



*This meeting will be held in person, with remote access. Members of the public may attend in person or watch the meeting live through this link. The recording will be posted later among archives at <https://www.co.champaign.il.us/mhddb/MeetingInfo.php>*

## **Champaign County Developmental Disabilities Board (CCDDDB) Meeting Agenda**

*<https://us02web.zoom.us/j/81559124557> Meeting ID: 815 5912 4557 1-312-626-6799  
and In-Person at the Shields-Carter Room of Brookens Administrative Building*

- I. Call to order**
- II. Roll call**
- III. Approval of Agenda\***
- IV. CCDDDB and CCMHB Schedules, CCDDDB Timeline** (pages 3-8) *No action is needed.*
- V. CCDDDB Acronyms and Glossary** (pages 9-16) *No action is needed.*
- VI. 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.*
- VII. Chairperson's Comments – Ms. Vicki Niswander**
- VIII. Executive Director's Comments – Lynn Canfield**
- IX. Approval of CCDDDB Board Meeting Minutes** (pages 17-22)\*  
*Minutes from the CCDDDB's regular meeting on 7/19/23 and CCDDDB-CCMHB Joint Study Session on 8/16/23 are included for approval. Action is requested.*
- X. Vendor Invoice List** (pages 23- 28)\*  
*Action is requested, to ratify the "Vendor Invoice List" and place it on file. Also included for information are Additional Details for these expenditures.*
- XI. Staff Reports** (pages 29-46)  
*Included for information only are reports from Kim Bowdry, Leon Bryson, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.*
- XII. New Business**
  - a) CCDDDB Allocation Priorities and Decision Support Criteria** (pages 47-61)  
*A briefing memorandum presents DRAFT funding allocation priorities and decision support criteria for the Program Year 2025. No action is requested.*
  - b) I/DD Special Initiatives Fund Allocation Priorities** (pages 62-77)  
*A briefing memorandum presents DRAFT funding allocation priorities and decision support criteria for the Program Year 2025. No action is requested.*
  - c) PY2024 Allocation Charts** (pages 78-96)



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*For information only: charts organizing PY24 I/DD contracts by priority, population, and service type; a list of all programs, with brief descriptions of each; and charts showing sources of revenue for each program.*

### **XIII. Old Business**

- a) **Revised 2024 Budgets** (pages 97-122)\*  
*A decision memorandum suggests revisions to 2024 budgets and requests approval of these. For information are the CCMHB budget, background details, and budget documents prepared for the County. Action is requested.*
- b) **Evaluation Capacity Building Project**  
*An oral update will be provided by a UIUC Family Resiliency Center representative.*
- c) **Expo Update** (pages 123-126)  
*For information only are a briefing memo from the Expo Coordinators and promotional materials which are being shared widely.*
- d) **PY2023 Q4 DD Program Service Reports** (pages 127-145)  
*For information only are PY23 Fourth Quarter Service Activity Reports on funded agency programs. These are **not** cumulative.*
- e) **PY2023 DD Program Claims Data** (pages 146-158)  
*For information only are charts showing **full year** service claims data.*
- f) **211 Quarterly Update for Champaign County** (pages 159-180)  
*For information only is an update on Champaign County 211 call activity reported by the PATH for the period of April 1 to June 30.*

### **XIV. Successes and Other Agency Information**

*Providers and self-advocates are invited to report on successes. Agency representatives may share other agency information. The Chair may limit input to 5 minutes per individual or agency and/or total time to 20 minutes.*

### **XV. County Board Input**

### **XVI. Champaign County Mental Health Board Input**

### **XVII. Board Announcements and Input** (pages 181-182)

*For information and discussion are a chart of possible Board-to-Board liaison assignments and a DRAFT of liaison guidelines.*

### **XVIII. 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).*



## CCDDB 2023-2024 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>

**September 20, 2023** – Shields-Carter Room

~~**September 27, 2023 5:45PM** – Shields-Carter Room – *joint study session with the CCMHB*~~ **CANCELLED**

**October 18, 2023** – Shields-Carter Room

**October 25, 2023 5:45PM** – Shields-Carter Room – *joint meeting with the CCMHB*

**November 15, 2023** – Shields-Carter Room (*off cycle*)

**December 20, 2023** – Shields-Carter Room (*off cycle*) - *tentative*

**January 17, 2024** – Shields-Carter Room

**February 21, 2024** – Shields-Carter Room

**March 20, 2024** – Shields-Carter Room

**March 27, 2024 5:45PM** – Shields-Carter Room – *joint study session with the CCMHB*

**April 17, 2024** – Shields-Carter Room

**May 22, 2024** – Shields-Carter Room

*This schedule is subject to change due to unforeseen circumstances.*

**Please email [stephanie@ccmhb.org](mailto: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](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto: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 2023-2024 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)

- September 20, 2023** – Shields-Carter Room
- ~~**September 27, 2023** – *Joint Study Session w CCDDDB* - CANCELLED~~
- October 18, 2023** – Shields-Carter Room
- October 25, 2023** – *Joint Meeting with CCDDDB* - Shields-Carter Room
- November 15, 2023** – Shields-Carter Room
- December 20, 2023** – Shields-Carter Room (*off cycle*) - tentative
- January 17, 2024** – Shields-Carter Room
- January 24, 2024** – *Study Session* - Shields-Carter Room
- February 21, 2024** – Shields-Carter Room
- February 28, 2024** – *Study Session* - Shields-Carter Room
- March 20, 2024** – Shields-Carter Room
- March 27, 2024** – *Joint Study Session w CCDDDB* - Shields-Carter
- April 17, 2024** – Shields-Carter Room
- April 24, 2024** – *Study Session* - Shields-Carter Room
- May 15, 2024** – *Study Session* - Shields-Carter Room
- May 22, 2024** – Shields-Carter Room
- June 19, 2024** – Shields-Carter Room
- July 17, 2024** – Shields-Carter Room

*This schedule is subject to change due to unforeseen circumstances.*

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**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](mailto:stephanie@ccmhb.org). If the time of the meeting is not convenient, you may still communicate with the Board by emailing [stephanie@ccmhb.org](mailto: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

## 2023-24 Meeting Schedule with Subjects, Agency and Staff Deadlines, and PY25 Allocation Timeline

This schedule offers dates and subject matter of meetings of the Champaign County Developmental Disabilities Board. Included are tentative dates for steps in the funding process for PY25 and deadlines related to PY23 and PY24 agency contracts. Subjects are not exclusive to any given meeting, as other matters requiring Board attention may be addressed. Study sessions may be scheduled on topics raised at meetings or by staff, or in conjunction with the CCMHB. **Regular meetings are held at 9AM; joint study sessions and meetings at 5:45PM; dates and times are subject to change and may be confirmed with Board staff.**

- |                    |   |
|--------------------|---|
| 6/1/23             | <i>For contracts with a PY23-PY24 term, all updated<br/>PY24 forms should be completed and submitted by this date.</i>                                |
| 6/17/23            | <i>Deadline for agency application/contract revisions<br/>Deadline for agency letters of engagement with CPA firms<br/>PY2024 contracts completed</i> |
| 6/21/23            | <b>Regular Board Meeting:</b> Draft FY2024 Budgets  |
| 6/30/23            | <i>Agency Independent Audits, Reviews, or Compilations due<br/>(only for those with calendar fiscal year, per Special Provision)</i>                  |
| 7/19/23            | <b>Regular Board Meeting:</b> Election of Officers  |
| <del>8/16/23</del> | <del><b>Regular Board Meeting</b> - CANCELLED</del>   |
| 8/16/23            | <b>Joint Study Session with CCMHB (5:45PM)</b><br>I/DD System Planning with Self-Advocates  |
| 8/25/23            | <i>Agency PY2023 4<sup>th</sup> Quarter Reports, CLC Progress<br/>Reports, and Annual Performance Measure Reports due</i>                             |
| 9/20/23            | <b>Regular Board Meeting</b><br>FY2024 Budgets<br>Draft Program Year 2025 Allocation Criteria   |
| <del>9/27/23</del> | <del><b>Joint Study Session with MHB</b> - CANCELLED</del>  |



- 4/26/24 *Agency PY2024 3<sup>rd</sup> Quarter Reports due*
- 5/10/24 *Allocation recommendations released to Board, posted online with CCDDDB May 22 board meeting packet*
- 5/22/24** **Regular Board Meeting**  
Allocation Decisions; Authorize Contracts for PY25
- 6/1/24 *For contracts with a PY24-PY25 term, all updated PY25 forms should be completed and submitted by this date.*
- 6/18/24 *Deadline for agency application/ contract revisions  
Deadline for agency letters of engagement w/ CPA firms*
- 6/19/24** **Regular Board Meeting**  
Draft FY2025 Budget
- 6/21/24 *PY2025 agency contracts completed.*
- 6/30/24 *Agency Independent Audits, Reviews, or Compilations due (only applies to those with calendar FY, check contract)*
- 7/17/24** **Regular Board Meeting**
- 8/21/24** **Regular Board Meeting - tentative**
- 8/30/24 *Agency PY2024 4<sup>th</sup> Quarter reports, CLC progress reports, and Annual Performance Measure Reports due*
- 9/18/24** **Regular Board Meeting**  
Community Needs Assessment Report  
Draft Three Year Plan 2025-27 with 2025 Objectives  
Approve Draft FY2025 Budgets
- 9/25/24** **Joint Study Session Joint with CCMHB (5:45PM)**
- 10/16/24** **Joint Meeting with CCMHB (5:45PM)**  
I/DD Special Initiatives
- 10/23/24** **Regular Board Meeting**

DRAFT Program Year 2026 Allocation Criteria

10/25/24

*Agency PY2025 First Quarter Reports due*

**11/20/24**

**Regular Board Meeting**

Approve Three Year Plan with One Year Objectives  
Approve PY26 Allocation Criteria

11/29/24

*Public Notice of Funding Availability to be published by date, giving at least 21-day notice of application period.*

**12/18/24**

**Regular Board Meeting– tentative**

12/20/24

*Online system opens for applications for PY26 funding.*

12/31/24

*Agency Independent Audits, Reviews, Compilations due.*



## **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

LGBTBQ – 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



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

*Minutes July 19, 2023*

*This meeting was held at the Brookens Administrative Center  
1776 E. Washington St., Urbana, IL 61802  
and with remote access via Zoom.*

*9:00 a.m.*

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**MEMBERS PRESENT:** Anne Robin, Kim Fisher, Vicki Niswander, Georgiana Schuster

**MEMBERS EXCUSED:** Deb Ruesch

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

**OTHERS PRESENT:** Sarah Perry, Danielle Matthews, Jami Olsen, Annette Becherer,  
Laura Bennett, Patty Walters, DSC; Mel Liong, PACE; Becca Obuchowski,  
Hannah Sheets, Community Choices; Annie Bruno,  
The Autism Project; Jessica McCann, RPC; Leah Taylor,  
Champaign County Board

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**CALL TO ORDER:**

Dr. Robin called the meeting to order at 9:04 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**APPROVAL OF AGENDA:**

An agenda was available for review and approved by a unanimous vote.

**CCDDB and CCMHB SCHEDULES/TIMELINES:**

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

**ACRONYMS and GLOSSARY:**

A list of commonly used acronyms was included for information.

**CITIZEN INPUT/PUBLIC PARTICIPATION:**

None.

**PRESIDENT’S COMMENTS:**

Dr. Robin announced her son Miles Robin has passed away. This will be Dr. Robin’s last meeting serving as President.

**EXECUTIVE DIRECTOR’S COMMENTS:**

Director Canfield gave some updates on Association of Community Mental Health Authorities of Illinois (ACMHAI) recent activities.

**APPROVAL OF MINUTES:**

Minutes from the 6/21/2023 board meeting were included in the packet.

**MOTION: Ms. Niswander moved to approve the minutes from the 6/21/23 CCDDB meeting. Dr. Fisher 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. A detailed history report was included as well.

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

**STAFF REPORTS:**

Staff reports were included in the packet from Kim Bowdry, Stephanie Howard-Gallo, Shandra Summerville, and Chris Wilson.

## **NEW BUSINESS:**

### **Evaluation Capacity Building Project:**

An oral update from Jacinda Dariotis was provided on the project undertaken by the UIUC Family Resiliency Center to date. Relevant pages from the Proposal were included in the packet. Board members were given an opportunity to ask questions following the presentation.

### **UIUC Life Home Tour and Resources:**

Dr. Samuel A. Olatunji and Harshal Prab Mahajan from the Human Factors and Aging Laboratory/McKechnie Family LIFE Home provided a virtual tour and information about the Life Home project. Board members were given an opportunity to ask questions following the presentation.

### **I/DD Special Initiatives Fund:**

A Briefing Memorandum provided an update on PY24 IDDSI contracts and draft priorities for PY25.

### **Election of Officers:**

The CCDDDB By-Laws were included in the packet.

**MOTION: Ms. Schuster moved for Ms. Vicki Niswander to serve as President to the CCDDDB for the coming year. Dr. Fisher seconded the motion. A voice vote was taken and the motion passed.**

**MOTION: Dr. Robin moved for Ms. Georgina Schuster to serve as Secretary to the CCDDDB for the coming year. Dr. Fisher seconded the motion. A voice vote was taken and the motion passed.**

## **OLD BUSINESS:**

### **Quarterly Update on Community Health Plan:**

An overview of current priorities and activities was included in the packet for information only.

### **Successes and Agency Information:**

Updates were provided by Annette Becherer from DSC and Becca Obuchowski from Community Choices.

### **County Board Input:**

Ms. Leah Taylor from the Champaign County Board provided an update on potentially available ARPA funds.

### **CCMHB Input:**

The CCMHB will meet this evening.

## **BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 10:23 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

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**CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES  
BOARD AND  
MENTAL HEALTH BOARD  
JOINT  
STUDY SESSION**

*Minutes—August 16, 2023*

*This meeting was held remotely and at the Brookens Administrative Center, Urbana, IL*

*5:45 p.m.*

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**MEMBERS PRESENT:** Joe Omo-Osagie, Matt Hausmann, Molly McLay, Jane Sprandel, Jen Straub, Jon Paul Youakim, Anne Robin, Vicki Niswander, Georgiana Schuster, Kim Fisher

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

**OTHERS PRESENT:** Kentrell Graham, Danielle Kalakowski, Darrin Chatman, Patty Walters, Vickie Tolf, Danielle Matthews, DSC; Becca Obuchowski, Jennifer Buoy, Hannah Sheets, Jasmine H., Community Choices; Angela Yost, Jessica McCann, CCRPC; Susan Fowler, Citizen

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**CALL TO ORDER:**

Dr. Jon Paul Youakim called the meeting to order at 5:48 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**CITIZEN INPUT / PUBLIC PARTICIPATION:**

None.

**APPROVAL OF AGENDA:**

The agenda was in the packet for review.

**PRESIDENT’S COMMENTS:**

None.

**EXECUTIVE DIRECTOR’S COMMENTS:**

None.

**STUDY SESSION:**

**Study Session - “Preferences of Champaign County Residents with I/DD”**

To assist the boards in planning and prioritizing for the next funding cycle, advocates led the discussion. Participants from Community Choices’ Human Rights & Advocacy Group: Eric Beasley, Jennifer Buoy, Jasmine Hague, and Tobie Wood Representing Advocates at DSC (new group name TBD): Darrin Chatman, Kentrell Graham, and Danielle Kolakowski. Included in the packet to support this discussion and subsequent planning, were memorandum collecting input from people with I/DD and on their behalf.

Board members were given the opportunity to ask questions following the presentation.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 7:58 p.m.

