



Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

Wednesday, July 20, 2022, 9:00AM

*This meeting will be held **remotely**, with a required representative at
The Brookens Administrative Building, 1776 East Washington Street, Urbana, IL*

<https://us02web.zoom.us/j/81559124557> 312-626-6799

Meeting ID: 815 5912 4557

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

<https://www.co.champaign.il.us/mhbddb/MeetingInfo.php>

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

1. Call to Order
2. Roll Call
3. Zoom Instructions - <https://us02web.zoom.us/j/81559124557> (page 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 6/22/22 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. Election of Officers (pages 9-12)*
Per the Board By-laws, and consistent with the Community Care for Persons with a Developmental Disability Act and Open Meetings Act, the

Board will elect a President and a Secretary to one-year terms. By-laws are included for information. Action is requested.

B. Setting the Stage for FY2023 and PY2024 (pages 13-20)

For information only, a Briefing Memorandum offers an overview of planning activities to be undertaken in the fall.

C. Summaries of PY2023 Funded Programs (pages 21-31)

For information only is a chart of programs funded by either the CCDDDB or the CCMHB during PY2023.

D. 2023 CILA Fund Priorities and Timeline (pages 32-56)

For information only, a Briefing Memorandum offers decision support criteria and allocation priorities for 2023 CILA Fund. The attachments offer examples related to one priority.

E. Successes and Other Agency Information

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

11. Old Business

A. CCDDDB and CCMHB Schedules and CCDDDB Timelines (pages 57-62)

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

C. Acronyms and Glossary (pages 63-70)

A list of commonly used acronyms is included for information.

12. CCMHB Input

13. Staff Reports (pages 71-91)

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

14. Board Announcements

15. Adjournment

**Board action requested*

#3

Instructions for participating in Zoom Conference Bridge for CCDDB Meeting July 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/j/81559124557>

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 June 22, 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, Danielle Matthews, Laura Bennett, DSC; Becca Obuchowski, Hannah Sheets, Community Choices; Sherry Longcor, Mel Liong, PACE; Angela Yost, Regional Planning Commission; Katie Difanis, Carle Health; Marlon and Khayriyah Mitchell, First Followers

CALL TO ORDER:

Dr. Robin called the meeting to order at 9:00 a.m. Executive Director Canfield was present at the Brookens Administrative Center as per the Open Meetings Act.

ROLL CALL:

Roll call was taken and a quorum was present.

ZOOM INSTRUCTIONS:

Instructions were included in the packet.

APPROVAL OF AGENDA:

The agenda was in the packet for review and approved.

CITIZEN INPUT/PUBLIC PARTICIPATION:

None.

PRESIDENT'S COMMENTS:

Dr. Robin thanked staff and board members for their work.

EXECUTIVE DIRECTOR'S COMMENTS:

Director Canfield made some brief comments regarding the agenda items.

APPROVAL OF MINUTES:

Minutes from the 5/18/2022 board meeting were included in the packet.

MOTION: Ms. Ruesch moved to approve the minutes from the May 18, 2022 meeting. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet.

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

NEW BUSINESS:

Future of CILA Facilities Project:

A Decision Memorandum was included in the packet and presented options for use of the shared CILA Facilities Project.

The staff recommendation is to use \$300,000, which is not more than half of the CILA fund balance, for additional allocations during the county Fiscal Year 2023. This includes half of agency Program Year 2023 and half of agency Program Year 2024. A timeline should be developed for setting of priorities, registration and applications by qualified organizations, review of funding requests, and approval by both boards for contracts executed during that term. Further, the staff recommendation is to use the remaining fund balance over the next two to three

years, with focus on rightsizing the DSP shortage while offering relief to individuals who wait for adequate services, along with their families.

MOTION: Ms. Ruesch moved to authorize the Executive Director and staff to develop a timeline and allocation criteria and funding priorities related to each of the support needs identified in the decision memo, for consideration and approval by each Board. Dr. Fisher seconded the motion. A roll call vote was taken and the motion passed unanimously.

Regional Community Health Plan Coordinator:

A Decision Memorandum was included in the packet. It provided an update on the Regional Champaign-Vermilion Executive Committee and requested to share the cost of services of the Community Health Plan Coordinator.

The memorandum presented context for a request to commit a total of \$5,000 per year toward a Regional Community Health Plan Coordinator conducting the health needs assessment and reporting on behalf of several organizations. A new Coordinator will be hired, and the Executive Committee will be revising Memoranda of Understanding for a three-year period. The cost to each of the CCDDDB and CCMHB would be split as most other non-agency contract expenses.

A shared cost of the CCDDDB and CCMHB, this contribution would be paid through CCMHB Professional Fees/Services and included in the CCDDDB's 42.15% share of total admin costs, paid to the CCMHB through the CCDDDB's Professional Fees/Services line. The cost is \$5,000 annually, or \$2,107.50 to the CCDDDB and \$2,892.50 to the CCMHB. CCMHB/CCDDDB staff participation and financial commitment repeat for three years.

MOTION: Ms. Ruesch moved to approve continued participation for three years in the Regional Executive Committee for Community Health Needs Assessment and to contribute \$2,107.50 annually for three years for the shared Coordinator's services, pending approval by the CCMHB. Ms. Schuster seconded the motion. A roll call vote was taken and the motion passed unanimously.

DRAFT Fiscal Year (Calendar Year) 2023 Budgets:

A Decision Memorandum, proposed 2023 budgets for the DDB, MHB, and CILA Project, with background information, were included for Board review.

MOTION: Dr. Fisher moved to approve the attached DRAFT 2023 CCDDDB Budget, with anticipated revenues and expenditures of \$4,760,101. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.

MOTION: Dr. Fisher moved to approve the attached DRAFT 2023 CILA Fund Budget, with anticipated revenues and

expenditures of \$350,100. Use of this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB, and full approval is contingent on CCMHB action. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.

Successes and Other Agency Information:

Updates were provided by agency representatives.

OLD BUSINESS:

DISABILITY Resource Expo Update:

A Briefing Memorandum was in the Board packet that provided updates.

CCDDDB and CCMHB Schedules and CCDDDB Timelines:

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

Acronyms and Glossary:

A list of commonly used acronyms is included for information.

CCMHB Input:

The CCMHB will meet this evening for a study session. They will make their funding decisions on May 25, 2022.

Staff Reports:

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

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 10:04 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							
May/Jun DD22-078		05/01/2022	5257	51,919.00	06/30/2022	INV	DD22-078 Decision Support
May/Jun DDB Admin		05/01/2022	5260	65,904.00	06/30/2022	INV	DDB Admin Fee
				117,823.00			
10094 C-U AUTISM NETWORK							
May/Jun DD22-087		05/01/2022	5245	6,340.00	06/30/2022	INV	DD22-087 Community Outrea
10146 COMMUNITY CHOICES, INC							
May/Jun DD22-075		05/01/2022	5277	27,778.00	06/30/2022	INV	DD22-075 Self Determinati
May/Jun DD22-090		05/01/2022	5277	37,018.00	06/30/2022	INV	DD22-090 Community Living
May/Jun DD22-095		05/01/2022	5277	33,500.00	06/30/2022	INV	DD22-095 Customized Emplo
				98,296.00			
10170 DEVELOPMENTAL SERVICES CENTER OF							
May/Jun DD22-080		05/01/2022	5291	71,518.00	06/30/2022	INV	DD22-080 Individual and F
May/Jun DD22-081		05/01/2022	5291	76,010.00	06/30/2022	INV	DD22-081 Community Living
May/Jun DD22-083		05/01/2022	5291	72,648.00	06/30/2022	INV	DD22-083 Service Coordina
May/Jun DD22-084		05/01/2022	5291	29,000.00	06/30/2022	INV	DD22-084 Clinical Service
May/Jun DD22-085		05/01/2022	5291	13,330.00	06/30/2022	INV	DD22-085 Employment First
May/Jun DD22-091		05/01/2022	5291	60,230.00	06/30/2022	INV	DD22-091 Community Employ
May/Jun DD22-092		05/01/2022	5291	14,170.00	06/30/2022	INV	DD22-092 Connections
				336,906.00			
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.							
May/Jun DD22-079		05/01/2022	5337	4,047.00	06/30/2022	INV	DD22-079 Consumer Control
				4,047.00			

14 INVOICES 563,412.00

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

#9

8

#10.A.J

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

dba CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD

BY-LAWS

Adopted by the CCDDDB 1/4/05. Amended 12/5/06 and 7/23/14 and 6/23/2021.

I. PURPOSE AND FUNCTIONS:

- A. The Champaign County Developmental Disabilities Board (CCDDDB) is established under the Illinois Community Care for Persons With Developmental Disabilities Act (IL Compiled Statutes, Chapter 50, Sections 835/0.01 to 835/14 inclusive) in order to “provide facilities or services for the benefit of its residents who are intellectually disabled or under a developmental disability and who are not eligible to participate in any such program conducted under Article 14 of the School Code, or may contract therefore with any privately or publicly operated entity which provides facilities or services either in or out of such county.”
- B. In order to accomplish these purposes, the CCDDDB performs the following functions:
1. Planning for the intellectual and developmental disabilities services system to assure accomplishment of the CCDDDB goals.
 2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual and developmental disabilities services.
 3. Coordination of affiliated providers of services for individuals with intellectual and/or developmental disabilities to assure an inter-related accessible system of care.
 4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.
- C. The CCDDDB shall perform those duties and responsibilities as specified in Sections 835/0.01 to 835/14 inclusive of The Community Care for Persons with Developmental Disabilities Act.
- D. Nothing in these By-laws alters the authorities and obligations codified in state or federal law.

II. MEMBERSHIP:

- A. The membership of the CCDDDB shall include the maximum allowed by statute.
- B. The members of the CCDDDB shall be appointed by the Chairperson of the Champaign County Board, with the advice and consent of the Champaign County Board. The CCDDDB shall recommend nominees for membership to the Chairperson of the Champaign County Board. *(Note: this language is per statute. For Champaign County, the Chairperson, and therefore the appointing officer, is the Champaign County Executive.)*
- C. Members of the CCDDDB shall be residents of Champaign County and, as nearly as possible, be representative of interested groups of the community concerned with developmental disabilities as well as the general public. To the extent possible, members of the CCDDDB shall represent the geographic areas of the County. Members may be representative of local health departments, medical societies, local comprehensive health planning agencies, hospital boards and lay associations. No member of the CCDDDB may be a full-time or part-time employee of the Illinois Department of Human Services - Division of Developmental Disabilities (DHS/DDD) or a Board member or employee of any facility or service operating under contract to the CCDDDB. The term of office for each member shall be three (3) years. All terms shall be measured from the first day of July within the calendar year of appointment. Vacancies shall be filled for an expired term in the same manner as original appointments.
- D. Any member of the CCDDDB may be removed by the appointing officer for absenteeism, neglect of duty, misconduct or malfeasance in office, after being given a written statement of the charges and an opportunity to be heard thereon.

III. MEETINGS:

- A. The CCDDDB shall meet at a minimum, annually in July. The CCDDDB may meet each month as necessary at such time and location as the CCDDDB shall designate. Per the Open Meetings Act (5 ILCS 120/1 et seq.), a change in the regular meeting dates is to be properly posted for the public a minimum of 10 days prior to the meeting.
- B. The CCDDDB may meet in Study Session during the intervals between monthly meetings to receive reports, discuss issues, and develop recommendations on matters brought to it by the Executive Director and the President.
- C. Special meetings may be called by the President or upon the written request by any member to conduct such business that cannot be delayed until a regular meeting date. The purpose of the meeting may be to address matters brought by the Executive Director or any member of the CCDDDB.
- D. The Executive Director shall prepare an agenda for all meetings of the CCDDDB and shall cause the notice of the meeting and the agenda to be sent to all members

at least five (5) days in advance of the meeting - except in the case of special/emergency meetings wherein forty-eight (48) hours notice shall suffice.

- E. Public notices and the conduct of all meetings shall be in conformance with the Illinois Open Meetings Act. Notice/agenda for each meeting shall be posted on the Champaign County website and in the physical location of the meeting and shall be continuously available for public review during the 48-hour period preceding the meeting.
- F. The presence of a majority of members shall constitute a quorum for any meeting of the CCDDDB. For a member to attend a meeting by other means than physical presence (e.g. by video or audio conference), a majority of members must be physically present at the properly-noticed meeting, and a majority of physically present members must agree to allow the electronic attendance. Such attendance may only be due to: personal illness or disability; employment purposes or CCDDDB business; or a family or other emergency. A member wishing to attend a meeting by other means must notify the Board before the meeting unless advance notice is impractical. Provisions for a quorum of members to attend the meeting by other means, due to a declared disaster, are set forth in the Illinois Open Meetings Act. These By-laws affirm the Developmental Disabilities Board's intent to exercise flexibilities as the law allows.

IV. OFFICERS:

- A. The officers of the CCDDDB shall be a President and a Secretary.
- B. Election of the officers shall take place at the July meeting of the CCDDDB.
- C. Officers shall be elected for one year, with term beginning upon election and ending no later than August 1 of the following year. No member shall hold the same office for more than three (3) consecutive years, except that officers may remain in their then current positions until their successors can be chosen.
- D. Duties of Officers:
 - 1. President:

Subject to the control and direction of the CCDDDB, the President shall maintain a current general overview of the affairs and business of the CCDDDB. The President shall have the privilege of voting in all actions by the CCDDDB.
 - 2. Secretary:

The Secretary shall act in place of the President in the latter's absence. The Secretary shall attest to the accuracy of the minutes of the CCDDDB meetings.

3. The President, Secretary, or a member as designated by the President shall have the authority to sign all legal documents approved by the CCDDDB.
4. The President may make, with the advice and consent of the CCDDDB, temporary appointments of interested citizens to assist the Board in fulfilling designated responsibilities or to perform certain functions or tasks.

V. STAFF:

The CCDDDB shall engage the services of an Executive Director who, subject to the control and direction of the Board, shall have general charge, oversight, and directions of the affairs and business of the CCDDDB and shall be its responsible managing head. The Executive Director shall have the responsibility for the employment and discharge of staff pursuant to the provisions of applicable personnel policies. The Executive Director shall have the authority to sign on behalf of the CCDDDB all necessary papers pursuant to CCDDDB action and shall have the authority with the endorsement of the President to make contracts and expenditures within the approved program and budget. The Executive Director or delegate shall attend all meetings of CCDDDB. The Executive Director shall also be liaison between the CCDDDB, staff, and affiliated agencies and implement policies regarding communications between them.

VI. FISCAL AND GRANT YEARS:

- A. The fiscal year of the CCDDDB shall be the same as that of the County of Champaign, i.e., January 1 through December 31.
- B. CCDDDB contracts for Intellectual and Developmental Disability programs and facilities shall be for the same fiscal year as the State of Illinois, i.e., July 1 through June 30.

VII. RULES OF ORDER:

Roberts' Rules of Order shall be followed in deliberations of the Board unless otherwise precluded by these By-laws.

VIII. CHANGE OF BY-LAWS:

Any or all of these By-laws may be altered, amended or repealed by a majority vote of the Board at any regular or special meeting, provided that written notice of the proposed action is given in the call to the meeting and that a quorum is present.

#10.B.



BRIEFING MEMORANDUM

DATE: July 20, 2022
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Review of Strategic Plan, Funding Priorities, and Application Process

Background

The purpose of this memorandum is to set the stage for evaluating and planning Champaign County’s system of supports and services for its residents who have Intellectual and Developmental Disabilities (I/DD). Strategic plans and objectives and annual funding priorities are typically reviewed during the fall, as the Board establishes priorities and decision support criteria for Program Year 2024 (July 1, 2023 to June 30, 2024) and the next Three-Year Plan with Objectives for Fiscal Year 2023 (January 1 to December 31, 2023).

