



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 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, with a required representative at the physical meeting location listed above. The public may watch the meeting live through this link or later among archived recordings at <https://www.co.champaign.il.us/mhddb/MeetingInfo.php>

Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda

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

Meeting ID: 815 5912 4557 1-312-626-6799

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda***
- IV. Chairperson’s Comments – Dr. Anne Robin**
- V. Executive Director’s Comments – Lynn Canfield**
- VI. Approval of CCDDDB Board Meeting Minutes (pages 3 - 5)***
Minutes from the CCDDDB’s regular board meeting on 3/22/23 regular are included for review and approval. Action is requested.
- VII. Vendor Invoice List (page 6)***
Action is requested, to accept the “Vendor Invoice List” and place it on file.
- VIII. New Business**
 - a) CCDDDB PY24 Funding Application Review (page 7)**
A chart of all PY24 funding requests related to I/DD is attached to support board discussion. No action is requested.
 - b) PY24 DRAFT Program Summaries (pages 8-99)**
Included for information are draft summaries of the CCDDDB staff reviews of each program proposal, presented in order under the selected priority category. Also included are Program Summaries for an application directed to the MHB and another application which may be appropriately funded by the I/DD Special Initiatives fund. Both of these may be considered by both boards, consistent with their integrated planning for I/DD supports. This is a board discussion so that others contribute only if called on by the Chair or the board member leading a review.
- IX. CCDDDB and CCMHB Schedules and CCDDDB Timeline (pages 100-103)**
No action is needed.



Location: Shields-Carter Room, Brookens Administrative Building, 1776 East Washington Street, Urbana, IL 61802
Zoom link: <https://us02web.zoom.us/j/81559124557>
Date/Time: **April 19, 2023/9:00 AM**

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 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, with a required representative at the physical meeting location listed above. The public may watch the meeting live through this link or later among archived recordings at <https://www.co.champaign.il.us/mhddb/MeetingInfo.php>

- X. CCDDDB Acronyms and Glossary (pages 104-111)**
No action is needed.
- XI. Champaign County Mental Health Board Input**
- XII. Staff Reports**
Deferred due to focus on application review.
- XIII. Citizen Input/Public Participation** *All are welcome to attend the Board's meeting to observe and to offer thoughts during this time. The board may question them, but no further action or discussion is allowed. The Chair may limit public participation to 5 minutes per person and/or 20 minutes total.*
- XIV. Successes and Other Agency Information**
Providers and self-advocates are invited to report on individuals' successes. The Chair may limit Other Agency Information to 5 minutes per agency and/or total time to 20 minutes.
- XV. Board Announcements**
- XVI. Adjournment**

** Board action is requested.*

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

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

Minutes March 22, 2023

*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, Kim Fisher, Deb Ruesch, Vicki Niswander,
Georgiana Schuster

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

OTHERS PRESENT: Vickie Tolf, Sarah Perry, Jami Olsen, Annette Becherer, Laura
Bennett, Patty Walters, Nicole Smith, Heather Levingston, Danielle
Matthews, DSC; Mel Liong, Sherry Longcor, PACE; Becca
Obuchowski, Hannah Sheets, Community Choices; Brenda Eakins,
Torokeysa Haley, GROW; Angela Yost, CCRPC; Allison Jones,
Nancy Uchtmann, Citizens; Annie Bruno, Staci Disney, Promise
Healthcare; Leah Taylor, Champaign County Board

CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

The agenda was in the packet for review and approved by a unanimous vote.

CITIZEN INPUT/PUBLIC PARTICIPATION:

Nancy Uchtmann, a citizen of Urbana, spoke regarding her concerns regarding developmentally disabled citizens in the county and the lack of services she sees. (Citizen input was allowed again later in the meeting.)

PRESIDENT’S COMMENTS:

None.

EXECUTIVE DIRECTOR’S COMMENTS:

No comments.

APPROVAL OF MINUTES:

Minutes from the 2/22/2023 board meeting were included in the packet.

MOTION: Dr. Fisher moved to approve the minutes from the 2/22/23 CCDDDB meeting. Ms. Niswander seconded the motion. A roll call vote was taken. The motion passed.

VENDOR INVOICE LIST:

The Vendor Invoice List was included in the Board packet.

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

NEW BUSINESS:

Successes and Other Agency Information:

Updates/successes were provided by Annette Becherer and Nicole Smith from DSC; Becca Obuchowski from Community Choices; Brenda Eakins from GROW; and Sherry Longcor from PACE.

CCDDDB Application Review:

A chart of all PY24 funding requests for the CCDDDB was attached to support board discussion of the process. There was a brief review of the application review process.

OLD BUSINESS:

Analysis of PY2022 I/DD Claims Data:

A briefing memorandum detailed how the CCDDDB and CCMHB funded I/DD services were utilized by individual clients during PY2022. The I/DD Utilization Summaries Report was included in the packet. Targets and services were discussed.

CCDDDB and CCMHB Schedules and CCDDDB Timelines:

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

Acronyms and Glossary:

A list of commonly used acronyms was included for information.

CCMHB Input:

The CCMHB will meet this evening. The CCMHB will have a presentation from Family Service on a newly funded CCMHB program. A study session on a new mental health crisis system will be held on March 29, 2023.

Staff Reports:

A staff report from Lynn Canfield was included in the Board packet. She spoke of the highlights of her recent conferences. Dr. Fisher thanked Director Canfield for the informative report.

BOARD ANNOUNCEMENTS:

(Citizen Input) Allison Jones, a citizen of Champaign County, spoke regarding the personal support worker (PSW) shortage and her concerns.

Updates were provided regarding the Choate Mental Health and Developmental facility in Anna, IL,

OTHER BUSINESS—REVIEW OF CLOSED SESSION MINUTES:

Dr. Robin excused herself from the meeting.

MOTION: Dr. Fisher moved to accept the closed session minutes as presented and to continue maintaining them as closed. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed.

ADJOURNMENT:

The meeting adjourned at 9:59 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

**Minutes are in draft form and are 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
1 CHAMPAIGN COUNTY TREASURER									
Mar'23	DD23-078	03/01/2023	030323A	16305	32,355.00	03/31/2023	INV	PD	DD23-078 Decision Support
Mar'23	DD23-090	03/01/2023	030323A	16311	33,926.00	03/31/2023	INV	PD	Mar'23 DDB Admin Fee
					66,281.00				
10146 COMMUNITY CHOICES, INC									
Mar'23	DD23-075	03/01/2023	030323A	16362	14,250.00	03/31/2023	INV	PD	DD23-075 self-determinati
Mar'23	DD23-090	03/01/2023	030323A	16362	17,170.00	03/31/2023	INV	PD	DD23-090 Inclusive Commun
Mar'23	DD23-095	03/01/2023	030323A	16362	18,125.00	03/31/2023	INV	PD	DD23-095 Customized Emplo
					49,545.00				
10170 DEVELOPMENTAL SERVICES CENTER OF									
Mar'23	DD23-080	03/01/2023	030323A	16370	32,500.00	03/31/2023	INV	PD	DD23-080 Individual and F
Mar'23	DD23-081	03/01/2023	030323A	16370	44,666.00	03/31/2023	INV	PD	DD23-081 Community Living
Mar'23	DD23-082	03/01/2023	030323A	16370	70,638.00	03/31/2023	INV	PD	DD23-082 Community First
Mar'23	DD23-083	03/01/2023	030323A	16370	39,000.00	03/31/2023	INV	PD	DD23-083 Service Coordina
Mar'23	DD23-084	03/01/2023	030323A	16370	15,333.00	03/31/2023	INV	PD	DD23-084 Clinical Service
Mar'23	DD23-085	03/01/2023	030323A	16370	7,083.00	03/31/2023	INV	PD	DD23-085 Employment First
Mar'23	DD23-086	03/01/2023	030323A	16370	18,958.00	03/31/2023	INV	PD	DD23-086 Workforce Develo
Mar'23	DD23-091	03/01/2023	030323A	16370	36,250.00	03/31/2023	INV	PD	DD23-091 Community Emplo
Mar'23	DD23-092	03/01/2023	030323A	16370	7,916.00	03/31/2023	INV	PD	DD23-092 Connections
					272,344.00				
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.									
Feb'23	DD23-079	03/15/2023	032423A	17273	2,280.00	03/31/2023	INV	PD	DD23-079 Consumer Control
					2,280.00				
					390,450.00				

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

CCDDDB and CCMHB I/DD Funding Requests for PY2024
July 1, 2023 thru June 30, 2024

Agency	Program Name	Current Awards		Requests		Reviewer	
		PY23	PY23 Amended	PY23	PY24		
DDB Award	MHB	DDB Award	MHB	DDB/MHB	% change		
<i>Priority: Self-Advocacy</i>							
CU Autism Network	Community Outreach Program (funded PY22, not PY23)	-	n/a		\$79,132	n/a	
CU Autism Network	CUAN Planning Seed Grant NEW	-	n/a		\$65,217	n/a	
<i>Priority: Linkage and Coordination</i>							
CCRPC - Community Services	Decision Support PCP	\$388,271	\$370,388		\$433,777	17%	
DSC	Service Coordination	\$468,000	n/a		\$496,080	6%	
<i>Priority: Home Life</i>							
Community Choices, Inc.	Inclusive Community Support (formerly Community Living)	\$203,000	\$193,874		\$198,000	2%	
DSC	Community Living (formerly Apartment Services)	\$536,000	n/a		\$565,480	6%	
<i>Priority: Personal Life</i>							
Community Choices, Inc.	Transportation Support NEW	-	-		\$119,500	n/a	
DSC	Clinical Services	\$184,000	n/a		\$241,000	31%	
DSC	Individual & Family Support	\$390,000	n/a		\$250,000	-36%	
PACE	Consumer Control in Personal Support	\$27,367	n/a		\$36,000	32%	
<i>Priority: Work Life</i>							
Community Choices, Inc.	Customized Employment	\$217,500	n/a		\$226,500	4%	
DSC	Community Employment	\$435,000	n/a		\$459,606	6%	
DSC/Community Choices	Employment First	\$85,000	n/a		\$90,100	6%	
<i>Priority: Community Life</i>							
Community Choices, Inc.	Self-Determination Support	\$171,000	n/a		\$176,500	3%	
DSC	Community First	\$847,658	n/a		\$890,042	5%	
DSC	Connections	\$95,000	n/a		\$106,400	12%	
<i>Priority: Strengthening the I/DD Workforce</i>							
Community Choices	Staff Recruitment and Retention NEW	-	-		\$34,000	n/a	
DSC	Workforce Development and Retention	\$227,500	n/a		\$227,500	n/a	
<i>Priority: Young Children and their Families (CCMHB focus)</i>							
DSC	Family Development		n/a	\$596,522	\$656,174	MHB Reqt	
CC Head Start/Early Head Start	Early Childhood Mental Health Svs (MH & DD)		n/a		\$149,666	multiyear	
	<i>(the amount here is dedicated to DD)</i>		n/a		\$746,188		
	TOTAL	\$4,275,296					
		total PY2023, both boards = \$5,021,484					
<i>May be appropriate for partial or full funding through the I/DD Special Initiatives Fund:</i>							
CRIS Healthy Aging	Improving Caregiver MH				\$125,000	n/a	

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Community Outreach Program

Agency: CU Autism Network

Request: \$79,132

Why it matters: "... public events to help improve others' understandings of I/DD and the rights of people with I/DD. In our community events (Autism Walk and Resource Fair, Lights Up/Sound Down, Breakfast with Santa, etc.), we provide peer mentoring and networking, share community information, and resources. We also collaborate with local, state, and federal levels to advocate for autism awareness and acceptance throughout our community. CUAN's community engagement works closely with organizations such as TAP, CU Able, and Innovation Autism to strengthen Personal and Community Life within the I/DD Workforce for the autistic community."

Selected priority: Self-Advocacy

Staff/reviewer comment: The proposal would resume program activities funded in previous years (not PY23) and add to them.

Services and People Served

Who will benefit: Individuals with ASD, families, caregivers, and other supports; the general public benefits from greater awareness of issues and more welcoming public environments.

Scope of services: Community resource information, education and support through emails, listserv, Facebook, and other networking outlets. Free activities and pop-up play dates for people 'on the spectrum' and their families; free sensory-friendly family events. All who attend are encouraged to participate and share regarding future events.

Location and frequency of services: Various business, organizations, agency sites; events are monthly and as needed. Information virtual.

Residency of 890 people served in PY2022

Champaign 291 for PY22

Urbana 278 for PY22

Rantoul 28 for PY22

Mahomet 31 for PY22

Other County 64 for PY22

Other with Comments 198 for PY22 (some were unreadable to the agency reporting these data)

Demographics of 293 people served during PY2022

Age

Ages 0 - 6 ----- 44

Ages 7-12 ----- 52

Ages 13-18 ----- 33

Ages 19-59 ----- 142

Ages 60 + ----- 20

Not Available ----- 2

Race

White ----- 123

Black / AA ----- 8

Asian / PI -----	29
Other (incl. Native American, Bi-racial)-	17
Not Available -----	116
Gender	
Male -----	116
Female -----	173
Other -----	1
Not Available -----	3
Ethnicity	
Of Hispanic/Latino/a Origin -----	17
Not of Hispanic/Latino/a Origin -----	154
Not Available -----	122

Measures of Client/Participant Access

Eligibility criteria and determination: Any public agency, business, organization, or resident in Champaign County who lives with ASD, supports an ASD loved one, or is interested in ASD awareness, education, understanding, and acceptance of our ASD community.

Outreach to eligible people: Website, social media, email, public introductions/networking/presentations, calling, TV/radio ads, public awareness campaigns, networking, community outreach events, etc.

Within 20 days from referral, 100% of those referred will be assessed.

Within 20 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: Annually.

Additional demographic data: None.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Clearly promote inclusion and acceptance of the ASD community.
2. Increase awareness of the ASD community in neurotypical populations.
3. Improve acceptance and understanding of the ASD community in the general public with autism sensory friendly adoption in public events and non-discriminatory environments.

Specific assessment tools and data collection:

For #1, sign-in sheets for # in attendance.

For #1 and 2, tally sheets for # interested participants.

For #2, questionnaires and surveys regarding interests and opinions for possible change in awareness/acceptance level.

Outcome data gathered from all participants: Yes.

Will collect outcome data at each community event.

Staff/reviewer comment: The outcomes relate to important impacts of the proposed activities but do not include measurable targets or clear connection to how the assessment tools will provide the data.

Measures of Utilization

Staff comment: No utilization targets are identified/defined. A typical use of the CSE category is appropriate to this program; elsewhere in the application is a statement of target of 16 events during the year.

PY24 Targets none identified (CSEs can be presumed to be 16)

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter	10
Second Quarter	10
Third Quarter	7
Fourth Quarter	9
<i>Annual Target CSE-25</i>	

Financial Analysis

PY2024 CCDDDB funding request: \$79,132

PY2024 Total Program budget: \$79,132

Current year funding (PY2023): N/A - In PY2022, funding was \$38,000

Proposed change in funding - PY2022 to PY2024 = 48%

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$27,600 is 35% of requested amount. Other expenses to be covered by the CCDDDB are: Consumables \$9,315 (12%); General Operating \$16,917 (21%); Specific Assistance \$23,469 (29.7%); and Misc \$1,840.

Total Agency budget deficit \$14,179; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 0 Indirect + 1 Direct =1 FTEs.

Total program staff: same, and same for the Total agency.

Staff comment: No amount is charged to Professional Fees, though this is where the contract could cover a portion of the cost for the required annual Financial Review by an independent CPA firm. The Budget Narrative describes “General Operations Needs” and lists the cost of this service, along with bookkeeping and other expenses. In addition to this expense miscategorization, there may be mismatches between amounts reported in financial forms and Budget Narrative, such as differing amounts of salaries. Miscellaneous refers to Volunteer Appreciation/Public Affairs and in the Budget Narrative is combined with Salaries to describe Personnel/Staffing; if the Miscellaneous amount is to cover stipends, it might also be more appropriate for the Professional Fees line. The large amount of Specific Assistance is described in Budget Narrative as “Community Outreach Event Performance”, also not a typical use of this expense category. If the agency employs any staff other than the 1 direct position to be hired, those costs should be included in the Personnel form as Total Agency, with any applicable Total Program and CCDDDB contract costs assigned.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: “As a parent-organized self-advocacy group, CU Autism Network does not yet have the growth and infrastructure needed to support a governance, leadership, and workforce level of diversity and linguistic competency. The small and growing organization, however, will work with available technical assistance to fully develop this plan as it grows and as needed with future granting applications.”

“Offer communication opportunities to event participants according to autism, communication, and lingual needs.”

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? Not currently funded.

Staff comment: If selected for funding, there will be a plan in place to discover how CU-Autism will continue to engage the neighborhoods in the community that might not be aware of services that are offered. Since the capacity is limited support will be provided to complete a cultural competence assessment to determine how to engage people that have not heard about their programs offered in Champaign County.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Engages through materials provided on site throughout the county (at existing businesses, etc.) and online opportunities for people to stay connected to the Autism Community; books and materials to rural schools. For under-resourced minority groups, the agency website has materials in multiple languages and serves people in their community locations.

Promoting inclusion and reducing stigma: Promotes inclusion, education, and access to the community. Provides materials for local businesses to use so that they can provide more autism sensory friendly, non-discriminatory environments.

Outcomes: The outcomes relate to impact on participants and greater community but are not easily measured.

Coordinated system: Four similar organizations are identified (TAP, CU Able, EPIC, and Innovation Autism), along with plan to refer to them as resources and to network and share educational materials, enhancing CUAN's reach and supporting shared goals.

Written collaborative agreements: None.

Budget and program connectedness: The Budget Narrative identifies estimated total agency revenue (from the annual Walk event), which is not used to cover the cost of this program. Also included are details on all expenses to be charged to the contract and how they were determined. Many do not align clearly with the CCDDDB expense categories described in funding requirements. A longer itemized budget narrative document has been uploaded but is not included in this review. The 'summary' provided in the form is sophisticated but should be revised to match requirements.

Person Centered Planning: Not individual, but all participants are encouraged to contribute to planning of future events.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Lists five websites with relevant information.

Staff credentials: Staff and volunteers include elementary ed teacher, reading specialist, foster parent, early childhood teacher, CPA, speech pathologist, and translational PhD scientist (who has experience with non-profit administration.)

Will the funding be used as match for another source of revenue: No.

Other pay sources: None. **Client fees:** No. **Sliding scale:** No.

Willing to participate in DD Medicaid-waiver programs: Yes.

Staff/reviewer comment: The organization should develop knowledge and relationships with relevant providers so that they are able to connect families to Champaign County resources. If people from out of county are to be served through CUAN, a private pay option for them would alleviate risk of misuse of Champaign County funds.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, full eligibility is maintained.

All forms submitted by deadline: Yes.

Audit findings: The agency uses a calendar year fiscal year, so that the independent CPA report of financial review (based on total agency revenue) was due by July 1, 2022. This was required per the PY22 contract for the year of 2021. It was submitted on January 3, 2023, delayed by the CPA firm. There were no findings of concern, and no unexpended revenue was owed back to the CCDDDB.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Not addressed.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Information is available virtually and while not a focus of the scope of services section, virtual opportunities to connect are mentioned in other sections.

Staff/reviewer comment: The agency completed all application forms and submitted on February 3, 2023, prior to the deadline. It should be noted that while not stated in the proposal, this organization collaborated with similar groups to innovate safer support activities during the public health emergency, with great success.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Clarification or correction of expense details in financial forms.*
- *Utilization target should be added for 16 (presumably) CSEs. Also develop and track NTPCs (families attending events, e.g.)*
- *Require letter of engagement for 2023 financial review prior to contract execution.*
- *Financial Review or Compilation for 2022 is due by June 30,2023.*
- *Caution should be taken to serve only Champaign County residents through this contract; if no other funding is available to out of county residents, private pay could be implemented.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: PY24 CCDDDB CUAN Planning Seed Grant

Agency: CU Autism Network

Request: \$65,217 - a NEW request

Why it matters: "Senator Scott Bennett's passing has inspired CUAN to instill lasting change on our community. We plan to investigate, develop, and operate a Regional Autism Support Center to establish lasting community autism advocacy. Once established, this center will offer education, advocacy, and support by raising autism awareness in our community and addressing how our social systems fail these members. Our planned center will empower self-advocacy and peer support groups with an encouraged leadership from autistic community members. It will also improve the public's overall understanding of autism and the rights of our autistic community members."

Selected priority: Self-Advocacy

Staff/reviewer comment: The proposal is to support planning for a center appropriate for and accessible to people with Autism Spectrum Disorders/autistic people and their families.

Services and People Served

Who will benefit: All Champaign County residents living with ASD, who care for ASD citizens, and the general public interested in ASD awareness, acceptance, education, and advocacy. Includes consideration of rural and culturally diverse residents.

Scope of services: Investigation, development, and planning for a Regional Autism Support Network. Will engage the community regarding a regional center's offerings (presentations, interviews, surveys to match community needs.) After community discovery, identify and model other community autism support centers and best possible services as understood by the national autism community. Investigation will include discussion with facility subject matter experts, collection of quotes and service proposals, and creation of comprehensive budget for execution. Then presentation of findings, to the community, with planned supports and proposed costs. Feedback through surveys and open-forum. Final product will be the plan of action for Regional Autism Support Center tailored to the community's needs.

Location and frequency of services: Various business, organizations, agency sites. Virtual training through electronic Learning Management System.

Staff/reviewer comment: Strong case for the need of a resource center in the community. Caution is needed regarding serving a larger region with funding from Champaign County only.

Measures of Client/Participant Access

Eligibility criteria and determination: Any public agency, business, organization, or resident in Champaign County.

Outreach to eligible people: standard and technological marketing and communication platforms (social media, telephone, email, listserv, public presentations, community and townhall events, news and radio interviews).

Within 20 days from referral, 100% of those referred will be assessed.

Within 20 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: Annually.

Additional demographic data: None.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Empower autistic populations with a method to express their needs and a venue to seek, identify, and acquire what they need to be successful (numeric target TBD, timeframe of 1 year).
2. Begin with PUNS data and elucidate the autistic community's needs specifically, then search national networks for best solutions to all PUNS findings. (number target TBD, timeframe of 1 year).

Specific assessment tools and data collection:

1. # survey participants, interviews, and feedback comments to be correlated with satisfaction levels and access-level opinions.
2. Collect, measure, and assess specific requests made in surveys, interviews, and community engagement; a self-advocacy empowerment study and comparison of requests pre- and post- national investigation.

Outcome data gathered from all participants: Yes.

Will collect outcome data before, during, and at completion of each planned event.

Staff/reviewer comment: CUAN staff are presumed to collect and manage these data. The assessment tools are either not identified or are to be developed. Outcomes quote CCDDDB needs assessment materials and comment on the findings. The outcomes relate to important aspects of community needs assessments but are not currently measurable.

Measures of Utilization

Staff comment: No PY24 utilization targets are identified/defined. Service Contacts and Community Service Events appropriate.

Financial Analysis

PY2024 CCDDDB funding request: \$65,217 - A NEW program request

PY2024 Total Program budget: \$65,217

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$27,600 are 42% of requested amount. Other expenses to be covered by the CCDDDB are: Professional Fees/Consultants \$14,950 (23%); General Operating \$12,777 (19.6%); Conferences/Staff Development \$3,450; Specific Assistance \$4,600; and Misc \$1,840.

Total Agency budget deficit of \$33,569; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 1 Direct FTE. A vacant position, for this and the other proposed program.

Total program staff: same, and same for the Total agency.

Staff comment: Requested funds will be used for planning. Some clarifications (and revisions) are needed in financial forms; see comments in the Program Summary of CUAN Community Outreach Program. The total agency budget does not match that of the other application; the same personnel and miscellaneous costs appear in both applications but are not combined in Total Agency, indicating errors in Total Agency or Program budgets. An amount is listed for Professional Fees (the correct place to charge independent CPA services) but the Budget Narrative does not detail items for this category and lists the CPA services under "General Operations" instead.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: “As a parent-organized self-advocacy group, CU Autism Network does not yet have the growth and infrastructure needed to support a governance, leadership, and workforce level of diversity and linguistic competency. The small and growing organization, however, will work with available technical assistance to fully develop this plan as it grows and as needed with future granting applications.” “Offer communication opportunities to event participants according to autism, communication, and lingual needs.”