Respectfully  
Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDB Staff

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
1 CHAMPAIGN COUNTY TREASURER										
JUL '23	DD24-078	07/01/2023	070723A	21348	36,148.00	36,148.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
10146 COMMUNITY CHOICES, INC										
JUL '23	DD24-075	07/01/2023	070723A	21380	14,708.00	14,708.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-076	07/01/2023	070723A	21380	2,833.00	2,833.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-077	07/01/2023	071423A	21764	6,351.00	6,351.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/14/2023								
JUL '23	DD24-090	07/01/2023	070723A	21380	16,500.00	16,500.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-095	07/01/2023	070723A	21380	18,875.00	18,875.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
10170 DEVELOPMENTAL SERVICES CENTER OF										
JUL '23	DD23-086	07/01/2023	072823A	22240	18,958.00	18,958.00	07/31/2023	INV	PD	DD23-0
		CHECK DATE: 07/28/2023								
JUL '23	DD24-081	07/01/2023	070723A	21388	47,123.00	47,123.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-082	07/01/2023	070723A	21388	74,170.00	74,170.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-083	07/01/2023	070723A	21388	41,340.00	41,340.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-084	07/01/2023	070723A	21388	20,083.00	20,083.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-085	07/01/2023	070723A	21388	7,508.00	7,508.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-091	07/01/2023	070723A	21388	38,300.00	38,300.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								
JUL '23	DD24-092	07/01/2023	070723A	21388	8,866.00	8,866.00	07/31/2023	INV	PD	DD24-0
		CHECK DATE: 07/06/2023								

59,267.00

# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
14 INVOICES										
351,763.00										

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## ACCOUNT DETAIL HISTORY FOR 2023 07 TO 2023 07

ORG YR/PR	OBJECT PROJ	JNL EFF DATE	SRC REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
21000100	502001		PROFESSIONAL SERVICES						
23/07		23 07/05/23	GEN					33,926.00	33,926.00
		Ju123	DDB	Ju123	DDB	Admin Fee			
		LEDGER BALANCES --- DEBITS:		33,926.00				.00	NET:
		CREDITS:							
21000100	502025		CONTRIBUTIONS & GRANTS						
23/07		2 07/01/23	API 000001	DD24-078	41142		21348	36,148.00	36,148.00
		W 070723A	DD24-078	Decision Support PCP	CCT				
23/07		2 07/01/23	API 010146	DD24-095	41144		21380	18,875.00	55,023.00
		W 070723A	DD24-095	Customized Employment	COMMUNITY CHOICES, I				
23/07		2 07/01/23	API 010146	DD24-090	41145		21380	16,500.00	71,523.00
		W 070723A	DD24-090	Inclusive Community S	COMMUNITY CHOICES, I				
23/07		2 07/01/23	API 010146	DD24-076	41146		21380	2,833.00	74,356.00
		W 070723A	DD24-076	Staff Recruitment & R	COMMUNITY CHOICES, I				
23/07		2 07/01/23	API 010146	DD24-075	41147		21380	14,708.00	89,064.00
		W 070723A	DD24-075	Self-Determination su	COMMUNITY CHOICES, I				
23/07		2 07/01/23	API 010170	DD24-084	41149		21388	20,083.00	109,147.00
		W 070723A	DD24-084	Clinical Services	DEVELOPMENTAL SERVIC				
23/07		2 07/01/23	API 010170	DD24-091	41150		21388	38,300.00	147,447.00
		W 070723A	DD24-091	Community Employment	DEVELOPMENTAL SERVIC				
23/07		2 07/01/23	API 010170	DD24-082	41152		21388	74,170.00	221,617.00
		W 070723A	DD24-082	Community First	DEVELOPMENTAL SERVIC				
23/07		2 07/01/23	API 010170	DD24-081	41154		21388	47,123.00	268,740.00
		W 070723A	DD24-081	Community Living	DEVELOPMENTAL SERVIC				
23/07		2 07/01/23	API 010170	DD24-092	41155		21388	8,866.00	277,606.00
		W 070723A	DD24-092	Connections	DEVELOPMENTAL SERVIC				
23/07		2 07/01/23	API 010170	DD24-085	41156		21388	7,508.00	285,114.00
		W 070723A	DD24-085	Employment First	DEVELOPMENTAL SERVIC				
23/07		2 07/01/23	API 010170	DD24-083	41159		21388	41,340.00	326,454.00
		W 070723A	DD24-083	Service Coordination	DEVELOPMENTAL SERVIC				
23/07		128 07/05/23	API 010146	DD24-077	41988		21764	6,351.00	332,805.00
		W 071423A	DD24-077	Transportation Suppor	COMMUNITY CHOICES, I				
23/07		505 07/19/23	API 010170	DD23-086	42971		22240	18,958.00	351,763.00
		W 072823A	DD23-086	workforce Development	DEVELOPMENTAL SERVIC				

## ACCOUNT DETAIL HISTORY FOR 2023 07 TO 2023 07

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE
23/07	W 080423A	713 07/27/23	API 000001	DD24-078	43611			22500		36,148.00	387,911.00
		Aug'23	DD24-078	Decision Suppo	CCT						
23/07	W 080423A	713 07/27/23	API 010146	DD24-095	43612			22552		18,875.00	406,786.00
		Aug'23	DD24-095	Customized Emp	COMMUNITY CHOICES, I						
23/07	W 080423A	713 07/27/23	API 010146	DD24-090	43613			22552		16,500.00	423,286.00
		Aug'23	DD24-090	Inclusive Comm	COMMUNITY CHOICES, I						
23/07	W 080423A	713 07/27/23	API 010146	DD24-076	43614			22552		2,833.00	426,119.00
		Aug'23	DD24-076	Staff Recruitm	COMMUNITY CHOICES, I						
23/07	W 080423A	713 07/27/23	API 010146	DD24-075	43615			22552		14,708.00	440,827.00
		Aug'23	DD24-075	Self-Determina	COMMUNITY CHOICES, I						
23/07	W 080423A	713 07/27/23	API 010146	DD24-077	43616			22552		6,351.00	447,178.00
		Aug'23	DD24-077	Transportation	COMMUNITY CHOICES, I						
23/07	W 080423A	713 07/27/23	API 010170	DD24-084	43618			22565		20,083.00	467,261.00
		Aug'23	DD24-084	Clinical Servi	DEVELOPMENTAL SERVIC						
23/07	W 080423A	713 07/27/23	API 010170	DD24-091	43619			22565		38,300.00	505,561.00
		Aug'23	DD24-091	Community Emp1	DEVELOPMENTAL SERVIC						
23/07	W 080423A	713 07/27/23	API 010170	DD24-082	43620			22565		74,170.00	579,731.00
		Aug'23	DD24-082	Community Firs	DEVELOPMENTAL SERVIC						
23/07	W 080423A	713 07/27/23	API 010170	DD24-081	43621			22565		47,123.00	626,854.00
		Aug'23	DD24-081	Community Livi	DEVELOPMENTAL SERVIC						
23/07	W 080423A	713 07/27/23	API 010170	DD24-092	43622			22565		8,866.00	635,720.00
		Aug'23	DD24-092	Connections	DEVELOPMENTAL SERVIC						
23/07	W 080423A	713 07/27/23	API 010170	DD24-085	43624			22565		7,508.00	643,228.00
		Aug'23	DD24-085	Employment Fir	DEVELOPMENTAL SERVIC						
23/07	W 080423A	713 07/27/23	API 010170	DD24-083	43625			22565		41,340.00	684,568.00
		Aug'23	DD24-083	Service Coordi	DEVELOPMENTAL SERVIC						
23/07	W 080423A	713 07/27/23	API 010170	DD23-086	43626			22565		18,958.00	703,526.00
		Aug'23	DD23-086	workforce Deve	DEVELOPMENTAL SERVIC						
LEDGER BALANCES --- DEBITS: 703,526.00 CREDITS: .00 NET: 703,526.00											
GRAND TOTAL --- DEBITS: 737,452.00 CREDITS: .00 NET: 737,452.00											

29 Records printed

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# Champaign County, IL

## VENDOR INVOICE LIST



INVOICE	P.O.	INV DATE	CHECK RUN	CHECK #	INVOICE NET	PAID AMOUNT	DUE DATE	TYPE	STS	DESCR
10170 DEVELOPMENTAL SERVICES CENTER OF										
JUL '23	IDDSI24-080	07/01/2023	070723A	21388	20,833.00	20,833.00	07/31/2023	INV	PD	IDDSI2
CHECK DATE: 07/06/2023										
10424 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT INC.										
JUL '23	IDDSI24-079	07/01/2023	070723A	21441	3,000.00	3,000.00	07/31/2023	INV	PD	IDDSI2
CHECK DATE: 07/06/2023										
					3,000.00					
					23,833.00					

2 INVOICES

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## ACCOUNT DETAIL HISTORY FOR 2023 07 TO 2023 07

ORG YR/PR	OBJECT PROJ	JNL	EFF DATE	SRC	REF1	REF2	REF3	CHECK #	OB	AMOUNT	NET LEDGER BALANCE			
21000096	502025	CONTRIBUTIONS & GRANTS												
23/07	W	070723A	2 07/01/23	API	010170	IDDSI24-80	41162	21388		20,833.00	20,833.00			
23/07	W	070723A	2 07/01/23	API	010424	IDDSI24-79	41164	21441		3,000.00	23,833.00			
23/07	W	080423A	713 07/27/23	API	010170	IDDSI24-80	43627	22565		20,833.00	44,666.00			
23/07	W	080423A	713 07/27/23	API	010424	IDDSI24-79	43628	22617		3,000.00	47,666.00			
LEDGER BALANCES --- DEBITS:										47,666.00	CREDITS:	.00	NET:	47,666.00
GRAND TOTAL --- DEBITS:										47,666.00	CREDITS:	.00	NET:	47,666.00

4 Records printed

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**Kim Bowdry,**  
**Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – August & September 2023**

**CCDDDB/CCMHB/IDDSI**: 4th Quarter reports and year-end Performance Measure Outcome (PMO) reports were due on August 25, 2023. 4th Quarter Program Reports and PY23 Service Data Charts were included in the September CCDDDB Board packet. I am currently reviewing agency reports and working to compile PY23 PMO reports. The PY23 PMO reports will be compiled and posted at [ccmhddbrds.org](http://ccmhddbrds.org).

I am also taking data from the PY23 4th Quarter reports, to create the ‘Utilization Summaries for PY2023 CCDDDB and CCMHB I/DD Programs’ document. This document is likely to be included in the October 2023 CCDDDB Packet.

I assisted with CCDDDB, IDDSI, and CCMHB Priority documents. I participated in the joint CCDDDB-CCMHB study session held on August 16, 2023. Two self-advocate groups were part of a roundtable discussion. If you were unable to attend, the recording can be found [here](#). This discussion is reflected in the CCDDDB and IDDSI priorities.

I participated in meetings with CCDDDB/CCMHB staff and Dr. Dariotis from the Family Resiliency Center, related to the Evaluation Capacity project.

HS-EHS requested an extension for 4<sup>th</sup> Quarter reports. Those reports are not included in the September CCDDDB packet with the other reports.

I participated in a Local Funders Group meeting with other CCDDDB-CCMHB staff.

**CCDDDB Contract Amendments**: A contract amendment was sent to Community Choices for the Transportation Support program. The contract amendment was issued to reduce the contract maximum due to a partial staff vacancy at the beginning of the contract term. The program is currently fully staffed.

**Learning Opportunities**: Joan Storey Gorsuch, BFA, M.Ed. and two self-advocates are scheduled to present “Employing Autism” on October 5, 2023, at the Champaign Public Library. Anyone interested in registering for this workshop can register at this [link](#).

In advance of each workshop, I reserve a room at the library, organize the registration page, order refreshments from the Champaign Public Library café, and make copies of any handouts. After the workshop, I tally training evaluation forms, create and email Certificates of Attendance, and share the PowerPoint and any other handouts with participants.

**Disability Resource Expo**: I participated in the Expo Marketing Committee meeting on September 7, 2023. Twice in August, I went to the Expo storage facility. Once to get a count on the remaining Children’s Activity bags from the 2022 Expo and another time to begin taking an inventory of items in

the storage facility. This is something that has not been fully done since 2019. I am planning a few more trips to get a full inventory before the 2023 Expo on October 28, 2023. The Children's Activities Committee has been very active through email. There was a discussion of fidget toys to include in the Children's Activity bags that will be given out at the Expo. I ordered those fidget items, as well. The Volunteer Committee is working to get an idea of the number of volunteers and their duties needed for the event. Stay tuned for the Volunteer Registration link.

**MHDDAC**: The August MHDDAC meeting was held on August 22, 2023. The meeting discussion was about the upcoming year and the format of the meetings. Angela Yost, CCRPC has agreed to co-chair with Becca Obuchowski, Community Choices for the coming year. Each month's MHDDAC meeting will have a topic of discussion (housing, food insecurity, etc.). A living document will be created so MHDDAC members can add 'hot topics' to discuss during the meetings and others can add responses. This is an effort to generate conversation and allows a place to maintain the questions and responses, so people can look at the document when they need relevant information.

**ACMHAI**: I attended the September ACMHAI I/DD committee meeting. The discussion included national updates, state updates, and local updates from each member. State updates included discussion on the issues that continue at the SODCs.

**NACBHDD**: I participated in the September meeting of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) I/DD committee meeting. Representatives from Easterseals Iowa and Benchmark Human Services provided presentations on crisis services for the I/DD population.

**Human Services Council**: The Human Services Council resumed monthly meetings on August 3, 2023. Staff members from LifeLinks provided an update on the services provided by LifeLinks. Agency updates were also provided. I also attended the September HSC meeting. The September meeting included agency presentations from Rattle the Stars, The Pavilion, and Rosecrance Central Illinois.

**LIC**: I participated in the September Local Inter-Agency Council (LIC) meeting. Meetings are held every other month, however just resumed for the year.

**Race Relations Subcommittee**: I participated in biweekly Community Coalition Race Relations Subcommittee meetings. Members of the committee are presenting at the Black Mental Health and Wellness conference scheduled for September 30, 2023. A flyer and [registration](#) information for this free event can be found at the end of this report.

**Other**: I participated in several webinars. Webinar topics included staff burnout, A Conversation with Temple Grandin, disability and domestic violence, ISC NOFO feedback discussion, OCD, telehealth, and toxic stress.

I also attended the September Transition Planning Committee (TPC) meeting.



## BLACK MENTAL HEALTH & WELLNESS CONFERENCE



September 30, 2023  
Parkland College - 2400 W. Bradley Ave.  
Champaign, IL, 61821  
8:00 am-5:00 pm  
(Registration begins August 15th)

This conference is designed to provide attendees with the education and tools to address mental health with a greater sense of purpose and positivity. Workshops will promote honest mental health conversation, teach about restorative practices, and build a stronger sense of community.

Register Here:



**For More Information:**

-  outreachandengagement@champaignil.gov
-  217-403-8830



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

### **Staff Report- September 2023**

#### **Summary of Activity**

Thanks to all the agencies that met the fourth quarter report deadline. This is an improvement from last year's report submissions. The Fourth Quarter reports and annual Performance Outcomes Reports (POR) were due on August 26<sup>th</sup>. At the time of this writing, two agencies requested extensions to submit their PORs and one agency did not submit any of their reports nor requested an extension. Once I have all the PORs, I will compile them into one document and include it in the next board packet and upload it to the online system.

Also, I compiled the fourth quarter data from each program to create PY23 Utilization Summaries for CCMHB and CCMHB I/DD programs for the October CCMHB board packet.

Ms. Canfield and I worked on DRAFT funding allocation priorities and decision support criteria for the Program Year 2025MHB. A briefing memorandum details the priorities to be used in the allocation process for contracts for services.

**Audit Delays/Suspension of Funding:** Promise Health Care is experiencing a delay in their 2022 audit and has submitted a formal request to waive the automatic cancellation of PY24 contracts. A decision memo offers context, and a motion is included in this board packet.

**Financial Site Visits:** In August, I attended and participated in a Children's Advocacy Center financial site visit. There were no significant issues at this time.

**Evaluation Capacity Committee Team:** Ms. Canfield, Ms. Bowdry, and I met with the U of I Family Resiliency Center for updates on the evaluation and capacity project. Dr. Jacinda Dariotis and her team are developing surveys for agencies and planning Group Level Assessment (GLA) dates.

**Iplan Behavioral Health Workgroup:** August meeting was cancelled. The next meeting is on September 21<sup>st</sup>. In July, members listened to a presentation from Ms. Donna Tanner Harold, LCPC retired counselor from Parkland College. She discussed mental health issues in the black community and invited members to attend the Black Mental Health and Wellness Conference Saturday, September 30, 2023, 8-5pm at Parkland College.

**CCMHDDAC Meeting:** I participated in the monthly meeting of CCMHDDAC. Ms. Angela Yost of CCRPC has agreed to be the co-chair of the group.

**Reentry Executive Committee & Council Meetings:** The Reentry Executive Committee has been working on setting clear goals and establishing agendas for the council meetings. Rosecrance is hiring for the Reentry Outreach Coordinator position. On September 6<sup>th</sup>, the council meeting had a nice turnout of agency representation. This is a step in the right direction as the executive team continues to make the meetings more efficient.



**ACMHAI I/DD Committee Meeting:** I participated in the monthly ACMHAI I/DD Committee Meeting. I also participated in the 2-day ACMHAI August Virtual Membership Meetings.

**NACBHDD BH and Justice Meeting:** Members heard from NACBHDD member Michelle Cabrera present on California use of the 1115 Wavier.

**Continuum of Service Providers to the Homeless (CSPH):** I attended in the various CSPH Strategic Planning Meeting and CSPH meetings. In the Strategic Planning Meeting, members discussed the CSPH Strategic Plan and the next steps, implementation, and monitoring of the plan.

