CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

PLEASE REMEMBER this meeting is being audio and video recorded.
Speak clearly into the microphone during the meeting.

Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Wednesday, September 23, 2020, 9:00AM

This Meeting Will Be Conducted Remotely at https://us02web.zoom.us/j/85085527694

(Members of the Champaign County Mental Health Board are invited to sit in as special guests.)

1. Call to Order
2. Roll Call
3. Zoom Instructions - https://us02web.zoom.us/j/85085527694 **(page 3)**
4. Approval of Agenda*
5. Citizen Input/Public Participation
   At the chairperson's discretion, public participation may be limited to five minutes per person.
6. Chairperson's Comments
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCDDB Board Meeting Minutes* **(pages 4-8)**
   Minutes from 07/15/20 are included. Action is requested.
9. Expenditure Lists* **(pages 9-19)**
   July, August, and September "Expenditure Approval List" are included. Action is requested.
10. New Business
    A. UIUC Building Program Evaluation Capacity Report **(pages 20-150)**
       Drs. Nicole Allen and Mark Aber will present a report on activities undertaken and engagement with CCDDB funded programs to develop evaluation capacity and performance outcome measurement during PY20. A copy of the report is included.
    B. DSC Community First Survey Presentation Preview **(pages 151-157)**
       DSC staff will provide an overview of the results of the Community First survey and will share how the results of the survey will impact how the program moves forward. A few of the PowerPoint slides are included in this packet for information only.
    C. CILA Ownership Transfer* **(pages 158-159)**
       A Decision Memorandum on the transfer of title of CILA properties from CCMHB to CCDDB, and other possible next steps, is included in the packet. Action is requested.
    D. Review of Funding Priorities and Three-Year Plan **(pages 160-170)**

A Briefing Memorandum is included in this packet to set the stage for evaluating and planning Champaign County's system of supports and services for its residents who have Intellectual and Developmental Disabilities (I/DD).

E. Rosecrance Service Claims Update **(pages 171-175)**
A Briefing Memorandum is included for information only, reflecting a correction in claims entered into the Online Claims System for the Rosecrance Coordination for Services: DD/MI program for PY20.

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

11. Old Business
    A. Mini Grant Update* **(pages 176-177)**
    A Decision Memorandum offers updates on the Mini-Grant process and includes requests for changes to two Mini-Grant approvals.
    B. CCDDB FY2021 Draft Budget* **(pages 178-186)**
    A Decision Memorandum and FY2021 CCDDB and CILA Draft Budgets are included in the packet; board action is request. Additional budget documents are for information only.
    C. disABILITY Resource Expo Update **(page 187)**
    A Briefing Memorandum providing an update on the 2020 disABILITY Resource Expo is included for information only.
    D. Agency PY2020 4th Quarter Program Reports **(pages 188-206)**
    E. PY2020 Service Data **(pages 207-220)**
    Report of PY20 service hours and activities is included for information.
    F. CCDDB and CCMHB Schedules and CCDDB Timeline **(pages 221-224)**
    G. Acronyms and Glossary **(pages 225-232)**
    A list of commonly used acronyms is included for information.
12. CCMHB Input
13. Staff Reports **(pages 233-252)**
    For information are reports from Kim Bowdry, Lynn Canfield, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.
14. Board Announcements
15. Adjournment

**Board action requested*

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Instructions for participating in Zoom Conference Bridge for CCDDB Meeting September 23, 2020 at 9:00 a.m.

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

Go to Join Zoom Meeting

https://us02web.zoom.us/j/85085527694

Meeting ID: 850 8552 7694

One tap mobile
+13126266799,,85085527694# US (Chicago)
+13017158592,,85085527694# US (Germantown)

Dial by your location
+1 312 626 6799 US (Chicago)
+1 301 715 8592 US (Germantown)
+1 646 558 8656 US (New York)
+1 346 248 7799 US (Houston)
+1 669 900 9128 US (San Jose)
+1 253 215 8782 US (Tacoma)
Meeting ID: 850 8552 7694
Find your local number: https://us02web.zoom.us/u/kcnTFA5bZ9

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

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

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

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

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

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(8)

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

Minutes –July 15, 2020

DRAFT

This meeting was held remotely.

3:30 p.m.

MEMBERS PRESENT:	Gail Kennedy, Anne Robin, Georgiana Schuster, Sue Suter
STAFF PRESENT:	Kim Bowdry, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville
OTHERS PRESENT:	Danielle Matthews, Scott Burner, Sarah Perry, Heather Levingston, Patty Walters, Annette Becherer, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Katie Harmon, Thomas Bates, Regional Planning Commission (RPC); Imelda Liong, PACE; Mary Rasher, CCRPC

CALL TO ORDER:

Dr. Kennedy called the meeting to order at 3:33 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

The agenda was in the packet for review. There was a request from Sue Suter to add a discussion regarding the Expo to the agenda. The agenda, with the addition of an Expo discussion, was approved.

CITIZEN INPUT:

None.

DRAFT

(4)

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the agenda and recent staff activities. She provided a brief update on the in-person Expo being canceled for 2020 due to COVID-19.

APPROVAL OF CCDDB MINUTES:

Minutes from June 17, 2020 were included in the Board packet.

MOTION: Ms. Suter moved to approve the CCDDB minutes from June 17, 2020. Dr. Robin seconded the motion. A roll call vote was taken and the motion was passed unanimously.

EXPENDITURE LIST:

The May "Expenditure Approval List" was included in the packet. Staff members were able to provide clarifications regarding the document.

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

NEW BUSINESS:

Election of Officers:
A copy of the CCDDB By-Laws were included for reference.

MOTION: Ms. Suter moved Dr. Anne Robin be elected President of the CCDDB for the current year. Dr. Kennedy seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

MOTION: Dr. Robin moved Dr. Gail Kennedy be elected Secretary of the CCDDB for the current year. Ms. Schuster seconded the motion. A roll call vote was taken and all members voted aye. The motion passed.

Illinois Department of Human Services-Division of Developmental Disabilities Community Day Services:
A slide from DHS-DDD Director Allison Stark's Powerpoint presentation from the Community Day Services webinar and the Illinois Risk Benefit Discussion Tool were included for information only.

Board Direction:
No discussion.

Successes and Other Agency Information:
Becca Obuchowski from Community Choices and Annette Becherer from DSC provided updates.

OLD BUSINESS:

disABILITY Expo Update:
Ms. Suter provided an update on the Expo Steering Committee meeting held yesterday. The in-person Expo has been canceled this year. A virtual Expo has been explored and discussed. However, there are many concerns. Ms. Suter reviewed the concerns with Board members. The Expo Steering Committee will continue to meet.

Mini Grant Update:
A Decision Memorandum offers updates and a request for modification of award, on behalf of two recipients.

MOTION: Ms. Suter moved to approve the request from Applicants #33 and #34 as described in the memorandum. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion passed unanimously.

CCDDB Draft Budget:
A Decision Memorandum and FY2021 CCDDB and CILA Draft Budgets were included in the Board packet. Ms. Schuster wanted to comment for the record that 91% of the CCDDB budget go to direct services for Champaign County.

MOTION: Ms. Suter moved to approve the presented 2021 CCDDB Budget, with anticipated revenues and expenditures of $4,341,331. Ms. Schuster seconded. A roll call vote was taken and the motion was unanimously approved.

MOTION: Ms. Suter moved to approve the presented 2021 CILA Fund Budget, with anticipated revenues and

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expenditures of $72,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB. Full approval is contingent on CCMHB action. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

UIUC Evaluation Capacity Proposal:
A Decision Memorandum with UIUC Evaluation Capacity Proposal was included in the Board packet. Dr. Robin spoke regarding the CCMHB's positive experience with the program. Mark Aber from the UIUC Evaluation Team provided background information on the program.

MOTION: Ms. Suter moved to approve participation in the University of Illinois Capacity Building Evaluation: Year 6 Proposal, at a cost of $33,803 to the CCDDB, contingent upon approval of the proposal and contract amount of $80,198 by the CCMHB. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion passed unanimously.

2-1-1 Information and Referral:
A Decision Memorandum was included in the Board packet. The memo requests renewal of the CCDDB and CCMHB involvement with the United Way of Champaign County in support of 211 information and referral call service. A copy of the new contract was included in the Board packet. Mr. Driscoll was available to answer Board questions.

MOTION: Ms. Schuster moved to authorize the Executive Director to enter into an updated Memorandum of Understanding with the United Way of Champaign County for 211 service. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Suter moved to approve the annual total cost of $21,330 to be shared with the CCMHB as described and subject to future adjustment per the terms of the new Memorandum of Understanding. A roll call vote was taken and the motion passed unanimously.

Meeting Schedules:

CCDDB and CCMHB meeting schedules were included in the packet for information only. The schedule of meetings was briefly discussed. There was Board consensus to cancel the August Board meeting. Changing the meeting times to 9 a.m. (instead of 8 a.m.) will be considered.

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Acronyms:
A list of commonly used acronyms was included in the packet.

CCMHB Input:
The CCMHB will meet shortly after this meeting. They will have many of the same agenda items as the CCDDB..

STAFF REPORTS:

Reports from Kim Bowdry and Stephanie Howard-Gallo were included in the Board packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 5:07 p.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/10/20

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
*** DEPT NO. 050 DEVLMNTL DISABILITY BOARD												
90	CHAMPAIGN COUNTY TREASURER									MENT HLTH BD FND 090		
		6/08/20	06	VR 108-	76		608495	6/12/20	108-050-533.07-00	PROFESSIONAL SERVICES	MAY ADMIN FEE	32,997.00
		6/08/20	06	VR 108-	76		608495	6/12/20	108-050-533.07-00	PROFESSIONAL SERVICES	JUN ADMIN FEE	32,997.00
		7/09/20	06	VR 108-	88		609164	7/10/20	108-050-533.07-00	PROFESSIONAL SERVICES	JUL ADMIN FEE	32,997.00
											VENDOR TOTAL	98,991.00 *
104	CHAMPAIGN COUNTY TREASURER									HEAD START FUND 104		
		6/08/20	06	VR 108-	70		608496	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY SOC/EMOT DEV SV	2,039.00
		6/08/20	06	VR 108-	70		608496	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN SOC/EMOT DEV SV	2,033.00
		7/09/20	06	VR 108-	82		609165	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL SOC/EMOT DEV SV	1,788.00
											VENDOR TOTAL	5,860.00 *
161	CHAMPAIGN COUNTY TREASURER									REG PLAN COMM FND075		
		6/08/20	06	VR 108-	69		608499	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY DECISION SUPPOR	27,735.00
		6/08/20	06	VR 108-	69		608499	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN DECISION SUPPOR	27,740.00
		7/09/20	06	VR 108-	81		609167	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL DECISION SUPPOR	25,957.00
											VENDOR TOTAL	81,432.00 *
11585	C-U AUTISM NETWORK											
		7/09/20	08	VR 108-	90		609198	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMM OUTREACH	1,250.00
											VENDOR TOTAL	1,250.00 *
11587	CU ABLE											
		6/08/20	02	VR 108-	72		608523	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMM OUTREACH	1,439.00
		6/08/20	02	VR 108-	72		608523	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMM OUTREACH	1,446.00
		7/07/20	01	VR 108-	83		609199	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMM OUTREACH	1,433.00
											VENDOR TOTAL	4,318.00 *
12491	CARLE											
		6/08/20	05	VR 108-	68		608527	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	000248564 NAESE 4/2	906.58

VENDOR TOTAL 906.58 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/10/20 PAGE 12

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
18203	COMMUNITY CHOICES, INC							SUITE 419				
		6/08/20	02	VR 108-	73		608543	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMMUNITY LIVIN	6,750.00
		6/08/20	02	VR 108-	73		608543	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY CUSTOM EMPLOY	12,066.00
		6/08/20	02	VR 108-	73		608543	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY SELF DETERMINAT	11,500.00
		6/08/20	02	VR 108-	73		608543	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMMUNITY LIVIN	6,750.00
		6/08/20	02	VR 108-	73		608543	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN CUSTOM EMPLOY	12,065.00
		6/08/20	02	VR 108-	73		608543	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN SELF DETERMINAT	11,500.00
		7/07/20	01	VR 108-	84		609219	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMMUNITY LIVIN	7,416.00
		7/07/20	01	VR 108-	84		609219	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CUSTOM EMPLOY	15,166.00
		7/07/20	01	VR 108-	84		609219	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL SELF DETERMINAT	12,166.00
											VENDOR TOTAL	95,379.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC				
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY APARTMENT SVCS	36,896.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY CLINICAL SVCS	14,500.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMMUNITY EMPLO	30,114.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY CONNECTIONS	7,083.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY EMPLOYMENT FIRS	6,667.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY INDIV/FAMILY SU	34,713.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY SERVICE COORD	35,263.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN APARTMENT SVCS	36,901.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN CLINICAL SVCS	14,500.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMMUNITY EMPLO	30,116.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN CONNECTIONS	7,087.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN EMPLOYMENT FIRS	6,663.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN INDIV/FAMILY SU	34,718.00
		6/08/20	02	VR 108-	74		608556	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN SERVICE COORD	35,270.00
		7/07/20	01	VR 108-	80		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMMUNITY FIRST	67,572.00
		7/07/20	01	VR 108-	80		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMMUNITY FIRST	67,572.00
		7/07/20	01	VR 108-	85		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CLINICAL SVCS	14,500.00
		7/07/20	01	VR 108-	85		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMMUNITY EMPLO	30,114.00
		7/07/20	01	VR 108-	85		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMMUNITY LIVIN	38,003.00

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
		7/07/20	01	VR 108-	85		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CONNECTIONS	7,083.00
		7/07/20	01	VR 108-	85		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL EMPLOYMENT FIRS	6,667.00
		7/07/20	01	VR 108-	85		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL INDIV/FAMILY SU	34,754.00
		7/07/20	01	VR 108-	85		609232	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL SERVICE COORD	36,321.00
											VENDOR TOTAL	633,077.00 *
22816	DOWN SYNDROME NETWORK										ATTN: JEANNE DALY	
		6/08/20	02	VR 108-	71		608558	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY DOWN SYNDROME	1,250.00
		6/08/20	02	VR 108-	71		608558	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN DOWN SYNDROME	1,250.00
											VENDOR TOTAL	2,500.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR										ENVIROMENT, INC	
		6/18/20	06	VR 108-	77		608778	6/19/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY CONSUMER CONTRO	1,976.00
		7/07/20	01	VR 108-	86		609297	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL CONSUMER CONTRO	2,022.00
											VENDOR TOTAL	3,998.00 *
56902	PRAIRIE WIND SPEECH THERAPY, INC										SUITE C	
		7/07/20	01	VR 108-	79		609301	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	45519-10011 BLSR6/2	350.00
		7/09/20	08	VR 108-	89		609301	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	45519-10011 BLSR6/2	100.00
											VENDOR TOTAL	450.00 *
61780	ROSECRANCE, INC.											
		6/08/20	02	VR 108-	75		608622	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COORD SVC DD/MI	2,929.00
		6/08/20	02	VR 108-	75		608622	6/12/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COORD SVC DD/MI	2,931.00
		7/07/20	01	VR 108-	87		609312	7/10/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	8,789.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		6/18/20	06	VR 108-	78		608830	6/19/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 5/22	21.99
		6/18/20	06	VR 108-	78		608830	6/19/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 5/22	199.88
		6/18/20	06	VR 108-	78		608830	6/19/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 5/28	653.99
		6/18/20	06	VR 108-	78		608830	6/19/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 5/29	359.98

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

7/10/20 PAGE 14

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
		6/18/20	06	VR 108-	78		608830	6/19/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 6/2	799.00
		6/18/20	06	VR 108-	78		608830	6/19/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 DELL 4/21	47.88-
											VENDOR TOTAL	1,986.96 *
										DEVLMNTL DISABILITY BOARD	DEPARTMENT TOTAL	938,937.54 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	938,937.54 *
											REPORT TOTAL *****	2,032,807.65 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

8/07/20

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
*** DEPT NO. 050 DEVLMNTL DISABILITY BOARD												
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090				
		7/30/20	07	VR 108-	108		609745	7/31/20	108-050-533.07-00	PROFESSIONAL SERVICES	AUG ADMIN FEE	32,997.00
											VENDOR TOTAL	32,997.00 *
104	CHAMPAIGN COUNTY TREASURER							HEAD START FUND 104				
		7/30/20	07	VR 108-	100		609746	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG SOC/EMOT DEV SV	1,788.00
											VENDOR TOTAL	1,788.00 *
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075				
		7/30/20	07	VR 108-	99		609748	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG DECISION SUPPOR	25,957.00
											VENDOR TOTAL	25,957.00 *
193	CHAMPAIGN COUNTY COLLECTOR											
		7/29/20	01	VR 108-	97		609753	7/31/20	108-050-582.09-00	INTEREST ON TAX CASE	CARLE INT 108	1,362.73
											VENDOR TOTAL	1,362.73 *
11585	C-U AUTISM NETWORK											
		7/29/20	02	VR 108-	103		609778	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMM OUTREACH	1,250.00
											VENDOR TOTAL	1,250.00 *
11587	CU ABLE											
		7/29/20	02	VR 108-	102		609779	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMM OUTREACH	1,433.00
											VENDOR TOTAL	1,433.00 *
18203	COMMUNITY CHOICES, INC							SUITE 419				
		7/29/20	02	VR 108-	104		609796	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY LIVIN	7,416.00
		7/29/20	02	VR 108-	104		609796	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CUSTOM EMPLOY	15,166.00
		7/29/20	02	VR 108-	104		609796	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG SELF DETERMINAT	12,166.00
											VENDOR TOTAL	34,748.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		7/27/20	02	VR 108-	96		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL COMMUNITY FIRST	70,638.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CLINICAL SVCS	14,500.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY EMPLO	30,114.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY FIRST	70,638.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COMMUNITY LIVIN	38,003.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CONNECTIONS	7,083.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG EMPLOYMENT FIRS	6,667.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG INDIV/FAMILY SU	36,754.00
		7/29/20	02	VR 108-	105		609809	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG SERVICE COORD	36,321.00
											VENDOR TOTAL	310,718.00 *
22816	DOWN SYNDROME NETWORK ATTN: JEANNE DALY											
		7/27/20	02	VR 108-	95		609811	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUL DOWN SYNDROME	1,250.00
		7/29/20	02	VR 108-	101		609811	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG DOWN SYNDROME	1,250.00
											VENDOR TOTAL	2,500.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC											
		7/16/20	02	VR 108-	91		609530	7/17/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN CONSUMER CONTRO	1,985.00
		7/29/20	02	VR 108-	106		609880	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG CONSUMER CONTRO	2,022.00
											VENDOR TOTAL	4,007.00 *
56902	PRAIRIE WIND SPEECH THERAPY, INC SUITE C											
		7/16/20	11	VR 108-	92		609532	7/17/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	45519-10011 BLSR7/1	200.00
		7/27/20	02	VR 108-	94		609883	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	45519-10011 BLSR7/2	100.00
		7/29/20	02	VR 108-	98		609883	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	45519-10011 BLSR7/2	100.00
											VENDOR TOTAL	400.00 *
61780	ROSECRANCE, INC.											
		7/29/20	02	VR 108-	107		609895	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUG COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	2,929.00 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		7/27/20	02	VR	108- 93		609934	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 6/24	139.99
		7/27/20	02	VR	108- 93		609934	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 BEST BUY 7/21	2,478.99
		7/27/20	02	VR	108- 93		609934	7/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 AMAZON 7/21	389.97
											VENDOR TOTAL	3,008.95 *
										DEVLMNTL DISABILITY BOARD	DEPARTMENT TOTAL	423,098.68 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	423,098.68 *
											REPORT TOTAL *****	906,354.42 *

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
** DEPT NO. 050 DEVLMNTL DISABILITY BOARD												
90	CHAMPAIGN COUNTY TREASURER MENT HLTH BD FND 090											
		9/02/20	02	VR	108- 119		610796	9/09/20	108-050-533.07-00	PROFESSIONAL SERVICES	SEP ADMIN FEE	32,997.00
											VENDOR TOTAL	32,997.00 *
104	CHAMPAIGN COUNTY TREASURER HEAD START FUND 104											
		9/02/20	02	VR	108- 111		610797	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SOC/EMOT DEV SV	1,788.00
											VENDOR TOTAL	1,788.00 *
161	CHAMPAIGN COUNTY TREASURER REG PLAN COMM FND075											
		9/02/20	02	VR	108- 110		610800	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DECISION SUPPOR	25,957.00
											VENDOR TOTAL	25,957.00 *
11585	C-U AUTISM NETWORK											
		9/02/20	02	VR	108- 114		610828	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMM OUTREACH	1,250.00
											VENDOR TOTAL	1,250.00 *
11587	CU ABLE											
		9/02/20	02	VR	108- 113		610829	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMM OUTREACH	1,433.00
											VENDOR TOTAL	1,433.00 *
18203	COMMUNITY CHOICES, INC SUITE 419											
		9/02/20	02	VR	108- 115		610848	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	7,416.00
		9/02/20	02	VR	108- 115		610848	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CUSTOM EMPLOY	15,166.00
		9/02/20	02	VR	108- 115		610848	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SELF DETERMINTN	12,166.00
											VENDOR TOTAL	34,748.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC											
		9/02/20	02	VR	108- 116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CLINICAL SVCS	14,500.00
		9/02/20	02	VR	108- 116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY EMPLO	30,114.00
		9/02/20	02	VR	108- 116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY FIRST	70,638.00

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
		9/02/20	02	VR 108-	116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COMMUNITY LIVIN	38,003.00
		9/02/20	02	VR 108-	116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CONNECTIONS	7,083.00
		9/02/20	02	VR 108-	116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP EMPLOYMENT FIRS	6,667.00
		9/02/20	02	VR 108-	116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP INDIV/FAMILY SU	35,754.00
		9/02/20	02	VR 108-	116		610862	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP SERVICE COORD	36,321.00
											VENDOR TOTAL	239,080.00 *
22816	DOWN SYNDROME NETWORK							ATTN: JEANNE DALY				
		9/02/20	02	VR 108-	112		610865	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP DOWN SYNDROME	1,250.00
											VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR							ENVIROMENT, INC				
		9/02/20	02	VR 108-	117		610926	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP CONSUMER CONTRO	2,022.00
											VENDOR TOTAL	2,022.00 *
56902	PRAIRIE WIND SPEECH THERAPY, INC							SUITE C				
		9/02/20	02	VR 108-	120		610928	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	45519-10011 BLSR8/2	300.00
											VENDOR TOTAL	300.00 *
61780	ROSECRANCE, INC.											
		9/02/20	02	VR 108-	118		610943	9/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SEP COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	2,929.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		8/26/20	01	VR 108-	109		610737	8/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 CASEYS 7/22	400.00
		8/26/20	01	VR 108-	109		610737	8/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 ARROW GLASS7/2	149.00
		8/26/20	01	VR 108-	109		610737	8/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 WALMART 7/31	449.85
		8/26/20	01	VR 108-	109		610737	8/31/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 WALMART 7/31	286.74
											VENDOR TOTAL	1,285.59 *
										DEVLMNTL DISABILITY BOARD	DEPARTMENT TOTAL	345,039.59 *

DEVLPMNTL DISABILITY FUND	FUND TOTAL	345,039.59 *
REPORT TOTAL *****		733,424.29 *

10

A Final Report on Building Evaluation Capacity for Programs
Funded by the Champaign County Community Mental Health Board (CCMHB) Year 5

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August 5, 2020

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A Final Report on Building Evaluation Capacity for Programs Funded by the Champaign County Community Mental Health Board (CCMHB) Year 5

Statement of Purpose:

The aim of this effort is to continue to build evaluation capacity for programs funded by the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB). In Year 5, we propose to continue to implement the recommendations and specific plans identified via Year 1 assessment of current evaluation activities and priorities and to build upon our previous efforts over the last few years. Specifically, we propose the following activities and deliverables.

1. **Continue to create a learning organization among funded agencies and the CCMHB and the CCDDB.**
    a. *Prepare new "targeted" agencies to share information at MHDDAC meetings once/year by June, 2020 (as schedules allow). The actual presentation will occur in the July or August following the end of the fiscal year at the MHDDAC meeting.*

In collaboration with the CCMHB and CCDDB staff, we targeted five programs, three funded by the CCMHB and two by the CCDDB, for more intensive evaluation capacity building partnership. Five funded programs worked closely with evaluation consultants who were doctoral students supervised by Drs. Aber and Allen. These programs engaged in targeted strategies for building evaluation capacity and received individual support from their consultant throughout the process. The processes and outcomes from these partnerships are explained in detail in Sections II through VI of this report. Each section summarizes the effort engaged with each partner agency.

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

general processes they engaged in. This feedback appeared to elicit some excitement among other programs, leading a few to express their desire to participate in this evaluation effort. Much of the research on learning organizations focuses on individual actors (e.g. employees) within an organization (e.g. a specific business). In addition to engaging at the individual and organizational levels, our process also engaged programs and agencies within a larger system (CCMHDDB). While ongoing effort will further advance these goals, the targeted partnerships begin the process of fostering a culture of i) valuing evaluation, ii) desiring evaluation to be meaningful, and iii) experimenting with evaluation.

2. **Continue to support the development of theory of change logic models as a requirement for CCMHB funding**
    a. *Offer 4 logic modeling workshops to support funded programs in model development in Fall 2019*
    b. *Schedule and announce logic model training dates with 30 days advance notice*
    c. *Provide follow-up support to targeted agencies who submit a model to the team for review (and to agencies who choose to develop the model using "hours" from the consultation bank)*

We offered four logic model workshops in Fall 2019, but we ultimately held two logic model workshops since everyone who was interested in attending was able to attend on those two dates. They were attended by 6 groups: the Champaign County Regional Planning Commission Community Services, Cunningham Children's Home, Developmental Services Center, East Central Illinois Refugee Mutual Assistance Center, Rosecrance Coordinated Services, and Rosecrance Criminal Justice Program, as well as a member of the CCDDB. During the meeting all programs engaged in hands-on theory of change logic model creation with the support of an Evaluation Capacity Building team member. All programs in attendance were provided with PowerPoint slides containing their logic models following the workshop. Additionally, we continued working with several programs to further develop their logic models after the workshop.

3. **Choose *up to* five programs for targeted evaluation support in consultation with CCMHB and CCDDB.**
    a. *Work in collaboration with up to five funded programs to develop evaluation plans and support them in the implementation of those plans (e.g., instrument development, data gathering, data reporting)*
        i. *Three programs would be CCMHB funded*
        ii. *Two program would be CCDDB funded*
    b. *The goal would be to guide an evaluation process that can be sustained by the program*

We worked with five programs, three funded by the CCMHB and two by the CCDDB to target for evaluation capacity building support in year 5. These included: the Community Choices Community Living program, the Crisis Nursery Beyond Blue program, the Developmental Services Center Community Living Program, Head Start Early Childhood Mental Health Assistance Services, and Uniting Pride Center of Champaign County. Individual meetings and customized efforts were provided to each program. Reports that elaborate on the specific activities engaged to build evaluation capacity and to create specific evaluation plans are provided in the following sections II-VI.

4. **Provide quarterly follow-up with the eleven previously targeted agencies. This could include:**

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

We reached out to the eight past targeted programs (from years two and three) in January 2020 to check on evaluation processes and implementation, data use, and measures. We worked with several previous targeted partners including the Community Service Center of Northern Champaign County, DREAAM House, GROW, and Rosecrance to add new measures, adapt existing measures, digitize surveys, revise data collection tools, and analyze and interpret data.

5. **Continue the Evaluation Consultation Bank with agencies who have not had targeted partnerships.**

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

We received multiple requests for consultation bank support. These included: Cunningham Children's Home, CU Neighborhood Champions/CU Trauma & Resilience Initiative, GROW, MAYC, R.A.C.E.S., and Rosecrance. Across these programs, we worked on developing logic models, identifying and refining outcomes, identifying appropriate measures, creating and refining data collection tools, analyzing data, and applying evaluation findings to program activities.

6. **Continue to build a "buffet" of tools**

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

The following measures were added to the bank:

- Generalized Self-Efficacy Scale
- Depression Anxiety Stress Scale (DASS)
- Edinburgh Postnatal Depression Scale (EPDS)
- Nurturing Parenting Home Safety Checklist
- Protective Factors Survey, 2nd Edition (PFS-2)

7. **Meet with CCMHB and CCDDB members as requested to provide information on, for example:**

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

In September 2019, we met with the Mental Health Board to present on and discuss the past year's effort and evaluation more broadly. After summarizing the FY 2019 objectives, activities engaged in with targeted partners and follow-up with past targeted partners, we presented data from a survey completed by past targeted partners. Additionally, a board member of the CCDDB joined a logic modeling workshop this year.

Community Choices Community Living Program

Program Overview

Community Choices is a human services cooperative and service provider for adults with developmental disabilities. They have three main philosophies: people need people, we are not afraid to try, and success is a shared responsibility. The Community Choices Community Living Program aims to help people build the lives they want to build by providing assistance to people in finding somewhere to live, taking care of their homes, getting from place to place, and having people to support them. By engaging in weekly meetings, they support people in moving out, in acquiring the skills and confidence to maintain their homes, in managing the support they need to make that happen, in building connections, and in achieving their self-determined goals. From September 2019 to July 2020, one consultant from the University of Illinois worked with three primary staff members of Community Choices to build the group's capacity to evaluate and improve their program.

Identifying Goals

The first step in identifying Community Choice's goals was to create a logic model in which we documented the activities that Community Choices engaged in and how they connected to the short- and long- term outcomes they hoped to see. In creating this logic model, several key goals emerged:

1. Update measure used to assess independent living skills to more efficiently group, categorize, and prioritize tasks, to standardize procedure and measurement, and to include a measure of self-efficacy.
2. Assess progress toward people's self-defined goals in four areas: skills, connections, housing, and resources.
3. Develop a form to assess outcomes in skills, resources, connections, and housing in a manner that does not require linear progression and facilitates streamlined tracking across time. This form should also offer guidance for developing plans with members and engaging in yearly evaluation, as well as communicating plans to members and their supports.
4. Create spreadsheets and processes for collecting, storing, and analyzing data from the form.

Executing Goals

1. **Update measure used to assess independent living skills to more efficiently group, categorize, and prioritize tasks, to standardize procedure and measurement, and to include a measure of self-efficacy.**

One key aim of the Community Choices Community Living Program is to support people in developing and sustaining independent living skills. To assess the outcome of independent living skills, Community Choices currently utilizes a measure called the Independent Living Skills Checklist (ILSC), which assesses people's level of independence (0=unable to complete, 1=requires assistance, and 2=completes independently) in tasks such as doing laundry or planning a meal. However, it is not unusual for a measure to require adaptation to meet an agencies' needs. To use this measurement tool as an indicator of people's living skills, they felt they had to narrow and group disparate tasks into broader groups and categories. This was the first change we made to the measure. For instance, we transferred using a microwave, stove, oven, and toaster into a single group, and included this as well as doing laundry/managing clothes, going grocery shopping/storing food, and other groups of tasks into the broader category of household management. We also added a "considerations" column that provides specific details of what is entailed in a group of tasks; for instance, going grocery shopping/storing food entails keeping lists, putting food away, and checking expiration dates. This helps to standardize the measure so all staff utilizing the ILSC define the steps entailed in a group of tasks in the same way. We also added a column to document whether the person needed or was connected to a resource in that task group.

Community Choices also wanted to add a measure of client's perceived self-efficacy both related to doing certain tasks and in general. To measure self-efficacy in independent living skills specifically, we adapted the efficacy measurement tool we developed in the previous year with Rattle the Stars to ask, for each task group, if the person feels they have the knowledge, skills, and confidence to complete the various tasks in that group. This specific measure of efficacy for independent living skills was important because research has suggested that scales of self-efficacy should be specific to the particular domain you are interested in studying (Bandura, 2006) A general measure of self-efficacy was also important to Community Choice since a central outcome of the program as a whole is for people to increase their sense of agency. To measure this outcome, we selected the General Self-Efficacy Scale, a 10-item scale of self-efficacy with strong reliability and validity (Schwarzer & Jerusalem, 1995).

The full Independent Living Skills Checklist will be administered yearly, with regular check-ins and skill development throughout the year. In outcome reports, only data from each individual's five priority areas, determined in early conversations as the areas people most want and need to work on, will be included.

2. **Assess progress toward people's self-determined goals in four areas: skills, connections, housing, and resources.**

A major aspect of Community Choice's program is a people first approach in which staff work with members to set their own self-determined goals. Goals were previously set in three areas: skills, connections, and housing. We added a fourth goal area as well: resources. We added the resource goals area because Community Choices found that resources were often a barrier to achieving goals in other areas, such as skill or housing goals. We set parameters for goals to be SMART: Specific, Measurable, Achievable, Realistic, and Time bound, in addition to being self-determined. Specific goals in skills, resources, and connections will be derived from larger priority areas in each of those three domains. Each year, progress toward the goals set in the previous year will be evaluated, and new goals will be set, or old goals that were not met that remain goals of interest for a person will be re-introduced. An example of a skills goal would be to cook three meals per week. For housing goals, staff were interested in ensuring that the goals were reasonable. For housing, it was decided that a housing plan should be available and housing should be affordable. We chose to use two measures of affordability: rent burden (defined as the percentage of income spent on housing and utilities, with more than 30% signifying rent burden and more than 50% signifying severe rent burden) (Larrimore & Schuetz, 2017) and the person's own assessment of the sustainability of their housing given their budget. For their housing goals to be time-bound, people will set dates by which they planned to move out which will be recorded in their plan. If the person does not move out by that target date, this will trigger an investigation into potential reasons why the person was not able to move out as well as a new move-out plan.

3. **Develop a form to assess outcomes in skills, resources, connections, and housing in a manner that does not require linear progression and facilitates streamlined tracking across time. This form should also offer guidance for developing plans with members and engaging in yearly evaluation, as well as communicating plans to members and their supports.**

Community Choices previously organized outcomes chronologically by phases, starting with the planning phase, where moving out would allow the person to transition to the moving out phase, where meeting skill-based outcome goals in the moving out phase would allow the person to transition to the reaching out phase, where meeting connection-based outcome goals would allow the person to transition to the consultation phase. This linear progression, however, was not working the way they had hoped, because in actuality the phases did not occur linearly. For instance, reaching out and building connections occurred early on for many people instead of in a later phase; or people would sometime achieve living skills goals before being able to move out. Given these limitations, we decided to move to an evaluation process that assesses progress and goals in the four outcome domains of interest—skills, resources, connection, and housing—simultaneously and yearly. Everything being in one Google form facilitates the streamlined tracking of data, all of which is automatically entered into a single spreadsheet.

While the form was initially envisioned as a yearly evaluation form, it also developed into a document to guide planning and inform practice. Specifically, it provides a more standardized process for staff to engage a person in each of the domains. The form, in addition to evaluating outcomes and goals in each domain, contains sections with guidance on developing goals and plans in each domain.

Finally, the form will serve as a method of communicating and reviewing individual's plans with the individual and with the individual's supports. For example, Community Choices staff envisioned printing out the form, reviewing it with the member, and signing it. An outcome Community Choices strives for is for people's natural supports to develop increased trust in the target individual's growing agency. The form, then, can also be used to communicate the plan staff developed with the person and to communicate the progress made in the course of each year to the person's natural supports.

4. **Create spreadsheets and processes for collecting, storing, and analyzing data from the form.**

The form, as a Google form, automatically populates data into a spreadsheet. We will add pivot tables that will allow for the measurement of outcomes of interest in this spreadsheet.

Future Directions and Next Steps

1. Community Choices also wanted to set certain benchmarks, which the earlier phase model had aimed to provide, that would allow them to determine at what point a person would have the necessary skills, resources, connections, and housing to move into a consultation status, where no formal services or plan would be in place, and the community life coordinator would be available as needed. To achieve this, we are in the process of developing benchmarks in each of the domains that would serve as cutoffs for consultation status.
2. We are finalizing the spreadsheet that will be used to collect data from the form. Once this is complete, the form will be ready to pilot.
3. Once data from the form is analyzed, it will be used to report to funders, members, and their supports, as well as to strategize how services may be changed or improved based on the data.

References:

Bandura, A. (2006). Guide for constructing self-efficacy scales. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (Vol. 5, pp. 307-337). Greenwich, CT: Information Age Publishing.

Larrimore, J., & Schuetz, J. (2017). Assessing the Severity of Rent Burden on Low-Income Families. *FEDS Notes*. https://doi.org/10.17016/2380-7172.2111

Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35-37). Windsor, UK: NFER-NELSON.

Appendix Items:

Section II A: Community Choices Logic model
Section II B: Community Choices Independent Living Skills Checklist
Section II C: Community Choices General Efficacy Scale
Section II D: Community Choices Form

Crisis Nursery Beyond Blue Program

Program Overview

The Crisis Nursery Beyond Blue Program provides support with no judgment for parents at risk of perinatal or postpartum depression. They offer free services including emergency childcare or respite care, parent support and parent-child interaction groups, home visiting, crisis counseling, and an evidence-based curriculum for the prevention of postpartum depression. Through these activities, they aim to create sustained social support for parents, to build a parent-child relationship so children can be self-sufficient and stable, and to keep children and families safe. Parents with postpartum and perinatal depression (PPD) often experience a lack of support and resources, making it difficult to build a strong parent-child bond during a critical period of development and putting families at risk for high stress and unsafe environments for children. Parents experiencing postpartum and perinatal depression also face high levels of stigma, which is why providing judgment-free support, building connections among people experiencing similar struggles, and emphasizing that asking for help is a sign of strength is so critical to this intervention. From September 2019 to July 2020, one consultant from the University of Illinois worked with three primary staff members of Crisis Nursery to build the program's capacity to evaluate and improve their program.

Identifying Goals

The first step in identifying Crisis Nursery's goals was to create a logic model in which we documented the activities Crisis Nursery engaged in and how they connected to the short- and long-term outcomes they hoped to see. Using the logic model, five key goals emerged:

1. Utilize existing measures in new ways to assess outcomes including strengthened parent-child interaction, reduced PPD-related stress, and strengthened relationships and communication with natural and formal supports.
2. Assess parents' progress toward goals indicating improved awareness of children's developmental stages and milestones and children's cues and improved identification of environmental and situational risks. Create spreadsheets and processes for collecting, storing, and analyzing data from these new measurement tools.
3. Create a survey that allows for the identification of barriers to participation, particularly for rural residents in Champaign County. Use survey results to determine next steps, such as establishing partnerships with transportation supports and with new rural community agencies.
4. Assess the outcome of children's safety in respite care in situations of high risk.

5. Evaluate the implementation process and efficacy of the Mothers & Babies curriculum as perceived by the staff that teach the course and the clients who engage in it.

Executing Goals

After developing the logic model, the first step in creating a comprehensive evaluation plan was to match shorter-term outcomes with indicators that would suggest the shorter-term outcomes had been achieved. For each outcome and indicator, potential data collection methods and sources of information were discussed, as well as the advantages and disadvantages of these different methods. Once data collection tools were selected, we developed plans for collecting, storing, and analyzing the data.

1. **Utilize existing measures in new ways to assess outcomes including strengthened parent-child interaction, reduced PPD-related stress, and strengthened relationships and communication with natural and formal supports.**

For several outcomes of interest identified via logic modeling, Crisis Nursery had existing measurement tools they were already using for programmatic purposes that they now also plan to use for evaluation and tracking outcomes across time. For the outcome of strengthened parent-child interaction, Crisis Nursery plans to adapt the PICCOLO, a 15-minute observational tool (Roggman et al., 2013). However, rather than only doing the observation at a single time as they previously did, they will use it to assess for increased warmth in interaction in observable behaviors pre-intervention and post-intervention. Similarly, the outcome of strengthened relationships and communication with natural and formal supports will be assessed using a measurement tool, the Protective Factors Survey, 2nd Edition (PFS-2), that will now be administered pre-engagement and 4-5 months later. We selected 8 items from the PFS-2 to serve as indicators of the outcome strengthened relationships and communication with natural and formal supports, such as "I have people who believe in me" and "I feel like staff here understand me" (FRIENDS National Center for Community-Based Child Abuse Prevention, 2018). Finally, scores on the Edinburgh Postnatal Depression Scale (EPDS), which is collected quarterly, will now be used as an indicator of reduced PPD-related stress (Cox, Holden, & Sagovsky, 1987). Data from all of these measures will be included in the Filemaker database to be analyzed for outcome reporting. They will also be used to guide intervention.

2. **Assess parents' progress toward goals indicating improved awareness of children's developmental stages and milestones and children's cues and improved identification of environmental and situational risks. Create**

spreadsheets and processes for collecting, storing, and analyzing data from these new measurement tools.

To assess parents' progress toward goals indicating improved awareness of children's developmental stages and milestones and children's cues, we will be adapting a measure from another Crisis Nursery program, Baby Talk, used to evaluate progress toward goals. Currently, Crisis Nursery works with parents in Beyond Blue to set goals for developmental milestones and parent-child interaction in their Family Goal Plans. The measurement tool from Baby Talk identifies the goal, the steps made toward the goal by the parent and by the family specialist staff, the target completion date for the goal, the progress (on a scale of 0 to 4) that was made by the target completion date, and the date the goal was accomplished.

Crisis Nursery was also interested in assessing improved identification of environmental and situational risks. They wanted a measurement tool that would both guide conversations with families about household safety and risks and evaluate the effectiveness of these conversations in reducing these risks and increasing safety. To do so, we created a measure that pulled items from a Home Safety Checklist developed by Nurturing Parenting (2009) and the Illinois Department of Child and Family Services Home Safety Checklist (2015), along with novel items developed by Crisis Nursery staff. This checklist will be completed every quarter with the aim of a higher percentage of "yeses" on safety items after 6 months.

To collect and analyze data from these new measurement tools, we created a spreadsheet where data will be stored as tables from which outcome reports can be made.

3. **Create a survey that allows for the identification of barriers to participation, particularly for rural residents in Champaign County. Use survey results to determine next steps, such as establishing partnerships with transportation supports and with new rural community agencies.**

One of the first goals Crisis Nursery was interested in working on was to increase engagement with rural families, as they had not met their goals for rural engagement in the prior year. We decided that the first step in working toward this goal would be to create a survey that would allow Crisis Nursery to identify barriers to participation. Two surveys were created: one for people who are referred to Crisis Nursery but decline to engage with services and one for people who engage in home visiting services but decline to engage with in-house services such as support groups, parent-child interaction groups, or respite care. We developed items for the survey from several sources. The first source was a focus group conducted at the ARCH National Respite and Crisis Care Networking Conference, which responded to the question, "What barriers exist for families trying to access respite care?" (Dougherty et al., 2002). We included some of the major barriers that were brought up in the focus group in our survey, such as stigma, lack of trust, and location. We also pulled items from a review of transportation surveys by Syed

et al. (2013) such as lack of reliable or safe transportation, lack of gas money, and lack of accessible public transportation. Finally, we added items developed internally such as "I have work" or "I don't have childcare."

