



Champaign County Developmental Disabilities Board (CCDDDB)
Meeting Agenda

Wednesday, April 20, 2022, 9:00AM

*This meeting will be held **remotely**, with a required representative at
The Shields-Carter Room, Brookens Administrative Building
1776 East Washington Street, Urbana, IL
<https://us02web.zoom.us/j/81559124557> 312-626-6799
Meeting ID: 815 5912 4557*

Pursuant to the Governor's Executive Order establishing a pandemic disaster in the State of Illinois that covers the County of Champaign, and the CCDDDB President's determination that holding this meeting in person is not prudent at this time due to health concerns with COVID-19 cases and hospitalizations reported in the county, this meeting will be held **remotely** via zoom. Public comment also will be taken remotely. The public may watch the meeting live through this link or view it later in archived recordings at <https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>

Public Input: All are welcome to attend the Board's meetings to observe and offer thoughts during "Citizen Input/Public Participation. For support, let us know how we might help by emailing stephanie@ccmhb.org. You may also communicate with the Board by emailing stephanie@ccmhb.org any written comments you would like read into the record. The time for each person's comments may be limited to 5 minutes.

1. Call to Order
2. Roll Call
3. Zoom Instructions - <https://us02web.zoom.us/j/81559124557> (page 3)
4. Approval of Agenda*
5. Citizen Input/Public Participation
The chairperson may limit public participation to five minutes per person.

6. Chairperson's Comments – Dr. Anne Robin
7. Executive Director's Comments – Lynn Canfield
8. Approval of CCDDDB Board Meeting Minutes (**pages 4-7**)*
Minutes from the 3/23/2022 board meeting are included. Action is requested.
9. Vendor Invoice List (**page 8**)*
A "Vendor Invoice List" of expenditures is included. Action is requested, to accept the list and place it on file.
10. New Business
 - A. Characteristics of People Served PY21 and Share of Allocations per Priority PY21 (**pages 9-20**)
Included for information only are charts of aggregate agency service data per demographic category and residency and a chart of allocated funds per PY21 priority.
 - B. Review of PY23 I/DD Funding Requests (**pages 21-130**)
Organized by funding priority, program summaries are included in the packet to support the Board's review of PY23 requests for I/DD funding. A tier sheet lists the applications and identifies reviewers by initial. No action is requested.
11. Old Business
 - A. CCDDDB and CCMHB Schedules and CCDDDB Timeline (**pages 131-134**)
 - B. Acronyms and Glossary (**pages 135-142**)
A list of commonly used acronyms is included for information.
12. CCMHB Input
13. Board Announcements
14. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCDDB Meeting April 20, 2022 at 9:00 a.m.

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

Go to Join Zoom Meeting

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

Meeting ID: 815 5912 4557

One tap mobile

+13126266799,,81559124557# US (Chicago)

+16465588656,,81559124557# US (New York)

Dial by your location

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 301 715 8592 US (Germantown)

+1 669 900 9128 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 815 5912 4557

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

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

Join with computer audio.

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

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

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

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

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

#8

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

Minutes March 23, 2022

*This meeting was held with representation at the Brookens Administrative Center
and with remote access via Zoom.*

9:00 a.m.

MEMBERS PRESENT: Anne Robin, Deb Ruesch, Georgiana Schuster, Kim Wolowiec-Fisher

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

OTHERS PRESENT: Annette Becherer, Nicole Smith, Heather Levingston, Josh Cornwell, Patty Walters, Danielle Matthews, Laura Bennett, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Sherry Longcor, Mel Liong, PACE; Angela Yost, Regional Planning Commission; Darcy Sager, Head Start

CALL TO ORDER:

Dr. Robin called the meeting to order at 9:06 a.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

ZOOM INSTRUCTIONS:

Instructions were included in the packet.

APPROVAL OF AGENDA:

The agenda was in the packet for review. The agenda was approved unanimously by a roll call vote.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT’S COMMENTS:

Dr. Robin reviewed the application review process that will take place at the April Board meeting.

EXECUTIVE DIRECTOR’S COMMENTS:

Director Canfield stated the April CCDDDB meeting will likely be an in-person meeting. She briefly reviewed the agenda for the meeting.

APPROVAL OF MINUTES:

Minutes from the 2/23/2022 board meeting were included in the packet.

MOTION: Dr. Fisher moved to approve the minutes from the February 23, 2022 meeting. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

EXPENDITURE LIST:

The Expenditure List was included in the Board packet. CCDDDB members commented that they found the new format easier to understand.

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

NEW BUSINESS:

Analysis of PY2021 Claims Data:

A briefing memo detailing how the CCDDDB and CCMHB funded I/DD services were utilized by individual clients during PY2021 was included in the packet. Utilization summaries were included in the packet as well. There was a general discussion regarding the data.

Review of PY23 I/DD Funding Requests:

The packet included a suggested board checklist and spreadsheet of PY23 requests for I/DD funding, with primary and secondary board reviewers.

Successes and Other Agency Information:

Information was shared from Becca Obuchowski from Community Choices and Annette Becherer and Sarah Perry from DSC. Patty Walters introduced a new DSC staff member, Nicole Smith, to the CCDDDB members.

OLD BUSINESS:

Premium Pay for Essential DSPs:

A cover memo, two-page fact sheet from They Deserve More Coalition, and personal statements were included for information only, to be shared with the Champaign County Board for discussion of use of ARPA Fiscal Recovery Funds. A general plan was made for members of the CCDDDB and others to attend the next Champaign County Board Committee of the Whole meeting.

CILA Update:

A decision memorandum and attachments were included in the Board packet. During 2021, the Boards selected a realtor and authorized the Executive Director to approve listing and sale of the properties. The approved resolution remains valid, so that those decisions do not need to be made again. For transparency, each Board is asked to consider the new offer of \$275,000 (with inspection contingency waived) as well as the relisting of the property at \$285,000, per the updated market analysis.

MOTION: Ms. Schuster moved to authorize the Executive Director to accept the offer on the Englewood property at \$275,000, pending CCMHB approval. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Ms. Ruesch moved to authorize relisting of the Englewood property at \$285,000, pending similar approval by the CCMHB and contingent if the sale does not happen. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

CCDDDB and CCMHB Schedules and CCDDDB Timeline:

Meeting schedules were included in the Board packet.

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCMHB Input:

The CCMHB will meet this evening with similar agenda items.

Staff Reports:

Included in the board packet were reports Lynn Canfield and Chris Wilson.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 10:23 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

Champaign County, IL

VENDOR INVOICE LIST

INVOICE P.O. INV DATE CHECK RUN CHECK # INVOICE NET DUE DATE TYPE STS INVOICE DESCRIPTION

INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	DUE DATE	TYPE	STS	INVOICE DESCRIPTION
1 CHAMPAIGN COUNTY TREASURER									
Mar DD22-078		03/01/2022	030422A	1435	25,957.00	03/01/2022	INV	PD	DD22-078 Decision Support
Mar DDB Admin Fee		03/01/2022	030422A	1437	32,952.00	03/01/2022	INV	PD	DDB Admin Fee to MHB
					58,909.00				
10094 C-U AUTISM NETWORK									
Mar DD22-087		03/01/2022	030422A	1422	3,166.00	03/01/2022	INV	PD	DD22-087 Community Outrea
10146 COMMUNITY CHOICES, INC									
Mar DD22-075		03/01/2022	030422A	1460	13,889.00	03/01/2022	INV	PD	DD22-075 Self Determinati
Mar DD22-090		03/01/2022	030422A	1460	14,161.00	03/01/2022	INV	PD	DD22-90 Community Living
Mar DD22-095		03/01/2022	030422A	1460	16,750.00	03/01/2022	INV	PD	DD22-095 Customized Emplo
					44,800.00				
10170 DEVELOPMENTAL SERVICES CENTER OF									
Mar DD22-080		03/01/2022	030422A	1476	35,754.00	03/01/2022	INV	PD	DD22-080 Individual and F
Mar DD22-081		03/01/2022	030422A	1476	38,003.00	03/01/2022	INV	PD	DD22-081 Community Living
Mar DD22-082		03/01/2022	030422A	1476	64,535.00	03/01/2022	INV	PD	DD22-082 Community First
Mar DD22-083		03/01/2022	030422A	1476	36,321.00	03/01/2022	INV	PD	DD22-083 Service Coordina
Mar DD22-084		03/01/2022	030422A	1476	14,500.00	03/01/2022	INV	PD	DD22-084 Clinical Service
Mar DD22-085		03/01/2022	030422A	1476	6,667.00	03/01/2022	INV	PD	DD22-085 Employment First
Mar DD22-091		03/01/2022	030422A	1476	30,114.00	03/01/2022	INV	PD	DD22-91 Community Employm
Mar DD22-092		03/01/2022	030422A	1476	7,083.00	03/01/2022	INV	PD	DD22-092 Connections
					232,977.00				
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.									
Mar DD22-079		03/01/2022	030422A	1564	2,022.00	03/01/2022	INV	PD	DD22-079 Consumer Control
					2,022.00				
					341,874.00				

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

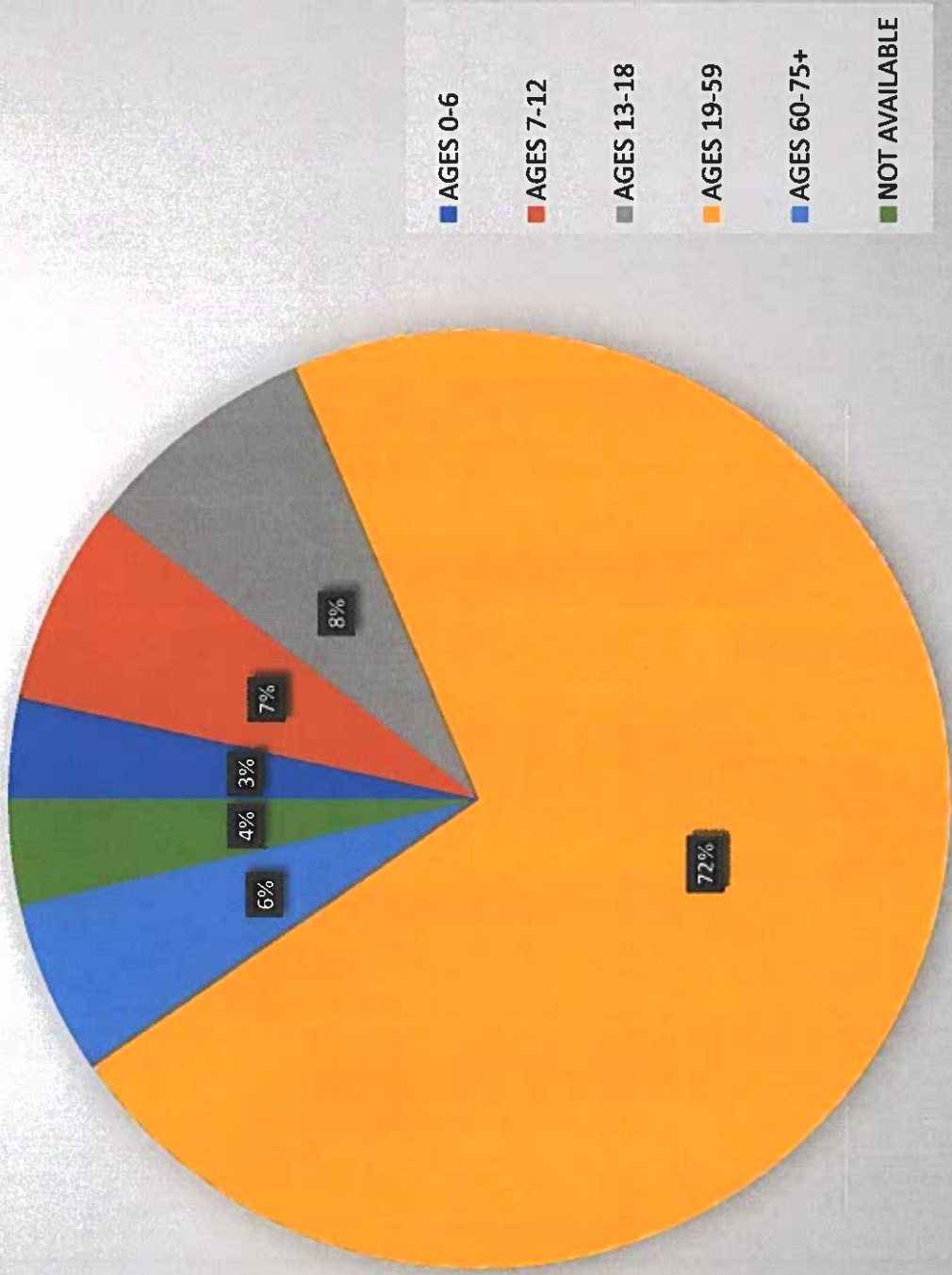
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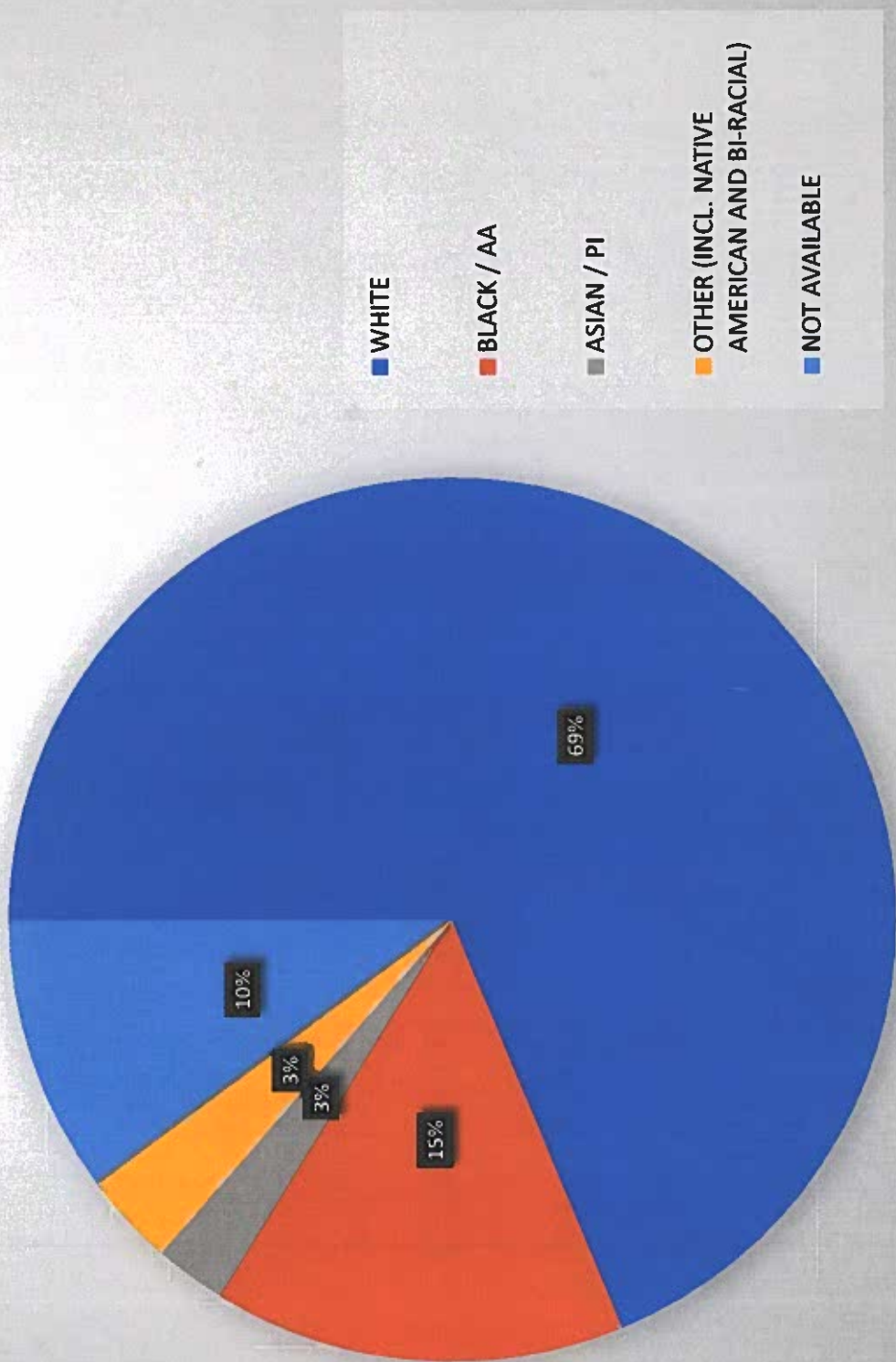
Characteristics of People Served through CCDDDB and CCMHB I/DD Funding for PY2021

#10.A.

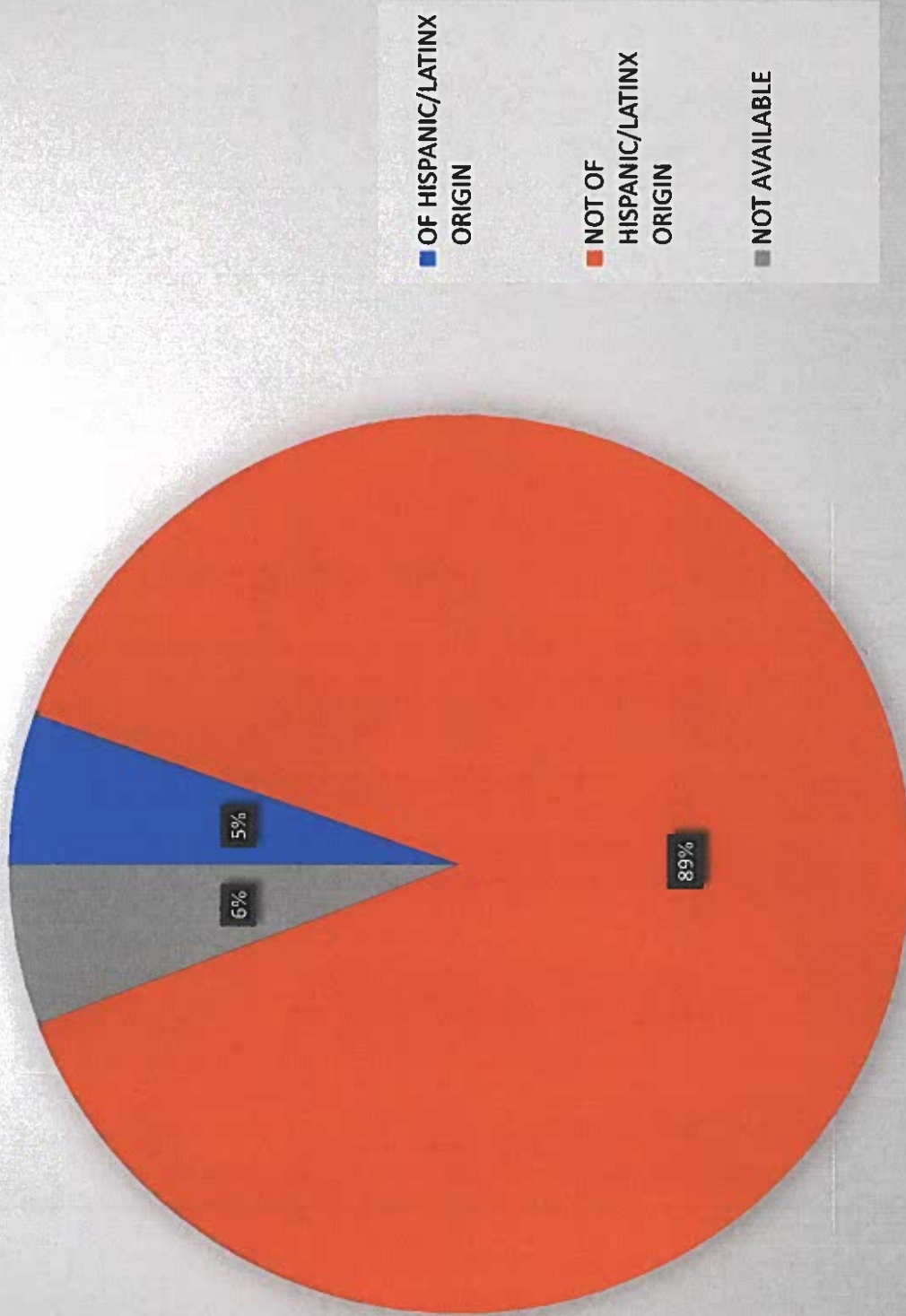
PY2021 CCDDDB Funded Programs Client Age Data



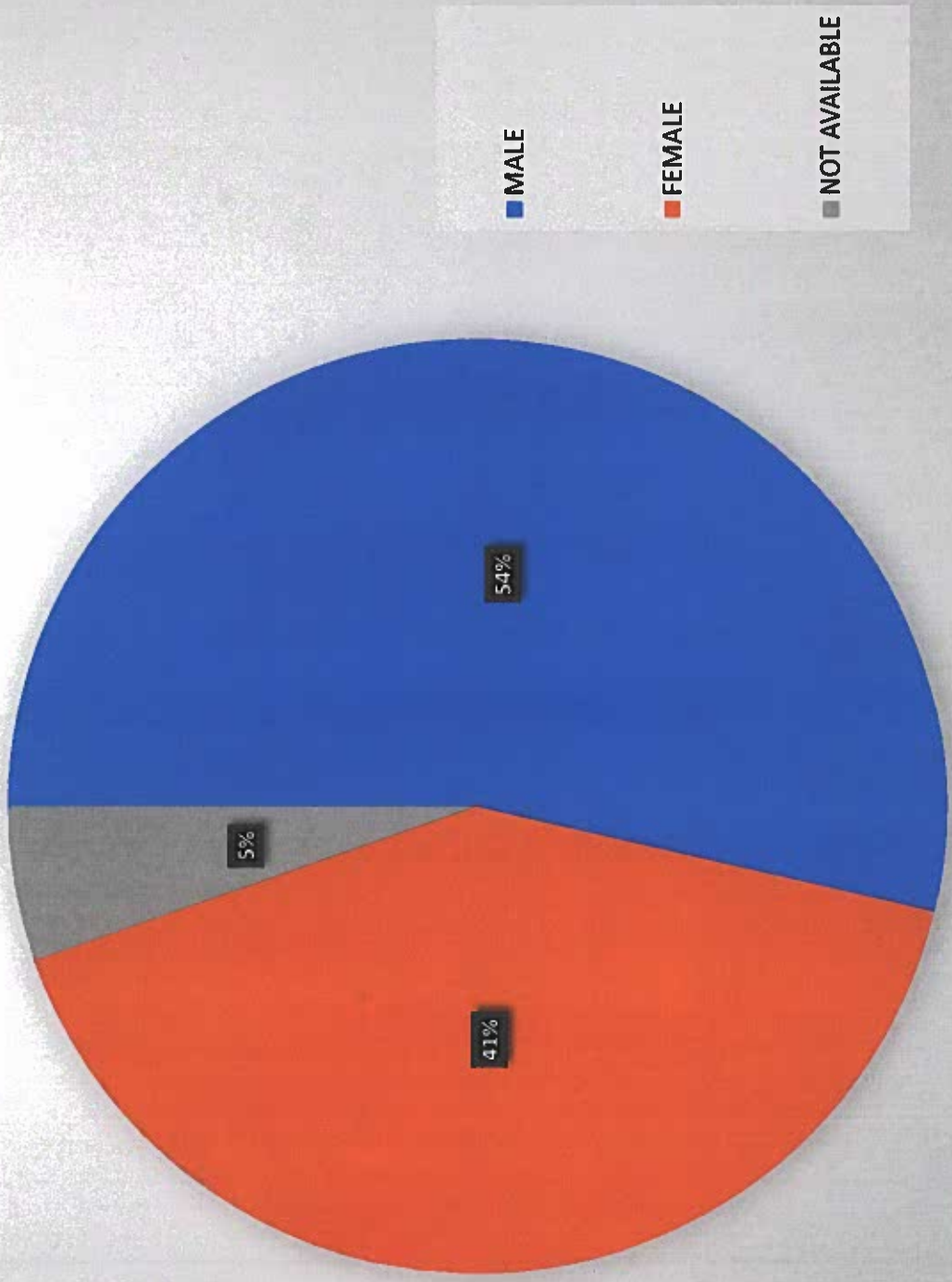
PY2021 CCDDDB Funded Programs Client Race Data



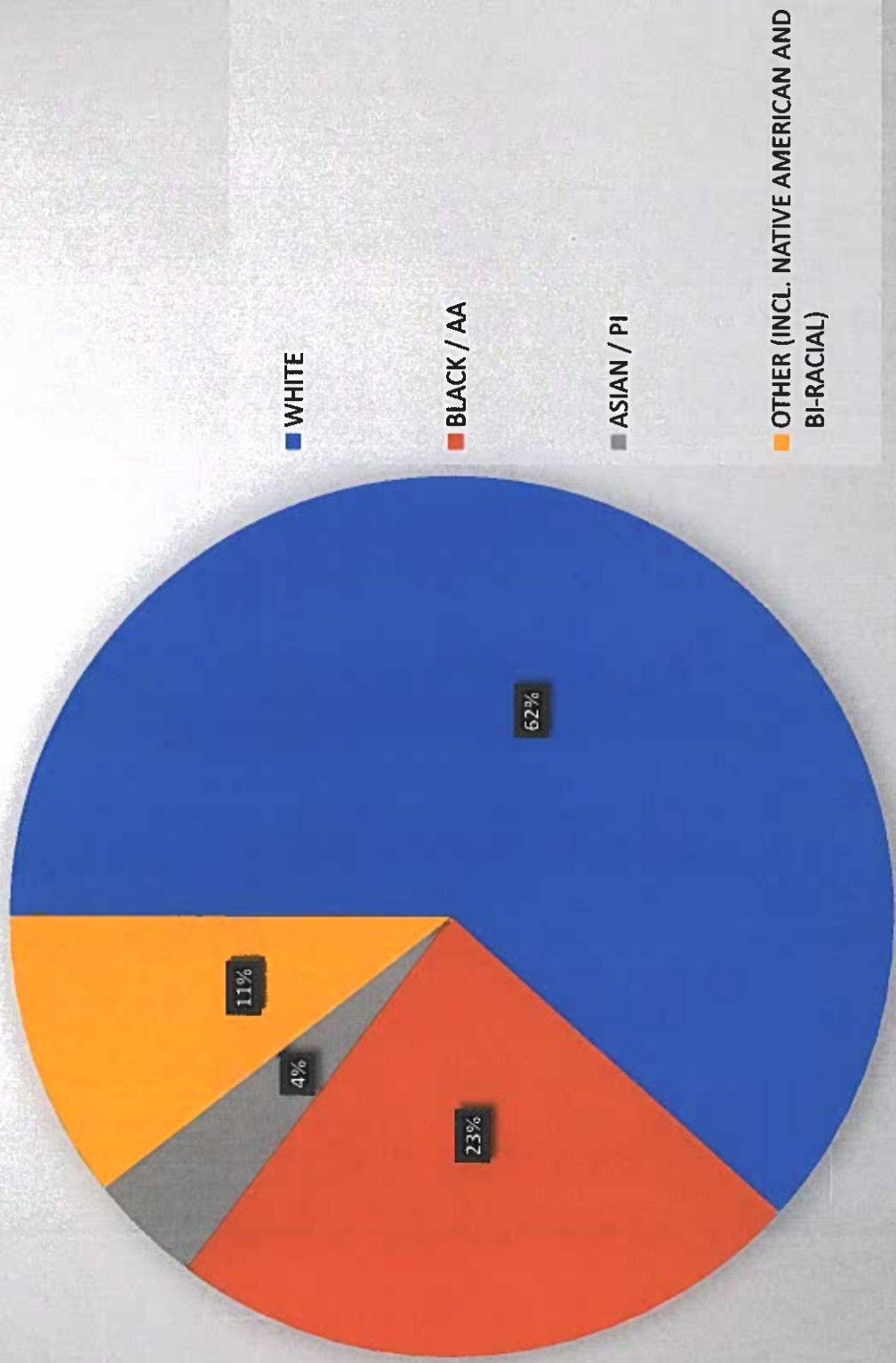
PY2021 CCDDB Funded Programs Client Origin Data



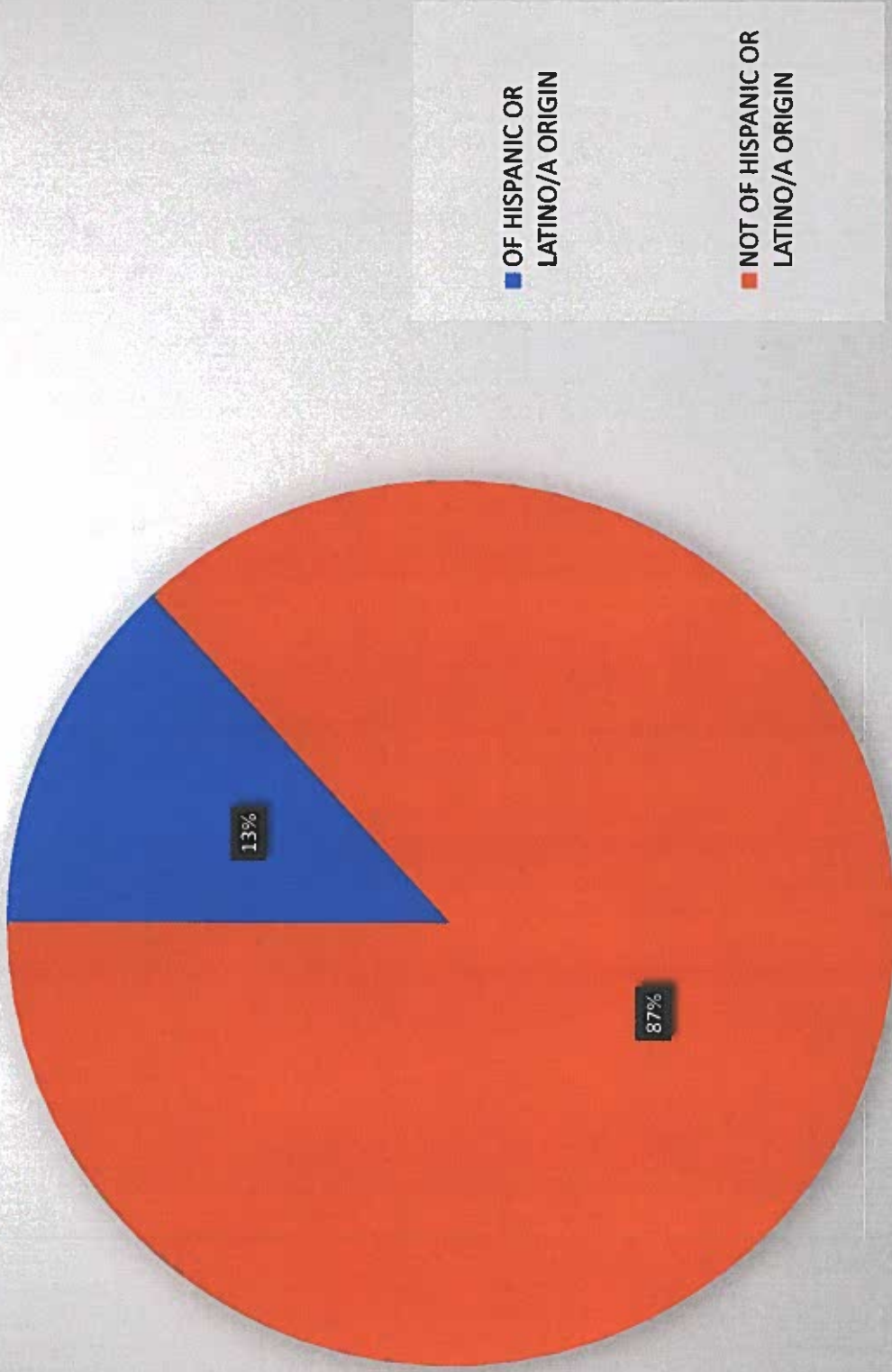
PY2021 CCDDDB Funded Program Client Gender Data



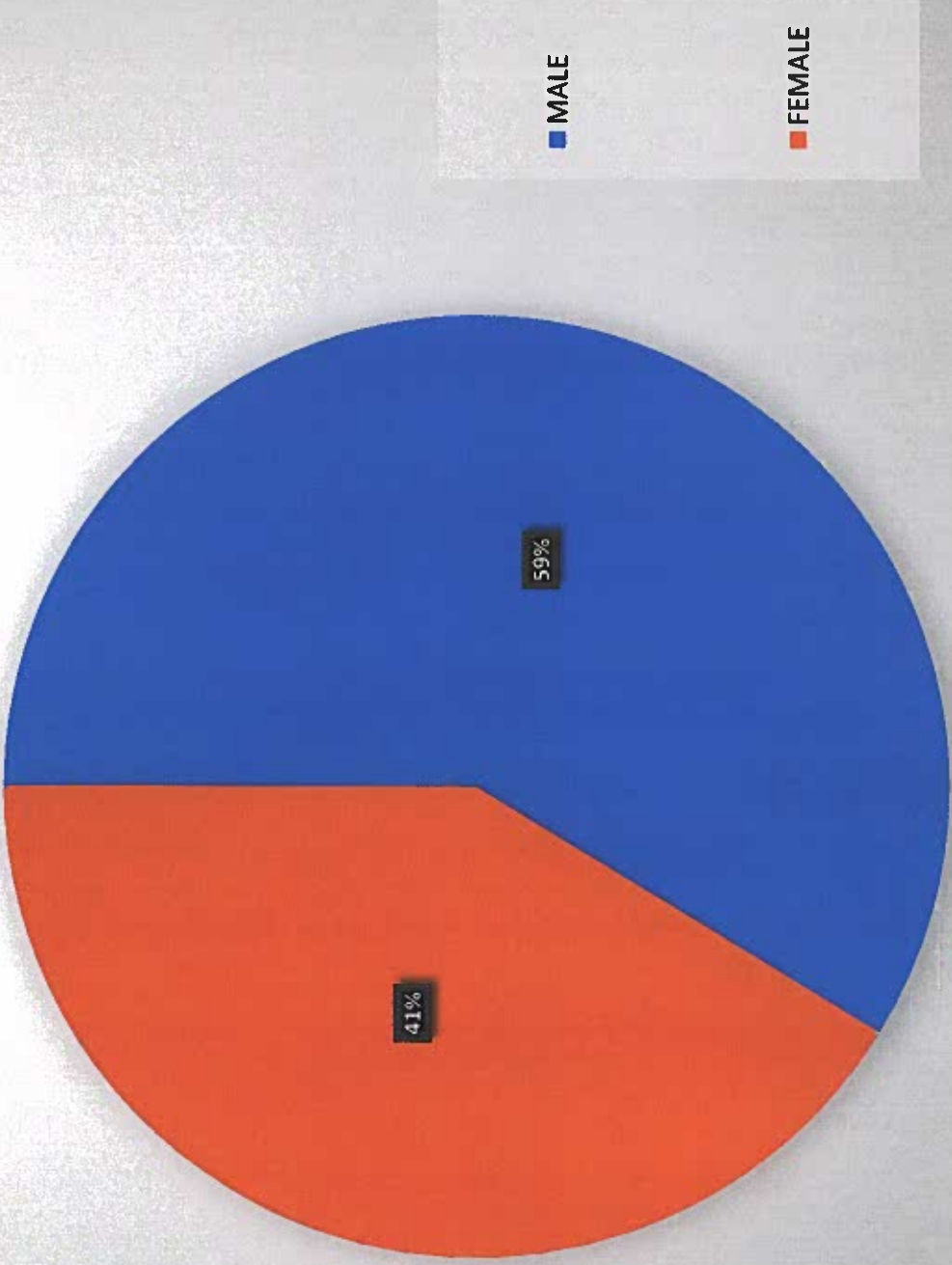
PY2021 CCMHB I/DD Funded Programs Client Race Data



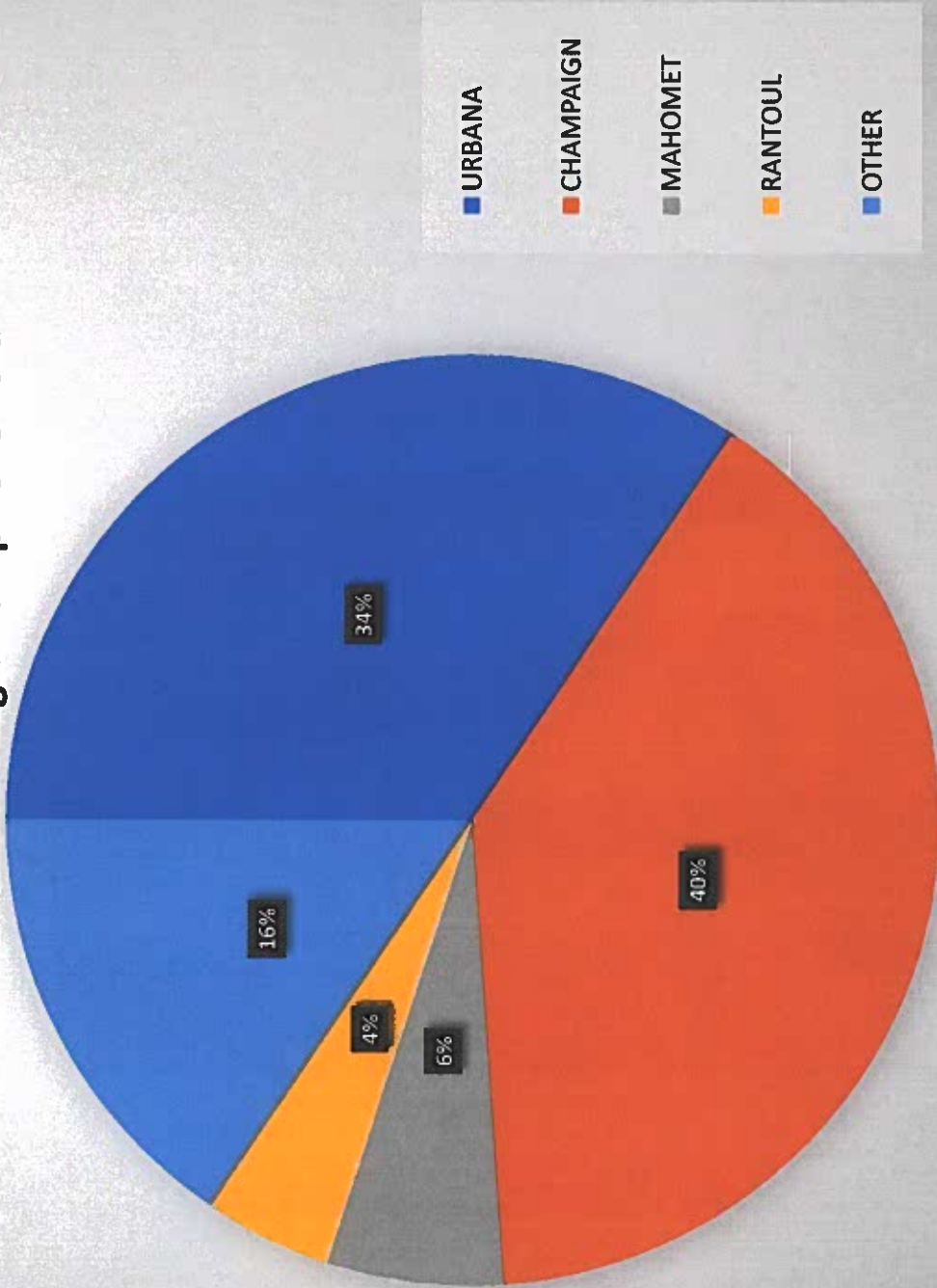
PY2021 CCMHB I/DD Funded Programs Client Origin Data