In the August CSPH meeting, the COC Coordinator shared the first Point-in-Time (PIT) meeting is scheduled for September and encouraged members to join the PIT Subcommittee. Ms. Lisa Benson reported that RPC will be launching a transportation program for bus passes and auto repairs on August 14<sup>th</sup>. Check the RPC Website for details on how to apply. Ms. Jessica McCann shared that RPC now has a HUD Certified Housing Counselor who can take referrals. A flyer will be sent out. Note – RPC is not a HUD Certified Housing Counseling Facility. CSPH has begun preparations for the application for the Fiscal Year (FY) 2023 Continuum of Care Program Competition, which includes the review of renewal and reallocation project applications. The deadline was extended to accept applications by 12pm Tuesday, September 5<sup>th</sup>.

In the September CSPH meeting, emergency shelter providers discussed capacity information: eligibility criteria, total number of beds, current bed openings, waiting list numbers, if applicable, and any changes/updates to services. Members were emailed a draft of CSPH Strategic Plan and Feedback.

**Rantoul Service Provider's Meeting:** In the August meeting, the focus was on agencies updates with back to school for youth/families and barriers to emergency housing. The next meeting is scheduled for September 18<sup>th</sup>.

**SOFTT/LAN:** The July 19<sup>th</sup> meeting was rescheduled for August 16<sup>th</sup>. In the August meeting, members discussed the challenges with engaging school staff, citing lack of efficient information sharing and shared goals. On a positive note, members discussed having resource tables at Jettie Rhodes Day.

**Disability Resource Expo Meeting:** I attended the July 31<sup>st</sup> Steering Committee meeting. Subcommittees provided updates. Three interpreters are confirmed for the event, six interpreters are needed. A challenge with getting ALS interpreters.

I participated in the Marketing & Sponsorship Committee Meeting on September 7<sup>th</sup>. Ms. Boot, Resource Expo Co-Coordinator reported that some of the platinum donor members have downgraded their charitable donations to silver status. Additional help is needed with moving items from storage to Market Place Mall and back to storage once the event is done. The expo event has 63 exhibitors thus far and expect more in the coming days.

The Accessibility Committee is scheduled for September 11<sup>th</sup>.

**Other Activities:**

- I was invited to join the United Way of Champaign County (UWCC) Community Solutions Team to review Child Well-Being applications. I completed the orientation meeting via Zoom on Thursday, August 31<sup>st</sup>.
- I participated in a FUSE Overview meeting. The McLean County's Frequent User System Engagement (FUSE) program is designed to help the community break the cycle of homelessness and crisis among individuals struggling with complex behavioral health needs. Services include Peer Support, Recovery Services, Case Management, Medication Assistance, Psychiatric Services, Psychoeducation, Court Liaison, and Therapy.
- Ms. Canfield and I met with Scott Block, Statewide Behavioral Health Administrator from the Administrative Office of the Illinois Courts to discuss crisis intervention services.
- Ms. Canfield and I met with Ms. Jamie Dahlman, CFO of Promise Healthcare, to discuss forms in the online system.

**Learning Opportunities (Trainings and Webinars):**

- ACMHAI's webinar, *Using upstream telehealth tools to maximize the workforce capacity.*
- NACo's webinar, *Fighting The Opioid Crisis With The Whole-Person Care*
- National Harm Reduction Coalition (NHRC) webinar *Harm Reduction with Faith-Based Communities.*

## **Stephanie Howard-Gallo**

### **Operations and Compliance Coordinator Staff Report – September 2023 Board Meeting**

#### **SUMMARY OF ACTIVITY:**

##### **Fourth Quarter Reporting:**

Fourth quarter financial and program reporting was due at the end of August. (Agencies are given one extra month to submit 4<sup>th</sup> qtr. reports.) Performance Outcome Measures and a Cultural and Linguistic Competence Plan Progress Report are due the 4th Quarter of each funding year, as well. A reminder of the upcoming deadline was sent Aug 1 and again on Aug 18. We approved an extension for Don Moyer Boys and Girls Club, Champaign County Healthcare Consumers, and Head Start (all CCMHB funded). Urbana Neighborhood Connections Center (UNCC) did not request an extension and we have not received reports. There are no payments to pause for them.

##### **Other Compliance:**

I made contact with all funded agencies regarding sending us their approved minutes from their Board meetings for files and the online Compliance Dashboard, as required in their contracts.

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

AIR artists will be selling their items at the disABILITY Expo on October 28, 2023 at Market Place Mall from 11 am to 4 pm. So far, ten artists/groups have agreed to participate. There is no cost for participation. We provide tables, chairs, tablecloths, hand sanitizer, masks, and water. A Facebook page promotes AIR's mission, members, artists, events, and news articles of interest. I am one of the administrators of the page. <https://www.facebook.com/allianceforAIR>

##### **Webinars:**

On September 8<sup>th</sup>, I attended “Recovery is a Family Affair: the Power of Family Peer Support”.

**Other:**

- Prepared meeting materials for CCMHB/CCDDB regular meetings, special meetings, and study sessions/presentations.
- Composed minutes from the CCDDB/CCMHB meetings.
- Participated in meetings and study sessions for the CCDDB/CCMHB.
- I am participating in revising the Funding Guidelines for both boards.
- I will be on vacation for most of October.

## **Agency Cultural and Linguistic Competence (CLC) Technical Assistance, Monitoring, Support and Training for CCMHB/DDB Funded Agencies**

### **Agency Support and Technical Assistance:**

- Family Service Center: 4<sup>th</sup> Quarter CLC Support
- Champaign County Regional Planning Commission: 4<sup>th</sup> Quarter CLC Support
- Community Service Center Northern Champaign County: 4<sup>th</sup> Quarter CLC Support

There will be a comprehensive report on all CLC Required Activities in October. This will provide information on how they are incorporating the values of Cultural and Linguistic Competence.

### **CLC Coordinator Direct Service Activities**

#### **Mental Health First Aid for Adults and Adults Assisting Youth-**

September 22, 2023, - Mental Health First Aid Blended for Adults

[Mental Health First Aid for Adults Registration](#)

[Mental Health First Aid Flyer](#)

#### **Youth Mental Health First Aid -Virtual Delivery**

**September 27, 2023- Online**

Please register Here for [Virtual Youth Mental Health First Aid](#)

**Mental Health First Aid Community Presentation: Rotary District Conference: September 9, 2023.**

### **Anti-Stigma Activities/Community Collaborations and Partnerships**

**Disability Resource Expo Committee-** I met with the Volunteer Committee to discuss the logistics for volunteer roles and expectations. We recognize that without the support of amazing volunteers we would not be able to do this work. The sign-up is available for members of the community.

**Walk as One Community Coalition:** I will be a presenter for the Champaign Community Coalition Mental Health Conference, September 30, 2023, at Parkland College. I will present on the topic of how to Access Services and Supports in the community. Please see the flyer.



## BLACK MENTAL HEALTH & WELLNESS CONFERENCE

September 30, 2023  
Parkland College - 2400 W. Bradley Ave.  
Champaign, IL, 61821  
8:00 am-5:00 pm

This conference is designed to provide attendees with the education and tools to address mental health with a greater sense of purpose and positivity. Workshops will promote honest mental health conversation, teach about restorative practices, and build a stronger sense of community.

Register Here:



For More Information:



mikal.washington@champaignil.gov



217-403-8830





# MENTAL HEALTH FIRST AID

### WHO NEEDS TO KNOW MENTAL HEALTH FIRST AID

- Employers.
- Police officers.
- Hospital staff.
- First responders.
- Caring individuals.

### WHY MENTAL HEALTH FIRST AID?

Mental Health First Aid (MHFA) teaches you how to identify, understand and respond to signs of mental health and substance use challenges among adults.

On average,  
**130**  
people die by  
suicide every day.  
*Source: American Foundation  
for Suicide Prevention*

From 1999 to 2019,  
**841,000**  
people died from  
drug overdoses.  
*Source: Centers for Disease  
Control and Prevention*

Nearly  
**1 IN 5**  
in the U.S. lives  
with a mental illness.  
*Source: National Institute  
of Mental Health*

Sources  
American Foundation for Suicide Prevention. (n.d.). Suicide statistics. <https://afsp.org/suicide-statistics/>  
Centers for Disease Control and Prevention. (n.d.). Drug overdose deaths. <https://www.cdc.gov/drugoverdose/behavior/index.html>  
National Institute of Mental Health (NIMH). (n.d.). Mental illness. <https://www.nimh.nih.gov/health/statistics/mental-illness>

### REGISTER TODAY!

#### Delivery Format:

Blended In-Person

#### Date and Time:

Friday, September 22, 2023 9:30am-4pm

#### Location:

Brooken Administrative Offices

#### Where to Register:

<https://forms.gle/TdbmyLoBrK5QgbhS6>

Please Email- Shandra Summerville at [shandra@ccmhb.org](mailto:shandra@ccmhb.org)

The course will teach you how to apply the MHFA Action Plan (ALGEE):

- **A**ssess for risk of suicide or harm.
- **L**isten nonjudgmentally.
- **G**ive reassurance and information.
- **E**ncourage appropriate professional help.
- **E**ncourage self-help and other support strategies.

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 07



	ACTUAL 2022 JAN - JUL	ACTUAL 2023 JAN - JUL	2023 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	2,724,230.86	2,652,650.88	5,913,892.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	1,000.00
04 PAYMENT IN LIEU OF TAXES	1,473.55	2,915.74	2,000.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>2,725,704.41</b>	<b>2,655,566.62</b>	<b>5,916,892.00</b>
<b>4004 INTERGOVERNMENTAL REVENUE</b>			
76 OTHER INTERGOVERNMENTAL	197,712.00	237,482.00	407,118.00
<b>4004 INTERGOVERNMENTAL REVENUE TOTAL</b>	<b>197,712.00</b>	<b>237,482.00</b>	<b>407,118.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	6,509.94	21,845.98	3,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>6,509.94</b>	<b>21,845.98</b>	<b>3,000.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
01 GIFTS AND DONATIONS	0.00	450.00	3,000.00
02 OTHER MISCELLANEOUS REVENUE	71,723.00	12,406.00	39,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>71,723.00</b>	<b>12,856.00</b>	<b>42,000.00</b>
<b>TOTAL REVENUES</b>	<b>3,001,649.35</b>	<b>2,927,750.60</b>	<b>6,369,010.00</b>
<b>EXPENDITURES</b>			
<b>5001 SALARIES AND WAGES</b>			
02 APPOINTED OFFICIAL SALARY	61,516.75	59,678.28	107,000.00
03 REGULAR FULL-TIME EMPLOYEES	190,670.30	205,344.67	368,198.00
05 TEMPORARY STAFF	0.00	0.00	2,500.00
08 OVERTIME	0.00	0.00	2,612.00
<b>5001 SALARIES AND WAGES TOTAL</b>	<b>252,187.05</b>	<b>265,022.95</b>	<b>480,310.00</b>
<b>5003 FRINGE BENEFITS</b>			
01 SOCIAL SECURITY-EMPLOYER	18,337.66	19,521.18	36,353.00
02 IMRF - EMPLOYER COST	12,608.65	6,736.75	12,546.00
04 WORKERS' COMPENSATION INSURANC	1,031.55	1,005.99	2,376.00
05 UNEMPLOYMENT INSURANCE	1,494.89	1,655.53	1,656.00



FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 07



	<u>ACTUAL</u> <b>2022</b> <b>JAN - JUL</b>	<u>ACTUAL</u> <b>2023</b> <b>JAN - JUL</b>	<u>2023</u> <b>ANNUAL</b> <b>BUDGET</b>
06 EE HLTH/LIF (HLTH ONLY FY23)	26,332.14	27,953.40	73,440.00
<b>5003 FRINGE BENEFITS TOTAL</b>	<b>59,804.89</b>	<b>56,872.85</b>	<b>126,371.00</b>
<b>5010 COMMODITIES</b>			
01 STATIONERY AND PRINTING	0.00	331.03	1,000.00
02 OFFICE SUPPLIES	1,125.55	2,619.36	4,200.00
03 BOOKS, PERIODICALS, AND MANUAL	0.00	0.00	300.00
04 POSTAGE, UPS, FEDEX	642.93	931.31	2,000.00
05 FOOD NON-TRAVEL	0.00	534.68	1,150.00
13 DIETARY NON-FOOD SUPPLIES	0.00	91.86	200.00
17 EQUIPMENT LESS THAN \$5000	6,802.00	608.54	7,000.00
21 EMPLOYEE DEVELOP/RECOGNITION	0.00	0.00	285.00
<b>5010 COMMODITIES TOTAL</b>	<b>8,570.48</b>	<b>5,116.78</b>	<b>16,135.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	70,654.11	96,218.75	155,133.00
02 OUTSIDE SERVICES	23,030.51	3,840.75	24,611.28
03 TRAVEL COSTS	353.78	6,793.66	11,500.00
04 CONFERENCES AND TRAINING	60.00	810.00	10,000.00
05 TRAINING PROGRAMS	0.00	3,504.00	20,729.86
07 INSURANCE (non-payroll)	7,813.67	9,618.00	18,000.00
11 UTILITIES	382.38	0.00	0.00
12 REPAIRS AND MAINTENANCE	0.00	0.00	600.00
13 RENT	13,874.61	18,732.89	31,564.74
14 FINANCE CHARGES AND BANK FEES	0.00	0.00	30.00
19 ADVERTISING, LEGAL NOTICES	0.00	58.00	500.00
21 DUES, LICENSE & MEMBERSHIP	9,719.99	9,239.99	20,000.00
22 OPERATIONAL SERVICES	11,553.23	2,448.19	77,230.00
24 PUBLIC RELATIONS	16,370.00	16,631.20	20,000.00
25 CONTRIBUTIONS & GRANTS	3,051,288.00	3,500,619.00	5,318,936.40
45 ATTORNEY/LEGAL SERVICES	0.00	1,450.00	2,000.00
46 EQUIP LEASE/EQUIP RENT	0.00	1,194.36	2,388.72
47 SOFTWARE LICENSE & SAAS	0.00	9,243.67	13,500.00
48 PHONE/INTERNET	0.00	1,413.48	2,470.00
<b>5020 SERVICES TOTAL</b>	<b>3,205,100.28</b>	<b>3,681,815.94</b>	<b>5,729,194.00</b>
<b>TOTAL EXPENDITURES</b>	<b>3,525,662.70</b>	<b>4,008,828.52</b>	<b>6,352,010.00</b>

FUND DEPT 2090-053 : MENTAL HEALTH - MENTAL HEALTH BOARD

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 07



<u>ACTUAL</u>	<u>ACTUAL</u>	<u>2023</u>
<u>2022</u>	<u>2023</u>	<u>ANNUAL</u>
JAN - JUL	JAN - JUL	BUDGET

**OTHER FINANCING SOURCES (USES)**

**7001 OTHER FINANCING USES**

01 TRANSFERS OUT	0.00	0.00	-17,000.00
<b>7001 OTHER FINANCING USES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>-17,000.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>0.00</b>	<b>0.00</b>	<b>-17,000.00</b>
<b>NET CHANGE IN FUND BALANCE</b>	<b>524,013.35</b>	<b>1,081,077.92</b>	<b>0.00</b>

FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT

COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 07



	ACTUAL 2022 JAN - JUL	ACTUAL 2023 JAN - JUL	2023 ANNUAL BUDGET
<b>REVENUES</b>			
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	1,915.24	7,551.19	1,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>1,915.24</b>	<b>7,551.19</b>	<b>1,000.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
02 OTHER MISCELLANEOUS REVENUE	260,368.90	0.00	0.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>260,368.90</b>	<b>0.00</b>	<b>0.00</b>
<b>TOTAL REVENUES</b>	<b>262,284.14</b>	<b>7,551.19</b>	<b>1,000.00</b>
<b>EXPENDITURES</b>			
<b>5010 COMMODITIES</b>			
17 EQUIPMENT LESS THAN \$5000	0.00	0.00	5,063.00
<b>5010 COMMODITIES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>5,063.00</b>
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	600.00	0.00	4,000.00
07 INSURANCE (NON-PAYROLL)	316.33	0.00	0.00
12 REPAIRS AND MAINTENANCE	12,562.00	0.00	0.00
19 ADVERTISING, LEGAL NOTICES	0.00	0.00	200.00
25 CONTRIBUTIONS & GRANTS	0.00	47,666.00	341,737.00
<b>5020 SERVICES TOTAL</b>	<b>13,478.33</b>	<b>47,666.00</b>	<b>345,937.00</b>
<b>TOTAL EXPENDITURES</b>	<b>13,478.33</b>	<b>47,666.00</b>	<b>351,000.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	50,000.00	50,000.00	50,000.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	<b>50,000.00</b>	<b>50,000.00</b>	<b>50,000.00</b>

**FUND DEPT 2101-054 : I/DD SPECIAL INITIATIVES - CILA PROJECT**

**COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 07**



	<u>ACTUAL</u> 2022 JAN - JUL	<u>ACTUAL</u> 2023 JAN - JUL	<u>2023</u> ANNUAL BUDGET
<b>NET CHANGE IN FUND BALANCE</b>	-298,805.81	-9,885.19	300,000.00



**FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMNTL DISABILITY BOARD**

**COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 07**

	<u>ACTUAL</u> <b>2022</b> JAN - JUL	<u>ACTUAL</u> <b>2023</b> JAN - JUL	<u>2023</u> <b>ANNUAL</b> <b>BUDGET</b>
<b>REVENUES</b>			
<b>4001 PROPERTY TAX</b>			
01 PROPERTY TAXES - CURRENT	2,237,584.16	2,179,995.11	4,857,487.00
03 PROPERTY TAXES - BACK TAX	0.00	0.00	2,000.00
04 PAYMENT IN LIEU OF TAXES	1,209.97	2,396.21	4,000.00
<b>4001 PROPERTY TAX TOTAL</b>	<b>2,238,794.13</b>	<b>2,182,391.32</b>	<b>4,863,487.00</b>
<b>4008 INVESTMENT EARNINGS</b>			
01 INVESTMENT INTEREST	4,318.59	16,731.48	2,000.00
<b>4008 INVESTMENT EARNINGS TOTAL</b>	<b>4,318.59</b>	<b>16,731.48</b>	<b>2,000.00</b>
<b>4009 MISCELLANEOUS REVENUES</b>			
02 OTHER MISCELLANEOUS REVENUE	0.00	1,537.00	5,000.00
<b>4009 MISCELLANEOUS REVENUES TOTAL</b>	<b>0.00</b>	<b>1,537.00</b>	<b>5,000.00</b>
<b>TOTAL REVENUES</b>	<b>2,243,112.72</b>	<b>2,200,659.80</b>	<b>4,870,487.00</b>
<b>EXPENDITURES</b>			
<b>5020 SERVICES</b>			
01 PROFESSIONAL SERVICES	230,664.00	237,482.00	407,118.00
25 CONTRIBUTIONS & GRANTS	1,817,143.00	2,634,434.00	4,417,369.00
<b>5020 SERVICES TOTAL</b>	<b>2,047,807.00</b>	<b>2,871,916.00</b>	<b>4,824,487.00</b>
<b>TOTAL EXPENDITURES</b>	<b>2,047,807.00</b>	<b>2,871,916.00</b>	<b>4,824,487.00</b>
<b>OTHER FINANCING SOURCES (USES)</b>			
<b>6001 OTHER FINANCING SOURCES</b>			
01 TRANSFERS IN	0.00	0.00	4,000.00
<b>6001 OTHER FINANCING SOURCES TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>4,000.00</b>
<b>7001 OTHER FINANCING USES</b>			
01 TRANSFERS OUT	-50,000.00	-50,000.00	-50,000.00
<b>7001 OTHER FINANCING USES TOTAL</b>	<b>-50,000.00</b>	<b>-50,000.00</b>	<b>-50,000.00</b>



**FUND DEPT 2108-050 : DEVLPMNTL DISABILITY FUND - DEVLMTNL DISABILITY BOARD**  
**COMBINED REPORTING FOR YEAR: 2023 FROM PERIOD: 01 THROUGH PERIOD: 07**

	<u>ACTUAL</u> 2022 JAN - JUL	<u>ACTUAL</u> 2023 JAN - JUL	<u>2023</u> ANNUAL BUDGET
<b>TOTAL OTHER FINANCING SOURCES (USES)</b>	-50,000.00	-50,000.00	-46,000.00
<b>NET CHANGE IN FUND BALANCE</b>	-145,305.72	721,256.20	0.00



## BRIEFING MEMORANDUM

DATE: September 20, 2023  
TO: Members, Champaign County Developmental Disabilities Board  
FROM: Lynn Canfield, Executive Director, Kim Bowdry, Associate Director  
SUBJECT: DRAFT PY2025 Allocation Priorities and Decision Support Criteria

### Statutory Authority:

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) policies. Funds shall be allocated within the intent of the controlling act, per the laws of the State of Illinois. [CCDDB Funding Requirements and Guidelines](#) require that the Board annually review decision support criteria and priorities to be used in the allocation process which results in contracts for services. Upon approval, this memorandum becomes an addendum to the Funding Guidelines, incorporated in standard operating procedures.

### Purpose:

The CCDDB may allocate funds for the Program Year 2025, July 1, 2024 to June 30, 2025, using a timeline which begins with review and approval of allocation priorities and decision support criteria. These describe how the Board may contract with eligible human service providers for programs which further the mission and goals of the Board and fulfill their responsibilities to the public. This memorandum offers:

- Assessed needs and preferences of people who have Intellectual/Developmental Disabilities (I/DD).
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories. Proposals for funding will address at least one.
- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Board in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. This draft is presented to the Board and distributed to providers, family members,

advocates, and stakeholders for feedback to improve the final draft. If a version can be finalized and approved by the Board prior to December 2023, a Notice of Funding Availability will be published, and the application period will start December 22, giving agencies extra time.

## **Assessed Needs of Champaign County Residents:**

The Boards' [2021 community needs assessment](#) includes survey and qualitative data from Champaign County residents with I/DD and their supporters. As subject matter experts, their observations continue to impact planning and priorities.

Each year, people with I/DD report unmet service needs through the Illinois Department of Human Services – Division of Developmental Disabilities (IDHS-DDD) “Prioritization of Urgency of Need for Services” (PUNS) database. In the July 10, 2023 PUNS report, sorted by County and Selection Detail:

- The most frequently identified support needs are (in order): Personal Support, Transportation, Behavioral Supports, Speech Therapy, Other Individual Supports, Occupational Therapy, Assistive Technology, Physical Therapy, 24-hour Respite, Adaptations to Home or Vehicle, and Intermittent Nursing Services.
- 269 people are waiting for Vocational or Other Structured Activities, with the highest interest in community settings.
- 74 are waiting for (out of home) residential services with less than 24-hour support, and 49 are seeking 24-hour residential support.

Also annually, through a CCDDDB contract, the Champaign County Regional Planning Commission (CCRPC) asks people with I/DD about their preferences and satisfaction. Highlights of the PY2023 preference assessment, from 268 people:

- People preferred living with family (67%) or alone (36%).
- Despite strong interest in competitive employment/volunteering and joining community groups, only 28% and 36% were doing so.
- The top employment/volunteer preferences were Other (many answers), Retail and Working with Animals, Restaurant/Food Services, and Education/Childcare.
- Recreation preferences included many options currently offered locally.
- 57% were not receiving case management.
- With regard to navigating the system and advocating for themselves, more people indicated lower levels of comfort than higher.

More people are waiting for state funding than in 2022, for every category of service or support. More people need these services within one year and have waited longer than five. Over 140 engage in locally funded programs while waiting. This summer, 36 adults with I/DD in Champaign County were issued letters of PUNS selection.



A **self-advocate satisfaction survey** conducted in 2022 had similar results:

- 62.5% of respondents felt good about supports and services, 25% very good.
- People had positive attitudes toward their staff.
- People were interested in having help with cleaning, exercise, MTD, and employment, and in opportunities for travel, sports events, concerts, zoos, museums, antique stores, and to join a bowling league.
- 19% found it hard to ask for new supports and 6% very hard.
- 25% did not always feel heard when asking for something new.

Self-advocates shared observations with us during a [Joint Study Session of the Boards on August 16, 2023](#). Their input shapes the PY2025 priority categories and ‘best value’ criteria below as well as those of the I/DD Special Initiatives Fund.

## **Operating Environment:**

Because services and supports available to individuals through other pay sources cannot be funded by the CCDDDB, we are mindful of changes in the **state and federal systems**, particularly the [“Medicaid waiver” programs available through IDHS-DDD](#), and of whether eligible individuals have access to these pay sources. If a service or support responsive to preferences and needs cannot be funded directly, whether due to constraints of the Community Care for Persons with Developmental Disabilities Act, other relevant statutes, state and federal service delivery and payment systems, or workforce or other resource shortage, it may be an important area for legislative and policy advocacy efforts of the Board and staff, with self-advocates and family members and with other organizations.

Much attention is called to **workforce shortages** across the social services and healthcare systems. The I/DD service system was suffering deeply even before the pandemic, which led to loss of service capacity across the country, as detailed in a [report from the Institute on Community Integration](#). CCDDDB staff have advocated for the Bureau of Labor Statistics to establish a distinct classification for Direct Support Professionals (DSPs) so that the necessary competencies may be described accurately, and data collected which might persuade decision makers toward adequate appropriations in the future. An official policy position of the National Association of Counties for two years, this resolution sparked the first-ever discussions of I/DD within this large organization. The [National Association of DSPs also pushed for this legislation](#), and in July 2023, it passed out of committee.

In 2023, the Illinois General Assembly and Governor approved increased wages for DSPs to bolster community-based service capacity, but the increases are not at the level recommended by advocates and by the state’s commissioned “Guidehouse” rates study. Illinois’ reliance on institutional care and the slow growth of home and community-based services (HCBS), those waiver programs which are eligible for federal funding match and which require DSPs, is well-known, and the loss of

community-based service capacity is profound. Relatively small wage increases may not rescue our I/DD service system.

DSP pay will remain far below what workers earn in State Operated Developmental Centers (SODCs), now notorious for reports of serious harm and neglect and inadequate corrective actions by facility administrators. Equip for Equality has issued a report based on their independent monitoring of the SODC so often in the news, “[Choate Developmental Center Repurposing Plan: Why No One Should be Left Behind](#)”. Recommendations are to end new placements in most, develop step-down and forensic units, transition people to least restrictive environments, improve programming, surveillance, and monitoring by Illinois Department of Public Health, etc. The transition to less restrictive environments will require expansion of home and community-based services (HCBS) and its key workforce, DSPs.

In recent years, Illinois has been out of compliance with terms of the **Ligas Consent Decree**, an Americans with Disabilities Act-Olmstead case concerning community-integrated residential settings. [An overview of the class action case](#) is provided by the American Civil Liberties Union of Illinois, and [annual court monitor and data reports](#) are available on IDHS website. The federal court monitor and judge have cited inadequate Medicaid-waiver reimbursement rates as the major cause not only for the state’s failure to meet the terms of the settlement but also for its loss of community-based service capacity. Champaign County has specific concerns regarding the rate structure’s inadequacy to meet transportation needs and whether the more generous rate adjustments being made for Chicago and Springfield area providers should not also apply to Champaign County.

[The Institute on Public Policy for People with Disabilities summarizes](#) the most recent Ligas Court Monitor Report, with several areas of improvement since 2019 but concerns about the Person-Centered Planning, which serves as the basis for funded service activities, and Independent Service Coordination (ISC) systems. Over the objections of many advocates and despite [negative findings by the Office of the Auditor General regarding the 2018-2019 process](#), IDHS-DDD will again determine contracts for their ISC system through a competitive Notice of Funding Opportunity. This workforce is also diminishing due to low state rates, and no legislation has passed which would resolve that. At minimum, the ISC units are gatekeepers to state services, responsible for linkage and eligibility determination/maintenance, but the state contracts also include responsibilities for completion of state-approved Person-Centered Plans, support for those transitioning to adult services, crisis response, and other case management.

The barriers to care which existed prior to the pandemic have not changed: inflexibility of state services, low Medicaid-waiver reimbursement rates; long waiting lists; change fatigue; difficult-to-navigate systems; low provider capacity; pressure on family caregivers. New threats to the well-being of people with I/DD have included:

abrupt loss of services; high rates of infection, serious illness, and death, especially in congregate care; and low access to virtual innovations, for individuals and their supporters, which could have offered continuity of care and social connection.

While COVID-19 was the third leading cause of death in 2020 in the US, it was the **leading cause of death** for people with I/DD. According to a [study published in the Disability and Health Journal](#), contributing conditions were hyperlipidemia and obesity and dementia. Unlike their peers without I/DD, younger people with I/DD experienced this higher COVID-19 mortality burden.

The 2023 report [“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies ways to advance social connection. Social isolation is not a new concern for those with I/DD and their supporters. It also has role in the progression of ‘diseases of despair’ (e.g., depression and substance use disorder), other health conditions, and resulting deaths. Isolation and loneliness undermine empathy, memory, and mental/physical health. An article published by the Coalition to End Social Isolation & Loneliness, [“Capturing the Truth Behind Causes of Death”](#) calls for investigation and mitigation.

The pandemic deepened existing flaws in our systems and caused the greatest harm to those who were already not well-served or fully included. People who have I/DD and their paid and unpaid care providers experience these impacts. The toll of social isolation calls for a more trauma-informed approach to all, and solutions to persistent barriers are still needed.

## **Program Year 2025 CCDDDB Priorities:**

During an [August 16, 2023 study session](#), self-advocates offered input for Board planning and possible collaborative advocacy. Their comments and [prior assessment data](#) have informed many aspects of this memorandum, in particular the first seven priority categories. Self-advocates, family members, and their networks are critical to CCDDDB efforts.

Danielle, a Champaign County self-advocate, told us:

... we are happy to talk to funders like the Board about what kinds of services we enjoy, and what can be changed. We are always thankful for the chance to speak on topics like these... Please continue to include us in your decisions on funding, and we will continue to give you our thoughts.

### ***PRIORITY: Self-Advocacy***

Kentrell, another study session presenter, added:

I would like to be a part of more events out of town that give me the chance to be an advocate, like the Speak Up Speak Out Summit. I don't usually have the money to do this on my own, and I would prefer to have another advocate or staff member attend with me.

Human Rights & Advocacy (HRA) Group members also wrote about the need for more funding for advocacy opportunities.

Staff and members of the CCDDDB and CCMHB would benefit from more input from self-advocates, including through a formal advisory council more directly focused on our work, if people were interested in forming one and serving the public in this way.

Nationally, about 90% of care is provided by family, friends, and community rather than through the formal service system. People with I/DD and their families lead improvements of that system and raise awareness of disabilities and of how the system works or fails. People who have I/DD can inform and lead self-advocacy and peer support groups. Families and other supporters can as well. These groups are uniquely effective at:

- improving others' understanding of I/DD and of the rights of people with I/DD,
- peer mentoring and networking,
- developing and sharing information on resources, and
- advocating and directing advocacy at the local, state, and federal levels.

Based on self-advocates' input, a group of interested individuals might receive customized monthly flyers about upcoming meetings or activities and how to attend them. They might also purchase a memorable domain name and, with a professional web designer, create a straightforward, accessible site which collects links to other websites with updated information on community activities, disability-specific resources, public input opportunities, etc. Self-advocates may prefer other methods for finding the information they want when they want it; the value is in increasing self-direction and self-sufficiency.

***PRIORITY: Linkage and Coordination***

When asked what would make daily life easier or better, self-advocates spoke of more information about available resources, services, and eligibility and noted that some public benefits are not adequate and are impacted by other income.

People who are eligible for but not receiving state Medicaid "DD waiver" funding should have access to benefits and resources, including those benefits and resources which are available to people who do not have I/DD. Of interest are:

- Conflict-free Case Management and Person-Centered Planning aligned with federal standards for Home and Community Based Services, to help identify, understand, and secure benefits, resources, and services a person chooses, and
- Intensive case management or coordination, guided by a self-directed plan, for people with complex support needs, e.g., related to aging, physical or behavioral health issue, loss of family member or caregiver, or other traumatic experience.

***PRIORITY: Home Life***

For this and the next four priorities, we consider self-advocates’ input about existing supports they would like to secure, keep, or increase. They frequently mentioned transportation and support staff, along with “people to talk to when I have questions.”

People who have I/DD should have housing and home life matched to their needs and preferences. Individualized supports may include:

- assistance for finding, securing, and maintaining a home,
- preparing to live more independently or with different people, and
- given the limitations of community residential options through state waivers, creative approaches for those who qualify for but do not receive these services.

***PRIORITY: Personal Life***

People who have I/DD can choose supports which lead them to personal success and resilience, in the least segregated environment. These might include:

- as with an I/DD Special Initiatives priority, assistive equipment or other accessibility supports and training in how to use technology such as electronic devices, apps, virtual meeting platforms, social media, Internet access, and online privacy/security,
- speech or occupational therapy,
- respite or personal support in the individual’s home or other setting of their choice,
- training toward increased self-sufficiency in personal care, and
- strategies to improve physical and mental wellness.

***PRIORITY: Work Life***

People with I/DD who have an interest in working or volunteering in the community may find well-matched opportunities through individualized support. People should expect to be less isolated socially, safer due to relationships formed at work, and better able to contribute their talents. Focus on these aspirations and abilities, in the most integrated settings possible, to help people achieve their desired outcomes through:

- job development, job matching, and job coaching, preferably in the actual community work setting,

- technology to enhance a person’s work performance and reduce on-site coaching,
- community employment internships, paid by the program rather than the employer, especially for people who have relied on traditional day program,
- support for a path to self-employment or business ownership,
- transportation assistance, and
- education of employers about the benefits of working with people who have I/DD which then results in work for people with I/DD.

