



**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 (CCDDDB) AGENDA

Wednesday, October 21, 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 CCDDDB Board Meeting Minutes* **(pages 4-8)**
Minutes from 09/23/20 are included. Action is requested.
9. Expenditure List* **(pages 9-11)**
The "Expenditure Approval List" dated 10/09/2020 is included. Action is requested, to accept the list and place it on file.
10. New Business
 - A. CU Able
Representatives from CU Able will provide a brief presentation of their website database and share updates about CU Able community activities.
 - B. Champaign County Forest Preserve District Presentation **(pages 12-27)**
Representatives from the Champaign County Forest Preserve District will share information about the November 2020 Referendum.
 - C. CCDDDB Allocation Priorities and Decision Support Criteria **(pages 28-40)**

A Briefing Memorandum with proposed allocation priorities and decision support criteria for the CCDDDB PY2022 is included for information only.

D. Watch Me Grow Brochure (pages 41-42)

The "Watch Me Grow" program is an online resource for families with newborn to three-year old children, is included in this packet for information only.

E. Successes and Other Agency Information

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

11. Old Business

A. Utilization Summaries for PY2020 (pages 43-47)

The results of all CCDDDB and CCMHB I/DD Programs are included for information only.

B. 211 Quarterly Reports (pages 48-50)

July through September 2020 reports for 211 calls for Champaign County are attached for information only.

C. CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 51-54)

D. Acronyms and Glossary (pages 55-62)

A list of commonly used acronyms is included for information.

12. CCMHB Input

13. Staff Reports (pages 63-74)

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

14. Board Announcements

15. Adjournment

**Board action requested*

Instructions for participating in Zoom Conference Bridge for CCDDB Meeting October 21, 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/81559124557>
Meeting ID: 815 5912 4557

One tap mobile

+13126266799,,81559124557# US (Chicago)
+16465588656,,81559124557# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)
+1 646 558 8656 US (New York)
+1 301 715 8592 US (Germantown)
+1 669 900 9128 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)

Meeting ID: 815 5912 4557

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

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

Join with computer audio.

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

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

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

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

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

DRAFT

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

Minutes –September 23, 2020

*This meeting was held remotely and with
representation at the Brookens Administrative Center.*

9:00 a.m.

MEMBERS PRESENT: Gail Kennedy, Anne Robin, Deb Ruesch, Georgiana Schuster, Sue Suter

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

OTHERS PRESENT: Danielle Matthews, Laura Bennett, Vicki Tolf, 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; Kaitlyn Puzey, CU Able; Mary Ellen Wuellner, Bobbie Herakovich, Champaign County Forest Preserves; Nicole Allen, University of Illinois; Julie Palermo CU Autism Network; Sheila Krein, Citizen

CALL TO ORDER:

Dr. Robin called the meeting to order at 9:03 a.m.

ROLL CALL:

Roll call was taken and a quorum was present. Executive Director Canfield was present in the Lyle Shields Room at the Brookens Administrative Center per the Open Meetings Act.

APPROVAL OF AGENDA:

The agenda was in the packet for review. There was a request from Dr. Robin for the DSC presentation to be prior to the UI Evaluation presentation. The agenda, with the change, was approved.

CITIZEN INPUT:

Bobbie Herakovich from the Forest Preserve District spoke regarding an upcoming referendum and asked for people's support.

PRESIDENT'S COMMENTS:

Dr. Robin thanked everyone for attending. She provided clarification on email communications and the Open Meetings Act. She reported the CCDDDB were unanimous on the approval of the Executive Director's performance and will indicate such in her yearly evaluation.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Lynn Canfield reviewed the agenda and recent staff activities.

APPROVAL OF CCDDDB MINUTES:

Minutes from July 15, 2020 were included in the Board packet.

MOTION: Ms. Suter moved to approve the CCDDDB minutes from July 15, 2020. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion was passed unanimously.

EXPENDITURE LIST:

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

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

NEW BUSINESS:

DSC Community First Presentation:

DSC staff provided an overview of results of the Community First survey. Board members were given an opportunity to ask question following the presentation.

UIUC Building Program Evaluation Capacity Report:

Dr. Nicole Allen presented a report on activities undertaken and engagement with CCDDDB funded programs to develop evaluation capacity and performance outcome measurement during PY20. A copy of the report was included in the packet.

CILA Ownership Transfer:

A Decision Memorandum on the transfer of title of CILA properties from the CCMHB to CCDDDB was included in the Board packet. 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 CCDDDB 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.

MOTION: Dr. Kennedy to authorize transfer of title for each property from the CCMHB to the CCDDDB as described, pending approval by the CCMHB. Ms. Schuster seconded the motion. A roll call vote was taken and the motion was unanimously approved.

MOTION: Ms. Suter moved to authorize the CCDDDB/CCMHB Executive Director to revise the related agreements as described, pending similar action by the CCMHB. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion was unanimously approved.

MOTION: Ms. Ruesch moved to authorize the CCDDDB/CCMHB Executive Director and staff to prepare a Request for Proposals to continue the CILA Facilities project, pending similar direction from the CCMHB. Ms. Suter seconded the motion. A roll call vote was taken and the motion was unanimously approved.

Review of Funding Priorities and Three-Year Plan:

A Briefing Memorandum was included in the 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.

Rosecrance Service Claims Update:

A Briefing Memorandum was included in the Board packet, reflecting a correction in claims entered into the Online claims system for Rosecrance Coordination for Services: DD/MI program for PY20.

Successes and Other Agency Information:

Becca Obuchowski from Community Choices, Annette Becherer from DSC, and Mel Liong from PACE provided updates.

OLD BUSINESS:

Mini Grant Update:

A Decision Memorandum offered updates and a request for modifications of award, on behalf of two recipients.

MOTION: Ms. Ruesch moved to approve extension to the term of the Mini-Grant Agreement for Applicant #17 to December 31, 2021. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Suter moved to approve use of allotted Camp New Hope funds to purchase speech therapy sessions for Applicant #44. Ms. Ruesch 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.

MOTION: Ms. Suter moved to approve the presented 2021 CCDDB Budget, with anticipated revenues and expenditures of \$4,386,283. Ms. Ruesch seconded. A roll call vote was taken and the motion was unanimously approved.

MOTION: Ms. Ruesch moved to approve the presented 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. Full approval is contingent on CCMHB action. Dr. Kennedy seconded the motion. A roll call vote was taken and the motion passed unanimously.

disABILITY Expo Update:

A report was included in the Board packet. Ms. Suter provided some additional information.

Agency PY2020 4th Quarter Program Reports:

4th Quarter Program Reports were included in the packet for information only.

PY2020 Service Data:

A report of PY20 service hours and activities was included in the Board packet for information only.

Meeting Schedules:

CCDDB and CCMHB meeting schedules were included in the packet for information only. The schedule of meetings was briefly discussed.

Acronyms:

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

CCMHB Input:

The CCMHB will meet later in the day. They will have many of the same agenda items as the CCDDB.

STAFF REPORTS:

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 11:13 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/09/20

PAGE 7

VENDOR NO	VENDOR NAME	TRN B DTE	TR N 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 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER	10/07/20	02 VR 108-	132		611824	10/09/20	108-050-533.07-00	MENT HLTH BD FND 090 PROFESSIONAL SERVICES	OCT ADMIN FEE VENDOR TOTAL	32,997.00 32,997.00 *
104	CHAMPAIGN COUNTY TREASURER	10/06/20	06 VR 108-	124		611826	10/09/20	108-050-533.92-00	HEAD START FUND 104 CONTRIBUTIONS & GRANTS	OCT SOC/EMOT DEV SV VENDOR TOTAL	1,788.00 1,788.00 *
161	CHAMPAIGN COUNTY TREASURER	10/06/20	06 VR 108-	123		611829	10/09/20	108-050-533.92-00	REG PLAN COMM FND075 CONTRIBUTIONS & GRANTS	OCT DECISION SUPPOR VENDOR TOTAL	25,957.00 25,957.00 *
11585	C-U AUTISM NETWORK	10/06/20	06 VR 108-	127		611855	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMM OUTREACH VENDOR TOTAL	1,250.00 1,250.00 *
11587	CU ABLE	10/06/20	06 VR 108-	126		611856	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMM OUTREACH VENDOR TOTAL	1,433.00 1,433.00 *
18203	COMMUNITY CHOICES, INC	10/06/20	06 VR 108-	128		611877	10/09/20	108-050-533.92-00	SUITE 419 CONTRIBUTIONS & GRANTS	OCT COMMUNITY LIVIN OCT CUSTOM EMPLOY	7,416.00 15,166.00
		10/06/20	06 VR 108-	128		611877	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT SELF DETERMINAT	12,166.00
		10/06/20	06 VR 108-	128		611877	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	VENDOR TOTAL	34,748.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF	10/06/20	06 VR 108-	129		611888	10/09/20	108-050-533.92-00	CHAMPAIGN COUNTY INC CONTRIBUTIONS & GRANTS	OCT CLINICAL SVCS	14,500.00
		10/06/20	06 VR 108-	129		611888	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY EMPLO	30,114.00
		10/06/20	06 VR 108-	129		611888	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY FIRS	70,638.00

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/09/20

PAGE 8

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												
		10/06/20	06	VR	108-	129	611888	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY LIVIN	38,003.00
		10/06/20	06	VR	108-	129	611888	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CONNECTIONS	7,083.00
		10/06/20	06	VR	108-	129	611888	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT EMPLOYMENT FIRS	6,667.00
		10/06/20	06	VR	108-	129	611888	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT INDIV/FAMILY SU	35,754.00
		10/06/20	06	VR	108-	129	611888	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT SERVICE COORD	36,321.00
											VENDOR TOTAL	239,080.00 *
22816	DOWN SYNDROME NETWORK							ATTN: JEANNE DALY				
		10/06/20	06	VR	108-	125	611892	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DOWN SYNDROME	1,250.00
											VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC											
		10/06/20	06	VR	108-	130	611958	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CONSUMER CONTRO	2,022.00
											VENDOR TOTAL	2,022.00 *
56902	PRAIRIE WIND							415 N. DUNLAP				
		10/06/20	06	VR	108-	122	611963	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	J BOLSER 10/1	400.00
											VENDOR TOTAL	400.00 *
61780	ROSECRANCE, INC.											
		10/07/20	02	VR	108-	131	611979	10/09/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COORD SVC DD/MI	2,929.00
											VENDOR TOTAL	2,929.00 *
78888	VISA CARDMEMBER SERVICE - MENTAL HEALTH AC#4798510049573930											
		9/29/20	03	VR	108-	121	611698	9/30/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 MENARDS CRD8/1	105.52-
		9/29/20	03	VR	108-	121	611698	9/30/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 MENARDS 8/18	1,277.99
		9/29/20	03	VR	108-	121	611698	9/30/20	108-050-533.92-00	CONTRIBUTIONS & GRANTS	3930 BUILD.COM 8/22	641.58
											VENDOR TOTAL	1,814.05 *
										DEVLNMNTL DISABILITY BOARD	DEPARTMENT TOTAL	345,668.05 *
										DEVLPMNTL DISABILITY FUND	FUND TOTAL	345,668.05 *

③

REPORT TOTAL ***** 746,898.79 *

ELECTION DAY: NOVEMBER 3, 2020

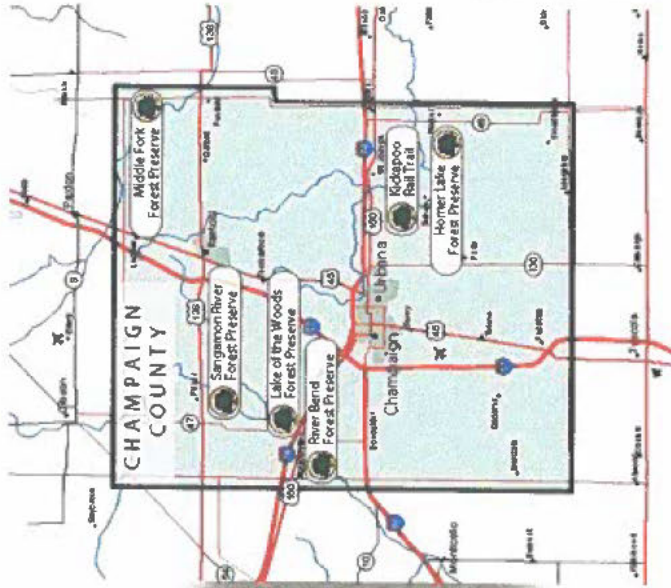
CHAMPAIGN COUNTY FOREST PRESERVE DISTRICT

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Protecting Nature.
Creating Connections.