In 2021, we completed a community needs assessment and report, as is done every three years, to support a new strategic plan. *View the full report here - https://www.co.champaign.il.us/mhbddb/PDES/Full_2021_Community_Needs_Report_ENGLISH.pdf*. We partner with the Regional Vermilion-Champaign Executive Committee, which is comprised of representatives of health and behavioral health sectors with similar requirements for needs assessments and three-year plans. The resulting shared health plan informed some sections of our own report and strategic plan; the group has completed a needs survey for the next regional health plan, which will be available in 2023 and will continue to offer context for our work. Also during 2021, consultants with the UIUC Evaluation Capacity project worked with staff and members of the CCDDB and the Champaign County Mental Health Board (CCMHB) to create a logic model which was then incorporated into the **Three-Year Plan for 2022-2024**. The task for this fall will be to update objectives for 2023, recognizing that this document primarily guides the work of CCDDB staff and board members.

The Allocation Priorities and Decision Support Criteria will be reviewed and updated in advance of open application process for PY2024 funding. Over the last three years, additional considerations have changed the priorities and criteria more than usual. Reorganization of some elements may be possible, especially if the operating environment and associated challenges have stabilized.

Finally, some technical modifications our **application and reporting system**, and the forms themselves, could lead to clarity and consistency across funded programs and their reports and hopefully improve the supports and outcomes experienced by participants.

CCDDB Three Year Plan Goals, 2022-2024

A COORDINATED AND ACCESSIBLE CONTINUUM OF SERVICES AND SUPPORTS

1. Support a **continuum of services** to meet the needs of people with intellectual and/or developmental disabilities (I/DD), along with their families, residing in Champaign County.
(Eight objectives for 2022.)
2. Sustain the commitment to improving outcomes for members of **underrepresented and underserved populations**.
(Five objectives for 2022.)
3. Improve **access to and engagement in services** through increased coordination among providers, community stakeholders, people with I/DD, their families, and other key supporters.
(Five objectives for 2022.)
4. Encourage high-quality **person-centered planning** and follow-through for people served by funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.
(Four objectives for 2022.)
5. Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).
(Five objectives for 2022.)

CHILDREN AND FAMILY FOCUSED PROGRAMS

6. Identify children at-risk of developmental delay or disability, and support **early intervention services and family supports**.
(Two objectives for 2022.)
7. Support **access to services and programs** for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.
(Two objectives for 2022.)

COMMUNITY ENGAGEMENT AND ADVOCACY

8. Promote **inclusion and respect** of people with I/DD, through broad based community education efforts.
(Eight objectives for 2022.)
9. Stay abreast of **emerging issues** affecting service and support systems and access to services and be proactive through concerted **advocacy efforts**.
(Seven objectives for 2022.)

View the full current Three-Year Plan and 2022 Objectives here -

<https://www.co.champaign.il.us/mhbddb/PDFS/DDB%203YR%20Plan%202022-2024%20w%20FY22obj%20FINAL.pdf>

Program Year 2023 (Current) CCDDB Priorities

Based on the Three-Year Plan, board discussions, and collaborations involving board or staff, the following priorities for funding for PY2023 were approved in December 2021 and awards made in May 2022 to agencies offering services associated with each.

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community rather than by the formal service system. In addition, parents and self-advocates improve the formal system and non-traditional resources and raise awareness of disabilities and of how the system

works or fails. Self-advocacy and peer support organizations, especially those governed by people who have I/DD and their families or supporters, may:

- improve others' understanding of the personal experience of I/DD and the rights of people with disabilities;
- offer peer mentoring and networking to support other family- or self-advocates;
- navigate the service system or share information on helpful current resources; and
- engage in or define system advocacy at the local, state, and federal levels.

No applications for PY2023 funding specified this priority category, though at least two include self-advocacy support within the scope of services.

Priority: Linkage and Coordination

The CCDDDB will support efforts to connect people who have I/DD to appropriate benefits, state/federal funding, and resources. Agencies qualified to perform linkage, coordination, and planning support may provide these to people with I/DD who are eligible for but not receiving state Medicaid-waiver funding:

- Conflict-free Case Management (CFCM) and Person-Centered Planning (PCP) aligned with federal standards for all Home and Community Based Services, without risk of conflict of interest; and
- intensive case management or coordination of care, guided by a Person-Centered Plan, for people with complex support needs, whether those are related to aging, physical or behavioral health condition, loss of a family member or caregiver, or other traumatic experience.

2 organizations, 2 programs, totaling \$856,271:

CCRPC-Community Services – Decision Support PCP \$388,271

DSC – Service Coordination \$468,000

Priority: Home Life

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, and with supports appropriate to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home;
- preparing to live more independently or with a different set of people; and
- given the limitations of community residential options through the state/federal partnership (i.e., Medicaid-waiver), creative approaches for those who qualify for but do not receive these services.

2 organizations, 2 programs, totaling \$739,000:

Community Choices, Inc. – Inclusive Community Support (formerly Community Living) \$203,000

DSC – Community Living (formerly Apartment Services) \$536,000

Priority: Personal Life and Resilience

Delivered in the least segregated environments and selected by the person, supports for personal success and resilience are across a broad range:

- assistive and/or adaptive technology and other accessibility supports;
- training in how to use technology, including electronic devices, apps, virtual meeting platforms, social media, Internet access, and online privacy/security;
- speech or occupational therapy;
- respite or personal support in the individual's home;

- personal care in other settings;
- training toward increased self-sufficiency in personal care;
- transportation assistance; and
- strategies to improve physical and mental health.

2 organizations, 3 programs, totaling \$601,367:

DSC – Clinical Services \$184,000

DSC – Individual and Family Support \$390,000

PACE– Consumer Control in Personal Support \$27,367

Priority: Work Life

Community employment opportunities have increased for people with I/DD, and with experience and exposure, people may find even better opportunities. Proposed programs should incorporate recommended or innovative practices and focus on people’s aspirations and abilities, in the most integrated community settings possible, and help them achieve their desired outcomes. Programs may offer:

- job development, job matching, and job coaching;
- use of technology to enhance a person’s work performance and reduce on-site coaching/training;
- job skills training conducted in the actual community work settings;
- community employment internships, initially paid by the program rather than the employer, especially for people who have relied on traditional sheltered day program;
- support for a path to self-employment or business ownership;
- education of employers about the benefits of working with people who have I/DD which results in work for people with I/DD; and
- other innovative employment supports.

2 organizations, 3 programs, totaling \$737,500:

Community Choices, Inc. – Customized Employment \$217,500

DSC – Community Employment \$435,000

DSC/Community Choices – Employment First \$85,000

Priority: Community Life and Relationships

Flexible support for people with I/DD can stabilize home and community life in person-centered, family-driven, and culturally appropriate ways, and should emphasize social and community integration, including digital spaces. Of interest would be:

- facilitation of social and volunteer or mentoring opportunities;
- support for development of social and communication skills, including through technology;
- connection to opportunities which are available to community members who do not necessarily have I/DD, both in-person and in digital spaces; and
- access to preferred recreation, hobby, leisure, or worship activities, including in digital spaces.

2 organizations, 3 programs, totaling \$1,113,658:

Community Choices, Inc. – Self-Determination Support \$171,000

DSC – Community First \$847,658

DSC – Connections \$95,000

Priority: Strengthening the I/DD Workforce (possible collaboration with the CCMHB)

To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would strive to maintain the current service capacity, improve workforce knowledge of technology access and use for the benefit of those with whom they work, and allow it to grow to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions.

1 organization, 1 program, totaling \$227,500:
DSC – Workforce Development and Retention \$227,500

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

Services and supports not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns, include:

- coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family;
- early identification of delays through consultation with childcare providers, pre-school educators, medical professionals, and other service providers;
- education, coaching, and facilitation to focus on strengthening personal and family support networks; and
- identification and mobilization of individual and family gifts and capacities, to access community associations and learning spaces.

Through the Boards’ intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2023, the CCMHB continued this priority area as a demonstration of their continued commitment to people with I/DD.

2 organizations, 2 programs, totaling \$746,188:

CILA - \$50,000, CCMHB Commitment \$0 for 2023, mortgage paid off in 2019

CCRPC Head Start/EHS – Early Childhood MH Services \$149,666 (DD portion)

DSC – Family Development \$596,522

View the full PY2023 priorities document here -

https://www.co.champaign.il.us/mdbddb/PDFS/DDB_Funding_Priorities_PY2023_FINAL.pdf

Application Process

A timeline which is included in all board packets offers details on the process of setting priorities, inviting applications for funding, reviewing submitted applications, and considering recommendations for awards. This timeline has been developed and revised to allow for adequate public notice, opportunity for agencies to register and apply, time for staff review and board consideration, and development of subsequent contracts for services. Each year adjustments are made to the application forms themselves, but given our recent experience, more dramatic revisions may be needed to ensure a more robust system of services. Initial input from experienced agency users includes:

- ‘Clunkiness’ of the system, including reports not saving numbers as entered, difficulty at smaller scale, some text boxes too long (*will need the developer to resolve*)
- Part One form improvements such as numbering the questions, controlling the word count (doesn’t align perfectly with other programs), ask fewer questions (*see attached*)

- Part Two form redundancy and extra time needed (*could remove this form; the system developer will need to connect report functions to Part One form instead, or simply not connect them*)
- Board Member List not easily updated (*could replace with a downloadable template to be filled in and uploaded, even during the program year as board member information changes, and possibly re-located to the Agency Details section rather than Application section*)
- Personnel Form more time-consuming than an uploaded excel file would be (*revising this form disrupts connection with expense form, increasing potential for error in that part of the application; however, revisions could be made during the year and save agencies a lot of time*)
- Cultural and Linguistic Competence Plan and progress reports not easy to use, for similar reasons to the above (*a relatively new template, revisions will require input and time; consider a return to the downloadable template and uploaded report*)

During May and June, with the benefit of having transitioned to Office365 and cloud-based server, CCDDDB/CCMHB staff relied on shared tracking documents, email reminders, and AdobeSign products to smooth the process of preparing and executing contracts. In previous years, contract negotiations and signatures have sometimes continued well into July, with the result of delayed payments. We had hoped, with both Boards having completed all application review and decisions during May, to finalize everything by the posted deadline of June 24 and to create first PY23 payments for release in early July. As it turned out, many contracts and revisions took the full month, a few audit reports were still outstanding, letters of engagement with CPA firms proved difficult to secure (*note: this requirement is not typical for many*), and some agencies were revising previous quarterly reports during this period. (*Refer to Staff Reports within this packet for more details.*) Slightly earlier deadlines for these activities have been included in revised timelines and special provisions in two-year contracts.

Suggested Actions

As in previous years, the September board meeting packet will include a DRAFT Three Year Plan for 2022-2024 with objectives for the coming year. This document will be distributed to providers and stakeholders for input, and a final draft presented in November for board consideration. No change is suggested to this process. The Associate Directors have collected utilization data from the previous program year (PY22) and are working with a student intern on a satisfaction survey; these results may suggest changes to objectives.

A draft document of priorities for funding for the next cycle (in this case, Program Year 2024) is scheduled for presentation to the board in September or October, to be finalized in November or December. The pandemic revealed disparities in our healthcare and safety net systems, along with service gaps which are especially dangerous for the people at the center of our mission. Related considerations could be reflected in funding priorities for the next cycle. If additional discussion time is needed, the board may call a special meeting or study session for this purpose. In addition, CCDDDB and CCMHB members are welcome to join each other's meetings and may be especially interested in discussions of priorities.

Changes to the application system involve the system's developer; staff, Board, and public input will continue. Adjustments in the allocation process timeline may help with the contracting issues noted above and have been made to the timeline in this packet. A potential revised Part One form (eliminating the Part Two form) is attached. This uses the initial input described above along with observations from Board members and staff.

DRAFT Revised Program Plan Narrative (Part One) Form
(eliminate Part Two Utilization Form)

Why It Matters

1. Select a Priority from the PY24 Board Approved List
2. Briefly explain how this proposal aligns with the selected priority (100 words).

Who Will Benefit

3. Describe the target population (100 word limit)
(Statement remains in all proposals) CCDDDB contracts for services to people who meet the following criteria: (a) are residents of Champaign County as shown by address; (b) have evidence of a need for service based on an assessment (IDHS-DDD eligibility will be determined through the Independent Service Unit); and (c) have limited financial resources to meet the cost of their care.

Scope of Services

4. Provide a brief description of all program services or link to agency website describing these; then identify the specific activities or supports to be funded by the CCDDDB. If the program aligns with another PY24 priority but does not warrant a separate funding request, include such comments here. (300 word limit)
5. Are similar or related services/supports available to this target population through another organization in Champaign County?
6. List similar or related services/supports and the provider organizations. (250 word limit)
7. How will your organization's proposed program coordinate or partner with these providers on behalf of the target population? (200 word limit)
8. List all organizations with which you have WRITTEN working agreements. (200 word limit)
9. Briefly cite the evidence-based, evidence-informed, recommended, promising, or innovative practice featured in the proposed service(s) or support(s), including a link. (250 word limit)
10. List staff qualifications, credentials, and/or specialized training. (200 word limit)
11. Where will the proposed service activity or support occur? (100 word limit)
12. What virtual/tele services are available? Describe any related training, for staff or participants. (100 word limit)

Access, Inclusion, Integration, and Stigma

13. How will this program engage and serve residents of rural areas, especially the medically underserved Townships - Ayers, Colfax, Crittenden, Pesotum, Philo, Raymond, Sadorus, Sidney, South Homer, and Tolono? Does the program place a priority on serving rural residents? (200 word limit)
14. Where will rural residents be served? (100 word limit)
15. How will this program engage and serve people who are members of historically underinvested and racial or ethnic minority populations? (200 word limit)
16. Where will people from underinvested groups be served? (100 word limit)
17. On behalf of the target population, how will the program promote inclusion, reduce stigma or discrimination, or improve access to the community? (200 word limit)

PROGRAM PERFORMANCE MEASURES (See Instructions)

Consumer Access (100 word limit per question, unless otherwise noted)

18. List the eligibility criteria for this program.
19. How do you determine if a person meets criteria?
20. How do eligible people learn about this program?
21. Estimate the length of time, in number of days, from the date a person is referred or seeks assistance to the date of completion of assessment of eligibility and need.
22. Estimate the percentage of people referred or seeking assistance for whom an assessment will be completed within the identified timeframe.
23. Estimate the length of time, in number of days, from the date of completed assessment to the date of first engagement in services.
24. Estimate the percentage of eligible persons who will engage in services within the identified timeframe.
25. Estimate the average length of time of participant engagement in services. (Identify and use the unit most appropriate to this program.) (20 word limit)
26. Beyond the required race, ethnicity, age, gender, and zip code information, what demographic data will you collect?

Consumer Outcomes

27. What impact will this program have on the people it serves? Number each outcome and identify a numeric target and time frame for each. (300 word limit)
28. For each of these outcomes, list the specific survey or assessment tool to be used to collect information on the outcome, and indicate who will provide the data. Associate each with a Numbered Outcome. (300 word limit)
29. Will outcome information be gathered from (or on behalf of) every person who receives the service/support?
30. If NO, how will you choose the people whose outcome information will be collected and reported? (100 word limit)
31. How often will outcome information be collected? (20 word limit)

Utilization - describe each category you will report on, along with a projected target for each. Indicate by "n/a" if you will not report on a given category.

