



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

## ***Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda Wednesday, January 17, 2024, 9:00 AM***

*This meeting will be held in person at the Shields-Carter Room of the  
Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802  
Members of the public may attend in person or watch the meeting live through this link:  
<https://uso2web.zoom.us/j/81559124557> Meeting ID: 815 5912 4557*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. CCDDDB and CCMHB Schedules, CCDDDB Timeline (pages 3-7)\***  
*Action is requested to approve the CCDDDB Meeting Schedule. The other documents are for information only.*
- V. CCDDDB Acronyms and Glossary (pages 8-15) No action is needed.**
- VI. Citizen Input/Public Participation** *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- VII. Chairperson's Comments – Ms. Vicki Niswander**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCDDDB Board Meeting Minutes (pages 16-18)\***  
*Minutes from the CCDDDB's regular meeting on 12/20/23 are included for approval. Action is requested.*
- X. Vendor Invoice Lists (pages 19-23)\***  
*Action is requested to accept the "Vendor Invoice Lists" and place them on file.*
- XI. Staff Reports (pages 24-46)**  
*Included for information only are reports from Kim Bowdry, Leon Bryson, Lynn Canfield, Stephanie-Howard Gallo, Shandra Summerville, and Chris Wilson.*
- XII. New Business**
  - a) Prairieland Independent Service Coordination (pages 47-49)**  
*Representatives of Prairieland will present on the transition of Champaign County residents to their services. Included in the packet for information only are a brochure on Prairieland's ISC program and ISC contact information.*
  - b) Draft CCDDDB/CCMHB Personnel Policy Addenda (pages 50-69)\***  
*A Decision Memorandum presents three addenda to the approved CCDDDB/CCMHB Personnel Policy for Board review. Action is requested.*

- c) **Agency Request for Consideration** (page 70)\*  
*Action is requested in response to an agency request regarding audit deadline and payment suspension. A possible motion could take the form: "Move to approve PACE Inc.'s request for waiver of the contract requirement that payments be withheld due to delayed audit/review submission, and to authorize CCDDB staff to release payments as scheduled."*

**XIII. Old Business**

- a) **Evaluation Capacity Building Project** (pages 71-85)  
*A briefing memorandum is included for discussion. No action is requested.*
- b) **Community Health Plan Coordinator 2023 Report** (pages 86-99)  
*A report from the Coordinator of the Champaign-Vermilion Regional Community Health Plan is included for information only.*

**XIV. Successes and Other Agency Information**

*The Chair reserves the authority to limit individual agency representative participation to 5 minutes and/or total time to 20 minutes.*

**XV. County Board Input**

**XVI. Champaign County Mental Health Board Input**

**XVII. Board Announcements and Input**

**XVIII. Adjournment**

*\* Board action is requested.*

*For accessible documents or assistance with any portion of this packet, please [contact us](mailto:kim@ccmhb.org) (kim@ccmhb.org).*



## CCDDB 2023-2024 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>

**December 20, 2023** – Shields-Carter Room (*off cycle*)

**January 17, 2024** – Shields-Carter Room

**February 21, 2024** – Shields-Carter Room

**March 20, 2024** – Shields-Carter Room

**March 27, 2024 5:45PM** – Shields-Carter Room – *joint study session with the CCMHB*

**April 17, 2024** – Shields-Carter Room

**May 22, 2024** – Shields-Carter Room

**June 12, 2024** – Shields-Carter Room (*off cycle*)

**July 17, 2024** – Shields-Carter Room

**August 21, 2024** – Shields-Carter Room - *tentative*

**September 18, 2024** – Shields-Carter Room

**September 25, 2024 5:45PM** – Shields-Carter Room – *joint study session with the CCMHB*

**October 16, 2024 5:45PM** – Shields-Carter Room – *joint meeting with the CCMHB*

**October 23, 2024** – Shields-Carter Room

**November 20, 2024** – Shields-Carter Room

**December 18, 2024** – Shields-Carter Room – *tentative*

*This schedule is subject to change due to unforeseen circumstances.*

**Please email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.**  
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, whether virtually or in person, to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.



## CCMHB 2024 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> (if it is an option)

- ~~December 20, 2023 – Shields-Carter Room (off cycle) - CANCELLED~~
- January 17, 2024 – Shields-Carter Room
- January 24, 2024 – Study Session - Shields-Carter Room
- February 21, 2024 – Shields-Carter Room
- February 28, 2024 – Study Session - Shields-Carter Room
- March 20, 2024 – Shields-Carter Room
- March 27, 2024 – Joint Study Session w CCDDDB - Shields-Carter
- April 17, 2024 – Shields-Carter Room
- April 24, 2024 – Study Session - Shields-Carter Room
- May 15, 2024 – Study Session - Shields-Carter Room
- May 22, 2024 – Shields-Carter Room
- June 12, 2024 – Shields-Carter Room (off cycle)
- July 17, 2024 – Shields-Carter Room
- August 21, 2024 – Shields-Carter Room - tentative
- September 18, 2024 – Shields-Carter Room
- September 25, 2024 – Joint Study Session w CCDDDB - Shields-Carter
- October 16, 2024 – Joint Meeting w CCDDDB - Shields-Carter
- October 23, 2024 – Shields-Carter Room
- November 20, 2024 – Shields-Carter Room
- December 18, 2024 – Shields-Carter Room - tentative

*This schedule is subject to change due to unforeseen circumstances.*

Please email [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate. Meetings are archived at <http://www.co.champaign.il.us/mhbddb/MHBMeetingDocs.php>

**Public Input:** All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto:stephanie@ccmhb.org) any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

# IMPORTANT DATES

## 2023-24 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY25 Allocation Timeline

This schedule offers dates and subject matter of meetings of the Champaign County Developmental Disabilities Board. Included are tentative dates for steps in the funding process for PY25 and deadlines related to PY23 and PY24 agency contracts. Subjects are not exclusive to any given meeting, as other matters requiring Board attention may be addressed. Study sessions may be scheduled on topics raised at meetings or by staff, or in conjunction with the CCMHB. **Regular meetings are held at 9AM; joint study sessions and meetings at 5:45PM; dates and times are subject to change and may be confirmed with Board staff.**

- |          |   |
|----------|---|
| 12/1/23  | <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 | <b>Regular Board Meeting</b> (off cycle) - <i>tentative</i>   |
| 12/22/23 | <i>Online System opens for Applications for PY2025 Funding</i>  |
| 12/31/23 | <i>Agency Independent Audits, Reviews, or Compilations due</i>  |
| 1/17/24  | <b>Regular Board Meeting</b>  |
| 1/26/24  | <i>Agency PY24 2<sup>nd</sup> Quarter and CLC progress reports due</i>  |
| 2/12/24  | <i>Deadline for submission of applications for PY25 funding (Online system will not accept any forms after 4:30PM)</i>          |
| 2/21/24  | <b>Regular Board Meeting</b><br>Discuss list of PY25 Applications, Review Process   |
| 3/20/24  | <b>Regular Board Meeting</b><br>Discussion of PY25 Funding Requests   |
| 3/27/24  | <b>Joint Study Session OR Joint MEETING with CCMHB (5:45PM)</b>   |
| 4/10/24  | <i>Program summaries released to Board, posted online with CCDDDB April 17 meeting agenda and packet</i>                        |



I/DD Special Initiatives

**10/23/24**

**Regular Board Meeting**

DRAFT Program Year 2026 Allocation Criteria

*10/23/24*

*Agency PY2025 First Quarter Reports due*

**11/20/24**

**Regular Board Meeting**

Approve Three Year Plan with One Year Objectives

Approve PY26 Allocation Criteria

*11/29/24*

*Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*

**12/18/24**

**Regular Board Meeting– tentative**

*12/20/24*

*Online system opens for applications for PY26 funding.*

*12/30/24*

*Agency Independent Audits, Reviews, Compilations due.*

## **Agency and Program acronyms commonly used by the CCDDDB**

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

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

*Minutes December 20, 2023*

*This meeting was held at the Brookens Administrative Center  
1776 E. Washington St., Urbana, IL 61802  
and with remote access via Zoom.*

**9:00 a.m.**

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**MEMBERS PRESENT:** Kim Fisher, Susan Fowler (remote, non-voting), Vicki Niswander, Anne Robin, Georgiana Schuster

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

**OTHERS PRESENT:** Laura Bennett, Sarah Perry, Danielle Kelakowski, Kim Cardinal, Vickie Tolf, Jami Olsen, Kelli Martin, Annette Becherer, Danielle Matthews, Patty Walters, Heather Levingston, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Angela Yost, CCRPC; Annie Bruno, The Arc of Illinois; Stephanie Sloan, U of I Resiliency Center; Brenda Eakins, GROW

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**CALL TO ORDER:**

CCDDB President Vicki Niswander called the meeting to order at 9:02 a.m.

**ROLL CALL:**

Roll call was taken, and a quorum was present.

**APPROVAL OF AGENDA:**

An agenda was available for review and approved by a unanimous vote.

**CCDDB and CCMHB SCHEDULES/TIMELINES:**

Updated copies of CCDDB and CCMHB meeting schedules and CCDDB allocation timeline were included in the packet.



**ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

**CITIZEN INPUT/PUBLIC PARTICIPATION:**

None.

**PRESIDENT’S COMMENTS:**

Ms. Niswander attended a Choate Developmental Center Expo and provided a verbal report.

**EXECUTIVE DIRECTOR’S COMMENTS:**

Director Canfield provided a brief report on the ACMHAI membership meeting she attended. She also stated the funding application system will open on December 22<sup>nd</sup>. The deadline is February 12, 2024. Audits and financial compilations will be due December 31, 2023.

**APPROVAL OF MINUTES:**

Minutes from the 11/15/2023 board meeting were included in the packet.

**MOTION: Dr. Robin moved to approve the minutes from the 11/15/23 CCDDDB meeting. Ms. Schuster seconded the motion. A voice vote was taken. The motion passed.**

**VENDOR INVOICE LIST:**

The Vendor Invoice List was included in the Board packet.

**MOTION: Dr. Robin moved to accept the Vendor Invoice List as presented in the packet. Dr. Fisher seconded the motion. A voice vote was taken, and the motion passed unanimously.**

**STAFF REPORTS:**

No reports.

**NEW BUSINESS:**

**Prairieland Independent Service Coordination:**

Materials from Prairieland were included in the packet. A presentation was planned; however representatives were unable to attend due to illness. Staff members provided background information on the agency. Board members expressed great interest in the presentation and look forward to it being rescheduled in the near future.

**NOFA for PY2025:**

A copy of the Notice for Funding Availability (NOFA) was included in the Board packet for information.

**OLD BUSINESS:**

**Expo Wrap Up:**

A written report from Expo coordinators was included in the Board packet.

**SUCSESSES AND AGENCY INFORMATION:**

Updates were provided by local advocates and Kim Cardinal and Patty Walters of DSC. Becca Obuchowski from Community Choices shared their holiday party event.

**COUNTY BOARD INPUT:**

None.

**CCMHB INPUT:**

The CCMHB will not meet in December.

**BOARD ANNOUNCEMENTS AND INPUT:**

Dr. Fisher reported on the Going Home Coalition.

**ADJOURNMENT:**

The meeting adjourned at 9:58 a.m.  
Respectfully Submitted by: Stephanie Howard-Gallo

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

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10094 C-U AUTISM NETWORK										
Dec '23	DD24-087	12/01/2023	120123A	26799	6,594.00	6,594.00	12/31/2023	INV	PD	DD24-087 Community Out
CHECK DATE: 12/01/2023										
Dec '23	DD24-088	12/01/2023	120123A	26799	5,434.00	5,434.00	12/31/2023	INV	PD	DD24-088 Planning Seed
CHECK DATE: 12/01/2023										
1 CHAMPAIGN COUNTY TREASURER										
Dec '23	DD24-078	12/01/2023	120123A	26768	36,148.00	36,148.00	12/31/2023	INV	PD	DD24-078 Decision Supp
CHECK DATE: 12/01/2023										
10146 COMMUNITY CHOICES, INC										
Dec '23	DD24-075	12/01/2023	120123A	26812	14,708.00	14,708.00	12/31/2023	INV	PD	DD24-075 Self-Determin
CHECK DATE: 12/01/2023										
Dec '23	DD24-076	12/01/2023	120123A	26812	2,833.00	2,833.00	12/31/2023	INV	PD	DD24-076 Staff Recruit
CHECK DATE: 12/01/2023										
Dec '23	DD24-077	12/01/2023	120123A	26812	10,499.00	10,499.00	12/31/2023	INV	PD	DD24-077 Transportatio
CHECK DATE: 12/01/2023										
Dec '23	DD24-090	12/01/2023	120123A	26812	16,500.00	16,500.00	12/31/2023	INV	PD	DD24-090 Inclusive Com
CHECK DATE: 12/01/2023										
Dec '23	DD24-095	12/01/2023	120123A	26812	18,875.00	18,875.00	12/31/2023	INV	PD	DD24-095 Customized Em
CHECK DATE: 12/01/2023										
10170 DEVELOPMENTAL SERVICES CENTER OF										
Dec '23	DD23-086	12/01/2023	120123A	26818	18,958.00	18,958.00	12/31/2023	INV	PD	DD23-086 Workforce Dev
CHECK DATE: 12/01/2023										
Dec '23	DD24-081	12/01/2023	120123A	26818	47,123.00	47,123.00	12/31/2023	INV	PD	DD24-081 Community Liv
CHECK DATE: 12/01/2023										
Dec '23	DD24-082	12/01/2023	120123A	26818	74,170.00	74,170.00	12/31/2023	INV	PD	DD24-082 Community Fir
CHECK DATE: 12/01/2023										
Dec '23	DD24-083	12/01/2023	120123A	26818	41,340.00	41,340.00	12/31/2023	INV	PD	DD24-083 Service Coord
CHECK DATE: 12/01/2023										
Dec '23	DD24-084	12/01/2023	120123A	26818	20,083.00	20,083.00	12/31/2023	INV	PD	DD24-084 Clinical Serv
CHECK DATE: 12/01/2023										
Dec '23	DD24-085	12/01/2023	120123A	26818	7,508.00	7,508.00	12/31/2023	INV	PD	DD24-085 Employment Fi
CHECK DATE: 12/01/2023										

12,028.00

63,415.00

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION	
Dec '23 DD24-091		12/01/2023	120123A	26818	38,300.00	38,300.00	12/31/2023	INV	PD	DD24-091 Community Emp	
Dec '23 DD24-092		12/01/2023	120123A	26818	8,866.00	8,866.00	12/31/2023	INV	PD	DD24-092 Connections	
					16 INVOICES		367,939.00				

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

## ACCOUNT DETAIL HISTORY FOR 2023 12 TO 2023 12

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
21000100	502025	CONTRIBUTIONS & GRANTS									
23/12	38 12/01/23	W	120123A	API 000001	DD24-078	52161			26768	36,148.00	36,148.00
				DD24-078	Decision Suppo CCT						
23/12	38 12/01/23	W	120123A	API 010094	DD24-087	52167			26799	6,594.00	42,742.00
				DD24-087	Community Outr C-U AUTISM NETWORK						
23/12	38 12/01/23	W	120123A	API 010094	DD24-088	52168			26799	5,434.00	48,176.00
				DD24-088	Planning Seed C-U AUTISM NETWORK						
23/12	38 12/01/23	W	120123A	API 010146	DD24-095	52162			26812	18,875.00	67,051.00
				DD24-095	Customized Emp COMMUNITY CHOICES, I						
23/12	38 12/01/23	W	120123A	API 010146	DD24-090	52163			26812	16,500.00	83,551.00
				DD24-090	Inclusive Comm COMMUNITY CHOICES, I						
23/12	38 12/01/23	W	120123A	API 010146	DD24-076	52164			26812	2,833.00	86,384.00
				DD24-076	Staff Recruitm COMMUNITY CHOICES, I						
23/12	38 12/01/23	W	120123A	API 010146	DD24-075	52165			26812	14,708.00	101,092.00
				DD24-075	Self-Determina COMMUNITY CHOICES, I						
23/12	38 12/01/23	W	120123A	API 010146	DD24-077	52166			26812	10,499.00	111,591.00
				DD24-077	Transportation COMMUNITY CHOICES, I						
23/12	38 12/01/23	W	120123A	API 010170	DD24-084	52170			26818	20,083.00	131,674.00
				DD24-084	Clinical Servi DEVELOPMENTAL SERVIC						
23/12	38 12/01/23	W	120123A	API 010170	DD24-091	52172			26818	38,300.00	169,974.00
				DD24-091	Community Emp] DEVELOPMENTAL SERVIC						
23/12	38 12/01/23	W	120123A	API 010170	DD24-082	52173			26818	74,170.00	244,144.00
				DD24-082	Community Firs DEVELOPMENTAL SERVIC						
23/12	38 12/01/23	W	120123A	API 010170	DD24-081	52176			26818	47,123.00	291,267.00
				DD24-081	Community Livi DEVELOPMENTAL SERVIC						
23/12	38 12/01/23	W	120123A	API 010170	DD24-092	52177			26818	8,866.00	300,133.00
				DD24-092	Connections DEVELOPMENTAL SERVIC						
23/12	38 12/01/23	W	120123A	API 010170	DD24-085	52178			26818	7,508.00	307,641.00
				DD24-085	Employment Fir DEVELOPMENTAL SERVIC						
23/12	38 12/01/23	W	120123A	API 010170	DD24-083	52179			26818	41,340.00	348,981.00
				DD24-083	Service Coordi DEVELOPMENTAL SERVIC						
23/12	38 12/01/23	W	120123A	API 010170	DD23-086	52180			26818	18,958.00	367,939.00
				DD23-086	workforce Deve DEVELOPMENTAL SERVIC						
LEDGER BALANCES --- DEBITS: 367,939.00 CREDITS: .00										NET:	367,939.00

## ACCOUNT DETAIL HISTORY FOR 2023 12 TO 2023 12

ORG YR/PR	OBJECT	PROJ	JNL	EFF	DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
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GRAND TOTAL --- DEBITS: 367,939.00

NET: .00

NET: 367,939.00

16 Records printed

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# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
10170 DEVELOPMENTAL SERVICES CENTER OF										
Dec '23	IDDSI24-080	12/01/2023	120123A	26818	20,833.00	20,833.00	12/31/2023	INV	PD	IDDSI24-080 Individual
CHECK DATE: 12/01/2023										
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.										
Dec '23	IDDSI24-79	12/01/2023	120123A	26876	3,000.00	3,000.00	12/31/2023	INV	PD	IDDSI24-079 Consumer C
CHECK DATE: 12/01/2023										
Nov '23	IDDSI24-079	11/01/2023	120123A	26876	3,000.00	3,000.00	11/30/2023	INV	PD	IDDSI24-079 Consumer C
CHECK DATE: 12/01/2023										
					3 INVOICES	26,833.00				

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**Kim Bowdry,**  
**Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – January 2024**

**CCDDB/CCMHB/IDDSI:** PY2024 2<sup>nd</sup> Quarter Reports are due on January 26, 2024. At the end of December, PY2024 2nd Quarter programs were cloned in the Online System to create programs for agency claim reporting for the PY2024 3rd Quarter. Each program using the claims system must be created for each quarter, then the claims are associated with each program/quarter.