Data from this survey will be collected and analyzed via the spreadsheet we created, described under goal two, where data will be stored as tables from which outcome reports can be made. The data from the survey will then be used to guide the next steps Crisis Nursery takes. If transportation is indeed a major barrier, as hypothesized, then a next activity would be to identify potential transportation supports through collaboration with existing resources.

Along with identifying and addressing barriers to participation for people who are referred or who engage in home visiting services, Crisis Nursery is also planning agency presentations and outreach events aimed at establishing partnerships with new rural community agencies with the hope of increasing referrals.

4. Assess the outcome of children's safety in respite care in situations of high risk.

Crisis Nursery was interested in investigating how respite care helps keep children safe in situations of high risk. We decided to frame this outcome as preventative, and looked to measure the hypothetical risks that one's child or children might have faced had respite care not been available. To assess this, we adapted items from a survey from the ARCH National Respite Network and Resource Center, the ARCH Evaluation Form CR1, for Post Crisis Respite. The 14-item survey we developed includes items such as "If respite care had not been available… I would have left my child unattended"; "…I would have missed work, class, a job interview, or another important obligation"; and "I would have my child with someone that I did not feel comfortable with as a caregiver," rated on a scale from 1 (highly unlikely) to 7 (highly likely). This data will be added onto the existing brief ARCH Survey that Crisis Nursery currently utilizes, to be administered yearly and entered into the Filemaker database for storage and outcome reporting.

5. Evaluate the implementation process and efficacy of the Mothers & Babies curriculum as perceived by course instructors and the clients who engage in it.

The curriculum that is used during Crisis Nursery home visits, the Mothers & Babies program, is an evidence-based intervention for postpartum depression that is informed by cognitive behavioral therapy and attachment theory (for a review of research on Mothers & Babies, see *MB Intervention Effectiveness*, 2020). Given that it is an evidence-based program, Crisis Nursery wanted to assess fidelity to the program, processes involved in implementing the program and providers' perceived self-efficacy in doing so. To do this, we created a Google form to be completed by service providers after the completion of the Mothers & Babies program. The Google form contains a survey provided by the Mothers & Babies website, the Service Provider

Post-Implementation Survey, as well as an additional question about how much material they covered from the Mothers & Babies curriculum. Crisis Nursery also wanted to look into whether clients who engaged in the Mothers & Babies programs used the skills they learned from the program, such as keeping track of their mood or engaging in pleasant activities. This 12-item survey, the Mothers and Babies Skills Utilization Survey, provided by the Mothers & Babies website, asks how often participants used the skills and tools they learned from the course, how helpful they found using them, and how much they enjoyed using them. This survey was also made into a Google Form, and we added a question to gauge participants' overall satisfaction with the course. Data from both of these surveys will be stored in Google Sheets and will be automatically generated from the survey.

Future Directions and Next Steps

1. Implement the data collection as described above.
2. Analyze data from the Barriers to Participation Survey once it is complete in order to determine next steps to reducing these barriers.

References:

Cox, J. L., Holden, J. M., & Sagovsky, R. (1987). Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry, 150*, 782–786.

Dougherty, S., Yu, E., Edgar, M., Day, P., & Wade, C. (2002). *Planned and Crisis Respite for Families with Children: Results of a Collaborative Study.* Child Welfare League of America and the ARCH National Respite Network and Resource Center.

FRIENDS National Center for Community-Based Child Abuse Prevention. (2018). *The Protective Factors Survey, 2nd Edition (PFS-2) User Manual.*

Family Development Resources, Inc. (2009). *Home Safety Checklist #1.*

MB Intervention Effectiveness. (2020). Northwestern Mothers & Babies. Retrieved July 19, 2020, from https://www.mothersandbabiesprogram.org/research/access-to-curricula/

Roggman, L. A., Cook, G. A., Innocenti, M. S., Norman, V. K., Christiansen, K., & Anderson, S. (2013). *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO).* Paul H. Brookes Publishing Co.

State of Illinois Department of Children and Family Services. (2015). *Home Safety Checklist for Child Protection Specialists.*

Syed, S. T., Gerber, B. S., & Sharp, L. K. (2013). Traveling Towards Disease: Transportation Barriers to Health Care Access. *Journal of Community Health, 38*(5), 976–993. https://doi.org/10.1007/s10900-013-9681-1

Appendix Items:

Section III A: Crisis Nursery Logic model
Section III B: Crisis Nursery Home Visitor Safety Checklist
Section III C: Crisis Nursery Barriers to Participation Survey
Section III D: Crisis Nursery Alternatives to Care Survey
Section III E: Crisis Nursery Mothers & Babies Surveys
Section III F: Crisis Nursery Service Provider Post Implementation Survey

Developmental Services Center (DSC) Community Living Program

Program Overview:

The Developmental Services Center (DSC) is an organization that offers people with disabilities opportunities to live independent and fulfilling lives in Champaign and Ford counties. DSC's Community Living Program provides support for independent living both on DSC's own residential campus and in residences in the surrounding community. The individuals they serve are adults with intellectual or developmental disabilities (IDD) living in apartments and requiring assistance. Seven Community Living Specialists (CLS) serve as case managers for about ten individuals each, for whom the CLS provide one-on-one support with independent living, medical support, financial support, and a variety of other activities. The Community Living Program also strives to get their IDD individuals involved in the community through group activities. From September 2019 to July 2020, one consultant from the University of Illinois worked with two primary staff members of DSC to build the Community Living Program's capacity to evaluate and improve their program.

Identifying Goals:

The first step in identifying DSC's goals was to create a logic model that demonstrated the connections between the program's desired long-term outcomes, short-term outcomes, and activities they engage in. This process allowed three key goals to emerge:

1. Collect useful data that speaks to the CLS's role and shows progress on goals.
2. Identify data collection/activities which can be dropped to reduce workload.
3. Create new opportunities for leisure/recreation.

Executing Goals:

1. Collect useful data that speaks to the CLS's role and shows progress on individual goals.

While every program in DSC collects data, has an evaluation program, and develops goals for their individuals, the Community Living Program specifically wanted to improve their ability to use their data to show meaningful outcomes and change. CLSs are very involved with their individuals, yet their roles in the change process often get lost when data are reported and shared with others. This is largely due to the nature of the data they collected. For example, each time a CLS makes contact with a client, they completed a contact note or T-log entry, in which they

describe the activities and details about the visit or support they provided. However, the note-taking was unsystematic and allowed for CLSs to record notes in different ways. To analyze this data, one would need to do a qualitative analysis or re-interpret and aggregate narrative-style notes into a cohesive narrative, time consuming process.

Additionally, a significant number of individuals' personal goals are created when their Independent Service Coordinator (ISC), a different case manager, develops their individual service plans. This means that a CLS typically was not involved in developing independent living goals for their clients, and since some clients did not have independent living goals, there were limitations in data tracking and reporting in this area.

To address some of these challenges and many others, DSC has begun to transition to using *Therap*, a comprehensive, web-based application that provides solutions for planning, documentation, reporting, and communication for organizations that support people with IDDs. We have learned that Therap promises easier tracking of clients' progress on goals and it will allow them to utilize a more structured T-log from which data about CLS contact with clients can more easily be aggregated. We have redesigned a draft of the updated T-log, which hopefully will be implemented into Therap once DSC is fully transitioned. Another benefit of Therap is the ability for CLS staff to develop and track individuals' goals that are specifically related to independent living concerns.

In addition, we worked together to redesign the C-U Independence Monthly Housekeeping and Safety Inspection form. As one of the intended outcomes for clients is to independently maintain a safe living environment, this improved form will allow CLSs to keep track of each client's housekeeping skills and their needs in their apartments. This form will also be uploaded into Therap for easy access to and recording of clients' inspections. Reports generated from this data will better be able to show clients' progress and/or challenges with independent living.

2. Identify data collection/activities which can be dropped to reduce workload.

As mentioned previously, DSC is currently in-transition to a new and improved data management system—Therap. With Therap, many of the challenges the Community Living Program staff have had with data collection and data synthesis will likely be resolved. For one, Therap is completely web-based and can be accessed from any computer or mobile device for easier recording of data. This reduces the inconveniences of using paper forms and filing. Data collection will likely be more manageable, and the digital forms will likely make aggregation of data (for example, T-log data) less time-consuming than it has been when the data was recorded in note form. Overall, DSC staff expect data collection and record-keeping to be more streamlined, especially because of a reduction in the need to communicate through multiple channels to share and access information.

3. **Create new opportunities for leisure and recreation.**

One goal that has been consistent over the years has been to provide clients with more options for social recreation in the community. Because of the unprecedented COVID-19 pandemic, it has been unsafe to enact new excursions/outings for clients this year. This has created a new focus on utilizing technology to foster connection with others. Some platforms they are utilizing as tools for connection are Zoom, FaceTime, and Google classrooms. Another focus has been on educating individuals on personal safety and protocols in preparation for resuming normal social activities.

Next Steps and Future Directions:

1. Implement the evaluation plan described above.
2. Begin data collection.
3. Use data to inform program improvement.

Appendix Items:

Section IV A: DSC Logic Model
Section IV B: DSC C-U Housekeeping and Safety Inspection Form

Head Start Early Childhood Mental Health Assistance Services

Program Overview:

Early Childhood Mental Health Services at Champaign County Head Start provides social-emotional support and learning for teachers, students, and parents. Social Skills and Prevention Coaches (SSPCs) support teachers by using practice-based coaching to strengthen teachers' capacity to aid in their students' social-emotional development. They also provide one-on-one and group interventions in order to address individual social-emotional challenges and to foster emotional intelligence and resilience in all students. Using a trauma-informed lens in both staff training and teaching, the program aims to increase Kindergarten socioemotional readiness and promote resiliency in students' future educational experiences, their families and their relationships. From September 2019 to July 2020, one consultant worked with two primary staff members to build Early Childhood Mental Health Assistance Services' capacity to evaluate and improve their program.

Identifying Goals:

The first step in identifying Head Start's goals was to create a logic model that demonstrated the connections between the program's desired long-term outcomes, short-term outcomes, and activities they engage in. This process allowed three key goals to emerge:

1. Identify clear objectives and goals of the program.
2. Collect data that demonstrates what the program achieves.
3. Focus on how to engage families and assess engagement.

Executing Goals:

1. Identify clear objectives and goals of the program.

From the beginning of our partnership, Head Start wanted help clarifying and articulating the objectives and goals of Early Childhood Mental Health Assistance Services in order to better evaluate the program. The process of developing the program's logic model allowed for a shift in how they conceptualized what they do and the "why" behind it. As demonstrated in the final logic model, it became clear that progress toward the goal of supporting children's social-emotional development is driven by adults' capacity to support children and child-adult

relationships. This conceptualization of the program is in line with the program's coaching and teaching strategies.

2. **Collect data that demonstrates what the program achieves.**

One of the goals of Head Start's Early Childhood Mental Health Assistance Services is to increase adults' capacity to support children's social-emotional development. Increased capacity would be demonstrated by knowledge of trauma and the stress-response system, increased self-efficacy, improved physical and emotional health, and increased mindful skills. We collaborated to create a Mindful Teaching Capacity Assessment that measures these outcomes, which will be administered to teachers bi-annually. This assessment was developed using empirically validated measures. To measure increased knowledge of trauma and the stress-response system, we have created a brief pre- and post-test on content learned during the New Teacher Orientation trainings.

3. **Focus on how to engage families and assess engagement.**

Head Start also wanted to find ways to engage parents and families in their efforts with the children, and to measure family engagement. Head Start administers an annual Family Interest Survey that asks caregivers about the child's social-emotional wellbeing, educational skills, health, and family support provided by the program. We revised this survey to allow for a wider range in possible responses and to ask more targeted questions about family engagement in learning.

Additionally, the COVID-19 pandemic caused a shift in the program's engagement with families, as children were now learning from their home environments. Utilizing interventions over video chat and over platforms such as Facebook has allowed for more teacher-family collaboration and has sparked new ideas for how to increase/maintain family engagement in the future.

Next Steps and Future Directions:

1. Implement the evaluation plan described above.
2. Begin data collection.
3. Use data to inform program improvement.

Appendix Items:

Section V A: Head Start Logic Model
Section V B: Head Start Mindful Teaching Capacity Assessment
Section V C: Head Start Annual Family Interest Survey

Uniting Pride Center of Champaign County

Program Overview:

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

Identifying Goals:

The first step in identifying Uniting Pride's goals was to create a logic model that demonstrated the connections between the program's desired long-term outcomes, short-term outcomes, and activities they engage in. This process allowed two key goals to emerge:

1. Reduce the burden of data collection on youth.
2. Increase capability to track and measure program effectiveness over time.

Executing Goals:

1. **Reduce the burden of data collection on youth.**

Before working with the Evaluation Capacity Building team, Uniting Pride gave quarterly mental health surveys to youth. They used the Depression Anxiety Stress Scale (DASS), a self-report instrument designed to measure the three related negative emotional states of depression, anxiety and stress. After completing the logic model, it became clear that while increased mental health and wellbeing is a longer-term outcome they hope their youth will achieve, *youth empowerment* was the outcome they wanted to directly impact and measure.

We collaborated to develop a bi-annual Talk It Up Youth Group survey which contains a battery of evidence-based measures of sense of belonging, self-worth, self-efficacy, and social support, which together we conceptualized as youth empowerment measures. The survey was created

using Google Forms, and takes about 15 minutes to complete. The survey also provides an opportunity for youth to provide feedback about the program itself.

2. **Increase capability to track and measure program effectiveness over time.**

With the new youth group survey, Uniting Pride will be able to track individuals' responses using the built-in features of Google Forms and Google Sheets. They will also be able to aggregate this data in order to report on the impact of their youth group on youth empowerment over time.

Another of Uniting Pride's short-term outcomes is to increase adults' knowledge and practical skills in supporting LGBTQ+ youth. Uniting Pride wanted to be able to show how effective their professional workshops were in achieving this outcome for adults. We collaborated to create pre- and post- assessments for workshop participants to demonstrate their knowledge and skills on the subject matter before and after engaging in the workshop. This will allow Uniting Pride to measure the impact of their educational workshops, as well as uncover gaps in understanding or in teaching that can help them improve this aspect of their programming.

Next Steps and Future Directions:

1. Implement the evaluation plan described above.
2. Begin data collection.
3. Use data to inform program improvement.

Appendix Items:

Section VI A: Uniting Pride Center Logic Model
Section VI B: Uniting Pride Center Youth Survey
Section VI C: Uniting Pride Center Education Workshop Pre/Post Tests

Appendices

Section II Appendix A: Community Choices Logic model
Section II Appendix B: Community Choices Independent Living Skills Checklist
Section II Appendix C: Community Choices Form

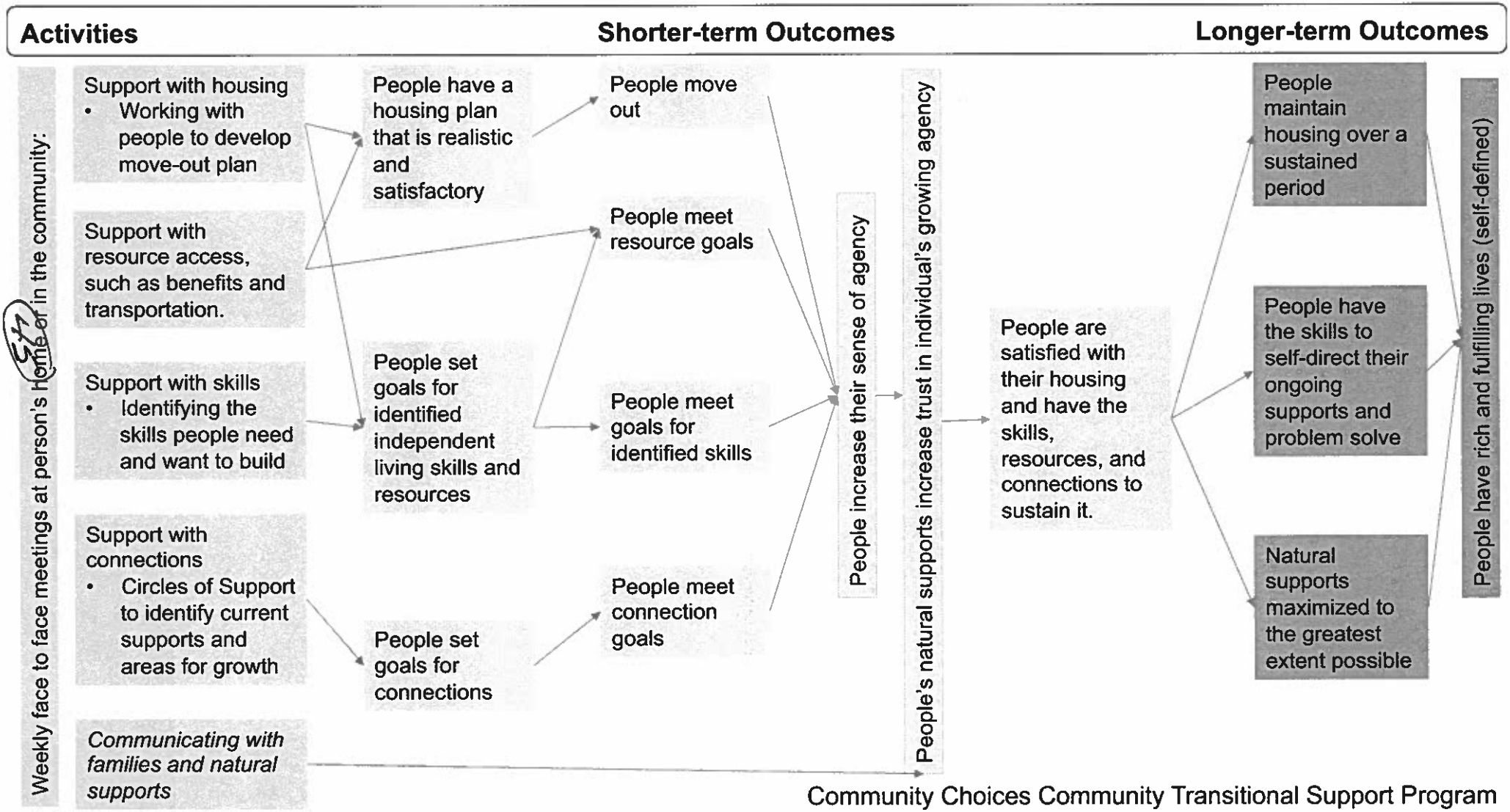
Section III Appendix A: Crisis Nursery Logic model
Section III Appendix B: Crisis Nursery Safety Checklist
Section III Appendix C: Crisis Nursery Barriers to Participation Survey
Section III Appendix D: Crisis Nursery Alternatives to Care Survey
Section III Appendix E: Crisis Nursery Mothers & Babies Surveys

Section III Appendix F: Crisis Nursery Service Provider Post Implementation Survey

Section IV Appendix A: DSC Logic Model
Section IV Appendix B: DSC Housekeeping and Safety Inspection Form

Section V Appendix A: Head Start Logic Model
Section V Appendix B: Head Start Mindful Teaching Capacity Assessment Section V Appendix C: Head Start Family Interest Survey

Section VI Appendix A: Uniting Pride Center Logic Model
Section VI Appendix B: Uniting Pride Center Youth Survey
Section VI Appendix C: Uniting Pride Center Education Workshop Pre/Post Tests


Activities
Shorter-term Outcomes
Longer-term Outcomes
Weekly face to face meetings at person's home or in the community:
Support with housing
• Working with people to develop move-out plan
Support with resource access, such as benefits and transportation.
Support with skills
• Identifying the skills people need and want to build
Support with connections
• Circles of Support to identify current supports and areas for growth
Communicating with families and natural supports
People have a housing plan that is realistic and satisfactory
People set goals for identified independent living skills and resources
People set goals for connections
People move out
People meet resource goals
People meet goals for identified skills
People meet connection goals
People increase their sense of agency
People's natural supports increase trust in individual's growing agency
People are satisfied with their housing and have the skills, resources, and connections to sustain it.
People maintain housing over a sustained period
People have the skills to self-direct their ongoing supports and problem solve
Natural supports maximized to the greatest extent possible
People have rich and fulfilling lives (self-defined)
Community Choices Community Transitional Support Program

NAME:_____ DATE:_____

Independent Living Skills Checklist

Please fill out the Skill Level column based on the type of support the individual requires to complete each task:

2 = *Completes independently:* task can be completed from beginning to end with little to no assistance.

1 = *Requires assistance*: completes the task with verbal prompting (V) and/or physical guidance (P).

0 = *Unable to complete*: cannot complete this task with or without support.

NA = *Task not applicable:* A person is connected to a resource that fulfills their need making it unnecessary to complete the task independently (e.g., a person is unable to prepare a meal but lives in a supportive living facility that prepares all of their meals).

For the Knowledge, Skills, and Confidence columns, read the items as statements to the person and ask them to answer yes or no. For example, "Please answer yes or no to the following statements: 'I have the knowledge to plan a meal.' 'I have the skills to plan a meal.' 'I have the confidence to plan a meal.'" For the Resource column, write Y if the person is connected to a resource to assist with a task and N if the person is not connected to a resource.

INDEPENDENT LIVING

Task	Considerations:	Skill Level 0=unable to complete; 1=requires assistance; 2=completes independently N/A=task not applicable	I have the knowledge to... (Y/N)	I have the skills to...(Y/N)	I have the confidence to...(Y/N)	Connected to resource? (Y/N)	Explanation if needed (and what resource the person was connected to, if relevant).	Priority? (Y/N)
HOUSEHOLD MANAGEMENT								
Do Laundry/Manage Clothes								
Goes Grocery Shopping + Stores food	keeps lists, puts food away, checks expiration,							
Plans Meals	Chooses foods and ensures they are available							
Uses Microwave, Stove, Oven, Toaster	safety!							
Follows a Recipe	Understands measurement, and recipe steps							

Cleans the House	Kitchen, dishes, bathroom, bedroom, linens, sweeping, mopping, etc.							
Uses appropriate cleaning products	storage, matching product to the job, safe mixing, etc							
Replaces/Repairs basic household items as necessary	Light bulbs, plunges toilet, hangs a picture, etc							
COMMUNICATION AND SCHEDULING								
Independently Wakes up								
Schedule, keep, and be on time to appointments								
Use a calendar, alarms or other scheduling strategy								
Communicate using phone, email, and mail								
Be familiar with my immediate neighborhood								
SELF-DETERMINATION and CITIZENSHIP								
Vote								
Carry identification								
Access appropriate coping skills								
Make decisions based on own personal interests and preferences								
TRANSPORTATION								
Coordinates transportation as needed								

Use the bus on known routes								
Troubleshoot bus routes								
Use Uber, Lift								
Walks and interacts with traffic safely								
Drives a car								
Is a responsible car owner								
HEALTH AND RELATIONSHIPS								
Exercise regularly								
Use medication safely and independently								
Make and implement safety plan for emergencies								
Engage in regular hygiene activities								
Go to the doctor if needed								
Communicate pain/illness								
Have health insurance								
Engage in healthy and safe relationships								
Maintain appropriate boundaries								
ID and Pursue interests, hobbies, and skills								
FINANCES								
Maintain a budget for expenses								
Manage a bank account								
Use cash, checks, debit, and credit cards safely and effectively								
Manage and pay bills on time								

1. How would you say the individual learns best?

2. How does the individual react to conflict?

3. Is the individual a leader or a follower?

4. Does the individual voice complaints or concerns?

5. How does the individual react to free time or time on his/her own?

6. How does the individual respond to praise?

7. How does the individual respond to criticism?

8. How well does the individual function in a group?

Is there anything else that you think is important for us to know about the individual?

General Self Efficacy Scale

Read the following instructions to the person: "I'm going to read you some statements. For each statement please respond how true that statement is for you—not at all true, somewhat true, or very true."

	0. Not at all true	1. Somewhat true	2. Very true
1. I can always manage to solve difficult problems if I try hard enough.			
2. If someone opposes me, I can find the means and ways to get what I want.			
3. It is easy for me to stick to my aims and accomplish my goals.			
4. I am confident that I could deal efficiently with unexpected events.			
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.			
6. I can solve most problems if I invest the necessary effort.			
7. I can remain calm when facing difficulties because I can rely on my coping abilities.			
8. When I am confronted with a problem, I can usually find several solutions.			
9. If I am in trouble, I can usually think of a solution.			
10. I can usually handle whatever comes my way.			

Community Choices Sample Form

1. Person's last name

_____

2. Person's first name

_____

3. FY

Mark only one oval.

- ◯ 2020-21
- ◯ 2021-22
- ◯ 2022-23
- ◯ 2023-24

4. Date of survey

_____

Example: January 7, 2019

POM

For each prioritized POM outcome, write 0 if the outcome Is not present and 1 if the outcome is present. For support for each prioritized POM outcome, write 0 if support for the outcome is not present and 1 if support for the outcome is present.

5. OUTCOME 1: You are safe.

Mark only one oval.

- 1
- 0

6. SUPPORT for OUTCOME 1: You are safe.

Mark only one oval.

- 1
- 0

7. OUTCOME 5: You exercise rights.

Mark only one oval.

- 1
- 0

8. SUPPORT for OUTCOME 5: You exercise rights.

Mark only one oval.

- 1
- 0

9. OUTCOME 8: You use their environments.

Mark only one oval.

- 1
- 0

10. SUPPORT for OUTCOME 8: You use their environments.

Mark only one oval.

- 1
- 0

11. OUTCOME 9: You live in integrated environments.

Mark only one oval.

- 1
- 0

12. SUPPORT for OUTCOME 9: You live in integrated environments.

Mark only one oval.

- 1
- 0

13. OUTCOME 10: You interact with other members of the community.

Mark only one oval.

- 1
- 0

14. SUPPORT for OUTCOME 10: You interact with other members of the community.

Mark only one oval.

- 1
- 0

15. OUTCOME 11: you participate in life in the community

Mark only one oval.

- 1
- 0

16. SUPPORT for OUTCOME 11: you participate in life in the community

Mark only one oval.

- 1
- 0

17. OUTCOME 16: You perform different social roles.

Mark only one oval.

- 1
- 0

18. SUPPORT for OUTCOME 16: You perform different social roles.

Mark only one oval.

- 1
- 0

19. OUTCOME 17: You choose where and with whom you live.

Mark only one oval.

- 1
- 0

20. SUPPORT for OUTCOME 17: You choose where and with whom you live.

Mark only one oval.

- 1
- 0

21. OUTCOME 20: You choose personal goals.

Mark only one oval.

- 1
- 0

22. SUPPORT for OUTCOME 20: You choose personal goals.

Mark only one oval.

- 1
- 0

23. OUTCOME 21: You realize personal goals.

Mark only one oval.

- 1
- 0

24. SUPPORT for OUTCOME 21: You realize personal goals.

Mark only one oval.

- 1
- 0

25. Please provide any notes on the POM scores.

Skills

Skill priority areas are the broader domains on which the person needs or wants to focus skill development (e.g., cooking).

26. Please list the (up to) 5 priority areas (numbered) that you will be working on with the person below.

27. What is priority area 1?

28. For priority area 1, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

29. Does the person need to be connected to any resources to achieve independence, knowledge, skills and confidence in priority area 1?

(Please list resources below).

30. What is priority area 2?

31. For priority area 2, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

32. Does the person need to be connected to any resources to achieve independence, knowledge, skills and confidence in priority area 2?

(Please list resources below).

33. What is priority area 3?

34. For priority area 3, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

35. Does the person need to be connected to any resources to achieve independence, knowledge, skills and confidence in priority area 3?

(Please list resources below).

36. What is priority area 4?

37. For priority area 4, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

38. Does the person need to be connected to any resources to achieve independence, knowledge, skills and confidence in priority area 4?

(Please list resources below).

_____

_____

_____

_____

_____

39. What is priority area 5?

_____

40. For priority area 5, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

41. Does the person need to be connected to any resources to achieve independence, knowledge, skills and confidence in priority area 5?

(Please list resources below).

_____

_____

_____

_____

_____

42. How many skill priority areas does this person have?

Mark only one oval.

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

43. What was the person's score on the GSE (General Self-Efficacy Scale)?

Add total sum of responses across all 10 items.

_____

44. Does the person have self-determined skill goals in their ISP yet?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 61*

Evaluating Skill Goals

Skill goals are individualized, specific goals within domain areas (e.g., cook 3 healthy meals per week)

45. Please list skill goals set last year (numbered):

46. What was skill goal 1?

47. Was skill goal 1 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

48. Please provide any notes on skill goal 1 and why/how you think it was achieved or not achieved.

49. What was skill goal 2?

_____

50. Was skill goal 2 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

51. Please provide any notes on skill goal 2 and why/how you think it was achieved or not achieved.

_____

_____

_____

_____

_____

52. What was skill goal 3?

_____

53. Was skill goal 3 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

54. Please provide any notes on skill goal 3 and why/how you think it was achieved or not achieved.

55. What was skill goal 4?

56. Was skill goal 4 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

57. Please provide any notes on skill goal 4 and why/how you think it was achieved or not achieved.

58. How many skill goals did the person have?

Mark only one oval.

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

59. Please provide any examples of accomplishments beyond deliverables (e.g., individual achievements in self-advocacy)

_____

_____

_____

_____

_____

60. Do you want to set new goals for next year at this time for this person?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 69*

Developing Skill Goals

Using the skill priority areas and the conversation with the person around resources, work toward developing 3-4 skill-related goals. Skill goals are individualized, specific goals within skill domain areas (e.g., cook 3 healthy meals per week). Goals should be SMART: Specific, Measurable, Achievable, Realistic, and Time bound.

61. Skill Goal 1:

62. What needs to happen to achieve skill goal 1 by next year?

63. Skill Goal 2:

64. What needs to happen to achieve skill goal 2 by next year?

65. Skill Goal 3:

66. What needs to happen to achieve skill goal 3 by next year?

67. Skill Goal 4:

68. What needs to happen to achieve skill goal 4 by next year?

Resources

Resource priority areas are the broader domains in which the person needs or wants resources (e.g., healthcare).

69. Please list the (up to) 5 priority resources (numbered) that you will be working on with the person below.

70. What is resource 1?

71. For resource 1, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

72. What is resource 2?

73. For resource 2, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

74. What is resource 3?

_____

75. For resource 3, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

76. What is resource 4?

_____

77. For resource 4, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

78. What is resource area 5?

_____

79. For resource 5, please provide the following information:

Note: Independence level is on a scale from 0 to 2, while knowledge, skills, and confidence are on a scale from 0 to 1.

Mark only one oval per row.

	0	1	2	N/A
Independence level	◯	◯	◯	◯
Knowledge	◯	◯	◯	◯
Skills	◯	◯	◯	◯
Confidence	◯	◯	◯	◯

80. How many resource priority areas does the person have?

Mark only one oval.

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5

81. Does the person have self-determined resource goals in their ISP yet?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 61*

Evaluating Resource Goals (or evaluating resource connection)	Resource goals are individualized, specific goals within resource domain areas (e.g., set up and utilize prescription assistance from Champaign County Healthcare Consumers every month).

82. Please list resource goals set last year (numbered):

_____

_____

_____

_____

_____

83. What was resource goal 1?

_____

84. Was resource goal 1 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

85. Please provide any notes on resource goal 1 and why/how you think it was achieved or not achieved.

_____

_____

_____

_____

_____

86. What was resource goal 2?

_____

87. Was resource goal 2 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

88. Please provide any notes on resource goal 2 and why/how you think it was achieved or not achieved.

89. What was resource goal 3?

90. Was resource goal 3 achieved this year?

1=yes, 0=no

Mark only one oval.

- 1
- 0

91. Please provide any notes on resource goal 3 and why/how you think it was achieved or not achieved.

92. What was resource goal 4?

93. Was resource goal 4 achieved this year?

1=yes, 0=no

Mark only one oval.

- 1
- 0

94. Please provide any notes on resource goal 4 and why/how you think it was achieved or not achieved.

95. How many resource goals did the person have?

Mark only one oval.

- 0
- 1
- 2
- 3
- 4

96. In the past year, what resources was the person connected to?

97. In the past year, how many resources was the person connected to?

98. Were there any unexpected challenges that arose?

99. Do you want to set new resource goals for next year at this time for this person?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 108*

Developing Resource Goals (or assessing resource needs)

Using the resource priority areas and the conversation with the person around resources, work toward developing 3-4 skill-related goals. Resource goals are individualized, specific goals within resource domain areas (e.g., set up and utilize prescription assistance from Champaign County Healthcare Consumers every month).

100. Resource Goal 1:

101. What needs to happen to achieve resource goal 1 by next year?

102. Resource Goal 2:

103. What needs to happen to achieve resource goal 2 by next year?

104. Resource Goal 3:

105. What needs to happen to achieve resource goal 3 by next year?

106. Resource Goal 4:

107. What needs to happen to achieve resource goal 4 by next year?

Connections

108. The person is connected to at least one...

Mark only one oval.

- ◯ Person
- ◯ Group
- ◯ Place
- ◯ None

109. Does the person currently have connection goals in their ISP?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 118*

Evaluating Connection Goals

110. Connection Goal 1:

_____

111. Was connection goal 1 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

112. Please provide any notes on connection goal 1 and why/how you think it was achieved or not achieved.

_____

_____

_____

_____

_____

113. Connection Goal 2:

_____

114. Was connection goal 2 achieved this year?

1=yes, 0=no

Mark only one oval.

- ◯ 1
- ◯ 0

115. Please provide any notes on connection goal 2 and why/how you think it was achieved or not achieved.

116. How many connection goals did the person have?

Mark only one oval.

- ◯ 0
- ◯ 1
- ◯ 2

117. Do you want to set new goals for next year at this time for this person?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 123*

Developing Connection Goals

Using your discussion about what the person likes, Circles of Support, and POMs to set 2 connection goals with the person for the next year.

118. Please include notes from your discussion of what the person likes/where they want to make connections?

119. Connection Goal 1:

120. What needs to happen to achieve connection goal 1 by next year?

121. Connection Goal 2:

122. What needs to happen to achieve connection goal 2 by next year?

123. What is the person's current housing situation?

Mark only one oval.

- ◯ Lives with parent(s) or caregiver(s)
- ◯ Lives with friend(s)
- ◯ Lives alone
- ◯ Homeless or unstable housing
- ◯ Other

124. How satisfied is the person with their current housing?

Mark only one oval.

	1	2	3	4	
Very unsatisfied	◯	◯	◯	◯	Very satisfied

125. Please provide additional details about the person's current housing situation and their satisfaction with the situation (why they are/are not satisfied).

126. Does this person have a move-out plan in their ISP?

Mark only one oval.

- ◯ Yes *Skip to question 127*
- ◯ No *Skip to question 134*

Evaluating Move-Out Plan

127. By what date did the person plan to move out?

_____

Example: January 7, 2019

128. By what date did the person actually move out?

Leave blank and provide notes below if the person has not moved out yet.

_____

Example: January 7, 2019

129. Please provide any notes on the person's move-out plan and date:

_____

_____

_____

_____

_____

130. How long has the person had their current lease?

Mark only one oval.

- ◯ Less than 6 months
- ◯ 6 months - 1 year
- ◯ More than 1 year
- ◯ N/A

131. Does the person feel that their current housing is sustainable given their budget?

Budgeting: ask the person how much they earn per month (including benefits, help from parents, etc.), calculate costs per month including housing plan, then calculate the amount leftover; ask the person if that is enough and if it will work for them.

Mark only one oval.

- ◯ Yes
- ◯ No
- ◯ Not Sure

132. What percentage of the person's income (including benefits) goes toward housing and utilities costs?

Mark only one oval.

- ◯ Less than 30%
- ◯ 30-50%
- ◯ More than 50%
- ◯ N/A

133. Does the person want/need to make a new move-out plan?

Mark only one oval.

- ◯ Yes
- ◯ No *Skip to question 141*

Developing a Move-Out Plan

134. What is the person looking for in a house ideally?

135. What housing situation does the person want?

Mark only one oval.

- ◯ Live with parent(s) or caregiver(s)
- ◯ Live with friend(s)
- ◯ Live alone
- ◯ Other

136. Is the person's housing plan affordable?

Budgeting: ask the person how much they earn per month (including benefits, help from parents, etc.), calculate costs per month including housing plan, then calculate the amount leftover; ask the person if that is enough and if it will work for them.

Mark only one oval.

- ◯ Yes
- ◯ No

137. Is the person's housing plan available?

Mark only one oval.

- ◯ Yes
- ◯ No

138. How satisfied is the person with the housing plan?

Mark only one oval.

- ◯ Very unsatisfied
- ◯ Somewhat unsatisfied
- ◯ Somewhat satisfied
- ◯ Very satisfied

139. By what date does the person hope to move out?

_____

Example: January 7, 2019

140. Please provide additional details about the person's housing plan and their satisfaction with the plan (why they are or aren't satisfied).

_____

_____

_____

_____

_____

Housing Sustainability

141. Do you want to evaluate the person's housing sustainability at this time?

Mark only one oval.

- ◯ Yes
- ◯ No

Housing Sustainability Evaluation

142. How long has the person had their current lease?

Mark only one oval.

- ◯ Less than 6 months
- ◯ 6 months - 1 year
- ◯ More than 1 year

143. The person has the personal outcomes in priority areas (skills, resources, connections, and housing) needed to sustain housing.

Did the sum of the person's POM score in the priority areas increase from the previous year to now?

Mark only one oval.

- ◯ Yes
- ◯ No

144. The person can complete the living skills needed to sustain housing.

What is the person's independence score as a percent of the total score? (go to column...)

Mark only one oval.

- ◯ Less than 25%
- ◯ 25-50%
- ◯ 51-75%
- ◯ More than 75%

145. The person has the knowledge of living skills to sustain housing.

In what percent of skill priority areas does the person have a knowledge score of 1? (go to column...)

Mark only one oval.

- ◯ Less than 25%
- ◯ 25-50%
- ◯ 51-75%
- ◯ More than 75%

146. The person has the living skills to sustain housing.

In what percent of skill priority areas does the person have a skills score of 1? (go to column...)

Mark only one oval.

- ◯ Less than 25%
- ◯ 25-50%
- ◯ 51-75%
- ◯ More than 75%

147. The person has the confidence in living skills to sustain housing.

In what percent of skill priority areas does the person have a confidence score of 1? (go to column...)

Mark only one oval.

- ◯ Less than 25%
- ◯ 25-50%
- ◯ 51-75%
- ◯ More than 75%

148. The person has the self-efficacy to sustain housing.

The sum of the person's GSE score is...(go to column...)

Mark only one oval.

- 0-4
- 5-9
- 10-14
- 15+

149. The person has met the skills goals they need to sustain housing.

What percent of skill goals did the person meet in the last year? (go to column...)

Mark only one oval.

- Less than 25%
- 25-50%
- 51-75%
- More than 75%

150. The person has met the resource goals they need to sustain housing.

What percent of resource goals did the person meet in the last year? (go to column...)

Mark only one oval.

- Less than 25%
- 25-50%
- 51-75%
- More than 75%

151. The person has met the connection goals they need to sustain housing.

What percent of resource goals did the person meet in the last year? (go to column...)

Mark only one oval.

- ◯ Less than 25%
- ◯ 25-50%
- ◯ 51-75%
- ◯ More than 75%

152. The person has the connections they need to sustain housing.

Is the person connected to at least one person, group, or place? (go to column...)

Mark only one oval.

- ◯ Yes
- ◯ No

153. The person's has the budget to sustain housing.

Mark only one oval.

- ◯ The person spends more than 30% of income on housing and does not feel their budget is sustainable.
- ◯ The person spends more than 30% of income on housing but feels their budget is sustainable.
- ◯ The person spends less than than 30% of income on housing but does not feel their budget is sustainable.
- ◯ The person spends less than than 30% of income on housing and feels their budget is sustainable.

154. The person is satisfied with their current housing.

Mark only one oval.

- ◯ Very unsatisfied
- ◯ Somewhat unsatisfied
- ◯ Somewhat satisfied
- ◯ Very satisfied

155. Please include any notes on the person's housing sustainability.

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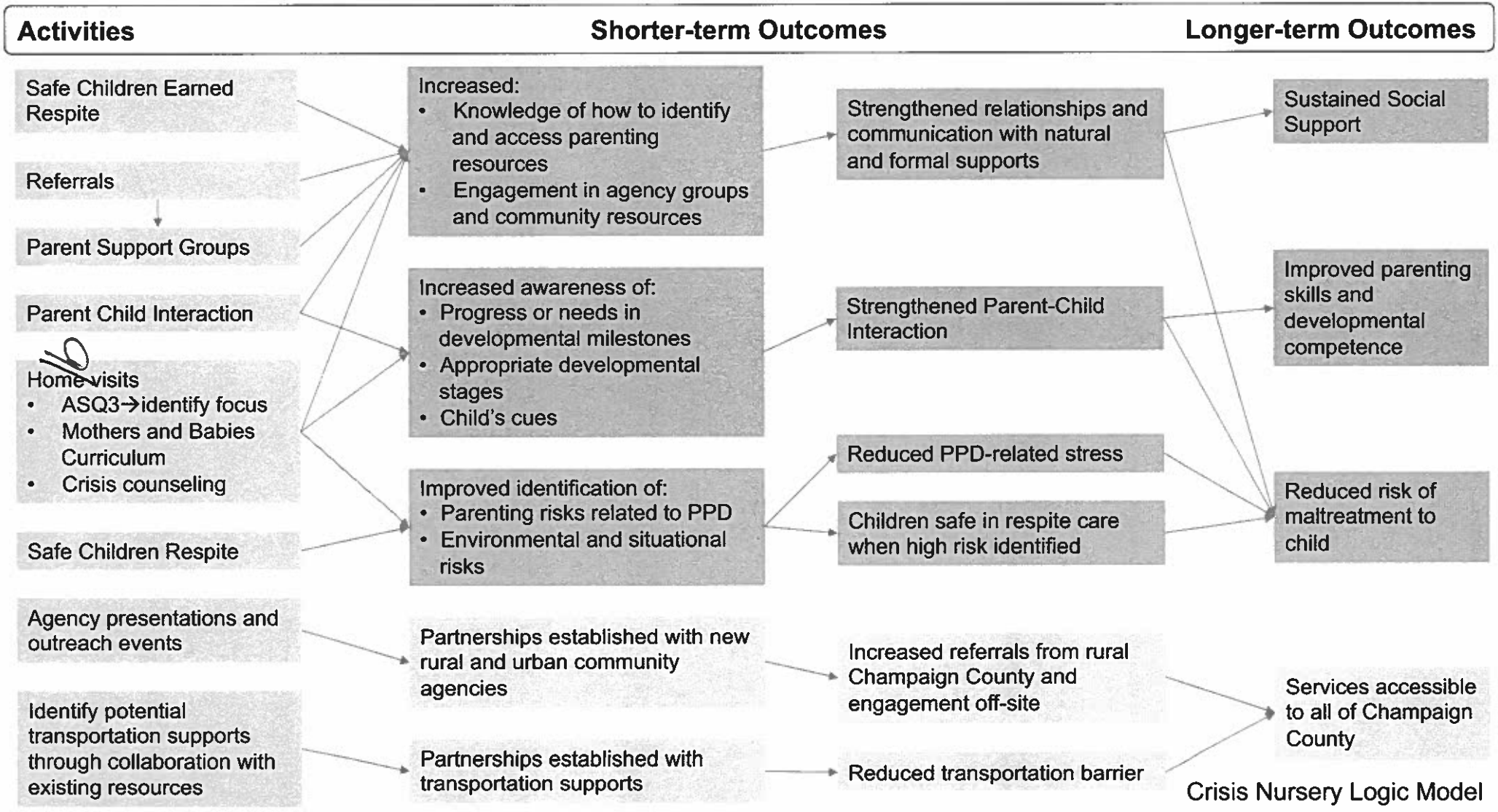
Google Forms



Crisis Nursery Logic Model

Crisis Nursery Home Visitor Safety Checklist

Use this checklist at or around your third visit with a family and then check in biweekly to highlight any items on the checklist that were incomplete and remind them to follow-up. Go through the checklist and enter number of yeses and nos into the evaluation spreadsheet quarterly.