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? N/A
Staff comment: If selected for funding, there will be a plan in place to discover how CU-Autism will continue to engage the neighborhoods in the community that might not be aware of services that are offered. Since the capacity is limited support will be provided to complete a cultural competence assessment to determine how to engage people that have not heard about their programs offered in Champaign County.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Will offer access to the surveys to rural residents and will provide services specific to their needs, including technology access and online resources. For members of under-invested populations, resources will be offered in various languages. All are welcome to public events, community interviews, and surveys (also available online).

Promoting inclusion and reducing stigma: Statement of non-discrimination and empathy leading to best possible solutions for unmet needs and direct access to autism support and education, for happier and healthier lives.

Outcomes: The outcomes relate to gaining clarity about the needs of autistic people in our community but are not easily measured. In addition, the solutions to be sought need not be limited to what can be learned from national partners, especially not before needs are clarified and the community’s and individuals’ own strengths and assets accounted for.

Coordinated system: Four similar organizations are identified: TAP and CU Able are local; EP!C is in Peoria; and Innovation Autism is in Springfield. Plan to collaborate with them on meeting community needs; networking, sharing materials on program goals. Collaboration with national organizations on technology opportunities (including virtual).

Written collaborative agreements: None.

Budget and program connectedness: The Budget Narrative does not identify other possible sources of agency or program revenue but expresses hope that they will be secured. Included are details on expenses to be charged to the contract and how they were determined. An indirect cost allocation methodology is included and refers to hidden costs. Details are thorough, but there are discrepancies between forms, and expense categories should more closely match those defined in CCDDDB funding requirements. Explanation of the staffing plan, for costs to be charged to this contract and possible other funders, along with a statement of purpose of the request.

Person Centered Planning: Not individual. Community needs assessment specific to Autism is a focus.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Lists six websites with relevant information.

Staff credentials: Staff and volunteers include elementary ed teacher, reading specialist, foster parent, early childhood teacher, CPA, speech pathologist, volunteer grant writers and technology consultants, and translational PhD scientist (who has experience with non-profit administration.)

Will the funding be used as match for another source of revenue: That is the hope.

Other pay sources: None. **Client fees:** No. **Sliding scale:** No.

Willing to participate in DD Medicaid-waiver programs: Yes.

Staff/reviewer comment: Regarding engagement with members of under-resourced/minority populations, the response refers to “the itemized list of fund allocation” which is not the name of a required application form; this question is the correct place for itemized lists on this topic. Access for these people and rural residents will depend on the location of the planned center and their ability to get there, so the virtual options are important.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency uses a calendar year fiscal year, so that the independent CPA report of financial review (based on total agency revenue) was due by July 1, 2022. This was required per the PY22 contract for the year of 2021. It was submitted on January 3, 2023, delayed by the CPA firm. There were no findings of concern, and no unexpended revenue was owed back to the CCDDDB.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Not addressed.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Plan to collaborate with national organizations with expertise in these areas.

Staff/reviewer comment: Agency completed and submitted application forms on February 3, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Clarification and correction of details in financial forms. Total agency budget does not match with that of the agency’s other application.*
- *At least one utilization target should be developed.*
- *With funding only from Champaign County, clarification is needed on how the center will serve a larger region.*
- *Orientation to Champaign County service providers and resources should be part of the planning process, as should consultation with the CLC Coordinator.*
- *Require letter of engagement for 2023 financial review prior to contract execution.*
- *Financial Review or Compilation for 2022 is due by June 30, 2023.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Decision Support PCP

Agency: CCRPC - Community Services

Request: \$433,777

Why it matters: "... conflict-free case management to individuals... enrolled on the PUNS list. Case Managers assist individuals with linkage to community resources based on individual preferences and needs, such as for job support, community day services, and community living supports. Case Managers also assist families with linkage and coordination for Medicaid, Social Security, respite services, etc."

Selected priority: Linkage and Coordination

Staff/reviewer comment: This request is to continue funding for a current (and previously) funded program.

Services and People Served

Who will benefit: People with I/DD and PUNS eligibility who: choose to contribute to preference assessments; desire conflict free case management and person-centered planning (but do not have Medicaid waiver funding and are receiving services funded through the CCDDDB); seek adult services as they transition from an Illinois State Board of Education (ISBE) setting; or also have mental health diagnosis.

Scope of services: Single point of intake. Independent Service Coordination (ISC) services and conflict free person-centered planning (PCP), with priority to those without waiver funding and on PUNS for the longest time (up to 135 people). Outreach prior to IEP meetings to share information about Transition services. Attendance at large events to offer PUNS registration and preference assessment. Preference data are compiled annually to inform future CCDDDB/CCMHB funding decisions and assist providers toward consumer choice.

Location and frequency of services: Agency offices, high schools, I/DD provider agencies, participants' homes and community sites; PUNS, preference assessment, and case management are annual (minimum) and ongoing while people are on PUNS, and Transition services are bi-monthly for 1-3 months.

Staff/reviewer comment: Current and prior year data demonstrate county-wideness and racial parity; this program finds people through schools, support networks, word of mouth, and other outreach and links people to other services and resources.

Residency of 461 people served in PY22 and 274 in the first half of PY23

Champaign	183 for PY22	128 for PY23
Urbana	134 for PY22	65 for PY23
Rantoul	44 for PY22	23 for PY23
Mahomet	28 for PY22	18 for PY23
Other	22 for PY22	40 for PY23

Demographics of 461 people served during PY2022

Age	
Ages 0 - 6 -----	6
Ages 7 - 12 -----	20
Ages 13 - 18 -----	67
Ages 19 - 59 -----	345
Ages 60+ -----	23

Race

White -----	329
Black / AA -----	97
Asian / PI -----	16
Other (incl. Native American, Bi-racial)-	19
Gender	
Male -----	292
Female -----	169
Ethnicity	
Of Hispanic/Latino/a Origin -----	47
Not of Hispanic/Latino/a Origin -----	414

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County residents who may have I/DD are eligible for PUNS meeting. Those who have I/DD and are on PUNS may choose to participate in preference assessment. Adults enrolled on PUNS in ‘seeking services’ may choose conflict free PCP (as staff capacity allows); PUNS enrolled people nearing HS graduation may choose Transition Consultant services; PUNS enrolled adults with dual diagnoses may choose case management. Determination is defined by IDHS-DDD, and for dual diagnosis, documentation of an MH diagnosis is required.

Outreach to eligible people: Referrals from other RPC programs, other providers, and high schools; outreach events; flyers to committees and agencies; agency website and social media; contact with other people with I/DD and their families; and (for Transition) targeting mailings to those on PUNS in secondary education.

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

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

People will engage in services, on average, for: 1-3 months for PCP; 1-3 years for dual diagnosis.

Additional demographic data: Individual Medicaid Recipient ID Number and insurance information.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Transition Consultants will strengthen community connections to increase referrals...
2. People selected from PUNS and provided PCP service will be supported in connection to services based on their preferences and will meet eligibility, minimizing time from PUNS selection to services.
3. Staff will identify potential crisis and coordinate for transition to state funded ISC for completion of crisis (waiver) funding packet. Assessed during home visits and PCP process.

Specific assessment tools and data collection:

1. Preference assessment, IEP, satisfaction surveys (collected by staff).
2. Required PAS paperwork and Medicaid award letters (collected by staff).
3. Satisfaction surveys, required PAS paperwork and Medicaid award letters (collected by staff).

Outcome data gathered from all participants: Yes.

Will collect outcome data annually (#1), exit from transition/quarterly (#2), and at PUNS selection/annually (#3).

Staff/reviewer comment: Frequency of data collection appears not to match the outcomes (#3). The outcomes measure program performance and are associated with measurement tools but lack specific change targets.

Measures of Utilization

Treatment Plan Clients (TPCs): 320 = people registering on PUNS, seeking referrals to community resources and brief CFCM, including PAS documentation prior to PUNS enrollment + adults receiving CF PCP + those receiving Transition Consultant services + those with DD and MI using intensive case management.

Non-Treatment Plan Clients (NTPCs): 200 people registering/updating PUNS and completing preference assessment.

Community Service Events (CSEs): 50 presentations by staff at outreach events, meetings with county high schools and other professionals.

Service Contacts (SCs): 300 episodes of contact with people served or screened.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. The PY24 application refers to PY23 projected targets (and one PY22 projected target). This is likely due to not updating all content cloned from PY23 application. This program provided 3600 hours of service during PY22. Utilization targets continue for PY24. CSE count includes meetings in addition to presentations on the program, so confirm that those meetings are also presentations by staff.

PY24 Targets TPC-320 NTPC-200 SC-300 CSE-50

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter	177	231	39	6
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Second Quarter	52	79	165	4
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Annual Targets TPC-320 NTPC-200 SC-300 CSE-50

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter	99	45	17	3
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Second Quarter	50	47	129	24
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Third Quarter	70	46	290	6
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Fourth Quarter	73	31	288	13
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Annual Targets TPC-220 NTPC-220 SC-300 CSE-40

Financial Analysis

PY2024 CCDDDB funding request: \$433,777

PY2024 Total Program budget: \$433,777

Current year funding (PY2023): \$370,388

Proposed change in funding - PY2023 to PY2024 = 17%

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$315,276 are the primary expense charged to CCDDDB, at 72.7% of requested amount. Other expenses: Professional Fees/Consultants \$1,000; Consumables \$1,200; General Operating \$12,000 (2.8%); Occupancy \$99,501 (22/9%); Conferences/Staff Development \$1,000; Local Transportation \$2,000; Equipment Purchases \$1,800.

Total Agency budget has a deficit of \$3,175,669; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 4.76 Direct FTEs.

Total program staff: same.

Staff comment: The increased request relates to salary increases and related costs. Personnel to be charged to this contract include direct staff only: 85% of 5 full-time Case Manager positions (1 of which is currently vacant), 20% of the full-time Program Manager, all of a 0.23 FTE Transition Consultant, and all of 0.08 FTE Case Manager. The Budget Narrative defines this contract as operating within the RPC ISC program to cover activities not funded by the ISC program contracts; while full ISC program budget is not available, the total RPC agency budget is present.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: CCRPC CLC Committee completed a DE&I Plan in 2023 and will add DEI to the Job Descriptions and other places on the website. CLC is now included in reflective supervision and the annual performance evaluation.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? Yes.

Highlights from the submitted CLC Progress Report: CCRPC has implemented a plan that has included the following departments to incorporate CLC Practices in their policies and procedures: Community Services Division, Champaign County Head Start, Human Resources, The Youth Assessment Center, and Community Action Advisory Committee. They have received training about the American Disabilities Act, Anti-Harassment Training, and Understanding Race and Nutrition. The CLC Committee reviewed “The Crown Act” and discussed how to make their policies culturally relevant based on the training.

Staff comment: CCRPC has been intentional about how to reach hard to serve populations. I reviewed their program plans and paid special attention to the collaborations and written agreements that have been created in order to serve hard to reach populations as well as working in rural areas to expand services beyond Champaign-Urbana.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Broad outreach through community events, Transition Planning Committee, provider agencies, high schools (including rural), and client visits at their homes and community-sites as preferred, new office in Rantoul, and some virtual (IEPs, e.g.). Outreach to under-resourced minority populations through events such as CUSD#4 Backpack Back to School, disABILITY Resource Expo, Rural Champaign Co. Special Ed Coop, and services in locations most convenient to the clients (virtual too).

Promoting inclusion and reducing stigma: Focus on PCP process and collaboration with program participants in their own advocacy and inclusion. Identifies PCP guidelines for waiver services (supportive of inclusion, reducing stigma, improving community access.)

Outcomes: Associated with specific tools, all data collected by staff (specified in the application). Outcomes focus on staff performance of value to clients; numeric targets are not included.

Coordinated system: Detail on coordination with other providers for each of the services covered under this contract.

Written collaborative agreements: DSC, Community Choices, Residential Developers, Individual Advocacy, PACE. Also works closely with county high school professionals.

Budget and program connectedness: The Budget Narrative details all expenses to be charged to this contract, with rationale for each and all items within each category. It describes the direct personnel associated with the program and references the agency’s (GATA) approved indirect cost allocation rate plan, shared with CCDDDB staff previously; from earlier review, this includes use of an approved rate for administrative indirect costs, as described here.

Person Centered Planning: Illinois Department of Human Services - Division of DD planning process/model.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: References federal CMS Home and Community Based Services regulations which impact Illinois’ Medicaid waiver programs and address conflict free case management, PCP, and settings. Provides a link to Illinois DHS website on person centered philosophy.

Staff credentials: Transition Consultants - minimum bachelor’s degree and direct experience with transition planning. Case Managers - minimum bachelor’s degree in human services field plus one year experience working with people with I/DD. Program Manager and Case Managers are credentialed Qualified Intellectual

Disabilities Professionals. Current Program Manager has an MSW and over 15 years' experience in social services; current Community Services Director is a Licensed Clinical Social Worker; and current ISC coordinator has over 25 years' experience in the field; one current Transition Consultant has a PhD, and professional and lived experience with I/DD system, and the other has an MSW and over 40 years social service experience; current dual diagnosis CM has bachelor's in Community health, 4 years as ISC/QIDP, and 8 years professional experience in the mental health field.

Will the funding be used as match for another source of revenue: No.

Other pay sources: None. **Client fees:** No. **Sliding scale:** No.

Willing to participate in DD Medicaid-waiver programs: No. The ISC program (not presented as total program in the budget) does receive Medicaid and state funding and plays the role of securing Medicaid funding for program participants.

Staff/reviewer comment: Filling a gap by providing service to those who do not have Medicaid-waiver funding, and no other entity does that. Glad to see consumer input used to possibly inform future funding decisions.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, full eligibility is maintained.

All forms submitted by deadline: Yes.

Audit findings: This program is included in the combined Champaign County Audit, with no negative findings in PY22.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes. A focus of the program.

Continuation of services during public health emergency: Virtual support.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not addressed.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Update utilization targets to "FY24" rather than "FY23" where in error.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Service Coordination

Agency: Developmental Services Center

Request: \$496,080

Why it matters: "... intensive case management and coordination of services and supports. Guided by the person's individualized plan, DSC's Case Coordinators, who are Qualified Intellectual Disabilities Professionals (QIDPs), support the individual in obtaining what they outlined in their plans. They assist people with benefits and complex support needs, providing services and/or linking them with community resources as needed."

Selected priority: Linkage and Coordination

Staff/reviewer comment: This proposal is to fund a continuing program, with increase to cover various increased costs.

Services and People Served

Who will benefit: Champaign County residents with I/DD who request support to enhance or maintain their highest level of independence.

Scope of services: Several services listed, varied degrees of support, including: intake screening for DSC services; advocacy and self-advocacy support; medical support (routine or emergency); crisis intervention; 24 hour on call support; referral and collaboration with other providers; linkage to programs and benefits enrollment; representative payee and financial management support; access to tax, legal, and housing support; and support of long-term care search, referral, and transition.

Location and frequency of services: Person's home, office, medical office, clinician's office, other locations as requested by the client; in-person, email, phone, virtual contacts for support; virtual option for coordination meetings; support for use of online banking, benefits, health records portals, with training for staff and clients as these options develop.

Staff/reviewer comment: Intensive support by having QIDP who looks deeply into the services provided.

Residency of 242 people served in PY2022 and 231 in the first half of PY2023

Champaign	87 for PY22	87 for PY23
Urbana	84 for PY22	84 for PY23
Rantoul	12 for PY22	13 for PY23
Mahomet	18 for PY22	20 for PY23
Other	41 for PY22	27 for PY23

Demographics of 242 people served during PY2022

Age	
Ages 7-12 -----	3
Ages 13-18 -----	6
Ages 19-59 -----	209
Ages 60+ -----	24
Race	
White -----	177
Black / AA -----	47
Asian / PI -----	9

Other (incl. Native American and Bi-racial)	9
Gender	
Male -----	151
Female -----	91
Ethnicity	
Of Hispanic/Latino/a Origin -----	6
Not of Hispanic/Latino/a Origin -----	236

Measures of Client/Participant Access

Eligibility criteria and determination: Diagnosis of I/DD as defined by IDHS-DD, PUNS enrollment.

Outreach to eligible people: Various referral sources - support groups, physicians, other agencies, schools, self and family, word of mouth. Also outreach through community events, agency intake, website, social media, brochures, other materials.

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

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

People will engage in services, on average, for: can be lifelong.

Additional demographic data: Disability and referral source.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 98% of clients will participate in development of personal outcomes.
2. 20 will participate in personal outcome measure interviews.
3. 80% will maintain/make progress in chosen outcomes.

Specific assessment tools and data collection:

1. Implementation Strategies - monthly review by staff; self-report.
2. POM interview booklets - maintained by Director of Program Assurance; client participation documented.
3. Personal outcome progress tracked monthly by staff- random files reviewed quarterly by staff.

Outcome data gathered from all participants: No, a random sample selected quarterly, of those served at least one year.

Will collect outcome data quarterly.

Staff/reviewer comment: Mid-year progress is also reported for each outcome (97%, 4, and 77%). The inclusion of CQL Personal Outcome Measures is important as these align with national standards for outcomes, acknowledging that collecting these data on all service participants is not practical.

Measures of Utilization

Treatment Plan Clients (TPCs): 275 people with individual plan funded by CCDDDB.

Non-Treatment Plan Clients (NTPCs): 10 children in Family Development program receiving respite services.

Service Contacts (SCs): 20 people interested in services and reviewed by Admissions Committee.

Community Service Events (CSEs): 2 public presentations, engagement/speaking with community groups, representation at community events.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. Targets and definitions slightly different for PY24. TPCs were provided 6,235.25 hours of service during PY22.

PY24 Targets TPC-275 NTPC -10 SC-20 CSE-2

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter	228	29	6	1
Second Quarter	3	0	4	1
<i>Annual Targets</i>	<i>TPC-280</i>	<i>NTPC-36</i>	<i>SC-70</i>	<i>CSE-2</i>
PY22 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	229	33	5	0
Second Quarter	1	0	3	0
Third Quarter	6	1	6	2
Fourth Quarter	6	0	6	1
<i>Annual Targets</i>	<i>TPC-280</i>	<i>NTPC-36</i>	<i>SC-70</i>	<i>CSE-2</i>

Financial Analysis

PY2024 CCDDDB funding request: \$496,080

PY2024 Total Program budget: \$687,395

Current year funding (PY2023): \$468,000

Proposed change in funding - PY2023 to PY2024 = 6%

CCDDDB request is for 72.2% of total program revenue. Other revenue is from DHS Fee for Services \$188,000 (37.9%), Program Service Fees Other \$311, and Miscellaneous \$3,004.

Personnel-related costs of \$444,174 are the primary expense charged to CCDDDB, at 89.5% of requested amount. Other expenses are Professional Fees/Consultants \$3,401, Consumables \$3,429, General Operating \$8,473, Occupancy \$10,005 (2%), Conferences/ Staff Development \$3,143, Local Transportation \$2,448, Equipment Purchase \$602, Lease/Rental \$7,715, Membership Dues \$1,824, and Misc \$10,866 (2.2%).

Total Agency budget surplus of \$64,301, Total Program deficit \$2,601, and CCDDDB budget BALANCED.

Program staff to be funded by CCDDDB: 0.83 Indirect and 6.48 Direct = 7.31 FTEs

Total program staff: 1.04 Indirect and 9 Direct = 10.04 FTEs

Staff comment: Requested increase relates to increased salary and benefit costs (and others). Salaries to be charged include: small portions (from 1% to 5%) of 20 full-time Indirect Staff; 72% of 8 full-time Case Coordinators/QIDPs (one vacant position), 36% of full-time Program Director and full-time Clinical Manager (as Direct Staff). Includes allocated income from outside training revenue as Other Fee for Service and from “management fee and other income from” M&G as Miscellaneous.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s

native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural reach through Transition Planning Committee (with broad coverage), through sharing information about supports in rural areas, and continued/increased access virtually; services in people’s homes, at agency office and other locations as requested, telehealth, and Zoom. Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); as with rural residents, members of under-resourced groups can participate in services at home, DSC, other offices as requested, or virtually.

Promoting inclusion and reducing stigma: Increased access and involvement in community broadens inclusion, reduces stigma and discrimination - support to reside, shop, recreate, and worship as desired. Reduce isolation and loneliness common in this population.

Outcomes: Three outcome measures relate to the client’s experience (input in goal setting, reporting of POMs, and progress; appropriate assessment strategies for each.

Coordinated system: Yes. Has a positive relationship with other agencies providing similar services.

Written collaborative agreements: CCRPC, Community Choices, CRIS Healthy Aging, Family Service, PACE, Promise, RACES, Rosecrance.

Budget and program connectedness: In addition to clarifying each program revenue and expense to be charged to this contract, the Budget Narrative explains recent and planned salary increases to remain competitive as minimum wage increases, increased costs of worker’s compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of all direct staff with salaries partially charged to the contract, along with a statement about Allocated Program Expense formula (reviewed by auditors and provided to CCDDDB staff) and indirect staff roles.

Person Centered Planning: Yes.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Details and link to the ARC statement on importance of this service for people with IDD.

Staff credentials: Describes federal and state requirements for QIDPs. Bachelor’s in social service field, one year experience with people with I/DD, 40 hours classroom and 80 hours on the job training (DHS DSP), plus 40 instruction hours (QIDP), approval from IDHS-DDD, plus 12 hours CEU each year.

Will the funding be used as match for another source of revenue: No.

Other pay sources: State funding (those services are not reported or charged to the CCDDDB), private pay.

Client fees: No. **Sliding scale:** No.

Willing to participate in Medicaid programs: Yes. Explicitly states that the program will not supplement Medicaid payments.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency’s PY22 audit was submitted on 12/2/22, reporting no findings of concern.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes, care is appropriate, to avoid supplementing Medicaid waiver (and other) funding for these services on behalf of eligible people.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes!

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Consider retaining PY23 special provisions.*
- *Resolve the agency personnel/expense issue for consistency across all program applications and for greater accuracy regarding total budget positions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Inclusive Community Support

Agency: Community Choices, Inc.

Request: \$198,000

Why it matters: "... to support adults with I/DD to design, build, and maintain their own personalized "Home Life". We assist with all aspects of Community Living and Support including finding and maintaining a home, and coaching related to the skills and routines that allow day to day living to be sustained. It also aligns with the Personal and Community Life priorities in the ways that it supports people, and families, with self-sufficiency in independent living, provides support in a person's family home, and in the capacity it has to support people to build connections in the community."

Selected priority: Home Life

Staff/reviewer comment: This request is to continue funding for community-based living mid-level support in three main tracks.

Services and People Served

Who will benefit: People with I/DD with desire to live in the community; indirect benefit to families.

Scope of services: Flexible supports chosen by the participant after in-depth planning to identify their ideal home situation and what will make it possible. Three tracks:

Family-Driven Support - starts with planning process for self-directed community living;

Sustained Community Supports - specific supports in various domains;

HBS Basic Self-Direction Assistance (SDA) - for those with state HBS Medicaid-waiver funding.

Personal Development Classes - e.g., cooking, transportation, community and home safety, friendship building, etc.

Location and frequency of services: Agency offices, community sites appropriate to the class or support, participant's home, virtual options; frequency varies, up to 5 times per week for ICS.

Staff/reviewer comment: Proposed services are a continuation of the currently funded program which was expanded during PY23.

Residency of 26 people served in PY22 and 27 in the first half of PY23

Champaign	16 for PY22	15 for PY23
Urbana	4 for PY22	6 for PY23
Rantoul	1 for PY22	1 for PY23
Mahomet	1 for PY22	2 for PY23
Other	4 for PY22	3 for PY23

Demographics of 26 people served during PY2022

Age

Ages 19-59 -----	24
Ages 60+ -----	1
Not Available -----	1

Race

White -----	17
Black / AA -----	6

Asian / PI -----	2
Other (incl. Native American, Bi-racial)-	1
Gender	
Male -----	19
Female -----	7
Ethnicity	
Not of Hispanic/Latino/a Origin -----	26

Measures of Client/Participant Access

Eligibility criteria and determination: 18 years of age, enrolled in PUNS, (for ICS) desire to live on their own and be by themselves a majority of the day, (for Personal Development classes) an interest in gaining skills. PUNS enrollment requires assessment by the CCRPC Independent Service Unit. Individual seeking services meet with agency staff to determine if the program fits their needs and goals.