Formal notice of the PY2025 Funding Cycle was published in the News Gazette. The deadline for PY25 application submission is February 12, 2024, at 4:30 PM CST. I worked with other CCDDB/CCMHB staff to complete a trial application and troubleshoot any areas of concern in the Online Reporting System, in advance of the system opening for PY2025.

Community Choices and PACE did not submit their PY2023 Audits by the deadline. Ms. Howard-Gallo sent Notice of Funding Suspension letters to both agencies.

CU Autism Network has not yet completed their 1<sup>st</sup> Quarter reports. It is still expected that a contract amendment will be requested to realign the grants with the current direction of the agency. Another meeting is currently being scheduled with agency representatives.

I participated in monthly meetings with CCDDB/CCMHB staff and Dr. Dariotis from the Family Resiliency Center, related to the Evaluation Capacity project.

I provided support to agency users with claims in the Online System. I also worked with agency staff to merge clients who had duplicate entries in the Online System.

I met with representatives from the Local Funders Group to develop a survey for planning of the event scheduled for summer 2024. The survey is seeking feedback from people using services in our community.

I participated in a planning meeting for AIR and Ebertfest. Another meeting is scheduled for early February.

**Learning Opportunities:** On November 30, 2023, Alex Campbell provided an online presentation reviewing the Online Reporting and Application System. There were approximately 25 people in attendance. I am working with Joan Gorsuch to reschedule the 'Employing Autism' workshop that was originally scheduled for October 2023.

**Disability Resource Expo:** I participated in the Expo Steering Committee wrap-up meeting. The group reviewed summaries of the Exhibitor and Participant evaluations, discussed what worked and what didn't in 2023, and looked ahead to the 2024 event.



**MHDDAC:** I participated in the November MHDDAC meeting. Annie Bruno, The ARC of Illinois provided a presentation on the ARC services. Jessica Burgess provided information on Mental Health Pop-Up Clinic. The MHDDAC did not meet during December, as is traditional. The next meeting is scheduled for January 23, 2024.

**ACMHAI:** I am now the Chair of the ACMHAI I/DD Committee. I chaired my first I/DD meeting on January 9, 2024. I also participated in monthly ACMHAI Executive Committee meetings.

**NACBHDD:** I participated in the I/DD Committee meeting held on January 9, 2024.

**Human Services Council:** During the December meeting, Gladys Hunt, Restoration Urban Ministries presented on the services offered through Restoration Urban Ministries. Ms. Hunt shared that Restoration Urban Ministries celebrated 30 Years of Service in March 2023. Tammy Foster, Illinois Respite Coalition presented on the Respite program. During the January HSC meeting, Andrea Cowper, Merci's Refuge (part of Pregnancy Resource Center) presented on the services offered at Merci's Refuge. Merci's Refuge offers a 5-month, residential, Christian based program for pregnant women. Zoe Warner presented on the Illini Medical Screening Society which offers free medical and mental health screenings to the Champaign-Urbana area. Ms. Warner also shared about Dolly Parton's Imagination Library. The next meeting is scheduled for February 1, 2024.

**Race Relations Subcommittee:** I participated in biweekly Community Coalition Race Relations Group Subcommittee meetings. The group is planning events for 2024.

**Other:** I participated in several webinars. I also took some time off for my birthday, Thanksgiving, and Christmas.

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

### **Staff Report- January 2024**

#### **Summary of Activity**

The Public Notice of Funding Available for CCMHB/CCDDB PY25 applications was published in the News Gazette. Ms. Canfield and I cloned the PY24 applications over to PY25 applications. Agencies will be able to update sections of their applications for the new application period. The online system is open from December 22, 2023, and will close February 12, 2024 at 4:30pm.

The PY24 second quarter Program Service Activity reports are due on January 26, 2024. Ms. Stephanie Howard-Gallo sent out a reminder to agencies about the second quarter report deadline and extension requests.

**PY23 Audit/Review Update:** The deadline for audits and reviews for agencies with fiscal year July 1 to June 30 was December 31<sup>st</sup>. Less than half of the twenty-two agencies submitted their audit/reviews by the deadline. Ms. Howard-Gallo sent out noncompliance letters to those agencies that missed the deadline. See the Decision Memorandum in this board packet for full details.

**Mid-Year Presentations:** Per contracts, three new programs are scheduled to give mid-year presentations to the Board on January 24<sup>th</sup>. CU Early will be presenting on their CU Early program. RACES will be presenting on their Sexual Trauma Therapy Services. Immigrant Services of CU will be presenting on their Immigrant-Mental Health program. Ms. Katie Harmon, Continuum of Care Coordinator of CSPH will present to the Board on the CSPH Strategic Plan on February 21<sup>st</sup>.

**Site Visits:** On January 3, 2024, I was accompanied by Ms. Shandra Summerville to facilitate a site visit with WIN Recovery at their local office. The Executive Director provided a list of required documents to be reviewed followed by an interview about the PY23 program data and emerging issues. The next site visit is scheduled with Champaign County Christian Health Center on Wednesday, January 10<sup>th</sup> at 1pm at their main office.

**Evaluation Capacity Committee Team:** On December 15<sup>th</sup>, Ms. Canfield, Ms. Bowdry, and I met with Dr. Jacinda Dariotis for our reoccurring meeting. Dr. Dariotis provided us with an update on the GLA and her work with some of our agencies.

**IPlan Behavioral Health Workgroup:** The December 21<sup>st</sup> workgroup meeting was canceled. The next meeting TBD.

**CCMHDDAC Meeting:** I participated in the monthly meeting of CCMHDDAC. The group discussed trends in hiring and personnel challenges. Members also heard presentations from Ms. Annie Bruno, Arc of Illinois. Ms. Bruno discussed information about the Ligas Family Advocate Program; a program that provides outreach to adults and families who are on the PUNS list seeking disability services. Also, the members heard from Ms. Jessica Burgess from Evergreen Counseling. She discussed their Mental Health Pop-up Clinic and free screenings, starting January 2<sup>nd</sup>.

**CIT Steering Committee:** Members met on December 6<sup>th</sup> via zoom and heard a presentation from Mr. Scott Block, Statewide Behavioral Health Administrator, hired by the Illinois Supreme Court. Mr. Block spoke with members about the Action Plan, a guidebook developed by the Illinois Mental Health Task Force for all courts in Illinois, including local courts.

**Reentry Executive Committee & Council Meetings:** On December 6<sup>th</sup>, council members heard presentations from Ms. Shelley Crary of the Oxford House Services and Mr. Dave Kellerhals of Rosecrance. Oxford House is a peer-run run, self-supporting and drug free home. The number of residents in a House range from six to fifteen; there are houses for men, houses for women, and houses which accept women with children. There are ninety-five houses in Illinois. The cost of rent is \$150-\$175 per month. Mr. Kellerhals, spoke about the outreach being done by the new case manager and updating the reentry community resource guide. The next council meeting is scheduled for February. On December 22<sup>nd</sup>, The Executive Committee met and discussed the County Board's request for the Reentry Committee to report on the outreach data in the coming month. Mr. Kellerhal and Rosecrance staff will be presenting the data to the board.

**Continuum of Service Providers to the Homeless (CSPH):** On December 5<sup>th</sup>, members heard updates from Roscrance about their crisis services, CU@Home, Cunningham Children's Home, Salvation Army and the Point-in-Time (PIT) count. This year's PIT gift cards have increased in value to \$10 for those who are homeless that take the survey.

**Rantoul Service Provider's Meeting:** On November 20<sup>th</sup>, members heard a presentation from Ms. Jennifer Hesch of the Crisis Nursery. Ms. Hesch spoke about the various services and programs available to parents and children. On December 18<sup>th</sup>, committee members heard a presentation from Ms. Paige Garrison from Cunningham Children's Home. Ms. Garrison spoke about job training and economic development.

**SOFTT/LAN Meeting:** There was no December meeting for the group. The next meeting is scheduled for January 17<sup>th</sup>.

**Disability Resource Steering Committee Meeting:** I attended the Expo wrap-up meeting on November 27<sup>th</sup>.

**Other Activities:**

- On January 3<sup>rd</sup>, I attended the Ebert Fest Planning Meeting. Six of thirteen films have been confirmed. We discussed the Alliance for Inclusion and Respect (AIRS) possibilities, which included the art show being located inside the theater due to the cold and windy weather. Also, there was discussion about the marketing of Ebert Fest starting sooner rather than later.
- Attended and participated in the December 13<sup>th</sup> Funder's meeting at the United Way office. On January 18<sup>th</sup>, Ms. Canfield and I will be speaking with the U of I SOCW461 class for a service-learning project with United Way and CCMH/DDB.
- Ms. Canfield and I met with the IT developer to troubleshoot some online forms for the PY25 funding application and clone PY25 application forms.



# Executive Director's Report – Lynn Canfield, January 2024

## Background - Strategic Plan Goals:

### *Champaign County Mental Health Board Current Three-Year Plan Goals*

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

### *Champaign County Developmental Disabilities Board Current Three-Year Plan Goals*

1. Support a **continuum of services** to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations**.
3. Improve **access to and engagement in services** through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.
5. Continue the collaborative working relationship with the Champaign County Mental Health Board.
6. Identify children at-risk of developmental delay or disability and support **early intervention services and family supports**.
7. Support **access to services and programs** for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.
8. Promote **inclusion and respect** of people with I/DD, through broad based community education efforts.
9. Stay abreast of **emerging issues** affecting service and support systems and be proactive through concerted **advocacy efforts**.

## Activities of Staff and Board Members:

*To support CCMHB Three Year Plan goals 1-8 and CCDDDB Three Year Plan goals 1-7, the allocation of funding for services through agency contracts and the subsequent development and monitoring of those contracts are a primary focus.*

We completed revised Funding Guidelines and Requirements for each Board, funding priorities for PY2025 for each of the DDB, MHB, and IDDSI funds, Three-Year Plans with Objectives for 2024,

and budgets for 2024 for all three funds. Contracts with service providers appear as Contributions & Grants, the largest expenditure line in each Board's budget. A small share of total costs are non-agency activities which also support individuals, families, agencies, and community. These appear in Personnel, Professional Services, Public Relations, Advertising, Books, Printing, Rental, and Non-Employee Training costs and are accomplished through staff, independent contractors, associations, or partnerships. Many activities and collaborations are referenced in other staff reports.

Outcome reports are aggregated in single year-end reports and posted at <http://ccmhddbrds.org> as well as on the County website, as PY23 Performance Outcome Reports. Every year, we wish for more time to pull highlights from those aggregate reports and were finally able to do so with the I/DD program reports in the fall. The UIUC Family Resiliency Center team are now working on an overview of MHB outcome results. In future years, we may be able to use these formats. Quarterly service activity reports are presented to each board in their entirety; in the comments sections, agencies may offer additional narrative data, and some report on special contract provisions.

We hosted a training on how to use the online application and reporting system. Ms. Bowdry edited the captions and posted the video of this training on the site. We offer technical support to agency users regarding application forms and quarterly/semi-annual reports. Application forms cannot be submitted after the deadline of 4:30PM CST February 12, 2024; this deadline appears on each form and various sections of the site. By adding two weeks to the application period and moving the deadline to a Monday, we hope to eliminate last-minute application crises. For programs currently funded, a Report Deadline Extension Request form is posted, to be completed prior to a deadline by those who anticipate a delay in any report other than the annual audit, review, or compilation. The Friday midnight quarterly report deadline presents challenges, so we would consider changing it to the Wednesday before. While this gives agencies two days less time, it would eliminate the need for us to respond to concerns over the weekend and to rush through reviews the following Monday.

### ***Anti-Stigma and Community Awareness:***

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

**Resource information:** 211 offers call-based and online resource information. United Way, CCMHB, and CCDDDB co-fund this service. PATH serves as a call center for this and 988; their new director is reevaluating the actual costs of providing full services to our County, which has many more calls than most of their other areas. While the state has finally contributed funds for 211 and 988 services, these will pay for some improvements and result in a small adjustment to our costs. The United Way has asked other local funders to contribute to 211 in the future.

**Alliance for Inclusion and Respect (AIR)** social media and website continue anti-stigma messaging and promotion of member organizations and local artists and entrepreneurs who have behavioral health conditions or disabilities. AIR artists will be included in the upcoming Expo, and AIR will sponsor an 'anti-stigma' film and events during the next Roger Ebert's Film Festival, April 17-20, 2024. The CCMHB will pay for sponsorship of the film; this and other AIR costs are budgeted as Public Relations and offset by Donations. A group of AIR members met in early January for planning, and I spoke with our longtime festival favorite, Dr. Eric Pierson, about a potential theme for film and discussion, though this will be Chaz Ebert's decision.

**disABILITY Resource Expo** was held October 28, 2023 at Market Place Mall. A thorough update was provided by Allison and Dylan Boot. Planning is underway for the 2024 event.

### ***CCMHB/CCDDDB I/DD Special Initiatives Fund:***

*(MHB goals 1 and 4 and DDB goals 1 and 5)*

Continuing the focus on individuals with I/DD and complex support needs, their families, and the direct support staff providing their care, the hope for 2023 was to fund contracts which would mitigate the staffing crisis and support people in spite of it. No proposals were submitted directly to the fund, but two CCDDDB applications were identified as well aligned to the priorities and purposes. An CCMHB application explicitly addressed direct support staff training, but the organization declined to develop a proposal focused only on people with I/DD. PY25 allocation priorities have been approved for this fund, and the Boards may consider Requests for Proposals.

### ***Support for Agency Programs:***

*(MHB goals 1, 3, 5, 6, 7, and 8 and DDB goals 1, 2, 3, 4, 6, and 7)*

#### **Activities described in staff reports:**

- Cultural and Linguistic Competence training and technical assistance and Mental Health First Aid training and coordination (Shandra Summerville).
- Collaborations: Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Champaign County Reentry Council, Coalition Race Relations Subcommittee and Goal Teams Meetings, Human Services Council, I-Plan Behavioral Health Committee, Local Funders Group, UIUC Campus-Community Compact, Youth Assessment Center Advisory Committee, and more (Kim Bowdry, Leon Bryson, Shandra Summerville, or myself).
- Monthly Provider Learning Opportunities (Kim Bowdry), free of charge and offering CEUs to a primary audience of case managers, joined by family advocates and social workers.

#### **Independent Contractors:**

- Alex Campbell of EMK offers technical support for users of the online application and reporting system. Board members interested in learning to view forms and reports may choose to work with him on navigating the system. EMK improved the accessibility of public pages, per recommendations from Tim Offenstein (of Falling Leaf).
- John Brusveen, CPA, reviews all agency audits, compilations, and financial reviews, summarizing findings. While not a direct support to agencies, his recommendations help our staff team understand what to discuss with them and how to improve processes.

**UIUC Evaluation Capacity Project:** Ms. Bowdry, Mr. Bryson, and I meet with the director of UIUC Family Resiliency Center monthly. An update will be offered during this Board meeting.

**UIUC Student Projects:** While we normally avoid Spring semester projects due to our focus on agency applications, funding recommendations, and subsequent contracts, we and members of the Local Funders Group and the Regional Health Plan Group will meet with a UIUC class each week on collecting survey data from people with I/DD and behavioral health conditions.

### **Executive Director Activities:**

In addition to collaborations above and below, I've spent time on: board documents approved in late 2023; PY2025 application instructions and forms prior to the December 22 launch; personnel policy addenda, travel policy revisions, and operational needs statement; independent consultant contract templates for 2024 and agency contract templates for PY25; collecting information about how to improve our own reports; year-end staff evaluations, benefits tracking, and related documentation; draft agendas and information for spring meetings; and portions of the MHB 2023 Annual Report.

We continue to work on organization of records and use of compliance tracking tools, to improve our internal practices. In response to a FOIA request, I even had occasion to search those records which only exist in the paper files, for information from the 1970s and 1980s. I found no records related to the request, but I saw reports and state association projects which could have been written today.

I review the independent CPA audits and financial reviews and discuss them with team members, sometimes with additional information from agencies. Due to some delayed audits, there may be related actions for each Board to consider at this or a subsequent meeting.

Following the **Chancellor's Annual Diversity Celebration**, I visited the UIUC's new **Salaam Middle East & North Africa Cultural Center** for conversation with the Director and student workers, regarding demographic data categories, cultural competence efforts of the university, the CCDDDB, and the CCMHB, and their upcoming grand opening celebration.