The following checklist is designed to ensure your house is safe enough for your child to play in with only minimal risk of injury. Take some time now to go over this checklist, room by room, to make your house safe for your child. Make it a habit to recheck your house at least once a month.

All Rooms

	Yes	No
1. Put electric outlet covers on all unused outlets.		
2. Put a gate across all stairways, top and bottom, until child can handle stairs.		
3. Remove or pad sharp corners on furniture and appliances.		
4. Remove throw rugs on tiled floors.		
5. Keep all plants out of baby's reach.		

Kitchen

	Yes	No
6. Put all cleaning supplies on a top shelf out of children's reach.		
7. Install safety locks on all kitchen cabinets below waist level. You may want to keep one cabinet with pots, pans, and unbreakable bowls unlocked for child's exploration.		
8. Turn pot handles toward back of stove when cooking. Use the back burners on stove for cooking.		
9. Take knobs off gas range when not in use.		
10. Have a secure cover for the garbage can.		
11. Install safety locks on kitchen drawers with knives and other sharp utensils.		
12. Keep all breakable bowls out the cabinets with pots and pans.		
13. Remove throw rugs from the kitchen floors.		

Basement, Garage, and Attic (Skip if they don't have a basement, garage, or attic)

	Yes	No
14. Throw away all old plants you're not using. Store paint thinners, paint, stains, on a high shelf.		
15. Store all tools in a locked tool chest or shelved out of reach.		
16. Lock all doors securely.		
17. Keep all garden tools, lawn mowers, snow blowers out of reach of young children.		
18. Keep keys to electric machines safely out of reach.		
19. Take doors off old refrigerators and freezers.		
20. Store pesticides and fertilizers on high shelves out of reach of children.		

FIRE & BURNS

	Yes	No
21. The home has a working smoke detector near the family's sleeping areas.		
22. The family has a fire escape plan that they practice so that they can react quickly in case of a fire.		
23. The family's hot water does not come out of the faucet at scalding temperatures.		
24. Electrical appliances (e.g., hair dryers and irons) are kept out of the reach of younger children.		

SLEEPING

	Yes	No
25. The infant sleeps alone in a crib or bassinette.		
26. The infant does not sleep with toys, stuffed animals or pillows.		
27. The infant is placed on his or her back to sleep.		

CHOKING

Food such as hot dogs, hard candy, grapes, popcorn and nuts are common culprits in choking deaths. Small toys, tiny rubber balls, too small pacifiers, and bits of balloons are common non-food choking hazards. Children are also at risk for becoming entangled in clothing hood ties, cords that control window blinds, toys strung across cribs, and strings used to attach pacifiers to clothing. As a general rule, any toy that can fit in a toilet paper roll is a choking hazard.

	Yes	No
28. Plastic bags, pins, buttons, coins, balloons, sharp or breakable items are kept out of the reach of the children.		
29. Younger children only play with toys that are too large to swallow, unbreakable and without sharp edges or points.		

DROWNING

A young child can drown in as little as one inch of water. More than half of the drowning victims under the age of one drown in the bathtub during a brief lapse of supervision by the child's parent or caregiver. A child will lose consciousness within two minutes following submersion. Children must always be supervised when they are near water.

	Yes	No
30. Infants and toddlers are never left alone when near a bath, pool, bucket or toilet.		
31. Baby pools are drained when not in use.		
32. Children are always supervised when they are near water.		

FALLS

	Yes	No

33. Infants and toddlers are never left alone on changing tables, countertops, etc.		
34. Furniture that infants and younger children can climb or crawl on is not place near windows.		
35. Appropriate safety gate used.		

POISON

	Yes	No
36. Cleaning products, pesticides, and liquor are kept out of the reach of children.		
37. Over the counter and prescription medicines are kept out of the reach of children.		

VIOLENCE

	Yes	No
38. The parent/caregiver knows never to shake a baby.		
39. Firearms and ammunition stored in the home are kept in separate locked locations.		
40. Shaken Baby Syndrome Pamphlet		
41. Fussy Baby Warm Line		

SUPERVISION

A parent's/caregiver's supervision is the most important factor in keeping children safe from injury. Review the following questions with the parent/caregiver.

The answers to these questions should be YES.

- Does this person want to watch my children?
- Will I have an opportunity to watch this person with my children before I leave?
- Is this person good with children my child's age?
- Has this person done a good job caring for other children that I know?
- Will my children be cared for in a place that is safe?
- Does this person know that a baby should never be shaken?
- Is this person the appropriate age to watch my children?

The answers to these questions should be NO.

- Will this person become angry if my children bother him or her?
- If this person is angry with me for leaving, will he or she take her anger out on my children?
- Does this person have a history of violence that makes him or her a danger to my children?
- Has this person had children removed from his or her custody because he or she was unable to care for them?

	Yes	No
42. Children are left with an appropriate caregiver when the parent/caregiver is not home.		

AUTOMOBILES

Illinois law requires children under the age of eight to be in car or booster seats when riding in a car.

	Yes	No
43. Young children are never left unattended in an automobile.		

EMERGENCY TELEPHONE NUMBERS

Help the family prepare a list of emergency telephone numbers that include their doctor or clinic, the nearest emergency room, poison control (1- 800-222-1222). Post the list by the telephone or another easily accessible location if the family does not have telephone.

PETS

	Yes	No
44. Pet food is securely stored and cannot be accessed by children.		

For people who are not interested in participating in Crisis Nursery services at all:
We're really interested in understanding the reasons why people aren't able or choose not to participate in Crisis Nursery. Would you be able to take a moment with me to answer a quick survey? Your responses will be confidential. I'm going to list several potential barriers to attendance. Respond yes if an item is a barrier to your attendance and respond no if it is not a barrier to you.
I am unable to attend Crisis Nursery because…(Yes or No)

1. I don't have time.
2. I have work.
3. I don't have childcare.
4. I'm not comfortable meeting in my home. [I don't want someone in my home]
    a. [Follow-up: If yes, would you be more comfortable meeting outside of your home?]
    b. [Follow-up: If yes, do you have transportation?]
5. I don't trust Crisis Nursery.
    a. [Follow-up: If yes, would you be willing to provide more details on what makes you feel that you don't trust Crisis Nursery?
    b. [Follow-up: If yes, how could Crisis Nursery be more trustworthy to you?]
6. Crisis Nursery is not a fit for my needs.
    a. [Follow-up: If yes, would you be willing to provide more details on how Crisis Nursery is not a fit for your needs?]
    b. [If yes, how might Crisis Nursery better address your needs?]
7. I'm uncomfortable with social settings.
8. Other (please specify)

For people who use home visiting services but do not use respite or attend groups.
We're really interested in understanding the reasons why people aren't able or choose not to participate in Crisis Nursery groups or respite. Would you be able to take a moment with me to answer a quick survey? Your responses will be confidential. I'm going to list several potential barriers to attendance. Respond yes if an item is a barrier to your attendance and respond no if it is not a barrier to you.
I am unable to come to Crisis Nursery for groups or respite because…(Yes or No)

1. I don't have transportation.
2. I don't have safe and/or reliable transportation.
    a. [Follow-up: If yes, can you tell me a little bit more about your concerns with transportation?]
3. I don't have gas money.
4. Public transportation is not accessible to me.
5. The location is inconvenient.
    a. [If yes to 1,2, 3, 4, or 5, would you be more able to attend if Crisis Nursery found a way to provide you transportation?]
6. I don't have time.
7. I have work.
8. I don't have childcare.

9. I don't know enough about Crisis Nursery groups.
    a. [If yes, would you like me to send more information about Crisis Nursery groups, including a virtual tour?]
10. I don't know enough about Crisis Nursery respite care.
    a. [If yes, would you like me to send more information about Crisis Nursery respite care, including a virtual tour?]
11. I don't feel comfortable sharing about myself in a group setting.
    a. [If yes, how might Crisis Nursery make you feel more comfortable?]
12. I don't feel comfortable leaving my child with someone in respite care.
    a. [How might Crisis Nursery make you feel more comfortable bringing your child to respite care?]
13. Crisis Nursery groups are not a fit for my needs.
    a. [If yes, would you be willing to provide more details on how Crisis Nursery groups are not a fit for your needs?]
    b. [If yes, how might Crisis Nursery better address your needs?]
14. Crisis Nursery respite care is not a fit for my needs.
    a. [If yes, would you be willing to provide more details on how Crisis Nursery respite care is not a fit for your needs?]
    b. [If yes, how might Crisis Nursery better address your needs?]
15. Other (please specify)

Enter data into the evaluation spreadsheet.

Crisis Nursery Alternatives to Respite Care Survey

Administer once per fiscal year to all clients who use respite care. Enter into Filemaker database.

Please respond to the following questions on scale of 1 to 7.
1=Highly Unlikely, 2=Quite Unlikely, 3=Somewhat Unlikely, 4=Not Sure, 5=Somewhat Likely, 6=Quite Likely, 7=Highly Likely

If respite care had not been available…

	1	2	3	4	5	6	7
I would have left my child unattended.							
I would have my child with someone that I did not feel comfortable with as a caregiver.							
I would have kept my child with me in an environment where they might have been exposed to danger.							
I would have kept my child with me in situations that were not appropriate for children.							
I would have missed work, class, a job interview, or another important obligation.							
I would have delayed attending to medical needs.							
I would have kept my child with me during an emotional crisis.							
I would have gone without sleep for more than 24 hours.							
I would have been in a state where I was unable to attend to my child's immediate needs.							
I would have left my child in the care of another child (age of caregiving child: _____).							
I would have requested a foster care placement.							
Other (please specify): _____							
I don't know what I would have done.							
I would prefer not to answer.							

Crisis Nursery Mothers & Babies Skills Utilization Questionnaire

The purpose of this questionnaire is to get a better understanding of the different ways women use the tools that they learned from the Mothers and Babies Course. This survey should be administered upon completion of the Mothers and Babies Course.

1. 1a) Over the past month, how often have you kept track of your mood?

   Mark only one oval.

   - ◯ Every day
   - ◯ Most of the days
   - ◯ Half of the days
   - ◯ A few times
   - ◯ Not at all

2. 1b) How helpful was it for you to keep track of your mood?

   Mark only one oval.

   - ◯ Not helpful at all
   - ◯ Somewhat helpful
   - ◯ Very helpful

3. 1c) How much did you enjoy keeping track of your mood?

   Mark only one oval.

   - ◯ Not enjoyable at all
   - ◯ Somewhat enjoyable
   - ◯ Very enjoyable

4. 2a) Over the past month, how often have you engaged in pleasant activities?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

5. 2b) How helpful was it for you to do pleasant activities?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

6. 2c) How much did you enjoy doing pleasant activities?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

100

7. 3a) Over the past month, how often have you overcome obstacles to doing pleasant activities?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

8. 3b) How helpful was it for you to overcome obstacles to doing pleasant activities?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

9. 3c) How much did you enjoy overcoming obstacles to doing pleasant activities?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

10. 4a) Over the past month, how often have you played with your baby?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

11. 4b) How helpful was it for you to play with your baby?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

12. 4c) How much did you enjoy playing with your baby?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

13. 5a) Over the past month, how often have you used thought interruption to reduce harmful thoughts?

Mark only one oval.

- Every day
- Most of the days
- Half of the days
- A few times
- Not at all

14. 5b) How helpful was it for you to use thought interruption?

Mark only one oval.

- Not helpful at all
- Somewhat helpful
- Very helpful

15. 5c) How much did you enjoy using thought interruption?

Mark only one oval.

- Not enjoyable at all
- Somewhat enjoyable
- Very enjoyable

16. 6a) Over the past month, how often have you used worry time to reduce harmful thoughts?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

17. 6b) How helpful was it for you to use worry time?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

18. 6c) How much did you enjoy using worry time?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

19. 7a) Over the past month, how often have you used time projection to imagine a better time in the future?

Mark only one oval.

- Every day
- Most of the days
- Half of the days
- A few times
- Not at all

20. 7b) How helpful was it for you to use time projection?

Mark only one oval.

- Not helpful at all
- Somewhat helpful
- Very helpful

21. 7c) How much did you enjoy using time projection?

Mark only one oval.

- Not enjoyable at all
- Somewhat enjoyable
- Very enjoyable

22. 8a) Over the past month, how often have you used self-instruction to give yourself helpful directions?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

23. 8b) How helpful was it for you to use self-instruction?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

24. 8c) How much did you enjoy using self-instruction?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

25. 9a) Over the past month, how often have you had positive contact with others?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

26. 9b) How helpful was it for you to have positive contact with others?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

27. 9c) How much did you enjoy having positive contact with others?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

28. 10a) Over the past month, how often have you talked to or contacted someone who has been a positive support to you and your baby?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

29. 10b) How helpful was it for you to contact someone who has been a positive support?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

30. 10c) How much did you enjoy contacting someone who has been a positive support?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

31. 11a) Over the past month, have you met a new person or persons who can provide support for you and your baby?

Mark only one oval.

- ◯ 1-2 people
- ◯ 3-4 people
- ◯ 5 or more people
- ◯ Not at all

32. 11b) How helpful was it for you to meet a new person who can provide support?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

33. 11c) How much did you enjoy meeting a new person who can provide support?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

34. 12a) Over the past month, how often have you made a request to someone, using assertive communication?

Mark only one oval.

- ◯ Every day
- ◯ Most of the days
- ◯ Half of the days
- ◯ A few times
- ◯ Not at all

35. 12b) How helpful was it for you to make a request to someone, using assertive communication?

Mark only one oval.

- ◯ Not helpful at all
- ◯ Somewhat helpful
- ◯ Very helpful

36. 12c) How much did you enjoy making a request to someone, using assertive communication?

Mark only one oval.

- ◯ Not enjoyable at all
- ◯ Somewhat enjoyable
- ◯ Very enjoyable

37. How satisfied were you overall with the Mothers and Babies Course?

Mark only one oval.

	1	2	3	4	5	
Not at all satisfied	◯	◯	◯	◯	◯	Very satisfied

38. Do you have any comments, questions, or feedback you would like to share?

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Crisis Nursery Service Provider Post-Implementation Survey

Please fill out this information after finishing all Mothers and Babies sessions or after ending with client(s) (around 6 months after implementation).

1. 1. Program Name

2. 2. What format was delivered to your client?

   Mark only one oval.

   - One-on-one
   - Group

3. 2a. How many clients did you deliver the 1-on-1 format?

4. 2b. How many groups did you deliver?

5. 3. On average, how many sessions did you deliver to your client(s) or group(s)?

6. 4. How often did your client(s) complete the personal projects?

Mark only one oval.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Fairly Often
- ◯ Very Often

7. 5. How engaged was your client(s) in the topics covered?

Mark only one oval.

- ◯ Never Engaged
- ◯ Rarely Engaged
- ◯ Somewhat Engaged
- ◯ Fairly Engaged
- ◯ Very Engaged

8. 6. How well do you think your client(s) understood the topics covered?

Mark only one oval.

- ◯ Never Understood
- ◯ Rarely Understood
- ◯ Somewhat Understood
- ◯ Fairly Understood
- ◯ Very Understood

9. 7. Did you feel that any modules were particularly challenging for your client(s) to understand? Check all that apply.

Check all that apply.

- [ ] Pleasant Activities
- [ ] Thoughts
- [ ] Contact with others

10. 7a. Please explain:

11. 8. How effective do you believe you were in explaining the MB material to your client(s)?

Mark only one oval.

- ◯ Not very effective
- ◯ Somewhat Effective
- ◯ Very Effective

12. 9. Did you refer any clients who received Mothers and Babies to additional mental health services—either within our outside your agency?

Mark only one oval.

- ◯ Yes
- ◯ No

13. 10. Were there any challenges with covering the material in any of the MB session? Please Explain

14. 11. Were there any successes with covering the material in any of the MB session? Please Explain

15. 12. Were you able to cover all the material in the MB curriculum?

Mark only one oval.

- ◯ Yes
- ◯ No

16. 12a. If no, please check all the sessions which you did not fully cover:

Check all that apply.

- ☐ Session 1- Introduction to the Mothers and Babies Program
- ☐ Session 2- Pleasant Activities Help Make a Healthy Reality for My Baby and Me
- ☐ Session 3- Thoughts and My Mood
- ☐ Session 4- Fighting Harmful Thoughts and Increasing Helpful Thoughts
- ☐ Session 5- Contact with Others
- ☐ Session 6- Interpersonal Relationships and My Mood & Graduation

17. Do you have any comments, questions, or feedback you would like to share?

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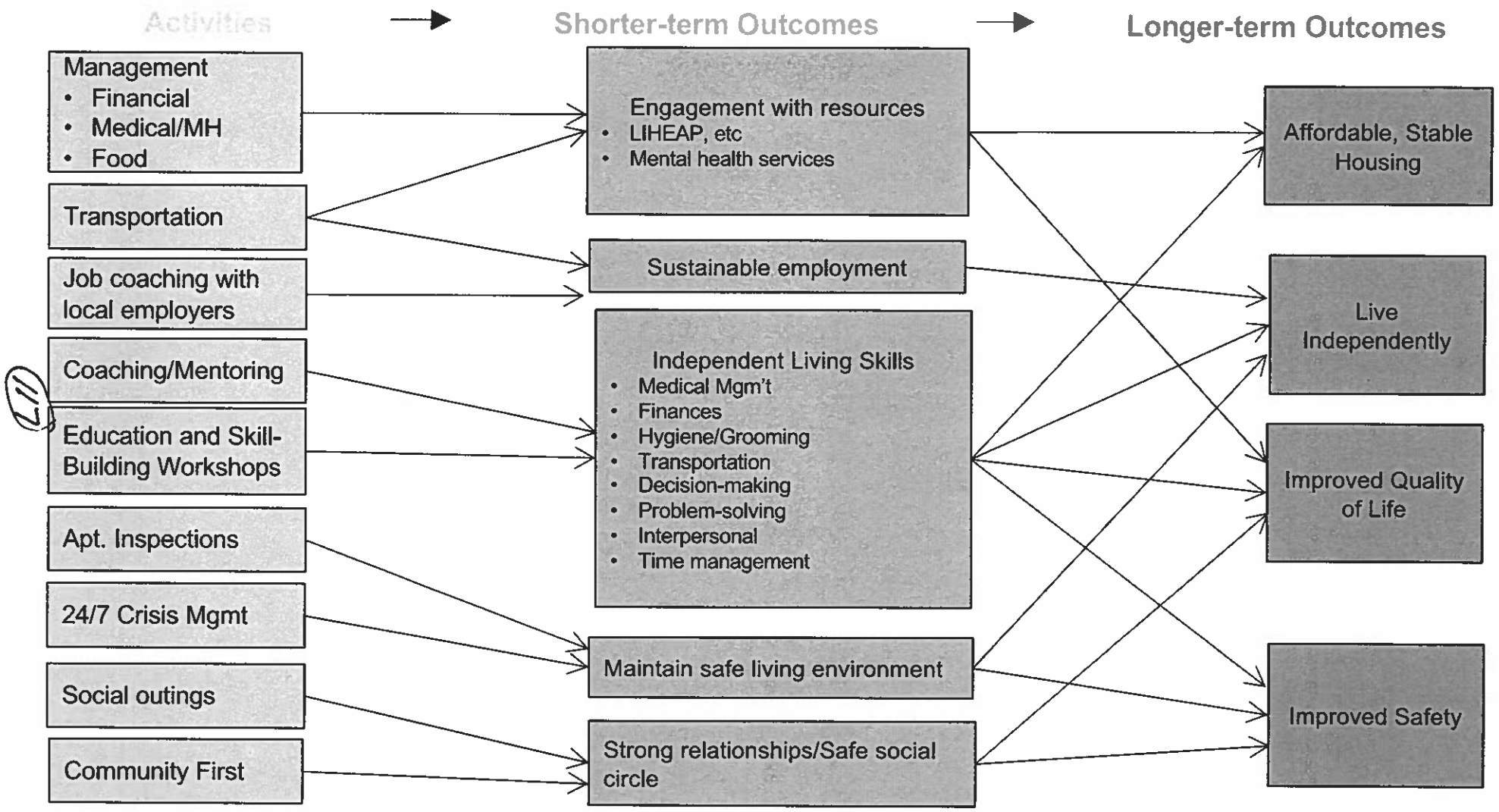

Activities
Shorter-term Outcomes
Longer-term Outcomes
Management
• Financial
• Medical/MH
• Food
Transportation
Job coaching with local employers
Coaching/Mentoring
Education and Skill-Building Workshops
Apt. Inspections
24/7 Crisis Mgmt
Social outings
Community First
Engagement with resources
• LIHEAP, etc
• Mental health services
Sustainable employment
Independent Living Skills
• Medical Mgm't
• Finances
• Hygiene/Grooming
• Transportation
• Decision-making
• Problem-solving
• Interpersonal
• Time management
Maintain safe living environment
Strong relationships/Safe social circle
Affordable, Stable Housing
Live Independently
Improved Quality of Life
Improved Safety

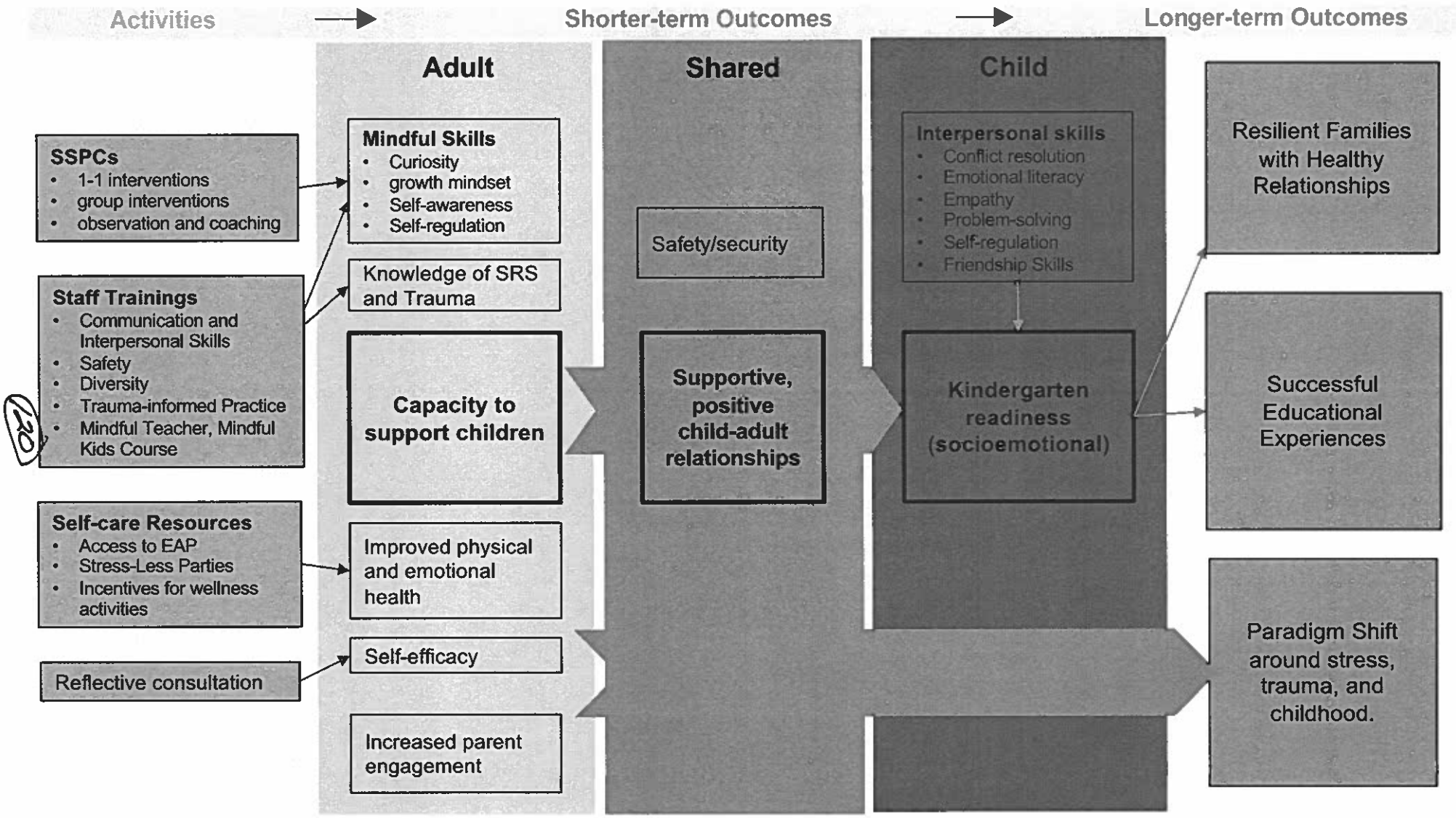
Inspector: _____ Date: ___/___/___ Quarter: _____

C-U Independence
Monthly Housekeeping and Safety Inspection

	Scoring		
Kitchen	Not satisfactory (0)	Satisfactory (1)	Excellent (2)
Dishes done	☐	☐	☐
Trash out	☐	☐	☐
Counters clean	☐	☐	☐
Stove/oven clean	☐	☐	☐
Floor clean	☐	☐	☐
Fridge clean	☐	☐	☐
	Subtotal = _____/6		
Living Room	Not satisfactory (0)	Satisfactory (1)	Excellent (2)
Carpet vacuumed	☐	☐	☐
Clutter minimal	☐	☐	☐
Dusted	☐	☐	☐
	Subtotal = _____/3		
Bathroom	Not satisfactory (0)	Satisfactory (1)	Excellent (2)
Floor clean	☐	☐	☐
Sink clean	☐	☐	☐
Tub/Shower clean	☐	☐	☐
Toilet clean	☐	☐	☐
Mirror clean	☐	☐	☐
	Subtotal = _____/5		
Bedroom / Bed area	Not satisfactory (0)	Satisfactory (1)	Excellent (2)
Carpet vacuumed	☐	☐	
Clutter minimal	☐	☐	
	Subtotal = _____/2		
Bedroom #2 (if applicable)	Not satisfactory (0)	Satisfactory (1)	Excellent (2)
Carpet vacuumed	☐	☐	
Clutter minimal	☐	☐	
	Subtotal = _____/2		
Safety	Not satisfactory (0)	Satisfactory (1)	
Pest/Rodents check	☐	☐	
Smoke detectors	☐	☐	
Electrical hazards	☐	☐	
Adequate Heating/AC	☐	☐	
Working Refrigerator	☐	☐	
Functioning Stove	☐	☐	

Inspector: _____ Date: ___/___/___ Quarter: _____

	Subtotal = _____/6		
Overall Score	Studio/1 bed	2 bed	**Passed?** (80% or higher)
	____ / 22	____ / 24	Yes/No
Work order	Needed	Completed	N/A
	☐	☐	☐
Notes			
Follow-up? (see prev. month)	Needed	Completed	Not completed
	☐	☐	☐


Activities
Shorter-term Outcomes
Longer-term Outcomes
Adult
Shared
Child
SSPCs
• 1-1 interventions
• group interventions
• observation and coaching
Staff Trainings
• Communication and Interpersonal Skills
• Safety
• Diversity
• Trauma-informed Practice
• Mindful Teacher, Mindful Kids Course
Self-care Resources
• Access to EAP
• Stress-Less Parties
• Incentives for wellness activities
Reflective consultation
Mindful Skills
• Curiosity
• growth mindset
• Self-awareness
• Self-regulation
Knowledge of SRS and Trauma
Capacity to support children
Improved physical and emotional health
Self-efficacy
Increased parent engagement
Safety/security
Supportive, positive child-adult relationships
Interpersonal skills
• Conflict resolution
• Emotional literacy
• Empathy
• Problem-solving
• Self-regulation
• Friendship Skills
Kindergarten readiness (socioemotional)
Resilient Families with Healthy Relationships
Successful Educational Experiences
Paradigm Shift around stress, trauma, and childhood.

Demographics

ID

What is your position?

- ○ Teacher
- ○ SSPC

How many years have you worked in this position? If it is your first year, please enter '0'.

SE

For the following questions, rate how true each statement is in the context of teaching and intervening with children at your job.

Click to write the question text

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough	○	○	○	○

If someone opposes me, I can find the means and ways to get what I want.	○	○	○	○
It is easy for me to stick to my aims and accomplish my goals	○	○	○	○
I am confident that I could deal efficiently with unexpected events.	○	○	○	○
Thanks to my resourcefulness, I know how to handle unforeseen situations.	○	○	○	○
I can solve most problems if I invest the necessary effort.	○	○	○	○
I can remain calm when facing difficulties because I can rely on my coping abilities.	○	○	○	○
When I am confronted with a problem, I can usually find several solutions.	○	○	○	○
If I am in trouble, I can usually think of a solution	○	○	○	○
I can usually handle whatever comes my way.	○	○	○	○

sa

Take a moment to reflect on how you have been over the past year. For each statement, rate how often they have been true.

Over the past year, how often have these statements been true?

122

	Never	Sometimes	About half the time	Most of the time	Almost always
I "observe" myself	○	○	○	○	○
I have insight into myself	○	○	○	○	○
I look at why people act the way they do	○	○	○	○	○
I have learnt about myself and how I see the world	○	○	○	○	○
I am continuing to work on and develop myself	○	○	○	○	○
I focus on ways of amending my behaviour that would be useful	○	○	○	○	○
I feel generally positive about self-awareness	○	○	○	○	○
I reassess my own and others' responsibilities	○	○	○	○	○
I'm aware of my abilities and limitations	○	○	○	○	○
I am reflective	○	○	○	○	○
I am realistic about myself	○	○	○	○	○

Over the past year, how often have these statements been true?

		About half	Most of	Almost
123				

	Never	Sometimes	the time	the time	always
I have a good self-image	○	○	○	○	○
I feel on the whole very comfortable with the way I am	○	○	○	○	○
I have fun	○	○	○	○	○
I am consistent in different situations or with different people	○	○	○	○	○
I have compassion and acceptance for others	○	○	○	○	○
I interact well with colleagues or peers	○	○	○	○	○
I understand myself well	○	○	○	○	○
I am confident	○	○	○	○	○
I stop and think before judging	○	○	○	○	○
I understand my emotions	○	○	○	○	○
I am objective	○	○	○	○	○

sa2

Over the past year, how often have these statements been true?

	Never	Sometimes	About half the time	Most of the time	Almost always

124

I see my work life as something I have power to affect	○	○	○	○	○
I can "take a step back" from situations to understand them better	○	○	○	○	○
I am content with my work situation	○	○	○	○	○
I think about how my personality fits with my work role	○	○	○	○	○
I understand how I work within a team	○	○	○	○	○
I have changed the way I work	○	○	○	○	○
I take control of my work	○	○	○	○	○
I recognize the stress and worry in my current work	○	○	○	○	○
I think about how as colleagues or peers we interact with each other	○	○	○	○	○

Over the past year, how often have these statements been true?

	Never	Sometimes	About half the time	Most of the time	Almost always
I feel vulnerable	○	○	○	○	○
I feel exposed	○	○	○	○	○

I find making changes is difficult and scary	○	○	○	○	○
I feel guilty for criticizing others	○	○	○	○	○
I feel my emotions deeply	○	○	○	○	○
I find it scary to try something new or step out of what I know.	○	○	○	○	○
I have had to revisit difficult past experiences	○	○	○	○	○

qol

When you teach and coach people you have direct contact with their lives. As you may have found, your compassion for those you teach and coach can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative. Consider each of the following questions about you and your current work situation.

Please the option that honestly reflects how frequently you experienced these things in the last 6 months.

	Never	Rarely	Sometimes	Often	Very Often
I am happy.	○	○	○	○	○
I believe I can make a difference through my work.	○	○	○	○	○
As a result of my [helping], I have intrusive, frightening thoughts. I feel "bogged down" by the system.	○	○	○	○	○

My work makes me feel satisfied.	○	○	○	○	○
I am the person I always wanted to be.	○	○	○	○	○
I find it difficult to separate my personal life from my life as a [helper].	○	○	○	○	○
I have thoughts that I am a "success" as a [helper].	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
I get satisfaction from being able to [help] people.	○	○	○	○	○
I am proud of what I can do to [help].	○	○	○	○	○
Because of my [helping], I have felt "on edge" about various things.	○	○	○	○	○
I feel connected to others.	○	○	○	○	○
I am a very caring person.	○	○	○	○	○
I am happy that I chose to do this work.	○	○	○	○	○
I am pleased with how I am able to keep up with [helping] techniques and protocols.	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
I am not as productive at work because I am losing sleep over traumatic experiences of a person I[help].	○	○	○	○	○
I like my work as a [helper].	○	○	○	○	○

I jump or am startled by unexpected sounds.	○	○	○	○	○
I am preoccupied with more than one person I [help].	○	○	○	○	○
I have beliefs that sustain me.	○	○	○	○	○
I feel depressed because of the traumatic experiences of the people I [help].	○	○	○	○	○
I feel invigorated after working with those I [help].	○	○	○	○	○

	Never	Rarely	Sometimes	Often	Very Often
I have happy thoughts and feelings about those I [help] and how I could help them.	○	○	○	○	○
I feel as though I am experiencing the trauma of someone I have [helped].	○	○	○	○	○
I can't recall important parts of my work with trauma victims.	○	○	○	○	○
I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].	○	○	○	○	○
I feel worn out because of my work as a [helper].	○	○	○	○	○
I think that I might have been affected by the traumatic stress of those I [help]. I feel trapped by my job as a [helper].	○	○	○	○	○
I feel overwhelmed because my case [work] load seems endless.	○	○	○	○	○

Annual Family Interest Survey

Our goal is to provide a program that you, your child, and family will find rewarding, useful and enjoyable.
Parents we would love to hear from you. Please take a few minutes to provide some feedback in order to improve our program.

My child attends: *(check as many as applicable)*
Savoy ☐ Champaign ☐ Urbana ☐ Rantoul ☐ West Champaign ☐ Home Based ☐ Family Child Care ☐

A. Social & Emotional Well – Being

1. My child is learning to interact and problem solve.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

2. My child has a good connection with their teacher.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

3. My child feels comfortable and safe in the classroom.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

4. My child is learning self-control and calming skills.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

B. Educational Skills (such as counting, measuring, reading, writing, the alphabet, words, and stories)

5. My child has grown in his/her educational skills.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

6. My child's love for reading has grown.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

7. I enjoy helping with my child's educational goals.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

C. Healthy Eating Habits and Dental Care

8. Health screenings results have been explained to me *(vision, hearing, dental)*

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

9. The staff keeps me updated about my child's physical health and well-being.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

10. My child's meals are nutritious, and I have access to the menu.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

D. Healthy and Safe Environment

11. I feel my child is safe in your care.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

12. I feel welcome in my child's classroom.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

13. The classroom is clean, and equipment and toys are appropriate and safe.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

14. My child plays, runs and climbs daily.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

E. Family Support Services

15. My Family Advocate/Home Visitor/Mentor has helped us set family goals.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

16. Staff shares positive comments about my child.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

17. Staff encourages parents/guardians to participate in the program.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

18. I have been informed about the Policy Council and how to join.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

19. I sense my family's culture is valued and respected by EHS/HS staff.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

20. The staff listens to my concerns and works to meet my family's needs.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

21. Staff has talked with me about stress and how to find support.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

22. Staff shares affordable family events with me.

Strongly disagree Disagree Neutral Agree Strongly agree
1----------2----------3----------4----------5

23. My family has transportation to get my child to and from school.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

24. Overall, I am happy with my child's experience with this program.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	2	3	4	5

25. Overall, I am satisfied with the amount of contact and engagement I have had with staff.

F. Additional feedback

We are always looking for new and better ways to involve you in your child's learning and to engage with parents and families. Do you have any suggestions for improvement?

_____

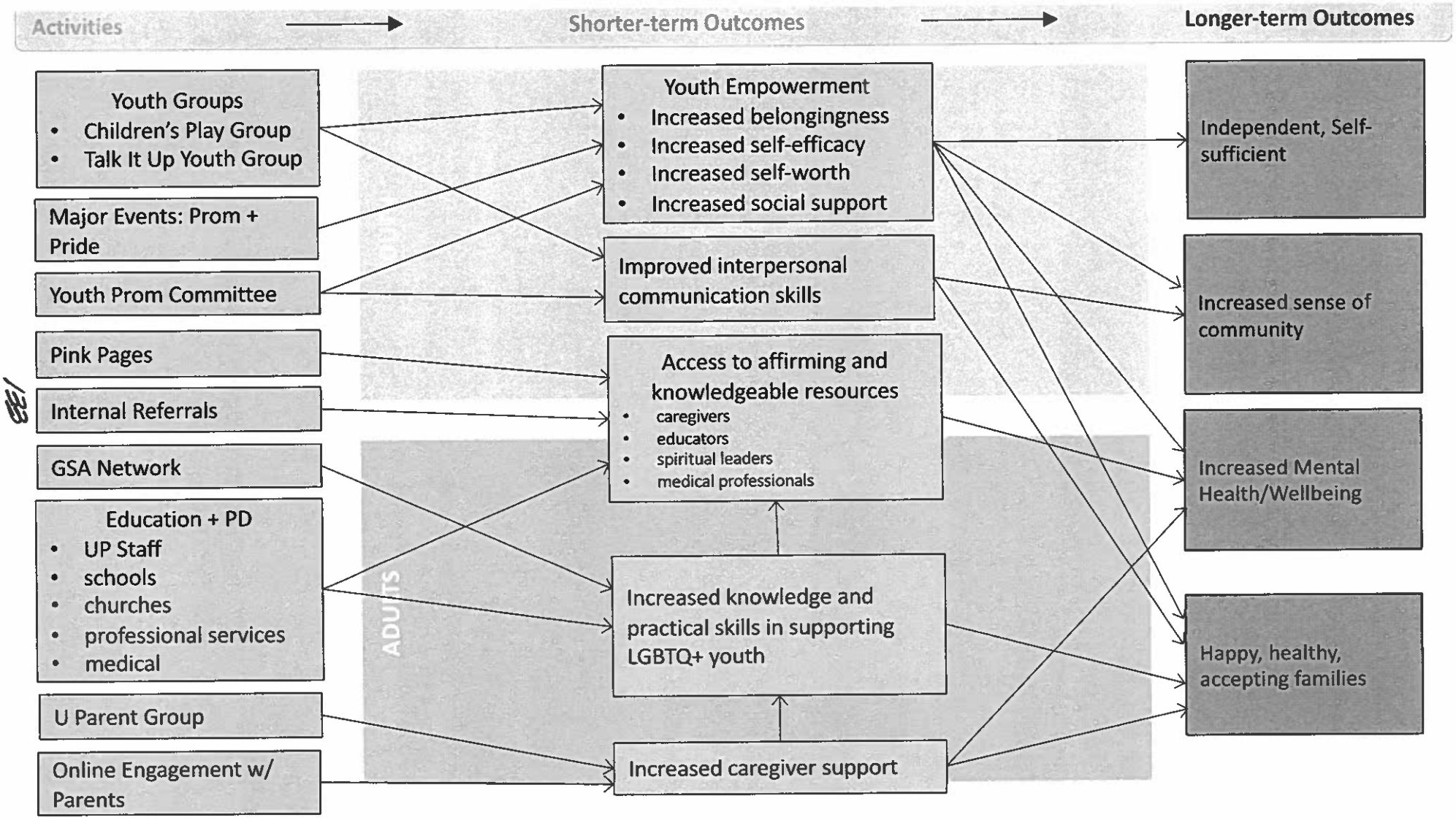
_____

_____

_____

Thank you for your time!

If you have any comments or suggestions, please write them below.


Activities
Shorter-term Outcomes
Longer-term Outcomes
Youth Groups
• Children's Play Group
• Talk It Up Youth Group
Major Events: Prom + Pride
Youth Prom Committee
Pink Pages
Internal Referrals
GSA Network
Education + PD
• UP Staff
• schools
• churches
• professional services
• medical
U Parent Group
Online Engagement w/ Parents
ADULTS
Youth Empowerment
• Increased belongingness
• Increased self-efficacy
• Increased self-worth
• Increased social support
Improved interpersonal communication skills
Access to affirming and knowledgeable resources
• caregivers
• educators
• spiritual leaders
• medical professionals
Increased knowledge and practical skills in supporting LGBTQ+ youth
Increased caregiver support
Independent, Self-sufficient
Increased sense of community
Increased Mental Health/Wellbeing
Happy, healthy, accepting families

Uniting Pride Youth Survey

Thanks for piloting our survey! Please check what time it is or start a timer, then answer the questions to the best of your ability. We will not be using any of your answers this time, right now we're curious to see how taking this survey feels, if the questions make sense, and how long it takes you to do this.

1. Case Number (First three letters of your last name, First three letters of your first name. Harry Potter would by POTHAR)

_____

2. Are you a new member, or returning member?

- ◯ New Member
- ◯ Returning Member

Section I

For the following questions, please rate your honest response on a scale of 1 (Not at all) to 5 (A great deal) There are no right or wrong answers.

3. How much do you feel that an LGBTQ+ community exists?

	1	2	3	4	5	
Not at all	◯	◯	◯	◯	◯	A great deal

4. How often do you feel...

	Not at all	2	3	4	A great deal
that you are a member of the LGBTQ+ community?	◯	◯	◯	◯	◯
like you belong in the LGBTQ+ community?	◯	◯	◯	◯	◯
a part of the LGBTQ+ community?	◯	◯	◯	◯	◯

5. How much do ...

	Not at all	2	3	4	A great deal
you feel able to influence the actions, thoughts, and feelings of other LGBTQ+ people?	◯	◯	◯	◯	◯
other LGBTQ+ people influence your thoughts and actions ?	◯	◯	◯	◯	◯
you feel your opinion matters to other LGBTQ+ people ?	◯	◯	◯	◯	◯
the opinions of other LGBTQ+ people matter to you?	◯	◯	◯	◯	◯

6. In general, how...

(For these questions, please consider all the LGBTQ people you have met in many places, including where you live and wo

	Not at all	2	3	4	A great deal
friendly do you feel members of the LGBTQ+ community are to you?	◯	◯	◯	◯	◯
friendly are you to other members of the LGBTQ+ community?	◯	◯	◯	◯	◯
well do LGBTQ+ people get along?	◯	◯	◯	◯	◯

7. What settings or group of people give you a sense of belonging?

For each of the following, rate how much you feel you belong on the 5-point scale. If it does not apply to you, mark N/A.