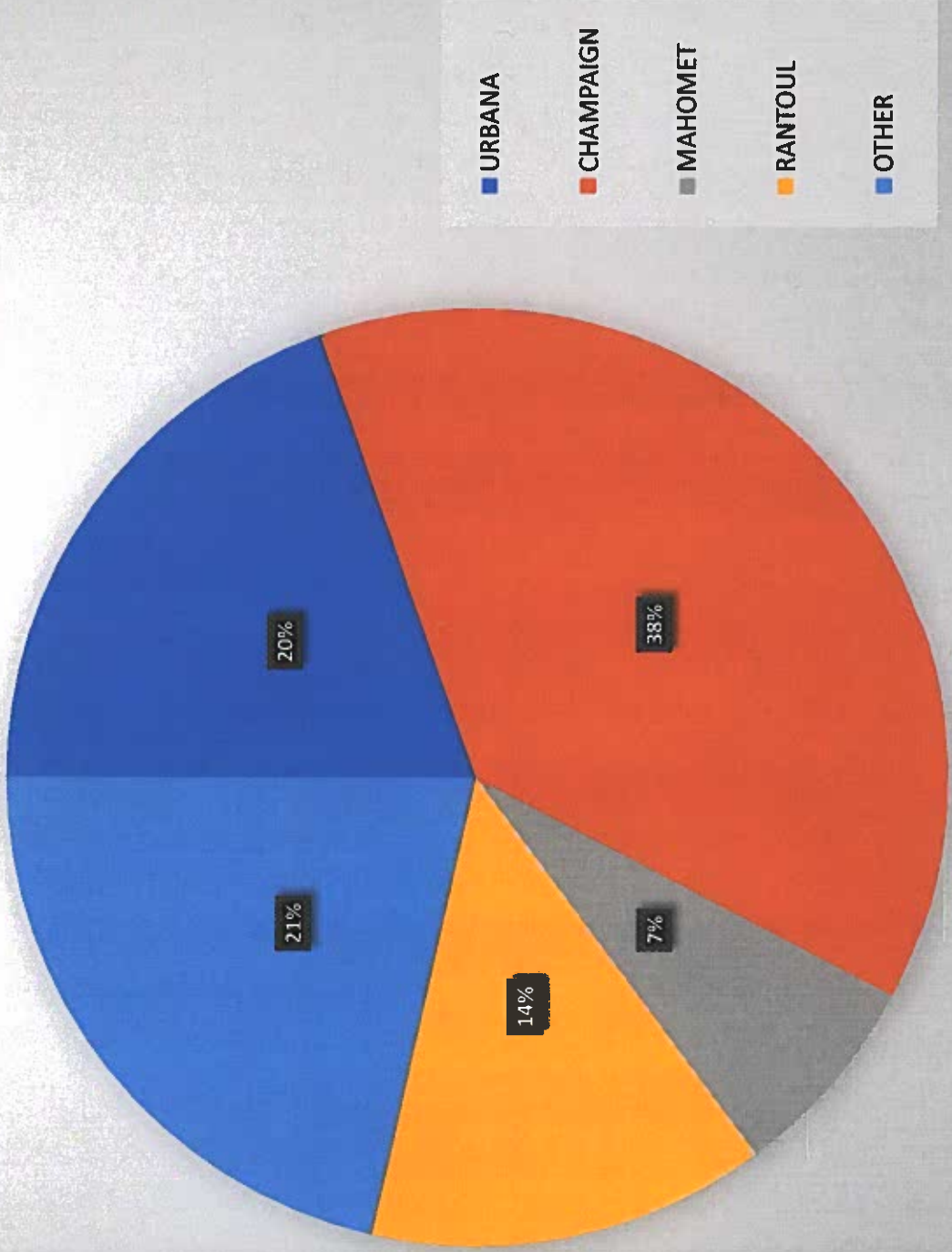
PY2021 CCMHB I/DD Funded Programs Client Gender Data



PY2021 CCDDDB Funded Programs Zip Code Data

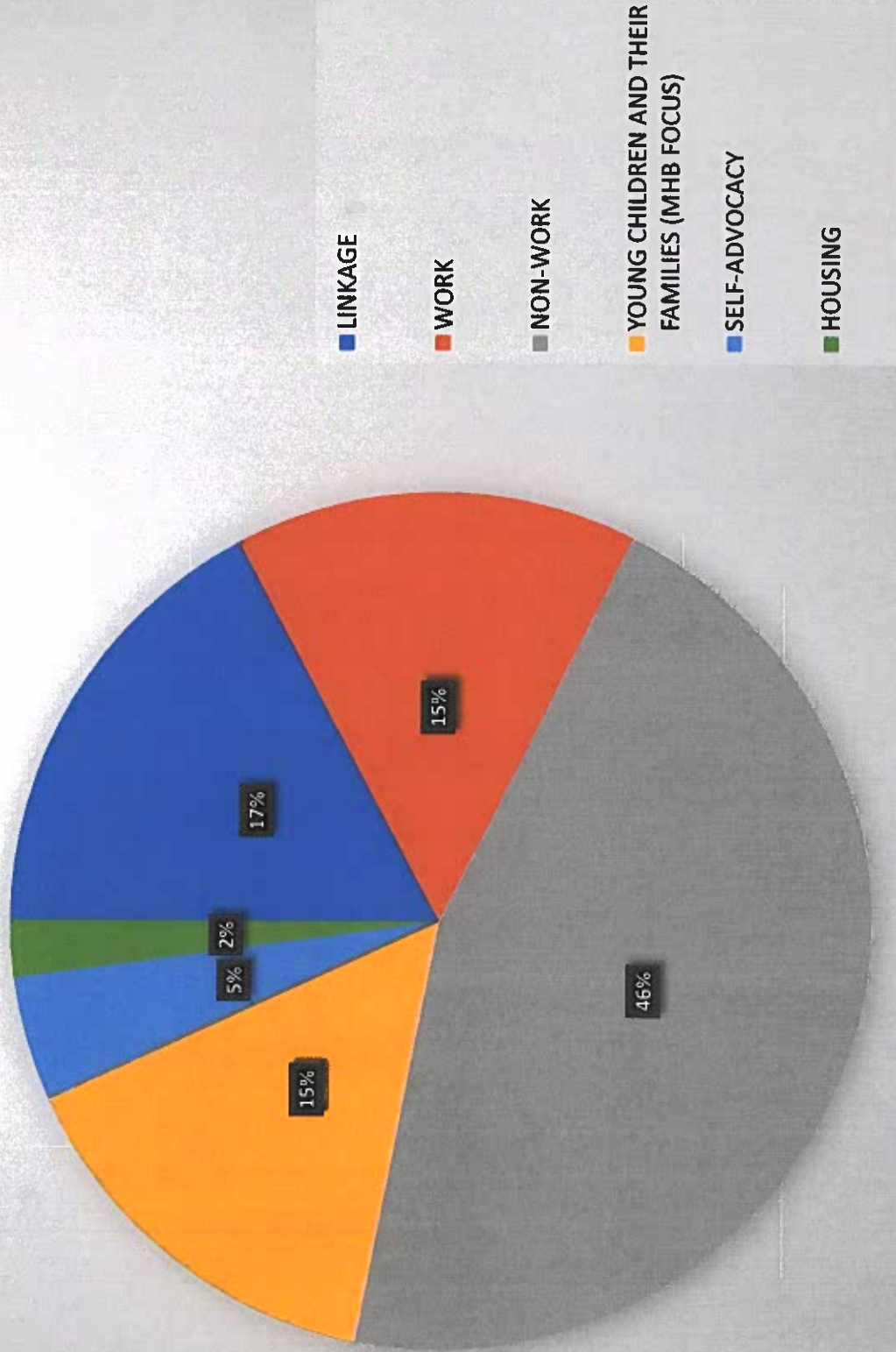


PY2021 CCMHB I/DD Funded Programs Zip Code Data



CCDDB
Appropriation by
PY2021 Funding
Priority

CCDDB Appropriation by PY2021 Funding Priority



#10.B.

I/DD Program Funding Requests for PY2023

July 1, 2022 thru June 30, 2023

Agency	Program Name	DDB/MHB	Reviewer
Priority: Self-Advocacy			
Priority: Linkage and Coordination			
CCRPC - Community Services	Decision Support PCP	\$388,271	AR/GS
DSC	Service Coordination	\$468,000	KF/AR
Priority: Home Life			
Community Choices, Inc.	Inclusive Community Support (formerly Comm	\$203,000	KF/DR
DSC	Community Living (formerly Apartment Service	\$536,000	AR/DR
Priority: Personal Life and Resilience			
DSC	Clinical Services	\$184,000	DR/AR
DSC	Individual & Family Support	\$390,000	KF/GS
PACE	Consumer Control in Personal Support	\$27,367	DR/KF
Priority: Work Life			
Community Choices, Inc.	Customized Employment	\$217,500	GS/KF
DSC	Community Employment	\$435,000	GS/KF
DSC/Community Choices	Employment First	\$85,000	AR/DR
Priority: Community Life and Relationships			
Community Choices, Inc.	Self-Determination Support	\$171,000	DR/GS
DSC	Community First	\$847,658	AR/GS
DSC	Connections	\$95,000	DR/AR
Priority: Strengthening the I/DD Workforce			
DSC	Workforce Development and Retention	\$227,500	GS/AR
Priority: Young Children and their Families (CCMHB focus)			
DSC	Family Development	\$596,522	n/a
CC Head Start/Early Head Start	Early Childhood Mental Health Svs (MH & DD)		
	PY23 total request = \$347,235	\$149,666	GS/KF
	TOTAL	\$5,021,484	
		MHB will cover \$746,188	
		Adjusted as DDB requests = \$4,275,296	

Pages

24-31

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I/DD Program Funding Requests for PY2023

July 1, 2022 thru June 30, 2023

Agency	Program Name	Current Awards		Requests	
		PY22 DDB Award	PY22 Amend MHB	PY23 DDB/MHB	PY23 % change
<i>Priority: Self-Advocacy</i>					
CU Autism Network	Community Outreach Programs	\$38,000	n/a	n/a	n/a
<i>Priority: Linkage and Coordination</i>					
CCRPC - Community Services	Decision Support PCP	\$311,489	n/a	\$388,271	25%
DSC	Service Coordination	\$435,858	n/a	\$468,000	7%
Rosecrance Central Illinois	Coordination of Services: DD/MI	\$35,150	\$8,787.50	n/a	n/a
<i>Priority: Home Life</i>					
Community Choices, Inc.	Inclusive Community Support (formerly Community Living)	\$201,000	\$155,381	\$203,000	1%
DSC	Community Living (formerly Apartment Services)	\$456,040	n/a	\$536,000	18%
<i>Priority: Personal Life and Resilience</i>					
DSC	Clinical Services	\$174,000	n/a	\$184,000	6%
DSC	Individual & Family Support	\$429,058	n/a	\$390,000	-9%
PACE	Consumer Control in Personal Support	\$24,267	n/a	\$27,367	13%
<i>Priority: Work Life</i>					
Community Choices, Inc.	Customized Employment	\$201,000	n/a	\$217,500	8%
DSC	Community Employment	\$361,370	n/a	\$435,000	20%
DSC/Community Choices	Employment First	\$80,000	n/a	\$85,000	6%
<i>Priority: Community Life and Relationships</i>					
Community Choices, Inc.	Self-Determination Support	\$162,000	\$160,251	\$171,000	6%
DSC	Community First	\$847,659	n/a	\$847,658	22 amount
DSC	Connections	\$85,000	n/a	\$95,000	12%
<i>Priority: Strengthening the I/DD Workforce</i>					
DSC	Workforce Development and Retention	\$0	n/a	\$227,500	
<i>Priority: Young Children and their Families (CCMHFB focus)</i>					
DSC	Family Development		n/a	\$596,522	2 year cont
CC Head Start/Early Head Start	Early Childhood Mental Health Svs (MH & DD)				n/a
	PY22 total = \$326,369, PY23 request = \$347,235		n/a	\$149,666	MHFB Requi
	TOTAL	\$3,841,891	\$718,521	\$5,021,484	GS/KF
		total PY2022 = \$4,560,412			
		total PY2023 requests = \$5,021,484			
		MHFB will cover \$746,188			

Agency Name: CCRPC

Program Name: Decision Support PCP

Requested Funding Amount: \$388,271

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: CCRPC proposes to conduct extensive outreach, preference assessment, and person-centered planning services for Champaign County residents with I/DD who do not have Medicaid waiver funding.

Evidence Based, Promising, or Innovative Approach: "The Centers for Medicare and Medicaid Services (CMS) published Home and Community Based Services (HCBS) Regulations on 01/16/14. These regulations became effective on 03/17/14 and impact all 1915c HCBS Waivers. In Illinois, this includes all three of the Developmental Disability HCBS Medicaid Waivers: Children's in Home Support Waiver, Children's Residential Waiver, and the Adult Waiver. The Regulations address three broad areas: Conflict of Interest Free Case Management, Person Centered Planning, and Settings. Conflict of Interest Free Case Management specifies that States are required to separate case management functions (including the person-centered plan development) from service delivery functions. Case management includes determination of eligibility, provider identification, service plan development, and monitoring of Plan. "Conflict free" means that Case Management must be performed by someone other than a relative of the person served, someone other than a direct provider of service, someone who does not have a financial interest in a provider, or someone not employed by a provider. In Illinois, ISC agencies serve as the Conflict-of-Interest Free Case Management entity. (DHS Person Centered Philosophy Statements, <http://www.dhs.state.il.us/page.aspx?item=96996>).

Outcomes:

1. People with I/DD will have greater choice of services and supports.
2. People with I/DD transitioning out of ISBE services will have a goal plan in place developed with Transition Consultant.
3. People selected from PUNS who were served through the program will be supported in service connection based on personal preferences, will meet eligibility criteria, and will have quicker access to Waiver services upon PUNS selection.

To be Served/Completed:

320 total of:

- people registering on PUNS who need linkage/referral to community resources and brief conflict free case management including gathering of PAS documentation prior to PUNS selection;
- adults receiving conflict free person-centered planning in the PUNS seeking services category;
- people/families receiving Transition Consultant services; and

- people with I/DD and MH diagnosis receiving intensive CM services.

200 people registering on PUNS and completing preference assessment and persons PUNS registered updating their preferences.

50 presentations and tabling at outreach events, meeting with Champaign County high schools and other professionals.

300 people attending outreach events.

Type and Intensity of Service: extensive outreach, preference assessment, and person-centered planning services for Champaign County residents with I/DD without Medicaid Waiver funding. Outreach to high school professionals and families before IEP meetings, providing information about Transition Consultant services. Staff attend scheduled events in the community or virtually engage underserved populations, providing opportunity for PUNS registration and preference assessment. CCRPC compiles preference assessment data to provide to CCMHB/CCDDB to inform future funding decisions and assist providers to develop services based on consumer input. CCRPC provides conflict free person-centered planning and case management services, utilizing the same Discovery and Personal Plan tools as all ISC agencies throughout Illinois. Case Manager for those with dual diagnoses will utilize evidence-based approaches, such as motivational interviewing to increase service engagement. Case Manager will work with clients on development/achievement of desired outcomes. Case Manager will be knowledgeable of the resources within the community and work closely with service providers. Services provided virtually, in client's home, or client's preferred community setting. *New services include case management services for adults with I/DD and a mental health diagnosis.

Length of Engagement: PUNS, preference assessments, and case management are provided at least annually and ongoing while persons served remain on PUNS. Transition Consultant services are, on average, bi-monthly for 1 to 3 months. Person centered planning services are on a quarterly basis. Services are provided ongoing as long as persons served meet eligibility criteria. Dual diagnosis case management services will be provided monthly with flexibility, more often if needed.

Leveraging Other Resources: IDHS-DDD funds cover similar services performed under the ISC program contracts.

Agency: CCRPC - Community Services

Program: Decision Support PCP

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$388,271

Priority Selected: Linkage and Coordination

Services and People Served

Target Populations:

- Persons with I/DD registering on the DHS' PUNS database for the first time or for their annual update... Preference information is gathered to identify what services individuals are looking for as well as to receive additional support until they are selected from PUNS.
- Adults with I/DD registered on PUNS who do not have Medicaid waiver funding and are receiving services funded through the DDB will be provided conflict free case management and person-centered planning.
- Persons with I/DD transitioning from Illinois State Board of Education setting and in need of services.
- NEW COMPONENT FOR: Adults with I/DD and mental health diagnosis. Case Management services in home or community. Proposed caseload size of 15-25 depending on acuity of persons receiving services.

Scope, Location, and Frequency of Services:

Scope: intake...; services and conflict free person-centered planning; outreach, preference assessment, and person-centered planning services for *[eligible people]* who do not have Medicaid waiver funding.

- During the COVID-19 pandemic, all services will be provided virtually through various technologies. Staff will complete outreach to high school professionals and families in Champaign County before IEP meetings, providing information about Transition Consultant services. Staff will attend scheduled events in the community or virtually to engage underserved populations, providing the opportunity for PUNS registration and preference assessment.
- During PUNS registrations and updates, individuals will be asked about their preferences. CCRPC will compile this data to provide to CCMHB/CCDDDB to inform future funding decisions and assist providers with developing services based on consumer input. CCRPC will provide conflict free person-centered planning and case management services, utilizing the same Discovery and Personal Plan tools currently utilized by all ISC agencies throughout Illinois. Prioritization for PCP services will be given to adults in the seeking services category on PUNS and who have been on PUNS for the longest time, however capacity will be limited to 135 persons. Persons served through the Decision Support Person Centered Planning Program must not have DHS Medicaid waiver funding.
- Staff will meet with dually diagnosed persons to provide case management in home or community. Case Manager will utilize evidence-based approaches, such as motivational interviewing to increase service engagement. Case Manager will work with clients on development/achievement of desired outcomes. Case Manager will be knowledgeable of the resources within the community and work closely with service providers.

Location: during the pandemic, services will be provided virtually. When safe, services will occur at the following locations: 1) High Schools; 2) CCRPC offices; 3) I/DD provider agencies; 4) Person's Homes; 5) Community.

Frequency: PUNS, preference assessments, and case management are provided at minimum annually and ongoing while persons served remain on PUNS. Transition Consultant services are, on average, bi-monthly for one to three months. Person centered planning services are on a quarterly basis. Services are provided ongoing as long as persons served meet eligibility criteria. Dual diagnosis case management services will be provided monthly with flexibility for more often as needed.

Residency of 651 People (TPC and NTPC) Served in PY21 and 241 in the first half of PY22

Champaign	291 (44.7%) for PY21	101 (41.9%) for PY22
Urbana	185 (28.4%) for PY21	65 (27.0%) for PY22
Rantoul	47 (7.2%) for PY21	24 (10.0%) for PY22
Mahomet	44 (6.8%) for PY21	17 (7.1%) for PY22
Other	84 (12.9%) for PY21	34 (14.1%) for PY22

Demographics of 651 People (TPC and NTPC) Served during PY21

Age	
Ages 0-6 -----	12 (1.8%)
Ages 7-12 -----	33 (5.1%)
Ages 13-18 -----	84 (12.9%)
Ages 19-59 -----	479 (73.6%)
Ages 60-75+ -----	40 (6.1%)
Not Available Qty -----	3 (.5%)
Race	
White -----	477 (73.3%)
Black / AA -----	118 (18.1%)
Asian / PI -----	19 (2.9%)
Other (incl. Native American and Bi-racial) -----	25 (3.8%)
Not Available Qty -----	12 (1.8%)
Gender	
Male -----	419 (64.4%)
Female -----	232 (35.6%)
Ethnicity	
Of Hispanic/Latinx Origin -----	69 (10.6%)
Not of Hispanic/Latinx Origin -----	579 (88.9%)
Not Available Qty -----	3 (.5%)

Program Performance Measures

CONSUMER ACCESS: 1) Individuals in Champaign County with suspected I/DD will be eligible for PUNS meeting. Those who have I/DD and on PUNS can participate in preference assessment; 2) adults with I/DD in the seeking services category on PUNS are eligible for conflict free person-centered planning (if staff capacity allows); 3) individuals with I/DD who are nearing graduation from secondary education are eligible for Transition Consultant services. Individuals served must be on PUNS to be eligible for services. 4) Persons dually diagnosed are eligible for case management services. Persons must be 18 years or older, on PUNS, and have documentation of diagnoses. Individual has I/DD diagnosis, or related condition such as cerebral palsy, epilepsy, or Autism diagnosed prior to the age of 22 with substantial functional limitations in three or more areas (self-care, language, learning, mobility, self-direction, capacity for independent living). Persons served must be on PUNS to demonstrate eligibility. Persons requesting services under the dual diagnosis program must provide documentation of I/DD diagnosis, along with a mental health diagnosis. Persons served must be at least 18 years of age and registered on the PUNS list to be eligible. Target populations will learn about the program through direct referrals from other service providers, outreach events, flyer distribution to local community committees and agencies, referrals from high school professionals, CCRPC’s website and social media accounts, direct contact from individuals with I/DD and their families, and inter-organizational referrals through CCRPC’s community services programs. Targeted mailings regarding Transition Consultant Services are also sent out to individuals on PUNS who are in secondary education.

Within 10 days from referral, 95% of those referred will be assessed.

Within 10 days of assessment, 95% of those assessed will engage in services.

People will engage in services, on average, for: 1 to 3 months, for person-centered planning participants and clients with dual diagnosis, it is one to three years.

Additional Data: insurance information and Medicaid RIN number.

CONSUMER OUTCOMES:

1. Individuals with I/DD will have greater choice of services and supports in Champaign County.
Description: Persons with I/DD will have the opportunity to identify preference of services. This information will be collected via the preference assessment at PUNS intake and annual update. Information gathered has the potential to impact the development of services in Champaign County for persons with I/DD based on self-identified preferences. Adults with I/DD who are on PUNS in the seeking services category will have the opportunity to complete a Person Centered Plan using DHS designed Discovery and Personal Plan documents. Each plan completed will have at least one outcome based on individual goals. Individual outcomes will be evaluated at minimum on a bi-annual basis.
2. Individuals with I/DD transitioning out of secondary education will have a goal plan in place developed collaboratively with their Transition Consultant.
Description: Transition Consultants will assist in transition planning which will allow for better matching of individualized services. Through this service, all families, regardless of socioeconomic status or other potential barriers, will have the opportunity to have an impartial advocate during the transition process.
3. Individuals selected from PUNS who were provided service through the Decision Support Person Centered Planning Program will be supported in service connection based on their personal preferences; they will also meet eligibility criteria and have quicker access to Medicaid Waiver Services upon being selected from PUNS.
Description: The Decision Support Person Centered Planning Program will work with individuals to gather documentation as required by the PAS process should they be selected from PUNS. This will minimize the amount of time it takes once someone is selected from PUNS until services begin. This program will also limit the number of individuals who wait on PUNS only to be found ineligible by DHS.

Outcome gathered from all participants? Yes

Anticipate 520 total participants for the year.

Will collect outcome information for #1 – annually, #2 – upon exit from Transition Consultant services (quarterly), and #3 – upon each PUNS selection (annually).

Is there a target or benchmark level for program services? Yes

1. For PCP Services all persons served will be required to have at least one outcome... [IDHS-DDD standard]
2. 100% of persons served with Transition Consultant services will have a goal plan in place. This is to ensure families are able to discuss any actionable items at an upcoming IEP meeting and are active participants in the transition planning process.
3. 95% of persons selected from PUNS will be found eligible for services. This is an outcome requirement set forth by [IDHS-DDD] in FY21 for all ISC programs.

Estimated levels of change:

1. 100% of individuals will be given the opportunity to complete a preference assessment. 100% of individuals will be supported in identifying services based on their preferences through their person centered plan.
2. 100% of eligible individuals working with a Transition Consultant will be registered on PUNS and provided support in developing a goal plan prior to graduation.
3. 95% of individuals selected from PUNS who were provided service through the Decision Support Program will be found eligible for Medicaid Waiver Services and 90% will begin receiving services within three months.

UTILIZATION:

Treatment Plan Clients (TPCs): 320 Individuals registering on PUNS who need linkage/referral to community resources and brief conflict free case management including gathering of PAS documentation prior to being selected from PUNS; adults receiving conflict free person centered planning who are in the seeking services category on PUNS; individuals/families receiving Transition Consultant services; and individuals with I/DD and a mental health diagnosis receiving intensive case management services.

Non-Treatment Plan Clients (NTPCs): 200 Individuals registering on PUNS and completing preference assessment and persons PUNS registered updating their preferences. (*slightly lower than PY22 target*)

Service Contacts (SCs): 300 Individuals attending outreach events. (*same as PY22 target*)

Community Service Events (CSEs): 50 Staff presentations and tabling at outreach events, meeting with Champaign County high schools and other professionals.

Staff Comment: Service Contacts and service hours associated with TPCs are documented in online reporting system. Significant increase of TPCs as result of the proposed NEW program component.

PY23 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	320	200	300	50

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter	99	45	17	3
Second Quarter	50	47	129	24
<i>Annual Target</i>	220	220	300	40

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter	106	53	41	7
Second Quarter	123	57	123	17
Third Quarter	103	52	120	15
Fourth Quarter	91	66	56	9
<i>Annual Target</i>	200	250	300	40

Financial Analysis

PY2023 CCDDDB Funding Request: \$388,271

PY2023 Total Program Budget: \$388,271

Proposed Change in Funding - PY2022 to PY2023 = 24.6%

Current Year Funding (PY2022): \$311,489

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$278,642 are the primary expense charged to CCDDDB, at 72% of requested amount. Other expenses: Professional Fees/Consultants \$1,000; Consumables \$1,200; General Operating \$12,000 (3%); Occupancy \$90,629 (23%); Conferences/Staff Development \$1,000; Local Transportation \$2,000 (1%); and Equipment Purchases \$1,800.

Total Agency Budget has a surplus of \$377,898. Total Program and CCDDDB Budgets are BALANCED.

Program Staff to be funded by CCDDDB: 0 Indirect and 4.76 Direct = 4.76 FTEs

Total Program Staff: 0 Indirect and 4.76 Direct = 4.76 FTEs

Staff Comments: the increase in requested funding is associated with addition of a new program component which is meant to fill the gap created by loss of another provider's program; budget narrative explains this, along with the GATA approved indirect cost allocation rate plan (copy of GATA approval to be provided to CCDDDB staff). Program returned \$2,408 excess revenue in PY21.

Audit Findings: *Because the CCRPC – Community Services are included with the County's combined audit, this program is not required to submit a separate year end audit, and any excess revenue due back is determined through fourth quarter reports.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire – no concerns are raised. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Evidence is provided of planning for continuation of (virtual) services during the pandemic but does not establish virtual options for beyond such time; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *CCPRC submitted a CLC Plan for the entire organization. The CLC Plan included all of the required benchmarks. The CLC Plan was updated to report the distribution of the 4th quarter CLC Plan to all of the program staff. In addition, CLC reflection has been incorporated into the Supervision Meetings for the intake and direct services staff. Information on how to become a member of the CLC Committee is now included in the staff orientation.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *Annual training is monitored by supervisors to ensure completion. The Continuum of Service Providers MOU was updated to encourage participation of people with lived experience of being without a physical address. Barriers to services are part of the housing first conversations, as emergency shelters play a broader role in the homeless systems in our community.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: ...outreach regarding available services at events that reach members of underserved and underrepresented minority populations... conducted virtually and will continue as such until it is safe to move to in person activities... in FY22, outreach events occurred with the following entities (not an exhaustive list): Head Start Awareness Walk; The Arc of Illinois; University of Illinois, Special Education Transition Class; Urbana High School Special Education Parent Advisory Meeting, IEP Meetings... Transition Consultant services have also targeted rural High Schools to request in service meetings with special education professionals to share information about services and encourage PUNS registration.

Inclusion, Integration, and Anti-Stigma: collaborate[s] with persons served to advocate for increased independence, autonomy, and community inclusion. In line with DHS requirements, CCRPC upholds all components of the Person Centered Planning process, including the following... that are supportive of promoting inclusion, reducing stigma or discrimination, or improving access to the community:

- Ensure services are delivered in a manner that reflects personal preferences and choices
- Must include evidence that setting is chosen by the individual
- Assist to achieve personally defined outcomes in the most integrated setting
- Must include opportunities to seek employment and work in competitive integrated settings
- Must include opportunities to engage in community life, control personal resources, and receive services in the community to same degree of access as those not receiving Medicaid Home and Community Based Services
- Should be written in plain language that can be understood by the person who receives services and their guardian

CCRPC will continue to attend outreach events, conduct presentations, and educate the community regarding the strengths and abilities of persons with I/DD and the services available to assist persons with I/DD to promote inclusion and reduce stigma.

Outcomes: *well developed and relevant to the people using services*

Virtual Service Option(s): *established virtual options will continue during the COVID-19 pandemic, but the proposal does not necessarily make these a permanent option.*

Coordinated System: CCRPC is the sole ISC agency serving Champaign County... Decision Support PCP Program works collaboratively with I/DD provider agencies in Champaign County. Currently, there is not a provider in Champaign County who provides intensive CM services to individuals with I/DD and a mental health diagnosis. Program works collaboratively with I/DD provider agencies and High School professionals to coordinate Transition Consultant services. Program will partner with the aforementioned providers in the following ways:

- 1) Receive referrals for PUNS registration and preference assessments.
- 2) Assist with PUNS registration and provide information to clients served at I/DD provider agencies regarding Medicaid Waiver funding processes and available services.
- 3) Coordinate with I/DD provider agencies to develop a PCP for all clients served through DDB funded services.
- 4) Collaborative with I/DD provider agencies to meet persons served desired outcomes/goals for the upcoming year and provide services necessary to meet said outcomes/goals.
- 5) Receive referrals for Transition Consultant services and attend IEP meetings.

- 6) Receive referrals for case management services for individuals dually diagnosed with I/DD and a mental health disorder, requiring more intensive case management support.
- 7) Provide outreach and coordinate informational events related to the Decision Support PCP Program and state funded I/DD services.

Budget and Program Connectedness: *budget narrative and program plan narrative are complete and consistent.*

Person Centered Planning (PCP): *uses model required by IDHS-DDD, along with outcome measures focused on the person*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes the relevant federal rules and specific Illinois service delivery design, emphasis on Conflict of Interest Free Case Management, Person Centered Planning, and Settings; cites DHS Person Centered Philosophy Statements, <http://www.dhs.state.il.us/page.aspx?item=96996>*

Evidence of Collaboration: *written working agreements, collaboration with organizations listed under Coordinated Services.*

Staff Credentials: Program Manager is a QIDP and MSW with 15 years of experience working in social services.

Case Managers providing case management and conflict free person centered planning services all hold the QIDP credential which requires a minimum of a bachelor's degree in a human services field as well as a minimum of one year of experience in working with people with intellectual and developmental disabilities. The current ISC

Coordinator completing all PUNS intakes is also a QIDP and has worked in the I/DD field for over 25 years. For current Transition Consultants, one has a PhD and has both professional and lived experience in the I/DD system,

and the other has an MSW and over 40 years of experience working in social services with a variety of vulnerable populations. The Case Manager to provide intensive CM for those with I/DD and a mental health diagnosis will

receive QIDP training and complete at minimum 12 hours of continuing educations per fiscal year to maintain their QIDP credential. They will also have at least two years of experience working in the mental health field.

Resource Leveraging: *While not addressed, this program offers services which may be covered by Medicaid. See note below.*

Other Pay Sources: None. **Client Fees:** No **Sliding Scale:** No

Willing to participate in DD Medicaid-waiver programs? No

Staff Comment: if similar services are covered by Medicaid and available to individuals, the program should document efforts to refer them, as all clients in this program should be Medicaid eligible.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Retain PY22 Special Provisions: base return of excess revenue on Q4 reports; notify DDB staff of PUNS selections and of PCPs in which a placement is not appropriate; online claims reporting; collaborate with similar programs; distribute DDB-funded services information (prior to IEPs, etc.)*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Service Coordination

Requested Funding Amount: \$468,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: People with I/DD request support to enhance or maintain their highest level of independence in the community, at work, and/or in their home. Service and intensity are uniquely designed to support each person seeking services in life areas such as independent life skills, community resources and access, medical, health/wellness, financial, behavioral, counseling, employment, as well as any other personally defined outcomes related to quality of life.

Evidence Based, Promising, or Innovative Approach: DSC is accredited through The Council on Quality and Leadership (CQL) and during the most recent quality review, recognized DSC's 'attention to excellence' on behalf of people with I/DD. DSC assures the ten basic assurances to include: Rights, Protection, and Promotion; Dignity and Respect; Natural Support Networks; Protection from Abuse, Neglect, Mistreatment and Exploitation; Best Possible Health; Safe Environments; Staff Resources and Support; Positive Services and Supports; Continuity and Personal Security.

<https://www.c-q-l.org/tools/basic-assurances/>

These basic assurances represent the fundamental rights each person deserves and can rely. The next step is to personalize supports and services to each person through the Discovery process. Once the ISC has completed the Discovery process, DSC participates in person-centered planning driven by the individual receiving support and reflective of their desired outcomes. In collaboration with the individual, parent/guardian when applicable/desired, and the ISC, the service coordination team member (QIDP) develops implementation strategies to design the approach to support the person to realize their identified outcomes.

Outcomes:

1. People participate in the development of their personal outcomes driving the content of the implementation strategies documented by assigned QIDP.
2. People participate in POM (personal outcome measures) interviews.
3. People maintain/make progress toward their chosen outcomes.

To be Served/Completed:

280 people with a formal Personal Plan and Implementation Strategies.

33 people receiving services and supports without a formal Personal Plan and Implementation Strategies.

70 phone and face-to-face contacts with people interested in services – information and referral contacts, initial screenings/assessments, and crisis services.

2 contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregivers.

Type and Intensity of Service:

DSC partners with the CCRPC ISC to develop Person-Centered Plans and Implementation Strategies for county-funded and waiver participants.

Supports: intake screening; advocacy; assessments; medical support; crisis intervention; 24-hour on-call emergency support; referral and collaboration with other providers; linkage to services; apply for/renew/maintain SSDI and SSI; coordinate and assist with Medicare eligibility and enrollment; apply for and maintain enrollment in "Extra Help"; Representative Payee support; access tax professionals for filing federal and state taxes; legal support; and housing support.

Length of Engagement: may continue for participant's lifetime.

Leveraging Other Resources: while not used as match for another source of funding, this program serves people who are waiting for state-funding for similar services, and transitions to use of state funding once awarded.

Agency: DSC

Program: Service Coordination

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$468,000

Priority Selected: Linkage and Coordination

Services and People Served

Target Population: people with I/DD requesting support to enhance or maintain their highest level of independence in the community, at work, and/or in their home... Many seek assistance to apply, navigate, and retain benefits such as Medicaid/SNAP, Social Security – SSI/SSDI, medical waivers, etc. While majority of individuals served through this program are accessing other DSC supports, there are a number of individuals that receive SC as their only service. For this small group of men and women, there may be just one vital area of need which can be supported through the assistance of a Qualified Intellectual Disabilities Professional (QIDP).

Scope, Location, and Frequency of Services:

Scope: DSC partners with the CCRPC ISC to develop Person-Centered Plans and Implementation Strategies for county-funded and waiver participants. An array of services... significantly varied degrees of intensive supports:

- Intake screening for a variety of potential services available through DSC;
- Advocacy – supporting skill development or advocating on behalf of an individual/guardian;
- Assessments;
- Medical support – routine and intense situational assistance;
- Crisis intervention – unexpected illness/injury, avoiding eviction, bedbug remediation, assisting with urgent financial circumstances such as loss of benefits or employment; 24-hour on-call emergency support;
- Referral and collaboration with other providers;
- Linkage to services, initial and ongoing maintenance of financial supports to include applying for DHS/Medicaid Programs (paperwork and caseworker meetings), including, SNAP (Supplemental Nutrition Assistance Program); Medical Card/QMB Medical; Health Benefits for Workers with Disabilities;
- Apply for SSDI and SSI...; assist individuals/families with interviews and SSA appointments; maintain eligibility...; complete interviews/redeterminations with SSA;
- Coordinate and assist with Medicare eligibility and sign-up; apply for and maintain enrollment in “Extra Help”; Representative Payee support; complete yearly reports for the SSA; maintain records and files of all money spent; and access tax professionals for filing federal and state taxes.
- Legal Support - assist families with Special Needs Trust, Power of Attorney, guardianship coordination, and support people who find themselves involved in court proceedings for other reasons;
- Housing support - assist individuals with Housing Authority and Shelter Plus Care applications; support the individual in locating safe and affordable housing; assist with lease signings; coordinate and assist with move-in; complete yearly LIHEAP enrollment for individuals.