YOUR FOREST PRESERVES



YOUR FOREST PRESERVES

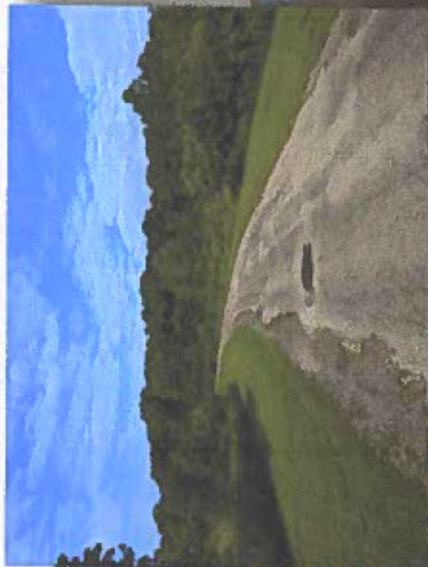
- Only Dark Sky Park in Illinois
- Accredited Museum
- 14 ■ Audubon-Certified Golf Course
- Largest Lake in County
- Only Swim Beach in County
- Only Rail-to-Trail in East Central Illinois
- Back-to-Back Certification of Excellence in Auditing





WHY IT MATTERS

[STEWARDSHIP] the careful and responsible management of something entrusted to one's care



[STEWARDSHIP] the careful and responsible management of something entrusted to one's care



\$3.7 Million+ maintenance/capital project backlog

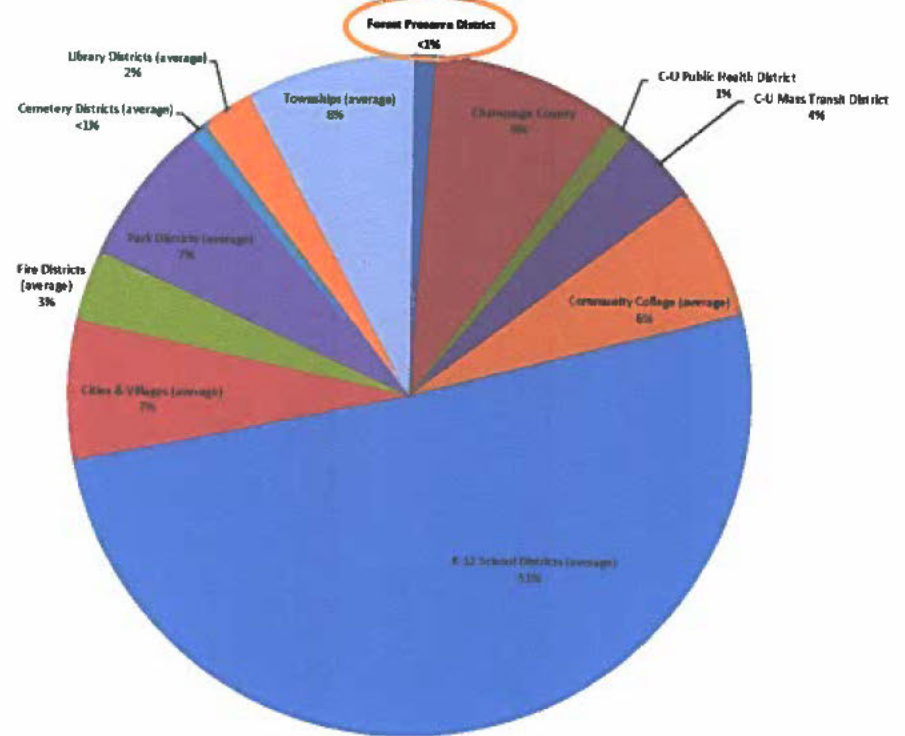
THE FINANCIAL PICTURE

- Current rate <10 cents per \$100 EAV
- AND
- Bond capped at [\$200,000 year + CPI]

annual capital budget

Bottom Line: **We can no longer address our conservation mission and continue the maintenance and upkeep of infrastructure, buildings, and facilities.**

AVERAGE PROPERTY TAX RATES
For Taxes Payable in 2018



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NOVEMBER 3: BALLOT LANGUAGE

CHAMPAIGN COUNTY FOREST PRESERVE DISTRICT – ONE YEAR LIMITING RATE INCREASE BALLOT QUESTION

Shall the limiting rate under the Property Tax Extension Limitation Law for the Champaign County Forest Preserve District, Champaign County, Illinois, be increased by an additional amount equal to 0.0160% above the limiting rate for levy year 2019 for forest preserve purposes and be equal to 0.1033% of the equalized assessed value of the taxable property therein for levy year 2020?

1. The approximate amount of taxes extendable at the most recently extended limiting rate is \$3,904,098, and the approximate amount of taxes extendable if the proposition is approved is \$4,619,626.
2. For the 2020 levy year the approximate amount of the additional tax extendable against property containing a single family residence and having a fair market value at the time of the referendum of \$100,000 is estimated to be \$5.33.
3. If the proposition is approved, the aggregate extension for 2020 will be determined by the limiting rate set forth in the proposition, rather than the otherwise applicable limiting rate calculated under the provisions of the Property Tax Extension Limitation Law (commonly known as the Property Tax Cap Law).



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IMPACT ON PROPERTY OWNERS

- \$100,000 homeowner = \$5.33/year
- \$157,800 homeowner * = \$8.42/year
- \$200,000 homeowner = \$10.66/year

Farmland with very good soil productivity

80 acres = \$8.30/year
400 acres = \$41.50/year



* Median home value in Champaign County

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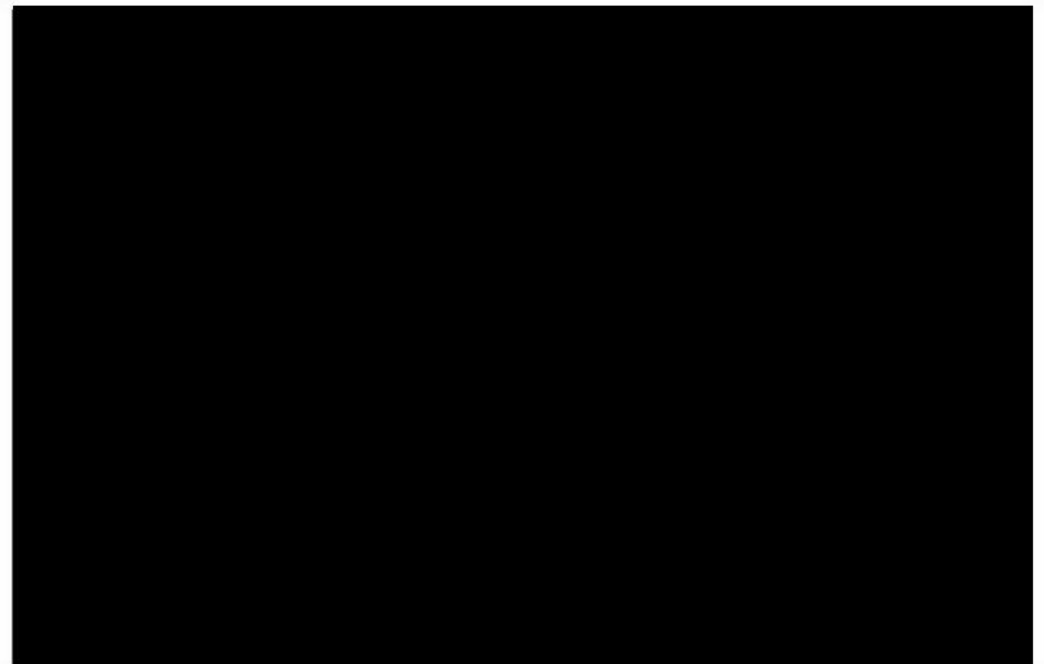
WHAT'S AT STAKE



HOW YOU CAN HELP

22

- [REDACTED]
- [REDACTED]
[REDACTED]
- [REDACTED]
- [REDACTED]



ORGANIZATIONAL ENDORSEMENTS, TO DATE

- | |
|--|
| • Champaign County Farm Bureau |
| • Champaign County Audubon Society |
| • Champaign County Bikes |
| • Champaign County Design and Conservation (CCDC) Foundation |
| • Champaign Cycle |
| • C-U Astronomical Society |
| • Grand Prairie Friends |
| • Mahomet Area Chamber |
| • The Mahomet Daily |
| • The News-Gazette |