	N/A	Not at all	2	3	4	A great deal
My home	◯	◯	◯	◯	◯	◯
My extended family	◯	◯	◯	◯	◯	◯
My religious institution (e.g., church, mosque, etc)	◯	◯	◯	◯	◯	◯
My school	◯	◯	◯	◯	◯	◯
My extra-curricular groups AT school	◯	◯	◯	◯	◯	◯
My extra-curricular groups OUTSIDE of school	◯	◯	◯	◯	◯	◯
In my town	◯	◯	◯	◯	◯	◯
In public	◯	◯	◯	◯	◯	◯
At work	◯	◯	◯	◯	◯	◯
In youth group	◯	◯	◯	◯	◯	◯
In the GSA	◯	◯	◯	◯	◯	◯

8. If there were an LGBTQ+ space in your next step, would you use it?

◯ Yes

◯ No

9. Explain your answer:

Section II

10. In times of crisis or distress, I have at least one adult that I can speak to.

- ◯ Yes
- ◯ No

11. How many adults could you go to for support in times of crisis or distress?

12. In times of crisis or distress, I have at least one peer or friend that I can speak to.

- ◯ Yes
- ◯ No

13. How many peers could you go to for support in times of crisis or distress?

14. Rate how much you agree or disagree with each statement below.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongl Agree
I feel comfortable disclosing my identity to others.	◯	◯	◯	◯	◯
My family really tries to help me.	◯	◯	◯	◯	◯
I get the emotional help and support I need from my family.	◯	◯	◯	◯	◯
My friends really try to help me.	◯	◯	◯	◯	◯
I can count on my friends when things go wrong.	◯	◯	◯	◯	◯
There is a special person in my life who cares about my feelings.	◯	◯	◯	◯	◯

Section III

15. Below is a list of statements dealing with your general feelings about yourself. Please indicat how strongly you agree or disagree with each statement.

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongl Agree
On the whole, I am satisfied with myself.	◯	◯	◯	◯	◯
At times I think I am no good at all.	◯	◯	◯	◯	◯
I feel that I have a number of good qualities.	◯	◯	◯	◯	◯
I am able to do things as well as most other people.	◯	◯	◯	◯	◯
I feel I do not have much to be proud of.	◯	◯	◯	◯	◯
I certainly feel useless at times.	◯	◯	◯	◯	◯
I feel that I'm a person of worth, at least on an equal plane with others.	◯	◯	◯	◯	◯
I wish I could have more respect for myself.	◯	◯	◯	◯	◯
All in all, I am inclined to feel that I am a failure.	◯	◯	◯	◯	◯
I take a positive attitude toward myself.	◯	◯	◯	◯	◯

Section IV

16. Rate how true each statement is on the scale from 1 (Not at all true) to 5 (Exactly true).

	Not at all true	Hardly true	Moderately true	Very true	Exactly true
I can always manage to solve difficult problems if I try hard enough	◯	◯	◯	◯	◯
If someone opposes me, I can find the means and ways to get what I want.	◯	◯	◯	◯	◯
It is easy for me to stick to my aims and accomplish my goals	◯	◯	◯	◯	◯
I am confident that I could deal efficiently with unexpected events.	◯	◯	◯	◯	◯
Thanks to my resourcefulness, I know how to handle unforeseen situations.	◯	◯	◯	◯	◯
I can solve most problems if I invest the necessary effort.	◯	◯	◯	◯	◯
I can remain calm when facing difficulties because I can rely on my coping abilities.	◯	◯	◯	◯	◯
When I am confronted with a problem, I can usually find several solutions.	◯	◯	◯	◯	◯
If I am in trouble, I can usually think of a solution	◯	◯	◯	◯	◯
I can usually handle whatever comes my way.	◯	◯	◯	◯	◯

Section V

Youth Group Feedbac

17. What was your favorite activity or discussion in Youth Group?

18. What was your least favorite activity or discussion in Youth Group?

19. Have you made any new friends from group?

- ◯ Yes
- ◯ No

20. We want to make sure group is inclusive and accessible for people of all identities. Are there any discussions or topics that are important to you that were not addressed in group?

21. Do you have any suggestions for how to improve group?

22. Final thoughts or comments you want the adults in group to know?

Feedback on the Survey!

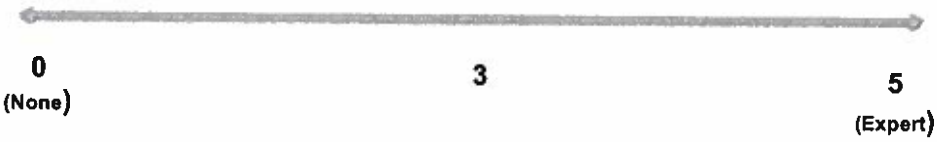
Stop your timer or check the time now

23. How long did it take you to do this survey?

24. Did any sections or questions not make sense?

Uniting Pride
Educational Workshop
Pre-test

Rate your current level of knowledge or awareness of LGBTQ populations on a scale from 0 (none) to 5 (expert)



In what type of setting will you incorporate the skills learned from this workshop?
(Check all that apply)

- Educational
- Religious
- Medical
- Mental health
- Home
- Corporate
- Social services

In what zip code do you provide these services? _____

How would you rate the social climate for LGBTQ individuals (and their families) within your organization?

- Hostile
- Tolerant
- Supportive
- Please explain your rating:

_____
_____
_____
_____
_____
_____

Thinking about the residential community you serve overall, how would you rate the social climate for LGBTQ individuals (and their families)?

- Hostile
- Tolerant
- Supportive

Please explain your rating:

_____
_____
_____
_____
_____

Have you attended a Uniting Pride training or workshop in the past? Yes/No

Are you completing this workshop as a work requirement? Yes/No

What other questions do you have before starting this training? _____

Uniting Pride
Educational Workshop
Post-test

Now that you have participated in the workshop, please rate your current level of knowledge or awareness of LGBTQ populations on a scale from 0 (none) to 5 (expert)

0 (None) **3** **5** (Expert)

Please rate your level of confidence for each of the following:
For each of the following statements, mark the column that best indicates the level of agreement.

I feel confident in my ability to:	Strongly Agree (5)	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree (0)
Use the appropriate terminology regarding LGBTQ identities					
Access and connect others to resources for LGBTQ+ people					

Create an affirmative and inclusive environment for LGBTQ+ populations					

Please tell us something positive that you learned from the workshop:_____

To provide better educational workshops in the future, please tell us something we could improve:

What questions do you still have?

Rate the likelihood of recommending a Uniting Pride workshop to others:

0 (Not at all likely) **3** **5** (Highly Likely)

UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

PY17

Community Choices – Connect program
44 E. Main St., Ste. 419, Champaign, IL 61820
621-1090
Executive Director: Rebecca Obuchowski becca.communitychoices@gmail.com

Rosecrance – Criminal Justice program
2302 Moreland Boulevard., Champaign, IL 61822
398-8080 or 373-2431
Executive Director: Chris Gleason cgleason@rosecrance.org
Clinical Director: Juli Kartel jkartel@rosecrance.org

Family Services – Senior Counseling & Advocacy program
405 S. State St., Champaign, IL 61820
352-0099 or 352-5100
Executive Director: Sheryl Bautch sbautch@familyservicecc.org
Senior Resource Center Director: Rosanna McLain rmmclain@familyservicecc.org

Promise Healthcare - Wellness & Justice program
819 Bloomington Rd., Champaign, IL 61820
356-1558
Executive Director: Nancy Greenwalt ngreenwalt@promisehealth.org

PY18

CCRPC - Youth Assessment Center/MHB program
1776 E. Washington St., Urbana, IL 61802
328-3313
Human Services Director: Lisa Benson lbenson@ccrpc.org

Courage Connection – Courage Connection program
508 E. Church St., Champaign 61820
352-7151
Contact: Michael Ujcich mujcich@courageconnection.org

DREAAM House – DREAAM program
POB 11 Champaign, IL 61824
548-4346 or 560-2194
Executive Director: Tracy Dace tracy@dreaam.org

GROW in Illinois – Peer Support program
POB 3667, Champaign IL 61826
352-6989
President: Chris Stohr (cstohr28@gmail.com)

PY19

Community Service Center of Northern Champaign County - Resource Connection program
520 E. Wabash, Rantoul, IL 61866
893-1530
Executive Director: Andy Kulczycki (evergreen3069@yahoo.com)

UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

CUAP - TRUCE program
201 W Springfield Ave # 702, Champaign, IL 61820
359-0998
Director: Patricia Avery
patricicavery@gmail.com

Rattle the Stars - Youth Suicide Prevention Education program
4002 Tallgrass Dr. Champaign, IL 61822
372-4479
ED: Kim Bryan (kbryan2@illinois.edu)

PY20 - CCMHB
Champaign County Head Start/Early Head Start – Early Childhood Mental Health Services program
Brookens Administrative Building
1776 E. Washington St., Urbana, IL 61802
328-3313
Early Childhood Division Director: Brandi Granse (bgranse@ccrpc.org)

Crisis Nursery (CN) – Beyond Blue Champaign County program
1309 W. Hill St., Urbana, IL 61801
337-2731
Executive Director: Stephanie Record
(srecord@crisisnursery.net)

Uniting in Pride Center (The UP Center) – Children, Youth, & Families program
YMCA Building 1001 S. Wright St. Champaign 61821
Contact: William Blanchard, Board President
board@unitingpride.org
550-4248

PY20 – CCDDB
Community Choices – Community Living program
44 E. Main St., Ste. 419, Champaign, IL 61820
621-1090
Executive Director: Rebecca Obuchowski becca.communitychoices@gmail.com

Developmental Services Center (DSC) – Apartment Services program
1304 W. Bradley Ave. Champaign, IL 61822
356-9176
ED: Danielle Matthews (dmatthews@dsc-illinois.org)

UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

PY2021 CCMHB Eligible Agencies (no prior Targeted Program)

Champaign County Christian Health Center
POB 5005 Champaign, IL 61825
766-6425
ED: Crystal Hogue ccchcdirector@outlook.com

Champaign County Health Care Consumers
44 E. Main St., Champaign 61820
352-6533
ED: Claudia Lenhoff (claudia@shout.net)

Children's Advocacy Center (CAC)
201 W. Kenyon Rd., Champaign, IL 61820
384-1266 or 778-6448
ED: Kari May (kmay@co.champaign.il.us)

Cunningham Children's Home (CCH)
1301 N.Cunningham Ave.
Urbana, IL 61802
367-3728
Director: Pat Ege
pege@cunninghamhome.org

Don Moyer Boys & Girls Club (DMBGC)
201 E. Park St. POB 1396 Champaign 61824-1396
355-5437
Executive Director: Sam Banks
sbanks@dmbgc-cu.org

FirstFollowers
Bethel A.M.E. Church
401 E. Park Street, Champaign, IL 61820 or
POB 8923 Champaign, IL 61826
FirstFollowersCU@gmail.com
Director: Marlon Mitchell
marlonmitchell@sbcglobal.net

Mahomet Area Youth Club (MAYC)
700 W. Main St., Mahomet, IL 61853
590-2860
Executive Director: Sara Balgoyen
sara@mahometyouth.org

NAMI
POB 3552 Champaign, IL 61826
Contact: Nancy Carter
Nancycarter93@sbcglobal.net

UI Program Evaluation Team
CCMHB Targeted Programs by Agency/Program year

RACES
301 S. Vine St, Ste. 211 Urbana, IL 61801
344-6298
Director: Adelaide Aime
aime@cu-races.org

Refugee Assistance Center (RAC)
201 W. Kenyon Rd., Suite 4D, Champaign 61820
344-8455
Director: Lisa Wilson (ecirmac@hotmail.com)

Urbana Neighborhood Connections Center (UNCC)
1401 E Main St, Urbana, IL 61801
954-1749
Director: Janice Mitchell
janice@urbanaconnectionscenter.org

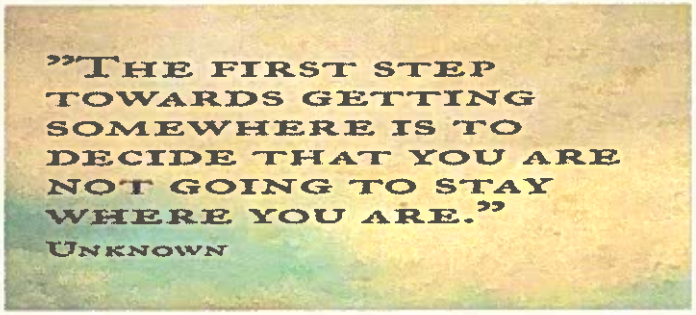
DSC's Mission Statement

DSC supports people in living a rich and meaningful life

DSC's Vision Statement

Striving to assure that every person lives a full life in the community

Discover. Self. Community.



Community First (CF) & Community Day Services (CDS)

CF and CDS support people in discovering, exploring, or expanding opportunities for personal growth or enrichment through community involvement and connection.

Research indicates…

Per the New Avenue Foundation. "Community inclusion is one of the greatest challenges facing people with disabilities. People with intellectual and developmental disabilities often do not participate in community activities in a meaningful way, in roles that allow them to demonstrate their abilities, establish true relationships with others, earn recognition and respect from others, learn new skills, or simply to have fun. True community inclusion must be based upon personal connections, common interests, shared values, and upon ongoing interactions that occur as people with disabilities and community residents encounter each other on a regular basis in natural settings, such as at church, the grocery store, at restaurants, and other community settings." https://newfdn.org/community-inclusion/

The Community First program is meeting this challenge with input from participants and we are proud to facilitate and enjoy successful community inclusion as a direct result of CCDDB funding.

- **Senior Activities:** Members of CDS' "Next Steps" program joined other seniors for potlucks and games at the Hays Center and Bingo at the Douglas Annex

- **Accomplishments:** Artists showcased their works in the Bright Spirits Art Show at the Art Coop, the Boneyard Arts Festival, and at Sailfin Pet Store

How are activities identified/chosen?

Activities take place at various community locations. People choose new groups every four months from an array of offerings based on areas of interest expressed by participants. Some groups are very popular and are repeat offerings while other groups are developed from a desire to learn more about a topic explored in a previous group. Participation ranges from one to five days per week, depending on the number of groups requested and availability of space in a specific group.

Example of Group Offerings Jan – May2020

Group Selections
January 2020-May 2020

MONDAY

- **Intro to Health Matters:** It's the new year! SO that means anyone looking to get into healthier living can start here. Intro to Health Matters will be a beginning point into the world of being healthy and fit. This group will travel to the Leonard Center via MTD, so this will be a great way to sharpen those skills as well!
- **Music:** In this group, participants will explore all areas of music. We will be diving into all genres of music from country to punk rock. Discover some new favorites, and grow your appreciation for music. We will also be taking a look at how music is made. During this session, we will have a guest speaker from a local record label discussing with participants how the music business works!
- **Watercolor Painting:** Co-Lead by one of our program's artists, this group will learn how to create a watercolor masterpiece! Whether you are looking to be the next Bob Ross or simply create some art for our next open house, this is the group for you!
- **Library Group:** Following the success of this group last session, it will be offered again! Grab a partner and dive into reading with friends. Navigate the library and sharpen your reading skills.
- **Loom Knitting:** Our loom knitting group will be knitting pot holders and other small items made from yarn. Learn how to make patterns and even shop and budget for materials. These great creations will be showcased at our next Crow event!
- **Yoga and Tai Chi:** This group will meet at Clark Rd and participate in a class offered at the YMCA. Practice your downward facing dog and learn some new ways to exercise!
- **Men's Group:** Our men's group will continue this session, we will be spending time with friends and learning how to build and maintain our relationships with others. We will be spending time going through "Cents and Sensibility", a guide that spends time talking about wants vs needs.

Patty Walters
Executive VP of Clinical Services, DSC
pwalters@dsc-illinois.org
DSC supports people in living a rich and meaningful life.

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10.C.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: September 23, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: CILA Update and Title Transfers

Background:

During 2014, the Ligas Consent Decree compelled Illinois to decrease its reliance on segregated, institutional care, and a "Rebalancing" initiative offered people with Intellectual/Developmental Disabilities the opportunity to move out of large institutions into smaller, community-based settings, including CILAs (Community Integrated Living Arrangements). This created financial incentives for CILA providers to serve people moving from those larger settings. A major concern then, and now, was insufficient provider capacity.

In this context and in response to unmet local need, the CCDDB and CCMHB collaborated on the development of additional CILA housing. Request for Proposals #2014-001 "Community Integrated Living Arrangement Services for the County of Champaign" was issued on May 22, 2014, to purchase homes suitable for up to four individuals each and to identify a provider who would serve people who: originated from the County but now lived far away; were living with their families in Champaign County and waiting for a local placement; or could be brought through the rebalancing effort with additional funding to increase revenue for the good of the whole. Individual Advocacy Group (IAG) was selected as the provider, and two houses were purchased and brought into compliance with State Rules governing CILA use. The additional time and expense associated with these improvements precluded the purchase of subsequent houses. Since then, IAG has provided services to residents of the homes, with JoelWard Homes as property manager. IAG also serves County residents in privately owned homes, offering day program and traditional, host home, and family CILA services. The scale of operations is small enough to be difficult to sustain at the state's Medicaid Waiver rates, and potential solutions have not taken hold. 2020 lease terms include reduced rent to stabilize operations on behalf of the residents currently served, but IAG has committed only through the end of January 2021. COVID-19 deepened the threats to I/DD services across the state and country, and this summer, the local homes lost a valuable staff member to gun violence.

Update:

Attorneys Dan Walsh, representing the Champaign County Mental Health Board (CCMHB), and Barbara Mann, for the Champaign County Developmental Disabilities Board (CCDDB), have met with me to discuss statutory and practical considerations of the CILA Facilities project. Among several issues, they agree that a revision to the Community Mental Health Act changed the CCMHB's authority to own facilities for provision of services, whereas the Community Care for

Persons with Developmental Disabilities Act clearly identifies such authority for the CCDDB. The amended Intergovernmental Agreement between the Boards describes equal cost-sharing and decision authority over the project, so that transfer of the titles is the only recommended change to this arrangement. We have reviewed the lease agreements and other contracts, for insurance and for property management. Given the uncertainty of the future of CILA services, the attorneys offered suggestions for possible next steps, including model RFPs if a new provider is needed.

Request for Board Action:

If each Board agrees, the attorneys will complete transfer of titles on the two properties currently used as CILA homes, from the Champaign County Mental Health Board to the Champaign County Developmental Disabilities Board.

If authorized, and once the transfers are completed, related agreements for services should be revised to name the CCDDB as owner. In addition, a lower rental amount may be negotiated if IAG agrees to perform some maintenance tasks, lowering property management costs.

In the event IAG elects not to enter into lease agreements in 2021, the Boards may choose to sell these properties or to issue a new Request for Proposals, to identify a similar provider to continue offering CILA services in these houses. Because the RFP process takes some time, staff would prepare relevant documents and timeline upon direction from the Boards.

Budget Impact: neutral.

Decision Section:

Motion to authorize transfer of title for each property from the CCMHB to the CCDDB as described above, pending approval by the CCMHB.

Approved _____
Denied _____
Modified _____
More information is requested _____

Motion to authorize the CCDDB/CCMHB Executive Director to revise the related agreements as described above, pending similar action by the CCMHB.

Approved _____
Denied _____
Modified _____
More information is requested _____

Motion to authorize the CCDDB/CCMHB Executive Director and staff to prepare a Request for Proposals to continue the CILA Facilities project, pending similar direction from the CCMHB.

Approved _____
Denied _____
Modified _____
More information is requested _____

10.D.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

BRIEFING MEMORANDUM

DATE: September 23, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Review of Strategic Plan and Funding Priorities

Background

The purpose of this memorandum is to set the stage for evaluating and planning Champaign County's system of supports and services for its residents who have Intellectual and Developmental Disabilities (I/DD). Funding priorities and strategic plan are typically reviewed during the fall, as the Board establishes funding priorities for the next Program Year (July 1 to June 30) and Three-Year Plan Objectives for the next Fiscal Year (January 1 to December 31). Board members have previously offered suggestions for strengthening the allocation process itself. In addition to the strategic plan and priorities documents under development, more work may be done in this area, as technical requirements are also a reflection of the values of Board, staff, and community.

Community Needs Assessment

In September and October 2018, the CCDDB reviewed and approved a community needs assessment, which is completed every three years as part of the strategic planning process. CCDDB staff currently work with the Regional Vermilion-Champaign Executive Committee, a group of representatives from health and behavioral health sectors which have similar requirements to complete community needs assessments and three-year plans. (While the CCDDB does not have a statutory mandate to complete three year plans, it has been the Board's tradition.) This partnership will result in a shared assessment, replacing or enhancing any developed by CCDDB staff. Committee meetings highlight member activities, report on subcommittee (iPlan workgroups) efforts, and are chaired by a coordinator who pulls together needs assessment activities. Consistent with CCDDB priority areas are: community awareness events, early childhood supports and services, trauma-informed care initiatives, and tools such as https://carle.org/about/serving-our-community/healthy-communities and 211 information services.

Program Year 2021 (Current) CCDDB Priorities

Based on these sources of information and other collaborations involving CCDDB members or staff, the Board approved the following priorities for funding for the Program Year 2021

and made awards to agencies offering services associated with each. For overviews of each funded program and related activities, please see the attached spreadsheet.

Linkage

The CCDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding and other resources. Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) are federal standards and are required for all Home and Community Based Services. Intensive case management (different from CFCM) has value for people with I/DD as they define their own goals and how to achieve them. Intensive case management may be helpful to people with more complex support needs related to aging, co-occurring physical or behavioral health conditions, or traumatic experiences. Planning and assessment activities should have no risk of conflict of interest; advocacy, linkage, and coordination should be guided by a Person-Centered Plan.

3 agencies, 3 programs, totaling $782,496

- *CCRPC "Decision Support PCP" $311,488*
- *DSC "Service Coordination" $435,858*
- *Rosecrance Central Illinois "Coordination of Services: DD/MI" $35,150*

Work

Job development and matching, job coaching, job skills training in community work settings, and innovative employment supports may help people achieve their desired outcomes. Proposed programs should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people's specific aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day/habilitation programs. People may desire support for paths to self-employment/business ownership. Job matching and educating employers about the benefits of working with people who have I/DD should lead to work for people with I/DD.

2 agencies, 3 programs, totaling $623,370

- *Community Choices "Customized Employment" $182,000*
- *DSC "Community Employment" $361,370*
- *DSC/Community Choices "Employment First" $80,000*

Non-Work

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration for people with I/DD. Delivered in the least segregated environments and selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other; and development of networks for people with I/DD and their families.

2 agencies, 6 programs, totaling $2,016,024

- *DSC "Clinical Services" $174,000*
- *DSC "Community First" $847,659*
- *DSC "Community Living" (was Apartment Services) $456,040*

- *DSC "Connections" $85,000*
- *DSC "Individual and Family Support" $429,058*
- *PACE "Consumer Control in Personal Support" $24,267*

Young Children (CCMHB focus and Collaboration)

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, might include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks; systematic identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

2 agencies, 2 programs, with total cost to BOTH boards of $717,603

- *Champaign Co. Head Start "Social Emotional Development Services" $21,466 (with $99,615 CCMHB)*
- *Developmental Services Center "Family Development" $0 ($596,522 funded by CCMHB, per agreement with CCDDB)*

Self-Advocacy

Nationally most care is provided by family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, identifying new or non-traditional resources, understanding how the service system works or does not work, and raising awareness. Self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other supporters, might focus on: improved understanding of diagnoses and conditions, resources, and rights; peer mentoring; navigating the service system; making social connections; engaging in system-level advocacy; and distributing current, accessible information to families and professionals.

4 organizations, 4 programs, totaling $223,915

- *CU Able "Community Outreach" $17,200*
- *CU Autism Network "Community Outreach Programs" NEW $15,000*
- *CC Down Syndrome Network "CC Down Syndrome Network" $15,000*
- *Community Choices "Self-Determination Support" $146,000*

Housing

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, with supports appropriate to their needs and preferences. Given the conundrum of state/federal funding for most residential options, proposals may offer creative approaches to independent community living opportunities in Champaign County.

1 agencies, 1 program, plus CILA project, totaling $139,000

- *Community Choices "Community Living" $89,000*
- *CILA Facilities Project, with services through Individual Advocacy Group $50,000*

Overarching Priorities:

- Underserved/Underrepresented Populations and Countywide Access
- Inclusion, Integration, and Anti-Stigma

- Outcomes
- Coordinated System
- Budget and Program Connectedness
- Person Centered Planning (PCP)
- Added Value and Uniqueness through Secondary Decision Criteria: Approach/Methods/Innovation, Evidence of Collaboration, Staff Credentials, Resource Leveraging

CCDDB Three Year Plan Goals, 2019-2021

1. Support a **continuum of services** to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations.**
3. Improve **access to and engagement in services** through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.
5. Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).
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 access to services, and be proactive through concerted **advocacy efforts.**

Suggested Actions

As in previous years, the September board meeting packet includes the current Three Year Plan with draft objectives for the coming year. This document is distributed to providers, and stakeholders for input and a final draft presented in November for board consideration. No change is suggested to this process.

A draft document of priorities for funding for Program Year 2022 is scheduled for presentation to the board in October, to be finalized by mid-December. Board members may wish to discuss specific priorities more deeply or in light of the widespread impacts of COVID-19. The Board's next scheduled meeting is October 21 at 9AM. If board meetings do not offer enough time, the Board might choose a study session on current or new priority areas, possibly on September 30 at 9AM or October 28 at 9AM. These discussions might be enhanced by participation of staff from relevant agency programs or stakeholders with a relationship to the priority category, as requested by the board and as available.

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

THREE-YEAR PLAN

FOR

FISCAL YEARS 2019 - 2021
(1/1/19 – 12/31/21)

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2021
(1/1/21 – 12/31/21)

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

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

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

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

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. Planning for the intellectual and developmental disability service and support system to assure accomplishment of the CCDDB goals.

2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual and developmental disability services and supports anchored in high-quality person-centered planning.

3. Coordination of affiliated providers of intellectual and developmental disability services and supports to assure an interrelated, accessible system of care.

4. Evaluation of the system of care to assure that services and supports are provided as planned and that services are aligned with the needs and values of the community.

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

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A COORDINATED, ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS

Goal #1: Support a continuum of services to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.

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

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

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

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

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

Objective #6: In response to changes in Medicaid and Medicaid-waiver services, realign CCDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems, such as workforce recruitment and retention.

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

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

Goal #2: Sustain the commitment to improving outcomes for members of underrepresented and underserved populations.

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

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

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

~~Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.~~

Objective #4~~5~~: Promote trauma-informed practices in program delivery, board and agency staff development, policies, and procedures.

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

Goal #3: Improve access to and engagement in services through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.

~~Objective #1: Require collaborative agreements between providers to increase access and coordination of services for people with I/DD in Champaign County.~~

Objective #1~~2~~: Sponsor or co-sponsor educational and networking opportunities for service providers.

Objective #2~~3~~: Engage other local funders and stakeholders and participate in coordinating bodies and intergovernmental councils as appropriate, to develop new initiatives, strengthen services, and maximize opportunities for people who have I/DD.

Objective #3~~4~~: In collaboration with the CCMHB and other community partners, ensure that the needs of justice-involved persons with I/DD are considered in the development of an effective diversion/deflection system.

Objective #4~~5~~: Use public, family, self-advocate, provider, and stakeholder input to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCDDB.

Objective #5~~6~~: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Maintain and increase communication with the Independent Service Coordination team, representatives of the IDHS Division of Developmental Disabilities, and stakeholders, regarding the use of PUNS, the service and support needs and preferences of Champaign County residents, and system changes.

Goal #4: Encourage high-quality person-centered planning and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.

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

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

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

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

Goal #5: Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

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

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

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

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

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #6: Identify children at-risk of developmental delay or disability, and support early intervention services and family supports.

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

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

Goal #7: Support access to services and programs for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.

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

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

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #8: Promote inclusion and respect of people with I/DD, through broad based community education efforts.

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

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

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

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

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

Objective #6: Engage with leadership from the community college and university and their various departments, toward creating opportunities for people with I/DD and amplifying efforts to reduce stigma and increase inclusion.

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

Goal #9: Stay abreast of emerging issues affecting service and support systems and access to services, and be proactive through concerted advocacy efforts.

Objective #1: Advocate for workforce development and stability.

Objective #2: Intensify advocacy efforts on behalf of people with I/DD. Advocate for positive change in state funding, including increased Medicaid

reimbursement rates and policy decisions affecting the local system of care for persons with I/DD. Through participation in appropriate associations and organizations, support efforts to strengthen service and support systems.

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

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

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

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

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

10.E.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

BRIEFING MEMORANDUM

DATE: September 23, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director for Intellectual and Developmental Disabilities
SUBJECT: Rosecrance Coordination of Services: DD/MI Service Claims Update

Background:

During the first quarter of PY2021, program staff from the Rosecrance Coordination of Services: DD/MI program reported a duplication of PY2020 4th Quarter claims entered into the Online Reporting System during the Bulk Upload. Rosecrance Executive Director requested a meeting with CCDDB Executive Director Canfield and Associate Director Bowdry on July 30, 2020 to discuss the errors.

Due to the error in the 4th Quarter reports, Rosecrance staff discovered that due to information being pulled inaccurately from Rosecrance's Electronic Health Record, duplicate claims were entered into the Online Reporting System during each quarter of PY2020. Once the errors were discovered, Rosecrance IT worked to remedy the errors to ensure accurate data was being entered into the Online Reporting System during the Bulk Upload.

Associate Director Bowdry deleted the previously entered claims for PY2020. Rosecrance staff reentered the claims for PY2020 using the Bulk Upload feature.

Update:

CCDDB Associate Director Bowdry completed new queries in the Online Reporting System to capture the accurate number of clients served and hours of service provided during PY2020.

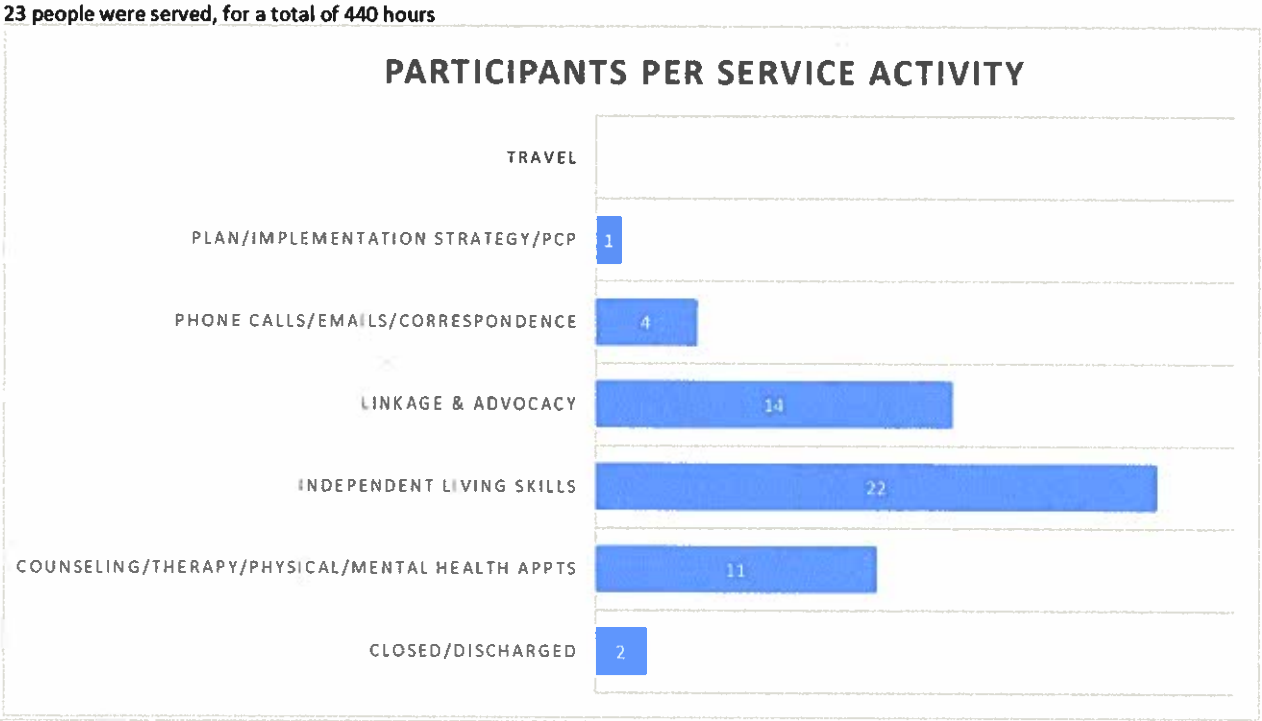
Accurate Quarterly Service Data versus previously reported data are documented below. Updated Quarterly Service Data Charts for the Coordination of Services: DD/MI program are attached to this document.

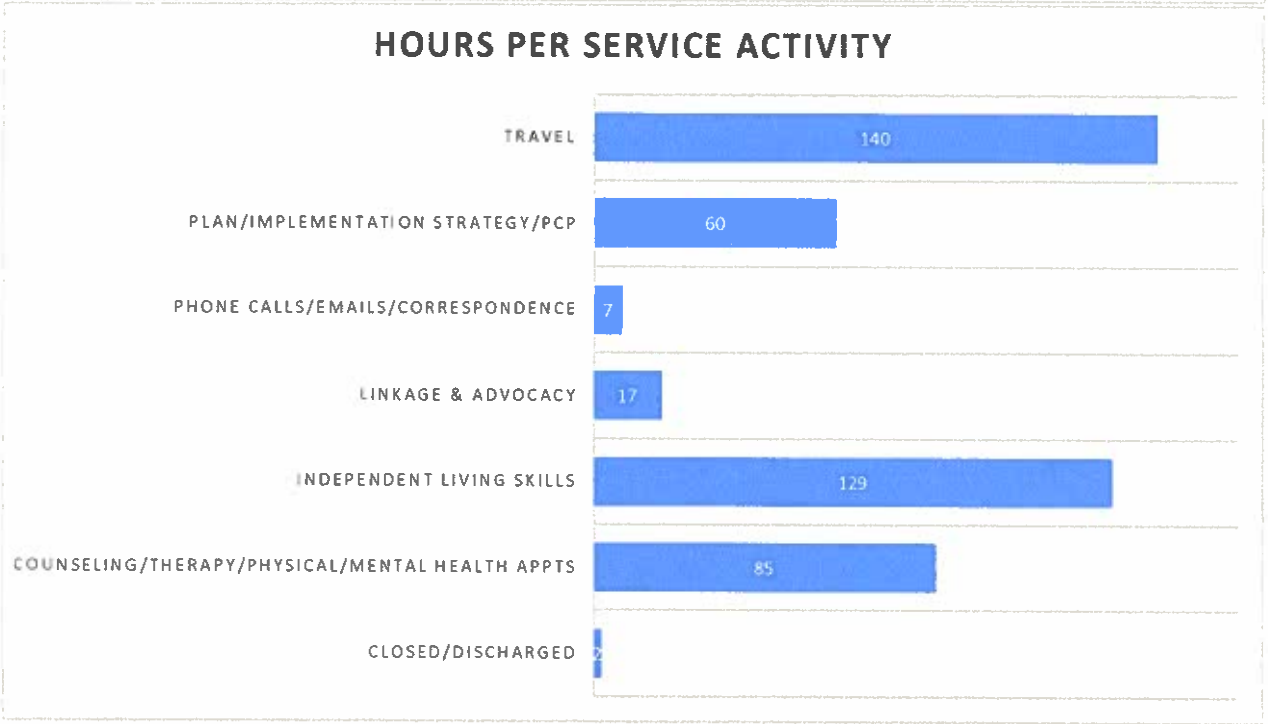
PY20 1st Quarter: **23 clients served for 440 hours** vs. 23 clients served for 777 hours
PY20 2nd Quarter: **23 clients served for 376 hours** vs. 23 clients served for 665 hours
PY20 3rd Quarter: **23 clients served for 294 hours** vs. 22 clients served for 487 hours