Location/Frequency: person’s home, at DSC, medical facilities, clinicians’ offices, and other community locations where the person requests support. Much of the QIDP work has remained the same through the pandemic. QIDPs work with ISCs receiving plans, writing implementation strategies, preserving continuity of services, and offering reassurance to people during these challenging times. In addition to in person meetings, attending appointments... contactless deliveries, email and virtual options to maintain contact. Zoom and other technology accommodated necessary case conferences, and coordinating care with doctors, and some limited telehealth options.

Residency of 257 People Served in PY2021 and 230 in the first half of PY2022

Champaign	97 (37.7%) for PY21	85 (37.0%) for PY22
Urbana	89 (34.6%) for PY21	81 (35.2%) for PY22
Rantoul	8 (3.1%) for PY21	10 (4.3%) for PY22
Mahomet	17 (6.6%) for PY21	15 (6.5%) for PY22
Other	46 (17.9%) for PY21	39 (17.0%) for PY22

Demographics of 257 People Served during PY2021

Age		
Ages 7-12 -----		3 (1.2%)
Ages 13-18 -----		5 (1.9%)
Ages 19-59 -----	219	(85.2%)
Ages 60-75+ -----	30	(11.7%)
Race		
White -----	189	(73.5%)
Black / AA -----	50	(19.5%)
Asian / PI -----	9	(3.5%)
Other (incl. Native American and Bi-racial) -	9	(3.5%)
Gender		
Male -----	155	(60.3%)
Female -----	102	(39.7%)
Ethnicity		
Of Hispanic/Latinx Origin -----	7	(2.7%)
Not of Hispanic/Latinx Origin -----	250	(97.3%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligibility. People learn of services through the disAbility Expo, the Champaign County Transition Planning Committee, support groups, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials.

Within 30 days from referral, 90% of those referred will be assessed.

Within 30 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: Since the program offers support in all aspects of a person's life, in many cases, support continues for their lifetime.

Additional Demographic Data: Disability and referral source are also collected.

CONSUMER OUTCOMES:

1. People will actively participate in the development of their personal outcomes driving the content of the implementation strategies documented by assigned QIDP.
2. People will participate in POM (personal outcome measures) interviews.
3. People will maintain/make progress toward their chosen outcomes.

Measured by:

1. Personal Plan will be reviewed as well as monthly QIDP notes in each individual's record. Self-report....
2. POM interview booklets will be maintained. Participation in interview will be documented in the person's file.
3. Progress toward meeting personal outcomes is documented on a monthly basis and random files will be reviewed each quarter to review progress.

Outcome gathered from all participants? No. A random sample of individual records will be selected on a quarterly basis for people receiving services for at least one year.

Anticipate 280 total participants for the year.

Will collect outcome information Quarterly

Is there a target or benchmark level for program services? Yes. Targets/benchmarks are estimated from past outcomes in the program. FY 22 Measures:

1. People will actively participate in the development of their personal outcomes.

Target: 98%. Mid-Year Outcome: 97%.

2. People will participate in POM interviews. Target: 20. Mid-Year Outcome: 5

3. Individuals will maintain/make progress toward their chosen outcomes. Target: 80%. Mid-Year Outcome: 80%

Estimated levels of change for these: 1: 98%. 2: 20. 2: 80%.

UTILIZATION:

TPCs: 280 people with a formal Personal Plan and Implementation Strategies.

NTPCs: 33 people receiving services and supports without a formal Personal Plan and Implementation Strategies.

SCs: 70 phone and face-to-face contacts with people who are interested in services – including information and referral contacts, initial screenings/assessments, and crisis services.

CSEs: 2 contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregivers. Also includes representation at community outreach events such as disability Expo.

Reviewer: SCs and TPC service hours documented in online claims system. 2 targets continue at PY22 levels, 2 slightly lower for PY23.

PY23 Annual Target (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	280	33	70	2

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	229	33	5	0
Second Quarter PY22	1	0	3	0

<i>Annual Target</i>	280	36	75	2
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PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	247	35	6	0
Second Quarter FY21	3	1	4	1

Third Quarter FY21	3	1	4	0
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Fourth Quarter FY21	4	2	6	0
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<i>Annual Target</i>	280	36	75	2
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Financial Analysis

PY2023 CCDDDB Funding Request: \$468,000

PY2023 Total Program Budget: \$649,417

Proposed Change in Funding - PY2022 to PY2023 = 7.4%

Current Year Funding (PY2022): \$435,858

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Some participants have Medicaid waiver funding; care should be taken regarding type of service (if any) these individuals may receive under this contract.*

CCDDDB request is for 72% of total program revenue. Other revenue is from DHS Fee for Service \$174,370 (37%), proportional share of DHS training reimbursement \$6,908 (1%), and other Program Service Fees (\$139).

Expenses: Personnel-related costs of \$414,286 are the primary expense charged to CCDDDB, at 89% of requested amount. Other expenses are: Professional Fees/Consultants \$4,898 (1%); Consumables \$3,480 (1%); General Operating \$7,938 (2%); Occupancy \$11,865 (3%); Conferences/Staff Development \$2,078; Local Transportation \$4,829 (1%); Equipment Purchases \$107; Lease/Rental \$10,255 (2%); Membership Dues \$1,834; and Miscellaneous \$6,430 (1%).

Total Agency Budget has a deficit of \$43,990, Total Program \$3,575, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.88 Indirect and 6.48 Direct = 7.36 FTEs

Total Program Staff: 1.08 Indirect and 9.00 Direct = 10.08 FTEs

Staff Comments: the increase in requested funding is associated with increased cost of salaries and benefits.

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. Excess revenue associated with this program was determined (\$66,297) and returned to the CCDDDB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed, but gains associated with technology are discussed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan. DSC added action steps to support staff that are experiencing burnout and fatigue to their CLC Plan... "Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community." DSC has allocated money in the budget to increase diversity within the organization.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: ... represented at the Champaign County Transition Planning Committee... which covers about 5000 students in 10 school districts, offers education and resource information about services. Referrals are accepted throughout Champaign County, including rural areas. Approximately 24% of people supported by this program live outside CU. While some desire to move to Champaign to improve access to affordable housing, employment, social opportunities, and public transportation, it is not a requirement or expectation for them to receive services. DSC is enhancing outreach efforts to share information about services and supports available in their home community. The pandemic has somewhat leveled the playing field for the community at large with a greater reliance on technology to remain engaged with others. The world has become more accessible in response to the pandemic by increasing access/options through technology which has been beneficial to people with I/DD as well. While it doesn't begin to replace human contact, it has bridged a gap temporarily and may continue to be an option/choice for some beyond the pandemic. Services occur in the person's home, at DSC, medical facilities, clinicians' offices, and other community locations as requested by the individual. The Service Coordination program serves individuals from underserved and underrepresented minority populations and is responsive to the individual or family request regarding cultural and/or religious preferences and considerations. Referrals may be received by CCRPC ISC... community events and committees... DSC's website and social media provide awareness and [service] information... Diversity Committee continues to discuss strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral... directly affected by the pandemic and recurring limitations imposed by CDC and Public Health, but efforts below continue to be a priority: sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums to include inviting representatives to program meetings as guest speakers; and focus attention on underserved or underrepresented minority population for each program by catering outreach efforts for the specific service.

Inclusion, Integration, and Anti-Stigma: increased access and greater involvement in the community will broaden the scope of inclusion, reduce stigma, and diminish discrimination. People are encouraged and supported to reside, shop, recreate and worship as desired. Isolation and loneliness are common in our target population and SC staff encourage people to engage in and experience activities throughout the community and support those efforts. In addition to agency efforts to reach out to members of underserved/underrepresented populations, increased awareness often occurs naturally as community access/engagement is realized by people receiving services. Per the University of Minnesota, Institute on Community Inclusion, "Social inclusion goes far beyond one's presence in the community. It means that people with I/DD are included in community life – in schools,

neighborhoods, jobs, recreation, and congregations, and have opportunities to contribute their unique personalities and talents to others, occupy valued roles in community life, and belong to the community rather than to "the system." <https://ici.umn.edu/program-areas/community-living-and-employment/social-inclusion>

Outcomes: *includes two measures of participants' involvement in the specifics of their plan and one of progress toward goals; SC staff document participants' self-report for the first two and review progress notes created by staff of other programs for the third.*

Virtual Service Option(s): *during COVID-19 mitigation periods and beyond, a gain for some.*

Coordinated System: CCRPC ISC... and Community Choices offer some similar services with clearly defined differences... Intensive support is a pillar for DSC's program... QIDP is directly involved in day to day activity/service delivery, ensuring agreed upon supports/services are being provided across DSC programs. Frequent communication is needed regarding existing services and/or facilitating changes to improve quality of life as defined by person-centered Implementation Strategies. While much of the activity happens without the ISC involvement, there are many occasions when the ISC and QIDP work in tandem to address needs and concerns of individuals we jointly support. Conflict-free case management is the primary role of the ISC. As they advocate on behalf of the person, there are times that we work together toward mutually-defined outcomes and also occasions that DSC needs to be responsive to recommendations made by the ISC on the individual's behalf. Both the ISC and DSC's service coordination programs focus on quality of life and person-centered practice. This concerted effort contributes to the best possible life for people with I/DD...

Budget and Program Connectedness: *budget narrative supports financial/program plan, references agency cost allocation plan.*

Person Centered Planning (PCP): *includes development of implementation strategies based on the Council on Quality and Leadership Personal Outcome Measures and coordination with CCRPC ISC for Person-Centered Plan as required by the state.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *details and links to the accreditor (CQL) ten Basic Assurances, describes Discovery process and role of QIDP staff in developing implementation strategies.*

Evidence of Collaboration: CCRPC/Shelter Plus Care Program and ISC, Community Choices, CRIS Healthy Aging Center, Family Service, PACE, Promise Health Care, RACES, and Rosecrance.

Staff Credentials: Federal requirements for QIDP: bachelor's in a social service field; 1 year experience working directly with individuals with I/DD... IDHS DSP training in addition to training specific to each person receiving services... IDHS 40-hour QIDP training... must be approved by IDHS, and are required to complete 12 continuing education hours per year, e.g.: Understanding Bipolar Disorder, COVID Trauma, Using Assistive Technology to Increase Independence of Adults with IDD, Trauma-Informed Support, Boundary Work for Helping Professionals, and Diversity, Equity, and Inclusion: Macro and Microaggression.

Resource Leveraging: *while not used as match for other funding, this program serves people who are waiting for state-funding for similar services, and transitions to use of state funding once awarded.* **Other Pay Sources:** State funding is also accepted for this service as well as private pay. No state funded services are reported to CCDDDB. **Client Fees:** No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Plan narrative should be updated to remove mention of programs which are no longer available.*
- *Although excess revenue of \$66,297 was associated with this program in PY21, the request includes 7.4% increase in funding; if the full request is awarded, continue to watch for and return excess revenue (based on audit report).*
- *Continue to shift toward 'intensive' supports not otherwise be available to individuals, and away from any redundancy associated with ISC activities required for all who receive services with DDB or state funding.*
- *Retain PY22 Special Provisions: collaborate with ISC on enrollment and TPCs; share ISP and related forms with DDB; online claims reporting; identify waiver recipients; personnel change reports; comment on unmet needs and risk of conflict.*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency: Community Choices, Inc.

Program: Inclusive Community Support (formerly Community Living)

Requested Funding Amount: \$203,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Illinois' current systems of support are not well designed to support adults with I/DD who wish to live in the community with support as opposed to with family or in group homes. Instead, programs offer an abundance of support in the form of 24/7 CILAs or require considerable hands-on logistical support and coordination from families or natural support networks to manage (HBS). Program seeks to meet the needs of those who are living or hoping to live in this middle ground - in their chosen community - but do not have the internal or natural supports that allow it to be sustainable on their own. Designed flexibly to address the needs of people with I/DD who need a wide spectrum of supports at different places in their life but desire to live in the community. Indirectly benefits family members who will be able to step back from their roles as intensive logistics coordinators for their adult children, without loss of community living options.

Evidence Based, Promising, or Innovative Approach: Using the principles of Supportive Housing and the approach of Community Support Teams from the mental health field, program supports people to find housing that meets their needs and offers services ensuring their living situation is sustainable. This approach is supported by federal law, DOJ guidance, and academic research: DOJ statement outlining the continued need for genuine community-living options for people with disabilities:

https://www.ada.gov/olmstead/q&a_olmstead.htm

Supportive Housing and Living models are cost-effective methods and more supportive of participant choice, community access, and social integration. Roger J Stancliffe & Sian Keane (2000) Outcomes and costs of community living: A matched comparison of group homes and semi-independent living, *Journal of Intellectual & Developmental Disability*, 25:4, 281-305, DOI: 10.1080/13668250020019584. Jim Mansell & Julie Beadle-Brown (2009) Dispersed or clustered housing for adults with intellectual disability: A systematic review, *Journal of Intellectual & Developmental Disability*, 34:4, 313-323, DOI: 10.3109/13668250903310701

Outcomes:

1. Families have access to the supports that are important for them to fulfill their plan.
 - a. Families have an achievable long-term plan for sustainable community living.
 - b. Families indicate a decrease in time spent providing daily living support.
 - c. Families indicate an increase in their quality of life.
 - d. Family members indicate that ICS has supported their person to achieve desired housing, and build natural supports, skills, and connections.
2. Participants build lives in the community.
 - a. Housing

- i. Participants maintain stable housing over time
- ii. Participants indicate they are satisfied with their housing
- iii. Participants indicate ICS has been helpful in finding or sustaining preferred housing.
- b. Learning
 - i. Participants develop the skills they identified as in critical for community living
 - ii. Participants indicate that ICS have been helpful in skill building.
- c. Connecting
 - i. Participants identifying a desire to build connections, find belonging with people, places, or groups in their community.
 - ii. Participants indicate ICS has been helpful to their building community connections.
 - iii. Participants have people and places where they are comfortable
- 3. Personal Outcome Measures
 - a. Participants increase POM scores in targeted outcomes over time
 - b. Participants increase POM Supports present for targeted outcomes over time
- 4. People with I/DD build distinct independent living skills: 100% of participants indicate growth or skill development based on course assessments.

To be Served/Completed:

- 30 adults with I/DD who are participants in the Inclusive Community Support Program.
- 15 adults with I/DD who participate in Personal Development Classes.
- 3,539 service contacts.
- 4 outreach events.
- 4,100 direct hours by staff supporting people with I/DD.

Type and Intensity of Service: Housing, skills, connections, resource coordination, benefits and budget management, health, daily life coordination, and comprehensive HBS administration. Services chosen after in-depth planning process, in 1 of 4 tracks: Family-Driven Support: planning process for self-directed community living. Sustained Community Supports (ala carte): choice of specific services and supports in any of the domains on a short or long term basis. Sustained Community Supports (full coordination): people who are looking for in depth support for daily living can choose to participate in most, or all, of the service domains. Program Design: Support will be provided by a team and up to 5 times per week. Optional Personal Development Classes available to participants and other Members.

Length of Engagement: tailored to the person, a few weeks or ongoing. 8-week classes.

Leveraging Other Resources: No

Agency: Community Choices, Inc.

Program: Inclusive Community Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$203,000

Priority Selected: Home Life

Services and People Served

Target Population: People with I/DD who need a wide spectrum of supports and are at different places in their life but share the desire to live in the community. Indirectly benefits family members who will be able to step back from their roles as intensive logistics coordinators for their adult children, without loss of community living options.

Scope, Location, and Frequency of Services:

Scope: as much or as little as a person needs to make their community-based life possible... often requires significant coordination from families. Our services give families the opportunity to shift the roles they play in their adults' life and allow those without robust natural supports the option of community-based living: HOUSING, SKILLS, CONNECTIONS, RESOURCE COORDINATION, BENEFITS AND BUDGET MANAGEMENT, HEALTH, DAILY LIFE COORDINATION, AND COMPREHENSIVE HOME-BASED SUPPORT (HBS) ADMINISTRATION. After an in-depth planning process that identifies the ideal community-based living arrangements and the needs critical to making that possible, the person and their family choose 1 of 4 tracks: FAMILY-DRIVEN SUPPORT: Families are able to use our planning process as a starting point for their fully self-directed community living model.

HBS BASIC SELF-DIRECTION ASSISTANCE (SDA): Individuals with state-funded HBS may choose an SDA to aid in the basic management of their waiver services. (Paid for through State Waiver Funding)

SUSTAINED COMMUNITY SUPPORTS - ALA CARTE: Individuals can choose specific services and supports in any of the domains on a short or long term basis. These could include routine support such as health management, or a short-term skill building support such as 1:1 bus training.

SUSTAINED COMMUNITY SUPPORTS - FULL COORDINATION: Individuals who are looking for in depth support for daily living can choose this option to participate in most, or all, of the service domains.

Program Design - Support will be provided by a team and up to 5 times per week. Optional Personal Development Classes will be available to participants and other Community Choices Members.

Location/Frequency: participants' homes and community. Offices are available for meetings, documentation, and logistical support. Due to COVID, use of Zoom... [will] incorporate it as an additional option, but not the only option. Class locations vary depending on the topic being covered. Locations have included individuals' homes, community locations, libraries, local churches, through Zoom, and in the CC conference room.

Residency of 23 People Served in PY2021 and 15 in the first half of PY2022

Champaign	15 (65.2%) for PY21	9 (60.0%) for PY22
Urbana	4 (17.4%) for PY21	2 (13.3%) for PY22
Rantoul	1 (4.3%) for PY21	1 (6.7%) for PY22
Other	3 (13.0%) for PY21	3 (20.0%) for PY22

Demographics of 23 People Served during PY2021

Age	
Ages 19-59 -----	22 (95.7%)
Not Available Qty -----	1 (4.3%)
Race	

White -----	17 (73.9%)
Black / AA -----	4 (17.4%)
Asian / PI -----	2 (8.7%)
Gender	
Male -----	8 (34.8%)
Female -----	15 (65.2%)
Ethnicity	
Not of Hispanic/Latinx Origin -----	23 (100.0%)

Program Performance Measures

CONSUMER ACCESS: at least 18 years of age and have a documented I/DD as defined by PUNS screening, desire to ultimately live on their own and be able to be by themselves for the majority of the day. Anyone meeting general eligibility requirements and interested in gaining skills can participate in Personal Development classes. PUNS enrollment... as an eligibility determination tool. Staff will meet with the individual requesting services to determine if the Program is a good fit for their needs and goals... formal and informal outreach... referrals from area schools, word of mouth... refer to and from DSC, CCRPC, Rosecrance, The Autism Program, and PACE... participation in outreach events, e.g., Disability Expo and Northern Champaign County Community Resource Fair.

Within 14 days from referral, 90% of those referred will be assessed.

Within 60 days of assessment, 90% of those assessed will engage in services.

People will engage in services for: tailored to the person, a few weeks or ongoing. Classes are 8 weeks.

Additional Demographic Data: individual's RIN number, PUNs eligibility, and type of medical insurance they have access to (Private Insurance, Medicare, Medicaid, etc)... Information about involvement with other service providers will also be collected to ensure supports are not duplicated.

CONSUMER OUTCOMES:

1 - FAMILY SUPPORT AND PLANNING: Whole Families have access to the supports that are important for them to fulfill their Community Living Plan.

- a. Families feel that they have an achievable long-term plan for sustainable community living.
- b. Families indicate a decrease in time spent providing daily living support.
- c. Families indicate an increase in their quality of life.
- d. Family members indicate that ICS has supported their person to achieve desired housing, and build natural supports, skills, and connections.

2 - HOUSING, LEARNING, CONNECTING: Participants build lives in the community.

a. HOUSING

- i. Participants maintain stable housing over time.
- ii. Participants indicate they are satisfied with their housing.
- iii. Participants indicate ICS has been helpful in finding or sustaining preferred housing.

b. LEARNING

- i. Participants develop the skills they identified as in critical for community living.
- ii. Participants indicate that Inclusive Community Supports have been helpful in skill building.

c. CONNECTING

- i. Participants identifying a desire to build connections, find belonging with people, places, or groups in their community.
- ii. Participants indicate ISC has been helpful to their building community connections.
- iii. Participants have people and places where they are comfortable.

3 - PERSONAL OUTCOME MEASURES

- a. Participants increase their POM scores in targeted outcomes over time.
- b. Participants increase their POM Supports present for targeted outcomes over time.

4 - PERSONAL DEVELOPMENT CLASSES: Individuals with I/DD build distinct independent living skills

- a. 100% of participants [15] will indicate growth or skill development based on the course assessments.

COMMUNITY CHOICES – INCLUSIVE 2

Outcomes and assessment/ data collection tools:

- 1a: Initial Family Evaluation Form
- 1b, c, d: Annual Family Evaluation Form
- 2 ai: Quarterly Check-In/Quarterly Narrative Reports
- 2 aii, aiii, aiiii: Independent Living Skills Checklist (ILCS)
- 2 bi, ci: Action Plan & Quarterly Check-in/Quarterly Narrative Report
- 2 bii, cii, ciii: ILSC
- 3 a, b: Personal Outcome Measures
- 4 a: Class Pre/Post Evaluations

Outcome gathered from all participants? Yes

Anticipate 30 total participants for the year.

Will collect outcome information: Formal assessments will be completed annually. Formative Assessment on self-determined goals will occur at least quarterly.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome is: to help participants live sustainably in the community and achieve personal goals, and to support families with long-term planning... within each year of service a person should experience some positive change, achieve at least some of their personal goals, over time build a fuller life (through more attained POM Outcomes) and have the needed support in their chosen living arrangement through more attained POM Supports. Over time... we should be able to determine more precise criteria for positive change.

UTILIZATION:

Treatment Plan Clients (TPCs): 30 This includes adults with I/DD who are participants in the Inclusive Community Support Program.

Non-Treatment Plan Clients (NTPCs): 15 This includes adults with I/DD who participate in Personal Development Classes.

Service Contacts (SCs): 3,539 Service contacts for TPCs are now recorded as Claims through the online service reporting system. Service Contacts/Claims include activities directly working with individuals in the program as well as activities on behalf of the person. Service contacts for NTPCs will be reported in the traditional format (total count of contacts). GOAL: Sustained Community Support - 3279 Service Contacts/Claims [An average of 3 visits/day/staff person 3x5x52x3 = 2340] and Personal Development Classes – 260 Service Contacts

Community Service Events (CSEs): 4 outreach events to organizations, community groups, area service providers and other events meant to support the community's knowledge of these programs as well as the importance of people with I/DD having the opportunity to live in the community. Because we are adding additional supports to this program, we will do more reach-out than in previous years.

Other: 4,100 direct hours. For TPCs these will be recorded via the Claims online reporting system; for NTPCs, these will be recorded and reported in the traditional format. GOAL: Sustained Community Support - 3900 hours [An average of 5hrs/day/staff person] and Personal Development Classes – 200 direct hours.

Staff Comment: Service Contacts and service hours associated with TPCs are documented in online reporting system.

PY23 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	30	15	3539	4	4100

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	14	9	22	2	176.5
Second Quarter PY22	1	5	52	0	99
<i>Annual Target</i>	30	15	3529	4	4768

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	13	14	52	0	23
Second Quarter FY21	0	5	103	1	209
Third Quarter FY21	1	3	107	1	286
Fourth Quarter FY21	0	1	55	1	186

Financial Analysis

PY2023 CCDDDB Funding Request: \$203,000

PY2023 Total Program Budget: \$268,000

Proposed Change in Funding - PY2022 to PY2023 = 30.6%

Current Year Funding (PY2022): \$155,381

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 76% of total program revenue. Other revenue is from IDHS DDD service fees. **Personnel-related costs of \$174,708 are the primary expense charged to CCDDDB, at 86% of requested amount.** Other expenses are: Professional Fees/Consultants \$7,100 (3%); Consumables \$2,600 (1%); General Operating \$6,000 (3%); Occupancy \$7,130 (4%); Conferences/Staff Development \$1,400 (1%); Local Transportation \$4,062 (2%).

Total Agency Budget has a surplus of \$5,437, Total Program a deficit of \$11,153, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.35 Indirect and 2.85 Direct = 3.20 FTEs

Total Program Staff: 0.39 Indirect and 4.26 Direct = 4.65 FTEs

Staff Comments: increase in requested funding is associated with 3% salary increases, addition of dental insurance and SIMPLE IRA, higher cost of annual independent CPA audit, and steep increase in phone costs. The budget narrative is very thorough.

Audit Findings: The FY2021 Audit was submitted on January 18, 2022, delayed by problems the CPA firm had experienced.

As before, the agency board is aware of a weakness related to segregation of duties (typical of a small organization) and approves.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in the Registration/Eligibility Questionnaire which was completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *Community Choices has all of the required benchmarks included in the submitted CLC Plan. There is at least one self-advocate that is a member of the Board at Community Choices. The handbook has been updated to include plan language that is easily understood for members. Community Choices will develop new satisfaction evaluation techniques to communicate to families, community partners, and supporters.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *“Community Choices will support self-advocates to engage the community on issues of human rights and advocacy.” The agency’s Human Rights and Advocacy group takes on projects related to disability, equity, human rights, and civic issues, has engaged with a project with Visit Champaign County, and decided on a focus of changing community mindsets about people with I/DD. Biweekly meetings are cofacilitated by a paid self-advocate. This is an example of cross system collaboration in our community with people who have I/DD.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: support to individuals in their homes regardless of their location within the county. For those looking for support to move out, we will work with the person to identify

locations where they would like to live and the resources available to them in that area. When providing supports in any of the other life domains covered by this program, we will support the person to use and find the resources most convenient to them or to coordinate the transportation necessary to meet any needs that might not exist within their area directly. It is our aim to help people develop meaningful connections to their immediate communities and resources. To ensure that individuals living outside of Champaign-Urbana know about support opportunities, CC participates in community resource fairs in outlying towns, such as the Northern Champaign County Community Resource Fair and large, wide-reaching events such as the Disability Expo. Individuals living in rural areas will generally be served in their homes. Because the intent of this program is to support people in their own homes and apartments, support will also be offered to individuals in the towns and communities where they may have plans to live. For example, if a person lives in a rural setting but would like to live in Rantoul, support will likely occur at least in part at locations in Rantoul. CC participates in outreach events attended by a broad scope of people in Champaign County... services and supports are included in as many resource lists and databases as possible (including the Expo Booklet, 211, DRS, etc). We maintain a web presence that can be accessed by anyone... strong relationships with other organizations where underrepresented or underserved groups might be connected and referred from: CCRPC, the local Township offices, RS, local churches, NCCRC, Champaign County Healthcare Consumers, and others... help those involved [in services] build their natural support networks. Some underserved and underrepresented groups may have fewer natural supports to fall back on... help these people identify the formal resources and informal ones that could have a positive impact on their lives and encourage sustained independence in community living settings. Individuals from underserved/underrepresented groups will be served in the same settings as anyone else... home or in community locations of their choosing.

Inclusion, Integration, and Anti-Stigma: Adults with I/DD have, historically and currently, had very limited access to living options that are supportive and truly community based. Instead, individuals from this population have been institutionalized, “placed” in group homes, and in frequent cases continued to live with their parents or relatives well into their middle-adulthood. This is despite the fact that many people with I/DD do not need 24/7 support. This program creates clear and concrete support for adults with I/DD to develop sustainable community living situations of their choosing. This is done through planning, skill training, coordination, and by supporting each person to set up and maintain a home or apartment that will work for them. Participants are actively supported to identify and use community resources and natural supports. By doing this they are fully integrated and included in the community. Not only are they supported to access the type of living arrangements that those without disabilities access, but the communities they wish to be a part of also have access to them and are able to see them as full and included members of our broader culture.

Outcomes: *includes outcomes specific to each program component and related to the client (and family) experience; each is associated with a defined assessment/ data collection tool; some measurable targets are in development as the program is defined flexibly.*

Virtual Service Option(s): *developed during COVID and available ongoing, when appropriate*

Coordinated System: DSC's Community Living provides some similar services but without the domain-based approach, the explicit option of ala carte supports, or the integration of HBS services when appropriate. DSC's Case Management offers SDA support to their clients with waiver services. CCRPC's ISC provides case management and planning services but with a broader and more hands-off approach: goals are based specifically on the individual rather than on the whole family; contact with participants is generally more limited and without the scope of options we plan to provide. PACE offers some classes but their target population and topics tend to vary from those Community Choices offers. Individuals with both state and county-funding are assigned an ISC through CCRPC to provide conflict-free case management services... development of a Person-Centered Plan and support with referrals to organizations who can provide services referenced in that plan. Our Community Living Program is happy to accept referrals from the ISC. We are also happy to engage in the ISC's planning process and welcome them into ours should the person wish. These programs can support and complement each other. We encourage the use of any variety of services and providers that meets a person's needs. However, because of the similarity between our Program and DSC's Community Living, individuals are asked to choose only one. To ensure there is no overlap, CC asks all new participants if they are using DSC's Program and works with ISCs to avoid these situations. Similarly, individuals with waiver services will work with their ISC to choose if they want SDA services and from which provider... CC communicates and cross-promotes classes with PACE. Participating in classes at one

organization does not impact a person's ability to participate in classes at the other.

Budget and Program Connectedness: *yes; budget narrative and program plan narrative are complete and consistent.*

Person Centered Planning (PCP): *agency uses a plan format and collaborates with ISC, which uses the state's approved PCP.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes limitations in the current service delivery system as rationale for flexible options, with principles of Supportive Housing and Community Support Teams (an MH model); links to DOJ statement and research articles regarding the approach.*

Evidence of Collaboration: *written agreements with: PACE, Champaign County Healthcare Consumers, Champaign County Regional Planning Commission, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers. Strong working relationships and informal partnerships with: CUPHD, U of I SPED Department, Promise Healthcare, The Autism Program, Champaign-Urbana Special Recreation (CUSR), Uniting Pride, and Housing Authority of Champaign County.*

Staff Credentials: New staff will be DSP and QIDP trained and hold undergraduate degrees in human-service related fields. This will ensure that when applicable they will be able to provide services through the state-funded waiver. Current staff include individuals with these trainings and backgrounds including cumulatively over 30 years experience in this field. Community Choices respects the wide variety of backgrounds and experiences that can inform a person's role as staff and support person for people with I/DD. Staff backgrounds include recreational therapy, K-12 education, rehabilitation counseling, human resources, the hard and social sciences, and the arts.

Resource Leveraging: *not used as match for other funding at this time.* **Other Pay Sources:** For individuals with waiver services, aspects of this program can be paid for through Self Direction Assistance (SDA) billed through the state, though the services provided by each program do not fully align... becoming an agency-based PSW provider. This would allow us to bill for the additional services as our capacity to do so increases... may shift to waiver funding at waiver rates in time. If an individual had the means and desire to private pay, that would be negotiated. **Client**

Fees: No Sliding Scale: Yes Willing to participate in DD Medicaid-waiver programs? Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Retain PY22 Special Provisions: online claims reporting; identify waiver recipients; DSP pay (if applicable); collaborate with ISC on enrollment, information, and TPCs; copies of interagency agreements to DDB; trainings in natural settings; track unmet needs and move away from risk of conflict of interest.*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Community Living

Requested Funding Amount: \$536,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: supports people who need less support than provided in a CILA setting. People reside in their own home in the community or in DSC's semi-supported apartment building, C-U Independence (a HUD subsidized, secured apartment building). Funding supports movement in the program as people's needs increase or decrease. People receiving services have expressed or presented a desire or need: to learn and/or maintain skills within a safe environment; to receive on-going support in areas that cannot be mastered; for increased support needs as they experience a decline in skills related to aging, deteriorating health, or other chronic conditions that jeopardize their ability to maintain their independence.

Evidence Based, Promising, or Innovative Approach: The CLP supports people to enjoy life in their community while promoting choice, health, safety, and wellbeing. The program supports a sense of belonging in areas of life deemed important to each participant. People with I/DD who live on their own often face greater risk of social isolation. Program supports peoples' choices as to where they live, whom they choose to spend time with, how they spend their time, and how involved they want to be in their community, consistent with the findings of a recent study by the Council on Quality and Leadership and the ARC, *There's No Place Like Home: Community Inclusion*. The study states "people often described the community as a place they 'went to' or 'visited' not a place they belonged. There are many ways we can help people be more included in the community such as making it easier for people with IDD to receive services and supports in their own homes; making sure services and supports are person-centered; and recognizing that people with IDD are the experts about their own lives and that their choices must be treated with respect."

<https://www.c-q-l.org/wp-content/uploads/2020/03/The-Arc-CQL-Housing-Survey-Fact-Sheet-Community-Inclusion.pdf>

Outcomes:

1. CLP participants will pass monthly housekeeping and safety reviews.
2. CLP participants will have a monthly opportunity connect to their community.

To be Served/Completed:

64 people receiving support through the CLP funded by the CCDDDB
6 people screened for CLP services support

Type and Intensity of Service: CLP supports people to live their best life enjoying independence, community engagement, and self-sufficiency. Staff provide

individualized training, support and advocacy. It looks different for each person and may include any or all the following:

Life: Skills needed to live independently may include: cooking, cleaning, grocery shopping, dietary support, hygiene, physical activity/exercise support, self-medication, safety, communication and technology, and intermittent crisis support unique to the living environment/short term life events.

Health and Wellness: Daily proficiency in monitoring one's health and medications can be challenging for many. Being responsive to acute and chronic health concerns within reason for someone living independently is often intensive. Medical support related to scheduling and attending annual, routine, and unplanned appointments due to illness/injury; sharing accurate information with medical providers and family members; securing/monitoring medications; and education/advocacy are high needs related to navigating one's health whether in person or telehealth.

Community: Skills include access, connections, and engagement; social skills; safety; MTD/transportation exploration and training; researching/planning for community events; self-advocacy; hobby exploration; securing/moving to a new apartment.

Financial: Support/training related to balancing checkbooks, paying bills, saving/spending money responsibly, budgeting, tax preparation, and banking are supported activities. Some people opt for more formal support with CLP serving as representative payee.

Emergency/Crisis: Response system for after hours and weekends is provided. For tenants at C-U Independence an overnight DSP is onsite to address emergencies between 10:00 p.m. and 8:00 a.m.

Length of Engagement: as long as person has need and chooses to actively participate.

Leveraging Other Resources: State funding is maximized/exhausted prior to use of county funding, which may be reflected by person or by service. United Way funds less than one FTE. Private pay is also accepted for some individuals.

Agency: DSC

Program: Community Living

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$536,000

Priority Selected: Home Life

Services and People Served

Target Population: supports people with DD residing in Champaign County to optimize independent living. People receiving CLP supports need less support than provided in a CILA setting. People reside in their own home in the community or in DSC’s semi-supported apartment building, C-U Independence (a HUD subsidized, secured apartment building). Program proposes to serve 64 people... requesting an increase to hire two additional positions in response to requests... one DSP to increase capacity in the program and one new position has been identified to centralize and support the health and wellness of existing participants.

Scope, Location, and Frequency of Services:

Scope:... any or all of the following:

- **Life:**... [support to develop skills in] cooking, cleaning, grocery shopping, dietary support, hygiene, physical activity/exercise support, self-medication, safety, communication and technology, and intermittent crisis support unique to the living environment/short term life events.
- **Health and Wellness:** daily proficiency in monitoring one’s health and medications can be challenging for many. Being responsive to acute and chronic health concerns within reason for someone living independently is often intensive...scheduling and attending annual, routine, and unplanned appointments due to illness/injury; sharing accurate information with medical providers and family members; securing/monitoring medications; and education/advocacy are high needs related to navigating one’s health whether in person or telehealth
- **Community:** access, connections, engagement; social skills; safety; MTD/transportation exploration and training; researching/planning for community events; self-advocacy; hobby exploration; securing/moving to new apartment.
- **Financial:** support/training related to balancing checkbooks, paying bills, saving/spending money responsibly, budgeting, tax preparation, and banking are supported activities. Some people opt for more formal support with CLP serving as representative payee.
- **Emergency/Crisis:** response system for after hours and weekends is provided. For tenants at C-U Independence an overnight DSP is onsite to address emergencies between 10:00 p.m. and 8:00 a.m.

Technology became more of a tool to meet basic needs than the casual/social outlet it was prior to the pandemic. Early on virtual communications were established and staff took on the heavy burden of numerous trips to stores, pharmacies, banking, etc. Navigating a complete disruption in routines and social connections increased challenges. As the pandemic continues, the service delivery model ebbs and flows coinciding with public health guidelines.

Location/Frequency: community or person’s home, at times that fit the person’s schedule. Services range from a few hours to 40 hours per month, uniquely catered for personal preference and circumstance. Family and natural supports are encouraged, although many participants lack family involvement. Staff continue to provide direct support, education, assistance with finances, medical appointments, medication management, and independent living skills, regardless of the ebb and flow of the pandemic per CDC and Public Health guidance.

Residency of 56 People Served in PY2021 and 46 in the first half of PY2022

Champaign	16 (28.6%) for PY21	12 (26.1%) for PY22
Urbana	34 (60.7%) for PY21	27 (58.7%) for PY22
Rantoul	3 (5.4%) for PY21	2 (4.3%) for PY22

Mahomet	1 (1.8%) for PY21	1 (2.2%) for PY22
Other	2 (3.6%) for PY21	4 (8.7%) for PY22

Demographics of 56 People Served during PY2021

Age	
Ages 19-59 -----	48 (85.7%)
Ages 60-75+ -----	8 (14.3%)
Race	
White -----	42 (75.0%)
Black / AA -----	13 (23.2%)
Other (incl. Native American and Bi-racial)	1 (1.8%)
Gender	
Male -----	28 (50.0%)
Female -----	28 (50.0%)
Ethnicity	
Of Hispanic/Latinx Origin -----	1 (1.8%)
Not of Hispanic/Latinx Origin -----	55 (98.2%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligibility... outreach via the Champaign County Transition Planning Committee Roundtable, disAbility Expo, information included on our website, and circulation of our brochures at community events. We are responsive to requests and are enhancing outreach efforts in rural Champaign County.

