quarter and year end data on programs funded for PY2022.

C. 211 Second Quarter Update (pages 121-134)

For information only are reports from PATH on overview of services and regarding Champaign County call activity from April 1 to June 30.

D. Expo Update (pages 135 and 136)

For information are a briefing memorandum and save-the-date flyer.

12. CCDDDB and CCMHB Schedules and CCDDDB Timelines (pages 137-142)

Updated copies of CCDDDB and CCMHB meeting schedules and CCDDDB allocation timelines are included in the packet.

13. Acronyms and Glossary (pages 143-150)

A list of commonly used acronyms is included for information.

14. CCMHB Input

15. Staff Reports (**pages 151-160**)

For information are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, and Shandra Summerville.

16. Board Announcements

17. Other Business – Review of Closed Session Minutes*

Board staff and attorneys request that the Board continue to maintain as closed the minutes of previous closed sessions, which have been distributed for review. If discussion is needed, the Board may move to “move the Board to an executive session, exception 5 ILCS 120/2(c)(11) of the Open Meetings Act, to review status of minutes of prior closed session meetings, and that the following individuals remain present: members of the Champaign County Developmental Disabilities Board; CCDDDB Executive Director Canfield, and Operations and Compliance Coordinator Howard-Gallo.”
When the closed session discussion finishes, a motion to return to Open Session and roll call will be needed, followed by this recommended action: “motion to accept the closed session minutes as presented (or as revised) and to continue maintaining them as closed.”

18. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCDDB Meeting September 21, 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.

#8

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

Minutes July 20, 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, Vicki Niswander

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

OTHERS PRESENT: Annette Becherer, Vickie Tolf, Nicole Smith, Heather Levingston, Danielle Matthews, Laura Bennett, DSC, Mel Liong, PACE; Angela Yost, Regional Planning Commission; Katie Difanis, Carle Health; Brenda Eakins, 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.

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APPROVAL OF AGENDA:

The agenda was in the packet for review and approved.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

Dr. Robin reviewed the agenda and welcomed Ms. Vicki Niswander to the CCDDDB.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Canfield made some brief comments regarding the agenda items. She also introduced Ms. Vicki Niswander to the CCDDDB.

APPROVAL OF MINUTES:

Minutes from the 6/23/2022 board meeting were included in the packet.

MOTION: Dr. Fisher moved to approve the minutes from the June 23, 2022 meeting. Ms. Ruesch seconded the motion. A roll call vote was taken. Ms. Niswander abstained from the vote. The motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet.

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

NEW BUSINESS:

The CCDDDB By-Laws were included in the Board packet for information only.

Election of Officers:

MOTION: Ms. Ruesch moved for Dr. Anne Robin to remain the President and Ms. Georgiana Schuster to remain Secretary of the CCDDDB. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

Setting the Stage for FY2023 and PY2024:

A Briefing Memorandum was included in the packet. The memo provided an overview of planning activities.

Summaries of PY2023 Funded Programs:

Summaries of funded programs were included in the packet for information only.

2023 CILA Fund Priorities and Timeline:

A Briefing Memorandum was included in the packet for information only.

Successes and Other Agency Information:

Updates were provided by agency representatives.

OLD BUSINESS:

CCDDB and CCMHB Schedules and CCDDB Timelines:

Updated copies of CCDDB and CCMHB meeting schedules and CCDDB allocation timelines were included in the packet. It was decided to cancel the August 2022 CCDDB meeting.

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCMHB Input:

The CCMHB will meet this evening.

Staff Reports:

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 9:44 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 INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

1 CHAMPAIGN COUNTY TREASURER

| INVOICE | P.O. | INV DATE | CHECK RUN CHECK # | INVOICE NET DUE DATE | TYPE | STS | INVOICE DESCRIPTION |
|--------------|------------------------------|------------|-------------------|----------------------|------------|-----|------------------------------|
| Ju1 22 | MHB Admin Fee | 06/27/2022 | 070122A | 32,952.00 | 06/27/2022 | INV | PD Jul 22 MHB Admin Fee |
| Ju1 DD23-078 | | 06/27/2022 | 070122A | 32,355.00 | 06/27/2022 | INV | PD DD23-078 Decision Support |
| | 10146 COMMUNITY CHOICES, INC | | | 65,307.00 | | | |
| Ju1 DD23-075 | | 06/27/2022 | 070122A | 14,250.00 | 06/27/2022 | INV | PD DD23-075 Self-Determinati |
| Ju1 DD23-090 | | 06/27/2022 | 070122A | 13,114.00 | 06/27/2022 | INV | PD DD23-090 Inclusive Commun |
| Ju1 DD23-095 | | 06/27/2022 | 070122A | 18,125.00 | 06/27/2022 | INV | PD DD23-095 Customized Emplo |
| | | | | 110,796.00 | | | |

5 INVOICES

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

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#9

Champaign County, IL

VENDOR INVOICE LIST



INVOICE # P.O. INV DATE CHECK RUN CHECK # INVOICE NET DUE DATE TYPE S/TS INVOICE DESCRIPTION

1 CHAMPAIGN COUNTY TREASURER

| | | | | | | | | | |
|--------------|------------|---------|------|-----------|------------|-----|----|----------|------------------------|
| AUG DD23-078 | 08/01/2022 | 080522A | 7992 | 32,355.00 | 08/01/2022 | INV | PD | DD23-078 | Decision Support |
| AUG DD23-090 | 08/01/2022 | 080522A | 7996 | 32,952.00 | 08/01/2022 | INV | PD | AUG 22 | DD23-078 DBB ADMIN FEE |

10146 COMMUNITY CHOICES, INC

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| AUG DD23-075 | 08/01/2022 | 080522A | 8016 | 14,250.00 | 08/01/2022 | INV | PD | DD23-075 | Self-Determinati |
| AUG DD23-090 | 08/01/2022 | 080522A | 8016 | 13,114.00 | 08/01/2022 | INV | PD | DD23-090 | Inclusive Commun |
| AUG DD23-095 | 08/01/2022 | 080522A | 8016 | 18,125.00 | 08/01/2022 | INV | PD | DD23-095 | Customized Emplo |

10170 DEVELOPMENTAL SERVICES CENTER OF

| | | | | | | | | | |
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| AUG DD23-080 | 08/01/2022 | 080522A | 8026 | 32,500.00 | 08/01/2022 | INV | PD | DD23-080 | Individual and F |
| AUG DD23-081 | 08/01/2022 | 080522A | 8026 | 44,666.00 | 08/01/2022 | INV | PD | DD23-081 | Community Living |
| AUG DD23-083 | 08/01/2022 | 080522A | 8026 | 70,638.00 | 08/01/2022 | INV | PD | DD23-082 | Community First |
| AUG DD23-084 | 08/01/2022 | 080522A | 8026 | 39,000.00 | 08/01/2022 | INV | PD | DD23-083 | Service Coordina |
| AUG DD23-085 | 08/01/2022 | 080522A | 8026 | 15,333.00 | 08/01/2022 | INV | PD | DD23-084 | Clinical Service |
| AUG DD23-086 | 08/01/2022 | 080522A | 8026 | 7,083.00 | 08/01/2022 | INV | PD | DD23-085 | Employment First |
| AUG DD23-091 | 08/01/2022 | 080522A | 8026 | 18,958.00 | 08/01/2022 | INV | PD | DD23-086 | workforce Develo |
| AUG DD23-092 | 08/01/2022 | 080522A | 8026 | 36,250.00 | 08/01/2022 | INV | PD | DD23-091 | Community Employ |
| JUL DD23-080 | 08/01/2022 | 080522A | 8026 | 7,916.00 | 08/01/2022 | INV | PD | DD23-092 | Connections |
| JUL DD23-081 | 08/01/2022 | 080522A | 8026 | 32,500.00 | 08/01/2022 | INV | PD | DD23-080 | Individual and F |
| JUL DD23-082 | 08/01/2022 | 080522A | 8026 | 44,666.00 | 08/01/2022 | INV | PD | DD23-081 | Community Living |
| JUL DD23-083 | 08/01/2022 | 080522A | 8026 | 70,638.00 | 08/01/2022 | INV | PD | DD23-082 | Community First |
| JUL DD23-084 | 08/01/2022 | 080522A | 8026 | 39,000.00 | 08/01/2022 | INV | PD | DD23-083 | Service Coordina |
| JUL DD23-085 | 08/01/2022 | 080522A | 8026 | 15,333.00 | 08/01/2022 | INV | PD | DD23-084 | Clinical Service |
| JUL DD23-086 | 08/01/2022 | 080522A | 8026 | 7,083.00 | 08/01/2022 | INV | PD | DD23-085 | Employment First |
| JUL DD23-091 | 08/01/2022 | 080522A | 8026 | 18,958.00 | 08/01/2022 | INV | PD | DD23-086 | workforce Develo |
| JUL DD23-092 | 08/01/2022 | 080522A | 8026 | 36,250.00 | 08/01/2022 | INV | PD | DD23-091 | Community Employ |

10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.

| | | | | | | | | | |
|--------------|------------|---------|------|----------|------------|-----|----|----------|------------------|
| AUG DD23-079 | 08/01/2022 | 080522A | 8104 | 2,280.00 | 08/01/2022 | INV | PD | DD23-079 | Consumer Control |
| JUL DD23-079 | 08/01/2022 | 080522A | 8104 | 2,280.00 | 08/01/2022 | INV | PD | DD23-079 | Consumer Control |

25 INVOICES 660,044.00

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

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#10.A.

*A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health and Developmental
Disabilities Boards (CCMHDDB) Year 7*

*Emily Blevins, M.S.
Hope Holland, M.S.
Nathan Todd, Ph.D.
Mark Aber, Ph.D.*

Department of Psychology University of Illinois, Urbana-Champaign

September 9, 2022

*A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health and Developmental Disabilities Boards (CCMHDDDB)
Year 7*

Statement of Purpose:

The aim of this effort was to continue to build evaluation capacity for programs funded by the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB). In Year 7, we proposed to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon our previous efforts over the last few years. Specifically, we proposed the following activities and deliverables.

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

- a. Prepare new “targeted” agencies to share information at MHDDAC meetings once/year by end of summer, 2022 (as schedules allow). The actual presentation will occur in the August or September following the end of the fiscal year at the MHDDAC meeting.*

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

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

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

- 2. Continue to Support the Development of Theory of Change Logic Models.**
 - a. Offer 2 logic modeling workshops to support funded programs in model development in Fall 2021*
 - b. Schedule and announce logic model training dates with 30 days advance notice*
 - c. Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)*

We held two (virtual) logic model workshops for funded programs. One workshop was offered in October of 2021 and was attended by four groups: Driven to Reach Excellence and Academic Achievement for Males (DREAAM), the Well Experience, First Followers, and Rape Advocacy, Counseling, and Education Services (RACES). The second workshop was offered in March 2022 and was attend by staff from the Refugee Center. During the workshops all programs engaged in hands-on theory of change logic model creation with the support of an Evaluation Capacity Building team member. All programs in attendance were provided with PowerPoint slides containing their logic models following the workshop.

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

We worked with three programs as new targeted partners for evaluation capacity building support in year 7, one funded by the CCDDDB and two funded by the CCMHB. The new CCDDDB program was the Champaign County Regional Planning Commission Decision Support Person-Centered Planning Program (CCRPC-DSPCP). The two new CCMHB

funded programs were the Well Experience and Women in Need Recovery (WIN Recovery). Individual meetings and customized efforts were provided to each of these three programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections II, III and IV.

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

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

We worked with three programs as continuing targeted partners, all funded by the CCMHB, for evaluation capacity building support targeted to data usage in year 7. Given the challenges associated with continuing to provide high quality services during the COVID-19 pandemic, no CCDDB funded programs were able to devote the necessary time and effort to participate in continuing partnerships in year 7. The continuing CCMHB programs included: Community Choices – Community Living program (CC-CL); Rape Advocacy, Counseling and Education Services – Sexual Violence Prevention Education program (RACES-SVPE); and Uniting Pride – Children, Youth, & Families program (UP-CYF). Individual meetings and customized efforts were provided to each of these four programs. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections IV, V, VI, and VII.

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

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

We received two requests for consultation bank support from previously targeted agencies – DREAAM and the Community Service Center of Northern Champaign County (CSC-NCC). DREAAM interns met a couple of times with evaluation staff to clarify anticipated short-term outcomes and to operationalize program components. Progress was limited due to interns switching out for the semester as well as needing to clarify program scope with leadership more before creating a logic model. The new director of CSC-NCC sought consultation regarding the evaluation capacity building work done during previous fiscal years. We helped them build institutional knowledge about their evaluation strategy amid staff changes, and assisted them in using and updating an Excel spreadsheet we created for them

previously to analyze satisfaction data. To promote sustainability of these skills moving forward, we also provided resources on Excel from our data workshops which address the most common questions the staff were encountering.

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

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

This year we received no requests for consultation bank support from agencies who had not previously had a targeted partnership.

7. Continue to Build a “Buffet” of Tools

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

The web-based repository of measures developed with and for funded programs continues to be maintained, however, this year all new measures that were developed were highly specific to the individual programs involved, and thus were not appropriate for use by other programs. Consequently, in year 7, no new measures were added to the repository of measures.

8. Offer up to three workshops with CCMHB/CCDDB funded agencies regarding data usage fundamentals including, for example:

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

In summer of 2022, we offered two data workshops to all CCMHB/CCDDB funded agencies. The workshops focused on the use of Excel for working with outcome data and were sequenced to build on each other, with the first workshop being more basic and the second more advanced. The first workshop, *Introduction to Excel for Outcomes Analysis – Part 1*, provided an basic introduction to Excel. It addressed the following topics: creating a workbook and adding new sheets; renaming, moving and deleting sheets; creating a current client worksheet; creating a workbook reference sheet; adding evaluation details to a reference sheet; creating response option dropdowns; tracking and organizing outcomes data; adding outcomes tracking content to a current client worksheet; creating a measure scoring worksheet; linking dropdown responses and

numerical values; using Xlookup to automate measure scoring; converting relative cell references to absolute cell references; producing a total measure score; and, generating counts using the “subtotals” dropdown. The second workshop, *Introduction to Excel for Outcomes Analysis – Part 2*, provided a practical demonstration of how to use Excel for PMO reporting. As was true for the year 7 logic modeling workshops, the data workshops were delivered online via zoom. Resources from the workshops (e.g., video examples of topics covered in the workshops as well as sample Excel workbooks) were stored for future access by present and future CCMHDDDB funded programs in a Google Drive. The workshops were attended by staff from RACES, First Followers, the Refugee Center, DSC and GROW.

9. Meet with CCMHB/CCDDB members as requested to provide information on, for example:

- a. The varied uses of evaluation
- b. Logic modeling process
- c. CCMHB/CCDDB goals and priorities with regard to evaluation
- d. Instantiating evaluation practices for the CCMHB and the boards’ funded programs

The evaluation capacity building team provided consultation to CCMHDDDB staff regarding continued evaluation related supports that the board and staff might provide to funded agencies as the contract with the University of Illinois Department of Psychology Evaluation Capacity Building team was coming to an end due to the retirement of Dr. Aber and the relocation of Dr. Allen to Vanderbilt University.

Champaign County Regional Planning Commission – Decision Support Person-Centered Planning Program (CCRPC- DSPCP)

Program Overview

The Decision Support Person-Centered Planning Program at CCRPC is designed to support individuals living with intellectual and developmental disabilities (I/DD) in Champaign County who are not yet eligible for state-funded services. The Decision Support Program has three components: 1) support and provide transition planning for high school students with I/DD ages 14 and older, 2) provide person-centered planning case management services to adults, and 3) assist individuals in Champaign County with registering for the PUNS list and with organizing documentation required for state funding. From September 2021 to June 2022, one consultant from the University of Illinois worked with two staff members of CCRPC to build the program’s capacity to evaluate and improve their program.

Goals for Targeted Partnership:

1. Update Preference Assessment survey to improve the richness of county-level needs assessment provided to DDB annually
2. Examine Preference Assessment results by various demographic variables to identify themes and opportunities to tailor services more closely to client needs
3. Update PMO consumer outcomes to align with program activities and long-term goals
4. Improve ability to analyze consumer outcome data efficiently, reproducibly, and more frequently

Executing Goals

- 1. Update Preference Assessment survey to improve the richness of county-level needs assessment provided to DDB annually**

We began by reviewing the Preference Assessment, which is a needs survey administered to each person in the county when they update or initiate their PUNS list registration. Because every client seeking DDB-funded services must first be registered for the PUNS list and everyone on the PUNS list must meet with the case manager annually to update their registration, the Preference Assessment produces a rich dataset covering a large proportion of DDB-eligible citizens in Champaign County. These data are reported annually to the DDB and may at times be used to inform funding decisions and board priorities. For example, responses to the survey question “Where would you like to live?”

may be useful for planning where in the county there may be an increased need for services in the near future.

CCRPC staff noted previous attempts to use the Preference Assessment to answer important questions about county-wide needs but that the survey was missing critical questions that would allow them to answer these questions. We therefore worked together to add missing items as well as improve the existing items. Informant type (i.e., is the client filling out the assessment or a support person) and length of time on the PUNS list were added to enable parsing the data by these important variables. Further, we added demographic variables to allow CCRPC and DDB staff to look at differences in needs by client age, race and ethnicity, gender, income bracket, and zip code. The questions and response options were updated throughout, and additional items were added based on staff input (e.g., “On a scale from 1 to 10, how comfortable are you in navigating the DD system and/advocating for yourself or your loved one?”). The survey items were reviewed by CCRPC staff (including those who administer the Preference Assessment), the full Evaluation Capacity Building Team at the University of Illinois, and members of the DDB, and changes were implemented on a rolling basis. The final updated Preference Assessment was approved by DDB staff, and CCRPC began using the updated Preference Assessment in January 2022.

2. Examine Preference Assessment results by various demographic variables to identify themes and opportunities to tailor services more closely to client needs

After the revised Preference Assessment was implemented, we assisted CCRPC in conducting initial analyses of the data so they could begin to identify how to compare results for different types of participants. CCRPC staff worked to analyze the data in SurveyMonkey (where the survey is hosted), and we helped with reviewing and interpreting the results. For example, we alerted CCRPC staff to the result that over a quarter of respondents were for clients under 18. This highlighted the importance of breaking out all future analyses by age, given that children under 18 are not eligible for PUNS selection and also may have very different needs from adults with I/DD. These initial analyses were preliminary in nature but assisted the staff in practicing analyzing and interpreting survey results and in developing general guidelines for how to work with the updated survey.

3. Update PMO consumer outcomes to align with program activities and long-term goals

We assisted CCRPC in revisiting the consumer outcomes described in their FY23 DDB application and in their FY22 PMO and in updating these outcomes to better align with

the tasks they were currently completing as an organization. For example, due to the COVID-19 pandemic, the transition consultants have been working to reestablish in-person connections with schools and students. Thus, their previous consumer outcome relating to a targeted number of transition plans developed for students was not an accurate reflection of the outreach efforts that transition consultants were needing to engage in to increase referrals to their services.

Overall, we worked together to identify areas of the previous year's PMO and the most recent application where the evaluation strategy could be strengthened, and to implement those improvements in the upcoming FY23 PMO.

4. Improve ability to analyze consumer outcome data efficiently, reproducibly, and more frequently

Finally, CCRPC expressed they would like to be able to evaluate their consumer outcomes more easily. We therefore worked to improve their ability to analyze the consumer outcomes listed in their application on an ongoing basis. We used the upcoming FY23 PMO to anchor this activity and engaged CCRPC in analyzing their existing data to evaluate their updated consumer outcomes described in Goal #3 above. We worked to ensure that all analyses were thoroughly understood by CCRPC staff and were readily reproducible. Together, we developed a draft PMO report detailing CCRPC's progress with all consumer outcomes, including transition consultants' outreach efforts, satisfaction survey results, and comparing time from PUNS selection to state funding for individuals with and without a Decision Support Program case manager.

These results were used to inform programming in real-time; for example, the time-to-funding metric was monitored weekly and used to identify areas' cases in need of attention. Ultimately, we completed the partnership with a strong start to the FY23 PMO and, more importantly, with the CCRPC staff understanding the rationale behind their evaluation procedures and feeling comfortable with how to measure their program's success at achieving their consumer outcome goals.

Next Steps and Future Directions:

1. Develop process for summarizing open-ended data on the Preference Assessment and on the Satisfaction Survey
2. Increase internal knowledge sharing to allow cross-pollination of learning between county- and state-funded person-centered-planning case managers

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Appendix Items:

Section II A: Revised Preference Assessment

Section II B: Performance Outcome Report (DRAFT)

The Well Experience New Targeted Partnership FY 22-23

Program Overview

The Well Experience “has created a conduit by which individuals that have been traditionally marginalized, underestimated and undervalued have an opportunity to receive trauma-informed care by means of evidence-based practices.”

In service of their mission, The Well Experience (TWE) offers an expansive breadth of services (crisis management, age specific groups, family nights) dedicated to serving “Black/African American girls, women, teens, and families” in Champaign County. The organization advocates for a wraparound approach to service engagement, and the majority of clients are involved in multiple service programs. CCMHB funds support these services broadly, as opposed to being earmarked for a specific program.

Identifying Goals

The Well Experience (TWE) is both a new targeted partner and newly funded by the CCMHB. Early work involved discussion and informal modeling of the connections between program mission, activities, short-term and long-term goals, and underlying values. Discussion of these connections and organizational strengths and needs resulted in identifying multiple potential avenues for the partnership. After discussing the potential utility of each aim, the following three major goals were prioritized:

- 1) Develop an organizational theory of change logic model.
- 2) Develop an overarching and cohesive evaluation process.
- 3) Develop a structured intake tool to use across programs.

Executing Goals

1) Develop an organizational theory of change logic model.

As this agency’s CCMHB funding is not allocated for one specific organizational program but instead may be used across organizational services, the early partnership focused on understanding the breadth of the services offered by TWE, including participant overlap between services, the influence of organizational values on program services, and general goals for improving evaluation. The breadth of interrelated potential services offered by TWE initially proved challenging for developing a parsimonious model. Additionally, TWE’s work is highly informed by values of healing-centered engagement, community support, holistic care, and cultural identity; thus, understanding these values and frameworks was critical for accurately articulating the organization’s theory of change. This level of values articulation may not be critical for every evaluation capacity building effort. However, given how influential these values are for both how

and why TWE operates, informal articulation of these values and concepts was critical for developing a culturally-reflective, empirically-useful evaluation process.

Ultimately, two models were developed through this partnership: one overarching agency model (Well Family Care model) and one programming-specific model (Girls2Life).

2) Develop a systematized, cohesive evaluation process

Because of the expansive nature of program activities and potential impacts, TWE's early articulations of evaluation goals were extensive and potential measurement strategies were vague. Challenges at this stage included identifying an evaluation strategy that both captured the breadth and interrelated nature of service activities and that was feasible and sustainable. Thus, a critical part of building organizational evaluation capacity involved bounding the shorter-term outcome domains to be prioritized during the rest of the partnership. This prioritization occurred through consultation of scholarly literature, consideration of current organizational data collection processes and potential measurement strategies, and concerns related to feasibility and sustainability. The outcome domains prioritized in the evaluation partnership are related to i) psychological health and ii) academic functioning.

Operationalizing the domains of psychological health and academic functioning helped to facilitate greater specificity in the agency's anticipated shorter-term outcomes, which were then used to identify specific measurement tools and relevant analytic strategy. Ultimately, the process of bounding and operationalizing anticipated shorter-term outcomes contributed to the development of an evaluation strategy that is both more specific and more feasible.

Validated and/or evidence-based measurement tools and analytic strategies were identified for the following shorter-term outcomes:

- 1) Participants will experience a reduction in symptoms of psychological impairment and distress.
 - a) Youth
 - b) Caregiver
- 2) (When applicable) Participants will experience a reduction in trauma symptoms and associated behaviors.
 - a) Youth
 - b) Caregiver
- 3) (When applicable) School-aged participants will maintain or improve their grades.
- 4) (When applicable) School-aged participants will maintain or improve their school attendance.

After specific measurement tools were identified, efforts moved towards developing a reproducible data analytic process. Challenges at this stage included identifying an analytic strategy that was both parsimonious and context-sensitive. For example, it was challenging to identify one analytic method that would satisfactorily capture attendance

related outcomes for youth with no or few absences and youth demonstrating significant truancy. We had similar discussions around capturing psychological functioning over time. Reporting the average across clients may disguise meaningful change occurring in, for example, clients experiencing particularly frequent absences, whereas this nuance may get “washed out” when averaged with clients who are infrequently absent. In response to these concerns, we hypothesized about any particularly significant potential clusters that may be relevant to the shorter-term outcomes indicated above. We then specified the criteria for each group (e.g., GPA of 3.0 or higher, GPA of 2.9 or lower). Finally, a data analysis workbook was created to directly reflect the measurement and analytic strategies identified during the partnership.

3) Develop a structured intake tool to use across programs

Early in the partnership, TWE described feeling both limited and overwhelmed by existing organizational data collection processes where forms and measurement tools were created and adapted as-needed, with completely different forms used for different programming. This practice is not uncommon among nonprofit organizations, though it is generally an inefficient use of agency time and an impediment to observing outcomes over time. Throughout the partnership, TWE expressed a desire for a cohesive intake tool that could be used to collect data from clients across programming areas. The agency also expressed their desire for an evaluation process that was strengths-based, captured individualized outcomes, and was consistent across families, individual clients, and programs.

A cohesive intake assessment was developed to collect i) baseline outcome data from multiple informants, ii) demographic data, and iii) client context, presenting needs, and goals. We anticipate that integrating the collection of baseline outcome data directly into the intake process will simplify the process and result in this information being collected with greater consistency.

The cohesive intake assessment was developed to reflect agency preferences and is available for use as a “hardcopy” to be printed and filled out. After the intake appointment, data must be entered from the hardcopy into the electronic data analytic file. To streamline the process, the hardcopy includes specific scoring data that is also reflected in the data analytic file.

Next Steps and Future Directions

- 1) Implement and maintain the evaluation strategy for one quarter, and at that time assess consistency, barriers (including feasibility), etc.
- 2) Consider including qualitative data from individual family goals into the narrative section of the PMO end of year report.

- 3) Consider developing a structured progress report template for families based on individual progress.

Appendix Items:

Section III A: Well Family Care Logic Model

Section III B: Girls 2 Life Logic Model

Section III C: Overview of Data Workbook

Section III D: Cohesive Intake Assessment

Women in Need Recovery New Targeted Partnership FY 22-23

Program Overview

WIN Recovery serves justice-involved women and the LGBTQ2+ community who struggle with substance misuse and have a history of trauma. They offer a continuum of services based on each client's individual recovery to help bridge the gap from incarceration to reentry. These comprehensive support services occur within the transitional living environment and includes programming designed to address and interrupt the source of trauma that leads to continuous cycles of incarceration.

Identifying Goals

Women in Need Recovery (WIN) is both a new targeted partner and newly funded by the CCMHB.

- 1) Develop an organizational theory of change logic model.
- 2) Increase capability to track and measure organizational effectiveness over time.
- 3) Develop a reproducible and feasible data analytic strategy that is relevant to agency vision and framework.

Executing Goals

1) Develop an organizational theory of change logic model.

WIN Recovery is emphatic that they do not simply provide a “recovery house.” Instead, they provide a range of scaffolded supports from peer-leaders that occur in the context of stable, safe housing. Given this holistic perspective, early partnership focused on understanding the nature of the services offered by WIN, including models or frameworks that inform program services, existing data collection and reporting practices, and general goals for evaluation and data processes.

Early stages of the partnership involved modeling the connection between program activities, anticipated shorter- and longer-term outcomes, and theoretical underpinning for the articulated connections. At this stage, a significant review of the literature was conducted to understand the frameworks articulated by WIN (e.g., gender-responsive, trauma-informed), their meaning in a substance use recovery context, and potentially-relevant evidence-based tools.

A second step involved linking current collected data to stages in the theory of change. As an example, the agency consistently collects information on 12 “benchmarks” that may be achieved by women while they are engaged in services with WIN. These

benchmarks were specifically included in the model because WIN treats them as very proximal short-term outcomes that are important to the foundation of sustainable recovery. These benchmarks have been really useful for WIN in understanding some of the concrete ways that they have been able to support participants (e.g., accessing identification documents) as well as identify the individual-level successes of women in the program (e.g., maintain sobriety for 3 months). However, the binary yes-no nature of these 12 benchmarks somewhat limits their utility as an outcome tool. WIN was motivated to identify other assessments that may capture organizational effectiveness in more complexity.

2) Increase capability to track and measure organizational effectiveness over time.

Once the organizational theory of change model was articulated, multiple potential avenues for measuring agency effectiveness were discussed. At this time, WIN expressed a desire for the capacity to measure i) individual-level outcomes that would ii) be directly relevant to programming and agency vision and iii) resonate with multiple types of stakeholders. With this in mind, we decided to pursue an evaluation plan that measured program impact on individual's trauma symptoms.

At this point, a targeted search of the scholarly literature was conducted to identify a high quality, accessible measure. After considering the sample appropriateness and feasibility of different measures, the Posttraumatic Check List- 5th Edition Civilian Version (PCL-5) was selected. In order to further improve applicability of the measure to WIN's participant context, the instructions of the PCL-5 were adapted to include examples of potentially-traumatic events that may be particular relevant to the context of women who have experienced incarceration and/or substance abuse.

3) Develop a reproducible and feasible data analytic strategy that is relevant to agency vision and framework.

In order to integrate future evaluation practices with existing agency routines, significant time was spent understanding the nature of and ways in which data is already collected and used. As a result, the current data strategy is significantly influenced by existing programming components and accessible resources, with the specific intention to streamline and systematize the data collection and analysis process. In particular, it was really important to the agency to develop a process that would be consistent across different caseworkers, locations, and time frames.

The analytic strategy was specified in an Excel workbook. However, it is important to note that WIN's existing data software was expected to be upgraded in August 2022. The agency anticipated building the developed analytic strategy (as outlined in the Excel workbook) into this upgraded software program.

Next Steps and Future Directions

- 1) Building the outlined analytic strategy into the software.
- 2) Train caseworkers on the process and implement the data collection practice.
- 3) After analysis, document observed group differences and make decisions about whether to analyze/report outcomes by group characteristics or overall.