Outreach to eligible people: Area schools, word of mouth, Expo and similar community events, Transition Planning Committee, and other agencies.

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

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

People will engage in services, on average, for: a few weeks or ongoing, depending on the person; classes are 6-8 weeks.

Additional demographic data: Medicaid Recipient ID Number (RIN), PUNS eligibility, medical insurance coverage, involvement with other providers (to avoid duplication).

Staff/reviewer comment: Assessment and engagement timelines are reasonable for the type of services.

Measures of Client/Participant Outcomes

Outcomes and targets:

Family Support & Planning: annual check-in to assess 4 family experiences: long term plan is sustainable; decreased time providing daily living supports; increased quality of life; whether ICS supported desired housing, natural supports, skills, and connections.

Housing: annual check in, 95% maintain stable housing, 85% satisfied with housing, 50% find program helpful in finding/sustaining preferred housing.

Learning: annual check in, 90% develop the skills they identified, 90% find program helpful in skill-building.

Connecting: annual check in, 90% identify desire to build connections, etc, 80% find program helpful in building connections, 100% have people and places where they're comfortable.

Personal Outcome Measures (POM): 90% increase POM scores in targeted outcomes, 90% increase POM supports present for targeted outcomes.

Personal Development Classes: 100% indicate growth/skill based on course assessments.

Specific assessment tools and data collection:

Initial Family Evaluation Form (families, after intake);

Annual Family Evaluation Form (families, 12 months after intake/annually);

Quarterly Check-Ins/Quarterly Narrative Reports (staff summaries of case notes and person's progress over the quarter);

Independent Living Skills Checklist (inventory of participant skills, measures, and experiences, completed by staff with participants);

Action Plan (staff summary of participant's self-determined goals and supports);

Personal Outcome Measures (a Council on Quality & Leadership tool to determine presence of key life outcomes and supports leading to them, completed by staff with participants)

Class Pre/Post Evaluations (pre-and post-class data on all participants)

Outcome data gathered from all participants: Yes.

Will collect outcome data annual formal assessments; quarterly (at least) formative assessment on self-determined goals.

Staff/reviewer comment: Agency worked with UIUC Evaluation Capacity Building Team in past projects and has shown interest in working with UIUC Family Resiliency Center.

Measures of Utilization

Treatment Plan Clients (TPCs): 30

Non-Treatment Plan Clients (NTPCs): 15 people who receive a service or support not related to a treatment plan, includes participants in Personal Development Classes.

Community Service Events (CSEs): 4 outreach events to organizations, community, providers, and other - about the program and the importance of people with I/DD having community living opportunities.

Service Contacts (SCs): 2023 total. 1763 contacts in ISC + 260 in Classes. This count will include NTPCs. (Section contains a note that PY22/PY23 estimates were incorrect.)

Other: 2878 total. 2678 hours in ISC + 200 in Classes.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. Program provided 1,600 hours of service to TPCs during PY22. Adjusted SC target.

PY24 Targets TPC-30 NTPC-15 SC-2023 CSE-4 OTHER-2878

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter 24 11 48 2 434

Second Quarter 3 3 79 4 533

Annual Targets TPC-40 NTPC-15 SC-3539 CSE-4 OTHER-4100

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter 14 9 301 2 581.5

Second Quarter 1 5 369 0 525

Third Quarter 6 5 274 4 425

Fourth Quarter 5 0 340 4 532

Annual Targets TPC-30 NTPC-15 SC-3539 CSE-4 OTHER-4768

Financial Analysis

PY2024 CCDDDB funding request: \$198,000

PY2024 Total Program budget: \$198,000

Current year funding (PY2023): \$193,874

Proposed change in funding - PY2023 to PY2024 = 2%

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$170,324 are the primary expense charged to CCDDDB, at 86% of requested amount. Other expenses: Professional Fees/Consultants \$6,588 (3%); Consumables \$2,600 (1.3%); General Operating \$5,950 (3%); Occupancy \$7,100 (3.6%); Conferences/Staff Development \$1,400; Local Transportation \$4,038 (2%).

Total Agency budget surplus \$4,058; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 0.26 Indirect + 2.74 Direct = 3 FTEs.

Total program staff: same.

Staff comment: The increased request is primarily related to salary increases. If program services can be paid for through HBS or private pay, those should be included as other sources of program revenue. Personnel to

be charged to this contract are 0.8 of 1 FTE Community Life Coordinator, 1 FTE Lead Community Support Specialist, 0.75 of 1 FTE Community Support Specialist, 0.3 of 1 FTE Associate Director, and 0.15 of 1 FTE Executive Director. Although this change was made so the agency definition matches CCDDDB definition of Total Program, some revenues related to the program should still be considered Total Program Revenue, with the understanding that they might not be available to all clients served in the program.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Community Choices has worked to bring CLC Values into practices and policies. All employees are required to sign the CLC Plan and formal agreements are made with DSC on employment 1st. There is a plan to provide outreach and materials to RACES, the Well Experience, HACC, Don Moyer Boys and Girls Club and CUPHD. Community Choices continues to encourage bilingual staff. Plan language in the handbook is important for members and is included in the Members Only section of the site.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? Yes.

Highlights from the submitted CLC Progress Report: Web Accessibility 101; Olmstead's Promise: Ending police violence on black disability communities; Approaches to increasing independence within transportation for people with I/DD; Supporting people with I/DD and Mental Health Diagnosis; Disability, Law Enforcement, and Incarceration: New Papers and Opportunities; The Non-violent Communication Course; Racial Healing for Health. There has been a Cultural Competence assessment for the Board of Directors and there is a need for an organizational assessment. The website was updated for members to access to the handbook for plain language.

Staff comment: Human Rights Advocacy Group created a training for organizations on ways to serve people that are living with disabilities. This training provided by the Human Rights Advocacy Group will meet the annual CLC Training Requirements for agencies that are funded by the DDB. In my review, of program plans I was intrigued by the statement in the Staff Recruitment and Retention program plan. "The people who provide direct services to people with I/DD are, according to the cited ACL Issue brief [See question 9] 87% female, 50% on some sort of public assistance, 60% are people of color, and 29% are immigrants." Since there is disparity in the workforce, there should also be a collaborative conversation with the members and their families along with staff about clear and realistic expectations of the workforce that respect the culture of the person that will be providing care for people living with disabilities.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Broad outreach through large events, resource lists/databases, and website. Rural outreach through Northern Champaign County Community Resource Fair and rural special education cooperative; services where people live and where they choose to live; virtual option. Referrals from providers who reach under-resourced groups; engagement through diverse staff and special attention to building natural supports and resources within a person's community.

Promoting inclusion and reducing stigma: With sustainable community integrated living situations matched to a person's choice, and with encouragement to seek and use community resources and natural supports, their increased access and involvement allows others to see people with I/DD as full members of the broader culture.

Outcomes: Six categories of outcomes, some with multiple measures, related to those being served through the three tracks of support. Data are collected from program participants, families, & staff, using tools specific to each measure.

Coordinated system: Participants choose one from similar services, to avoid overlap/duplication across agencies, for DDB and state funded services, but variety is encouraged. ISC staff help with transitions between

providers. Agency accepts referrals from ISC and welcomes their participation in the planning process. Communicates and cross-promotes with PACE on classes, and people do not have to choose one.

Written collaborative agreements: PACE, CC Health Care Consumers, CCRPC, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers, Uniting Pride, MTD. Informal with CUPHD, UI Special Ed, Promise Healthcare, The Autism Program, CU Special Rec, and Housing Authority of CC.

Budget and program connectedness: The Budget Narrative provides detail on projected revenues and expenses and on all personnel associated with the program.

Person Centered Planning: Describes an in-depth process for identifying strengths, aspirations, and support needs and planning for community living.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Supportive Housing and the MH model, Community Support Teams; link to USDOJ statement on Olmstead, need for community living options; 2 links to research articles on Supportive Housing and Living models as cost-effective and supportive of choice, access, and integration.

Staff credentials: DSPs and QIDPs and those with training or undergraduate degrees in human service related fields; diverse backgrounds of current staff - rehab counseling, DSPs, QIDPs, recreational therapy, special ed, K-12 ed, human resources, sciences, arts; relevant trainings and many years' experience.

Will the funding be used as match for another source of revenue: No.

Other pay sources: Will bill Home Based Support (HBS) for those with the award; private pay option. **Client fees:** No. **Sliding scale:** No. Not yet requested or used but possible is private pay, with fees per service based on DDD rates and bundled, negotiated with the person or family.

Willing to participate in DD Medicaid-waiver programs: Yes.

Staff/reviewer comment: The other sources of pay should be treated as other revenue for the Total Program; the agency has taken care to track total program and total agency accurately, but omission of IDHS-HBS fee for service reimbursements (and the possibility of private pay) from total program revenues may be an overcorrection.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, full eligibility is maintained.

All forms submitted by deadline: Yes.

Audit findings: PY2022 agency audit was submitted 1/19/23, delayed by the CPA firm, and identified a weakness in internal control (known to the agency board and approved). Payments were suspended for one month due to late submission of PY22 audit.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Virtual support.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Virtual options are available if desired and appropriate; training materials have been developed to support use of technology.

Staff/reviewer comment: The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Include other pay sources for the program's services in Total Program Revenues, which may affect Personnel form.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Community Living

Agency: DSC

Request: \$565,480

Why it matters: "... supports people with developmental disabilities residing in Champaign County to optimize independent living. People reside in their own home or apartment or in DSC's semi-supported apartment building, C-U Independence (a HUD subsidized, secured apartment building). This program aligns with CCDDDB Home Life priority and is also reflective of the Personal Life priority."

Selected priority: Home Life

Staff/reviewer comment: This proposal is to fund a current and previously funded program, with increase to cover various increased costs.

Services and People Served

Who will benefit: Champaign County residents, 18 and older, with I/DD and desire/need to learn and/or maintain skills within a safe environment, to receive ongoing support in areas not mastered, for increased support related to aging, deteriorating health, or chronic conditions that jeopardize independence.

Scope of services: Personalized support, based on individual interests, can include: skills to live independently (cooking, shopping, cleaning, safety, and more); health and wellness support (medication monitoring, scheduling appointments, education); community (access, social, recreational, social skills, MTD training, self-advocacy, finding a new home); financial (checkbook, paying bills, saving/spending responsibly, budgeting, tax prep, banking); crisis response system after hours and overnight DSP at CU Independence building; and technology (telehealth, accessing medical records and banking online, apps).

Location and frequency of services: In community and individuals' homes, at times fitting their schedules; some support in medical/clinician offices; ranging from a few hours to 40/month. In-person, email, phone, virtual contacts for support; virtual option for coordination meetings; support for use of online banking, benefits, health records portals, with training for staff and clients as these options develop.

Staff/reviewer comment: Continuation of funded program services. Program has added a DSP and new Health Advocate to support health and wellness of current participants.

Residency of 49 people served in PY2022 and 68 in the first half of PY2023

Champaign	12 for PY22	17 for PY23
Urbana	29 for PY22	39 for PY23
Rantoul	3 for PY22	7 for PY23
Mahomet	1 for PY22	1 for PY23
Other	4 for PY22	4 for PY23

Demographics of 49 people served during PY2022

Age	
Ages 19-59 -----	42
Ages 60+ -----	7
Race	
White -----	35
Black / AA -----	13

Asian / PI -----	1
Gender	
Male -----	29
Female -----	20
Ethnicity	
Not of Hispanic/Latino/a Origin -----	49

Measures of Client/Participant Access

Eligibility criteria and determination: People with diagnosis of I/DD as defined by IDHS-DD, PUNS enrollment.

Outreach to eligible people: Various referral sources - physicians, other agencies, schools, self and family, word of mouth. Also through community events, agency intake, website, social media, brochures, other materials.

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

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

People will engage in services, on average, for: as long as needed and actively participating.

Additional demographic data: Disability and referral source.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. (PY23 target of 75%) 80% of program participants will pass monthly housekeeping and safety reviews.
2. (PY23 target of 65%) 90% of program participants will have an opportunity each quarter to connect to their community (local events, new friends, interests, etc.)

Specific assessment tools and data collection:

1. Monthly Housekeeping and Safety Review form and spreadsheet - program manager.
2. List of new community participation opportunities - staff and participant report.

Outcome data gathered from all participants: Yes.

Will collect outcome data monthly and quarterly.

Staff/reviewer comment: Includes mid-year progress data for the current year - 80% and 88%. Targets will be increased for PY24.

Measures of Utilization

Treatment Plan Clients (TPCs): 78 participants with individual plan funded by CCDDDB.

Service Contacts (SCs): 6 people screened for program services.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. TPC target is increased. TPCs were provided 8,791.5 hours of service during PY22. A contract amendment was completed during PY23 to increase TPCs served.

PY24 Targets TPC- 78 SC-6

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter 47 6

Second Quarter 21 2

Annual Targets TPC-64 SC-6

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter 46 1

Second Quarter 0 1

Third Quarter 3 3

Fourth Quarter	0	2
Annual Targets	TPC-56	SC-8

Financial Analysis

PY2024 CCDDDB funding request: \$565,480

PY2024 Total Program budget: \$743,684

Current year funding (PY2023): \$536,000

Proposed change in funding - PY2023 to PY2024 = 6%

CCDDDB request is for 76% of total program revenue. Other revenue is from United Way \$35,625 (4.8%), DHS Fee for Service \$125,000 (16.8%), Program Service Fees Other \$335, and Misc \$17,244 (2.3%).

Personnel-related costs of \$500,323 are the primary expense charged to CCDDDB, at 88.5% of request. Other expenses are Professional Fees/Consultants \$3,867, Consumables \$3,700, General Operating \$9,487, Occupancy \$7,582, Conferences/Staff Development \$3,253, Local Transportation \$20,159 (3.6%), Equipment Purchase \$1,611, Lease/Rental \$6,895, Membership Dues \$2,078, and Miscellaneous \$6,525.

Total Agency budget surplus of \$64,301, Total Program deficit \$2,831, and CCDDDB budget BALANCED.

Program staff to be funded by CCDDDB: 0.84 Indirect and 8.48 Direct = 9.32 FTEs

Total program staff: 1.15 Indirect and 11.15 Direct = 12.3 FTEs

Staff comment: Requested increase relates to increased salary and benefit costs (and others). Salaries to be charged are: for Indirect Staff, small portions (from 2% to 5%) of 20 full-time positions; for Direct staff, 76% of full-time Community Living Manager, full-time Health Advocate, and 7 full-time Community Living Specialists, 49% of one full-time CLS, 50% of full-time program director (position is listed twice), 27% of another full-time CLS, and 19% of two full-time intermittent CILA staff. Includes allocated income from outside training revenue as 'Other Fee for Service' and from "management fee and other income from" M&G as Miscellaneous, also for services provided to the CU Independence apartment building.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: DEI Committee meets quarterly to look at goals and discuss "strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service."

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: "Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented." DSC reported on the following engagement strategies: "Baby Book Club," a monthly book giveaway for families in the caregiver's native language; "Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs."

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations

in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural reach through RPC ISC referrals, self or family referrals, Transition Planning Committee Roundtable, Expo, website, social media. In person and virtual. Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); services typically at the person's home or location of their choice (e.g., grocery stores, medical offices, Medicaid, or Social Security offices); public locations encouraged for access and exploration of interests and opportunities.

Promoting inclusion and reducing stigma: For people to feel connected and valued and reduce risk of social isolation. Program supports people to be actively engaged, productive members of their community, increasing their sense of belonging, with emphasis on exploring interests for personal fulfillment and contribution.

Outcomes: Relate to the client's experience, one standard to the program, and the other connecting to the person's community; appropriate assessment tools are associated with these, maintained by staff.

Coordinated system: Yes.

Written collaborative agreements: CCRPC ISC and Shelter Plus Care, Community Choices, CRIS Healthy Aging, Family Service, Parkland OTA Program, Rosecrance.

Budget and program connectedness: Describes each program revenue and expense to be charged to this contract, along with recent and planned salary increases to remain competitive as minimum wage increases, increased costs of worker's compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of staff associated with the program, and statement about Allocated Program Expense formula (reviewed by auditors and provided to CCDDDB staff).

Person Centered Planning: Yes.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Cites and links to an article on the importance of community integration. Notes greater risk of social isolation among people with I/DD.

Staff credentials: 40 hours of IDHS mandated classroom and 80 hours on the job training, training specific to people receiving services, and encouragement/support for other trainings (virtual, webinars, some CQL).

Will the funding be used as match for another source of revenue: No.

Other pay sources: State funding prior to this funding (by person or by service). United Way. Private pay accepted. **Client fees:** No. **Sliding scale:** No. People living at CU Independence pay rent based on income.

Willing to participate in Medicaid programs: Yes. Agrees not to supplement.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern. Excess revenue associated with this program (\$11,821) had been identified from 4th quarter reports and returned earlier in the year.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *On the Personnel form, the Director of Residential Services listed twice, which has the effect of inflating Total Agency and Total Program Salaries, though the total to CCDDDB for her salary is 50%. This should be revised.*
- *Consider continuation of PY23 Special Provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Transportation Support

Agency: Community Choices, Inc.

Request: \$119,500 - a NEW request

Why it matters: “This program specifically targets the area of Transportation Assistance, which is included in this priority area and has been extensively discussed and noted in local and regional needs assessments. We aim to address this need with a personalized and community-focused approach that will allow participants increased ability to access the community. As part of this, we are also emphasizing the ways that technology can be used to support the use of community-transportation options, through training on existing community resources such as MTD, Uber, and Lyft.”

Selected priority: Personal Life

Staff/reviewer comment: This request is for a new program, notably identified by members of the agency’s support networks.

Services and People Served

Who will benefit: Adults with I/DD who need to access community locations, events, jobs, or anything else outside their home; secondary benefit to families acting as default transportation providers.

Scope of services:

Transportation Coordination and Training: staff (to be hired) to schedule and train participants to use available transportation options and technologies which make those options safer and more accessible.

Personalized Driver Services: scheduled rides for members according to need and preference, set up at least one day in advance, for work, errands, appointments, events, visits with friends, etc. One on one rides with staff, who are known to the members, in vehicles typical to those used by general population. Door to door with reminders and arrival confirmations (according to individual need). Group rides for agency structured events. Tracked through voucher system giving each member a number of rides per month, with additional rides related to new job, increased medical need, change in support, etc.

Location and frequency of services: By nature, in-person service, though technology training is included and can be done through zoom; community wide per participants’ choice and needs; drivers 8AM-8PM on weekdays.

Staff/reviewer comment: Proposes a new program to address a well-documented need and designed with input from the agency’s ‘members.’ Addresses a serious and longstanding barrier.

Measures of Client/Participant Access

Eligibility criteria and determination: agency Members (engaged in Connect Department), 18 years of age with documented DD, completed intake and paperwork. PUNS enrollment requires assessment by the CCRPC and establishes DD eligibility. Membership Coordinator meets with people seeking services to explain programs and determine if they’d like to be members.

Outreach to eligible people: area schools, word of mouth, Expo and similar community events, Transition Planning Committee, and other agencies.

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

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: Membership is for one year, with option to renew.

Additional demographic data: Individual Medicaid Recipient ID Number, medical insurance coverage, involvement with other providers to avoid duplication.

Staff/reviewer comment: Wait times are reasonable.

Measures of Client/Participant Outcomes

Outcomes and targets:

Community Access: After each month of use, 80% of participants will report increased community access, regarding feeling able to: participate in life with family and friends; maintain job; do things they're interested in; and take care of basic errands and needs.

Confidence in Community & Community Travel: After each month of use, 60% will report increased confidence in: being in the community; traveling in the community; using technology related to transportation; and parent comfort with family member traveling in the community.

Quality of Life: After each month of use, 80% will report: increased overall quality of life: positive change in emotional wellbeing/stress; feeling in control of one's life; and feeling respected and equal to others.

Specific assessment tools and data collection:

Monthly Transportation Usage Survey (participants, involved families).

Outcome data gathered from all participants: Yes.

Will collect outcome data monthly.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 45 participants active, by scheduling and using ride vouchers.

Service Contacts (SCs): 2696 = 1300 ride contacts + 1300 coordination/scheduling contacts + 96 training and usage support contacts.

Community Service Events (CSEs): 4 outreach events to organizations, community, providers, and other - about the program and the importance of people with I/DD having connection opportunities.

Other: 1095 total. 650 hours of rides + 325 hours scheduling/coordinating + 120 hours training and support.

Staff comment: Service contacts and service hours associated could be reported in the online claims system regarding the NTPCs.

Financial Analysis

PY2024 CCDDDB funding request: \$119,500 - a NEW request

PY2024 Total Program budget: \$119,500

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$89,126 are the primary expense charged to CCDDDB, at 75% of requested amount.

Other expenses: Professional Fees/Consultants \$3,677 (3%); Consumables \$1,500 (1.3%); General Operating \$4,539 (3.8%); Occupancy \$3,908 (3.3%); Conferences/Staff Development \$750; Local Transportation \$15,000 (12.6%); Equipment Purchases \$1,000.

Total Agency budget surplus \$4,058; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 0.07 Indirect + 2.04 Direct = 2.11 FTEs.

Total program staff: same.

Staff comment: Personnel to be charged to this contract are 1 of 1 FTE Transportation Coordinator/Driver (to be hired), 1 of 1 FTE Driver (to be hired), 0.05 of 1 FTE Associate Director, and 0.05 of 1 FTE Executive Director. Budget Narrative indicates open to hiring multiple part time staff as an alternative. The second largest projected expense is for mileage reimbursement to program staff.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Community Choices has worked to bring CLC Values into practices and policies. All employees are required to sign the CLC Plan and formal agreements are made with DSC on employment 1st. There is a plan to provide outreach and materials to RACES, the Well Experience, HACC, Don Moyer Boys and Girls Club and CUPHD. Community Choices continues to encourage bilingual staff. Plan language in the handbook is important for members and is included in the Members Only section of the site.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? Yes.

Highlights from the submitted CLC Progress Report: Web Accessibility 101; Olmstead's Promise: Ending police violence on black disability communities; Approaches to increasing independence within transportation for people with I/DD; Supporting people with I/DD and Mental Health Diagnosis; Disability, Law Enforcement, and Incarceration: New Papers and Opportunities; The Non-violent Communication Course; Racial Healing for Health. There has been a Cultural Competence assessment for the Board of Directors and there is a need for an organizational assessment. The website was updated for members to access to the handbook for plain language.

Staff comment: Human Rights Advocacy Group created a training for organizations on ways to serve people that are living with disabilities. This training provided by the Human Rights Advocacy Group will meet the annual CLC Training Requirements for agencies that are funded by the DDB. In my review, of program plans I was intrigued by the statement in the Staff Recruitment and Retention program plan. "The people who provide direct services to people with I/DD are, according to the cited ACL Issue brief [See question 9] 87% female, 50% on some sort of public assistance, 60% are people of color, and 29% are immigrants." Since there is disparity in the workforce, there should also be a collaborative conversation with the members and their families along with staff about clear and realistic expectations of the workforce that respect the culture of the person that will be providing care for people living with disabilities.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Broad outreach through large events, resource lists/databases, and website. Transportation supports and rides will be available to participants anywhere in the county, including areas lacking public transportation. Referrals from providers who reach under-resourced groups, where lack of resources compound the barriers to community and for whom this program could be especially helpful; engagement through diverse staff and building natural supports within a person's community.

Promoting inclusion and reducing stigma: Increases inclusion through safe, affordable, convenient transportation. Referenced in 2006 UN Convention on the Rights of Persons with Disabilities, Article 20. Presence of people with I/DD in the community increases others' expectation that people with I/DD belong in that community.

Outcomes: Measurable outcomes in three domains (with four subcategories each), assessed through a monthly survey tool completed by participants. All outcomes relate to the participant's experience.

Coordinated system: MTD's ADA transport service is similar but has limited hours; ridesharing services are convenient but expensive (and may be unsafe); other organizations provide transportation for their own program participants; another is limited to those over 60 and 1 ride/week. A Transportation Coordinator will support participants in use of such options and any tools which make them more accessible.

Written collaborative agreements: PACE, CC Health Care Consumers, CCRPC, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers, Uniting Pride, MTD. Informal with CUPHD, UI Special Ed, Promise Healthcare, The Autism Program, CU Special Rec, and Housing Authority of Champaign County.