***PRIORITY: Community Life***

Per self-advocate input and earlier survey and assessment results, people with I/DD seek a fuller social and community life. Support which is person-centered, family-driven, and culturally appropriate, might offer:

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

Darrin identified county-wide physical infrastructure changes which would improve access, but some activities with staff also improve his access. Members of the HRA wrote, “The mindset of the community isn’t very welcoming. It seems like people judge folks with disabilities and we aren’t respected.” While changing the whole community’s mindset is a tall order, paid staff can help people be seen and respected in the most integrated settings.

***PRIORITY: Strengthening the I/DD Workforce***

Self-advocates who presented to the CCDDDB and CCMHB had positive comments about their current staff but said more staff are needed, in several roles. Agencies may propose strategies to strengthen the workforce, maintain the current service capacity, improve staff knowledge of technology ‘access and use’ for the benefit of the people they serve, and expand service capacity to meet the needs of all eligible residents of Champaign County. Agencies may collaborate on a joint application proposing system-wide solutions:

- periodic retention payments with a performance standard,
- intermittent payments for exceptional performance,
- group and individual staff membership in professional associations which respect the I/DD workforce roles and offer networking and advocacy opportunities, and
- high quality trainings or certifications specific to the staff roles, combined with recognition and payment upon completion.

***PRIORITY: Collaboration with the CCMHB: Young Children and their Families***

As a result of the pandemic, 20-30% of children are being identified as having Social-Emotional needs. This is a significant increase in children with SE needs. Dr. Belknap and Ms. McGhee also share that there is a significant increase in speech referrals. They reported seeing diminished capacity with staff. Early identification and treatment can lead to great gains later in life.

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

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

Through the Boards’ intergovernmental agreement, the Champaign County Mental Health Board (CCMHB) has funded programs which complement those addressing the behavioral health of very young children and their families, and for which service providers collaborate as a System of Care for children and families. For PY2025, the CCMHB may continue this priority area in their continued commitment to people with I/DD.

Another collaboration of the Boards is the I/DD Special Initiatives Fund, supporting short-term special projects to improve the system of services. Where there is overlap with CCDDDB or CCMHB priorities, an applicant should consider that long term supports are more appropriately funded by the CCDDDB or CCMHB. Short term projects piloting a unique solution or purchasing non-service supports will fit better with the I/DD Special Initiatives Fund.

During or resulting from the allocation award process, the CCMHB may transfer a portion of their dedicated I/DD amount to the CCDDDB or to the IDD Special Initiatives fund, to support contracts for DD services through either of those funds.

**Criteria for Best Value:**

*An application’s alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the*

*service of those who have I/DD. Some of these ‘best value’ considerations relate directly to priority categories and may be the focus of a proposal.*

### ***Budget and Program Connectedness***

Detail on what the Board would purchase is critical to determining **best value**. Because these are public funds administered by a public trust fund board, this consideration is at the heart of our work.

Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an ‘audit-ready’ state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program’s relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCDDDB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDDB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDDB funding does not supplant other public systems.

### ***Participant Outcomes***

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people’s lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program’s success in helping people achieve positive impacts, an applicant should use outcomes which consider participants’ gifts and preferences. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the [‘measurement bank’](#) developed by local agencies and researchers. This repository offers a great deal



of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Jennifer Buoy, a Champaign County self-advocate, has designed a survey which may be adopted in part or full, to understand program impacts on participants. This instrument can be found on pages 9-10 of the [August 16, 2023 study session packet](#).

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program's performance: numbers of people served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

### ***Self-Determination and Self-Direction in Service Planning***

The most meaningful participant outcomes will be discovered through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDDB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

### ***Eliminating Disparities in Access and Care***

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the [2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National

Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of an organization's proposals should include strategies specific to proposed services. CCDDDB staff offer technical assistance.

### ***Promoting Inclusion and Reducing Stigma***

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCDDDB has an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

### ***Continuation of Services***

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

### ***Unique Features***

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCDDDB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

### **Expectations for Minimal Responsiveness:**

Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCDDDB staff.

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in CCDDDB Funding Requirements and Guidelines.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive, efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

## **Process Considerations:**

The CCDDDB uses an online system for organizations applying for funding. Downloadable documents on the Board's goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Board in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDDB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDDB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

### ***Caveats and Application Process Requirements:***

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB retains the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and residents of Champaign County.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of the CCDDDB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.

- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCDDDB reserves the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB reserves the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCDDDB reserves the right to require the submission of any revision to the application which results from negotiations.
- The CCDDDB reserves the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.



## BRIEFING MEMORANDUM

**Date:** September 20, 2023  
**To:** Members, Champaign County Mental Health Board (CCMHB) & Champaign County Developmental Disabilities Board (CCDDB)  
**From:** Lynn Canfield, Kim Bowdry, Leon Bryson  
**Subject:** DRAFT I/DD Special Initiatives Fund Priorities for PY25

### Statutory Authority:

The [Community Care for Persons with Developmental Disabilities Act](#) (50 ILCS 835/ Sections 0.05 to 14) is the basis for Champaign County Developmental Disabilities Board (CCDDB) funding policies. The Illinois [Community Mental Health Act](#) (405 ILCS 20/ Section 0.1 et. seq.) is the basis for Champaign County Mental Health Board (CCMHB) funding policies. All funds shall be allocated within the intent of these controlling acts, per State of Illinois laws. Decision support criteria and allocation priorities are reviewed annually. Upon approval these become addenda to [CCDDB](#) and/or [CCMHB](#) Funding Requirements and Guidelines.

### Purpose:

The CCDDB and CCMHB share authority for the I/DD Special Initiatives Fund. For Program Year 2025 (July 1, 2024 to June 30, 2025), the Boards may allocate funds to eligible human service organizations for projects and services which further the Boards' goals and fulfill their responsibilities to the public. This memorandum offers:

- Overview of current uses of the fund and timeline for application, review, and decision processes.
- Alignment with other County-wide health improvement efforts, which include community needs assessments.
- Summary of public input.
- Impact of state and federal systems and pandemic-era developments.
- Broad priority categories in response to all of the above. Proposals for funding will address at least one of these priorities.

- Best Value Criteria (areas for a proposal to elaborate), Minimal Expectations, and Process Considerations. These support the Boards in evaluating applications and making allocation decisions.

Staff recommendations are based on input from board members and interested parties, along with our understanding of the larger context and best practices. This draft is presented to the Boards and distributed to providers, family members, advocates, and stakeholders for feedback which will influence the final draft.

## **Overview and Timeline:**

In 2014, the Boards launched a collaborative CILA Facilities Project Fund on behalf of Champaign County residents who had I/DD and complex support needs and who had been unable to secure services in or near the County. Difficulties maintaining a qualified workforce in the two small group homes were insurmountable by 2020, and the Boards chose to sell the properties and reinvest in supports for this population, renaming the fund as “I/DD Special Initiatives.” Because the barriers to care persist, we maintain the focus on eligible people with unmet service needs and on the development of appropriate services.

During 2023, the Boards made available \$341,737 through “I/DD Special Initiatives” for contracts for services to begin July 1. Under its PY2024 priorities for Strengthening the Workforce and Individualized Supports, \$286,000 was awarded, half to be paid during 2023, the other half in 2024. \$198,737 of the 2023 appropriation is unspent and can be used in 2024. The Boards have approved use of \$400,000 to be transferred from fund balance for 2024 to support PY2025 allocations.

As a special fund without substantial revenue, short-term projects are especially appropriate. By contrast, the Boards fund many ongoing, long-term services and support through their allocation processes. Of forty-one CCMHB PY24 agency contracts, three serve young children with developmental delays or risk. All sixteen CCDDDB PY24 contracts serve people who have I/DD, primarily youth and adults. The two I/DD Special Initiatives PY24 programs serve people of all ages.

The following timeline supports a competitive allocation process for I/DD Special Initiatives funding and parallels timelines projected for CCDDDB and CCMHB funding:

- A final version of these priorities and support criteria approved by both Boards during open, public meeting(s) prior to December 2023.



- Proper public notice of funding availability published **on or before December 1, 2023** (if priorities have been approved).
- From **December 22, 2023**, 8:00 AM CST, to **February 12, 2024**, 4:30 PM CST, the online system will be open for agencies to submit applications addressing one or more of the priority areas. Agencies not previously registered will demonstrate eligibility per the initial questionnaire and review of CCDDDB and CCMHB Funding Requirements and Guidelines. If a specific requirement is not likely to be met, the Boards might consider waiving that requirement under certain conditions if a waiver allows them to fund a well-aligned proposal.
- Board staff review of applications, with summaries of each in **April** and funding recommendations to the Boards in **May**. The Boards may choose to review applications at any time from February 12 through June.
- Boards' allocation decisions during **May** or **June 2024** meetings.
- Contracts developed, issued, and signed prior to **June 18, 2024**. Contracts will have a term of July 1, 2024 through June 30, 2025, with the option of a shorter or longer term (up to two years) as requested or as negotiated.
- If the Boards choose to design Requests for Proposal (RFP) to address a particular need relevant to this fund, each will have its own timeline with additional meetings and activities specific to the project.

*The statutory and practical frameworks above are supplemented by our understanding of current and emerging conditions. The following sections are meant to place the Boards' work within the context of local values, the interests of people most directly impacted by funding decisions, and the operating environment, to set the stage for PY2025 funding priority categories and decision support criteria.*

## **Alignment of Local Efforts:**

### **Champaign County Community Health Improvement Plan**

CCDDDB/CCMHB staff collaborate with local and regional partners on the Community Health Improvement Plan, also referred to as the IPlan, with the vision that:

Champaign County will be the Healthiest and Safest, environmentally sustainable community to live, work, and visit in the State of Illinois.

To identify goals and priorities for the Plan, a [community health needs assessment](#) is conducted every three years. Health needs of equal priority identified in 2022 were:

Behavioral Health, Healthy Behaviors and Wellness, and Violence.

Staff members and service providers with expertise in behavioral health and I/DD participate in priority area workgroups.



### **University of Illinois at Urbana-Champaign Campus Community Compact**

Board and staff members participate in this broad-based collaboration led by the UIUC Chancellor's office. Through workgroups and large group meetings, the Compact has assessed strengths and needs of the community and developed vision statements which include:

Health, Wellness, & Resilience: Assure physical, mental, and emotional health and wellness for all communities and all community members who face immense threats from structural inequities that disadvantage communities of color and other communities disproportionately affected by exposure to violence, trauma, adverse life experiences, and adverse community environments.

Inclusive Education: Create a community in Champaign County that welcomes increasingly diverse cohorts of students who represent a wide array of cultures and ethnicities; a community that invests in and offers an accessible and engaging array of learning and individual growth opportunities.

### **Champaign County Board**

CCDDB and CCMHB efforts also align with the Vision, Mission, and Values of the County Board, including with their Strategic Plan Goal to:

Promote a safe, healthy, just community.

The values of Diversity, Teamwork, Responsibility to the Public, Justice, and Quality of Life are relevant to the CCDDB and CCMHB. The Value of Diversity is defined as:

Appreciation of the diverse culture within our community.

Strive for a workforce reflective of the community.

Equal and inclusive access to services and programs.

*Local leaders aspire to quality of life and full inclusion in the wake of increased health disparities for certain community members, among them people with I/DD. Growing awareness creates new opportunities for system advocacy.*

### **Statewide Advocacy Groups**

A partnership between our state trade association, the Association of Community Mental Health Authorities of Illinois (ACMHA), the Going Home Coalition, and Arc of Illinois is focused on the State of Illinois' persistent imbalance between funding institutional care, which is not eligible for federal match, and use of federal Centers for Medicare and Medicaid Services (CMS) Home and Community Based waiver programs, which are eligible for federal match. These organizations, along with Illinois Association of Rehabilitation Facilities, They Deserve More Coalition, Illinois Council on Developmental Disabilities, Equip for Equality, and Institute on Public Policy for People with Disabilities, push to expand home and community-based care,

but each may be too small to counter the forces of Illinois' status quo, even with the relentless bad news about State Operated Developmental Centers. With these partners and with people who I/DD and their family members, we should advocate for system redesign and full funding, including for flexible, self-directed options.

## Public Input:

During a [Joint Study Session of the Boards on August 16, 2023](#), self-advocates and supporters offered input on preferences and concerns. Among these were:

- Easier access to information about events, activities, and resources, when they need or want them.
- Support for planning and attending events not in Champaign-Urbana.
- A more disability-friendly, inclusive community, which includes physical infrastructure and access to resources enjoyed by others.
- More job coaches, personal support workers, and direct support professionals.
- More information about the impact of income on benefits; more assistance for food, rent, other basics, and emergencies.
- Education about I/DD, especially for mental health professionals.
- Better access and more resources for rural residents who have disabilities.
- More flexible, lower cost transportation options and support.

The discussion with self-advocates touched on several resources that exist but may be underutilized because they are not easily secured, not well-understood, or not what people prefer. In addition to allocation of the CCDDDB, CCMHB, and I/DDSI Funds, our partnership can include systems advocacy and information-sharing.

Other community needs information and service data were presented in the [August 16, 2023 Study Session Packet](#). A recurring theme is that not all Champaign County residents have access to the many resources enjoyed by some, despite the shared aspiration to be a welcoming, healthy, inclusive, and just community.

## Operating Environment:

In [CCDDDB PY24 Funding Priorities](#) and [CCMHB PY24 Funding Priorities](#) and earlier board documents, we noted the dangerous **decline in service capacity** across the country and state and in our community. This crisis is not difficult to understand or easy to solve. If the enduring funding and policy neglect that led to it is NOT

consistent with our values, we should push hard to correct it, through collaborations above and as opportunities arise. This is clearly in the best interest of Champaign County and its residents.

From the Institute on Community Integration's 2022 report "[Community Supports in Crisis: No Staff, No Services](#)":

All the progress toward community living that has been made in services for people with IDD over decades is now in jeopardy — because of catastrophic labor shortages and pervasive high turnover rates in the workforce that supports them, direct support professionals (DSPs).

National data found in the report:

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

This year, the Illinois General Assembly and Governor approved wage increases for Direct Support Professionals, which could bolster community-based service capacity. However, these increases are below those recommended by the state's own rates study and numerous advocacy groups, and they are far below what workers earn in State Operated Developmental Centers (SODCs) where reports of serious, even fatal, abuse and neglect abound. Illinois' overreliance on institutional care and low investment in more inclusive alternatives have taken a toll. With a relatively higher number of eligible Champaign County residents still awaiting selection for state Medicaid waiver awards for home and community-based care, and with many other service system improvements yet to be undertaken, we have a long way to go.

## **Crisis to Opportunity:**

Telehealth and other **remote options** were introduced rapidly and out of necessity during the COVID-19 pandemic, allowing some with I/DD to connect with support and social opportunities more easily than before, especially if they had access to the internet but limited transportation, or if they preferred being at home. For some who prefer virtual participation over in-person, barriers have been lack of devices and

programs, difficulty learning to maximize those, and poor internet service. The latter barrier has been typical in rural areas, apartment complexes, and housing developments. The Champaign County Board, Housing Authority of Champaign County, and University of Illinois at Urbana-Champaign have led efforts to improve access and use for all. Virtual support may be most effective when combined with in-person, where there is still room for innovation in services.

The Ohio Department of Developmental Disabilities (DODD) promotes the use of assistive technology and remote options as a partial solution to workforce and transportation shortages. Ohio's Technology First Initiative ensures that technology is considered as part of all individual service plans, prior to authorization of on-site direct support staff and with the goal of training in technology which can improve quality of life. The Living Arrangements for the Developmentally Disabled (LADD) Smart Homes project incorporates many innovations, including low cost and widely available consumer products. A [Concept Video](#) and [virtual tour](#) highlight the Forever Home Smart Living Pilot. People with I/DD are also enjoying greater independence and control of their days with the lighter presence of non-resident professionals in their homes. See [the Ohio DODD website](#) for more.

In their [July 2023 meetings](#), the Boards took virtual tours of the UIUC McKechnie Family LIFE Home and heard a brief presentation on research done there. Dr. Olatunji, one of the presenters, has a research focus on the balance between tech support and social connectedness. Avoiding social isolation will be important in any remote innovations. With this caution, a partnership between local service provider(s) and UIUC researchers could explore innovation similar to the LADD Smart Home Pilot.

Earlier CCDDDB and CCMHB memoranda noted disproportionate negative impacts of COVID-19 and social isolation on people with disabilities, rural residents, and members of racial, ethnic, and gender minorities. Whether traditional or innovative, all supports should uphold the principles of community and social inclusion and consumer choice. The 2023 report [“Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community”](#) acknowledges the devastating impacts of increased isolation on all and identifies health outcomes as well as pillars to advance social connection and recommendations for stakeholders.