Appendix Items:

Section IV A: WIN Recovery Theory of Change Logic Model

Section IV B: PCL-5 Measure

Section IV C: Overview of Analytic Strategy

Community Choices: Community Living Program

Program Overview

Community Choices is a human services cooperative and service provider for adults with developmental disabilities. They have three main philosophies: people need people, we are not afraid to try, and success is a shared responsibility. The Community Choices Community Living Program aims to help people build the lives they want to build by providing assistance to people in finding somewhere to live, taking care of their homes, getting from place to place, and having people to support them. By engaging in weekly meetings, they support people in moving out, in acquiring the skills and confidence to maintain their homes, in managing the support they need to make that happen, in building connections, and in achieving their self-determined goals. From September 2021 to July 2022, one consultant from the University of Illinois worked with two primary staff members of Community Choices to build the program's capacity to evaluate and improve their program.

Goals for Targeted Continuing Partnership:

1. Clarify objectives of the new iteration of Community Living Program, including how to assess progress in the context of ongoing needs for support
2. Develop an overarching strategy for data collection and evaluation across all facets of the Community Living Program, including streamlining the data collection timeline and various data sources
3. Develop tools to analyze and report data reproducibly and on an ongoing basis to support data-informed programming decisions

Executing Goals

1. **Clarify objectives of the new iteration of Community Living Program, including how to assess progress in the context of ongoing needs for support**

The Community Living Program was initially designed to be a transitional program in which Community Choices would help clients get housing and get connected to resources to maintain their housing, and then clients would transition out of the program. In our previous partnerships with Community Choices, we helped them to develop ways to evaluate this program, with a particular focus on clients' transition out of the program as a key metric of the program's success. Over the past few years, Community Choices has learned from their internal evaluations that clients were often experiencing unanticipated issues after obtaining housing (e.g., breaking a leg, losing a job, needing to move) that required reengagement with the Community Living Program. These insights led

Community Choices to reconsider whether a transitional program could adequately address the often cyclical nature of their clients' needs, and ultimately to restructuring the program to focus more on sustained progress in domains relating to independent living rather than targeting discontinuation of services.

To support Community Choices in implementing these data-informed changes to the Community Living Program, we worked to help them articulate clear and measurable objectives for the new iteration of their program. We began this work by discussing with Community Choices staff how they might define success in the context of ongoing engagement with a client. In other words, if transitioning out of the program is no longer the explicit goal, then what *are* the goals? We supplemented these partner discussions with a literature review on evaluating sustained progress in human services, particularly in agencies serving individuals with intellectual and developmental disabilities.

To help distill the learning from these discussions into clear and measurable objectives, we revisited the program's original logic model and identified short- and long-term outcomes that still applied to the newest iteration of the Community Living Program. We then transported those outcomes to a modified indicators worksheet where we asked Community Choices staff to identify what they would expect to see in their clients' lives if each outcome were being met. The purpose of this activity was twofold: 1) to transform staff's intuitive understanding of what success looked like into written objectives that could guide evaluation, and 2) to develop language for updated short-term outcomes which aligned with the long-term outcomes of the program. Through these activities, we developed the Outcomes Mapping Document, available in the appendices.

2. Develop an overarching strategy for data collection and evaluation across all facets of the Community Living Program, including streamlining the data collection timeline and various data sources

In addition to clarifying the objectives of the new iteration of the Community Living Program, Community Choices expressed a desire to simplify and consolidate their data collection processes. At the beginning of this year's partnership, Community Choices was largely relying on annual client surveys for their consumer outcomes data, and these surveys were being sent to everyone at the same time of the year even though clients could be in very different stages of the program. The staff were therefore eager to find ways to tie data collection to clients' timelines in the program so that, for example, an "annual" data collection could reflect clients' progress one year into the program. Additionally, Community Choices were finding it difficult to track their internal data collection needs while also tracking data required for their accreditors and local and state funders. We therefore aimed to help connect their data collection processes more closely

to their program operations, to reduce redundancy in data collection, and to maximize the usefulness of the data sources required for accreditors and funders.

We used three main tools to consolidate and refine Community Choices' data collection processes. First, we took the Outcomes Mapping Document and added columns to identify the data source(s) for each objective ("*How would we know that was happening*") and the time when data on each objective would be collected (e.g., at intake, quarterly, or during annual planning meeting). We worked to reduce any redundancies where multiple data sources were not needed for a particular outcome. We then developed a list of data sources that related to an outcome in the Outcomes Mapping Document and identified any gaps between the data they were collecting and the data they needed to evaluate their program objectives.

This practice allowed Community Choices to realize they wanted to evaluate outcomes related to clients' families (e.g., Families spending less time on care duties and enjoying more quality time with their loved one I/DD), but they were not actively collecting data from family members about these outcomes. We thus worked together to develop and implement the Family Feedback Form to administer to family members at intake and during the annual planning process.

We then transformed the list of data sources and their timings into a Data Collection and Evaluation Timeline that illustrated the data collection process from a client's intake to their annual planning meeting one year into the program (available in appendices). We used this timeline to refine the collection procedures, to inform the timings for data analysis, and to produce a visual aid to provide to staff responsible for collecting the data. The timeline also assisted with increasing the frequency with which progress on self-determined goals was being documented.

In reviewing the Data Collection and Evaluation Timeline, Community Choices staff realized that progress on self-reported goals was typically being updated only once a quarter, and without documenting goal progress more frequently, quarterly reports had become onerous tasks for staff. Staff were, however, already entering data weekly into the county and state claims spreadsheets which documented their contacts with each client. Thus, to make quarterly reports less onerous and facilitate more consistent updates on goal progress, we added columns to the claims spreadsheets for staff to enter brief contact notes and to denote which self-determined goal was being addressed in each client contact. Overall, this is one example of how the timeline tool helped Community Choices to see opportunities to consolidate existing evaluation processes to increase the efficiency and impact of their procedures.

3. Develop tools to analyze and report data reproducibly and on an ongoing basis to support data-informed programming decisions

Finally, we worked to translate the clarified program objectives into enumerated outcomes that could be evaluated quantitatively and reported to the CCDDDB. We used the CCMHB/CCDDDB Performance Outcomes Report (i.e., PMO) to anchor this activity, allowing Community Choices to practice evaluating and reporting their outcomes while we were available for support, and also giving them a head start on their annual reporting. These efforts resulted in the Performance Outcomes Report Instructions (Appendix D) which assigns a number to each outcome from the Outcomes Mapping Document and describes in detail how each outcome will be evaluated. These instructions include the data source for each outcome, which clients to include for each outcome, and how each outcome should be calculated.

To facilitate consistency in data analyses and reporting moving forward, Community Choices staff then largely worked amongst themselves to develop a spreadsheet to calculate all the enumerated outcomes in one place. We provided input on this document to maximize efficiency and minimize the potential for human error. This Data Tracking Spreadsheet is available in appendices.

Overall, we truly must commend the staff at Community Choices for their stellar progress during the partner year. They consistently worked between meetings to implement the ideas we discussed, and the tremendous gains they have made are a testament to their commitment to achieving high-quality services for the clients they serve.

Future Directions and Next Steps

1. Expand more frequent evaluation processes to other departments
2. Monitor data completion rates and how they compare to previous response rates for satisfaction surveys to identify potential areas for improvement
3. Monitor sustainability of new processes and responsively modify processes to improve long-term success
4. Share information about the evaluation process and why it exists with members of the organization co-op (comprising clients, their families, and community members) and improve engagement of co-op members in reciprocal feedback on programming and evaluation.

Appendix Items:

Section V A: Outcomes Mapping Document

Section V B: Family Feedback Form

Section V C: Data Collection and Evaluation Timeline

Section V D: Performance Outcomes Report Instructions

Section V E: Data Tracking Spreadsheet

Rape Advocacy, Counseling, & Education Services (RACES)

Program Overview:

RACES is an organization whose mission is to create a world that is free of sexual violence in our lifetime, starting with Champaign County. RACES offers a Child Assault Prevention Education Program that provides age-appropriate education to elementary-aged students and provides prevention education programs to public and private schools in Champaign County and beyond, focusing on topics including consent and fostering healthy relationships. They also provide confidential, compassionate, comprehensive support to those affected by sexual trauma through counseling, legal and medical advocacy, a 24-hour Crisis Line, and publication education and training. From September 2021 to July 2022, one consultant from the University of Illinois worked with staff members of RACES to build the program's capacity to evaluate and improve their program.

Identifying Goals:

1. Identify existing RACES education topics that map onto empirically established risk and protective factors for sexual violence and hone the evaluation of these topics.
2. Develop an efficient and reproducible process for analyzing in-person pre- and post-surveys to promote data-informed prevention education in K-12 schools.

Executing Goals:

- 1. Identify existing RACES education topics that map onto empirically established risk and protective factors for sexual violence and hone the evaluation of these topics.**

At the onset of the partnership, RACES expressed a desire to evaluate the effectiveness of their prevention education at reducing sexual violence. They expressed satisfaction with their existing pre- and post-surveys at documenting increased knowledge among the students they serve, and they hoped to be able to move beyond increased knowledge to speak to whether the increased knowledge was resulting in lower rates of sexual violence. We discussed potential challenges with this goal, including considerations when evaluating brief interventions within larger systems (i.e., "how do you account for all of the variables that influence the desired outcome beyond the brief intervention?") and the complexity of evaluating prevention in general (i.e., "how do you measure something that doesn't happen?"). We then brainstormed ways that RACES could move toward their goal of measuring their programs' impact on rates of sexual violence in a methodologically feasible way.

We decided to identify the areas of RACES's education curricula that are empirically linked to known risk and protective factors for sexual violence, which would then help us determine if students were reporting shifts in attitudes or behaviors known to be

associated with sexual violence prevention or perpetration. We used the CDC's Center for Violence Prevention list of risk and protective factors for sexual violence perpetration to guide this activity (Appendix A).

RACES staff began reviewing their elementary, middle, and high school curricula for topics relating to these risk and protective factors. We then planned to hone the pre- and post-survey to adequately capture changes in the most relevant risk and protective factors for each curriculum. However, due to unforeseen circumstances (e.g., staff illness) and competing agency demands, RACES staff were not able to progress further in this process beyond the curriculum review.

2. Develop an efficient and reproducible process for analyzing in-person pre- and post-surveys to promote data-informed prevention education in K-12 schools.

Our next goal was to assist RACES with building capacity to analyze their pre- and post-surveys internally. During the previous partnership year, RACES had to switch to a virtual platform for their education efforts due to the COVID-19 pandemic. This brought challenges but also provided opportunities to collect data more efficiently through the online portal, which enabled more sophisticated data analyses. This year, however, RACES was able to return to in-person instruction, which was accompanied by a return to administering surveys by hand. With this return to hand-written surveys, RACES expressed a desire to maintain some of the benefits they saw with virtual data collection and analysis, including the ability to break out results easily by curriculum and by school and to create color-coded "hotspot" graphs that visually identified questions where students struggled most.

We therefore worked with RACES to develop an Excel workbook that would allow them to filter results easily by school and by grade. We also worked with RACES staff to build a calculations tab that recreated the color-coded "hotspot" graphs that they found helpful during the previous year. Given that this was a continuing partnership, we emphasized RACES's existing capacity in these areas and aimed to have RACES staff creating these resources themselves, with our team available to support them when needed. Ultimately, RACES was able to enter data from over 5,000 students into this workbook and to identify quickly areas of their programming that could be tweaked for next year. This workbook is available below under Appendix B.

RACES staff also attended both of the Data Workshops that our team offered in Spring 2022, and we were able to leverage the skills gained in these workshops during our one-on-one meetings with RACES staff following the workshops.

Finally, we worked with RACES staff to re-order the questions on the post-surveys to reduce test-retest effects and maximize the likelihood that improvements on the post-test reflected gained knowledge.

Next Steps and Future Directions:

1. Implement reordered post-survey questions and explore using automated scoring (e.g., Scantron) to make data collection more efficient and less prone to human error.
2. Review prevention education curricula for areas targeting evidence-based risk and protective factors and update survey items to ensure assessment of key drivers hypothesized to reduce sexual violence perpetration.

Appendix Items:

Section VI A: CDC List of Risk and Protective Factors for Sexual Violence Perpetration
Section VI B: RACES Data Workbook

References:

Center for Violence Prevention. *Risk and protective factors*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

Uniting Pride

Program Overview

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

Identifying Goals

Uniting Pride (UP) is a continuing evaluation capacity building partner.

As an initial step to determine goals for FY22, UP's most recent logic model and FY21 evaluation capacity work was reviewed with the goal of identifying potential evaluation capacity goals. These discussions allowed multiple potential goals to emerge. Given UP's status as a continuing evaluation partner, efforts to move towards implementation and data usage were emphasized as particularly fruitful opportunities.

- 1) Streamline workshop evaluation content.
- 2) Develop a consistent and reproducible analytic plan.

Executing Goals

- 1) **Streamline evaluation content.**

As part of their long-term goal to make Champaign County a more inclusive and affirming place for LGBTQIA2S+ community member, over the years UP has developed and offered numerous cultural competence trainings to support community organizations' effective engagement with LGBTQIA2S+ community needs. Due in part to increasing community concerns (e.g., public testimonials from LGBTQIA2S+ folks about mistreatment from local healthcare organizations) and changes in organizational capacity (e.g., staff hiring), UP intended to provide even more of these cultural competence workshops during FY22. Additionally, although UP was able to collect some evaluation data from previous workshops, the lack of consistency in both training and evaluation content limited the utility of data usage. Thus, streamlining and systematizing data collected from participants attending UP facilitated workshops was identified as a priority for the FY22 evaluation capacity building partnership.

A first step to streamlining the process involved taking stock of the multiple trainings and objectives previously offered by UP in order to identify opportunities for parsimony and shared objectives. After we brainstormed the types of workshop audiences together, UP staff and volunteers independently identified shared workshop objectives and streamlined workshop content accordingly. This led to a “core” workshop training. From here, we worked to develop clear and relevant “core” evaluation items based on workshop content. A series of potential supplemental workshop items was also developed for relevant situations.

2) Developing a consistent and reproducible analytic plan

At this stage, the uses and potential implications of the workshop evaluation data were discussed. A data analytic plan was developed based on the ways the agency hoped to use the data (e.g., to be able to see improvements in individual participants; to improve or update workshop content when needed; to share with stakeholders interested in booking a workshop). This data analytic workbook was developed with consideration of current agency resources and created in Excel.

Next Steps and Future Directions

- 1) Continue using the data workbook.
- 2) Very early work in the partnership considered cataloguing all current evaluation processes with the aims of a) reducing the reliance/burden on any one individual/position to maintain memory all of the organization’s processes, and relatedly, b) to build and maintain institutional knowledge less susceptible to turnover. As UP systematizes individual evaluation processes (e.g., evaluation of cultural competence workshops; evaluation of PrideFest programming), they may benefit from documenting this information in one electronic document that is updated at regular, specific occurrences (e.g., The first two weeks of a new FY).

Appendix Items:

Section VII A: Core Workshop Items

Section VII B: Evaluated Outcomes

Section VII C: Overview of Data Workbook

#10.B.



DECISION MEMORANDUM

DATE: September 21, 2022
TO: Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY23 DSC Community Employment Funding Match Request

Background:

The PY23 contract between CCDDB and DSC for Community Employment includes a special provision for explicit approval of the use of these funds as match for another source of revenue. The agency requests to use these “grant dollars as the match for state funding for our Donated Funds Initiative (DFI Title XX).” The formal request is attached.

Staff Suggestion:

The PY23 grant funds are appropriate for this use. Historically the CCDDB has not only supported but encouraged similar match arrangements. Although approval is requested separate from the allocation decision, it was anticipated. The state of Illinois also prioritizes and funds community employment services.

Budget Impact:

While cost neutral for the CCDDB, this action increases the impact of local funding and reinforces the standards for service established by the state of Illinois.

Decision Section:

Motion to approve the use of CCDDB PY2023 DSC Community Employment grant funds as match for state funding through DFI Title XX.

- Approved
- Denied
- Modified
- Additional Information Needed



Received

JUL 25 2022

CCMHB/CCDDB

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June 1, 2022

Lynn Canfield
Executive Director
Champaign County Developmental Disabilities Board
Champaign County Mental Health Board
1776 E. Washington Street
Urbana, IL 61802

Dear Lynn,

We are requesting to use the Champaign County Developmental Disabilities Board (CCDDB) Community Employment grant dollars as the match for state funding for our Donated Funds Initiative (DFI Title XX). If you have any questions or need further information, please let us know.

As always, thank you for your continued support of Champaign County, DSC and its mission

Sincerely,

Danielle Matthews
CEO
Developmental Services Center

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#10.C.



BRIEFING MEMORANDUM

DATE: September 21, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director for I/DD & Suzanne Valentine, Humanities Without Walls Summer Intern
SUBJECT: Self-Advocate Needs Assessment Report

Background:

This survey was conducted by the Champaign County Developmental Disabilities Board (CCDDB) with the goal of gauging the satisfaction of those who receive supports or participate in programs funded by the CCDDB and learning what additional supports and/or opportunities might be of interest to people receiving services. The survey was administered in person as well as online to a variety of adults with I/DD.

The survey resulted in seventeen responses, 56.3% are between ages 26-49, 25% between 50-59, 12.5% are 19-25, and 6.3% are 60+. The overall impression is that generally people are satisfied with their supports, but the responses also highlight possibilities for further funding from CCDDB or additional programs organizations might be interested in starting.

Key Takeaways:

- Respondents were generally happy with the supports they receive. For example, 62.5% said they felt good about their supports, 25% very good, 6.3% neutral, and 6.3% did not know. Similarly, most respondents did not note a support that they wanted but did not have. Those who did want an additional support noted things like cleaning help, help with exercise, help with understanding MTD, and employment services. Most respondents did not note something they would change about their supports although two mentioned more cleaning help, and one mentioned help with meals. Respondents also like their staff and find them friendly and easy to talk to.
- Most respondents would like opportunities to travel or go to things such as sports games, concerts, or the zoo. Some mentioned group activities they would like to do,

such as join a bowling league, or go to places like museums or antique stores. This indicates that many would like to be able to get out and explore more. While no questions on the survey asked about how the pandemic has affected their lives, this might be a place where that exaggerated circumstances.

- Satisfaction with requesting more supports was varied, as were responses about whether respondents feel listened to when they ask for something new. 50% said that it was either easy or very easy to request new supports but 18.8% said that it was hard and 6.3% said it was very hard. Similarly, 62% said they do feel heard when they ask for something, but 25.2% said either sometimes or no.

What's Next:

Pulling from the results of the initial survey. Small focus group meetings and/or individual interviews with self-advocates are planned for the fall. The intention is determining what aspects of employment and leisure self-advocates are most interested in receiving or receiving more of. Gathering more specific details related to these two requested areas may shape CCDDDB PY2024 Allocation Priorities.



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

BRIEFING MEMORANDUM

DATE: September 21, 2022
TO: Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Kim Bowdry, Associate Director for I/DD
SUBJECT: Three Year Plan for 2022-2024 with DRAFT Objectives for 2023

Background:

In 2021, the CCDDDB adopted a new three-year plan for 2022-2024. A community needs assessment survey was developed and distributed throughout Champaign County, online and in paper format, in English and Spanish. A provider survey was also used to gather information related to I/DD and MI/SUD service systems in Champaign County. CCDDDB members and staff met with the Evaluation Capacity Building Team to develop a Logic Model linking action steps to outcomes. Each of these tasks informed the CCDDDB Three Year Plan.

During the summer of 2022, a Self-Advocate Needs Assessment Survey was developed with CCDDDB/CCMHB Staff and an intern from UIUC to inquire with those receiving services, what additional supports and/or opportunities might be of interest. Staff continue to collaborate with the Regional Health Plan group and new IPlan coordinator. While this community health plan does not replace the CCDDDB Three Year Plan, the group has similar requirements for completion of community needs assessments and strategic plans.

The Plan with DRAFT Objectives for Fiscal Year 2023 continues the commitment to existing goals while being responsive to emerging issues. The Plan is attached, with proposed changes *italicized* and underlined, and language to be removed is lined out. This document will be disseminated to interested parties for comment. CCDDDB staff have reviewed the draft and will hold further discussions with consideration of comments received from stakeholders and other interested parties.

The updated Plan will be presented for approval at the November 16, 2022 CCDDDB meeting.

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

THREE-YEAR PLAN

FOR

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

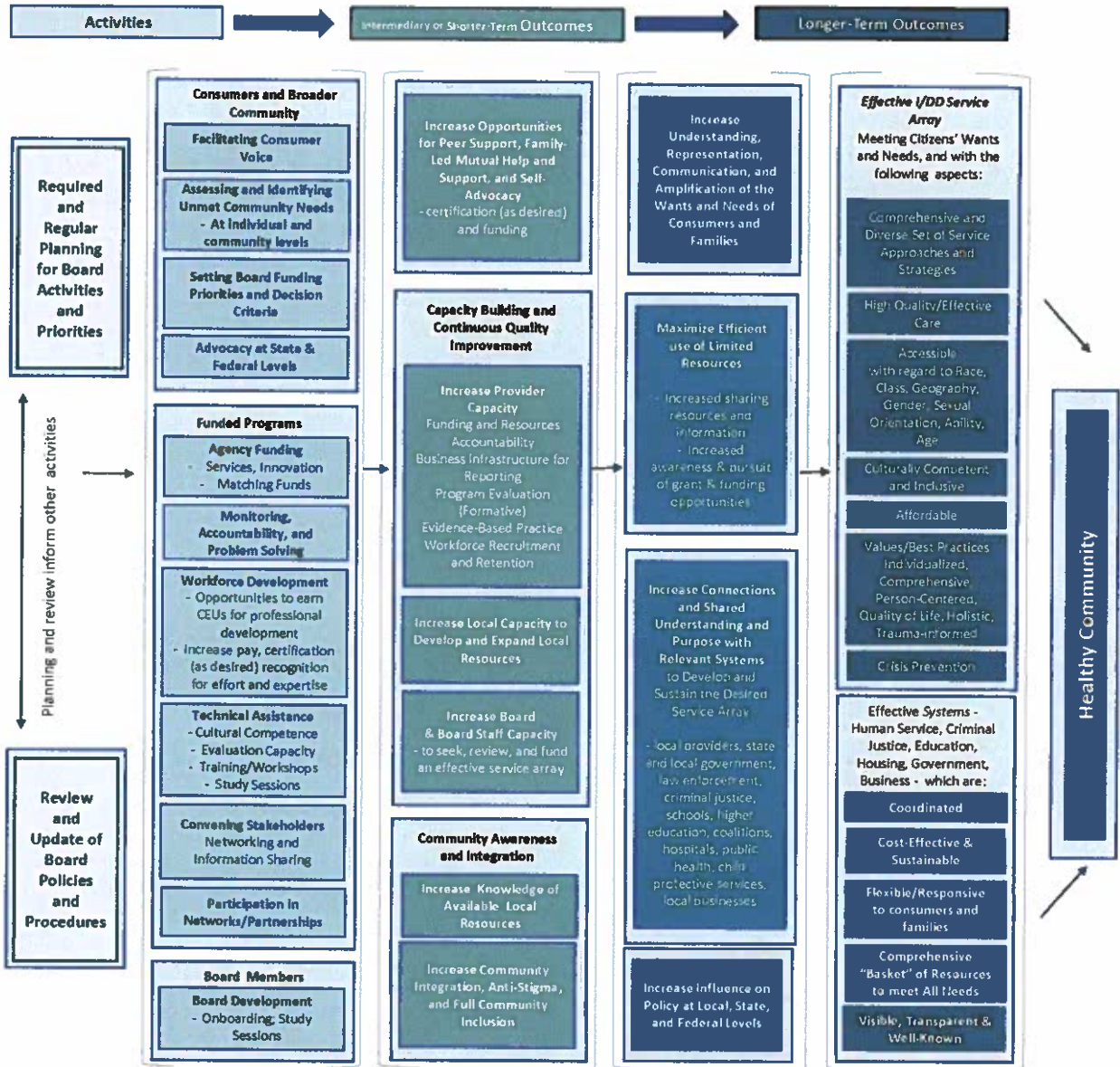
WITH

ONE YEAR OBJECTIVES

FOR

**FISCAL YEAR 2023
(1/1/23– 12/31/23)**

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



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

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

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

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

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

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

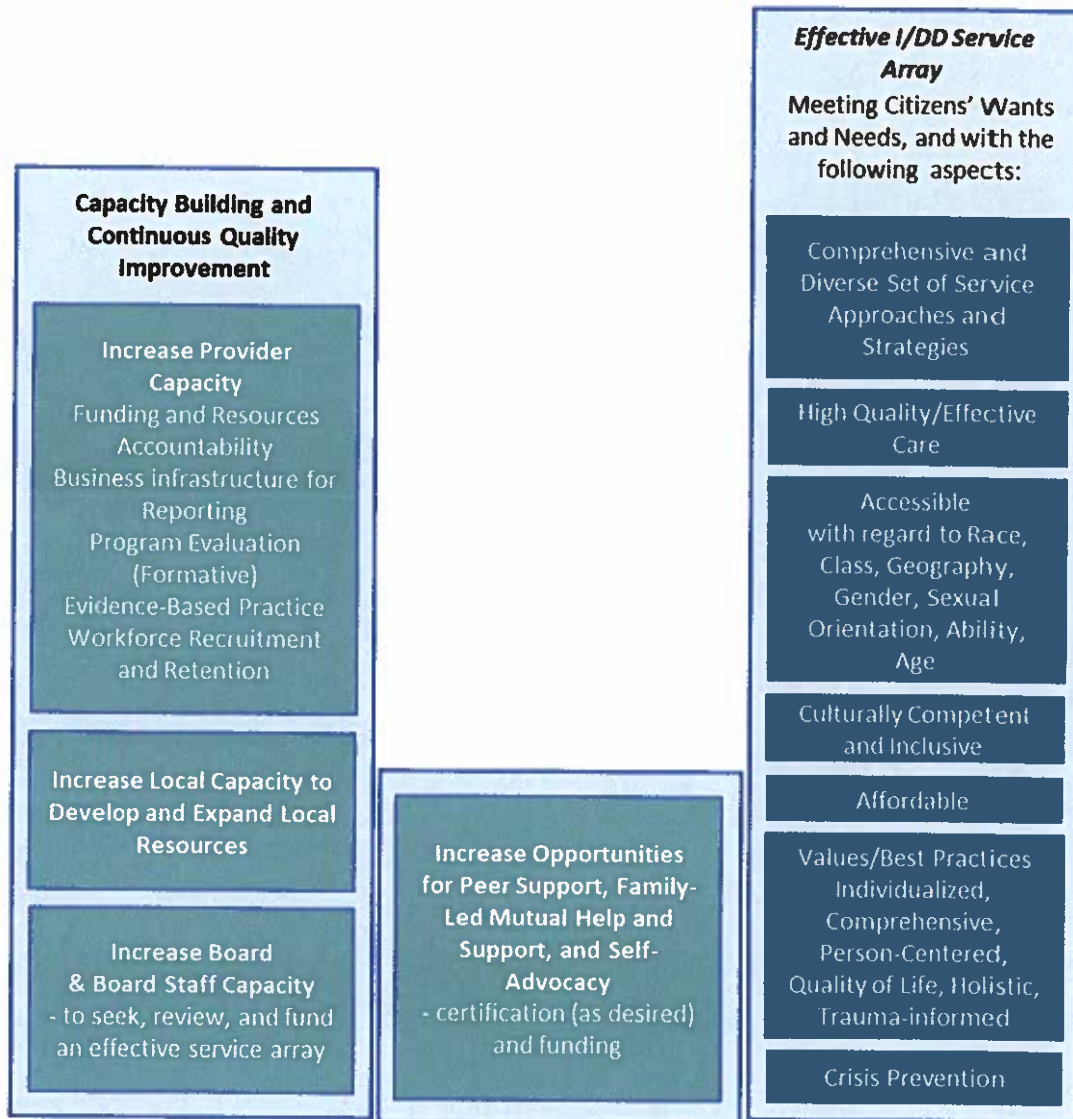
MISSION STATEMENT

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

STATEMENT OF PURPOSES

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

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



A COORDINATED AND ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS



Goal #1:

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

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

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

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

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

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

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

Objective #7: Support initiatives providing housing and employment supports for persons with intellectual and developmental disabilities through the Champaign County Continuum of ~~Care~~ Service Providers to the Homeless, Transition Planning Committee, or other local collaboration.

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

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

Culturally Competent
and Inclusive

Goal #2:

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

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

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

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

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

Objective #5: ~~Review data on the impact of COVID-19 on Champaign County residents with attention to underserved populations and promote provider response to mitigate the adverse impact, as resources allow. With assistance from the Regional Health Plan Collaboration, assess the impact of public health threats on Champaign County residents with I/DD, particularly those who are also members of racial or ethnic minority groups. Encourage providers to support best health outcomes for all.~~

Maximize Efficient use of
Limited Resources

Goal #3:

Convening Stakeholders
Networking and Information
Sharing

Participation in
Networks/Partnerships

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

Objective #1: Sponsor or co-sponsor educational and networking opportunities for service providers and others supporting people with I/DD, offering in-person events as public health guidance allows.

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

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

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

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

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

Goal #4:
Encourage high-quality person-centered planning and follow-through for people

7 48

served by funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.

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

Objective #2: ~~Develop guidelines for connecting the~~ *Encourage focus on people's identified personal outcomes in their person-centered plans and* ~~to~~ services and supports and people's identified personal outcomes.

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

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

Board Development
Onboarding; Study Sessions

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

Goal #5:

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

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

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

Objective #3: ~~With the CCMHB, continue the financial commitment to community based housing for people with I/DD from Champaign County.~~

Objective #4 3: Collaborate with the CCMHB on promoting inclusion and respect for people with I/DD.

Objective #5 4: Collaborate with the CCMHB for use of the funds from the sale of the CILA homes to meet the needs of Champaign County residents with I/DD with significant support needs.