Budget and program connectedness: The Budget Narrative provides detail on projected revenues for the total agency and on all expenses and all personnel associated with the program.

Person Centered Planning: The service is individualized.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Links to two among many research articles supporting that “quality, cognitively and physically accessible transportation” improves employment, quality of life, community engagement, and social relationships for people with I/DD; links to 2013 article on a Transportation Voucher program which showed positive impacts and which is similar to this proposed program design (this design addresses some of the challenges identified there).

Staff credentials: program staff will have full new employee training and orientation, defensive driver course, and pass safe-driver background checks; diverse backgrounds of agency staff include human services, DSPs, QIDPs, DSPs, QIDPs, recreational therapy, K-12 ed, human resources, sciences, arts.

Will the funding be used as match for another source of revenue: No.

Other pay sources: None at this time. **Client fees:** No. **Sliding scale:** N/A

Willing to participate in DD Medicaid-waiver programs: No.

Staff/reviewer comment: Cover/Auth Page offers overview on all proposals, noting that this proposal is the result of member input, through the agency’s core program.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, full eligibility is maintained.

All forms submitted by deadline: Yes.

Audit findings: PY2022 agency audit was submitted 1/19/23, delayed by the CPA firm, and identified a weakness in internal control (known to the agency board and approved). Agency payments were suspended for one month due to late submission of PY22 audit.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Virtual support.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: access and training for people served is a focus of the proposed program.

Staff/reviewer comment: The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- N/A

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Clinical Services

Agency: DSC

Request: \$241,000

Why it matters: "Access to mental health services, whether intermittently or long term, is critical to the quality of life people deserve. People with I/DD who experience mental health (MH) issues often have their needs go unrecognized or dismissed as an undesired behavior rather than a need for support. In those instances, emphasis is often put on eliminating or minimizing a behavior rather than providing services those without I/DD would receive when presenting similar symptoms or characteristics. Engaging with qualified professionals sensitive to co-occurring MH needs of people with I/DD leads to improved quality of life..."

Selected priority: Personal Life

Staff/reviewer comment: This proposal is to fund a continuing program, with increase to cover various increased costs and to add a full-time staff person.

Services and People Served

Who will benefit: Champaign County residents with I/DD and MH support need. DSPs, through skill development, education, and confidence to work with people with complex needs.

Scope of services: MH and behavioral expertise to support people with I/DD; Staff Support Specialist (new) for staff training to improve behavioral supports and participant engagement; Counseling assessment and planning (lists types); Psychiatric assessments and med reviews; Individual Planning consultations; Psychological assessment (for eligibility).

Location and frequency of services: DSC or clinician offices; with urgent need, also at hospitals, client homes, etc.; virtual and telehealth options, though many participants do not prefer telehealth sessions. Frequency of supports is determined by consultants' quarterly assessment of clients' needs and coordinated by program manager.

Staff/reviewer comment: Continuation of current (and previously) funded program. Includes detail on team input to services. Adds a new position to improve DSP skill set relevant to people with MI and DD.

Residency of 63 people served in PY2022 and 53 in the first half of PY2023

Champaign	32 for PY22	22 for PY23
Urbana	25 for PY22	24 for PY23
Rantoul	0 for PY22	1 for PY23
Mahomet	2 for PY22	2 for PY23
Other	4 for PY22	4 for PY23

Demographics of 63 people served during PY2022

Age

Ages 7-12 -----	1
Ages 13-18 -----	2
Ages 19-59 -----	54
Ages 60+ -----	6

Race

White -----	53
Black / AA -----	8

Asian / PI -----	1
Other (incl. Native American and Bi-racial)	1
Gender	
Male -----	40
Female -----	23
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	62

Measures of Client/Participant Access

Eligibility criteria and determination: People with diagnosis of I/DD as defined by IDHS-DD, PUNS enrollment, seeking this support; determination by clinical consultants or physician with whom the person has an established relationship (this determination is reassessed quarterly).

Outreach to eligible people: Various referral sources - support groups, physicians, other agencies, schools, self and family, word of mouth. Also outreach through community events, agency intake, website, social media, brochures, other materials.

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

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

People will engage in services, on average, for: as long as needed.

Additional demographic data: Disability and referral source.

Staff/reviewer comment: Given the nature of the services, many of which are covered by Medicaid and other payers, information about each client’s insurance status should also be provided, acknowledging that people with I/DD do not always have ready access to Medicaid-participating providers in the community.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Quarterly review of patient progress and frequency of counseling appointments.
2. Quarterly review of medication reduction efforts in patients in psychiatric practice.
3. Annual patient self-assessments of impact on wellbeing.

Specific assessment tools and data collection:

1. Reviews by Clinical Manager.
2. Psychiatric notes maintained/reviewed by Clinical Manager.
3. Assessment designed from the Evaluation Capacity Building online measure bank, completed by people receiving services.

Outcome data gathered from all participants: No. #1 and #2 completed for all; self-assessments requested from all in psychiatry and counseling.

Will collect outcome data quarterly.

Staff/reviewer comment: The first two outcomes measure program performance, to avoid overservice and overmedication. The third relates to client outcomes. Mid-year progress is also reported for each outcome - 100%, 100%, and 21 (but results not yet shared regarding reports of increased wellbeing). The section also notes that consulting psychologist administers the WAIS tool and that clinical consultants’ assessment determine need for services.

Measures of Utilization

Treatment Plan Clients (TPCs): 59 people with individual plan funded by CCDDB.

Non-Treatment Plan Clients (NTPCs): 5 people with service records but no formal individual plan.

Service Contacts (SCs): 10 people seeking clinical services due to emergent need or crisis.

Community Service Events (CSEs): 2 public presentations, engagement/speaking with community groups, representation at community events.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. TPCs were provided 1,399 hours of service during PY22. Agency uses the Other category and Comments section to provide additional data (program manager hours, e.g.)

PY24 Targets TPC- 59 NTPC -5 SC-10 CSE-2

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter	50	2	2	1
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Second Quarter	1	0	4	1
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Annual Targets TPC-59 NTPC-6 SC-10 CSE-2

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter	57	3	0	0
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Second Quarter	1	0	3	0
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Third Quarter	1	1	4	1
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Fourth Quarter	0	0	4	0
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Annual Targets TPC-61 NTPC-4 SC-10 CSE-2

Financial Analysis

PY2024 CCDDDB funding request: \$241,000

PY2024 Total Program budget: \$241,899

Current year funding (PY2023): \$184,000

Proposed change in funding - PY2023 to PY2024 = 31%

CCDDDB request is for 99.6% of total program revenue. Other revenue is from Program Service Fees Other \$84, and Miscellaneous \$815.

Personnel-related costs of \$157,327 are the primary expense charged to CCDDDB, at 65.3% of requested amount. Other expenses are Professional Fees/Consultants \$73,346 (30.4%), Consumables \$580, General Operating \$2,130, Occupancy \$1,808, Conferences/Staff Development \$362, Local Transportation \$995, Equipment Purchase \$220, Lease/Rental \$1,722, Membership Dues \$670, and Miscellaneous \$1,840.

Total Agency budget surplus of \$64,301, Total Program deficit \$574, and CCDDDB budget BALANCED.

Program staff to be funded by CCDDDB: 0.30 Indirect and 2.10 Direct = 2.40 FTEs

Total program staff: same.

Staff comment: Requested increase relates to increased salary and benefit costs (and others). The large amount for Professional Fees includes not only allocated costs (IT, auditing, etc.) as in other budgets but also the cost of consultants serving this contract directly. Salaries to be charged include: small portions (from less than 1% to 2%) of 20 full-time Indirect Staff; for Direct staff, 100% of full-time Staff Support Specialist (open position), 50% of full-time Program Director and full-time Clinical Manager, and 5% of Director of Program Assurance and EVP of Clinical Services (both are also listed as full-time indirect). Allocated income from outside training revenue as 'Other Fee for Service' is included. Misc revenue is 0.08% of the total agency's Misc revenue, noted as "management fee and other income from" M&G.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss "strategies to reach people that may not have access or elect not to engage in more traditional methods of

outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural reach through Transition Planning Committee (with broad coverage), through sharing information about supports in rural areas, and continued/increased access virtually; services licensed clinician and DSC offices and in emergency, at hospitals, individuals’ homes or appropriate community location; transportation, telehealth, and virtual support. Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); as with rural residents, members of under-resourced groups can be served in clinician or DSC offices or other (emergency- see above), with virtual options and transportation supports.

Promoting inclusion and reducing stigma: Enhance individuals’ health, well-being, and ability to engage and contribute. Cites and links to an article on system failures related to co-occurring MI and DD, with need for collaboration across systems.

Outcomes: Relate to monitoring for overservice or overmedication and to client’s improved sense of wellbeing as a result of the service, for which a specific assessment tool was developed.

Coordinated system: Yes.

Written collaborative agreements: Child & Family Counseling, Creative Solutions - Pamela Wendt, Dr. Martin Repetto, MD, Elliott Counseling Group, Family Service, Michael Kleppin, LCP, Promise Healthcare, CCRPC ISC, Rosecrance, Kyla Woods, MS, BCBA.

Budget and program connectedness: In addition to clarifying each program revenue and expense to be charged to this contract, the Budget Narrative explains recent and planned salary increases to remain competitive as minimum wage increases, increased costs of worker’s compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of all direct staff with salaries partially charged to the contract, along with a statement about Allocated Program Expense formula (reviewed by auditors and provided to CCDDDB staff) and indirect staff roles.

Person Centered Planning: Yes.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Describes the difficulty securing MH care for people with I/DD (nationally as well); references and links to a study on DSP

training and use of BCBA; references and links to an article on robust continuum of care to maximize inclusion and autonomy of people with I/DD.

Staff credentials: Role of Clinical Manager (not qualifications). Consultants on contract: LCSWs, LCPCs, LPCs, psychologist, and psychiatrist.

Will the funding be used as match for another source of revenue: No.

Other pay sources: When possible, people are referred to providers who accept Medicare, Medicaid, or private insurance for these services; efforts to secure providers who can bill insurance are documented quarterly, to create program capacity for others. **Client fees:** No. **Sliding scale:** No.

Willing to participate in Medicaid programs: Yes. Explicitly agrees not to supplement Medicaid payments.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern. Excess revenue associated with this program (\$22,737) had been identified from 4th quarter reports and returned earlier in the year.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes, care is appropriate, to avoid supplementing Medicaid waiver (and other) funding for these services on behalf of eligible people.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *In the Personnel form, the EVP of Clinical Services and the Director of Program Assurance are both listed as both full-time direct and full-time indirect, which has the effect of inflating total agency and program salary amounts, though not the amounts to be charged to this contract. Revise so that indirect and direct portions of these positions each equal 1.*
- *If the consulting psychiatrist or counselors accept Medicaid in their other practices, they should be able to bill Medicaid for services provided to DSC practice patients who have the coverage.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Individual and Family Support

Agency: DSC

Request: \$250,000

Why it matters: "... to expand services for families and individuals. Families seek respite support that can be defined/designed by the primary caregiver. With a redirection (and reduction) of IFS funding, DSC proposes a new position with dedicated time for deliberate recruitment of providers, which is identified as the greatest barrier to accessing this service. The new Resource Coordinator will also prioritize education, guidance, and support for individuals with needs and interests related to Advocacy, Human Rights, and Sexuality."

Selected priority: Personal Life

Staff/reviewer comment: This proposal continues portions of a long-standing program, adds a new position for linkage, with a reduced total cost.

Services and People Served

Who will benefit: Champaign County residents of any age with I/DD, including those with behavioral, medical, or support needs; their family caregivers.

Scope of services: Resource Coordinator (new) to build on the respite model, inviting more families to traditional respite and support for: CUSR camps, after-school programs, summer camps with specialized support, YMCA and fitness club memberships, overnight trips to conferences, social skills training, home modifications, sensor/therapy/accessibility equipment not otherwise funded (or affordable). Will seek input from adults on interest areas (human rights, sexuality, advocacy, e.g.) and offer education and virtual opportunities.

Location and frequency of services: Flexible services and locations based on primary caregiver (family), many possible community sites, with in-person and virtual options and increased access through technology.

Staff/reviewer comment: A new staff position to identify resources which would increase engagement, especially of rural residents.

Residency of 41 people served in PY2022 and 36 in the first half of PY2023

Champaign	22 for PY22	21 for PY23
Urbana	8 for PY22	5 for PY23
Rantoul	1 for PY22	0 for PY23
Mahomet	3 for PY22	4 for PY23
Other	7 for PY22	6 for PY23

Demographics of 41 people served during PY2022

Age

Ages 0-6 -----	7
Ages 7-12 -----	8
Ages 13-18 -----	14
Ages 19-59 -----	12

Race

White -----	31
Black / AA -----	4
Asian / PI -----	4

Other (incl. Native American and Bi-racial)	2
Gender	
Male -----	29
Female -----	12
Ethnicity	
Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	39

Measures of Client/Participant Access

Eligibility criteria and determination: For those over age 3, people with diagnosis of I/DD as defined by IDHS-DD, PUNS enrollment. For birth to 3, assessed delay or risk.

Outreach to eligible people: Various referral sources - support groups, physicians, other agencies, schools, self and family, word of mouth. Also outreach through community events, agency intake, website, social media, brochures, other materials.

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

Within 60 days of assessment, 80% of those assessed will engage in services.

People will engage in services, on average, for: as long as needed.

Additional demographic data: N/A

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 20 individuals will participate in education opportunities and advocacy efforts, community and virtual.
2. 90% of families receiving IFS respite will be satisfied with services.

Specific assessment tools and data collection:

1. # documented by Resource Coordinator.
2. Satisfaction survey provided to all participating families to complete - reviewed by program staff.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly review.

Staff/reviewer comment: One measure relates to utilization (# participants) rather than to positive impact on participants. The other is a satisfaction measure appropriate to the program and measurement tool/strategy.

Measures of Utilization

Treatment Plan Clients (TPCs): 30 families receiving IFS Respite.

Non-Treatment Plan Clients (NTPCs): 20 people working with Resource Coordinator.

Service Contacts (SCs): 8 people seeking the service, presented to Admissions Committee.

Community Service Events (CSEs): 3 public presentations, engagement/speaking with community groups, representation at community events.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. 8,535.25 hours of service was provided to TPCs during PY22.

PY24 Targets TPC - 30 NTPC - 20 SC - 8 CSE - 3

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter	9	27	5	1
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Second Quarter	0	0	0	1
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Annual Targets TPC-19 NTPC-27 SC-8 CSE-2

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter	8	30	1	0
Second Quarter	0	0	0	0
Third Quarter	1	0	2	2
Fourth Quarter	2	0	3	2
<i>Annual Targets</i>	<i>TPC-17</i>	<i>NTPC-32</i>	<i>SC-8</i>	<i>CSE-2</i>

Financial Analysis

PY2024 CCDDDB funding request: \$250,000

PY2024 Total Program budget: \$251,263

Current year funding (PY2023): \$390,000

Proposed change in funding - PY2023 to PY2024 = -36%

CCDDDB request is for 99.5% of total program revenue. Other revenue is from Program Service Fees Other \$118, and Miscellaneous \$1145, allocated portions of agency revenue from outside training and from “management fee and other income from” M&G.

Personnel-related costs of \$214,914 are the primary expense charged to CCDDDB, at 85.9% of requested amount. Other expenses are Professional Fees/Consultants \$1,813, Consumables \$805, General Operating \$2,492, Occupancy \$1,342, Conferences/Staff Development \$514, Local Transportation \$314, Specific Assistance \$22,884 (9.2%), Equipment Purchase \$362, Lease/Rental \$1,023, Membership Dues \$952, and Misc \$2,585.

Total Agency budget surplus of \$64,301, Total Program deficit \$727, and CCDDDB budget BALANCED.

Program staff to be funded by CCDDDB: 0.31 Indirect and 1.04 Direct = 1.35 FTEs

Total program staff: 0.31 Indirect and 1.05 Direct = 1.36 FTEs.

Staff comment: The decreased request (-\$140,000 from current year) relates to increases in state Medicaid-waiver awards, so that a portion of this program is discontinued. The large amount for Specific Assistance is to cover items and services used by individuals and their families, determined on a case-by-case basis. The low amount for transportation reflects the change in program focus. Indirect staff salaries to be charged include small portions (1% to 2%) of 16 full-time positions (including DPA - see note below). Direct staff salaries are: 99% of a full-time Resource Coordinator (open position); 99% of an undisclosed number of part time IFS Respite Providers (because they are not listed individually, there is no way to determine whether any are vacant); and 5% of Director of Program Assurance (also listed as full-time indirect).

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s

native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural engagement will increase with the addition of Resource Coordinator, outreach to individuals, parents, RPC ISC, and other providers; respite in family home/community; proposed new supports in community and virtual. Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); services in family home/community, or virtually.

Promoting inclusion and reducing stigma: Promotes community access for participants; ongoing presence of people with I/DD educates the community, expanding inclusion for all; one on one support allows family members greater access to life outside their home, increases caregiver comfort and confidence.

Outcomes: Includes an outcome for family satisfaction with the service, plus an appropriate assessment tool. The other outcome is a utilization measure.

Coordinated system: Yes.

Written collaborative agreements: PACE.

Budget and program connectedness: Budget Narrative explains program revenues and expenses to be charged to this contract, planned salary increases, increased costs of worker’s compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of specific staff, and a statement about Allocated Program Expense formula (reviewed by auditors and provided to CCDDDB staff). It echoes the Program Plan Narrative, regarding the shift in program focus/costs.

Person Centered Planning: Yes.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Cites and links to a Joint Position Statement from AAIDD and the ARC, on the country’s increasing reliance on families for I/DD care and how to support them more effectively.

Staff credentials: Resource Coordinator - full IDHS-DDD mandated DSP training. Training is open to families. Part time providers - demonstrate cultural responsiveness, open to individualized training specific to the client.

Will the funding be used as match for another source of revenue: No.

Other pay sources: None. **Client fees:** No. **Sliding scale:** No.

Willing to participate in Medicaid programs: Yes. The increase in Medicaid-waiver awards for similar services is discussed.

Staff/reviewer comment: The program should coordinate with organizations funded by the state to provide the more limited types of Respite. Currently, they share information about those programs with families and refer them; working with them might improve reach and impact.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern. Excess revenue associated with this program (\$54,510) had been identified from 4th quarter reports and returned earlier. Program staff vacancies reported during PY22 were the main source of unexpended revenue.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes. Identifies the two organizations offering Respite through state funding, notes that these are for in-home only; notes that for specific assistance (home/auto modifications, sensory equipment), need must be demonstrated and other funding sources exhausted.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Through new position.

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *In the Personnel form, the Director of Program Assurance is listed as both full-time direct and full-time indirect, inflating the total agency and program salaries amounts, though possibly not changing the amounts which were intended to be charged to this contract. The form should be revised so that the indirect and direct portions of this position = 1.*
- *Given the lack of clarity regarding Part Time IFS Respite workers, rather than change the Personnel form, a different ongoing report may need to be developed specific to this program, as the current monthly personnel change reports do not indicate who is currently working or their pay.*
- *Appropriate for a fee for service contract format, with consideration of the Specific Assistance process (reimburse for purchases pre-approved by not only the DPA but also CCDDDB staff.)*
- *The contract amount may be prorated until the new position is hired, then adjusted to cover the cost.*
- *The program plan may align well with IDD Special Initiatives fund priorities, so if not funded through the CCDDDB, consider negotiation of a contract through IDDSI, possibly greater focus on technology.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Consumer Control in Personal Support

Agency: PACE, Inc.

Request: \$36,000

Why it matters: "... supports the consumers in choosing, interviewing, and selecting a PSW... supports a consumer's overall health and wellbeing. It supports consumers and PSWs by providing instructions, guidance and trainings on how to utilize technologies to receive trainings and connect with PSWs... The program also offers guidance on how to improve employer and employee relationships and additional trainings to improve consumers' and PSWs' relationships."

Selected priority: Personal Life and Resilience ("Personal Life" is the PY24 version)

Staff/reviewer comment: This request is to continue funding for a 4th year. Also aligns with Workforce Development priority.

Services and People Served

Who will benefit: People seeking their first job as a Personal Support Worker (PSW) for those with I/DD or who have worked as PSWs and want to be employed by others. They tend to: be unemployed or underemployed; have worked in healthcare or teaching; looking for a job that makes a difference; or have personal connections to I/DD.

Scope of services: PSW orientations in person, online, and over the phone. Assists interested persons in navigating the online platform. Recruits new PSWs. After orientation, those who pass the post-orientation quiz and Illinois and National Sex Offender, Healthcare Registry and CANTS checks are then placed on a registry, allowing consumers to search for matches to their preferences. Orientation topics: Independent Living philosophy; PSW tasks; avoiding stigma and encouraging inclusion; I/DD and MI; and avoiding fraud, abuse, neglect, and exploitation.

Location and frequency of services: Agency office in Urbana, online, by phone. Monthly.

Staff/reviewer comment: Proposal is a continuation of the currently funded program. Notes a drastic decline in people interested in becoming a PSW since the onset of the public health emergency; the response is to increase recruitment efforts through online services, word of mouth, and organizations with broad reach (Arc, UIUC Community Learning Lab, Family Matters).

Residency of 30 participants in PY22 and 12 in the first half of PY23

Champaign	15 for PY22	6 for PY23
Urbana	9 for PY22	4 for PY23
Rantoul	2 for PY22	1 for PY23
Mahomet	0 for PY22	0 for PY23
Other	4 for PY22	1 for PY23

Demographics of 30 participants in PY2022

Age

Ages 19-59 -----	26
Ages 60+ -----	4

Race

White -----	6
Black / AA -----	18
Other (incl. Native American, Bi-racial)-	5
Not Available -----	1
Gender	
Male -----	1
Female -----	29
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	28
Not Available -----	1

Measures of Client/Participant Access

Eligibility criteria and determination: Pass CANTS check annually, along with National and IL Sex Offender and Healthcare Registry checks, seeking work in Champaign County, and providing accurate, up to date, and complete information. Determined by datasheet, checks, testing by staff, updates by staff and consumers.

Outreach to eligible people: website and social media, online job boards, newspaper ad, word of mouth, agency partners, flyers and brochures, job fair, collaboration with other organizations.

Within 20 days from referral, 85% of those referred will be assessed.

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

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

Additional demographic data: contact information, disability status, referral source, and veteran and voter registration status.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 30 PSWs to be added to the registry during PY24.
2. Agency will attend 20 CSEs for program outreach.
3. 9 consumers will match with/hire PSWs.
4. Will report on # of people utilizing the PSW referral service and referrals shared with consumers.
5. Will hold quarterly PSW advisory (meetings?) for consumers and PSWs, with PACE Annual Satisfaction Survey sent to all consumers seeking PSWs.

Specific assessment tools and data collection:

1. Sign-in sheets. Staff enter details on attendance on DDB reports; event tracker for # of contacts between potential consumers and PSWs during events.
2. Staff track this in CILsFirst database at Pace and in PACE Event Tracker.
3. Tracked in consumer service records by staff (for consumers funded by DHS). Matches are reported on DDB quarterly service activity reports.
4. Staff enter data in PSW Registry and Consumer Service Records - goal 250 service contacts.
5. Staff track this in Consumer Service Records, using info from annual Satisfaction Survey, provided by clients.

Outcome data gathered from all participants: Yes.

Will collect outcome data during each visit, at least quarterly.

Staff/reviewer comment: In addition to the outcomes being measures of program activity (and overlapping with utilization measures and targets), the section includes comments on PY23 successes and related to matches and numbers of referrals.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): People who complete PSW orientation, paperwork, and background checks. A numeric target is not identified.

Community Service Events (CSEs): Events hosted by PAC to the community to share information about the program and the CCDDDB. A number target is not identified.

Service Contacts (SCs): Individual contacts with NTPCs and people attending CSEs or receiving information (potential PSWs, agencies, or families seeking PSWs.) A numeric target is not included.

Other: Successful matches, including # individuals with I/DD who have received names of PSWs, # of referral lists distributed, and # of PSWs referred to people with I/DD. No numeric target.