32. Treatment Plan Clients (TPC), people whose services are guided by a written, individualized treatment plan (100 word limit)
33. Non-Treatment Plan Clients (NTPC), people who receive a service or support not related to such a plan (100 word limit)
34. Community Service Events (CSE), available to the public to raise awareness of the program or issues it addresses (100 word limit)
35. Service Contacts (SC), episodes of contact with people served or screened (100 word limit)
36. Other (200 word limit), may be hours of direct service or other target relevant to the program

Service Fees and Other Sources of Funding

37. What other payment sources are available for this service/support? (100 word limit)
38. Do the people served pay a fee?
39. Does the program use a sliding fee scale?
40. Sliding Fee Scale, if applicable (200 word limit)
41. Is program eligible and willing to participate in DD waiver programs (e.g., CILA, HBS)?

Champaign County Mental Health Board programs (not I/DD) for PY2023 (7/1/22-6/30/23)

A10.C

Agency	Program	Focus	\$ Amount	Summary
Champaign County Children's Advocacy Center	Children's Advocacy	Victim Services	\$56,425	Promoting healing and justice for children/youth who have been sexually abused. Offers a family-friendly initial investigative interview site; supportive services for the child and non-offending family promoting healing; and abuse investigation coordination. Most of the young people served are victims of sexual abuse. Provides services for victims of severe physical abuse and of child trafficking. Trauma inflicted by these crimes is deep; with the right help the young person can begin to heal.
Champaign County Christian Health Center	Mental Health Care at CCCHC	Innovative Practices	\$33,000	CCCHC patients may receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64, is eligible. Primary care providers treat or refer those with MH conditions, especially anxiety and depression. With this grant CCCHC will recruit new psychiatrists, psychologists, and counselors to provide direct MH care, greatly enhancing community resources. Recruiting strategies: contacting hospitals and health care facilities to promote CCCHC; targeting organizations that have potential MH volunteers; and connecting with a psychiatrist who runs a residency program to bring services to CCCHC patients. The expansion will support a paid part-time psychologist or psychiatrist
Champaign County Health Care Consumers	CHW Outreach & Benefit Enrollment	Innovative Practices	\$80,274	Enrollment in health insurance and other public benefit programs; help with maintenance of benefits; case management; education and outreach. Enrollment in Medicaid, Medicaid Managed Care, private plans through ACA Marketplace, Medicare for those eligible by virtue of age or disability, Medicare Extra Help, Medicare Savings Program to reduce the out of pocket costs, hospital/clinic financial assistance programs. Help applying for Promise Healthcare's sliding scale and completing the new patient packet. In-house Rx Fund for low-income individuals, enrollment in pharmaceutical assistance programs, SNAP and SafeLink phone program. Access to affordable dental and vision care. Case-management, referrals and advocacy to access other benefits and social services.
Champaign County Health Care Consumers	Disability Services	Innovative Practices	\$71,500	The specific services to be provided by the Disability Application Services program, and the activities for which we are seeking funding from CCMHB will include evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for SSI and/or SSDI; appealing adverse SSI and SSDI decisions; and coordinating with attorney, if necessary to appeal decisions. CCHCC will also provide emotional/psychological support for individuals applying for SSI or SSDI. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services to be provided to help facilitate approval for SSI/SSDI include helping clients to access various health services to document their disabling conditions.
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits Crisis Stabilization		\$77,394	Community Health Worker services as above, for people at the Champaign County jail. Services are offered on-site, to improve access to care upon discharge/release. Provider also coordinates with related programs and coalitions, toward improved response for those in crisis or incarcerated.
Champaign County Regional Planning Commission - Community Services	Homeless Services System Coordination	Innovative Practices	\$54,281	Homeless Services System Coordination program supports a position to: support, facilitate, and direct the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless; to support the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinate efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and build and maintain collaborative partnerships with CoC membership and affiliates, working closely with the CoC Executive Committee.

Crisis Nursery	Beyond Blue-Champaign County	Courage Connection	Community Service Center of Northern Champaign	Champaign County RPC Head Start/Early Head Start	CU at Home	Champaign County Regional Planning Commission - Community
System of Care for Young Children and Families	Courage Connection	Resource Connection	Early Childhood Mental Health Services	System of Care for Young Children and Families (portion dedicated to Mental Health Services)	Shelter Case Management - NEW	Youth Assessment Center (Companion Proposal)
\$90,000	\$127,000	\$68,609	\$197,569	\$256,700	\$76,350	
Beyond Blue serves mothers who have or are at risk of developing perinatal depression (PD), targeting mothers who demonstrated risk factors for PD and are pregnant or have a child under age one. Individual and group support and education to facilitate healthy parent-child engagement. Research suggests that 10-20% of mothers suffer from PD, nearly half are undiagnosed. Addresses risk factors that lead to emotional disturbances and multiagency and system involvement in children. Works to increase awareness of PD and reduce stigma.	A family's immediate safety is intimately connected to their long-term success. A community's stability is threatened when any family is in danger. Courage Connection helps victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations.	A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County.	Support from Social Skills & Prevention Coaches including: collaborating with parents and staff to identify social-emotional strengths and areas of need for children; reviewing and monitoring developmental screenings for all students enrolled in HS/EHS; assisting teaching staff and parents in writing individualized social-emotional goals and action plans; supporting staff and parents in identifying individualized inter/intra-personal goals and action plans; supporting staff and parents in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting; collaborating with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs; facilitating 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; supporting staff in monitoring children's progress and outcomes; parenting consultation and coaching through Facebook groups and Zoom meetings; reviewing developmental screenings and makes recommendations regarding referrals, goals, services; Creates unique virtual stress management and equity-related content for local Champaign residents in collaboration with CU TRI. (\$197,569 of the total contract is for Mental Health services. the remainder is \$149,666 for I/DD.)	Phoenix Center, Drop-In Center: The Phoenix Center functions as a daytime drop-in center. The Phoenix offers a place for homeless individuals to have access to basic hygiene services and provides activities and resources. Advanced Shelter/Transitional Homes: C-U at Home operates a six bed Men's Recovery House, a two bed Women's House and a three bed step above house and a small family house for those in recovery from drug and alcohol addiction. C-U at Work: C-U at Work is a partnership with the Champaign Park District and exists to provide work opportunity and income to C-U at Home clients. Workers assist with Prosperity Gardens and trash abatement. Street Outreach/Transportation: The street outreach team goes into the street to connect with homeless individuals. Men's and Women's Sober Emergency Overnight Shelter: The shelter is open 7 days/week, 12 hours/day. The current shelter capacity is 48 beds for men and 14 for women. Low Barrier Emergency Shelter for Men and Women: The shelters are open 7 days/week, 12 hours/day. The shelter is set to close April 15th.	Crisis Stabilization	Crisis Stabilization

Cunningham Children's Home	ECHO Housing and Employment Support	Innovative Practices	\$127,249	Works closely with individuals who are homeless or at risk of homelessness, through intensive case management and care coordination geared towards promoting permanent housing and employment and resolving barriers. The Case Manager takes a holistic approach to supportive services by countering possible barriers to goal stability (e.g., basic needs, child care, physical health, and mental health). Participants receive weekly services that last until 90 days after obtaining both housing and employment. Frequency of contact can vary depending on the need of the client, ranging from weekly to bi-monthly to monthly and last up to a year.
Cunningham Children's Home	Families Stronger Together	System of Care for Youth and Families	\$398,092	The Families Stronger Together is a new program that provides trauma informed, culturally responsive, therapeutic services to build resiliency in families with youth age ten to seventeen who are or at risk of involvement in the juvenile justice system. Level of engagement with the family is based on assessed need and can last anywhere from one month to ten months. The therapeutic services apply the Attachment, Regulation, and Competency (ARC) treatment framework. Range of services provided can include individual therapy, family therapy, psychoeducation services, care coordination, intensive family engagement, and aftercare.
DREAM Big!	DREAM Big!	System of Care for Youth and Families	\$100,000	Dream Big! provides a tiered, evidence-based system of services that are accessible and person-centered. By supporting participants, Dream Big! will expand and focus on wellness, mentoring, and wraparound services. Tier 1 – Wellness for ALL: All program participants will receive two or more wellness services. These services will include conflict resolution activities, targeted social emotional interventions, physical health, self-care for parents, group-based psychotherapy (chronic stress). These services will be offered during youth and family programming. Tier 2 – Group-based Mentoring: This tier is designed to engage young boys and girls with social and emotional difficulties in group-based, gender-specific mentoring services to build social emotional health. Mentoring services will involve equipping mentors to effectively mentor young children and develop pathways to trauma healing, resilience, and self-regulation. Tier 3 – Wraparound Services is dedicated to serving 5 families with high fidelity, wraparound services to address mental health needs. Dream Big! will work with families to create a goal-focused wraparound team and provide outcome-driven support to increase family resiliency.
Don Moyer Boys & Girls Club	CU Change	System of Care for Youth and Families	\$100,000	The program seeks to impact underresourced youth with potential for high school graduation by providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Emphasizes academic support, community engagement, interactive, hands on learning experiences and exposure to positive life alternatives. Assists youth with navigating obstacles to success in the school environment, increasing positive peer and community involvement and developing a positive future plan.
Don Moyer Boys & Girls Club	CUNC	System of Care for Youth and Families	\$110,000	An initiative designed to increase community understanding of trauma and expand community capacity to implement trauma-informed practices and procedures. Goals are: addressing the needs of those impacted by trauma and violence and creating more supportive and healed communities. Accomplished through training community members, focusing on youth leaders and elder helpers, and educating the community about trauma and trauma-informed care. Emphasis is placed on increased access to trauma informed, culturally responsive skills based groups and resiliency building opportunities through groups for mothers and caregivers impacted by community violence; groups for adults impacted by gun violence; and, groups or community workshops for teens designed to build social connections.
Don Moyer Boys & Girls Club	Community Coalition Summer Initiatives	System of Care for Youth and Families	\$107,000	Services and supports by specialized providers, through subcontract to Don Moyer Boys and Girls Club, to engage Champaign County's youth in a range of positive summer programming: strengthening academics; developing employment skills and opportunities; athletics; music and arts instruction; etc. Supports and reinforces System of Care principles and values particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition and the CCMHB.

First Followers	Peer Mentoring for Re-Entry	Crisis Stabilization	\$95,000	Mission is to build strong and peaceful communities by providing support and guidance to the formerly incarcerated, their loved ones, and the community. Offers assistance in job searches, accessing housing and identification as well as emotional support to assist people during the transition from incarceration to the community. In addition, we carry out advocacy work aimed at reducing the stigma associated with felony convictions and attempt to open doors of opportunity for those with a criminal background.
GROW in Illinois	Peer Support	Innovative Practices	\$129,583	Mutual-help; peer to peer 12-step program provides weekly support groups for mental health sufferers of all races and genders. GROW compliments the work of professional providers by connecting people with others in similar situations and empowering participants to do that part which they can and must be doing for themselves and with one another. While professional providers offer diagnosis and treatment, consumer-providers offer essential rehabilitation and prevention services because of firsthand experience with the recovery process. Groups offered include in-person as well as virtual sessions for men and for women, and are held in various locations around the County including the Champaign County Jail.
Mahomet Area Youth Club	Bulldogs Learn & Succeeding Together (BLAST)	System of Care for Youth and Families	\$15,000	MAYC's BLAST Programming for students K-12 includes enrichment activities, academic help, and cultural and community-based programming. MAYC partnered with Mahomet Seymour Schools District in this endeavor for several reasons: it allows the use of district facilities, providing a safe and structured environment, children participate in activities in their own school community, additional contact with teachers, school staff, social workers, and guidance counselors, specialized learning spaces (including computer labs, gyms, music and art rooms), access to a variety of caring community volunteers, and most importantly, an inclusive environment that brings students from all economic backgrounds together. Open to all students but targeting low income and/or struggling students, making the program available at no cost.
Mahomet Area Youth Club	MAYC Members Matter!	System of Care for Youth and Families	\$21,905	MAYC Members Matter! emphasizes five core values: Character and Stewardship; Health and Life Skills; Education and Leadership; Creative Arts and Expression, and Sports and Recreation. The MAYC Junior High Club operates Monday thru Friday from 3:30pm to 6:00pm on school days that provides a safe place for up to 40 students at no cost, to study, socialize with peers, play sports and games, and establish meaningful relationships with caring adults. Goals for this program are consistent attendance at school, improved grades, and graduating on time. The out-of-school program operates Monday thru Friday from 7:00a.m. To 6:00p.m., offering activities including educational STEM related projects/activities, arts and crafts, recreation and physical fitness including swimming and trips around the community. Goals for this program are increased meaningful adult and peer connections, physical activity, knowledge of health and nutrition, food security, brain stimulating activities and retention of knowledge gained during the school year.
Promise Healthcare	Promise Healthcare Wellness	Innovative Practices	\$107,987	Provides support, case management, medication assistance, and benefit enrollment for patients with non-clinical barriers to achieving optimum medical and mental health care. Patients who have a mental health need, those who have psycho-social support needs, and those who have been identified as having barriers to executing their treatment plan are prioritized for Wellness services. Coordinators assist patients with access to medications, social service needs, linkage with other agencies, and enrolling eligible patients in Medicaid and Marketplace insurance. The program is also charged with facilitating care at our Rosecrance satellite and supporting collaborations and outreach.
Promise Healthcare	Mental Health Services with Promise	Innovative Practices	\$350,117	Promise Healthcare provides on-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive mental illness treatment through counselor, psychiatrist or primary care provider. Counseling and psychiatry are available to patients at Frances Nelson and the satellite site at the Rosecrance Walnut Street location.

Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	Innovative Practices	\$63,000	Rape Advocacy, Counseling & Education Services (RACES) is the only agency charged with providing comprehensive services to victims of sexual assault in Champaign County. Trauma-informed counseling, 24-hour crisis hotline, and in-person advocacy at hospital Emergency Departments and at meetings with law enforcement or Courthouse. Also offers prevention education to thousands of local children and adults per year and conducts community events to further the aim to create a world free of sexual violence.
Rosecrance Central Illinois	Benefits Case Management	Innovative Practices	\$80,595	Individuals from Champaign County requesting behavioral health services, but who are not linked with benefits such as Medicaid/Managed Care Organizations, Medicare, Social Security Income (SSI), Social Security Disability Insurance (SSDI), SNAP/Link Card, pharmacy assistance, and other public programs can receive Benefits Case Management services. The Benefits Case Manager primarily assists with applications, submissions, and appeal processes involved in obtaining the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs.
Rosecrance Central Illinois	Criminal Justice PSC	Crisis Stabilization	\$320,000	Individuals at the Champaign County Jail receive screening and, as appropriate, mental health assessment, substance abuse assessment, counseling, case management, individual and/or intensive outpatient substance abuse treatment, and linkage to additional supports as needed in the community.
Rosecrance Central Illinois	Crisis Co-Response (CCRT) - NEW	Crisis Stabilization	\$207,948	The primary connection point for case management and services for persons who have Rantoul Police Department Crisis Intervention Team (CIT) and/or domestic contacts, offering case management with a goal to reduce criminal recidivism and help clients develop and implement plans to become successful and productive members of the community, offering law enforcement an alternative to formal processing. The CCRT develops additional community resources and access to services in Rantoul and rural residents of the County. The expansion covers staff responding through the Sherrif's Office plus coordination of the justice-involved efforts.
Rosecrance Central Illinois	Recovery Home	Innovative Practices	\$100,000	Therapeutic interventions that facilitate: removal of barriers for safe/supportive housing; 12-Step support involvement; independent living skills; education/vocational skills; identification and use of natural supports; use of community resources; and peer support. Evidence based practices to be used include: 12-Step model and peer support; Level system; Case Management; and Contingency management initiatives.
Rosecrance Central Illinois	Specialty Courts	Crisis Stabilization	\$169,464	People sentenced to Champaign County Drug Court receive substance use disorder assessment, individualized treatment planning, individual counseling sessions, and a wide array of education and therapeutic groups. Case manager provides intensive case management to connect the clients to overcome barriers to treatment, such as access to food, clothing, medical and dental services, mental health treatment, employment, housing, education, transportation, and childcare.
Terrapin Station Sober Living	Recovery Home	Innovative Practices	\$61,000	Strength-based case management, grounded in the principles that all individuals have the capacity to change and grow. Focused on individual strengths, not pathology. The individual is the director of their care and their recovery. Weekly group services and house meetings provided. Also provided: intensive individualized case management; support activities for daily living and relapse prevention skills; access to vocational/educational programs; assistance in linking clients to medical, psychiatric, counseling; and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety based/mental health support groups, recreational activities, transportation services, and provision of service
The Well Experience	Family Services	Innovative Practices	\$100,000	Services provided to Black/African American girls, women, teens, and families. Services include wraparound services, crisis management, mental health services, etc. and are dedicated to underserved, oppressed, and at-risk populations who are referred for services. Our goal is never to turn a family away when they are in need of social service support. Programs provided include: Wraparound Support, Universal Support, RENEW Her, WELL Mentoring, Girls To Life, The SET, Well Teen Moms, HERE For the Girl, TEEN Talk, Family Game Night, Well Fitness, Mothering While Black, Remote Learning Hub, WELL Kids Summer, and After School Program.