I have begun attending meetings of these statewide groups: **Going Home Coalition (I/DD)**, **They Deserve More Coalition (I/DD)**, **Mental Health Summit**, and **DMH/Trade Associations**. The Going Home Coalition is interested in hearing from us about 377 and 708 boards and about our shared Expo project.

***Intergovernmental/Interagency Collaborations:***  
(MHB goals 1, 2, 4, 9, and 10 and DDB goals 1,2, 3, 5, 8, and 9)

**Champaign County Department Heads:** with the County Executive and other Departments' representatives, periodic meetings have included: new phone system; Scott M. Bennett Administrative Center; future budget; impact of new employment laws; and open discussion.

**Local Funders Group:** we have resumed regular in person conversations with other local funders, most often the Cities, Community Foundation, and United Way, to cover our various allocation processes and budgets, data on utilization and outcomes, priorities for funding, and efforts to strengthen the local system of services especially in light of reductions in state and federal funding. Two shared projects will be completed during 2024.

**Mental Health and Developmental Disabilities Agency Council:** monthly meeting of agency representatives, not all of which are funded by the Boards, for discussion of agency activities, federal and state updates, special topics, and announcements. We announce deadlines, report on recent board meetings, and explain any changes to process or expectations. Between meetings, I forward funding opportunities which may be of interest to some agencies, or to a collaboration.

**Metropolitan Intergovernmental Council:** three times a year, representatives from local government meet on topics of interest and roundtable discussion. Our October meeting featured a presentation on coordination and consistent messaging of services during severe weather events. The January meeting is being re-scheduled.

**Regional Champaign-Vermilion Executive Committee:** bimonthly meeting of public and private entities responsible for community health needs assessment and strategic plans. The most recent health plan/I-Plan identified behavioral health and community violence as priorities. The IPlan Coordinator leads all workgroups. Mr. Bryson and I alternate participation in the monthly Behavioral Health workgroup meetings. A project developed by Mr. Bryson and Ms. Bowdry along with other members of the Local Funders Group will be implemented by UIUC students



during the Spring, with support from the IPlan Coordinator, to add to and improve the data by surveying people who have I/DD or behavioral health conditions.

**Student Mental Health Community of Practice at the University of Illinois:** CCMHB Vice President Molly McLay and I presented on the work of the CCMHB, focused on items most relevant to UIUC students and answered questions from the group following the meeting. We will each continue to attend these monthly meetings.

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

**Champaign County Community Coalition:** I attend quarterly meetings of the Executive Committee, which sets Coalition priorities. During 2023, we had presentations by one member followed by discussion of the topic and any updates. We might explore a new format in 2024.

**Crisis Intervention Team (CIT) Steering Committee:** bimonthly meetings of representatives of law enforcement, EMS, hospital, behavioral health, providers of service to people with housing insecurity, support network leaders, and other interested parties, to promote CIT training, review data analyzed by City of Urbana, and share updates. The meeting has returned to in person but was held on zoom in order for members to have a full discussion with the Statewide Behavioral Health Administrator for the Administrative Office of the Illinois Courts. He is the former director of the McHenry County Mental Health Board and very familiar with projects and challenges to this and related cross-sector collaborations in Champaign County.

**Drug Court Steering Committee:** I attended a meeting of the steering committee to discuss current successes, the (Adult) Redeploy Illinois contract, barriers to expansion of services (experienced by every department and agency) and to implementation of a Mental Health Court. We will meet in the Spring, at which time it will be helpful to hear feedback from the system partners regarding CCMHB allocation recommendations for PY25.

**Illinois Criminal Justice Information Authority (ICJIA)** was awarded \$9,527,496 in federal Byrne State Crisis Intervention Program (SCIP) funding, through the Bipartisan Safer Communities Act of 2022. The focus is development of extreme risk protection order programs, state crisis intervention court proceedings, and related gun violence reduction initiatives, while assuring due process protections. I serve on their multi-disciplinary Advisory Board to establish priorities and approve a funding plan. We have approved a final plan, with information on firearm restraining orders, gun violence data, and program models, along with a NOFO and timeline.

***State and National Associations and Advocacy:***  
*(MHB goal 10 and DDB goal 9)*

**Association of Community Mental Health Authorities of Illinois (ACMHAI):** I attend meetings of the Executive, Legislative, and I/DD Committees for committee-specific issues, planning webinars of interest, discussion of practices, state funding and policies, goal setting, community awareness, etc. Government Strategy Associates updates the membership on state legislative activity and relies on our input for advocacy. I serve as President of the association this year, leading Executive Committee meetings and meetings of the membership.

For the December membership meeting, I set up an evaluation committee and survey tools to review consultants' performance and contract provisions. The process allowed us to update contracts for the coordinator and the legislative liaison but to have them in place prior to the start

of the year. With new rules coming into effect on July 1, 2024, all parties understand there may be a need for contract amendments or re-negotiation.

The December meetings featured training on children's behavioral health and board governance. We honored two retirees, reviewed and approved 2024 contracts and budgets and revisions to the bylaws on behalf of new members with low levies, discussed possible projects for 2024, and heard updates from all standing committees and liaisons. These meetings were held in person with a zoom link to include as many members as possible. The April meetings will use this format, focus on I/DD and legislative issues, and consider recommendations from an ad hoc bylaws committee regarding updates to the full bylaws.

**Illinois Legislative Issues for 2024:** With other ACMHAI leadership, I met with State Representatives Didech, Moeller, Williams, and Ness to discuss approved and possible future revisions to the Community Mental Health Act. I shared the new clarification of authority over budget decisions with the County Executive, Board Chair, and Finance Committee Chair. Possible future revisions include shared decision making over amounts to be levied, changes to election and deadline requirements, expanded relationship to State agencies, and definition of scholarship fund. We will begin reviewing bills this month for relevance to MI, SUD, I/DD, or local government, and will continue to seek information about the previously enacted grassroots lobbying rules and proposed modifications which would impact our work.

**National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD):** As Secretary, I work with the Executive Committee to review policies, positions, financials, and the CEO's performance. We are developing revisions to the by-laws and officer responsibilities, to be adopted at the Legislative and Policy Conference.

I participate in bimonthly I/DD committee calls for presentations by national experts and discussion of state and federal issues. I chair bimonthly meetings of the Behavioral Health and Justice Committee, with presentations and roundtable discussions. Policy priorities relate to Medicaid Reentry, 988 and crisis response, and diversion from the criminal justice system. NACBHDD is partnering with the National Association of Counties on a mental health advisory council. I will attend both association's conferences in February.

**National Association of Counties (NACO):** I attend meetings of the Health Steering Committee, Healthy Counties Advisory Board, and Stepping Up Innovator County calls.

Through the Health Policy Steering Committee, and as a Vice Chair of its Behavioral Health Subcommittee and liaison from NACBHDD, I support policy resolutions related to DSP classification, Medicaid and IMD changes, crisis response system, and the workforce shortage.

I have been reappointed to the Healthy Counties Advisory Board, with focus on community health and safety: the physical and built environment; community and interpersonal violence; mental health and substance use; safe and affordable housing; transportation and infrastructure. To create health-supportive environments where everyone has access to the full benefits of society, we acknowledge threats such as gun violence, significant amounts of lead in parks, limited access to healthcare, etc. 2023-2024 priorities will be based on member input.

In 2016, Champaign County joined the Stepping Up Initiative and Data Driven Justice Initiative. Stepping Up has merged with a NACo community of practice called Familiar Faces, through which members learn about other communities' solutions and successful pilot programs. We are an Innovator County due to the brief screening of all who are booked into the Jail.

## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – January 2024 Board Meeting**

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

##### **2nd Quarter Reporting:**

2nd quarter financial and program reporting will be due January 26, 2024. A Cultural Competency Plan progress report will be due at this time as well. I sent a reminder of the deadline out to the agencies in early January.

##### **Other Compliance:**

I made contact with numerous agencies regarding missing Board minutes.

##### **Audits:**

Audits/financial compilations for most of the agencies were due December 31, 2023. I sent out compliance letters suspending payments for late audits to Champaign County Healthcare Consumers, Champaign County Christian Health Center, Community Choices, Courage Connection, East Central Illinois Mutual Assistance Center, GROW in Illinois, Family Service, First Followers, PACE, Rosecrance, and WIN Recovery. Champaign County Healthcare Consumers, FirstFollowers, Family Service, and Rosecrance have since submitted their audits.

Promise Healthcare had an audit due June 30, 2023 (off-cycle). I sent Promise Healthcare a letter terminating both of their contracts due to the extended audit due date of December 27, 2023 not being met. (This extended due date was approved by the CCMHB at the October 2023 Board meeting.)

A Decision Memorandum with more details regarding late audits can be found elsewhere in the CCMHB packet.

Completed audits are sent to a consultant (John Brusveen) for review. I provide the consultant with all financial reports for funded programs from Fy2023.

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

I attended an AIR planning meeting on January 3 with AIR members and an Ebertfest organizer. Conversation is beginning to happen regarding the Ebertfest art show in 2024 and what that will look like.

**Freedom of Information Act (FOIA) Requests:**

I responded to a FOIA request in December, with guidance from the State's Attorney's Office.

**Other:**

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Attended meetings for the CCMHB/CCDDB.
- Composed minutes for the CCMHB/CCDDB meetings.
- I met with Alex Campbell (our consultant for the online system) to discuss data maintenance of the online reporting system.
- I completed County Fraud Training and Harassment Prevention for Illinois Employees as required by Champaign County.

## **January 2024 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:**

CU- Early Childhood: Information about CLC Training for staff.

Children's Advocacy Center: Support for 2<sup>nd</sup> Quarter CLC Reporting

### **CLC Coordinator Direct Service Activities**

#### **Mental Health First Aid for Adults and Adults Assisting Youth-**

**Mental Health First Aid Adults-** Self- Help Workshop Planned: February 8, 2024

**Mental Health First Aid-** December 14 and 22 Class Rescheduled Class

**Promoted the conference:** Stop the Violence- Healing Invisible Wounds Conference December 2, 2023

**Site Visit WIN Recovery:** January 3, 2023

#### **Training and Webinars**

**Center for Health Journalism: Is Social Media Fueling the Youth Mental Health Crisis?**  
December 12, 2023

**Taking a local health and equity approach to climate change:** December 12, 2024

**[Taking a local approach to health and equity approach to climate change recording](#)**

**Illinois State Legislation Update for Counties-** January 10, 2024, 12pm CST.

*Join Illinois Extension and the Illinois Association of County Board Members to learn about recent and potential changes in legislation at the state level, and implications for Illinois counties and local governments.*

**[Registration Link for State Legislative Update](#)**

County Health Rankings and Roadmaps Webinar: Investigating new approaches to racial healing- 3 pm ET, Tuesday, January 16<sup>th</sup>, 2024.

The Role of Person-Centered Planning for Employment Support Jan 9, 2024, 02:00 PM

[Link to Register for Person Centered Webinar](#)

## **Anti-Stigma Activities/Community Collaborations and Partnerships**

### **ACMHAI:**

Best Practices Training December 7, 2023

ACMHAI General Body Meeting: December 8, 2023

### **Alliance for Inclusion and Respect (AIR)**

I attended a meeting on January 3, 2024, with the Ebertfest Coordinator, Molly Cornyn the AIR Membership. We talked about the Art Show, ways to promote the Art Show to people that attend the festival. It will be held on April 17-20, 2024. I will connect with Molly next month discuss a student screening this year.

## **Suggested Online Content for Decision Makers**

**Center of Excellence- social media and Youth Mental Health from the American Academy of Pediatrics.**

*"In partnership with the National Council on Mental Wellbeing, we've created a TikTok style video with tips specifically for teens to help create a healthy balance of time online."*

[Social Media Tips for Teens](#)

**SAMHSA Empowering Youth for Safer Choices - SAMHSA Fentanyl Awareness Youth Challenge**

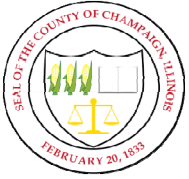
[Fentanyl Awareness Youth Challenge](#)

National Federation of Families invites Families around the country to fill out a survey to find out how are families really doing. This is part 3 of a survey that was started during the pandemic, to gather information on the supports that were working for families.

[Family Survey](#)

FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVL MNTL DISABILITY BOARD

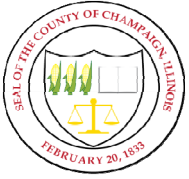
COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 12



	ACTUAL 2022 JAN - DEC	ACTUAL 2023 JAN - DEC	2023 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	4,518,494.67	4,879,250.90	4,857,487.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	1,209.97	2,396.21	4,000.00
06 MOBILE HOME TAX	3,039.15	3,221.83	0.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>4,522,743.79</b>	<b>4,884,868.94</b>	<b>4,863,487.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	35,285.37	77,243.96	2,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>35,285.37</b>	<b>77,243.96</b>	<b>2,000.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
02 OTHER MISCELLANEOUS REVENUE	0.00	50,550.00	5,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>0.00</b>	<b>50,550.00</b>	<b>5,000.00</b>
<b>TOTAL REVENUES</b>	<b>4,558,029.16</b>	<b>5,012,662.90</b>	<b>4,870,487.00</b>
<b>EXPENDITURES</b>			
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	358,450.32	373,186.00	407,118.00
25 CONTRIBUTIONS & GRANTS	3,777,207.00	4,273,811.00	4,417,369.00
<b>5020 SERVICES TOTAL</b>	<b>4,135,657.32</b>	<b>4,646,997.00</b>	<b>4,824,487.00</b>
<b>TOTAL EXPENDITURES</b>	<b>4,135,657.32</b>	<b>4,646,997.00</b>	<b>4,824,487.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	0.00	0.00	4,000.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>4,000.00</b>
<b>7001 OTHER FINANCING USES</b>			
01 TRANSFERS OUT	-50,000.00	-50,000.00	-50,000.00

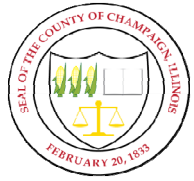
**FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD**

**COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 12**



	<u>ACTUAL</u> 2022 JAN - DEC	<u>ACTUAL</u> 2023 JAN - DEC	<u>2023</u> ANNUAL BUDGET
<b>7001 OTHER FINANCING USES TOTAL</b>	-50,000.00	-50,000.00	-50,000.00
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	-50,000.00	-50,000.00	-46,000.00
<b>NET CHANGE IN FUND BALANCE</b>	-372,371.84	-315,665.90	0.00





FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 12

	ACTUAL 2022 JAN - DEC	ACTUAL 2023 JAN - DEC	2023 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	10,442.76	5,635.42	1,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>10,442.76</b>	<b>5,635.42</b>	<b>1,000.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
02 OTHER MISCELLANEOUS REVENUE	262,044.31	0.00	0.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>262,044.31</b>	<b>0.00</b>	<b>0.00</b>
<b>TOTAL REVENUES</b>	<b>272,487.07</b>	<b>5,635.42</b>	<b>1,000.00</b>
<b>EXPENDITURES</b>			
<b>5010 COMMODITIES</b>			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
<b>5010 COMMODITIES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,063.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	1,302.12	0.00	4,000.00
07 INSURANCE (NON-PAYROLL)	316.33	0.00	0.00
11 UTILITIES	1,604.39	0.00	0.00
12 REPAIRS AND MAINTENANCE	14,059.79	0.00	0.00
14 FINANCE CHARGES AND BANK FEES	161.00	0.00	0.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	142,998.00	341,737.00
<b>5020 SERVICES TOTAL</b>	<b>17,443.63</b>	<b>142,998.00</b>	<b>345,937.00</b>
<b>TOTAL EXPENDITURES</b>	<b>17,443.63</b>	<b>142,998.00</b>	<b>351,000.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	50,000.00	50,000.00	50,000.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>



**FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT**

**COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 12**

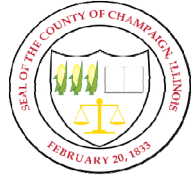
	<u>ACTUAL</u> 2022 JAN - DEC	<u>ACTUAL</u> 2023 JAN - DEC	<u>2023</u> ANNUAL BUDGET
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>-305,043.44</b>	<b>87,362.58</b>	<b>300,000.00</b>



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 12

	<u>ACTUAL</u> 2022 JAN - DEC	<u>ACTUAL</u> 2023 JAN - DEC	<u>2023</u> ANNUAL BUDGET
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	5,501,213.94	5,937,146.24	5,913,892.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	1,000.00
04 PAYMENT IN LIEU OF TAXES	1,473.55	2,915.74	2,000.00
06 MOBILE HOME TAX	3,700.12	3,920.38	0.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>5,506,387.61</b>	<b>5,943,982.36</b>	<b>5,916,892.00</b>
<b>4004 INTERGOVERNMENTAL REVENUE</b>			
76 OTHER INTERGOVERNMENTAL	358,450.32	373,186.00	407,118.00
<b>4004 INTERGOVERNMENTAL REVENUE</b>	<b>358,450.32</b>	<b>373,186.00</b>	<b>407,118.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	47,854.80	61,521.20	3,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>47,854.80</b>	<b>61,521.20</b>	<b>3,000.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
01 GIFTS AND DONATIONS	0.00	450.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	55,161.00	21,870.00	39,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>55,161.00</b>	<b>22,320.00</b>	<b>42,000.00</b>
<b>TOTAL REVENUES</b>	<b>5,967,853.73</b>	<b>6,401,009.56</b>	<b>6,369,010.00</b>
<b>EXPENDITURES</b>			
<b>5001 SALARIES AND WAGES</b>			
02 APPOINTED OFFICIAL SALARY	108,786.33	107,000.00	107,000.00
03 REGULAR FULL-TIME EMPLOYEES	345,774.23	361,123.37	368,198.00
05 TEMPORARY STAFF	0.00	88.00	2,500.00
08 OVERTIME	0.00	0.00	2,612.00
<b>5001 SALARIES AND WAGES TOTAL</b>	<b>454,560.56</b>	<b>468,211.37</b>	<b>480,310.00</b>
<b>5003 FRINGE BENEFITS</b>			
01 SOCIAL SECURITY-EMPLOYER	32,973.70	34,254.69	36,353.00
02 IMRF - EMPLOYER COST	22,495.54	11,821.28	12,546.00
04 WORKERS' COMPENSATION INSURANC	2,298.60	1,890.99	2,376.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 12