Rosecrance Central Illinois

Coordination DD/MI $8,787.50 *FY20 Q1*

23 people were served, for a total of 440 hours

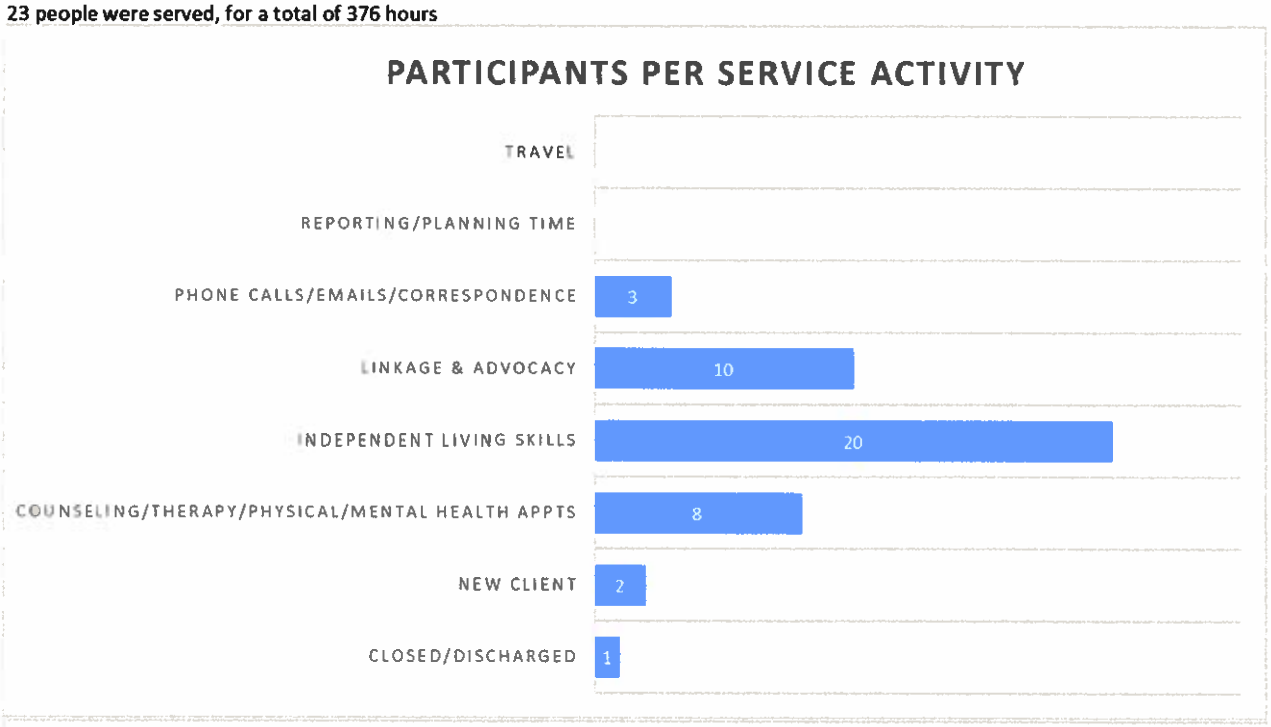


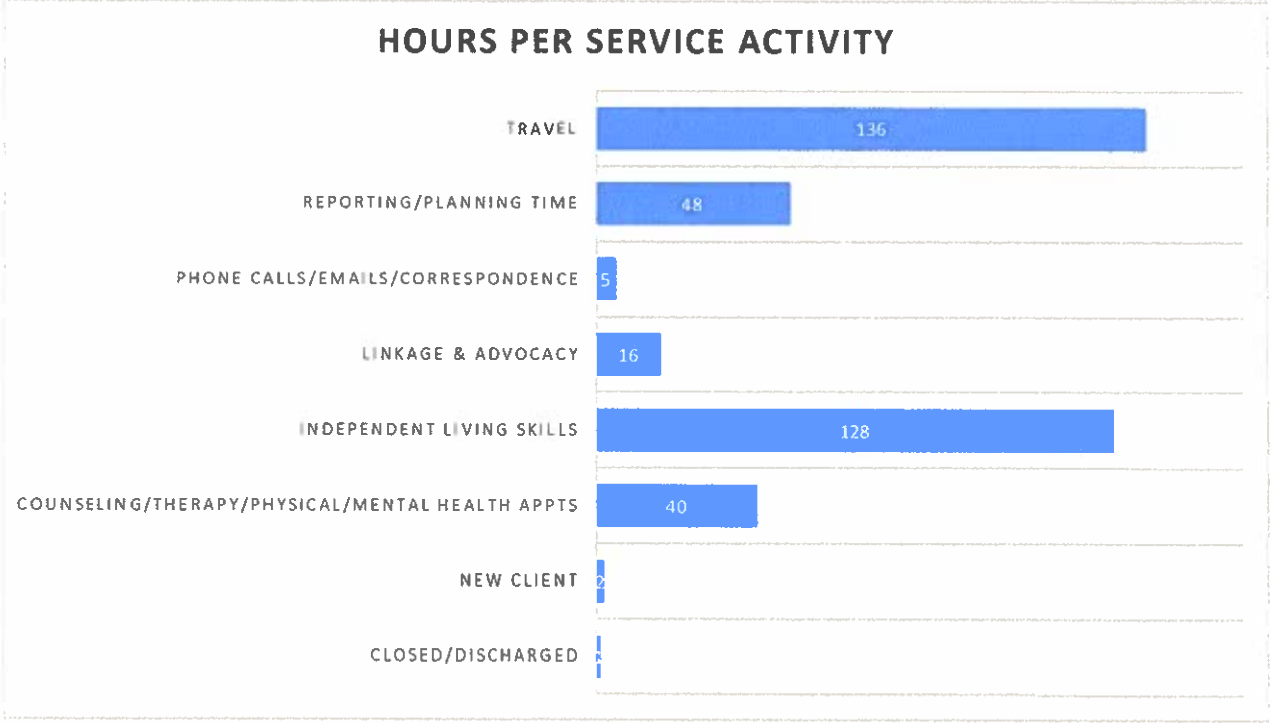


Rosecrance Central Illinois

Coordination DD/MI $8,787.50 *PY20 Q2*

23 people were served, for a total of 376 hours



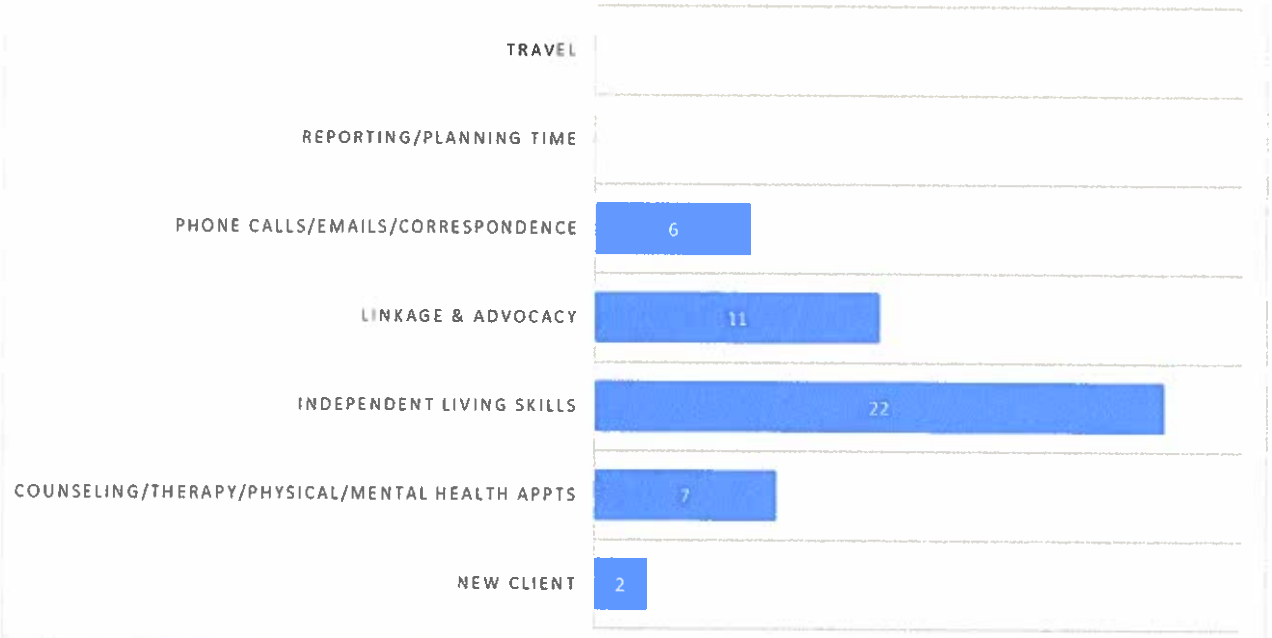


Rosecrance Central Illinois

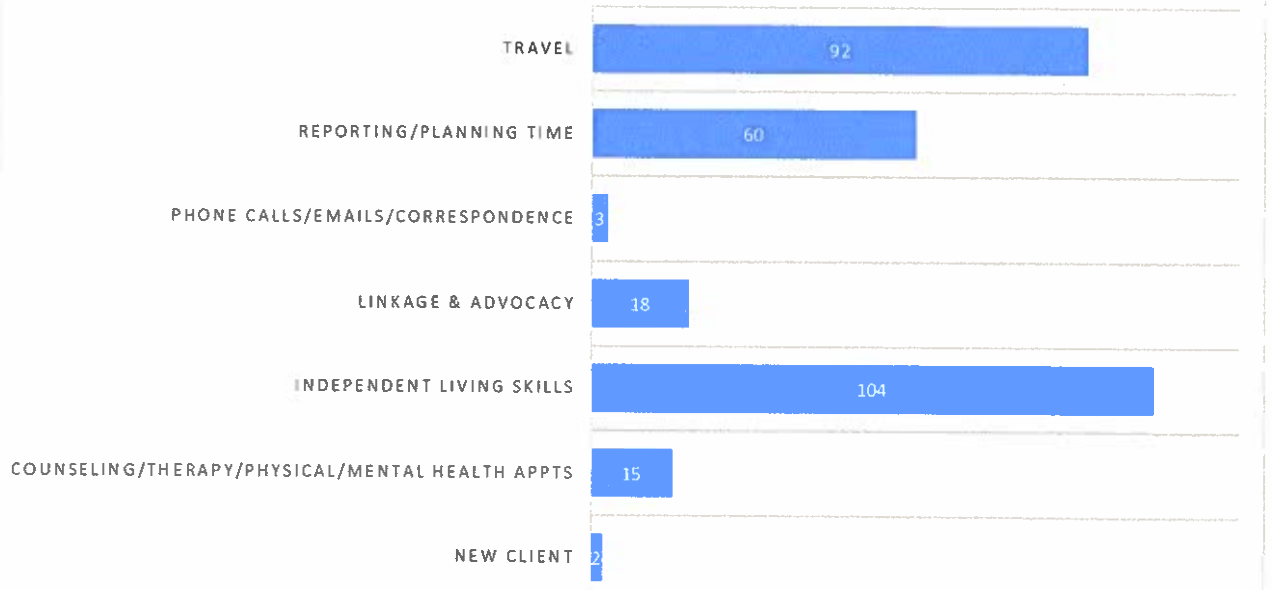
Coordination DD/MI $8,787 *PY20 Q3*

23 people were served, for a total of 294 hours

PARTICIPANTS PER SERVICE ACTIVITY



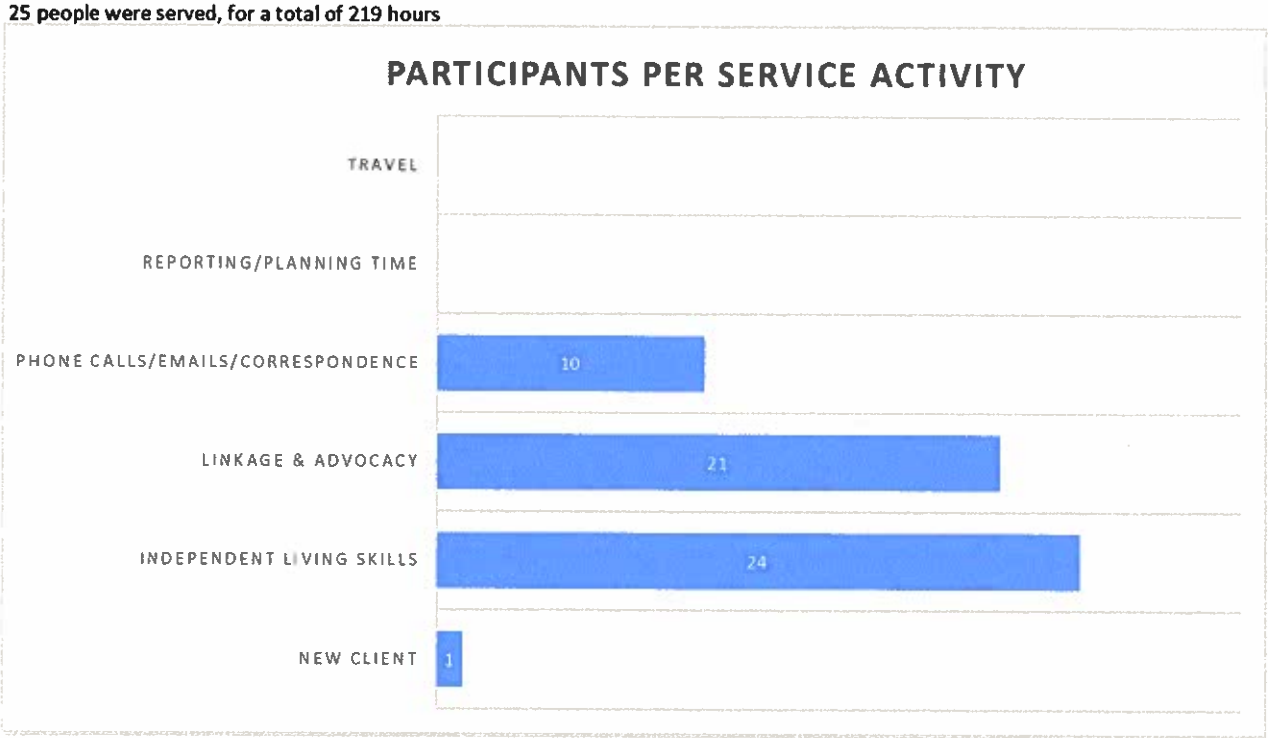
HOURS PER SERVICE ACTIVITY

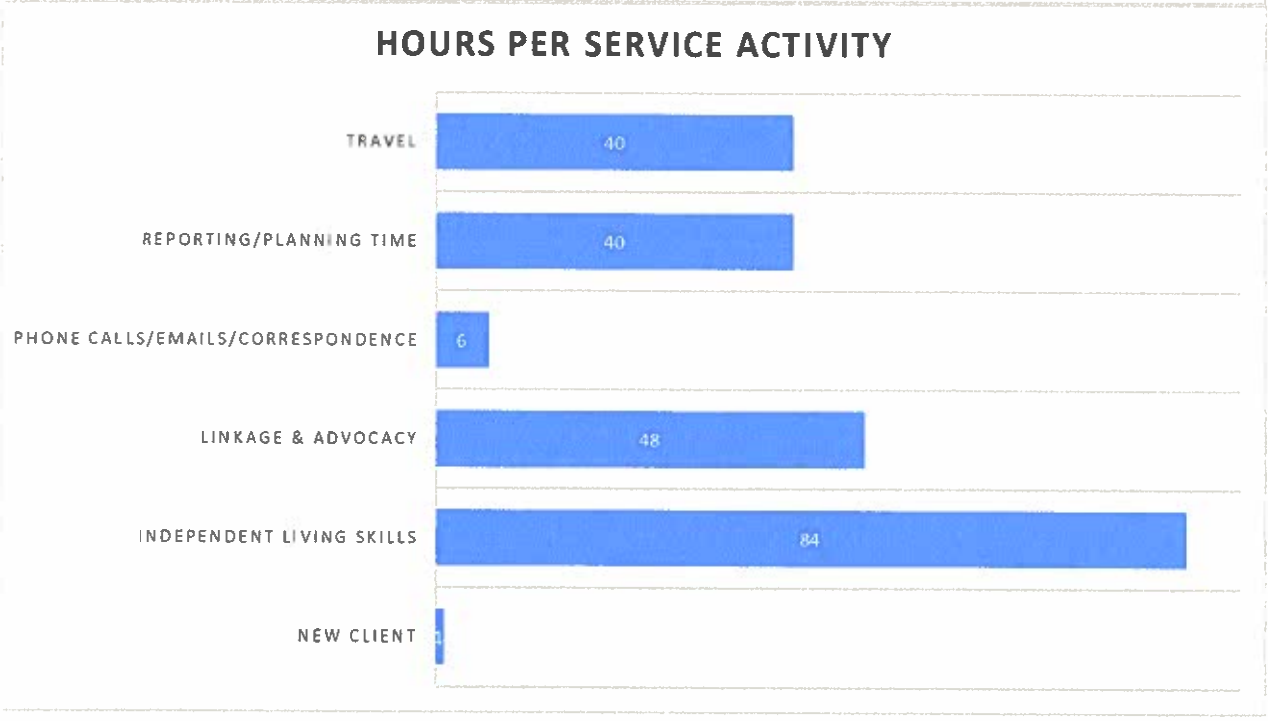


Rosecrance Central Illinois

Coordination DD/MI $8,787 *PY20 Q4*

25 people were served, for a total of 219 hours





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11.A.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: September 23, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director
SUBJECT: Individual Mini-Grant Application Update and Request

Background:

During the fall of 2019, the CCDDB launched a mini-grant opportunity for people who qualify for but were not receiving state-waiver service or ongoing CCDDB or CCMHB funded service, who had a need which could be met by specific assistance, and who are not related to Board or staff.

In December, 37 requests were approved, totaling $62,508, and staff began working with the applicants and their families to finalize purchases. In February 2020, the CCDDB approved additional funding, as originally requested, increasing the cost of the total awards $66,353. On April 22, 2020, the CCDDB approved funding for Applicant #44 as originally requested in the amount of $4,880, increasing total awards to $69,393.

Update:

At the time of writing, purchases have been made for 31 of the 37 approved applicants in the amount of $41,169. All purchases have been completed in full for 26 applicants. Some purchases remain for 5 applicants who have already received some items. The purchases remaining for these applicants include fencing and deck materials, payment of dental services, and Camp New Hope respite (see below).

Applicants #17 & #44 are waiting for a safe return to Camp New Hope. The following was shared by Jamie Bryant, RR Director Camp New Hope:

> *"With heavy heart at this time we are not having any Respites. Our positivity numbers in our area is high, so at this time I do not feel it is safe to have a Respite. Hopefully when our positivity rate gets better then I plan on having a Respite. I am keeping a sign up list for when we are able to have one the first come first serve. I will add Applicant #17 & #44 to my list. I will email you when I am able to open for Respite."*

CCDDB staff continues to communicate with those whose purchases have yet to be made. Follow-up emails were sent to 8 people to finalize the details of their items to be purchased. Two families have responded that they will be sending item details soon. No further details can be provided at the time of this writing.

CCDDB has been in contact with Applicant #49; however, there has been no further movement on their purchases at the time of this writing.

Applicant #23, awarded $1,400, chose to forego the remaining funds of $750 for YMCA swim lessons due to Covid-19 and their comfort level with going to the YMCA right now. An iPad and the Proloquo app were previously purchased for the applicant, in fulfillment of the award.

CCDDB staff purchased the last requested item for Applicant #30 in late July, but there was a problem with the TV purchased in January. CCDDB staff is waiting for follow-up information from the Applicant's mother to send to the TV manufacturer.

Requests for Board Action:

Due to the cancellation of Camp New Hope Fall Respite, CCDDB staff would like to extend the term of the Mini-Grant agreement for **Applicant #17**. An extension, into 2021, would allow **Applicant #17** the opportunity to fulfill his Mini-Grant award with Camp New Hope as previously approved. **Budget Impact:** $2,000 allocated for use in fiscal year 2020 will be spent in 2021.

Applicant #44 and his father have requested approval to use $1,840 previously approved for Camp New Hope Respite to purchase additional speech therapy sessions with Prairie Wind Speech Therapy, Inc. **Applicant #44** was awarded $2,000 for speech therapy and has completed several sessions since beginning speech therapy in June 2020. **Budget Impact:** neutral.

Decision Section:

Motion to approve extension to the terms of the Mini-Grant Agreement for Applicant **#17** as described above.

Approved _____
Denied _____
Modified _____
More information is requested _____

Motion to approve use of allotted Camp New Hope funds to purchase speech therapy sessions for Applicant **#44** as described above.

Approved _____
Denied _____
Modified _____
More information is requested _____

11.B.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

DECISION MEMORANDUM

DATE: September 23, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2021 CCDDB and CILA Budget Submissions

Overview:

This memorandum presents revised budget information for the Champaign County Developmental Disabilities Board (CCDDB), Champaign County Mental Health Board (CCMHB), and CILA Facilities Funds for County Fiscal Year 2021 (January 1 through December 31, 2021), for approval by the Board.

The Boards each approved initial drafts at their July meetings. The present drafts incorporate advice and information from the County Executive and Deputy Director of Finance, with newer revenue and cost estimates, and were submitted for information to the Champaign County Board for August 25 budget hearing. Final budgets will be presented during their appropriations process in November.

Attached are revised proposed 2021 CCDDB, CCMHB, and CILA Fund Budgets, with background details including comparisons of proposed 2021, 2020, and actual revenues and expenditures for fiscal years 2014 through 2019. The Intergovernmental Agreement between the CCMHB and CCDDB defines cost sharing and CILA ownership, among other arrangements. The CILA Fund Budget is under joint authority of the Boards.

Highlights of All Draft Versions:

- Projected 2021 property tax revenue based on a lower 2020 amount than originally budgeted, due to return of reserved hospital revenue amounts (both boards).
- Miscellaneous revenue includes excess revenue returned by agencies (both boards).
- Fund balances contain small amounts to be paid in relation to the hospital tax ruling, but these amounts are no longer reserved (most have been returned during 2020).
- Office rental and computer services expenditures adjusted to conform with practices of the County Auditor's Office.
- Majority of Expo Coordinator contracts are charged to Expo expense line, with a small portion in Professional Services or Public Relations for special projects. Prior to 2020, these had been charged to Professional Services, and Expo revenues and expenses were combined with other revenue and Public Relations costs, respectively (CCMHB budget).
- Both Boards participate with United Way to purchase 211 service and in the UIUC Evaluation Capacity Project, shared as other costs, 57.85%/42.15% (CCMHB budget).

- CCMHB does not transfer an amount to the CILA fund in 2021, due to having paid off the mortgage; CCDDB continues to transfer $50,000 per year (CILA budget).
- No mortgage principal or interest expense (CILA budget).
- CILA budget based on projected actual 2020 expenditures.

Revisions to July 15 Budget Drafts:

- 2021 property tax revenues based on 4.38% (MHB and DDB) growth over 2020. (Earlier budgets were based on 3.8% increase for MHB and 3.3% for DDB.)
- Increases in Contributions & Grants (MHB and DDB).
- Addition of cost of ERP system for 2021 (to be far lower in future years) and decreases in other costs to offset this expense (MHB).
- Recalculation of staff insurance costs and other benefits (MHB).
- Recalculation of CCDDB share of total administrative costs, resulting from these adjustments (MHB and DDB).
- In background information, adjustments of 2020 projected actual revenues and expenditures (note: a deficit budget was planned, so that fund balance included an amount for use in the event of unfavorable finding).
- Also in background information, further detail using the new information.

Decision Section:

Motion to approve the attached 2021 CCDDB Budget, with anticipated revenues and expenditures of $4,386,283.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Motion to approve the attached 2021 CILA Fund Budget, with anticipated revenues and expenditures of $72,000. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDB and CCMHB, and full approval is contingent on CCMHB action.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Draft 2021 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current	***$5,304,695***
313.24	Back Property Taxes	$1,000
314.10	Mobile Home Tax	$4,000
315.10	Payment in Lieu of Taxes	$3,000
336.23	CCDDB Revenue	***$404,296***
361.10	Investment Interest	$33,000
363.10	Gifts & Donations	$3,000
363.12	Expo Revenue	$15,000
369.90	Other Miscellaneous Revenue	$80,000
	TOTAL REVENUE	***$5,847,991***

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	$103,625
511.03	Regular FTE	***$333,461***
511.05	Temporary Salaries & Wages	$5,040
511.09	Overtime Wages	$1,000
513.01	FICA	***$33,900***
513.02	IMRF	***$30,443***
513.04	W-Comp	$2,908
513.05	Unemployment	$1,398
513.06	Health/Life Insurance	$68,658
513.20	Employee Development/Recognition	$200
	Personnel Total	***$580,633***
522.01	Printing	$700
522.02	Office Supplies	$4,200
522.03	Books/Periodicals	$4,000
522.04	Copier Supplies	$1,000
522.06	Postage/UPS/Fed Ex	$700
522.44	Equipment Under $5000	$7,000
	Commodities Total	***$17,600***
533.01	Audit & Accounting Services	***$10,000***
533.07	Professional Services	$140,000
533.12	Travel	***$1,500***
533.18	Non-employee training	***$10,000***
533.20	Insurance	$19,000
533.29	Computer Services	$8,000
533.33	Telephone	$1,000
533.42	Equipment Maintenance	$500
533.50	Office Rental	***$24,000***
533.51	Equipment Rental	$800
533.70	Legal Notices/Ads	$200
533.72	Department Operating	$300
533.84	Business Meals/Expense	$150
533.85	Photocopy Services	$4,000
533.89	Public Relations	$13,000
533.92	Contributions & Grants	***$4,882,008***
533.93	Dues & Licenses	$20,000
533.95	Conferences/Training	$8,000
533.98	disAbility Resource Expo	$48,000
534.37	Finance Charges/Bank Fees	$30
534.70	Brookens Repair	$100
	Services Total	***$5,190,588***
571.08	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev, *loan in 2019*)	$6,800
571.11	Interfund Transfer, CILA Fund	-
571.14	Interfund Transfer, to CARF for ERP	***$52,370***
	Interfund Transfers TOTAL	***$59,170***
	TOTAL EXPENSES*	***$5,847,991***

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Draft 2021 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	**Property Taxes, Current**	$4,353,483
313.19	**Back Property Taxes**	$2,000
314.10	**Mobile Home Tax**	$3,000
315.10	**Payment in Lieu of Taxes**	$2,000
361.10	**Investment Interest**	$11,000
371.90	**Interfund Transfer (Expo and some Other Misc Rev) from MH Fund**	$6,800
369.90	**Other Miscellaneous Revenue**	$8,000
	TOTAL REVENUE	***$4,386,283***

LINE ITEM	BUDGETED EXPENDITURES	
533.07	**Professional Services** *(42.15% of an adjusted set of CCMHB Admin Expenses)*	$404,296
533.92	**Contributions & Grants**	$3,931,987
571.11	**Interfund Transfer, CILA Fund**	$50,000
	TOTAL EXPENSES	***$4,386,283***

Draft 2021 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	**Investment Interest**	$4,000
371.54	**From CCDDB 108**	$50,000
371.90	**From CCMHB Fund 090**	-
362.15	**Rents**	$18,000
	TOTAL REVENUE	***$72,000***

LINE ITEM	BUDGETED EXPENDITURES	
522.44	**Equipment Less than $5,000** *(includes a designated gift for the benefit of one individual, accessed at family request, with balance $12,035.14 as of August 17, 2020)*	$24,600
533.07	**Professional Services** *(property management)*	$8,000
533.20	**Insurance**	$2,400
533.28	**Utilities**	$964
534.36	**CILA Project Building Repair/Maintenance**	$14,000
534.37	**Finance Charges** *(bank fees per statement)*	$36
534.58	**Landscaping Service/Maintenance**	$8,000
544.22	**Building Improvements**	$14,000
	TOTAL EXPENSES	***$72,000***

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Background for 2021 CCMHB Budget, with 2020 Adjusted Budget and Earlier Actuals

2021 BUDGETED REVENUE		2020 ADJUSTED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	***$5,304,695***	***$4,868,953***	$4,813,598	$4,611,577	$4,415,651	$4,246,055	$4,161,439	$4,037,720
Back Property Taxes	$1,000	$1,000	$6,489	$494	$2,731	$2,486	$2,861	$1,612
Mobile Home Tax	$4,000	$4,000	$4,062	$3,909	$3,766	$3,903	$3,995	$3,861
Payment in Lieu of Taxes	$3,000	$3,000	$2,604	$3,406	$3,201	$2,970	$2,869	$2,859
CCDDB Revenue	***$404,296***	***$370,852***	$409,175	$310,783	$287,697	$377,695	$330,637	$337,536
Investment Interest	$33,000	$33,000	$45,950	$41,818	$18,473	$3,493	$1,385	$1,015
Gift & Donations	$3,000	$2,900	$4,706					
Expo Revenue (were combined)	$15,000	$13,405	$14,275	$21,613	$5,225	$18,822	$26,221	$28,192
Other Miscellaneous Revenue	$80,000	$50,000	$129,028	$29,955	$117,195	$21,340	$67,599	$85,719
TOTAL REVENUE	***$5,847,991***	***$5,347,110***	**$5,429,887**	**$5,023,555**	**$4,853,939**	**$4,676,764**	**$4,597,006**	**$4,498,514**

2021 BUDGETED EXPENDITURES *(SEE PAGE 5 FOR DETAILS)*		2020 ADJUSTED BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	***$580,633***	***$568,409***	$519,678	$522,073	$449,220 *(understaffed)*	$577,548	$502,890	$532,909
Commodities	$17,600	$19,000	$11,147	$10,049	$6,263	$7,998	$11,237	$9,282
Services (not Contrib & Grants)	***$306,580***	***$312,430***	$286,385	$404,059	$432,828	$410,157	$382,870	$375,735
Contributions & Grants	***$4,882,008***	***$4,625,463***	$3,993,283	$3,648,188	$3,593,418	$3,428,015	$3,335,718	$3,673,966
Interfund Expenditures	***$59,170***	$6,500	$406,505	$56,779	$57,288	$60,673	$0	$0
Interest on Tax Case		$1,648						
TOTAL EXPENSES	***$5,847,991***	***$5,533,450***	**$5,216,998**	**$4,641,148**	**$4,089,797**	**$4,484,391**	**$4,232,715**	**$4,591,892**

Additional Information about Expenses (Proposed 2021 versus Adjusted Budget 2020)

Personnel 2021 v 2020

PERSONNEL	2021	2020
Appointed Official	$103,625	$103,625
Regular FTE	***$333,461***	$326,512
Temporary Wage/Sal	$5,040	$5,040
Overtime Wages	$1,000	$1,000
FICA	***$33,900***	$33,368
IMRF	***$30,443***	$31,885
W-Comp	$2,908	$2,815
Unemployment	$1,398	$1,864
Health/Life Insurance	$68,658	***$62,000***
Employee Dev/Rec	$200	$300
	$580,633	***$568,409***

Commodities 2021 v 2020

COMMODITIES	2021	2020
Printing	$700	$1,000
Office Supplies	$4,200	$4,100
Books/Periodicals	$4,000	$4,100
Copier Supplies	$1,000	$1,000
Postage/UPS/Fed Ex	$700	$800
Equipment Under $5000	$7,000	$8,000
	$17,600	**$19,000**

Services (not Contributions and Grants)

SERVICES	2021	2020
Audit & Accounting	***$10,000***	***$10,000***
Professional Services*	$140,000	$140,000
Travel	***$1,500***	***$800***
Non-employee conference**	***$10,000***	***$4,000***
Insurance	$19,000	$19,000
Computer Services	$8,000	$6,000
Telephone	$1,000	***$1,000***
Equipment Maintenance	$500	$500
Office Rental	***$24,000***	***$23,000***
Equipment Rental	$800	***$400***
Legal Notices/Ads	$200	$300
Department Operating	$300	$400
Business Meals/Expense	$150	***$0***
Photocopy Services	$4,000	$4,000
Public Relations***	$13,000	***$20,000***
Dues/Licenses	$20,000	***$20,000***
Conferences/Training	$8,000	***$5,000***
disAbility Resource Expo***	$48,000	$58,000
Finance Charges/Bank Fees	$30	$30
Brookens Repair	$100	***$0***
	$308,580	**$312,430**

Interfund Expenditures 2021 v 2020

INTERFUND TRANSFERS	2021	2020
CCDDB Share of Expo and some of MHB Misc Revenue	$6,800	$6,500
Payment to CILA Fund	$0	$0
Transfer to CARF for ERP	***$52,370***	
Interest on Tax Case		$1,648
	$59,170	**$8,148**

***Professional Services:**

- legal counsel, website maintenance, human resource services, shredding, graphic design, language access services, accessible document creation, website ADA consultant, independent audit reviews and other CPA consultation, independent reviews of applications, 211/ Path through United Way, UIUC Evaluation Project.
- Previously included Expo Coordinators, but now the cost of these contracts is split with Expo.

****Non Employee Conferences/Trainings**

- Continues Mental Health First Aid trainings and monthly trainings for service providers, with expenses for presenters, materials, refreshments, promotion, supplies. This category also includes expenses related to board members attending conferences and trainings.

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

- Ebertfest (2021 event paid in 2020, not shared with CCDDB), community education/awareness, some consultant support.
- Expo line was added mid-year 2018 to capture 2019 expenses; consultant time is charged here (could be under Professional Services.)

Additional Information about Services

Approval of 2021 Budgets does not obligate the Boards to all expenditures described: most consultant/service contracts are developed by Executive Director with Board officers and, for larger amounts or unusual circumstances, full board review and approval; estimates are based on previous years.

SERVICES	2021		2020	
Professional Services*	$140,000	Approximately $80,198 UI Evaluation, including CCDDB. $21,330 to United Way for 211/Path. $500 human resources services (AAIM). $3,000 IT services (BPC). $1,000 Ed McManus. $1,500 website accessibility testing (Falling Leaf). $15,000 online application/reporting systems (EMK). $2000 maintenance of Expo, AIR, and resource guide. Also includes: language access and other accessible document production; graphic design; shredding services; independent reviewers; CPA consultant/reviews; legal counsel. *(Expo/Special Projects consultant costs are split between this line, Public Relations, and disABILITY Resource Expo, per project.)*	$140,000	$78,792 (PY20 amount) UI Evaluation shared with CCDDB. Approx $18,066 United Way for 211/Path (increased mid-year). $500 human resources (AAIM). $3,000 IT services (BPC). $1,500 website accessibility testing (Falling Leaf). $1,000 Ed McManus Consulting. $14,000 online application/reporting systems (EMK). $1800 maintenance of Expo and AIR sites + possible new resource directory. Also includes: graphic design; shredding services; independent reviewer; CPA consult; legal counsel. *(Expo/ Special Projects consultant costs are no longer charged to this line but instead split between Public Relations and Expo, according to projects and subject to change.)*
Public Relations**	***$13,000***	PAID IN 2020 -$15,000 Ebertfest film sponsorship, *offset by Alliance member dues and other contributions of $3k-$5k/year.* $2,000 estimated for other community events. $2,000 anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. $2,000 sponsorships of other events. 25% of one Expo Coordinator may be charged to this line for work on non-Expo events and other special projects.	***$20,000***	$20,000 Ebertfest film sponsorship, *offset by Alliance member dues and other contributions of $3k-$5k/year.* Could also include amounts for for other community events, anti-stigma art show(s) and promotion, including Market in the Square, sponsorships of other anti-stigma/ community awareness events.
disability Resource Expo***	$48,000	Support for the 2020 and 2021 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Majority of Expo Coordinators' contracts are here. *Expo costs are offset by exhibitor fees and contributions from sponsors.*	$58,000	Expenses associated with 2020 Expo event and with 2021 Expo but paid in 2020. Coordinator time associated with Expo and related activities charged here rather than to Pro Svcs (in 2018). *Expo costs are offset by exhibitor fees and contributions from sponsors ($14k in 2018.)*
CCMHB Contributions & Grants	***$4,882,009***	Estimated CCMHB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus 1/2 of estimated FY21 annual allocation amount, with agency contract maximums to be authorized by July 1, 2021. *(includes an amount equal to anticipated hospital property tax revenue = $x)*	*$4,625,463*	Actual CCMHB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus payments authorized in May 2020, to be made from June through December 2020.
CCDDB Contributions & Grants	***$3,931,987***	Estimated CCDDB payments to agencies from January 1 to June 30, 2021, as authorized in May 2020, plus 1/2 of estimated FY21 annual allocation amount, with agency contract maximums to be authorized by July 1, 2021. *(includes an amount equal to anticipated hospital property tax revenue = $x)*	*$3,762,511*	Actual CCDDB payments to agencies from January 1 to June 30, 2020, as authorized in May 2019, plus payments authorized in May 2020, to be made from June through December 2020.
Dues/ Licenses	$20,000	$950 national trade association (NACBHDD), $16,000 state trade association (ACMHAI), and smaller amounts Human Services Council, Arc of Illinois, any new membership, e.g., CBHA, NCBH, NADD, or similar.	***$20,000***	$950 national trade association (NACBHDD), $3,000 AAIM (paid every three years), $16,000 state trade association (ACMHAI), and smaller amounts for Human Services Council, Arc of Illinois, possible new memberships, e.g., CBHA, NCBH, NADD, or similar.
Conferences /Training	$8,000	$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAI). $350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHAI meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NADD, or similar. Kaleidoscope, Inc. training and certification.	***$5,000***	$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHAI). $350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for staff for NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for staff for ACMHAI meetings. Costs of one other conference/training for staff members, Federation of Families, Arc of IL, NADD or similar. MHFA trainer certification.
Non-Employee Conferences / Trainings**	***$10,000***	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Unknown whether in person or virtual, or impact on cost.	***$4,000***	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. While travel is unlikely in 2020, virtual MHFA and CM trainings are considered.
Unexpected		Unknown fate of large gatherings (Expo, Ebertfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers if: offices move to a different location or are modified; legal expenses are greater; etc. Budget amendment if employee retirement/ resignation. Boards' fund balances are lowest in May, at which point there should be enough for 6 months operating + remaining tax liability (small) + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.		Unknown fate of large gatherings (Expo, Ebertfest, conferences, trainings). Possible telework expenses or change in office. Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; etc. Boards' fund balances at their lowest point (May) should each include: 6 months of operating budget, hospital tax liabilities, other reserved, share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = $430,716.29 MHB and $359,363.81 DDB, some paid during 2020.

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

Adjustments:	2021	2020
CCMHB Contributions & Grants	*$4,882,008*	*$4,625,463*
UI Evaluation Capacity Project	-	-
Ebertfest anti-stigma film and events	-	*20000*
Payment to CILA fund	-	-
CCDDB Share of Donations & Misc Rev	*6800*	*6500*
MHB Interest on Tax Case		*1648*
Adjustments Total:	***$4,888,808***	***$4,653,611***
CCMHB Total Expenditures:	***$5,847,991***	***$5,533,450***
Total Expenditures less Adjustments:	***$959,183***	***$879,839***

	2021 CCDDB Share	2020 CCDDB Share
Total Expenditures less Adjustments	***$959183***	***$879,839***
Adjusted Expenditures x 42.15%	***$404,296***	***$370,852***
Monthly Total for CCDDB Admin	***$33,691***	***$30,904***

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

Background for 2021 CCDDB Budget, with 2020 Adjusted Budget and Earlier Actuals

2021 BUDGETED REVENUES		2020 ADJ BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	***$4,353,483***	***$3,994,287***	$3,982,668	$3,846,413	$3,684,009	$3,595,174	$3,545,446	$3,501,362
Back Property Taxes	$2,000	$2,000	$5,369	$411	$2,278	$2,105	$2,437	$1,398
Mobile Home Tax	$3,000	$3,000	$3,361	$3,261	$3,142	$3,305	$3,404	$3,348
Payment in Lieu of Taxes	$2,000	$2,000	$2,154	$2,841	$2,671	$2,515	$2,445	$2,479
Investment Interest	$11,000	$11,000	$27,098	$24,062	$10,883	$2,318	$1,488	$812
Gifts & Donations (transfer from MHB)	$6,800	***$6,500***	$106,505	$6,779	$7,288	$10,673	$0	$0
Other Miscellaneous Revenue	$8,000	$9,600	$8,955	$6,408	$14,432	$0	$0	$11,825
TOTAL REVENUE	***$4,386,283***	***$4,028,387***	***$4,136,110***	***$3,890,175***	**$3,724,703**	**$3,616,091**	**$3,555,220**	**$3,521,224**

2021 BUDGETED EXPENDITURES		2020 ADJ BUDGET	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Services *(42.15% of some CCMHB expenses, as above)*	***$404,296***	***$370,852***	$309,175	$310,783	*$287,697 (understaffed)*	$379,405	$330,637	$337,536
Contributions & Grants	***$3,931,987***	$3,762,511	$3,445,272	*$3,250,768*	$3,287,911	$3,206,389	$3,069,122	$3,224,172
Interfund Transfer, CILA Fund	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$50,000	$0
Interfund Transfer, MH Fund (Repayment of loan)			$100,000					
Interest on Tax Case		$1,363						
TOTAL EXPENSES	***$4,386,283***	***$4,184,726***	**$3,904,447**	**$3,611,551**	**$3,337,911**	**$3,635,794**	**$3,449,759**	**$3,561,708**

11.C.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

BRIEFING MEMORANDUM

DATE: September 23, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Associate Director for I/DD
SUBJECT: Update on the 2020 Disability Resource Expo

Background:

On March 12, 2020 the decision was made to cancel the March 28 Expo. The Steering Committee met virtually to discuss the possibility of rescheduling. After coordination with the Vineyard, Best Expo, and other events in Champaign County, the Expo was rescheduled for October 10, 2020. In August, the October 10, 2020 in-person disABILITY Resource Expo was postponed and a series of virtual events have been planned.

Updates:

After a survey of the disABILITY Resource Expo Steering Committee and follow-up conversations, a series of four monthly workshops have been planned in place of the 2020 in-person disABILITY Resource Expo. These virtual events, "Third Thursday Resource Round-ups" will feature a given group(s) of exhibitors and will include an overview of all featured exhibitors, followed by exhibitor breakout sessions, and ending with a presentation from a featured exhibitor. These virtual events will be held from 3-4:30pm.

Dates/Topics are as follows:

October 15, 2020: Healthcare & Equipment
November 19, 2020: Self-Help/Support Groups & Vocational/Residential/Recreation Services
January 21, 2021: Advocacy, Legal & Service Organizations
February 18, 2021: Education Services & Services for Young Children.

The 2020 Expo Resource Book has been printed and is being distributed to exhibitors and throughout the community. The disABILITY Resource Expo website has been updated to include the 2020 disABILITY Resource Expo Book and a series of promotional videos, developed by UIUC students during the summer, will be added to the disABILITY Resource Expo website and will become part of online/social media exhibitor features ahead of the Third Thursday Resource Round-up events.

Finally, the 2021 disABILITY Resource Expo has been scheduled for Saturday, October 16, 2021 at The Vineyard Church.

11.D.

PY2020
4th Quarter
Service Activity Reports

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

Instructions

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

- Agency **CCRPC - Community Services**
- Board **Developmental Disabilities Board**
- Program **Decision Support PCP (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted (Change Status) to Submitted

Date Submitted 07/29/2020 01:00 PM

Submitted By KHARMON

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	40	300	250	248
Quarterly Data (NEW Clients)	5	40	62	95

Comments **Community Service Events = 5 IEP's attached by Mary Rascher as requested to give participants an overview of PUNS**

Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Champaign County Head Start/Early Head Start MHB**
- Board **Mental Health Board**
- Program **Social-Emotional Development Svs (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 09/11/2020 11:57 AM

Submitted By BELKNAP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20	700	70	80	10
Quarterly Data (NEW Clients)	4	141	1	0	5

Comments

Community Service events are Birth to 6 Council meetings, Mental Health Advisory Committee, Health Advisory meetings, and Infant Mental Health meetings, Champaign Community Coalition meetings, collaboration with other agencies.
Service/Screening contacts consist of Social Emotional Room Observations, ASQ-SE goal setting, and individual child observations, parent and/or teacher meetings to discuss concerns of a child, counseling sessions, functional behavior assessment interviews, support plan meetings, positive behavior coaching, teacher mentoring, contact to support outside referrals, parent support groups, and parent trainings.
Non-Treatment clients are children or parents who have received support, services, or have warranted consultation but do not have a treatment plan.
Continuing Treatment Plan clients were in counseling or had a behavior plan carry over from last year.
New Treatment Plan clients are new clients seen individually for counseling, have a new support plan, or have new individual social emotional goals written for them.
Other consists of mass screening events, staff training, SE news blips for parent newsletters, and Policy Council.
Cumulative data is added to each new quarter's data for cumulative data for fiscal year to date numbers.

Instructions

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

- Agency **Champaign County Down Syndrome Network**
- Board **Developmental Disabilities Board**
- Program **Champaign County Down Syndrome Network (2020)**
- Period **2021 - Fourth Quarter FY21**

Status Submitted (Change Status) to **Submitted**

Date Submitted 08/23/2020 12:23 PM

Submitted By CHILSON

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	20		50	145	
Quarterly Data (NEW Clients)	0		0	0	

Comments

Due to COVID-19 pandemic, the CCDSN seminar, A Day with Paula Kluth, scheduled in April was postponed to September 2020. This postponement has caused us to reach our Annual Targets of NEW Clients

April Virtual Board Meeting (6)
May Virtual Board Meeting (7)
June Virtual Board Meeting (6)

Summer Adventure - DSN families were given the opportunity to "on their own" visit the Aikmann's Wildlife Park as an educational experience. (51 current client families participated)

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Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **CU Able, NFP Inc.**
- Board **Developmental Disabilities Board**
- Program **CU Able Community Outreach (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 08/27/2020 08:18 PM

Submitted By PUZEYK

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	16	150	125	150
Quarterly Data (NEW Clients)	5	0	10	1

Comments

This quarter, CU Able had 5 virtual parent network meetings/support groups. We also had a virtual event discussing the middle to high school transition. We had 7 Walmart giveaways and have started receiving donations from Fedex to distribute to the community. To date we have give away more than 1700 items into the community. The partnership with Fedex as been a lot of cleaning supplies and hand sanitizer that have all gone out into the community.

The 7 giveaways of donated goods resulted in 10 new family participants (NTPC) and one 1 adult with disability participant (TPC).

The CU Able Facebook page welcomed 59 new members (SC), for a total of 1,186. Of the new members, 47 indentified as residents from Champaing County, 12 that reside outside of Champaign County. Our most active times for engagement Wednesdays around noon, 6pm, and 9pm.

Instructions

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

- Agency **Community Choices, Inc. DDB**
- Board **Developmental Disabilities Board**
- Program **Community Living (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted (Change Status) to Submitted

Date Submitted 09/08/2020 11:33 AM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	1420	15	15	1602
Quarterly Data (NEW Clients)	0	5	1	0	20

Community Service Events: 0

Services Contacts: Service Contacts were very low in Q4 due to the quarantine period and adjustment to virtual programming. Community Choices did not offer our last planned class of the fiscal year due to not being able to transition it to online.

Comments NTPC: Includes participants in Community Choices Life Skills Classes.

TPC: Includes participants in the Community Transitional Support Program. No new clients were served or entered into the program in Q4.

Other: Direct hours reported for classes/NTPCs. All other direct hours for TPCs will be reported in the online claims system. Direct hours were also low in Q4 for the same reasons service contacts were low.

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Instructions

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

- Agency **Community Choices, Inc. DDB**
- Board **Developmental Disabilities Board**
- Program **Customized Employment (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted (Change Status) to Submitted

Date Submitted 09/08/2020 11:34 AM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1120	0	47	1530
Quarterly Data (NEW Clients)	0			3	

Comments

0 Community Service Events in Q4.

Service Contacts: These are reported as part of claims in the online reporting system.

TPCs: 3 new treatment plan clients in Q4.

Other: These are direct hours. No hours are reported here as they are reported as part of claims in the online reporting system.

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Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Community Choices, Inc. DDB**
- Board **Developmental Disabilities Board**
- Program **Self-Determination Support (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 09/08/2020 11:37 AM

Submitted By CCCOOP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1994	145	0	1523
Quarterly Data (NEW Clients)	3	1955	6		805.5

Comments

3 Community Service Events: Speaking to SPED 322 on April 9, LEND Leadership on April 24, Collaborating with C-U Public Health in May on determining needs or mutual clients and referrals

1955 Service Contacts -- the increase in service contacts during Q4 was due the large number of zoom programs CommunityChoices offered in Q4 during quarantine and shifting services online as much as possible.

6 new non-treatment plan clients (2 self-advocates and 4 family members)

805.5 direct service hours -- increase due to increased number of zoom programs. Community Choices offered 3 or more zoom connection opportunities to members each day, Monday through Friday for most of Q4.

Instructions

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

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Apartment Services (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted (Change Status) to Submitted

Date Submitted 08/05/2020 12:02 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	8	0	56	
Quarterly Data (NEW Clients)	0	1	0	0	

Comments

Apartment Services continues to provide supports during the pandemic. Specialists are consistently communicating with individuals on their caseloads. Communication/education is a top priority. This includes explaining what the COVID-19 virus is, the CDC and IDPH guidelines and how it impacts each individual. Face-to-face visits have been reduced to situations that necessitate the need in order to decrease exposure to both the individual served and support staff. Medical appointments have resumed for many individuals. The ASP continues to meet the needs of individuals served during this difficult time, and are doing so in a compassionate, selfless and mission-driven approach.