Within 30 days from referral, 90% of those referred will be assessed.

Within 45 days of assessment, 90% of those assessed will engage in services.

People will engage in services for: as long as a person has a need and chooses to actively participate.

Additional Demographic Data: Disability and referral source are also collected.

CONSUMER OUTCOMES:

1. Community Living Program participants will pass monthly housekeeping and safety reviews.
2. Community Living Program participants will have an opportunity each month to connect to the community they reside. Opportunities may include: attending local events, making a new friendship, identifying values and interests, and researching prospects within their community.

Measured by:

1. Monthly Housekeeping and Safety Review form and maintained spreadsheet.
2. A list of new community participation opportunities is maintained via staff and participant report.

Outcome gathered from all participants? Yes

Anticipate 64 total participants for the year.

Will collect outcome information monthly and/or quarterly through program reviews, individual data collection and contact notes.

Is there a target or benchmark level for program services? Yes... FY22 measures, targets, mid-year outcomes:

1. Community Living Program participants will pass monthly housekeeping and safety reviews. Target: 75% will pass monthly review at 80% or greater. Mid-Year Outcome: 62%.
2. Participants will have an opportunity each month to connect to the community they reside... Target: 75%. Mid-Year Outcome: 26% of the program participants had a new community connection.

Estimated levels of change: 1 continues. 2 will be lowered from 75% to 65% of program participants will have an opportunity to connect with their community.

UTILIZATION:

Treatment Plan Clients (TPCs): 64 individuals receiving support through the Program and funded by CCDDDB.

Service Contacts (SCs): 6 individuals screened for Community Living Program Services support.

Staff Comment: Service Contacts and service hours associated with TPCs are documented in online reporting system.

PY23 Annual Targets (per Utilization Form)

	TPC	SC
<i>Annual Target</i>	64	6

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	46	1
Second Quarter PY22	0	1
<i>Annual Target</i>	56	8

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	52	4
Second Quarter FY21	2	2
Third Quarter FY21	0	1
Fourth Quarter FY21	2	3
<i>Annual Target</i>	56	8

Financial Analysis

PY2023 CCDDDB Funding Request: \$536,000

PY2023 Total Program Budget: \$667,311

Proposed Change in Funding - PY2022 to PY2023 = 17.5%

Current Year Funding (PY2022): \$456,040

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes- as HBS and Intermittent CIL-A are comparable state-funded programs, DDB funded participants should be enrolled in PUNS for possible selection.*

CCDDDB request is for 80% of total program revenue. Other revenue is from

Personnel-related costs of \$477,012 are the primary expense charged to CCDDDB, at 89% of requested amount. Other expenses are: Professional Fees/Consultants \$5,619 (1%); Consumables \$3,327 (1%); General Operating \$8,474 (2%); Occupancy \$5,784 (1%); Conferences/Staff Development \$847; Local Transportation \$20,150 (4%); Equipment Purchases \$113; Lease/Rental \$5,528 (1%); Membership Dues \$2,010; and Miscellaneous \$7,136 (1%).

Total Agency Budget has a deficit of \$43,990, Total Program \$3,115, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.88 Indirect and 8.52 Direct = 9.40 FTEs

Total Program Staff: 1.07 Indirect and 10.65 Direct = 11.72 FTEs

Staff Comments: increase in requested funding is associated with the addition of two full time program staff to meet increased demand and increased salary and benefits.

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. Excess revenue associated with this program was determined (\$59,008) and returned to the CCDDDB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Does not directly address other sources of funding. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed but would fit well with current scope of services to support clients and staff.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan. *DSC added action steps to support staff that are experiencing burnout and fatigue to their CLC Plan... "Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."* **If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022?** *Yes.* **Highlights from the submitted CLC Progress Report:** *"Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community." DSC has allocated money in the budget to increase diversity within the organization.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: Referrals are received from RPC ISC, self or family member referrals, and other community partners throughout Champaign County. Participation in a variety of community activities such as the Champaign County Transition Planning Committee Roundtable, disAbility Expo, website and social media provide awareness and information about DSC. Rural areas noted for service delivery this fiscal year include Mahomet, St. Joseph, Fisher and Rantoul. While some desire to move to Champaign to access affordable housing, employment, social opportunities, and public transportation, it is not a requirement or expectation for them to receive CLP services. A positive, yet unintended consequence of the pandemic is how technology and virtual classes/activities have leveled the playing field for people regardless of residency and other demographics such as race, ethnicity, disability, etc. Services such as the CLP program (providing basic care and delivery options) and telehealth have intermittently negated some common challenges such as transportation and access to medical care. While in-person services are most effective, there will be times in the future when some of these alternatives will still be beneficial. Services are typically provided in the person's home regardless of location or in a community location if desired. Examples of businesses frequented include grocery stores, medical offices, hospitals, and a variety of community agencies such as the local Medicaid or Social Security offices. Participation in a variety of community events and committees continue. DSC's website and social media provide awareness and information about DSC and access to an array of services... Diversity Committee continues to discuss strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach... affected by the pandemic... but efforts below continue to be a priority: sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums to include inviting representatives to program meetings as guest speakers; and focus attention on underserved or underrepresented minority population for each program by catering outreach efforts for the specific service. Services are typically provided in the person's home regardless of location or in a community location identified by him/her. Examples of businesses frequented include grocery stores, medical offices, and a variety of community agencies such as the local Medicaid or Social Security offices. Additionally, efforts to increase community connections encourages public locations for access/exploration of interests/opportunities.

Inclusion, Integration, and Anti-Stigma: Support should not simply focus on accessing the community but reflect a commitment to increasing an individual's sense of belonging in their desired community. Emphasis on exploring areas of interest beyond basic needs is a critical component to personal fulfillment and contribution. Per AAIDD, "everyone with an intellectual or developmental disability deserves to live in the community where they have the opportunity to experience vibrant lives that include work, friends, family, and high expectations for community contributions." The CLP program supports people to be actively engaged and productive members of their community. Independent living and community access are core values of this service.

Outcomes: *includes two outcomes related to client progress in maintaining an apartment and making social connections, measured by staff documentation with participants' input.*

Virtual Service Option(s): *during COVID-19 mitigation periods and beyond, where that benefits an individual.*

Coordinated System: Community Choices is a local provider who defines their services as transitional to support a move to a community location. While somewhat similar, more family involvement tends to be available to participants through their program and individuals appear to have lesser support needs. Individuals in DSC's CLP typically request and/or need more intensive, ongoing/long-term support. The intensity and frequency of support is greater and fluctuates with life events for an individual, whether that be an isolated incident or a life change that is more permanent in nature. Both providers are well connected to community resources and are represented through various community events, committees and groups. We refer candidates to one another's respective services when

unable to meet the needs of someone seeking support. We are also connected to the CCRPC ISC, which further enhances Champaign County access to services. Both agencies are committed to support and advocate for people seeking and receiving services, respond to emerging needs, and serving as referral sources to one another.

Budget and Program Connectedness: *the budget narrative clarifies items from the expense and revenue forms and connects with the program plan narrative; also references the agency's cost allocation plan.*

Person Centered Planning (PCP): *though not specified, all who receive DDB funded services should have a Person Centered Plan developed in coordination with CCRPC ISC and as required by the state.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section references and links to a study by CQL (accreditor) and Arc regarding community inclusion and person-centered supports.*

Evidence of Collaboration: Community Choices, CCRPC ISC and Shelter Plus Care, Rosecrance, Family Service, and CRIS Healthy Aging Center.

Staff Credentials: 40 hours of DHS state-mandated classroom and 80 hours of on the job training in addition to training specific to each person receiving services... Introduction to DD; Human Rights; Human Interaction and Communication; Service Planning; Basic Health & Safety; First Aid/CPR; OIG/Abuse & Neglect. Per AAIDD, "the ability to meet the needs of people with IDD in the community, ensure quality of community services, and offer more flexible and individualized options requires a better compensated, stable, highly ethical and competent workforce." Despite the ongoing workforce crisis, this program and CCDDDB funding offer participants a more stable, well-trained workforce than those who must deal with the challenges related to hiring and managing their own support workers.

Resource Leveraging: *while not used as match for another source of funding, this program serves people who are waiting for state-funding for similar services, and would transition to use of state funding once awarded.* **Other Pay Sources:** State funding is maximized/exhausted prior to use of county funding, which may be reflected by person or by service. Monies from United Way funds less than one FTE. Private pay is also accepted for some individuals. **Client Fees:** No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Although excess revenue of \$59,008 was associated with this program in PY21, the requested increase includes two new staff; if the full request is awarded, continue to watch for and return excess revenue (based on audit report).*
- *Retain PY22 Special Provisions: online claims reporting; identify waiver recipients; collaborate with ISC on enrollment, program information, and TPCs; trainings in natural settings; personnel change reports; DSP pay (if applicable).*
- *New in PY23: agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Clinical Services

Requested Funding Amount: \$184,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Counseling, psychological assessment, and/or other clinical supports may be introduced as a component of one's initial or ongoing support plan. People may access one or more clinical service based on situational crises or temporary support needs to realize desired outcomes as determined by the individual and family. Clinical supports assist in the planning and implementation of supports and services. This program broadened its bandwidth with new community resources in response to increased mental health needs. Receiving other DSC services is not required to access clinical services.

Evidence Based, Promising, or Innovative Approach:

Per the complexities facing people with I/DD who may also experience mental health needs, finding providers with this expertise is challenging on a national level. DSC's consultant model ensures a team that is educated and sensitive to the unique needs for people with I/DD experiencing temporary or long-term mental health needs. DSC is fortunate to have clinicians invested in the relationships with their patients. Clinicians not familiar with the mental health needs of individuals with I/DD may minimize, dismiss, or misdiagnose a condition as a behavioral concern.

People with I/DD experience the same behavioral health disorders as people without disabilities. "Recognizing behavior as a form of communication and not a symptom of a person's disability is crucial to understanding what a person's needs are and supporting them to meet those needs. If a person's behavior is attributed to their disability, behavioral and/or mental health conditions may go undiagnosed, and individuals may not receive necessary treatment and support. Understanding trauma and using a trauma-informed care approach will also support resiliency and recovery in people with intellectual and developmental disabilities who have experienced trauma," as cited at <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/mental-health-wellness-people-intellectual-developmental-disabilities>

Outcomes:

1. Clinical Manager conducts quarterly reviews regarding the assessment, progress, and frequency of appointments for all receiving counseling.
2. DSC Psychiatric Practice reviews patient progress regularly, attempts to reduce the number and dosage of psychotropic medications when deemed clinically appropriate, documents in psychiatric notes.
3. Clinical Manager conducts annual individual assessments regarding effectiveness of clinical services on person's overall sense of wellbeing.

To be Served/Completed:

59 people with an Individual Service Plan (ISP) funded by CCDDDB.

10 people with service and support records but no formal ISP, funded by CCDDDB.

10 phone and face-to-face contacts with people who may or may not have open cases in any program – including information and referral contacts, initial screenings/assessments, and crisis services.

2 contacts/meetings to promote the program

Type and Intensity of Service:

Counseling assessment and planning; individual, family, and group counseling; crisis response/intervention, short-term, long-term counseling; Initial/annual psychiatric assessment, medication review; Individual Planning consultation (included as a component of consultants' billed service); and Psychological assessment, including new prospective participants whose eligibility must be established or re-established periodically, and for those whose level of functioning may have changed.

Length of Engagement: Services available if needed. Quarterly reviews are conducted to confirm continued need.

Leveraging Other Resources: not used as match for other funding; the contract has a risk of paying where Medicaid could pay, so diligence is expected.

Agency: DSC

Program: Clinical Services

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$184,000

Priority Selected: Personal Life and Resilience

Services and People Served

Target Population: children/adults with I/DD residing in Champaign County. Receiving other DSC services is not required to access clinical services. Those participating in DSC services may access one or more clinical service based on situational crises or temporary support needs to realize desired outcomes as determined by the individual and family... new community resources in response to increased mental health needs... led to diversifying viable options for individuals in need of short-term, situational support or ongoing mental health services... will continue to invite expertise and training related to co-occurring mental health issues for DSPs... Mental health and behavioral expertise for individuals with I/DD continues to be an identified need and priority in the new fiscal year.

Scope, Location, and Frequency of Services:

Scope:

- Counseling assessment and planning; individual, family, and group counseling; crisis response/intervention, short-term, long-term counseling; Initial/annual psychiatric assessment, medication review; Individual Planning consultation (included as a component of consultants' billed service);
- Psychological assessment, including new prospective participants whose eligibility must be established or re-established periodically, and for those whose level of functioning may have changed.

The amount of service/funding utilized by participants varies... depending upon needs of each individual as assessed/deemed appropriate by licensed clinical professionals, individual/family request. DSC seeks clinicians and options beyond the consultants enlisted to support people seeking/receiving services and state funding is maximized prior to use of county funding, which may be reflected by person or by service. Pre-pandemic, individuals receiving counseling and psychiatry services typically met in person... clinical services are more of a hybrid model to reflect best possible health, the COVID statistics at any given time, personal preference, and access to preferred clinicians. Tablets and iPads are available and devices prepped for remote sessions. The psychiatry practice continues to meet with individuals and their team members via Zoom and in person as determined by all parties, and consistent with CDC/Public Health guidelines. While telehealth options don't allow for required checks such as blood pressure, weight, and abnormal movement, it is preferred for some vs. delaying treatment/access to service. For some people with IDD, communication and comprehension difficulties may be amplified in the virtual context and not beneficial/preferred. Virtual options will continue post-pandemic.

Location/Frequency: licensed clinicians' offices, at DSC, and in instances of emergency need, at area hospitals, individual's homes, or locations such as a hotel in emergency situations, such as homelessness. Telehealth is also an option for service delivery, although this option has been tested during the pandemic and not ideal for this population. The frequency of clinical supports is determined by our licensed clinical consultants under contract with DSC and coordinated by DSC's Clinical Manager.

Residency of 68 People Served in PY2021 and 61 in the first half of PY2022

Champaign	36 (52.9%) for PY21	31 (50.8%) for PY22
Urbana	26 (38.2%) for PY21	25 (41.0%) for PY22
Rantoul	1 (1.5%) for PY21	0 (.0%) for PY22
Mahomet	1 (1.5%) for PY21	1 (1.6%) for PY22
Other	4 (5.9%) for PY21	4 (6.6%) for PY22

Demographics of 68 People Served during PY2021

Age

Ages 7-12 -----	2 (2.9%)
Ages 19-59 -----	60 (88.2%)
Ages 60-75+ -----	6 (8.8%)

Race

White -----	53 (77.9%)
Black / AA -----	13 (19.1%)
Asian / PI -----	1 (1.5%)
Other (incl. Native American and Bi-racial) -----	1 (1.5%)

Gender

Male -----	42 (61.8%)
Female -----	26 (38.2%)

Ethnicity

Of Hispanic/Latinx Origin -----	2 (2.9%)
Not of Hispanic/Latinx Origin -----	66 (97.1%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligibility... need for clinical services is assessed by DSC's clinical consultants or upon referral from an individual's physician/provider with whom he/she has an established relationship. The disAbility Expo, the Transition Planning Committee's Round Table presentation, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials are some of the ways the target population learn about this program.

Within 30 days from referral, 90% of those referred will be assessed.

Within 30 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, for: as long as needed. Quarterly reviews confirm continued need.

Additional Demographic Data: Disability and referral source are also collected.

CONSUMER OUTCOMES:

1. Clinical Manager will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all people receiving counseling support.
2. DSC Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes.
3. Clinical Manager will conduct annual individual self-assessments regarding effectiveness of clinical services on the person's overall sense of wellbeing.

Measured by:

1. Quarterly reviews are maintained by the Clinical Manager.
2. Psychiatric notes are maintained by the Clinical Manager.
3. Assessment created using resources from Evaluation Capacity Building Team online measure bank.

In most instances, DSC's consulting psychologist administers the Wechsler Adult Intelligence Scale (WAIS).

Based on the psychological assessment, support interventions may be recommended.

Each participant engaging in counseling is assessed by their counselor who determines the number of sessions appropriate for each circumstance. Quarterly recommendations by the clinician regarding continued sessions or termination of services is submitted to DSC's Clinical Manager.

Each person receiving psychiatric services undergoes an initial assessment to determine the appropriate intervention for each specific mental health or behavioral concern. Each patient meets with the psychiatrist as deemed necessary/appropriate and is reviewed/evaluated routinely.

Outcome gathered from all participants? No. Outcomes 1 and 2 will be completed for all participants. Self-assessments will be requested from all receiving psychiatry and counseling services.

Anticipate 65 total participants for the year.

Will collect outcome information Quarterly

Is there a target or benchmark level for program services? Yes... estimated from past outcomes. FY22:

1. Clinical Manager will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all people receiving counseling support. Target: 100%. Mid-Year Outcome: 100%.
2. DSC Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes. Target: 100%. Mid-Year Outcome: 100%.
3. Clinical Manager will conduct annual individual self-assessments regarding effectiveness of clinical services on the person's overall sense of wellbeing. Target: 80% of responses will have a rating of four or higher. Mid-Year Outcome: Of the 38 self-assessments distributed, 21 were returned. 81% of these had a rating of four or higher.

Estimated levels of change: Ideally, enhanced mental health will be realized by all clinical services recipients... must be assessed over an extended period of time to insure lasting recovery and well-being. Targets for outcomes one and two is 100%. Outcome three target is 80% of responses will have a rating of four or higher.

UTILIZATION:

Treatment Plan Clients (TPCs): 59 individuals with an Individual Service Plan (ISP) funded by CCDDDB.

Non-Treatment Plan Clients (NTPCs): 6 with service and support records but no ISP are funded by CCDDDB.

Service Contacts (SCs): 10 phone and face-to-face contacts with people who may or may not have open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services.

Community Service Events (CSEs): 2 contacts/meetings to promote the program - public presentations, consultations with community groups, or caregiver. Also includes representation at community outreach events.

Staff Comment: Service Contacts and service hours associated with TPCs are documented in online reporting system.

PY23 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	59	6	10	2

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	57	3	0	0
Second Quarter PY22	1	0	3	0
<i>Annual Target</i>	61	4	10	2

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	61	3	4	0
Second Quarter FY21	1	0	1	0
Third Quarter FY21	1	0	3	0
Fourth Quarter FY21	2	0	4	0
<i>Annual Target</i>	61	4	10	2

Financial Analysis

PY2023 CCDDDB Funding Request: \$184,000

PY2023 Total Program Budget: \$185,241

Proposed Change in Funding - PY2022 to PY2023 = 5.7%

Current Year Funding (PY2022): \$174,000

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Program has a risk in this area.*

CCDDDB request is for 99% of total program revenue. Other revenue is a proportionate amount allocated to total program from the agency's IDHS training reimbursement revenue.

Personnel-related costs of \$88,612 are 48% of requested amount. Other expenses are: Professional

DSC – CLINICAL 3

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Fees/Consultants \$88,531 (48%); Consumables \$538; General Operating \$1,295 (1%); Occupancy \$1,159 (1%); Conferences/Staff Development \$313; Local Transportation \$694; Equipment Purchases \$22; Lease/Rental \$1,122 (1%); Membership Dues \$386; Miscellaneous \$1,328 (1%); and Salaries/Wages \$73,369 (40%).

Total Agency Budget has a deficit of \$43,990, Total Program \$480, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.19 Indirect and 1.05 Direct = 1.24 FTEs

Total Program Staff: 0.19 Indirect and 1.05 Direct = 1.24 FTEs

Staff Comments: increase in requested funding is associated with increased salary and benefit costs.

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. Excess revenue associated with this program was determined (\$25,445) and returned to the CCDDDB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/ supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Specific evidence is not provided that other sources of funding are unavailable or have been maximized, though consideration is given on a case-by-case basis. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan. DSC added action steps to support staff that are experiencing burnout and fatigue to their CLC Plan... "Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community." DSC has allocated money in the budget to increase diversity within the organization.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: referrals for underserved and underrepresented residents from individuals, parents, school personnel, Champaign Transition Planning Committee activities, the RPC's ISC, the disAbility Expo attendees, medical professionals and DSC program staff... currently serving individuals from underserved and underrepresented minority populations being responsive to individuals or family requests regarding cultural and/or religious preferences and considerations... Diversity Committee continues to discuss strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach activities have been directly affected by the pandemic and recurring limitations imposed by CDC and Public Health, but efforts below continue to be a priority: sending letters to community representatives/ stakeholders not previously engaged; wider participation in community groups/forums to include inviting representatives to program meetings as guest speakers; and focus attention on underserved or underrepresented minority population for each program by catering outreach efforts for the specific service. Clinical Services occur at licensed clinicians' offices, at DSC, and in instances of emergency need, at area hospitals, individual's homes, confidential community location, or another location deemed appropriate in a crisis situation.

Inclusion, Integration, and Anti-Stigma: to enhance personal growth, health and well-being. Access to mental health services contributes to one's ability to engage and contribute, enhancing one's quality of life. Per <https://www.nami.org/Your-Journey/Identity-and-Cultural-Dimensions/People-with-Disabilities>, "People with disabilities often encounter challenges when seeking out effective and accessible mental health care, whether it's in-person or virtual communication barriers making it difficult to interact with a mental health professional. This is in addition to dehumanizing stigmas where people can be treated as "less than" because of their disability. It is common for people with disabilities to encounter mental health practitioners who share with their patients a belief

that people with disabilities need to be “fixed,” cannot function as full members of society, or that having a disability is a “defect” rather than a dimension of difference. This stigma may result in being told that mental health symptoms are to be expected given the persons’ circumstances, and in some cases, being dismissed as unlikely to benefit from therapeutic interventions.” Thus, access to appropriate clinical supports and enlisting clinicians with expertise related to the mental health needs of individuals with I/DD is critical.

Outcomes: *two measures of program performance relate to need for service and patient rights (e.g., to lowest effective dosages of psychotropic medications); a third uses self-assessment to measure the impact of service on client’s health and wellness.*

Virtual Service Option(s): *virtual service options developed during COVID-19 and will continue as preferred.*

Coordinated System: Family Service provides limited counseling support for this target population. Collaboration occurs on behalf of individuals we jointly support with meetings to occur routinely. Most recent collaboration is the addition of Evergreen Coaching and Counseling. When appropriate, DSC’s Clinical Manager will refer individuals to other community providers within Champaign County. As DSC engages with other community providers, routine meetings will be initiated to strengthen working relationships and advocacy on behalf of individuals with intellectual and developmental disabilities to include those with co-occurring mental health needs.

Budget and Program Connectedness: *the budget narrative provides detail supporting the financial forms and program plan.*

Person Centered Planning (PCP): *for all who receive DDB services, the service should be documented in a PCP completed by the ISC; application mentions Individual Service Plans though unclear whether this is the same planning document or another.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section quotes and links to research on behavior as communication and the importance of trauma-informed care approach for this population.*

Evidence of Collaboration: Brad Allen, LCSW, Child and Family Counseling, Creative Solutions – Pamela Wendt, Dr. Martin Repetto, MD, Elliott Counseling Center, Evergreen Coaching and Counseling, Family Service of Champaign County, Michael Kleppin, LCP, Promise Healthcare, CCRPC ISC, Rosecrance, and SpringHealth Behavioral Health & Integrated Care.

Staff Comment: does the agency refer people to LifeLinks for behavioral health services? Which of the listed collaborations are referrals for which the contract does NOT pay for the service but another payer does?

Staff Credentials: DSC’s Clinical Manager is a QIDP coordinating the clinical support needs of individuals benefiting from consultants retained by DSC. Consultants under contract with DSC include two LCSWs, three LCPCs, two LPCs, one Psychologist, and one Psychiatrist.

Resource Leveraging: *not used as match for other funding; the contract has a risk of paying where Medicaid could pay, so diligence is expected.*

Other Pay Sources: When possible, people are referred to service providers who accept Medicare, Medicaid, or private insurance. Private pay is an option for this service. Efforts to secure providers who can bill insurance/other payers will be documented in quarterly reports in an effort to create capacity for others in this program.

Client Fees: No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Plan narrative should be updated to remove mention of programs which are no longer available.*
- *Although excess revenue of \$25,445 was associated with this program in PY21, the request includes 5.7% increase in funding; if the full request is awarded, continue to watch for and return excess revenue (based on audit report).*
- *Program uses a self-assessment tool, developed with support from the UIUC ECB consultation bank; this instrument should be provided to CCDDDB staff for the contract file. Copies of all consultant subcontracts should also be shared for the file.*
- *Retain PY22 Special Provisions: identify community options; online claims reporting; identify waiver recipients; collaborate with ISC on enrollment, program information, and TPCs; trainings in natural settings; personnel change reports.*
- *New in PY23: the agency should contribute information which will advance the CCDDDB’s goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Individual and Family Support

Requested Funding Amount: \$390,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: IFS meets a critical need for people with I/DD with significant behavioral, medical, or support needs. This model reflects expressed needs of individuals/families. Special consideration is given to individuals who need significant support necessitating a patient, incremental approach to transition from home to non-familial support, changes in routine, and endeavors to shift from 1:1 support to interactions with others. Transitional support will focus on potential shift toward Community Day Services with a soft introduction to community life outside the family home. Individuals in crisis are given priority for Intermittent Direct Support (IDS).

Evidence Based, Promising, or Innovative Approach: Community access is a pillar for this program, promoting social and community opportunities participants may not otherwise experience. A study conducted by the Eunice Kennedy Shriver Center references the following *Approaches to Inclusion: "What Works."* Participants reported several successful programs and policies that work to promote social inclusion. Some of these are: employment and volunteerism for self-advocates, matching "friends" programs; community and recreational programs; training for staff, families and self-advocates; matching staff with similar interests to people with IDD; community based flexible supports; connecting individuals with common interests; and a provider culture that values integration into the community as part of everyday life.

[https://shriver.umassmed.edu/wp-](https://shriver.umassmed.edu/wp-content/uploads/2020/07/SocInc_WhitePaper_Final_21717-taggedfinal.pdf)

[content/uploads/2020/07/SocInc_WhitePaper_Final_21717-taggedfinal.pdf](https://shriver.umassmed.edu/wp-content/uploads/2020/07/SocInc_WhitePaper_Final_21717-taggedfinal.pdf)

The CCDDB affords families receiving IFS services much needed flexibility to cater supports to the unique needs of their loved one, their family, and their personal circumstance. Mirrored from the Home-Based and Community Service model, this program is often a precursor and major stopgap for state funded services. In response to desired services from individuals and families, IFS offers personal care, intermittent direct support (this programs' response to respite care needs, behavioral supports, transportation, and participation in their community).

Outcomes:

1. All people receiving day services and requesting community activities participate on a weekly basis.
2. All receiving Intermittent Direct Support are satisfied with services.

To be Served/Completed:

19 people with case records and formal Personal Plans.

27 people with service and support records but no formal Personal Plans.

8 phone and face-to-face contacts with people interested in services.

2 contacts/meetings to promote the program.

Type and Intensity of Service:

People choosing day supports are served by full-time IFS staff, while those receiving evening and weekend supports are served by part-time contract employees (including family members) identified by the individual, family, or upon request, by DSC.

May include: day services; intermittent direct support (IDS) – scheduled and emergency; funding for camps, after school programs, YMCA and fitness club memberships; community activities/engagement, such as Tae Kwon Do classes, horseback riding lessons, overnight trips to conferences, zoos, and museums; social skills/social thinking training support; funds for home modification by an independent contractor; therapy/sensory/accessibility equipment not funded by insurance; enhanced independent living skills training.

Length of Engagement: one specific event; partial, full, or daily participation; can span a lifetime.

Leveraging Other Resources: while not used as match for another source of funding, this program serves people who are waiting for state-funding for similar services, and transitions to use of state funding once awarded.

Agency: DSC

Program: Individual and Family Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$390,000

Priority Selected: Personal Life and Resilience

Services and People Served

Target Population: children and adults with I/DD... with significant behavioral, medical, or support needs. This model reflects expressed needs of individuals/families. Special consideration is given to individuals who need significant support necessitating a patient, incremental approach to transition from home to non-familial support, changes in routine, and endeavors to shift from 1:1 support to interactions with others... Individuals in crisis are given priority for Intermittent Direct Support (IDS).

Scope, Location, and Frequency of Services:

Scope: Per DHS PUNS data, identified needs include requests for personal care, IDS, behavioral supports, transportation, community access/participation.

Day program offers community activities such as social, recreational, educational, volunteering opportunities either 1:1 or with peers. Individuals choosing day supports are served by full-time IFS staff, while those receiving evening and weekend supports are served by part-time contract employees (including family members) identified by the individual, family, or upon request, by DSC.

Requests by individuals and families have included but are not limited to: day services; IDS – scheduled and emergency; funding for camps, after school programs, YMCA and fitness club memberships; day program and community activities/engagement...; social skills/social thinking training support; funds for home modification by an independent contractor; therapy/sensory/accessibility equipment not funded by insurance; enhanced independent living skills training. The IDS component offers a much-needed service to primary caregivers to include community involvement... more flexible/less restrictive, individualized support than state funded programs such as the Illinois Respite Coalition, which limits services to in home only. Financial support has afforded families to benefit from extended breaks such as CUSR camps, after-school programs, and summer camps with specialized supports. All provide temporary relief to primary caregivers while providing a dual benefit for their loved one outside the family home.

Through the pandemic, in-home support, outdoor options, and technology, to include face time and other virtual options, have helped to maintain connections for people who would otherwise be isolated. As the pandemic continues, some families welcome providers in the home and others have had requests granted for assistive technology to ease the stress for families and maintain connections with others.

Location/Frequency:... community, at DSC, and the individual's home. Support ranges from 2 to 36/week based on individual/family need with flexibility of a few hours, partial and full day participation. Early on, the pandemic forced a temporary halt of services, but 1:1 support has been offered to many participants with most welcoming the support. Preserving routine and providing breaks for caregivers has been the primary focus throughout the pandemic with health and safety a priority. Staff continue to encourage participation and adapt to the needs and comfort level of each participant and family.

Residency of 52 People Served in PY2021 and 38 in the first half of PY2022

Champaign	28 (53.8%) for PY21	21 (55.3%) for PY22
Urbana	11 (21.2%) for PY21	7 (18.4%) for PY22
Rantoul	1 (1.9%) for PY21	1 (2.6%) for PY22
Mahomet	2 (3.8%) for PY21	2 (5.3%) for PY22
Other	10 (19.2%) for PY21	7 (18.4%) for PY22

Demographics of 52 People Served during PY2021

Age

Ages 0-6 -----	8 (15.4%)
Ages 7-12 -----	11 (21.2%)
Ages 13-18 -----	14 (26.9%)
Ages 19-59 -----	18 (34.6%)
Ages 60-75+ -----	1 (1.9%)

Race

White -----	39 (75.0%)
Black / AA -----	5 (9.6%)
Asian / PI -----	6 (11.5%)
Other (incl. Native American and Bi-racial) -----	2 (3.8%)

Gender

Male -----	40 (76.9%)
Female -----	12 (23.1%)

Ethnicity

Of Hispanic/Latinx Origin -----	3 (5.8%)
Not of Hispanic/Latinx Origin -----	49 (94.2%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligibility... children and adults. Requests for dual enrollment for IFS services and supports and those offered through the Community First program will be approved by the CCDDDB through the IFS Concurrent Case Review form. The families of program participants inform the parents of individuals in the target population... disAbility Expo; the Transition Planning Committee's presentation, support group referrals, physician and interagency referrals, DSC website, Facebook, outreach events, brochures, and other informational materials... website, and circulation of our brochures at community events. We are responsive to requests and are enhancing outreach efforts in rural Champaign County.

Within 30 days from referral, 90% of those referred will be assessed.

Within 90 days of assessment, 75% of those assessed will engage in services.

People will engage in services for: one specific event, partial full, or daily participation, and can span the lifetime.

Additional Demographic Data: Disability and referral source are collected.

CONSUMER OUTCOMES:

1. All individuals receiving day services and requesting community activities, will participate on a weekly basis.
2. All receiving Intermittent Direct Support (IDS) will be satisfied with services.

Measured by:

1. Documentation of those requesting community activities and the date and location of activities will be maintained by the program manager.
2. A survey will be provided to all families receiving IDS. Surveys will be evaluated by the Director of Program Assurance and the Director and/or Manager of IFS.

Outcome gathered from all participants? Yes

Anticipate 46 total participants for the year.

Will collect outcome information reviewed monthly through program reviews and contact notes. Data is reviewed quarterly.

Is there a target or benchmark level for program services? Yes. A quarterly program evaluation process is followed at DSC where progress toward defined outcomes are reviewed. FY 22 Measures:

1. All individuals receiving day services and requesting community activities, will participate on a weekly basis.
Target: 85%. Mid-Year Outcome: 83%
2. All receiving IDS will be satisfied with services.
Target: 90%. Mid-Year Outcome: Survey data is collected in fourth quarter.

Estimated levels of change for these outcomes: 1: 85%. 2: 90%.

UTILIZATION:

Treatment Plan Clients (TPCs): 19 individuals with case records and formal Personal Plans funded by CCDDDB.

Non-Treatment Plan Clients (NTPCs): 27 individuals with service and support records, but no formal Personal Plans, who are funded by CCDDDB.

Service Contacts (SCs): 8 Phone and face-to-face contacts with people interested in services, including information and referral contacts, initial screenings/assessments, and crisis services.

Community Service Events (CSEs): 2 contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregivers; representation at community outreach events such as disAbility Expo.

PY23 Annual Target (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	19	27	8	2

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	8	30	1	0
Second Quarter PY22	0	0	0	0
<i>Annual Target</i>	17	32	8	2

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	14	32	5	0
Second Quarter FY21	1	1	3	1
Third Quarter FY21	0	1	1	0
Fourth Quarter FY21	1	2	2	0
<i>Annual Target</i>	17	32	5	2

Financial Analysis

PY2023 CCDDDB Funding Request: \$390,000

PY2023 Total Program Budget: \$473,958

Proposed Change in Funding - PY2022 to PY2023 = -9.1%

Current Year Funding (PY2022): \$429,058

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 82% of total program revenue. Other revenue is from DHS Fee for Service \$78,739 (20%), proportional share of DHS training reimbursement revenue (\$5,145) and other Program Service Fees \$74. **Personnel-related costs of \$326,604 are the primary expense charged to CCDDDB, at 84% of requested amount.** Other expenses are: Professional Fees/Consultants \$2,430 (1%); Consumables \$2,987 (1%); General Operating \$2,301 (1%); Occupancy \$12,253 (3%); Conferences/Staff Development \$316; Local Transportation \$13,397 (3%); Specific Assistance \$9,604 (2%); Equipment Purchases \$53; Lease/Rental \$15,604 (4%); Membership Dues \$874; and Miscellaneous \$3,577 (1%).

Total Agency Budget has a deficit of \$43,990, Total Program \$2,660, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.70 Indirect and 5.84 Direct = 6.54 FTEs

Total Program Staff: 0.88 Indirect and 7.10 Direct = 7.98 FTEs

Staff Comments: the decrease in requested funding is associated with the elimination of one position.

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. Excess revenue associated with this program was determined (\$56,176) and returned to the CCDDDB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/ Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/ supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. The application does not demonstrate that all other sources of funding are not available or have been maximized; in certain cases, it indicates that either there continues to be a risk of underutilizing other existing resources OR that sections of the application were not updated when this issue was raised in previous years. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed but would be very appropriate to this program (staff and individuals served and their families).*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan... "Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community." DSC has allocated money in the budget to increase diversity within the organization.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: Referrals may be received by CCRPC ISC... self or family members, and other community partners. Participation in... Champaign County Transitional Planning Committee, disAbility Expo, website and social media provide awareness and information about DSC and access to an array of services. IFS currently provides services to rural residents of Mahomet, Rantoul, Sidney, and St. Joseph... has received many referrals for rural and medically underserved residents from school personnel, parents, and medical professionals. DSC is also enhancing outreach efforts to share information about services and supports available in rural communities. The day program activities occur in the community, at DSC, and in the individual's home. Rural IDS occurs in their home communities within Champaign County, in their family home, and on occasion at DSC.

... Diversity Committee continues to discuss strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach activities have been directly affected by the pandemic and recurring limitations imposed by CDC and Public Health, but efforts below continue to be a priority: ending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums to include inviting representatives to program meetings as guest speakers; and focus attention on underserved or underrepresented minority population for each program by catering outreach efforts for the specific service. The day program component offers activities occurring in various communities throughout Champaign County as well as DSC locations and in the individual/family home. Exploring participants' home communities is incorporated in to planning for services for those in the IFS program.

Inclusion, Integration, and Anti-Stigma: to promote community access for participants. Continuous access and exposure to community events and businesses serves to educate members of the greater community who have not necessarily had the opportunity to engage with people with intellectual/developmental disabilities. Great strides have been made to expand inclusion and community participation for all. A number of participants have experienced limited opportunities for a host of reasons such as physical limitations (personally or their caregiver), personal care needs, behavioral concerns, communication, and transportation. This program has been able to support people with any one or all of these areas of need given the expertise of the staff and agency resources to support community access and participation.