Two American Network of Community Options and Resources (ANCOR) reports, [“Addressing the Disability Services Workforce Crisis of the 21<sup>st</sup> Century](#) and [“Bringing Long-term Supports & Services into the 21<sup>st</sup> Century”](#), emphasize the need for service providers to receive training on using technology to deliver services and support

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

In support of self-directed services, even during an era when professional service capacity is so low as to offer very limited consumer choice, The Council on Quality and Leadership released [“The Relationship Between Choice and Injuries of People With Intellectual and Developmental Disabilities”](#). Decisions about safety have typically been made by care providers rather than by people with I/DD, but it appears that injuries decrease with opportunities to make choices about their own care. The report concludes, “Beyond the potential impact on injuries, ultimately, choice is about ensuring people with IDD are supported to live the lives of their choosing.”

## **I/DD Special Initiatives Fund Priorities:**

*All proposals for funding must choose one of the following priority categories and clarify how the proposed services or supports align with that choice. Strengthening the Workforce and Self-Advocacy are not included for PY2025 because they are among CCDDB funding priorities. Other priority areas have been modified using input from people with I/DD and their supporters. People to be served should be eligible per Illinois Department of Human Services (DHS) Division of Developmental Disabilities (DDD).*

### **PRIORITY: Short-Term Supports for People with I/DD**

**People with I/DD have interests other than long-term care, and their success in many areas may be supported by short term support. These supports or specific assistance matched to their interests may be purchased for people by an agency.**

Strongest consideration should be offered to people with co-occurring diagnoses and multiple support needs, those not receiving services through any funder, and those who are unable to secure services locally but instead are served outside of Champaign County. People may engage an agency and their families and networks of supporters to clarify their preferences and help document needs. On behalf of the person, an agency could purchase appropriate, meaningful supports consistent with these and not available through other payers: devices and software needed for virtual access, equipment or classes related to a hobby or entrepreneurship, recreational opportunities requiring travel and related costs, assistive equipment, and transportation costs for Champaign County families to visit a person who is served outside of the County. Certain costs might recur within the Program Year.

A [National Core Indicators – Intellectual and Developmental Disabilities Data Highlight](#) finds that people with I/DD experience “abundant and well-documented” benefits from vacations. Because they take far fewer vacations than do their peers who do not have I/DD, and because these numbers sunk in recent years, inclusive or supported vacation options could bridge the gap.

Champaign Community Advocacy and Mentoring Resources (CCAMR) resources should be used whenever they might support an identified preference. An agency would inform eligible people and, if help is preferred, work with them to complete an application through quarterly [mini-grant opportunities](#). For purchases using I/DD Special Initiatives funding, the 2019 CCDDDB mini-grant process may serve as a model, with an individual application form, per person cost limits, and follow up satisfaction survey. *Sample documents are on pages 49 to 56 of the [July 2022 CCDDDB meeting packet](#) or upon request from CCDDDB/CCMHB staff.*

***PRIORITY: Education on I/DD.***

**People with I/DD would like professionals from other sectors to understand them and work with them more effectively.**

**People with I/DD do not always feel welcome or included in this community.**

Advice and direction from self-advocates and their networks of supporters could shape the content of sector-specific and community-wide education efforts.

An agency could purchase or develop training for professionals from other sectors, especially mental health providers. Other health and human service providers, law enforcement, first responders, educators, and court officers may also be interested.

An agency could plan and host community awareness activities to improve understanding and build a more inclusive and welcoming community. Greater awareness may already have created conditions for system change. In the same way, broad awareness efforts might help our community to improve access and appreciate the gifts and contributions of people who have I/DD.

***PRIORITY: Technology and Training***

**People with I/DD want access to more resources. This can be helped by virtual access training available to them, their staff, and their natural supporters. An agency could purchase equipment for a group and offer training in its use.**

A program might cover costs associated with the development and staging of training opportunities or securing these through a qualified trainer. The audience for these would be Champaign County residents who have I/DD and any staff, family, or other natural supporters who assist these qualifying residents with virtual access and use. The agency might purchase a training program or equipment for groups of participants with similar interest.

Also of interest would be a partnership to introduce remote supports into residences of people with I/DD and complex support needs. Devices and programs should match the interests and needs of people to be served in independent community settings. Strongest consideration should be given to people not receiving services and to those with complex support needs not receiving services which meet their needs.

***PRIORITY: Housing.***

**People with I/DD can live independently in our community if appropriate living arrangements and supports are developed.**

Strongest consideration should be given to people not fully served who have I/DD and another diagnosis calling for active treatment, e.g., medical condition requiring treatment at home, mental health or substance use disorder, or physical disability supported by assistive equipment or specialized staff training. An agency might develop independent residential settings and supports for people who would benefit from and desire an affordable home and ongoing or short-term supports matched to their needs and preferences. A project might combine this priority and the technology and training priority to incorporate remote supports into a household.

**Criteria for Best Value:**

*An application's alignment with a priority category and its treatment of the overarching considerations described in this section will be used as discriminating factors toward final allocation decision recommendations. Our focus is on what constitutes a best value to the community, in the service of those who have I/DD. Some of these 'best value' considerations relate directly to priority categories and may be the focus of a proposal.*

***Budget and Program Connectedness***

Detail on what the Boards would purchase is critical to determining **best value**. Because these are public funds administered by public trust fund boards, this consideration is at the heart of our work.



Each program proposal requires a Budget Narrative with text sections the applicant uses to describe: all sources of revenue for the organization and those related to the proposed program; the relationship between each anticipated expense and the program, clarifying their relevance; the relationship of direct and indirect staff positions to the proposed program; and additional comments.

One of the Minimal Expectations below is that an applicant be able to demonstrate financial clarity. This overlaps with but differs from Budget and Program Connectedness. Financial clarity is demonstrated by financial records maintained in an 'audit-ready' state. A recent independent audit, financial review, or compilation with no negative findings is one way to show that the applicant has this capacity. Those reports are not required with an application or in the Budget Narrative form but may be requested as part of the review and decision process.

Another Minimal Expectation below asks for evidence that no other funding is available. The Budget Narrative submitted with each proposal is an excellent place to address these efforts. Through Budget Narrative comments, the program's relationship to larger systems may be better understood, and the applicant may highlight how they will leverage other resources or use the requested funding as match for other resources. Programs offering services billable to Medicaid or other insurance should attest that they will not use CCDDDB/CCMHB funds to supplement those. They may identify non-billable activities which can be charged to the proposed contract. While CCDDDB/CCMHB funds should not pay for services billable to another payor, programs should maximize all resources, for their long-term sustainability and to ensure that CCDDDB and CCMHB funding does not supplant other public systems.

### **Participant Outcomes**

Also essential for demonstrating a **best value** is clarity about how the program will benefit the people it serves. Are people's lives better because of the program? Simple, measurable outcomes are often the best way to communicate this. To demonstrate a program's success in helping people achieve positive impacts, an applicant should use outcomes which consider participants' gifts and preferences. For each defined outcome, the application will identify a measurable target, timeframe, assessment tool, and assessment process. All applicants are welcome to review the ['measurement bank'](#) developed by local agencies and researchers. This repository offers a great deal of information on outcome measures appropriate to various services and populations and will be updated with new findings.

Applicants will also identify how people learn about and access the program and will define outputs or measures of the program's performance: numbers of people



served, service contacts, community service events, and other. While not Participant Outcomes, these are important and required with every proposal.

### ***Self-Determination and Self-Direction in Service Planning***

The most meaningful participant outcomes will be discovered through a person's involvement in their own service plan. Centering people's communication styles and networks of support, self-directed or person-centered planning can be done even if the person has been referred to the program by a third party.

Every person should have the opportunity to inform and lead their service plan. The plan should balance what is important FOR the person with what is important TO the person, be responsive to their preferences, needs, values, and aspirations, and help them recognize and leverage their strengths and talents. CCDDDB/CCMHB funding should focus on people rather than programs. In a self-determined system, people control their day, build connections to their community for work, play, learning, and more, create and use networks of support, and advocate for themselves.

Proposals should describe the individual's role in their own service planning process and should connect the program activities to what people have indicated they want and need. If funded, program activities are reported regularly, with data on the individuals served and detail on community inclusion.

### ***Eliminating Disparities in Access and Care***

Programs should move the local service systems toward equitable care resulting in optimal health and quality of life for all community members. For this, barriers specific to some groups must be addressed and eliminated or overcome.

Proposed programs should improve access and offer appropriate care for people from historically underinvested populations as identified in the [2001 Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity](#). These groups, people living in rural areas, and those with limited English language proficiency should have access to supports and services. Applications should identify engagement strategies which help people overcome or eliminate barriers to care.

The application includes a Cultural and Linguistic Competence Plan (CLCP) template consistent with Illinois Department of Human Services requirements and National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) [A toolkit for these standards](#) may be helpful to the applicant. One CLCP is completed for each organization. The program plan narrative for each of

an organization's proposals should include strategies specific to proposed services. CCDDDB/CCMHB staff offer technical assistance.

### ***Promoting Inclusion and Reducing Stigma***

Programs should increase community integration, including in digital spaces. People feel better when they have a sense of belonging and purpose. People are safer when they have routine contacts with co-workers, neighbors, members of a faith community, and acquaintances at fitness or recreation centers or in social networks. Positive community involvement can build empathy, redefine our sense of group identity, reduce stress, and decrease stigma. Stigma inhibits individual participation, economic self-sufficiency, safety, and confidence, and may be a driver of insufficient State and Federal support for community-based services. Stigma harms communities and people, especially those who have been excluded due to sexuality, gender, race, ethnicity, disability, immigrant/refugee/asylee status, or preferred or first language.

The CCDDDB and CCMHB have an interest in nurturing resilience, inclusion, and community awareness, as well as challenging negative attitudes and discriminatory practices. Full inclusion aligns with values of other Champaign County authorities and collaborations and with the standards established by Home and Community Based Services, Workforce Innovation and Opportunity, and Americans with Disabilities Act. Proposed programs should describe activities and strategies that expand community inclusion and social connectedness of the individuals to be served.

### ***Continuation of Services***

Applications should describe how people will be served in the event of a public health emergency which limits in-person contact. Because social isolation increased the need for some services, continuity of care is a new and important consideration. If a virtual service is expected to be less effective than in-person, or if the people to be served do not prefer virtual platforms, some capacity should still be maintained now that their value as backup plan has been demonstrated. The negative impacts of insufficient broadband capacity and limited access to and understanding of technology have also been demonstrated.

Some regulatory changes supporting virtual innovation have been made permanent and others extended. Telehealth and remote meetings are now integrated in many programs. Even without a public health emergency, they connect more people to virtual care and enhance their access to other resources.

Whether a focus of the proposal or already integrated, successes with technology and virtual platforms can be expanded with training and access for people who participate in services and for direct staff or others involved in their care.

## Unique Features

Demonstrating a **best value** involves amplifying those characteristics of the service approach, staff credentials, or funding mix unique to the organization or proposed program. While the pressures on service provider agencies are great, innovative or tailored responses to people's support needs and preferences should be highlighted.

- Approach/Methods/Innovation: cite the recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet a community need, describe the innovative approach and how it is evaluated.
- Staff Credentials: highlight credentials and specialized training.
- Resource Leveraging: describe how CCDDDB and CCMHB funds are amplified, and other resources maximized: state, federal, or local funding; volunteer or student support; community collaborations. If CCDDDB/CCMHB funds will meet a match requirement, reference the funder requiring match and identify the match amount in the application Budget Narrative.

## Expectations for Minimal Responsiveness:

*Applications not meeting the following expectations are “non-responsive” and will not be considered. Applicants must be registered at <http://ccmhddbrds.org>. Accessible documents and technical assistance, limited to use of the online tools, are available upon request through the CCDDDB/CCMHB staff.*

1. Applicant is an **eligible organization**, demonstrated by responses to the Organization Eligibility Questionnaire, completed during initial registration.
2. Applicant is prepared to show their **capacity for financial clarity**, especially if they answered ‘no’ to any question in the Organization Eligibility Questionnaire or do not have a recent independent audit, financial review, or compilation report with no findings of concern.
3. All application forms must be complete and **submitted by the deadline**.
4. Proposed services and supports must relate to I/DD. **How will they improve the quality of life for persons with I/DD?**
5. Application must include evidence that **other funding sources are not available** to support the program or have been maximized. Other potential sources of support should be identified and explored. The Payer of Last Resort principle is described in Funding Requirements and Guidelines of each board.
6. Application must demonstrate **coordination with providers** of similar or related services, with interagency agreements referenced. Evidence of interagency referral process is preferred, to expand the system's reach, respect client choice, and reduce risk of overservice to a few. For an inclusive,

efficient, effective system, applications should mention collaborative efforts and acknowledge other resources.

## **Process Considerations:**

The CCDDDB and CCMHB use an online system for organizations applying for funding. Downloadable documents on the Boards' goals, objectives, operating principles, and public policy positions are also posted on the application website, at <https://ccmhddbrds.org>. Applicants complete a one-time registration process, including an eligibility questionnaire, before receiving access to the online forms. Funding guidelines and instructions on how to use the system are also posted there.

Criteria described in this memorandum are guidance for the Boards in assessing proposals for funding but are not the sole considerations in final funding decisions. Other considerations include the judgment of the Boards and staff, evidence of the provider's ability to implement the services, soundness of the methodology, and administrative and fiscal capacity of the applicant organization. Final decisions rest with the CCDDDB and CCMHB regarding the most effective uses of the fund. Cost and non-cost factors are used to assess the merits of applications. The CCDDDB and CCMHB may also choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

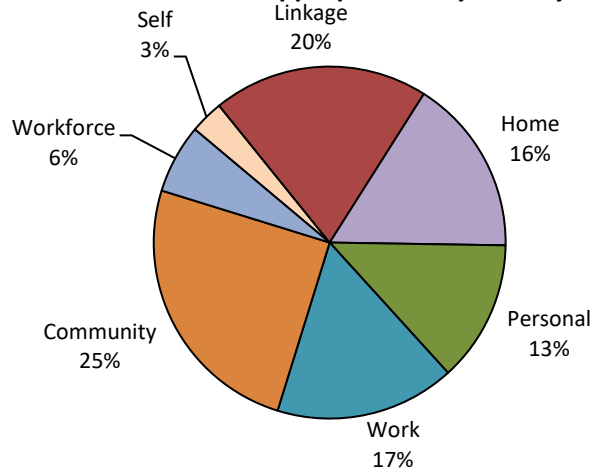
### ***Caveats and Application Process Requirements:***

- Submission of an application does not commit the CCDDDB/CCMHB to award a contract or to pay any costs incurred in preparing an application or to pay for any other costs incurred prior to the execution of a formal contract.
- During the application period and pending staff availability, technical assistance will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB/CCMHB Funding Guidelines. Support is also available for CLC planning.
- Applications with excessive information beyond the scope of the application format will not be reviewed and may be disqualified from consideration.
- Letters of support are not considered in the allocation and selection process. Written working agreements with other agencies providing similar services should be referenced in the application and available for review upon request.
- The CCDDDB and CCMHB retain the right to accept or reject any application, or to refrain from making an award, when such action is deemed to be in the best interest of the CCDDDB and CCMHB and residents of Champaign County.