Community Service Events were impacted by the pandemic. Typically, the disAbility Expo is one platform that is attended along with the Transition Round Table and neither took place. Most screenings were also placed on hold due to the pandemic.

Instructions

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

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Clinical Services (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted (Change Status) to **Submitted**

Date Submitted 07/31/2020 05:21 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	2	10	5	65
Quarterly Data (NEW Clients)	0	2		1

Comments

There were no new services provided to NTPC individuals this quarter.
Five individuals received two types of clinical services.
Service/Screening Contacts: There were two screening contacts for this quarter. One for counseling services (ZC) and one for psychiatry (EC). ZC was referred to Brad Allen due to having a previous counseling relationship established. EC was referred to her primary care physician who in turn referred her to a Carle psychiatrist. If this practitioner is not a good match, the individual may be referred to a geriatric psych provider outside of Carle.

Due to the Covid-19 stay at home order many practitioners utilized telehealth services via Zoom or telephone. The telehealth options worked well for many of the individuals served, however some have not been comfortable or do not have the equipment to participate via internet. Psychiatry engaged with 17 individuals via zoom and 3 by phone. Counselors provided 69 sessions via phone. Prior to the stay at home order, several individuals were on the verge of decreasing or ending their counseling engagements due to making great progress during 1st-3rd quarters. At the beginning of 4th quarter, the counselors felt they could not discharge them from services as planned due to several individuals expressing increased anxiety over the pandemic situation, loss of jobs and loss of their normal routines.

No Community Service Events were possible due to the Stay at Home Order during this quarter.

Extra Reporting Time: 11 hours of clinical time was recorded this quarter that could not be assigned to a specific individual. These hours included billing, reporting time, scheduling, quarterly summaries, discussions regarding psychiatry and counseling practices for telehealth, transitioning to Zoom services and teaching families/staff how to use Zoom for psychiatry sessions.

Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Community Employment (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 08/11/2020 09:47 AM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	15		70	
Quarterly Data (NEW Clients)	0	0	0	1	

Comments

DSC's Employment Specialists continue to traverse the current unusual employment atmosphere due to Covid 19. There remains four different groups of employees: those who were considered essential workers and maintained their pre-Covid level of employment throughout the shelter in place orders, those who have since returned to work, those whose return has been short term or interrupted, and those who are seeking employment.

Many who work in the restaurant industry returned to work following their employer's receipt of PPP funding to bring employees back. Employment Specialists were available to support them as they were asked to perform duties different from those they were responsible for pre-Covid. Employment Specialists also evaluated risk of exposure to Covid and helped them understand and apply new safety protocols implemented by their employer. Safety not only at work, but also as they navigate getting to and from work has proven to be a challenge. As a result of safety concerns of some, Employment Specialists have been more involved in assisting with transportation if needed. A few people chose to apply for a leave of absence or leave their job altogether due to on-going health issues that made them more vulnerable to serious consequences should they contract the virus. The majority of retail workers have returned to work although most are working fewer hours than they had previously. A few have been brought back only to be temporarily laid off due to either slow business, or in some cases a reported potential exposure to the virus from a coworker. Some job seekers have chosen to suspend their job search until the risk of infection has decreased or a vaccine is available.

Employment Specialists continue to meet by zoom, video conferencing, phone calls, text messaging, and recently social distancing in safe community locations to keep people engaged and focused on their job search during this time. This includes researching businesses together, practicing interviewing skills, revamping resumes, and simply helping people maintain a schedule or routine during this unstructured time. Employment Specialists will continue to evaluate their approach as the current situation continues to change.

Despite the COVID-19 shutdown, the McKinley Foundation continued to pay its employees, including the 6 individuals who made up the DSC Supported Employment work crews that had worked for the organization every Tuesday and Thursday before the stay-at-home order went into effect.

In June, Employment Specialist participated in the LEAP-sponsored four-part virtual training series on Customized Employment provided by Griffin-Hammis Associates.

Instructions

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

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Community First (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted (Change Status) to Submitted

Date Submitted 08/13/2020 05:10 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	4	5	40	55
Quarterly Data (NEW Clients)	1	2	2	0

Comments

Clark Road:
• During this Quarter, we were able to offer virtual activities to program participants throughout the closure. We also focused on offering activities to those living in CU Independence during this time.
• Health Matters continued through both of these outlets holding to its goal to promote health and wellness to those who join. Social Distance Yard Games and Yoga/Meditation were new this quarter, promoting more physical activities and wellness opportunities to those who joined. Learn a New Language began this quarter, offering participants new ways to communicate with each other. Self-advocacy continued to be the theme for Women's Group, Men's Group and Journaling. These groups were all offered both in person and virtually, exploring ways to talk about the mental health effects of COVID 19 and how to navigate quarantine. Brain Teasers and Rock and Roll was newly offered, with participants exploring a new way to practice problem solving. Podcasts and Technology rolled out this quarter, providing tips and support on how to stay connected during these times and new ways of finding information.
• The role of technology has been prominent this quarter. We have provided support and training to individuals in an effort to maintain our connections with them. Many have learned new ways to communicate with others by means of technology.

Other Sites:
• Since in-person services were suspended due to the COVID-19 pandemic, Community First staff members maintained connections with TPCs by contacting individuals/families at least weekly via phone calls, Face-time, texts, e-mails, and/or Zoom.
• In addition, individuals joined a variety of Zoom sessions offered each week throughout the quarter, including: Hang-outs; birthday celebrations; Dance Parties; Jam Sessions; Reading groups; Arts/Crafts activities; Zoo tours/live animal habitat webcams; Game groups – traditional party games and video games; and Science experiments/demonstrations.
• Two new NTPCs and 27 existing NTPCs joined TPCs in virtual groups throughout the quarter; bringing the year-to-date total of NTPCs who benefitted from community/virtual participation with TPCs during the year to 86.
• Staff members participated in a virtual IEP with a prospective participant and discussed the Community First program with the individual, guardian, and school personnel.

Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Connections (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 08/04/2020 02:36 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	0	12	25	
Quarterly Data (NEW Clients)	0	0	0	0	

Comments **The Crow at 110 was closed during the fourth quarter because of Covid 19.**

Instructions

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

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Employment First (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted (Change Status) to **Submitted**

Date Submitted 08/03/2020 03:28 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	20	0	50	0
Quarterly Data (NEW Clients)	0		0	

Comments

- The fourth installment of the Quarterly newsletter was sent out to all LEAP certified businesses. The newsletter thanked LEAP employers, promoted the new front line staff training, promoted the new virtual LEAP and front line staff training, a LEAP success story, and other useful information. The newsletter was distributed to over 50 recipients.
- As a result of COVID-19 restrictions, there were no new LEAP or front line staff trainings. During this time a new virtual training was designed for future use and will begin being promoted.
- As a result of COVID-19 restrictions, family informational meetings were canceled.
- The LEAP sponsored customized training presented by Griffin Hammis and Associates was presented virtually due to COVID-19 restrictions. The virtual training filled to maximum capacity with 35 attendees. Employees from DSC, Community Choices, DRS, CCMHB/CCDDB, and Cunningham Children's Home represented Champaign County.

Instructions

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

- Agency **Developmental Services Center**
- Board **Mental Health Board**
- Program **Family Development (2020)**
- Period **2020 - Fourth Quarter FY20**

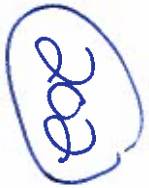
Status Submitted (Change Status) to Submitted

Date Submitted 07/31/2020 01:05 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	300	200		655	
Quarterly Data (NEW Clients)	23	64		78	

Comments This quarter Family Development Staff participated in many community zoom sessions. Virtual visits and screenings continued due to Covid 19.



Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Individual and Family Support (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 08/05/2020 11:34 AM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	5	36	18	
Quarterly Data (NEW Clients)	0	0	2	2	

Comments

The Individual and Family Support Program continues to provide services and supports to individuals and families in the following ways: direct staff support in the day program and community; provide monies for Intermittent Direct Support for families; and provide monies for needed equipment.

During the COVID-19 outbreak, IFS staff engaged in virtual meetings with people, visited some from a distance by driving past their houses, and provided needed support to some families by accompanying people in community activities.

Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Service Coordination (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 08/15/2020 01:21 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	2	100	36	300
Quarterly Data (NEW Clients)	0	10	2	0

Comments: Coordinates services by creating pathways to needed services and working with the team to integrate care; Facilitates delivery of services; Linkage and referral to community resources; Establishing and maintaining benefits: SNAP, Medical, and Social Security; Shelter Plus Care Coordination; Shelter Plus Care Coordination; 24 hour emergency response team participation and supervision; Social Security Representative Payee services; Medical appointment coordination and intermittent direct support with Medical; Assistance with housing needs, resources, and advocacy; Assisting with urgent financial circumstances (benefits and employment, etc); Grocery shopping and nutrition guidance; Increase individual's ability for self-management and decision-making; Documentation management; Actively supports measures that prioritize the individual's needs and promotes the effective use of resources; Intervenes by arranging for services, and by providing psychosocial support to the individual and their family; Provides individual/family advocacy; Strives to maximize continuity of care especially during this COVID-19 time; Communicates with providers who are delivering care and services for the purpose of maintaining the quality of care; Increase individuals' ability for self-management and decision making; Review Implementation Strategy Ongoing Supports and provide monthly summaries of services; Ensuring agency policies and procedures are being followed. Increased phone contact to keep connected during COVID-19 to make sure basic needs are being met and to connect with different team members as needed. Transitioning client information from one electronic system to a new electronic system that will provide better communication and information to the people's team and allow for better overall services.

Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **PACE, Inc.**
- Board **Developmental Disabilities Board**
- Program **Consumer Control In Personal Support (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted **Change Status** to **Submitted**

Date Submitted 09/01/2020 12:13 PM

Submitted By SHERRY

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	200	50	0	100
Quarterly Data (NEW Clients)	4	30	19	0	29.5

Other tracks the number of service hours

Comments

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

PACE continues to reach out and attempt to collaboration with the parent group at Community Choices, Envision Unlimited, and IRC.

Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Rosecrance Central Illinois**
- Board **Developmental Disabilities Board**
- Program **Coordination of Services: DD/MI (2020)**
- Period **2020 - Fourth Quarter FY20**

Status Submitted [Change Status] to Submitted

Date Submitted 08/10/2020 02:52 PM

Submitted By KKESSLER

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	12	16	0	30
Quarterly Data (NEW Clients)	1	1	0	1

Comments: The COVID-19 virus and the "Stay at Home Order" of the governor impacted the manner in which Christine was able to provide services to her clients. During this time, Christine utilized: call forwarding, Tele Health, 3-way calling, Web-Ex and Zoom as the way to deliver services to her clients. She set her clients up on a regular schedule and utilized whichever mode of service was most user-friendly to the client and family. Clients and families were appreciative of her efforts in maintaining contact with them during during this time. Christine scheduled certain times of the day to return calls, review her e-mail and document her contacts she had with clients and family She also spent time researching the needs of her clients and coming up with creative solutions to meet their needs. She also continued to provide the warranted mental health, advocacy and linkage services required by the grant. Christine "Returned to Work" in mid-June and has continued to utilize some of the techniques she developed (while at home) to organize her time better now that she is back working from the agency.

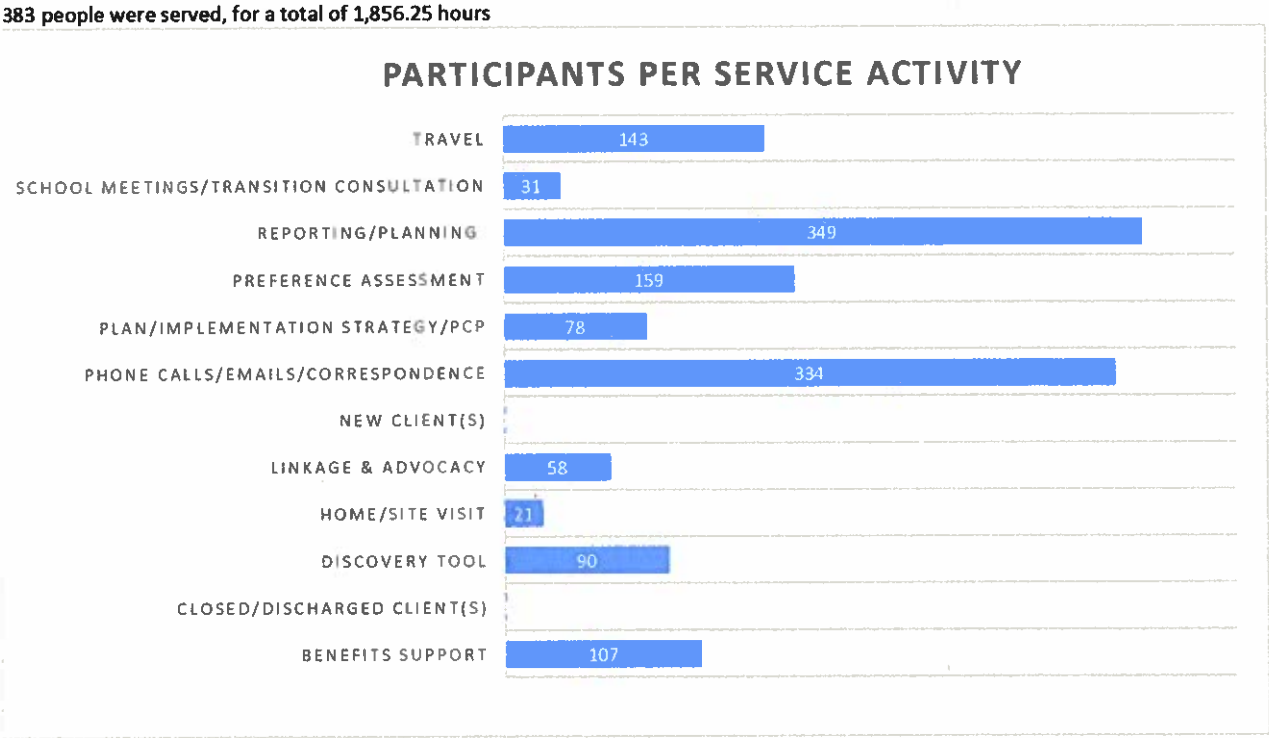
11.D.