Staff comment: Service hours associated with NTPCs are documented in online reporting system; during PY22, a total of 856.25 hours were reported. The agency did not include targets, perhaps being in the habit of using the now-defunct Part Two form to do so. The targets appear to be included in the Outcomes section. The definition of CSE does not match exactly.

PY24 Targets NTPC-? SC-? CSE-? OTHER-?

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter	56	105	7	4
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Second Quarter	4	93	6	4
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Annual Targets NTPC-65 SC-200 CSE-15 OTHER-6

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter	56	47	6	0
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Second Quarter	7	120	8	6
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Third Quarter	7	75	5	0
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Fourth Quarter	6	117	4	1
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Annual Targets NTPC-65 SC-200 CSE-15 OTHER-3

Financial Analysis

PY2024 CCDDDB funding request: \$36,000

PY2024 Total Program budget: \$38,280

Current year funding (PY2023): \$27,367

Proposed change in funding - PY2023 to PY2024 = 32%

CCDDDB request is for 94% of total program revenue. Other program revenue is from Contributions \$2,280.

Personnel-related costs of \$24,761 are the primary expense charged to CCDDDB, at 69% of requested amount. Other expenses: Professional Fees/Consultants \$38; Consumables \$287; General Operating \$456; Occupancy \$1,073; Conferences/Staff Development \$200; Lease/Rental \$2,911, Membership Dues \$274, and Misc \$6,000 (16.7%).

Total Agency budget surplus \$21,805; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 0.42 Direct = 0.42 FTEs.

Total program staff: same.

Staff comment: The increased request is related to salary increase and allocation of indirect expenses.

Personnel costs to be charged to this contract include 42% of the full time PA & PSW Coordinator's salary.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The Board of Directors has allocated 8 hours of staff time dedicated to cultural and linguistic competence training. PACE has a list of updated interpreters for sign-language and other languages upon the request of clients that are served. PACE has a Diversity Advisory Board that meets quarterly to plan outreach for the clients and community.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? Yes.

Highlights from the submitted CLC Progress Report: Self-Assessments have been completed by staff and supervisory assessments. Staff has received training in the following on the following topics: Successful Aging with I/DD; Open Wounds Documentary- A documentary on being Trauma Informed; ADA healthcare access I/DD; and Racial Healing for Health.

Staff comment: I reviewed the program plan to learn how PACE will apply CLAS Standards to their engagement. PACE only provides services at their office location. Their outreach includes collaboration with other organizations to ensure the community is aware of services. Additional support will be provided to ensure that PACE continues engage underserved and underinvested population. Here is a statement directly outlining how they will serve underserved communities: "PACE's plan includes diversity-enhancing goals related to outreach to board members, staff, and consumers. Additionally, use of a diversity mailing list and advisory is integrated into long-range plans and annual goals and objectives. PACE staff perform outreach by providing presentations to diverse groups; in return we ask that other agencies educate our staff and consumers about their organization through staff/peer counseling in-services."

Overarching Decision Support Criteria

Eliminating disparities in access and care: Outreach through agencies which serve rural residents. Agency 'diversity-enhancing' goals, mailing list, and advisory, integrated into plans. Staff present to diverse groups and seek information from other agencies, esp regarding staff/peer counseling.

Promoting inclusion and reducing stigma: Repeats detail on diversity-enhancing efforts.

Outcomes: The outcomes overlap with utilization measures. It may be difficult to develop an outcome directly connected to the value for a person with I/DD, but this would be preferred.

Coordinated system: Referrals and collaborations are described. The agency is active in CCDDDB related collaborations and board meetings as well.

Written collaborative agreements: Division of Rehabilitation Services.

Budget and program connectedness: Yes. The Budget Narrative provides detail on all projected total agency revenues, on expenses to be charged to this contract (with details for each expense category), and on personnel associated with the program. There is a note about allocation of indirect management and general expenses (capped at 20%) per federal and state requirement.

Person Centered Planning: Not a direct service - N/A.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Describes the innovation to build relationships between PSWs and people with I/DD. Refers to general Independent Living Philosophy and specific program aspirations (no link).

Staff credentials: Program is currently led by a Qualified Intellectual Disabilities Professional (over 20 years' experience) who holds a Bachelor's degree in Psychology. She is an approved QIDP train the trainer and has taught the IDHS Direct Support Professional Curriculum for several years.

Will the funding be used as match for another source of revenue: No.

Other pay sources: Independent Living Unit contract covers services for those requiring PSWs. **Client fees:** No.

Sliding scale: No. There is, however, a refundable \$5 deposit for orientation. This is paid at registration (when they pick up the datasheet) and refunded upon completion of orientation. It is waived due to orientations currently offered online. Can be waived if unaffordable. (Detail on other small fees to the total agency, not this program.)

Willing to participate in DD Medicaid-waiver programs: No.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: No issues noted.

All forms submitted by deadline: Yes.

Audit findings: PY2022 agency audit was submitted 12/20/22 and excess revenue was returned. Auditor expressed concern regarding the agency's reductions in grant revenues and net assets, but no significant weaknesses noted.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Virtual options are available.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes. Virtual trainings a focus.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Specific utilization targets should be added to the Program Plan Narrative Form.*
- *Consider continuation of PY23 special provisions.*
- *Consider funding this program through the I/DD Special Initiatives fund.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Customized Employment

Agency: Community Choices, Inc.

Request: \$226,500

Why it matters: "...supporting Champaign Co residents to find community-based employment and volunteer opportunities based on their strengths, interests, and needs... to build skills and real-life experiences through our Workforce Empowerment Program and provide 1:1 support through a discovery, job development, matching, and coaching process. We believe anyone can find and sustain meaningful jobs directly through area employers. We also support the person to be part of the staff community, look to their supervisors and coworkers for assistance and engagement, and to find new opportunities when they have outgrown their current roles."

Selected priority: Work Life

Staff/reviewer comment: This request is to continue funding for a continuum of individualized employment services.

Services and People Served

Who will benefit: Adults with I/DD, unemployed or underemployed, seeking community-based integrated employment.

Scope of services: Customized employment individualizes mutually beneficial relationships between employees and employers.

Discovery: PCP process identifies employment-related strengths, needs, and preferences, then targets ideal jobs and trainings.

Job Matching: social and communication skill building for the desired work environment; carving out opportunities aligned with PCP; team-based job development; job shadowing and tours.

Short Term Support: developing accommodations and support; limited/fading job coaching; encouragement of natural supports.

Long Term Support: support for expansion of roles, retraining, and troubleshooting.

Supported Experiences for First-Time Job Seekers: 12-weeks of real-world experience, classroom, and intensive job shadowing.

Location and frequency of services: Agency offices, community sites of the participant's choice, participant's home, or virtual options; frequency varies.

Staff/reviewer comment: A continuation of the currently funded program and are offered within a larger program at the agency; section is well-written.

Residency of 41 people served in PY2022 and 40 in the first half of PY2023

Champaign	23 for PY22	22 for PY23
Urbana	10 for PY22	10 for PY23
Rantoul	2 for PY22	2 for PY23
Mahomet	1 for PY22	1 for PY23
Other	5 for PY22	5 for PY23

Demographics of 41 people served during PY2022

Age	
Ages 19-59 -----	41

Race	
White -----	26
Black / AA -----	9
Asian / PI -----	1
Other (incl. Native American, Bi-racial)-	5
Gender	
Male -----	24
Female -----	17
Ethnicity	
Of Hispanic/Latino/a Origin -----	2
Not of Hispanic/Latino/a Origin -----	39

Measures of Client/Participant Access

Eligibility criteria and determination: 18 years of age, enrolled in PUNS, motivated to work; if eligible for DRS funded short term services, this is used first, then transition to support through this contract. PUNS enrollment. Individual seeking services will report their desire to work and, if unsure about work, may use Discovery and First Time Job Seekers to explore.

Outreach to eligible people: Through area schools, word of mouth, Expo and similar community events, Transition Planning Committee, and other agencies.

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

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

People will engage in services, on average, for: 2-6 months for Discovery and Job Matching; 18 months Long Term Support.

Additional demographic data: Medicaid Recipient ID Number (RIN), medical insurance coverage, involvement with other providers.

Staff/reviewer comment: Outreach section refers to a different CC program - assume the outreach is the same for this program. Service contacts and service hours associated with TPCs are documented in online reporting system.

Measures of Client/Participant Outcomes

Outcomes and targets:

100% of participants will report engagement/support in employment process; 85% that their strengths and interests were important to the process.

Discovery: 20 will identify strengths and interests, within 30 days of requesting support.

Job Matching: 13 will work toward paid employment within the year, and 80% will find it within 6 months; 7 will work toward volunteer/internships within the year, and 80% will find it within 6 months; 100% of job matches relate to person's employment themes.

Short Term Support: 20 become independent at their jobs... within 2 months of start.

Long Term Support: 70% keep their jobs for at least 1 year.

First Time Job Seeker: 100% of 10 show growth in knowledge or professionalism after 12 weeks; 80% find community jobs within 1 year of program completion (if they choose it).

Specific assessment tools and data collection:

Annual Satisfaction Survey (participants and families);

Discovery Assessments and Plan (participant and team interviews, observation);

Employment Tracking Sheet (staff ongoing);

Case Notes & Quarterly Narratives (staff at each encounter, then synthesized quarterly); and First Time Job Seekers Key Skills Pre/Post Assessment & Weekly Tracking (staff facilitator and participants).

Outcome data gathered from all participants: Yes.

Will collect outcome data annually.

Staff/reviewer comment: Agency worked with UIUC Evaluation Capacity Building Team in past projects and has shown interest in working with UIUC Family Resiliency Center.

Measures of Utilization

Treatment Plan Clients (TPCs): 40 program participants

Service Contacts (SCs): 2000 total. Discovery - 160. Job Matching - 599. Short Term Support - 400. Long Term Support - 300. First Time Job Seekers Program - 640.

Community Service Events (CSEs): 4 outreach events to organizations, community, providers, and other - about the program and the importance of people with I/DD having community employment opportunities.

Other: 2572 total. Discovery - 240. Job Matching - 875. Short Term Support - 800. Long Term Support - 225. First Time Job Seekers Program - 880.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. Targets for SC and hours are lower than PY23, others same. Program provided 2,424 hours of service to TPCs in PY22.

PY24 Targets TPC-40 SC-2000 CSE-4 OTHER-2572

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter 36 742 2 91

Second Quarter 4 552 2 767

Annual Targets TPC-40 SC-2200 CSE-4 OTHER-3220

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter 29 257 0 320

Second Quarter 5 333 0 400

Third Quarter 2 502 1 667

Fourth Quarter 5 703 4 959

Annual Targets TPC-40 SC-1840 CSE-4 OTHER-2772

Financial Analysis

PY2024 CCDDDB funding request: \$226,500

PY2024 Total Program budget: \$226,500

Current year funding (PY2023): \$217,500

Proposed change in funding - PY2023 to PY2024 = 4%

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$199,502 are the primary expense charged to CCDDDB, at 88% of requested amount. Other expenses: Professional Fees/Consultants \$6,588 (3%); Client Wages/Benefits \$500; Consumables \$2,000 (.9%); General Operating \$5,910 (2.6%); Occupancy \$8,000 (3.5%); Conferences/Staff Development \$1,000; Local Transportation \$3,000 (1.3%).

Total Agency budget surplus \$4,058; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 0.26 Indirect + 3.44 Direct = 3.70 FTEs.

Total program staff: same.

Staff comment: The increased request is primarily related to salary increases. Participants in the First-Time program receive up to \$10/week for classroom and job-shadowing. The agency has revenue from DRS and

LEAP (subcontract with DSC) for related employment services; if private pay and DRS funding for those with PUNS-eligibility can cover the cost of the services described in this program, they should be included as Total Program revenues; personnel to be charged to this contract are 2.9 of 3.5 FTEs (4 Employment Specialists), 0.4 of 1 FTE Lead Employment Specialist, and 0.35 of 1 FTE Executive Director. Contract amendment completed during PY23 to change 'Total Program' amounts in application forms. Although this change was made so the agency definition matches CCDDDB definition of Total Program, some revenues related to the program should still be considered Total Program Revenue, with the understanding that they might not be available to all clients served in the program.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Community Choices has worked to bring CLC Values into practices and policies. All employees are required to sign the CLC Plan and formal agreements are made with DSC on employment 1st. There is a plan to provide outreach and materials to RACES, the Well Experience, HACC, Don Moyer Boys and Girls Club and CUPHD. Community Choices continues to encourage bilingual staff. Plan language in the handbook is important for members and is included in the Members Only section of the site.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? Yes.

Highlights from the submitted CLC Progress Report: Web Accessibility 101; Olmstead's Promise: Ending police violence on black disability communities; Approaches to increasing independence within transportation for people with I/DD; Supporting people with I/DD and Mental Health Diagnosis; Disability, Law Enforcement, and Incarceration: New Papers and Opportunities; The Non-violent Communication Course; Racial Healing for Health. There has been a Cultural Competence assessment for the Board of Directors and there is a need for an organizational assessment. The website was updated for members to access to the handbook for plain language.

Staff comment: Human Rights Advocacy Group created a training for organizations on ways to serve people that are living with disabilities. This training provided by the Human Rights Advocacy Group will meet the annual CLC Training Requirements for agencies that are funded by the DDB. In my review, of program plans I was intrigued by the statement in the Staff Recruitment and Retention program plan. "The people who provide direct services to people with I/DD are, according to the cited ACL Issue brief [See question 9] 87% female, 50% on some sort of public assistance, 60% are people of color, and 29% are immigrants." Since there is disparity in the workforce, there should also be a collaborative conversation with the members and their families along with staff about clear and realistic expectations of the workforce that respect the culture of the person that will be providing care for people living with disabilities.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Broad outreach through large events, resource lists/databases, and website. Rural outreach through Northern Champaign County Community Resource Fair and rural special education cooperative; services where desired (limited by rural employment options); training on rural transportation service; virtual option. Referrals from providers who reach under-resourced groups; engagement through diverse staff and building natural supports within a person's community.

Promoting inclusion and reducing stigma: Integrated employment allows others to see the strength and skills of people with I/DD; income allows people with I/DD greater access and engagement with their community; supporting job seekers combats segregation and discrimination.

Outcomes: Two outcomes for the whole program and 1-3 for each component; all have measurable targets and appropriate assessment tools.

Coordinated system: When supports are similar, participants choose one; variety is encouraged; ISC help with transitions between providers; partnership with DSC on LEAP and with many providers through Job Developers and Transition Planning Committee.

Written collaborative agreements: PACE, CC Health Care Consumers, CCRPC, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers, Uniting Pride, MTD. Informal with CUPHD, UI Special Ed, Promise Healthcare, The Autism Program, CU Special Rec, and Housing Authority of Champaign County.

Budget and program connectedness: The Budget Narrative provides detail on projected revenues (though none from private pay) and expenses and on all personnel associated with the program.

Person Centered Planning: Discovery Process

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Griffin & Hammis and Marc Gold & Associates; the method is incorporated in WIOA and cited by federal Office of Disability Employment Policy; links to ODEP topics on the method and on value for youth in transition and to research recognizing it as a noteworthy strategy.

Staff credentials: All program staff have extensive relevant experience and formal trainings in Customized Employment; diverse backgrounds of current staff - rehab counseling, DSPs, QIDPs, recreational therapy, special ed, K-12 ed, human resources, sciences, arts.

Will the funding be used as match for another source of revenue: No.

Other pay sources: DRS supports approximately 5 people, including those who do not qualify for I/DD services (per IDHS rules); private pay option. **Client fees:** No. **Sliding scale:** Yes. Private pay fees per service are capped for those with financial need and not covered by this or other payers.

Willing to participate in DD Medicaid-waiver programs: No.

Staff/reviewer comment: As noted in Client/Participant Access, short term DRS contracts can support people who qualify for I/DD services.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, full eligibility is maintained.

All forms submitted by deadline: Yes.

Audit findings: PY2022 agency audit was submitted 1/19/23, delayed by the CPA firm, and identified a weakness in internal control (known to the agency board and approved). Payments were suspended for one month due to late submission of PY22 audit.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Virtual support.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Virtual options are available if desired and appropriate; training and access not addressed.

Staff/reviewer comment: The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Include other pay sources for the program's services in Total Program Revenues.*
- *Consider continuing the PY23 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCDDB staff in writing of any factual errors made by CCDDB staff or reviewers which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Community Employment

Agency: DSC

Request: \$459,606

Why it matters: “Employment and volunteer opportunities increase community engagement thereby decreasing stigma and increasing a person’s well-being. Support is provided in all aspects of employment including job development, job matching, and job coaching. Supported Employment provides ongoing training and guidance needed until a person is ready to be more independent or natural supports are identified.”

Selected priority: Work Life

Staff/reviewer comment: This proposal is to continue funding a current program.

Services and People Served

Who will benefit: Adults with I/DD who want help finding, preparing for, and/or maintaining employment. (Those in open plan through DRS are not eligible.)

Scope of services: Discovery process; resume or portfolio development; application process/follow-up (traditional and non-traditional approaches); You got the job! (orientation, skills, adaptive tools, etc); ongoing job coaching; supported Employment (paid and volunteer options, including for people with greater support needs); Employment Plus (NEW in PY23, to address work and social life balance, peer support.)

Location and frequency of services: Community locations, depending on available jobs related to candidate’s interests; job coach support as needed during all hours/shifts of those supported; assistance with training, including online or accessed through specific technology.

Staff/reviewer comment: The application includes much more detail on each component of the program; these continue from current and previous year with some new items and new “Employment Plus” service.

Residency of 69 people served in PY2022 and 81 in the first half of PY2023

Champaign	26 for PY22	24 for PY23
Urbana	30 for PY22	40 for PY23
Rantoul	4 for PY22	6 for PY23
Mahomet	2 for PY22	3 for PY23
Other	7 for PY22	8 for PY23

Demographics of 69 people served during PY2022

Age	
Ages 19-59 -----	66
Ages 60+ -----	3
Race	
White -----	51
Black / AA -----	14
Asian / PI -----	2
Other (inc. Native American and Biracial)	2
Gender	
Male -----	40
Female -----	29

Ethnicity

Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	68

Measures of Client/Participant Access

Eligibility criteria and determination: Adults with I/DD and desire for help finding, preparing for, and/or maintaining employment; PUNS enrollment.

Outreach to eligible people: Through IDHS-DRS, school programs, Transition Planning Committee, Champaign County Transition Services Directory, disAbility Expo and similar, current employers, other individuals and families, and social media.

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

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

People will engage in services, on average, for: until no longer needed.

Additional demographic data: Disability and referral source.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 26 people will participate in job development/supported employment.
2. 80% will maintain employment for the year.
3. 90% will be satisfied with services.

Specific assessment tools and data collection:

1. In database, by program manager.
2. In database, by program manager.
3. Satisfaction Surveys (distributed annually by Director of Program Assurance.)

Outcome data gathered from all participants: No. Satisfaction surveys to random sample of participants.

Will collect outcome data monthly, included in quarterly reports. Satisfaction surveys annually (4th quarter).

Staff/reviewer comment: Includes mid-year PY23 results for these measures: 80%, 90%, and not yet surveyed. The first is a utilization measure and the other two relate to impact on those served.

Measures of Utilization

Treatment Plan Clients (TPCs): 88 people with an individual plan and no DRS funding for these services.

Service Contacts (SCs): 10 people interested in services, presented to Admissions.

Community Service Events (CSEs): 2 public presentations, engagement/speaking with community groups, representation at community events.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. 4,282.75 hours of service were provided to TPCs during PY22. A contract amendment was completed during PY23 to increase TPCs served.

PY24 Targets	TPC- 88	SC-10	CSE- 2
PY23 First Two Quarters (per submitted Service Activity Reports)			
First Quarter	63	4	1
Second Quarter	18	2	2
Annual Targets	TPC-70	SC-15	CSE-2
PY22 All Four Quarters (per submitted Service Activity Reports)			
First Quarter	56	3	0
Second Quarter	1	1	0
Third Quarter	3	4	2

Fourth Quarter	9	3	2
Annual Targets	TPC-70	SC-15	CSE-2

Financial Analysis

PY2024 CCDDDB funding request: \$459,606

PY2024 Total Program budget: \$623,124

Current year funding (PY2023): \$435,000

Proposed change in funding - PY2023 to PY2024 = 6%

CCDDDB request is for 73.8% of total program revenue. Other revenue is from DHS Fee for Service \$25,000, Program Service Fees DHS DRS \$135,500, Program Service Fees Other \$283, and Miscellaneous \$2,735, allocated portions of agency revenue from training and from “management fee and other income from” M&G.

Personnel-related costs of \$427,475 are the primary expense charged to CCDDDB, at 93% of requested amount. Other expenses are Professional Fees/Consultants \$3,207, Consumables \$1,706, General Operating \$6,014, Occupancy \$2,831, Conferences/Staff Development \$2,605, Local Transportation \$5,954, Equipment Purchase \$563, Lease/Rental \$2,741, Membership Dues \$1,755, and Misc \$4,755.

Total Agency budget surplus of \$64,301, Total Program a deficit of \$1,522, and CCDDDB budget is BALANCED.

Program staff to be funded by CCDDDB: 0.60 Indirect and 6.65 Direct = 7.25 FTEs

Total program staff: 0.88 Indirect and 8.99 Direct = 9.87 FTEs

Staff comment: The increased request relates to increases in salary and other costs. Indirect staff salaries to be charged include small portions (less than 1% to 14%) of 19 full-time positions. Direct staff salaries, all full-time positions, to be charged to the CCDDDB are: 74% of 5 Employment Specialists and 2 Supported Employment Specialists; 68% of Community Employment Manager; 41% of Director of Employment Services; 20% of one Supported Employment Supervisor and 2% of another; 15% of the EVP of Clinical Services; and 1% of a Community First DSP. The EVP is listed as both 1.0 FTE Indirect and 1.0 FTE Direct, which makes the total agency salaries appear higher than actual; a lump total agency amount of 163.31 FTEs as ‘Other’ Indirect staff may add to inaccuracy if any counted there are also counted as 1.0 FTE Direct.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related

to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural referrals from individuals, families, other community resources; enhancing rural outreach efforts; Transition Planning Committee and Rural Champaign County Special Education Cooperative; identification of potential employment in the person's home community, expanded job search if the person desires. Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); as with rural residents, home communities or location of the client's choice.

Promoting inclusion and reducing stigma: "...Every time an individual is hired or an employer participates in the LEAP training, inclusion becomes greater and stigma lessens... Stigma is reduced when people with no previous relationship with a person with a disability see that they share more similarities with their co-worker than differences and contributes to the viability and diversity of their work community. Reducing stigma is a fundamental function of job development and community employment. Employer engagement and education is the best approach to reducing stigma."

Outcomes: One is a measure of utilization of certain services in the program; the other two relate to the client experience.

Coordinated system: Yes. Detail on related programs and relationships between them.

Written collaborative agreements: CCRPC ISC, Community Choices, IDHS-DRS

Budget and program connectedness: Budget Narrative explains program revenues, Title XX-DFI matching grant, expenses to be charged to this contract, planned salary increases, increased cost of worker's compensation, health benefits, and travel reimbursement, how expenses were projected and items to be included in each category. Describes the relationship of direct and indirect staff positions to this program and references the Allocated Program Expense formula.

Person Centered Planning: Yes.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Cites and links to NACHBDD's Congressional Briefing paper on the importance of work for people with I/DD.

Staff credentials: All complete the IDHS-DDD mandated 40 hours classroom and 80 hours on the job training (DSP curriculum); new employee training includes Employment First as part of the agency culture; access to monthly webinars (through ODEP and APSE) on Employment First topics.

Will the funding be used as match for another source of revenue: Yes, \$24,986 as match for Title XX-DFI matching grant.

Other pay sources: DRS and Home-Based Support for some. **Client fees:** No. **Sliding scale:** No.

Willing to participate in Medicaid programs: Yes.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Authorize the use of \$24,986 as match for Title XX-DFI grant funding.*
- *Error in the Personnel forms create higher total agency salaries/expenses and should be corrected - the EVP Clinical is counted as both 100% indirect and 100% direct. Uncertainty is compounded by lumping 163.31 FTE as Other in Indirect - while this is allowable (since no portion is charged to total program or to the CCDDDB), it could include people also reported as Direct FTE and further inflate the total agency salaries and expenses. Correction of these overstatements will increase the projected total agency surplus budget and the risk of not using DDB funds as the payer of last resort. Total agency salaries reported on each submitted Personnel form are the same, so there is not a question of inconsistency, only overstatement.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Employment First

Agency: DSC with Community Choices, Inc.