CHILDREN AND FAMILY-FOCUSED PROGRAMS

High Quality/Effective
Care

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

Goal #6:

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

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

Objective #2: Emphasize cultural and linguistic competence in services and supports for young children and early identification of disabilities, including among members of racial or ethnic minority groups and rural residents, among underserved and underrepresented children. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for all residents.

~~underserved, underrepresented, and general populations of Champaign County.~~

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

Goal #7:

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

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

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

COMMUNITY ENGAGEMENT & ADVOCACY



Goal #8:

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

Objective #1: Continue efforts to challenge stigma and discrimination, such as the Alliance for Inclusion and Respect and disABILITY Resource Expo: ~~Reaching Out for Answers~~. Continue to engage with student groups *and interns* on related research projects and discussions, *such as through UIUC School of Social Work Learning Lab*.

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

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

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

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

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

Objective #7 ~~6~~: Support development of web-based resources to make information on community services more accessible and user-friendly.

Objective #8 ~~7~~: Increase community awareness ~~knowledge, of the broader community,~~ of available local resources to broaden support and advocacy for local provider agencies by the community at large.

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

Goal #9:

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

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

~~Objective #2: Intensify advocacy efforts on behalf of people with I/DD. Advocate for positive change in state funding, including increased Medicaid reimbursement rates and policy decisions affecting the local system of care for persons with I/DD. Through participation in appropriate associations and organizations, support efforts to strengthen service and support systems. [STAFF COMMENT: see Obj #6, now #5]~~

Objective #3 2: Track implementation of relevant class action suit settlements, such as the Ligas Consent Decree. Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities from state DD facilities. Encourage development of least restrictive residential options for people transitioning from large facilities or selected from PUNS. For people not yet selected, and for those who have chosen Home-Based Support *or a restrictive setting* rather than CILA, advocate for the state to create flexible options.

Objective #4 3: Follow state and federal Olmstead cases, implementation of *rules such as* the Workforce Innovation and Opportunity Act, *and state response to* Home and Community Based Services guidance, *with attention to local impact.* ~~and the local impact of each.~~

Objective #5 4: Monitor changes in the Medicaid waivers and Medicaid/Managed Care, and advocate for increased service capacity sufficient to meet demand in Champaign County.

~~Objective #6 5: Continue broad-based advocacy efforts to respond to reductions in~~ *Advocate for increased* state funding ~~or changes~~ *and improvements* in service delivery, *adequate* reimbursement rates ~~below actual cost,~~ including *for* transportation ~~rates,~~ and ~~delayed~~ *timely* payments for local community-based intellectual and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs *and choices* of Champaign County residents.

Objective #7 6: In addition to the monitoring and evaluation of funded programs, encourage ~~organizational change strategies which not only align with new and anticipated federal and state requirements but also~~ *strategies which* result in the highest quality personal outcomes for people with I/DD, their families, and those most closely involved in their lives.

11.A.



DECISION MEMORANDUM

DATE: September 21, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2023 Champaign County CCDDB and CILA Budget Submissions REVISED

Overview:

This memorandum presents revised budgets for the Champaign County Mental Health Board (CCMHB), Champaign County Developmental Disabilities Board (CCDDB), and CILA Facilities Funds for County Fiscal Year 2023 (January 1 through December 31, 2023), for approval by the Board. The CILA Facilities Fund will be renamed as “I/DD Special Initiatives Fund” for 2023.

The Boards each approved initial drafts at their July meetings. The present drafts incorporate advice and information from the County Executive and Deputy Director of Finance, with newer revenue and cost estimates, and were submitted for information to the Champaign County Board for August 29 budget hearing. Final budgets will be presented during their appropriations process in November.

Attached are revised proposed 2023 CCMHB, CCDDB, and CILA Facilities 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 defines cost sharing and other arrangements. The CILA Fund (to be I/DD Special Initiatives) Budget is under joint authority of the Boards. In the attachments, numbers which have been revised are *in italics*.

Also attached are the Intergovernmental Agreement between the CCDDB and CCMHB and 2023 Budget documents as presented to the County Board on August 29, 2022.

Highlights of All Draft Versions:

- Projected 2023 property tax revenue INITIALLY assumed 5% growth over 2022 for the CCDDB and 7% growth for the CCMHB, no adjustment for collection rate below 100%. *See below for increased projections.*
- 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.

Revisions to June 22 Budget Drafts:

- Increased 2023 Property Tax revenues based on 7.79% growth over 2022, with no adjustment for extension or collection rate below 100%; changes in other tax revenues and elimination of mobile home tax line (MHB, DDB);
- Changes in 2022 projections for property tax revenues, back tax, in lieu of, and mobile home taxes (MHB, DDB);
- Increased Investment Interest income for 2022 projected and 2023 budgeted (MHB, DDB, CILA);
- Decreased Other Miscellaneous Revenue, which in both funds, consists primarily of excess revenue returned during a different fiscal year than paid out (DDB);
- Increased total revenue and expenses (MHB, DDB, CILA);
- Recalculation of Personnel costs: higher amounts for FTE, FICA, worker's comp, unemployment, and health/life insurance; lower amount for IMRF (MHB);
- Employee Recognition and Development no longer listed with Personnel costs, instead with Services and slightly increased (MHB);
- Non-travel food no longer listed with Services, instead with Commodities (MHB);
- Traditionally separate lines for Printing and Copier Supplies are combined as one Stationery and Printing line (MHB);
- Traditionally separate lines for Professional Services and Accounting Services (charged by the County) are combined in Professional Services, with lower total (MHB);
- Traditionally separate lines for office space rental and equipment rental are now combined in one Rental line (MHB);
- Traditionally separate lines for Conferences/Training and Non-Employee Conferences are combined in Conferences and Training line (MHB);
- Traditionally separate lines for Equipment Maintenance and Brookens Repairs are combined in Repairs and Maintenance line (MHB);
- Outside Services line combines Computer and Copier Services plus charges from the County for share of Kronos payroll and Tyler ERP systems (MHB);

- Public Relations line is eliminated (MHB);
- Department Operating line is eliminated (MHB);
- Department Operating and Public Relations costs are now combined with Expo costs under Operational Services (MHB);
- DDB administrative costs paid to MHB are lower (MHB, DDB);
- Contributions and Grants are increased (MHB, DDB and CILA);
- Background information has revised 2022 projections and details on 2023 as above.

Decision Section:

Motion to approve the attached 2023 CCDDDB Budget, with anticipated revenues and expenditures of \$4,874,487.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached 2023 CILA Facilities (to be "I/DD Special Initiatives") Fund Budget, with anticipated revenues of \$51,000, use of \$300,000 from fund balance, and expenditures of \$351,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCMHB action.

- Approved
- Denied
- Modified
- Additional Information Needed

Draft 2023 CCDDDB Budget

| LINE ITEM | BUDGETED REVENUE | |
|-----------|--|--------------------|
| 400101 | Property Taxes, Current | \$4,857,487 |
| 400103 | Back Property Taxes | \$2,000 |
| 400301 | Mobile Home Tax | \$0 |
| 400104 | Payment in Lieu of Taxes | \$4,000 |
| 400801 | Investment Interest | \$2,000 |
| 600101 | Interfund Transfer (Expo and some Other Misc Rev) from MHB | \$4,000 |
| 400902 | Other Miscellaneous Revenue | \$5,000 |
| | TOTAL REVENUE | \$4,874,487 |

| LINE ITEM | BUDGETED EXPENDITURES | |
|-----------|---|--------------------|
| 5002001 | Professional Services (42.15% of an adjusted set of CCMHB Admin Expenses) | \$407,118 |
| 502025 | Contributions & Grants | \$4,417,369 |
| 700101 | Interfund Transfer, CILA Fund | \$50,000 |
| | TOTAL EXPENSES | \$4,874,487 |

Draft 2023 I/DD Special Initiatives (formerly CILA Facilities) Fund Budget

| LINE ITEM | BUDGETED REVENUE | |
|----------------------|----------------------|------------------|
| 600101 | From CCDDDB Fund 108 | \$50,000 |
| 600101 | From CCMHB Fund 090 | - |
| 400801 | Investment Interest | \$1,000 |
| - | From Fund Balance | \$300,000 |
| TOTAL REVENUE | | \$351,000 |

| 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 | \$341,737 |
| 502019 | Legal Notices, Advertising | \$200 |
| TOTAL EXPENSES | | \$351,000 |

Draft 2023 CCMHB Budget

| LINE ITEM | BUDGETED REVENUE | |
|----------------------|-----------------------------|--------------------|
| 400101 | Property Taxes, Current | \$5,913,892 |
| 400103 | Back Property Taxes | \$1,000 |
| 400301 | Mobile Home Tax | \$0 |
| 400104 | Payment in Lieu of Taxes | \$2,000 |
| 400476 | CCDDB Revenue | \$407,118 |
| 400801 | Investment Interest | \$3,000 |
| 400901 | Gifts & Donations | \$3,000 |
| 400902 | Expo Revenue | \$9,000 |
| 400902 | Other Miscellaneous Revenue | \$30,000 |
| TOTAL REVENUE | | \$6,369,010 |

| LINE ITEM | BUDGETED EXPENDITURES | |
|----------------------------------|--|--------------------|
| 500102 | Appointed Official | \$107,000 |
| 500103 | Regular FTE | \$368,198 |
| 500105 | Temporary Salaries & Wages | \$2,500 |
| 500108 | Overtime Wages | \$2,750 |
| 500301 | FICA | \$36,353 |
| 500302 | IMRF | \$12,546 |
| 500304 | W-Comp | \$2,376 |
| 500305 | Unemployment | \$1,518 |
| 500306 | Health/Life Insurance | \$73,440 |
| Personnel Total | | \$606,681 |
| 501001 | Stationery & Printing (Printing & Copier Suppl) | \$1,000 |
| 501002 | Office Supplies | \$4,200 |
| 501003 | Books/Periodicals | \$300 |
| 501004 | Postage/UPS/Fed Ex | \$2,000 |
| 501005 | Non-Travel Food (Business Meals) | \$150 |
| 501017 | Equipment Under \$5000 | \$7,000 |
| 501021 | Employee Development/Recognition | \$285 |
| Commodities Total | | \$14,935 |
| 502001 | Professional Services (adds Audit & Accounting Services) | \$158,133 |
| 502002 | Outside Services (combines Computer and Photocopier Services) | \$27,000 |
| 502003 | Travel Costs | \$1,500 |
| 502004 | Conferences & Training (combines Employee and Non-Employee) | \$20,000 |
| 502007 | Insurance (Non-Payroll) | \$18,000 |
| 502011 | Utilities (Telephone) | \$600 |
| 502012 | Repairs and Maintenance (combines Brookens Repairs and Equipment Maintenance) | \$800 |
| 502013 | Rental (combines Office and Equipment) | \$26,800 |
| 502014 | Finance Charges/Bank Fees | \$30 |
| 502019 | Legal Notices/Ads | \$500 |
| 502021 | Dues, License, & Membership | \$20,000 |
| 502022 | Operational Services (combines Dept Operating, Expo Costs, and Public Relations) | \$79,100 |
| 502025 | Contributions & Grants | \$5,378,131 |
| Services Total | | \$5,730,394 |
| 700101 | Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev) | \$4,000 |
| 700101 | Interfund Transfer, CILA Fund | \$0 |
| 700101 | Interfund Transfer, to CARF for ERP | \$13,000 |
| Interfund Transfers TOTAL | | \$17,000 |
| TOTAL EXPENSES* | | \$6,369,010 |

Background for 2023 CMHB 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 | \$0 | \$0 | \$3,736 | \$4,062 | \$3,909 | \$3,766 | \$3,903 | \$3,995 | \$3,861 |
| Payment in Lieu of Taxes | \$2,500 | \$3,679 | \$1,088 | \$2,804 | \$3,406 | \$3,201 | \$2,970 | \$2,869 | \$2,859 |
| CCDDB Revenue | \$407,118 | \$366,344 | \$346,706 | \$409,175 | \$310,783 | \$287,697 | \$377,695 | \$330,637 | \$337,536 |
| Investment Interest | \$3,000 | \$1,343 | \$7,627 | \$45,950 | \$41,818 | \$18,473 | \$3,493 | \$1,385 | \$1,015 |
| Gift & Donations | \$3,000 | \$100 | \$2,900 | \$4,706 | | | | | |
| Expo Revenue (now combined with Other Misc Rev) | \$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 | \$29,955 | \$117,195 | \$21,340 | \$67,599 | \$85,719 |
| *ARPA Fiscal Recovery Funding | | \$770,436 | | | | | | | |
| TOTAL REVENUE | \$6,369,010 | \$6,422,532 | \$5,259,815 | \$5,429,887 | \$5,023,555 | \$4,853,938 | \$4,676,764 | \$4,597,008 | \$4,498,514 |

* 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 | \$606,681 | \$583,761 | \$564,542 | \$544,001 | \$517,053 | \$522,073 | \$449,220 | \$577,548 | \$502,890 |
| Commodities | \$74,935 | \$16,100 | \$8,632 | \$12,362 | \$11,147 | \$10,049 | \$6,263 | \$7,998 | \$11,237 |
| Services (not Contrib & Grants) | \$352,263 | \$322,860 | \$268,512 | \$286,912 | \$286,376 | \$404,059 | \$432,828 | \$410,157 | \$382,870 |
| *Contributions & Grants | \$5,378,131 | \$5,389,935 | \$5,063,438 | \$4,495,820 | \$3,993,283 | \$3,648,188 | \$3,593,418 | \$3,428,015 | \$3,335,718 |
| Interfund Expenditures | \$17,000 | \$19,800 | \$28,430 | \$5,819 | \$406,505 | \$56,779 | \$57,288 | \$60,673 | \$0 |
| Interest on Tax Case | \$0 | \$0 | \$0 | \$1,648 | | | | | |
| TOTAL EXPENSES | \$6,369,010 | \$6,332,476 | \$5,933,554 | \$5,348,562 | \$5,214,364 | \$4,641,148 | \$4,484,381 | \$4,232,715 | \$4,561,882 |

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Additional Information about Services

| SERVICES | 2023 | 2022 |
|--------------------------------------|---|--|
| Professional Services* | <p>\$158,133 Various supports. AAIM (3 year membership) \$3000 and human resources services (\$1000). Approximately \$84,000 for outcomes support, including CCDDDB, and accounting support, CCMHB only, \$22,500 to United Way for 211. \$1,000 Ed McManus. \$20,000 online application/reporting systems (EMK). \$2,000 maintenance of Expo, AIR website. \$5,000 coordination of community health assessment and plan. Language access and other accessible document production; graphic design; shredding services; CPA consultant/reviews; legal counsel. For 2023, \$12,000 for Auditor's Office services is included, and the separate line "Audit and Accounting Services" is no longer used.</p> | <p>\$135,150 Various supports. Approximately \$84,000 UI Evaluation and new outcomes support TBD, including CCDDDB, and accounting support (CCMHB only). \$22,500 to United Way for 211. \$20,000 human resources services (AAIM). \$1,000 Ed McManus. \$18,000 online application/reporting systems (EMK). \$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> |
| Public Relations*** | <p>\$20,000 \$15,000 Eberfest 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>\$17,000 PAID IN 2020 -\$15,000 Eberfest 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> |
| disability Resource Expo*** | <p>\$58,800 Support for 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>\$58,000 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> |
| CCMHB Contributions & Grants | <p>\$5,378,131 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>\$5,389,935 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> |
| CCDDDB Contributions & Grants | <p>\$4,417,369 Estimated CCDDDB 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>\$4,083,394 Actual CCDDDB 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> |
| Dues/Licenses | <p>\$20,000 \$1,000 national trade association (NACBHDD), \$16,000 state trade association (ACMHA), and smaller amounts Human Services Council, Arc of Illinois, e.g., CBHA, NCBH, NADD, possible NADSP membership.</p> | <p>\$20,000 \$950 national trade association (NACBHDD), \$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> |
| Conferences/Training | <p>\$8,000 \$1,000 registration for NACo and NACBHDD Legislative and Policy Conferences (likely offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NADD, or similar. Kaleidoscope, Inc. training and certification.</p> | <p>\$8,000 \$0 registration for NACo and NACBHDD Legislative and Policy Conferences (offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHA meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NADD or similar. MHFA trainer certification.</p> |
| Non-Employee Conferences/Trainings** | <p>\$12,000 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>\$7,000 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> |
| Unexpected | <p>Changes in supports to agencies, additional non-employee trainings, or Public Relations/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 resignation. Fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability + 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>Unknown fate of large gatherings (Expo, Eberfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if offices move to a different location or are modified; legal expenses are greater, etc. Budget amendment if employee retirement/resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.</p> |

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

| | 2023 | 2022 | |
|---|--------------------|--------------------|-------------|
| Adjustments: | | | |
| CCMH/B Contributions & Grants | \$5,378,131 | \$5,389,935 | CCDDB Share |
| Bookkeeping pilot | \$6,000 | \$4,000 | \$931,991 |
| Eberfest anti-stigma film and events | 15,000 | - | \$392,834* |
| Payment to CILA fund | - | - | \$32,736 |
| CCDDB Share of Donations & Misc Rev | \$4,000 | \$6,800 | |
| Adjustments Total: | \$5,403,131 | \$5,400,735 | |
| CCMH/B Total Expenditures: | \$6,369,010 | \$6,332,726 | |
| Total Expenditures less Adjustments: | \$965,879 | \$931,991 | |

| | | | | | |
|-------------------------------------|-----------|-------------|-----------|------------|-------------|
| Total Expenditures less Adjustments | | 2023 | | | 2022* |
| Adjusted Expenditures x 42.15% | \$407,118 | CCDDB Share | \$965,879 | \$931,991 | CCDDB Share |
| Monthly Total for CCDDB Admin | \$33,926 | \$392,834* | \$33,926 | \$392,834* | \$32,736 |

*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 | \$4,857,487 | \$4,515,334 | \$4,334,187 | \$4,001,872 | \$3,982,668 | \$3,846,413 | \$3,684,009 | \$3,595,174 | \$3,545,446 | \$3,501,362 |
| Back Property Taxes | \$2,000 | \$1,000 | \$0 | \$2,773 | \$5,369 | \$412 | \$2,278 | \$2,105 | \$2,437 | \$1,398 |
| Mobile Home Tax | \$0 | \$0 | \$0 | \$3,066 | \$3,361 | \$3,261 | \$3,142 | \$3,305 | \$3,404 | \$3,348 |
| Payment in Lieu of Taxes | \$4,000 | \$2,000 | \$3,021 | \$0 | \$2,154 | \$2,841 | \$2,671 | \$2,515 | \$2,445 | \$2,479 |
| Investment Interest | \$2,000 | \$2,000 | \$791 | \$4,054 | \$23,508 | \$24,062 | \$10,883 | \$2,318 | \$1,488 | \$812 |
| Gifts & Donations (transfer from MHB) | \$4,000 | \$6,800 | \$0 | \$5,819 | \$106,505 | \$6,779 | \$7,288 | \$10,673 | \$0 | \$0 |
| Other Miscellaneous Revenue | \$5,000 | \$8,000 | \$971 | \$9,524 | \$9,955 | \$6,408 | \$14,432 | \$0 | \$0 | \$11,825 |
| TOTAL REVENUE | \$4,874,487 | \$4,535,134 | \$4,338,970 | \$4,027,108 | \$4,132,620 | \$3,890,176 | \$3,754,703 | \$3,616,091 | \$3,555,220 | \$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 CCMH/B expenses, as above) | \$407,118 | \$392,834 | \$366,344 | \$330,445 | \$309,175 | \$310,783 | \$287,697 | \$379,405 | \$330,637 | \$337,536 |
| Contributions & Grants | \$4,417,369 | \$4,093,394 | \$3,514,153 | \$3,659,691 | \$3,435,748 | \$3,250,768 | \$3,262,938 | \$3,206,399 | \$3,069,122 | \$3,224,172 |
| Interfund Transfer, CILA Fund | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$50,000 | \$0 |
| Interfund Transfer to MH (loan repay) | | | | | \$100,000 | | | | | |
| Interest on Tax Case | | \$0 | \$0 | \$1,363 | | | | | | |
| TOTAL EXPENSES | \$4,874,487 | \$4,538,228 | \$3,930,497 | \$4,041,499 | \$3,894,823 | \$3,611,551 | \$3,600,636 | \$3,685,794 | \$3,449,759 | \$3,561,708 |

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

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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 (formal) homes, by mutual agreement, the Addendums of Feb 20, 2019 and Sept. 17, 2014 are null and void.

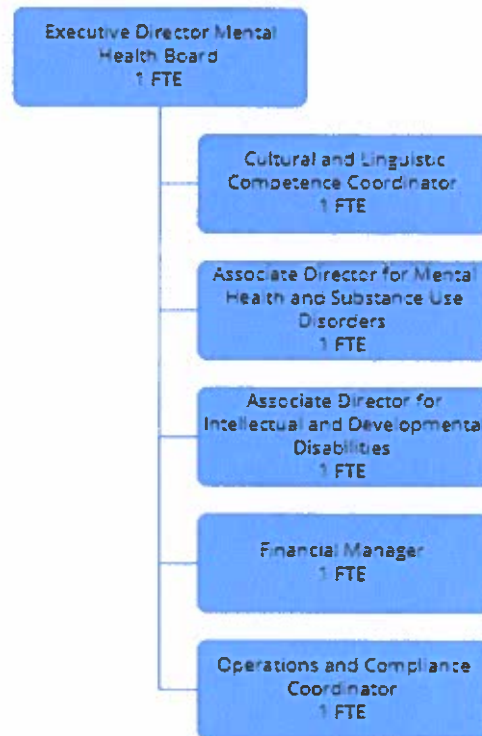
For the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability



For the Champaign County Mental Health Board



Mental Health Board Special Revenue Fund (2090-053)



Mental Health Board positions: 6 FTE

The Champaign County Mental Health Board (CCMHB), consisting of nine volunteer Board members who are selected and appointed by the Champaign County Executive and Board, was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.), “The Community Mental Health Act,” by a referendum approved by Champaign County voters. Through passage of the referendum, a property tax levy supports fulfillment of the Board’s mission in compliance with the Act.

MISSION STATEMENT

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

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have mental health or substance use disorders or intellectual/developmental disabilities (I/DD). Because most organizations’ fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCMHB

and other local funders use this as the contract period (or “Program Year”), providing for uniform financial reporting and increased accountability. These CCMHB funds are allocated as Contributions and Grants expenditures.

Some activities contributing to the local system are undertaken outside of those agency services budgeted through Contributions and Grants. The CCMHB oversees an I/DD Special Initiatives fund in partnership with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as Champaign County Developmental Disabilities Board (CCDD); the specific use of that project fund will shift from housing to a range of supports. Additional strategies by which the CCMHB promotes a local system include: 211 information and referral call services; Cultural and Linguistic Competency technical assistance and training; Mental Health First Aid trainings; financial management support for new, small agencies;

monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and community events; projects with UIUC student groups and instructors; promotion of the work of artists and entrepreneurs with lived experience; collaborative community needs assessments to understand the priorities of Champaign County citizens; and a large disAbility Resource Expo with searchable online resource guide. These activities are budgeted as expenditures other than Contributions and Grants, and many are shared with the CCDDDB through intergovernmental agreement, included in revenue from the CCDDDB to the CCMHB.

Please see <http://ccmhddbrds.org> for information on these supports, agency programs currently funded by the CCMHB, funding guidelines (with financial accountability policy), Three Year Plan, allocation priorities and timelines, and aggregate annual reports of the funded agencies' performance outcomes.

BUDGET HIGHLIGHTS – Per Allocation Priority Category

Crisis Stabilization or Victim Services. For the agency PY2023 contract year, July 1, 2022 through June 30, 2023, the CCMHB has allocated \$1,422,064 to these two priorities, many through two year contracts to stabilize services. Among them are: services for people who have justice system involvement or who will be able to avoid it as a result of the program involvement; services to those enrolled in Champaign County Drug Court; various case management and resources including housing supports and services, especially for those at the jail, with gun charges, without a permanent address, or in re-entry; crisis co-response and follow-up for domestic offense calls in northern Champaign County and rural areas; counseling services; Youth Assessment Center support; child victim services; interruption of community violence; and support for survivors of domestic violence and sexual assault. The CCMHB and staff identify and encourage innovative practices with potential high returns on investment, improved behavioral health outcomes, and cost-shift impact. Related collaborations include: statewide 988 community of practice; National Stepping Up, Familiar Faces, and Data-Driven Justice Initiatives; Illinois Department of Human Services Peer Certification training and SAMHSA-funded Competency Restoration Initiative; and Crisis Intervention Team Steering Committee.

Innovative Practices. Recommended Practices are supported by an evidence base, cultural context, and sound clinical judgment. Innovative Practices have value for populations not thoroughly included in prevailing research and often not engaged in services. Many programs are for services not covered by Medicaid or another payor. With growing evidence of positive outcomes, peer support organizations are funded and encouraged to partner. For the PY2023 contract period, the CCMHB has allocated \$1,705,475 for programs aligned with the Innovative Practices and Access to Behavioral Health Services priority: coordination of homeless services; benefits enrollment; housing and employment supports for those with risk of homelessness (e.g., formerly in child welfare); refugee center; self-help center; services for senior citizens; wellness and mental health supports at the Federally Qualified Health Center and a free clinic; resource center in northern Champaign County; family care; family therapy for multi-system involved youth; and substance use recovery homes.

System of Care. The Champaign County Community Coalition consists of representatives from the Cities of Champaign and Urbana, Urbana and Champaign schools and park districts, Parkland College, UIUC, United Way, Champaign Urbana Public Health District, law enforcement, State's Attorney, and other County government. The Coalition promotes healthier and safer communities through trauma-informed training, violence interruption, and positive opportunities for youth, leading with System of Care values. For the PY2023 contract period, the CCMHB has committed \$1,538,669 to services and supports aligned with the System of Care for Children, Youth, and Families priority and SOC principles, along with partnering for improved impact.

Intellectual/Developmental Disabilities. Per Intergovernmental Agreement with the CCDDDB, the CCMHB committed \$746,188 for the period July 1, 2022 to June 30, 2023, for programs serving people with I/DD. Contracts funded by the CCMHB align with a shared priority for services for very young children. Early childhood providers continue a robust interagency partnership to better support children and families; many incorporate trauma-informed and System of Care principles. Offered through one program is the PLAY Project, an evidence-based program for young children with autism.

Priorities for PY24: Early in 2023, the board will accept applications for funding within a priorities framework approved in late 2022. Successful applications will deliver services and receive payments beginning July 1, 2023 and through June 30, 2024. Select two-year contracts will continue.

Department Summary

| | | 2021 Actual | 2022 Original | 2022 Projected | 2023 Budget |
|--------------------------------|--------------------------------|------------------------|--------------------------|---------------------------|------------------------|
| Revenues | | | | | |
| Property Taxes | | | | | |
| 400101 | Property Taxes - Current | 5,278,325 | 5,502,918 | 5,498,918 | 5,913,892 |
| 400103 | Property Taxes - Back Tax | 0 | 1,000 | 1,000 | 1,000 |
| 400104 | Payment In Lieu Of Taxes | 5,094 | 2,000 | 2,500 | 2,000 |
| Property Taxes Total | | 5,283,420 | 5,505,918 | 5,502,418 | 5,916,892 |
| Intergov Revenue | | | | | |
| 400476 | Other Intergovernmental | 350,083 | 395,426 | 393,740 | 407,118 |
| Intergov Revenue Total | | 350,083 | 395,426 | 393,740 | 407,118 |
| Misc Revenue | | | | | |
| 400801 | Investment Interest | 1,343 | 2,000 | 3,000 | 3,000 |
| 400901 | Gifts And Donations | 100 | 3,000 | 500 | 3,000 |
| 400902 | Other Miscellaneous Revenue | 2,305 | 45,000 | 45,000 | 39,000 |
| Misc Revenue Total | | 3,748 | 50,000 | 48,500 | 45,000 |
| Interfund Revenue | | | | | |
| 600101 | Transfers In | 770,436 | 0 | 0 | 0 |
| Interfund Revenue Total | | 770,436 | 0 | 0 | 0 |
| Revenues Total | | 6,407,687 | 5,951,344 | 5,944,658 | 6,369,010 |
| Expenditures | | | | | |
| Personnel | | | | | |
| 500102 | Appointed Official Salary | 103,626 | 106,734 | 106,734 | 107,000 |
| 500103 | Regular Full-Time Employees | 347,639 | 340,803 | 340,803 | 368,198 |
| 500105 | Temporary Staff | 0 | 2,500 | 2,500 | 2,500 |
| 500108 | Overtime | 0 | 2,750 | 2,750 | 2,750 |
| 500301 | Social Security-Employer | 33,032 | 34,237 | 34,237 | 36,353 |
| 500302 | Imrf - Employer Cost | 29,562 | 23,541 | 23,541 | 12,546 |
| 500304 | Workers' Compensation Insuranc | 2,447 | 2,462 | 2,462 | 2,376 |
| 500305 | Unemployment Insurance | 1,630 | 1,404 | 1,495 | 1,518 |
| 500306 | Ee Hlth/Lif (Hlth Only Fy23) | 46,606 | 69,120 | 69,029 | 77,400 |
| 500309 | Employee Development/Recogniti | 0 | 210 | 210 | 0 |
| Personnel Total | | 564,542 | 583,761 | 583,761 | 610,641 |

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Department Summary

| | | 2021 Actual | 2022 Original | 2022 Projected | 2023 Budget |
|--------------------------------|--------------------------------|------------------|------------------|-------------------|------------------|
| Commodities | | | | | |
| 501001 | Stationery And Printing | 167 | 1,500 | 1,500 | 1,000 |
| 501002 | Office Supplies | 4,172 | 3,700 | 3,700 | 4,200 |
| 501003 | Books, Periodicals, And Manual | 0 | 300 | 200 | 300 |
| 501004 | Postage, Ups, Fedex | 1,479 | 2,000 | 1,700 | 2,000 |
| 501005 | Food Non-Travel | 0 | 150 | 0 | 150 |
| 501017 | Equipment Less Than \$5000 | 2,815 | 7,000 | 9,000 | 7,000 |
| 501021 | Employee Develop/Recognition | 0 | 0 | 0 | 285 |
| Commodities Total | | 8,632 | 14,650 | 16,100 | 14,935 |
| Services | | | | | |
| 502001 | Professional Services | 140,758 | 162,000 | 147,150 | 154,173 |
| 502002 | Outside Services | 7,713 | 11,000 | 21,000 | 27,000 |
| 502003 | Travel Costs | 218 | 1,500 | 1,000 | 1,500 |
| 502004 | Conferences And Training | 6,195 | 16,000 | 15,000 | 20,000 |
| 502007 | Insurance (Non-Payroll) | 15,682 | 18,000 | 17,000 | 18,000 |
| 502011 | Utilities | 353 | 1,000 | 600 | 600 |
| 502012 | Repair And Maint | 0 | 600 | 600 | 600 |
| 502013 | Rental | 22,994 | 24,800 | 24,800 | 26,800 |
| 502014 | Finance Charges And Bank Fees | 0 | 30 | 30 | 30 |
| 502019 | Advertising, Legal Notices | 1,567 | 500 | 500 | 500 |
| 502021 | Dues, License, & Membershp | 16,000 | 20,000 | 20,000 | 20,000 |
| 502022 | Operational Services | 56,542 | 58,300 | 58,000 | 79,100 |
| 502024 | Public Relations | 489 | 13,000 | 17,000 | 0 |
| 502025 | Contributions & Grants | 5,058,901 | 5,391,621 | 5,389,935 | 5,378,131 |
| Services Total | | 5,327,412 | 5,718,351 | 5,712,615 | 5,726,434 |
| Interfund Expense | | | | | |
| 700101 | Transfers Out | 28,430 | 19,800 | 19,800 | 17,000 |
| Interfund Expense Total | | 28,430 | 19,800 | 19,800 | 17,000 |
| Expenditures Total | | 5,929,017 | 6,336,562 | 6,332,276 | 6,369,010 |

Fund Balance

| 2021 Actual | 2022 Projected | 2023 Budget |
|----------------|-------------------|----------------|
| 3,870,045 | 3,482,427 | 3,482,427 |

Fund Balance Goal: The CCMHB's goal is to maintain a fund balance which assures adequate cash flow necessary to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts.