	ACTUAL 2022 JAN - DEC	ACTUAL 2023 JAN - DEC	2023 ANNUAL BUDGET
05 UNEMPLOYMENT INSURANCE	1,494.89	1,655.53	1,656.00
06 EE HLTH/LIF (HLTH ONLY FY23)	52,673.16	56,037.66	73,440.00
<b>5003 FRINGE BENEFITS TOTAL</b>	<b>111,935.89</b>	<b>105,660.15</b>	<b>126,371.00</b>
<b>5010 COMMODITIES</b>			
01 STATIONERY AND PRINTING	0.00	3,959.68	3,960.00
02 OFFICE SUPPLIES	2,806.55	3,511.63	3,900.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	71.85	300.00
04 POSTAGE, UPS, FEDEX	1,171.10	1,330.71	2,000.00
05 FOOD NON-TRAVEL	149.89	882.66	1,150.00
12 UNIFORMS/CLOTHING	0.00	703.50	703.50
13 DIETARY NON-FOOD SUPPLIES	0.00	233.89	500.00
17 EQUIPMENT LESS THAN \$5000	6,802.00	3,502.62	6,800.00
19 OPERATIONAL SUPPLIES	0.00	2,233.94	4,296.50
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
<b>5010 COMMODITIES TOTAL</b>	<b>10,929.54</b>	<b>16,430.48</b>	<b>23,895.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	113,447.52	193,287.88	195,133.00
02 OUTSIDE SERVICES	30,829.66	7,452.00	21,651.28
03 TRAVEL COSTS	975.44	8,758.35	11,500.00
04 CONFERENCES AND TRAINING	1,616.43	2,368.18	10,000.00
05 TRAINING PROGRAMS	0.00	4,595.60	20,729.86
07 INSURANCE (non-payroll)	13,168.31	9,618.00	18,000.00
11 UTILITIES	663.64	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00
13 RENT	23,991.51	27,751.09	31,564.74
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	191.20	7,011.30	7,200.00
21 DUES, LICENSE & MEMBERSHIP	17,719.99	17,239.99	20,000.00
22 OPERATIONAL SERVICES	42,675.72	2,448.19	37,230.00
24 PUBLIC RELATIONS	32,370.00	16,631.20	18,500.00
25 CONTRIBUTIONS & GRANTS	5,288,028.21	5,246,575.86	5,506,064.00
45 ATTORNEY/LEGAL SERVICES	0.00	2,300.00	3,500.00
46 EQUIP LEASE/EQUIP RENT	0.00	2,189.66	2,388.72
47 SOFTWARE LICENSE & SAAS	5,415.16	9,243.67	13,500.00
48 PHONE/INTERNET	0.00	2,425.49	2,470.00
<b>5020 SERVICES TOTAL</b>	<b>5,571,092.79</b>	<b>5,559,896.46</b>	<b>5,920,061.60</b>



**FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD**

**COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 1 THROUGH PERIOD: 12**

	<u>ACTUAL</u> 2022 JAN - DEC	<u>ACTUAL</u> 2023 JAN - DEC	<u>2023</u> ANNUAL BUDGET
<b>TOTAL EXPENDITURES</b>	<b>6,148,518.78</b>	<b>6,150,198.46</b>	<b>6,550,637.60</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>7001 OTHER FINANCING USES</b>			
01 TRANSFERS OUT	0.00	-127,535.00	-144,535.00
<b>7001 OTHER FINANCING USES TOTAL</b>	<b>0.00</b>	<b>-127,535.00</b>	<b>-144,535.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>-127,535.00</b>	<b>-144,535.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>180,665.05</b>	<b>-123,276.10</b>	<b>326,162.60</b>

MAJOR PROJECT TITLE  
 \*\*\*\*\*  
 disability Resource Expo

PROJECT TITLE  
 -----  
 DisExpo disability Resource Expo  
 BEGINNING BALANCE .00

FUNDING SOURCES	TITLE	AMOUNT
DisExpo -MISC REV	-OtherMisc -	-11,239.00
	Sponsorships/Exhibitor Fees	-11,239.00
	FUNDING SOURCE TOTAL	-11,239.00

EXPENSE STRINGS	TITLE	AMOUNT
DisExpo -COMM	-OPER SUPP -	2,233.94
DisExpo -COMM	-STA PRINT -	3,959.68
DisExpo -COMM	-Uniform	703.50
DisExpo -SERVICES	-JOB REQ TRV-	136.05
DisExpo -SERVICES	-LEGAL ADV -	6,862.50
DisExpo -SERVICES	-PR	631.20
DisExpo -SERVICES	-PROF SVC -	50,471.25
DisExpo -SERVICES	-Rent	2,560.00
	EXPENSE TOTAL	67,558.12

ENDING BALANCE 56,319.12

\*\*\*\*\* TOTALS

BEGINNING BALANCE .00  
 FUNDING SOURCE -11,239.00  
 EXPENSE 67,558.12  
 ENDING BALANCE 56,319.12

REPORT TOTAL: 56,319.12

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

## **Mission**

The mission of Prairieland Service Coordination, Inc. (PSCI) is to provide lifespan individual service coordination to individuals with intellectual and developmental disabilities.

Prairieland is here to help people with disabilities receive the assistance they need, want, and deserve to navigate daily living and to connect people with disabilities to their community.

PSCI shall support and assist the individual and family by:

- identifying services
- linking the individual to the services
- providing individual service-planning, coordination, evaluation and advocacy.

Funding:

The funding for services is provided all or in part from the Illinois Department of Human Services.

Questions or comments regarding PSCI accredited programs and services shall be answered by contacting the Executive Director.

## **Prairieland Galesburg Office**

244 East Main St.  
Galesburg, IL 61401  
Phone: 309-921-9102  
Fax: 312-604-5626

## **Prairieland Decatur Office**

4857 Rt. 36 E  
Decatur, IL 62521  
Phone: 217-362-6128  
Fax: 217-362-6129

## **Prairieland Maryville Office**

2130 Vadalabene Drive, Suite A  
Maryville, IL 62062  
Phone: 618-288-1897  
Fax: 618-288-4016

## **Website**

[psci.info](http://psci.info)



**Prairieland Service Coordination, Inc.**

*Connecting People  
with Disabilities  
to our Community*



**Prairieland Service Coordination, Inc.**

**Information and Referral  
Intake**

**Service Planning**

**Service Monitoring**

**Advocacy**

**Community Awareness Education**

## Intake and Referral

All individuals seeking assistance from PrairieLand Service Coordination, Inc., are screened through personal interviews and social/medical records to determine the presence of a developmental disability.

This process helps to assure that the consumer's full range of needs and initial choices are identified and assessed. A referral to PrairieLand Service Coordination, Inc. can be made by calling the Intake/Referral Coordinator at 217.362.6128 or 800.866.8779.

## PUNS

*(Prioritization for Urgency of Need for Services)*

If you need services to help you with your developmental disability, please contact us to enroll you on the PUNS. The PUNS is a statewide database for individuals who are in need of services. The state uses the data from the PUNS to select individuals for funding for services, for budgeting purposes, and to plan for future needs. Completion of the PUNS does not guarantee that an individual will receive supports funded by the Division of Developmental Disabilities nor does it determine their eligibility for such supports.

## Testimonials

*"To Everyone at PrairieLand Service Coordination, My wife Rachelle and I would like to take this time to say Thank You from the bottom of our hearts for all the help, communication, and compassion your company has shown our family in helping receive assistance for our two beautiful daughters. Your assistance has truly been an answer to our prayers. Your outstanding communication, constant updates and caring have been a blessing. We cannot thank you enough for the ease of dealing with your company and the help you have provided for our family. We are forever grateful to each and every one of you."*

Robert and Rachelle Frazier

## Math

*People are created equally and added.*

*Never minus nor divide.*

*If you show a minus revenge can be poisonous.*

*If we show divide prejudice will blind us by hate.*

*But if we add multiples we are never alone.*

*By Eric Beasley*

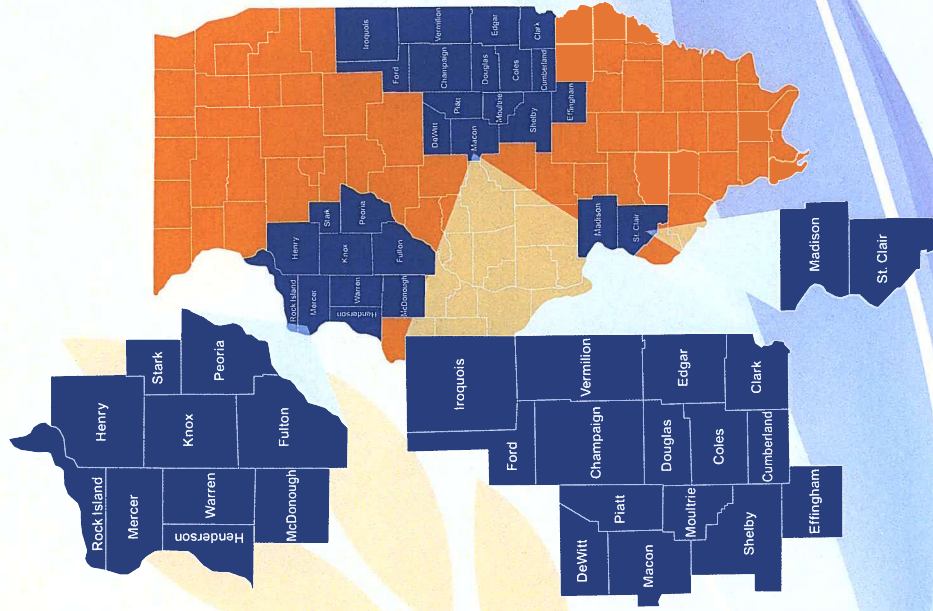
We are happy to share this prose by Eric Beasley. Eric previously received services through PrairieLand Service Coordination, Inc.

*"Writing poems is a hobby of mine that I use daily and this poem just came into my head because math is a favorite of mine." –Eric*

## Assessments

Assessments are used to determine an individual's strengths and abilities.

These assessments allow the service coordinator to assist the individual in determining eligibility for available services and, if eligible, making the best informed choice of which services the individual may need and want.







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## DECISION MEMORANDUM

DATE: January 17, 2024  
TO: Champaign County Developmental Disabilities Board (CCDDB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: Addenda to CCDDB-CCMHB Personnel Policy

### Background:

The Champaign County Mental Health Board (CCMHB) was established and funded by referendum in 1972, through the [Illinois Community Mental Health Act \(405 ILCS 20/\)](#) and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (CCDDB) in 2004, through what is now the [Illinois Community Care for Persons with Developmental Disabilities Act \(50 ILCS 835/\)](#). The CCMHB and CCDDB have an [Intergovernmental Agreement](#) which defines, among other things, the sharing of oversight and costs of administration of the funds under their control.

The CCMHB has the authority “to employ, establish compensation for, and set policies for its personnel, including legal counsel, as may be necessary to carry out the purposes of this Act and prescribe the duties thereof.” Under this explicit authority, the Board has established policies which align with those of Champaign County. Currently in force are a [Personnel Policy last revised and approved in 2018](#), a [Travel Policy adopted in 2019](#), and “Funding Guidelines” for each of the [CCMHB](#) and [CCDDB](#), which serve as purchasing policies.

### Personnel Policy Addenda:

The [County’s personnel policy](#) has been revised and amended to be consistent with changes in employment law. In addition, during the public health emergency, we learned how to maximize telework and now seek to codify the practice. The attached DRAFT Addenda are presented for review and approval.

*Addendum A:* Policy Against Discrimination, Harassment, and Sexual Misconduct

*Addendum B:* Equal Employment Opportunity, Background Checks, and Bereavement Leave

*Addendum C:* Telework

If approved by both Boards, these addenda to the CCDDDB-CCMHB Personnel Policy will be posted publicly with existing policy.

### **Revised CCMHB-CCDDDB Personnel and Travel Policies:**

Also in progress is a DRAFT Revised CCMHB-CCDDDB Travel Policy, to align more closely with the Champaign County Travel and Business Expense Policy and accounting practices. This will be presented at a later Board meeting.

The Personnel Policy may be revised as new employment law is clarified and to further conform to the Personnel Policy of Champaign County. I will continue to seek guidance from our state association’s legislative committee and liaison and from the State’s Attorney’s Office Civil Division.

### **Decision Section:**

Motion to approve the attached DRAFT CCMHB-CCDDDB Personnel Policy Addendum A: Policy Against Discrimination, Harassment, and Sexual Misconduct.

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached DRAFT CCMHB-CCDDDB Personnel Policy Addendum B: Equal Employment Opportunity, Background Checks, and Bereavement Leave

- Approved
- Denied
- Modified
- Additional Information Needed

Motion to approve the attached DRAFT CCMHB-CCDDDB Personnel Policy Addendum C: Telework.

- Approved
- Denied
- Modified
- Additional Information Needed

***DRAFT***

**Champaign County Mental Health Board (CCMHB) and  
Champaign County Board for the Care and Treatment of  
Persons with a Developmental Disability (CCDDB)**

**Personnel Policy Addendum A:  
Policy Against Discrimination, Harassment,  
and Sexual Misconduct**

**Statement of Policy:**

It is the policy of the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (CCDDB) and the Champaign County Mental Health Board (CCMHB) that they will not tolerate or condone discrimination or harassment on the basis of race, color, religion, creed, sex, gender-identity, gender-expression, sexual orientation, pregnancy, childbirth, medical or common conditions relating to pregnancy and childbirth, genetic information, national origin, age, physical or mental disability, ancestry, marital status, military status, arrest record, unfavorable discharge from military service, order of protection status, citizenship status, or any other classification protected under federal or state law. Sexual misconduct is also prohibited. The CCDDB and CCMHB will neither tolerate nor condone discrimination, harassment, or sexual misconduct by employees, appointed officials, or non-employees with whom the CCDDB and CCMHB have a business, service, or professional relationship.

“Employee,” for purposes of this policy only, includes any individual performing work for the CCDDB and CCMHB, an apprentice, applicant for apprenticeship, or unpaid intern. Champaign County has appointed the Deputy Director of Administration as its ethics officer to receive and oversee investigations of complaints made pursuant to Champaign County’s policy and this policy, and they are referred to in this policy as Champaign County’s “Ethics Officer.” Champaign County reserves the right to change the Ethics Officer from time to time. The CCDDB/CCMHB may rely on this Officer and other Champaign County officials in the implementation of this policy.

Retaliation against an employee who complains about or reports any act of discrimination, harassment, or misconduct in violation of this policy is prohibited. Retaliation against any employee who participates in an investigation pursuant to this policy is likewise prohibited. The CCDDB and CCMHB are committed to ensuring and providing a workplace free of discrimination, harassment, sexual misconduct, and retaliation. The CCDDB/ CCMHB will take disciplinary action, up to

and including termination, against an employee who violates this policy.

As set forth above, sexual harassment and sexual misconduct are prohibited. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or any other visual, verbal, or physical conduct of a sexual nature when:

1. Submission to or rejection of this conduct explicitly or implicitly affects a term or condition of individual's employment;
2. Submission to or rejection of the conduct is used as the basis for an employment decision affecting the harassed employee; or
3. The harassment has the purpose or effect of unreasonably interfering with the employee's work performance or creating an intimidating, hostile, or offensive work environment because of the persistent, severe, or pervasive nature of the conduct.

Sexual harassment can occur in a variety of circumstances, including but not limited to the following:

- The employee as well as the harasser may be a woman or a man. The employee does not have to be of the opposite sex.
- The harasser can be the employee's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The employee does not have to be the person harassed but could be anyone affected by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the employee.
- The harasser's conduct must be unwelcome.

Each employee must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as sexual harassment or harassment based on any status protected by law. The following are illustrations of actions that the CCDDDB/CCMHB deem inappropriate and in violation of this policy:

1. Unwanted sexual advances.
2. Offering employment benefits in exchange for sexual favors.
3. Retaliating or threatening retaliation after a negative response to a sexual advance or after an employee has made or threatened to make a harassment

complaint.

4. Visual conduct such as leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons, calendars, or posters.
5. Verbal conduct such as making derogatory comments, using epithets or slurs, or making sexually explicit jokes or suggestive comments about a person's body or dress.
6. Written or electronic communications of a sexual nature or containing statements or images which may be offensive to individuals in a particular protected group, such as racial or ethnic stereotypes or stereotypes about disabled individuals.
7. Physical conduct such as unwanted touching, assaulting, impeding, or blocking movements.

Sexual misconduct is strictly prohibited by the CCDDDB/CCMHB and can include any inappropriate or illegal conduct of a sexual nature including, but not limited to, sexual abuse, sexual exploitation, sexual intimidation, rape, sexual assault, or any sexual contact or sexual communications with a minor (including, but not limited to, conduct or communications which are written, electronic, verbal, visual, virtual, or physical).