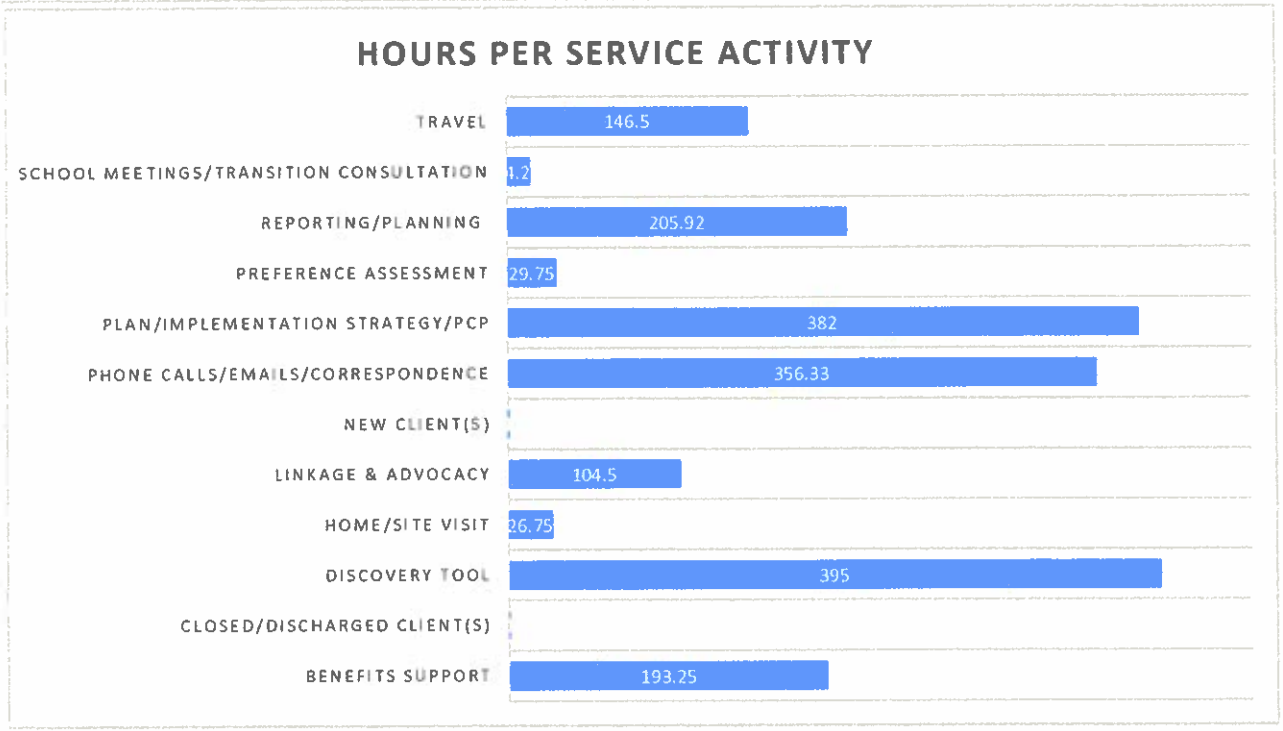
PY2020 Service Data Charts

CCRPC - Community Services

Decision Support Person $319,420 *PY20*

383 people were served, for a total of 1,856.25 hours

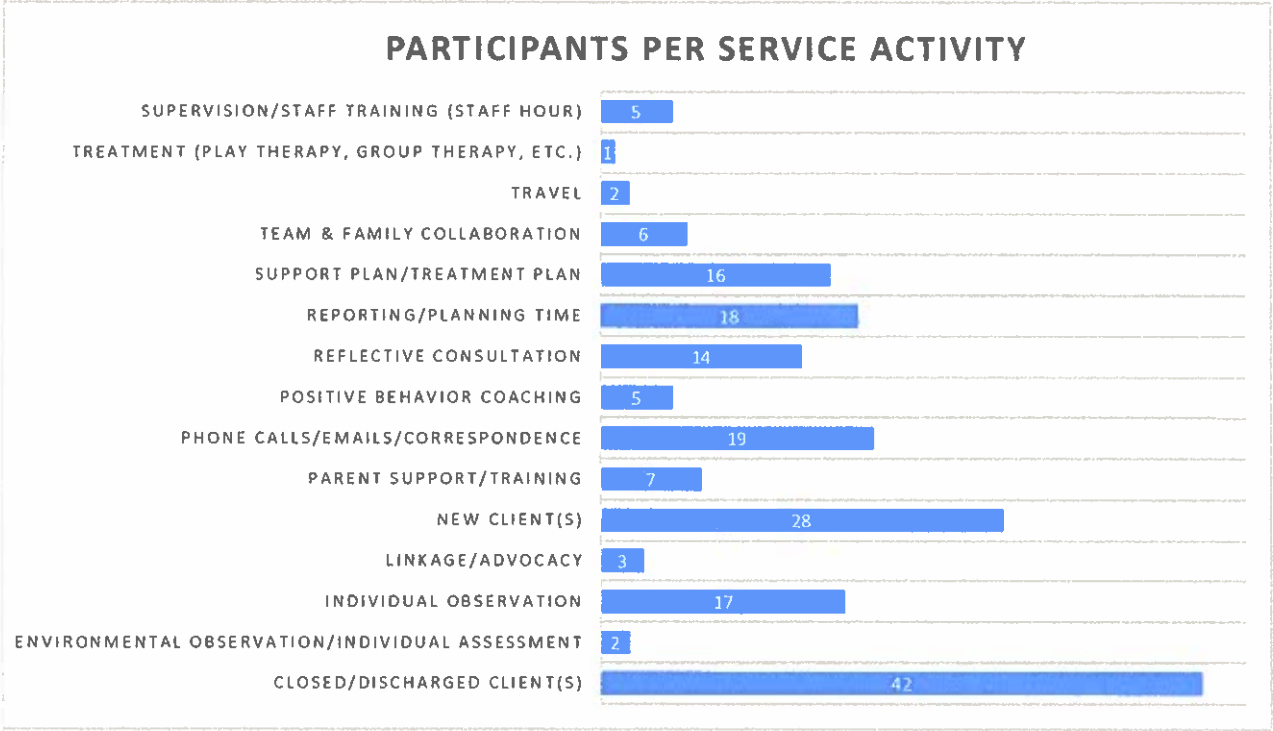


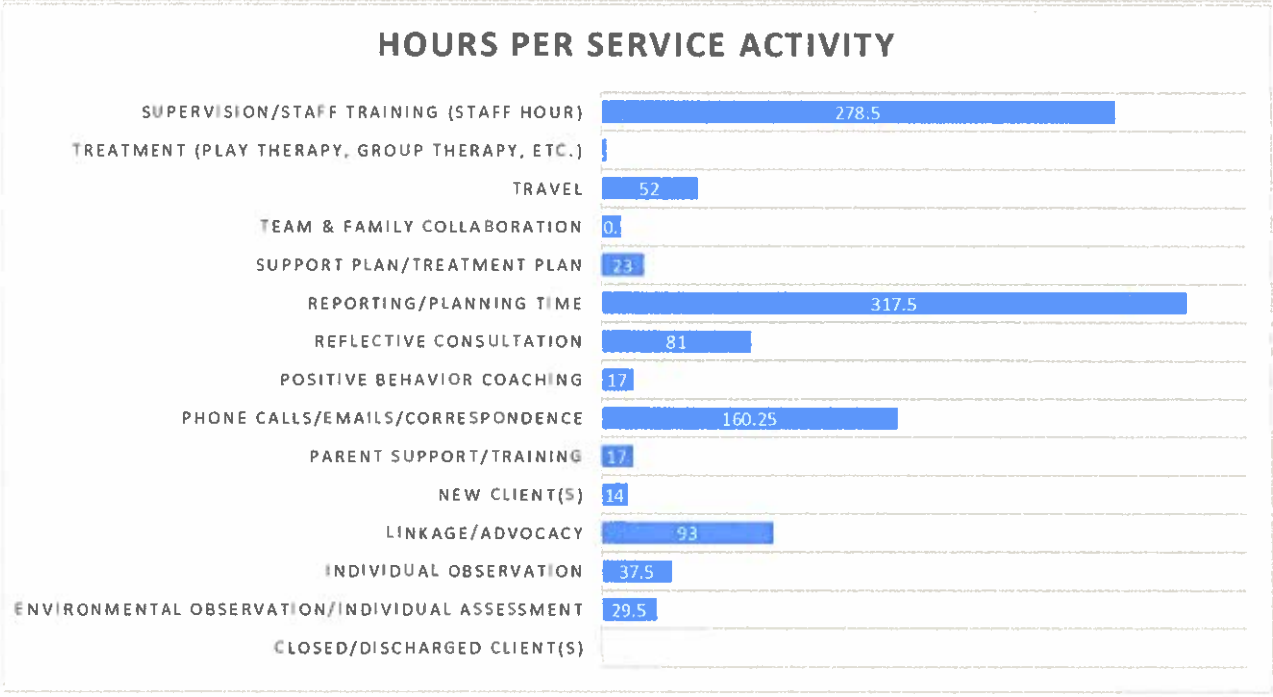


CCRPC - Head Start/Early Head Start

Social Emotional Disabilities Svcs $112,004 *PY20* *DDB & MHB*

83 people were served, for a total of 1,133.75 hours



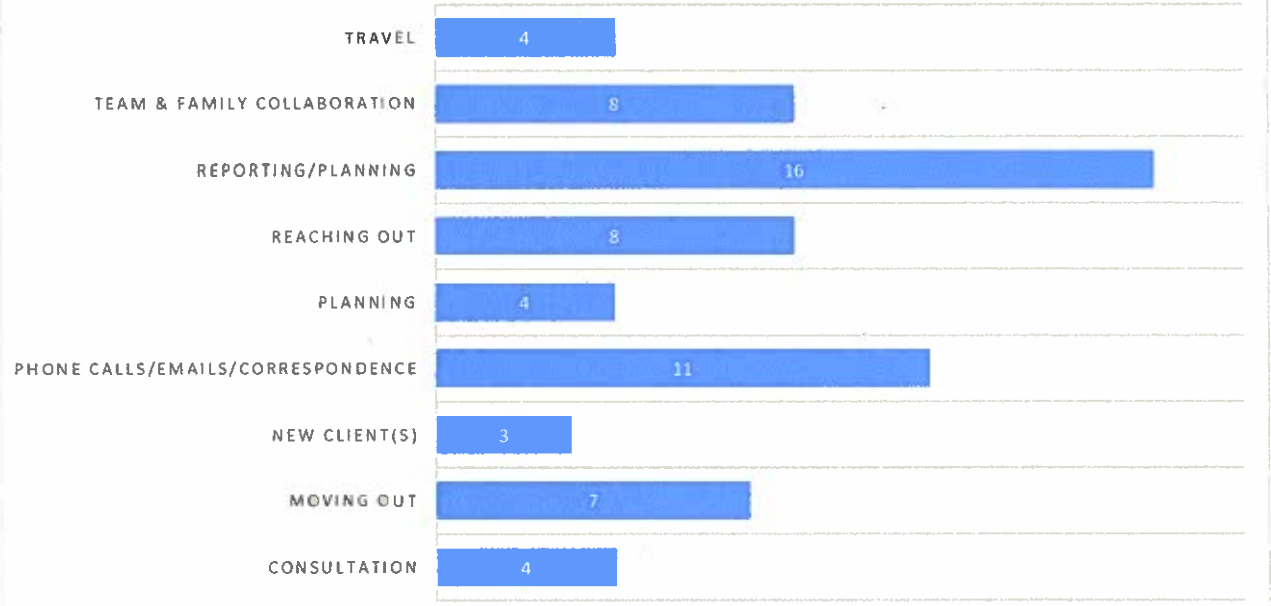


Community Choices

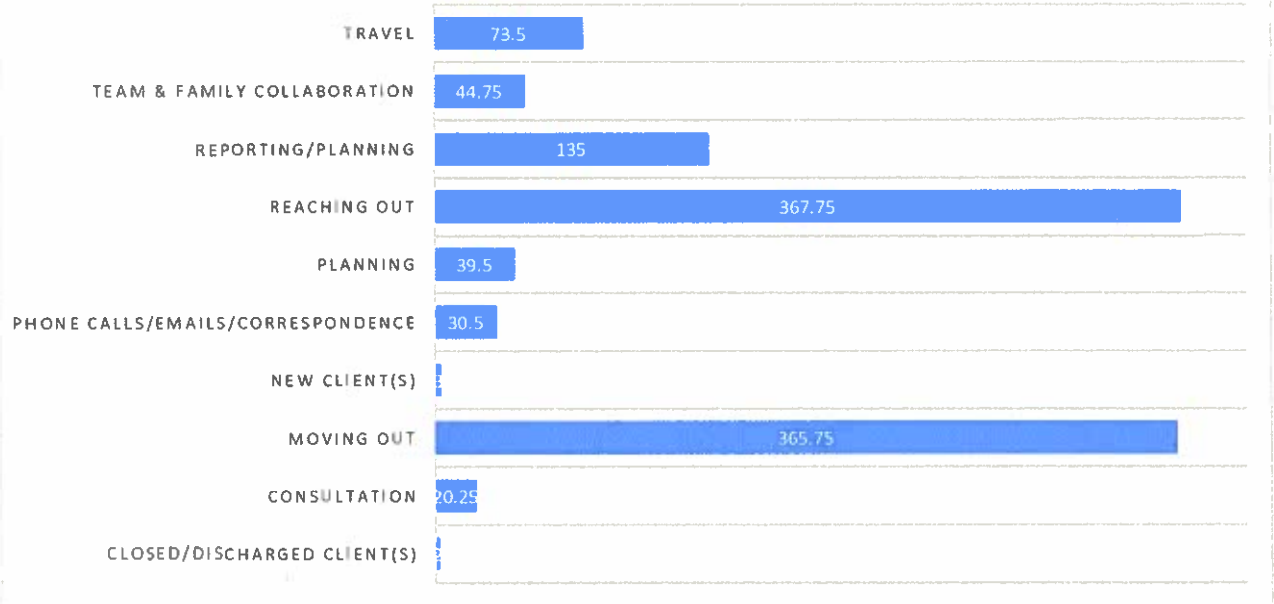
Community Living $81,000 ***PY20***

20 people were served for a total of 1,082 hours

PARTICIPANTS PER SERVICE ACTIVITY



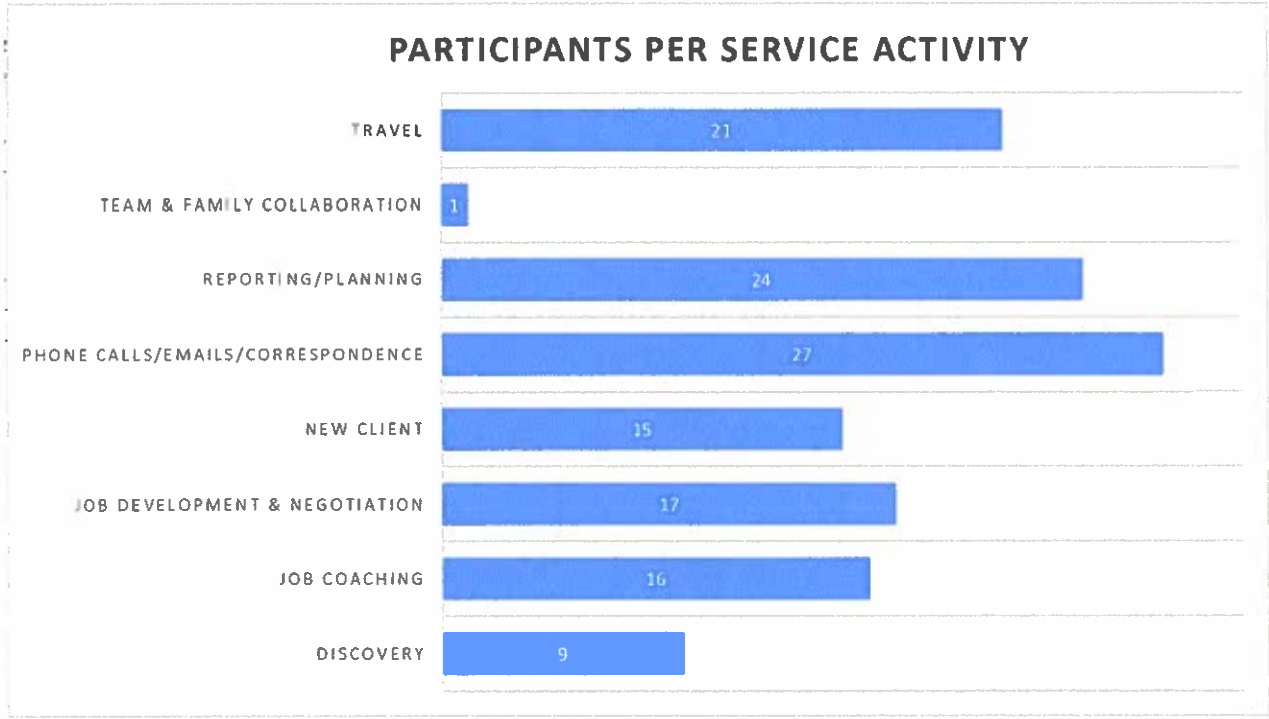
HOURS PER SERVICE ACTIVITY

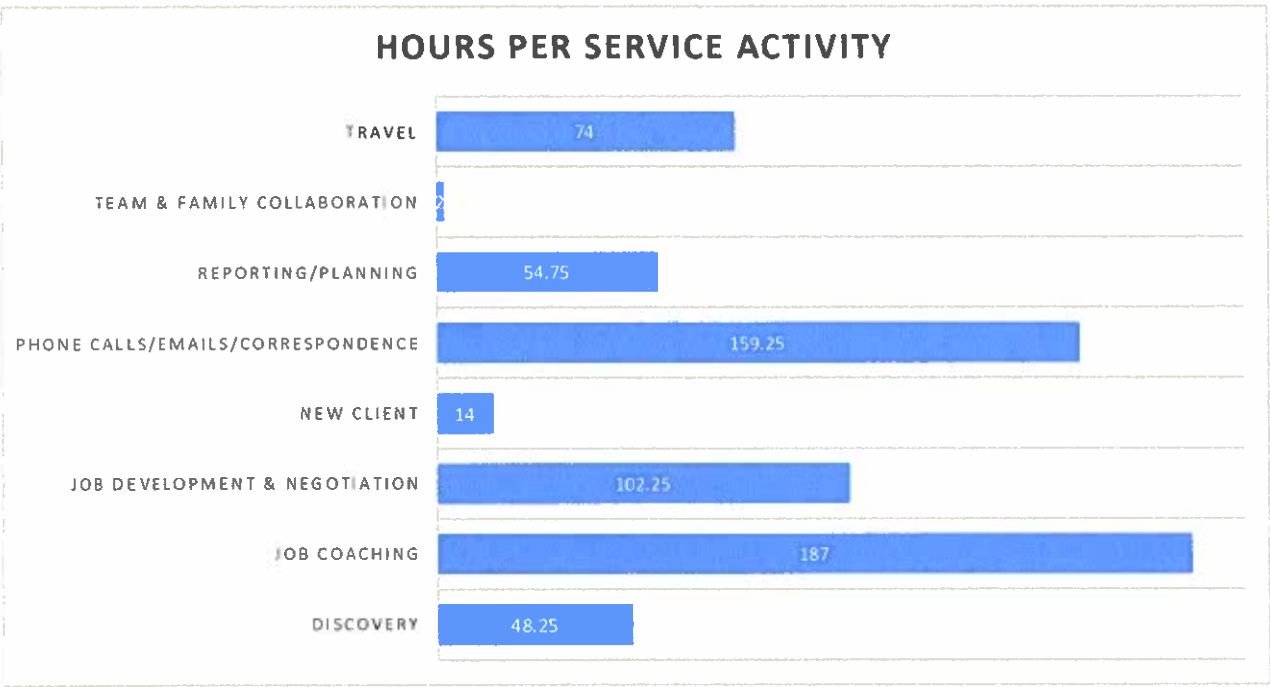


Community Choices

Customized Employment $118,016 ***PY20***

36 people were served for a total of 646.50 hours

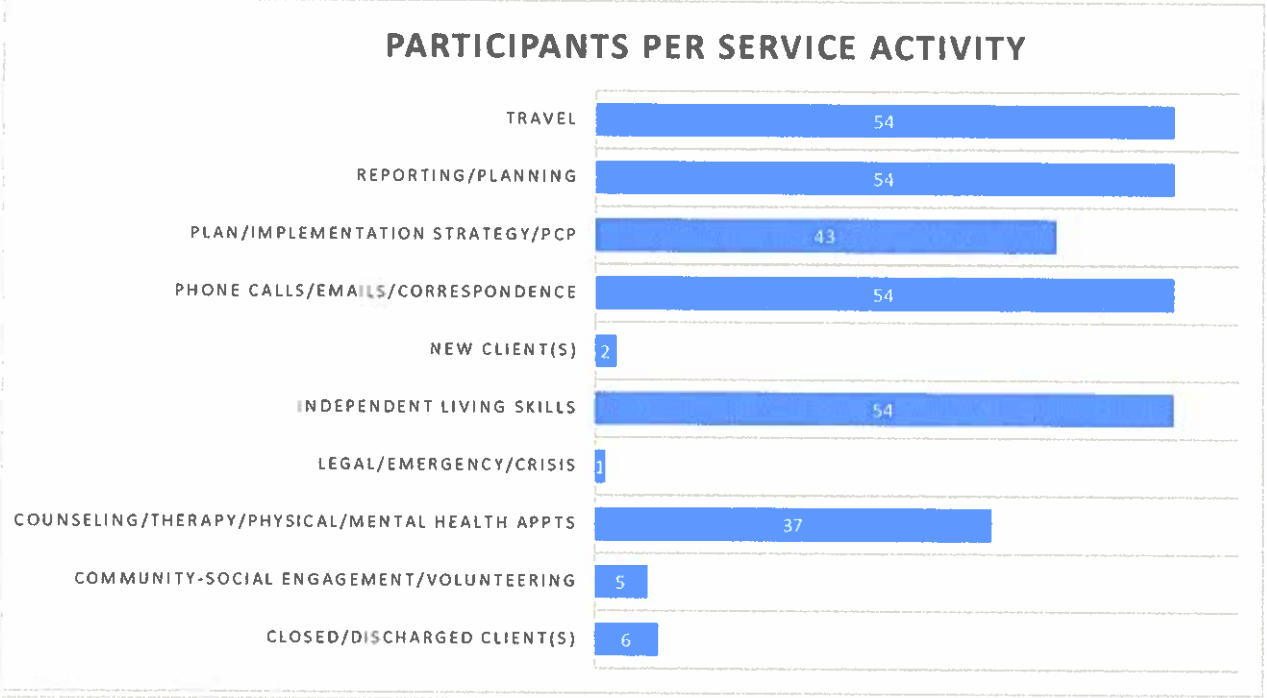


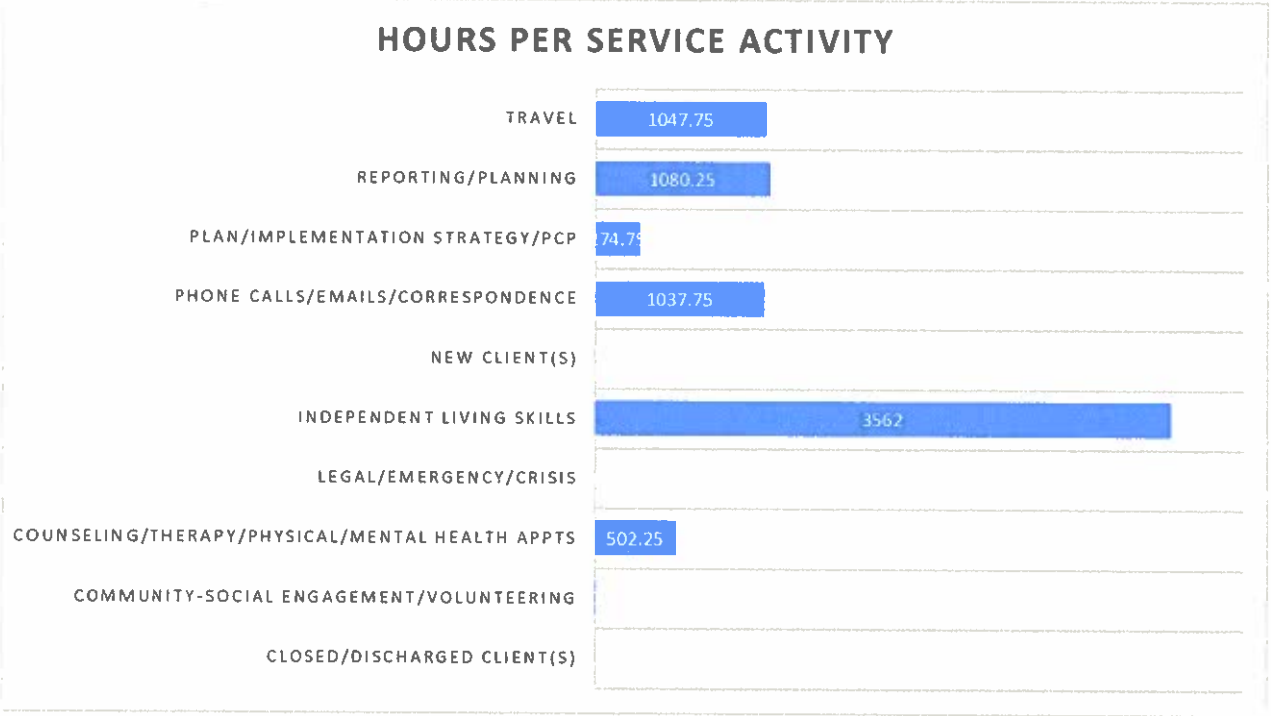


Developmental Services Center

Apartment Services $442,757 ***PY20***

55 people were served for a total of 7,516.50 hours

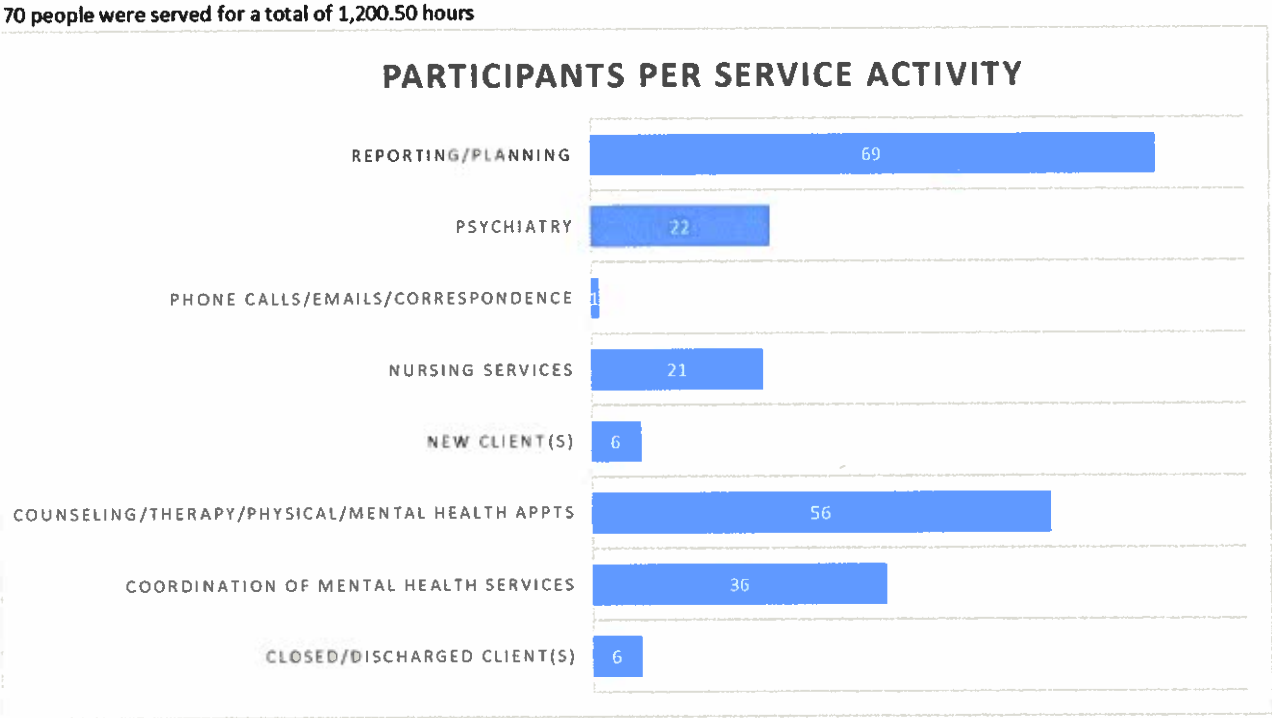


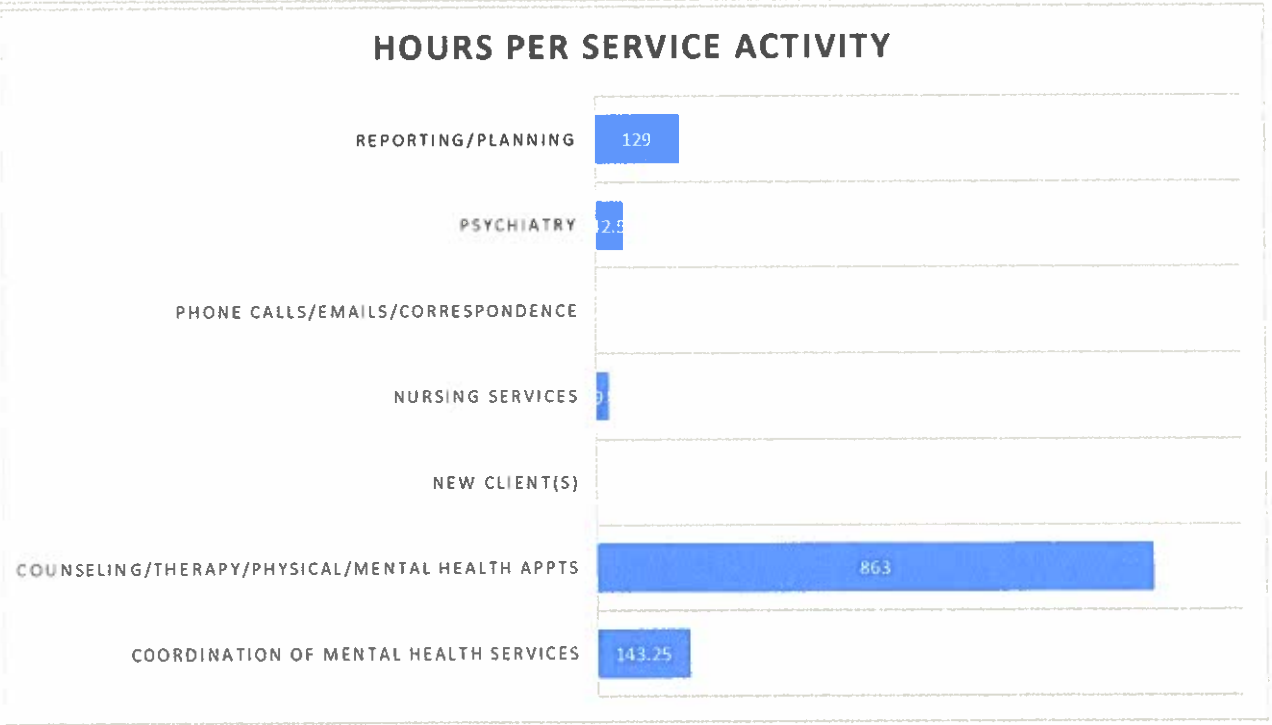


Developmental Services Center

Clinical $174,000 *PY20*

70 people were served for a total of 1,200.50 hours

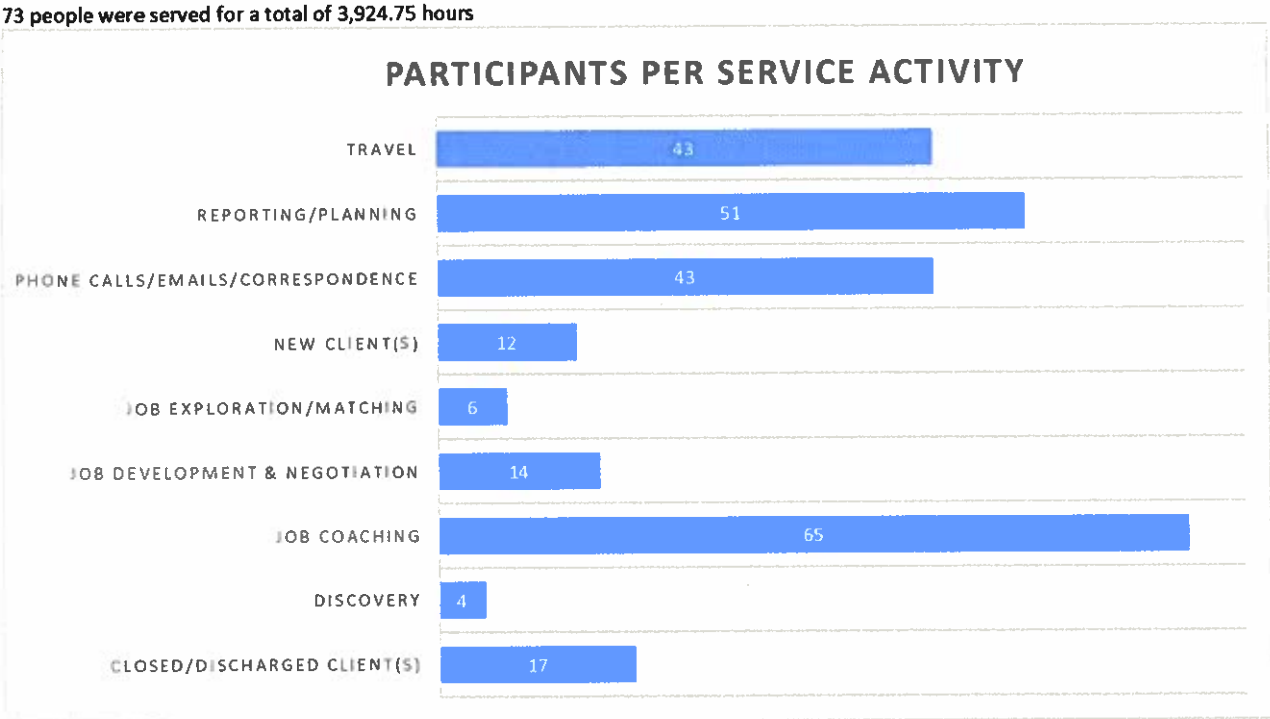


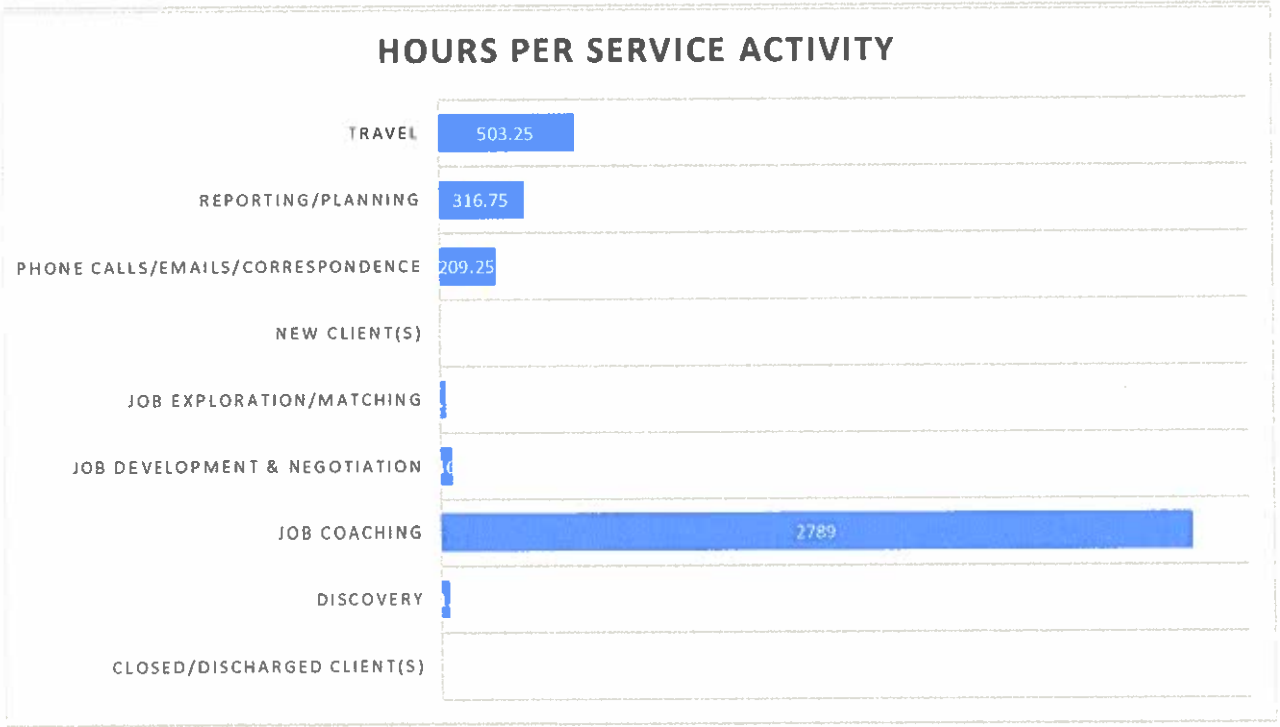


Developmental Services Center

Community Employment $361,370 ***PY20***

73 people were served for a total of 3,924.75 hours



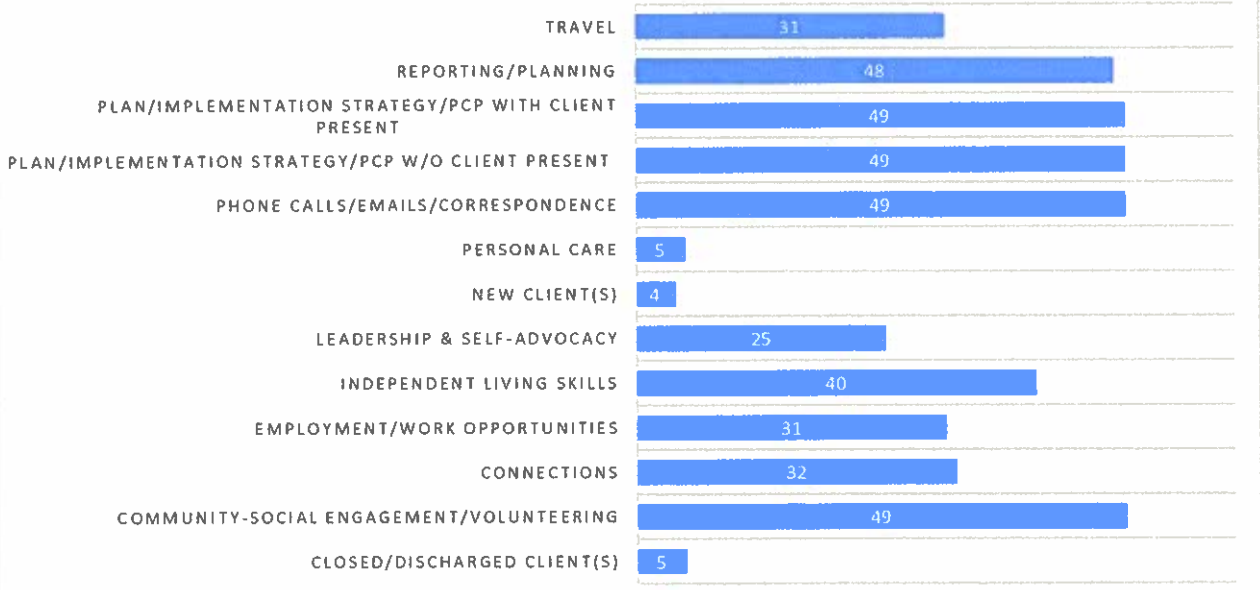


Developmental Services Center

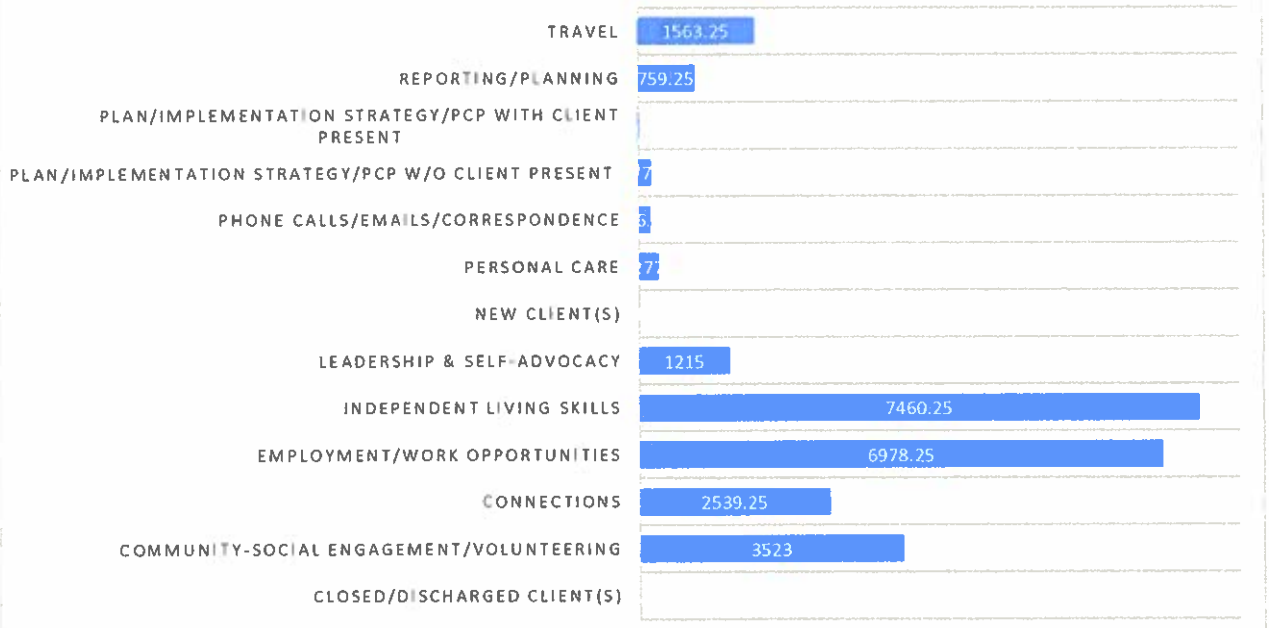
Community First $822,970 ***PY20***

51 people were served, for a total of 24,677.50 hours

PARTICIPANTS PER SERVICE ACTIVITY



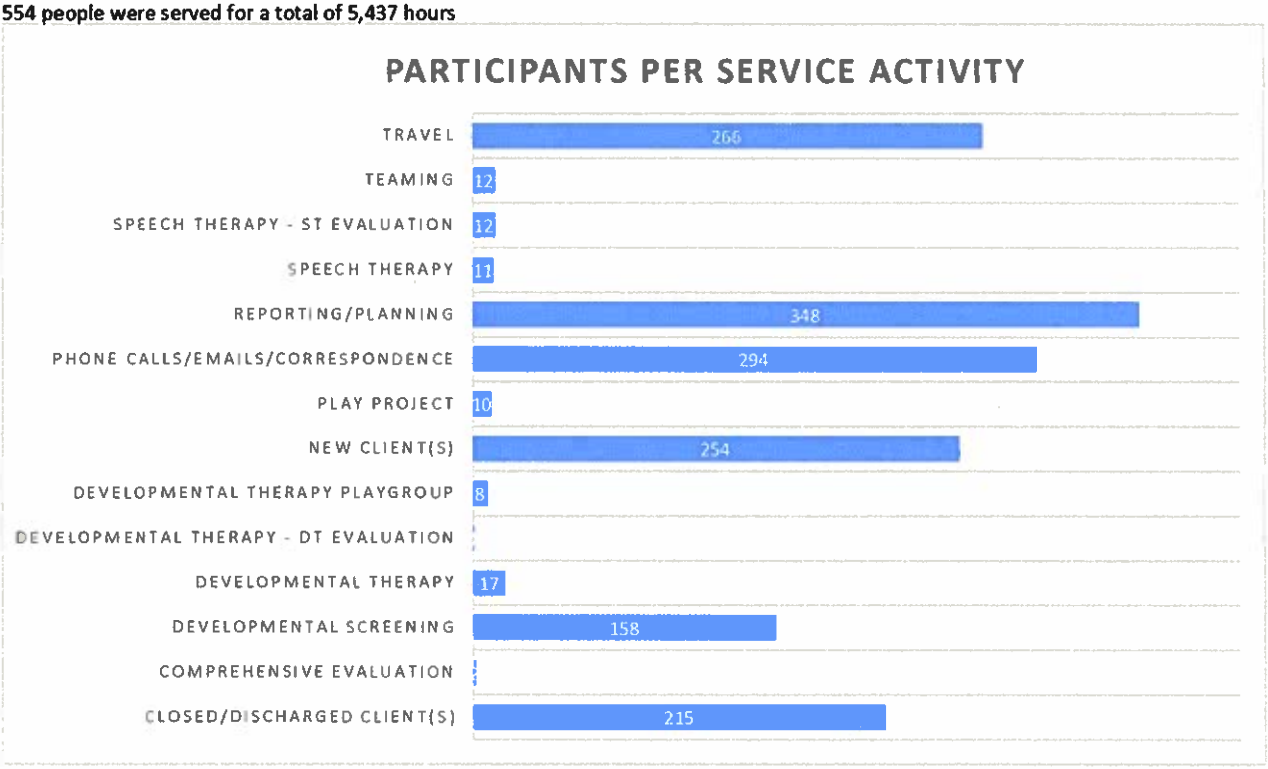
HOURS PER SERVICE ACTIVITY

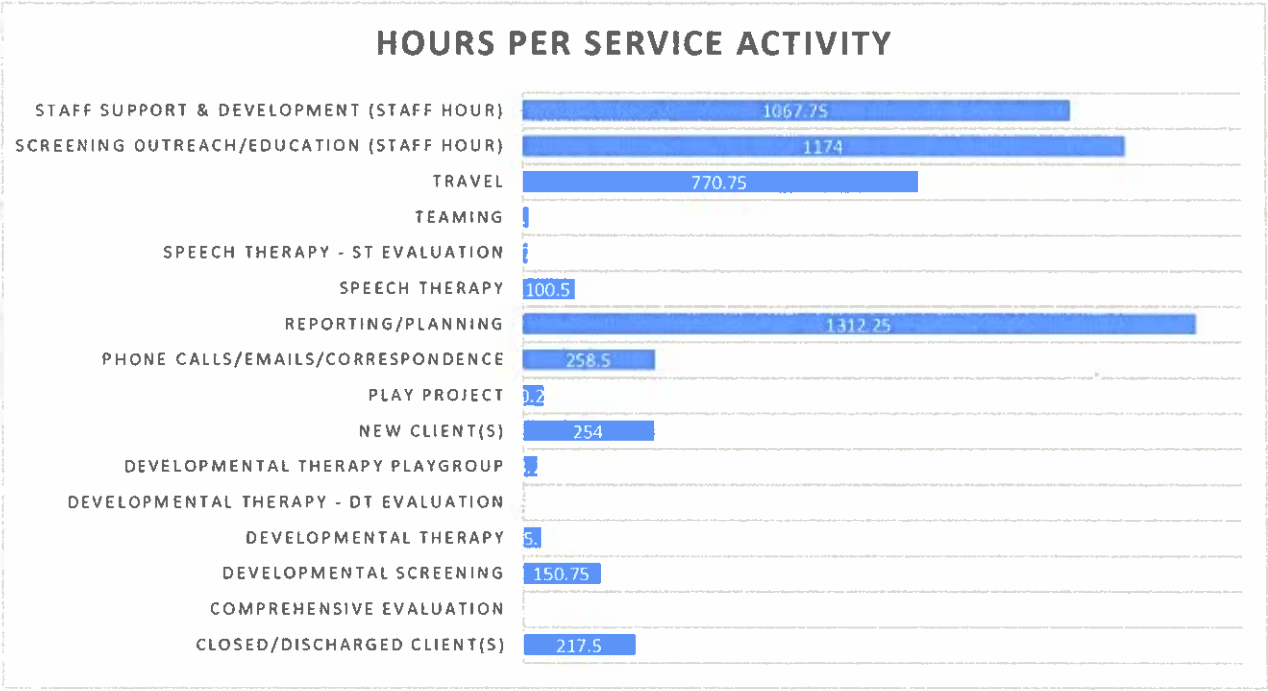


Developmental Services Center

Family Development Center $579,148 ***PY20*** ***MHB***

554 people were served for a total of 5,437 hours

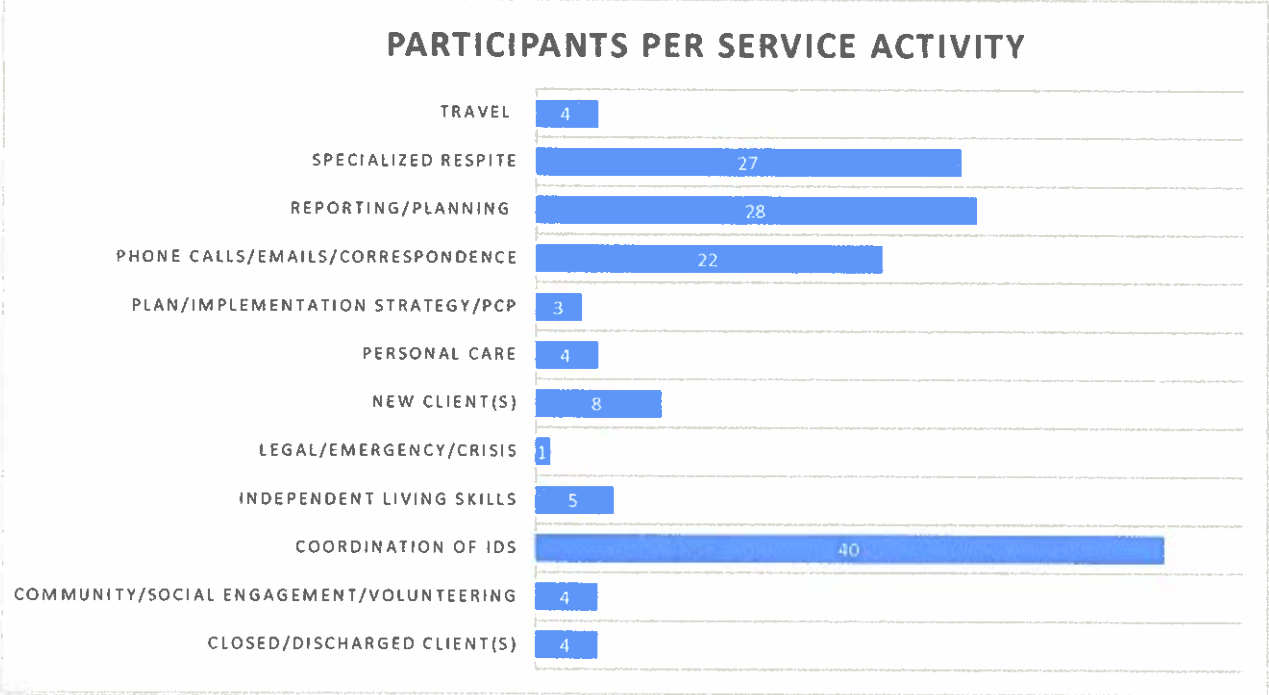


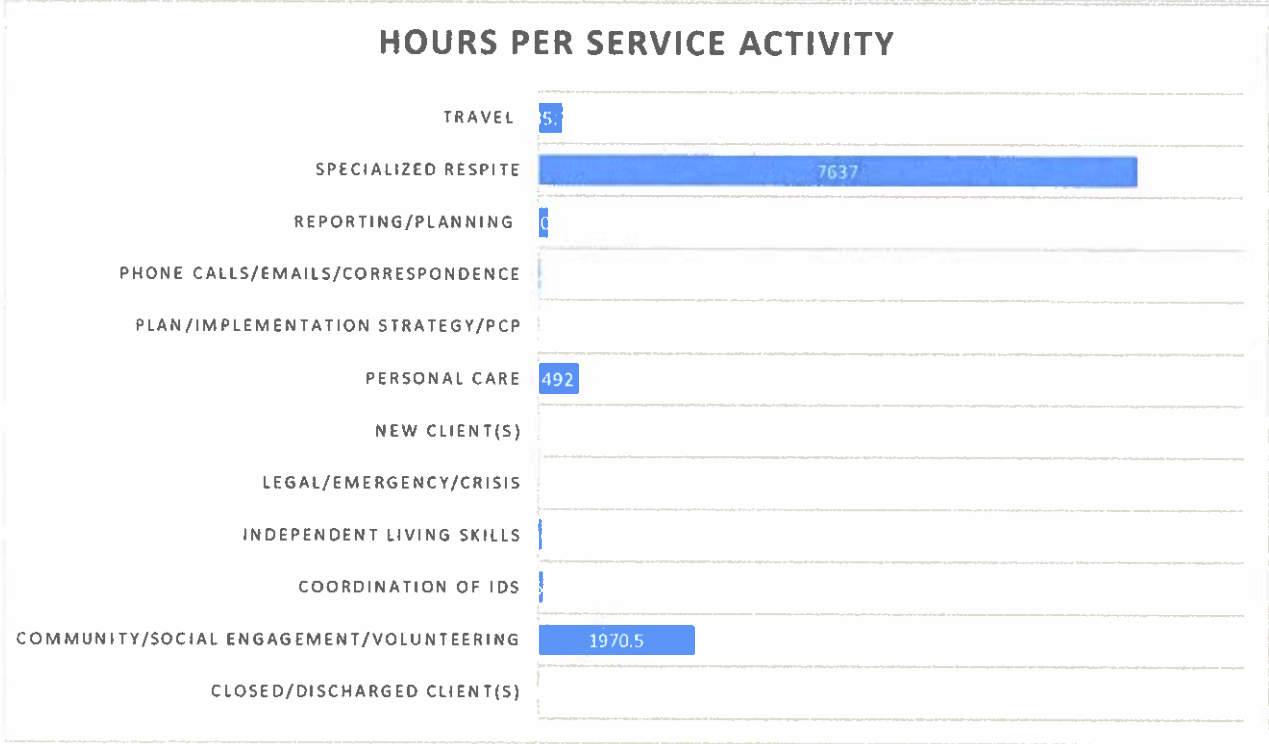


Developmental Services Center

Individual & Family Support $416,561 ***PY20***

50 people were served for a total of 10,612.50 hours



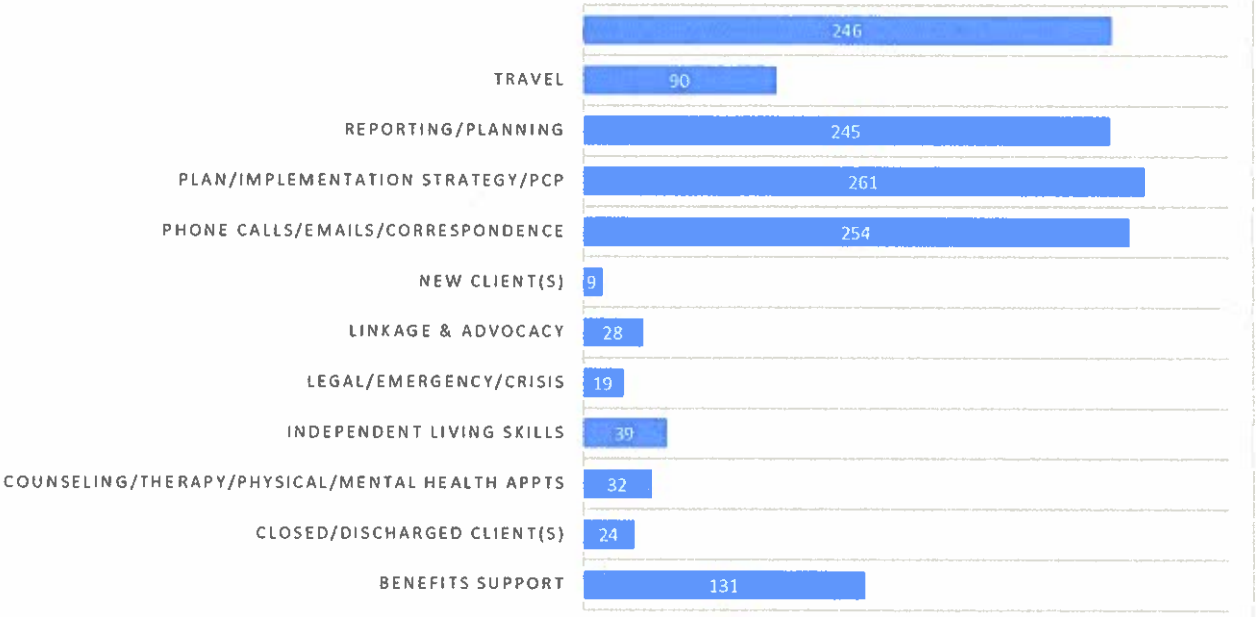


Developmental Services Center

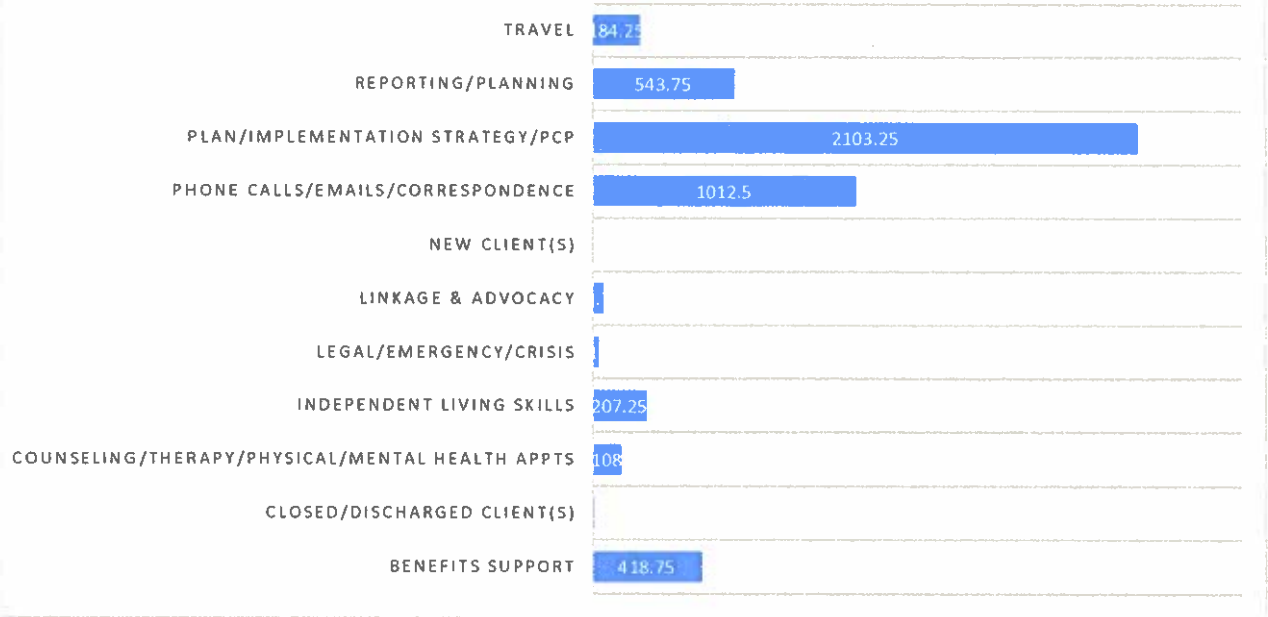
Service Coordination $423,163 ***PY20***

266 people were served, for a total of 4,646.25 hours

PARTICIPANTS PER SERVICE ACTIVITY



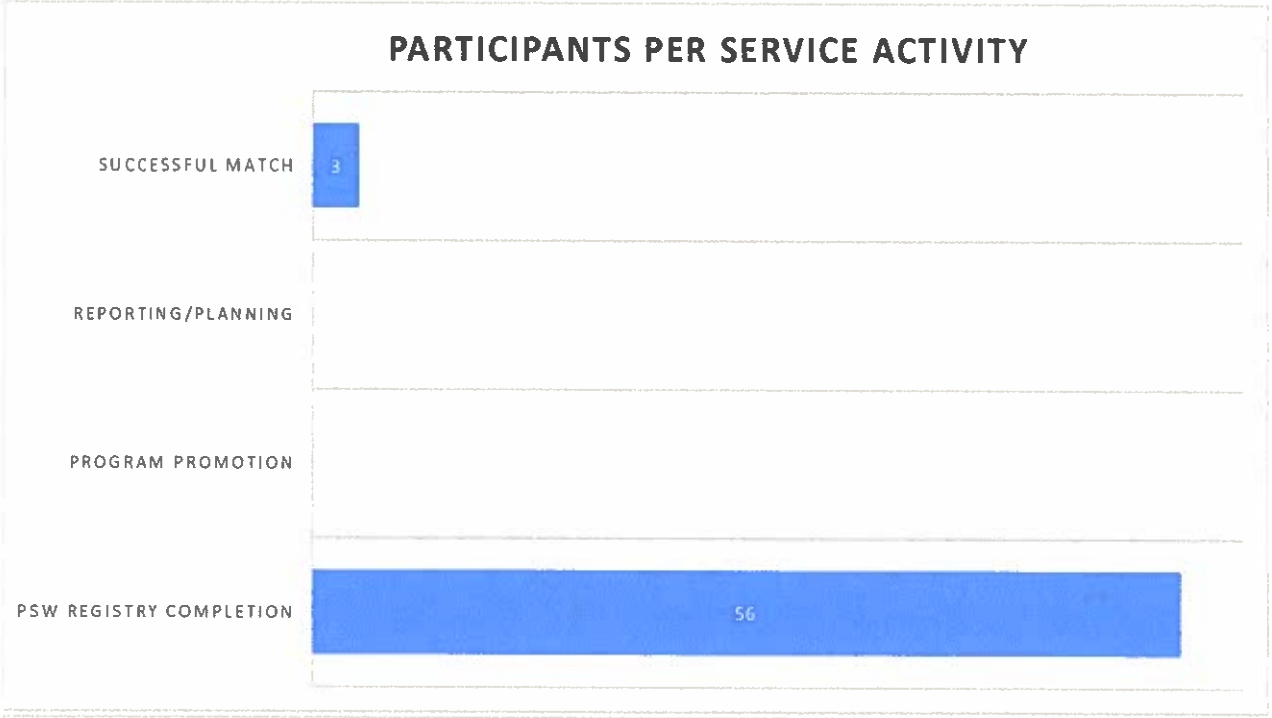
HOURS PER SERVICE ACTIVITY

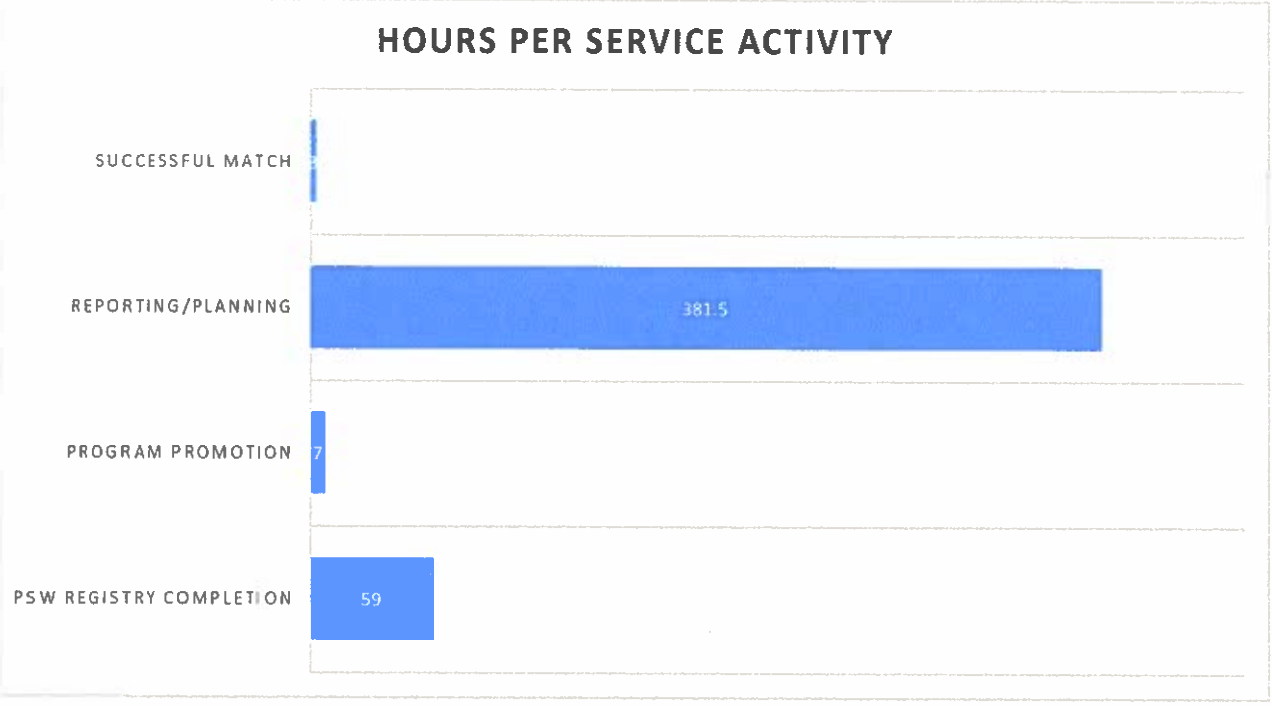


PACE

Consumer Control in Personal Support $23,721 ***PY20***

60 PSWs registered, for a total of 450.50 hours

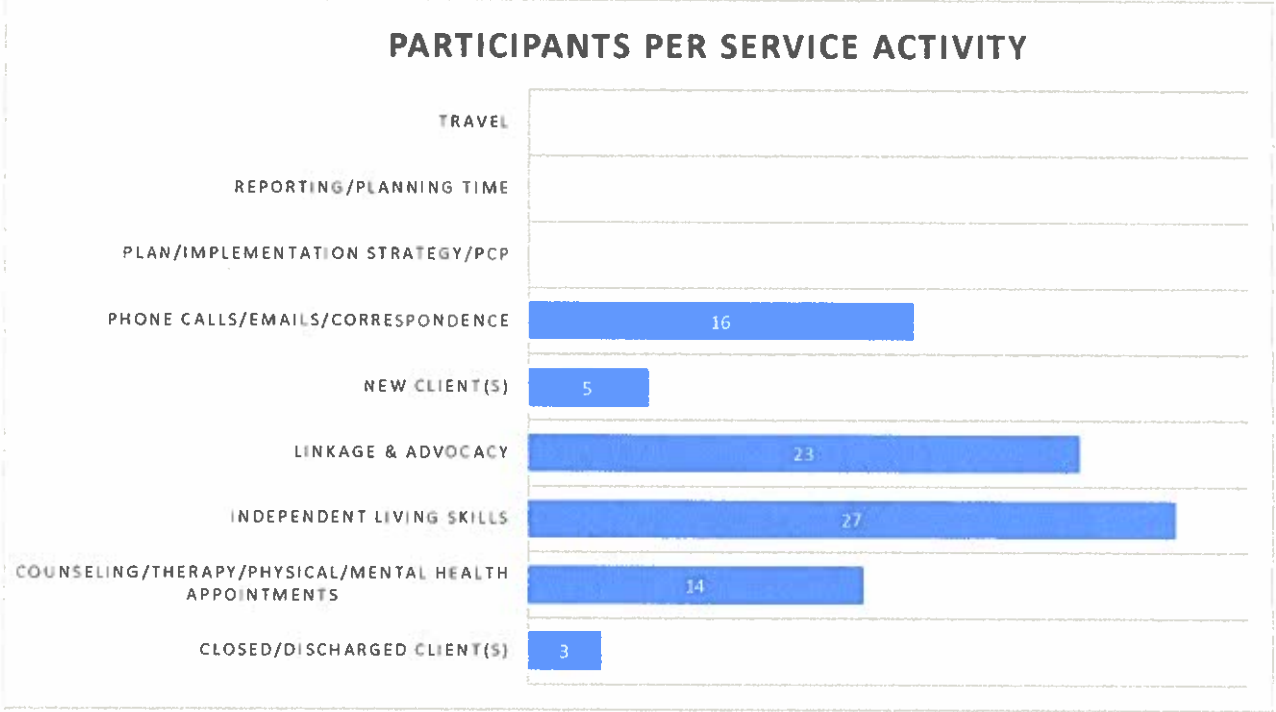


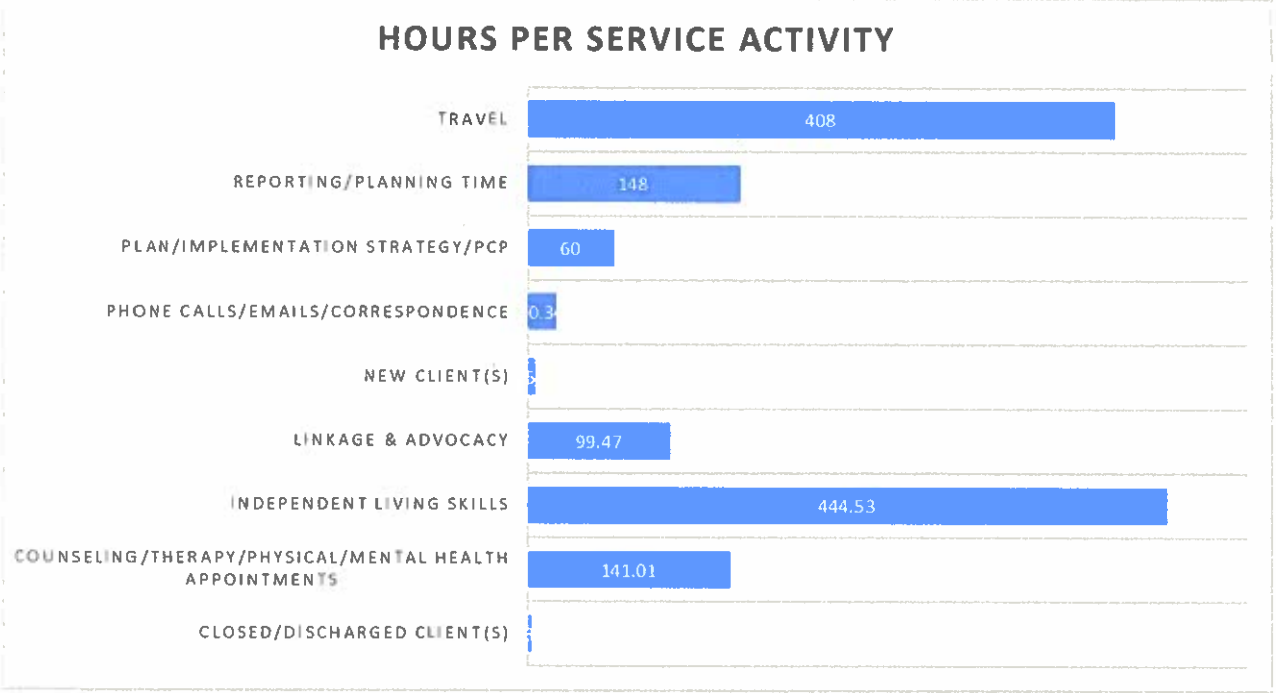


Rosecrance Central Illinois

Coordination DD/MI $35,150 ***PY20***

29 people were served, for a total of 1,329.5 hours





11.F.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CCDDB 2020-2021 Meeting Schedule

Board Meetings
9:00AM except where noted
Brookens Administrative Building
1776 East Washington Street, Urbana, IL

September 23, 2020 – Lyle Shields Room

October 21, 2020 – *Location TBD*

November 18, 2020 – *Location TBD*

December 16, 2020 – Lyle Shields Room – *tentative*

January 20, 2021 – Lyle Shields Room

February 17, 2021 – Lyle Shields Room

March 17, 2021 – Lyle Shields Room

April 21, 2021 – Lyle Shields Room

May 19, 2021 – Lyle Shields Room

June 23, 2021 – Lyle Shields Room

July 21, 2021 – Lyle Shields Room

This schedule is subject to change due to unforeseen circumstances.
Please call the CCMHB/CCDDB office to confirm all meetings.