FTE Summary

| 2019 | 2020 | 2021 | 2022 | 2023 |
|------|------|------|------|------|
| 6 | 6 | 6 | 6 | 6 |

ALIGNMENT to STRATEGIC PLAN

County Board Goal 1 – operate a high performing, open, transparent County government.

With statutory responsibility to plan and evaluate systems of services and supports, CCMHB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at <http://ccmhddbrds.org>. Members of the public, agency representatives, stakeholders, and CCMHB members and staff contribute to revisions of materials and online system.

At <http://ccmhddbrds.org> are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members engage in review of requests for funding and in deliberations about final allocation decisions and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Many reports are made public, posted online or in board meeting materials, summarized, and available upon request.

All funded agencies use CCMHB approved expenditure and revenue categories and accrual accounting and are required to submit independent audit, financial review, or compilation reports, depending on total agency revenue level, for CCMHB staff and consultant review.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government’s website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is now addressed indirectly, through those portions of CCMHB agency contracts which cover costs related to service provider facilities.

County Board Goal 3 –promote a safe, healthy, just community.

Many CCMHB and contracted agency activities aim to: mitigate the impacts of trauma and violence; reduce unnecessary or inappropriate incarceration or hospitalization of people with MI, SUD, and/or I/DD; and improve health and social integration, including of those in reentry and their loved ones. Efforts are made through trauma and crisis response and stabilization, benefits enrollment, intensive case management and coordination, peer supports, and collaboration with law enforcement. Staff participate in crisis response efforts based on earlier work by the Justice and Mental Health Collaboration Project and Champaign County Racial Justice Task Force as well as related to the federal mandate for a 988 crisis call system which took effect July 16, 2022.

CCMHB staff participate with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County, and a searchable resource directory maintained at <http://disabilityresourceexpo.org>.

The System of Care approach can improve outcomes for children, youth, and families, especially those impacted by violence and other trauma. Community-wide trauma education continues.

CCMHB staff organize learning/networking opportunities for providers of mental health, substance use, and I/DD services, offering Continuing Education Units at no cost to participants.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCMHB collaborates on wellness/recovery programming, innovative practices, and anti-stigma initiatives, e.g., <http://champaigncountyAIR.com> and related social media.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

In accordance with the Community Mental Health Act, the CCMHB advocates at the state and national levels for and with people who use or seek such services. Staff participate in trade association activities and committees, advocating for other sources of revenue for services and for alignment of policies with best practices.

The CCMHB seeks to understand the impact of changes to state and federal programs, to make effective and ethical investments of local funding. Independently and through collaboration, the CCMHB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In turn, effective programs allow people with behavioral health conditions and I/DD to thrive and contribute to the community's economy and culture.

County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Mental Health Act, the CCMHB allocates funding as established through the original referendum.

Online records are maintained at the County government website and <http://ccmhddbrds.org>. Paper and electronic files are also maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.) and is responsible for planning, coordinating, evaluating, and allocating funds for a comprehensive local system of mental health, intellectual/developmental disabilities, and substance use services for Champaign County.

On an annual cycle, the CCMHB evaluates, plans, and funds supports for people with mental illness, substance use disorders, and intellectual/developmental disabilities, with special emphasis on underinvested populations. Providers demonstrate financial and

programmatic accountability, report on the impact of services, and implement cultural and linguistic competence plans as a condition of contracting with the CCMHB. Providers and Board staff meet monthly for updates and coordination of services. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent/youth groups are also within the purview of the CCMHB and enhance evaluation and planning.

OBJECTIVES

Continue to support and expand virtual options for engaging the community and people with mental health or substance use disorders and/or intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

In collaboration with Champaign County Government and community stakeholders, ensure that people with disabilities or behavioral health conditions are diverted to services and supports and away from Jail whenever appropriate.

In collaboration with the Champaign County Community Coalition and partners, address the effects of trauma, promote recovery, and improve the system of care for children, youth, and families.

Based on annually approved priorities and decision support criteria and timeline, issue contracts for services and supports for people who have mental health or substance use disorders or intellectual/developmental disabilities.

Monitor program and financial accountability for all contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY2023 objectives for the CCMHB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.

Performance Indicators

| Indicator | 2021 Actual | 2022 Projected | 2023 Budget |
|--|--------------------|-----------------------|--------------------|
| Number of contracts awarded and executed for services or supports for people with mental health or substance use disorders or intellectual/developmental disabilities | 38 | 44 | 44 |
| Number of people served who have a mental health/substance use disorder or intellectual/developmental disability | 17,307 | 19,000 | 19,500 |
| Number of state or federal advocacy activities or reports completed by Board members and staff | 12 | 16 | 15 |
| Number of desk reviews conducted (number of reports submitted), per agency contract | 16 (24) | 20 (24) | 20 (24) |
| Number of agency contract compliance reviews by CCMHB staff, per contract | 0.75 | 1 | 1 |
| Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year) | 6 | 4 | 4 |
| Number of funded (not funded) organizations represented at collaborative meetings with board staff | 25 (10) | 33 (9) | 33 (9) |
| Number of funded agencies participating in the Financial Management Coaching project (launched December 1, 2021) | 2 | 4 | 6 |
| Number of funded programs participating as target programs in the Evaluation Capacity project (discontinued July 1, 2022) | 6 | 6 | n/a |
| Percentage of required reports received in compliance with terms of contract | 85% | 90% | 95% |

I/DD Special Initiatives (2101-054)

MISSION STATEMENT

The mission of the I/DD Special Initiatives fund, formerly the Community Integrated Living Arrangement (CILA) project, has been to expand the availability of “smaller setting” homes for people with intellectual and developmental disabilities (I/DD) and, to the extent possible, assure that people from Champaign County have integrated residential options within the County. The project arose in response to a large number of residents having no choice other than to utilize CILA services in communities far from Champaign County or to remain in family homes with limited care.

BUDGET HIGHLIGHTS

In 2014, the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB) committed to purchasing properties for use as CILA houses, each with a capacity of 4 or fewer people. Each board contributed toward the purchase of the houses. During 2019, the CCMHB paid the mortgage balance, and the Boards amended their intergovernmental agreement to define future contributions and prepare for several possibilities.

From 2015 through 2020, two houses were in operation, with services provided by Individual Advocacy Group (IAG) and funded by the state of Illinois Department of Human Services-Division of Developmental Disabilities (IDHS-DDD). To stabilize the organization’s staffing level and revenue for local operations, IAG worked with CCMHB and CCDDB

members and staff, local families, IDHS-DDD, and Independent Service Coordination staff to create additional day and residential services in the community. This was successful for a while in the face of persistent barriers, namely the I/DD workforce shortage and uncertainty of state/federal CILA funding. During 2020 and 2021, the workforce shortage led to reduced operations and closure and sale of the homes.

For 2023, the CCDDB will make its final planned interfund transfer to the project, so that the Boards’ contributions are equal. With other revenue transferred from fund balance, the primary expenses will be for contracts with organizations to strengthen and stabilize the I/DD direct support workforce or to provide a range of supports to such individuals as would have been eligible for this project, had it continued to offer housing with 24-hour staff.

\$5,063 of budgeted expenditures result from a gift designated for a particular individual. This ‘trust’ is accessed at the request of the individual’s family and restricted by terms set by the private donor.

101-054 was established in FY2016 in collaboration with the Champaign County Auditor’s Office, for transparency in CILA fund financial activities. The fund is renamed as “I/DD Special Initiatives” for 2023, in an effort to offer solutions to critical service capacity barriers. These funds were previously held in 090-054.

Department Summary

| | | 2021 Actual | 2022 Original | 2022 Projected | 2023 Budget |
|--------------------------------|-------------------------------|----------------|------------------|-------------------|----------------|
| Revenues | | | | | |
| Misc Revenue | | | | | |
| 400801 | Investment Interest | 106 | 200 | 1,000 | 1,000 |
| 400902 | Other Miscellaneous Revenue | 5,788 | 0 | 260,399 | 0 |
| 400903 | Sale Of Fixed Assets - Equip | 226,017 | 0 | 0 | 0 |
| 401001 | Rents | 19,427 | 0 | 0 | 0 |
| Misc Revenue Total | | 251,338 | 200 | 261,399 | 1,000 |
| Interfund Revenue | | | | | |
| 600101 | Transfers In | 50,000 | 50,000 | 50,000 | 50,000 |
| Interfund Revenue Total | | 50,000 | 50,000 | 50,000 | 50,000 |
| Revenues Total | | 301,338 | 50,200 | 311,399 | 51,000 |
| Expenditures | | | | | |
| Commodities | | | | | |
| 501017 | Equipment Less Than \$5000 | 6,283 | 6,176 | 2,000 | 5,063 |
| Commodities Total | | 6,283 | 6,176 | 2,000 | 5,063 |
| Services | | | | | |
| 502001 | Professional Services | 3,073 | 9,000 | 5,000 | 4,000 |
| 502002 | Outside Services | 4,857 | 5,800 | 2,000 | 0 |
| 502007 | Insurance (Non-Payroll) | 1,553 | 4,200 | 2,000 | 0 |
| 502011 | Utilities | 2,601 | 4,603 | 2,000 | 0 |
| 502012 | Repair And Maint | 28,975 | 10,000 | 6,000 | 0 |
| 502014 | Finance Charges And Bank Fees | 72 | 69 | 42 | 0 |
| 502017 | Waste Disposal And Recycling | 0 | -2 | 0 | 0 |
| 502019 | Advertising, Legal Notices | 0 | 0 | 0 | 200 |
| 502021 | Dues, License, & Membershp | 280 | 350 | 100 | 0 |
| 502025 | Contributions & Grants | 0 | 0 | 0 | 341,737 |
| Services Total | | 41,410 | 34,024 | 17,142 | 345,937 |
| Capital | | | | | |
| 800501 | Buildings | 0 | 10,000 | 0 | 0 |
| Capital Total | | 0 | 10,000 | 0 | 0 |
| Expenditures Total | | 47,693 | 50,200 | 19,142 | 351,000 |

Fund Balance

| 2021 Actual | 2022 Projected | 2023 Budget |
|----------------|-------------------|----------------|
| 459,714 | 751,971 | 451,971 |

Fund Balance Goal: The CCMHB/CCDDB's I/DD Special Initiatives goal is to maintain a balance which will allow for similar allocations over the next two to three years.

ALIGNMENT to STRATEGIC PLAN

County Board Goal 1 – operate a high performing, open, and transparent County government.

The CILA project's service provider was initially determined by a Request for Proposal process which was fully compliant with the Open Meetings Act. Subsequent discussions and decisions related to the project have occurred during public meetings of each of the CCDDB and CCMHB.

The second phase of this project retains a focus on individuals who have I/DD and complex service needs, particularly needs not easily met by a local provider agency. The focus shifts from housing to funding of supports for such individuals and, if possible, to attracting and retaining the workforce which serves them. Allocation priorities, review of proposals, and award decisions will be discussed and approved during public meetings of the two Boards.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is now addressed indirectly, through those portions of agency contracts which support facilities costs.

County Board Goal 3 –promote a safe, healthy, just community.

The purpose of this project has been full community integration of persons with I/DD, aligned with the State of Illinois' Ligas Consent Decree and 'rebalancing' initiative to move people out of institutions and into their home communities. Barriers have increased, requiring new strategies.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. Effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture.

County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Mental Health Act and the Community Care for Persons with Disabilities Act, the CCMHB and CCDDB each allocate funding and enter into agreements as established by their original referenda.

Records are maintained at the Champaign County government website and <http://cmhddbrds.org>. Paper and electronic files are maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) to “construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents of Champaign County.” The CCDDB was established under Illinois Revised Statutes (50 ILCS 835 Section 0.05-14), the “Community Care for Persons with Developmental Disabilities Act,” and also has authority to own facilities to be used in the provision of services to people with intellectual and developmental disabilities.

The CCMHB is responsible for planning, coordinating, evaluating, and allocating funds for the comprehensive local system of mental health, developmental disabilities, and substance use services for Champaign County. The CCDDB is responsible for planning, coordinating, evaluating, and allocating funds for services and supports for people with intellectual and/or developmental disabilities. The Boards promote systems of services for the benefit of Champaign County residents, with special emphasis on historically underinvested and marginalized populations.

The I/DD Special Initiatives project is a collaboration between the Boards, in recognition of their shared responsibility for people with I/DD and according to their Intergovernmental Agreement as amended.

OBJECTIVES

Continue to support and expand virtual options for people with I/DD, to support their fullest community involvement, aligned with public health guidance and state and federal policies.

When feasible, restore and expand CILA capacity in Champaign County for people with intellectual and developmental disabilities.

Through CCMHB and CCDDB allocation process, fund appropriate supports for Champaign County residents who have intellectual/developmental disabilities and complex support needs, and fund efforts to strengthen the I/DD direct support workforce which serves them.

Performance Indicators

| Indicator | 2021 Actual | 2022 Projected | 2023 Budget |
|--|--------------------|-----------------------|--------------------|
| Number of people served through CILAs | 3 | 2 | n/a |
| Total dollars appropriated for CILA Program | 53,850 | 50,200 | 350,100 |
| Updates from property manager | 12 | 24 | n/a |
| Updates from residential service provider | 4 | 4 | n/a |
| Non-residential service and supports (related to MI, SUD, or I/DD) available to people living in the CILAs | 3 | 2 | n/a |
| Number of people receiving a support through contracts with agencies from this fund | n/a | n/a | 100 |

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Developmental Disabilities Board Special Revenue Fund (2108-050)

The Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as the Champaign County Developmental Disabilities Board (CCDDDB), consists of five volunteer Board members who are selected by the Champaign County Executive and Board. It was established under Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) by a referendum approved by Champaign County voters in 2004. Through passage of the referendum, a property tax levy supports fulfillment of the Board's mission in accordance with the Act. On January 1, 2019, the Act was revised as the Community Care for Persons with Developmental Disabilities Act, 50 ILCS 835 (0.05–14).

MISSION STATEMENT

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

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have intellectual/developmental disabilities (I/DD). Because most organizations' fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCDDDB and other local funders use this as the contract period (or "Program Year"), providing for uniform financial reporting and increased accountability. These CCDDDB funds are allocated as Contributions and Grants expenditures.

Some activities contributing to the local system are undertaken outside of those agency services budgeted as Contributions & Grants. As in previous years, the Board will transfer \$50,000 to an I/DD Special Initiatives fund (formerly the "CILA Facilities" fund) to support expansion of the Community Integrated Living Arrangement (CILA) collaboration with the Champaign County Mental Health Board (CCMHB), although the specific use will shift from housing to a range of supports. Additional strategies by which the CCDDDB promotes a local system include: information and referral through 211; Cultural and Linguistic Competency technical assistance and training; monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and events; projects with UIUC student groups and instructors; promotion of the work of artists and entrepreneurs with disabilities; collaborative community needs assessment to understand the priorities of Champaign County citizens; and a large disAbility Resource Expo with searchable online resource guide. Per an Intergovernmental Agreement between, these activities are co-funded with the CCMHB and paid as a share of their administrative costs, through Professional Services (to CCMHB) and Interfund Transfer (to CILA).

Please see <http://ccmhddbrds.org> for information on these supports, agency programs currently funded by the CCDDDB, funding guidelines (with financial accountability policy), Three Year Plan, allocation priorities and timelines, and aggregate annual agency reports of the funded agencies' performance outcomes.

BUDGET HIGHLIGHTS

Recommended Practices, Core Services, and Innovative Supports. The local "Employment First" collaboration is an innovation preparing providers, families, and local businesses for fuller community employment of people with I/DD. Its most well-known product is the "Leaders in Employing All People" (LEAP) certification and training. The CCDDDB continues to fund: customized employment and other employment supports; self-advocacy groups; core services, including non-work and residential options; and service coordination, planning, and linkage. Per intergovernmental agreement with the CCMHB, comprehensive services and supports for young children and their families are prioritized and funded, including evidence-based and recommended practices. Decreasing provider capacity and workforce shortages present challenges across the country, state, and county; CCDDDB contracts help stabilize supports for residents and their families.

Responding to Community Input. Feedback from community members, including people with I/DD and their loved ones, has informed the Board's strategic plan and funding priorities, with common themes: the desire for a full community life; stigma as a barrier; and frustration with barriers to services, including limited transportation, state/federal funding limitations, and low awareness of services. For the agency contract year July 1, 2022 to June 30, 2023, the CCDDDB supports: independent living and community employment programs; transformation of traditional workshop to greater community integration; assisting young adults with I/DD in the transition from high school; conflict free case management and planning, as required by the state, for people who qualify for but do not receive state funding; case management and clinical supports for people with DD and behavioral health needs; and a workforce retention initiative. Feedback from providers and board members is used to revise funding priorities and requirements and to develop enhancements of the online application and reporting system used by funded organizations. For PY2023, priority categories are: Self-Advocacy; Linkage and Coordination; Home Life; Personal Life and Resilience; Work Life; Community Life and

Relationships; Strengthening the I/DD Workforce; and Young Children and their Families. The Three Year Plan for Fiscal Years 2022 through 2024, with objectives specific to 2023, will inform future allocation priorities and Board/staff practices.

Workshops and Presentations. CCDDDB staff coordinate a monthly learning opportunity especially for case managers working with people who have I/DD. Topics are determined by the group's interest and Board priorities. Workshops also offer continuing education units and serve as networking opportunities. The target audience has expanded to include other service providers, family members, stakeholders, and agency financial staff, and topics are broadened to address various interests and pressing needs. These continue as virtual meetings, with in-person when appropriate and affordable.

Cultural and Linguistic Competence. A coordinator with CLC certifications in behavioral health and I/DD consults with providers to improve access and engagement of underinvested communities. This supports agencies' quality improvement efforts and compliance with State requirements, using the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare.

Reporting of Service-Level Data. Programs report service-level data through a HIPAA compliant online system introduced in 2017. CCDDDB staff are able to examine and report on utilization across programs as well as per person served.

I/DD Special Initiatives, formerly Community Integrated Living Arrangement (CILA) Expansion. This collaboration with the CCMHB was established to purchase and operate small group homes for people who unable to secure these services in their home county. During 2019, the CCMHB paid off the mortgages, and the Boards revised their intergovernmental agreement to prepare for several possibilities. Due to critical direct staff shortages, the homes were vacated and sold in 2021 and 2022. During 2023, the CCDDDB will contribute its final \$50,000 transfer, and the focus of the project will shift from housing to supports.

Challenging the Stigma Associated with Intellectual/Developmental Disabilities. Stigma is a barrier to services, funding, wellness, and full community participation of those who have I/DD as well as of their loved ones. The CCDDDB supports community anti-stigma efforts, including art shows, social media campaigns, traditional print and online resource guides, community awareness events, trainings, and a large disAbility Resource Expo. Board staff work with UIUC student groups and local organizations to plan and support events to challenge stigma and promote inclusion.

Department Summary

| | | 2021 Actual | 2022 Original | 2022 Projected | 2023 Budget |
|--------------------------------|-----------------------------|------------------|------------------|-------------------|------------------|
| Revenues | | | | | |
| Property Taxes | | | | | |
| 400101 | Property Taxes - Current | 4,334,187 | 4,518,334 | 4,515,334 | 4,857,487 |
| 400103 | Property Taxes - Back Tax | 0 | 1,000 | 0 | 2,000 |
| 400104 | Payment In Lieu Of Taxes | 3,021 | 2,000 | 0 | 4,000 |
| Property Taxes Total | | 4,337,208 | 4,521,334 | 4,515,334 | 4,863,487 |
| Misc Revenue | | | | | |
| 400801 | Investment Interest | 791 | 1,000 | 2,000 | 2,000 |
| 400902 | Other Miscellaneous Revenue | 0 | 8,000 | 0 | 5,000 |
| Misc Revenue Total | | 791 | 9,000 | 2,000 | 7,000 |
| Interfund Revenue | | | | | |
| 600101 | Transfers In | 972 | 6,800 | 6,800 | 4,000 |
| Interfund Revenue Total | | 972 | 6,800 | 6,800 | 4,000 |
| Revenues Total | | 4,338,970 | 4,537,134 | 4,524,134 | 4,874,487 |
| Expenditures | | | | | |
| Services | | | | | |
| 502001 | Professional Services | 366,344 | 395,426 | 393,740 | 407,118 |
| 502025 | Contributions & Grants | 3,513,279 | 4,091,708 | 4,093,394 | 4,417,369 |
| Services Total | | 3,879,623 | 4,487,134 | 4,487,134 | 4,824,487 |
| Interfund Expense | | | | | |
| 700101 | Transfers Out | 50,000 | 50,000 | 50,000 | 50,000 |
| Interfund Expense Total | | 50,000 | 50,000 | 50,000 | 50,000 |
| Expenditures Total | | 3,929,623 | 4,537,134 | 4,537,134 | 4,874,487 |

Fund Balance

| 2021 Actual | 2022 Projected | 2023 Budget |
|----------------|-------------------|----------------|
| 2,744,248 | 2,731,248 | 2,731,248 |

Fund Balance Goal: The CCDDB's goal is to maintain a fund balance adequate to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement of the year in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts. In recent years, the fund balance at this lowest point of the year has been between two and three months' operating expenses.

ALIGNMENT to STRATEGIC PLAN**County Board Goal 1 – operate a high performing, open, and transparent County government.**

With statutory responsibility to plan and evaluate systems of services and supports, CCDDB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at <http://ccmhddbrds.org>. Members of the public, agency representatives, stakeholders, and CCDDDB members and staff contribute to revisions of materials and online system.

At <http://ccmhddbrds.org> are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members engage in review of requests for funding and in deliberations about final allocation decisions and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Many reports are made public, posted online or in board meeting materials, summarized, and available upon request.

All funded agencies use CCDDDB approved expenditure and revenue categories and accrual accounting and are required to submit independent audit, financial review, or compilation reports, depending on total agency revenue level, for CCDDDB staff and consultant review.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government's website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is now addressed indirectly, through those portions of CCDDDB agency contracts which cover costs related to service provider facilities.

County Board Goal 3 –promote a safe, healthy, just community.

CCDDDB staff participate with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County, and a searchable resource directory is maintained at <http://disabilityresourceexpo.org>. Organizations update resource information on behalf of the people they serve.

CCDDDB staff organize learning/networking opportunities for providers of I/DD services, offering Continuing Education Units at no cost to participants.

Case management services improve coordination and access to benefits, services, and supports. A variety of services and supports are funded and monitored which increase the self-reliance, well-being, and community inclusion of people with intellectual/developmental disabilities.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCDDDB collaborates on the planning of wellness and independent living programming for people with disabilities, innovative and recommended practices, and anti-stigma initiatives, e.g., <http://champaigncountyAIR.com> and <http://disabilityresourceexpo.org>. The disAbility Resource Expo supports improving the health, inclusion, and quality of life of people with disabilities.

County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.

In accordance with the establishing Act, the CCDDDB advocates at the state and national levels for and with people who use or seek such services. Staff participate in trade association activities and committees, often advocating for other sources of revenue for services and for policy changes to improve impact and cost.

The CCDDDB seeks to understand the impact of changes to state and federal programs, in order to make effective and ethical investments of local funding. Independently and through collaboration, the CCDDDB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In addition, effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture.

County Board Goal 5 – Maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Care for Persons with Disabilities Act, the CCDDDB allocates funding as established through the original referendum.

Online records are maintained at the County government website and <http://ccmhddbrds.org>. Paper and electronic files are also maintained and stored as required by the Local Records Act.

DESCRIPTION

The CCDDDB was established by referendum and operates under the requirements of the Community Care for Persons with Disabilities Act (50 ILCS 835). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The CCDDDB is responsible for planning, coordinating, monitoring, evaluating, and funding a comprehensive community-based system of intellectual/developmental disabilities programs and services.

Annually, applications for funding are assessed using CCDDDB established decision-support criteria and are subject to the availability of funds. The nature and scope of applications vary significantly and may include treatment, early intervention, long term supports, service coordination and advocacy, and family support. Providers demonstrate financial and programmatic accountability, report on the impact of services, and implement cultural and linguistic competence plans, as a condition of contracting with the CCDDDB. Providers and Board staff meet monthly for updates and coordination of services. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent/youth groups are also within the purview of the CCDDDB and enhance evaluation and planning.

OBJECTIVES

Continue to support and expand virtual options for engaging the community and people with intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

To identify best practices and overcome barriers experienced by persons with I/DD, continue involvement with state and national advocacy organizations and trade association I/DD committees, for meetings, webinars, and learning communities. In addition to

increasing people's engagement with their community through integrated housing and employment, integrated non-work activities connect people to resources, friends, and family, so that innovations in support of people's aspirations and preferences are of value.

Participate in collaborative efforts to identify local resources and needs. Through trade association committees and opportunities, advocate for Champaign County residents who have I/DD.

For planning and evaluation, use PUNS and other data on service needs and outcomes of Champaign County residents with I/DD. Several programs report service-level data, allowing for analysis of service utilization and gaps. From those agencies accredited by the Council on Quality and Leadership, Performance Outcome Measure interviews may also inform the CCDDDB's planning.

Strategize with service providers and stakeholders to address the workforce shortage and other barriers to maintaining and expanding provider capacity and client choice.

With service providers, advocates, and stakeholders, plan for best supports for people with challenging behavioral issues and complex service needs. This effort may involve other Champaign County government, law enforcement, and healthcare providers, as well as non-traditional supports, in order to divert people with disabilities from unnecessary incarceration or hospitalization.

Based on approved priorities and decision support criteria, issue contracts for services and supports for people who have intellectual/developmental disabilities.

Monitor program and financial accountability for all contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY23 objectives for the CCDDDB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.

Performance Indicators

| Indicator | 2021 Actual | 2022 Projected | 2023 Budget |
|--|------------------------|---------------------------|------------------------|
| Number of contracts awarded and executed for services or supports for people with I/DD | 18 | 15 | 14 |
| Number of persons served who have I/DD (services for young children were co-funded by CCDDDB and CCMHB in PY21 but fully funded by the CCMHB in PY22 and PY23, lowering the total counts attributable to CCDDDB funding.) | 1,549 | 1,306 | 1,386 |
| Number of state or federal advocacy activities or reports completed by Board members and Staff | 10 | 12 | 12 |
| Number of desk reviews conducted (number of reports submitted) per agency contract | 17 (28) | 20 (28) | 21 (28) |
| Number of agency contract compliance reviews by CCDDDB Staff, per contract | 0.75 | 1 | 1 |
| Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year) | 6 | 4 | 4 |
| Number of funded (not funded) agencies represented in collaborative meetings with board staff | 8 (2) | 6 (3) | 5 (4) |
| Number of funded agency programs participating as target programs in the Evaluation/Outcomes project (new FY20) | 2 | 1 | 2 |
| Percentage of reports received in compliance with contract | 95% | 100% | 100% |

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#11. B.

PY2022
4th Quarter
Service Activity
Reports

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

Status Changed

Instructions

Quarterly Program Activity / Consumer Service Report [\(Return to Quarterly Reports\)](#)

Agency **CCRPC - Community Services**

Board **Developmental Disabilities Board**

Program **Decision Support PCP (2022 Quarter 4)**

Period **2022 - Fourth Quarter PY22**

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

Date Submitted 08/04/2022 01:09 PM

Submitted By AYOST

| | Community Service Events Service (CSE) | Screening Contacts (SC) | NON-Treatment Plan Clients (NTPC) | Treatment Plan Clients (TPC) | Other |
|------------------------------|--|-------------------------|-----------------------------------|------------------------------|-------|
| Annual Target | 40 | 300 | 220 | 220 | 0 |
| Quarterly Data (NEW Clients) | 13 | 288 | 31 | 73 | 0 |
| Comments | | | | | |

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Status Changed

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports\)](#)

Agency CU Autism Network

Board Developmental Disabilities Board

Program Community Outreach Programs (2022 Quarter 4)

Period 2022 - Fourth Quarter PY22

Status Submitted

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

Date Submitted 08/21/2022 10:28 PM

Submitted By JPALERMO

Community Service Events Service / Screening Contacts NON-Treatment Plan Clients Treatment Plan Clients Other
(CSE) (SC) (NTPC) (TPC)

Annual Target 25

Quarterly Data (NEW Clients) 9

This Quarter we held/attended:

We provided various advocacy/parent support via phone calls, emails, and zoom meetings.