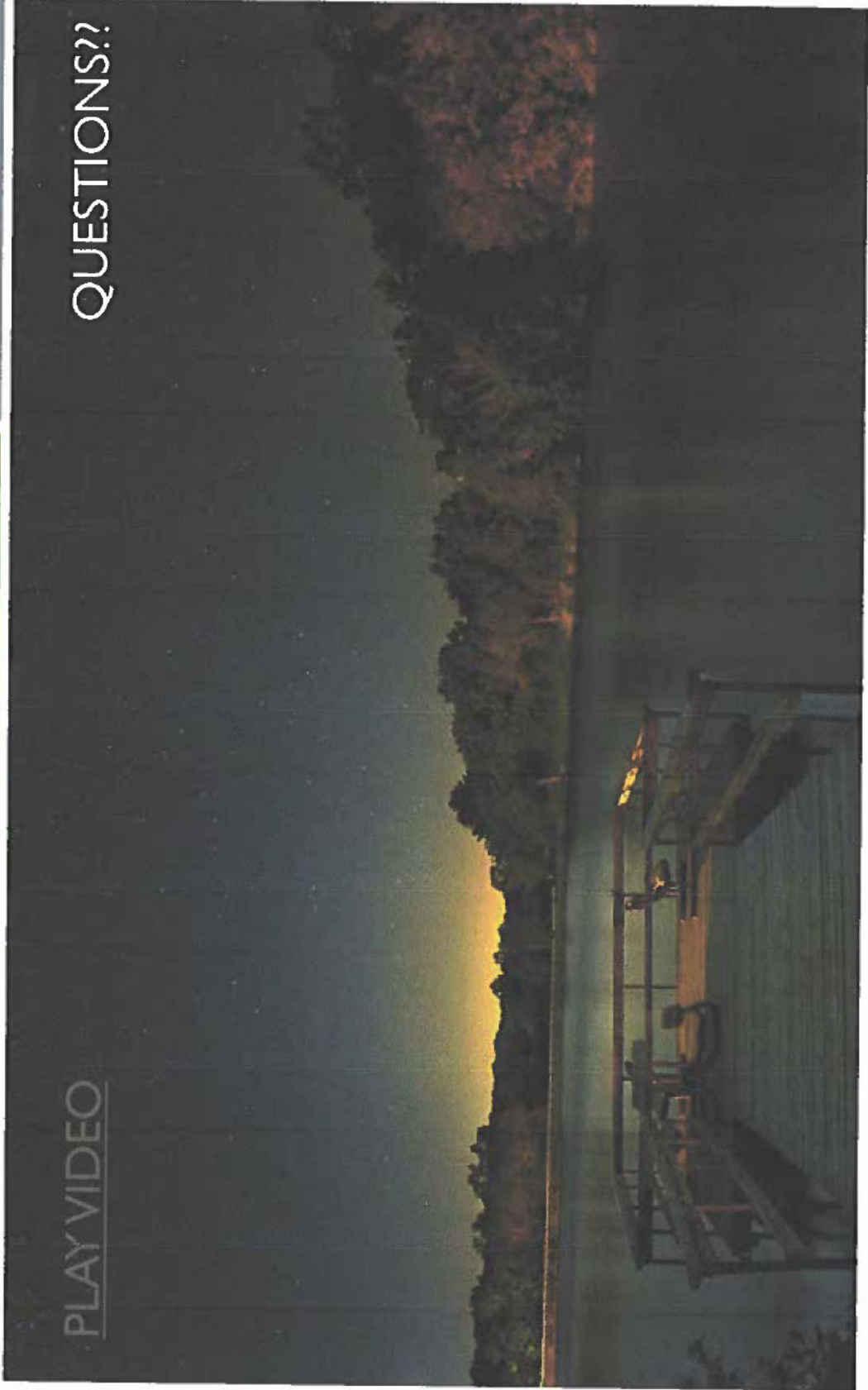
- | |
|--|
| • Prairie Cycle Club |
| • Prairie Rivers Network |
| • Preservation and Conservation Association (PACA) |
| • Pygmalion |
| • SJO Daily |
| • Sangamon River Conservancy |
| • Sierra Club Prairie Chapter |
| • St Joseph, Village of |
| • The Land Connection |
| • Urbana Sustainability Advisory Committee |

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THANK YOU FOR SUPPORTING YOUR CHAMPAIGN COUNTY FOREST PRESERVES!!

[PLAY VIDEO](#)

QUESTIONS??



SARAH LIVESAY | VP, BOARD OF COMMISSIONERS | SLIVESAY@CCFPD.ORG

MARY ELLEN WUELLNER | EXECUTIVE DIRECTOR | MWUELLNER@CCFPD.ORG

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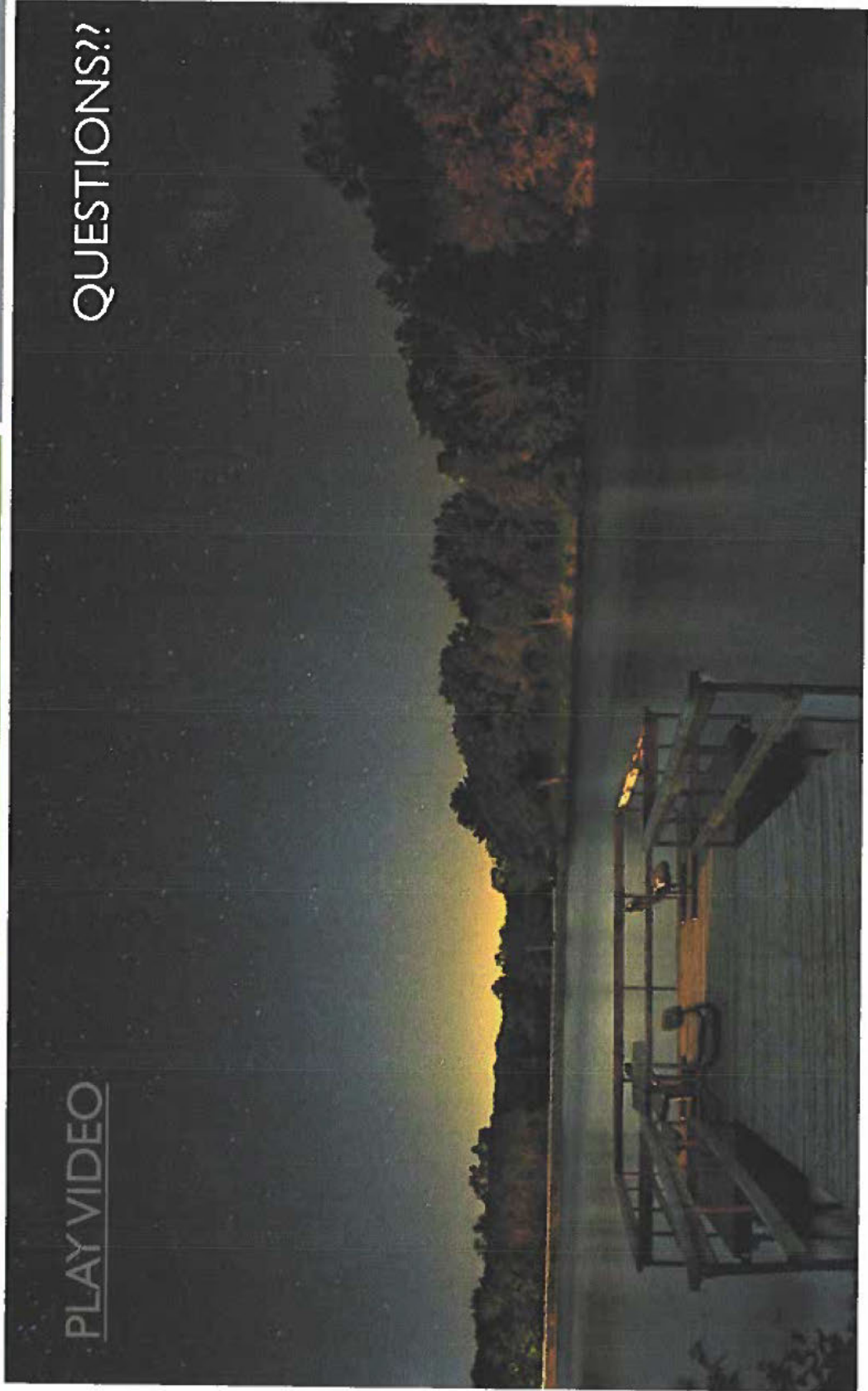
Thank you.

Protecting Nature.
Creating Connections.



QUESTIONS??

PLAY VIDEO



SARAH LIVESAY | VP, BOARD OF COMMISSIONERS | SLIVESAY@CCFPD.ORG

MARY ELLEN WUELLNER | EXECUTIVE DIRECTOR | MWUELLNER@CCFPD.ORG

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Protecting Nature.
Creating Connections.



Thank you.



BRIEFING MEMORANDUM

DATE: October 21, 2020
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: PY2022 Allocation Priorities and Decision Support Criteria

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2022, July 1, 2021 to June 30, 2022. Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Board. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. This draft is presented to the CCDDB for consideration and will be shared with providers, family members, advocates, and other stakeholders, for their comments. This and feedback from the Board will inform a revised draft for review and action at a meeting of the Board in November or December.

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to 14) is the basis for CCDDB funding policies. All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDB Funding Guidelines require that each year we review the decision support criteria and priorities to be used in the funding allocation process which results in contracts for services from July 1 to June 30. Upon approval by the Board, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

The Operating Environment Prior to 2020:

In previous decision support and priorities memoranda, we have described an operating environment and related challenges to the I/DD system which do not seem to change fundamentally from one year to the next.

Provider Capacity:

The cost of turnover among Direct Support Professionals (DSPs) is at least \$2,000 per DSP across the country. Illinois' low reimbursement rates have exacerbated the situation. During periods of staff absence, shifts are covered by supervisors, managers, or other staff at overtime. DSPs must complete over 40 hours of training at the beginning of their service. It is costly to lose these workers, and it becomes harder to replace them when other

employment opportunities are more lucrative and less demanding. The board's primary strategy for fulfilling its mission is to contract with community-based organizations for services and supports. Our success relies on a stable and qualified workforce.

- Gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- service capacity cannot be expanded without a larger direct support workforce, so that even people who have been selected from the state's PUNS (Prioritization for Urgency of Need for Services) database to receive Medicaid-waiver services struggle to find providers;
- turnover adds significant costs, such as recruitment and hiring, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff, as the need increases in other systems (e.g., care of older citizens) and as better paying opportunities arise outside of the social services;
- these problems are growing in other sectors of the I/DD workforce, including leadership and governance.

Limited Flexibility in Community-Based Services:

The national shortage of direct support professionals, personal support and respite workers is acutely felt in our community. Illinois ranks among the lowest of states in community-based I/DD care but is near the top in the use of institutional care, which separates people from their families and communities and ties up the state's I/DD appropriations in services that do not bring federal matching funds. System advocacy is needed, a strength of parent and self-advocacy networks who also point to the need for greater flexibility of care. Many barriers to flexibility arise from state and federal regulations and inadequate appropriations.

- State and federal regulatory and payment systems increase in complexity and are impacted by changes in leadership. When funding from these sources becomes harder to access, safety net systems and long-term care are threatened, shifting the responsibility to local communities.
- Provider agencies struggling to retain a workforce also experience "change fatigue." Service capacity has not expanded to meet the needs of eligible people but rather has steadily decreased across the state.
- Although Illinois has taken steps to correct low Medicaid I/DD reimbursement rates, they remain below actual cost and are identified each year by a Federal Court Monitor and Judge as contributing to non-compliance with the Ligas Consent Decree. Medicaid rules prohibit providers from charging more for a covered service to an eligible person or accepting a third-party payment. This further complicates fully serving people who use Medicaid and waiver services.
- Medicaid Managed Care contracting for I/DD would present even more challenges for provider organizations, insured persons, and local funders. Kansas and Iowa made the shift to Managed Care for I/DD with devastating results. If Illinois follows, the CCDDDB might consider new strategies for supporting people with I/DD, e.g., indirect/infrastructure funding to keep community-based service providers functioning in the Managed Care environment.
- Nearly 400 residents of Champaign County are eligible and enrolled for, but do not yet have, Medicaid waiver awards, which are funded through the state and

federal partnership. Enrollment in the Illinois Department of Human Services – Division of Developmental Disabilities' Prioritization of Urgency of Need for Services (PUNS) database lets the state know who is waiting and some of the services they seek; PUNS enrollment creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

The CCDDDB works with advocates and providers to develop the resources people are seeking, to improve outcomes for people, and to promote a healthy, inclusive community. While federal and state systems are complicated, we have sought opportunities within this community's control, optimistic that the local system could be strengthened through: direct funding of agencies on behalf of people with no other funding, or for services not otherwise funded; helping agencies to find and secure other funding; promoting system redesign; coordinating across providers and sectors; offering direct specific assistance to people with I/DD; and increasing community awareness and access to resources.