Request: \$90,100

Why it matters: "... influencing the business culture in Champaign County. Per the Office of Disability Employment Policy, service providers can assist companies in becoming disability inclusive on a deeper level by presenting core services in ways that employers can recognize an immediate benefit. This might include delivering disability awareness trainings; consulting on accommodations; advising on workplace accessibility, both physical and computer-based; recommending job coaching and other onsite support services."

Selected priority: Work Life

Staff/reviewer comment: This proposal is to continue funding a current program.

Services and People Served

Who will benefit: People with I/DD, the business community of Champaign County, and service providers.

Scope of services: Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. Leaders Employing All People (LEAP) presentation, frontline staff trainings. Directory of Disability-Inclusive Employers (new) to identify those wishing to hire people with disabilities and to be a learning platform (education for employers). Advocacy with DRS, Rotaries, Chambers of Commerce, etc. Podcast about LEAP and the directory is linked.

Location and frequency of services: Flexible, with in-person, virtual, and pre-recorded options; online resource directory.

Staff/reviewer comment: Continuation of currently funded program. The only resource of its kind in the County. Due to the nature of the target population, residency data below relate to location of businesses certified through LEAP.

Residency of 41 people served in PY2022 and 36 in the first half of PY2023

Champaign	22 for PY22	21 for PY23
Urbana	8 for PY22	5 for PY23
Rantoul	1 for PY22	0 for PY23
Mahomet	3 for PY22	4 for PY23
Other	7 for PY22	6 for PY23

Measures of Client/Participant Access

Eligibility criteria and determination: Champaign County employers interested in hiring people with disabilities; zip code.

Outreach to eligible people: Through Transition Planning Committee, Job Developer's Network, Chambers of Commerce, social media, other agency communication, from other employers, and through Directory of Disability-Inclusive Employers.

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

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

People will engage in services, on average, for: one hour training plus follow up within a month.

Additional demographic data: # businesses participating in certification process, business zip code, # employees attending the sessions, job titles of attendees, and business sector for each company.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 25 Leap and front-line trainings scheduled/offered to any interested parties.
2. Quarterly training/communication via social media/podcasts (on related issues) for employers.
3. 12 new resources in the directory/website.

Specific assessment tools and data collection:

1. Employer info, documented by staff for quarterly reports.
2. Training and info shared on social media - documented by staff.
3. Documented by staff in quarterly reports.

Outcome data gathered from all participants: Yes.

Will collect outcome data at each training.

Staff/reviewer comment: These are measures of utilization and program performance rather than impact on participants. Mid-year current year results are included for the first two: 21 trainings; two podcasts (with link). The third is a new outcome for PY24. Could include an outcome related to change of attitudes among employers and staff, with an appropriate assessment tool. # of people with disabilities employed due to LEAP training could also be tracked; it would be good to know if there's an increase in employment after LEAP training has been provided, to demonstrate the program's impact.

Measures of Utilization

Community Service Events (CSEs): 25 LEAP and frontline staff trainings.

Staff/reviewer comment: Due to the nature of the program, service contacts and hours are not reported.

PY24 Targets CSE - 25

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter 12

Second Quarter 9

Annual Targets CSE-25

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter 9

Second Quarter 3

Third Quarter 13

Fourth Quarter 29

Annual Targets CSE-25

Financial Analysis

PY2024 CCDDDB funding request: \$90,100

PY2024 Total Program budget: \$90,428

Current year funding (PY2023): \$85,000

Proposed change in funding - PY2023 to PY2024 = 6%

CCDDDB request is for 99.6% of total program revenue. Other revenue is from Program Service Fees Other \$31, and Miscellaneous \$297, allocated portions of agency revenue from outside training and from "management fee and other income from" M&G.

Personnel-related costs of \$59,327 are the primary expense charged to CCDDDB, at 65.8% of requested amount. Other expenses are Professional Fees/Consultants \$25,866 (%), Consumables \$323, General

Operating \$706, Occupancy \$977, Conferences/Staff Development \$252, Local Transportation \$677, Equipment Purchase \$80, Lease/Rental \$935, Membership Dues \$245, and Misc \$712.

Total Agency budget surplus of \$64,301, Total Program deficit \$174, and CCDDDB budget BALANCED.

Program staff to be funded by CCDDDB: 0.14 Indirect and 1 Direct = 1.14 FTEs

Total program staff: Same.

Staff comment: The increased request relates to increases in salary and other costs. Indirect staff salaries to be charged include small portions (up to 1%) of 19 full-time positions. Direct staff is 100% of a full-time Employment First Coordinator.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Job Developer’s Network, disAbility Expo, social media, and other agency communication, rural Chambers of Commerce and Rural Champaign County Special Education Cooperative; business community includes rural, also in the directory. Business leader commitment supports a culture that celebrates differences.

Promoting inclusion and reducing stigma: Prioritizes accessibility, diversity, and inclusion. Education about and employment of people with disabilities exposes people to the benefits.

Outcomes: Overlap with utilization measures/targets and measure the program’s performance. An increase in employment after LEAP training has been provided would demonstrate the program’s impact; adding an outcome to track and report this could be very helpful.

Coordinated system: Yes.

Written collaborative agreements: Community Choices, IDHS Division of Rehabilitation Services.

Budget and program connectedness: Budget Narrative explains program revenues and expenses to be charged to this contract, planned salary increases, increased cost of worker’s compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of specific staff, and the

Allocated Program Expense formula, which is annually reviewed by auditors and provided to CCDDDB staff. It also explains this is a joint effort with another agency, whose associated program costs are paid through the Professional Fees line.

Person Centered Planning: N/A or indirectly.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Link to Association of People Supporting Employment First (APSE) website; describes values of fair pay and inclusive workplaces to benefit all (and more.)

Staff credentials: Staff from each agency (half-time at CC and full-time at DSC) have knowledge of disability and business communities, ability to present to employers effectively, provider-specific training, and access to monthly ODEP webinars on related topics, with national leaders in the field of system reform.

Will the funding be used as match for another source of revenue: No.

Other pay sources: None. **Client fees:** No. **Sliding scale:** No.

Willing to participate in Medicaid programs: No.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes. This program had been approved for state (Division of Rehab) funding several years ago, just prior to a new administration pausing all funding. It may be of interest to the State once again.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Develop an outcome related to increased employment of people with I/DD and one for improved knowledge or attitude of trainees or to their satisfaction with the training.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Self-Determination Support

Agency: Community Choices, Inc.

Request: \$176,500

Why it matters: "... for people with I/DD to participate in social opportunities of their choice, including connecting within a new online forum and group messaging apps. Activities outlined include supporting people with I/DD to access opportunities available to any community members and support for building social and communication skills. It also aligns with the Self-Advocacy priority by providing opportunities for people with I/DD to increase others' understanding of the experiences and rights of people with I/DD. Families will have opportunities to support each other and share resources."

Selected priority: Community Life

Staff/reviewer comment: This request is to continue funding to connect individuals with disabilities and their families with each other and the community.

Services and People Served

Who will benefit: Adults with I/DD seeking to expand social networks and capital; families members (of adults with disabilities) who wish to learn about the I/DD service system and local resources, to connect with others, and to advocate.

Scope of services: Family Support and Education: educates families on the service system, helps people support each other and advocate for improved services, through quarterly meetings, community parties, family support group, and individual consultation (esp during transition or challenge.)

Leadership and Self-Advocacy: adults with disabilities learn and demonstrate self-determination and self-advocacy through leadership class and advocacy group.

Building Community: adults with disabilities discover interests to pursue and preferred engagement with others through various (specified) structured and organic opportunities.

Location and frequency of services: Home and community locations of members' choosing; office use limited to planning, correspondence, documentation, etc.; activities and events are scheduled throughout the year.

Staff/reviewer comment: Proposed services are a continuation of the currently funded program and are offered within the agency's Connect department.

Residency of 202 people served in PY2022 and 157 in the first half of PY2023

Champaign	106 for PY22	90 for PY23
Urbana	41 for PY22	27 for PY23
Rantoul	0 for PY22	0 for PY23
Mahomet	16 for PY22	15 for PY23
Other	39 for PY22	25 for PY23

Demographics of 202 people served during PY2022

Age	
Ages 19-59 -----	169
Ages 60+ -----	33
Race	
White -----	175
Black / AA -----	17

Asian / PI -----	7
Other (incl. Native American, Bi-racial)-	3
Gender	
Male -----	77
Female -----	125
Ethnicity	
Of Hispanic/Latino/a Origin -----	1
Not of Hispanic/Latino/a Origin -----	201

Measures of Client/Participant Access

Eligibility criteria and determination: 18 years of age, with documented DD, complete intake and paperwork for membership, and be motivated and share responsibility of working toward the life they want. PUNS enrollment by ISC. Individual seeking services will meet with Membership Coordinator for internal intake.

Outreach to eligible people: schools, word of mouth, agencies, and community events.

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

Within 0 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: one year, can be renewed.

Additional demographic data: individual Medicaid Recipient ID Number, medical insurance coverage, involvement with other providers to avoid duplication.

Staff/reviewer comment: Reasonable timelines for the type of service.

Measures of Client/Participant Outcomes

Outcomes and targets:

Family Support and Education: 80% of participants indicate a strategy or resource learned or an increased connection after each meeting; participating family members will report higher rates of connection to other families; 75% of engaged family members will report greater knowledge of the system, connection, and belonging.

Leadership and Self-Advocacy: 80% of leadership class participants indicate growth in leadership skills or engage in leadership project; advocacy group members will identify and rate areas of growth every 6 months.

Building Community: 75% of members with I/DD indicate the agency provides a supportive community, after a year; 75% participating in structured opportunities reach out to other members or initiate community engagement, within a year; 50% with desire for community engagement report or have an observed connection, within 3 months.

Specific assessment tools and data collection:

Support Group Survey - pre and post evaluation completed by participants

Annual Member Survey - self-report by all members

Leadership Class Survey - pre and post evaluation completed by participants

Quarterly Narrative Report - staff tracking attendance and other data at activities

CC Member Forum - observational tool used by staff

(Section indicates which combination of tools is used to measure each outcome.)

Outcome data gathered from all participants: No; participant survey presented to all, with specific activity evaluations given to those involved; responses are encouraged but not required.

Will collect outcome data annually or following specific activities/events.

Staff/reviewer comment: Member-driven initiations. Efficient data collection system in place.

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 90 people with I/DD; 110 without (family and community members).

Service Contacts (SCs): 2810 total. Family Support and Education - 540. Leadership and Advocacy - 610.

Community Building - 1660. Includes estimates for each activity within each category.

Community Service Events (CSEs): 4 outreach events to organizations, community, providers, and other - about the programs and the importance of people with I/DD having opportunity to connect and engage in their communities.

Other: 2086 total. Family Support and Education - 215 hours. Leadership and Advocacy - 342 hours.

Community Building - 1529 hours. Includes estimates for each activity within each category.

Staff comment: CSE target continues as in prior years, others are increased.

PY24 Targets NTPC-200 SC-2810 CSE-4 OTHER-2086

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter 153 821 2 543

Second Quarter 548 654 4 548

Annual Targets NTPC-180 SC-2759 CSE-4 OTHER-1953

PY22 All Four Quarters (per submitted Service Activity Reports)

First Quarter 188 1037 0 568.5

Second Quarter 1 742 2 424.5

Third Quarter 2 545 3 341.5

Fourth Quarter 11 921 5 413

Annual Targets NTPC-170 SC-2380 CSE-4 OTHER-1788

Financial Analysis

PY2024 CCDDDB funding request: \$176,500

PY2024 Total Program budget: \$176,500

Current year funding (PY2023): \$171,000

Proposed change in funding - PY2023 to PY2024 = 3%

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$158,941 are the primary expense charged to CCDDDB, at 90% of requested amount. Other expenses: Professional Fees/Consultants \$4,600 (2.6%); Consumables \$2,900 (1.6%); General Operating \$3,500 (2%); Occupancy \$4,759 (2.7%); Conferences/Staff Development \$800; Local Transportation \$1,000.

Total Agency budget surplus \$4,058; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 0.5 Indirect + 2.35 Direct = 2.85 FTEs.

Total program staff: same.

Staff comment: The increased request is primarily related to salary increases. Personnel to be charged to this contract are 1 of 1 FTE Membership Coordinator, 2 half time Connect Coordinators, 0.55 of 1 FTE Associate Director and 0.3 of 1 FTE Executive Director.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Community Choices has worked to bring CLC Values into practices and policies. All employees are required to sign the CLC Plan and formal agreements are made with DSC on employment 1st. There is a plan to provide outreach and materials to RACES, the Well Experience, HACC, Don

Moyer Boys and Girls Club and CUPHD. Community Choices continues to encourage bilingual staff. Plan language in the handbook is important for members and is included in the Members Only section of the site. **If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023?** Yes. **Highlights from the submitted CLC Progress Report:** Web Accessibility 101; Olmstead's Promise: Ending police violence on black disability communities; Approaches to increasing independence within transportation for people with I/DD; Supporting people with I/DD and Mental Health Diagnosis; Disability, Law Enforcement, and Incarceration: New Papers and Opportunities; The Non-violent Communication Course; Racial Healing for Health. There has been a Cultural Competence assessment for the Board of Directors and there is a need for an organizational assessment. The website was updated for members to access to the handbook for plain language.

Staff comment: Human Rights Advocacy Group created a training for organizations on ways to serve people that are living with disabilities. This training provided by the Human Rights Advocacy Group will meet the annual CLC Training Requirements for agencies that are funded by the DDB. In my review, of program plans I was intrigued by the statement in the Staff Recruitment and Retention program plan. "The people who provide direct services to people with I/DD are, according to the cited ACL Issue brief [See question 9] 87% female, 50% on some sort of public assistance, 60% are people of color, and 29% are immigrants." Since there is disparity in the workforce, there should also be a collaborative conversation with the members and their families along with staff about clear and realistic expectations of the workforce that respect the culture of the person that will be providing care for people living with disabilities.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Broad outreach through large events, resource lists/databases, and website. Rural outreach through social events, networks, and Membership Directory, encouraging shared transportation (or support if needed). Referrals from providers who reach under-resourced groups; engagement through diverse staff and building natural supports within a person's community.

Promoting inclusion and reducing stigma: Encourages people with I/DD to see themselves as important, valuable community members; encourages them and family members to advocate; builds the community's capacity to welcome and include people with I/DD.

Outcomes: Two to three outcomes for each of the three program components, focused on the participants' experience, with timeframes and associated assessment tools.

Coordinated system: Shares information about other resources and service providers, welcomes people who are involved with other providers to become members.

Written collaborative agreements: PACE, CC Health Care Consumers, CCRPC, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers, Uniting Pride, MTD. Informal with CUPHD, UI Special Ed, Promise Healthcare, The Autism Program, CU Special Rec, and Housing Authority of Champaign County.

Budget and program connectedness: The Budget Narrative provides excellent detail on projected revenues and expenses and on all personnel associated with the program.

Person Centered Planning: Discovery Process

Evidence-based, evidence-informed, recommended, promising, or innovative practice: risk of social isolation and increased stress reduced by social support; link to research on the benefit to parents; links to sources on the benefits, to people with I/DD, of supported inclusion and self-advocacy (and benefits to the community).

Staff credentials: Connect program staff have diverse experience and backgrounds - human services, DSPs, recreational therapy, K-12 ed, human resources, and community-based non-profit work.

Will the funding be used as match for another source of revenue: No.

Other pay sources: \$25 membership fee per year. **Client fees:** Yes. **Sliding scale:** Yes. Fee can be waived for those unable to pay.

Willing to participate in DD Medicaid-waiver programs: No.

Staff/reviewer comment: Cover/Auth Page offers overview on all proposals, noting that this program is the core and that member input led to the new proposal for transportation support. Although the application response on rural engagement states that 30% of families currently served by the agency are rural residents and identifies Mahomet, Fisher, and Rantoul, current and prior year demographics show no participants *in this program* from Rantoul, a community that might respond well to the program's supports and approach.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, full eligibility is maintained.

All forms submitted by deadline: Yes.

Audit findings: PY2022 agency audit was submitted 1/19/23, delayed by the CPA firm, and identified a weakness in internal control (known to the agency board and approved). Payments were suspended for one month due to late submission of PY22 audit.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Virtual support.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Virtual options available; incorporates online supports and technology for new social opportunities. Training and access not addressed.

Staff/reviewer comment: The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *If the total program is Connect and there are other sources of revenue, such as membership fees, include these in Total Program Revenues.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Community First

Agency: DSC

Request: \$890,042

Why it matters: "... Community inclusion is defined as the opportunity to live and exist as a contributing member of the community while being valued for one's abilities and uniqueness regardless of disability. People participating in C1st are enjoying a range of opportunities and experience consistent with the definition of community inclusion with activities that introduce and support volunteering, employment readiness, social, recreation, leisure, civic engagement, and peer support."

Selected priority: Community Life

Staff/reviewer comment: This proposal is to continue funding a current program.

Services and People Served

Who will benefit: People with I/DD who are interested in community-focused activities with partial to full day options.

Scope of services: Recreational activities, social events, educational groups, volunteering, other areas of interest (wide range) to enhance personal fulfillment. Presentations in public forums and participation in interviewing/hiring. Choice is identified in personal plan, self-report, and surveys completed prior to the rotation of group offerings. Consideration of personal support needs, encouragement for community participation, cultural exposure through education and community events. Program evolves with participant and DSP input.

Location and frequency of services: Community locations; participants choose new groups every 4 months based on interests; 1-5 days/week; virtual options (including during poor weather); use of phone apps.

Staff/reviewer comment: Continuation of currently funded program.

Residency of 44 people served in PY2022 and 33 in the first half of PY2023

Champaign	16 for PY22	12 for PY23
Urbana	17 for PY22	12 for PY23
Rantoul	2 for PY22	2 for PY23
Mahomet	3 for PY22	2 for PY23
Other	6 for PY22	5 for PY23

Demographics of 44 people served during PY2022

Age	
Ages 13-18 -----	1
Ages 19-59 -----	39
Ages 60+ -----	4
Race	
White -----	30
Black / AA -----	12
Other (inc. Native American and Biracial)	2
Gender	
Male -----	23
Female -----	21

Ethnicity

Not of Hispanic/Latino/a Origin ----- 41

Measures of Client/Participant Access

Eligibility criteria and determination: People with I/DD and interest in community with staff support; PUNS enrollment.

Outreach to eligible people: Through Transition Planning Committee, disAbility Expo, website, brochures, agency tours for families; referrals from individuals, families, schools, RPC ISC, DRS office; enhancing outreach.

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

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

People will engage in services, on average, for: until no longer interested or in need.

Additional demographic data: Disability and referral source.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 5 people will become a co-leader for a group.
2. 5 people will be opened in Community Employment for job exploration.

Specific assessment tools and data collection:

1. Documented by program manager.
2. Documented by program manager.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly. Participation is documented daily, included in monthly notes.

Staff/reviewer comment: A program satisfaction outcome may be useful, and the agency has already developed tools and strategies for conducting annual surveys.

Measures of Utilization

Treatment Plan Clients (TPCs): 45 people with an individual plan and no state funding for these services.

Non-Treatment Plan Clients (NTPCs): 45 peers who accompany the TPCs for activities and events.

Service Contacts (SCs): 6 meetings with prospective participants and tours of the program.

Community Service Events (CSEs): 2 public presentations, engagement/speaking with community groups, representation at community events.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. 19,596 hours of service provided to TPCs during PY22.

PY24 Targets	TPC- 45	NTPC - 45	SC-6	CSE- 2
PY23 First Two Quarters (per submitted Service Activity Reports)				
First Quarter	31	56	2	1
Second Quarter	2	15	4	2
Annual Targets	<i>TPC-40</i>	<i>NTPC- 50</i>	<i>SC-5</i>	<i>CSE-2</i>
PY22 All Four Quarters (per submitted Service Activity Reports)				
First Quarter	39	19	2	0
Second Quarter	1	17	2	0
Third Quarter	1	11	1	2
Fourth Quarter	3	16	3	2
Annual Targets	<i>TPC-55</i>	<i>NTPC- 50</i>	<i>SC-5</i>	<i>CSE-3</i>

Financial Analysis

PY2024 CCDDDB funding request: \$890,042

PY2024 Total Program budget: \$2,982,546

Current year funding (PY2023): \$847,658

Proposed change in funding - PY2023 to PY2024 = 5%

CCDDDB request is for 29.8% of total program revenue. Other revenue is from Contributions \$200, Ford County MHB \$24,960, DHS Fee for Service \$2,051,694 (68.8%), Program Service Fees Other \$1,413, and Miscellaneous \$14,237, allocated portions of agency revenue from metal recycling and from “management fee and other income from” M&G.

Personnel-related costs of \$634,096 are the primary expense charged to CCDDDB, at 71.2% of requested amount. Other expenses are Professional Fees/Consultants \$8,952, Consumables \$12,468, General Operating \$10,253, Occupancy \$55,924 (6.3%), Conferences/Staff Development \$3,926, Local Transportation \$81,155 (9.1%), Equipment Purchase \$1,329, Lease/Rental \$67,199 (7.6%), Membership Dues \$3,331, and Misc \$11,409.

Total Agency budget surplus of \$64,301, Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: 1.69 Indirect and 15.73 Direct = 17.42 FTEs

Total program staff: 5.74 Indirect and 52.45 Direct = 58.19 FTEs

Staff comment: The increased request relates to increases in salary and other costs. Indirect staff salaries to be charged include small portions (from 2% to 14%) of 20 full-time positions. Direct staff salaries, all full-time positions, to be charged to the CCDDDB are: 30% of 7 Community First DSPs Specialists, 3 Community First DSPs/Employment Counselors (vacant at time of application), Community Liaison, COTA (vacant), Director of Community Day Services, CDS Assistant Manager, 15 Community Day Services DSPs (one vacancy), 2 CDS Managers, 7 CDS Specialists (3 vacancies), 7 Bus Drivers, and 2 CDS Coordinators; 28% of another Community First DSP; 24% of Employment Services Manager; 18% of Operations Manager; 15% of Bus Driver/Production Crew Leader; 9% of Director of Employment Services; 6% of 2 Production Crew Leads, Building Grounds Manager, Maintenance Technician, and Community First DSP; and 3% of Director of Business Operations, EVP of Clinical Services, and EVP of Support Services. The two Executive VPs, a Maintenance Tech, and Grounds Manager are each listed as 1.0 FTE Indirect and 1.0 FTE Direct, which makes the total agency (and possibly total program) salaries and expenses appear higher than actual; a lump total agency amount of 114.31 FTEs as ‘Other’ Indirect staff may add to inaccuracy if any counted there are also counted as 1.0 FTE Direct. (See contract considerations below).

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the

following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural referrals from RPC ISC, high schools, family members, community partners, social media, website, community activities; enhancing rural outreach efforts; services in community locations with events or resources of interest to participants, transportation assistance.

Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); as with rural residents, various community locations based on opportunities/activities.

Promoting inclusion and reducing stigma: Increased awareness through engagement in the community; participants gain experience with those who share common interests; develop friendship and sense of connection; participation in public events fosters a sense of community, acceptance, and inclusion; builds confidence and belonging...

Outcomes: Relate to accomplishments of program participants. Each is a count of total individuals achieving them. A client survey could measure satisfaction with the program.

Coordinated system: Yes.

Written collaborative agreements: Illinois Self-Advocacy Alliance, YMCA.

Budget and program connectedness: Budget Narrative explains program revenues and expenses to be charged to this contract, planned salary increases, increased cost of worker’s compensation, health benefits, and travel reimbursement, and notes that the program runs at significant deficit (confirmed in audits). There is detail on how expenses were projected and, on those items, to be included in expense categories, e.g., Professional Fees includes Speech Consultant as well as costs typically allocated. Describes the roles of specific direct staff positions regarding this program, that Community Liaison is a new job title, and that 3.75 FTEs are moved here from the IFS program. Indirect staff roles are also described, and reference is made to the Allocated Program Expense formula, which is annually reviewed by auditors and provided to CCDDDB staff.