Presentations of Autism Lesson through the Community Outreach Education Program -Grand Rounds Surgical Fac and Staff at Carle Hospital.
Attended the opening of the ER Sensory Room at Carle Hospital.

Comments
We continue to provide updated disability/covid 19 information on social media under our virtual CUAN cares program as well as our CUAN Community Spotlight.
Participated in community planning and completion of the 2022 CUAN Walk with always promoting Autism Awareness and Acceptance.

Advertised, Participated and hosted a Teen Pizza and Pottery Night.

Collaborated with the UMS Sensory Area Task force Community Team of the outdoor sensory area.

Collaborated with the Carle Foundation Autism Initiative Program.

Attending various meetings: including CCDDDB, CCDDBCC, CAN

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Status Changed

Instructions

Quarterly Program Activity / Consumer Service Report [\(Return to Quarterly Reports\)](#)

Agency Champaign County Head Start/Early Head Start MHB

Board Mental Health Board

Program Early Childhood Mental Health Sys (2022 Quarter 4)

Period 2022 - Fourth Quarter PY22

Status Submitted

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

Date Submitted 08/26/2022 05:05 PM
Submitted By BELKNAP

Community Service Events Service / Screening Contacts NON-Treatment Plan Clients Treatment Plan Clients Other

| Annual Target | (CSE) | (SC) | (NTPC) | (TPC) | Other |
|------------------------------|-------|------|--------|-------|-------|
| 5 | 3000 | 400 | 90 | 12 | |
| Quarterly Data (NEW Clients) | 1 | 936 | 65 | 17 | 2 |

Treatment Plan Clients (TPC) 80 New Treatment Plan Clients: These clients are children, parents, or staff members who receive ongoing support or consultation which requires goal setting, planning, and follow up.

Non-Treatment Plan Clients (NTPC) 400 New Non-Treatment Plan Clients: These clients are children, parents, or staff who receive screening, intermittent, one-off support and consultation. Recipients of psycho-education, trainings, or professional development.

Comments Community Service Events (CSE) 5 Community Service Events: These events include community trainings and workshops that share information about our social-emotional services.

Service Contacts (SC) 3,000 Service Contacts: These service contacts meetings and observations regarding children, Practice Based Coaching with education staff, Social-Emotional Committee Meetings, Reflective Consultation with staff and caregivers. Screenings and assessments. Other direct and indirect services with or on behalf of TPC and NTPC's.

Other 12 Other services: Psycho-educational workshops, trainings, professional development efforts with staff and parents.

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Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

- # Agency **Community Choices, Inc. DDB**
- # Board **Developmental Disabilities Board**
- # Program **Community Living (2022 Quarter 4)**
- # Period **2022 - Fourth Quarter PY22**

Status Submitted [Change Status] to Submitted v
 Date Submitted 08/25/2022 03:30 PM
 Submitted By CCCOOP

| | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Other (TPC) |
|------------------------------|---|---------------------------------|-------------------------------|-------------|
| Annual Target | 4 | 3529 | 15 | 30 |
| Quarterly Data (NEW Clients) | 4 | 7 | 0 | 5 |
| | | | | 87 |

CSEs: Transition Conference Roundtable on 4/5, CU Autism Network Walk & Fair on 5/6, YAP Open House on 6/17, Jetty Rhodes Neighborhood Day on 6/18.

SC: Service contacts are recorded for non-treatment plan clients in personal development classes, 7 in Q4. Claims for treatment plan clients (333) are reported via the online reporting system.

NTPC: Non-treatment plan clients include participants in personal development classes, 0 new in Q4.

TPC: 5 new treatment plan clients in Q4.

Other: Direct hours are recorded for NTPCs in personal developmental classes - 87. Direct hours for TPCs (445) are reported via the online reporting system.

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Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

- Agency Community Choices, Inc. DDB
- Board Developmental Disabilities Board
- Program Customized Employment (2022 Quarter 4)
- Period 2022 - Fourth Quarter PY22

[Change Status] to Submitted

Date Submitted 08/25/2022 03:32 PM
Submitted By CCCCOOP

| Annual Target | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Other Clients (TPC) |
|------------------------------|---|---------------------------------|-------------------------------|---------------------|
| Quarterly Data (NEW Clients) | 4 | 703 | 0 | 5 |
| | | | | 959 |

Comments SC: Service contacts are reported via the online claims reporting system. 703 in Q4.
 TPC: Adults with I/DD who participated in the Customized Employment Program. 5 new in Q4.
 Other = Direct hours spent supporting people with I/DD and their employment goals. These hours were reported using the online claims reporting system. 959 in Q4

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Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report

[Return to Quarterly Reports](#)

Agency **Community Choices, Inc. DDB**

Board **Developmental Disabilities Board**

Program **Self-Determination Support (2022 Quarter 4)**

Period **2022 - Fourth Quarter PY22**

Status Submitted

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

Date Submitted 08/25/2022 03:41 PM

Submitted By CCCCOOP

Community Service Events Service / Screening Contacts NON-Treatment Plan Clients Treatment Plan Clients Other
 (CSE) (SC) (NTPC) (TPC)

Annual Target

| | | | | | |
|------------------------------|---|-----|----|---|-------|
| Quarterly Data (NEW Clients) | 5 | 921 | 11 | 0 | 412.5 |
|------------------------------|---|-----|----|---|-------|

CSE = Champaign Co. Transition Conference on 4/5, CU Autism Network Walk & Resource Fair on 4/13, YAP Open House on 5/17, Meeting with CU Tri on 6/7, Jetty Rhodes Neighborhood Day on 6/18.

921 Service Contacts in Q4 (627 with Members with Disabilities, 294 with Family Members)

Comments 11 new participants in Q4 (6 members with a disability, 5 family members)

0 treatment plan clients in the self-determination program

Other = 412.5 direct hours in Q4

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Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

- # Agency **Developmental Services Center**
- # Board **Developmental Disabilities Board**
- # Program **Clinical Services (2022 Quarter 4)**
- # Period **2022 - Fourth Quarter PY22**
- Status Submitted

[Change Status] to Submitted v

Date Submitted 08/15/2022 10:35 AM
 Submitted By VICKIE2010

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

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Community Service Events: There were no opportunities to speak regarding Clinical Service at any community events this quarter.

Individual Info: Six individuals received two types of clinical services. Five individuals were closed from Clinical Services (three because counseling is no longer needed; one person moved out of county and one person moved to long-term care).

Service/Screening Contacts: Four screening contacts for psychological assessments were completed. Reports have been completed on two of the four. Due to the psychologist's own personal matters it has been difficult for him to complete the other two reports and he has not fulfilled his end of the contract for services. He will not be billing Clinical Services for his assessments and we will not be renewing his contract at this time.

Update on Clinical Wellbeing Assessment: Over the course of FY22 51 surveys (100% of those still in the practice at the end of FY22) were sent out and 35 were returned. Of the 35 returned, 83% scored their overall sense of wellbeing at a 4 or 5 indicating a slightly better sense of wellbeing to an overall improved sense of wellbeing.

Extra Reporting Time: Four hours total this quarter; three hours of clinical time for billing, reporting, scheduling, quarterly summaries, and discussions regarding psychiatry and counseling practices and one hour coordinating/discussing psychological evaluations with newer provider and following up on reports/billing.

Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

Agency Developmental Services Center

Board Developmental Disabilities Board

Program Community Employment (2022 Quarter 4)

Period 2022 - Fourth Quarter PY22

Status Submitted

[Change Status] to Submitted v

Date Submitted 08/18/2022 04:05 PM

Submitted By VICKIE2010

| | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Other (TPC) |
|------------------------------|---|---------------------------------|-------------------------------|-------------|
| Annual Target | 2 | 15 | 70 | |
| Quarterly Data (NEW Clients) | 2 | 3 | 9 | |

The fourth quarter of FY22 continued to be prosperous for both job seekers and those employed in the community; the job market had a large number of entry level positions appropriate for our job seekers. Many employees have struggled to maintain a solid workforce, this quarter especially. Employers have expressed gratitude for the individuals we support who remain loyal employees through an uncertain staffing time. During the fourth quarter, one job seeker in particular benefited from the growing job market and was supported in landing a second part time job.

In lieu of a full time position, an individual supported in Community Employment has been expressing the desire to work 40-hours per week although he has made it clear he wishes to work with more than one employer. This individual succeeds when he has the opportunity to change environments, engage in different tasks, and interact with different coworkers. This individual was supported in finding employment to supplement his current part time position and now works his desired 40-hour work week between two employers. His new employer is on a new bus route, so MTD training was provided. He is excited about his new position and commented, "I have a debit card now! That's so cool!"

Some supported individuals have training requirements as part of their employment. Employment Specialists provide support by coordinating the training with the employer, reminding supported individuals of the training need, and/or participating in the training alongside the individual either at the worksite or in the community; using a laptop computer or platforms preferred by the employer. There are individuals who have had changes to the platforms used on the job site to record their work hours (clocking in/out); Employment Specialists have assisted those individuals with learning to download those platforms to their phones and assistance has been provided to familiarize them with the new platforms. Additionally, some platforms can only be used with devices at the job sites; Employment Specialists make visits at the start and end of job shifts to assist with use of these devices until individuals are able to be independent in their use.

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Developmental Disabilities Board

Quarterly Program Activity / Consumer Service Report

Agency: Developmental Services Center

Program: Community First Period Fourth Quarter PY22

Submitted 08/19/2022 by VICKIE2010

| | Community Service Events (CSE) | Service / Screening Contacts (CS) | NON-Treatment Plan Clients (NTPC) | Treatment Plan Clients (TPC) | Other |
|-------------------------------------|--------------------------------|-----------------------------------|-----------------------------------|------------------------------|-------|
| Annual Target | 3 | 5 | 50 | 55 | |
| Quarterly Data (NEW Clients) | 2 | 3 | 16 | 3 | |
| Continuing from Last Year (Q1 Only) | | | | | |

Comments:

Fourth quarter continued to expand community group offerings as we were able to offer more opportunities in a post pandemic world.

People continued to try a variety of new things, new interests were developed, and new relationships were fostered.

Kicking off this spring was a new gardening opportunity. Participants put together an eight-foot garden bed as well as a raised herb bed and some potted veggies. These were housed at the CU Independence Apartments, home of some of the group members. Others who lived elsewhere traveled to the site to join in maintaining the plants and watching over the produce. The group started seeds and have been enjoying the progress from seed to table ready vegetables.

Our partnership with the Hope Center for use of their kitchen was renewed this quarter, allowing us to launch another cooking session. The group focused on the basics of cooking including: food handling, kitchen safety, and simple recipes suitable for 1-2 people. Those enrolled in the group began bringing notebooks to copy recipes and take notes on the material being shown by the instructor. Group members were also able to create natural relationships with Hope Center volunteers and employees as well as spend time with peers who have similar interests.

The Advocacy Community Leaders planned a trip to the Chicago Abilities Expo and enjoyed doing something special outside of the CU area. One of the leaders who uses a walker was able to test out an accessible rock-climbing wall. The group expressed that it was nice to see a physical activity that was available to someone who otherwise may not have the opportunity. They discussed the importance of these experiences and brainstormed ways to potentially bring them to the Champaign Urbana area. They plan to make this an annual trip.

This quarter, group members enjoyed getting out in nature and being active. Fitness and healthy living is consistently a suggestion from our group selection panels. Health matters also returned with a second staff person added allowing us to meet the interest of this wildly popular group. Other fitness related activities included: baseball, basketball, and workouts at the Leonhard Recreation Center and YMCA.

A newly offered group this quarter was Event Planning. The focus of this was to teach those who were interested how to plan events. They planned an outdoor BBQ in the park and reached out to reserve a space, creating and planning activities, writing and mailing invitations, and cooking food for 10 guests. This group was a suggestion from the panel set up by the Advocacy Community Leaders. Other new groups included: Movie Buffs, Scavenger Hunting, Science and Technology, as well as Garage Sales & Finance. Returning favorites such as Role Play and Fan Club and Video Gamers continued to connect those with similar interests as well as building technology skills.

Another new opportunity for one participant included organizing donated materials at PACA – Preservation and Conservation Association. People visited at least ten restaurants, stores, and a few other community destinations that

they had never been to before.

Again, this quarter, the Covid-19 pandemic continued to affect the program. April, in particular was a difficult month as TPCs, some of their support staff, and several of their NTPC peers, had to quarantine/isolate as a result of exposures, positive diagnoses, and breakthrough infections. An increase in the number of organizational hours continues as this program maneuvers the shortage of staff and vehicles.

Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

Agency Developmental Services Center

Board Developmental Disabilities Board

Program Community Living (2022 Quarter 4)

Period 2022 - Fourth Quarter PY22

Status Submitted [Change Status] to Submitted v

Date Submitted 08/15/2022 01:00 PM

Submitted By WICKIE2010

Community Service Events Service / Screening Contacts NON-Treatment Plan Clients Treatment Plan Clients Other (CSE) (SC) (NTPC) (TPC)

Annual Target 8 56

Quarterly Data (NEW Clients) 2 0

Comments Fourth quarter presented with more challenges than normal. This program felt the brunt of staffing shortages with the Community Living Manager resigning and another Community Living Specialist resigning effective immediately. Recruiting became a priority along with existing staff managing larger caseloads.

99

Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

- # Agency **Developmental Services Center**
- # Board **Developmental Disabilities Board**
- # Program **Connections (2022 Quarter 4)**
- # Period **2022 - Fourth Quarter PY22**
- Status Submitted [Change Status] to Submitted v

Date Submitted 08/16/2022 08:49 AM
 Submitted By VICKIE2010

| | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Treatment Plan Clients (TPC) | Other |
|------------------------------|---|---------------------------------|-------------------------------|------------------------------|-------|
| Annual Target | 3 | 0 | 12 | 25 | |
| Quarterly Data (NEW Clients) | 2 | 0 | 3 | 0 | |

100

Artists at the Crow this quarter began gearing up for the summer festivals and farmer's market. The group came up with new spring and summer scents and held a pop-up sale at the Crow. This sale showcased the new scents and expanded upon the offerings for candles. Soaps and wax melts were also on display as well as pieces of artwork made this quarter by artists that utilize the Crow as their place for creation.

Another item that was sold at the pop up was custom designed t shirts. Made by artists in the merchandising group (newly offered), these shirts were designed by each of the five participants and incorporated their own unique styles. The group used the software Canva to create their designs all while discovering how to use the technology. The group then printed their designs and used a heat press to adhere their logos on the front. Each shirt was then hand dyed creating a one of kind wearable art piece.

The jewelry making group was offered this session, focusing on producing handmade beads for bracelets, earrings, and necklaces. These pieces will be included in the next pop-up sale. The group also explored making pieces with other beads and practiced using tools to create loops and knots. This group was popular and comments requested to return for future group sessions.

As mentioned, the candle and soap making groups were busy with the seasonal shift to spring/summer and enjoyed creating new labels for products using the Canva design software. Volunteering at the IDEA store was a popular group for some artists who purchased items from the store for their own arts and crafts. This group was co-lead by a participant who expressed interest in leadership and has been building experience in communicating with store coordinators on projects and updates.

Music expression continued to be popular by continuing the Make Your Own Instruments Group. Participants have made various percussion instruments from found objects and have been bringing these in each week after producing them last quarter. Some new instruments have been produced as well as projects made by first time participants of this group.

Various painting opportunities continued in preparation for future pop ups and another scheduled art show in the fall. Participants are able to work on their own pieces or follow along with the instructor at their own pace.

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

- * Agency **Developmental Services Center**
- * Board **Developmental Disabilities Board**
- * Program **Employment First (2022 Quarter 4)**
- * Period **2022 - Fourth Quarter PY22**

Status Submitted [Change Status] to Submitted v
 Date Submitted 08/15/2022 10:21 AM
 Submitted By VICKIE2010

| Quarterly Data (NEW Clients) | Annual Target | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Other Treatment Plan Clients (TPC) |
|------------------------------|---------------|---|---------------------------------|-------------------------------|------------------------------------|
| 13 | 25 | | | | |

Comments o Employers trained were:

- *Art Coop – 61801; Attended a virtual LEAP training on 04/21/22. The owner and co-owner were in attendance for the LEAP training session.
 - *Champaign Park District: 61821 – Champaign-Urbana Special Recreation was LEAP re-trained on 04/12/22. Seven supervisors were in attendance for the in-person training. Those in attendance included employees from the following departments: HR, Horticulture Supervisor, Adult Program Coordinator, Receptionist and Youth & Teen Coordinator.
 - *Premier Employee Solutions- 61821; LEAP trained on 04/13/22. The Brand Manager of Premier Employee Solutions was in attendance for the in-person training.
 - *OSF Heart of Many Medical Center- 61801; LEAP trained on 04/19/22. Seven employees were in attendance for the hybrid training. Most employees were present for the in-person training, but two individuals watched the presentation via Zoom. Those in attendance included employees from the following departments: Hospital President, Director of Physician Services, Chief Nursing Officer, Director of Employee Relations, and VP Ancillary & Support Svcs.
 - *Malgreens (Village at the Crossing) – 61822; LEAP trained on 04/19/22. The Store Manager was in attendance for the in-person training.
 - *CVS (Philo Rd.) -61802; LEAP trained on 05/06/22. The Store Manager was in attendance for the in-person training.
 - *Champaign Park District – 61821; Frontline Staff Training on 05/23/22. The Champaign-Urbana Special Recreation "Summer Program Staff" and "Summer Camp Program Directors" were in attendance for the training. A total of 9 staff members were present during the training.
 - *Applied Pavement Technology Inc.- 61801; LEAP Trained on 05/26/22. The Human Resources Manager was in attendance. The training took place virtually.
 - *Roaming Fox Media- 61801; LEAP trained on 05/26/22. The Director of Operations was in attendance for the training. The training took place virtually.
 - *The Illini Radio Group-61821; was LEAP trained on 05/26/22. The General Manager attended the training. The training took place virtually.
 - *G-Mart Champaign – 61820; The staff attended the Frontline Staff Training on 06/07/22. The Manager was in attendance along with two Associates. The training took place in-person.
 - *Aligned Serenity – 61801; LEAP Trained on 06/20/22. The training was attended in person by the Owner of the company.
 - *Adams Outdoor Advertising – 61821; FLS training on 06/23/22. The training was attended by one Account Executive with the company.
- o The LEAP Coordinator attended at least 14 trainings/educational meetings/community events this quarter to learn about the community and promote the program.

101

- o Impacts of the LEAP Program
 - LEAP Coordinator introduced G-Mart Champaign to an Employment Specialist at DSC to discuss possible job opportunities for a jobseeker. G-Mart Champaign is a FLS trained business that was trained this quarter.
 - Walgreens (Village at the Crossing), hired a jobseeker through DSC this quarter for a janitorial/maintenance position. Walgreens (Village at the Crossing) is a LEAP trained business, and they were trained this quarter.
 - LEAP Coordinator spoke to Roaming Fox Media about creating a job carved remote position for a jobseeker. Roaming Fox Media is in the process of "creating the position." Roaming Fox Media was LEAP trained this quarter.
 - Goodwill (Savoy) hired a jobseeker this quarter through Community Choices. Goodwill (Savoy) was LEAP trained in 2018.
 - Urbana Park District hired a jobseeker this quarter through Community Choices. Urbana Park District was most recently LEAP trained in 2021.
 - Champaign Park District (CURS) hired a jobseeker through Community Choices. CURS completed the frontline staff training and LEAP (retraining) this quarter.
 - Best Western management completed the LEAP training in 2019. DSC placed a jobseeker at Best Western Plus Champaign/Urbana Inn this quarter.
- o Program Development
 - The Champaign County Directory of Disability-Inclusive Employers had the soft launch take place on 06/27/22. DSC and Community Choices worked with various media outlets in the community to spread the word about the directory. The following media outlets were used: WCIA "Community Counts," "FOCUS" (Illini Radio Group segment), and "Disability Beat" (WEFT radio Monday evening segment). DSC and Community Choices have additional media appearances set for the month of July 2022 such as: "CI Living" and "Penny for Your Thoughts" (WDWS segment).
 - The "Take the LEAP Podcast" recorded the first episode, which is going to be released on 07/01/22. A new episode will be launched once per quarter. The podcast will highlight businesses in Champaign County that have shown great success in working with the disability community. Each episode focuses on a different topic such as: benefits of hiring jobseekers with disabilities, accommodations, accessibility, inclusion, and job carving. The businesses will share their true experiences on how hiring a jobseeker with a disability not only helped their business succeed, but made their work environment more inclusive, diverse and innovative.

Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

Agency **Developmental Services Center**

Board **Mental Health Board**

Program **Family Development**

Period **2022 - Fourth Quarter PY22**

Status Submitted [Change Status] to Submitted v

Date Submitted 08/20/2022 10:32 AM

Submitted By VICKIE2010

| | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Other Clients (TPC) |
|------------------------------|---|---------------------------------|-------------------------------|---------------------|
| Annual Target | 15 | 200 | 0 | 655 |
| Quarterly Data (NEW Clients) | 5 | 30 | 0 | 61 |

103

Family Development (FD) added a second developmental play group—groups run Monday afternoons and Thursday mornings at Salt & Light in Urbana. Developmental play group is a semi-structured time when children ages birth-five with developmental delays and/or differences can come and explore fun activities in a stress-free environment. Parents are able to network and visit with other parents who have children with developmental differences. Developmental play group is led by a developmental therapist and developmental screening specialist. Additionally, weekly park play dates were initiated every Wednesday beginning the first week of June at Hessel Park. Park play dates are a time for families involved in either our prevention initiative Parent Wonders program or connected to our early intervention services (through therapy, screening, family support, etc.) to interact and enjoy time outside with other children and families.

Comments DSC's developmental screening specialist continues to collaborate with Salt & Light to offer monthly developmental screenings the third Wednesday of every month. The developmental screening specialist in partnership with developmental therapists and our newly hired occupational therapist have also conducted mass developmental screenings at two daycares in Champaign County to assist in child find efforts and aide the daycare in better assisting the children. Referrals to local Child & Family Connections office and Champaign County Home Visiting Consortium are frequently initiated following screenings to assist families in connecting with various community resources and supports.

FD also assisted in the CU Autism Walk and Champaign-Urbana Public Health District Health Fair this quarter.

Status Changed X

Instructions

Quarterly Program Activity / Consumer Service Report (Return to Quarterly Reports)

Agency Developmental Services Center

Board Developmental Disabilities Board

Program Individual and Family Support (2022 Quarter 4)

Period 2022 - Fourth Quarter PY22

Status Submitted [Change Status] to Submitted

Date Submitted 08/19/2022 04:09 PM

Submitted By VICKIE2010

| | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Other Treatment Plan Clients (TPC) |
|------------------------------|---|---------------------------------|-------------------------------|------------------------------------|
| Annual Target | 2 | 8 | 32 | 17 |
| Quarterly Data (NEW Clients) | 2 | 3 | 0 | 2 |

104

Comments The Individual and Family Support Program continues to provide services and support to individuals and their families through direct staff support, personal care; development of daily living skills; behavior management; social and communication skills; as well as integration in community activities. This program provides a unique, individualized support network to the individuals and their families.

Concerning the Interim Direct Support part of the program, an increase in providers onboarding to work with families was noted since the early days of the pandemic. Families have also been signing up their son or daughter for camps this Spring/Summer.

Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports\)](#)

- # Agency **Developmental Services Center**
- # Board **Developmental Disabilities Board**
- # Program **Service Coordination (2022 Quarter 4)**
- # Period **2022 - Fourth Quarter PY22**
- Status Submitted

[Change Status] to Submitted v

Date Submitted 08/15/2022 01:03 PM
Submitted By VICKIE2010

| | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Treatment Plan Clients (TPC) | Other |
|------------------------------|---|---------------------------------|-------------------------------|------------------------------|-------|
| Annual Target | 2 | 75 | 36 | 280 | |
| Quarterly Data (NEW Clients) | 1 | 6 | 0 | 6 | |

105

Comments
Coordinates services by creating pathways to needed services and working with the team to integrate care. Facilitates delivery of services. Linkage and referral to community resources; Establishing and maintaining benefits: SNAP, Medical, and Social Security; Shelter Plus Care Coordination; 24 hour emergency response team participation and supervision; Social Security Representative Payee services; Medical appointment coordination and intermittent direct support with Medical; Continued strong advocacy to doctor's/nurses to ensure a person's voice is heard and respecting they retain their rights; Assistance with housing needs, resources, and advocacy-working hard to prevent homelessness; Assisting with urgent financial circumstances (benefits and employment, etc.); Assisting with linkage for legal support and providing advocacy and support to people with legal concerns/police/court; Assisting in transitions from services when deemed necessary and helping to make a smooth comfortable transition; Collaborating with team and outside resources to see how best to support changing needs such as, mental health or cognitive changes; Grocery shopping and nutrition guidance; Increase individual's ability for self-management and decision-making; Documentation management; Actively supports measures that prioritize the individual's needs and promotes the effective use of resources; Intervenes by arranging for services, and by providing psychosocial support to the individual and their family; Provides individual/family advocacy; Strives to maximize continuity of care; Communicates with providers who are delivering care and services for the purpose of maintaining the quality of care; Coordinate case conferences as needs arise to help support people the best we can; Increase individuals ability for self-management and decision making; Review Implementation Strategy Ongoing Supports and provide monthly summaries of services; Ensuring agency policies and procedures are being followed; Working to coordinate a smooth transition with ISC for new people referred and coordinating a timely plan process.

▶ Instructions

Quarterly Program Activity / Consumer Service Report

[\(Return to Quarterly Reports \)](#)

- Agency **PACE, Inc.**
- Board **Developmental Disabilities Board**
- Program **Consumer Control in Personal Support (2022 Quarter 4)**
- Period **2022 - Fourth Quarter PY22**

Status Submitted

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

Date Submitted 08/26/2022 01:11 PM

Submitted By SHERRY

| | Community Service Events Service / Screening Contacts (CSE) | NON-Treatment Plan Clients (SC) | Treatment Plan Clients (NTPC) | Other Clients (TPC) |
|------------------------------|---|---------------------------------|-------------------------------|---------------------|
| Annual Target | 12 | 200 | 30 | 0 |
| Quarterly Data (NEW Clients) | 4 | 117 | 6 | 0 |
| | | | | 1 |

106

PACE offered orientations via zoom and 1:1 appointments at PACE's office during this quarter to recruit PSWs. Due to the decrease inquiries of potential PSWs, we are currently running PSW Indeed job postings, Facebook postings and attending community events to attempt to recruit PSWs.

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

Comments

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

PACE continues to offer quarterly PSW advisories to provide an extra opportunity for consumers and PSWs to get connected and discuss topics about the PSW program. The last online PSW advisory occurred on, Friday, June 3, 2022. PACE also participated in Committee on Aging's Annual Summer Senior Event presented by Health Alliance.