## **Responsibilities:**

### **A. Executive Director**

The Executive Director shall be responsible for ensuring compliance with this policy, including the following:

1. Monitoring the workplace environment for signs of discrimination, harassment, or sexual misconduct.
2. Immediately notifying law enforcement where there is reasonable belief that the observed or complained-of conduct violates the criminal laws of the State of Illinois.
3. Immediately notifying the Department of Children and Family Services (DCFS) Hotline (1-800-25-ABUSE or 1-800-252-2873) if the observed or complained-of conduct involves the abuse of a minor.
4. Immediately stopping any observed acts of discrimination, harassment, or sexual misconduct and taking appropriate steps to intervene, whether or not the involved employees are within his/her line of supervision.

5. Immediately reporting any complaint of harassment, discrimination, or sexual misconduct to the State's Attorney to the County's Ethics Officer.
6. Taking immediate action to limit the work contact between the individuals when there has been a complaint of discrimination, harassment, or sexual misconduct, pending investigation.

## **B. Employees**

Each employee is responsible for assisting in the prevention of discrimination, harassment, and sexual misconduct through the following acts:

1. Refraining from participation in, or encouragement of, actions that could be perceived as discrimination, harassment, or sexual misconduct.
2. Immediately reporting any violations of this policy to the Executive Director, the County's Ethics Officer, or the State's Attorney and law enforcement (if appropriate under the circumstances) and/or DCFS (if appropriate under the circumstances). Employees are obligated to report violations of this policy as soon as they occur. An employee should not wait until the conduct becomes unbearable before reporting the prohibited conduct. All employees are obligated to report instances of prohibited conduct even if the conduct is merely observed and directed toward another individual and even if the other person does not appear to be bothered or offended by the conduct. All employees are obligated to report instances of prohibited conduct regardless of the identity of the alleged offender (e.g., man, woman, non-binary person, supervisor, elected official, appointed official, co-worker, volunteer, vendor, member of public).
3. Encouraging any employee who confides that they are the victim of conduct in violation of this policy to report these acts to a supervisor.

Failure to take action to stop known discrimination, harassment, or sexual misconduct may be grounds for discipline.

There is a clear line, in most cases, between a mutual attraction/consensual exchange and unwelcome behavior/pressure for an intimate relationship. A friendly interaction between two people who are receptive to one another is not considered unwelcome or harassment. Employees are free to form social relationships of their own choosing. However, when one employee is pursuing or forcing a relationship upon another who does not like or want it, regardless of friendly intentions, the behavior is unwelcome sexual behavior. An employee confronted with these actions is encouraged to inform the harasser that such behavior is offensive and must stop. Employees should assume that sexual comments are unwelcome unless they have clear unequivocal indications to the contrary. In other words, another person does not have to tell someone to stop

for their conduct to be harassment and unwelcome. Sexual communications and sexual contact with a minor are ALWAYS prohibited.

If an employee is advised by another person that their behavior is offensive, the employee must immediately stop the behavior, regardless of whether they agree with the person's perceptions of their intentions.

The CCDDDB and CCMHB do not consider conduct in violation of this policy to be within the course and scope of employment and do not sanction such conduct on the part of any employee, including supervisory and management employees.

### **Applicable Procedures:**

The CCDDDB and CCMHB take allegations of discrimination, harassment, and sexual misconduct very seriously and will actively investigate all complaints.

It is helpful for the employee to directly inform the offending individual that the conduct is unwelcome and must stop. The employee should use the following complaint procedure to advise the CCDDDB/CCMHB of any perceived violation of this policy as soon as it occurs.

#### **A. Bringing a Complaint**

Any employee of the CCDDDB/CCMHB who believes that there has been a violation of this policy may bring the matter to the attention of the CCDDDB/CCMHB and/or Champaign County in one of the following ways:

1. Advising the Executive Director and the Board Presidents.
2. In the event the complaint involves the Executive Director, Board Presidents, or another in the employee's line of command, advising the State's Attorney and Ethics Officer.
3. An appointed official of the CCDDDB/CCMHB can bring a complaint against an appointed official of the CCDDDB/CCMHB or an elected official of Champaign County by advising the Ethics Officer, State's Attorney, and/or County Executive. An independent reviewer will be assigned to investigate such complaints.

The complaint should be presented as promptly as possible after the alleged violation of this policy occurs.

The CCDDDB/CCMHB and/or Champaign County will take steps to ensure that complaints made are kept confidential to the extent permissible under the law.



Individuals who are involved in an investigation under this policy are required to keep the matter confidential to the fullest extent permitted under the law.

## **B. Resolution of a Complaint**

Promptly after a complaint is submitted, the CCDDDB/CCMHB and/or Champaign County will undertake such investigation and corrective or preventive actions as are appropriate. In general, the procedure in resolving any complaints can, but will not necessarily, include any of the following:

1. A meeting between the employee making the complaint and an individual designated by the CCDDDB/CCMHB and/or Champaign County to investigate such complaints. Important data to be provided by the complaining employee includes the following:
  - a. A description of the specific offensive conduct.
  - b. Identification of all person(s) who engaged in the conduct.
  - c. The location where the conduct occurred.
  - d. The time when the conduct occurred.
  - e. Whether there were any witnesses to the conduct.
  - f. Whether conduct of a similar nature has occurred on prior occasions.
  - g. Whether there are any documents which would support the complaining employee's allegations.
  - h. What impact the conduct had on the complaining employee.
2. While not required, the CCDDDB and CCMHB encourage anyone who makes a complaint under this policy to provide a written statement setting forth the above details and attaching any pertinent records.
3. After a complaint is submitted by the employee, the alleged offending individual should be contacted by a designated representative of the CCDDDB/CCMHB and/or Champaign County. The alleged offending individual should be advised of the charges brought against him or her and may be provided with a copy of the written statement of complaint made by the complaining employee (if applicable). The alleged offending individual should have an opportunity to fully explain their side of the circumstances, and may also submit a written statement, if desired.
4. After the alleged offending individual is interviewed, any witnesses

identified by either the complaining employee or the alleged offending individual may be interviewed separately.

5. Once this investigation is completed, the CCDDDB/CCMHB and/or Champaign County will take such action as is appropriate based upon the information obtained in the investigation. If they find merit in the charges made by the complaining employee, disciplinary action will be taken against the offending employee or official. This disciplinary action may, but need not necessarily, include:
  - a. Verbal or written reprimand.
  - b. Placing the offending employee on a corrective action plan for a period of time to be identified.
  - c. Delay in pay increases or promotions.
  - d. Suspending the offending employee from work without pay.
  - e. Demotion.
  - f. Immediate termination.
6. Upon completion of the investigation, the CCDDDB/CCMHB and/or Champaign County will advise the complaining employee of the results of the investigation, including action taken, if any, against the offending individual.

When investigating alleged violations of this policy, the CCDDDB/CCMHB and/or Champaign County look at the whole record including, but not limited to, the nature of the allegations, the context in which the alleged incidents occurred, and the statements of the parties and witnesses. A determination on the allegations is made from the facts on a case-by-case basis.

### **Non-Retaliation:**

Under no circumstances will there be any retaliation against any employee making a complaint of discrimination, harassment, or sexual misconduct. Any act of retaliation by any party directed against a complaining employee, an accused employee, witnesses, or participants in the process will be treated as a separate and distinct complaint and will be similarly investigated. Complaints of retaliation should be addressed to the CCDDDB/CCMHB Executive Director and Presidents, Champaign County Ethics Officer, State's Attorney, or County Executive. Illinois law provides protections to whistleblowers as set forth in the Whistleblower Act, 740 ILCS 174/15 and the Illinois Human Rights Act, 775 ILCS 5/6-101.

## **Discipline, Fines, and Penalties:**

In addition to any and all other discipline that may be applicable pursuant to CCDDDB/CCMHB and/or Champaign County policies, employment agreements, procedures, employee handbooks, and/or collective bargaining agreement, any person who violates this policy or the Prohibition on Sexual Harassment contained in 5 ILCS 430/5-65, may be subject to a fine of up to \$5,000 per offense, applicable discipline, or discharge by the CCDDDB/CCMHB or Champaign County and any applicable fines and penalties established pursuant to local ordinance, state law, or federal law. Each violation may constitute a separate offense. Any discipline imposed by the CCDDDB/CCMHB or Champaign County shall be separate and distinct from any penalty imposed by an ethics commission and any fines or penalties imposed by a court of law or a state or federal agency.

## **False Reports Prohibited:**

It is a violation of this policy for an employee to knowingly make a false report of discrimination, harassment, sexual misconduct, or retaliation. An employee who is found to have knowingly made a false report is subject to disciplinary action, as set forth in "Resolution of Complaint," 5, above.

## **Additional Resources:**

If an employee has any questions concerning the CCDDDB/CCMHB or Champaign County policies on this matter, they may see the CCDDDB/CCMHB Executive Director, the Ethics Officer, or the State's Attorney.

### **Equal Employment Opportunity Commission**

Federal law provides protection against unlawful discrimination and harassment. Further information may be obtained from the Equal Employment Opportunity Commission (EEOC), 800-669-4000.

### **Illinois Department of Human Rights**

The Illinois Human Rights Act ("the Act") states that employees have the right to be free from unlawful discrimination and sexual harassment. This means that employers may not treat people differently based on race, age, gender, pregnancy, disability, sexual orientation, or any other protected class named in the Act. This applies to all employer actions including hiring, promotion,

discipline, and discharge.

Employees also have the right to reasonable accommodations based on pregnancy and disability. This means an employee can ask for reasonable changes to their job if needed because they are pregnant or disabled.

It is unlawful for employers to treat people differently because they have reported discrimination, participated in an investigation, or helped others exercise their right to complain about discrimination.

Confidential reports of harassment or discrimination may be made to the CCDDDB/CCMHB Executive Director, the County's Ethics Officer, the offending employee's supervisor, or the State's Attorney or, in the event the alleged harasser is the State's Attorney, the County Executive

Employees can also contact the Illinois Department of Human Rights (IDHR) to file a charge at the locations listed below. They can also call the Illinois Sexual Harassment and Discrimination Helpline at 1-877-236-7703 to talk to someone about their concerns.

IDHR Chicago Office  
James R. Thompson Center  
100 West Randolph St., Suite 10-100  
Chicago, IL 60601  
(312) 814-6200  
(866) 740-3952 (TTY)  
(312) 814-6251 (Fax)

IDHR Springfield Office  
535 W. Jefferson Street  
1<sup>st</sup> Floor  
Springfield, IL 62702  
(217) 785-5100  
(866) 740-3953 (TTY)  
(217) 785-5106 (Fax)

### **Department of Children and Family Services**

For matters involving the abuse of minors the Illinois Department of Children and Family Services (DCFS) may be contacted by dialing 800-25-ABUSE.

***DRAFT***

**Champaign County Mental Health Board (CCMHB) and  
Champaign County Board for the Care and Treatment of Persons  
with a Developmental Disability (CCDDB)**

**Personnel Policy Addendum B:  
Equal Employment Opportunity, Background  
Checks, and Bereavement Leave**

**Equal Employment Opportunity (EEO) Statement**

The CCDDB and CCMHB are committed to providing fair and equitable treatment to all employees and applicants for employment. This policy complies with federal and Illinois state laws.

Employees and applicants for employment with the CCDDB/CCMHB shall not be discriminated against on the basis of race, color, religion, national origin, ancestry, citizenship status, sex (including pregnancy), gender identity or expression, sexual orientation, age, marital status, parental status, order of protection status, genetic information, military status, unfavorable discharge from the military, arrest record, physical or mental disability unrelated to an individual's ability to perform the essential functions of the job with or without reasonable accommodations, or any other non-merit-based factor.

Employees and applicants for employment who are found to have a criminal conviction history shall be treated fairly and according to law, as described below in "Background Checks and Criminal Conviction History." It is against policy and illegal to discriminate against individuals whose criminal conviction histories do not have a substantial relationship to employment that is sought or held. It is against policy and illegal to retaliate against a person because that person complained about discrimination, filed a charge of discrimination, or participated in an employment discrimination investigation or lawsuit.

This Equal Employment Opportunity statement of policy and federal and Illinois state laws apply to all aspects of employment including but not limited to recruitment, hiring, benefits, wages, terms and conditions of employment, renewal of employment, selection for training or apprenticeship, training, transfer, tenure, promotion, layoff, demotion, discipline, discharge, firing, and harassment.

## Background Checks and Criminal Conviction History

The CCDDDB/ CCMHB Executive Director may perform background checks on applicants for employment and current employees. These background checks are completed within established laws and regulations (see Illinois Human Rights Act, 775 ILCS 2-103. 1). Applicants and employees may be required, as a condition of employment, to authorize in writing the completion of a background check. The authorization form may allow the Executive Director to perform future periodic background checks.

If the applicant or employee will have possible contact with children in the course of performing their job duties, the background check will include searches for child abuse and neglect indications and administrative findings, as well as criminal conviction history. If at any time an "indicated" finding of abuse and/or neglect is reported and the employee has possible contact with children in the course of his/her duties, employment will be terminated. If the applicant or employee will not have possible contact with children in the course of performing their job duties, the background check will include searches for criminal conviction history. If criminal convictions are found in a background check, the Executive Director will investigate to determine whether any conviction is substantially related to employment and will create unreasonable risk to CCDDDB, CCMHB, or Champaign County property or the safety and welfare of individuals based on the following considerations:

- The length of time since the conviction.
- The number of convictions that appear on the conviction record.
- The nature and severity of the conviction and its relationship to the safety and security of others.
- The facts or circumstances surrounding the conviction.
- The age of the employee at the time of the conviction.
- Evidence of rehabilitation efforts.
- The nature of the job sought (for example: specific job duties, supervision, surroundings).

Disciplinary action, up to and including termination, may result from this investigation.

If it is determined that an applicant's or employee's conviction record disqualifies the individual from employment, the Executive Director will provide the following in writing:

- Notice of the disqualifying conviction that is the basis for the preliminary decision and the reasoning for the disqualification.
- A copy of the conviction history report.
- An explanation of the applicant's or employee's right to respond to the notice of the preliminary decision before the decision becomes final. The applicant or employee will have 5 business days to respond. The applicant's or employee's response may include, but is not limited to, evidence challenging the accuracy of the conviction record that is the basis for the disqualification or evidence in mitigation, such as rehabilitation.

After considering any information the applicant or employee provides to the Executive Director, a final employment decision will be determined. If the final decision is that an employee's conviction record disqualifies the individual from employment, the Executive Director will provide the following in writing:

- Notice of the disqualifying conviction that is the basis for the final decision and the reasoning for the disqualification.
- Notice of the applicant's or employee's right to file a charge with the Illinois Department of Human Rights.

## **Bereavement**

### **Paid Bereavement Leave**

Full-time and part-time employees shall be granted paid bereavement leave for the scheduled working hours on five (5) consecutive workdays following the death of a spouse, child, parent, or domestic partner; and for the scheduled working hours on three (3) consecutive workdays following the death of a brother, sister, grandparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, or grandchild.

### **Unpaid Bereavement Leave**

This unpaid bereavement policy is in accordance with Illinois Public Act 102-1050, which is codified at 820 ILCS 154/1 et seq. All employees are entitled to use a maximum of 2 weeks (10 work days) of unpaid bereavement leave to attend the funeral, or alternative to a funeral, of a covered family member, make arrangements necessitated by the death of a covered family member, grieve the death of the covered family member, or be absent from work due to a miscarriage, unsuccessful round of intrauterine insemination or of an assisted reproductive technology procedure, a failed adoption match, or an adoption that is not finalized because it is contested by another party, a failed surrogacy agreement, a diagnosis that negatively impacts pregnancy or fertility, or a stillbirth.

A covered family member for unpaid bereavement leave is defined as an employee's child, stepchild, spouse, domestic partner, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent.

To access the unpaid bereavement leave, the employee must provide the CCDDDB/CCMHB Executive Director with at least 48 hours' advance notice of the employee's intention to take unpaid bereavement leave, unless providing such notice is not reasonable and practicable. The Executive Director may, but is not required to, require reasonable documentation of the death of a covered family member. For other events qualifying for unpaid bereavement leave, the Executive Director may, but is not required to, require reasonable documentation by means of a form provided by the Illinois Department of Labor, to be filled out by a health care practitioner who has treated the employee, the employee's spouse or domestic partner, or surrogate. Other than the death of a covered family member, the CCDDDB/CCMHB may not require the employee to identify which category of event the leave pertains to as a condition of exercising the right to unpaid bereavement leave.

Unpaid bereavement time must be taken within 60 days after the date on which the employee receives notice of the death of the covered family member or the date on which another qualifying event occurs. In the event of the death of more than one covered family member in a 12-month period, an employee is entitled to up to a total of 6 weeks of unpaid bereavement leave during the 12-month period.

Employees may not take unpaid leave that exceeds the leave time allowed under, or is in addition to, the leave time permitted by the federal Family and Medical Leave Act (FMLA), 29 USC 2601 et seq.

## **Paid Parental Leave**

Parental leave of ten (10) days paid leave is available for eligible employees beginning January 1, 2023 for the birth of a child or placement of a child through adoption or foster care. Eligible employees must:

- Be a regular full-time or part-time employee.
- Have been employed with the CCDDDB/CCMHB at least 12 months, or for a combination of current CCDDDB/CCMHB and other Champaign County directly before CCDDDB/CCMHB which totals at least 12 months.
- Have worked at least 1,250 hours during the 12-month period immediately before the commencement of leave.
- Meet the requirements for parental leave as defined under the federal Family and Medical Leave Act (FMLA), 29 U.S.C. 2601 et seq. and
- Have given birth to a child, be the spouse of a person who has given birth to a child, be the father of a newborn child, or have adopted or been placed with a foster child who is age 17 or younger, except the adoption of a spouse's child.

All leave must run concurrent with approved FMLA. Employees are not required to exhaust all other paid leave before taking paid parental leave. Paid parental leave must be taken within six (6) months of the qualifying event. Paid parental leave must be taken as ten (10) continuous days. No intermittent leave will be permitted. While on paid parental leave, the employee's payroll deductions will continue to be made and share of benefit premiums collected.