The Operating Environment After 2020:

The coronavirus pandemic of 2020 recasts these challenges. What we had advocated for with urgency might have preserved the independence, wellness, and even lives of people with I/DD and their family members. As communities attempt to reopen safely and 'normalize,' we should not forget some profound lessons, and consider compensating the essential workforce 'heroes' enough to keep them. 2020 has made the last many years look like practice. Crisis-mode and coping skills are put to the test. The I/DD system has been directly and indirectly impacted by the COVID-19 pandemic in unsurprising but major ways:

Further Loss of Provider Capacity:

In July, the American Network of Community Options and Resources (ANCOR) surveyed 191 I/DD service providers across the country to find that:

- 77% had closed programs or shut down entirely due to COVID related challenges;
- 16% of those did not expect to reopen;
- Most closures were of day and employment programs, where fewer people are served upon 'reopening' in order to ensure appropriate social distance, and lower utilization is not financially feasible;
- Additional costs (personal protective equipment, COVID-19 testing, cleaning supplies, training, staff overtime) may have been covered by short-term aid but will continue to be required for safe service delivery; and
- Increased access issues are predicted for people with I/DD (e.g. transportation).

(based on a summary report by Michelle Diament, "COVID-19 May Shut Many Disability Programs for Good" in Disability Scoop, August 24, 2020)

Virtual Day Services (VDS) is a newly approved service category in Community Day Services (CDS), after online platforms were explored by many service providers and their customers during shelter-in-place and reduced in-person phases. With the caveats that these be person centered and planned so that individuals can participate safely and with any appropriate supervision or support to do so, these activities:

- Assist with acquisition, retention, or improvement in self-help, socialization, and adaptive skills;

- Mitigate risks associated with social isolation (loneliness, declines in skills or memory, deterioration of personal hygiene or physical/mental health); or
- Support development of hobbies, leisure, or cultural interests, personal health and wellness, self-determination and self-advocacy, interaction among those not living together, or discussion of current events.

(from Allison Stark, Director of IDHS-DDD, webinar presentation on August 21, 2020)

In addition to barriers associated with the 'digital divide,' these activities newly billable for state-waiver recipients are limited:

“Only current CDS providers will be eligible to provide VDS. Up to 10 hours per week will be billable. The hours will count against the 1100 hours/year currently allowable for CDS. The anticipated staff/individual ratio will be 1:10. The proposed reimbursement rate is \$5.46/hour. It has not been decided yet whether the program will be applicable to ICF/DD and SODC residents.”

(from McManus Consulting newsletter, August 21, 2020)

Increased Pressure on Families:

Family caregivers of people with disabilities are more likely to be experiencing isolation, anxiety, and other ill-effects from the coronavirus pandemic. Respite or Personal Support Workers can provide relief. In a June 2020 report to the CCDDDB, funded agencies shared early examples:

- “Some families are spending an increased amount of time connecting with their ISC [CCRPC Independent Service Coordinator] due to increased isolation...” and
- “IFS [DSC Individual and Family Support] staff have taken a couple of the individuals out on rides, to the parks, or on walks to give some of the families who are really struggling and have no other support a break so they can get things done such as even just being able to mow their yard.”

Researchers at University of Pittsburgh’s National Rehabilitation Research and Training Center on Family Support surveyed 619 family caregivers and 2,933 non-caregivers in their area in April and May and found:

- Across ages and levels of education and income, 63% of caregivers had increased responsibilities for the family member;
- For over half, caregiving was emotionally more difficult due to Covid-19; and
- Compared to the non-caregivers, they were more likely to have worse health and finances, increased anxiety and depression, and greater worry about getting Covid-19.

University of Connecticut’s Collaboratory on School and Child Health researchers surveyed 407 caregivers across the country, 225 of whom had children with ASD or ADHD, and the remainder with typically-developing children:

- Family caregivers in both categories reported increased worry and decreased ability to participate in self-care activities;
- Those caring for typically-developing children cited inability to see friends or family;
- In contrast, those whose children have developmental disabilities reported a greater caregiving burden and symptoms of depression and anxiety; and
- Those caring for children with DD noted less support for their child’s educational goals, trouble accessing child care, loss of employment or reduced work hours, and increased financial strain.

(both studies are reported by Michelle Diamant in "Pandemic Hitting Families of Those with Disabilities Harder" in Disability Scoop, August 28, 2020)

Threats to Individuals' Skills and Well-being:

For people with I/DD, the loss of day programming, employment, social life, and community engagement, and the increased reliance on support at home, whether in the family home or in group living settings has brought new issues and exacerbated others:

- Loss of employment has been widespread as employers face profound financial hardships or go out of business. For laid-off workers who received pay due to relief funding, the loss of work has had other effects, and permanent job loss is possible. Where there have been modest gains in employment, people with disabilities are not experiencing the same recovery. According to the Institute on Disability's National Trends in Disability Employment Jobs Report for September 2020, "we are likely to see these declines continue as more workers move from furlough to termination."
- Community life is harder to access than ever. The previous persistent barriers to access pale in comparison to the extremely limited options for safe interaction with others, whether for recreation, fitness, faith, friendship, food, or other. Those services creatively offered in community settings have been very limited.
- In Illinois and elsewhere, Covid-19 took a heavy toll on residents and staff of congregate living settings, particularly those serving larger numbers of people.
- While the rates of infection and death have tended to be lower in smaller group living arrangements, there were other ill effects from isolation, fear of becoming sick, loss of loved ones, and disruption of routine. Individuals with I/DD and their staff have the same behavioral health concerns experienced by families during this time, including increased anxiety and depression. "Reopening" or resuming services requires sensitivity to the impacts of trauma on all participants.
- Racial disparities in all service systems are profound, and an example is cited in the section below on Underserved/Underrepresented Populations.

Among children returning to school remotely across the country, disparities in the educational system grew wider:

- Online learning interferes with IEPs (Individualized Education Programs) which set academic and behavioral goals and identify the services children are entitled to;
- Children who need hands-on instruction or can't work independently rely on parents who may not have the time, skill, or confidence;
- Gaps in children's online learning experience are 'sharply visible' and the role of parents crucial, so that even for those who don't have to work, distance learning is stressful, requiring equipment and time they did not already have; for parents already overstretched, the burden is unmanageable;

(summarized from "For Kids with Special Needs, Schooling Divides Haves and Have Nots" by Anna Almendrala, Kaiser Health News, September 16, 2020)

Even for children in families with adequate equipment and family resources, there are dangerous barriers:

- With inconsistent education during remote learning and difficulty securing assessments and services quickly, some children are losing progress;
- Therapists' services and evidence-based practices are not as effective through a computer screen, so many children are doing without;

- Parents must learn very quickly about a specific therapy, intervention, or communication strategy, in order to serve as the bridge while school districts work to improve teacher-student interactions;
- Some students are at high risk for social-emotional impacts, especially when unable to communicate with their families and therefore more isolated;
- Many who require special education services have been disproportionately absent from online learning platforms; and
- While remote assessments are being developed to offer in place of in-person versions, a backlog is growing.

(summarized from "Kids with Disabilities are Regressing: How Much is Distance Learning to Blame?" by Sonali Kohli, Los Angeles Times, August 25, 2020)

With loss of progress and the burden of new stresses, our service systems must prepare for increased demand for supports and services as physical restrictions are lifted and services 'resume'. Those most deeply impacted during 2020 will require more attention and support in 2021 and beyond, in order to fully recover from any losses and then to thrive.

To the extent possible, expanded or redesigned services should be pandemic-proof, supporting individual and family recovery from the long months of isolation and added stress, and securing a more stable service and support system for the future. This recovery should focus on individuals and their supporters, paid and unpaid. Formal services should focus on those who have no other source of funding on which to rely.

Expectations for Minimal Responsiveness:

Applications that do not meet these expectations are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system, at <http://ccmhddbrds.org>. The application must be completed using this system, with all required forms completed and submitted by the deadline. Accessible documents and technical assistance, limited to navigation of these online tools, are available upon request through the CCDDDB office.

1. Eligible Applicant, based on completed Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late or incomplete applications will not be accepted.*
3. Proposed services or supports must relate directly to intellectual/developmental disabilities. **How will they improve the quality of life for persons with I/DD?**
4. Application must include evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.
5. Coordination with providers of similar or related services must be demonstrated.

"I want to work part time, hang out with my mom, and live a low-key life."

- *Anonymous, from the CCDDDB 2018 Community Needs Survey*

Assessed Needs of Champaign County Residents:

The September 8, 2020 State of Illinois PUNS data show the following unmet needs for Champaign County residents, in rank order:

- Personal support (habilitation, personal care, respite)
- Transportation supports
- Vocational supports
- Behavioral supports
- Residential supports (out of home 24 hour or less)

The year-end report prepared by the Champaign County Regional Planning Commission (CCRPC) Independent Service Coordination (ISC) unit aggregates the results of additional questions asked of those who enroll or update their PUNS information during the contract year. From that assessment, we learn that people value activities such as going out to dinner, movies, sporting events, and other recreation. Because this is not asked on behalf of the state but rather on behalf of the CCDDDB, it is not documented in the summary above. Recreational and social activities are often affordable in our county under 'normal' circumstances, and some were transitioned to online platforms during the far-from normal 2020. As we move to a new normal, we should not lose sight of these preferences.

To the extent that help from others is desired and effective, a well-coordinated system of services and supports can improve an individual's access, independence, self-esteem, and productivity. People who are realizing their goals and feel connected are healthier and safer and contribute meaningfully to the community's health, culture, economy, and mood.

Program Year 2022 CCDDDB Priorities:

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community. Parents and self-advocates define and improve the system of supports, including non-traditional resources, and raise awareness of disabilities and of how the system works. Self-advocacy and family support organizations, especially those governed by people who have I/DD and their families/supporters, might focus on: improved understanding of the personal experience of I/DD, resources, and rights; peer mentoring and networking to support other family- or self-advocates; navigating the service system; engaging in system-level advocacy; and distributing current information on any helpful resources.

Priority: Linkage and Coordination

The CCDDDB 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 required for all Home and Community Based Services. Different from CFCM, intensive case management or coordination of services may be helpful to people with more complex support needs related to aging, co-occurring conditions, or traumatic experiences. Planning and assessment activities should have no risk of conflict of interest; advocacy, linkage, and coordination of services should be guided by a Person-Centered Plan.