For the Fourth Quarter PY22, PACE has sent out two(2) PSW referrals

PY2022
Service
Data
Charts

CCRPC - Community Services

Decision Support Person \$311,489

PY22

308 people were served, for a total of 3,600 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



108

CCRPC - Head Start/Early Head Start

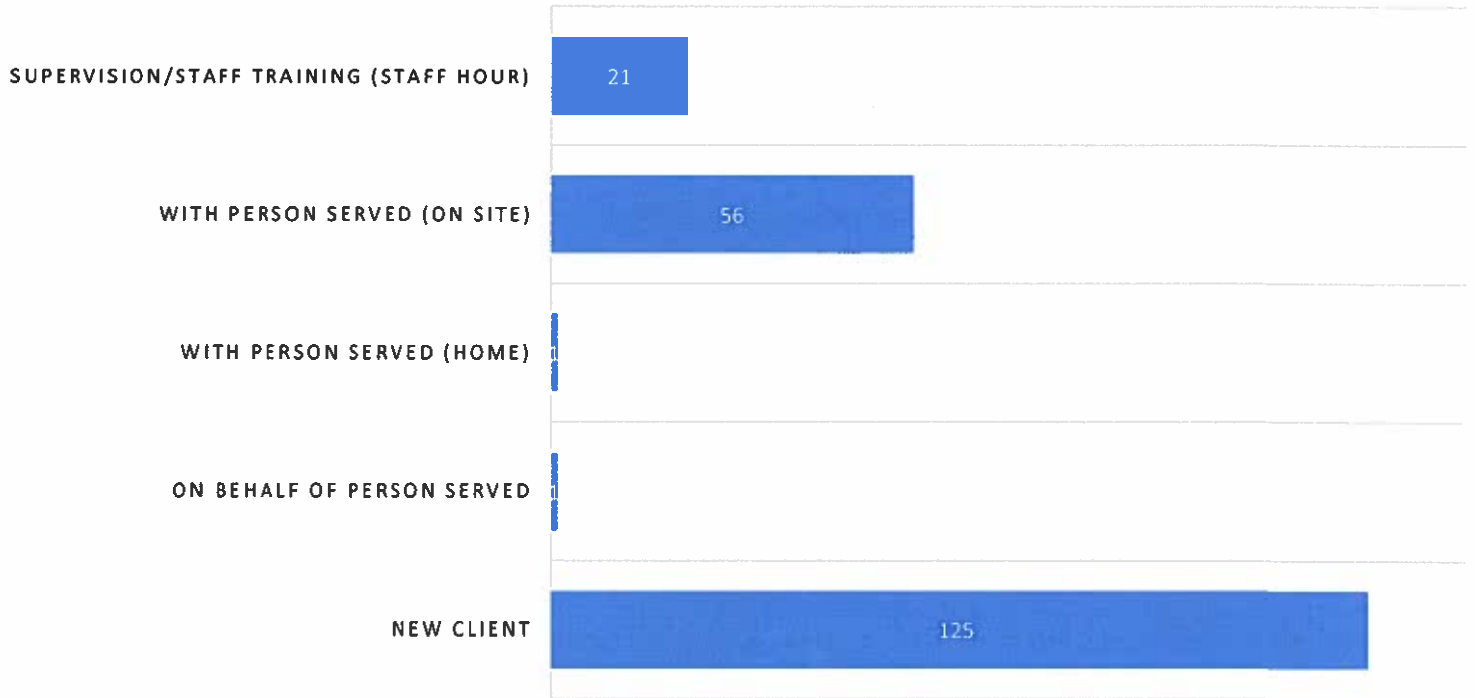
Early Childhood Mental Health Svs \$121,999

PY22

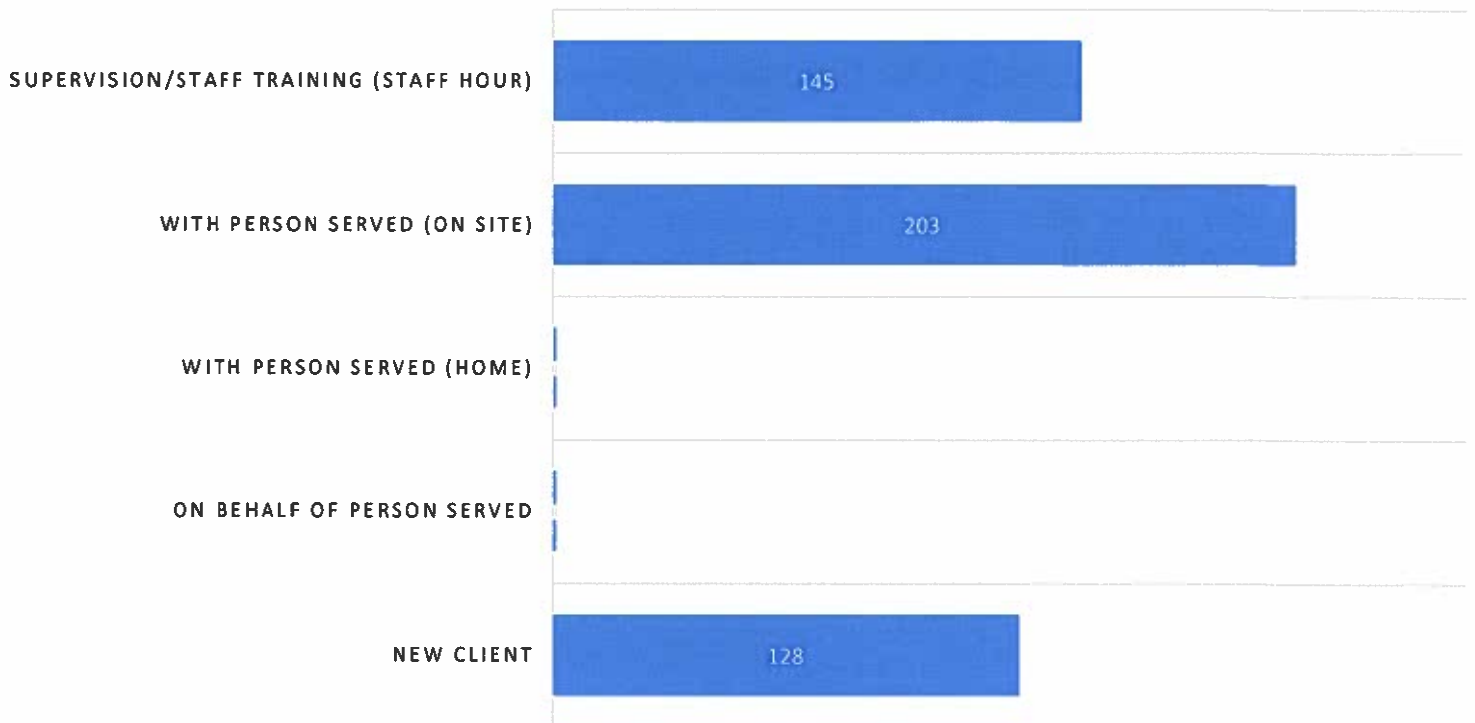
DDB & MHB

151 people were served, for a total of 478 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



Community Choices

Customized Employment \$201,000

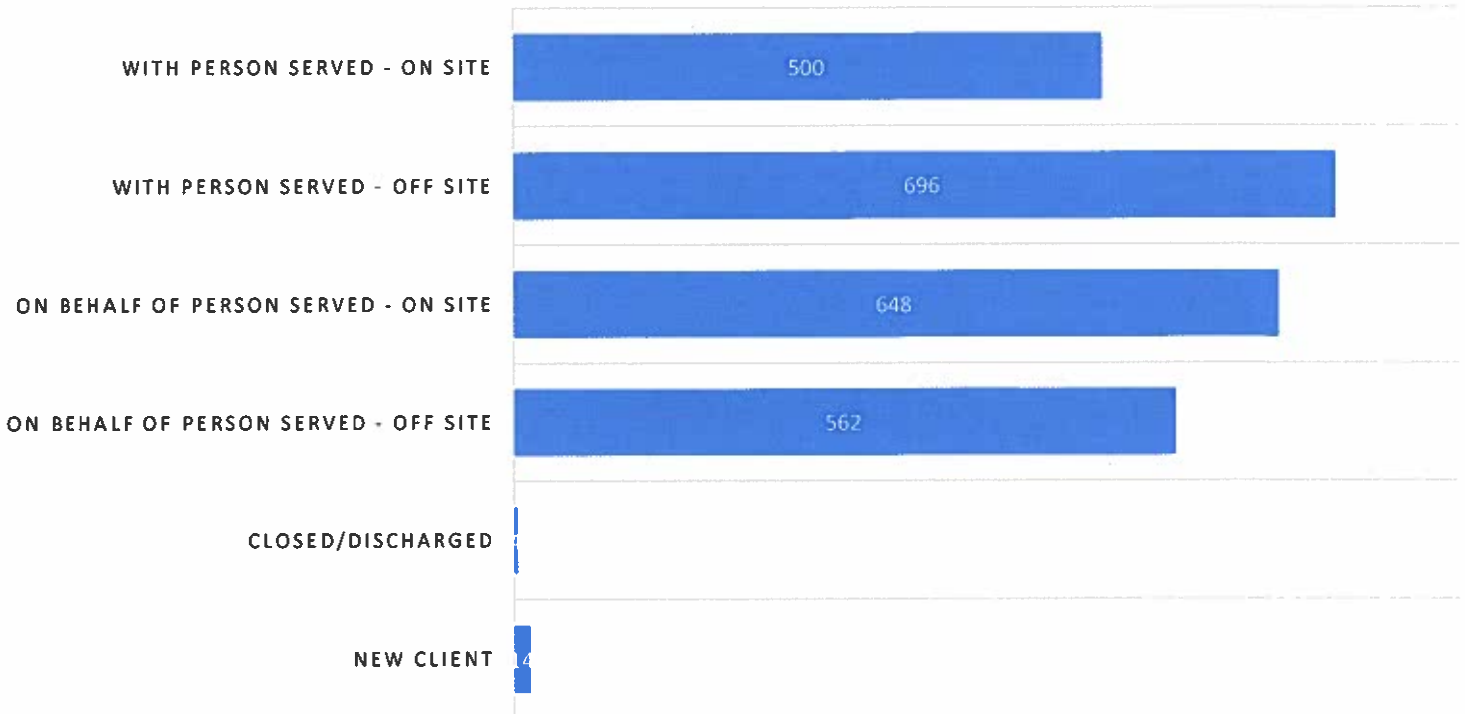
PY22

41 people were served for a total of 2,424 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



Community Choices

Community Living \$201,000

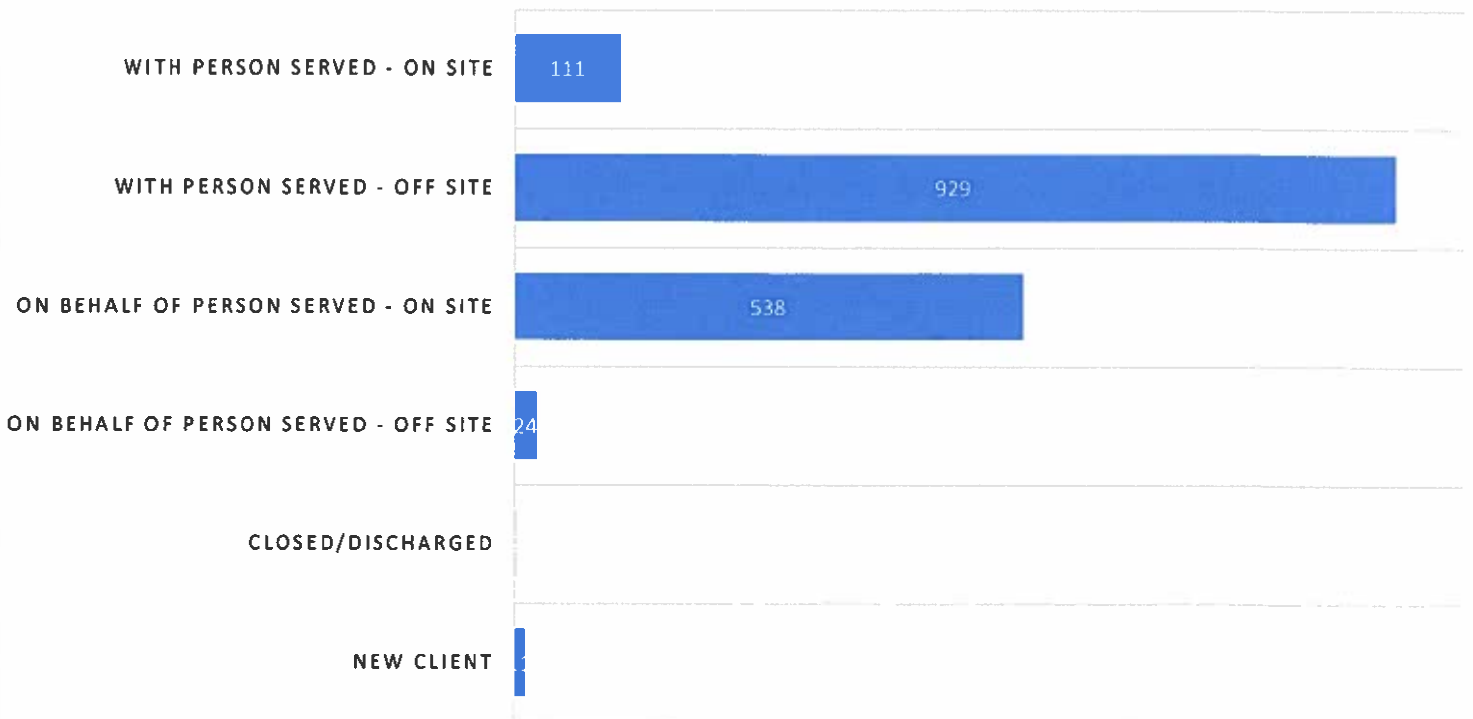
PY22

28 people were served for a total of 1,615 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



DSC

Clinical Services \$174,000

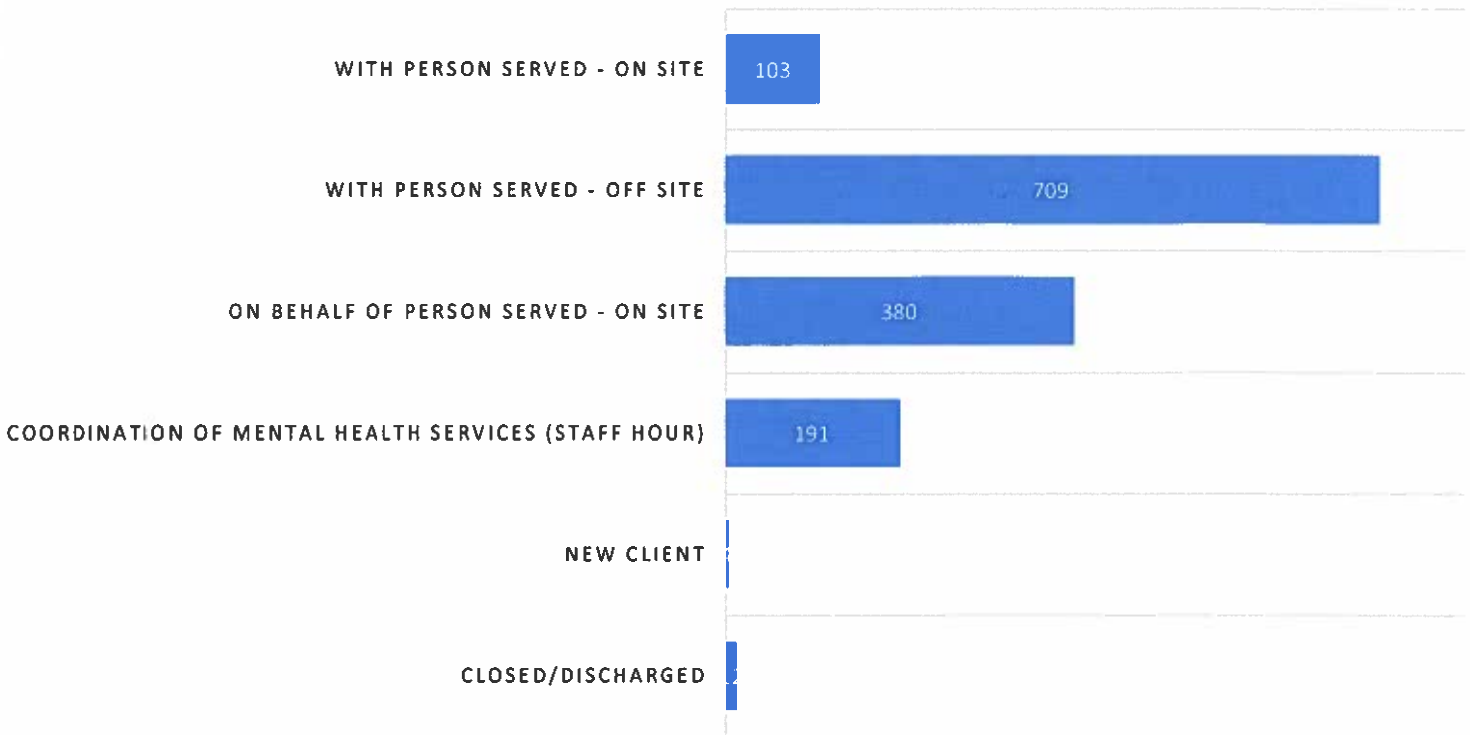
PY22

65 people were served for a total of 1,399 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



DSC

Community Employment \$361,370

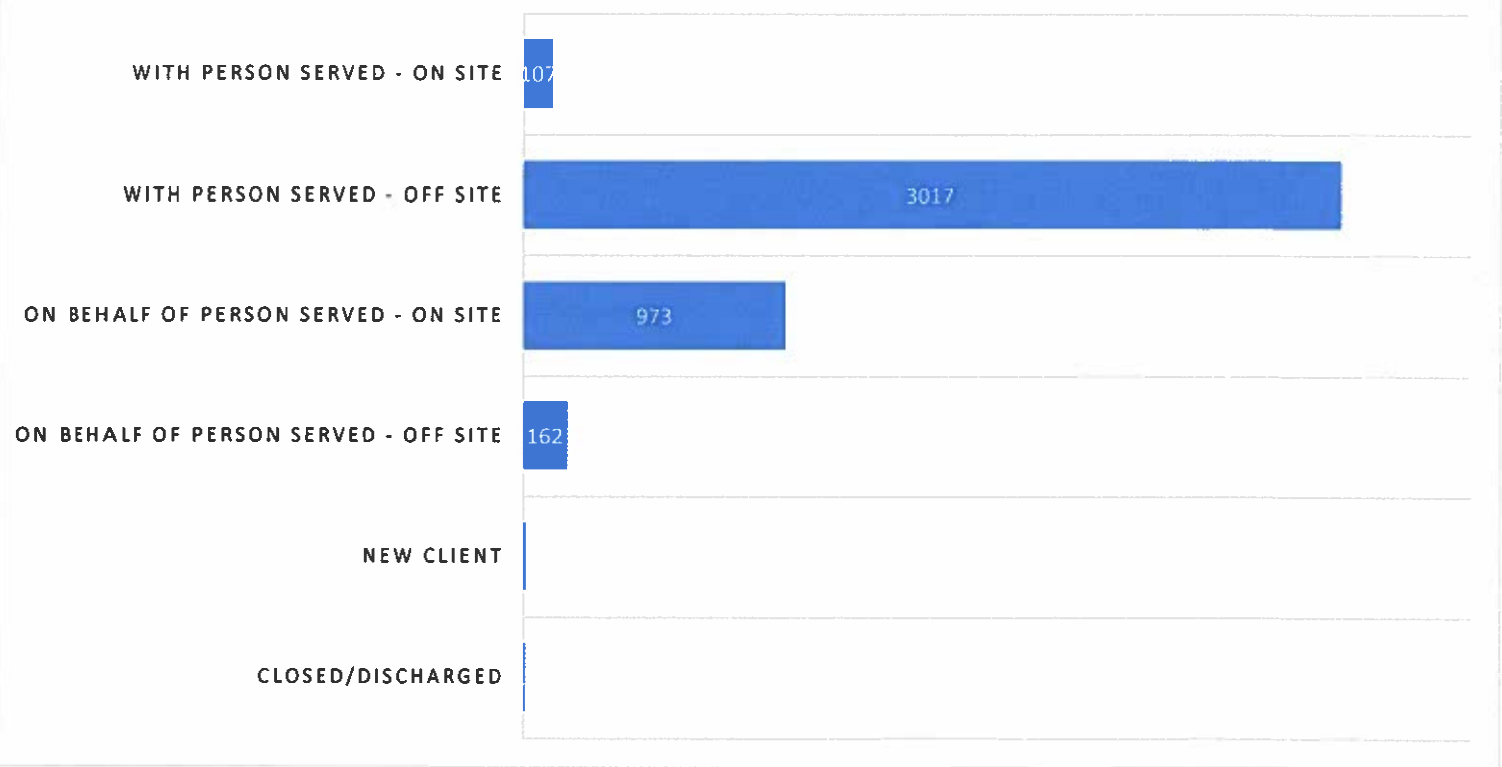
PY22

70 people were served for a total of 4,282.25 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



DSC

Community First \$847,659

PY22

44 people were served, for a total of 19,596 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



114

DSC

Community Living \$456,040

PY22

49 people were served for a total of 8791.50 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



115

DSC

Connections \$85,000

PY22

29 people were served, for a total of 4,922 hours

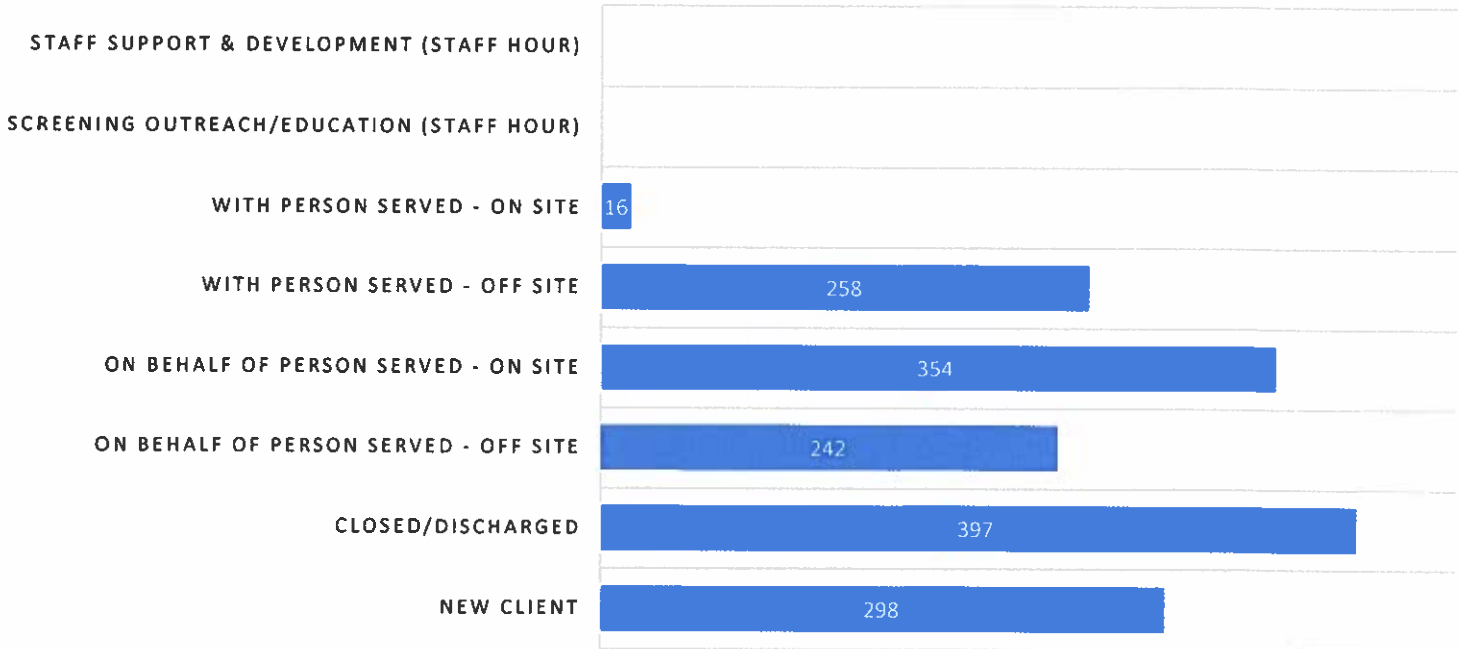
PARTICIPANTS PER SERVICE ACTIVITY



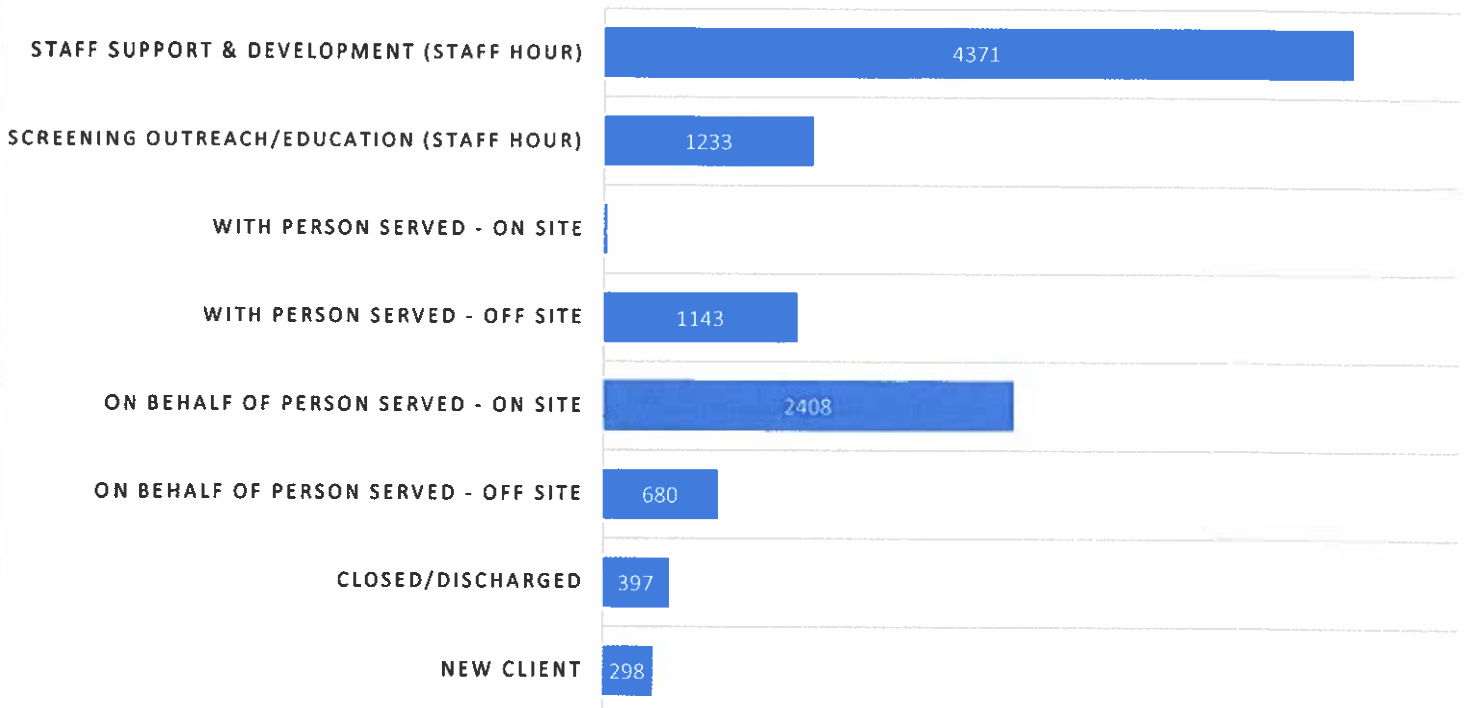
HOURS PER SERVICE ACTIVITY



PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



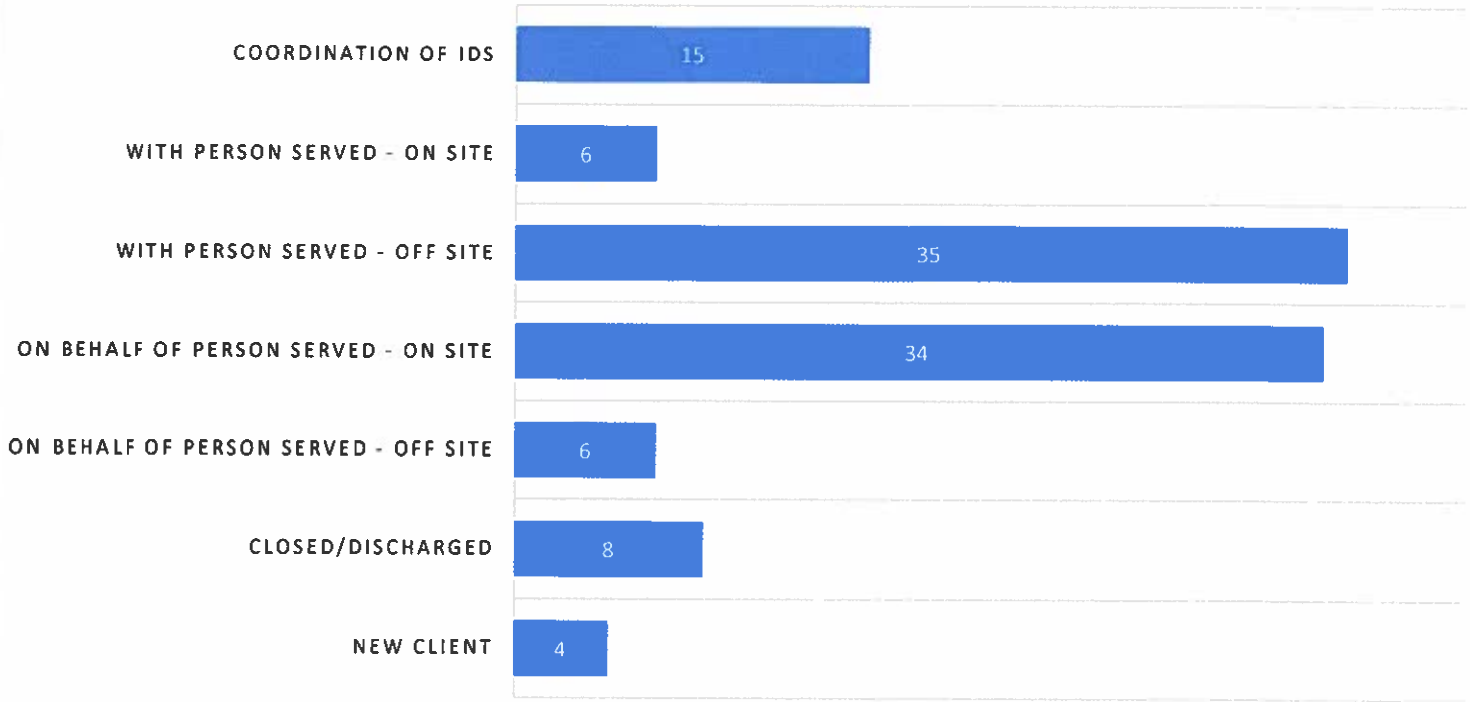
DSC

Individual & Family Support \$429,058

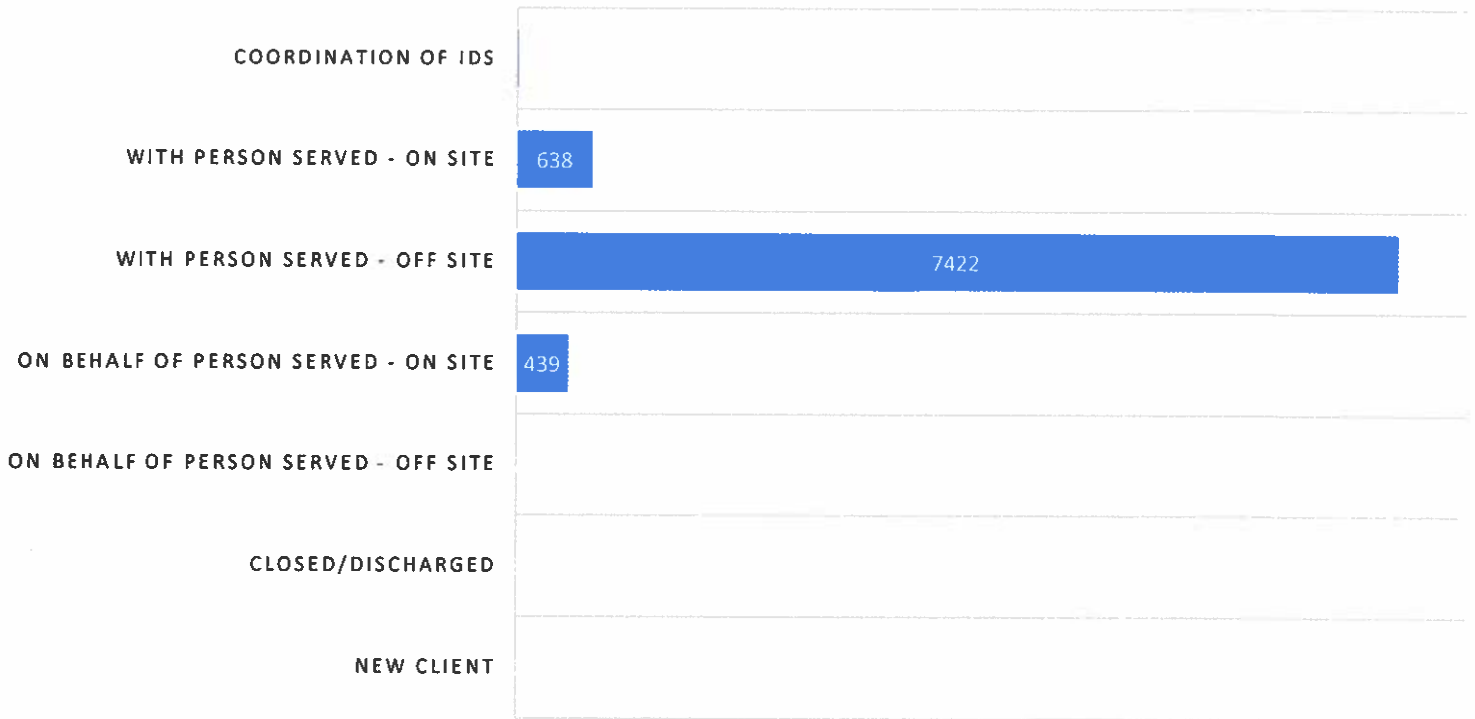
PY22

39 people were served for a total of 8,535.25 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