WIN Recovery	Re-Entry & Recovery Home	Crisis Stabilization	\$93,283	The WIN Recovery Program provides gender-responsive, trauma-informed health-promoting services for women as an alternative to incarceration upon reentry. Supports include service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/other agencies, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.
The UP Center of Champaign County	Children, Youth & Families Program	System of Care for Youth and Families	\$86,603	Program serves LGBTQ adolescents aged 11-18; LGBTQ families; and children dealing with issues related to the stigmatization of their gender and sexual identifications and identities. Services include provision of social-emotional supports, non-clinical crisis intervention, case management referrals, risk reduction strategies, strengths development, community-building events, and management of adult volunteers within this program. Program provides a weekly adolescent non-clinical support group.
Urbana Neighborhood Connections	Community Study Center	System of Care for Youth and Families	\$25,500	Empowerment zone which youth benefit from productive year-round academic, recreational, and social-emotional supplements. Point of contact for information, linkage and referral to community resources. Study Center provides opportunity to engage school aged youth in non-traditional, practical intervention and prevention approaches for addressing difficulties. In individual and group activities facilitated/supervised by program staff and volunteers, participants can process feelings in a secure and supportive environment.
			\$4,666,208	CCMHB Total Investment in Programs other than DD

Champaign County Mental Health Board's I/DD programs for PY2023 (7/1/22-6/30/23)

Champaign County RPC - Head Start/Early Head Start	(part of the Mental Health Services contract described above)	Collaboration with CCDDDB (portion for DD services)	\$149,666	Seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy person.
Developmental Services Center	Family Development	System of Care/Young Children	\$596,522	Serves children birth to five years, with or at risk of developmental disabilities and their families. FDC responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.
			\$746,188	Total CCMHB Investment in Agency I/DD Supports and Services

Champaign County Developmental Disabilities Board programs for PY2023 (7/1/22-6/30/23)

Agency	Program	Focus	\$ Amount	Summary
LILA Expansion (small group homes)		Supports for people with I/DD and complex	\$50,000	CCDDDB will make their final payment to the CCMHB during PY2023. Both homes were sold during PY2022. Funds from the sale of the homes may be used in a variety of ways, specifically as hiring and retention bonuses for DSPs; to provide specific assistance to people with I/DD and complex service needs; to support Family Support Networks in their community outreach and advocacy efforts; or as originally intended, to provide housing for people with complex needs and desiring to reside in Champaign County.

Developmental Services Center	Clinical Services	Personal Life and Resilience		Champaign County Regional Planning Commission-Community Services
Clinical Services	Self Determination Support	Community Life and Relationships	Home Life	Decision Support PCP
Personal Life and Resilience	Community Life and Relationships	Home Life	Work Life	Linkage and Coordination

\$388,271 ISC staff assess persons who are eligible for and may or may not be receiving DHS waiver funding and who have not yet been assessed for service preferences. Transition Consultants assist people/families in conflict free transition planning. Extensive outreach, preference assessment, and person centered planning services for Champaign County residents with I/DD who do not yet have Medicaid-waiver funding. Consultation and transition planning for people with I/DD nearing graduation from secondary education. Conflict free person centered planning and case management services, using DHS' Discovery and Personal Plan tools currently utilized by ISC agencies throughout Illinois for those who do have Medicaid waiver funding. New services in PY2023, include case management services for adults with I/DD and a mental health diagnosis.

\$217,500 Customized employment focuses on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. Increased Support Model Development proposes to develop a program design to ensure more people with I/DD can work inclusively in our community. Supported Experiences for First Time Job Seekers provides classroom and intensive job-shadowing at two local businesses in structured 12-week program for first-time job seekers and others seeking additional

\$203,000 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 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

\$171,000 Family Support & Education: educating families on the service system, helping them support each other, and advocating for improved services through public quarterly meetings and individual family consultation. Leadership & Self-Advocacy: Leadership Classes and an Advocacy Board. Building Community: options for adults with I/DD to become engaged with others through clubs and community opportunities. Scaffolded Supports: Opportunities for adults with I/DD to participate in opportunities available in their community, with ongoing intermittent support from CC staff, including half-day small group social opportunities, support to attend a park district class, or community ranking class

\$184,000 Provides clinical supports and services to children and adults with I/DD. Consultants under contract include one Licensed Clinical Psychologist, two Licensed Clinical Social Workers, three Licensed Clinical Professional Counselors, two Licensed Professional Counselors, and one Psychiatrist. Consultants meet with people at their private practice, at the person's home or DSC locations. People schedule their appointments or receive support from family and/or DSC staff members for scheduling and transportation.

Developmental Services Center	Community Employment	Work Life	\$435,000	Assists people to find and maintain jobs. Discovery process: employment plan development; interviews with the person and others; daily observation; exploration of job interests; encourage/support volunteer opportunities. 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 orientation, skill acquisition including transportation, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers. 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. Supported Employment: establish volunteer/work options for all people including those with significant support needs; support niches for a small group of people within local businesses.
Developmental Services Center	Community First	Community Life and Relationships	\$847,658	For people with IDD 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. Community connection through participation in self-advocacy, recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Program supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities, over 27 options. Program is committed to personalized support based on person's individual interests and needs.
Developmental Services Center	Community Living (Apartment Services)	Home Life	\$536,000	Program supports people to live their best life enjoying independence, community engagement, and self-sufficiency. Staff provide individualized training, support, and advocacy. Program supports people with their health and wellness, accessing their community, and provides varied financial supports. Emergency Response is available to support for those needing assistance after hours and on the weekends.
Developmental Services Center	Connections	Community Life and Relationships	\$95,000	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. Encourages people to be creative and offers a welcoming venue for a variety of events. Groups and classes vary and are based on the interests and requests of program participants. Program hosts on-site events to promote collaboration and a venue for like-minded community artists.
Developmental Services Center w/ Community Choices	Employment First	Work Life	\$85,000	Training emphasizes person-centered, customized, community-based services and cutting-edge employment practices to include employment readiness and leading to experience in areas of volunteerism, supported employment, and customized employment. Continued outreach and incentive for businesses, promoting inclusion and prioritizing employment for people with I/DD. Advocacy and ongoing dialogue with representatives and policymakers of various state agencies to further employment opportunities for those with developmental disabilities. New Employer Directory which will reflect/promote businesses identified as inclusive and will be made available in a variety of formats.
Developmental Services Center	Individual & Family Support	Personal Life and Resilience	\$390,000	Program services children and adults with I/DD with significant behavioral, medical, or support needs and reflects expressed needs of people/families. Program offers community activities such as social, recreational, educational, volunteering opportunities either 1:1 or with peers. Program offers primary caregivers scheduled and emergency support. Program provides more flexible/less restrictive, individualized support than state funded programs. Financial support has afforded families to benefit from extended breaks such as 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.

Developmental Services Center	Service Coordination	Linkage and Coordination	\$468,000	Serves children and adults with I/DD who request support to enhance or maintain their highest level of independence in the community, at work, and in their home. Provided supports include 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.
Developmental Services Center	Workforce Development and Retention	Strengthening the I/DD Workforce	\$227,500	Program proposes to strengthen and stabilize the workforce through training, support, and recognition/reward. Program utilizes trainings, resources, and tools for staff through NADSP membership. New employees will be provided hiring bonus after completing required agency training. Retention/incentive bonuses are paid to keep key employees during the workforce crisis and pandemic. Retention bonuses occur 3 times per year in recognition of staff enduring the challenges of a compromised work force and for the long-term effects of high turnover and frequent vacancies.
PACE	Consumer Control in Personal Support NEW	Personal Life and Resilience	\$27,367	Personal Support Worker (PSW) recruitment and orientation, focused on Independent Living Philosophy, Consumer Control, and the tasks of being a PSW. Personal Assistant (PA)/PSW Registry can be sorted by; location, time of day, services needed, and other information which allows consumers to get the PSW that best matches their needs. Service is designed to ensure maximum potential in matching person with I/DD and PSW to work long-term towards achieving their respective goals.
			\$4,325,296	CCDDDB Total Investment in Supports for People with I/DD

Other supports funded by Champaign County Mental Health & Developmental Disabilities Boards

Alliance for Inclusion and Respect	Community Events	Anti-Stigma, MI/SUD/I/DD	CCMHB, some CCDDDB	Community events, including: sponsorship, screenings, and discussions of anti-stigma film, related activities (CCMHB only); coordination, promotion, and marketing of artists/entrepreneurs with disabilities, such as International Galleries year-round booth and indoor Market at the Square table; social media campaigns. Costs are offset by member contributions and in-kind.
Cultural and Linguistic Competence Coordination	Trainings and Consultations	for funded programs and board/staff	CCMHB and CCDDDB	Support to organizations serving or supporting people, in the areas of: Cultural and Linguistic Competence and the Enhanced National CLAS (Culturally and Linguistically Appropriate Services Standards); Working with Culturally Diverse Populations; Positive Youth Development; Asset Building for Youth; Ethical Communication; Building Evaluation Tools; System of Care Development; Addressing Mental Health Disparities; Systemic Racism; Community Engagement.
disAbility Resource Expo	Annual Expo Event	Anti-Stigma, MI/SUD/I/DD	CCMHB and CCDDDB	\$58,000 A well-known, family-friendly event with information and resources from over 100 organizations, to promote a better quality of life for people with disabilities. Resource book available year round, hard copy and reflected in a comprehensive searchable online directory. Costs are offset by significant contributions from sponsors and exhibitors as well as in-kind contributions.
211 (with United Way)	211	Information and Referral	CCMHB and CCDDDB	\$22,500 Staffed 24/7 to refer callers to the most appropriate source of assistance. Employs a database comprised of services which include health and human services, governmental agencies, non-for-profit organizations, and much more. Accessible online resource information is in development.
Mental Health First Aid Trainings	Adult, Youth, Teen, and Public Safety modules	Open to community	CCMHB and CCDDDB	Mental Health First Aid is a course designed to identify and understand signs and symptoms to provide the initial support for a person who is experiencing mental health challenges and/or challenges with substance use disorders. Mental Health First Aid for Adults and Adults Assisting Youth has a virtual option, as well as blended learning for both an in-person and self-paced course Teen Mental Health First Aid: this in-person training teaches high school students about common mental health challenges and what they can do to support their own mental health and help a friend who is struggling. It is equipping young people with the knowledge and skills they need to foster their own wellness and to support each other. The in-person course normally costs about \$45.00 per person and the virtual option about \$30.00. The CCMHB offers a minimum of 6 classes per year, at reduced cost or no cost to the trainee.

<p>Monthly Workshops</p>	<p>Trainings, Presentations, Discussions</p>	<p>Open to funded programs and community</p>	<p>CCMHB and CCDDDB</p>	<p>Typically 2-3 hours and held on the last Thursday of each month. Sessions are free of charge, offer CEUs for various (QIDPs, LCSWs, and others as appropriate), and are on topics of interest to case managers, family members, social workers, and other stakeholders. Many topics are as requested. A goal is to develop topics for direct support professionals and find best time/location to offer sessions to this important group.</p>
<p>Student Projects</p>	<p>Community Learning Lab, Community Data Clinic</p>	<p>Community and CCMHB/CCDDDB</p>	<p>CCMHB and CCDDDB</p>	<p>CCMHB/CCDDDB staff work with student groups on projects of interest to the boards and community, to strengthen the systems of care for people with MI, SUD, or I/DD. Student groups have helped improve online resource information, reported on literature review of barriers to adequate social services workforce, next explored best practices for outreach to rural residents, improved presentation of aggregate data from funded programs, designed marketing plans for entrepreneurs with disabilities, and more.</p>
<p>UIUC Psychology</p>	<p>Building Program Evaluation Capacity</p>	<p>Supports CCMHB/CCDDDB funded programs</p>	<p>CCMHB and CCDDDB \$83,625</p>	<p><i>Discontinued for PY23, but a substitute will be sought.</i> For seven years, a research project to improve the system of collection, reporting, and analysis of program performance measures across the diverse set of agency programs. Works closely with 4-6 programs each year, plus follow up to all previous pilot programs. All funded programs are encouraged to use the consultation bank and logic model trainings and presentations. Also assists with enhancements of funding application materials and reporting requirements.</p>



DECISION MEMORANDUM

Date: July 20, 2022
To: Members, Champaign County Mental Health Board (CCMHB)
Champaign County Developmental Disabilities Board (CCDDB)
From: Lynn Canfield, Executive Director
Subject: 2023 CILA Fund Allocation Priorities & Decision Support Criteria

Statutory Authority:

The Community Care for Persons with Developmental Disabilities Act (50 ILCS 835/ Sections 0.05 to 14) is the basis for CCDDB funding policies. The Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) is the basis for CCMHB funding policies. All funds shall be allocated within the intent of the controlling acts, per the laws of the State of Illinois. CCDDB and CCMHB Funding Requirements and Guidelines require annual review of decision support criteria and allocation priorities. Upon approval by the Boards, this memorandum becomes an addendum to Funding Guidelines.

Purpose:

The purpose of this memorandum is to recommend 2023 allocation decision support criteria and funding priorities for the CILA Project Fund, authority for which is shared by the Champaign County Developmental Disabilities Board (CCDDB) and Champaign County Mental Health Board (CCMHB). Funding priorities and decision support criteria are a framework for how contracts with service providers further the mission and goals of the Boards. Staff recommendations are based on Board and stakeholder input and our understanding of best practices and state/federal service and payment systems. CCDDB and CCMHB members will review an initial draft on July 20, which will then be distributed to providers, family members, advocates, and stakeholders, for comments. The final draft will incorporate feedback from Board and staff members and the public.

The CILA Facilities Project Fund is a collaboration of the CCDDDB and the CCMHB, initiated in 2014 on behalf of residents who had I/DD and complex support needs and had been unable to secure residential services in or near their home community. By 2020, difficulties securing and maintaining a qualified workforce were insurmountable, and the Boards made the difficult decision to sell the homes and reinvest in meaningful supports for this population.

As a shared project of the Boards, subsequent uses of the fund will require approval by both, and the Boards have final decision authority. Because the original purpose was to offer intensive 24-hour support to people whose needs were not met by providers within the County, and because the barriers have not decreased, the fund will support approaches that focus on eligible people with unmet service needs and on solutions to the underlying causes of the gaps. The Boards may consider waiving specific agency requirements or standard provisions of the contracts typical of those developed through the traditional annual allocation cycle.