***DRAFT***

**Champaign County Mental Health Board (CCMHB) and  
Champaign County Board for the Care and Treatment of Persons with  
a Developmental Disability (CCDDB)**

**Personnel Policy Addendum C:  
Telework**

**Objective**

Telework allows Employees to work at home, on the road, or in a satellite location for all or part of their work week. The CCDDB/CCMHB consider telework to be a viable, flexible work option when both the Employee and the duties are suited to such an arrangement. Telework may be appropriate for some Employees and positions but not for others. Telework is not an entitlement, and it in no way changes the terms and conditions of employment with the CCDDB/CCMHB. The telework arrangement is an additional work flexibility that may be approved at the sole discretion of the Executive Director to accomplish the CCDDB and CCMHB's goals and mission.

**Procedure**

Telework can be informal, such as working from home for a short-term project or on the road during business travel, or it can be a formal, set schedule of working away from the office. Either the Employee or Executive Director can suggest teleworking as a possible work arrangement. All teleworking arrangements must be approved by the Executive Director and are made on a case-by-case basis, focusing first on organizational needs. The Executive Director may terminate the teleworking arrangement at any time with or without notice. However, subject to organizational needs, effort will be made to provide the Employee with 30-day-notice of a change in their worksite location arrangement when possible.

**Eligibility**

Before entering into any telework arrangement, the Employee and Executive Director will evaluate the suitability of such an arrangement by:

- Assessing the needs and work habits of the Employee, compared to traits customarily recognized as appropriate for successful teleworkers.
- Reviewing the job responsibilities to determine if and when they are appropriate for a teleworking arrangement.
- Considering the equipment, physical workspace, and scheduling needs related to an

appropriate location for the telework.

The Employee must determine any tax or legal implications under IRS, state, and local government laws and/or restrictions of working out of a home-based office. Responsibility for fulfilling all obligations in this area rests solely with the Employee.

## **Equipment**

On a case-by-case basis, the CCDDDB and CCMHB Presidents and Executive Director will determine, with information supplied by the Employee, the appropriate equipment needs for each teleworking arrangement. Equipment supplied by the CCDDDB/CCMHB will be maintained by the CCDDDB/CCMHB. Furnishings and equipment supplied by the Employee, if deemed appropriate by the organization, will be maintained by the Employee. The CCDDDB and CCMHB accept no responsibility for damage or repairs to Employee-owned equipment. The CCDDDB and CCMHB reserve the right to make determinations as to appropriate equipment, subject to change at any time.

Equipment supplied by the organization is to be used for business purposes only. All laptops must be stored in a secure location. The Employee must sign an inventory of all CCDDDB/CCMHB property received and agree to take appropriate action to protect the items from damage or theft. Upon exiting employment, the Employee must promptly return all organization property to the CCDDDB/CCMHB at the Executive Director's physical office or to an alternative location or person designated by the Executive Director.

The CCDDDB/CCMHB will supply the Employee with appropriate office supplies as deemed necessary in the sole discretion of the Executive Director. The CCDDDB/CCMHB may, on a case-by-case basis, reimburse the Employee for business-related expenses, with prior approval by the Executive Director, which are reasonably incurred in carrying out the Employee's job, subject to all applicable policies and procedures of the CCDDDB/CCMHB and consistent with those of Champaign County.

The Employee will establish an appropriate work environment within his or her home for work purposes. The CCDDDB/CCMHB will not be responsible for costs associated with the setup of the Employee's home office, such as remodeling, furniture, or lighting, nor for repairs or modifications to the home office space.

## **Security**

Consistent with the organization's expectations of information security for Employees working at the office, teleworking Employees will be expected to ensure the protection of proprietary

information accessible from their home office. Steps include the use of locked file cabinets and desks, regular password maintenance, and any other measures appropriate for the job and the environment.

## **Safety**

Employees are expected to maintain their home workspace in a safe manner, free from safety hazards. Teleworking Employees are responsible for notifying the employer of injuries sustained in conjunction with their regular work duties, regardless of location, as soon as it is practical. The Employee is solely liable for any injuries sustained by visitors to his or her home worksite.

## **Official Duties**

The Employee agrees to perform only official duties when on duty at the traditional worksite or approved alternative worksite. The Employee acknowledges that telework is not a substitute for dependent care.

Although an individual Employee's schedule may, with prior approval from the Executive Director, be modified to accommodate dependent care needs, the focus of the arrangement must remain on job performance and meeting CCDDBCCMHB organizational needs.

## **Pay and Benefits**

A teleworking arrangement is not a basis for changing the Employee's pay and benefits.

## **Work Schedule**

CCDDB/CCMHB and the Employee agree that the Employee will work the same work schedule at the alternative worksite that the Employee works at the regular office. The Executive Director determines the day(s) that the Employee will work at the alternative worksite. Work schedules and hours of duty may be modified as necessary but are subject to CCDDB/CCMHB procedures and approval prior to the effective date of any change. If the Employee is designated to telework in an emergency situation, the work hours may be subject to change. Emergency schedules will be set based on organizational needs.

The Employee may be required to return to the traditional worksite on scheduled teleworking days based on operational requirements. If a change in the Employee's work schedule is necessary, the Executive Director will afford the Employee as much notice as possible. The

Employee understands that a recall to the office for operational reasons is not a termination of the telework agreement.

## **Work Station**

Exceptions to the assigned worksite, whether it is the traditional worksite or telework site, may be made during emergencies (including a pandemic) and for short-term situations (medical accommodation).

## **Time Worked**

Teleworking Employees will be required to record all hours worked using the CCDDDB/CCMHB timesheet. Timekeeping is a critical function which may be performed by the individual Employee, Executive Director or their Designee, or a combination. The timekeeping function requires the accurate and timely recording of time and attendance data and the maintenance of related documentation. The payroll functional objective for time and attendance is to ensure that the attendance of Employees is accurately recorded and reported in order to compute pay, leave, and allowances.

The Executive Director shall ensure that:

- Individuals recording and approving time and attendance have been properly trained.
- The recording and approval of time and attendance are performed timely and accurately as required by responsible individuals.
- All required supporting documentation is available for audit purposes.
- Procedural guidance is clear and adequate to ensure that timekeeping and attendance certification are correctly performed.

When approving time and attendance reports, the Executive Director or their Designee are representing that, to the best of their knowledge, the actual work schedules recorded are true, correct, and accurate. Review and approval shall be made by the Executive Director or their Designee, who are knowledgeable of the time worked and absence of the Employee involved.

## **Leave of Absence**

The Employee agrees to follow established procedures, policy, and regulations for requesting and obtaining approval of leave. Failure to comply with this requirement may result in the immediate termination of the telework agreement, including progressive discipline.

## **Overtime**

The Employee agrees to follow established procedures, policy, and regulations for requesting and obtaining approval for overtime. Failure to comply with this requirement may result in the immediate termination of the telework agreement, including progressive discipline.

### **Temporary Teleworking Arrangements**

Temporary teleworking arrangements may be approved for circumstances such as inclement weather, special projects, or unanticipated emergencies, and business travel. These arrangements may be approved on an as-needed basis only, in the sole discretion of the Executive Director or their Designee, with no expectation of ongoing continuation.

Other informal, short-term arrangements may be made for Employees on family or medical leave to the extent practical for the Employee and the organization and with the consent of the Employee's health care provider, as appropriate.

All informal teleworking arrangements are made on a case-by-case basis, focusing first on organizational needs.

### **Emergency Dismissal or Closure Procedures**

Employees are expected to telework during a public health emergency such as a pandemic. They may also be expected to telework when the traditional worksite is closed due to emergency situations (wind, snow, or other weather emergencies, floods, act of terrorism), unless excused by the Executive Director upon consultation with County Administration. If the Employee is unable to work due to illness, dependent care responsibilities, or other personal needs, the Employee must request benefit time or a leave of absence and then regularly update the Executive Director or their Designee regarding the Employee's status and availability for work. The Employee may be granted excused absences on a case-by-case basis in the sole discretion of the Executive Director when other circumstances, such as power failure, prevent the Employee from working at the teleworking site.



January 5, 2024

CCDDB  
1776 E. Washington St.  
Urbana, IL 61802

CCDDB,

I am writing to request a waiver in the withholding of payments for non-compliance for FY23 due to the audit not being received prior to December 31, 2023. The audit had a delay in being completed on time for two reasons:

The first delay came as we originally signed a letter of intent with SKCO on 6/1/2023. I was awaiting their list of audit documents needed and instead on August 18, 2023 we received their resignation letter.

This was reported to CCMHB/CCDDB as soon as we received the letter. We then had to retain a new accounting firm to complete our audit for FY23. We were able to contract with Kemper CPA firm and we signed a letter of intent with them on September 14, 2023. With such a late date of retainer we had to be scheduled after the previously retained audits were completed.

The second delay came when the auditor at Kemper CPA had to take a two week medical leave. She has returned and we are working to finish the audit.

Without the CCDDB payments we may not have enough cashflow to continue the program for PSW as PACE has no additional funds at this time.

We should be able to complete this audit in January 2024 per my auditor.

We request payments continue to be made and a 60 day extension for the audit which we will have to you no later than February 29, 2024.

Thank you for partnering with PACE to service Champaign County!

Sincerely,

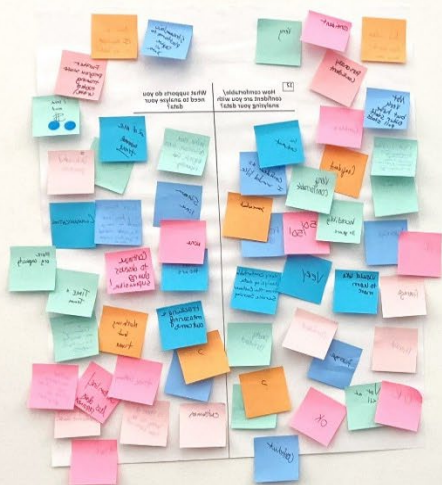
Michelle Ingram  
Administrative & Financial Assistant

# GROUP LEVEL ASSESSMENT OF FUNDED AGENCY EVALUATION EXPERIENCES AND PRACTICES

## Main Findings and Recommendations in Support of the Mental Health and Developmental Disability Agency and Board Evaluation Capacity Building Project Needs Assessment

January 2024

Prepared for the January 2024 Mental Health and Developmental Disability Board packets by the Family Resiliency Center; Department of Human Development and Family Studies; College of Agricultural, Consumer, and Environmental Sciences; University of Illinois, Urbana-Champaign



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# Executive Summary

## Group Level Assessment Overview

This report provides an overview of main findings with a focus on actionable recommendations from a Group Level Assessment (GLA)<sup>1</sup> conducted with funded mental health (MH) and developmental disability (DD) agency representatives on November 3, 2023 as a part of the evaluation capacity building project. GLA is a qualitative and participatory strategy for collecting data and generating action plans with those directly impacted by experiences explored during the GLA and emergent action plans and recommendations. GLA is particularly informative when used as part of a needs assessment process. During the GLA, **33 staff** representatives (15 DD and 18 MH) with **250 years** of collective experience across **19 agencies** answered **37 prompts** and generated over **2044 data points** (1803 sticky notes with insights and 241 voting dots denoting importance). Then, participants were divided into six groups to analyze responses to prompts. Prompts were created based on findings from needs assessment interviews with board members and previous evaluators, focus groups with agency leaders, discussions with board staff, and a pre-GLA survey sent to prospective participants. The GLA aimed to identify key needs, strengths, barriers, and current practices oriented around program evaluation to inform evaluation capacity building content and activity recommendations (e.g., microlearning offerings).

## Main Findings

Participants and evaluation team members analyzed data from the assessment. Themes and broad actionable takeaways were identified. Three major themes underlie the findings. Overall, the results showed that agencies:

- A.** Understand the **value of evaluation and use it** for multiple purposes;
- B.** Recognized the need for and are receptive to receiving evaluation support and training on various evaluation components, acknowledging “**we don’t know what we don’t know;**” and
- C.** Expressed concern about **limited staff, time, technology, and funds** that often inhibit optimal evaluation practices.

These themes are threaded throughout the report. There was variation in levels of evaluation practice and use among agencies; some were moving to evaluating outcomes and some were trying to determine best ways to use data to inform practices. Participants want to find ways to consolidate data collection and simplify reporting, especially among multiple grants and funders.

The broad actionable takeaway categories included:

- 1.** Agencies need **additional evaluation capacity** to conduct evaluation activities, even when confident in evaluation abilities.
- 2.** **Systems and infrastructure** improvements related to evaluation are desired to make evaluation activities more efficient.
- 3.** **Align values, motivations, and day-to-day realities** across agencies and funders, and integrate

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<sup>1</sup> Vaughn, L. M., & Lohmueller, M. (2014). Calling all stakeholders: Group-level assessment (GLA)—A qualitative and participatory method for large groups. *Evaluation Review*, 38(4), 336-355. doi:10.1177/0193841X14544903

with evaluation practice.

Findings did not demonstrate notable differences between mental health and developmental disability agencies. The evaluation team and agency participants drew similar conclusions and action items across GLA data.

## **Recommendations**

Specific action items are provided for improving evaluation capacity and systems with consideration of the values and priorities of the agencies. Given the evaluation team, agency staff, and funders all contribute to this improvement process, action items are suggested for each.

# Introduction & Context

## Motivation for the Work

Before we present the details of the Group Level Assessment, it is important to recognize the important work being conducted by developmental disability and mental health agencies and their staff. It is easy to be distracted from the importance of the overarching mission of the work when presented with details about methods, data, and findings. To remind us “why” staff are committed to this work, we begin by presenting their motivations to do the work they do in their own words.

When asked “what motivates you to do your work?,” responses focused on improving people’s lives and outcomes; mission and belief in the work they do including growing their organization; building community; supportive workplace qualities (e.g., leadership, flexibility environment, training, supporting staff, high pace work); recognizing the impact of the work; serving as a model to others that success is possible; fixing systems; and being results driven (like working with numbers and reviewing data). Below are selected responses from participants.

In participants' words, responses to “What Motivates you to do your work”:

<i>The belief that everyone deserves to be a part of their community</i>	<i>Fixing the system</i>	<i>Having the opportunity to change people's life(impact) by one action</i>
<i>Serving the community I reside in; supporting those with similar struggles as myself</i>	<i>genuine care for others and making this community better</i>	<i>strong leadership/ caring team</i>
	<i>I know we are making a profound difference in people's lives</i>	<i>Training + supporting staff to be person-centered</i>
<i>I am one of them. Am a peer. Peer that wants to see them succeed like me.</i>		

## Background and Methodology

To inform the evaluation capacity building process, the evaluation team undertook a needs assessment, including a Group Level Assessment (GLA) session with staff from funded mental health (MH) and developmental disability (DD) agencies. GLA is a qualitative and participatory strategy for collecting data and generating action plans with those directly impacted by experiences being explored and emergent action plans and recommendations. GLA is particularly informative when used as part of a needs assessment process. The next page includes a **flowchart** showing how the GLA is part of the larger needs assessment and informs evaluation activities and next steps.

### Development of the GLA session

The design of the GLA session was based on recommendations that emerged from interviews with board members, board staff, and previous evaluators, focus group discussions with agency executive directors, discussions with board staff, and a pre-GLA survey sent to prospective agency staff participants. Based on these recommendations, 37 prompts were developed to collect information on topics such as motivations for the work they do and their role in evaluation, knowledge of evaluation concepts, successes and challenges in their evaluation processes, needed evaluation supports from the evaluation team and funders, cross-agency collaboration, areas for growth and improvement, and receptiveness to receiving evaluation capacity building support.

The evaluation team sought agency staff interest in co-facilitating and planning the session, a participatory strategy for increasing session relevance. Kelli Martin (DSC) agreed to partner with the evaluation team.<sup>2</sup> The session was co-facilitated by Jacinda Dariotis and Kelli Martin with assistance from two graduate research assistants: Sarah Dodoo and Yuliana Soto.

### Turn out for GLA session

Interest in and turnout at the GLA session was very high. A total of 41 agency staff (19 DD and 22 MH) were identified or nominated to participate and 33 attended the session (15 DD and 18 MH) with nearly 250 collective years of experience at 19 agencies. Participants' organizational roles varied from clerical to direct service provider to executive. Participants were actively engaged in the session and generated over 1800 sticky notes and 240 voting dots (2044 insights) across the 37 prompts. We anticipated participants would have limited knowledge or experience with some evaluation topics. Evaluation knowledge prompts were included to assess participant familiarity with evaluation concepts. Participants were encouraged from the beginning of the session to write "I don't know," "need help with this," and "?" on sticky notes to normalize expression of potential gaps in knowledge (which can be difficult to admit). "We don't know what we don't know" emerged as a major discussion point during the large group call out when groups summarized their findings.