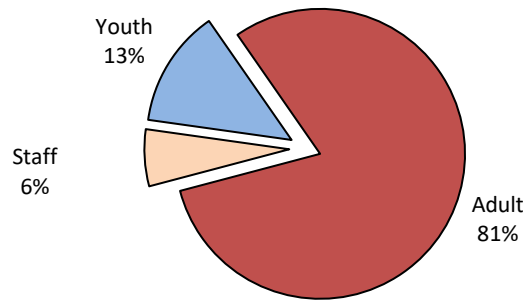
- The CCDDDB and CCMHB reserve the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB and CCMHB deem such variances to be in the best interest of the CCDDDB and CCMHB and residents of Champaign County.
- Submitted applications become the property of the CCDDDB and CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made and contracts executed. Submitted materials will not be returned.
- The CCDDDB and CCMHB reserve the right, but are under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years, with or without an increased procurement.
- If selected for contract negotiation, an applicant may be required to prepare and submit additional information prior to contract execution, to reach terms for the provision of services agreeable to both parties. Failure to submit such information may result in disallowance or cancellation of contract award.
- The execution of final contracts resulting from this application process is dependent upon the availability of adequate funds and the needs of the CCDDDB and CCMHB.
- The CCDDDB and CCMHB reserve the right to further define and add application components as needed. Applicants selected as responsive to the intent of the application process will be given equal opportunity to update proposals for the newly identified components.
- To be considered, proposals must be complete, received on time, and responsive to application instructions. Late or incomplete applications will be rejected.
- If selected for funding, the contents of a successful application will be developed into a formal contract. Failure of the applicant to accept these obligations can result in cancellation of the award for contract.
- The CCDDDB and CCMHB reserve the right to withdraw or reduce the amount of an award if the application has misrepresented the applicant's ability to perform.
- The CCDDDB and CCMHB reserve the right to negotiate the final terms of any or all contracts with the selected applicant, and any such terms negotiated through this process may be renegotiated or amended to meet the needs of Champaign County. The CCDDDB and CCMHB reserve the right to require the submission of any revision to the application which results from negotiations.
- The CCDDDB and CCMHB reserve the right to contact any individual, agency, or employee listed in the application or who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

# Appropriation of CCDDDB Funds by Sector, Population, and Service - Program Year 2024

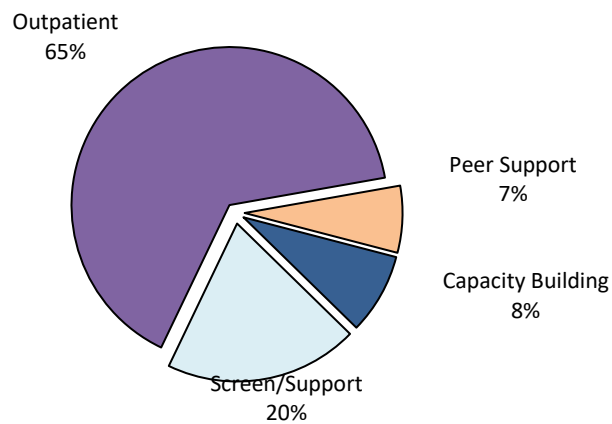
### CCDDDB and IDDSI PY24 Appropriation by Priority Category



### CCDDDB and IDDSI PY24 Appropriation by Target Population *(very young children are served through MHB contracts)*



### CCDDDB and IDDSI PY24 Appropriation by Type of Service



**Champaign County Mental Health Board programs (not I/DD) for PY2024 (7/1/23-6/30/24)**

Agency	Program	Focus	\$ Amount	Summary
Champaign County Children's Advocacy Center	Children's Advocacy Center	Healing from Interpersonal Violence	\$63,911	Using a child-centered, evidence based coordinated response to allegations of child sexual abuse and serious physical abuse, the CAC promotes healing and justice for young victims through: a family-friendly space for initial interview and parent meeting; a legally-sound, developmentally appropriate child forensic interview; comprehensive case management provided by the CAC Family Advocate to help the family navigate the crisis; crisis counseling to the child and any non-offending family member; referrals to specialized medical services; and coordination of the investigation through multidisciplinary case reviews.
Champaign County Christian Health Center	Mental Health Care at CCCHC	Closing the Gaps in Access and Care	\$33,000	Offers mental health care by mental health practitioners, along with primary care providers who also treat or refer those with various mental health conditions, especially anxiety and depression. A psychiatrist provides direct mental health care to patients; mental health patients receive mental health screenings, primary care, prescriptions, and referrals to specialized care as needed. Provided to any uninsured and underinsured resident of Champaign County, typically between the ages of 18 and 64 (as those under 18 and over 64 generally have some form of health care coverage).
Champaign County Health Care Consumers	CHW Outreach & Benefit Enrollment	Closing the Gaps in Access and Care	\$86,501	Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs. Community Health Workers help stabilize individuals with resources and benefits, and help them navigate the health care system to get their needs met... establishes trust with clients by helping them gain and maintain access to many needed benefits, provides emotional support and helps them identify the types of services that they need in a non-stigmatizing and supportive way.
Champaign County Health Care Consumers	Disability Application Services	Closing the Gaps in Access and Care	\$91,500	Evaluations of disabling conditions and determinations of whether to apply for SSI or SSDI or both (depending on client's work history); assistance applying for and appealing adverse decisions; coordinating with attorney, if necessary to appeal decisions; emotional/psychological support for individuals applying. Often, the decision to apply for disability, and the process of doing so, can be challenging to the individual as they must come to terms with the idea that they are "disabled." Additional services to be provided to help facilitate approval for SSI/SSDI include helping clients to access various health services to document their disabling conditions.
Champaign County Health Care Consumers	Justice Involved CHW Services & Benefits	Safety and Crisis Stabilization	\$90,147	For people who have justice-involvement, Community Health Worker services are offered at the Champaign County jail and in community. Works with individuals experiencing behavioral health issues, helping them enroll in health insurance, food stamps, and other public benefits programs; helps stabilize individuals with resources and benefits; and helps them navigate the health care system to get their needs met.
Champaign County Regional Planning Commission - Community Services	Homeless Services System Coordination	Closing the Gaps in Access and Care	\$54,281	Supports, facilitates, and directs the IL-503 Continuum of Care (CoC) aka Champaign County Continuum of Service Providers to the Homeless; supports the body's mission to end homelessness in Champaign County through a coordinated network of resources for those who are homeless or at-risk of becoming homeless; coordinates efforts across the CoC membership to support its goals and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act regulations; and builds and maintains collaborative partnerships with members and affiliates, working closely with the Executive Committee.
Champaign County Regional Planning Commission - Community Services	Youth Assessment Center (Companion Proposal)	Safety and Crisis Stabilization	\$76,350	Early intervention and diversion for youth, particularly minority males, who are overrepresented in the juvenile justice system, and for youth whose behavior may be symptomatic of issues best served outside the juvenile justice system. Screens for needs, risks, and protective factors; uses Balanced and Restorative Justice (BARJ) approach; completes and reviews Station Adjustment as the working plan; may include weekly check-ins with case manager, curfew checks with police officer, reparation through written apology, community service hours, and linkage to social service, MH, or SUD treatment. Screening scores determine access to weekly phone counseling, group programming (CBT approach), and partnership with UIUC Psychological Services Center/Childhood Adversity & Resiliency Services to reduce barriers to MH treatment.

<b>Cunningham Children's Home</b>	ECHO Housing & Employment Support	Closing the Gaps in Access and	\$127,249	Provides comprehensive housing, employment, and life skills development to individuals who are homeless or at risk of homelessness, with the goal of providing resources that support independence. Services are provided in the home, community, or office with the majority of services being provided in community settings.
<b>Crisis Nursery</b>	Beyond Blue-Champaign County	Thriving Children, Youth, and Families	\$90,000	Supports mothers experiencing perinatal depression, with a focus on the mental health and well-being of children and families, by strengthening the parent child bond through playgroups, support groups, and home visiting services. Through coordination with the Home Visitors Consortium, Crisis Nursery focuses on families who are identified as experiencing perinatal depression and then blends this programming with our Prevention Initiative funding through the Illinois State Board of Education which focuses on the development of children birth-3 years.
<b>Courage Connection</b>	Courage Connection	Healing from Interpersonal Violence	\$127,000	Provides services to all victims/survivors of domestic violence regardless of gender, immigration status, race, national origin, age, sexuality, or any other identifying factor. Eligibility is established based on self-report of domestic violence; there are no other barriers to receiving access to services. Helps victims and survivors of domestic violence rebuild their lives through advocacy, housing, counseling, court advocacy, self-empowerment, community engagement, and community collaborations.
<b>Community Service Center of Northern Champaign</b>	Resource Connection	Closing the Gaps in Access and Care	\$68,609	A multi-service program aimed at assisting residents of northern Champaign County with basic needs and connecting them with mental health and other social services. Serves as a satellite site for various human service agencies providing mental health, physical health, energy assistance, and related social services. Features an emergency food pantry, prescription assistance, clothing and shelter coordination, and similar services for over 1,700 households in northern Champaign County.
<b>Champaign County RPC Head Start/Early Head Start</b>	Early Childhood Mental Health Services (another portion of this contract relates to DD- see below)	Thriving Children, Youth, and Families	\$197,569	Social Skills & Prevention Coaches: collaborate with parents and Head Start staff to identify social-emotional strengths and areas of need for children; review and monitor developmental screenings for all students enrolled in HS/EHS; assist teaching staff and parents in writing individualized social-emotional goals and action plans; support staff and parents in identifying individualized inter/intra-personal goals and action plans and in reflection around inter/intra-personal skills used with children to improve co-regulation, attunement, empathy, and compassionate limit setting; collaborate with stakeholders to develop Support Plans for children who engage in challenging behaviors to communicate their needs; facilitate workshops, support groups, and coaching for staff and parents on social-emotional development, compassionate caregiving, stress-management, functional behavior assessments, trauma-informed practices/leadership, and cultural competency; support staff in monitoring children's progress and outcomes; offer parenting consultation and coaching through Facebook groups and Zoom meetings; review developmental screenings and make recommendations regarding referrals, goals, services; create unique virtual stress management and equity-related content for local residents in collaboration with CU TRI. (\$197,569 of the total contract is for Mental Health
<b>CU at Home</b>	Shelter Case Management	Safety and Crisis Stabilization	\$256,700	Mid-Barrier Shelter Program: provides for a client's essential needs, with services in a 24/7, non-congregate, trauma-informed environment; clients can participate for 12-18 months; intensive case management which employs client-centered, trauma-informed principles that assist in goal development to move clients toward stability; group activities; linkage to outside resources to develop a community network of assistance. Advanced Shelter: for clients who are either coming out of substance abuse treatment, are involved with Drug Court, or who have graduated from the Mid-Barrier program; services in a trauma informed, non-congregate setting; case management services to assist clients in developing case plans for stabilization.
<b>CU Early</b>	CU Early-NEW (another portion of this contract is for DD - see below)	Thriving Children, Youth, and Families	\$73,141	Bilingual home visitor for at risk Spanish speaking families, through home visiting program that serves expectant families and children up to age 3; completion of developmental screenings on all enrolled children alongside the parent to ensure that children are developing on track; referral to Early Intervention if there is a suspected disability or concern with the child's development. 2020 IECAM data on Champaign County estimated there were 1,157 children under age 5 who speak Spanish, that 555 Spanish speaking children were under 3, and that 1,188 children under 2 lived in poverty. (\$73,141 of the total contract relates to mental health, another \$4,043 to I/DD.)



Cunningham Children's Home	Families Stronger Together	Thriving Children, Youth, and Families	\$398,092	Provides voluntary trauma-informed, culturally responsive, therapeutic services for families and youth age 8 through 17 who have entered, or are at risk of entering the juvenile justice system. FST utilize the use of the Attachment, Regulation, and Competency (ARC) framework to promote resiliency as it is designed to strengthen the trauma-informed caregiving skills of caregivers. The ARC framework is adaptable to a variety of settings such as schools, afterschool programs, and community centers. The FST program helps youth and their families understand the impact that past experiences of trauma have had on their current level of functioning and/or behaviors that have brought them to the attention of the juvenile justice system.
Don Moyer Boys & Girls Club	CU Change	Thriving Children, Youth, and Families	\$75,000	Seeks to impact underresourced youth with potential for high school graduation by providing group and individual support, counseling, life skills training, and exposure to positive cultural and healthy life choices. Emphasizes academic support, community and positive peer engagement, hands on learning experiences with a plan for the future.
Don Moyer Boys & Girls Club	CUNC	Thriving Children, Youth, and Families	\$110,000	Culturally-based and peer-based trauma-informed interventions, wellness and resilience building activities: GRITT, Stress Less, the S.E.L.F Curriculum, Start 2 Heal, Skills for Psychological Recovery and other evidence based/informed interventions in groups and individual settings for those experiencing gun violence, chronic stress, adversity or with emotional regulation needs. Accomplished through training community members, focusing on youth leaders and elder helpers, and educating the community about trauma and trauma-informed care.
Don Moyer Boys & Girls Club	Community Coalition Summer Initiatives	Thriving Children, Youth, and Families	\$90,000	Supports youth and community mental health needs during critical out-of- school time over the summer months, when a lack of services is prevalent. Focused on violence prevention, enhancement of positive community engagement, academic enrichment, recreational activities, arts exploration, and leadership skill building. Services and supports by specialized providers, through subcontracts with Don Moyer Boys and Girls Club. The Champaign County Community Coalition and DMBGC support and reinforce System of Care principles and values, particularly relative to system-involved youth impacted with emotional and environmental challenges. Reports to and through the Champaign County Community Coalition and the CCMHB.
Don Moyer Boys & Girls Club	Youth and Family Services	Thriving Children, Youth, and Families	\$160,000	Serves Parents/caregivers of youth who: have been clinically diagnosed; are experiencing social, emotional, and/or behavioral health challenges; have been impacted or have a history of trauma; are involved in the juvenile justice, mental health, education or child welfare system. Supports are offered at home, in school, and in the community for optimal recovery. Parents/caregivers are partnered with a peer who has successfully navigated multiple child-serving systems.
East Central IL Refugee Mutual Assistance Center ("Refugee Center")	Family Support & Strengthening	Thriving Children, Youth, and Families	\$62,000	Supports and strengthens refugee and immigrant families transitioning and adjusting to American culture and expectations in Champaign County. Staff speaks over ten languages in house, with other languages available through qualified translators... offers a connection to area resources that is culturally and linguistically appropriate. Staff often accompanies clients on appointments as advisors and trusted advocates. The goal is to give low-income immigrants better access to quality care and services, leading to thriving families and client self-sufficiency.
Family Service of Champaign County	Counseling	Closing the Gaps in Access and Care	\$30,000	Affordable, accessible counseling services to families, couples and people of all ages. Serves Drug Court clients and participates in Specialty Courts collaboration. Clients are given tools and supports to successfully deal with life challenges such as divorce, marital and parent/child conflict, depression, anger management, anxiety, abuse, substance abuse/dependency and trauma. Strength-based, client-driven services utilize family and other natural support systems and are respectful of the client's values, beliefs, traditions, customs, and personal preferences. Clients can be as young as 5.
Family Service of Champaign County	Self-Help Center	Closing the Gaps in Access and Care	\$28,430	Self-Help Center maintains and publishes information about and referral to local support groups. Provides information about local self-help groups and provides training, assistance, and publicity for group facilitators in Champaign County. Information is available online and in printed directory and specialized support group listings. Provides consultation services, workshops, conferences, educational packets and maintains a lending library of resource materials.

Family Service of Champaign County	Senior Counseling & Advocacy	Closing the Gaps in Access and Care	\$178,386	Caseworkers assist with needs and challenges faced by seniors (60 or older) with multiple needs in terms of their emotional and/or physical health, as well as their requesting assistance in completing numerous applications and contacts with various safety net programs and service providers. Services are provided over the phone, Zoom meetings, in the home or in the community.
First Followers	Peer Mentoring for Re-Entry	Safety and Crisis Stabilization	\$95,000	Formerly incarcerated individuals serve as peer mentors of the program as well as providing the direct support to clients. Provides counseling and social/emotional supports, workforce development programs, housing, assistance in accessing photo IDs and transportation, and more.
First Followers	FirstSteps Reentry House	Safety and Crisis Stabilization	\$39,500	A transition house for men returning home to Champaign County after incarceration. Rent-free housing in a five bedroom house donated for use by the Housing Authority of Champaign County, for up to four men at a time. Provide furniture, appliances, computers, kitchen equipment, exercise equipment, some basic clothing items, food until the person has the means to pay for their own either through employment or Link Card. Staff assist residents in transition, help them set up plans of action and goals, provide transportation to potential employment or service opportunities, and facilitate their integration into the community. Projected length of engagement is 3-12 months.
GROW in Illinois	Peer Support	Innovative Practices and Access to Behavioral Health	\$129,583	A peer support group assisting with personal recovery and mental health of individual sufferers which may include addictions. Through leadership and community building, individuals attending weekly group meetings are given the tools and support to help them in their recovery and personal growth. Weekly group meetings / Organizer and Recorder meetings, Leaders meetings, and a monthly socials. Groups (3 to 15 members) include in-person as well as virtual sessions for men and for women, and are held in various locations around the County, including the Champaign County Jail.
Immigrant Services of CU	Immigrant Mental Health Program-NEW	Closing the Gaps in Access and Care	\$90,000	Provides tele-mental health counseling, individual in-person counseling, small group therapy, forensic MH evaluations for asylum seekers, Living Room for walk-in consultations with social work team, eligibility assessment, selection of culturally appropriate providers, support to counseling (transportation and phone reminders), and help identifying other appropriate resources. Individuals engage in 5-6 sessions, followed by consultation on further steps. Core staff are supported by an internship program with UIUC School of Social Work (part time) and ISCU VISTA Family Assistance Coordinator (full time) Both of these staff members are bilingual and native Spanish speakers
Promise Healthcare	PHC Wellness	Closing the Gaps in Access and Care	\$107,078	Case Managers and Community Health Workers provide assistance to patients to address barriers to care, access to transportation, Medicaid and Marketplace insurance enrollment, Promise Sliding Fee Scale enrollment, SNAP enrollment, and enrollment in Medication Assistance Programs. The project will also establish a process for incoming referrals for behavioral health services and enabling services. Staff will assess patient need for enabling services and assist individuals in accessing behavioral health services.
Promise Healthcare	Mental Health Services	Closing the Gaps in Access and Care	\$330,000	On-site mental health services to achieve the integration of medical and behavioral health care as supported by both the National Council for Community Behavioral Healthcare and the National Association of Community Health Centers. Mental health and medical providers collaborate, make referrals, and even walk a patient down the hall to meet with a therapist. Patients receive MH treatment through counselor, psychiatrist or primary care provider. Counseling and psychiatry are available to patients at Frances Nelson, Promise Healthcare, Promise Urbana School Health Center, and by appointment with Dr. Chopra.
Rape Advocacy, Counseling & Education Services	Sexual Trauma Therapy Services-NEW	Healing from Interpersonal Violence	\$140,000	Improves the health and success of survivors by providing confidential trauma therapy and crisis intervention services to survivors of sexual violence and stalking. Therapy services at RACES are part of the agency's Survivor Services Program. Master's level clinicians provide trauma-informed, culturally competent therapy through multiple treatment modalities, utilizing approaches that best meet the goals and the needs identified by clients. Cognitive-behavioral therapy, EMDR, and arts-based therapy, provided by five full-time staff members based out of the agency's office in Urbana and a contractual therapist with office in Rantoul (established to increase access to therapy services for survivors in Rantoul and surrounding rural areas.)