Overview:

During 2023, the Boards may spend up to \$340,837 of the shared CILA Project fund on contracts to carry out the special projects outlined in this memorandum. Supports should offer relief to individuals not receiving services and their families, increase independence, access, and inclusion, or address and right-size the direct support professional workforce shortage. An allocation timeline is proposed:

- At each Board's **September 21, 2022**, a final version of priorities and criteria would be approved.
- Proper public notice of funding availability would be made during the **last week of September**.
- From **October 21, 8:00 AM CST**, to **November 11, 2022, 4:30 PM CST**, the online system would be open for agencies to submit applications addressing one or more of the priority areas. Agencies not currently registered will demonstrate eligibility per the initial questionnaire and CCDDDB and CCMHB Funding Requirements and Guidelines. If a specific requirement is not likely to be met, the Boards might consider funding waiving that requirement under certain conditions to fund a well-aligned proposal.
- CCDDDB-CCMHB staff would review applications from **November 14 through December 12**, presenting summaries of the proposals and recommendations to the Boards in **December or January**.

- The Boards could make final allocation decisions at their **January or February 2023** meeting.
- Contracts would be developed, issued, and signed prior to **April 1, 2023**. Contracts would have a term of April 1 through December 31, with the option of a longer or shorter term as requested or negotiated.

Operating Environment:

The most recent funding priorities documents for each Board contain extensive notes on the larger context in which Champaign County's systems of supports operate. These can be viewed at:

https://www.co.champaign.il.us/mhbddb/PDFS/DDB_Funding_Priorities_PY2023_FINAL.pdf and

https://www.co.champaign.il.us/mhbddb/PDFS/PY23_CCMHB_criteria.pdf

Also relevant is the 2021 Community Needs Assessment Report at:

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ENGLISH.pdf or

https://www.co.champaign.il.us/mhbddb/PDFS/Full_2021_Community_Needs_Report_ESPANOL.pdf

Portions of each are adapted for this section.

Endangered Provider Capacity:

In 2021, the American Network of Community Options and Resources (ANCOR) surveyed providers during a 5-week period. Key findings:

- **77% of providers are turning away new referrals**, a 16.7% increase since the beginning of the pandemic.
- **58% of providers are discontinuing programs and services**, a 70.6% increase since the beginning of the pandemic.
- **81% of providers are struggling to achieve quality standards**, a 17.4% increase since the beginning of the pandemic.
- **Nearly 3 in 10 providers report spending at least \$500,000 annually** on costs associated with high turnover and vacancy rates.
- **92% of providers report that the COVID-19 pandemic continues to complicate their ability to recruit and retain** qualified direct support professionals.

(Author: Elise Aguilar, October 5, 2021
<https://www.ancor.org/newsroom/news/ancor-issues-findings-2021-state-americas-direct-support-workforce-crisis-survey>)

The Institute on Community Integration at University of Minnesota's "Predictors of Annual Turnover Among Direct Support Professionals" identifies factors leading to high DSP turnover across the country and offers recommendations: DSP wages should rise with skill level, signaling that these workers are valued; these should be 'livable wages' with annual cost of living increases built into states' rates so that they remain competitive over the long-term; health insurance and paid time off should be offered, and states' rates structures should account for these in order to keep them affordable to agencies; states should prioritize moving people from large institutional settings and into community-based care, fully funding this transition and making it sustainable; states should increase participation in Home and Community Based Services; and investments are needed for strengthening the workforce.

In 2022, the Institute on Community Integration published "Community Supports in Crisis: No Staff, No Services" with similar findings to those above. See https://ici.umn.edu/products/PERjPdfZQgGW_TqyOH_Utg. The report's description says, "All the progress toward community living that has been made in services for people with IDD over decades is now in jeopardy — because of catastrophic labor shortages and pervasive high turnover rates in the workforce that supports them, direct support professionals (DSPs)." National data from the report:

- 70% of DSPs are women, and approximately 70% of them are head of household;
- DSPs' average age increased to 46;
- DSPs' mean hourly wage is \$13.28 (contrast with home health aides \$13.49, nursing assistants \$15.41, and residential advisors \$16.07);
- the percentage of individuals with behavioral support needs who receive community services has more than doubled since 2012; and
- during 2020, 53% of agencies employed fewer DSPs, 41% served fewer people, 33% closed sites, and 47% stopped offering a support or service.

Further, in the report titled "[Addressing the Disability Services Workforce Crisis of the 21st Century](#)" (2017) and, more recently, in the report titled "[Bringing Long-term Supports & Services into the 21st Century](#)", ANCOR indicates the need for service providers to be able to receive training on

using technology to deliver services and also to support community integration, including self-advocates' supported decision making in choosing and using technology to live more independent and overall quality lives.

In "Ed's Newsletter" No. 204 September 29, 2021, Ed McManus reminds us that "provider agencies have been experiencing a severe shortage of staff for years due to inadequate funding from the State, and the pandemic has made it worse." Many of Illinois' agencies will be unable to take new individuals into CILAs, and at the same time over 100 people with I/DD are ready to transition out of large institutions and into community-based residential services. The state's unprecedented appropriation of \$170 million for DD was good, but increased funding will be needed in 2022, and DSP wages will not become competitive for several more years.

The Potential and Limits of Technology:

With telehealth services and remote meetings rapidly introduced out of necessity early in the COVID-19 pandemic, some people with I/DD were more able to connect with services and social opportunities than they had been, especially if they had access to the internet but not to transportation or if they preferred being at home. Some may continue to prefer virtual participation over in-person. Barriers to this and other potential benefits of technology have been lack of devices and programs, difficulty learning how to use or maximize them, and often poor internet service in rural areas, apartment complexes, and housing developments.

Expectations for Minimal Responsiveness:

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

1. Applicant is an eligible organization, demonstrated by responses to the Organization Eligibility Questionnaire (during registration).
2. All required application forms must be submitted by the deadline.
Late or incomplete applications will not be accepted.
3. Proposed services or supports relate to I/DD. **How will they improve the quality of life for persons with I/DD?**

4. Application must include evidence that other funding sources are not available to support this program or have been maximized. This is especially important in 2023, as federal and state opportunities may apply to projects currently supported only by local funding.
5. Application must demonstrate coordination with providers of similar or related services. Interagency agreements should be referenced. Evidence of interagency referral process is preferred, as this expands the service system's reach, respects client choice, and reduces risk of overservice to a few.
6. Application must describe planning for continuation of services during a public health emergency. Programs should build on successes with technology and virtual platforms, with training and access for direct staff and people served.

Assessed Needs of Champaign County Residents:

From Illinois Department of Human Services – Division of Developmental Disabilities “Prioritization of Urgency or Needs for Services (PUNS) Summary by County and Selection Detail” for July 14, 2021:

- Of 356 **Supports Needed**, the most frequently identified are Personal Support, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, Intermittent Nursing Services in the Home (in rank order).
- 321 people identified the need for **Transportation** Support.
- 243 people identified the need for **Vocational** or Other Structured Activities, preferring (in order) Support to work in the community, Support to engage in work/activities in a disability setting, Support to work at home, and Attendance at activity center for seniors.
- 65 people are waiting for Out-of-home **residential services** with less than 24-hour supports, and 45 are seeking 24-hour residential.

A year-end report prepared for the CCDDDB by the Champaign County Regional Planning Commission Independent Service Coordination unit aggregates results of additional questions asked of those enrolling in or updating PUNS information. PY2021 responses show that people are most interested in going out to recreation/sports events, eating out, zoo/aquariums, parks, and movies. Recreational/social activities are affordable in our county under ‘normal’ circumstances, and some work well in online platforms.

Quotes from Community Needs Assessment focus group participants:

Social interaction missing, beyond skill streaming. I never had a mentor growing up in school. I now mentor a student in high school. I've always struggled with social interactions with teachers and friends who don't understand how I understand things. I still struggle with interactions with people, being able to recruit people for important things, like encouraging people to get involved with leadership and advocacy.

- *Community Choices Leadership & Advocacy Co-facilitator*

I live with parents on a farm. I like it, and it works for now. I am concerned that other people might not have as good of a situation as other people, and they may have been forgotten about.

Transportation – not as easy for others living in the country, the weather is also an issue. Do those people have enough food, heating? Technology concerns – iPhones or laptops to facilitate communication purposes – training on Zoom, email, etc. Home living supports – training for daily living or in need of an aide. Having access to technology and internet in rural areas is a problem.

- *Community Choices and DSC Participant*

2023 CILA Project Priorities:

PRIORITY: Strengthening the DSP Workforce.

An agency which employs DSPs could provide additional payments to them, for the purpose of retention over a specific period of time or as incentive for completing accredited training or certification programs beyond those required by the State for these employees.

Payments could be made through the employer to DSPs who work in Champaign County with people who have I/DD and complex support needs. With waiver of specific organizational eligibility requirements, this funding could be available to all organizations currently providing DSP services to Champaign County residents. For example, an employer of DSPs serving residents might be eligible due to non-profit or governmental status and relevant licensure with IDHS but ineligible by having no business office in

Champaign County or no board member who resides in Champaign County. An employer of DSPs might meet those requirements but be a for-profit company without a community advisory board. Waivers of each requirement would allow them each to offer incentive payments to DSPs, stabilizing the workforce which serves County residents who have qualifying I/DD.

Whether it employs DSPs or not, an I/DD agency could offer locally relevant high-quality trainings or could engage with existing accredited training or certification programs beyond those required by the State.

The contract might cover the costs associated with development and staging of training opportunities or for securing and staging these through an accredited source such as the College of Direct Support or the National Association of Direct Support Professionals. The audience for these trainings and certifications could be any staff who work with Champaign County residents who have I/DD and complex support needs. If a contract is reimbursement-based, with fees for each training-related activity identified, and if the organization proposing such a program is a small support network in good standing as a result of the previous year independent CPA report, the requirement for an audit or review or compilation could be waived.

Financial and programmatic reports could be semi-annual.

PRIORITY: Individual Supports to Underserved People.

Fully eligible organizations could purchase specific assistance or specialized treatment for people who have I/DD and complex support needs, especially those unable to secure services locally.

An agency knowledgeable of IDHS-DDD rules could identify eligible persons who are not receiving services through state or county funding and could work with these individuals and their families on preferences and needs, identifying and purchasing **short-term supports and specific assistance** not available to them through other means. The structure of the 2019 CCDDDB mini-grant process offers a starting point, namely an individual application form, per person cost limits, and follow up survey. Purchases could include

devices and software needed for virtual access. A contract to fund such a project could be grant or reimbursement-based. Waiver of a current requirement would not be necessary. *Refer to the attached CCDDDB One-Time Mini-Grants document and Mini-Grant survey.*

Of interest are virtual access trainings for people with I/DD and the staff or natural supporters who assist them. An I/DD agency could offer high-quality trainings on how to use devices and programs for virtual access and use.

The contract might cover the costs associated with development and staging of training opportunities or for securing and staging these through a qualified trainer. The audience for these trainings would be Champaign County residents who have I/DD and any staff, family, or other natural supporters who assist these qualifying residents with virtual access and use. If the contract is reimbursement-based, with fees for each activity identified, a small support network in good standing as a result of the previous year independent CPA report could have the requirement for audit or review or compilation waived.

Financial and programmatic reports could be semi-annual.

PRIORITY: Community Education and Advocacy.

An I/DD agency may host community awareness events and anti-stigma efforts to help ensure a more inclusive community, which can reduce people's reliance on formal services.

Small family support networks, whether currently registered or not, which are in good standing due to the previous year independent CPA report, are especially well-suited to carry out these valuable community-wide activities which indirectly benefit underserved eligible individuals and their families. Contracts could be fee for service/purchase of service-based to reimburse these organizations for the costs of community awareness and educational events or similar, whenever the focus is on I/DD. An annual limit of \$15,000 per support network is suggested.

Financial and programmatic reporting requirements could be semi-annual, and the audit/review/compilation requirement waived.

PRIORITY: Housing Supports.

Echoing a CCDDB PY2023 priority, this category could fund creative supports made available to Champaign County residents with I/DD and complex service needs, to secure or maintain appropriate living arrangements.

A fully-eligible I/DD organization might offer one-time assistance or short-term service to qualifying persons who do not have appropriate housing but could live independently due to having the ongoing supports they need and choose. A contract could be grant or reimbursement-based. No waiver of requirement is necessary.

Financial and programmatic reports could be semi-annual.

Comparison with CCDDB PY2023 Priorities:

The priorities categories listed above for CILA 2023 have a relationship to PY2023 CCDDB priority categories and to gaps not yet filled:

Priority: Self-Advocacy

Nationally most care is provided by family, friends, and community rather than by the formal service system. In addition, parents and self-advocates improve the formal system and non-traditional resources and raise awareness of disabilities and of how the system works or fails. *No applications were submitted to address this category in PY2023.*

Priority: Home Life

People who have disabilities should have options for housing of their choice, in their own communities, with people they choose, and with supports appropriate to their needs and preferences. Individualized supports may include: assistance for finding, securing, and maintaining a home... creative approaches for those who qualify for but do not receive these services. *While some PY2023 programs offer a related direct service, other types of support may be helpful.*

Priority: Personal Life and Resilience

Delivered in the least segregated environments and selected by the person, supports for personal success and resilience are across a broad range: assistive and/or adaptive technology and other accessibility supports; training in how to use technology, including electronic devices, apps, virtual meeting platforms, social media, Internet access, and online

privacy/security... *While some PY2023 programs offer a related direct service, the two categories listed here were not specifically addressed.*

Priority: Strengthening the I/DD Workforce

To address this long-standing, deepening existential threat to the I/DD system, agencies may propose strategies to strengthen and stabilize the workforce, with an immediate focus on those direct support professionals performing “essential” services. Such strategies would strive to maintain the current service capacity, improve workforce knowledge of technology access and use for the benefit of those with whom they work, and allow it to grow to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions. *One agency program for PY2023 and PY2024 takes this on; parts of the approach could be made available to all employers of DSPs or to all who work with people with I/DD and complex needs.*

Overarching Considerations:

Underserved/Underrepresented Populations and Countywide Access

Proposals for funding should describe how the program will promote access for historically underinvested populations. Members of these groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services; engagement strategies should be identified which overcome barriers related to stigma and infrastructure. An application includes the organization’s Cultural and Linguistic Competence Plan (CLCP). The online system includes a CLCP template consistent with requirements of Illinois Department of Human Services and using National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.)

Inclusion, Integration, and Anti-Stigma

Applications should promote the fullest possible community integration, including in digital spaces. People are most safe when they have routine contacts with other people, whether co-workers, neighbors, members of a faith community, acquaintances at fitness or recreation centers, or social clubs/networks. Community involvement helps decrease stigma. Stigma limits people’s participation, inhibits economic self-sufficiency, and increases vulnerability. It may even be a driver of declining State and Federal support for community-based services. Stigma harms communities and individuals, especially those who are underserved or underrepresented due to sexuality, gender, race, ethnicity,

immigrant/refugee/asylee status, preferred or first language, or disability. The CCDDDB and CCMHB have an interest in building community awareness and inclusion. Fullest inclusion aligns with standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and the Americans with Disabilities Act.