Outcomes: *includes a specific measure of the program's performance (supporting client participation) and one of the client/family's satisfaction, with appropriate tools for each.*

Virtual Service Option(s): *during COVID-19 mitigation periods and beyond, beneficial in some cases.*

Coordinated System: CUSR and Community Choices provide community-based opportunities for people with IDD, but typically support people with greater levels of independence than those receiving IFS support. CUSR may compliment IFS with evening and weekend offerings as the IFS day program provides individualized activities

during the day when many caregivers are at work. The community day options provide more intense direct support individually or in smaller groups, contingent on the abilities, interests and needs of each person. Community Choices activities are often event-based and offered at varying times, while IFS provides full and partial day options for services and supports. Per the IDS component of the program, the Illinois Respite Coalition and Envision Unlimited, offer statewide respite. DSC has met with both entities and refers families to their programs. Both limit access to “in-home only” services which puts unnecessary and often undesired limits on families. DSC’s IDS program caters support by offering services at home, in the community, and with/without the family present. Maximizing flexibility affords families the ability to define the kind of break they need, which is often in times of crisis... allocated hours can be for short-term or long-term needs as identified by the caregiver. DSC has good working relationships with CUSR and Community Choices which benefits people served in our respective programs or those seeking services and supports. IFS provides financial support to children and adults with I/DD... to attend CUSR camps and activities which provide invaluable opportunities for those participating... serve a dual purpose by giving the caregiver/family much needed short-term relief from the stress associated with caring for a loved one with significant support needs... will continue to refer individuals/families to the two respite providers as a potential resource for services when our services are not available or the need exceeds our ability to support.
Staff Comment: care should be taken to maximize other available resources, e.g., using state funded Respite and applying for CUSR scholarships prior to avoid using DDB funds whenever these resources exist.

Budget and Program Connectedness: *budget narrative supports financial/program plan, references agency cost allocation plan.*

Person Centered Planning (PCP): *though not specified, all who receive DDB funded services should have a Person-Centered Plan developed in coordination with CCRPC ISC and as required by the state.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section quotes and links to UMass Shriver Center white paper on social inclusion and flexible supports and connects the program’s activities.*

Evidence of Collaboration: CUSR, Community Choices, PACE, St. Andrew’s Lutheran Church (on hold due to the pandemic, IFS participants provide cleaning services, receive work experience and are paid for their work).

Staff Credentials: 40 hours classroom and 80 hours on the job training per DHS mandated DSP training; training specific to each person receiving services... Introduction to DD, Human Rights, Human Interaction and Communication, Service Planning, Basic Health & Safety, First Aid/CPR, OIG/Abuse & Neglect. The program has welcomed and encouraged family members to provide training for staff, working together to support their loved one. Recognizing family as the expert for the unique needs of their loved one helps DSPs to be responsive to each person’s strengths, abilities, interests, and needs. This partnership with the parent/caregiver, fosters a trusting relationship that promotes person-centered planning and support.

Resource Leveraging: *while not used as match for another source of funding, this program serves people who are waiting for state-funding for similar services, and transitions to use of state funding once awarded.* **Other Pay Sources:** None **Client Fees:** No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Retain PY22 Special Provisions: online claims reporting; identify waiver recipients; avoid duplication with CF; collaborate with ISC on enrollment, program information, and TPCs, and with respite providers and PACE; personnel change reports; require scholarship denial prior to specific assistance; DSP pay (if applicable).*
- *New in PY23: agency will contribute information which will advance the CCDDDB’s goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: PACE, Inc.

Program Name: Consumer Control in Personal Support

Requested Funding Amount: \$27,367

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Provides Personal Support Worker (PSW) orientations both in person, online platform, and/or over the phone and the associated services, to people seeking work as a PSW, or to those whom are currently PSWs, and are seeking more work. Staff coordinating these tasks is also responsible for matching consumers with people from the PSW Database.

Evidence Based, Promising, or Innovative Approach: The purpose of this innovative program is to build long-term relationships between the consumer and the PSW. The purpose of the topics outlined as being part of the orientation, are to assist the PSW in assisting the consumer in developing the self-advocacy and independent living skills which will aid the consumer in being a full participant in the rights and responsibilities of society. Attempt to ensure long-term relationship between person with I/DD and PSW; Orientation for people seeking employment as PSW; Orient PSWs on Disability Awareness; Orient PSWs on Consumer Control; Orient PSWs on Independent Living Philosophy; Orient PSWs to general concept/job tasks of being PSW; Maintain registry of people seeking employment as PSW.

Outcomes:

- 1). Number of Potential/actual PSWs who went through orientation and attended other CSEs
- 2). Number of PSWs hired through our referral program
- 3). As a measure of impact, we will also show the number of people utilizing PACE's PSW referral service (although any time spent from this side will be paid for by other funding).

To be Served/Completed:

65 people completing PSW orientation, paperwork and pass the background checks.
200 individual contacts with the NTPCs. People attending CSEs or receiving information who are reasonably expected to utilize the information (potential PSWs, agencies, families involved in hiring PSWs).

15 events PACE provides to the community where information about the PSW program.

3 successful matches between people with I/DD seeking to hire PSW(s) and PSW(s) who are in PACE's registry.

Type and Intensity of Service: This contract supports PACE in: recruiting people to work as PSWs; present orientations in different platforms assists people seeking employment as a PSW in learning about the PSW program; assist perspective PSWs

in navigating the online platform and completing their information; having all the information available to perspective PSWs; entering information into the PSW Database; ensure accuracy of PSW Database through communications with people who are listed "Active PSWs" on the database; follow-up on background updates of the people on the PSW Database; follow-up calls and emails to all PSWs on the registry when a consumer reaches out to PACE looking for PSWs with particular preferences; completing monthly contacts with people on the registry to ensure that they are still interested in being on the registry, that their information is up to date; and working with each PSW on the registry to be increase their opportunity to find a consumer that matches their preferences. *Note: The staff member coordinating these tasks will also be responsible for matching consumers with people from the PSW Database. Because these are services to consumers (and not the PSWs), these services will be funded through other funding sources. The people on this registry will: go through an orientation (in person or online platform); pass the post-orientation quiz; and successfully pass the Illinois and National Sex Offender background check, Healthcare Registry check, and DCFS CANTS check. provide Personal Support Worker (PSW) orientations both in person, online platform, and/or over the phone and the associated services, to people seeking work as a PSW, or to those whom are currently PSWs, and are seeking more work. This will be accomplished by putting the potential/current PSWs on a registry which will have the information of an increasing number of people seeking employment in this field.

Length of Engagement: 180 days.

Leveraging Other Resources: not used as match for other funding. The program does connect workers to individuals with I/DD who have other funding to pay for those services.

Agency: PACE, Inc.

Program: Consumer Control in Personal Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$27,367

Priority Selected: Personal Life and Resilience

Services and People Served

Target Population: people who are either seeking their first job as a Personal Support Worker for consumers with I/DD or those who have previously been/currently are PSWs and want to be employed by other consumers. This target population tends to fall into at least one of the following categories: underemployed/unemployed; have worked in healthcare/teaching; looking for a job that makes a difference; and with a personal connection to I/DD. Most PSWs recruited through the program will more than likely be matched with consumers that utilize SDA.

Scope, Location, and Frequency of Services:

Scope:

- Personal Support Worker (PSW) orientations both in person, online platform, and/or over the phone and the associated services, to people seeking work as a PSW, or to those whom are currently PSWs, and are seeking more work. This will be accomplished by putting the potential/current PSWs on a registry which will have the information of an increasing number of people seeking employment in this field. The people on this registry will: go through orientation; pass the post-orientation quiz; and pass the Illinois and National Sex Offender background check, Healthcare Registry check, and DCFS CANTS check.
- Orientation topics: How the program works; Potential tasks involved in being a PSW; Avoiding stigma; Encouraging inclusion and integration into working with consumers with I/DD; Developmental Disabilities and Mental Illness; and How to avoid fraud, abuse, neglect, and exploitation.
- Recruiting people to work as PSWs; orientations in different platforms to assist people seeking employment as a PSW in learning about the PSW program; assist prospective PSWs in navigating the online platform and completing their information; [making] all the information available to prospective PSWs if they choose to have a hard copy; enter information into the PSW Database; ensure accuracy of PSW Database through communications with people who are listed "Active PSWs" on the database; follow-up on background updates of the people on the PSW Database; follow-up calls and emails to all PSWs on the registry when a consumer reaches out to PACE looking for PSWs with particular preferences; completing monthly contacts with people on the registry to ensure that they are still interested in being on the registry, that their information is up to date; and working with each PSW on the registry to be increase their opportunity to find a consumer that matches their preferences. *Note: The staff member coordinating these tasks will also be responsible for matching consumers with people from the PSW Database. Because these are services to consumers (not PSWs), these will be funded through other sources.

Offered by zoom or phone. Due recent increase of COVID-19, PACE returned to being closed to the public. Orientation materials available at PACE's foyer for anyone to pick up. Prospective PSWs are encouraged to pick up materials before the orientation. PSW datasheets, CANTS form, PSW post-test and zoom link are emailed to prospective PSWs before the orientation. Follow up calls, emails, and additional assistance after orientations to make sure PSWs have completed the necessary paperwork and if they have any questions about the program.

Location/Frequency: online at least every month, in person at PACE office following the safety guidelines at least monthly... online recruitments (Facebook, Indeed, Ziprecruiter, Twitter, job boards, etc), and word-of-mouth advertising. PSW brochures and PACE's website that includes the PSW program. Update calls/emails and background follow up will primarily be completed at the PACE office.

Residency of 32 People Served in PY2021 and 17 in the first half of PY2022

Champaign	14 (43.8%) for PY21	8 (47.1%) for PY22
Urbana	13 (40.6%) for PY21	6 (35.3%) for PY22
Rantoul	1 (3.1%) for PY21	0 (.0%) for PY22
Mahomet	0 (.0%) for PY21	0 (.0%) for PY22
Other	4 (12.5%) for PY21	3 (17.6%) for PY22

Demographics of 32 People Served during PY2021

Age	
Ages 13-18 -----	1 (3.1%)
Ages 19-59 -----	28 (87.5%)
Ages 60-75+ -----	3 (9.4%)
Race	
White -----	10 (31.3%)
Black / AA -----	16 (50.0%)
Asian / PI -----	2 (6.3%)
Other (incl. Native American and Bi-racial)	4 (12.5%)
Gender	
Male -----	3 (9.4%)
Female -----	29 (90.6%)
Ethnicity	
Of Hispanic/Latinx Origin -----	4 (12.5%)
Not of Hispanic/Latinx Origin -----	28 (87.5%)

Program Performance Measures

CONSUMER ACCESS: ... must be on healthcare registry; pass CANTS check (annually) and National and Illinois Sex Offender and Healthcare Registry checks; seeking work in Champaign County; give complete and accurate information on datasheet; and keep contact information up-to-date. Datasheet, background checks, and Healthcare Registry, Testing by staff, Updates by staff and consumers. Program is promoted via website and social media, online Job Boards, newspapers, word-of-mouth, agency partners, and publicly posted flyers and brochures.

Within 30 days from referral, 85% of those referred will be assessed.

Within 60 days of assessment, 85% of those assessed will engage in services.

People will engage in services, on average, for: 180 days.

Additional Demographic Data: consumer name, address, phone number, disability status, referral source, veteran status, and voter registration status.

CONSUMER OUTCOMES:

1. Number of Potential/actual Personal Support Workers (PSWs) who went through orientation and attended other CSEs – Quarterly
2. Number of PSWs hired through our referral program – Other
3. As a measure of impact, we will also show the number of people utilizing PACE's PSW referral service (although any time spent from this side will be paid for by other funding).

... For 1st quarter PY22, PACE has sent out 4 sets of referrals; for the 2nd quarter PY22, nine (9) sets of referrals. During the 2nd quarter... PACE received the following updates from consumers and their families who are seeking PSWs: A family found/hired a PSW for their son from the registry; A mother found two (2) PSW and is the hiring process; A consumer was able to find/hire two (2) back up PSWs.

Measured by:

1. Sign in sheets at orientations and estimated/actual NTPCs receiving information about program at other CSEs. Also, an event tracker will be utilized to track number of contact with potential consumers and PSWs during event attendance.

2. ... Consumer Service Records of these TPCs being served with funds provided by DHS.
3. ... Consumer Service Records of these TPCs being served with funds provided by DHS. This number may be higher than that of the measure above (the number above measures people hiring PSWs, while this only measures people getting information).

Outcome gathered from all participants? Yes

Anticipate 12 total participants for the year.

Will collect outcome information PACE facilitators notes contact/facilitation notes during each visit. They meet least quarterly to review/update goals pursuant to consumer needs.

Is there a target or benchmark level for program services? No. Program is in its third year; since it was initiated the program showed successes of consumers who utilized PACE to find PSWs, offering consumers who are seeking PSWs another source of potential employees. Consumers report they were able to find/hire PSWs referred to them. Since the program started, program updates are the following:

- 5 PSWs has been hired and completed the job such as respite workers and back up/gap needs for PSWs. A PSW was hired for a permanent position.
- 2 PSWs were chosen by the family and was going through the hiring process.
- 5 PSW consumers have parted with PSWs that they previously hired due to personal reasons.
- 1 PSW completed her job due to consumer moving.
- 3 PSW consumers continues to employ the PSWs that they hired.
- Currently, 1 PSW consumer is looking to hire a PSW and a supportive roommate but current on hold and wanted to wait due to COVID-19
- Currently, PACE is assisting a consumer who is also looking to hire a PSW and a supportive roommate and 2 other consumers who are looking for PSW referrals.

Estimated level of change for this outcome is: plans to recruit and add 30 trained PSWs on the registry. This information will be noted on the NTPC quarterly report. PACE is hoping to match 3 PSWs with consumers. PACE will add to the quarterly report the number of PSW referrals. An added bonus information in the quarterly report notes about PSW consumers who are looking to hire PSWs. As a reminder, that services for the PSW consumers is not funded by CCDDDB and the funding is coming from a different program at PACE.

UTILIZATION:

Treatment Plan Clients (TPCs): 0 - because the PSWs may/may not have disabilities, we are unable as a CIL to have full consumer files on persons without disabilities... However, we will report in outcomes at the end of the fiscal year on the number of persons with I/DD receiving services from PSWs from our list.

Non-Treatment Plan Clients (NTPCs): 65 people completing PSW orientation, paperwork, and passing background checks.

Service Contacts (SCs): 200 contacts with the NTPCs. People attending CSEs or receiving information who are reasonably expected to utilize the information (potential PSWs, agencies, families involved in hiring PSWs).

Community Service Events (CSEs): 15 - where information about the PSW program and CCDDDB are shared.

Other: 3 successful matches between people with I/DD seeking to hire PSW(s) and PSW(s) who are in PACE's registry. PACE will indicate: # individuals with I/DD who have received referral names of PSW(s); # of referral lists distributed; # of individual PSW(s) whose names were referred to individuals with I/DD. The reason that the number of individuals with I/DD seeking referrals may be different than the number of individuals who employ PACE's referred PSW(s) is because of the consumer's choice of who they want to hire as their PSW(s).

PY23 Annual Target (per Utilization Form)

	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	65	200	15	3

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	10	47	6	0
Second Quarter PY22	7	120	8	6
<i>Annual Target</i>	65	200	15	3

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	12	75	7	7
Second Quarter FY21	9	82	5	1
Third Quarter FY21	5	177	4	1
Fourth Quarter FY21	6	75	4	0
<i>Annual Target</i>	<i>65</i>	<i>200</i>	<i>12</i>	<i>3</i>

Financial Analysis

PY2023 CCDDDB Funding Request: \$27,367

PY2023 Total Program Budget: \$28,706

Proposed Change in Funding - PY2022 to PY2023 = 12.8%

Current Year Funding (PY2022): \$24,267

Does the application clearly explain what is being purchased by the CCDDDB? *Yes (some possible errors)*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes. Care is taken.*

CCDDDB request is for 95% of total program revenue. Other revenue is from Contributions.

Personnel-related costs of \$17,684 are the primary expense charged to CCDDDB, at 65% of requested amount. Other expenses are: Professional Fees/Consultants \$163 (1%); Consumables \$408 (1%); General Operating \$356 (1%); Occupancy \$831 (3%); Conferences/Staff Development \$518 (2%); Local Transportation \$141 (1%); Lease/Rental \$2,476 (9%); Membership Dues \$229 (1%); and Miscellaneous \$4,561 (17%).

Total Agency Budget shows surplus of \$12,154. Total Program Budget and CCDDDB Budget BALANCED.

Program Staff to be funded by CCDDDB: 0.0 Indirect and 0.35 Direct = 0.35 FTEs

Total Program Staff: 0.0 Indirect and 0.35 Direct = 0.35 FTEs

Staff Comments: increase in requested funding is associated with increased cost, time, outreach efforts in recruitment, along with addition of one part-time position. The personnel form does not indicate a portion of that position to be charged to this contract, and the total FTE is not changed from current contract. The budget narrative offers good detail and clarification, but forms appear to contain errors.

Audit Findings: *The FY21 Audit was submitted November 9, 2021- no negative findings. \$774 of excess revenue was returned.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes. This program would also align with the new PY23 priority for Strengthening the I/DD Workforce.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, which was updated and submitted by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Evidence is provided of planning for continuation of (virtual) services during but not necessarily beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *PACE has submitted a CLC Plan that was updated to reflect the renewed commitment to CLC. PACE will provide services and information in a way that meets the CLC requirement and extends the definition to ensure PACE emphasizes the diversity in disability as well as in culture/ethnicity.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *Staff are aware of diversity as a goal and get full consumer population representation at quarterly program advisory meetings. In FY21, PACE renewed the commitment to diversity training.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: ... partner with organizations and schools that serve consumers in the [medically underserved townships]... link up with other programs that serve consumers with I/DD to inform prospective employers about the services... inform organizations about the PSW program.

Staff Comment: People are served at the PACE office in Urbana. See next section for response regarding underinvested populations.

Inclusion, Integration, and Anti-Stigma: diversity-enhancing goals related to outreach to board members, staff, and consumers... diversity mailing list and advisory is integrated into long-range plans and annual goals and objectives. PACE staff perform outreach by providing presentations to diverse groups; in return we ask that other agencies educate our staff and consumers about their organization through staff/peer counseling in-services.

Outcomes: *section identifies utilization targets and offers more information on those.*

Virtual Service Option(s): *the service is offered virtually during COVID-19 and could presumably continue.*

Coordinated System: Community Choices, DSC, IRC, RPC, Envision Unlimited. PACE has provided referrals for PSWs to these organizations. The orientation... has some unique aspects due to our position as a Center for Independent Living. PACE encourages consumer or representative to contact PACE directly and go through the intake process that involves gathering their specific preferences to increase chances of finding PSWs that better fit their needs... Outreach opportunities which will provide for other organizations to learn and evaluate the PSW program... organizations will be encouraged to refer prospective consumers that are looking into being PSW employers. PACE can assist them during the selections and hiring process. The prospective PSW employers will closely work with PACE facilitator during the matching process by communicating their specific needs. Upon request, PACE will also assist organizations by providing... names [of those who] completed the PSW orientation.

Budget and Program Connectedness: *some inconsistencies between program and financial forms*

Person Centered Planning (PCP): *as a workforce development effort, PCP is not a focus*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes this local innovation.*

Evidence of Collaboration: Department of Rehabilitation Services (DRS)

Staff Credentials: Mel Liong, QIDP, is currently heading the PSW program. She graduated from Southern Illinois University at Carbondale with a Bachelors in Psychology, has been a QIDP for at least 20 years, and worked with consumers with I/DD in various settings. Ms. Liong's credentials have been approved by IDHS for QIDP work, she is an IDHS-approved QIDP train the trainer, she has taught the DHS DSP curriculum for several years, and she attends trainings to increase her knowledge about services and supports available to I/DD consumers.

Resource Leveraging: *not used as match for other funding. The program does connect workers to individuals with I/DD who have other funding to pay for those services.*

Other Pay Sources: When persons utilizing the PSWs require services, those are provided under another contract.

Client Fees: No **Sliding Scale:** No **Willing to participate in DD**

Medicaid-waiver programs? No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *If the application references a different program which no longer exists, this should be updated.*
- *Resolve financial form discrepancies, especially as related to the proposed part time position.*
- *Retain PY22 Special Provisions: collaborate with support groups and with case management and respite providers; collaborate with ISC on program information; document # of people with I/DD utilizing these PSWs.*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Community Choices, Inc.

Program Name: Customized Employment

Requested Funding Amount: \$217,500

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: People with disabilities face almost double the rates of unemployment compared to the general population, this number is even greater for people with I/DD. Program aims to support all job seekers with I/DD to work toward and find community-based employment opportunities that are aligned with their interests and career goals. CC will begin giving specialized support to first-time job seekers and those who have found their prior employment challenging or unsustainable.

Evidence Based, Promising, or Innovative Approach:

Customized employment process based on Griffin and Hammis and Marc Gold and Associates' approach. Both are national leaders in supporting people with I/DD to obtain community-based and competitively paid employment. ODEP cites CE as an important policy to support the employment outcomes for people with I/DD. (<https://www.dol.gov/odep/topics/customizedemployment.htm>) It has been incorporated into the employment initiatives as part of WIOA. For young people and those entering the workforce, WIOA has also emphasized the need for "work-based learning experiences in integrated environments in the community... and workplace readiness training to develop social skills and independent living skills."

(<https://www.dol.gov/agencies/odep/program-areas/individuals/youth/transition/federal-partners>)

First-time job seeker supports provide structured opportunities that allow participants to build positive and real-world experiences through intensive job shadowing to assist in their self-advocacy and decision making related to their employment preferences and goals. Riesena, T., Morgana, R. L., & Griffinb, C. (2015). Customized employment: A review of the literature. Journal of Vocational Rehabilitation, 43, 183-193. Full Text: http://www.worksupport.com/documents/jvr_customized_employment_lit_review.pdf

Outcomes:

1. Program Outcome - With strength-based vocational assessment and person-centered support, individuals with I/DD can find, obtain, and keep community-based competitive employment. A) 100% of participants with I/DD will report engagement and support in the employment process. B) 85% will report that their strengths and interests are important to the employment process.
2. Discovery: People develop a personalized employment plan based on interests and strengths. A) 20 people identify work interests and strengths in Discovery process. B) 75% of people begin the Discovery process within 30 days of engagement.
3. Job Matching: People acquire community-based employment based upon their strengths and interests. A) 13 People will work to obtain paid employment. B) 7 people

75

will obtain volunteer jobs or internships. C) 100% of job matches relate to a person's employment themes.

4. Short-Term Support: People with I/DD, negotiate and learn duties to be successful at their jobs. A) 20 people become independent at their jobs through job negotiation and coaching.

5. Long-Term Support: People with I/DD maintain their jobs through ongoing support and job expansion. A) 70% of people keep their jobs for at least 1 year.

6. First Time Job Seeker Program: Participants build skills, experience, and employment self-determination through structured supports. A) CC offers 2, 12-week FTJS Exploration Programs. B) 10 total people with I/DD Participate. C) Participants show growth in knowledge and professionalism after 12 weeks. D) Participants find community jobs within one year of program completion, if seeking employment.

To be Served/Completed:

40 adults with I/DD who are participants in the CE program.

2,200 occasions working directly with people in the program and working on behalf of the person (connecting to employers, collaborating with families and natural supports, and documenting the support provided).

GOAL: Discovery- 160; Job Matching – 700; Short Term Support – 400; Long Term Support – 300; First Time Job Seekers Program – 640 = TOTAL: 2,200

Type and Intensity of Service:

Discovery: Person-centered approach to identify strengths, needs, and desires of employment seekers. Staff interview and engage in community activities to create a unique Vocational Profile and Plan to target ideal job leads and design training and support necessary.

Job Matching: Staff develops social and communication skills of job seeker, learns needs of local businesses and meeting those needs through customized employment. Job seekers learn about options through job shadowing and business tours.

Short-Term Support: Staff works with the employee and employer to develop accommodations, support, and provides limited job coaching. Intentional efforts are made to connect and increase natural support within the workplace.

Long-Term Support: Support in the expansion of job roles, retraining, and troubleshooting conflicts if they arise.

Supported Experiences for First Time Job Seekers: Classroom and intensive job-shadowing at two local businesses in structured 12-week program for first-time job seekers and others seeking additional experiences.

Length of Engagement: Discovery and Job Matching between 2-6 months, followed by up to 18 months of long-term support.

Leveraging Other Resources: not used as match for other funding at this time.

Agency: Community Choices, Inc.

Program: Customized Employment

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$217,500

Priority Selected: Work Life

Services and People Served

Target Population: Adults with I/DD who are currently unemployed or underemployed and who are interested in community-based customized employment are the primary targeted population... we will begin giving specialized support to first-time job seekers and those who have found their prior employment challenging or unsustainable.

Scope, Location, and Frequency of Services:

Scope: individualizing relationships between employees and employers resulting in mutually beneficial employment relationships.

DISCOVERY - Person-centered approach... to identify the strengths, needs, and desires of individuals seeking employment. We observe, interview, and engage in community activities to create a unique Vocational Profile and Plan... to target ideal job leads and design training and support necessary for that person to be successful in their chosen work environment.

JOB MATCHING - As the Employment Specialist (ES) learns what types of jobs individuals are interested in, she works with them to develop social and communication skills necessary to be successful in that work environment. To identify employers, Community Choices contacts local businesses to learn about their employment needs... uses a team approach to job development by investigating opportunities based off the connections from all team members. Job seekers learn more about options through job shadowing and business tours.

SHORT-TERM SUPPORT - When employees start work, their ES works with the employee and employer to develop accommodations and support and provides limited job coaching. Intentional efforts are made to connect and increase natural support within the workplace. As the employee's skills, confidence, and natural supports increase, the ES fades back.

LONG-TERM SUPPORT - After a person has built independence at their job, we continue to be available to support in the expansion of job roles, retraining, and troubleshooting conflicts if they arise.

SUPPORTED EXPERIENCES FOR FIRST-TIME JOB SEEKERS - To make informed and self-determined choices about jobs interests and responsibilities, people with I/DD benefit from real-world experience to base decisions. This program will offer classroom and intensive job-shadowing at two local businesses in a structured 12 week program for first-time job seekers and others seeking additional experiences.

Location/Frequency: Prior to COVID-19, staff met with participants at their employers, at community locations relevant to their job search, or in their homes. The office setting was used primarily for team meetings and for indirect support including research, documentation, and correspondence... virtual support as an option when it is feasible and appropriate. Using primarily community-based locations allows participants to gain real-world access to potential employers, to explore new job leads, and allows the employment specialists working with them to gain insight on their support needs in the environments where they will be working.

Residency of 37 People Served in PY2021 and 34 in the first half of PY2022

Champaign	20 (54.1%) for PY21	19 (55.9%) for PY22
Urbana	8 (21.6%) for PY21	8 (23.5%) for PY22
Rantoul	2 (5.4%) for PY21	2 (5.9%) for PY22
Mahomet	2 (5.4%) for PY21	1 (2.9%) for PY22
Other	5 (13.5%) for PY21	4 (11.8%) for PY22

Demographics of 37 People Served during PY2021

Age

Ages 19-59 -----	35 (97.2%)
Not Available Qty -----	1 (2.8%)

Race

White -----	26 (72.2%)
Black / AA -----	6 (16.7%)
Asian / PI -----	1 (2.8%)
Other (incl. Native American and Bi-racial) -----	2 (5.6%)
Not Available Qty -----	1 (2.8%)

Gender

Male -----	17 (47.2%)
Female -----	18 (50.0%)
Not Available Qty -----	1 (2.8%)

Ethnicity

Of Hispanic/Latinx Origin -----	1 (2.8%)
Not of Hispanic/Latinx Origin -----	34 (94.4%)
Not Available Qty -----	1 (2.8%)

Program Performance Measures

CONSUMER ACCESS: [Open to those] at least 18 years of age with a documented developmental disability. Most importantly, individuals must be motivated to work. If individuals meet DRS criteria, their short-term services can be funded through DRS, and they transfer to the grant for longer-term support. Those that do not meet DRS criteria start with the grant from the beginning. Enrollment on the PUNS Database, which requires a screening assessment through the CCRPC, will be used as an eligibility screen. Motivation will be determined by an individual requesting services and reporting a desire to work. If the person is unsure about work, they can still explore this option by participating in our First Time Job Seekers program or completing the Discovery Process to explore their interests and opportunities... formal and informal outreach... Referrals to the Customized Employment program come from DRS, area schools, and through word of mouth. In addition, we can refer to and from DSC, CCRPC, Rosecrance, The Autism Program, and PACE. We informally reach out to the community through participation in... Disability Expo, Northern Champaign County Community Resource Fair, and events through TPC.

Within 14 days from referral, 90% of those referred will be assessed.

Within 30 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: Discovery and Job Matching typically last 2-6 months, followed by up to 18 months of long-term support.

Additional Demographic Data: individual's RIN number, their PUNs eligibility, and what type of medical insurance they have access to (Private Insurance, Medicare, Medicaid, etc) in order to provide all needed information for the Developmental Disability Specific program reporting and eligibility requirements. Information about involvement with other service providers will also be collected to ensure supports are not duplicated.

CONSUMER OUTCOMES:

1. Program Outcome - with strength-based vocational assessment and person-centered support, individuals with I/DD can find, obtain, and keep community-based competitive employment.
 - a. 100% of participants with I/DD will report engagement and support in the employment process.
 - b. 85% will report that their strengths and interests are important to the employment process.
2. DISCOVERY: individuals develop a personalized employment plan based on interests and strengths.
 - a. 20 individuals identify their work interests and strengths in the Discovery process.
 - b. 75% of individuals begin the Discovery process within 30 days of engaging with the department.
3. JOB MATCHING: individuals will acquire community-based employment based upon their strengths and interests.

- a. 13 Individuals will work to obtain paid employment.
- b. 7 individuals will work to obtain volunteer jobs or internships.
- c. 100% of job matches relate to a person's employment themes.
- d. [NOTE: An additional 5 individuals will achieve this outcome with DRS funding]
4. SHORT-TERM SUPPORT: individuals w/ I/DD negotiate and learn their duties to be successful at their jobs.
 - a. 20 individuals become independent at their jobs through job negotiation and coaching.
 - b. [NOTE: An additional 5 individuals will achieve this outcome with DRS funding]
5. LONG TERM SUPPORT: individuals w/ I/DD maintain their jobs through ongoing support and job expansion.
 - a. 70% of individuals keep their jobs for at least 1 year.
6. FIRST TIME JOB SEEKER PROGRAM: Participants build skills, experience, and employment self-determination through structured supports.
 - a. CC offers 2, 12-week FTJS Exploration Programs.
 - b. 10 total people with I/DD Participate.
 - c. Participants show growth in knowledge and professionalism after 12 weeks
 - d. Participants find community jobs within one year of program completion if they choose to seek employment.

Outcomes and specific assessment tools/ data collection:

- 1 a & b - Annual Satisfaction Survey
- 2a - Discovery Assessments and Plan
- 2b - Employment Tracking Sheet
- 3a-c - Employment Tracking Sheet
- 4a - Case Notes & Quarterly Narratives
- 5a - Employment Tracking Sheet
- 6a-d - First Time Job Seeker Key Skills Pre/Post Assessment and Weekly Tracking

Outcome gathered from all participants? Yes

Anticipate 40 total participants for the year.

Will collect outcome information annually. A discovery profile will be completed when services initiate. Formative assessment will be collected continually.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome is: 40 people in some capacity: 20 to find community-based employment or volunteer jobs. Some of these will be people who are completely new to the program while others will be previous participants looking for new work. The additional participants will be individuals who are receiving long-term support at their current jobs and those using the first time job seekers program.

UTILIZATION:

Treatment Plan Clients (TPCs): 40 adults with I/DD who are participants in the CE program.

Service Contacts (SCs): 2,000 service contacts recorded as Claims through the online service reporting system.

Service Contacts/Claims include activities directly working with individuals in the program as well as activities working on behalf of the person (including connecting to employers, collaborating with families and natural supports, and documenting the support provided). Discovery- 160; Job Matching – 700; Short Term Support – 400; Long Term Support – 300; First Time Job Seekers Program – 640 = 2,200 (*mismatch with utilization form total*)

Community Service Events (CSEs): 4 This includes outreach events to organizations, community groups, area service providers and other events meant to support the community's knowledge of these programs as well as the importance of people with I/DD having the opportunity to work in the community.

Other: 3,220 This reports direct hours by staff with and on behalf of people with I/DD and their employment goals. For TPCs these hours will be recorded via the Claims online reporting system.

GOAL: Discovery 240 + Job Matching 1000 + Short Term Support 800 + Long Term Support 300 + First Time Job Seekers Program 880 = TOTAL: 3220

Staff Comment: Service Contacts and service hours associated with TPCs are documented in online reporting system. Service contacts should be 2,200 as noted in total. Significant increase of TPCs due to the proposed new program component.

PY23 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	40	0	2000	4	3220

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter	29	0	257	0	0
Second Quarter	5	0	333	0	460
<i>Annual Target</i>	40	0	1840	4	2772

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter	26	0	220	1	237
Second Quarter	2	0	256	1	292
Third Quarter	5	0	202	2	219
Fourth Quarter	3	0	250	0	323
<i>Annual Target</i>	42	5	1824	5	2772

Financial Analysis

PY2023 CCDDDB Funding Request: \$217,500

PY2023 Total Program Budget: \$273,360

Proposed Change in Funding - PY2022 to PY2023 = 8.2%

Current Year Funding (PY2022): \$201,000

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 80% of total program revenue. Other revenue is subcontract for the DSC Employment First program \$20,860 (8%) and IL DRS fees \$35,000 (16%).

Personnel-related costs of \$190,400 are the primary expense charged to CCDDDB, at 90% of requested amount. Other expenses: Professional Fees/Consultants \$7,100 (3%); Consumables \$2,000 (1%); General Operating \$6,000 (3%); Occupancy \$8,000 (4%); Conferences/Staff Development \$1,000; Local Transportation \$3,000 (1%).

Total Agency Budget has a surplus of \$5,437, Total Program a deficit of \$11,861, CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.26 Indirect and 3.44 Direct = 3.70 FTEs

Total Program Staff: 0.26 Indirect and 4.59 Direct = 4.85 FTEs

Staff Comments: increase in requested funding is associated with 3% salary increases, addition of dental insurance and SIMPLE IRA, higher cost of annual independent CPA audit, and steep increase in phone costs. The budget narrative is very thorough.

Audit Findings: *FY2021 Audit was submitted on January 18, 2022, delayed by problems the CPA firm had experienced. As in previous years, the agency board is aware of a weakness related to segregation of duties (typical of a small organization) and approves.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Provides evidence that other sources of funding are maximized. Provides evidence of planning for continuation of virtual services during/beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *Community Choices has all the required benchmarks included in the submitted CLC Plan. There is at least one self-advocate that is a member of the Board at Community Choices. The handbook has been updated to*

include plan language that is easily understood for members. Community Choices will develop new satisfaction evaluation techniques to communicate to families, community partners, and supporters.

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? Yes.

Highlights from the submitted CLC Progress Report: “Community Choices will support self-advocates to engage the community on issues of human rights and advocacy.” *The agency’s Human Rights and Advocacy group takes on projects related to disability, equity, human rights, and civic issues, has engaged with a project with Visit Champaign County, and decided on a focus of changing community mindsets about people with I/DD. Biweekly meetings are cofacilitated by a paid self-advocate. This is an example of cross system collaboration in our community with people who have I/DD.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: supports individuals looking for employment regardless of their location within the county. We participate in resource fairs in outlying towns, such as the Northern Champaign County Community Resource Fair and large, wide-reaching events such as the Disability Expo. We also maintain relationships with the rural special education cooperative to help transition-aged youth learn about and access employment supports post-graduation. Rural residents will be served in the community where they wish to find employment. Any limitations of this are based on the number of local businesses that might exist as potential employers in the smaller or more rural towns in the county. If employment in a participant’s rural community is desired, relationships with local employers will be cultivated with or on behalf of the individual, allowing them to work in their home community. If the participant would rather work in the C-U area... training on C-CARTS (rural transportation service) during the job exploration process... Services and supports are included in as many resource lists and databases as possible (including the Expo Booklet, 211, RS, etc). We maintain a web presence that can be accessed by anyone... strong relationships with other organizations where underrepresented or underserved groups might be connected and referred from: CCRPC, DRS, the Housing Authority, local churches, NCCRC, Uniting Pride, CCHCC, Township Offices, and many others. Once services have started... help those involved build their natural support networks. Being a part of a minority population can increase the need to identify natural supports in one’s own community... goal to help people identify the formal and informal resources that could have a positive impact on their lives and encourage sustained independence in jobs that reflect their individual culture and values. Individuals from underserved/underrepresented groups will be served in the same settings as anyone else. In general, this will be community locations of their choosing or in their homes.

Inclusion, Integration, and Anti-Stigma: Working and building self-sufficiency is a critical part of everyone’s growth into adulthood. People with I/DD have historically had limited access to employment of any kind. The service system designed to support this group has legitimized and incentivized the practice of isolating people into segregated settings and paying them sub-minimum wages for the work they produce. This has limited the access that people with I/DD have to the working community and limited the community’s ability to see this population as a group with strong, recognized skills to contribute. It has also kept people with disabilities from earning the wages that would allow them to be more active and engaged community members – challenging their ability to pay for housing, education, and social experiences. By building progressive programs and supporting job seekers with I/DD to discover their own skills and interests and then match those to employers, we are actively working to combat the history of segregation and discrimination experienced by people with I/DD. Participants in our program get support to access the competitively paid, community-based work that will allow them to earn meaningful wages, and to be seen as meaningful and welcomed contributors to the community.

Outcomes: *includes outcomes for the program overall and specific to each program component, with measurable targets and identified assessment tools for each; some measure program performance and others the client experience.*

Virtual Service Option(s): *virtual options were developed during COVID-19 mitigation period and are available*

Coordinated System: The following also provide employment support, though it is unknown if they use a similar approach in how those supports are offered: DSC, Cunningham Children’s Home, DRS. No area providers offer a First Time Job Seekers Program (“Workforce Empowerment Program”) to our knowledge. [Agency] encourages individuals to use services from a variety of service providers if doing so best meets their needs and desires.

However, because of similarity between the supports offered, individuals have been asked to choose between using [this program] or the employment supports from another local organization. To make sure there is not overlap in these services, CC asks all new program participants if they are using any other employment supports. If they are, a

discussion will be initiated about which organization the person would like to continue with. Should individuals wish to switch service providers once engaged, the ISCs have been a helpful liaison as have direct conversations between providers to coordinate the transfer of supports. In an effort to collaborate and generally keep good open lines of communication with other service providers, CC Employment Specialists all participate in local collaborative groups such as Job Developers and TPC. CC also continues its partnership with DSC through the LEAP project and reaches out other local support organizations as part of that effort.