Person Centered Planning: Yes.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Cites and links to an abstract on Community Inclusion, notes the shift to fully support community-based services (and small groups) and challenges (e.g., workforce shortage, rising costs).

Staff credentials: All complete the IDHS-DDD mandated 40 hours classroom and 80 hours on the job training; training specific to the people served; Employment First as part of the agency culture; program staff bring their diverse other talents to the groups.

Will the funding be used as match for another source of revenue: No.

Other pay sources: None. **Client fees:** No. **Sliding scale:** No.

Willing to participate in Medicaid programs: Yes.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern.
Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Errors in the Personnel form create higher total agency salaries/expenses, possibly also true for total program salaries/expenses, and should be corrected. Specifically, four people are counted as both 100% indirect and 100% direct, two of them with relatively large salaries. The uncertainty regarding actual salary totals is compounded by lumping 114.31 Indirect personnel - while this is allowable, since no portion is charged to total program or to the CCDDDB, it could also include people reported as Direct and further inflate the totals (and then also total expenses). Correction of these overstatements will increase the projected total agency surplus budget and the risk of not using DDB funds as the payer of last resort. To justify a request of this size, especially for a program which also serves Medicaid-waiver funded people, the personnel costs should be accurate.*
- *The contract amount can be prorated for vacancies and increased as each is filled.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Connections

Agency: DSC

Request: \$106,400

Why it matters: "... access to recreation, hobby, and leisure choices that otherwise might not be available. The opportunities presented provide exposure to art, music, and other cultural expressions introducing individuals to possible new experiences and allowing them the venue to share their interests and talents with others."

Selected priority: Community Life

Staff/reviewer comment: This proposal is to continue funding a current program.

Services and People Served

Who will benefit: Adults with I/DD with an interest in art, music, cultural experiences, and/or non-traditional employment.

Scope of services: Space and staff support for varied creative activities of interest to participants. Groups and classes have included: card making; soap, wax melts, candle making; painting (various genres); poetry and expressive writing. Sale of participants' arts and crafts. Onsite events to promote collaboration and venue for like-minded community artists.

Location and frequency of services: The Crow studio/community space; frequency varies with new groups scheduled every 4 months. Virtual access a newer option, especially when weather prevents in person.

Staff/reviewer comment: Provides services that help improve quality of life for people with disabilities.

Residency of 26 people served in PY2022 and 18 in the first half of PY2023

Champaign	9 for PY22	7 for PY23
Urbana	9 for PY22	6 for PY23
Rantoul	1 for PY22	1 for PY23
Mahomet	3 for PY22	2 for PY23
Other	4 for PY22	2 for PY23

Demographics of 26 people served during PY2022

Age

Ages 13-18 -----	1
Ages 19-59 -----	24
Ages 60+ -----	1

Race

White -----	17
Black / AA -----	9

Gender

Male -----	11
Female -----	15

Ethnicity

Not of Hispanic/Latino/a Origin -----	26
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Measures of Client/Participant Access

Eligibility criteria and determination: People with I/DD and interest in pursuing their creative talents; PUNS enrollment.

Outreach to eligible people: Through tours/discussion of services, brochures at community events like the disAbility Expo and Transition Planning Committee. Referrals from individuals, families, RPC ISC, local IDHS-DRS office.

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

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

People will engage in services, on average, for: until no longer interested in services.

Additional demographic data: Disability and referral source.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Participants will host or engage in 5 special events to connect people with DD to the greater community.
2. 90% will be satisfied with experience at The Crow at 110.
3. 2 collaborations with community artists teaching classes (NEW in PY24).

Specific assessment tools and data collection:

1. Record of events maintained by program manager.
2. Satisfaction Surveys (distributed to each participant annually by Director of Program Assurance.)
3. Documented by program manager.

Outcome data gathered from all participants: Yes.

Will collect outcome data quarterly.

Staff/reviewer comment: The first repeats a utilization measure (below), the second is a measure of the impact on the consumer, and the third (new) measures program performance/improvement. At mid-year PY23 there have been 2 events, participants not yet surveyed.

Measures of Utilization

Treatment Plan Clients (TPCs): 25 people pursuing creative interests and talents at The Crow at 110, with individual plan funded by the CCDDB.

Non-Treatment Plan Clients (NTPCs): 12 people participating in activities, not receiving County funding.

Community Service Events (CSEs): 5 events hosted at The Crow + engagement in community venues.

Staff comment: Targets for PY23 continue. Service contacts and service hours associated with TPCs are documented in online reporting system. 4,922 hours of service provided to TPCs during PY22.

PY24 Targets	TPC- 25	NTPC-12	CSE- 5
PY23 First Two Quarters (per submitted Service Activity Reports)			
First Quarter	14	16	0
Second Quarter	4	1	2
<i>Annual Targets</i>	TPC- 25	NTPC-12	CSE- 5
PY22 All Four Quarters (per submitted Service Activity Reports)			
First Quarter	20	9	0
Second Quarter	5	3	0
Third Quarter	1	1	3
Fourth Quarter	0	3	2
<i>Annual Targets</i>	TPC- 25	NTPC-12	CSE- 3

Financial Analysis

PY2024 CCDDDB funding request: \$106,400

PY2024 Total Program budget: \$108,727

Current year funding (PY2023): \$95,000

Proposed change in funding - PY2023 to PY2024 = 12%

CCDDDB request is for 97.9% of total program revenue. Other revenue is from Program Service Fees - Bad Debt Expense-offset revenue \$31, and Miscellaneous \$2,296, the latter an allocated portion of agency revenue from “management fee and other income from” M&G.

Personnel-related costs of \$57,239 are the primary expense charged to CCDDDB, at 53.8% of requested amount. Other expenses are Professional Fees/Consultants \$447, Consumables \$1,893, General Operating \$704, Occupancy \$12,690 (12%), Conferences/Staff Development \$131, Local Transportation \$835, Equipment Purchase \$796, Lease/Rental \$29,422 (27.7%), Membership Dues \$360, and Misc \$1,883.

Total Agency budget surplus of \$64,301, Total Program a deficit of \$162, and CCDDDB budget is BALANCED.

Program staff to be funded by CCDDDB: 0.14 Indirect and 1.01 Direct = 1.15 FTEs

Total program staff: 0.14 Indirect and 1.05 Direct = 1.19 FTEs

Staff comment: The increased request relates to increases in rent, salaries, benefits, and other rising costs. Because the Budget Narrative explains there should be a small amount allocated from training income, the Revenue form’s ‘bad debt offset’ appears to be an error. Indirect staff salaries to be charged include small portions (less than or equal to 1%) of 16 full-time positions. Direct staff salaries, all full-time positions, to be charged to the CCDDDB are: 77% of Community First DSP; 19% of Employment Services Manager; and 5% of the EVP of Clinical Services. The EVP is listed as both 1.0 FTE Indirect and 1.0 FTE Direct, which makes the total agency salaries appear higher than actual; a lump total agency amount of 176.31 FTEs as ‘Other’ Indirect staff may add to inaccuracy if any counted there are also counted as 1.0 FTE Direct.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC Program plans individually to see if there were specific engagement strategies to reach families of underinvested populations. The program plans mentioned the strategies related to talking with cultural organizations. I wanted to see if there are clear outreach strategies with organizations in addition to attending IEPs at schools. There will be support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural referrals from RPC ISC, individuals, families, other community partners; community events to share information; agency is enhancing rural outreach. Responsive to individual/family cultural preferences and considerations; expanding outreach through community events and committees, website, and social media; DEI Committee strategies (see CLC review); services at The Crow, museums, art galleries, farmer's markets, and art shows (minimal requests for virtual).

Promoting inclusion and reducing stigma: "...As people engage with the community through exploration of their creative interests, connections are made. People with I/DD often have difficulty communicating in conventional ways. Creative art expression allows them to relay their feelings and empowers them to display ideas and vision with visual and tactile aids. Open houses and other formal events have a dual benefit by inviting community artists to showcase their talent and sell merchandise within this shared space and the community is invited to enjoy and purchase unique one of a kind works of art, jewelry, and other handmade gifts. All are intentional ways of promoting inclusion and reducing stigma."

Outcomes: One measures participant satisfaction with the program, the others relate to program performance.

Coordinated system: No similar/related services.

Written collaborative agreements: n/a

Budget and program connectedness: Budget Narrative explains program revenues, expenses to be charged to this contract, how expenses were projected, including some increased cost, and each item to be included in each expense category. Describes the relationship of direct and indirect staff positions to this program and references the Allocated Program Expense formula.

Person Centered Planning: Yes.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Provides additional rationale for the program activities. Cites and links to a National Rehabilitation Information Center article on "The Arts as Therapy: What are the Benefits of the Arts as Therapy?" regarding therapeutic benefits for people with disabilities and older adults.

Staff credentials: All complete the IDHS-DDD mandated 40 hours classroom and 80 hours on the job training (DSP curriculum); new employee training includes Employment First as part of the agency culture; diverse talents and knowledge of staff contribute to the program.

Will the funding be used as match for another source of revenue: No.

Other pay sources: None. **Client fees:** No. **Sliding scale:** No.

Willing to participate in Medicaid programs: No.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Staff/reviewer comment: Agency completed and submitted application forms on February 8, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Revise small error in Revenue form.*
- *Error in the Personnel forms create higher total agency salaries/expenses and should be corrected - the EVP Clinical is counted as both 100% indirect and 100% direct. Uncertainty is compounded by lumping 176.31 FTE as Other in Indirect - while this is allowable (since no portion is charged to total program or to the CCDDDB), it could include people also reported as Direct FTE and further inflate the total agency salaries and expenses. Correction of these overstatements will increase the projected total agency surplus budget and risk of not using DDB funds as the payer of last resort. Total agency salaries reported on each submitted Personnel form are the same, so there is not a question of inconsistency, only overstatement.*
- *Consider continuing the PY23 special provisions.*

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

Recommendation: Pending

Draft CCDDDB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Staff Recruitment and Retention

Agency: Community Choices, Inc.

Request: \$34,000 - a NEW request

Why it matters: “Our services would not be possible without our staff. Community Choices has, since its start, worked to pay its employees a living and competitive wage for the industry. With this commitment we have been able to attract, hire, and retain a highly skilled workforce. It has been a key factor in our success as a young operation. With the increase in minimum wage and inflation, our compensation is no longer as attractive. This proposal would help us to retain our dedicated staff and to fill new positions as they arise by offering the financial compensation that our work is worth.”

Selected priority: Strengthening the I/DD Workforce

Staff/reviewer comment: Request is for a new program, similar to that of another local I/DD provider agency.

Services and People Served

Who will benefit: current and potential new agency staff serving people with I/DD.

Scope of services: Recruitment of well-qualified staff in a timely manner is supported by three incentive payments of \$500 each, at completion of training and 90-day probationary period. Retention is supported by fifteen incentive payments, \$500 per quarter, for maintaining good standing, active employment, with professional development specific to the position.

Location and frequency of services: n/a

Staff/reviewer comment: Includes details on experience and retention rates of current staff. Workforce development is critically important for I/DD services at this time; some caution is needed in case sign-on payments may inadvertently disrupt retention by similar providers.

Measures of Client/Participant Access

Eligibility criteria and determination: Newly hired employees who successfully complete 90 day probationary period; employees active for the previous three months, in good standing, having participated in professional development related to their position.

Outreach to eligible people: prominent advertising as part of the job listings.

Within 0 days from referral, 100% of those referred will be assessed.

Within 90 days of assessment, 100% of those assessed will engage in services.

People will engage in services, on average, for: Aim is average length of employment with the agency of 3 or more years.

Additional demographic data: Start dates, reason for leaving, length of employment at the agency and in the I/DD field.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. DSP Compensation: 100% of agency staff compensated at a rate equal or greater than equal to Guidehouse proposed PY24 DSP salary, within FY24.
2. Recruitment: Agency fills open positions within 60 days.
3. Retention: At end of PY24, agency average length of employment (of those hired prior to PY24) > 4 years; at end of PY24, those hired during PY24 continue with the agency.

COMMUNITY CHOICES STAFF RECRUITMENT AND RETENTION - 1

Specific assessment tools and data collection:

1. Staff Hire-Termination Tracking Spreadsheet (maintained by the agency director)
2. Job Posting Logs (tracked by leadership, with dates of posting and hire)
3. CC Budget and Accounting System (maintained by director)

Outcome data gathered from all participants: Yes.

Will collect outcome data updated quarterly, compiled annually.

Staff/reviewer comment: Retention outcomes do not address good-standing, which is discussed elsewhere and assumed to apply (i.e., rates are impacted by any staff no longer employed due to harm to a client or the agency.)

Measures of Utilization

Non-Treatment Plan Clients (NTPCs): 16 total. 4 new and 12 continuing staff.

Community Service Events (CSEs): 3 outreach events to organizations, community, providers, and other - about programs, the importance of people with I/DD having opportunities to connect and engage in their communities, and potential employment and the benefits of working in this field.

Other: 63 quarterly and sign-on \$500 incentive payments made.

Staff comment: Agency should provide list of staff receiving bonuses to CCDDDB quarterly.

Financial Analysis

PY2024 CCDDDB funding request: \$34,000 - a NEW request

PY2024 Total Program budget: \$34,000

CCDDDB request is for 100% of total program revenue.

Personnel-related costs of \$34,000 are the only expense to be charged to CCDDDB.

Total Agency budget surplus \$4,058; Total Program and CCDDDB budgets are BALANCED.

Program staff to be funded by CCDDDB: no program staff.

Staff comment: Supports incentive payments to new and continuing staff, including the associated payroll taxes.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: Community Choices has worked to bring CLC Values into practices and policies. All employees are required to sign the CLC Plan and formal agreements are made with DSC on employment 1st. There is a plan to provide outreach and materials to RACES, the Well Experience, HACC, Don Moyer Boys and Girls Club and CUPHD. Community Choices continues to encourage bilingual staff. Plan language in the handbook is important for members and is included in the Members Only section of the site.

If currently funded, did the agency submit a complete CLC Progress Report for the first half of PY2023? Yes.

Highlights from the submitted CLC Progress Report: Web Accessibility 101; Olmstead's Promise: Ending police violence on black disability communities; Approaches to increasing independence within transportation for people with I/DD; Supporting people with I/DD and Mental Health Diagnosis; Disability, Law Enforcement, and Incarceration: New Papers and Opportunities; The Non-violent Communication Course; Racial Healing for Health. There has been a Cultural Competence assessment for the Board of Directors and there is a need for an organizational assessment. The website was updated for members to access to the handbook for plain language.

Staff comment: Human Rights Advocacy Group created a training for organizations on ways to serve people that are living with disabilities. This training provided by the Human Rights Advocacy Group will meet the

annual CLC Training Requirements for agencies that are funded by the DDB. In my review, of program plans I was intrigued by the statement in the Staff Recruitment and Retention program plan. “The people who provide direct services to people with I/DD are, according to the cited ACL Issue brief [See question 9] 87% female, 50% on some sort of public assistance, 60% are people of color, and 29% are immigrants.” Since there is disparity in the workforce, there should also be a collaborative conversation with the members and their families along with staff about clear and realistic expectations of the workforce that respect the culture of the person that will be providing care for people living with disabilities.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Broad recruitment to reach potential employees in many communities (incentive payments may attract those from rural areas); flexible workplace and accommodation of staff needs (some virtual).

Promoting inclusion and reducing stigma: Identifies the low wages of this workforce as reflecting the bias regarding people with I/DD; whereas adequate pay would communicate the value of the work and the people served. For people with I/DD, staff stability improves “access to community, skill building, relationships, jobs, and resources that help them to be more present active members of their communities.”

Outcomes: Three outcomes relating to length of employment, recruitment, and retention.

Coordinated system: DSC’s workforce initiative (PY23/24) offers incentive payments similar to those proposed here; the organizations have formal and informal partnerships.

Written collaborative agreements: PACE, CC Health Care Consumers, CCRPC, DSC, Urbana Park District, RACES, Visit Champaign County, Continuum of Homeless Service Providers, Uniting Pride, MTD. Informal with CUPHD, UI Special Ed, Promise Healthcare, The Autism Program, CU Special Rec, and Housing Authority of Champaign County.

Budget and program connectedness: Budget Narrative provides detail on projected total agency revenues (no other sources for this program) and expenses for this proposal.

Person Centered Planning: n/a

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Cites and links to ANCOR’s 2020 report on the direct support workforce crisis and impact on people with I/DD; link to Administration for Community Living’s 2021 brief on recruitment and retention of direct support professionals and the impact on people with I/DD; notes Guidehouse Rate Study recommendation for significantly higher DSP wages.

Staff credentials: the 13 agency staff have diverse backgrounds and a combined 164 years supporting people with disabilities; backgrounds include human services, DSPs, QIDPs, rehab therapy, recreational therapy, K-12 ed, human resources, sciences, arts. 76% of staff have worked in the field for over 10 years, and those hired from 2020 and earlier have stayed an average of 4.7 years.

Will the funding be used as match for another source of revenue: No.

Other pay sources: None. **Client fees:** No. **Sliding scale:** N/A.

Willing to participate in DD Medicaid-waiver programs: No.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes, full eligibility is maintained.

All forms submitted by deadline: Yes.

Audit findings: PY2022 agency audit was submitted 1/19/23, delayed by the CPA firm, and identified a weakness in internal control (known to the agency board and approved). Agency payments were suspended for one month due to delayed audit.

Services/supports relate directly to I/DD and how they will improve the quality of life for persons with I/DD: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: N/A though addressed in other proposals from the agency.

Continuation of services during public health emergency: N/A though addressed in other proposals from the agency.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: N/A though addressed in other proposals from the agency.

Staff/reviewer comment: The agency completed all application forms and submitted on February 9, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Consider a two-year term, include special provision related to unexpended revenue from first year (not to be carried over to the second year), and require quarterly list of staff receiving bonuses.*

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

Recommendation: Pending

Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Family Development

Agency: Developmental Services Center

Request: \$656,174 - a DD program

Why it matters: "... responds to the needs of young children and their families with culturally responsive, innovative, evidence-based services that fill gaps left by insufficient state reimbursement... 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 family routines and environments..."

Selected priority: Collaboration with the CCDDDB (Young Children and their Families)

Staff/reviewer comment: This proposal is to fund a continuing program, with increase to cover various increased costs.

Services and People Served

Who will benefit: Children (birth to 5) with DD, delay, or risk; their families.

Scope of services: Free developmental screenings using Ages & Stages Questionnaire (ASQ-3) to assess communication, gross motor, fine motor, problem solving, and personal-social. Referrals to resources such as schools, Early Intervention (EI), Child & Family Connections (CFC), Champaign County Home Visiting Consortium, Head Start. Helps families with referral and intake process. Developmental Therapy, Speech Therapy, Occupational Therapy, Physical Therapy, Developmental Play Groups, Parent Support Groups, PLAY Project, linkage and collaboration, assistance identifying need, support in home programming, and consultation. CCMHB funding for skilled providers offering wraparound support and services which are not billable to other payers.

Location and frequency of services: Home visits in family homes or virtual, screenings in local childcare and community centers, rural public schools, public events. Weekly to monthly services, based on need.

Staff/reviewer comment: Fills in gaps to serve clients who do not meet state funding requirements, and some services are not billable. Effectively uses funding streams to provide uninterrupted care; providing services in the community is a positive; makes conscious effort to reach rural areas of the County.

Residency of 815 people served in PY2022 and 592 in the first half of PY2023

Champaign	307 for PY22	205 for PY23
Urbana	143 for PY22	109 for PY23
Rantoul	122 for PY22	108 for PY23
Mahomet	55 for PY22	40 for PY23
Other	188 for PY22	130 for PY23

Demographics of 815 people served during PY2022

Age	
Ages 0-6 -----	815
Race	
White -----	532
Black / AA -----	154
Asian / PI -----	33

Other (incl. Native American and Bi-racial) 96

Gender

Male ----- 469

Female ----- 346

Ethnicity

Of Hispanic/Latino/a Origin ----- 150

Not of Hispanic/Latino/a Origin ----- 665

Measures of Client/Participant Access

Eligibility criteria and determination: Children, birth to age 5, with or at risk of DD or delay, county residency, assessed need for service. Comparison with the state’s EI criteria - this program funds children who have the risk but are not eligible for EI.

Outreach to eligible people: Through collaboration with hospitals, clinics, childcare centers, Crisis Nursery, local prevention initiative programs, other agencies; through outreach events; Developmental screener participates in quarterly screening events in conjunction with the Home Visiting Consortium; Child and Family Connections refers children to FD therapists.

Within 14 days from referral, 100% of those referred will be assessed.

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

People will engage in services, on average, for: one service or ongoing to age 5.

Additional demographic data: N/A

Measures of Client/Participant Outcomes

Outcomes and targets:

1. 90% of caregivers will feel more competent/comfortable in meeting/supporting/advocating for their child’s needs.
2. 90% of children will progress in goals identified on their Individualized Family Service Plan (IFSP).

Specific assessment tools and data collection:

1. Caregiver surveys to random sample of families at end of year - self-reported comfort and confidence, plus questions on best practice and program principles.
2. IFSP based on initial and ongoing evaluation/collaboration with families; evaluation using ASQ, Battelle Developmental Inventory II, Rossetti Infant Toddler Language - program director monitors IFSP progress biannually.

Outcome data gathered from all participants: No.

Will collect outcome data satisfaction surveys (random distribution) annually; IFSP reviews quarterly.

Staff/reviewer comment: Excellent outcomes, focused on the experiences of people participating in the program. Includes info that for the current year, these (same) outcome targets are met at mid-year.

Measures of Utilization

Treatment Plan Clients (TPCs): 655 - # children in program services.

Service Contacts (SCs): 200 - # developmental screenings conducted by the screening coordinator.

Community Service Events (CSEs): 15 - opportunities to increase awareness of early identification and intervention, reduce stigma, and promote community-based solutions.

Staff comment: Service contacts and service hours associated with TPCs are documented in online reporting system. Targets continue as in prior program years. TPCs were provided 10,554 hours of service during PY22.

PY24 Targets TPC-655 SC-200 CSE-15

PY23 First Two Quarters (per submitted Service Activity Reports)

First Quarter	519	39	5
Second Quarter	73	49	6
<i>Annual Targets</i>	<i>TPC-655</i>	<i>SC-200</i>	<i>CSE-15</i>
PY22 All Four Quarters (per submitted Service Activity Reports)			
First Quarter	613	68	1
Second Quarter	74	42	3
Third Quarter	67	33	4
Fourth Quarter	61	30	5
<i>Annual Targets</i>	<i>TPC-655</i>	<i>SC-200</i>	<i>CSE-15</i>

Financial Analysis

PY2024 CCMHB funding request: \$656,174

PY2024 Total Program budget: \$958,203

Current year funding (PY2023): \$596,522

Proposed change in funding - PY2023 to PY2024 = 10%

CCMHB request is for 68.5% of total program revenue. Other revenue is from United Way \$50,000, Early Intervention \$247,240 (25.8%), Other Fee for Service \$449, and Miscellaneous \$4340.

Personnel-related costs of \$567,758 are the primary expense charged to CCMHB, at 86.5% of requested amount. Other expenses are Professional Fees/Consultants \$4,614, Consumables \$5,368, General Operating \$9,582, Occupancy \$16,823 (2.6%), Conferences/Staff Development \$3,549, Local Transportation \$15,845 (2.4%), Equipment Purchase \$818, Lease/Rental \$14,264 (2.2%), Membership Dues \$5,013, and Miscellaneous \$12,540 (1.9%).

Total Agency budget surplus of \$64,301; Total Program and CCMHB budgets are BALANCED.

Program staff to be funded by CCMHB: 1.11 Indirect and 6.98 Direct = 8.09 FTEs

Total program staff: 1.67 Indirect and 10.26 Direct = 11.93 FTEs

Staff comment: The increased request relates to increased salary and benefits; program has run at a deficit. Salary costs to be charged include: small portions (of less than 1% and up to 6%) of 21 full-time Indirect Staff (the total then adjusted by -\$20,100); 68% of 8 full-time positions (Billing Specialist, 4 Developmental Therapists, Occupational Therapist, Physical Therapist, Speech Language Pathologist), 58% of full-time Director of FD, 55% of full-time Screening Coordinator, 21% of a part-time SLP, 17% of full-time EVP/Clinical Services. The EVPCS and Director of Program Assurance are each listed as full-time direct and full-time indirect. Allocated income from outside training revenue as ‘Other Fee for Service’ is included. Misc revenue is 4% of the total agency’s Misc revenue (total program revenue is 6% of agency revenue), noted to be from “management fee and other income from” M&G.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standards? Yes.