Outcomes

Applications should identify measures of access for eligible people and of the outcomes resulting from participation, along with targets, timeframes, and measurement tools for each. Simple outcomes are appropriate. The Council on Quality and Leadership and the National Core Indicators both focus on:

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

Coordinated System

Toward a more inclusive, efficient, and effective local system, applications should include evidence of collaboration and should acknowledge other resources and how they are linked. The CCDDDB and CCMHB value partnership and collaboration, not only to avoid overserving and overspending but also to reach our least connected residents. Of interest are: combined efforts of providers and schools, support groups, hospitals, advocates, etc.; a commitment to updating information in resource directories and databases; participation in trainings, workshops, or council meetings with other providers of similar services; and partnerships which go further to make sure that all who have a need are reached and that those needs are met. While the CCDDDB cannot pay for services which are covered under the School Code or are the responsibility of other service systems (e.g., medical, law enforcement, justice system), activities may include collaborative planning, linkage, training, and similar as appropriate to the proposed service and people to be served. Written working agreements should include details of coordinated services, referral relationships, and other

partnerships. Applications for funding should acknowledge these relationships.

A joint application may be submitted by two or more agencies proposing supports consistent with their shared mission. This could include shared infrastructure (physical, data systems, professional services, etc.) to achieve organizations' common goals and improve administrative functions, such as bookkeeping and reporting. Another area appropriate for collaboration would be a joint application proposing strategies to stabilize the direct support workforce. An application might also propose to coordinate internet access and use efforts with other local broadband infrastructure projects, to increase the efficiency and effectiveness of all.

Budget and Program Connectedness

Applications include a Budget Narrative which should explain the relationship between anticipated costs and program components. Clarity about what the Boards are buying includes the relevance of all expenses, direct and indirect. Per Funding Guidelines, calculation and rationale should be explicit as to the relationship between each expense and the value of the program. Programs offering services billable to Medicaid or other insurance should identify non-billable activities for which the costs may be charged to the CCDDDB/CCMHB. While these funds should not pay for services or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources, to secure long-term sustainability, mitigate underlying causes of the need for service, and ensure that CCDDDB and CCMHB funding does not supplant other public funding.

Person Centered Planning (PCP)

Everyone who participates in a program should have the opportunity to direct their services and supports. **The Person-Centered process** seeks a balance between what is important TO a person and what is important FOR a person. This includes strengths, preferences, clinical and support needs, and the person's desired outcomes. CCDDDB/CCMHB funding should be associated with people rather than programs. All services and supports should be documented in a plan directed by the person and consistent with Illinois Department of Human Services – Division of Developmental Disabilities' guidelines for PCP.

In a self-determined, integrated system:

- *people control their day*, what they do and where, and with whom they interact;

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

Applications should describe how the proposed activities relate to what people have indicated that they want and need. Program activities will be reported at least semi-annually, along with data on individuals served.

Added Value and Uniqueness

Applications should identify specific, even unique, features of the approach, the staff, and the funding mix.

- Approach/Methods/Innovation: cite any relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model for the proposed services/supports. In the absence of such an approach to meet the community need, describe the innovative approach, including method of evaluation.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe approaches which amplify CCDDDB and CCMHB resources: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB/CCMHB funds are to be used to meet a match requirement, reference the funder requiring this match and identify the match amount in the Budget Narrative.

Process Considerations:

Priority areas and overarching considerations will be used as discriminating factors which influence final allocation decision recommendations. The CCDDDB and CCMHB use an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organizational eligibility questionnaire, before receiving access to online application forms.

Criteria described in this memorandum are to be used as guidance by the Boards in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Boards and staff, evidence of the provider's ability to

implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB/CCMHB CILA Project funds, applications must reflect the Boards' stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application and reporting system, at <https://ccmhddbrds.org>.

Final decisions rest with the CCDDDB and CCMHB and their judgment concerning the most appropriate and effective use of the CILA Project fund, based on assessment of community needs and alignment with decision support criteria. The nature and scope of applications may vary widely and may include treatment and early intervention models. A numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the merits of applications using criteria and priorities approved by the CCDDDB and CCMHB. If applications are not responsive to the criteria and priorities described in this memorandum, the CCDDDB and CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address them. In that event, the CCDDDB and CCMHB may also seek out qualified organizations to develop contracts addressing the relevant priority area.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCDDDB/CCMHB to award a contract or to pay any costs incurred in the application preparation or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB/CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing

similar services should be referenced in the application and available for review upon request.

- The CCDDDB and CCMHB retain the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and CCMHB and residents of Champaign County.
- The CCDDDB and CCMHB reserve the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB and CCMHB deem such variances to be in the best interest of the CCDDDB, CCMHB, and/or residents of Champaign County.
- Submitted applications become the property of the CCDDDB and CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB and CCMHB reserve the right, but are under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to final contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of contract award.
- The execution of final contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB and CCMHB.
- The CCDDDB and CCMHB reserve the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to the application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure to accept these obligations can result in cancellation of the award for contract. The CCDDDB and CCMHB reserve the right to withdraw or reduce the

amount of an award if the application has misrepresented the applicant's ability to perform.

- The CCDDDB and CCMHB reserve the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated as a result of this process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB and CCMHB reserve the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB and CCMHB reserve the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

Champaign County Developmental Disabilities Board One-Time Mini-Grants, Due November 8, 2019

One-Time Mini-Grants are available through the Champaign County Developmental Disabilities Board (CCDDB) for people who:

- are enrolled in the Illinois Prioritization of Urgency for Need of Services (PUNS);
- live in Champaign County;
- do not use long term supports and services funded by Illinois Department of Human Services, the Champaign County Mental Health Board (CCMHB), or the CCDDB;
- have a need/preference which can be met by a one-time purchase;
- and do not have the ability to pay for that purchase.

Ideally this one-time purchase would:

- improve/increase positive relationships;
- increase personal satisfaction;
- support real work and economic self-sufficiency; or
- increase inclusion in the community.

You might apply for a mini-grant related to: technology/equipment; a short-term service or club membership not to exceed one year; recreational/academic/fitness opportunities; social and economic entrepreneurship; or other supports which would improve your life.

Your total request may be up to **\$5,000**. The application may be completed by a person who has I/DD or by someone on their behalf. Groups, organizations, and agencies are *not* eligible to apply. A group of individuals who each qualify could apply separately for similar supports in order to reach personal goals together, especially if expanding their social or work life. If awarded, the CCDDB will make each purchase on behalf of successful applicants. See *Guidelines* below for how to complete an application.

The CCDDB primarily contracts with community-based agencies to serve people who have I/DD. Allocations are based on 50 Illinois Compiled Statutes 835, CCDDB Funding Guidelines, and CCDDB Allocation Priorities. For details, see <http://ccmhddbrds.org>.

The CCDDB's mission may also be accomplished by helping people acquire supports directly. It is for this reason that a Mini-Grant opportunity is offered. A one-time purchase, as requested by an individual, is consistent with Person Centered values:

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

CCDDB Mini-Grant Guidelines

Who is eligible?

People who:

- live in Champaign County;
- are enrolled in PUNS;
- are not receiving long term supports and services funded by the State of Illinois;
- are not receiving similar services funded by CCDDB or CCMHB;
- have a need/preference which can be met by one-time purchase; and
- do not have a way to pay for this support.

Who is *not* eligible?

- Family members of CCDDB/CCMHB members and staff are *not* eligible.
- Agencies and organizations are *not* eligible.
- People who are not enrolled with PUNS prior to the close of the application period (November 8, 2019) are *not* eligible.
- People who are already receiving long term supports and services are *not* eligible.

What will CCDDB fund?

- Equipment, technology; short-term service; club membership (up to one year); recreational, academic, or fitness opportunities; or other support which enhances independence, quality of life, economic self-sufficiency, or socialization.

What will CCDDB NOT fund?

- Items above which are not justified in the application or supporting documents.
- Copayments or insurance premiums; medication or equipment covered by the person's insurance; or ongoing expenses available to the person through programs such as LIHEAP, rental assistance, weatherization, housing vouchers, park district scholarships, etc.

How do I apply for a mini-grant?

- Answer all questions on the application.
- Deliver the completed application to the CCDDB office by the deadline.
- Be ready to answer any questions we may have for you after you submit the application. This may include showing a letter of support (related to your specific request) from an advocate, guardian, friend, neighbor, case manager, teacher, doctor, therapist, or other professional.

What is the deadline for submitting a mini-grant?

- Applications for one-time mini-grants are due by 4:30PM on November 8, 2019.

How and when will mini-grant decisions be made?

- After submitting an application, you may be contacted for more information. If information is requested, you must respond within one week or the application may not be funded.
- CCDDDB staff will confirm your PUNS enrollment and service status.
- A committee will review all of the completed and timely applications for individual mini-grants during the period of November 12 to December 6, 2019.
- Whenever there is public discussion of the application or the committee's recommendations, **your name will not appear**, in order to protect your privacy, and each application will be referred to by a unique identifier or number. *Because the CCDDDB is a public entity, if you are awarded a mini-grant, your name and application could be made public through a Freedom of Information Act (FOIA) request.*
- Recommendations of the committee will be brought to the full CCDDDB for consideration and approval at their regular meeting on December 18, 2019.
- All applicants will be notified of the Board's decision about the mini-grant following the review process.
- Notification of awards will be made by December 31, 2019. Final agreements and payments will be made in a timely manner, appropriate to each request.

Where do I submit my completed application?

- Please mail your application to the following address:
Champaign County Mental Health Board/Champaign County
Developmental Disabilities Board Offices
1776 East Washington Street
Urbana, Illinois 61802

What if I have more questions?

- For more information, accessible documents, printed copy of the application itself, or technical assistance regarding the form, process, or related issues, please contact the CCMHB/CCDDDB office at 217/367-5703 or stephanie@ccmhb.org.

STEP ONE: Am I Eligible to Apply?

Answer the following. To be eligible, *all* responses must be YES.

1. Do I live in Champaign County? YES/NO
2. Am I enrolled in the PUNS database? YES/NO
3. Am I “underserved”? YES/NO
*This means you do not have services through the State of Illinois or the CCDDDB or CCMHB except: self-advocacy group; **one-time** support through DSC Individual and Family Support or Clinical; or RPC Transition Specialists or PUNS.*
4. Do I have a need which can be met by a one-time purchase? YES/NO
5. Am I requesting money for something I do **not** already have? YES/NO
6. If the amount I need is greater than the \$5,000 maximum, do I have a way to pay for the rest? YES/NO
7. I am **not** a family member of a board or staff member of CCMHB or CCDDDB. YES/NO

STEP TWO: One-Time Mini Grant Application

PERSONAL INFORMATION

Name:

Address:

Phone Number:

Email Address (OPTIONAL):

Did you answer YES to all eligibility questions in STEP ONE? YES/NO

If another person is helping or will be helping you, complete this section:

Name:

Agency Affiliation, if any:

Address:

Phone Number:

Email Address (OPTIONAL):

PROPOSED BUDGET

Describe a specific item, activity, or service to be purchased, along with vendor and cost.

Item, Activity, or Service	Where To Purchase (a specific provider/vendor)	Expected Cost
Total money needed*:		

*Include applicable taxes and shipping fees.

PURPOSE

Describe what you would like or need to purchase, why it is important to you, and why it is important for you.

1. What would you like to do, and how would a mini-grant help you do that?

Describe how the proposed purchase will help you. *For example: Will it improve/increase positive relationships? Will it increase personal satisfaction or function? Will it support real work or economic self-sufficiency? Will it help you be included in your community?*

FINANCIAL NEED

Provide details. If you do not answer a question, we may ask for information during the grant review.

- 1. Can this purchase be made without the mini-grant? YES/NO**

- 2. Do you have some money to put toward the purchase? YES/NO**

- 3. Do you have income from work or benefits? YES/NO**

- 4. Do you have money in checking, savings, or trust fund, or other assets which could help with the purchase? YES/NO**

- 5. Do you have insurance which could help with the purchase? YES/NO**

STEP THREE: Mini-Grant Completion Checklist

Before submitting this mini-grant application, please review the following to be sure you have included everything that is required.

1. Are all of the above sections completed?
2. Does my budget provide a detailed list of items/activities/services, where they might be purchased, and anticipated costs?
3. If the items/activities/services cost more than the funds requested, please attach documentation of how the rest will be paid.

STEP FOUR: Signatures

Your signature(s) below means that you agree that all of the information you have provided in the application is true, to the best of your knowledge, and that you understand that, if the grant is awarded, its details, including your name, may become public.

Applicant's Signature

Date

Guardian's Signature (if applicable)

Date

Preparer's Signature (if applicable)

Date

STEP FIVE: Submit Your Completed Application To:

Champaign County Mental Health Board/Champaign County
Developmental Disabilities Board Offices
1776 East Washington Street
Urbana, Illinois 61802
(217) 367-5703



CCDDB Mini-Grant Survey

Selecting one from the five-point scale - "strongly agree"/ "agree"/ "neutral"/ "disagree"/ "strongly disagree" - evaluate the following statements:

1. The item(s) which were purchased were helpful to me.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

2. The items(s) were helpful in the way I had hoped.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

3. The items(s) were helpful in an unexpected way.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

4. The process, from application through purchase, was a positive experience.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

Comment on how this purchase worked out for you.



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

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

January 18, 2023 – Shields-Carter Room

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room

April 19, 2023 – Shields-Carter Room

May 17, 2023 – Shields-Carter Room

June 21, 2023 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

Please email stephanie@ccmhb.org to confirm meetings or to request alternative format documents, language access, or other accommodation needed to participate. All meetings and study sessions include time for members of the public to address the Board.

Meetings are posted in advance and recorded and archived at <http://www.co.champaign.il.us/mhbddb/DDBMeetingDocs.php>

Public Input: All are welcome to attend the Board's meetings, using the Zoom options or in person, in order to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.



CCMHB 2022-2023 Meeting Schedule

5:45PM Wednesday after the third Monday of each month

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

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

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*

January 18, 2023 – Shields-Carter Room

January 25, 2023 – *study session* - Shields-Carter Room

February 15, 2023 – *study session* - Shields-Carter Room

February 22, 2023 – Shields-Carter Room

March 22, 2023 – Shields-Carter Room

March 29, 2023 – *study session* - Shields-Carter Room

April 19, 2023 – Shields-Carter Room

April 26, 2023 – *study session* - Shields-Carter Room

May 17, 2023 – *study session* - Shields-Carter Room

May 24, 2023 – Shields-Carter Room

June 21, 2023 – Shields-Carter Room

This schedule is subject to change due to unforeseen circumstances.

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

Public Input: All meetings and study sessions include time for members of the public to address the Board. All are welcome to attend meetings, using the Zoom options or in person, in order to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org.

If the time of the meeting is not convenient, you may still communicate with the Board by emailing stephanie@ccmhb.org any written comments which you would like us to read to the Board during the meeting. Your feedback is appreciated but be aware that the time for each person's comments may be limited to five minutes.

IMPORTANT DATES - 2022 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY23

This schedule offers dates and subject matter of meetings of the 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>

IMPORTANT DATES - 2023 Meeting Schedule with Subjects, Agency and Staff Deadlines, and Allocation Timeline for PY24

This schedule offers dates and subject matter of meetings of the Champaign County Developmental Disabilities Board. Subjects are not exclusive to any given meeting, as other matters requiring Board review or action may be addressed. Study sessions may be added on topics raised at meetings or by staff, or with the CCMHB. Regular meetings are held at 9AM; joint study sessions at 5:45PM. Included are tentative dates for steps in the funding process for PY24 and deadlines related to PY22 and PY23 agency contracts.