Budget and Program Connectedness: *budget narrative and program plan narrative are complete and consistent.*

Person Centered Planning (PCP): *uses Discovery model*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes Customized Employment, an approach favored by Office of Disability Employment Policy, incorporated by WIOA, and based on the work of Griffin and Hammis and Marc Gold and Associates; provides links to ODEP sources and cites academic research favoring this model.*

Evidence of Collaboration: *Written agreements with: PACE, CCHC, CCRPC, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers.*

Strong working relationships and informal partnerships with: CUPHD, UI SPED Department, CU 1:1 Mentoring, Promise Healthcare, TAP, CUSR, Uniting Pride of Champaign County, and HACC.

Staff Credentials: All current staff working in the [program] have extensive experience supporting people with I/DD to find community-based employment. Lead... is a Certified Employment Specialist, with her team each having over 10 years' experience in the field working both with adults and transition aged youth, as well as part of HR teams. All have participated in formal Customized Employment trainings; one has a Masters in Rehabilitation Counseling. Community Choices as a whole respects the wide variety of backgrounds and experiences that can inform a person's role as staff and support person for people with I/DD. Our staff's backgrounds include DSPs, QIDPs, recreational therapy, K-12 education, human resources, the hard sciences, and the arts.

Resource Leveraging: *not used as match for other funding at this time.* **Other Pay Sources:** DRS funding to support 5 individuals to find employment through a Milestone Contract; private pay if individuals are willing and able to pay.

Client Fees: No **Sliding Scale:** Yes **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Resolve the Service Contacts target total mismatch between Part One Form and Part Two Form.*
- *Retain PY22 Special Provisions: online claims reporting; report waiver recipients; collaborate with ISC on enrollment, program information, and TPCs; share assessment tools and interagency agreements with DDB; trainings in natural settings.*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Community Employment

Requested Funding Amount: \$435,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: *(The value of community employment to individuals and the community is described within this and other applications.)* Champaign County residents 18 years of age and older who have a documented I/DD and want help finding or maintaining a job.

Evidence Based, Promising, or Innovative Approach: several nationally recognized entities committed to employment of individuals with I/DD, include APSE, Griffin and Hammis, ODEP, and the US Department of Labor; process matches the strengths, needs, and interests of the person to the needs of an employer. Through Customized Employment, the relationship between employee and employer is personalized in a way that meets the needs of both. The Discovery process is catered to each person seeking employment, resulting in a customized approach to job development. Per the National Disability Institute, "Discovery is the foundation of Customized Employment. It is a proven evidence-based practice that improves employment outcomes for adults with disabilities. Too often, traditional assessments are based on comparative and/or normed approaches that often determine that people with significant disabilities may not be a good match for most jobs." <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2018/12/ggd-info-brief>.

Outcomes:

1. People will actively participate in job development activities including job club and employment discovery.
2. People will participate in supported employment.
3. People will be satisfied with their Community Employment services.
4. People will maintain employment over the fiscal year.

To be Served/Completed:

70 Champaign County residents with a documented diagnosis of ID/DD.

15 contacts with people or anyone in their support network seeking information about the Community Employment Program.

2 formal presentations or tours to organizations, civic groups, school personnel, or other community entities.

Type and Intensity of Service:

Discovery process: employment plan development; interviews with the person and others instrumental in their personal life (i.e. family, past employers, school contacts); observation in everyday activities; exploration of job interests; encourage/support volunteer opportunities to hone or establish good work habits.

Resume or portfolio development: interview preparation and support; contact with potential employers; soft skills education and practice.

Application process/follow-up: traditional and non-traditional approaches to interviewing/hiring. Job Developers may introduce the person to employers to support personal connection. An employer is often more likely to hire someone they have made a connection with rather than through typical application comparison.

You got the job!: job orientation, skill acquisition including transportation, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers.

On-going job coaching: advocacy, development of self-advocacy skills, identification of potential new responsibilities or promotions, monitoring work environment for potential risks to job security; identifying and facilitating natural supports for long term success.

Supported Employment: establish volunteer/work options for a wide range of people including those with significant support needs; support niches for a small group of people within local businesses.

Length of Engagement: Job coaching, as needed for person to maintain employment.

Leveraging Other Resources: Agency used to use CE grant funds as match for the Donated Funds Initiative (DFI Title XX), it is unclear if this is still the case, as Revenue form shows \$79,132 of Program Service Fees - Title XX-DFI in Total Agency Revenue.

Agency: DSC

Program: Community Employment

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$435,000

Priority Selected: Work Life

Services and People Served

Target Population: Champaign County residents 18 years of age and older who have a documented I/DD and want help finding or maintaining a job. People who are in open plan through DRS are not eligible.

Scope, Location, and Frequency of Services:

Scope:

- Discovery process: employment plan development; interviews with the individual and others he/she identifies as instrumental in their personal life; observation in everyday activities; exploration of job interests; encourage/support volunteer opportunities to hone or establish good work habits.
- Resume or portfolio development: interview preparation and support; contact with potential employers; soft skills education and practice.
- Application process/follow-up: traditional and non-traditional approaches to interviewing/hiring are used to foster success. Job developers may introduce the person to employers to support personal connection. An employer is often more likely to hire someone they have made a connection with rather than through typical application comparison.
- You got the job!: job orientation, skill acquisition including transportation, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers.
- On-going job coaching: advocacy, development of self-advocacy skills, identification of potential new responsibilities or promotions, monitoring work environment for potential risks to job security; identify and facilitate natural supports to promote long term success.
- Supported Employment: establish volunteer/work options for a wide range of people including those with significant support needs; support niches for a small group of people within local businesses.

... service delivery has been fluid and responsive to many external factors including increases/decreases in COVID-19 cases, changes in mitigation restrictions, access to public spaces, and comfort level of people receiving services. The majority of people employed and receiving support through this program are deemed essential workers.

Location/Frequency: person's home community or nearby communities depending on availability of jobs specific to the candidate's interests... aligned with safety protocols established by the employer. Job coaches are available and present as needed during all hours/shifts of work for people participating in supported employment. Through the duration of the pandemic, it is anticipated that fluctuations in active participation will continue to be prevalent.

Residency of 72 People Served in PY2021 and 57 in the first half of PY2022

Champaign	24 (33.3%) for PY21	20 (35.1%) for PY22
Urbana	32 (44.4%) for PY21	27 (47.4%) for PY22
Rantoul	6 (8.3%) for PY21	3 (5.3%) for PY22
Mahomet	1 (1.4%) for PY21	1 (1.8%) for PY22
Other	9 (12.5%) for PY21	6 (10.5%) for PY22

Demographics of 72 People Served during PY2021

Age

Ages 19-59 -----	68 (94.4%)
Ages 60-75+ -----	4 (5.6%)
Race	
White -----	55 (76.4%)
Black / AA -----	12 (16.7%)
Asian / PI -----	2 (2.8%)
Other (incl. Native American and Bi-racial)	3 (4.2%)
Gender	
Male -----	42 (58.3%)
Female -----	30 (41.7%)
Ethnicity	
Of Hispanic/Latinx Origin -----	1 (1.4%)
Not of Hispanic/Latinx Origin -----	71 (98.6%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligibility, 18 years of age or older, desire for help finding a job or maintaining a job. People learn about this program through... DRS, school programs, Transition Planning Committee, Transition Services Directory, disAbility Resource Expo, current employers, other individuals/families, social media, and more.

Within 30 days from referral, 90% of those referred will be assessed.

Within 45 days of assessment, 75% of those assessed will engage in services.

People will engage in services for: Job coaching - as long as needed for the person to maintain employment.

Additional Demographic Data: Disability and referral source status are also collected.

CONSUMER OUTCOMES:

1. People will actively participate in job development activities including job club and employment discovery.
2. People will participate in supported employment.
3. People will be satisfied with their Community Employment services.
4. People will maintain employment over the fiscal year.

Measured by:

1. A referral is completed for each person referred for job development. An ES is assigned and monthly progress is documented. Direct service hours are documented in the CCDDDB database.
2. Names of people engaged in supported employment are maintained in a database.
3. Satisfaction Surveys will be distributed to participants annually.
4. Database is maintained.

Outcome gathered from all participants? No. A random sample of participants will receive satisfaction surveys at the end of the fiscal year.

Anticipate 70 total participants for the year.

Will collect outcome information Most is gathered monthly and included in the quarterly report. Satisfaction Surveys are distributed in the fourth quarter.

Is there a target or benchmark level for program services? Yes. Targets/benchmarks are estimated from reviewing outcomes, targets, and progress quarterly and annually. FY 22 Measures:

1. People will actively participate in job development activities including job club and employment discovery. Target: 20. Mid-Year Outcome: 13.
2. People will participate in supported employment. Target: 26. Mid-Year Outcome: 23.
3. People will be satisfied with their Community Employment services. Target: 90%. Mid-Year Outcome: Surveys to be distributed in fourth quarter.
4. People will maintain employment over the fiscal year. Target: 80%. Mid-Year Outcome: 76%.

Estimated levels of change: *section repeats the outcomes and targets identified above.*

UTILIZATION:

Treatment Plan Clients (TPCs): 70 opened in this program who do not receive state funding for these services.
Service Contacts (SCs): 15 - with people or anyone in their support network seeking information about program.
Community Service Events (CSEs): 2 formal presentations or tours to organizations, civic groups, school personnel, or other community entities.

Staff Comments: Service Contacts and service hours associated with TPCs are documented in online reporting system.

PY23 Annual Targets (per Utilization Form)

	TPC	SC	CSE
<i>Annual Target</i>	70	15	2

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	56	3	0
Second Quarter PY22	1	1	0
<i>Annual Target</i>	70	15	2

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	63	2	0
Second Quarter FY21	2	2	2
Third Quarter FY21	6	5	0
Fourth Quarter FY21	1	5	0
<i>Annual Target</i>	70	15	2

Financial Analysis

PY2023 CCDDDB Funding Request: \$435,000

PY2023 Total Program Budget: \$618,666

Proposed Change in Funding - PY2022 to PY2023 = 20.4%

Current Year Funding (PY2022): \$361,370

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 70% of total program revenue. Other revenue: Ford County Mental Health Board Grant \$3,145 (1%), DHS fee for service \$24,918 (4%), DRS service fees \$155,508 (25%), and other service fees \$95.

Personnel-related costs of \$386,537 are the primary expense charged to CCDDDB, at 89% of request. Other expenses are: Professional Fees/Consultants \$2,916 (1%); Client Wages/Benefits \$14; Consumables \$1,865; General Operating \$5,702 (1%); Occupancy \$5,837 (1%); Conferences/Staff Development \$595; Local Transportation \$18,555 (4%); Equipment Purchases \$119; Lease/Rental \$6,054 (1%); Membership Dues \$1,646; and Miscellaneous \$5,160 (1%).

Total Agency Budget has a deficit of \$43,990, Total Program \$6,931, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 1.08 Indirect and 6.02 Direct = 7.1 FTEs

Total Program Staff: 1.61 Indirect and 8.6 Direct = 10.21 FTEs

Staff Comments: increase in requested funding is associated with increased salary and benefit costs.

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. No excess revenue was associated with this program.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Virtual services are not a focus; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan... *"Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community."* DSC has allocated money in the budget to increase diversity within the organization.

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: Referrals may be received directly from individual/family or through a variety of other community resources. DSC is enhancing outreach efforts to share information about services and supports available in rural communities. Employment Specialists research/explore job opportunities for job seekers in their home community or neighboring communities per personal preference and the demands of the job market. Additional efforts include participation on the Champaign County Transition Planning Committee (TPC). The TPC, whose service area covers about 5000 students in 10 school districts in Champaign County, offers education and resource information. DSC is well connected to representatives through the Rural Champaign County Special Education Cooperative (RCCSEC) and is promoted as a viable option as students/families consider plans post-graduation. Through their school programs, many students are offered paid employment or volunteer work opportunities with high school staff on-the-job support. Their experiences promote work as an expectation of adulthood, and then students may be introduced to DSC for an array of services and supports. Identification of businesses in close proximity to the person's home is one of the core functions of meeting with people in their homes and home communities. When possible, jobs are secured in that community, but given the scarcity of employment in small towns, the job search often leads to the CU area if the person desires. In addition to temporary closures or reduced hours of many businesses, as well as transportation issues given rural residency, the pandemic has limited some employment opportunities but job readiness/training may still occur. Referrals may be received by the CCRPC ISC. Participation in a variety of community events and committees will continue. DSC's website and social media provide awareness and information about DSC and access to an array of services... Diversity Committee continues to discuss strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach... affected by the pandemic...but efforts below continue to be a priority: letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums to include inviting representatives to program meetings as guest speakers; and focus attention on underserved or underrepresented minority population for each program by catering outreach efforts for the specific service. When possible, all people are served in their home communities or in the location of their choice. The job search area expands when no jobs are available within the home community. Job coaching will continue to occur on the job within the parameters of safety protocols established by the employer through the duration of the pandemic.

Inclusion, Integration, and Anti-Stigma:... Every time an individual is hired or an employer participates in the LEAP training, inclusion becomes greater and stigma lessens one person or one business at a time. Stigma is reduced when people with no previous relationship with a person with a disability see that they share more similarities with their co-worker than differences and contributes to the viability and diversity of their work community. Reducing stigma is a fundamental function of job development and community employment. Employer engagement and education is the best approach to reducing stigma. According to participants in one recent study, "employers reportedly perceive that hiring a person with developmental disabilities decreases their overall productivity and increases their cost of supervision. Participants suggested that stigma is the result of employers' lack of knowledge and understanding of developmental disabilities as well as fear of the unknown. Stigma was believed to lead to discrimination, especially if an employer had a past negative experience of employing a person with developmental disabilities."

<https://www.tandfonline.com/doi/full/10.1080/09638288.2019.1570356#:~:text=Research%20Papers->

[Prioritizing barriers and solutions to improve employment for persons with developmental disabilities, - Akram Khayatzadeh DMahani](#)

Outcomes: *outcomes relate to the program's responsiveness to requests and to the results experienced by participants; assessment and data collection tools are identified, one of which is an annual satisfaction survey for participants.*

Virtual Service Option(s): *virtual options are not a focus of the program; support is primarily in person.*

Coordinated System: Cunningham Children's Home - seeks employment for young adults; not specifically DD. Community Choices – CC and DSC are well connected to community resources and are represented through various community events, committees and groups. DSC refers when unable to meet the needs of someone seeking support. DSC participants typically need ongoing, longer-term supports and have less or no family involvement. DRS – while they do provide placement services, most people with I/DD are referred to DSC... [we] refer individuals to DRS as appropriate. DSC also works closely with CCRPC ISC which further enhances Champaign County access to services. DSC will continue to invite external representatives to participate in employment related trainings when applicable. . . DSC and Community Choices work collaboratively to present/educate employers on the benefits of hiring people with disabilities through the Employment First grant via LEAP Training. Being responsive to emerging needs and serving as a referral source to one another strengthens our ability to maximize resources for our community. Other involvement: Job Developers Network – open to all job developers in Champaign County to meet and discuss employer leads, problem solve challenging cases, and discuss relevant topics; students receive job development through the school system and efforts are made to link employed students with a service provider at the end of their school eligibility if needed; and presenting at the Bi-Annual Transition Conference, a conference hosted by the TPC that helps prepare students for the transition to post-school services.

Budget and Program Connectedness: *the budget narrative clarifies items from the expense and revenue forms and connects with the program plan narrative; also references the agency's cost allocation plan.*

Person Centered Planning (PCP): *all DDB funded participants have a PCP through the ISC, with contributions from the agency and program and client.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section references several nationally recognized entities, Customized Employment, and Discovery, and links to the National Disability Institute briefing on the models.*

Evidence of Collaboration: Community Choices, CCRPC ISC, DRS (see above for details).

Staff Credentials: Staff training includes Introduction to DD, Human Rights, and OIG, through the DHS-mandated DSP training, as well as the history of Employment First. Customized employment techniques included in job specific training. Additional training... to remain relevant and responsive to state and national trends.

Resource Leveraging: *unclear as to whether CE funding will be used as match for other funding; DFI funding appears on revenue form.* **Other Pay Sources:** State funding is maximized/exhausted prior to use of county funding. **Client Fees:** No

Sliding Scale: No **Willing to participate in DD Medicaid-waiver programs?** Yes.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Are these program funds to be used as match for other funding? If so, explicit approval will be requested.*
- *Retain PY22 Special Provisions: online claims reporting; identify waiver recipients; collaborate with ISC on enrollment, TPCs, and program information; training in natural settings; personnel change report; DSP pay (if applicable).*
- *New in PY23: agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Employment First

Requested Funding Amount: \$85,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Per the Office of Disability Employment Policy, service providers can often assist companies in becoming disability inclusive on a deeper level by presenting core services in ways that employers can recognize an immediate benefit. Services that offer obvious employer benefits and most likely include delivering disability awareness trainings, consulting on accommodations, recommending job coaching and other onsite support services, and advising on workplace accessibility, both physical and computer based. Those benefitting from the activities defined in this application include: people with I/DD and their families and other advocates -through education and awareness of supports available to the person seeking employment; staff of service providers - promoting the ongoing commitment of community-based services; the Business Community of Champaign County - providing employers with education regarding the benefits of hiring people with disabilities and services available to them, as well as the support to incorporate more inclusive practices.

Evidence Based, Promising, or Innovative Approach:

Employing People with Intellectual and Developmental Disabilities: A Report by the Institute for Corporate Productivity (i4cp) - when businesses employed people with I/DD: talent that drives business results, a ready pool of ideal workers, a good fit that exceeds expectations, and fewer challenges/more support than expected. This study finds the addition of workers with I/DD to an organization's talent pool has a broad and positive impact: it affects the workforce, the customer base, and the community.

https://ohioemploymentfirst.org/up_doc/Employing_People_With_Intellectual_and_Developmental_Disabilities.pdf

Outcomes:

1. Leaders in Employing All People (LEAP) and front-line trainings are scheduled with interested employers and offered at regular intervals for any interested parties to attend open sessions.
2. At least quarterly training/communication via social media including information about the disability community and employment of people with I/DD is provided for employers.
3. Formal introduction of Champaign County Directory of Disability-Inclusive Employers occurs in the first quarter following a soft launch in PY22. Quarterly review of activity.

To be Served/Completed:

25 LEAP and front-line staff trainings conducted.

Type and Intensity of Service:

Training for provider agency staff continues to emphasize person-centered, customized, community-based services and cutting-edge employment practices around the country to include employment readiness and leading to experience in areas of volunteerism, supported employment, and customized employment.

Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. Through the LEAP presentation, businesses learn about the benefits of inclusive employment and the host of services available when hiring individuals with IDD. Program continues to offer a hybrid approach to in person and virtual presentations. The newest endeavor includes the new Employer Directory which will reflect/promote businesses identified as inclusive and will be made available in a variety of formats.

Advocacy and ongoing dialogue with representatives and policymakers of various state agencies such as the Department of Rehabilitation Services (DRS), as well as continuing to research the national progress of the Office of Disability Employment Policy (ODEP) and the Association of People Supporting Employment First (APSE) to further employment opportunities for those with developmental disabilities.

Relationship building with businesses proves mutually beneficial through more in-depth dialogue about the needs of the employer, employment prospects for people with disabilities, introduction of individuals who may meet an expressed need, and employment opportunities for job seekers.

Length of Engagement: The training is 45 minutes. Follow-up occurs within four months unless there is contact prior to that milestone.

Leveraging Other Resources: No

Agency: DSC

Program: Employment First

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$85,000

Priority Selected: Work Life

Services and People Served

Target Population: People with I/DD and their families and other advocates... and Business Community of Champaign County - providing employers with education regarding the benefits of hiring people with disabilities and services available to them, as well as the support to incorporate more inclusive practices. Per The Office of Disability Employment Policy (ODEP), service providers can often assist companies in becoming disability inclusive on a deeper level by presenting core services in ways that employers can recognize an immediate benefit.

Scope, Location, and Frequency of Services:

Scope:

- Training for provider agency staff continues to emphasize person-centered, customized, community-based services and cutting-edge employment practices around the country to include employment readiness and leading to experience in areas of volunteerism, supported employment, and customized employment;
- Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. Through the LEAP (Leaders in Employing All People) presentation, businesses learn about the benefits of inclusive employment and the host of services available when hiring individuals with IDD. Covid-related closures significantly affected employer outreach for LEAP training. As the pandemic continues to present challenges to business outreach, the LEAP program continues to offer a hybrid approach to in person and virtual presentations. The newest endeavor includes the new Employer Directory which will reflect/promote businesses identified as inclusive and will be made available in a variety of formats.
- Advocacy and ongoing dialogue with representatives and policymakers of various state agencies such as DRS, as well as continuing to research the national progress of ODEP and the Association of People Supporting Employment First (APSE) to further employment opportunities for those with DD.
- Relationship building with businesses proves mutually beneficial through more in-depth dialogue about the needs of the employer, employment prospects for people with disabilities, introduction of individuals who may meet an expressed need, and, ultimately, employment opportunities for job seekers in our respective programs and beyond... to influence employment options for people with disabilities regardless of [agency connection].

Location/Frequency: in person or virtual... Relationships with local Chambers of Commerce and various business networks... During the height of the pandemic, the presentation was made available at lunchtime once a month... Trainings will be scheduled with all interested employers. While in person presentations are preferred and most effective, we want to remain connected with the community and technology/virtual options has helped us to do so.

Program Performance Measures

CONSUMER ACCESS: Employers who want to learn about available employment services and the benefits of hiring people with disabilities through the LEAP training are eligible for the training at no charge. Additional complimentary disability awareness staff training is available for interested businesses within Champaign County [as evidenced by their zip code]. Information is disseminated through CC Transition Planning Committee, Job Developer's Network, disAbility Resource Expo, social media, IEPs, and other agency communication. All

businesses... that express an interest in LEAP will receive the training... learn about LEAP through other employers, social media, and cold calls from staff... new Employer Directory will also get word out....

Within 30 days from referral, 100% of those referred will be assessed.

Within 30 days of assessment, 100% of those assessed will engage in services.

People will engage in services for: training is 45 minutes; follow-up within four months unless there is contact prior to that milestone.

Additional Demographic Data: # businesses that participate in certification process, LEAP staff track business zip code, # employees who attend the sessions, job titles of attendees, and the business sector for each company.

CONSUMER OUTCOMES:

1. LEAP and front-line trainings will be scheduled with interested employers and offered at regular intervals for any interested parties to attend open sessions.
2. At least quarterly training/communication via social media including information about the disability community and employment of people with ID/DD will be provided for employers.
3. Formal introduction of Champaign County Directory of Disability-Inclusive Employers will occur in the first quarter following a soft launch in FY22. Quarterly review of activity will occur.

Measured by:

1. Employer information including attendance, zip code, and business sector is maintained and accessible by CC and DSC. This information will also be included in the quarterly report.
2. Information shared via social media is maintained.
3. Champaign County Directory of Disability-Inclusive Employers

Outcome gathered from all participants? Yes

Anticipate 25 total participants for the year.

Will collect outcome information about businesses including zip code, number of participants, attendees' job titles, and sector is gathered at each training.

Is there a target or benchmark level for program services? Yes... FY22 Measures:

1. LEAP and Front-line staff trainings for businesses will be conducted. Zip codes documented in quarterly reports. Target: 25. Mid-Year Outcome: 13
2. A quarterly newsletter including information about the disability community and employment of people with ID/DD will be provided for employers. Mid-Year Outcome: At least quarterly education/communication has occurred through social media, mainly Twitter.

Estimated levels of change: 1 and 2 estimates continue. 3 is for formal introduction of directory.

UTILIZATION:

Community Service Events (CSEs): 25 LEAP and front-line staff trainings conducted.

PY23 Annual Target (per Utilization Form)

CSE

Annual Target 25

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22 9

Second Quarter PY22 4

Annual Target 25

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21 1

Second Quarter FY21 0

Third Quarter FY21 6

Fourth Quarter FY21 4

Annual Target 30

Financial Analysis

PY2023 CCDDDB Funding Request: \$85,000

PY2023 Total Program Budget: \$85,719

Proposed Change in Funding - PY2022 to PY2023 = 6.3%

Current Year Funding (PY2022): \$80,000

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes – no risk.*

CCDDDB request is for 99% of total program revenue. Other revenue is from DHS Fee for Service \$710.

Personnel-related costs of \$53,305 are the primary expense charged to CCDDDB, at 63% of request. Other

expenses are: Professional Fees/Consultants \$22,441 (26%); Consumables \$763 (1%); General Operating \$583

(1%); Occupancy \$499 (1%); Conferences/Staff Development \$4,158 (5%); Local Transportation \$488 (1%);

Equipment Purchases \$12; Lease/Rental \$469 (1%); Membership Dues \$1,364 (2%); and Miscellaneous \$918 (1%).

Total Agency Budget has a deficit of \$43,990, Total Program \$193, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.12 Indirect and 0.99 Direct = 1.11 FTEs

Total Program Staff: 0.13 Indirect and 1.00 Direct = 1.13 FTEs

Staff Comments: increase in requested funding is associated with increased cost of salaries and benefits.

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. Excess revenue associated with this program was determined (\$6,202) and returned to the CCDDDB.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Other sources of funding are not available. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan. DSC added action steps to support staff that are experiencing burnout and fatigue to their CLC Plan... "Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community." DSC has allocated money in the budget to increase diversity within the organization.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: provides education and increases awareness to area businesses regarding the desire and employability of people with disabilities and the value of hiring them.

Participation includes the Job Developer's Network...; the disAbility Resource Expo; social media; and other agency communication. Efforts include working in rural communities via Chambers of Commerce and the Rural Champaign Special Education Cooperative (RCCSEC) to access rural employers. While not a direct service, advocacy occurs as all activities promote inclusion in the workplace. The service recipient is the business community. Outreach for LEAP training is made to businesses in outlying communities as well as those in Champaign and Urbana. As the Employer Directory is formalized, rural businesses will be included...

While intent of this grant is employer focused rather than person-specific job development, the intended outcome is to provide more employment opportunities for people with intellectual disabilities in Champaign County. This initiative can positively affect people with disabilities even when not directly tied to a local agency. Businesses who elect to participate in the LEAP training demonstrate a willingness and open-minded approach to employment by

becoming a more disability-aware employer. Their commitment at the leadership level supports a culture that celebrates differences, rather than avoiding or ignoring them.

Inclusion, Integration, and Anti-Stigma: Educating employers about the benefits of working with people who have IDD falls under the Work Life priority of CCDDDB. The LEAP program, in tandem with the Community Employment programs, seeks to promote employment of people with disabilities. Through the LEAP training, employers learn the benefits other local businesses have experienced when they hire people with disabilities. Testimony from their colleagues dispel myths and provide relevant examples of the advantages of hiring a person(s) with a disability. Referrals for presentations within the business community serve as evidence that the training is helpful and employers are embracing inclusion in the workplace.

Outcomes: *includes three specific measures of the program's performance.*

Virtual Service Option(s): *during COVID-19 mitigation periods and beyond, although in-person is preferred.*

Coordinated System: There are no similar services in Champaign County. We are not aware of any similar services in Illinois. This grant demonstrates a positive and productive collaboration between CC and DSC. To further promote and demonstrate inclusion, individuals will be invited to participate in a number of LEAP/employer presentations this fiscal year. Contributions may include in person, virtual, or pre-recorded input.

Budget and Program Connectedness: *budget narrative supports financial/program plan, references agency cost allocation plan.*

Person Centered Planning (PCP): *n/a*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to a report on the positive impacts of employing persons with I/DD, aligns with state and national Employment First principles.*

Evidence of Collaboration: CC and the Illinois Department of Rehabilitation Services (DRS).

Staff Credentials: The LEAP representatives in this program need a unique blend of knowledge of both the disability and business communities. They must be able to present information to employers in a manner that increases awareness of the employability of people with disabilities, address any misgivings or questions, and inform them about available partnerships with local agencies to support their efforts to hire people with disabilities. As the service model continues to evolve, staff must also have a pulse on the changing concerns and issues that arise from this transition. In addition to provider-specific training, opportunities to learn from international inclusive employment conferences, ongoing webinars, and nationally-recognized leaders in the field have been presented to staff. ODEP also hosts month webinars that are available to the team featuring educational presentations on a variety of Employment First topics facilitated by national leaders in the field of systems reform.

Resource Leveraging: *this contract is not used as match for other funding; several years ago IDRS had awarded a grant but it was eliminated before any revenue was received – have subsequent grant applications been made of DRS?* **Other Pay Sources:** None

Client Fees: No **Sliding Scale:** No **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *PY21 excess revenue returned was in a greater amount than the requested increase.*
- *Retain PY22 Special Provisions: list of LEAP businesses and # jobs resulting; collaborate with ISC; personnel reports.*
- *New in PY23: agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Community Choices, Inc.

Program Name: Self-Determination Support

Requested Funding Amount: \$171,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: People with I/DD who wish to expand their social networks and capital, build their familiarity with the resources and opportunities available in our community, and build their leadership skills.

Family members of adults with disabilities who wish to learn how the I/DD service system works, about resources available in our community, connect and learn with other families, and build their capacity to advocate for their adult children/family members with disabilities.

Evidence Based, Promising, or Innovative Approach:

Both populations (people with I/DD and their families) are at risk of experiencing social isolation and increased stress. However, research suggests that opportunities for cooperation with other parents and social support have positive impacts on parents' stress. For individuals with disabilities, studies also indicate that social support and opportunities for increased self-awareness provide positive outcomes and protection from such negative states such as loneliness.

Jones, J., & Passey, J. (2005). Family adaptation, coping and resources: Parents of children with developmental disabilities and behaviour problems. *Journal on developmental disabilities*, 11(1), 31-46.

Lasgaard, M., Nielsen, A., Eriksen, M. E., & Goossens, L. (2010). Loneliness and social support in adolescent boys with autism spectrum disorders. *Journal of autism and developmental disorders*, 40(2), 218-226.

Müller, E., Schuler, A., & Yates, G. B. (2008). Social challenges and supports from the perspective of individuals with Asperger syndrome and other autism spectrum disabilities. *Autism*, 12(2), 173-190.

Outcomes:

1. **Family Support/Education:** Members support each other and gain knowledge of the DD service system through Co-op meetings, family parties, one holiday event, and family support group sessions.
2. **Building Community:** Members with I/DD engage with each other and community-based groups and opportunities through community social opportunities (park district classes, cooking classes, social group activities), personalized community connections (club participation).
3. **Leadership and Self-Advocacy:** Individuals with Disabilities build leadership to better direct their services, and shift mindsets in the broader community through leadership courses and a Human Rights and Advocacy Group (HRA).

To be Served/Completed:

180 Individual Co-op Members with I/DD and their family members/community members

2,760 direct interactions with participants or activity related to their support

4 outreach events

1,953 hours worked directly with participants or activity related to their support.

Type and Intensity of Service:

Family Support and Education: Community Choices is intentional about educating families on the service system, helping people support each other, and advocating for improved services. CC offers a public quarterly meeting focusing on resources and best practices, community parties where families can gather informally, and a family support group aimed at providing strategies and community connection. Finally, CC provides individual consultation for families during times of transition or challenge.

Building Community: People with disabilities are often isolated and lacking social capital. Through an exploration process, Community Choices offers options for adults with disabilities to discover what type of engagement they enjoy having with others, and interests they'd like to pursue. Community Choices will continue to offer the following ways for members with I/DD to build community: **Social Opportunities:** adults with I/DD can explore their communities through CC organized community and zoom events. **Co-op Clubs:** focus on building organically sustained friendships between a small group of CC members. Members build natural supports, then staff fade out support. **Community Connections:** members with I/DD build 1-to-1 connections with other citizens or connections to community groups. Members build natural supports, as staff fade out support. **Scaffolded Supports:** opportunities for adults with I/DD to participate in options available in their community, with ongoing intermittent support from CC staff. Scaffolded supports may include half-day small group social opportunities, support to attend a park district class, or other community classes.

Leadership and Self-Advocacy: Adults with disabilities need opportunities to learn and demonstrate skills associated with self-determination and self-advocacy.

Community Choices will offer 2 Leadership Classes and an HRA Group.

Length of Engagement: Membership lasts for one year, at which point individuals can renew, including updating paperwork and eligibility.

Leveraging Other Resources: Not used as match for other funding at this time.

Agency: Community Choices, Inc.

Program: Self-Determination Support

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$171,000

Priority Selected: Community Life and Relationships

Services and People Served

Target Population: Adults with DD who wish to expand their social networks and capital, build their familiarity with the resources and opportunities available in our community, and build their leadership skills. Family members of adults with disabilities who wish to learn how the I/DD service system works, about resources available in our community, connect and learn with other families, and build their capacity to advocate for their adult children/family members with disabilities.

Scope, Location, and Frequency of Services:

Scope: To build a supportive community, Community Choices will offer the following services:

- **Family Support and Education:** educating families on the service system, helping people support each other, and advocating for improved services... public quarterly meeting on resources and best practices, community parties where families can gather informally, and a family support group aimed at providing strategies and community connection. Finally, CC provides individual consultation for families during times of transition or challenge.
- **Building Community:** Individuals with disabilities are often isolated and lacking in social capital. Through an exploration process... [participants] discover what type of engagement they enjoy having with others, and interests they'd like to pursue... :
 Social Opportunities - explore their communities through CC organized community and zoom events;
 Co-op Clubs - building organically sustained friendships between a small group of CC members [to] build natural supports, then staff fade out support;
 Community Connections - 1-to-1 connections with other citizens or connections to community groups. Members build natural supports, as staff fade out support; or
 Scaffolded Supports - participate in options available in their community with ongoing intermittent support from staff, may include half-day small group social opportunities, park district class, or other community classes.
- **Leadership and Self-Advocacy:** opportunities to learn and demonstrate skills associated with self-determination and self-advocacy... 2 Leadership Classes and a Human Rights & Advocacy Group.

Location/Frequency: community locations and participants' homes. Office generally limited to planning meetings, research, correspondence, and documentation. With current health and safety guidelines, our services and programs have been adapted to occur through zoom. While this has provided some challenges in connecting people to community groups and events, it has provided new opportunities for deepening bonds within the CC community.

Residency of 194 People Served in PY2021 and 189 in the first half of PY2022

Champaign	97 (50.0%) for PY21	100 (52.9%) for PY22
Urbana	38 (19.6%) for PY21	37 (19.6%) for PY22
Rantoul	2 (1.0%) for PY21	0 (.0%) for PY22
Mahomet	19 (9.8%) for PY21	16 (8.5%) for PY22
Other	38 (19.6%) for PY21	36 (19.0%) for PY22

Demographics of 194 People Served during PY2021

Age

Ages 13-18 -----	10 (5.2%)
Ages 19-59 -----	175 (90.2%)
Ages 60-75+ -----	9 (4.6%)
Race	
White -----	171 (88.1%)
Black / AA -----	15 (7.7%)
Asian / PI -----	5 (2.6%)
Other (incl. Native American and Bi-racial)	3 (1.5%)
Gender	
Male -----	79 (40.7%)
Female -----	115 (59.3%)
Ethnicity	
Of Hispanic/Latinx Origin -----	1 (.5%)
Not of Hispanic/Latinx Origin -----	193 (99.5%)

Program Performance Measures

CONSUMER ACCESS: at least 18 years of age, have a documented DD, and member of Community Choices... completing the intake process and appropriate paperwork. Individuals must also be motivated and share the responsibility of working towards the outcomes and life they want. Enrollment on the PUNS... as an eligibility determination tool. Membership Coordinator will meet with the individual requesting services to explain the programs and supports... and to determine if they would like to become members. It is this internal intake process for which the timeframe estimates are based... Formal and informal outreach... Referrals to the Community Living program come from area schools, and through word of mouth. In addition, we can refer to and from DSC, CCRPC, Rosecrance, The Autism Program, and PACE.... Participation in outreach events – such as the Disability Expo and the Northern Champaign County Community Resource Fair.

Within 14 days from referral, 90% of those referred will be assessed.

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services for: Membership lasts for one year, at which point individuals have the opportunity to renew, includes updating paperwork and eligibility.

Additional Demographic Data: individual's RIN, PUNs eligibility, medical insurance they have access to (private, Medicare, Medicaid, etc), involvement with other service providers to ensure supports are not duplicated.

CONSUMER OUTCOMES:

1. **FAMILY SUPPORT/EDUCATION:** Members support each other and gain knowledge of the DD service system.

a. 5 Co-op meetings ~ 50 individuals reached.

b. 3 Family Parties and 1 Holiday Event ~ 25 members attend each.

c. 8 Family Support Group Sessions ~ 16 family members participate.

d. 1 Members website with resources and calendar of opportunities.

e. 100% of Support Group participants indicate a strategy/resource learned or increased connection with others

f. Families who participate, or who's adult participates in more events/activities, report higher rates of meaningful connections.

g. 75% of Family Members indicate that CC Provides them with a supportive community.

2. **BUILDING COMMUNITY:** Members with I/DD engage with each other and community-based groups and opportunities

a Community Social Opportunities

i. 48 Social Opportunities, 6 of which are led by CC Members

ii. 2 Opportunities for Scaffolded Community Engagement (Park District Classes, Cooking classes, community-based ½ day social groups)

iii. 156 Connection Zoom Sessions

b Personalized Community Connections

- i. 12 CC members complete Connection Exploration process
- ii. 3 new Co-Op clubs, 3 continuing clubs ~ 19 members participate
- iii. 4 Community Connections ~15 Members participate
- iv. Members who participate in more events/activities report higher rates of Friendship and Leadership Skills.
- v. 75% of Members with I/DD indicate that CC provides them with a supportive community.

3. LEADERSHIP AND SELF ADVOCACY: Individuals with Disabilities build leadership to better direct their services, and shift mindsets in the broader community.