Priority: Home Life

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 limitations of residential options funded by the state/federal partnership, proposals may offer creative approaches to independent community living in Champaign County, especially for those who qualify for but receive no services. Home Life supports will also include: finding, securing, and maintaining a home; preparing to live more independently or with a different set of people; and similar.

Priority: Personal Life and Resilience

Delivered in the least segregated environments and selected by the person, supports for personal success and resilience may include: assistive technology and accessibility supports; speech or occupational therapy; respite or personal support in the individual's home; personal care in other settings; training toward greater self-sufficiency; transportation assistance; strategies to improve physical and mental health, and more.

Priority: Work Life

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 aspirations and abilities, in the most integrated community settings possible. Paid internships may produce positive results for people traditionally directed to sheltered day 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.

Priority: Community Life and Relationships

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration. Of interest would be: facilitation of social and volunteer or mentoring opportunities; support for development of social and communication skills; connection to opportunities available to community members who do not necessarily have I/DD; and access to preferred recreation, hobby, leisure, or worship activities.

Priority: Young Children and their Families (collaboration with the CCMHB)

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, 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; or systematic identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces. Through the Boards' intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded these programs, which complement programs addressing behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2022, the CCMHB may continue this priority area as a demonstration of their continued commitment to people with I/DD.

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Programs should promote access for underserved/underrepresented populations as identified in the 2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Members of racial and ethnic minority groups also encounter disparities in access to and quality of care related to I/DD.

For example, on average, Black children are almost 5.5 years old before they receive a diagnosis of autism. Because a reliable diagnosis can be made before age 2 and effective early therapy can be offered, this is a critical delay in opportunity, with harmful outcomes. Washington University researchers studied 584 Black children seen in autism specialty centers in St. Louis, Atlanta, New York, and Los Angeles and found:

- Diagnosis of autism occurred six months later than for their white peers;
- This delay occurred in spite of parents having reported their concerns about the child's development for more than three years and to multiple specialists;
- This delay was not associated with access to health insurance;
- Although prevalence of autism is consistent across racial groups, there was a disproportionate burden of I/DD in this sample, with absence of predictive factors (household income, preterm birth); the researchers warn that racial disparities in diagnosis and care should be taken very seriously.

(as reported in "Black Children Wait Longer for Autism Diagnosis" by Shaun Heasley, Disability Scoop, August 25, 2020)

A Cultural and Linguistic Competence Plan (CLCP) is required of each applicant organization, and the online application system includes a CLCP form aligned with requirements of Illinois Department of Human Services. The form has been modified so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services; engagement strategies should be identified.

Inclusion, Integration, and Anti-Stigma

Proposals for funding should promote the fullest possible community integration. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or social clubs/networks. Community involvement helps decrease stigma. Stigma limits people's participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity, immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB has an interest in building resilience, community awareness, and inclusion, as well as directly challenging negative attitudes and discriminatory practices. Fullest inclusion aligns with standards established in Home and Community Based Services

rules, Workforce Innovation and Opportunity, and Department of Justice ADA/Olmstead findings. Although complicated, the paradigm shift these represent is clear.

Outcomes

Applications for funding will identify measures of access for people seeking to participate in the program and outcomes expected to result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are available online. A small set of programs may be selected to receive intensive support from UIUC Department of Psychology researchers in the development and use of theory of change logic modeling. Organizations reporting on outcomes to other funders may include those outcomes, if relevant, in the application for CCDDDB funding. The Council on Quality and Leadership and the National Core Indicators share a focus on:

- *Personal Outcomes* – improve people's positive **relationships**, increase personal **satisfaction**, allow them to exercise **choice** in decisions made about/for/with them, support **self-determination**, support **real work**, and increase people's **inclusion** in their community.
- *Family Outcomes* - support **involvement** of family members of people who have I/DD, offer them opportunities for **connection**, reliable resources for **information**, **planning**, **access**, and **support**, give them **choice and control**, and maximize **satisfaction**.

Coordinated System

Toward a more inclusive, efficient, and effective local system, proposals should include evidence of collaboration and should acknowledge other resources and how they are linked. In recent years, the CCDDDB has emphasized coordination and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: collaboration with other providers; a commitment to updating information in resource directories and databases; and participation in trainings, workshops, or council meetings with other providers of similar services. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaboration, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other partnerships between providers; applications for funding should acknowledge these relationships. Collaboration may also be captured in a joint application submitted by two or more agencies and proposing services and supports consistent with their shared mission. Shared infrastructure (physical, data systems, professional services, etc.) can support organizations' common goals, reducing indirect costs, reporting on shared outcomes, etc.

Budget and Program Connectedness

Proposals require a Budget Narrative explaining the relationship between anticipated costs and program components. Clarity about what the Board is buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDDB. While these funds should not pay for service activities

or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Person Centered Planning (PCP)

Every person who will participate in a proposed program should have the opportunity to direct their services and supports. The Person-Centered process seeks a balance between what is important TO a person and what is important FOR a person and includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB funding should be associated with people rather than programs. All services and supports should be documented in a plan which is directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP. In a self-determined, integrated system:

- *people control their day*, what they do and where, and with whom they interact;
- *people build connections* to their community as they choose, for work, play, learning, and more, in the same places and times used by other community members;
- *people create and use networks of support* consisting of friends, family, community members with similar interests, and allies they choose; and
- *people advocate for themselves*, make informed choices, control their own service plans, and pursue their own aims.

Applications for funding will describe how specific services relate to what people have indicated that they want and need. For PY2021, funded programs will be required to report all service activities in simple categories, as full hours, to capture whether the service happens with the individual or on their behalf (in their absence) and whether the service is delivered in the community (including the person's home) or at an agency office. Benchmarks may be developed to promote fullest inclusion. Previous years' aggregate reports have demonstrated the complicated service mix and widely varying utilization patterns and costs, but lowering the time spent reporting should increase direct support.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered. Staff Credentials: Highlight staff credentials and specialized training. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDDB resources: state, federal, and local funding; volunteer or student support; community collaborations. If CCDDDB funds are to be used to meet a match requirement, reference the funder requiring match and identify the match amount in the Budget Narrative. *The CCDDDB is often not eligible to apply directly for federal or state funding but encourages and assists eligible entities in identifying and pursuing opportunities.*

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process,

including an organization eligibility questionnaire, before receiving access to online application forms. Criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system, at <http://ccmhddbrds.org>. Final decisions rest with the CCDDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision support criteria.

The Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB) establishes that a portion of CCMHB funding be reserved for allocation to I/DD services and supports. These allocation decisions are aligned with CCDDDB priority areas as defined in this document. Recommendations will be made by the CCDDDB and staff, which are then considered and acted upon by the CCMHB, resulting in contracts between the CCMHB and I/DD service providers.

The CCDDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its members who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities. The CCDDDB may also choose to identify requests, including for capital and infrastructure projects, which are appropriate for an award of funding to be issued during the Program Year 2022 but later than July 1, 2021, in the event of greater than expected Board revenue.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.

- Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications shall be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- During and subsequent to its application review process, the CCDDDB may deem some programs as appropriate for two-year contracts.



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Other products and services are also available to further benefit parents of young children and supporting communities. These include some of the following:

-  Watch Me Grow Inventories
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-  Parents and Children Together-Community Screenings (PACT-CS)
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-  Special Games and Toys for Young Children



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-  Fun in Fitness Events (FIFE)
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-  Research and Evaluation to Identify and Assess the Best Practices that can be used to Maximize Growth and Development Potential of Young Children
-  Community Programs and Services to Facilitate Productive and Positive Parenting of Young Children

Utilization Summaries for PY2020 CCDDDB and CCMHB I/DD Programs

Detail on each program's performance toward defined consumer outcomes during the funding year of July 1, 2019 to June 30, 2020 is available at <http://ccmhddbrds.org>, among downloadable public files toward the bottom of the page. The relevant document is titled "CCDDDB PY20 Performance Outcome Reports."

Priority: Comprehensive Services and Supports for Young Children

Champaign County Regional Planning Commission Head Start/Early Head Start Social Emotional Development Services \$112,004 (CCDDDB & CCMHB)

Services: Program seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person. **Utilization targets:** 80 TPC, 70 NTPC, 20 CSE, 700 SC, 10 Other (newsletter articles, staff training). **Utilization actual:** 52 TPC, 29 NTPC, 17 CSE, 638 SC, 16 Other (newsletter articles, staff training).

Developmental Services Center Family Development Center \$579,148 (CCMHB)

Services: Serves children birth to five years of age, with or at risk of developmental disabilities, and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. **Utilization targets:** 655 TPC, 200 SC, 300 CSE. **Utilization actual:** 724 TPC, 146 SC, 374 CSE.

Priority: Self-Advocacy and Family Support Organizations

CU Able CU Able Community Outreach \$17,285

Services: Networking, education and social opportunities for families of people with disabilities, regardless of disability type. Monthly meetings for caregivers of people with disabilities, professionals and students from the University of Illinois and Parkland. Online community is an extremely important part of community allowing for quick feedback and providing support at all hours of the day. Annual Moms Retreat provides opportunity for respite for female caregivers to come together for networking, relaxation and educational opportunities. **Utilization targets:** 150 TPC, 125 NTPC, 150 SC, 16 CSE. **Utilization actual:** 23 TPC, 29 NTPC, 146 SC, 27 CSE.

Champaign County Down Syndrome Network CC Down Syndrome Network \$15,000

Services: Support to people with Down Syndrome and their families, providing current DS related information for members, parents, professionals and the general public. DSN reaches out to new parents, providing many networking & social opportunities as well as education, support & connections to local resources. DSN hosts many community awareness events each year, helping to promote inclusion for

individuals with Down syndrome in our community. **Utilization targets:** 138 TPC, 48 NTPC, 18 CSE. **Utilization actual:** 124 TPC, 128 NTPC, 13 CSE.

Community Choices Self Determination Support \$138,000

Services: Leadership & Self-Advocacy: a two-tiered Leadership Class, co-developed by self-advocates, focusing on fostering leadership skills and putting leadership into action. Family Support & Education: a public monthly meeting, to learn best practices and options, community family, and a family specific support group. Building Community: options for adults with disabilities to become engaged with others. **Utilization targets:** 145 NTPC, 1994 SC, 4 CSE, 1253 Other (direct support hours). **Utilization actual:** 167 NTPC, 3665 SC, 9 CSE, 2383 Other (direct support hours).

Priority: Linkage and Advocacy for People with I/DD

Champaign County Regional Planning Commission Community Services

Decision Support Person Centered Planning \$319,420

Services: ISC staff continue to assess persons transitioning from other counties who are eligible for and may or may not be receiving DHS waiver funding, who have not yet been assessed for service preferences. Transition Consultants assist people/families in conflict free transition planning. Provides extensive outreach, preference assessment, and person-centered planning services for Champaign County residents with I/DD without waiver funding. Consultation and transition planning provided to people with I/DD (and families) nearing graduation from secondary education. New in 2018: Provides conflict free person-centered planning and case management services, using DHS' Discovery and Personal Plan tools currently utilized by ISC agencies throughout Illinois for those with Medicaid waiver funding. **Utilization targets:** 248 TPC, 250 NTPC, 300 SC, 40 CSE. **Utilization actual:** 353 TPC, 244 NTPC, 232 SC, 37 CSE.