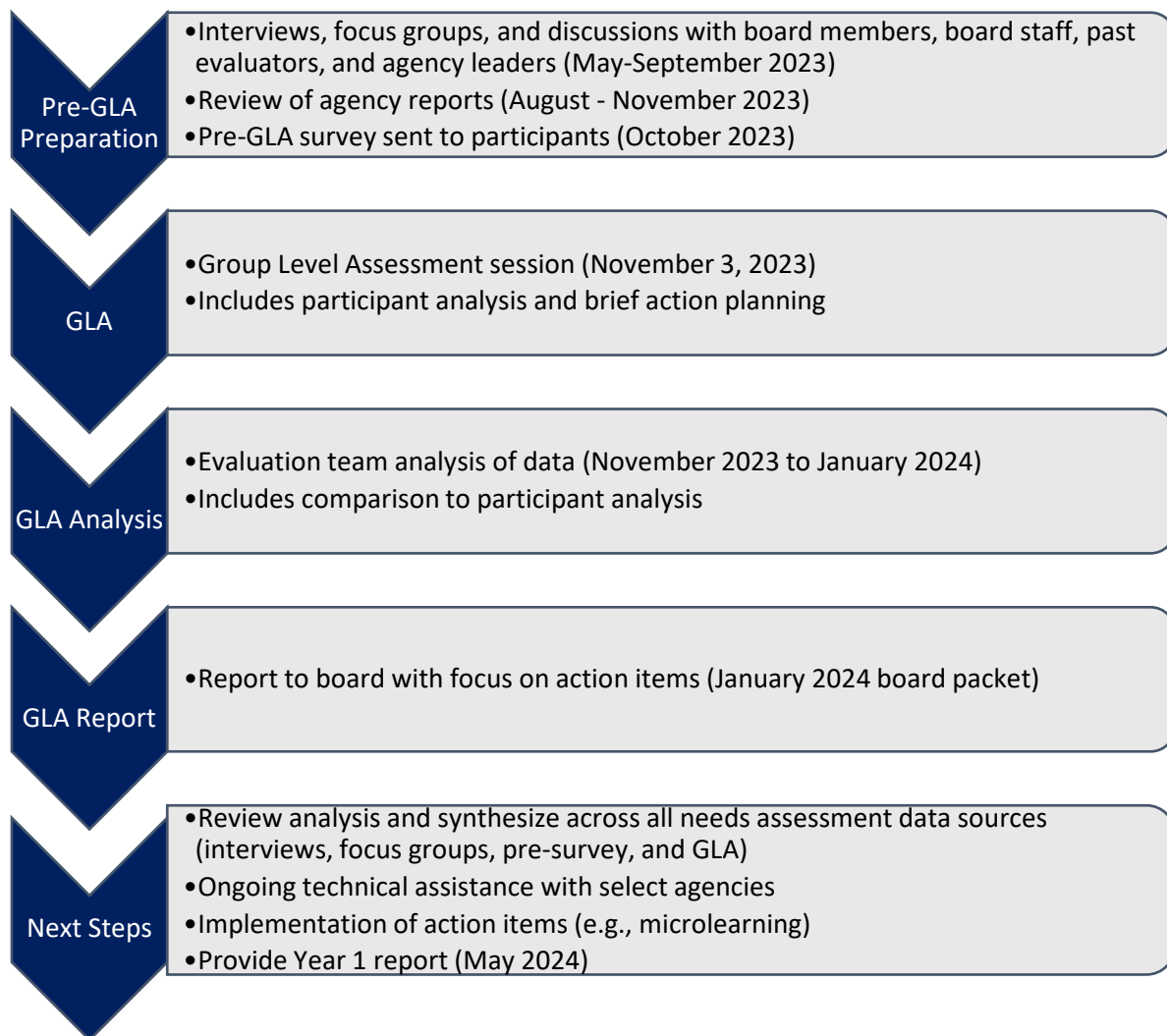
### Receptiveness to and value of the GLA session

A post-GLA survey was conducted to obtain additional feedback, and 24 participants responded (missing data was mainly due to participants having to leave early). Participants were asked what motivated them

<sup>2</sup> Of note, although DSC receives funding for several programs, Ms. Martin's role as Clinical Manager at DSC at the time of the GLA was independent of those programs

to participate in the GLA session, how effective and helpful they thought it was (1=not at all to 5=very), if they would be willing to help move action plans forward, and what they learned that was most valuable. Overall, participants found the GLA session to be beneficial and effective, particularly in terms of having an opportunity to engage with other agency staff (mean = 4.5), answering questions relevant and relatable to evaluation (mean = 4.3), the facilitation process (mean = 4.3), and being well organized (mean = 4.5). The fast-paced nature of the session was reflected in participants’ neutral responses about how sufficient the time was to give insights (mean = 3.4). Participants were asked if they would be interested in helping move action plans forward and nearly a third (n=7; 29%) said “yes” and over half (54%) indicated “not sure” with 11 (46%) providing contact information for follow up. The most valuable aspects of the session included networking, sharing ideas, and building community around shared experiences with evaluation, for example: “learning that other agencies are having the same problem,” “the connection with other agencies,” “sharing common struggles and brainstorming solutions,” “shared themes despite varying size of agencies; time, staffing, funding, and technology,” and “learning more about how to be efficient in evaluating.”

**Flowchart: Needs Assessment with GLA Focus and Evaluation Next Steps**



# Building Staff Evaluation Capacity

We refer to staff capacity here in the context of agency staff having the skills, time, resources, and energy to engage in quality program evaluation activities.

Agency staff need **additional capacity** to conduct effective and efficient evaluation activities, even when confident in evaluation abilities. Staffing challenges related to time, training, resources, and buy-in as well as competition were reported as barriers for evaluation activities. The need for evaluation training was universal across agency type.



- **Limited time and competing priorities.** Time was one of the most cited challenges related to data- and evaluation-related work. Limited time and competing priorities influence evaluation. Relatedly, time management and delegation emerged as important to efficiently meeting reporting and evaluation requirements.
- **Learning best practices for multiple data collection methods.** Evaluation experience and various trainings for staff were noted as factors that strengthen evaluation efforts. Specifically, staff were interested in learning best practices for multiple methods (e.g., qualitative, quantitative) to reach clients/prospective participants to tell whole stories to reveal program effects. Many agencies heavily relied upon surveys (particularly satisfaction surveys) and were interested in ways to improve surveys to assess outcomes and increase response rates. Staff expressed interest in learning about the use of focus groups and interviews. They also noted that staff could be better trained in data collection and data management.
- **Evaluation activities related to additional workload.** Data showed concern over workload and how it relates to agency staff wellbeing. Staff bear the day-to-day challenges of service provision in addition to evaluation responsibilities. Although many staff noted evaluation as a part of their job responsibilities, and several enjoy evaluation and working with data, it was not typically perceived as an enjoyable part of their work (as reflected in the responses to the “meme or bumper sticker” prompt in the section Current Agency Experiences with Evaluating Services and Programs). As noted previously, participants described the need to delegate tasks and provide additional supports to staff. Ongoing challenges of staff turnover and finding new **qualified and trained staff** made meeting both their service delivery and evaluation responsibilities more difficult.

The evaluation team will continue to assess staff evaluation knowledge and practices to inform ongoing capacity building efforts. Several evaluation training topics were mentioned (see Suggested Action Items table below); but many participants agreed “we don’t know what we don’t know” and were open to exploring topic areas, noting that there is always room for improvement and efficiency. They agreed that capacity building should be easy to understand, void of jargon, and in layman terms.

# Developing Infrastructure

Systems and infrastructure refer to the resources, policies, and practices that can support quality and efficient evaluation. Staff reported limited time, funding, staff, training, and software.

**Systems and infrastructure** improvements related to evaluation were desired by participants. Efficiencies facilitated by improved systems can also support capacity building. Several staff noted the need to **simplify and standardize evaluation data collection and reporting processes**. Changes to the DDB and MHB reporting process were noted as an improvement that aided efficiency given the infrastructure they have in place. Participants noted current use of software and data management systems as useful for evaluation (e.g., Excel, Salesforce, Air Table). **Access to and familiarity with technology and software** varied across agencies and posed challenges, especially for costly systems.

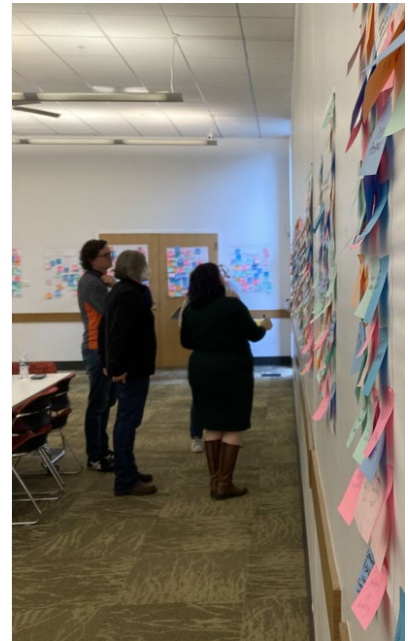
- **Simplifying and standardizing data and reporting processes.** Staff want to simplify and standardize data and reporting processes. They suggested streamlining data collection across funders, particularly for agencies with multiple grants. Some recommended using providers' formats for data. A few participants suggested monthly reports, but this was not the norm. If agencies have challenges with quarterly reporting, creating a system (automated, if possible) that summarizes data on a monthly basis may help meet quarterly reporting requirements. Assistance with data visualization for reporting was mentioned as an area for support.
- **Improved data collection and management systems.** Staff reported a need for improved data collection and management systems to organize and streamline evaluation processes such as electronic client surveys. These systems would help make evaluation processes more efficient. User-friendly databases without redundancy were also suggested. Trainings related to data management and best practices in data collection are an area for growth.
- **Collaboration or consolidation across platforms and metrics.** Staff responses showed that different databases and outcome metrics are used by different agencies. Although they recognized one-size does not fit all, staff were interested in a common database or system. Having one or a few common data management and tracking systems may be helpful for agencies, especially those that lack platforms or systems. Staff also observed that agencies collect very specific data and expressed interest in having agencies collect some common metrics (e.g., have a few required), and the results could be shared by the board annually.
- **Human infrastructure.** Related to capacity building but specific to data and evaluation, participants noted that increased staff training, communication, and external supports (e.g., independent evaluators or data analysts) have helped or could help support agency evaluation activities. When asked about strengths and supports agencies brought to their evaluations, several noted a dedicated team or person in the agency focused on data and evaluation. For agencies without this resource, when asked about how agencies would like to see evaluation practices change, several desired dedicated staff/individuals focused on evaluation.

Additional information is needed about specific infrastructure needs and possibilities. For example, the evaluation team will explore whether common metrics and systems are feasible.

# Promoting Alignment and Collaboration

Staff responses suggested a need to **align values, motivations, and day-to-day realities** across agencies and funders, and integrate with evaluation practice. Participant responses emphasized that agency staff prioritize the success of clients, wellbeing of the community, and multi-sector collaboration over evaluation when resources (e.g., time, staff, funding) are limited. Staff responses also indicated that these priorities are not always reflected by reporting requirements or cannot be fully realized based on funding allocations or practices. Although participants agreed that agencies and funders shared similar values, there may be a **disconnect** related to on-the-ground expertise versus external perceptions and allotment of resources. Increasing alignment between values, motivations, and realities may help to ease the burden of evaluation expressed by many participants.

- **Benefits and barriers to cross-agency collaboration.** Participants identified many **benefits** to collaboration. Several participants indicated already engaging in significant collaboration, but this was not the norm. **Barriers** to collaboration centered on competition and lack of time and staff. Competition included seeking funding from similar sources and competing for referrals. Several participants noted that funding specifically designated for cross-agency collaboration would help promote collaboration.
- A **desire for increased cross-agency collaboration** was reported by most participants. Some suggested more in person meetings and opportunities for connection and communication would improve collaboration. As noted previously, several staff indicated they already engaged in significant collaborations.
- **Community involvement and storytelling** were highlighted by participants as important methods for conveying the potential impact of programming. The importance of stories as indicators of program success was highlighted by participants but may be lost during evaluation or reporting processes that heavily rely on quantitative data.
- **Communicating day-to-day program realities and successes.** Staff welcome the opportunity to effectively communicate about the goals, implementation, outcomes, and impacts of their programs. They reported struggles with this because existing metrics (mostly quantitative) do not adequately capture these programming aspects. Qualitative measures, when valued, are useful for conveying rich information programs and client experiences.



Promoting alignment and collaboration requires an openness to working together, time, and effective communication, including the skill and art of storytelling. Integrating both quantitative and qualitative data into evaluation plans will assist agencies in effectively communicating what they do and how their programs affect change in the community and among their clients.



# Suggested Action Items

In the table below, we present numerous action items for the evaluation team, agencies, and funders. These items were supported by needs assessment data to date. It is not expected that all action items are feasible or that they can be implemented right away. These are suggestions, and this is considered a working document that is subject to change.

**Table of Suggested Action Items by Action Area and Roles**

<b>Action Area</b>	<b>Evaluation Team</b>	<b>Agencies</b>	<b>Funder/s</b>
<b>Build Capacity</b>	<ul style="list-style-type: none"> <li>• Provide technical assistance to agencies over time to support evaluation</li> <li>• Develop and disseminate “microlearning” or short training modules, on topics such as:               <ul style="list-style-type: none"> <li>○ Performance versus outcome measures</li> <li>○ Basics of data management and analysis***</li> <li>○ Focusing on a few priority outcomes rather than proposing too many</li> <li>○ Data visualization best practices</li> <li>○ Improving response rates</li> <li>○ Methodology basics for qualitative and quantitative approaches</li> <li>○ Logic models</li> <li>○ Storytelling*</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Allow staff time for evaluation training and networking</li> <li>• Consider a train-the-trainer model to train new hires on evaluation skills***</li> </ul>	<p>See infrastructure action items that will support staff capacity</p> <ul style="list-style-type: none"> <li>• Include partnership/collaboration indicators in reports (frame as a success rather than a mandate)***</li> </ul>
<b>Develop Infrastructure**</b>	<ul style="list-style-type: none"> <li>• Provide recommendations for improving the efficiency of data collection and management systems</li> <li>• Facilitate communities of practice and cross-agency collaboration</li> <li>• Create data collection and reporting systems in Qualtrics (or other online survey data collection platform), if feasible</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a shared evaluation strategy across the agency to increase consistency/efficiency</li> <li>• If quarterly reporting data summaries are difficult, consider monthly data analysis (automate if possible)</li> </ul>	<ul style="list-style-type: none"> <li>• Provide funds to cover the cost of quality evaluation activities, including external support (e.g., external/ dedicated evaluator time) if internal support is not available</li> <li>• Explore whether the development of a linked</li> </ul>

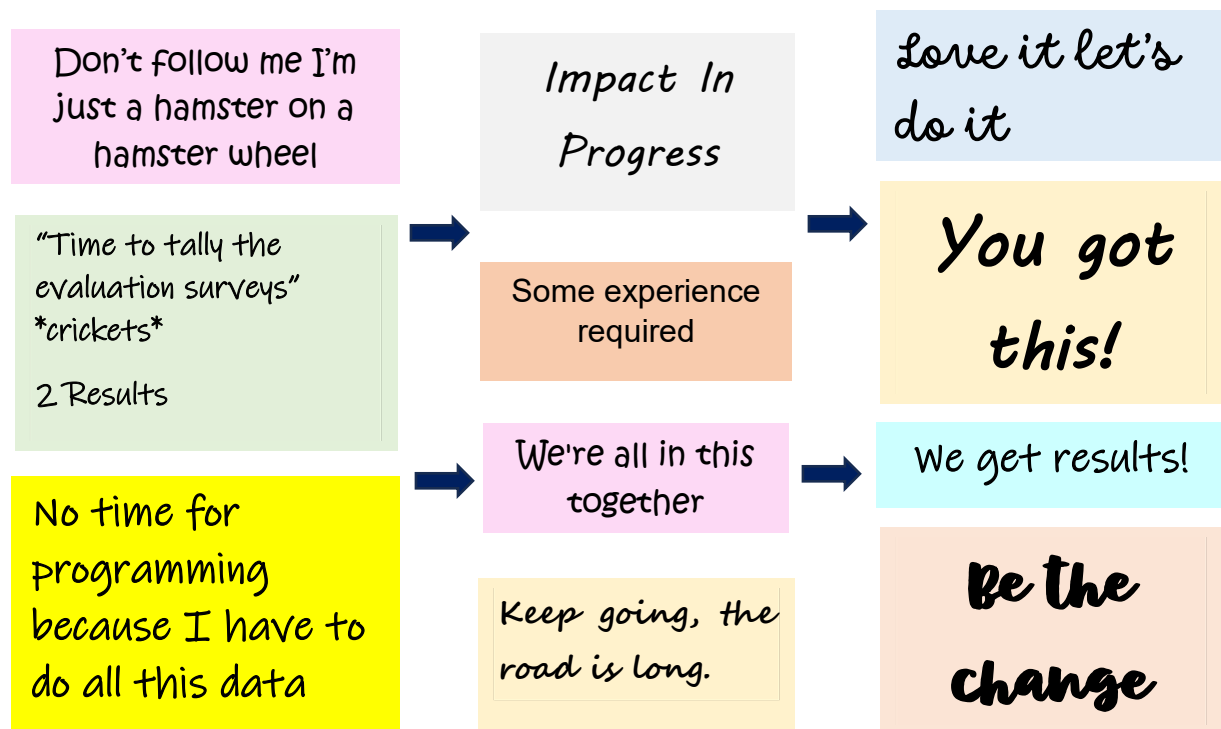
<b>Action Area</b>	<b>Evaluation Team</b>	<b>Agencies</b>	<b>Funder/s</b>
	<ul style="list-style-type: none"> <li>Utilize the shared repository of measures previously created</li> </ul>	<ul style="list-style-type: none"> <li>Seek funds for evaluation-related activities and development</li> </ul>	<p>data system where client data can be found across agencies is feasible</p> <ul style="list-style-type: none"> <li>Allow appropriate time frames to evaluate program success</li> </ul>
<b>Promote Alignment &amp; Collaboration</b>	<ul style="list-style-type: none"> <li>Develop brief videos showing on-the-ground work of agencies</li> <li>Disseminate a monthly newsletter with tips and tricks and agency highlights**</li> <li>Facilitate a learning community, virtual or in person, for interested agency staff to share insights and resources as well as to network****</li> <li>Co-host an annual gala highlighting agencies' work to celebrate successes</li> <li>Attend meetings of the board and agency executive directors</li> </ul>	<ul style="list-style-type: none"> <li>Actively participate in a community of practice</li> <li>Co-host an annual gala highlighting agency/program work and successes a year's work</li> <li>Check in with / communicate with boards to clarify expectations and touch base on progress</li> </ul>	<ul style="list-style-type: none"> <li>Ask agencies their perceptions of what is important to capture in reporting or add into applications</li> <li>Review newsletters with agency highlights and brief videos (if agreed upon and developed by the evaluation team) to stay versed in day-to-day realities of agency work</li> </ul>

Note. \* = also supports creating alignment, \*\* = also supports capacity building, \*\*\* = also supports infrastructure development, \*\*\*\* = supports all areas

# Current Agency Experiences with Evaluating Services and Programs

Evaluating services and programs is not easy, especially when providing those services and programs at the same time and waiting for the time it can take to observe outcomes and impacts. As demonstrated from their responses about their experiences with evaluating their programs and services (shown below), staff varied in their focus on challenging (left most) to pragmatic (middle) to inspirational (right most) aspects of evaluation. By putting some of the suggested action items in place for the evaluation team, agencies, and funders (because “we are all in this together”), we aim to move agency staff experiences in the direction to the right. Even if staff do not end up loving evaluation, they will get results and observe change.