- a. 2 Leadership courses offered - 80% of participants grow in leadership skills or engage in a leadership project.
- b. The Human Rights and Advocacy Group (HRA) will
 - i. Identify areas they hope to grow their self-advocacy skills.
 - ii. Rate their growth in those areas every 6 months showing improvement over time.

Assessment Tools per Outcome:

1a-d: Quarterly Check-in/Narrative Report; 1e: Pre/Post Questionnaires; and 1f, g: Annual Member Survey.

2ai-biii: Quarterly Check-in/Narrative Report; 2biv, bv: Annual Member Survey.

3a-bii: Pre/Post Questionnaires.

Outcome gathered from all participants? No... presented to all members and participants in the form of the overall participant survey. Specific activity evaluation will be given to those who were involved. Responses will be highly encouraged and supported but not mandatory. Based on previous years' efforts, not all will respond.

Anticipate 180 total participants for the year.

Will collect outcome information Annually or following specific activities/events.

Is there a target or benchmark level for program services? No

Estimated level of change for this outcome is: Outcome goals are specific to the different assessment and activities. Please see specific goals in the numbered program outcomes above.

UTILIZATION:

Non-Treatment Plan Clients (NTPCs): 180 - Co-op Members with I/DD (est 80) + involved family members as well as family members/individuals from the broader community who attend our public events (est 100).

Service Contacts (SCs): 2,760 direct interactions with participants or activity directly related to their support.

Section includes estimates per activity within each program component, totaling 2760.

Community Service Events (CSEs): 4 outreach events to organizations, community groups, area service providers and other events to support the community's knowledge of these programs as well as the importance of people with I/DD having the opportunity to meaningfully connect with and engage in their communities.

Other: 1,953 hours worked directly with participants or activity directly related to their support.

Section includes estimates per activity within each program component, totaling 1953.

PY23 Annual Target (per Utilization Form)

	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	180	2760	4	1953
PY22 First Two Quarters (per submitted Service Activity Reports)				
First Quarter PY22	188	1037	0	568.5
Second Quarter PY22	1	742	2	0
<i>Annual Target</i>	170	2380	4	1788
PY21 All Four Quarters (per submitted Service Activity Reports)				
First Quarter FY21	162	1570	1	627
Second Quarter FY21	5	872	1	435
Third Quarter FY21	14	1277	0	593
Fourth Quarter FY21	13	1126	2	489
<i>Annual Target</i>	160	2129	4	1713

Financial Analysis

PY2023 CCDDDB Funding Request: \$171,000

PY2023 Total Program Budget: \$171,000

Proposed Change in Funding - PY2022 to PY2023 = 6.7%

Current Year Funding (PY2022): \$160,251

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$154,164 are the primary expense charged to CCDDDB, at 90% of request. Other expenses are: Professional Fees/Consultants \$4,800 (3%); Consumables \$2,300 (1%); General Operating \$3,000 (2%); Occupancy \$4,600 (3%); Conferences/Staff Development \$800; and Local Transportation \$1,336 (1%).

Total Agency Budget has a \$5,437 surplus, Total Program a \$5,233 deficit, DDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.53 Indirect and 2.37 Direct = 2.9 FTEs

Total Program Staff: 0.53 Indirect and 2.37 Direct = 2.9 FTEs

Staff Comments: increase in requested funding is associated with 3% salary increases, addition of dental insurance and SIMPLE IRA, higher cost of annual independent CPA audit, and steep increase in phone costs. The budget narrative is very thorough.

Audit Findings: *The FY2021 Audit was submitted on January 18, 2022, delayed by problems the CPA firm had experienced.*

As before, the agency board is aware of a weakness related to segregation of duties (typical of a small organization) and approves.

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *Community Choices has all of the required benchmarks included in the submitted CLC Plan. There is at least one self-advocate that is a member of the Board at Community Choices. The handbook has been updated to include plan language that is easily understood for members. Community Choices will develop new satisfaction evaluation techniques to communicate to families, community partners, and supporters.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *“Community Choices will support self-advocates to engage the community on issues of human rights and advocacy.” The agency’s Human Rights and Advocacy group takes on projects related to disability, equity, human rights, and civic issues, has engaged with a project with Visit Champaign County, and decided on a focus of changing community mindsets about people with I/DD. Biweekly meetings are cofacilitated by a paid self-advocate. This is an example of cross system collaboration in our community with people who have I/DD.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: Approximately 30% of families currently served... are residents of Champaign County (Mahomet, Fisher, Rantoul etc). Some social events have been held in rural areas, and outreach to rural areas has been expanded through a variety of formal and informal networks. Members are encouraged to arrange and share transportation and other supports by accessing each other on the Membership Directory and in a ride-sharing sign-up form... support individuals in arranging specific transportation as necessary. As COVID guidelines have relaxed, we have continued to offer some services and programs with zoom options to

ensure that engagement with residents in rural areas continues. Rural residents will be supported to access events and opportunities occurring in the CU area. Some events will be planned in outlying towns. If someone is looking to develop individualized connections and wish to do so in their home communities, support will occur there. We also continue to offer some opportunities for all our members to continue engaging through zoom. . . Outreach events attended by a broad scope of people in Champaign County. . . services and supports are included in as many resource lists and databases as possible (including the Expo Booklet, 211, DRS, etc). . . web presence that can be accessed by anyone with computer or phone access. . . relationships with other organizations where underrepresented or underserved groups might be connected and referred from: CCRPC, DRS, local churches, NCCRC, Champaign County Healthcare Consumers, and many others. Once services have started, CC makes every effort to help those involved build their natural support networks. Some underserved and underrepresented groups may have fewer natural supports to fall back on. . . help [such participants] identify the formal resources and informal ones that could have a positive impact on their lives. . . served in the same settings as anyone else. . . in their home or in community locations of their choosing.

Inclusion, Integration, and Anti-Stigma: . . . to support people with I/DD first to see themselves as important and valuable members of the community – as people with the capacity and desire to explore and connect with the opportunities available to all people. We work directly with parents through our support group to learn to see, communicate with, and advocate for their family members as adults with adult hopes and desires for their lives. Finally, we work to build the capacity of our external community by actively engaging with groups to welcome and fully include people with I/DD. We push them to consider the perspectives and experience of people with I/DD when making decisions about how they operate and interact with clients, members, or participants. This is done through our direct 1:1 connections between people with I/DD and community groups and organizations, the Human Rights & Advocacy Group, and providing scaffolded support opportunities utilizing classes and resources in the community. Mindsets are changed when you approach providing services with an expectation that people with I/DD can and should be fully included members of the community.

Outcomes: *detailed outcomes for each program component; there are measures of the program's performance, of clients' complete participation, and of participant's experience; many specific targets plus comments on limitations of data collection.*

Virtual Service Option(s): *virtual services are offered*

Coordinated System: While some providers do offer social events and parent groups, no other organizations provide these services with the emphasis on genuine natural supports and full community inclusion, or with the same structure as Community Choices. CC's unique cooperative model offers membership in an established community, whose objectives and processes explicitly support individuals' full participation within the organization and the community at large. PACE, DSC, CUSR, CU Able, and others do provide some aspects of these supports/services. Through our support and educational efforts, CC shares information about the scope of resources available in our community. . . about other service providers and options for people looking for additional opportunities. This is done through individual consultation with participants and families, as well as publicly throughout quarterly Co-op meetings where other service providers are able to present their programs. . . welcome people involved with a variety of other support providers to also become a member of the CC Cooperative.

Budget and Program Connectedness: *budget narrative and program plan narrative are complete and consistent.*

Person Centered Planning (PCP): *addressed through intake interviews and multiple support options*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *focus on reducing social isolation and stress, citing research on the benefits of social opportunities for both target populations.*

Evidence of Collaboration: *written agreements with:* PACE, Champaign County Healthcare Consumers, CCRPC, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers. *Strong working relationships and informal partnerships with:* CUPHD, U of I SPED Department, Promise Healthcare, The Autism Program, CUSR, Uniting Pride of Champaign County, Housing Authority of Champaign County, The Coalition for Comprehensive Sex Education, and U of I DRS.

Staff Credentials: Staff in [this program] have a broad range of experience that informs their work: masters level recreational therapist, individuals with 15+ years' experience supporting people with I/DD, K-12 educational experience, and community focused non-profit work. CC respects the wide variety of backgrounds and experiences that can support a person's role in working for people with I/DD; backgrounds include human services, DSPs, QIDPs, recreational therapy, K-12 education, human resources, the sciences and the arts.

Resource Leveraging: *not used as match for other funding at this time.* **Other Pay Sources:** No other payment sources are available for these supports at this time. **Client Fees:** Yes **Sliding Scale:** Yes **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Retain PY22 Special Provisions: identify waiver recipients; DSP pay (if applicable); collaborate with ISC on enrollment, information, and TPCs; copies of interagency agreements to DDB; trainings in natural settings; track unmet needs and move away from risk of conflict of interest.*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Community First

Requested Funding Amount: \$847,658

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: promotes full participation reflective of others' experience to include both encounters and participation as defined in the NDS Community Inclusion Initiative. For people with IDD who are interested in community-focused activities, a variety of offerings ranging from partial to full day options may include classes/offerings for educational opportunities hosted onsite and in community, with expanded social connections and involvement as the intent of this program. Some people start and end their day at a DSC location, contingent on staff support, transportation or support maneuvering public transport, while others meet at locations consistent with the planned activities for the day. Frequency and intensity of services/supports are unique to each participant. The flexibility of this program fully meets the wants/needs of some people and for others, it is a part of their schedule, enhancing other activities they enjoy/pursue independent of DSC.

Evidence Based, Promising, or Innovative Approach: promotes community exploration and participation, and the benefits extend beyond day program. As people become more confident and engaged in their community, they discover more about themselves and the opportunities available to them. Community First is consistent with best practice, research, and feedback from organizations participating in the NDS Community Inclusion Initiative, https://www.nds.org.au/images/resources/resource-files/What_Does_Community_Inclusion_Look_Like.pdf.

Per the initiative, "What does community inclusion mean? Individual purpose and meaning • Doing things that have a purpose, are meaningful and are personally selected • Diversity of choices • Doing things that most members of the community do: • Employment • Education and training • Recreation and leisure • Volunteering • Civic and political activities • Non-segregated settings • Doing things in ordinary places used by other members of the community". To further demonstrate the benefits of the C1st program, the NDS Initiative defines the Levels of Inclusion: • Presence: physically being in the community but having little or no contact with others • Encounter: incidental meetings with strangers that may or may not go on to form relationships, e.g., shop staff, local people at libraries, community centers, and • Participation: developing connections and friendships – a sense of belonging.

Outcomes:

1. People will try new things.
2. People assume a leadership role in what they do.
3. People explore employment as they make community connections.

To be Served/Completed:

50 Champaign County residents with I/DD participating in the program who do not receive state funding for these services.

50 peers who accompany the TPCs for activities and events.

5 meetings with prospective participants and tours of the program by those interested in services.

2 formal presentations to organizations, civic groups, and other community entities.

Type and Intensity of Service: community connection through participation in self-advocacy, recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. The program supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities. With more than 27 offerings currently available, such as: Advocacy, Health Matters, Harry Potter Club, Podcast, AquaFit, Photography, Technology, Volunteering, Self-Expression, Fantasy Sports, Job Club, among others. Choices continue to expand as people become more confident in the community and identify new interests. Self-advocates recently presented on their accomplishments to date, as well as identifying several new priorities to include increased participation in interviewing/hiring, active involvement in employer presentations scheduled through the Employment First program, and a voice in training for first responders. Program is committed to personalized support based on person's individual interests and needs. For most, that means continual community options. For some, there is more of a balance between a reliable, nurturing environment and community access for abbreviated times with consideration given to personal support needs, whether it is intensive personal care, limited physical stamina, behavioral/emotional challenges. Encouragement and patience have led to expanded community exposure even for those who are uncomfortable in unfamiliar settings or are fearful of trying new things. The pandemic has been a factor for community access, but the intent remains steadfast with staff and participants adjusting to repeated pandemic limitations. Reported service hours reflect that this program has resumed and rebounded, adapting intermittently in response to erratic variances of COVID. Virtual options will continue to connect with peers and staff vs. temporary losses of service/support.

Length of Engagement: until person is no longer interested in services.

Leveraging Other Resources: while not used as match for another source of funding, this program expands on state-funded Community Day Services and maximizes such sources of revenue.

Agency: DSC

Program: Community First

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$847,658

Priority Selected: Community Life and Relationships

Services and People Served

Target Population: people with IDD interested in primarily community focused activities who choose to participate in a variety of offerings... from partial to full day... fully meets the wants/needs of some people and for others, it is a part of their schedule, enhancing other activities they enjoy/pursue independent of DSC.

Scope, Location, and Frequency of Services:

Scope: greater community connection through participation in self-advocacy, recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. The program supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities.

- With more than 27 offerings currently available, such as: Advocacy, Health Matters, Harry Potter Club, Podcast, AquaFit, Photography, Technology, Volunteering, Self-Expression, Fantasy Sports, Job Club, among others. Choices continue to expand as people become more confident in the community and identify new interests.
- Self-advocates recently presented on their accomplishments to date, as well as identifying a number of new priorities to include increased participation in interviewing/hiring, active involvement in employer presentations scheduled through the Employment First program, and a voice in training for first responders.
- ...personalized support for each person based on their individual interests and needs. For most, that means continual community options. For some, there is more of a balance between a reliable, nurturing environment and community access for abbreviated times with consideration given to personal support needs, whether it is intensive personal care, limited physical stamina, behavioral/emotional challenges. Encouragement and patience have led to expanded community exposure even for those who are uncomfortable in unfamiliar settings or are fearful of trying new things.

The pandemic has been a factor for community access but the intent remains steadfast with staff and participants adjusting to repeated pandemic limitations. Reported service hours reflect that this program has resumed and rebounded, adapting intermittently in response to erratic variances of COVID. Virtual options will continue as a means to connect with peers and staff vs. temporary losses of service/support.

Location/Frequency: community locations... new groups every 4 months... areas of interest expressed by participants. 1-5 days/week, depending on # of groups requested. Virtual options... to build social connections.

Residency of 52 People Served in PY2021 and 40 in the first half of PY2022

Champaign	21 (40.4%) for PY21	16 (40.0%) for PY22
Urbana	21 (40.4%) for PY21	15 (37.5%) for PY22
Rantoul	1 (1.9%) for PY21	1 (2.5%) for PY22
Mahomet	2 (3.8%) for PY21	2 (5.0%) for PY22
Other	7 (13.5%) for PY21	6 (15.0%) for PY22

Demographics of 52 People Served during PY2021

Age	
Ages 13-18 -----	1 (1.9%)
Ages 19-59 -----	47 (90.4%)
Ages 60-75+ -----	4 (7.7%)

Race

White -----	36 (69.2%)
Black / AA -----	14 (26.9%)
Other (incl. Native American and Bi-racial)	2 (3.8%)

Gender

Male -----	28 (53.8%)
Female -----	24 (46.2%)

Ethnicity

Of Hispanic/Latinx Origin -----	2 (3.8%)
Not of Hispanic/Latinx Origin -----	50 (96.2%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligibility. Outreach... via the Transition Planning Committee, disAbility Expo, website, and circulation of brochures at community events... tours for families that include discussion of possible services and their availability. Referrals from people/families; RPC; DRS when people with I/DD are in search of day program support; and employed people who are seeking additional connections.

Within 30 days from referral, 90% of those referred will be assessed.

Within 90 days of assessment, 75% of those assessed will engage in services.

People will engage in services: until they are no longer interested in services.

Additional Demographic Data: Disability and referral source are also collected.

CONSUMER OUTCOMES:

1. People will try new things.
2. People assume a leadership role in what they do.
3. People explore employment as they make community connections.

Intent is to support people 'as needed' which looks different from person to person: individuals struggling to identify areas of interest; individuals choosing to participate in a variety of activities based on their ability to enjoy/endure various environments; and individuals desire support in gaining more autonomy in their life.

What started out as one group of senior women, one afternoon per week has blossomed into nearly 30 groups per week covering a variety of interests from art, current events, self-advocacy, weight lifting, and job club. As people become more confident and engaged, they want to try new experiences and ideas for groups continue to emerge.

The next natural step in this process is for people to assume more responsibility in leading the groups.

Measured by:

1. A format is designed for each group that is maintained to include group, rosters, leader and participants.
2. Co-leaders will be included in the group format.
3. Documentation of formal program participation will be maintained.

Outcome gathered from all participants? Yes

Anticipate 50 total participants for the year.

Will collect outcome information: participation is documented daily and included in monthly notes, while outcome data is collected quarterly.

Is there a target or benchmark level for program services? Yes... FY22 Measures and Outcomes:

1. People will participate in at least one new group. Target: 35 people. Mid-Year Outcome: 43 people.
2. People will become a co-leader for a group. Target: 5 people. Mid-Year Outcome: 2 people.
3. People will be opened in Community Employment for active job exploration. Target: 5 people. Mid-Year Outcome: 1 person

Estimated levels of change: #1. 35, #2. 5, and #3. 5 (targets continue, outcomes reworked, as above)

UTILIZATION:

TPCs: 50 people participating in the program without state funding for these services.

NTPCs: 50 peers accompanying TPCs for activities and events.

SCs: 5 meetings and tours of the program with prospective participants.

CSEs: 2 formal presentations to organizations, civic groups, and other entities, including Expo and TPC.

Staff Comment: Service Contacts and service hours associated with TPCs are documented in online reporting system.

PY23 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	50	50	5	2

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22	39	19	2	0
Second Quarter PY22	1	17	2	0
<i>Annual Target</i>	55	50	5	3

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21	47	45	3	1
Second Quarter FY21	2	9	2	2
Third Quarter FY21	1	13	4	0
Fourth Quarter FY21	2	8	5	0
<i>Annual Target</i>	55	50	5	3

Financial Analysis

PY2023 CCDDDB Funding Request: \$847,658

PY2023 Total Program Budget: \$2,946,188

Proposed Change in Funding - PY2022 to PY2023 = 0%

Current Year Funding (PY2022): \$847,659

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 29% of total program revenue. Other revenue is from a Ford County Mental Health Board Grant \$20,617 (1%), IDHS Fee for Service \$2,056,397 (%), proportionate allocation of training reimbursements from IDHS \$21,069 (1%), and Other Program Service Fees (\$447).

Personnel-related costs of \$720,817 are the primary expense charged to CCDDDB, at 85% of requested amount. Other expenses are: Professional Fees/Consultants \$9,368 (1%); Client Wages/Benefits \$10,283 (1%); Consumables \$6,691 (1%); General Operating \$6,686 (1%); Occupancy \$20,175 (2%); Conferences/Staff Development \$963; Local Transportation \$36,588 (4%); Equipment Purchases \$633; Lease/Rental \$24,088 (3%); Membership Dues \$2,525; and Miscellaneous \$8,841 (1%).

Total Agency Budget has a deficit of \$43,990, Total Program \$59,348. CCDDDB Budget is BALANCED.

Staff Comment: total program budget has a deficit greater than that of total agency.

Program Staff to be funded by CCDDDB: 1.23 Indirect and 15.92 Direct = 17.15 FTEs

Total Program Staff: 4.08 Indirect and 54.90 Direct = 58.98 FTEs

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. No excess revenue was associated with this program.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan... *“Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue.”*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *“Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community.”* DSC has allocated money in the budget to increase diversity within the organization.

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: Rural areas noted for service delivery this fiscal year include Mahomet, St. Joseph, Fisher, Seymour, and Rantoul with 25% of the program participants being from these areas. Referrals may be received by RPC ISC, area high schools, as well as self or family member referrals, and other community partners. Participation in a variety of community activities and website/social media exposure provide awareness and information about DSC. Referrals are accepted throughout Champaign County and DSC is enhancing outreach efforts to rural communities. One positive yet unintended consequence of the pandemic is how technology and virtual classes/activities leveled the playing field for people regardless of residency. Limited in person attendance led to creative options using technology to engage with participants. Services occur in any community that is home to a particular event or desired resource. This has included visits to a reindeer ranch, a goat farm, and small town restaurants. Each group is based on area of interest and occurs in various community locations based on the natural setting for that group. They take place throughout Champaign County thus creating opportunities for people to participate in a range of activities and visit a variety of locations/communities to expand their experience. Assistance is given in accessing transportation from outlying areas when needed and available. Emphasis has been placed on expanding outreach and DSC’s Diversity Committee continues to discuss strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach activities have been directly affected by the pandemic and recurring limitations imposed by CDC and Public Health, but efforts below continue to be a priority: sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums to include inviting representatives to program meetings as guest speakers; and focus attention on underserved or underrepresented minority population for each program by catering outreach efforts for the specific service. Each group and/or activity is based on area of interest and occurs in various community locations in the natural setting. They take place throughout Champaign County thus creating opportunities for people to participate in a range of activities and visit a variety of locations/communities to enhance their experience.

Inclusion, Integration, and Anti-Stigma: In addition to agency efforts to reach out to members of underserved/underrepresented populations, increased awareness often occurs naturally as community access/engagement is realized by people receiving services. Participants gain experience with those who share common interests and passions. As people try new things, they develop friendships and a sense of connection to others. Active participation in public events fosters a sense of community, acceptance and inclusion. The intent of the Community First program is to improve access to the community. People express interests and choose activities/options. Staff partner with participants to plan for various activities, learn how to navigate the community, and enjoy meaningful activities. Details such as event times, location, and mode of transportation, all contribute to planning a positive experience and problem solving when things don’t go as planned. Each new experience leads to more interest, confidence and a sense of belonging, thus a desire to seek new opportunities and an improved quality of life. As cited previously per the NDS Initiative, Community First focuses on Encounters and Participation as desired levels of inclusion.

Outcomes: *includes three measures related to the participants’ choice and direction; data collected through staff notes.*

Virtual Service Option(s): *during COVID-19 mitigation periods and beyond.*

Coordinated System: Champaign and Urbana Park Districts, Stephens Family YMCA and other fitness-related businesses host/provide recreational opportunities to community members. DSC often facilitates and supports people to enjoy activities scheduled through all of these established businesses. Barriers that have limited individual

participation independent of the program include cost, transportation, and dates/times available for formal programs. Some individuals need more assistance to coordinate or participate in scheduled offerings. Many enjoy these opportunities with the support of staff and a few of their friends in addition to the menu of options outlined under Scope of Service. These programs also tend to enhance DSC options with availability in the evenings and weekends. Community First participants are involved in activities at the CPD Leonard Center for fitness activities including basketball, walking, and weightlifting and join activities at the Douglas Annex routinely. Groups interested in wildlife have taken advantage of the Anita Purvis Nature Center through the UPD. People interested in swimming and low impact exercise participate in weekly water Tai Chi and Open Swim at the Stephens Family YMCA. MTD personnel have reached out to determine unmet needs of potential riders... provided floating bus passes for people who do not ride regularly but take the MTD for groups including the Learning the MTD group.

Budget and Program Connectedness: *budget narrative supports financial/program plan, references agency cost allocation plan.*

Person Centered Planning (PCP): *all DDB funded participants have a PCP through the ISC (using the state's required format and process), with contributions from the agency and program and client.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section describes the Community First philosophy and links to the National Disability Insurance Scheme 'Community Inclusion Initiative' fact sheet.*

Evidence of Collaboration: Illinois Self-Advocacy Alliance

Staff Credentials: IDHS mandated DSP training, training specific to each participant. New employee training also includes Employment First information. Program benefits from the talents and knowledge each staff person brings.

Resource Leveraging: *while not used as match for another source of funding, this program expands on state-funded Community Day Services and maximizes such sources of revenue.*

Other Pay Sources: None **Client Fees:** No **Sliding Scale:** No

Willing to participate in DD Medicaid-waiver programs? Yes

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Retain PY22 Special Provisions: online claims reporting; identify waiver recipients; no duplication with IFS; collaborate with ISC on enrollment, program information, and TPCs; trainings in natural settings; personnel change reports; continue benchmarks/payment schedule; virtual services when in person not possible; wait list and time waiting; DSP pay (if applicable).*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Connections

Requested Funding Amount: \$95,000

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Connections is a concerted commitment to increase community access and non-traditional employment opportunities. As people identify themselves as active members of their community, they get excited about exploring opportunities that spark their interests and see their role in the community to be much greater than their disability or any service(s) they receive.

Evidence Based, Promising, or Innovative Approach:

<https://visionariesandvoices.com/> - to 'create a world in which artists with disabilities not only produce and share works of art, but are also given continuous opportunities to learn, develop professionally, collaborate, exhibit, and celebrate with community members'. Their mission as an inclusive arts organization is to provide creative, professional, and educational opportunities. People participating in activities at The Crow at 110 are exploring new interests, mastering skills and talents, selling their art, jewelry, greeting cards, etc. and sharing their joy as a member of the greater community. Whether a long-time interest or a new means for creative self-expression, people are realizing untapped talents simply by being present in an amazing space dedicated to providing a creative outlet. People enjoy a more meaningful life by having the opportunity to share their interests with others with varying degrees of staff support.

Outcomes:

1. People participate in artistic activities and classes at The Crow at 110.
2. Special events are hosted to connect people with developmental disabilities to the greater community.
3. New classes are developed as people continue to define areas of interest. Record of classes and who attends will be documented.
4. Participants are satisfied with experience at The Crow at 110.

To be Served/Completed:

25 people participating in DSC's Community First Program interested in pursuing their creative interests and talents at The Crow at 110.

12 people participating in activities who are not receiving county funding.

5 events hosted at The Crow at 110 and engagement in community venues.

Type and Intensity of Service:

Community-based alternative encouraging personal exploration and participation in the arts/artistic expression, promoting life enrichment and alternative employment. Introduces and supports people to experience a creative outlet, promote self-expression, and profit from products they create/produce. Creativity remains a modem

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for personal growth and life enrichment for many people. No requirement for the artists to sell their work, but it is an interest among many. Encourages people to be creative and offers a welcoming venue for a variety of events.

Groups and classes requested by program participants: card-making; soap, wax melts, and candle making; painting – pop art, folk art, still life, and landscapes; poetry and expressive writing; alternative employment opportunities through sale of artwork, cards, soap, candles, wax melts, etc. personally made by participants.

On-site events to promote collaboration and a venue for like-minded community artists.

Length of Engagement: 120 days – dependent on time of referral and the four-month rotation of community groups.

Leveraging Other Resources: this contract is not used as match for another; care should be taken to avoid supplementing Medicaid or supplanting other sources of funding the participants have.

Agency: DSC

Program: Connections

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$95,000

Priority Selected: Community Life and Relationships

Services and People Served

Target Population: Adults residing in Champaign County, who have I/DD and an interest in pursuing opportunities to enrich their lives through art, music, and other cultural experiences as well as non-traditional employment options. As people identify themselves as active members of their community, they get excited about exploring opportunities that spark their interests and see their role in the community to be much greater than their disability or any service(s) they receive.

Scope, Location, and Frequency of Services:

Scope: Connections is a concerted commitment to increase community access and non-traditional employment opportunities. CCDDDB supports this program by funding one FTE, rent, utilities and associated costs for the community site located at 110 E. University Avenue in Champaign (The Crow at 110). The location is a beautiful, welcoming, creative space for people needing quiet, accessible opportunities as they discover their inner-artist. Connections is a community-based alternative encouraging personal exploration and participation in the arts/artistic expression, promoting life enrichment and alternative employment.

This progressive option introduces and supports people to experience a creative outlet, promote self-expression, and profit from products they create/produce. Creativity remains a modem for personal growth and life enrichment for many people. Artistic expression continues to grow in availability for those participating in the Community First program. There is no requirement for the artists to sell their work, but it is definitely an interest among many.

This Zen space encourages people to be creative and also offers a welcoming venue for a variety of events.

Groups and classes requested by program participants have included: card-making; soap, wax melts, and candle making; painting – pop art, folk art, still life, and landscapes, to name a few; poetry and expressive writing; alternative employment opportunities through sale of artwork, cards, soap, candles, wax melts, etc. personally made by participants. Marketing consultation was previously provided by the Geis College of Business and supported a special branding for merchandise. On-site events to promote collaboration and a venue for like-minded community artists. The pandemic continues to limit outside participation for groups and events as recommendations/restrictions are presented by CDC and Public Health as well as efforts to keep all participants healthy and safe. Inclusion of other artists/vendors will resume as guidance extends opportunity to do so.

Location/Frequency: The Crow is a studio/community space with areas for art and classes. Frequency... varies with new groups scheduled every four months. Per the pandemic, virtual options have been offered.

Residency of 52 People Served in PY2021 and 25 in the first half of PY2022

Champaign	21 (40.4%) for PY21	9 (36.0%) for PY22
Urbana	21 (40.4%) for PY21	9 (36.0%) for PY22
Rantoul	1 (1.9%) for PY21	1 (4.0%) for PY22
Mahomet	2 (3.8%) for PY21	2 (8.0%) for PY22
Other	7 (13.5%) for PY21	4 (16.0%) for PY22

Demographics of 52 People Served during PY2021

Age

Ages 13-18 -----	1 (1.9%)
Ages 19-59 -----	47 (90.4%)
Ages 60-75+ -----	4 (7.7%)
Race	
White -----	36 (69.2%)
Black / AA -----	14 (26.9%)
Other (incl. Native American and Bi-racial) -----	2 (3.8%)
Gender	
Male -----	28 (53.8%)
Female -----	24 (46.2%)
Ethnicity	
Of Hispanic/Latinx Origin -----	2 (3.8%)
Not of Hispanic/Latinx Origin -----	50 (96.2%)

Program Performance Measures

CONSUMER ACCESS: PUNS eligibility. People learn about services through tours that include discussion of possible services/availability, circulation of brochures at community service events like the disAbility Resource Expo and the Champaign County Transition Planning Committee's presentation. Referrals are received from individuals/families, CCRPC ISC, local DRS office when individuals with I/DD are in search of day program support, and employed people who are seeking additional connections to the art community. DSC is responsive to requests and enhancing outreach efforts in rural Champaign County.

Within 30 days from referral, 90% of those referred will be assessed.

Within 90 days of assessment, 75% of those assessed will engage in services.

People will engage in services, on average, for: 120 days – dependent on time of referral and the four-month rotation of community groups.

Additional Demographic Data: Disability and referral source are also collected.

CONSUMER OUTCOMES:

1. People will participate in artistic activities and classes at The Crow at 110.
2. Special events will be hosted to connect people with developmental disabilities to the greater community.
3. New classes will be developed as people continue to define areas of interest. Record of classes and who attends will be documented.
4. Participants will be satisfied with experience at The Crow at 110. (new outcome for FY 23)

Measured by:

1. Number of people participating in classes at The Crow will be recorded.
2. Record of events hosted will be maintained.
3. DSPs develop a format for new groups outlining instructional information to be shared each week. This information is kept in a central location that all DSPs can access in the event a substitute is needed to lead group. Service hours are documented in the CCDDDB service hour database as well as in a monthly contact note in the person's case record. Lastly, a group schedule is maintained electronically for each trimester.
4. Satisfaction Survey will be offered to each participant.

Outcome gathered from all participants? Yes

Anticipate 25 total participants for the year.

Will collect outcome information quarterly.

Is there a target or benchmark level for program services? Yes... FY22 Measures:

1. People will participate in artistic activities, classes, or events at The Crow at 110.
Target: 25. Mid-Year Outcome: 25.
2. Special events will be hosted at The Crow at 110. Target: 3. Mid-Year Outcome: 1 event... in second quarter.
3. New creative exploration classes will be developed as program participants continue to define areas of interest.
Target: 4. Mid-Year Outcome: 4 new classes have been developed.

DSC- CONNECTIONS - 2

Estimated levels of change: 1, 2, 3 continue as in PY22. New Outcome, #4, estimates that 90% of people who complete survey will be satisfied with experience.

UTILIZATION:

Treatment Plan Clients (TPCs): 25 people participating in DSC's Community First Program interested in pursuing their creative interests and talents at The Crow at 110.

Non-Treatment Plan Clients (NTPCs): 12 people participating in activities, not receiving county funding.

Community Service Events (CSEs): 5 events hosted at The Crow at 110 and engagement in community venues.

Staff Comments: Service Contacts and service hours associated with TPCs are documented in online reporting system.

PY23 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE
<i>Annual Target</i>	25	12	n/a	5

PY22 First Two Quarters (per submitted Service Activity Reports)

First Quarter PY22 20 9 2 0

Second Quarter PY22 5 3 0 0

Annual Target 25 12 0 5

Staff Comment: the PY22 plan identifies 5 as the CSE goal, while quarterly reports show it as 3; the first quarter report shows 2 in the SC column and 0 under CSE, but they should be switched.

PY21 All Four Quarters (per submitted Service Activity Reports)

First Quarter FY21 47 45 3 1

Second Quarter FY21 2 9 2 2

Third Quarter FY21 1 13 4 0

Fourth Quarter FY21 2 8 5 0

Annual Target 55 50 5 3

Financial Analysis

PY2023 CCDDDB Funding Request: \$95,000

PY2023 Total Program Budget: \$95,746

Proposed Change in Funding - PY2022 to PY2023 = 11.8%

Current Year Funding (PY2022): \$85,000

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *A risk of supplementation may exist in this program, open to NTPCs with Medicaid waiver funding, but not necessarily a covered service – care is taken to distinguish them.*

CCDDDB request is for 99% of total program revenue. Other revenue is from DHS Fee for Service \$737 and Program Service Fees \$9.

Personnel-related costs of \$53,511 are the primary expense charged to CCDDDB, at 56% of requested amount. Other expenses are: Professional Fees/Consultants \$175; Consumables \$4,187 (4%); General Operating \$492 (1%); Occupancy \$6,123 (6%); Conferences/Staff Development \$69; Local Transportation \$157; Equipment Purchases \$11; Lease/Rental \$28,249 (30%); Membership Dues \$241; and Miscellaneous \$1,785 (2%).

Total Agency Budget has a deficit of \$43,990, Total Program \$3,763, and CCDDDB Budget is BALANCED.

Program Staff to be funded by CCDDDB: 0.13 Indirect and 1.04 Direct = 1.17 FTEs

Total Program Staff: 0.13 Indirect and 1.05 Direct = 1.18 FTEs

Staff Comments: increase in requested funding is associated with increased cost of salaries and benefits.

Audit Findings: *The FY2021 Audit was submitted on December 14, 2021. No findings of concern. No excess revenue was associated with this program.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? *Yes.*

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Evidence is provided of planning for continuation of (virtual) services during and beyond pandemic; related training is not addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes*

Highlights from the submitted CLC Plan: *DSC added action steps to support staff that are experiencing burn out and fatigue to their CLC Plan. DSC added action steps to support staff that are experiencing burnout and fatigue to their CLC Plan... "Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *"Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community." DSC has allocated money in the budget to increase diversity within the organization.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: Referrals may be received by RPC ISC, as well as self or family member referrals, and other community partners. Agency representation at many community events helps to share information regarding services as well. DSC is also enhancing outreach efforts in Champaign County.

Services, events, and informal activities occur at The Crow. Online sales have been a positive outcome of the pandemic. Other venues have included museums, art galleries, and art shows such as EbertFest. DSC's website and social media provide awareness and information about DSC and access to an array of services. Recent emphasis... on expanding outreach, and DSC's Diversity Committee continues to discuss strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach activities have been directly affected by the pandemic and recurring limitations imposed by CDC and Public Health, but efforts below continue to be a priority: sending letters to community representatives/stakeholders not previously engaged; wider participation in community groups/forums to include inviting representatives to program meetings as guest speakers; and focus attention on underserved or underrepresented minority population for each program by catering outreach efforts for the specific service. Additionally, all scheduled events are open to the public.

Inclusion, Integration, and Anti-Stigma: Champaign County enjoys a robust art community as evidenced by events such as the Boneyard Arts Festival. As people engage with the community through exploration of their creative interests, connections are made. An article from Opengate, a provider in New York shares, "We sing, we dance, we paint, we write, and we play sports as a form of communicating with others. There's a level of creativity in everyone just waiting to be released. People with intellectual and developmental disabilities often have difficulty communicating in conventional ways. Creative art expression allows them to relay their feelings and empowers them to display ideas and vision with visual and tactile aids." Community and DSC artists co-hosted an open house during previous Boneyard Arts Festivals, and plan to continue post-pandemic. Open houses and other formal events have a dual benefit by inviting community artists in to showcase their talent and sell merchandise within this shared space and the community is invited to enjoy and purchase unique one of a kind works of art, jewelry, and other handmade gifts. All are very intentional ways of promoting inclusion and reducing stigma.

Outcomes: *includes three measures of program performance and one of participant satisfaction, targets based on previous performance; results documented in staff notes and annual participant satisfaction survey.*

Virtual Service Option(s): *during and beyond the pandemic, not always ideal given the primary activities.*

Coordinated System: *n/a (no similar programs.)* The Crow celebrated a highly successful Third Annual Holiday Open House, finally being able to take place in person this past December! Following last year's virtual Open House, both Valentine's and Mother's Day sales were offered virtually. This is something that allowed us through

experience, to offer online sales year round. During the summer months, the Crow had a booth at the Urbana Farmer's Market and sold cards, soap, and other items made by people receiving services. It was great exposure and plans to continue our booth are in the works. This year, plans include: working with two area high schools to collaborate on projects and joint showcases, hosting an art sale with local artists, as well as participating alongside other artists as a vendor for the Ebertfest Art Show. As we continue to move past the pandemic, the Crow also plans to continue to serve as a venue for the Boneyard Arts Festival in an effort to connect and collaborate with other local artists.

Budget and Program Connectedness: *budget narrative supports financial/ program plan, references agency cost allocation plan.*

Person Centered Planning (PCP): *all DDB funded participants have a PCP through the ISC (using the state's required format and process), with contributions from the agency and program and client.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *describes and links to an inclusive arts organization site, offers supporting examples from the local program.*

Evidence of Collaboration: *n/a (No similar programs.)*

Staff Credentials:... art teachers, music teachers, exercise enthusiasts, nature lovers, and an assortment of lifelong learners sharing with people who have expressed an interest in discovering more about the options available throughout Champaign County. Formal training includes 40 hours of classroom and 80 hours of on the job training per the DHS-state mandated training in addition to training specific to each person receiving services....