- | | |
|----------------|--|
| 1/2/23 | <i>Online System opens for Applications for PY24 Funding</i> |
| 1/18/23 | Regular Board Meeting |
| 1/27/23 | <i>Agency PY23 2nd Quarter and CLC Progress Reports due</i> |
| 2/10/23 | <i>Deadline for submission of applications for PY2024 funding
(Online system will not accept any forms after 4:30PM CST)</i> |
| 2/22/23 | Regular Board Meeting
List of Requests for PY2024 Funding |
| 3/22/23 | Regular Board Meeting |
| 4/12/23 | <i>Program summaries released to Board, posted online with the
CCDDB April 19 meeting agenda and packet</i> |
| 4/19/23 | Regular Board Meeting
Board Review, Staff Summaries of Funding Requests |
| 4/28/23 | <i>Agency PY2023 3rd Quarter Reports due</i> |
| 5/10/23 | <i>Allocation recommendations released to the Board and posted
Online with CCDDB May 17 meeting agenda and packet</i> |
| 5/17/23 | Regular Board Meeting
Allocation Decisions; Authorize PY2024 Contracts |
| 6/1/23 | <i>For contracts with a PY23-PY24 term, all updates to cloned
PY24 forms should be completed and submitted by this date.</i> |

6/17/23	<i>Deadline for agency application/ contract revisions Deadline for agency letters of engagement with CPA firms PY2024 contracts completed</i>
6/21/23	Regular Board Meeting: Draft FY2024 Budget
6/30/23	<i>Agency Independent Audits, Reviews, or Compilations due (only for those with calendar fiscal year, per Special Provision)</i>
7/19/23	Regular Board Meeting: Election of Officers
8/16/23	Regular Board Meeting - tentative
8/25/23	<i>Agency PY2023 4th Quarter Reports, CLC Progress Reports, and Annual Performance Measure Reports due</i>
9/20/23	Regular Board Meeting Draft Three Year Plan 2022-24 with 2024 Objectives
10/18/23	Regular Board Meeting Release Draft Program Year 2025 Allocation Criteria
10/25/23	Joint Study Session with CCMHB at 5:45PM
10/27/23	<i>Agency PY2024 1st Quarter Reports due</i>
11/15/23	Regular Board Meeting (off cycle) Approve Three Year Plan, PY25 Allocation Criteria
12/10/23	<i>Public Notice of Funding Availability to be published by this date, giving at least 21-day notice of application period.</i>
12/20/23	Regular Board Meeting (off cycle) - tentative
12/31/23	<i>Agency Independent Audits, Reviews, or Compilations due</i>
1/2/24	<i>Online System opens for Applications for PY2025 Funding</i>

Agency and Program acronyms

CC – Community Choices
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.

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

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

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

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

MI – Mental Illness

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

MSW – Master of Social Work

NACBHDD – National Association of County Behavioral Health and Developmental Disability Directors

NACO – National Association of Counties

NCI – National Core Indicators

NOS – Not Otherwise Specified

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

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

VI – Visual Impairment

VR – Vocational Rehabilitation

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

WIOA – Workforce Innovation and Opportunity Act

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

CCDDB-CCMHB Activities: All PY2023 contracts were issued in early June, using Adobe Sign. After two failed attempts of using Adobe Sign, the PACE Consumer Control in Personal Support contract was printed and mailed. All fully signed contracts that were completed by the deadline of June 24, 2022, were issued July payments during late June 2022. Any contracts that were not returned/fully signed by the June 24, 2022, deadline will be issued combined July and August payments when the August payments are issued. July payments already issued include: CCRPC Decision Support PCP and all Community Choices contracts. Contracts that will be issued a combined payment for July and August include all DSC contracts and PACE Consumer Control in Personal Support. All agencies submitted required documentation or edits to their application prior to contracts being issued. I reviewed application edits and all required documentation.

I participated in Zoom meetings with UIUC Graduate Student, Suzanne Valentine, who is participating in the 'Humanities without Walls' program this summer and is providing support to CCDDB and CCMHB staff. Suzanne continues to support the **DISABILITY** Resource Expo with various tasks and created two surveys for CCDDB and CCMHB. Suzanne and I are scheduling time to meet with self-advocates from Community Choices and DSC to administer the survey. We will also be sharing the survey link with both agencies.

I assisted the Associate Director of Mental Health and Substance Use Disorders in completing a contract amendment for the UP Center of Champaign County.

I reviewed documentation before approving a request for specific assistance provided by one agency.

I participated in two meetings with other staff and Dr. Jacinda Dariotis from UICU. Dr. Dariotis teaches Introduction to Participatory Research and is seeking community partners who will work with graduate students during the fall semester. The graduate students will design and implement a basic participatory research project.

I met with the Online Reporting System Developer and other staff to discuss changes that will be made in the Online System, as changes are made to the Online Application.

Learning Opportunities: On June 30, 2022, The Human Rights and Advocacy Group at Community Choices presented 'Our Lives, Our Voices. The Impact from Others, Good and Bad' This presentation focused on differences in ways to support different people and the impact other people have on the lives of people with I/DD. Funded organizations can contact Hannah Sheets (hannah@communitychoicesinc.org) to schedule this presentation as one of their

required annual Cultural and Linguistic Competence trainings. Certificates of Attendance were created and emailed to all attendees.

Joan Storey-Gorsuch requested to reschedule her presentation until late August due to the schedules of her co-presenters. Ms. Storey-Gorsuch and her co-presenters will focus the presentation on acceptance and support in the workplace for autistic adults. This is being planned as an in-person presentation.

DISABILITY Resource Expo: The Steering Committee is being surveyed for the next Steering Committee Meeting. The next Steering Committee meeting is scheduled for July 20, 2022, 11:00-12:30PM.

ACMHAI: I participated in the ACMHAI I/DD Committee Meeting. During this meeting, the I/DD Committee Priorities and Purpose Statement were reviewed and discussed by the committee.

MHDDAC: I participated in the June meeting of the Mental Health and Developmental Disabilities Agencies Council meeting. The role of chairperson for PY23 was opened to the group and agency updates were provided. The group was also reminded that if contracts were not completed by the June 24, 2022, deadline, July payments were not made. The group does not meet in July but will resume meeting monthly in August.

Other activities: I participated in several webinars and trainings.

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

Staff Report- July 2022

Summary of Activity

Part of my focus in the first week of July was working on the PY23 funded programs with summaries document. The document is designed to help us keep track of the PY22-23 funded agencies, which includes the priority categories, funding amounts, agency and contract names, and the summaries. The other part of my time in June and July was communicating with agencies about making their required revisions prior to being issued a contract. The online system was open for agencies to make their changes. The staff provided technical assistance and clarification to those agencies that requested our support. All revisions and contracts were expected to be completed by June 24th.

Audit Delays/Suspension of Funding:

Due to failure to meet prior contract requirements and deadlines, a few agencies will have delayed or suspended payments until they are compliant with the terms in their contract. The Well Experience is in the process of working on their PY23 application special provisions requirements. I met with the Executive Director at her office about completing their application and special requirements. DREAM and Promise Healthcare are working on resolving their PY21 audits prior to payments being released. Urbana Neighborhood Community Center also is working to resolve half year PY21 audit.

Contract Amendments: The Board approved a contract amendment for Uniting Pride. The agency incurred an unexpected increase in cost for their PY22 audit. They did not request an increase in funding for this amendment.

Criminal Justice-Mental Health: Lt. Koker gave a brief update on new 988 three-digit dialing code that will route callers to the National Suicide Prevention Lifeline and the Community Emergency Services and Support Act (CESSA) Act. He touched upon the required coordination of efforts across three different systems in state government: Mental Health (IDHS-DMH), Public Health (IDPH) and Law Enforcement (the 911 Administrator, through the Illinois State Police (ISP)). Lt. Koker suggested that it would be a good idea to have 3-4 consumers be part of the committee. Members thought this was a good idea. Also, Lt. Koker will be sending out a doodle poll to see if committee members want to meet weekly, continue with bi-monthly meetings or have quarterly meetings.

Reentry Council: July's Reentry Council meeting is re-scheduled for August 3, 2022. The Reentry Council last met in June.

Continuum of Service Providers to the Homeless (CSPH): Members heard agency Presentations on the City of Champaign Neighborhood Ambassadors, Legal Aid Society of Metropolitan Family Services, and Supportive Housing Providers Association Storytelling Workshops.

Rantoul Service Provider's Meeting: Attended the meeting via zoom on June 21st. There was an initial hiccup about the meetings being cancelled as the facilitator took on a new position in the Rantoul police Department (RPD). After the initial shock, Shelby Moreland of RPD will continue to lead the meetings. Rosecrance will be responsible for the maintenance of these meetings. In other updates: Cunningham Children's Home will be servicing the Rantoul area; Megan Weissmann of Don Moyer Boys & Girls Club mentioned that her last week will be next week. Her replacement at J.W. Eater MS summer program to be determined; The Pavilion Behavioral Health System now offers a partial hospitalization program for adolescents ages 2-17 years old; Community Services Center of Northern Champaign County provides scheduled space for Hope Springs, Rosecrance, RPC, GROW, Public Health (WIC Clinic) and an Optometrist (Public Aid glasses).

Other Activities:

- Attended Andy Kulczycki's retirement party on June 16th at the Community Service Center. Mr. Kulczycki dedicated 33 years of service to Champaign County and the Community Services Center of Northern Champaign County of Rantoul. He will be greatly missed.
- Met with Carle Network Coordinator Katie Difanis to discuss community networking possibilities.
- I was a guest speaker for School of Social Work. We discussed a variety of topics from ethics to running effective meetings and most everything in between regarding nonprofit management.
- Lynn and I met with the Drs. Mark Aber and Nicole Allen and PhD Candidate Hope Holland with the U of I The Evaluation Capacity Building project; a project that CCMHB has funded for the last seven years. Dr. Aber is retiring this year and Dr. Allen is moving on to Vanderbilt University. The professors will be discussing a final comprehensive report to the Board in September.
- Attended the via zoom the Winnebago County Juvenile Redeploy site visit.
- Lynn and I met with the Rosecrance admin team at their office for updates on 988 crisis line and telepsychiatry for youth.
- Lynn, Kim and I spoke with U of I Professor Dr. Jacinda Dariotis about the possibility of partnering with students on a participatory research project in the Fall or Spring of 2023.
- U of I PhD Candidate Suzanne Valetine and I worked on staff and youth satisfaction surveys that will be administered to several MH/DD agencies this summer.

Learning Opportunities (Trainings and Webinars) :

- NACo- Building for Success: How Counties Can Leverage Federal Funds for Workforce Housing"
- Innovations to Support Youth Mental Health (Panel 1), The College for Behavioral Health Leadership.
- 988 Key Stakeholder Coalition Meeting, IL Department of Human Services | Division of Mental Health

Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report – July 2022 Board Meeting

SUMMARY OF ACTIVITY:

Audits:

Promise Healthcare and Urbana Neighborhood Connections Center (both CCMHB funded) were sent funding suspension letters for late audits.

Quarterly Reporting:

Fourth quarter reporting for 2022 contracts will be due at the end of August.

Other Compliance:

We are waiting on a number of agencies to make funding application revisions. We are offering technical assistance to anyone who asks.

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

I am coordinating the art show for the Disability Expo scheduled for October 15, 2022. So far, seven artists/groups have signed up.

Contract File Maintenance:

Master files are being set up for the new contract year beginning July 1. Paper files are kept on contracts, funding applications, audits, site visit reports, and program/financial reports, Generally, we keep 10 years of paper files in the master file room.

Contracts:

Contracts returned and program plan revisions made after the June 24th deadline will usually result in delayed payments. A number of agencies were late and did not get a July payment.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.

- Composing minutes from the meetings.
- Attending meetings and study sessions for the CCDDDB/CCMHB.
- I spent a good portion of the last month on vacation.

Champaign County, IL

YEAR-TO-DATE BUDGET REPORT



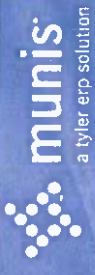
FOR 2022 06

ACCOUNTS FOR: 2108	DEVLPMNTL DISABILITY FUND	ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
21000046 DEVLPMNTL DISABILITY FUND							
400101 PROPERTY TAXES - CURRENT							
21000046	400101	PROPERTY TAXES	0	-4,515,334	.00	-4,515,334.00	.0%*
TOTAL PROPERTY TAXES - CURRENT			0	-4,515,334	.00	-4,515,334.00	.0%
400103 PROPERTY TAXES - BACK TAX							
21000046	400103	PROPERTY TAXES	0	-1,000	.00	-1,000.00	.0%*
TOTAL PROPERTY TAXES - BACK TAX			0	-1,000	.00	-1,000.00	.0%
400104 PAYMENT IN LIEU OF TAXES							
21000046	400104	PAYMENT IN LIEU	0	-2,000	.00	-2,000.00	.0%*
TOTAL PAYMENT IN LIEU OF TAXES			0	-2,000	.00	-2,000.00	.0%
TOTAL DEVLPMNTL DISABILITY FUND			0	-4,518,334	.00	-4,518,334.00	.0%
21000053 DEVLPMNTL DISABILITY FUND							
400301 HOTEL / MOTEL TAX							
21000053	400301	HOTEL / MOTEL T	0	-3,000	.00	-3,000.00	.0%*
TOTAL HOTEL / MOTEL TAX			0	-3,000	.00	-3,000.00	.0%
TOTAL DEVLPMNTL DISABILITY FUND			0	-3,000	.00	-3,000.00	.0%
21000077 DEVLPMNTL DISABILITY FUND							
400801 INVESTMENT INTEREST							

CHRIS Wilson - Staff Report

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YEAR-TO-DATE BUDGET REPORT



FOR 2022_06

ACCOUNTS FOR: 2108	DEVLPMNTL DISABILITY FUND	ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
21000077	400801 INVESTMENT INTE	-1,000	0	-1,000	-1,277.16	277.16	127.7%
	TOTAL INVESTMENT INTEREST	-1,000	0	-1,000	-1,277.16	277.16	127.7%
	TOTAL DEVLPMNTL DISABILITY FUND	-1,000	0	-1,000	-1,277.16	277.16	127.7%
	<u>21000085 DEVLPMNTL DISABILITY FUND</u>						
	<u>400902 OTHER MISCELLANEOUS REVENUE</u>						
21000085	400902 OTHER MISCELLAN	-8,000	0	-8,000	.00	-8,000.00	.0%*
	TOTAL OTHER MISCELLANEOUS REVENUE	-8,000	0	-8,000	.00	-8,000.00	.0%
	TOTAL DEVLPMNTL DISABILITY FUND	-8,000	0	-8,000	.00	-8,000.00	.0%
	<u>21000100 DEVLPMNTL DISABILITY FUND</u>						
	<u>502001 PROFESSIONAL SERVICES</u>						
21000100	502001 PROFESSIONAL SE	395,426	0	395,426	230,664.00	164,762.00	58.3%
	TOTAL PROFESSIONAL SERVICES	395,426	0	395,426	230,664.00	164,762.00	58.3%
	<u>502025 CONTRIBUTIONS & GRANTS</u>						
21000100	502025 CONTRIBUTIONS &	4,091,708	0	4,091,708	1,817,143.00	2,274,565.00	44.4%
	TOTAL CONTRIBUTIONS & GRANTS	4,091,708	0	4,091,708	1,817,143.00	2,274,565.00	44.4%
	TOTAL DEVLPMNTL DISABILITY FUND	4,487,134	0	4,487,134	2,047,807.00	2,439,327.00	45.6%
	<u>21000117 DEVLPMNTL DISABILITY FUND</u>						
	<u>600101 TRANSFERS IN</u>						
21000117	600101 TRANSFERS IN	-6,800	0	-6,800	.00	-6,800.00	.0%*