Developmental Services Center Service Coordination \$423,163

Services: Serves children and adults with I/DD who request support to enhance or maintain their highest level of independence in the community, at work, and in their home. Focusing on the hopes, dreams, and aspirations serves as the basis of planning and outcomes for that person. With each person as the center of their team, Case Coordinators work closely with all members of each person's team assuring the most person-centered and effective coordination. **Utilization targets:** 300 TPC, 36 NTPC, 100 SC, 2 CSE. **Utilization actual:** 266 TPC, 34 NTPC, 53 SC, 2 CSE.

Rosecrance Champaign/Urbana Coordination of Services – DD/MI \$35,150

Services: Emphasis on serving people who are presently in residential settings for persons with I/DD, are living in other settings (families, friends, or self) but are struggling in caring for self in these environments, or are at-risk of hospitalization or homelessness due to inadequate supports for their co-occurring conditions. Focus is to ensure that services are coordinated effectively, that consistent messages and language are used by service providers; and that service needs receive appropriate priority in both systems of care. **Utilization targets:** 30 TPC, 15 SC, 12 CSE. **Utilization actual:** 27 TPC, 7 SC, 10 CSE.

Priority: Employment Services and Supports

Community Choices Customized Employment \$118,016

Services: focus on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. **Utilization targets:** 38 TPC, 1120 SC, 4 CSE, 1530 Other (direct support hours). **Utilization actual:** 38 TPC, 1724 SC, 5 CSE, 648 Other (direct support hours).

Developmental Services Center Community Employment \$361,370

Services: Assists people to obtain and keep jobs. Including a person-centered job discovery; business exploration, online research, and speaking/listening to others' regarding job experiences; resume/portfolio development; interview prep and meetings with potential employers; identifying niches in local businesses that emphasize the job seeker's strengths; advocating for accommodations; self-advocacy support; provision of benefits information; discussion/experiential opportunities for soft skills; develop and maintain long-term business relationships. **Utilization targets:** 70 TPC, 5 CSE, 15 SC. **Utilization actual:** 75 TPC, 4 CSE, 19 SC.

Developmental Services Center Connections \$85,000

Services: Focused on building connection, companionship, and contribution in the broader community and pursues creative employment possibilities. People have expressed a desire to expand on interest in art nurturing their creative self, fostering community engagement and pursuing a desire for employment opportunities. Individual and small group activities will occur during the day. Services are driven by each person. **Utilization targets:** 25 TPC, 12 NTPC, 4 CSE. **Utilization actual:** 19 TPC, 11 NTPC, 2 CSE.

Developmental Services Center Employment First (with Community Choices) \$80,000

Services: Emphasis and priorities include: individual and family education events; ongoing staff development to facilitate DSC's shift in culture to more community and employment focused outcomes; continued business/employer outreach to provide education and certification for disability awareness for employers; establishing and maintaining relationships with all newly certified businesses; engaging in communication and advocacy with various state agencies/representatives around Employment First implementation. **Utilization targets:** 50 NTPC, 20 CSE. **Utilization actual:** 0 NTPC, 11 CSE.

United Cerebral Palsy - Land of Lincoln Vocational Services \$60,000

Services: Vocational support services to people with I/DD, ages 18-55, in Champaign County. Services include extended job coaching and case management to employed people and vocational training and job development to people seeking employment or improvement of skills. Job coaching/support services allow people to continue working in their community, receive promotions, and have the opportunity to increase hours. People looking for employment receive vocational training to help prepare them for the workforce and to increase employability skills. **Utilization targets:** 30 TPC, 70 SC, 25 CSE. **Utilization actual:** Contract was terminated in October 2019, \$17,520 was paid to UCP before the contract termination. \$19,116 was reallocated to Community Choices to serve 9 people formerly served by UCP. \$23,364 was reallocated to fund the CCDDDB Mini-Grant project.

Priority: Non-Work Community Life and Flexible Support

Developmental Services Center Apartment Services \$442,757

Services: Supports people with I/DD who reside in their own home in the community. The program has three primary goals: promote independence by learning/maintaining skills within a safe environment; provide long-term/on-going support in areas that cannot be mastered; provide increased support as needed due to aging, deteriorating health or other chronic conditions that jeopardize their ability to maintain their independence. Emergency Response is available for those needing assistance after hours and on the weekends. **Utilization targets:** 56 TPC, 8 SC. **Utilization actual:** 55 TPC, 15 SC.

Developmental Services Center Clinical Services \$174,000

Services: Provides clinical supports and services to children and adults with I/DD. Consultants under contract include one Licensed Clinical Psychologist, two Licensed Clinical Social Workers, three Licensed Clinical Professional Counselors, one Licensed Professional Counselor and one Psychiatrist. Consultants meet with people at their private practice, at the person's home, or DSC locations. People schedule their appointments or receive support from family and/or DSC staff members for scheduling and transportation. **Utilization targets:** 65 TPC, 5 NTPC, 10 SC, 2 CSE. **Utilization actual:** 67 TPC, 3 NTPC, 9 SC, 1 CSE.

Developmental Services Center Community First \$822,970

Services: Serves those receiving community and site-based services, transitioning from a center-based model to community connection and involvement. Efforts to support people in strengthening connections with friends, family, and community through volunteering, civic duty, citizenship, and self-advocacy opportunities; enhancing quality of life through recreational activities, social events, educational, and other areas of interest; access to new acquaintances; and job exploration in interest area and detection of support for employment goals. **Utilization targets:** 55 TPC, 40 NTPC, 5 SC, 4 CSE. **Utilization actual:** 52 TPC, 107 NTPC, 19 SC, 6 CSE.

Developmental Services Center Individual & Family Support \$416,561

Services: Program serves children and adults with I/DD with priority consideration given to individuals with severe behavioral, medical, or support needs. Program is a flexible and effective type of choice-driven service to people and families. People may choose to purchase services from an agency or an independent contractor/vendor. Program continues to provide creative planning, intervention, and home/community support, collaborating with families, teachers, and other members of the person's support circle. **Utilization targets:** 18 TPC, 36 NTPC, 5 SC, 2 CSE. **Utilization actual:** 16 TPC, 31 NTPC, 9 SC, 1 CSE.

PACE, Inc. Consumer Control in Personal Support (NEW) \$23,731

Services: Personal Support Worker (PSW) recruitment and orientation, focused on Independent Living Philosophy, Consumer Control, and the tasks of being a PSW. Personal Assistant/Personal Support Worker Registry can be sorted by; location, time of day, services needed, and other information which allows consumers to get the PSW that best matches their needs. Service is designed to ensure maximum potential in matching person with I/DD and PSW to work long-term towards achieving their respective goals. **Utilization targets:** 50 NTPC, 200 SC, 12 CSE, and 100 Other (direct support hours). **Utilization actual:** 88 NTPC, 255 SC, 16 CSE, and 259 Other (direct support hours).

Priority: Expansion of Independent Community Residential Opportunities

Community Choices Community Living \$81,000

Services: COMMUNITY TRANSITIONAL SUPPORT – A four-phase model for supporting individuals with developmental disabilities to move into the community. PERSONAL DEVELOPMENT TRAINING includes small classes and 1-on-1 instruction. Eight sessions of hands-on, interactive instruction are held throughout the year. Each class focuses on different topics, and people can take multiple sessions to build skills and confidence so they can continue their lifelong learning in integrated settings in the community. **Utilization targets:** 15 TPC, 15 NTPCs, 2 CSE, 250 SC, 1602 Other (direct support hours). **Utilization actual:** 15 TPC, 21 NTPC, 3 CSE, 149 SC, 1361 Other (direct support hours).

Individual Advocacy Group, CILA Expansion \$50,000 (CCMHB and CCDDB)

This annual investment pays for property management costs of two of the three local small group homes run by Individual Advocacy Group, which was selected in 2014 through an RFP process to provide services to people with I/DD living in MHB/DDB owned-homes. During 2019, the CCMHB contributed a larger share in order to pay off the mortgage loan in full; the CCDDB continues to transfer \$50,000 to this fund each year until their total payments are equal to the CCMHB contribution. **Utilization:** 6 TPCs with staffing ratios from 1:4 to 2:3 and a choice between IAG 'Flexible Day Experience' and community day programs run by other local providers.

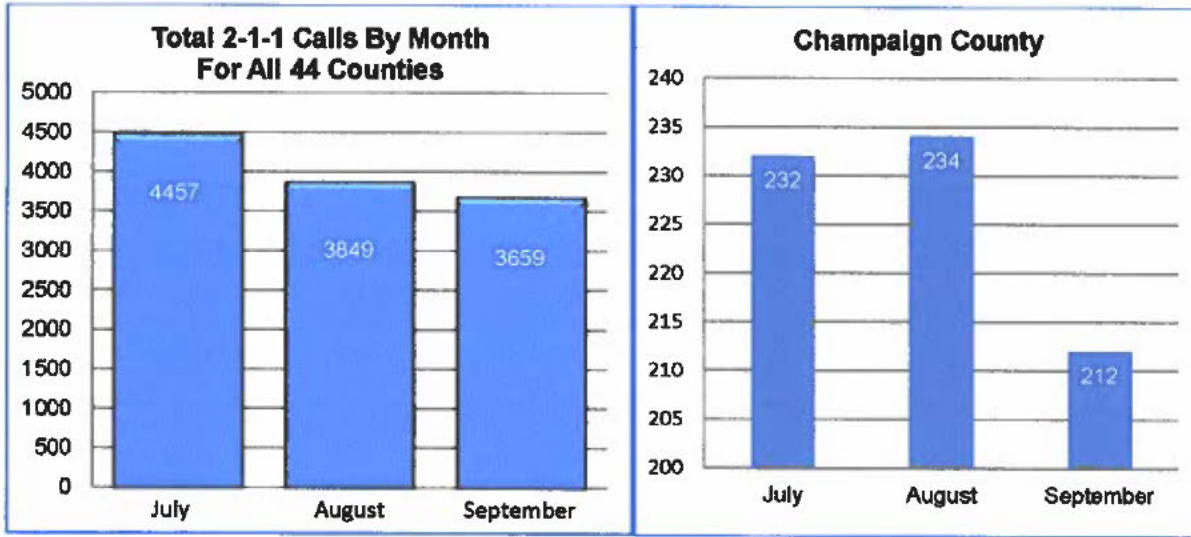


United Way 2-1-1 Report

Champaign County

July - September 2020

Submitted by: Susan Williams, Database Manager, PATH, Inc.



Adult	570
Unknown	17
Senior	88
Youth	3

Female	506
Male	149
Unknown	23

Individual	626
Third Party	36
Agency	8
Doctor/Hospital/Clinic	1
Business	0
School	3
Church	2
Police/Sheriff	2

For more detailed information on Reason for Contact see enclosed "AIRS Problem Needs and Referral Count" report.