Introduction to DD; Human Rights; Human Interaction and Communication; Service Planning; Basic Health & Safety; First Aid/CPR; OIG/Abuse & Neglect. New employee training also includes Employment First information as part of DSC's agency culture emphasizing everyone's involvement in supporting community inclusion and employment opportunities for all.

Resource Leveraging: *this contract is not used as match for another; care should be taken to avoid supplementing Medicaid or supplanting other sources of funding the participants have.* **Other Pay Sources:** n/a **Client Fees:** No **Sliding Scale:** No

Willing to participate in DD Medicaid-waiver programs? No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Retain PY22 Special Provisions: online claims reporting; identify waiver recipients; collaborate with ISC on enrollment, program information, and TPCs; include artists with I/DD not served by DSC; personnel change reports; DSP pay.*
- *New in PY23: the agency will contribute information which will advance the CCDDDB's goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: DSC

Program Name: Workforce Development and Retention

Requested Funding Amount: \$227,500

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: The pandemic has exacerbated the workforce crisis as the human services field is competing with service industries that are also lacking for employees. Staff turnover and inability to recruit/fill vacancies, has a direct impact on those who stay to do this important work.

Evidence Based, Promising, or Innovative Approach: ANCOR survey: *The Significant Financial Costs of High Turnover are Unsustainable*. These increased costs, which relate to everything from training to staff overtime and more, simply cannot be sustained by community providers that were significantly underfunded to begin with. FACT: 92% of Providers Continue to Grapple with the Impact of the Pandemic on Recruitment and Retention. Nearly all providers agree the COVID-19 pandemic continues to deeply impact the ability for providers to hire and retain DSPs. Overwhelmingly, providers indicated that the inability to provide comparable wages to the private market has decimated the DSP workforce. Providers have continuously competed with entry-level industries offering less demanding work for staffing. During the COVID-19 pandemic, private companies and corporations simultaneously increased wages—steps providers simply could not take.

https://www.ancor.org/sites/default/files/the_state_of_americas_direct_support_workforce_crisis_2021.pdf

Training and development are linked to organizational commitment and the association is positive. Higher training opportunities result into higher levels of commitment. Organizations offering training to employees is perceived as a reward, in turn employees show higher level of commitment and loyalty. It is empirically established that employee attitude towards training and training effectiveness is positively related to organizational commitment. Training provisions are positively related to employee retention and employee loyalty. <http://www.icmis.net/icmis18/ICMIS18CD/pdf/S194-final.pdf>

Outcomes:

1. Trainings will be documented in employee database.
2. Bonuses will be documented for those completing required training. List to be maintained.
3. List of retention bonuses will be documented and maintained.

To be Served/Completed:

160 staff receiving bonuses, 20 new and 140 existing employees.

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Type and Intensity of Service: DSC proposes the following strategies to strengthen and stabilize the workforce:

Training, Support, Recognition/Reward

- **Membership - National Alliance for Direct Support Professionals (NADSP)** membership and associated benefits to advance professionalizing the field; NADSP Membership encompasses a national movement to elevate the status of Direct Support Professionals by establishing an interconnected network of DSPs, Frontline Supervisors, self-advocates, family members, human service organizations, healthcare professionals, social workers, statewide groups, national associations, and more.
- **Professional Development – Access to training and support for staff;** NADSP membership affords direct and exclusive access to information, resources, tools, and training to improve the knowledge and skill set of the DSP workforce, and the quality of life for people receiving services. Identify three trainings in FY 23.
- **Hiring/New Employee Bonuses –** Proposing to incentivize new employees by recognizing their completion of training, with a \$500 bonus as each employee completes required training.
- **Retention Bonuses –** A retention bonus is a targeted payment or reward outside of an employee's regular salary that is offered as an incentive to keep a key employee on the job during a particularly difficult time, (I.e. – workforce crisis and pandemic). Proposing three \$500 bonuses per employee to be granted in October, February, and June in recognition of those who have endured the challenges of a compromised work force and compensated for the long-term effects of high turnover and frequent vacancies – total \$1,500 per employee.

Length of Engagement: N/A – agency has requested 2-year funding for this grant.

Leveraging Other Resources: No

Agency: DSC

Program: Workforce Development and Retention – NEW

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCDDDB Funding Request: \$227,500

Priority Selected: Strengthening the I/DD Workforce

Services and People Served

Target Population: all staff who contribute and provide the direct services/supports for children and adults with IDD. Direct Support Professionals, Qualified Intellectual Disability Professionals, and the Family Development staff are included in the plan to recognize new employees in their first year and retain experienced staff, acknowledging their ongoing contributions. A stable and reliable workforce is needed as continuity of services has been compromised in this field. Employees who require specific training for their role or educational requirements for specialized services are deemed essential workers, yet work in a field that is woefully underfunded at a state and national level. The pandemic has exacerbated the workforce crisis as the human services field is competing with service industries that are also lacking for employees. Staff turnover and inability to recruit/fill vacancies, has a direct impact on those who stay to do this important work. “Direct support professionals are instrumental to the daily operations of organizations that support people with intellectual and developmental disabilities. With extensive responsibilities, DSPs often experience high levels of stress and burnout that can result in turnover and vacant positions.” <https://meridian.allenpress.com/idd/article-abstract/58/3/221/436585/They-Care-for-Others-But-What-About-Themselves>

Scope, Location, and Frequency of Services:

Scope: Training, Support, Recognition/Reward

- Membership - National Alliance for Direct Support Professionals (NADSP) membership and associated benefits to advance professionalizing the field; NADSP Membership encompasses a national movement to elevate the status of Direct Support Professionals by establishing an interconnected network of DSPs, Frontline Supervisors, self-advocates, family members, human service organizations, healthcare professionals, social workers, statewide groups, national associations, and more.
 - Professional Development – Access to training and support for staff; NADSP membership affords direct and exclusive access to information, resources, tools, and training to improve the knowledge and skill set of the DSP workforce, and the quality of life for people receiving services. Identify three trainings in FY 23.
 - Hiring/New Employee Bonuses – Proposing to incentivize new employees by recognizing their completion of training, with a \$500 bonus as each employee completes required training .
 - Retention Bonuses – A retention bonus is a targeted payment or reward outside of an employee's regular salary that is offered as an incentive to keep a key employee on the job during a particularly difficult time, (I.e. – workforce crisis and pandemic). Proposing three \$500 bonuses per employee to be granted in October, February and June in recognition of those who have endured the challenges of a compromised work force and compensated for the long-term effects of high turnover and frequent vacancies – total \$1,500 per employee.
- “CCDDDB funded programs target eligible individuals who do not have other funding or who seek services not billable to other payers.” DSC strives to be responsive to those currently receiving services and responsive to others not yet engaged.

Location/Frequency: Please refer to 'Scope of Services' for specific service activity as well as time frames.

Program Performance Measures

CONSUMER ACCESS: As outlined under 'Scope of Services'. There is a distinction between staff who have completed the required training and those who have not which is maintained in a database.

CONSUMER OUTCOMES:

1. Trainings will be identified to support ongoing professional development.
2. Bonuses will be scheduled to recognize completed employee training.
3. Retention bonuses will be scheduled.

Measured by:

1. Trainings will be documented in employee database.
2. Bonuses will be documented for those completing required training. List to be maintained.
3. List of retention bonuses will be documented and maintained.

Outcome gathered from all participants? Yes

Anticipate 160 total participants for the year.

Will collect outcome information Semi-annual report from Human Resources.

Is there a target or benchmark level for program services? No

Estimated levels of change:

1. Three trainings will be identified and offered.
2. Bonuses will be given to twenty new employees completing required training.
3. Retention bonuses provided to 140 employees.

UTILIZATION:

Other: 160 Number of staff receiving bonuses.

Financial Analysis

PY2023 CCDDDB Funding Request: \$227,500 - A NEW REQUEST

PY2023 Total Program Budget: \$227,500

Proposed Change in Funding - PY2022 to PY2023 = n/a

Current Year Funding (PY2022): n/a

Does the application clearly explain what is being purchased by the CCDDDB? *Yes*

Does the application warrant that CCDDDB funding will not supplement Medicaid? *Yes*

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$220,000 are the primary expense charged to CCDDDB, at 97% of requested amount. Other expenses are: Conferences/Staff Development \$4,500 (2%) and Membership Dues \$3,000 (1%).

Total Agency Budget has a deficit of \$43,990, Total Program and CCDDDB Budgets are BALANCED.

Program Staff to be funded by CCDDDB: n/a Total Program Staff: n/a

Staff Comments: Majority of DDB funds will go towards hiring and retention bonuses for DSPs. Nothing budgeted for audit expense.

Audit Findings: *As a new proposal, this program was not included in the agency's FY21 audit.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCDDDB Priorities? Yes.

Expectations for Minimal Responsiveness: *No concerns identified in Registration/Eligibility Questionnaire, completed by the agency during 2021. All required forms were complete and submitted by the deadline. Proposed services/supports relate INDIRECTLY to I/DD and how they will improve the quality of life for persons with I/DD. Evidence is provided that other sources of funding are not available or have been maximized. Virtual services an option; related training is not directly addressed.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? Yes

Highlights from the submitted CLC Plan: *DSC added action steps to support staff that are experiencing burnout and fatigue to their CLC Plan. DSC added action steps to support staff that are experiencing burnout and fatigue to their CLC Plan. . . "Human Resource department will provide support and incentives for preventing burn-out and compassion fatigue."*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? Yes.

Highlights from the submitted CLC Progress Report: *“Formal annual cultural competence training occurs later in fiscal year, but many staff have participated in various webinars on Trauma Informed Practices including how Covid has affected individuals and the community.” DSC has allocated money in the budget to increase diversity within the organization.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *n/a* **Inclusion, Integration, and Anti-Stigma:** *n/a*

Outcomes: *includes process measures; positive impact implied*

Virtual Service Option(s): *NADSP trainings are available online.* **Coordinated System:** *n/a*

Budget and Program Connectedness: *budget narrative supports financial/program plan, references agency cost allocation plan.*

Person Centered Planning (PCP): *not addressed*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: ANCOR survey: The Significant Financial Costs of High Turnover are Unsustainable. These increased costs, which relate to everything from training to staff overtime and more, simply cannot be sustained by community providers that were significantly underfunded to begin with. FACT: 92% of Providers Continue to Grapple with the Impact of the Pandemic on Recruitment and Retention. Nearly all providers agree the COVID-19 pandemic continues to deeply impact the ability for providers to hire and retain DSPs. Overwhelmingly, providers indicated that the inability to provide comparable wages to the private market has decimated the DSP workforce. Providers have continuously competed with entry-level industries offering less demanding work for staffing. During the COVID-19 pandemic, private companies and corporations simultaneously increased wages—steps providers simply could not take.

https://www.ancor.org/sites/default/files/the_state_of_americas_direct_support_workforce_crisis_2021.pdf

Training and development is linked to organizational commitment and the association is positive. Higher training opportunities result into higher levels of commitment. Organizations offering training to employees is perceived as a reward, in turn employees show higher level of commitment and loyalty. It is empirically established that employee attitude towards training and training effectiveness is positively related to organizational commitment. Training provisions are positively related to employee retention and employee loyalty.

<http://www.icmis.net/icmis18/ICMIS18CD/pdf/S194-final.pdf>

Evidence of Collaboration: *n/a*

Staff Credentials: vary across programs. The FD team includes developmental therapists, a speech therapist and a developmental screening coordinator. Staff qualifications include five with Master's degrees and one with a Bachelor's degree in relevant educational fields; six are licensed and credentialed by the State of Illinois early intervention program, two developmental therapists are trained and certified to provide the PLAY Project, one is a certified evaluator in the Ages and Stages Questionnaire Developmental training tool (ASQ). All adult services staff receive 40 hours of classroom and 80 hours of on the job training per the DHS-state mandated DSP (direct support professional) training in addition to training specific people they are supporting. Annual Diversity training is an expectation for all employees and continuing education is a requirement for a number of positions in the agency. QIDP staff receive training upon hire and then have annual continuing education requirements. Examples of trainings attended in the last twelve months include: Understanding Bipolar Disorder, COVID Trauma, Using Assistive Technology to Increase Independence of Adults with IDD, Trauma-Informed Support, Boundary Work for Helping Professionals, and an all-agency training - Diversity, Equity, and Inclusion: Macro and Microaggression.

Resource Leveraging: *not used as match for another source of funding* **Other Pay Sources:** None **Client Fees:** No

Sliding Scale: No **Willing to participate in DD Medicaid-waiver programs?** No

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Consider expansion to support other agency DSPs and QIDPs serving Champaign County residents*
- *If a two year term, include special provision related to excess revenue from first year (not to be carried over to the second year).*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCDDDB staff in writing of any factual errors made by CCDDDB staff which should be corrected prior to completion of the award process.

Recommendation: Pending

Agency Name: Champaign County Head Start/Early Head Start

Program Name: Early Childhood Mental Health Svcs

Requested Funding Amount: \$347,235

The original application forms contain more information. Attached is an analysis of specific sections of the application and prior reports on the program (if incumbent).

Why it Matters: Serves low-income children. Research across disciplines has identified the importance of preschool as a prevention. Preschool plays a role in shrinking the achievement gap and slows the flow of the school to prison pipeline. Participation in preschool impacts important quality of life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. Outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem solving during the critical window between birth and 5 years. Best practice identifies children learn best within the context of safe attuned relationships with caregivers, both teachers and parents. Therefore, our services include supporting the wellbeing of caregivers through adult-to-adult co-regulation, attunement, psychoeducation, reflective conversation, goal setting, and coaching.

Evidence Based, Promising, or Innovative Approach:

Practice-Based Coaching (PBC) is a professional development strategy that supports teachers' use of effective teaching practices that lead to positive outcomes for children.

<https://eclkc.ohs.acf.hhs.gov/professional-development/article/practice-based-coaching-pbc>.

The S-E service delivery model is based on the Illinois Model of Early Childhood Mental Health Consultation highlighted as an evidence-based practice by SAMHSA that decreases disproportionate preschool suspension and expulsion rates of Black, Indigenous, children of color. https://www.samhsa.gov/sites/default/files/programs_campaigns/IECMHC/il-approach-building-sustaining-iecmhc.pdf

The Illinois Association Infant Mental Health offers professionals an opportunity to connect with other professionals serving young children's social-emotional development.

<https://www.ilaimh.org/the-illinois-mental-health-consultant-statewide-registry/>

Harvard University's Center on the Developing Child offers researched information regarding children's development. <https://developingchild.harvard.edu/>

The Pyramid Model supports social-emotional competence in infants and young children. This model is researched and evidenced-based and can be found through the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) at <http://csefel.vanderbilt.edu>.

CSEFEL offers strategies, training modules, and family tools to implement the model.

All program staff utilize Conscious Discipline to develop emotional intelligence through a self-regulation program that integrates social-emotional learning and discipline. Conscious Discipline is "an evidence-based, trauma-informed approach." <https://consciousdiscipline.com>

Outcomes:

1. Children will demonstrate improvement in social skills related to resilience.
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills.
3. Head Start staff will demonstrate a reduction in Burnout/compassion fatigue.
4. Parents will demonstrate improvement in stress management and caregiving skills.

5. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

To be Served/Completed:

90 children, parents, or staff members

380 receiving screening, intermittent, one-off support and consultation

3,000 meetings and observations regarding children, Practice Based Coaching with education staff, S-E Committee Meetings

5 community trainings and workshops that share information about our SE services

12 workshops, trainings, professional development efforts with staff and parents

Type and Intensity of Service:

1. Collaborates with parents and teachers through the S-E Committee to identify social-emotional strengths and areas of need in the children in their care, using assessments, observations (video when necessary), and reflective conversation.
2. Reviews and monitors developmental screenings for all students in HS-EHS. Consults with staff on referral process to schools or developmental pediatricians when necessary.
3. Supports staff and parents in writing individualized social-emotional goals and action plans.
4. Supports staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting.
5. Collaborates with staff and parents in identifying individualized goals and action plans.
6. Collaborates with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs.
7. Facilitates workshops, support groups, and coaching for HS-EHS staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency.
8. Supports staff in monitoring children's progress and outcomes.
9. Offers parenting consultation and coaching through Facebook groups and Zoom meetings.
10. Reviews developmental screenings, makes recommendations on referrals, goals, services.
11. Creates unique virtual stress management and equity-related content for local Champaign residents in collaboration with CU TRI.

Length of Engagement: between 3 months to 2 years.

Leveraging Other Resources: CCMHB is the only source of revenue for the program. The program should seek and apply for other funding to cover these services.

Agency: Champaign County Head Start/Early Head Start MHB

Program: Early Childhood Mental Health Svcs

Portions of this summary are drawn from the full application, edited for length and relevance, with comments in italics.

PY2023 CCMHB Funding Request: \$347,235

Focus of Application: Mental Health

Type of Contract: Grant

Priority: System of Care for Children, Youth, and Families

Services and People Served

Target Population: low-income children enrolled in RPC Early Childhood Education Program and their caregivers (teachers and parent/guardians). Preschool plays a role in shrinking the achievement gap as well as slowing the flow of the school to prison pipeline. Participation in preschool impacts important quality of life outcomes like maintaining employment, reducing participation in the criminal justice system, and having savings accounts. These outcomes are linked to acquiring social-emotional skills such as self-regulation, emotional literacy, empathy, and interpersonal problem solving during the critical window between birth and 5 years. Best practice also identifies that children learn best within the context of safe attuned relationships with their caregivers, both teachers and parents... services include supporting the wellbeing of caregivers through adult to adult co-regulation, attunement, psycho-education, reflective conversation, goal setting, and coaching.

Scope, Location, and Frequency of Services:

Scope:

1. Collaborates with parents and teachers through the S-E Committee to identify social-emotional strengths and areas of need in the children in their care, using assessments, observations (video when necessary), and reflective conversation.
2. Reviews and monitors developmental screenings for all students enrolled in HS and EHS. Consults with staff and supports the referral process to School Districts or Developmental Pediatricians when necessary.
3. Supports staff and parents in writing individualized social-emotional goals and action plans.
4. Supports staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting.
5. Collaborates with staff and parents in identifying individualized inter/intra-personal goals and action plans.
6. Collaborates with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs.
7. Facilitates workshops, support groups, and coaching for staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency.
8. Supports staff in monitoring children's progress and outcomes.
9. Offers parenting consultation and coaching through Facebook groups and Zoom meetings.
10. Reviews developmental screenings and makes recommendations regarding referrals, goals, services.
11. Creates unique virtual stress management and equity-related content for local Champaign residents in collaboration with CU TRI.

Location/Frequency: assigned sites or across sites... in classrooms, homes, a community setting, or virtually. Biweekly coaching supports parents and teachers relationships with children. Reflective conversations and consultation happen as often as weekly or least once a month depending on level of need of adults and children.

Access to Services for Rural Residents: recruits families throughout Champaign County at local libraries, elementary schools, door to door, grocery/convenience stores, town/village events, community agencies, and

many other locations... outreach at community events such as the annual Disability Expo, Read Across America, Week of the Young Child, and local school district early childhood program child-find activities. As per Head Start Performance Standards, [program] must maintain at least 10% of the enrollment for children with diagnosed disabilities... serves children with health conditions such as sickle cell anemia, asthma, and diabetes. SE Services are offered to children and families through center-based options strategically located in Champaign, Rantoul, Savoy, and Urbana... home-based option that provides all HS/EHS services to families in their home and particularly meets the needs of families living in rural areas who want resources that support their child's growth and development. Another option for families working and attending school is family child care. Services are also provided in libraries, churches, coffee shops. The pandemic has normalized virtual services which has allowed us to reach more families.

Access to Services for Members of Historically Underinvested Populations: recruitment throughout Champaign County at libraries, elementary schools, door to door, grocery/convenience stores, community events, community agencies, among other locations. RPC also uses its Community Assessment to focus recruitment efforts where income-eligible families reside... Staff attends and presents HS information at community meetings, a great way to reach out to providers who serve the same populations... Center-based, home-based, and family childcare home provider options to meet the needs of children and families. RPC also collaborates with Courage Connection that provides housing and supportive services to individuals and families who are victims of domestic violence. RPC has a staff member onsite to offer home-based services.

Residency of 85 People Served in PY21 and 80 in first half of PY22

Champaign	39 (45.8%) for PY21	35 (43.8%) for PY22
Urbana	20 (23.5%) for PY21	22 (27.5%) for PY22
Rantoul	15 (17.6%) for PY21	17 (21.3%) for PY22
Mahomet	0 (0%) for PY21	0 (0%) for PY22
Other	11 (12.9%) for PY21	6 (7.5%) for PY22

Demographics of 85 People Served in PY21

Age	
Ages 0-6 -----	85 (100.0%)
Race	
White -----	31 (36.4%)
Black / AA -----	48 (56.4%)
Asian / PI -----	1 (1.1%)
Other (incl. Native American and Bi-racial) -	5 (5.8%)
Gender	
Male -----	61 (71.7%)
Female -----	24 (28.2%)
Ethnicity	
Of Hispanic or Latino/a origin -----	6 (7.1%)
Not of Hispanic or Latino/a Origin -----	79 (92.9%)

Program Performance Measures

CONSUMER ACCESS: Children [who]... score above the cut-off on the ASQ-SE screening. Social-Emotional Committee may identify a child, teacher, or parent needing additional support. Adults can self-refer. Members of the site-level SE Committee... determine the need for setting an SE Goal after screening yields an ASQ-SE score indicating eligibility for services OR challenging and disruptive or age-inappropriate behavior have been documented in the classroom or reported at home. Adults meet criteria if they are a caregiver of an enrolled child and are requesting services. All staff learn about the coaching and consultation offered by the S-E

team during orientation. RPC shares information with families about the S-E services provided by the S-E Committee through parent meetings, conversations with teachers and family advocates, RPC Facebook group, brochures, and the parent handbook. Further, [staff] provide parent education training that pertains to trauma-informed care, S-E development, and strategies to reduce challenging behaviors and increase S-E skills.

Within 7 days from referral, 100% of those referred will be assessed.

Within 7 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: between 3 months to 2 years.

Additional Demographic Data: data for the Office of Head Start... information about family's structure, income, language, education, employment, military status, marital status, and housing status.

CONSUMER OUTCOMES:

1. Children will demonstrate improvement in social skills related to resilience such as:
 - a. Self-Regulation
 - b. Initiative
 - c. Relationship building/Friendship skills
 - d. Emotional Literacy
 - e. Problem-Solving
2. Head Start staff will demonstrate improvement interpersonal, stress management, and caregiving skills. And a reduction in Burnout/compassion fatigue.
3. Parents will demonstrate improvement in stress management and caregiving skills.
4. Classroom management will demonstrate social-emotional sensitive interactions in fidelity with the Pyramid Model.

Measured by:

1. Pre and post resilience related social skills are assessed using the ASQ:SE and the DECA-P2 and DECA I/T. Throughout the school year, documentation is collected by teachers in teaching strategies GOLD regarding social emotional skills and evaluated during fall, winter, and spring checkpoints.
2. ProQOL Measure of Burnout, Compassion Fatigue, and Vicarious Trauma; and Adult DECA
3. Parenting Stress Index and Adult DECA
4. TPOT/TPITOS - classroom management

Outcome gathered from all participants? No. Not all services and supports that are provided are formal and intensive. We only collect outcome information on the formal/intensive services with TPC's.

Anticipate 420 total participants for the year.

Will collect outcome information: 2 to 3 times a year.

Is there a target or benchmark level for program services? Yes. Through the GOLD Outcomes Assessment ... at least 90% of children who age out of the program are developmentally, socially, emotionally and health ready for Kindergarten... at least 85% of all enrolled children will make age-appropriate progress in S-E development. For children remaining in the program... 50% of children who receive services for the full period of engagement (9 or 12 months depending on child's enrollment) will not require a continuation of services. The DECA, ProQOL, and Parenting Stress Index are all researched and normed assessments.

Estimated level of change for this outcome: Each child enters our classrooms at different developmental stages with different skills and areas of need, making rate of change estimation difficult. We evaluate changes overtime using two tools. First, data is collected for all enrolled students at three checkpoints over the course of the school year using teaching strategies GOLD, these evaluations determine if their current demonstration of skills is below, matches, or exceeds the "widely held standards" of S-E development. Second, students receiving services are evaluated using the DECA. Using a pre and post assessment schedule, we identify clinically meaningful improvement using the normed pretest-posttest comparison table.

UTILIZATION:

Treatment Plan Clients (TPCs): 90 (80 new and 10 continuing) children, parents, or staff members who receive ongoing support or consultation which requires goal setting, planning, and follow up.

Non-Treatment Plan Clients (NTPCs): 380 children, parents, or staff who receive screening, intermittent, one-off support and consultation. Recipients of psychoeducation, trainings, or professional development.
Service Contacts (SCs): 3,000 meetings and observations regarding children, Practice Based Coaching with education staff, Social-Emotional Committee Meetings. Reflective Consultation with staff and caregivers. Screenings and assessments. Other direct and indirect services with or on behalf of TPC and NTPC's.
Community Service Events (CSEs): 5 trainings and workshops that share information about services.
Other: 12 psycho-educational workshops, trainings, professional development efforts with staff and parents.
Staff Comment: in PY21, the program exceeded targets for TPC, SC, CSE, and Other but not NTPC. Some targets were increased in PY22 (TPC and NTPC met by mid-year); NTPC is adjusted for PY23, but others maintained.

PY2023 Annual Targets (per Utilization Form)

	TPC	NTPC	SC	CSE	OTHER
<i>Annual Target</i>	90	380	3000	5	12

PY2022 First two quarters (per submitted Service Activity Reports)

First Quarter PY22	88	26	590	0	5
Second Quarter PY22	44	297	631	2	4
<i>Annual Target</i>	90	400	3000	5	12

PY2021 all four quarters (per submitted Service Activity Reports)

First Quarter FY21	35	0	171	0	501
Second Quarter FY21	5	6	364	64	250
Third Quarter FY21	19	30	464	2	59
Fourth Quarter FY21	1	9	816	0	64
<i>Annual Target</i>	50	80	1800	5	50

Financial Analysis

PY2023 CCMHB Funding Request: \$347,235

PY2023 Total Program Budget: \$347,235

Proposed Change in Funding - PY2022 to PY2023 = 6.4%

Current Year Funding (PY2022): \$326,369

CCMHB request is for 100% of total program revenue.

Personnel related costs of \$203,257 are the primary expense charged to CCMHB, at 58% of request.

Other expenses: Professional Fees/Consultants \$72,000 (21%); Consumables \$6,000 (2%); General Operating \$2,500 (1%); Occupancy \$60,102 (17%); Conferences/Staff Development \$2,500 (1%); and Local Transportation \$878.

Total Agency Budget is balanced. Total Program and CCMHB Budgets have a \$2 deficit.

Program Staff to be funded by CCMHB: 0 Indirect and 3.22 Direct = 3.22 FTEs

Total Program Staff: 0 Indirect and 3.22 Direct = 3.22 FTEs

Staff Comments: modest increase in requested funding, not specifically addressed in the budget narrative; budget narrative is thorough; letter of GATA approval of indirect cost allocation plan will be provided.

Audit Findings: *Because CCHS/EHS is included with the County's combined audit, this program is not required to submit a separate year end audit, and any excess revenue due back at the end of the PY is determined through fourth quarter reports. There was no excess revenue owed back to MHB at the end of PY21.*

Priorities and Decision Support Criteria

Does the plan align with one or more of the CCMHB Priorities? *For PY23, better alignment with "System of Care for Early Childhood and Families" and partially as "Collaboration with CCDDDB"*

Expectations for Minimal Responsiveness: *The agency completed a new Registration/Eligibility Questionnaire; no concerns are identified. All required forms were complete and submitted prior to the deadline. Proposed services/supports relate to mental health and developmental delays and how they will improve the quality of life for persons served. Specific efforts to maximize other sources of funding are not detailed in the application, though they may have occurred and remain important to the CCMHB and CCDDDB. Virtual services have been normalized, expanding the programs' reach. Training of staff and clients in the use of online tools is not addressed in the application, though of interest to the CCDDDB.*

Agency Cultural and Linguistic Competence Plan

Does the agency CLC Plan include required benchmarks and National CLAS Standards? *Yes.*

Highlights from the submitted CLC Plan: *Champaign County Head Start submitted a plan that was separate from the CCRPC Social Services CLC Plan. There was partnership and collaboration with the CLC Committee for CCRPC. There was a recognition of unique areas that wanted to be addressed in a separate plan to support the Head Start Program. Head Start and Community Services Staff will organize cross trainings open to all staff about their programs.*

If currently funded, has the agency submitted a CLC Progress Report for the first half of PY2022? *Yes.*

Highlights from the submitted CLC Progress Report: *Champaign County Head Start participated in a yearlong CLC Consultation with regular meetings with the supervisors and administrative team. Community Services and Head Start staff have an annual performance review goal to distribute satisfaction surveys to 100% of clients, a process monitored by supervisors, with data collected in Survey Monkey. Community Services received 460 surveys from clients during the first half of FY22.*

Overarching Decision Support Criteria

Underinvested Populations and Countywide Access: *Yes (see "Access" sections above.)*

Inclusion and Anti-Stigma: *actively recruits and enrolls all children who meet the eligibility requirements for the program, including children who have developmental delays and challenging behaviors... embraces the least restrictive environment and offers this model in the classrooms and family child care homes... takes seriously the need to reduce implicit bias in our staff and the impact of structural racism for our families. SE staff play an important role in developing and coordinating workshops, trainings, virtual content, and advocacy efforts that reduce stigma and support collective care within our program and community.*

Outcomes: *relevant outcomes for children, parents, and staff, with appropriate assessment tools for each; 'improvement' is the target for each, rather than a specific increase in score.*

Virtual Service Option(s): *available and 'normalized' allowing the program to reach more families.*

Coordinated System:

1. HopeSprings provides outpatient therapy that works with individual children and their families.
2. Champaign Unit 4, Rantoul City Schools, Middletown Early Childhood, Urbana Unit 116, and Spectrum Early Childhood work with at-risk preschool age children within Champaign County. These providers offer preschool education and disability services.
3. Child and Family Connections links families to early intervention services for infants and toddlers who have developmental delays.
4. Caregiver Connections provides limited brief Early Childhood Mental Health Consultation to daycares throughout the central region who do not employ social-emotional staff.

RPC collaborates with all of the community providers listed in this application to enhance social-emotional support services to enrolled children and families. The Social-Emotional Program completes referrals and seeks out additional services for those children identified as needing intervention with specialized professionals.

Budget and Program Connectedness: *budget narrative is thorough and supports the program plan.*

Evidence-based, Evidence-informed, Recommended, or Promising Practice: *section provides links to: the state trade association; Harvard collection of research on early childhood programs; details on Practice-Based*

Coaching, the Illinois Model of Early Childhood Mental Health Consultation, Pyramid Model, and Conscious Discipline, along with rationale for the use of each.

Evidence of Collaboration: *written working agreements with Champaign Unit 4, Rantoul City Schools, Mahomet Middletown Early Childhood, Urbana Unit 116, Spectrum Early Childhood, and Child and Family Connections. RPC has a Memorandum of Understanding with CU Trauma and Resilience Initiative to support collaboration on Trauma-Informed capacity building within our agency and the community; works with the CUPHD to provide health and nutrition services to children and pregnant women; and partners with the Junior League of Champaign-Urbana Bright Starts program which provides monthly academic and social-emotional skills workshops for children and their parents. CU Early is another partner that collaborates with Head Start to offer kindergarten-ready kits to families enrolled in home-based and family childcare homes.*

Staff Credentials:

1. Social Skills and Prevention Coach – hiring. Seeking someone with at least a Bachelor’s in child development, psychology, or related; 2-5 years’ experience working with children, families, or teachers.
2. Social Skills and Prevention Coach – Bachelor’s in Sociology and minor in Psychology, has worked in the human services field for over 11 years, certified in Illinois Medicaid Comprehensive Assessment of Needs and has experience completing KEMPE Assessments.
3. Social Skills and Prevention Coach – Bachelor’s in Psychology, holds a certification in TIPS (Training for Intervention Procedures). Through 100 plus volunteer hours and one year of employment, he mentored young children in crisis at a local program.
4. ECMHC - Masters in School Counseling and Doctorate in Counselor Education and Supervision. She is trained in Restorative Practices, Practice Based Coaching, and Self-Compassion Meditation Skills. A trained trainer in both the Pre-K and Infant Toddler Pyramid Model. She is working towards licensure.

Resource Leveraging: *CCMHB is the only source of revenue for the program. The program is encouraged to seek and apply for other funding to cover these services.* **Other Pay Sources:** RPC seeks assistance from community providers who accept Medicaid prior to using the MHB funds. **Client Fees:** No **Sliding Scale:** No.

Process Considerations and Caveats

Contracting Considerations: If this application is approved for funding, the applicant may be required to respond to or submit the following for staff review and approval prior to execution of the final PY2023 contract:

- *Need estimate of the proportion of developmental services to be covered; the CCMHB could commit up to \$149,666 toward developmental services (separate from mental health services) or 43% of the total request. According to the program’s consultant, developmental needs of Champaign County children have greatly increased over the last two years, making this commitment reasonable.*
- *Select a PY23 priority.*
- *Retain PY22 Special Provisions: Q4 financial reports will determine excess revenue; inform participants of PUNS and ISC; online claims reporting; document efforts to secure other funding for these services.*
- *New in PY23: agency will contribute information which will advance the CCDDDB’s goal of enhancing independence through online technology training and access for staff and clients.*

Applicant Review and Input: Applicant is encouraged to review this document upon receipt and notify the CCMHB staff in writing of any factual errors made by CCMHB staff which should be corrected prior to completion of the award process.

Recommendation: Pending



#11.A.

CCDDB 2022 Meeting Schedule

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

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

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

January 19, 2022 – Shields-Carter Room

February 23, 2022 – Shields-Carter Room

March 23, 2022 – Shields-Carter Room

April 20, 2022 – Shields-Carter Room

May 18, 2022 – Shields-Carter Room

June 22, 2022 – Shields-Carter Room

July 20, 2022 – Shields-Carter Room

August 17, 2022 – Shields-Carter Room - *tentative*

September 21, 2022 – Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 2022 5:45PM – Shields-Carter Room – study session with CCMHB

November 16, 2022 - Shields-Carter Room

December 21, 2022 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate.

All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at

<http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

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CCMHB 2022 Meeting Schedule

5:45PM Wednesday after the third Monday of each month

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

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

January 19, 2022 – Shields-Carter Room

January 26, 2022 – *study session* - Shields-Carter Room

February 16, 2022 – *study session* - Shields-Carter Room

February 23, 2022 – Shields-Carter Room

March 23, 2022 – Shields-Carter Room

April 20, 2022 – Shields-Carter Room

April 27, 2022 – *study session* - Shields-Carter Room

May 18, 2022 – *study session* - Shields-Carter Room

May 25, 2022 – Shields-Carter Room

June 22, 2022 – Shields-Carter Room

July 20, 2022 – Shields-Carter Room

September 21, 2022 – Shields-Carter Room

September 28, 2022 – *study session* - Shields-Carter Room

October 19, 2022 – Shields-Carter Room

October 26, 5:45PM – *study session with CCMHB* - Shields-Carter

November 16, 2022 – Shields-Carter Room (*off cycle*)

December 21, 2022 – Shields-Carter Room (*off cycle*) - *tentative*

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If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

IMPORTANT DATES - 2022 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY23

This schedule offers dates and subject matter of meetings of the Champaign County Developmental Disabilities Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may be addressed. Study sessions may be added on topics raised at meetings or by staff, or with the CCMHB. Regular meetings are held at 9AM; joint study sessions at 5:45PM. Included are tentative dates for steps in the funding process for PY23 and deadlines related to PY21 and PY22 agency contracts.

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

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

Agency and Program acronyms

- CC – Community Choices
- CCDDB – Champaign County Developmental Disabilities Board
- CCHS – Champaign County Head Start, a program of the Regional Planning Commission
- CCMHB – Champaign County Mental Health Board
- CCRPC – Champaign County Regional Planning Commission
- CUAN – Champaign-Urbana Autism Network
- DSC - Developmental Services Center
- DSN – Down Syndrome Network
- IAG – Individual Advocacy Group
- ISC – Independent Service Coordination Unit
- FDC – Family Development Center
- PACE – Persons Assuming Control of their Environment, Inc.
- PCMHC – Piatt County Mental Health Center
- RCI – Rosecrance Central Illinois
- RPC – Champaign County Regional Planning Commission

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

AAC – Augmentative and Alternative Communication

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ABLE Act – Achieving a Better Life Experience Act. A tax advantage investment program which allows people with blindness or disabilities the option to save for disability related expenses without putting their federal means-tested benefits at risk.

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

BD – Behavior Disorder

BSP – Behavior Support Plan

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CMS – Center for Medicare and Medicaid Services, the federal agency administering these programs.

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

CSEs - Community Service Events. A category of service measurement on the Part II Utilization form. Activity to be performed should also be described in the Part I Program Plan form-Utilization section. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CUSR – Champaign Urbana Special Recreation, offered by the park districts.

CY – Contract Year, runs from July to following June. For example, CY18 is July 1, 2017 to June 30, 2018. May also be referred to as Program Year – PY. Most contracted agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY18.

DCFS – (Illinois) Department of Children and Family Services.

DD – Developmental Disability

DDD – Division of Developmental Disabilities

DHFS – (Illinois) Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

FFS – Fee For Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDHS – Illinois Department of Human Services

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

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

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

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

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

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

MI – Mental Illness

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

MSW – Master of Social Work

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NCI – National Core Indicators

NOS – Not Otherwise Specified

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

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

VI – Visual Impairment

VR – Vocational Rehabilitation

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

WIOA – Workforce Innovation and Opportunity Act