Participants' responses to prompt “Create a meme or bumper sticker that reflects your experience with evaluating your programs/services”



# Conclusion & Next Steps

Findings from the formative interviews and GLA guided the development of action items intended to improve evaluation practices among mental health and development disability agencies that align with staff values, motivations, and day-to-day realities.

Ongoing evaluation activities include:

- Initiated technical assistance for three selected programs and will work closely with those three programs to develop a plan to support outcome evaluation activities.
- Began brainstorming and outlining the first microlearning offerings related to outcomes.
- Shared preliminary action items with board staff.

Planned evaluation activities include:

- Follow up with GLA participants who indicated interest in action planning. Meeting with this group will allow for further clarification of GLA response interpretation and aligning goals as well as moving action items forward.
- Develop a community of practice to network, share experiences and resources, and promote collaboration. This will begin with a newsletter and website pages with evaluation resources.
- Develop and disseminate 2-4 recorded microlearning trainings before May 2024.

We hope these as the next steps toward moving agencies into the “love it let’s do it” experience with evaluation.

# Acknowledgements

We recognize and express gratitude to those who partnered (and will continue to partner) with us through this process.

- **Agency staff** for their active engagement and thoughtful insights. We thank them for taking time to complete the pre-session survey, spending three hours to generate ideas, suggestions, and solutions during the session and agreeing to continue to collaborate on action planning.
- **Board members and board staff** who highlighted the need for and value of centering staff voice in the needs assessment. We thank all board members for being open to these recommendations and recognizing their role in supporting evaluation capacity building.
- **Kelli Martin** for partnering with us on a Group Level Assessment process with which she had no previous experience. We thank her for her openness to the process and generously giving her time and invaluable insights from an agency perspective.
- **Sarah Dodoo and Yuliana Soto** for assisting with the planning, implementation, and preliminary analysis of the GLA session. Thank you for your commitment to this participatory strategy and your perspectives.

Suggested report citation:

Jackson-Gordon, R., Eldreth, D. A., Sloane, S.M., & Dariotis, J.K. (2024, January). *Group Level Assessment of Funded Agencies' Evaluation Experiences and Practices: Main Findings and Recommendations in Support of the Mental Health and Developmental Disability Agency and Board Evaluation Capacity Building Project Needs Assessment*. Family Resiliency Center at the University of Illinois Urbana-Champaign, Urbana, Illinois.

Rachel Jackson-Gordon, Postdoctoral Research Associate, FRC  
Dana A. Eldreth, Senior Research Associate, FRC  
Stephanie M. Sloane, Senior Research Associate, FRC  
Jacinda K. Dariotis, Professor & Director, FRC

## Family Resiliency Center



2023

# Community Health Plan Manager Annual Report

By JR Lill

## Community Health Plan Manager Year 2023 Updates

Greetings!

What a year 2023 was! As community health plan manager for Champaign and Vermilion counties, I made a decided effort to continue relationship building, initiate new projects, and begin organizing for the 2025 Community Health Needs Assessment.

Throughout the year I attended 143 community meetings. These meetings had at least 3 representatives from different agencies or associations. My level of participation in each of these meetings ranged from being a direct organizer to meeting note taker.

Community meetings in this count included:

Healthy Champaign County, Champaign County Behavioral Health Workgroup, Champaign County Community Coalition, Race-Relations Subcommittee, Champaign County United Way Community Solutions Team. Feeding Champaign County Food Summit, Vermilion County Behavioral Health Initiative, Live Well Vermilion County, Vermilion County Violence Prevention Task Force, Vermilion County Income / Poverty Workgroup, Champaign County United Way Executive Meeting

As a result of the work in these community meetings, I helped to organize 2 conferences held in champaign county.

I was the lead organizer for the Feeding Champaign County Food Summit held in April 2023. The Summit brought together leaders from health institutions, food banks, food pantries, farms, community gardens, the University of Illinois, and local nonprofit organizations to better address systematic problems with distribution of food to people without access.

In September 2023, I worked with Donna Tanner-Harold for the Black Mental Health and Wellness Conference to host a resource fair alongside the day's events.

As a community Health worker, I believe that it is important to help train the upcoming workforce. As such, I mentored 8 IPLAN community health Interns in 2023 from University of Illinois Community Health, Northern Illinois Public Health, and Illinois State University Family Life Sciences. The interns worked on a variety of projects including Park Mapping, Education on Food Apps, Database building, partnership Development, Survey Creating, Data Analysis for the Food Summit, and Creation of Health Education Materials.

Following in this report are goals for 2024, Current Partners, Maps for Champaign and Vermilion Counties, links and information on state and national health improvement efforts, timelines for the 2025 Community Health needs Assessment, Information on the Priority Areas of health, and IPLAN workgroups for Champaign and Vermilion Counties

Perhaps most importantly included are the MAPP 2.0 checklists. These will be used to best create and make use of our 2025 CHNA to develop a community health plan that is useful and successful.

Here is to another year of learning and success!



## 2024 Community Health Plan Manager Goals

### Community Surveying

During the distribution of the 2025 CHNA Survey, special care should be taken to reach community members from all different groups. To do this, translators for as many languages as possible should lead in-person surveying.

Surveying should take place County-Wide to include rural communities.

Interns should be recruited to have greater reach in survey distribution.

Each Member of the Champaign – Vermilion Executive Committee should provide staffing, assist with site identification, and target under-represented sites for community surveying.

### Community Partnerships

Continuously Maintain and develop community health partnerships through the Regional Champaign – Vermilion Executive Committee

Attend community meetings and provide technical assistance as needed.

Improve note taking skills to better identify action items and follow up with project leads.

### Reporting

Compile weekly newsletter starting Tuesday January 9<sup>th</sup>. Newsletter will contain information relating to the priority areas of health.

Generate quarterly progress reports due by the 1<sup>st</sup> of April, July, and November 2024.

Distribute annual report due January 2025.



## Regional Champaign - Vermilion Executive Committee

### Regional Champaign - Vermilion Executive Committee

#### Champaign County

Champaign County United Way

Champaign County Mental Health Board

Champaign County Developmental Disability Board

Champaign-Urbana Public Health District

Carle Health

OSF

#### Vermilion County

United Way Danville Area

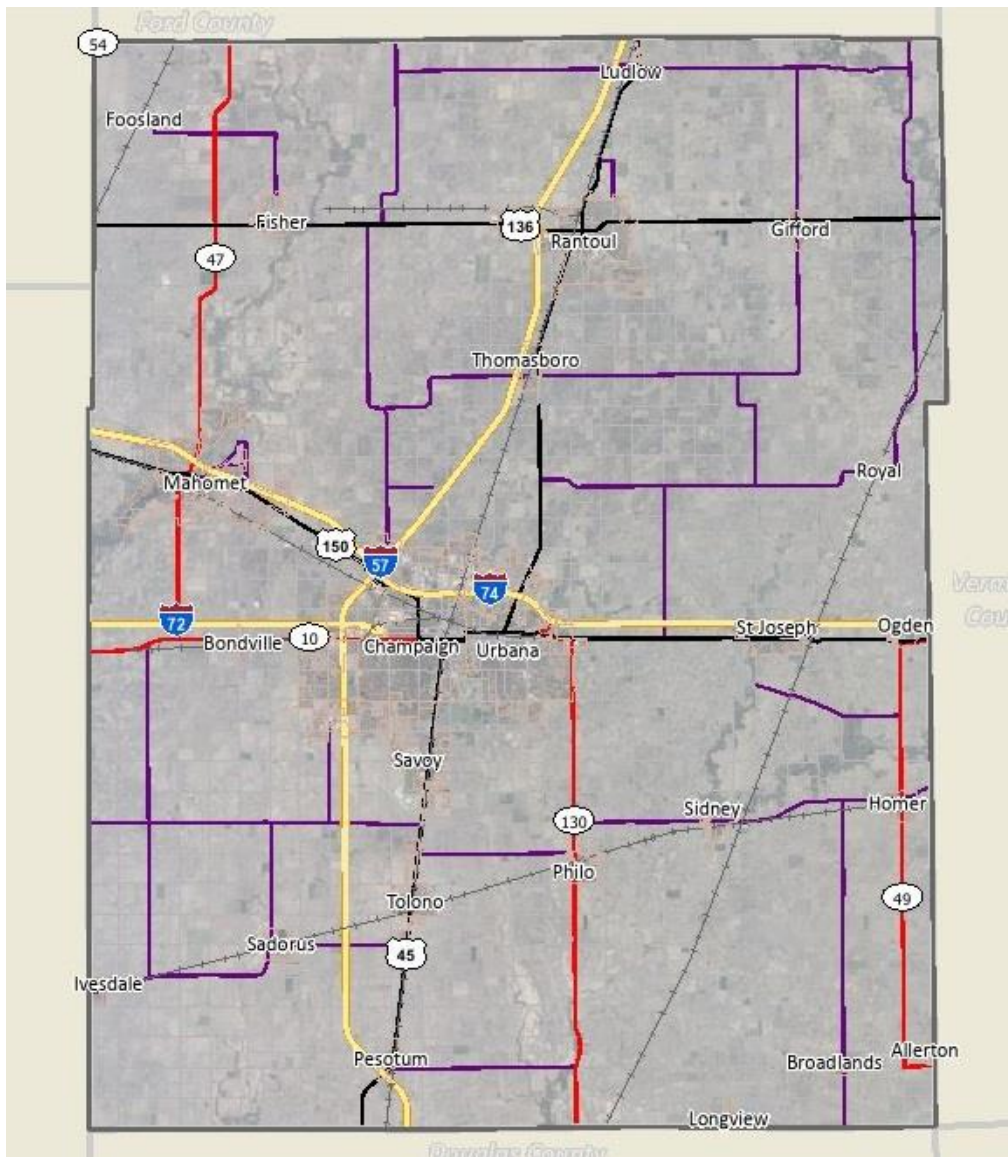
Vermilion County Mental Health Board 708

Vermilion County Health Department

OSF

Carle Health

# Map of Champaign County



# Map of Vermilion County



# Healthy People 2030 – Social Determinants of Health – State Health Improvement Plan

Healthy People 2030 <https://health.gov/healthypeople>

## Social Determinants of Health

“Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”

## 5 Domains of the Social Determinants of Health

### Economic Stability

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>

### Education Access and Quality

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

### Health Care Access and Quality

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

### Neighborhood and Built Environment

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>

### Social and Community Context

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>

## Healthy Illinois State Health Improvement Plan

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/ship-final.pdf>

## MAPP 2.0 – Health Equity

Follow the MAPP 2.0 Handbook. Below are steps taken from this handbook.

### Phase 1 Build the Community Health Improvement Foundation

Goals :

Involve Community members who represent populations experiencing inequities to guide and participate in MAPP Planning.

Build Strategic relationships with new and existing partners to engage throughout MAPP.

Establish the MAPP Core Group and Steering Committee that represent the community.

Develop a shared understanding of MAPP and the community's vision for the future.

Evaluate what resources are available and needed to achieve MAPPS goals effectively.

Create workgroups to build the infrastructure of CHI.

### Outcome Metrics

# of New and existing community organizations partners re/engaged with MAPP

# of community organizations represented on the steering committee

% of steering committee members from community experiencing inequities

# of workgroups established for CHI infrastructure priorities

### Steps

1. Do a stakeholder and Power Analysis
2. Establish or Revisit CHI Leadership Structures
3. Engaged and Orient the steering committee
4. Establish Administrative Structures for MAPP
5. Develop the Community Vision
6. Do the Starting Point Assessment
7. Identify CHI Infrastructure Priorities and Develop Workgroups
8. Develop the Workplan and Budget

## MAPP 2.0 – Health Equity

Follow the MAPP 2.0 Handbook. Below are steps taken from this handbook.

### Phase 2 Tell the Community Story

#### Goals:

Engage the Community in developing a comprehensive and timely CH[N]A

Identify the top population health priorities and health inequities in the community including their root causes

#### Outcome Metrics:

# of sub-populations that were given power to shape the CH[N]A

# of community members that understood the importance and effects of the CH[N]A

#### Steps

1. Form the Assessment Design Team
2. Design the Assessment Process
3. Do the Three assessments
  - a. Community Partner Assessment (CPA)
  - b. Community Status Assessment (CSA)
  - c. Community Context Assessment (CCA)
4. Triangulate Data, Identify Themes, and Develop Issue Statements
5. Develop Issue Profiles through Root Cause Analysis
6. Share CH[N]A Findings

## MAPP 2.0 – Health Equity

Follow the MAPP 2.0 Handbook . Below are steps taken from this handbook.

### Phase 3 Continuously Improve the Community

Goals:

Identify strategic priorities for the CHIP across the health equity action spectrum that meet community needs

Strategically align partner organizations to priority issues by developing priority issue subcommittees

Develop shared measures to track CHIP activities across partners

Develop an action plan to achieve the community vision and MAPP goals effectively

Do CQI on strategies as they are carried out

### Steps

1. Prioritize issues for the CHIP
2. Do a power analysis of each issue
3. Set up Priority Issue Subcommittees
4. Create Community Partner Profiles
5. Develop Shared Goals and Long – Term Measures
6. Select CHIP Strategies
7. Develop Continuous Quality Improvement Action Planning Cycles
8. Monitor and Evaluate the CHIP

## Community Health Needs Assessment Timeline

Preliminary 2025 Schedule By Jake Ozier

Survey modification	Nov 1, 2023 – Feb 28, 2024
Survey build and pilot	March 1 – May 31, 2024
Sample-size strategy	May 15 – May 30, 2024
Launch survey	June 1, 2024
Survey data collection	June 1 – Aug 31, 2024
Collection of secondary data	Aug 1 – Oct 31, 2024
Complete CHNA working drafts	Nov 1, 2024 – Jan 31, 2025
Prioritization meetings	Feb 15 – April 30, 2025
Begin Implementation Strategies	May 1, 2025
Presentation to the Board	Approx. 7/25/25 (OSF) 12/31/25 (Carle)



## Priority Areas of Health

### 2022 Champaign County CHNA Priority areas of health

Healthy Behaviors and Wellness

Behavioral Health – including mental health and substance abuse

Violence

### 2022 Vermilion County CHNA Priority areas of health

Violence

Income/Poverty

Healthy Behaviors

Behavioral Health – including mental health and substance abuse

### Expanded Priority Area of Health Updates

Active Living	Biking, Walking, Running, Active Living for People with Disabilities, Active Living for people with Chronic Illness, Accessibility,
Healthy Eating	Nutrition Education, Access to Quality – Healthy Foods
Food Environment	Food Security, Food Eco System, Local Food Production
Maternal and Child Health	Child Nutrition, Breast Feeding
Health and Aging	Congregate Meal Sites, Nursing Homes, Memory Care
Substance Use	Counseling, Overdoses Prevention and Response, Narcan Education, Harm Reduction, ROSC – Recovery Oriented System of Care, Recovery
Mental Health and Wellness	Suicide Prevention, Paraprofessionals, Worker Burnout, Counseling, Institutionalization, Building Support Networks, Concept Mapping, Supporting
Violence Prevention	Blueprint to end gun violence, Domestic Violence Prevention
Income / Poverty	Homelessness, Home Ownership, Family Shelter
Obesity	
Structural Racism	

## IPLAN Workgroups

### Champaign County Workgroups

Behavioral Health Workgroup –  
Hosted by Champaign Urbana Public Health District  
Co – Facilitators: Tajal Patel, JR Lill, Javaite Burton

Champaign County Community Coalition  
Hosted by City of Champaign  
Facilitator: Tracy Parsons

Healthy Champaign County  
Facilitator: Jeanine Benskin

### Vermilion County Workgroups

Income/Poverty  
Hosted by IGrow  
Facilitator: Niah Hamilton

Vermilion County Mental Health Initiative  
Hosted by Mental Health Board 708 Behavioral Health Workgroup  
Facilitator: Jim Russell

Vermilion County Violence Prevention Task Force  
Hosted by Survivor Resource Center  
Facilitator: Kris Bell

Live Well Vermilion County  
Hosted by Danville YMCA  
Co-Facilitators: Mia Harrier, Joyce Bruett, Jacob Ozier, JR Lill

## IPLAN Data Requests

Community partners may place a data request by contacting [IPLAN@C-UPHD.ORG](mailto:IPLAN@C-UPHD.ORG). The community health plan manager and IPLAN interns can research topics, find compatible programs and methodologies, consult on community health issues, and provide grant writing technical assistance. Data requests should be oriented towards the above-listed expanded priority areas of health.

## Thank You!

Thank you for reading this annual report through to the end! If you have any questions, comments, concerns, suggestions, or if you'd like further information about how to be a part of the 2025 Community Health Planning Process, please feel free to contact JR Lill at [JLILL@C-UPHD.ORG](mailto:JLILL@C-UPHD.ORG).