Number Performed	130
Received Assistance	30
Did Not Receive Assistance	21
Attempted; no answer; number did not work; referral not contacted	79

Self-Referral	498
Agency	116
Family/Friend	20
United Way	4
Internet	11
Doctor/Hospital/Clinic	4
Business	6
Case Worker	8
Clergy/Church	2
Police/Fire	5
School	2
Radio	0
TV	2
Other Advertisement	0

8 am-5 pm	603
6-11 pm	65
Midnight-7 am	10

Rent Assistance	237
Homeless Shelter/Services	149
Utility Assistance	92
Food Pantry/Food Services	58
COVID-19 (Coronavirus)	27
Low Income/Subsidized Rentals/Housing Needs	53
Information & Referral	24
Transportation	16
Mental Health/Counseling	15
Temporary Financial Asst.	12
Clothing	12
Domestic Violence	11
Crisis Intervention/Suicide	10

61821 - 152
61820 - 145
61802 - 117
61801 - 96
61866 - 81
61822 - 38
61853 - 19
61880 - 9
61874 - 6
61862 - 2

COVID-19 Contacts

Out of the 678 total contacts for Champaign County, 158 were directly related to COVID-19.

Top 10 Agency Referrals also showing COVID-19 as the Reason for Referral

Champaign County Regional Planning Commission	299
Covid-19 related - 99	
Salvation Army of Champaign County	216
Covid-19 related - 70	
City of Champaign Township	78
Covid-19 related - 24	
Illinois Department of Commerce & Economic Opportunity	47
Covid-19 related - 36	
Cunningham Township	46
Covid-19 related - 12	
Austin's Place Emergency Shelter for Women	44
Covid-19 related - 4	
C-U at Home	41
Covid-19 related - 9	
Ameren Illinois	20
Covid-19 related - 8	
Housing Authority of Champaign County	20
Covid-19 related - 3	
Restoration Urban Ministries	20
Covid-19 related - 5	

Top Unmet Needs

Temporary Financial Assistance	10
Homeless Motel Vouchers	8
Homeless Shelter	7
Medical Care Expense Assistance	6
Rent Assistance	6
Furniture & Household Goods	6
Homeless Permanent Supportive Housing	4
Utility Assistance	3
Extreme Weather Shelters	2
Food Pantries	2
Mortgage Assistance	2
State Unemployment Insurance	2

There were 17 more unmet needs recorded with one contact (call) logged for each of them; please see the attached Excel report on Unmet Needs to see them.

All 211 Calls

07-01-2020 through 09-30-2020

Service Level % = Percentage of calls answered within 90 seconds. Our goal is 80%. Our goal for abandoned calls is 9%.

SKILL NAME	TOTAL CALLS	AVG HANDLE TIME	ABAN-DONS	AVG INQUEUE TIME	ABAN-DONS	AVG ABANDON TIME	SERV. LEVEL
United Way 211	11,965	00:06:21	1,933	00:01:10	13.88%	00:01:28	70.02%

50



CCDDB 2020-2021 Board Meeting Schedule

9:00AM except where noted

Brookens Administrative Building, 1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557> or 312-626-6799, with Meeting ID 815 5912 4557

November 4 – Lyle Shields Room – *tentative*

November 30 – Lyle Shields Room – *tentative*

December 16 – Lyle Shields Room

January 20, 2021 – Lyle Shields Room

January 27 – Lyle Shields Room – *tentative*

February 17 – Lyle Shields Room

March 17 – Lyle Shields Room

March 24 – Lyle Shields Room – *tentative*

April 21 – Lyle Shields Room

May 19 – Lyle Shields Room

June 23 – Lyle Shields Room

July 21 – Lyle Shields Room

August 18 – Lyle Shields Room – *tentative*

September 22 – Lyle Shields Room

October 20 – Lyle Shields Room

November 17 – Lyle Shields Room

December 15 – Lyle Shields Room - *tentative*

*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)
<https://us02web.zoom.us/j/81393675682> or 312-626-6799, Meeting ID: 813 9367 5682

October 21, 2020
October 28, 2020 – study session
November 18, 2020
December 16, 2020
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 CCDDDB 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 (Lyle Shields 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*
- 11/4/20 **Regular Board Meeting (Lyle Shields Room)**
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)**
Approve Three Year Plan with One Year Objectives
- 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.

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE).

FY – Fiscal Year, which for the County is January 1 through December 31.

GAF – Global Assessment of Functioning. A subjective rating scale used by clinicians to rate a client's level of social, occupational and psychological functioning. The scale included in the DSM-IV has been replaced in the DSM-V by another instrument.

HBS – Home Based Services, also referred to as HBSS or HBSP

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under

Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

LGTBQ – Lesbian, Gay, Bi-Sexual, Transgender, Queer

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

MHP - Mental Health Professional, a bachelors level staff providing services under the supervision of a QMHP.

MI – Mental Illness

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MSW – Master of Social Work

NCI – National Core Indicators

NOS – Not Otherwise Specified

NTPC -- NON - Treatment Plan Clients. Persons engaged in a given quarter with case records but no treatment plan. May include: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts, or cases assessed for another agency. It is a category of service measurement, providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II utilization form. The actual activity to be performed should also be described in the Part I Program Form, Utilization section. Similar to TPCs, they may be divided into two groups: New TPCS – first contact within any quarter of the plan year; Continuing NTPCs - those served before the first day of July and actively receiving services within the first quarter of the new program year. The first quarter of the program year is the only quarter in which Continuing NTPCs are reported.

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

PASS – Plan for Achieving Self Support (Social Security Administration)

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PRN – when necessary, as needed (i.e., medication)

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization of Urgency of Need for Services. PUNS is a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need. An individual's classification of need may be emergency, critical, or planning.

PY – Program Year, runs from July to following June. For example, PY18 is July 1, 2017 to June 30, 2018. May also be referred to as Contract Year (CY) and is often the Agency Fiscal Year (FY).

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional, a Master’s level clinician with field experience who has been licensed.

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

SAMHSA – Substance Abuse and Mental Health Services Administration, a division of the federal Department of Health and Human Services

SASS – Screening Assessment and Support Services is a state program that provides crisis intervention for children and youth on Medicaid or uninsured.

SCs - Service Contacts/Screening Contacts. The number of phone and face-to-face contacts with eligible persons who may or may not have open cases in the program. Can include information and referral contacts or initial screenings/assessments or crisis services. May sometimes be referred to as a service encounter (SE). It is a category of service measurement providing a picture of the volume of activity in the prior program year and a projection for the coming program year on the Part II form, and the activity to be performed should be described in the Part I Program Plan form-Utilization section.

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

SF – Service Facilitation, now called “Self-Direction Assistance”

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

TPCs - Treatment Plan Clients - service recipients with case records and treatment plans. It is a category of service measurement providing an actual number of those served in the prior program year and a projection for the coming program year on the Part II Utilization form, and the actual activity to be performed should also be described in the Part I Program Plan form -Utilization section. Treatment Plan Clients may be divided into two groups: Continuing TPCs are those with treatment plans written prior to the first day of July and actively receiving services within the first quarter of the new program year (the first quarter of the program year is the only quarter in which this data is reported); New NTPCs are those newly served, with treatment plans, in any quarter of the program year.

VI – Visual Impairment

VR – Vocational Rehabilitation

WHODAS – World Health Organization Disability Assessment Schedule. It is a generic assessment instrument for health and disability and can be used across all diseases, including mental and addictive disorders. The instrument covers 6 domains: Cognition, Mobility; Self-care; Getting along; Life activities; and Participation. Replaces the Global Assessment of Functioning in the DSM-V.

WIOA – Workforce Innovation and Opportunity Act

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities Staff Report – October 2020

CCDDB: Included in this board packet is the Utilization Summaries for PY2020 CCDDB and CCMHB I/DD Programs. This document shows each program's performance toward defined consumer outcomes during PY20. A combined Performance Outcome Reports document was also created and will be posted on <http://ccmhddbrds.org> for viewing.

2nd Quarter claims were created in the Online Reporting System for claims entry by the CCDDB programs. I provided support to programs having trouble with their claims and upload sheets.

CCDDB Mini-Grant: After the September approval of changes to two Mini-Grant agreements, I reached out to those families to let them know of the approval of their requests. I have been working with other families to finalize their purchases. I have had to become more strategic with the purchasing process due to the cost of recent purchases and delays with the USPS.

Learning Opportunities: Kim Bryan, Rattle the Stars, presented "RTS/C – Responding to Suicide with Compassion" in September. The event was held virtually and was well-attended by local agency staff.

Sierra Maniates and Jacqui Simmons Groves Prevention Educators from RACES will be presenting in October and November. "Working with Clients with Intellectual and Developmental Disabilities: Understanding and Responding to Sexual Violence" is scheduled for October 29, 2020 and "Working with Clients with Intellectual and Developmental Disabilities: Supporting Healthy Sexuality as Sexual Violence Prevention" is scheduled for November 19, 2020, each session is scheduled from 10AM-12PM.

In December, Ross Wantland, Director of Curriculum Development and Education, UIUC Office of the Vice Chancellor for Diversity, Equity, and Inclusion will be presenting, "Not So Small: Examining and Addressing Racial Microaggressions."

Each session offers Social Work CEUs, approved by the University of Illinois School of Social Work. There is an application process for approval of CEUs for each session. QIDP CEUs are also offered for each session.

MHDDAC: I participated in the monthly meeting of the MHDDAC.

NACBHDD: I participated in monthly I/DD committee calls.

Disability Resource Expo: I participated in Expo Steering Committee meetings. I administered all of the Expo Third Thursday Resource Round-up (TTRR) exhibitor recording events and sent each recording to Rev.com for English captioning and Spanish subtitles. In addition to being used for the TTRR events, the videos will be available on the Disability Resource Expo website. I also maintained the TTRR registration form and worked with the Expo Coordinators to assign

registrants to their requested Breakout rooms and I administered the Zoom session for the first TTRR event.

I participated in Zoom meetings with U of I Students working on behalf of the Expo to create short videos for Expo Exhibitors.

Other activities: I participated in over 15 webinars and multiple Facebook lunchtime chats.

I also participated in Zoom meetings with the United Way, Cunningham Township, the CCMHB, Path, Dr. Anita Chan, and other students from UIUC regarding the 2-1-1 PATH website.

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. **26 of 33** people have received an award letter Home-Based Support Services (HBS). **One** person has been awarded CILA funding and is still awaiting placement. **Two** people are working to determine if Family CILA or HBS is the best fit for them. 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 and **one** person was determined ineligible.

In July 2020, **23** people from Champaign County received a PUNS selection letter. **Four** people have 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.

Stephanie Howard-Gallo
Operations and Compliance Coordinator Staff Report -
October 2020 Board Meeting

SUMMARY OF ACTIVITY:

Audits:

As previously reported, Promise Healthcare (CCMHB funded) has not submitted an audit for 2018. Originally their audit was to be completed by June 30, 2019; 181 days after the close of the agency's fiscal year. The extension was approved by staff until September 30, 2019. They did not meet the deadline and payments were withheld. We were then informed their audit was expected October 31, 2019. That deadline was not met. Payments continue to be withheld.

Audits/Financial Reviews for 2019 are due on October 30, 2020. Four of the agencies have asked for an extension, so far. We expect more requests for an extension.