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CCMHB 2020-2021 Meeting Schedule

First Wednesday after the third Monday of each month at 5:45 p.m.
Lyle Shields Room, Brookens Administrative Center
1776 E. Washington St., Urbana, IL (unless noted otherwise)

July 15, 2020 *– Zoom meeting (off cycle) at*
https://us02web.zoom.us/j/87945354242
September 23, 2020
September 30, 2020 *– study session (tentative, ending by 6:30PM)*
October 21, 2020
October 28, 2020 *– study session*
November 18, 2020
December 16, 2020 *(tentative)*
January 20, 2021
January 27, 2021*- study session*
February 17, 2021
February 24, 2021*- study session*
March 17, 2021
March 24, 2021*- study session (tentative)*
April 21, 2021
April 28, 2021*- study session*
May 12, 2021*- study session*
May 19, 2021
June 23, 2021
July 21, 2021

****This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDB office to confirm all meetings.***

DRAFT July 2020 to December 2021 Meeting Schedule with Subject and Allocation Timeline, and moving into PY2022 process

This schedule provides the dates and subject matter of meetings of the Champaign County Developmental Disabilities Board through June 2021. The subjects are not exclusive to any given meeting, as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Mental Health Board. Regular meetings of the CCDDB are usually at 9AM; study sessions at 5:45PM. Included are tentative dates for steps in the funding allocation process for Program Year 2022 (July 1, 2021 – June 30, 2022) and deadlines related to PY2021 agency contracts.

07/15/20	**Regular Board Meeting at 3:30 PM on Zoom** *– off cycle and different time* Election of Officers; Approve FY2021 Draft Budget
08/28/20	*Agency PY2020 4th Quarter Reports, CLC Progress Reports, and Annual Performance Measures Reports Due*
09/23/20	**Regular Board Meeting (Lyle Shields Room)**
10/21/20	**Regular Board Meeting (Dimit Conference Room)** Draft Three Year Plan 2019-2021 with 2021 Objectives Release Draft Program Year 2022 Allocation Criteria
10/28/20	*Agency Independent Audits, Reviews, or Compilations Due*
10/30/20	*Agency PY2021 1st Quarter Reports Due*
11/18/20	**Regular Board Meeting (Dimit Conference Room)** Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY22 Allocation Criteria
12/11/20	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/16/20	**Regular Board Meeting (Lyle Shields Room)**
01/04/21	*Online System opens for Agency Registration and Applications for PY22*
1/20/21	**Regular Board Meeting (Lyle Shields Room)**
1/29/21	*Agency PY2021 2nd Q Reports and CLC Progress Reports due*
2/12/21	*Agency deadline for submission of applications for PY2022 funding*
2/16/21	*List of Requests for PY2022 Funding*

2/17/21	**Regular Board Meeting (Lyle Shields Room)**
3/17/21	**Regular Board Meeting (Lyle Shields Room)**
4/14/21	*Program summaries released to Board*
4/21/21	**Regular Board Meeting (Lyle Shields Room):** Program Summaries Review and Discussion
4/30/21	*Agency PY2021 3rd Quarter Reports due*
5/12/21	*Allocation recommendations released to CCDDB*
5/19/21	**Regular Board Meeting (Lyle Shields Room):** Allocation Decisions
6/23/21	**Regular Board Meeting (Lyle Shields Room)**
6/23/21	*PY2022 Contracts Completed*
7/21/21	**Regular Board Meeting (Lyle Shields Room)**
8/27/21	*Agency PY2021 4th Q Reports, CLC Progress Reports, and Annual Performance Measure Reports due*

Agency and Program acronyms

CC – Community Choices
CCDDB – Champaign County Developmental Disabilities Board
CCHS – Champaign County Head Start, a program of the Regional Planning Commission
CCMHB – Champaign County Mental Health Board
CCRPC – Champaign County Regional Planning Commission
DSC - Developmental Services Center
DSN – Down Syndrome Network
FDC – Family Development Center
PACE – Persons Assuming Control of their Environment, Inc.
RCI – Rosecrance Central Illinois
RPC – Champaign County Regional Planning Commission
UCP – United Cerebral Palsy

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

AAC – Augmentative and Alternative Communication

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ABLE Act – Achieving a Better Life Experience Act. A tax advantage investment program which allows people with blindness or disabilities the option to save for disability related expenses without putting their federal means-tested benefits at risk.

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

BD – Behavior Disorder

BSP – Behavior Support Plan

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly "Developmental Training"

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children's Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CMS – Center for Medicare and Medicaid Services, the federal agency administering these programs.

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

CSEs - Community Service Events. A category of service measurement on the Part II Utilization form. Activity to be performed should also be described in the Part I Program Plan form-Utilization section. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CUSR – Champaign Urbana Special Recreation, offered by the park districts.

CY – Contract Year, runs from July to following June. For example, CY18 is July 1, 2017 to June 30, 2018. May also be referred to as Program Year – PY. Most contracted agency Fiscal

Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY18.

DCFS – (Illinois) Department of Children and Family Services.

DD – Developmental Disability

DDD – Division of Developmental Disabilities

DHFS – (Illinois) Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now "Community Day Services"

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

FFS – Fee For Service. Type of contract that uses performance-based billings as the method of payment.

Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

MHP - Mental Health Professional, a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

PY – Program Year, runs from July to following June. For example, PY18 is July 1, 2017 to June 30, 2018. May also be referred to as Contract Year (CY) and is often the Agency Fiscal Year (FY).

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional, a Master's level clinician with field experience who has been licensed.

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

SCs - Service Contacts/Screening Contacts. The number of phone and face-to-face contacts with eligible persons who may or may not have open cases in the program. Can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II form, and the activity to be performed should be described in the Part I Program Plan form-Utilization section.

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SF – Service Facilitation, now called "Self-Direction Assistance"

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

TPCs - Treatment Plan Clients - service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II Utilization form, and the actual activity to be performed should also be described in the Part I Program Plan form -Utilization section. Treatment Plan Clients may be divided into two groups: Continuing TPCs are those with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year (the first quarter of the program year is the only quarter in which this data is reported); New NTPCs are those newly served, with treatment plans, in any quarter of the program year.

VI – Visual Impairment

VR – Vocational Rehabilitation

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WIOA – Workforce Innovation and Opportunity Act

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – September 2020

CCDDB: PY20 4th Quarter reports were reviewed. Included in this board packet is a full year of data from the agencies using the online claims system. Additional time was spent working with CCDDB funded agencies related to the new claims for the Online Claims System and other program related questions. A few agencies requested extensions for their 4th Quarter Reports. All reports were in at the time of this writing.

CCDDB Mini-Grant: Additional Mini-Grant purchases have been made over the past few months. In addition to making purchases, Tax Exempt Status often must be arranged with local stores/vendors. This is sometimes a quick process but occasionally may take a few days turnaround time. In some instances, items are out of stock, so I have made regular calls to local stores to determine if the items are in stock for the Mini-Grant recipients. A few families have chosen to forego the remainder of their allocated funds due to circumstances related to the pandemic. Please see the Mini-Grant Update in the packet for further details.

Learning Opportunities: After a cancellation of Spring Sessions due to the pandemic, the regular monthly workshops started again in August. In August, Karen Simms presented, "Strategies for Self-Care during Covid-19 and Social and Cultural Uncertainty." Kim Bryan, Rattle the Stars, is scheduled to present "RTS/C – Responding to Suicide with Compassion" on September 24, 2020.

I am working with Kayla DeCant, RACES, to schedule a two-part presentation in October and November on Sexuality and Protection from Sexual Exploitation for people with I/DD.

MHDDAC: I created Zoom links and participated in the monthly meetings of the MHDDAC.

NACBHDD: I participated in monthly I/DD committee calls. I attended the virtual NACBHDD Summer Board Meeting, held July 20-22, 2020.

ACMHAI: I participated in the ACMHAI I/DD committee calls. I also created a Doodle Poll to poll the members of the I/DD committee to find a new common time for the committee calls. I also represented ACMHAI on a Zoom Meeting with the Illinois Council on Developmental Disabilities (ICDD) and Trade Associations. The meeting was the ICDD 5 Year Input Session. It was a very small group and had representation from IARF, Institute on Public Policy for People with Disabilities, McManus Consulting, and ICDD. Important talking points included PUNS and PUNS outreach, flexibility in the CILA model of 24-hour CILA or Intermittent CILA (15 hours/week), Personal Needs Allowance, and the continuance of the DSP shortage and the effect the DSP shortage has on people served. I participated in the ACMHAI Summer Training and Business Meeting, both held virtually.

Disability Resource Expo: I participated in Expo Steering Committee meetings. I used Google Forms to create registration pages for the upcoming Third Thursday Resource Round-Up events.

I also scheduled Zoom meetings for the Expo Coordinators to begin taping interviews with Exhibitors for the upcoming Third Thursday Resource Round-up Events.

I participated in Zoom meetings with the Expo Consultants and U of I Students who worked on behalf of the Expo to create short videos. I participated in a meeting with U of I Community Learning Lab staff. These efforts will continue during the Fall Semester with a new set of U of I Students.

Other activities: I participated in over 30 webinars and multiple Facebook lunchtime chats.

I also participated in multiple Zoom meetings with the United Way, Cunningham Township, the CCMHB, Path, Anita Chan, and other students from UIUC regarding the 2-1-1 PATH website. I also participated in presentations by the Community Data Clinic.

I participated in meetings of the Community Coalition Race Relations Subcommittee and in the monthly Community Coalition meetings.

In July, I watched the CCMHB Sponsored Ebertfest documentary, "A Most Beautiful Thing," viewed the Q&A with the filmmaker, and I viewed the Community Conversation.

I participated in a meeting with the U of I Evaluation Capacity team. The team is working to identify targeted programs that they will work with during PY21.

I participated in the September meeting of the Human Services Council and the September meeting of the Transition Planning Committee.

Prioritization of Urgency of Needs for Services (PUNS) Summary Reports: 1,247 PUNS selection letters were mailed out by the Illinois Department of Human Services Division of Developmental Disabilities (IDHS-DDD) in August 2019. 33 PUNS Selection letters were mailed to people in Champaign County. **25 of 33** people have received an award letter Home-Based Support Services (HBS). **One** person has been awarded CILA funding. **Two** people are working to determine if Family CILA or HBS is the best fit for them. **Two** people want CILA with a specific provider, in a specific region. The remaining **two** people have requested Adult HBS, the ISC is awaiting documents required to proceed with packet submission to IDHS-DDD. **One** person moved out of the area.

In July 2020, **23** people from Champaign County received a PUNS selection letter. **One** person has been awarded Adult Home-Based Support Services and **one** person has had a CILA Funding Request submitted to DHS and is currently awaiting an award letter.

Updated "PUNS Summary by County and Selection Detail for Champaign County" and the "Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS) Summary of Total and Active PUNS by Zip Code" reports are attached. IDHS posted updated versions on September 8, 2020. These documents detail the number of Champaign County residents enrolled in the PUNS database.

Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

September 08, 2020

County: Champaign

Reason for PUNS or PUNS Update	943
New	28
Annual Update	323
Change of Category (Seeking Service or Planning for Services)	13
Change of Service Needs (more or less) - unchanged category (Seeking Service or Planning for Services)	12
Person is fully served or is not requesting any supports within the next five (5) years	246
Moved to another state, close PUNS	24
Person withdraws, close PUNS	27
Deceased	18
Individual Stayed in ICF/DD	1
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	7
Unable to locate	56
Submitted in error	1
Other, close PUNS	185
CHANGE OF CATEGORY (Seeking Service or Planning for Services)	**406**
PLANNING FOR SERVICES	**140**
EXISTING SUPPORTS AND SERVICES	**371**
Respite Supports (24 Hour)	10
Respite Supports (<24 hour)	15
Behavioral Supports (includes behavioral intervention, therapy and counseling)	149
Physical Therapy	46
Occupational Therapy	99
Speech Therapy	123
Education	174
Assistive Technology	52
Homemaker/Chore Services	5
Adaptions to Home or Vehicle	4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	36
Medical Equipment/Supplies	33
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	169
TRANPORTATION	**386**
Transportation (include trip/mileage reimbursement)	99
Other Transportation Service	263
Senior Adult Day Services	1
Developmental Training	81
"Regular Work"/Sheltered Employment	62
Supported Employment	80
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	57
Other Day Supports (e.g. volunteering, community experience)	21
RESIDENTIAL SUPPORTS	**76**
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	2
Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	7

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

September 08, 2020

Community Living Facility	1
Shelter Care/Board Home	1
Nusing Home	1
Children's Residential Services	4
Child Care Institutions (Including Residential Schools)	7
Other Residential Support (including homeless shelters)	10
SUPPORTS NEEDED	**380**
Personal Support (includes habilitation, personal care and intermittent respite services)	336
Respite Supports (24 hours or greater)	19
Behavioral Supports (includes behavioral intervention, therapy and counseling)	146
Physical Therapy	46
Occupational Therapy	73
Speech Therapy	89
Assistive Technology	50
Adaptations to Home or Vehicle	20
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	78
TRANSPORTATION NEEDED	**339**
Transportation (include trip/mileage reimbursement)	277
Other Transportation Service	313
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	**259**
Support to work at home (e.g., self employment or earning at home)	5
Support to work in the community	230
Support to engage in work/activities in a disability setting	87
Attendance at activity center for seniors	1
RESIDENTIAL SUPPORTS NEEDED	**107**
Out-of-home residential services with less than 24-hour supports	57
Out-of-home residential services with 24-hour supports	57
Total PUNS:	**57,079**

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_sum_by_Count_and_Selection_Detail.pdf

Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS by Zip Code
Updated 09/08/20

Zip Code		Active PUNS	Total PUNS	
60949	Ludlow	1	3	
61801	Urbana	30	83	
61802	Urbana	55	123	
61815	Bondville (PO Box)	1	1	
61816	Broadlands	1	3	
61820	Champaign	45	93	
61821	Champaign	74	189	
61822	Champaign	52	104	
61826	Champaign	0	1	
61840	Dewey	0	2	
61843	Fisher	7	12	
61845	Foosland	1	1	
61847	Gifford	0	1	
61849	Homer	0	5	
61851	Ivesdale	1	2	
61852	Longview	1	1	
61853	Mahomet	30	70	
61859	Ogden	4	13	
61862	Penfield	1	2	
61863	Pesotum	0	2	
61864	Philo	3	11	
61866	Rantoul	27	86	
61871	Royal (PO Box)	--	--	no data
61872	Sadorus	2	2	
61873	St. Joseph	13	26	
61874	Savoy	8	17	
61875	Seymour	2	3	
61877	Sidney	4	10	
61878	Thomasboro	0	2	
61880	Tolono	6	26	
Total		369	894	

Zip Code		Active PUNS	Total PUNS

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_Sum_by_Zip-Code.pdf

Executive Director's Report – *Lynn Canfield, September 23, 2020*

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 **underrepresented and diverse populations.**
3. Improve **consumer access to and engagement** in services.
4. Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).
5. Building on progress achieved through the six Year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB), **sustain the SAMHSA/IDHS system of care** model.
6. **Divert from the criminal justice system**, as appropriate, persons with behavioral health needs or intellectual/developmental disabilities.
7. In conjunction with the Champaign County Sheriff's Office and other 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 developmental disabilities.
8. Support **interventions for youth** who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.
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 federal stakeholders on **emerging issues**.

Champaign County Developmental Disabilities Board Current Three-Year Plan Goals

1. Support a **continuum of services** to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations.**
3. Improve **access to and engagement in services** through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.
5. Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).
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 access to services, and be proactive through concerted **advocacy efforts**.

Activities of Staff and Board Members:

To support CCMHB goals 1-8 and CCDDB goals 1-7, the allocation and monitoring of agency contracts is a primary focus for all. In the Board budgets, agency service contracts appear as Contributions & Grants, the largest expenditure lines. Also important, but a very small share of total costs, are non-agency activities supporting individuals, families, agencies, systems, and community. These are associated with Personnel, Professional Services, Expo, Public Relations, and Non-Employee Training costs, some through independent contractors, and some in partnership with other organizations: United Way and 211/PATH; Alliance for Inclusion and Respect; disABILITY Resource Expo; Mental Health First Aid; Provider Workshops; UIUC Community Learning Lab, Community Data Clinic, and Evaluation Capacity Project; and other collaborations referenced in staff reports.

Anti-Stigma and Community Awareness:

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

211 offers call-based and online resource information. United Way of Champaign County, the CCMHB, and the CCDDB co-fund this service, aligned with United Way and 211 standards. I completed training in order to be named as a Collaborating Investigator in ongoing research by the UIUC Community Data Clinic faculty and students. For several months, the focus has been on enhancement of the online resource directory used by PATH's 211 team, for potential use by other supporters and people seeking resources. Nearly all of the features developed by CDC students were recently incorporated into the website used by PATH. Our staff and other local funders and stakeholders are also involved in these projects toward a comprehensive, interactive web-based resource directory and related innovations. Many viewed a demonstration of the Aunt Bertha closed-loop product, which is being considered by the State of Illinois and is in use by the Oak Park Township Community Mental Health Board. Other discussions have explored neighborhood information hubs and kiosks, closed Facebook group resource information sharing (e.g., CU Able), and the self-help support network coordinated by Family Service. The Community Data Clinic team have met with providers to discuss the project and learn about the crisis line and other hotlines. *(Additional details are in reports from other staff members.)*

Alliance for Inclusion and Respect (AIR) has focused on anti-stigma films, events, and marketing. Building on exposure through Ebertfest, we developed year-round anti-stigma messaging, support for artists and entrepreneurs, and promotion of member organizations. Throughout 2019, Stephanie Howard-Gallo coordinated with International Galleries to feature a new artist each month. In November and December, we hosted a booth at the weekly indoor Market IN the Square, for use by various AIR entrepreneurs. Most activities are on hold during 2020. Two virtual mini-Ebertfest events were held this summer; the first related to early childhood, featuring the 2019 documentary "No Small Matter" for online viewing; the second was sponsored by AIR, with online screening of the 2020 documentary "A Most Beautiful Thing" followed by online Q&A event and community discussion, each with filmmakers, festival guests, and local experts. A website and facebook, twitter, and Instagram pages are managed by an AIR author. UIUC LAS 122 students will create additional social media content for AIR this fall.

disABILITY Resource Expo *(see Briefing Memorandum by Kim Bowdry).* In addition to planning four virtual events, the Expo team is connecting exhibitors to students who will edit brief informational videos to enhance the Expo website; accessibility and language access in these innovations are also being explored.

CCMHB/CCDDB CILA:

(MHB goal 4 and DDB goals 1 and 5)

The CCMHB paid off the mortgage loan in 2019; the CCDDB continues annual contributions to the CILA fund; an intergovernmental agreement will guide budgeting and future decisions. *(An update and potential Board actions are described in a memorandum in this packet.)*

Support for Agency Programs:

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

Cultural and Linguistic Competence training and technical assistance are offered by Shandra Summerville. Local providers have an advantage as Illinois Department of Human Services also requires CLC Plans. The CCMHB/CCDDB template features National Culturally and Lingusitically Appropriate Services Standards.

Independent Contractors: EMK offers technical support for agency users of our online application and reporting system; John Brusveen, CPA, reviews agency audits, offers support to agencies, and suggests improvements in accountability and financial management; ChrispMedia maintains the AIR and Expo websites, will host short videos on the sites, and will provide IT for the virtual Expo 'resource round-up' series.

Mental Health First Aid: With certifications in Adult, Youth, and Public Safety MHFA, Shandra Summerville offers trainings (priority to agencies, board members, and public officials) and coordinates with other trainers in the region who intend to cover all interested groups and areas. The focus on rural communities continues. A possible partnership with the Regional Office of Education would support Teen MHFA, a training for teenagers conducted by young adult trainers, in local schools or after school programs.

Monthly Provider Trainings, coordinated by Kim Bowdry, are free of charge and offer CEUs. When conducted in person, these supported networking across agencies and service sectors; for now the virtual format is safest and has allowed increased attendance. Topics this year include: Bookkeeping 101; Strategies for Self-Care during COVID-19 and Social and Cultural Uncertainty; Responding to Suicide with Compassion; and Sexuality and Protection from Sexual Exploitation of People with I/DD. Attendees have requested a presentation on racial microaggressions. While the primary audience is case managers from funded programs, school social workers, family advocates, and other providers also attend.

UIUC Evaluation Capacity Project *(see full report in this Board packet).* Researchers consult with agencies with funded programs through 'theory of change' logic model workshops, consultation bank, intensive support to pilot programs, and follow up with prior pilots.

Other collaborations, described in staff reports or board to board reports, include the Champaign County Transition Planning Committee, Continuum of Service Providers to the Homeless, Champaign County Community Coalition, Champaign County Reentry Council, Coalition Race Relations Subcommittee, Human Services Council, the New American Welcome Center, CUPHD I-Plan Behavioral Health Committee, etc.

Executive Director Activities:

In addition to administrative activities, I participate in various meetings, events, and partnerships related to the strategic plans of the Boards.

Intergovernmental/Interagency Collaborations:

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

Champaign County Department Heads: with the County Executive and her staff, this monthly meeting touches on budgets, staff benefits and policies, Enterprise Resource Planning (ERP) development, supervision, and facilities.

Mental Health and Developmental Disabilities Agency Council: monthly meeting of agency representatives, not all funded by the CCMHB/CCDDB, with agency activities, state budget and federal/state system news, special topics, and announcements.

Metropolitan Intergovernmental Council: quarterly meeting of governmental units, with topics of interest and updates from members; the September meeting featured "UC2B Octennial Update" presented by Michael K. Smeltzer.

Regional Champaign-Vermilion Executive Committee: bimonthly conference call with representatives of public and private entities developing a community needs assessment and strategic plan. Because the CU Public Health District I-Plan has identified behavioral health as a high priority for four cycles, this partnership is efficient; CUPHD has an interest in the needs of people with I/DD and other disabilities as well. A coordinator reports on assessment activities and coordinates meetings, surveys, and collection of data. Our focus has been on the direct and indirect impacts of COVID, how to continue supporting the region-wide MHFA trainings, and issues with state funding for crisis response.

UIUC School of Social Work Community Learning Lab: building on this summer's success with the new WeCU project (short videos of Expo exhibitors), fall projects include two Social Work classes focused on producing more videos, along with two individual students from the summer who have volunteered to help with Expo projects. Kim Bowdry and I will supervise these students, with input from Expo consultants. Other student projects are: Social Work students studying the new Grand Challenge, to eradicate racism, with Shandra Summerville supervising; LAS students developing social media content for AIR, with Stephanie Howard-Gallo supervising; and a Stats class exploring data visualization of 11 years of comparable demographic and residency reports from MHB-funded programs.

Partnerships related to Underrepresented Populations and/or Justice System:

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

Champaign Community Coalition: monthly Goal Team meetings; discussions with stakeholders, especially regarding trauma-informed system work and the planning of interventions meant to decrease community violence and mitigate harm.

Crisis Intervention Team Steering Committee: bimonthly meetings of representatives of local law enforcement agencies, EMS, hospital, behavioral health, providers serving the homeless and those at risk, advocacy groups, and other stakeholders to promote CIT and related trainings, to review data analyzed by City of Urbana, and to share updates and announcements.

Illinois Connected Communities: in support of the funded project led by the Housing Authority of Champaign County, monthly meetings of the steering committee, connection to technical assistance, and quarterly meetings with other communities also funded for these planning

projects. The project offers customized consulting and active learning to complete the strategic planning, telling our communities' stories, and a post-project survey. Barriers related to the 'digital divide' were amplified by COVID 19 disruptions, e.g., need to transform from reliance on community hotspots to access at home. 2,000 Unit 4 district students are not enrolled this school year. (This project follows from the earlier 2020 series of Illinois Broadband webinars hosted by the Extension Service, in that we may move toward solutions.)

One Door Project Planning: a weekly virtual meeting of providers, law enforcement, hospital administrators, government officials, and citizens to pursue a central location for triage, peer supports, crisis stabilization, and coordinated response. Peer supporters continue to work toward state-certification, somewhat more convenient now that the trainings are virtual. In addition to this effort, a regional group of funders and providers have reached out to lawmakers and state association for help in restoring adequate state funding for crisis services, which would make the coordinated response more affordable locally. Leon Evans, formerly of Bexar County, TX and now with Three Bears Consulting, has reviewed the materials and joined a meeting to offer some encouragement and suggestions.

Youth Assessment Center Advisory Committee: quarterly meetings of representatives of law enforcement, Court Services, State's Attorney, service providers, and school districts for discussion of the program, review of referral and service data, and roundtable updates. Because Cunningham Children's Home now offers Families Stronger Together, this group may have a role in the creation of a Youth Behavioral Health Coordinating Council, if one is needed.

State and National Associations and Advocacy:

(MHB goal 10 and DDB goal 9)

(more detailed notes on the following meetings are available, if you have an interest)
Association of Community Mental Health Authorities of Illinois (ACMHAI): conference calls of Executive, Legislative, Medicaid/Managed Care, I/DD, and Ad Hoc (hiring) Committee. Members support each other with discussion of issues such as: property taxes; local government consolidation; impact of state budget and regulations; agency contracts; board/staff policies; legal opinions; budget processes; community awareness; auditing practices (we expect new thorns related to agencies accessing Paycheck Protection Program loans and COVID relief funds). Our legislative liaison, Government Strategy Associates, reports on: Medicaid and rates; minimum wage and direct support professional wage increases; anticipated revenue related to cannabis; Mental Health First Aid in schools; proposed legislation. Quarterly membership meetings are now held virtually; committees have hosted webinars (Children's Behavioral Health, I/DD) and shared links to other webinars of interest.

National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD): access to a great deal of information on research, legislative activity, innovations, and more. Monthly I/DD committee calls feature presentations from other organizations and roundtable discussions of state budgets, compliance with federal rules, workforce, corrective action plans, consent decrees, and more. I co-chair monthly calls of the Behavioral Health committee, now merged with Justice Committee; our pilot project to test various outcomes is on hold as we manage COVID-related systems change, but the quarterly webinar series on various states' Medicaid programs continues. I also serve as the Association board's secretary, attending Executive Committee meetings with a focus on planning the membership meetings and events. The 2021 Legislative & Policy Conference will be held virtually.

Virtual Summer Meeting:

"Counties Respond to COVID-19: New Practices, New Problems, and Innovative Solutions"

SAMHSA Response, Field Point of View, County Accommodations and Outlook, Human Resources and Recruitment/Retention and Staff Stress

"Role of Community Mental Health and Managed Care in the Behavioral Health System, Today and in the Post-COVID-19 Era"

National Point of View, Field Point of View, Panel Discussion

Virtual Annual I/DD Summit:

Panel discussion on COVID-19 impacts on individuals with I/DD, providers, and the larger system, and on the future of I/DD services as we move into next phases of COVID-19. Panelists spoke to the experience of DSPs, of providers in Ohio, of counties, of individuals and families, of state DD programs and the changing federal policies, and the need to adapt and sustain amidst change.

National Association of Counties (NACO): monthly Health Steering Committee calls; quarterly meetings of the Healthy Counties Advisory Board; quarterly Stepping Up Innovator County calls and Roundtable; and Data Driven Justice Initiative webinars.

Virtual Summer Meetings:

"Townhall"

Legislative update, pressing issues, #WeAreCounties campaign, proposed revisions to bylaws, officer candidate forum.

"Annual Business Meeting"

Annual report and collective accomplishments; reports of the voting credentials and nominating committees; nomination, endorsements, and election of officers; adoption of bylaws; announcement of new board of directors and presidential appointments; updates and resources from partner organizations; Legislative & Policy Conference in February.

Champaign County Mental Health Board

FY20 Revenues and Expenditures as of 06/30/20

Revenue	Q2	YTD	Budget	% of Budget
Property Tax Distributions	$ 261,723	$ 261,723	$ 5,247,310	4.99%
From Developmental Disabilities Board	$ 98,991	$ 197,982	$ 395,970	50.00%
Gifts & Donations	$ (170)	$ 16,305	$ 20,000	81.53%
Other Misc Revenue	$ -	$ 4,562	$ 83,000	5.50%
TOTAL	**$ 360,544**	**$ 480,571**	**$ 5,746,280**	**8.36%**

Expenditure	Q2	YTD	Budget	% of Budget
Personnel	$ 129,237	$ 248,329	$ 588,351	42.21%
Commodities	$ 1,295	$ 2,673	$ 19,000	14.07%
Contributions & Grants	$ 1,087,860	$ 2,110,968	$ 4,783,849	44.13%
Professional Fees	$ 48,362	$ 84,231	$ 140,000	60.16%
Other Services	$ 13,133	$ 56,708	$ 215,080	26.37%
TOTAL	**$ 1,279,885**	**$ 2,502,909**	**$ 5,746,280**	**43.56%**

Champaign County Developmental Disability Board

FY20 Revenues and Expenditures as of 06/30/20

Revenue	Q2	YTD	Budget	% of Budget
Property Tax Distributions	$ 213,397	$ 213,397	$ 4,341,905	4.91%
From Mental Health Board	$ -	$ -	$ 8,000	0.00%
Other Misc Revenue	$ 9,524	$ 12,032	$ 24,000	50.13%
TOTAL	**$ 222,921**	**$ 225,429**	**$ 4,373,905**	**5.15%**

Expenditure	Q2	YTD	Budget	% of Budget
Contributions & Grants	$ 759,722	$ 1,686,491	$ 3,927,935	42.94%
Professional Fees	$ 98,991	$ 197,982	$ 395,970	50.00%
Transfer to CILA Fund	$ -	$ 50,000	$ 50,000	100.00%
TOTAL	**$ 858,713**	**$ 1,934,473**	**$ 4,373,905**	**44.23%**

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

September 2020 Board Meeting

SUMMARY OF ACTIVITY:

Audits:
As previously reported, Promise Healthcare (CCMHB funded) did not submit an audit for 2018 by their extended due date of September 30, 2019. Payments continue to be withheld. Audits/Financial Reviews for 2019 are again due on October 30, 2020. Several of the agencies have asked for an extension.

Certificates of Liability Insurance:
Certificates of Liability Insurance were requested from each agency with a due date of September 1st. A reminder was sent the last day of July.

Fourth Quarter Reporting:
4th Quarter financial and program reports for all funded programs were due August 28th at the close of business. Performance Outcome Measures are due at the 4th Quarter of each funding year, as well. Many of the agencies requested an extension of time to complete the reporting. As of this writing, no letters of non-compliance have been sent and no payments have been withheld. Board members can access these reports using the online system. Staff can also provide paper copies of the reports for you, if requested.

Community Awareness/Anti-Stigma Efforts/Alliance for Inclusion and Respect (AIR):
A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page. Due to Covid-19, we have put a "hold" on art shows at the Market IN the Square and International Galleries.

We had a zoom meeting with the AIR artists and supports on September 14th in order to discuss plans/concerns for the coming year.

~~Lynn and I will be working with University of Illinois LAS 122 and allowing these~~ honors students to complete social media content on behalf of Alliance for Inclusion and Respect. Social media content that will be included in the final project will be received in November or December.

The social media package will include:

- At least 1 video/photo montage
- 3 posts from influential people who have had an impact on the population
- 2 posts explaining the history of your organization
- 2 posts explaining social issues that are connected to the organization
- 3 posts about your mission
- 3 engaging social media surveys
- 3 posts about your target population
- Multiple posts about an "awareness month" that coincides with your agency
- 3 posts highlighting a staff member or volunteer
- 1 post highlighting your administrative support person/people
- 1 post highlighting your Executive Director
- 3 interactive posts asking a question/requesting a response/picture

Contracts:
All contracts have been fully executed at this point.

Trainings:
I will attend a training on September 16 and 17 on "Employment Law Updates" at the request of Lynn Canfield.

FOIA/OMA Certification:
As the Open Meeting Act (OMA) Designee and the Freedom of Information Act (FOIA) Officer for the CCMHB/CCDDB, I must successfully complete training on an annual basis. I completed the 2020 trainings and submitted my certificates to Lynn Canfield on September 2, 2020.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDB/CCMHB.
- Virtually attended Community Coalition meetings.
- Virtually attended Expo meetings.

2020 September 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

CLC Plan 4th Quarterly Reports:

CLC Plan 4th Quarter Reports were due August 28th. Several of the Agencies asked for an extension. All the 4th Quarter CLC Plan reports have been submitted and uploaded to the system except for two agencies. I will review all the plans and provide feedback additional support to agencies that did not complete the minimum requirements.

Cultural Competence Training/Support

Champaign County Head Start- September 2, 2020- Virtual CLC Learning Opportunity

Champaign County Head Start has committed to an Organizational Cultural Competence Process. This process has started with an Organizational Assessment and will take place over the next program year. I will be providing support, training, and technical assistance during this process and will keep you updated.

Don Moyer Boys and Girls Club: September 3, 2020- CLC Training for Program St

Children's Advocacy Center- CLC Plan 4th Quarter Report Support

NAMI- Illinois- CLC Plan 4th Quarter Report Support

Mahomet Area Youth Club- Schedule on-line CLC Training for members of their board of directors.

Regional Planning Commission- September 16, 2020 CLC Training for their Cultural Competence Committee.

CLC Coordinator Direct Service Activities

Mental Health First Aid-

I am completing the virtual training and blended learning option. I will start setting dates for Mental Health First Aid Training in October of 2020. These training will be conducted with the updated curriculum and virtual options.

'Families Stronger Together' (FST), a new Family Program by Cunningham Children's Home

I reviewed the updates from Cunningham Children's Home about the Families Stronger Together Program. We will have a stakeholder meeting on Tuesday, September 22, 2020.

2020 September Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator

Training and Webinars:

- Avoiding COVID-19 Burnout: Self-Care and Resiliency for Public Health Leaders- September 11, 2020
- Addressing the Growing Rate of Suicide in the Black Community- September 30, 2020
- ADA 25 Advancing Leadership Training Series-
- Trauma-Informed Care 101: Basics of Trauma and the TIC Framework
- Challenges and Opportunities Achieving Educational Equity during COVID-19
- Exploring the Intersectionality of Peer Support
- and Person-Centered Planning Across Disability

ACMAHI-

I attended the ACHMHAI meeting on August 13th & 14th. Kristine Herman, Bureau Chief for Behavioral Health at HFS spoke to the association about the implementation of Systems of Care in Illinois.

Children's Behavioral Health Committee- I worked with the committee members to create a statewide resource guide for families. I provided content from National Federation of Families, and the Illinois Youth and Family Peer Support Alliance and other resources from Rosecrance. I attended the committee meeting on August 27, 2020.

CU- Trauma and Resilience Initiative:

I participated in the in the Faith Based Violence Interrupter Workgroup to look at a Violence Interrupter Model for the community. This workgroup was formed out of the Community Violence Interrupter Committee. There was a consensus that community would use of the TenPoint Plan. Four churches have agreed to partner and host training in their congregations about this model.

-Based on The Boston TenPoint Coalition (BTPC), which reported a 79% reduction in violent crime in the 1990s; was adopted by Indianapolis TenPoint Coalition.

- *The mission stated by the Indianapolis TenPoint Coalition is to reduce violence and homicide through direct engagement, the promotion of education, and the fostering of employment opportunities.*
- *As an organization that is rooted in faith, promotes the notion of faith leadership going beyond the congregation to serve the broader community.*
- *Provides ongoing training for individual churches along with a systematic program in leadership development to create, maintain and sustain community mobilization.*

https://btpc.org/

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Anti-Stigma Activities/Community Collaborations and Partnerships

211: I attended Improving Champaign County 211 Service Provision. This is a project with the Institute of Communications Community Data Clinic through the University of Illinois Urbana-Champaign. I participated on the calls with other CCMHB/DDB staff members as we provided input about ways to make 211- more user friendly.

Research affiliate, Community Data Clinic

AIR- Alliance for Inclusion and Respect: On July 27-29 The EbertFest premiered the AIR sponsored film "A Most Beautiful Thing". Chaz Ebert, Mary Mazzio, Arshay Cooper, Eric Pierson, Tracy Dace, Joseph Omo-Osagie participated in the film Q &A virtually. On August 1, 2020 AIR hosted a community conversation to continue to talk about building resilient communities and the importance of story telling is a pathway to healing from historical trauma. 45 people registered for the ZOOM call and we streamed the conversation live on Facebook. To see the community conversation, please go the AIR Facebook Page.

C-HEARTS African American Story Telling Project: I am continuing to meet with C-Hearts and there from this Campus and Community collaboration there is a partnership that is created with DREAMM and The Well Experience called the ASPIRE Program. The Ambitions and Stories of young People Inspiring Resilience and Engagement (ASPIRE) connectedness program. The objectives of the ASPIRE program are to facilitate Black youth's exploration of their strengths and resilience, foster socio-cultural connectedness, and encourage youth to imagine a future filled with unlimited possibilities. The ASPIRE program will incorporate storytelling activities (e.g., vision-boarding, identity wheel) that encourage youth educational aspirations and a sense of belonging. I will serve as a community partner and provide cultural competence training for volunteers that will be working with the youth in this program.

Human Services Council- I attended the Human Services Council Meeting in August. This was the first meeting since March. I attended with other CCHMB/DDB Staff and we provided an update about the Disability Expo.

Community Learning Lab School of Social Work-UIUC CLL has assigned two BSW Students to a project that will look ways to support CCMHB/DDB on our work to eradicate racism as part of the Grand Challenge.

Grand Challenge Explained:

"Over the next 10 years, researchers, practitioners and policymakers will be encouraged to engage in a variety of activities that will advance the Eradicating Racism GC and ignite related achievements. These efforts will:

- Focus on evidence-based and practice-based research that cultivates innovation to improve the conditions of daily life of people impacted by racism and facilitates systemic change on the individual, organization, community and societal levels.
- Advance community empowerment and advocacy for eradicating racism and white supremacy through solutions that create sustainable changes.
- Foster the development of an anti-racist social work workforce that promotes access to resources and opportunities and encompasses transdisciplinary collaboration.
- Promote teaching and learning within social work education programs that examines structural inequalities and white privilege, and their impact on individual and group outcomes.
- Develop a policy agenda for eradicating racism and white supremacy from institutions and organizations, where structural racism is evident and causes the most damage."

Source: New Grand Challenges Initiative Aims to Eradicate Racism

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

As the conversation about Racism as a public health issue continues, I want to make sure that we continue to look at the foundational work that has been done and begin looking at specific elements of the foundational documents that were used by the CCMHB/DDB to make decisions about Cultural and Linguistic Competence. I have also included other articles and resources for you to review.

MENTAL HEALTH: Culture, Race, and Ethnicity
A SUPPLEMENT TO MENTAL HEALTH: A REPORT OF THE SURGEON GENERAL
https://drum.lib.umd.edu/bitstream/handle/1903/22834/sma-01-3613.pdf?sequence=1&isAllowed=y

Pages: 36-37: Culturally Competent Services
Pages: 37-39- Racism, Discrimination, and Mental Health
Pages: 39-40- Poverty, Marginal Neighborhoods and Community Violence

National CLAS Standards Fact Sheet
https://thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf

News Articles

Including Racism in a Trauma History: A Clinician's Reflections
https://www.psychiatrictimes.com/view/including-racism-trauma-history-clinicians-reflections

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Staff Meeting Rituals that Build Trust and Community
https://ggie.berkeley.edu/practice/staff-meeting-rituals-that-build-trust-and-community/?utm_source=Greater+Good+Science+Center&utm_campaign=c243bffdbd-ED_NEWSLETTER_AUG_2020&utm_medium=email&utm_term=0_5ae73e326e-c243bffdbd-73891019#tab__2

Black Children Wait Longer For Autism Diagnosis
https://www.disabilityscoop.com/2020/08/25/black-children-wait-longer-autism-diagnosis/28811/

Here is a comprehensive report on racial disparities or inequality. Other than health care, this report is not related to our work. The article highlights the conditions that contribute to the stress, and anxieties experienced by African Americans. It should paint the over picture of Black life. From health care to education, how systemic racism affects Black Americans.
The Race Gap Between Black and White
Read in Reuters: https://apple.news/ADHsEFKRXQtmpKl42AQbDOA

'Racial Inequality May Be As Deadly As COVID-19,' Analysis Finds
https://www.npr.org/sections/health-shots/2020/08/27/906002043/racial-inequality-may-be-as-deadly-as-covid-19-analysis-finds

Overcome your bias blind spots to better help patients
https://www.medicaleconomics.com/view/overcome-your-bias-blind-spots-to-better-help-patients

Previous Articles from July

Seven Ways Funders Can Support Racial Justice
https://movementstrategy.org/seven-ways-funders-can-support-racial-justice/

Healing America: A Funder's Commitment to Racial Equity
https://bjn9t2lhlni2dhd5hvym7llj-wpengine.netdna-ssl.com/wp-content/uploads/2016/12/RP-Summer10-Christopher.pdf

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Helping Children Thrive: Early Childhood Development & ACEs(Infographic Provided)
https://www.nihcm.org/categories/helping-children-thrive-early-childhood-development-aces

ECONOMIC & SOCIAL INEQUITIES

RACISM & INJUSTICE

COMMUNITY VIOLENCE

HOUSING INSECURITY

FOOD INSECURITY

POVERTY

In 2018, 1 in 6 children lived in poverty

On average, 2x the poverty line is needed to meet basic needs

Families below this threshold are considered low income

41% of children lived in low-income households

Adverse childhood experiences (ACEs) also include: abuse, neglect & household dysfunction

A recent study found that of US adults:

reported at least 1 of these ACEs

reported 3 or more of these ACEs

Higher numbers of ACEs were more likely to be reported by:

| Black | multiracial | less than a high school education | lower income |

ACEs can lead to toxic stress, which impacts health

Toxic stress explains how experiencing adversity can lead to poor lifelong health—excessive activation of the stress response system can damage multiple developing biological systems.

Studies have linked childhood adversity & toxic stress to increased health risks:

- Heart Disease
- Obesity
- Depression
- Stroke
- Diabetes
- Suicide Attempts
- Cancer
- STDs
- Substance Use

How to Support Child Development

WHY INVEST IN EARLY CHILDHOOD?

Reducing childhood adversity can reduce health care costs, improves economic productivity, lowers crime rates & supports educational achievement

Invest in Early Care &