118

DSC

Service Coordination \$435,858

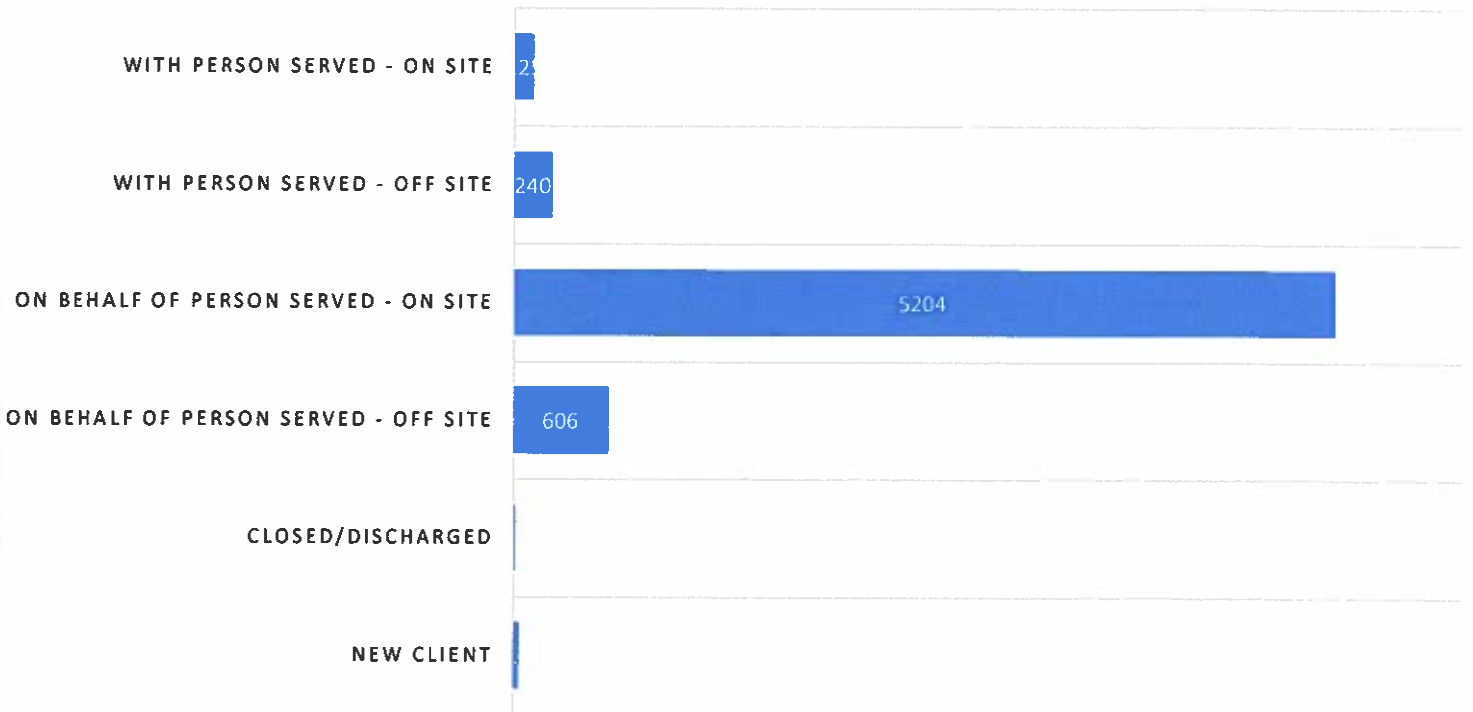
PY22

243 people were served, for a total of 6,235.25 hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



119

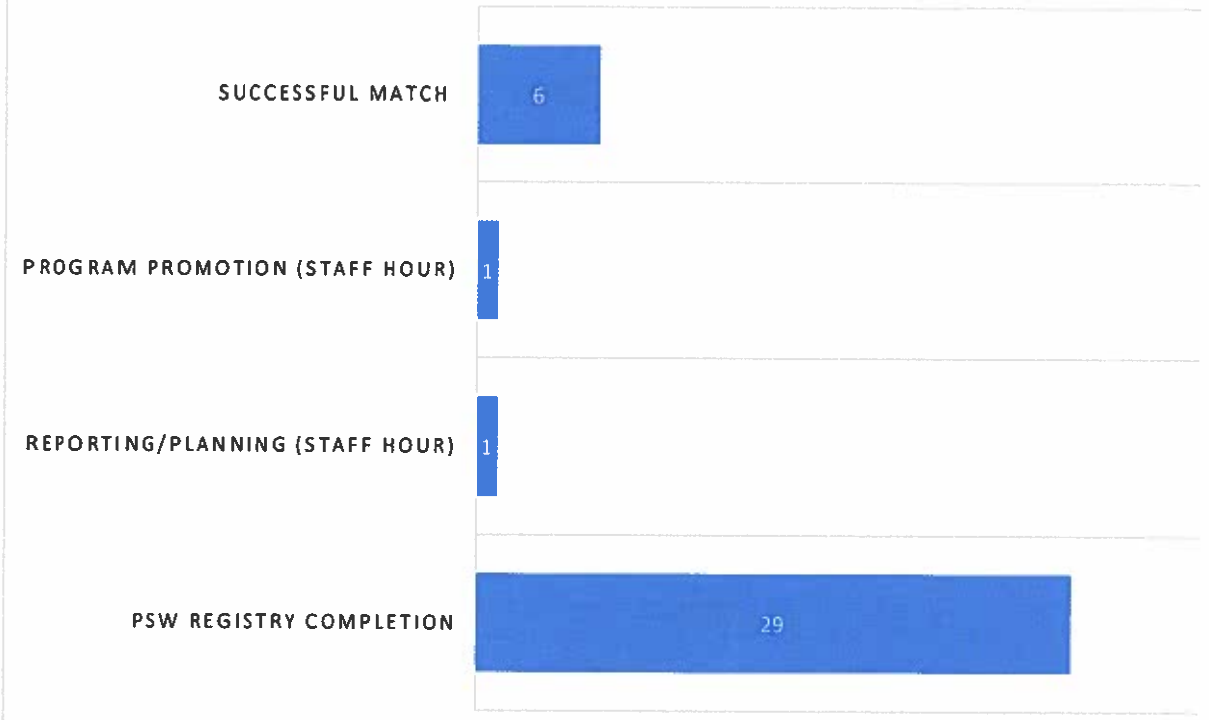
PACE

Consumer Control in Personal Support \$24,267

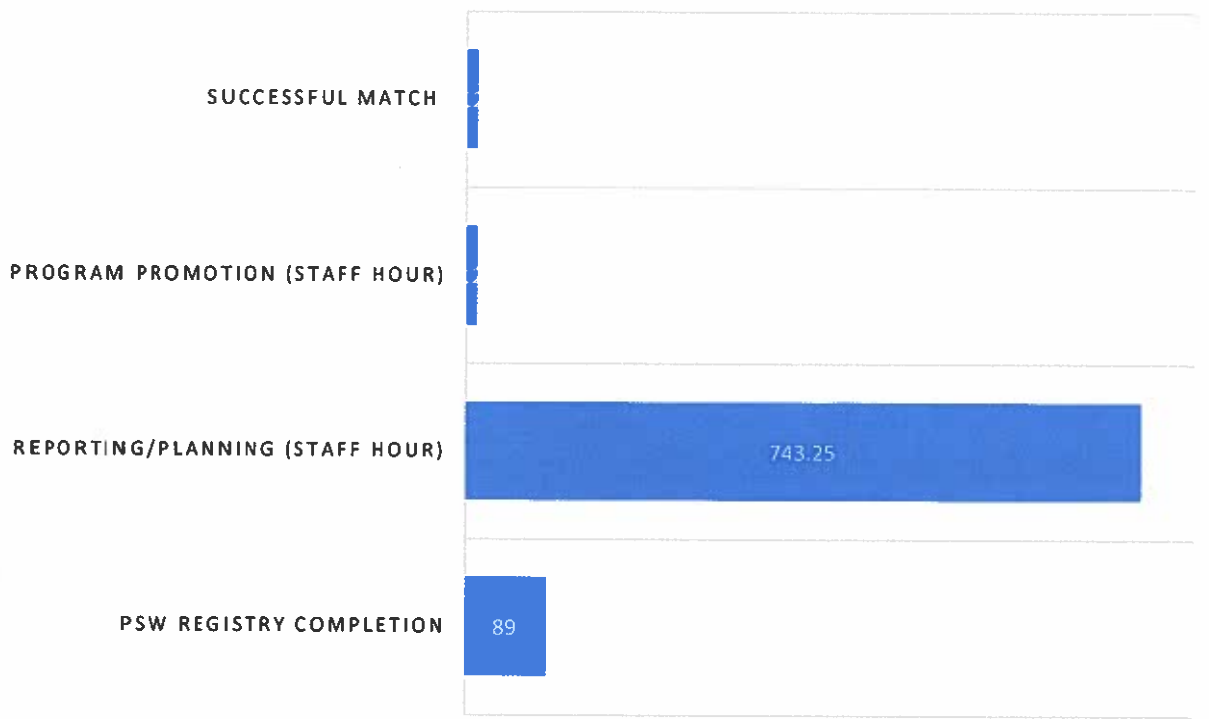
PY22

29 PSWs registered, 856.25 total program hours

PARTICIPANTS PER SERVICE ACTIVITY



HOURS PER SERVICE ACTIVITY



120

From the CEO

#N.C.

Greetings Stakeholders!!

I hope you are doing well, and I hope you had a fantastic Spring and start of Summer!! Please contact me (cworkman@pathcrisis.org) if there is anything specific you would like to see me address in future quarterly letters. I have provided some general updates below that may be of interest to everyone.

Updates:

- PATH Inc. has moved into our new state of the art call center facility for 211 and 988. This facility was purpose-built as a call center by its previous owners. It features an automatic power generator for power outages and redundant fiber optics, where should one go down the other turns on automatically. Since we use soft phones, these features allow us to provide even better 211 services to your populations.
- 211 Legislation - As I'm sure you've heard by now, the General Assembly placed a line item in the State of Illinois budget at the request of the Illinois 211 Board. The legislation provides funds to expand 211 to the final thirty (30) counties, all rural, in Illinois. PATH Inc. has been approached about providing these services and we are currently awaiting further details. If this occurs, we anticipate numerous staffing opportunities for the 211 call center and a reduction in the use of volunteer labor.

From the CEO, continued

- Just a reminder that effective July 1st, please direct your community members to call 988 or 1-800-273-8255 for mental health/crisis intervention calls. While 211 operators will continue to be trained in de-escalation techniques and continue to assist individuals who need resources and a friendly voice of assistance, 988 will provide the mental health/crisis intervention.
- We would like to welcome Henderson and Mercer Counties to PATH Inc. 211. And we also welcome Will County to PATH Inc. 211. That went live effective June 1, 2022.

Best Regards,



Chris Workman
CEO PATH Inc.



Champaign County

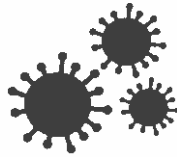
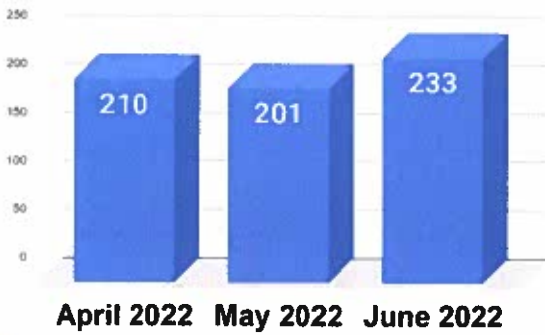


Overview

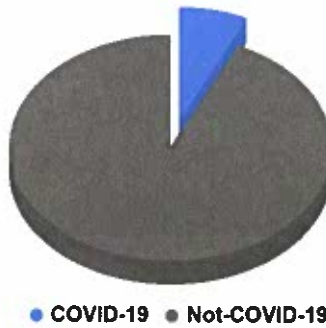
- ✓ Total Calls
- ✓ COVID-19
- ✓ Total Texts
- ✓ Time Stats
- ✓ Service Level
- ✓ Contact Needs
- ✓ Who's Calling
- ✓ Follow-Ups
- ✓ Referral Source
- ✓ PATH Page
- ✓ Links/Resources



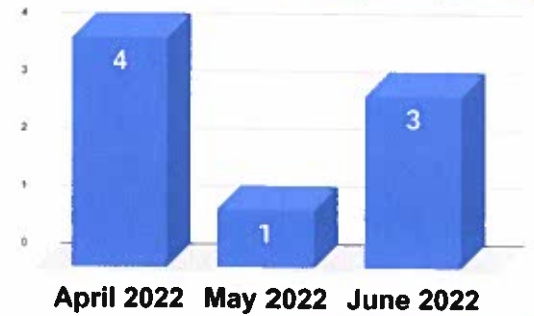
211 Calls



COVID-19 Contacts



211 Texts



644
Total Calls
Champaign County

44
Contacts related to
COVID-19

8
Total Texts
Champaign
County

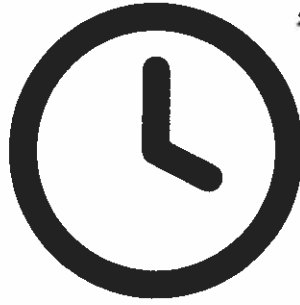
123

Time stats, Service Level

Average Handle Time

9:41

United Way 211 Calls

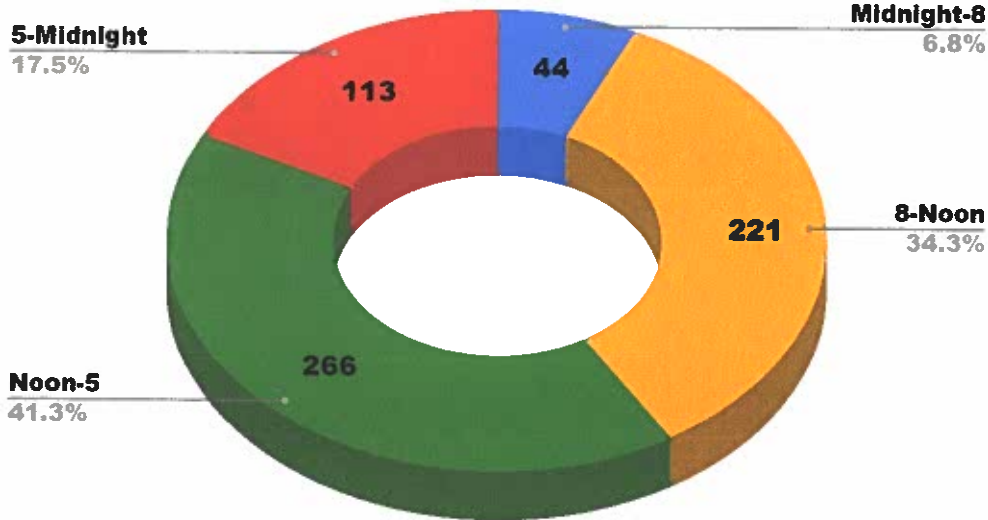


Average InQueue Time

46 Sec

United Way 211 Calls

Call Time



Note: Chart describes the distribution of calls received during 4 different time periods:

1. Early morning hours (12am-8am)
2. Morning business hours (8am-12pm)
3. Afternoon business hours (12pm-5pm)
4. After hours (5pm-12am)

Service Level

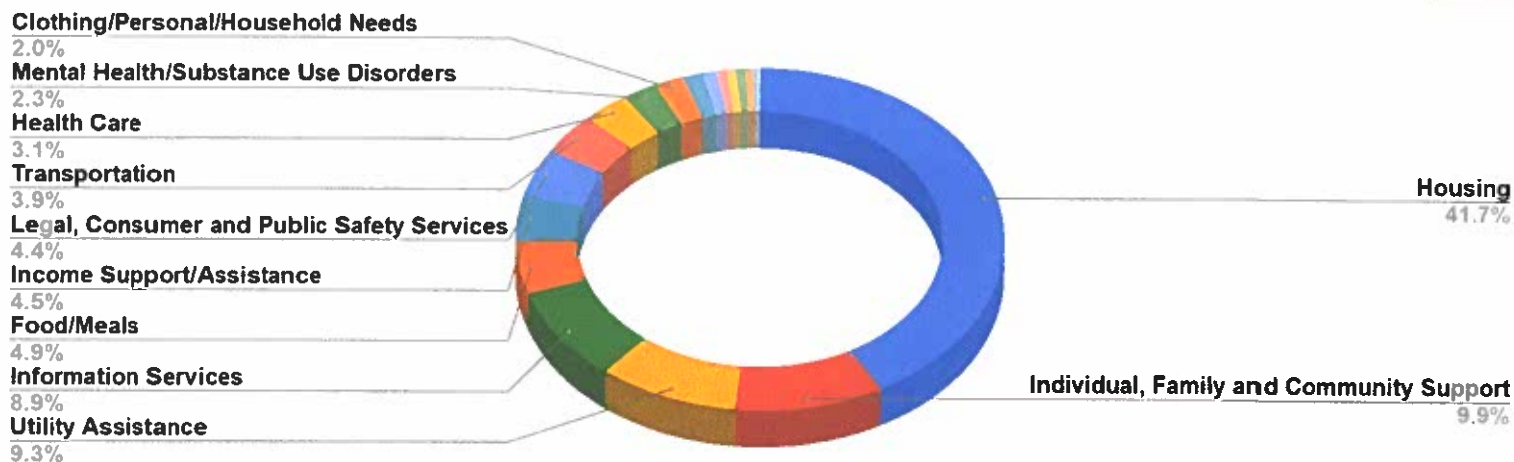
✓ 84.96 % (United Way 211)



Service Level % = Percentage of calls answered within 90 seconds. Goal 80%

Contact Needs

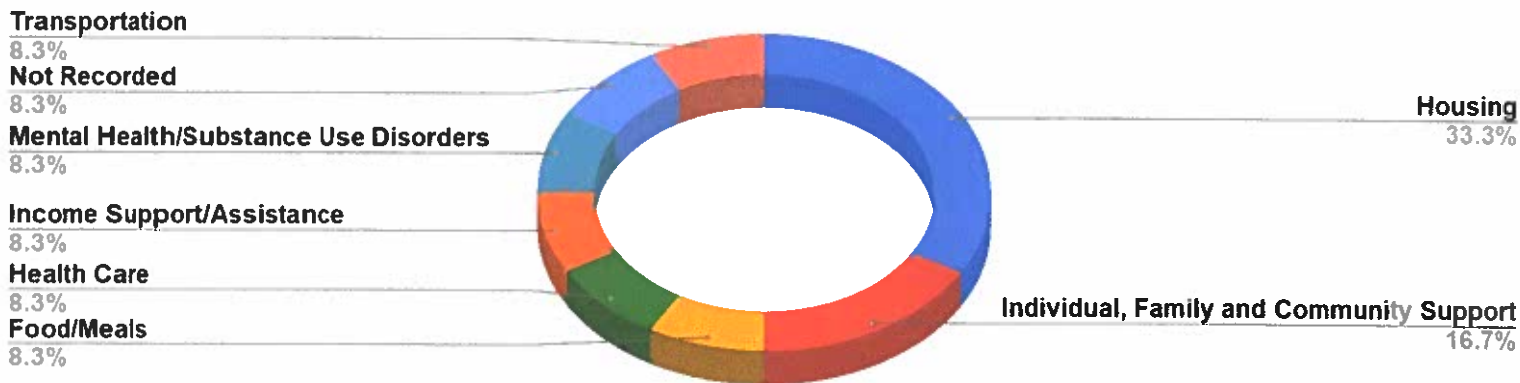
AIRS Problem Needs - Call



Note:

- **AIRS** - The Alliance of Information and Referral Systems. "AIRS is the driving force behind the delivery of quality I&R services and the sole source for standards, program accreditation and practitioner certification for the I&R sector." ([AIRS home page](#))
- **AIRS Problem Needs** - AIRS list of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

AIRS Problem Needs - Text

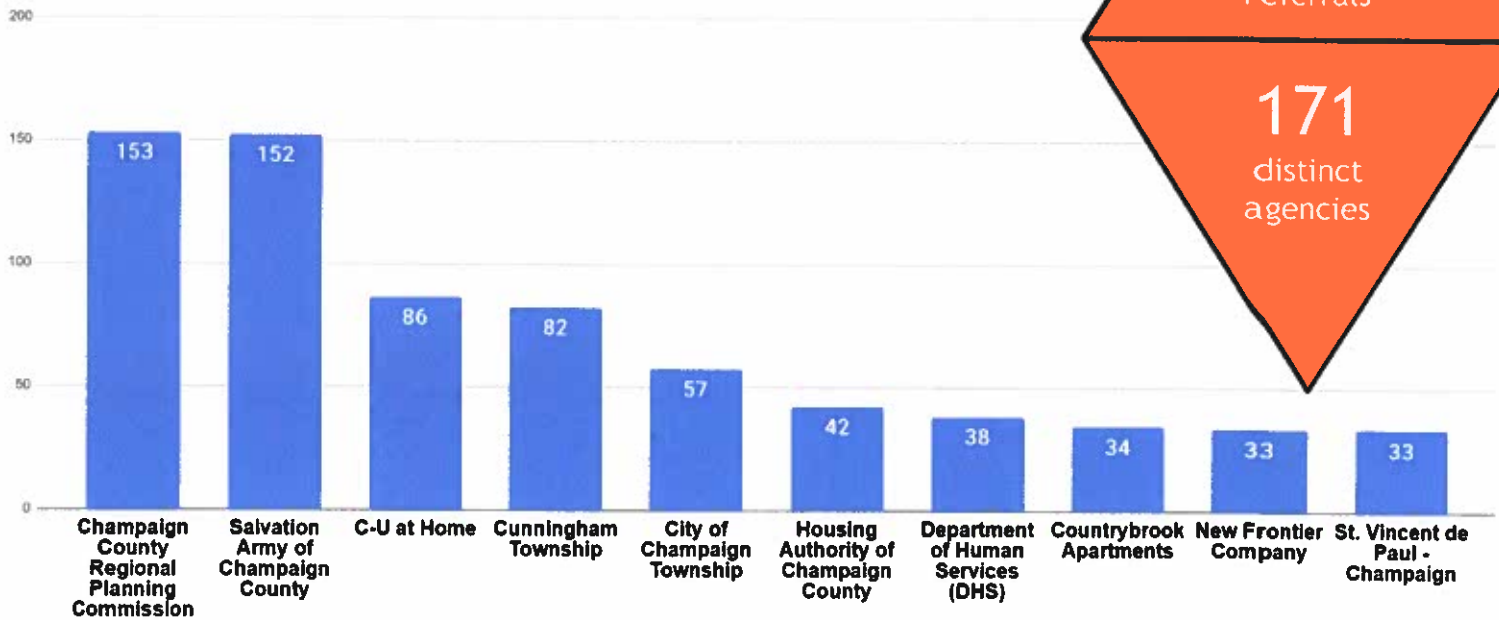


Note: Champaign County received eight (8) total 211 texts. This chart describes the percentage of AIRS Problem Needs recorded on the 211 text-line.

125

Contact Needs Cont.

Top 10 Agency Referrals

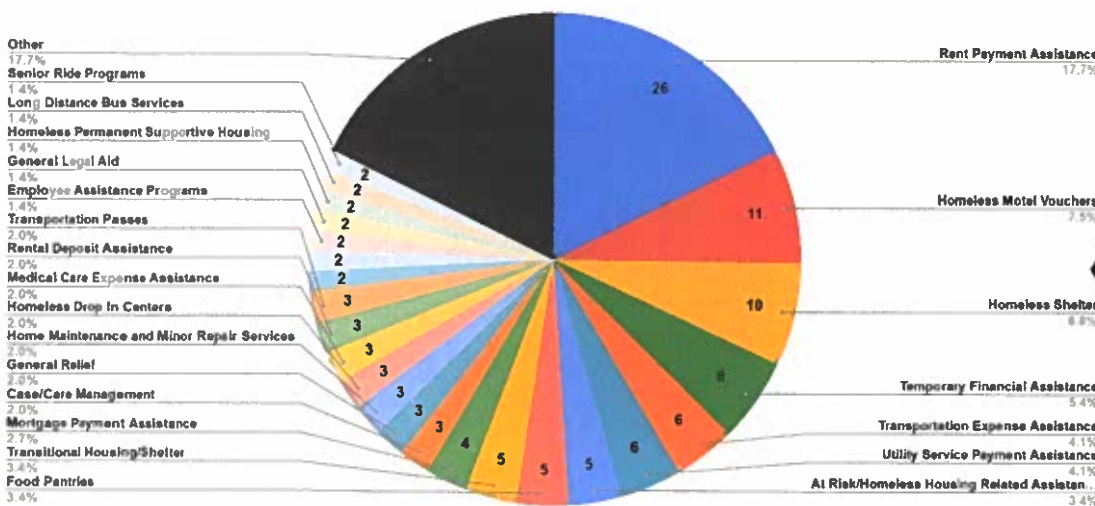


1,806
total referrals

171
distinct agencies

Note: 1,806 total referrals were made in Champaign County across 171 distinct agencies. This chart displays the top ten agencies by referral count. Refer to the "Raw Data" link at the end of the report for the complete list.

Unmet Needs



147
total unmet needs

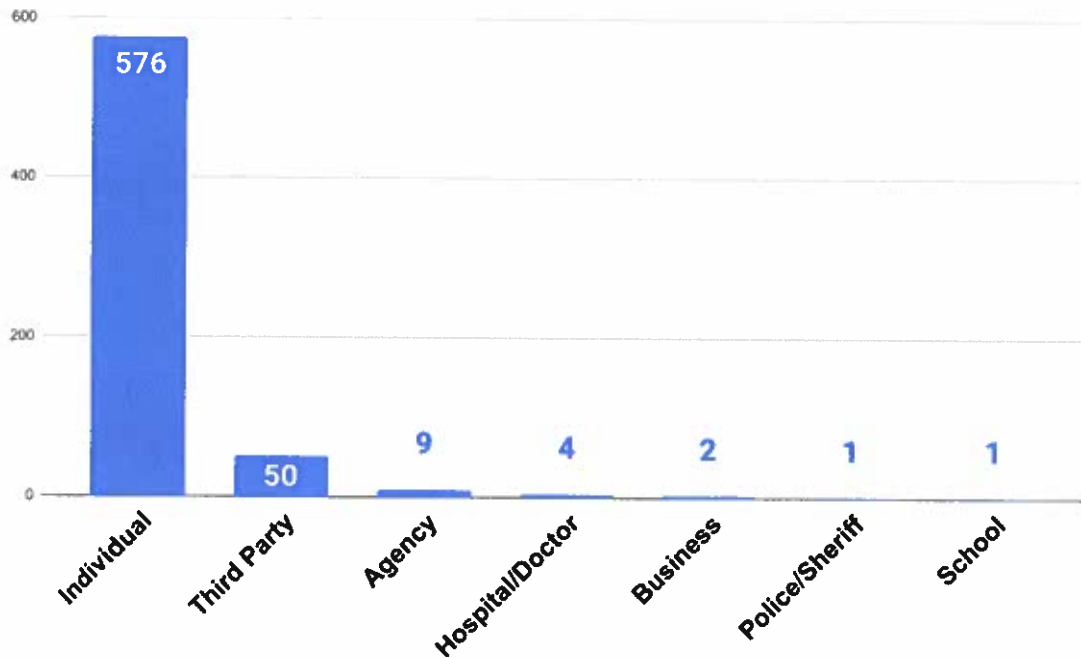
50
distinct categories

Note: 147 total unmet needs were recorded in Champaign County across 50 distinct categories. Refer to the "Raw Data" link at the end of the report for the complete list.

126

Who's Calling

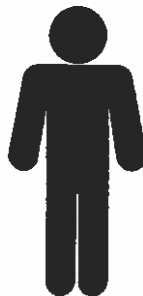
Contact Person Type



Note: Contact Person Type describes the 211 caller and their role in contacting I&R services.