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. Letters of non-compliance have been sent to the UP Center and Champaign County Health Care Consumers for missing/late reports. Payments to them 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. Attendance was very low at the meeting. We are considering other ways to engage the artists.

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.

Trainings:

I attended a 3 hour training on September 23rd "Responding to Suicide with Compassion", presented by Kim Bryan.

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 October 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:

I am still reviewing the CLC Plan 4th Quarter Reports. There was still one outstanding CLC report and we are working with the organization. I sent correspondence to the agency director to provide support.

Cultural Competence Training/Support

Champaign County Head Start- October 1, 2020- I met with the Site Managers of Champaign County Headstart. We are starting a year long CLC Organizational Process. This will be intentional work of assessing the organization's value of Cultural Competence. The first meeting with the managers was about building rapport with and understanding cultural differences and how our world view can impact the population that Headstart is working with.

Youth and Family Peer Support Alliance: September 28, 2020- I presented a workshop about Cultural Humility and Cultural Competence for the Statewide Family Network. Training is provided by the Statewide Family Network for their providers and anyone interested in the topic for the month.

Mahomet Area Youth Club- October 6, 2020- Met with Executive Director and Board President about the CLC Training for the Board of Directors. We will start implementing quarterly training sessions for the members of the board. The first session will be held on November 12, 2020.

CLC Coordinator Direct Service Activities

Mental Health First Aid-

I am completing the virtual training and blended learning option. The tentative date for Mental Health First Aid Training will be held on October 30, 2020 at 9:00 AM

'Families Stronger Together' (FST), a new Family Program by Cunningham Children's Home

I attended the last Stakeholder Meeting and it was decided that there would be engagement about a Juvenile Justice Council. I attended the Juvenile Justice Council stakeholders meeting on October 8, 2020 and there was broad system participation. There was positive feedback about starting a Juvenile Justice Council in Champaign County. Champaign County has previously made strides to start a Juvenile Justice Council. There seems to be momentum and the States' Attorney was positive about the direction. Please see the link to the article about juvenile justice councils in the short reading list toward the end of my report.

2020 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

Training and Webinars:

- Addressing the Growing Rate of Suicide in the Black Community-
- What Can We Learn from the Crisis? Leadership and Posttraumatic Growth and COVID-19
- Out of Isolation Series- "How Do We Survive, Resist and Heal From Oppressive Realities?"-
- Courageous Conversation - From Access to Liberation: Race and Disability, Racism and Ableism
- Addressing Trauma, Racism and Bias in Behavioral Health Service Delivery

Healing Illinois Grant:

I participated in a call with United Way, City of Champaign, C-U Trauma and Resilience Initiative about applying for the Healing Illinois Grant for our community. United Way of Champaign was contacted about our community applying for the funds. I participated in a call to provide some suggestions about what could be done in our community. Several ideas were generated about what the funding could be used for in our community. The main focus is racial healing and cross racial collaboration.

CU- Trauma and Resilience Initiative:

I attended the C-U Violence Interruption Committee Meeting on Friday, October 9. There is interest in different neighborhoods about having gatherings and due to COVID-19 we are faced with the barrier of how to have in person events that live in the neighborhoods that would like to have activities. There will be a workgroup formed to discuss alternative and culturally responsive ways to engage.

Anti-Stigma Activities/Community Collaborations and Partnerships

C-HEARTS African American Storytelling Project: I am continuing to meet with C-Hearts and from this Campus and Community collaboration there is a partnership that is created with DREAAAM 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

2020 October Staff Report- Shandra Summerville Cultural and Linguistic Competence Coordinator

volunteers that will be working with the youth in this program. I will start providing training for volunteers in November.

Human Services Council- I was not able to attend the monthly meeting this month, because I did not receive notification about the meeting. I reached out to the leadership and was added to the listserve so that I can get updated information.

Community Learning Lab School of Social Work-UIUC CLL has assigned three 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. You are invited to participate in their final project on December 3, 2020 10:30am. They will do a presentation on Intersectionality and how to address intersectionality as social workers.

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

2020 October Staff Report- Shandra Summerville
Cultural and Linguistic Competence Coordinator
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 added information about Juvenile Justice Reform as our community considers a Juvenile Justice Council. I have also included a plan from the Seattle Washington Planning Commission about resilience and recovery.

Please feel free to reach out to me if you have any questions or would like to discuss some of the articles that I have provided.

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>

Juvenile Justice

Juvenile Justice Councils- Program Description

<https://www.dhs.state.il.us/page.aspx?item=77005>

Models for Change: Featuring research, tools, findings, and lessons from a decade of juvenile justice systems reform aimed at improving outcomes for youth and communities.

<http://www.modelsforchange.net/index.html>

A Racially Equitable and Resilient Recovery- The Seattle Planning Commission has proposed a detailed plan to present to city planners on how to transform their system.

<https://www.seattle.gov/Documents/Departments/SeattlePlanningCommission/RERRfinalSPC08032020.pdf>

Previous Articles from July

2020 October Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

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://bjn9t2lhni2dhd5hvym7llj-wpengine.netdna-ssl.com/wp-content/uploads/2016/12/RP-Summer10-Christopher.pdf>

Helping Children Thrive: Early Childhood Development & ACEs (Infographic Provided)

<https://www.nihcm.org/categories/helping-children-thrive-early-childhood-development-aces>

CCMHB Agency PY2020 Q4 (Year End) Financial Summary

<u>AGENCY</u>	<u>PROGRAM</u>	<u>AWARD</u>	<u>Q4 Report</u>	
			<u>REVENUE</u>	<u>EXPENSE</u>
OCCAC	Children's Advocacy Center	52,754	52,754	52,754
Champaign County Christian Health Center	Mental Health Care	13,000	13,000	13,000
Champaign County Health Care Consumers	CHW Outreach and Benefit Enrollment	59,300	59,300	59,300
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	54,775	54,775	54,775
Champaign County Health Care Consumers TOTAL		114,075	114,075	114,075
CCRPC/Head Start	Early Childhood Mental Health Services	214,668	214,668	214,668
CCRPC/Head Start	Social Emotional Development Services	87,602	87,602	87,602
CCRPC/Head Start TOTAL		302,270	302,270	302,270
CCRPC	Homeless Services System Coordination	50,373	50,373	50,373
CCRPC	Justice System Diversion Services	75,308	75,308	43,211
CCRPC	Youth Assessment Center	76,350	76,350	76,350
CCRPC TOTAL		202,031	202,031	169,934
Champaign Urbana Area Project	TRUCE	50,000	-	-
Community Service Center	Resource Connection	67,596	67,596	67,596
Courage Connection	Courage Connection	125,268	125,268	125,268
Crisis Nursery	Beyond Blue Champaign County	75,000	75,000	75,000
Cunningham Children's Home	ECHO Housing and Employment Support	95,773	95,773	80,512
Cunningham Children's Home	Parenting Model Planning/Implementation	280,955	280,955	110,587
Cunningham Children's Home TOTAL		376,728	376,728	191,099
Developmental Services Center	Family Development Center	579,148	579,148	577,800
Don Moyer Boys & Girls Club	Coalition Summer Initiatives	107,000	107,000	107,000
Don Moyer Boys & Girls Club	CU Change	100,000	100,000	111,275
Don Moyer Boys & Girls Club	CU Neighborhood Champions	110,195	108,301	108,301
Don Moyer Boys & Girls Club	Youth & Family Services	160,000	160,000	160,000
Don Moyer Boys & Girls Club TOTAL		477,195	475,301	486,576
DREAAM House	DREAAM	80,000	80,000	79,965
East Central Illinois Refugee Mutual Assistance Center	Family Support and Strengthening	56,440	56,440	56,440
Family Service of Champaign County	Counseling	30,000	30,000	30,000
Family Service of Champaign County	Self Help Center	28,430	28,430	28,430
Family Service of Champaign County	Senior Counseling & Advocacy	162,350	162,350	162,350
Family Service Center TOTAL		220,780	220,780	220,780
First Followers	Peer Mentoring for Re-entry	95,000	95,000	95,000
GROW in Illinois	Peer Support	77,239	77,239	77,144

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Mahomet Area Youth Club	BLAST	15,000	15,000	9,946
Mahomet Area Youth Club	Members Matter	18,000	18,000	18,000
Mahomet Area Youth Club TOTAL		33,000	33,000	27,946
National Alliance on Mental Illness	NAMI Champaign County	10,000		
Promise Healthcare	Mental Health Services	242,250	242,250	279,613
Promise Healthcare	Wellness	58,000	58,000	60,472
Promise Healthcare TOTAL		300,250	300,250	340,085
Rape Advocacy, Counseling & Education Services	Sexual Violence and Prevention Education	61,928	61,928	61,928
Rattle the Stars	Youth Suicide Prevention Education	55,000	55,000	49,094
Rosecrance Central Illinois	Criminal Justice PSC	304,350	304,350	293,591
Rosecrance Central Illinois	Crisis, Access & Benefits	203,960	203,960	203,960
Rosecrance Central Illinois	Fresh Start	79,310	79,310	79,310
Rosecrance Central Illinois	Prevention Services	60,000	60,000	60,000
Rosecrance Central Illinois	Recovery Home	200,000	200,000	200,000
Rosecrance Central Illinois	Specialty Courts	203,000	203,000	203,000
Rosecrance Central Illinois TOTAL		1,050,620	1,050,620	1,039,861
UP Center of Champaign County	Children, Youth, and Families Program	31,768		
Urbana Neighborhood Connections Center, Inc.	Community Study Center	25,500	25,500	25,500

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CCDDDB Agency PY2020 Q4 Financial Summary

<u>AGENCY</u>	<u>PROGRAM</u>	<u>AWARD</u>	<u>Q4 Report</u>	
			<u>REVENUE</u>	<u>EXPENSE</u>
CCRPC	Decision Support PCP	319,420	319,420	303,030
CCRPC/Head Start	Social Emotional Development Services	24,402	24,402	24,402
Champaign County Down Syndrome Network	Down Syndrome Network	15,000	15,000	14,134
CU Able	Community Outreach	17,275	17,275	17,275
Community Choices	Community Living	81,000	81,000	81,000
Community Choices	Customized Employment	98,900	118,016	118,016
Community Choices	Self-Determination Support	138,000	138,000	138,000
Community Choices TOTAL		317,900	337,016	337,016
Developmental Services Center	Apartment Services	442,757	442,757	448,365
Developmental Services Center	Clinical Services	174,000	174,000	152,469
Developmental Services Center	Community Employment	361,370	361,370	397,082
Developmental Services Center	Community First	822,970	816,916	926,141
Developmental Services Center	Connections	85,000	85,000	98,415
Developmental Services Center	Employment First	80,000	80,000	70,175
Developmental Services Center	Individual and Family Support	416,561	416,561	423,617
Developmental Services Center	Service Coordination	423,163	423,163	420,774
Developmental Services Center TOTAL		2,805,821	2,799,767	2,937,038
Persons Assuming Control of their Environments	Consumer Control in Personal Support	23,721	21,761	21,761
Rosecrance	Coordination of Services: DD/MI	35,150	35,150	35,150
United Cerebral Palsy	Vocational Services	60,000		

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