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YEAR-TO-DATE BUDGET REPORT

FOR 2022 06

ACCOUNTS FOR: 2108	DEVLPMNTL DISABILITY FUND	ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL TRANSFERS IN		-6,800	0	-6,800	.00	-6,800.00	.0%
700101 TRANSFERS OUT							
21000117 700101	TRANSFERS OUT	50,000	0	50,000	50,000.00	.00	100.0%
TOTAL TRANSFERS OUT		50,000	0	50,000	50,000.00	.00	100.0%
TOTAL DEVLPMNTL DISABILITY FUND		43,200	0	43,200	50,000.00	-6,800.00	115.7%
TOTAL DEVLPMNTL DISABILITY FUND		0	0	0	2,096,529.84	-2,096,529.84	100.0%
TOTAL REVENUES		-4,537,134	0	-4,537,134	-1,277.16	-4,535,856.84	
TOTAL EXPENSES		4,537,134	0	4,537,134	2,097,807.00	2,439,327.00	

YEAR-TO-DATE BUDGET REPORT



FOR 2022 06

ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
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GRAND TOTAL	0	0	2,096,529.84	-2,096,529.84	100.0%
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** END OF REPORT - Generated by Chris M. Wilson **

Champaign County, IL

YEAR-TO-DATE BUDGET REPORT



FOR 2022 06

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMNTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2090 MENTAL HEALTH						
20000072 MENTAL HEALTH						
400101 PROPERTY TAXES - CURRENT						
20000072 400101 PROPERTY TAXES	-5,498,918	0	-5,498,918	.00	-5,498,918.00	.0%*
TOTAL PROPERTY TAXES - CURRENT	-5,498,918	0	-5,498,918	.00	-5,498,918.00	.0%
400103 PROPERTY TAXES - BACK TAX						
20000072 400103 PROPERTY TAXES	-1,000	0	-1,000	.00	-1,000.00	.0%*
TOTAL PROPERTY TAXES - BACK TAX	-1,000	0	-1,000	.00	-1,000.00	.0%
400104 PAYMENT IN LIEU OF TAXES						
20000072 400104 PAYMENT IN LIEU	-2,000	0	-2,000	.00	-2,000.00	.0%*
TOTAL PAYMENT IN LIEU OF TAXES	-2,000	0	-2,000	.00	-2,000.00	.0%
TOTAL MENTAL HEALTH	-5,501,918	0	-5,501,918	.00	-5,501,918.00	.0%
20000080 MENTAL HEALTH						
400301 HOTEL / MOTEL TAX						
20000080 400301 HOTEL / MOTEL T	-4,000	0	-4,000	.00	-4,000.00	.0%*
TOTAL HOTEL / MOTEL TAX	-4,000	0	-4,000	.00	-4,000.00	.0%
TOTAL MENTAL HEALTH	-4,000	0	-4,000	.00	-4,000.00	.0%
20000105 MENTAL HEALTH						
400476 OTHER INTERGOVERNMENTAL						

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ACCOUNTS FOR: 2090 MENTAL HEALTH	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
20000105 400476 OTHER INTERGOV	-395,426	0	-395,426	-98,856.00	-296,570.00	25.0%*
TOTAL OTHER INTERGOVERNMENTAL	-395,426	0	-395,426	-98,856.00	-296,570.00	25.0%
TOTAL MENTAL HEALTH	-395,426	0	-395,426	-98,856.00	-296,570.00	25.0%
20000132 MENTAL HEALTH						
400801 INVESTMENT INTEREST						
20000132 400801 INVESTMENT INTE	-2,000	0	-2,000	-2,346.93	346.93	117.3%
TOTAL INVESTMENT INTEREST	-2,000	0	-2,000	-2,346.93	346.93	117.3%
TOTAL MENTAL HEALTH	-2,000	0	-2,000	-2,346.93	346.93	117.3%
20000137 MENTAL HEALTH						
400901 GIFTS AND DONATIONS						
20000137 400901 GIFTS AND DONAT	-3,000	0	-3,000	.00	-3,000.00	.0%*
TOTAL GIFTS AND DONATIONS	-3,000	0	-3,000	.00	-3,000.00	.0%
400902 OTHER MISCELLANEOUS REVENUE						
20000137 400902 OTHER MISCELLAN	-45,000	0	-45,000	-104,675.00	59,675.00	232.6%
TOTAL OTHER MISCELLANEOUS REVENUE	-45,000	0	-45,000	-104,675.00	59,675.00	232.6%
TOTAL MENTAL HEALTH	-48,000	0	-48,000	-104,675.00	56,675.00	218.1%
20000154 MENTAL HEALTH						
501001 STATIONERY AND PRINTING						
20000154 501001 STATIONERY AND	1,500	0	1,500	.00	1,500.00	.0%

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ACCOUNTS FOR: 2090 MENTAL HEALTH	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL STATIONERY AND PRINTING	1,500	0	1,500	.00	1,500.00	.0%
<u>501002 OFFICE SUPPLIES</u>						
20000154 501002 OFFICE SUPPLIES	3,700	0	3,700	795.95	2,904.05	21.5%
TOTAL OFFICE SUPPLIES	3,700	0	3,700	795.95	2,904.05	21.5%
<u>501003 BOOKS, PERIODICALS, AND MANUAL</u>						
20000154 501003 BOOKS, PERIODIC	300	0	300	.00	300.00	.0%
TOTAL BOOKS, PERIODICALS, AND MANUAL	300	0	300	.00	300.00	.0%
<u>501004 POSTAGE, UPS, FEDEX</u>						
20000154 501004 POSTAGE, UPS, F	2,000	0	2,000	366.77	1,633.23	18.3%
TOTAL POSTAGE, UPS, FEDEX	2,000	0	2,000	366.77	1,633.23	18.3%
<u>501005 FOOD NON-TRAVEL</u>						
20000154 501005 FOOD NON-TRAVEL	150	0	150	.00	150.00	.0%
TOTAL FOOD NON-TRAVEL	150	0	150	.00	150.00	.0%
<u>501017 EQUIPMENT LESS THAN \$5000</u>						
20000154 501017 EQUIPMENT LESS	7,000	0	7,000	6,802.00	198.00	97.2%
TOTAL EQUIPMENT LESS THAN \$5000	7,000	0	7,000	6,802.00	198.00	97.2%
<u>502001 PROFESSIONAL SERVICES</u>						
20000154 502001 PROFESSIONAL SE	162,000	-30,000	132,000	70,654.11	61,345.89	53.5%

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ACCOUNTS FOR: 2090 MENTAL HEALTH	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL PROFESSIONAL SERVICES	162,000	-30,000	132,000	70,654.11	61,345.89	53.5%
502002 OUTSIDE SERVICES						
20000154 502002 OUTSIDE SERVICE	11,000	15,000	26,000	21,047.45	4,952.55	81.0%
TOTAL OUTSIDE SERVICES	11,000	15,000	26,000	21,047.45	4,952.55	81.0%
502003 TRAVEL COSTS						
20000154 502003 TRAVEL COSTS	1,500	0	1,500	340.16	1,159.84	22.7%
TOTAL TRAVEL COSTS	1,500	0	1,500	340.16	1,159.84	22.7%
502004 CONFERENCES AND TRAINING						
20000154 502004 CONFERENCES AND	16,000	0	16,000	60.00	15,940.00	.4%
TOTAL CONFERENCES AND TRAINING	16,000	0	16,000	60.00	15,940.00	.4%
502007 INSURANCE (NON-PAYROLL)						
20000154 502007 INSURANCE (non-	18,000	0	18,000	7,813.67	10,186.33	43.4%
TOTAL INSURANCE (NON-PAYROLL)	18,000	0	18,000	7,813.67	10,186.33	43.4%
502011 UTILITIES						
20000154 502011 UTILITIES	1,000	0	1,000	327.22	672.78	32.7%
TOTAL UTILITIES	1,000	0	1,000	327.22	672.78	32.7%
502012 REPAIR AND MAINT						
20000154 502012 REPAIRS AND MAI	600	0	600	.00	600.00	.0%

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ACCOUNTS FOR: 2090 MENTAL HEALTH	ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL REPAIR AND MAINT	600	0	600	.00	600.00	.0%
502013 RENTAL						
20000154 502013 RENTAL	24,800	0	24,800	13,874.61	10,925.39	55.9%
TOTAL RENTAL	24,800	0	24,800	13,874.61	10,925.39	55.9%
502014 FINANCE CHARGES AND BANK FEES						
20000154 502014 FINANCE CHARGES	30	0	30	.00	30.00	.0%
TOTAL FINANCE CHARGES AND BANK FEES	30	0	30	.00	30.00	.0%
502019 LEGAL NOTICES, ADVERTISING						
20000154 502019 LEGAL NOTICES,	500	0	500	.00	500.00	.0%
TOTAL LEGAL NOTICES, ADVERTISING	500	0	500	.00	500.00	.0%
502021 DUES AND LICENSES						
20000154 502021 DUES LICENSE PE	20,000	0	20,000	9,719.99	10,280.01	48.6%
TOTAL DUES AND LICENSES	20,000	0	20,000	9,719.99	10,280.01	48.6%
502022 OPERATIONAL SERVICES						
20000154 502022 OPERATIONAL SER	58,300	-5,000	53,300	11,408.28	41,891.72	21.4%
TOTAL OPERATIONAL SERVICES	58,300	-5,000	53,300	11,408.28	41,891.72	21.4%
502024 PUBLIC RELATIONS						
20000154 502024 PUBLIC RELATION	13,000	30,000	43,000	16,370.00	26,630.00	38.1%

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FOR 2022_06

ACCOUNTS FOR: 2090 MENTAL HEALTH	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL PUBLIC RELATIONS	13,000	30,000	43,000	16,370.00	26,630.00	38.1%
502025 CONTRIBUTIONS & GRANTS						
20000154 502025 CONTRIBUTIONS &	5,391,621	0	5,391,621	3,051,288.00	2,340,333.00	56.6%
TOTAL CONTRIBUTIONS & GRANTS	5,391,621	0	5,391,621	3,051,288.00	2,340,333.00	56.6%
TOTAL MENTAL HEALTH	5,733,001	10,000	5,743,001	3,210,868.21	2,532,132.79	55.9%
TOTAL MENTAL HEALTH	-218,343	10,000	-208,343	3,004,990.28	-3,213,333.28-1442.3%	
TOTAL REVENUES	-5,951,344	0	-5,951,344	-205,877.93	-5,745,466.07	
TOTAL EXPENSES	5,733,001	10,000	5,743,001	3,210,868.21	2,532,132.79	

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	ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
GRAND TOTAL	-218,343	10,000	-208,343	3,004,990.28	-3,213,333.28	-1442.3%

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YEAR-TO-DATE BUDGET REPORT

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ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2101 MHB/DDB CILA FACILITIES						
21000070 MHB/DDB CILA FACILITIES						
400801 INVESTMENT INTEREST						
21000070 400801 INVESTMENT INTE	-200	0	-200	-637.70	437.70	318.9%
TOTAL INVESTMENT INTEREST	-200	0	-200	-637.70	437.70	318.9%
TOTAL MHB/DDB CILA FACILITIES	-200	0	-200	-637.70	437.70	318.9%
21000082 MHB/DDB CILA FACILITIES						
400902 OTHER MISCELLANEOUS REVENUE						
21000082 400902 OTHER MISCELLAN	0	0	0	-260,368.90	260,368.90	100.0%
TOTAL OTHER MISCELLANEOUS REVENUE	0	0	0	-260,368.90	260,368.90	100.0%
TOTAL MHB/DDB CILA FACILITIES	0	0	0	-260,368.90	260,368.90	100.0%
21000095 MHB/DDB CILA FACILITIES						
502017 WASTE DISPOSAL AND RECYCLING						
21000095 502017 WASTE DISPOSAL	2	0	2	.00	2.00	.0%
TOTAL WASTE DISPOSAL AND RECYCLING	2	0	2	.00	2.00	.0%
TOTAL MHB/DDB CILA FACILITIES	2	0	2	.00	2.00	.0%
21000096 MHB/DDB CILA FACILITIES						
501017 EQUIPMENT LESS THAN \$5000						
21000096 501017 EQUIPMENT LESS	6,176	0	6,176	.00	6,176.00	.0%

Champaign County, IL



YEAR-TO-DATE BUDGET REPORT

FOR 2022 06

ACCOUNTS FOR:	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
2101 MHB/DBB CILA FACILITIES						
TOTAL EQUIPMENT LESS THAN \$5000	6,176	0	6,176	.00	6,176.00	.0%
502001 PROFESSIONAL SERVICES						
21000096 502001 PROFESSIONAL SE	9,000	-8,000	1,000	600.00	400.00	60.0%
TOTAL PROFESSIONAL SERVICES	9,000	-8,000	1,000	600.00	400.00	60.0%
502002 OUTSIDE SERVICES						
21000096 502002 OUTSIDE SERVICE	5,800	0	5,800	.00	5,800.00	.0%
TOTAL OUTSIDE SERVICES	5,800	0	5,800	.00	5,800.00	.0%
502011 UTILITIES						
21000096 502011 UTILITIES	4,603	0	4,603	.00	4,603.00	.0%
TOTAL UTILITIES	4,603	0	4,603	.00	4,603.00	.0%
502012 REPAIR AND MAINT						
21000096 502012 REPAIRS AND MAI	10,000	8,000	18,000	12,562.00	5,438.00	69.8%
TOTAL REPAIR AND MAINT	10,000	8,000	18,000	12,562.00	5,438.00	69.8%
502014 FINANCE CHARGES AND BANK FEES						
21000096 502014 FINANCE CHARGES	69	0	69	.00	69.00	.0%
TOTAL FINANCE CHARGES AND BANK FEES	69	0	69	.00	69.00	.0%
502021 DUES AND LICENSES						
21000096 502021 DUES LICENSE PE	350	0	350	.00	350.00	.0%

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ACCOUNTS FOR: 2101 MHB/DOB CILA FACILITIES	ORIGINAL ESTIM REV	ESTIM REV ADJUSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
TOTAL DUES AND LICENSES	350	0	350	.00	350.00	.0%
TOTAL MHB/DOB CILA FACILITIES	35,998	0	35,998	13,162.00	22,836.00	36.6%
21000102 MHB/DOB CILA FACILITIES						
502007 INSURANCE (NON-PAYROLL)						
21000102 502007 INSURANCE (non-	4,200	0	4,200	316.33	3,883.67	7.5%
TOTAL INSURANCE (NON-PAYROLL)	4,200	0	4,200	316.33	3,883.67	7.5%
TOTAL MHB/DOB CILA FACILITIES	4,200	0	4,200	316.33	3,883.67	7.5%
21000115 MHB/DOB CILA FACILITIES						
600101 TRANSFERS IN						
21000115 600101 TRANSFERS IN	-50,000	0	-50,000	-50,000.00	.00	100.0%
TOTAL TRANSFERS IN	-50,000	0	-50,000	-50,000.00	.00	100.0%
TOTAL MHB/DOB CILA FACILITIES	-50,000	0	-50,000	-50,000.00	.00	100.0%
21000123 MHB/DOB CILA FACILITIES						
800501 BUILDINGS						
21000123 800501 BUILDINGS	10,000	0	10,000	.00	10,000.00	.0%
TOTAL BUILDINGS	10,000	0	10,000	.00	10,000.00	.0%
TOTAL MHB/DOB CILA FACILITIES	10,000	0	10,000	.00	10,000.00	.0%
TOTAL MHB/DOB CILA FACILITIES	0	0	0	-297,528.27	297,528.27	100.0%
TOTAL REVENUES	-50,200	0	-50,200	-311,006.60	260,806.60	
TOTAL EXPENSES	50,200	0	50,200	13,478.33	36,721.67	

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	ORIGINAL ESTIM REV	ESTIM REV ADJSTMTS	REVISED EST REV	ACTUAL YTD REVENUE	REMAINING REVENUE	PCT USE/COL
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GRAND TOTAL 0 0 0 -297,528.27 297,528.27 100.0%

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