68.3%
Female



29.5%
Male



2.6%
Unknown



11
Spanish 211 calls



0.6%
Minor
<18



79.2%
Adult
18-54

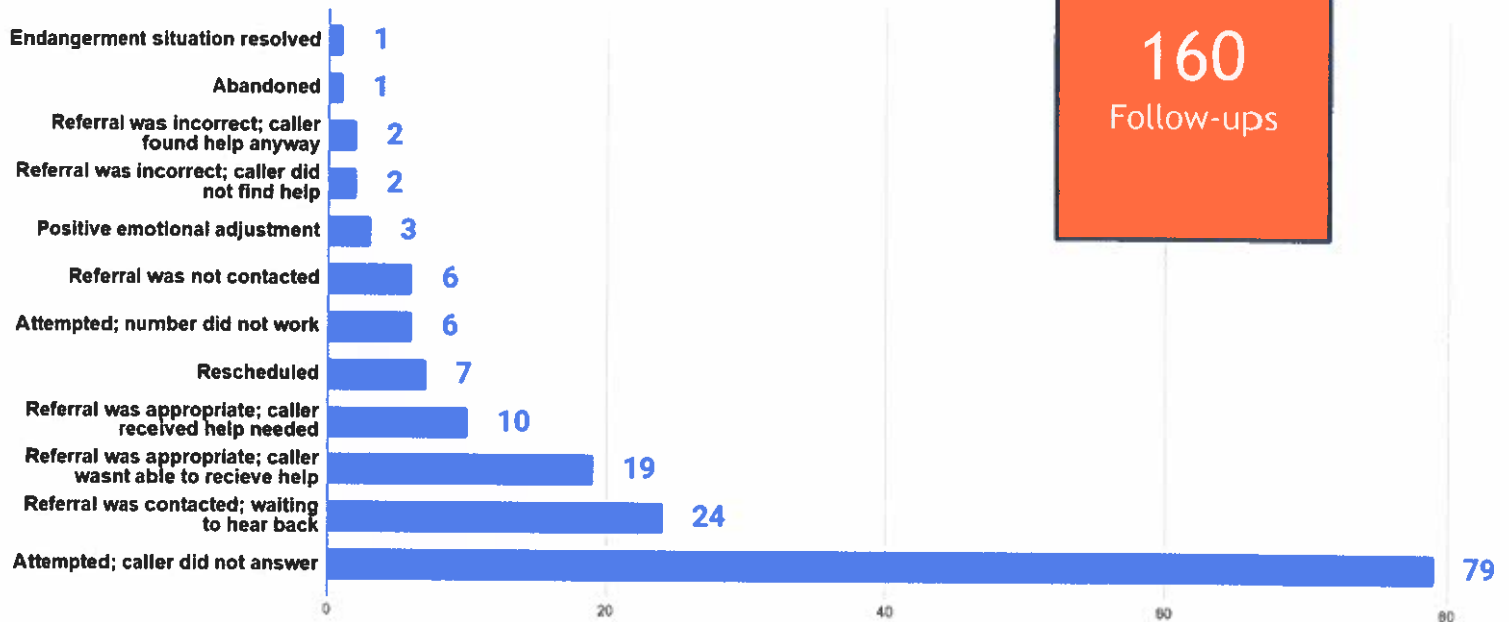


20.2%
Older Adult
55+

127

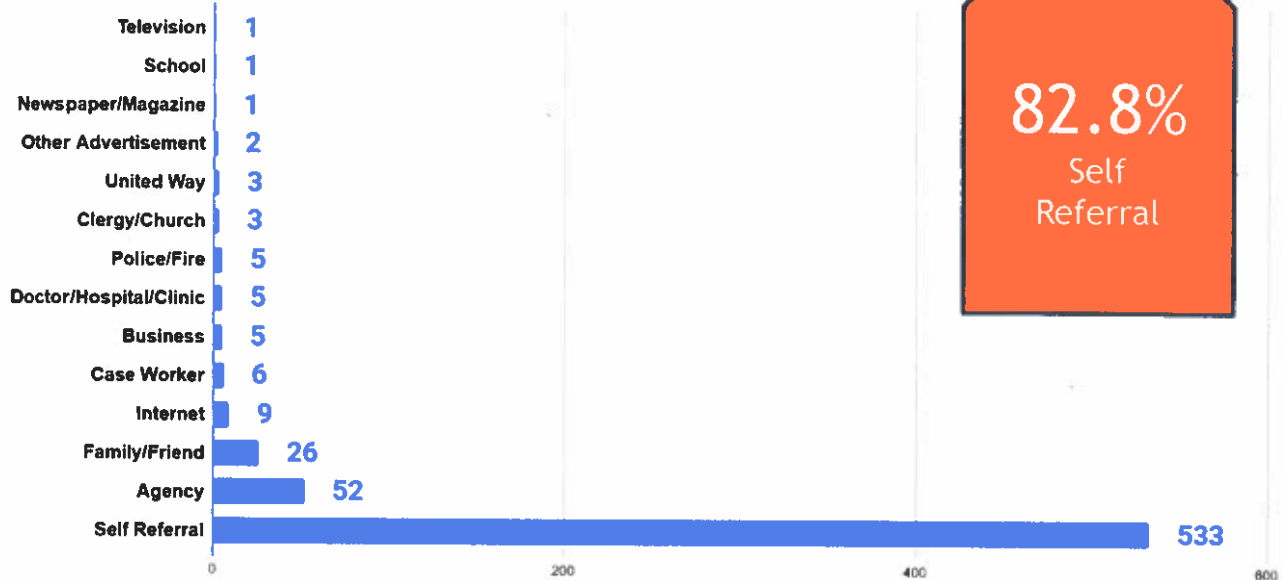
Follow-Ups, Referral Source

Follow-Ups



Note: 160 total follow-ups were performed. This chart describes the breakdown of each follow-up result.

Referral Source



Note: Referral source refers to what motivated the 211 contact to reach out to 211 services.

128



All Calls Answered by PATH Inc.

- ✓ 10,703 Calls handled (English)
- ✓ 396 calls handled (Spanish)



All Text Messages Handled by PATH Inc.

- ✓ 60 texts
- ✓ Text your zip-code to 898-211 to get started!



Abandons

- 1,031 (English)
- 135 (Spanish)

Average Abandon Time

- 1 min:43 sec (English)
- 39 sec (Spanish)

% Abandons

- 8.79% (English)
- 25.42% (Spanish)

% Abandon Goal = 9%



Average Handle Time

✓ 9:41 (United Way 211)

✓ 8:18 (Spanish 211)

Average InQueue Time

✓ 46 sec (United Way 211)

✓ 36 sec (Spanish 211)

Service Level

✓ 84.96 % (English)

✓ 86.02 % (Spanish)



Service Level % = Percentage of calls answered within 90 seconds. Goal 80%

PATH Success Stories (2nd Quarter 2022)

The following are real 211 callers and their stories. Certain details have been changed to preserve their anonymity.



Story 1



Caller initially sought help for utilities and counseling, but eventually shared some emotional struggles about a situation facing her daughter and granddaughter. The caller's daughter had gone through a divorce with a sexually abusive husband, but because he had more finances the husband was able to gain custody of the caller's granddaughter and require the caller's daughter to have monitored visitation. The caller suspects discrimination has played a role in that decision as well, as their family is Latino. She has helped her daughter pay for legal fees, court-supervised visitation, and counseling, putting herself under financial and emotional stress as well.

We were able to provide resource referrals that specifically cater to the Hispanic community and reassure her that she is always welcome to call the 211 line for support. Even though the caller began the call in Spanish with an interpreter, she eventually felt comfortable enough to converse in English and she expressed how much it meant to have someone empathetic to talk to.

Story 2

Caller was seeking emotional support for recent stress in his life. He described how a close family friend had been hospitalized after moving to town recently, but he was able to keep calm with the aid of the call center worker.

He later mentioned that his eyes have been red recently, even though he doesn't do drugs. He was upset that a police officer had him do a sobriety test because of that (which he passed). He hadn't sought medical help yet as he didn't have a primary care doctor, but the call center agent described their experience with prompt care and he eventually agreed to visit one of the locations we were able to provide to get his eyes checked out.

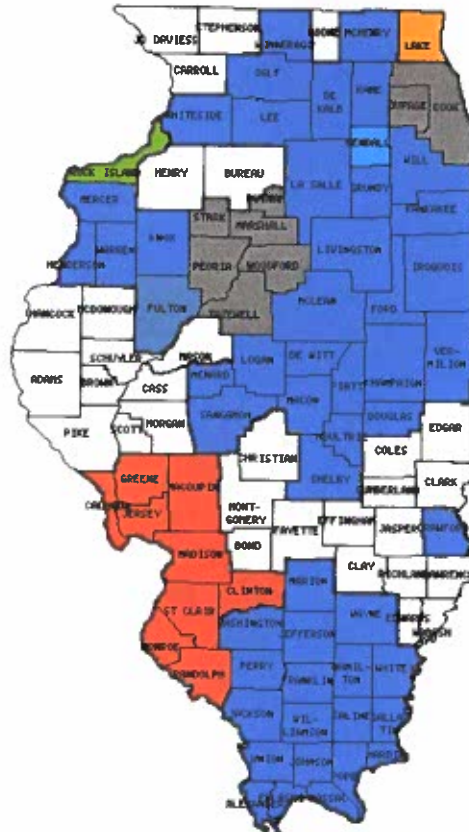
On ending the call, he thanked the caller both for the referral and for their ability to help him work through his stress in general.



Feedback Survey

We're trying to make these reports more efficient and useful for you! Please follow the link below to share your thoughts with us about any aspect of these reports (information, layout, or anything else that comes to mind!).

<https://forms.gle/DypSH5nYxiPYu5G96>



PATH Inc. Website

- <https://www.pathcrisis.org/>

211 Counts

- <https://uwaypath.211counts.org/>

PATH Inc. Online Database

- <https://www.navigateresources.net/path/>

AIRS

- <https://www.airs.org/i4a/pages/index.cfm?pageid=1>

Raw Data

- https://docs.google.com/spreadsheets/d/1WXHQq9y0Wnm1aHQ5KDid_d_nEsP5u09nSEWEde_uvLM/edit?usp=sharing

Submitted by:

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Chris Baldwin

Assistant Director of Database Services

cbaldwin@pathcrisis.org

309-834-0590

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#11.D.



BRIEFING MEMORANDUM

DATE: September 21, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director for I/DD
SUBJECT: 2022 **DISABILITY** Resource Expo Update

Background:

The 2022 **DISABILITY** Resource Expo faced several scheduling conflicts. The October 15, 2022 Expo planned at the Vineyard Church conflicted with the University of Illinois Homecoming Football game causing increased prices in hotel rooms and the possibility of fewer volunteers at the Expo. A decision was made to reschedule the Expo for October 1, 2022. However, Uniting Pride of Champaign County had booked this date for their annual PrideFest celebration, creating another conflict with attendees and event volunteers. So as not to interfere with Pride Fest, it was determined that the original date, with all its flaws, was the best date for the Expo. Unfortunately, because the reservation with the Vineyard Church had already been given up, they booked another event for that day, leaving us with no venue. Other difficulties included finding a pipe and drape company to support the Expo with a reasonable cost.


During the July 20, 2022, Expo Steering Committee meeting, committee members helped brainstorm ideas for each of the problems facing the 2022 Expo. This included thinking of alternative venues in which to host the Expo and alternatives to the pipe drape company which has been used in most recent years.

2022 Expo Updates:

After navigating these scheduling conflicts, the 2022 **DISABILITY** Resource Expo will take place on October 22, 2022, from 11 AM until 4 PM at Market Place Mall. Signature Events will provide the pipe and draping for the event. Each Expo Subcommittee has been working diligently to make all these changes happen. While this has been challenging, the Expo Coordinators and Steering Committee are working hard to put together a memorable event. *See the attached SAVE-THE-DATE flyer and <https://disabilityresourceexpo.org> for more details.*

Coming this Fall!

**DISABILITY
RESOURCE
EXPO**

 Reaching Out For
Answers

**Saturday, October 22, 2022
11 am – 4 pm**

Market Place Mall

2000 N Neil St, Champaign, IL 61820

A family friendly event!

A project of the Champaign County Mental Health and Developmental Disabilities Boards

www.disabilityresourceexpo.org

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#12

CCDDB 2022-2023 Meeting Schedule

9:00AM Wednesday after the third Monday of each month

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL

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

September 21, 2022 – Shields-Carter Room

September 28, 2022 5:45PM – Shields-Carter Room – *special joint meeting with CCMHB*

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 15, 2023 5:45PM – Shields-Carter Room – *special joint meeting with CCMHB*

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room (*Ramadan begins*)

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.

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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

September 21, 2022 – Shields-Carter Room

September 28, 2022 – *Special Joint Mtg with CCDDDB* - Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 5:45PM – *study session with CCDDDB* - 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 – *Special Joint Mtg with CCDDDB* - Shields-Carter Room

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room (*Ramadan begins*)

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

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.

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 CCDDDB. 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. Meetings are held at 9AM; study sessions at 5:45PM. Included are dates for steps in the PY23 funding process 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 Funding Requests |
| 3/23/22 | Regular Board Meeting |
| 4/13/22 | <i>Program summaries released to Board, posted online with the CCDDDB 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 CCDDDB 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 contract revisions & 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 |
| 8/26/22 | <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 Evaluation Capacity Building Project Report |
| 9/28/22, 5:45PM | Special Joint Meeting with the CCMHB Authorize Release of RFP Finalize I/DD Special Initiative Priorities for PY24 |
| 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.

- | | |
|----------------|--|
| <i>1/2/23</i> | <i>Online System opens for Applications for PY24 Funding</i> |
| 1/18/23 | Regular Board Meeting |
| <i>1/27/23</i> | <i>Agency PY23 2nd Quarter and CLC Progress Reports due</i> |
| <i>2/10/23</i> | <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 |
| <i>4/12/23</i> | <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 |
| <i>4/28/23</i> | <i>Agency PY2023 3rd Quarter Reports due</i> |
| <i>5/10/23</i> | <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 |
| <i>6/1/23</i> | <i>For contracts with a PY23-PY24 term, all updates to cloned PY24 forms should be completed and submitted by this date.</i> |

| | |
|----------|--|
| 6/17/23 | <i>Deadline for agency application/ contract revisions Deadline for agency letters of engagement with CPA firms PY2024 contracts completed</i> |
| 6/21/23 | Regular Board Meeting: Draft FY2024 Budget |
| 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> |

Agency and Program acronyms

- CC – Community Choices
- CCDDDB – Champaign County Developmental Disabilities Board
- CCHS – Champaign County Head Start, a program of the Regional Planning Commission
- CCMHB – Champaign County Mental Health Board
- CCRPC – Champaign County Regional Planning Commission
- 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

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

CCDDB/CCMHB: 4th Quarter reports and year-end Performance Measure Outcome reports were due on August 26, 2022. 4th Quarter Program Reports and PY22 Service Data Charts can be found in this Board packet. Each agency report will be reviewed. The PY22 Performance Measure Outcome reports will be compiled and posted at ccmhddbrds.org.

I am also using data from the PY22 4th Quarter reports, to create the 'Utilization Summaries for PY2022 CCDDB and CCMHB I/DD Programs' document. This document will be included in the October 2022 CCDDB Packet.

We have not yet received the Financial Review for CU Autism Network or the Financial Compilation for CU Able, although we heard from Neal Kuester, Feller & Kuester CPAs LLP in late June that those would be completed within a few weeks. More recently, CU Autism Network requested an extension until 12/31/2022 to submit their Review. Champaign County Down Syndrome Network has not submitted the PY20 audit.

DSC Program Site Visits for Clinical Services, Community Employment, Community First, Community Living, and Connections were completed during August and early September. No concerns were noted during these site visits. The remaining programs (Employment First, Family Development, Individual and Family Support, Service Coordination, and Workforce Development and Retention) are scheduled to be completed by November 1, 2022.

An email was sent to CCRPC Head Start/Early Head Start to schedule the Early Childhood Mental Health Services site visit. Mr. Bryson and I will conduct the Site Visit is scheduled for September 26, 2022.

I participated in a meeting with Don Moyer Boys and Girls Club with Ms. Canfield and Mr. Bryson to review their contract, reporting requirements, and the Online Reporting System.

Ms. Canfield, Mr. Bryson, and I met with the I-Plan Coordinator to discuss the Priorities documents. The Champaign County Behavioral Health Workgroup meeting is scheduled for September 22, 2022.

I participated in meetings with the System developers to update the look of the Online Reporting System. Other meetings were related to the Compliance Dashboard in the system.

CCDDB Contract Amendments: The CCRPC Decision Support PCP contract was prorated due to a staff vacancy at the start of the program year. The new position will be filled on October 1, 2022. Ms. Canfield and I met with CCRPC staff related to CCDDB program staff.

Learning Opportunities: On August 25, 2022, Joan Gorsuch and two Self-Advocates presented "Employing Autism" at Champaign Public Library. Attendance was lower than expected, but the presentation was vivid and the interaction between the presenters and attendees was great.

Alex Campbell, EMK Consulting is scheduled to present a user training for the Online Reporting System on September 29, 2022. This presentation will be held virtually.

ACMHAI: I participated in the ACMHAI August Membership Meeting. I attended the "Adventure Therapy: Change and Healing through Community-Based Experiences and Adventure" presentation. This presentation was presented by Shannon Kaecker, LCSW, Clinical Director, Adventure Works and Katie Watts, Executive Director, Adventure Works. This was a hybrid presentation and done in an interactive manner, using Zoom Rooms.

I also participated in the September meeting of the ACMHAI I/DD Committee. This meeting hosted Jim Haptonstahl, Vice President of Institutional Giving, United Cerebral Palsy Seguin of Greater Chicago (UCP Seguin) and Lori Opiela, Chief Policy, Research, & Advocacy Officer, United Cerebral Palsy Seguin of Greater Chicago (UCP Seguin). Mr. Haptonstahl and Ms. Opiela presented "Efforts to Address the DSP Crisis in Illinois." A group discussion followed.

NACBHDD: The August NACBHDD I/DD Committee meeting was canceled due to a scheduling conflict. The September meeting is scheduled for later today (September 21, 2022).

Disability Resource Expo: Barb Bressner and I met with a SOCW 465 class to describe the Expo and the related video project that they will be working on during the fall semester. I will continue to meet with these students weekly until the end of the semester.

I participated in an Expo Steering Committee Meetings on July 20, 2022 and September 6, 2022. Please see the Briefing Memo in this packet for more updates related to the Expo. The Expo is being planned for October 22, 2022, at Market Place Mall from 11AM-4PM. The Expo will have a booth at C-U Pridefest on October 1, 2022. I also participated in subcommittee meetings for the Marketing and Sponsorship Committee and Children's Activity Committee.

UIUC School of Social Work Community Learning Lab: I am working with a group of seniors in the BSW program at the University of Illinois at Urbana-Champaign to create more DISABILITY Resource Expo exhibitor videos. Our first meeting was held on September 14, 2022, we will be meeting each Wednesday until the end of the semester.

Other activities: I participated in the August and September Human Services Council meetings. At the September meeting, Rachel Charters, CUPHD, GREAT Start Program gave a presentation on the Champaign County Home Visiting Consortium.

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

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

Staff Report-September 23, 2022

Summary of Activity

A Three-Year Plan with DRAFT 2023 Objectives is presented in the Board packet along with a Briefing Memorandum, detailing proposed changes to new and existing objectives. This draft will be disseminated to the Board, agencies, and other interested parties for review with a final plan presented for approval at a later CCMHB meeting.

Also, in the Board packet is a Briefing Memorandum reviewing two CCMHB Participant Surveys. These surveys were conducted by the CCMHB staff and University of Illinois Graduate student Suzanne Valentine to study the experience of the youth and staff in summer programs.

PY Fourth Quarter Service reports and Annual Performance Outcomes reports were due on August 26th by midnight. Reports that were submitted on time were entered into a data tracking excel spreadsheet for review. Several agencies requested extended time to complete reports, which required them to fill out the Request for Extension Deadline report form and for us to extend the fourth quarter period deadline. During this time, I provided support to agencies on updating their information in the system and am in the process of reviewing those reports for accuracy.

Contract Amendments: The Board approved two contract amendments for The WELL Experience agency to cover the costs of unexpected accounting services and for FirstFollowers to reflect the changes staffing and operating costs.

Audit Delays/Suspension of Funding: Notice of Suspension of Letters were sent out by Stephanie Howard-Gallo to Urbana Neighborhood Connections Center, Mahomet Area Youth Club and Promise Healthcare Systems for failure to request extended time for submission of reports and failure to submit audit reports to the CCMHB by June 30, 2022.

Financial Site Visits: I attended and participated in the Terrapin Station Sober Living financial site visit lead by Chris Wilson.

Criminal Justice-Mental Health:

Reentry Council Meetings: July and August meetings were both cancelled. During the September 7th council meeting, Misty Bell and Claudia Lenhoff gave a general overview of Reentry Council/Leadership. Claudia presented to the council a presentation on CU Tiny Homes, a collaborative project between Carle, UIUC and Champaign County Health Care Consumers. There is ongoing discussion on how to get more local law enforcement and key service providers at the council meetings.

CCMHDDAC Agency Meeting: CCMHDDDB staff updated the council on both Boards elected officers and making changes to simplify online reporting system. Also, Kim Bowdry will coordinate a September 29th workshop on how to use the online reporting system. Updates: Uniting Pride will have an Open House at their office at the University YMCA on 8/29 from 5-

7pm. Regional Planning Mortgage Assistance funding will most likely be exhausted in September. Eastern Illinois Food Bank will offer paper goods and hygiene products. Immigrant Services of CU is looking for a bilingual caseworker who speaks Spanish and English. Contact Ben Mueller, bmueller819@gmail.com for job description. Joan Dixon is now serving as Interim Executive Director of Family Services of Champaign County.

Continuum of Service Providers to the Homeless (CSPH): In August, members heard a presentation from Katie Difanis on the Carle Addiction Recovery Center. The presentation discussed outpatient substance abuse treatment, medication assisted programs, a list of Carle services, and Extension of Community Outcomes fellowship (ECHO)--Carle's collaborative learning platform.

ACMHAI: Participated in the various ACMHAI committee meetings.

Rantoul Service Provider's Meeting: Attended July and August meetings. Committee members continued the discussion around common barriers to providing services and key stakeholders that should be invited to attend these meetings. Members heard a presentation from Rosecrance's Melissa Pappas on the Assertive Community Treatment program.

Other Activities:

- Lynn, Chris, and I met with Mary Fortune for an update on agencies participating in the Bookkeeping Phase II and a discussion on CCMHB reporting requirements.
- Attend various Disability Resource Expo Subcommittee and Steering meetings in preparation for the October 22nd event.
- Stephanie and I accompanied and assisted CCDDB Associate Director, Kim Bowdry on three site visits to DSC.
- Staff are working with web system designers Alex and Tony to improve agency-user experience with the online reporting system.
- Lynn and I met with CU at Home to learn about some of their program and agency updates.

Learning Opportunities:

- Attended the NACBHDD webinar on Portraits of Diversity, Equity, and Inclusion Efforts in Behavioral Health Nationwide.
- Attended the National Institute for Health Care Management (NIHCM) Children Under Stress: Preventing ACEs and Supporting Childhood Well-Being webinar. This webinar explored actionable strategies to prevent ACEs and programs to support children and break the cycle of adversity.
- Attended the Providers Clinical Support Systems Webinar: Opioid Use Disorder in Rural America. This webinar explored why rural areas have been severely impacted by the overdose epidemic and discuss unique challenges, as well as opportunities to make demonstrable improvements in engaging rural patients with opioid use disorder.

Stephanie Howard-Gallo

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

SUMMARY OF ACTIVITY:

Audits/Financial Reviews:

Urbana Neighborhood Connections Center (UNCC), Promise Healthcare, DREAAM, CU Able, and CU Autism Network (CUAN) still owe audits, financial reviews, or compilations.

Certificates of Liability Insurance:

I requested Certificates of Liability Insurance from each agency at the beginning of the new contract year, as written in their contracts with a deadline of September 1st.

Fourth Quarter Reporting:

4th Quarter financial and program reports for all funded programs were due August 26th. A reminder email of the upcoming reporting deadline was sent to all of the agencies at the beginning of August. Performance Outcome Measures and a Cultural and Linguistic Competence Plan Progress Report are due at the 4th Quarter of each funding year, as well. Some of the agencies requested an extension of time to complete the reporting.

Mahomet Area Youth Club (MAYC) did not request an extension prior to the deadline and did not submit reports. A letter of suspension was issued on August 31. As of this writing, they are working on their reports.

Board members can access these reports using the online system. Staff can also provide paper copies of the reports for you, if requested.

Other Compliance:

On July 13th, I attended a meeting with other staff, Tracy Dace from DREAAM, and some of his board members and supporters, in order to discuss compliance issues. A corrective action plan was sent to DREAAM the following day.

On August 25, I attended an informational meeting with Jermaine Raymer and Joan Dixon from Family Service to discuss program changes within the agency.

Site Visits:

In August and September, I participated in site visits for:

- Terrapin Station Sober Living (financial site visit)
- DSC Clinical (program site visit)
- DSC Community Employment (program site visit)
- DSC Connections (program site visit and tour of The Crow at 110)

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

I attended an Expo meeting July 20th. I am coordinating the art show for the Disability Expo scheduled for October 22, 2022 at Marketplace Mall from 11 a.m. to 4 p.m. So far, eight artists/groups have signed up.

Other:

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composed minutes from the meetings.
- Attended meetings and study sessions for the CCDDB/CCMHB.
- Attended an Accounting Support meeting in August.
- Completed the testing and implementation of a new 'compliance dashboard' in the online system and uploaded agency documents to their pages. In the future, agencies will be able to upload compliance documents there.

July/August/September 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

Agency Support and Technical Assistance:

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 22- 4th Quarter Reports - I have reviewed the 4th Quarter Reports for the CCMHB/DDB Funded Organizations. Reminder that 2nd Quarter requirement will be the requirement of 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- Support for PY22 4th Quarterly Reporting. There was an issue with adding the information into the system on August 23, 2022

Terrapin Station Supportive Living House- Support for PY22 4th Quarter CLC Report.

RACES: Support for PY22 4th Quarter Reporting

DMBC: Support for PY22 4th Quarter Reporting

UP Center: Support for CLC Reporting and CLC organizational trainings.

CLC Coordinator Direct Service Activities

Mental Health First Aid-

Mental Health First Aid now has a statewide coordinated person. For information, please refer to the website: <http://mhfaillinois.org/>

July/August/September 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

CLC Site Visits: I have started to schedule CLC Site visits for organizations. There will be a comprehensive review of CLC Work within the agencies that will review the PY22 Activities.

Anti-Stigma Activities/Community Collaborations and Partnerships

Disability Resource Expo Committee- I met with Becca Obuchowski on creating descriptions for the volunteers and updated needs for the Expo.

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. We have started to meet for the fall semester.

ACHMAHI

I attended the Children's Behavioral Health Committee Meeting on July 28, 2022. We discussed the ACHMAI strategic plan and reviewed the survey analysis of the Evidence Based Practice Programs in counties where 377/708 Boards are present Results are attached. I attended the ACMHAI Quarterly Meeting on August 11 & 12 in Bloomington, IL.

United Way Emerging Community Leader Program:

Emerging Community Leaders is a program in partnership with United Way of Champaign County. This program is to work with future leaders to introduce them to non-profit organizations and board service in Champaign County. I attended the Seminar on Being an Effective Board Member on July 14, 2022.

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

July/August/September 2022 Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

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

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. Please see updated implementation information in the plan.

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

Overlapping Public Health Emergencies

https://nihcm.org/newsletter/overlapping-public-health-emergencies?utm_source=NIHCM+Foundation&utm_campaign=ff56d1d154-nihcm-newsletter-September-2022&utm_medium=email&utm_term=0_6f88de9846-ff56d1d154-167751988

Understanding and Preventing ACES(Adverse Childhood Experiences

https://nihcm.org/publications/understanding-preventing-aces?utm_source=NIHCM+Foundation&utm_campaign=817f0f549d-083022_Children_Under_Stress_Archive&utm_medium=email&utm_term=0_6f88de9846-817f0f549d-167751988

Climate Changes Health and Extreme Heat

<https://nihcm.org/publications/climate-changes-health-extreme-heat>

Webinar: Healing Trauma for Better Health (Highly Recommended Webinar)

<https://www.countyhealthrankings.org/online-and-on-air/webinars/healing-trauma-for-better-health>

July/August/September 2022 Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator
Yearly CLC PY22 Reporting as of 8/31/2022

| 2022 CCMHB/DDB Agency Cultural and Linguistic Reporting Form | | |
|---|---------------------------------|---|
| Agency | 2nd Quarterly Reports Completed | 4th Quarterly Reports Completed |
| Champaign County Head Start(RPC) (DDB/MHB) | Yes | Yes -Submitted 8-25-22 |
| Champaign County Regional Planning Commission Community Services | Yes | Yes -Submitted 8-25-22 |
| Champaign County Christian Health Center | Yes | Yes -Submitted 8-25-22 |
| Champaign County Healthcare Consumers | | Yes-Submitted 8-26-22 |
| Children's Advocacy Center | Yes | Yes Submitted 8/22/22 |
| Community Choices (DDB) | Yes | Yes Submitted 8/25/22 |
| Community Service Center of Northern Champaign County | Yes | Yes Submitted 8/22/22 |
| Courage Connection | Yes | Yes Submitted 8/26/22 |
| Crisis Nursery | Yes | Yes Submitted 8/2/22 |
| CU- Autism Network (DDB) | Yes | Yes- Submitted 8/24/22 |
| Cunningham Children's Home | Yes | Yes- Submitted 8/26/22 |
| DREAAM | Yes | Yes- Submitted 8/26/22 |
| Developmental Services Center (DDB) | Yes | Yes Submitted 8/22/22 Yes Submitted 8/31/22* |
| Don Moyer's Boys and Girls Club | Yes | Extension Requested |
| Family Service Center | Yes | Yes Submitted 8/3/2022 |
| First Followers | Yes | Yes Submitted 8/26/22 |
| GROW Illinois | Yes | Yes Submitted 8/26/22 |
| Mahomet Area Youth Club | Yes | Not Submitted |
| PACE | Submitted 2/10/22 | Yes Submitted 8/26/22 |
| Promise Healthcare Systems | Yes | Yes Submitted 8/5/22 |
| Rape Advocacy, Counsleing& Education | Yes | Yes Submitted 8/10/22 |
| Refugee Assistance Center | Yes | Yes Submitted 8/25/22 |
| Rosecrance C-U | Yes | Yes Submitted 8/20/22 |
| UP(Uniting Pride) Center | | Yes Submitted 8/24/22 |
| Urbana Neighborhood Connections | Yes | Yes Submitted 8/27/22 |
| The WELL | Yes | Yes Submitted 8/24/22 |
| WIN Recovery | YEs | Yes Submitted 8/31/22 |
| Terripen Station | Yes | Yes Submitted 8/31/22 |