Highlights from the submitted CLC Plan: The DEI Committee meets quarterly to look at goals and discuss “strategies to reach people that may not have access or elect not to engage in more traditional methods of outreach and referral. Outreach efforts below continue to be a priority: Sending letters and communication with community representatives/ stakeholders not previously engaged; Wider participation in community groups/forums; Focus attention on underinvested populations for each program by catering outreach efforts for the specific service.”

If currently funded, did the agency submit a complete CLC Progress Report for first half of PY23? Yes.

Highlights from the submitted CLC Progress Report: “Outreach occurs to diverse community members for board membership and all staff positions as vacancies occur. Cultural Plan continues to be shared with all new staff in orientation and each year's new plan is shared with all staff and the Board. Monthly articles to DSC in-house newsletter promoting culturally responsive services continue to be presented.” DSC reported on the following engagement strategies: “Baby Book Club,” a monthly book giveaway for families in the caregiver’s native language; “Outreach to specific neighborhoods to build stronger presence and connection being done as well as increased attendance at IEPs.”

Staff comment: I reviewed the DSC FD Program to see if there were specific engagement strategies to reach families of underinvested populations. “The FD program collaborates with rural public schools, childcare centers, churches, food pantries, and health centers to link families to services and fill gaps in services due to limited state funding. In addition, these outreach efforts and collaboration build access for children from underinvested populations. Program staff continually build new and maintain ongoing relationships with agencies serving underinvested groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, Urbana Early Childhood, and Carle Hospital among others.” There will be on-going support provided to DSC on ways to engage families in diverse ways.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Rural reach (43%) into 21 towns and villages; HV program allows staff to travel to families; screenings in family home, childcare centers, community centers; therapies in child’s home (personal items in the family home are incorporated into services); virtual options also available. Outreach to people in rural areas or from underinvested groups is described in CLC review (above); services in the family home, local daycare centers, churches, etc.

Promoting inclusion and reducing stigma: Family driven plan, culturally responsive through relationships with family, honoring diverse customs, views, and languages as assets, CLC as ongoing communication process with those served. Cross-discipline training and relationship with other local organizations and community settings (mass screenings, staff education for local childcare centers as examples.)

Outcomes: One outcome measures the family’s experience (positive impact), the other the impact on the child; appropriate assessment strategies for each.

Coordinated system: Yes, part of the Home Visiting Consortium; other partners.

Written collaborative agreements: Birth to 3 Council; Champaign County Home Visiting Consortium (lists the members); CUPHD; Child and Family Connections; Down Syndrome Network; Multicultural Community Center; PLAY Project License Agreement; Salt & Light Ministries; TAP; YMCA.

Budget and program connectedness: In addition to clarifying each program revenue and expense to be charged to this contract, the Budget Narrative explains recent and planned salary increases to remain competitive as minimum wage increases, increased costs of worker’s compensation, health benefits, and travel reimbursement, details on each item in the expense categories, the role of all Direct staff with salaries partially charged to the contract, along with a statement about the Allocated Program Expense formula (reviewed annually by auditors) and Indirect staff roles.

Person Centered Planning: through the IFSP.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Positive impacts of early services from a research summary by Harvard’s Center on the Developing Child, link to NAPA Center article.

Staff credentials: Speech Therapists, Physical Therapist, Occupational Therapist, Developmental Screening Specialist, Developmental Therapists, one of whom is PLAY Project credentialed. Program includes an ISBE funded prevention initiative home visiting program focused on strengthening parent-child relationships.

Will the funding be used as match for another source of revenue: No.

Other pay sources: United Way, Early Intervention, and insurance when applicable. (ISBE funding not listed here or in revenue form, but part of the total Family Development program.) **Client fees:** No. **Sliding scale:** No.

Willing to participate in Medicaid programs: No.

Staff/reviewer comment: Program serves significant number of rural residents.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: Yes.

All forms submitted by deadline: Yes.

Audit findings: The agency's PY22 audit was submitted on 12/2/22, reporting no findings of concern. During PY23, they requested a contract amendment to realign key staff positions and continued to share monthly reports regarding all other personnel changes.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Virtual options.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Not a focus but continued virtual.

Staff/reviewer comment: Agency completed and submitted application forms on February 7, 2023, prior to the deadline.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *In the Personnel form, the EVP of Clinical Services and the Director of Program Assurance are both listed as both full-time direct and full-time indirect, which has the effect of inflating total agency and program salary amounts, though not the amounts to be charged to this contract. Revise so that indirect and direct portions of these positions each equal 1.*
- *Consider continuing the PY23 special provisions.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

Recommendation: Pending

Draft CCMHB PY2024 Program Summary

Portions of this summary are drawn from the original application, which contains more detail. Staff and reviewer analysis and comments relate to sections of the application and, if the proposed program has been funded, to submitted reports.

Program: Improving Family Caregiver MH

Agency: CRIS Healthy Aging

Request: \$125,000 - a NEW request

Why it matters: “The CRIS project will close the gaps in access to care for unpaid caregivers of older adults, usually family members, with dementia. This type of caregiving often leads to depression, social isolation and extreme stress and burden on the family members. This project would also serve the priorities of the I/DD Special Initiatives fund to strengthen the DSP workforce as we offered to assist them with any cases involving dementia as well as train their staff about how to serve clients with dementia which is very common in those with I/DD. Services will include peer support, art therapy, stress reduction.”

Selected priority: Closing the Gaps in Access and Care

Staff/reviewer comment: A new proposal from a newly registered non-profit provider.

Services and People Served

Who will benefit: Low income, unpaid family caregivers who care for loved ones over 60 with dementia; paid caregivers of people with I/DD and dementia; DSP staff training on best practices (I/DD and dementia).

Scope of services: To reduce the stress and sense of burden experienced by caregivers: monthly peer support group for unpaid caregivers; Memory Café in which caregiver and receiver interact with similar families through art therapy and music; individual supports using Star C model for fully client-directed case management and problem solving; specialized services for paid and unpaid caregivers of people with I/DD (could include a separate Memory Café and support group and DSP staff training).

Location of services: Champaign office and Danville office (if convenient for rural Champaign County residents); Star C intervention remote, with the device provided; groups may meet online through a platform more user-friendly than Zoom.

Staff/reviewer comment: Describes services which may fit very well with the I/DD Special Initiatives fund purposes. Mental health support services are also prominent in this application.

Measures of Client/Participant Access

Eligibility criteria and determination: Caregivers of people over 60 or who have I/DD, believe memory loss or dementia is impacting their person and finding this more stressful to providing care. Uses UCLA Loneliness Scale, Geriatric Depression Scale, Stress and Burden Inventory to assess the caregiver’s loneliness, stress, burden, and depression to determine if services may help. Low income and rural residents targeted.

Outreach to eligible people: Through partners DSC, Pavilion, Family Services, Senior Task Force of Champaign County, and RPC, and through media such as newspaper, cable access ‘CU Wise TV’ station, and website.

Within 2 days from referral, 75% of those referred will be assessed.

Within 5 days of assessment, 90% of those assessed will engage in services.

People will engage in services, on average, between six weeks and three months.

Additional demographic data: veteran status, vaccination status, other health issues.

Staff/reviewer comment: Reasonable timelines for assessment and engagement.

Measures of Client/Participant Outcomes

Outcomes and targets:

1. Depression scores of all participants reduced by 20%.

2. Sense of loneliness and isolation reduced by 25% at end of Star C intervention.
3. Caregiver sense of burden decreased by 15% at end of Star C intervention.
4. Caregiver confidence increased by 35% (to combat depression symptoms) by the end of Star C interventions.
5. 100% of clients assessed for barriers to engagement with community.
6. 100% referred to additional mental health supports.
7. Those in training or community education events will improve knowledge of symptoms of dementia and ways to be more dementia friendly.

Specific assessment tools and data collection:

1. Geriatric Depression Scale (short form)
2. UCLA Loneliness Scale
3. Caregiver Burden Inventory
4. Caregiver Self-Efficacy Scale
5. Post-treatment survey
6. Post-treatment survey
7. Pre- and post- tests at events

All data are collected and reported by program staff, with input from participants.

Outcome data gathered from all participants: Yes.

Will collect outcome data before and after each intervention.

Staff/reviewer comment: Excellent outcomes, associated with appropriate assessment tools and specific targets.

Measures of Utilization

Treatment Plan Clients (TPCs): 75 people with intensive services based on Star C service plan.

Non-Treatment Plan Clients (NTPCs): 40 caregivers attending support groups, memory café, or trainings, without a written treatment plan.

Service Contacts (SCs): 2,000 = 1,000 service encounters with TPCs + 500 service encounters with NTPCs + 200 people through CSEs.

Community Service Events (CSEs): 25 - twice monthly trainings to law enforcement, healthcare providers, primary caregivers, community-based organizations, and churches/religious organizations (training to 200 people).

Staff comment: People may start as NTPCs and engage through the Star C program to become TPCs. The Service Contacts total doesn't equal the subtotals.

Financial Analysis

PY2024 CCMHB funding request: \$125,000 - a NEW request

PY2024 Total Program budget: \$277,900 (staff guess, as the forms are not correctly used).

CCMHB request is for 45% of total program revenue. Other revenue for the total program MAY be from contributions, listed as \$152,900 (but not included under total agency revenue). The CCMHB amount is not listed under Total Agency or Total Program.

Personnel-related costs of \$118,771 are the primary expense charged to CCMHB, at 95% of requested amount. Other expenses of Professional Fees/Consultants \$3,000, Equipment Purchases \$1,500, and Miscellaneous \$1,729 are not listed under Total Agency Expenses. In addition, the Total Program and CCMHB budgeted expenses are identical, so that other Total Program Revenue is not being spent.

Total Agency budget shows a surplus of \$3,291,824, Total Program budget a surplus of \$27,900, and CCMHB budget is BALANCED. Surpluses like this might cause us to ask why CCMHB funding is needed, but the information provided is incomplete with regard to total agency and total program expenses and revenues.

Program staff to be funded by CCMHB: 1.7 Direct FTEs.

Total program staff: Same.

Staff comment: Personnel costs to be charged to the CCMHB contract include 50% of a full time Program Manager, 20% of the Director of Strategic Initiatives & Programs, and 100% of a full-time Memory Care Coordinator. No indirect staff are indicated, even as related to the Total Agency, which may pose problems for the organization to meet contract requirements. The Revenue and Expense forms are incomplete, making it difficult to analyze. The Budget Narrative provides some additional details, but they do not match with the Revenue or Expense forms. The above represent our best guesses.

Agency Cultural and Linguistic Competence Plan

Does the CLC Plan include required benchmarks and CLAS Standard? Yes.

Highlights from the submitted CLC Plan: Agency will partner with Carle DEI Team for most of DEI Training. A medical interpreter will provide services and will have the ability to identify cultural barriers.

Staff comment: CRIS Healthy Agency has a DEI Plan and Team through Carle. Since Carle is such a large entity, CLC Technical Assistance will be required if funding is awarded. Support will be provided combine the actions to ensure that requirements of CCMHB are met by the organization.

Overarching Decision Support Criteria

Eliminating disparities in access and care: Priority on rural, low income, and minority populations; direct outreach through townships, library, health providers, churches, and civic organizations; service at agency offices and online platforms. Staff trainings on bias, a certified LGBTQ+ organization (through SAGE); word of mouth referrals by clients are encouraged; remote options have high utilization by underserved groups.

Promoting inclusion and reducing stigma: Reduces the extreme social isolation typical for family caregivers. Education about dementia and problem solving may normalize many of their feelings and reduce stigma. Peer and memory café support groups to develop new social support and sense of community.

Outcomes: Seven outcomes relate to various impacts on program participants, are measurable with specific targets and assessment tools, all completed by staff.

Coordinated system: Yes.

Written collaborative agreements: with 53 Champaign County agencies. Relevant to this project are: Care Horizon, Carle, Champaign County Health Care Consumers, CCRPC, CUPHD, Circle of Friends, DSC, Family Service, and the Pavilion.

Budget and program connectedness: The Budget Narrative describes other revenues, presumably Total Agency; Grant and Fee for Service revenues for the Total Agency match the Revenue form, while the total of various other revenues equals \$466,584 and on Revenue form Miscellaneous is \$466, 560; similarly the total agency revenues listed on revenue form and Budget Narrative differ slightly. The Budget Narrative provides detail on costs of specific personnel to be charged to this contract but does not explain other expenses.

Person Centered Planning: Yes, through Star C intervention.

Evidence-based, evidence-informed, recommended, promising, or innovative practice: Describes, and provides multiple links to information on, Star C intervention and Memory Café. Peer Support groups and I/DD DSP training on dementia care are also identified.

Staff credentials: Current staff credentials are included, all certified in Star C and as Dementia Practitioners. One with law degree and 20 years' experience in disability and aging services. Another with a bachelor's degree, 3 years' experience with people who have severe depression and bipolar disorder, focus on effective

assessment and data collection. The third has a Master's in Education with over 20 years' experience working with families in crisis, is a Qualified Mental Health Professional, and is a certified trainer for "Stressbusters for Caregivers of Persons with Dementia".

Will the funding be used as match for another source of revenue: No.

Other pay sources: Funded by the East Central Illinois Area on Aging to provide caregiver services to older adults. However the two existing specialists on dementia are funded through a federal grant from Administration for Community Living, which expires this year. **Client fees:** No. **Sliding scale:** All CRIS services are free to the consumer.

Willing to participate in Medicaid programs: Yes.

Staff/reviewer comment: Addresses a need and gap in services. Provide DSP staff training to strengthen the DSP workforce. No other funding source for this program.

Expectations for Minimal Responsiveness

Organizational eligibility questionnaire: A newly registered agency. The eligibility questionnaire responses do not indicate cause for concern about full eligibility or ability to meet funding requirements; for example, there is an annual audit, and the accrual method of accounting is used. The agency is now affiliated with Carle Health but maintains independent non-profit legal status and its own governing board.

All forms submitted by deadline: Yes. A great deal of financial information is missing or incorrect, making it difficult to evaluate this application.

Audit findings: No audit has been provided to the CCMHB, as this agency has not previously received CCMHB funding. CRIS does have an annual audit. It may be helpful to review their PY22 audit prior to contracting.

Services/supports relate directly to behavioral health conditions or I/DD and how they will improve the quality of life for persons served: Yes.

Evidence that other sources of funding have been maximized: Yes.

Referral between providers: Yes.

Continuation of services during public health emergency: Yes.

Builds on successes with technology and virtual platforms, increasing training and access for staff and people served: Yes.

Process Considerations and Caveats

Contracting considerations: If this application is approved for funding, the applicant may be required to respond to the following for review and approval prior to execution of the final PY2024 contract:

- *Although this application was not submitted to the I/DD Special Initiatives fund for consideration by both the CCMHB and CCDDb, the portion of it directed to supporting and training the DSP workforce could be funded through that, if approved by both boards.*
- *The financial forms were incomplete and do not match across forms; although this is understandable for a new applicant, instructions covered how to complete them. A contracting condition should be the revision of these forms to expectation. A risk - this may indicate future difficulty in financial reporting.*
- *Consider requiring most recent agency audit and minutes of the board meeting approving application for this program funding.*
- *Consider partial funding through the I/DD Special Initiatives Fund or full funding if the entire amount can be redirected to benefit individuals with I/DD and their caregivers.*

Review and input: The applicant is encouraged to review this document upon receipt and notify CCMHB staff in writing of any factual errors made by CCMHB staff or reviewers which should be corrected prior to completion of the award process.

Recommendation: Pending



CCDDDB 2023 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>

January 18, 2023 – Shields-Carter Room

February 22, 2023 – Shields-Carter Room (*Asb Wednesday*)

March 22, 2023 – Shields-Carter Room (*Ramadan begins*)

April 19, 2023 – Shields-Carter Room

May 17, 2023 – Shields-Carter Room

June 21, 2023 – Shields-Carter Room

July 19, 2023 – Shields-Carter Room

August 16, 2023 – Shields-Carter Room - *tentative*

September 20, 2023 – Shields-Carter Room

October 18, 2023 – Shields-Carter Room

October 25, 2023 5:45PM – Shields-Carter Room – *joint study session with the CCMHB*

November 15, 2023 – Shields-Carter Room (*off cycle*)

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

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, whether virtually or in person, to observe and to offer thoughts during the "Public Participation" period of the meeting. For support to participate in a meeting, let us know how we might help by emailing stephanie@ccmhb.org. 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 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> (if it is an option)

- January 25, 2023** - *study session* - Shields-Carter Room
- February 22, 2023** – Shields-Carter Room (*Ash Wednesday*)
- March 22, 2023** – Shields-Carter Room (*Ramadan begins*)
- 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
- July 19, 2023** – Shields-Carter Room
- August 16, 2023** – Shields-Carter Room - *tentative*
- September 20, 2023** – Shields-Carter Room
- September 27, 2023** – *study session* - Shields-Carter Room
- October 18, 2023** – Shields-Carter Room
- October 25, 2023** – *Joint Study Session with CCDDDB* - Shields-Carter
- November 15, 2023** – Shields-Carter Room
- December 20, 2023** – Shields-Carter Room (*off cycle*) - *tentative*

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, whether using the Zoom options or in person, to observe and to offer thoughts during "Public Participation". For support to participate, let us know how we might help by emailing stephanie@ccmhb.org. 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 - 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 *Online System opens for Applications for PY24 Funding*
- 1/18/23 Regular Board Meeting**
- 1/27/23 *Agency PY23 2nd Quarter and CLC Progress Reports due*
- 2/10/23 *Deadline for submission of applications for PY2024 funding (Online system will not accept any forms after 4:30PM CST)*
- 2/22/23 Regular Board Meeting – List of PY24 Requests**
- 3/1/23 *If approved, new Evaluation Capacity Project contract issued*
- 3/22/23 Regular Board Meeting**
- 4/12/23 *Program summaries released to Board, posted online with the CCDDDB April 19 meeting agenda and packet*
- 4/19/23 Regular Board Meeting**
Board Review, Staff Summaries of Funding Requests
- 4/28/23 *Agency PY2023 3rd Quarter Reports due*
- 5/10/23 *Allocation recommendations released to the Board and posted Online with CCDDDB May 17 meeting agenda and packet*
- 5/17/23 Regular Board Meeting**
Allocation Decisions; Authorize PY2024 Contracts
- 6/1/23 *For contracts with a PY23-PY24 term, all updates to cloned PY24 forms should be completed and submitted by this date.*

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 commonly used by the CCDDDB

CC – Community Choices

CCDDDB – Champaign County Developmental Disabilities Board

CCHS – Champaign County Head Start, a program of the Regional Planning Commission

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

CUAN – Champaign-Urbana Autism Network

DSC - Developmental Services Center

DSN – Down Syndrome Network

IAG – Individual Advocacy Group

ISC – Independent Service Coordination Unit

FDC – Family Development Center

PACE – Persons Assuming Control of their Environment, Inc.

PCMHC – Piatt County Mental Health Center

RCI – Rosecrance Central Illinois

RPC – Champaign County Regional Planning Commission

Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services.

AAC – Augmentative and Alternative Communication

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to autistic children and youth and others with associated behaviors.

ABLE Act – Achieving a Better Life Experience Act. A tax advantage investment program which allows people with blindness or disabilities the option to save for disability related expenses without putting their federal means-tested benefits at risk.

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit/Hyperactivity Disorder

ADL – Activities of Daily Living

ASD – Autism Spectrum Disorder

ASL – American Sign Language

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child’s developmental and social emotional growth.

ASQ-SE – Ages and Stages Questionnaire – Social Emotional screen.

BD – Behavior Disorder

BSP – Behavior Support Plan

CANS – Child and Adolescent Needs and Strengths. The CANS is a multi-purpose tool developed to support decision making, including level of care, service planning, and monitoring of outcomes of services.

CARF- Council on Accreditation of Rehabilitation Facilities

CC – Champaign County

CDS – Community Day Services, formerly “Developmental Training”

CFC – Child and Family Connections Agency

CFCM – Conflict Free Case Management

C-GAF – Children’s Global Assessment of Functioning

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CMS – Center for Medicare and Medicaid Services, the federal agency administering these programs.

CNA – Certified Nursing Assistant

COTA – Certified Occupational Therapy Assistant

CP – Cerebral Palsy

CQL – Council on Quality and Leadership

CSEs - Community Service Events. A category of service measurement on the Part II Utilization form. Activity to be performed should also be described in the Part I Program Plan form-Utilization section. It relates to the number of public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community. Activity (meetings) directly related to planning such events may also be counted here. Actual direct service to clientele is counted elsewhere.

CUSR – Champaign Urbana Special Recreation, offered by the park districts.

CY – Contract Year, runs from July to following June. For example, CY18 is July 1, 2017 to June 30, 2018. May also be referred to as Program Year – PY. Most contracted agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary e.g. FY18.

DCFS – (Illinois) Department of Children and Family Services.

DD – Developmental Disability

DDD – Division of Developmental Disabilities

DHFS – (Illinois) Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DOJ – (US) Department of Justice

DRS – (Illinois) Division of Rehabilitation Services

DSM – Diagnostic Statistical Manual.

DSP – Direct Support Professional

DT – Developmental Training, now “Community Day Services”

DT – Developmental Therapy, Developmental Therapist

Dx – Diagnosis

ED – Emotional Disorder

EI – Early Intervention

EPDS – Edinburgh Postnatal Depression Scale – Screening tool used to identify mothers with newborn children who may be at risk for prenatal depression.

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

ED – Emergency Department

ER – Emergency Room

FAPE – Free and Appropriate Public Education

FFS – Fee For Service. Type of contract that uses performance-based billings as the method of payment.

FOIA – Freedom of Information Act.

FQHC – Federally Qualified Health Center

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

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

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

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

HCBS – Home and Community Based Services

HI – Hearing Impairment or Health Impairment

Hx – History

ICAP – Inventory for Client and Agency Planning

ICDD – Illinois Council for Developmental Disabilities

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDEA – Individuals with Disabilities Education Act

IDHS – Illinois Department of Human Services

IDOC – Illinois Department of Corrections

IDPH – Illinois Department of Public Health

IDT – Interdisciplinary Team

IEP – Individualized Education Plan

IFSP – Individualized Family Service Plan

IPLAN - Illinois Project for Local Assessment of Needs. The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

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

I&R – Information and Referral

ISBE – Illinois State Board of Education

ISC – Independent Service Coordination

ISP – Individual Service Plan, Individual Success Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCSW – Licensed Clinical Social Worker

LD – Learning Disability

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

LPC – Licensed Professional Counselor

LPN – Licensed Practical Nurse

MCO – Managed Care Organization

MDC – Multidisciplinary Conference

MDT – Multidisciplinary Team

MH – Mental Health

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

MI – Mental Illness

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

MSW – Master of Social Work

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

NACO – National Association of Counties

NCI – National Core Indicators

NOS – Not Otherwise Specified

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

OMA – Open Meetings Act.

OT – Occupational Therapy, Occupational Therapist

OTR – Registered Occupational Therapist

PAS – Pre-Admission Screening

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

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning, Primary Care Physician

PDD – Pervasive Developmental Disorders

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

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

PSH – Permanent Supportive Housing

PT – Physical Therapy, Physical Therapist

PTSD – Post-Traumatic Stress Disorder

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

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

QIDP – Qualified Intellectual Disabilities Professional

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

RCCSEC – Rural Champaign County Special Education Cooperative

RD – Registered Dietician

RN – Registered Nurse

RT – Recreational Therapy, Recreational Therapist

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

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

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

SEDS – Social Emotional Development Specialist

SEL – Social Emotional Learning

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

SH – Supportive Housing

SIB – Self-Injurious Behavior

SIB-R – Scales of Independent Behavior-Revised

SLI – Speech/Language Impairment

SLP – Speech Language Pathologist

SPD – Sensory Processing Disorder

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SST – Support Services Team

SUD – Substance Use Disorder

SW – Social Worker

TIC – Trauma Informed Care

TPC – Transition Planning Committee

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

VI – Visual Impairment

VR – Vocational Rehabilitation

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

WIOA – Workforce Innovation and Opportunity Act