Rape Advocacy, Counseling & Education Services	Sexual Violence Prevention Education	Healing from Interpersonal Violence	\$75,000	Services for residents of Champaign County aged three and older, at no cost. Uses a comprehensive, multi-level, evidence-informed strategy to provide age-appropriate programming to students, parents, teachers, and other community members. Special attention is given to ensuring the inclusion of historically underserved and marginalized communities, including racial and ethnic minorities, rural residents, members of the LGBTQ+ community, and individuals with disabilities. The most common locations for RACES prevention programming are K-12 schools.
Rosecrance Central Illinois	Benefits Case Management	Closing the Gaps in Access and Care	\$80,595	Benefits Case Manager assists clients with benefits enrollment, outreach and education, benefits counseling, and assistance with obtaining myriad resources available to behavioral health client. The program aims to help clients obtain the benefits necessary to receive coverage for behavioral health and medical services, as well as other public benefit programs. May also assist clients with access to housing, employment, healthy food, and other resources.
Rosecrance Central Illinois	Child & Family Services	Thriving Children, Youth, and Families	\$73,500	For Champaign County residents aged 5 to 17 (and their families) with MH disorder and a need for counseling, transportation, case management, wellness, and psychiatric services supported by a licensed nurse who provides medication education, health and wellness promotion, and care coordination; multi-disciplinary team and coordination between psychiatrist and clinician; individual, group, or family counseling sessions, using skill-building, psychoeducation, Cognitive Behavior Therapy, and Play Therapy; and transportation
Rosecrance Central Illinois	Criminal Justice PSC	Safety and Crisis Stabilization	\$320,000	Community-based behavioral health program aims to reduce reliance on institutional care, with qualified professionals meeting those involved with the criminal justice system where they are—in the Champaign County jail, at probation, or in the community. Using a person-centered, client-driven plan, the staff coordinates across systems, with and on behalf of people with justice system involvement. Case managers conduct screening, assessment, case management, and group therapy while individuals are in jail and help with the transition from incarceration to re-entry into the community.
Rosecrance Central Illinois	Crisis Co-Response (CCRT)	Safety and Crisis Stabilization	\$207,948	Responds to need for behavioral health support in Rantoul and Champaign County and aims to reduce the number of repeat calls to law enforcement for social emotional behavioral (SEB) needs by increasing available services, eliminating barriers to existing services, and increasing individual’s capacity to engage in treatment, while offering law enforcement an alternative to formal processing.
Rosecrance Central Illinois	Recovery Home	Closing the Gaps in Access and Care	\$100,000	An alcohol and drug-free environment that provides individuals a safe, supportive living environment. Individuals go through a peer support recovery program while developing independent living skills in a community setting. Staff assist clients in addressing “problems in living” and the social determinants of health. The recovery home model demonstrates efficacy in mitigating risk of relapse and decreasing psychiatric symptoms when involved in 12-Step recovery and developing social supports.
Rosecrance Central Illinois	Specialty Courts	Safety and Crisis Stabilization	\$178,000	Specialty Courts (Mental Health Court and Drug Court) coordinates across systems, with and on behalf of people with substance use disorders or mental illness who have justice system involvement. Clinicians provide Specialty Court clients behavioral health assessments, individualized treatment plans, group, and individual counseling services. Case manager provides intensive case management to help clients overcome barriers and connect to mental health treatment and resources such as food, clothing, medical and dental services, employment, housing, education, transportation, and childcare.
Terrapin Station Sober Living	Recovery Home	Closing the Gaps in Access and Care	\$79,677	Provides equitable housing for dual diagnosis persons in recovery from drug addiction, homelessness, and the justice system, in a manor that is forward-thinking and original. Intensive individualized case management; support for activities of daily living and relapse prevention skills; access to vocational/educational programs; assistance linking to medical, psychiatric, counseling, and dental services in the community; education on money management/budgeting; education on accessing peer or community supports and activities such as church, AA/NA meetings, other sobriety-based/mental health support groups, recreational activities, transportation services, and provision of service work/volunteer/work opportunities

WIN Recovery	Community Support ReEntry Houses-New	Safety and Crisis Stabilization	\$110,000	Gender-responsive, trauma-informed, health-promoting services for women and gender minorities, as an alternative to incarceration upon reentry. Service navigation and assistance to meet individualized self-identified needs that may include housing, case management, support plan with self-identified goals and assessments of progress, physical/mental/emotional health care services, substance misuse/trauma recovery, education, employment, legal assistance, leadership training, peer-facilitated support groups, civic participation/community outreach, family therapy/reunification, compliance with parole/probation/DCFS/other, and recovery-based programming. All residents are provided curriculum books for trauma, parenting, and recovery classes.
The UP Center of Champaign County	Children, Youth & Families Program	Thriving Children, Youth, and Families	\$190,056	Uniting Pride(UP) works to create a county inclusive of LGBTQ+ children, youth, adults, and families by providing programming and support across the lifespan. UP assists individuals dealing with depression, anxiety, substance use, suicidal ideation. Support groups meet in-person and/or on Zoom depending on participant preferences. UP provide trainings to organizations, agencies, schools to build inclusive communities accepting of LGBTQ+ members. UP has launched a food pantry, increased free gender-affirming clothing program, and greatly expanded online resources.
			<b>\$4,913,803</b>	<b>CCMHB Total Investment in Programs other than DD</b>

**Champaign County Mental Health Board's I/DD programs for PY2024 (7/1/23-6/30/24)**

Champaign County RPC - Head Start/Early Head Start	(part of the Mental Health Services contract described above)	Collaboration with CCDDDB (portion for DD services)	\$149,666	Seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. (\$197,569 of the total contract is for Mental Health services. the remainder is \$149.666 for I/DD.)
Developmental Services Center	Family Development	Collaboration with CCDDDB	\$656,174	Serves children birth to five years, with or at risk of developmental disabilities and their families. Responds to needs with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments.
CU Early	(part of the NEW CU Early contract described above)	Collaboration with CCDDDB (portion for DD services)	\$4,043	Supports a bilingual home visitor within home visiting program that serves at-risk children birth-to-3 and their families, focus on pregnant and parenting teens, at-risk families, and linguistically isolated families. Supports at-risk families of infants and toddlers in their efforts as their child's first teacher, to build a strong foundation for learning within enrolled families, and to assist parents in preparing their children for success in kindergarten and beyond. Program uses the Baby TALK model and curriculum and is Baby TALK Quality Certified. Seeks to ensure families receive adequate prenatal and well-baby health care, complete their education, and have the resources and skills to foster the optimal development of their child. (\$73,141 of the total contract relates to I/DD. the remainder is \$4,043 for I/DD.)
			<b>\$809,883</b>	<b>Total CCMHB Investment in Agency I/DD Supports and Services</b>

**Champaign County Developmental Disabilities Board programs for PY2024 (7/1/23-6/30/24)**

Agency	Program	Focus	\$ Amount	Summary
CU Autism Network	Community Outreach	Self-Advocacy	\$79,132	Community resource information, education, and support through meetings emails, listserv, Facebook, and other networking outlets. Free, sensory friendly, family activities/pop-up play dates for people on the spectrum (skating, swimming, bowling etc.); Regular Lights Up Sounds Down Sensory Friendly Movies; Autism Aware Program; Community Outreach; Education Program; Beautification Community Program; Annual Walk and Resource Fair; Sensory Friendly Holiday events; Tailgate; and Parades.

CU Autism Network	CUAN Planning Seed Grant - NEW	Self-Advocacy	\$65,217	Resources to investigate, develop, and create a comprehensive action plan to create and operate a Regional Autism Support Network. CUAN will begin by engaging the community to understand its needs in a regional center's offerings. This step comprises a series of community presentations, interviews, and surveys to ensure we offer exactly what our community needs. CUAN will initiate an external discovery to identify and model other community centers who operate autism support centers. CUAN will investigate collaborations, discuss with facility subject matter experts, collect quotes and service proposals, and create a due diligent and comprehensive budget to understand the necessary resources for plan execution. CUAN will engage with our community once again to present our findings, our planned offerings, and the proposed costs. The proposed plan will be opened to feedback and community recommendations via surveys and open-forum presentations. The final product of this proposal will be a fully investigated and vetted plan of action to deliver to our community the best possible Regional Autism Support Center CUAN and our collaborators can create.
Champaign County Regional Planning Commission-Community Services	Decision Support PCP	Linkage and Coordination	\$433,777	Conflict-free case management and person-centered planning, transition from high school to adult life, identification of desired supports (for future system planning), and case management services for dually diagnosed adults. Extensive outreach, preference assessment, and person centered planning services for Champaign County residents with I/DD who do not yet have Medicaid-waiver funding. Consultation and transition planning for people with I/DD nearing graduation from secondary education. Conflict free person centered planning and case management services, using DHS' Discovery and Personal Plan tools currently utilized by ISC agencies throughout Illinois for those who do have Medicaid waiver funding. Case management services for adults with I/DD and a mental health diagnosis.
Community Choices, Inc.	Customized Employment	Work Life	\$226,500	Customized employment focuses on individualizing relationships between employees and employers resulting in mutually beneficial relationships. Discovery identifies strengths, needs and desires of people seeking employment. Job Matching identifies employers and learns about needs and meeting those needs through customized employment. Short-term Support develops accommodations, support, and provides limited job coaching. Long-term Support provides support to maintain and expand employment. Supported Experiences for First Time Job Seekers provides classroom and intensive job-shadowing at two local businesses in structured 12-week program for first-time job seekers and others seeking additional experiences.
Community Choices, Inc.	Inclusive Community Support (formerly Comm. Living)	Home Life	\$198,000	Housing, skills, connections, resource coordination, benefits and budget management, health, daily life coordination, and comprehensive HBS administration. Services chosen after in-depth planning process, in 1 of 3 tracks. Family-Driven Support: planning process for self-directed community living. Sustained Community Supports (ala carte): choice of specific services and supports in any domain, short or long term. HBS Basic Self-Direction Assistance (SDA): Individuals with state-funded HBS may choose an SDA to aid in the basic management of their personal support workers. (Paid for through Waiver Funding). Program Design: Support will be provided by a team and up to 5 times per week. Optional Personal Development Classes available to participants and other Members.
Community Choices, Inc.	Self Determination Support	Community Life	\$176,500	Family Support & Education: educating families on the service system, helping them support each other, and advocating for improved services through public quarterly meetings and individual family consultation. Leadership & Self-Advocacy: 1 leadership class and Human Rights & Advocacy Group. Community Building: Structured Opportunities for adults with I/DD to explore their communities; Urban Explorers community opportunities with support from CC staff; Organic Opportunities - member led connections; Social Coaching; and Clubs, Personal, and Community Connections.
Community Choices, Inc.	Staff Recruitment and Retention - NEW	Strengthening the I/DD Workforce	\$34,000	Allows for: New Hire Bonuses to attract and hire well qualified staff in a timely manner; \$500 bonus to all new employees who successfully complete their training and 90 day probationary period; Retention Bonuses to retain high performing employees; current staff are eligible for a quarterly bonus of \$500 for maintaining their good-standing, active employment, including ongoing professional development applicable to each position.

Community Choices, Inc.	Transportation Support - NEW	Personal Life	\$119,500	Addresses barriers that many people with I/DD have in accessing and being engaged in the community. Transportation Coordination and Training: A dedicated staff person will be hired to manage, schedule, and train participants on the use of our transportation options as well as existing options (MTD, Uber, Lyft, etc) and the additional tools, technologies, and apps that can make those options safer and more accessible. Personalized Driver Services: CC drivers will be available from 8am-8pm on weekdays to provide scheduled rides to members according to their needs and preferences. Cost-free rides will be door to door with personalized reminders/arrival confirmations. Group rides will also be available for CC structured events.
Developmental Services Center	Clinical Services	Personal Life	\$241,000	Mental health and behavioral expertise to support people with I/DD. Counseling assessment and planning; individual, family, and group counseling; crisis response/intervention, short-term, long-term counseling. Initial/annual psychiatric assessment, quarterly medication review, and individual planning consultation. Psychological assessment, including new prospective participants (eligibility determination) and for changes in level of functioning. DSC seeks clinicians and options beyond the consultants enlisted to support people seeking/receiving services. State funding is maximized prior to the use of county funding. Staff Support Specialist provides staff training and dedicated resources to improve behavioral support and enhance
Developmental Services Center	Community Employment	Work Life	\$459,606	Assists people to find and maintain jobs. Discovery process: employment plan development; interviews with the person and others; daily observation; exploration of job interests; encourage/support volunteer opportunities; discussions of pre-employment habits. Resume or portfolio development: interview preparation and support; contact with potential employers; soft skills education and practice. Application process/follow-up: traditional and non-traditional approaches to interviewing/hiring. Job orientation, skill acquisition including transportation, mastery of specific job responsibilities, potential accommodations, adaptive tools, development of natural supports, foster relationship with supervisor and coworkers. Job coaching: advocacy, development of self-advocacy skills, identification of potential new responsibilities or promotions, monitoring work environment for potential risks to job security; identifying and facilitating natural supports. Supported Employment: establish volunteer/work options for all people; support to increase time management skills, communication, and work preparedness; support niches for a small group of people within local businesses. New for PY24, Employment Plus addresses work/social life balance. Planned get-togethers will function as a peer support forum for participants. Topics and activities will be driven by attendees.
Developmental Services Center	Community First	Community Life	\$890,042	Community connection through participation in self-advocacy, recreational activities, social events, educational groups, volunteering, and other areas of interest to enhance personal fulfillment. Personalized support based on individual interests with choice identified through the personal plan, self-report, and surveys completed prior to the rotation of group offerings. Supports people with a wide range of interests, abilities, and needs, with people choosing from a diverse menu of activities, over 30 options.
Developmental Services Center	Community Living	Home Life	\$565,480	Supports people to live their best life enjoying independence, community engagement, and self-sufficiency. Staff provide individualized training, support, and advocacy and assist people with independent living skills, health and wellness, community access, various financial supports, and technology. Emergency Response is available after hours and on the weekends.
Developmental Services Center	Connections	Community Life	\$106,400	Community-based alternative encouraging personal exploration and participation in the arts/artistic expression, promoting life enrichment and alternative employment. Introduces and supports people to experience a creative outlet, promote self-expression, and profit from products they create/produce. Encourages people to be creative and offers a welcoming venue for a variety of events. Groups and classes vary and are based on the interests and requests of program participants. Program hosts on-site events to promote collaboration and a venue for like-minded community artists.

Developmental Services Center w/ Community Choices	Employment First	Work Life	\$90,100	Promotes a change in culture surrounding people with disabilities and their role and contribution to Champaign County as members of the workforce. Outreach and incentive for the business community promoting inclusion and prioritizing employment for people with disabilities. The Champaign County Directory of Disability-Inclusive Employers is a means of identifying employers who wish to hire qualified people with I/DD, a resource for those seeking employment, and a learning platform. Advocacy and ongoing dialogue with Division of Rehabilitation Services, Rotaries, Chambers of Commerce, and more.
Developmental Services Center	Service Coordination	Linkage and Coordination	\$496,080	Works with ISC to develop Personal Plans and Implementation Strategies for county-funded and waiver participants. Supports people to be as active as possible in the development of their plan and to speak up for what they want. Offers intake screening; advocacy; assessments; medical support; crisis intervention; 24-hour on-call emergency support; referral and collaboration with other providers; linkage to services; apply for and maintain enrollment in SSDI and SSI and "Extra Help"; coordinate and assist with Medicare eligibility and enrollment; Representative Payee support; access tax professionals for filing federal and state taxes; legal support; and housing support.
Developmental Services Center	Workforce Development and Retention	Strengthening the I/DD Workforce	\$227,500	Strengthens and stabilizes the workforce through training, support, and recognition/reward. Program utilizes trainings, resources, and tools for staff through NADSP membership. New employees will be provided hiring bonus after completing required agency training. Retention/incentive bonuses are paid to keep key employees during the workforce crisis and pandemic. Retention bonuses occur 3 times per year in recognition of staff enduring the challenges of a compromised work force and for the long-term effects of high turnover and frequent vacancies.
			<b>\$4,408,834</b>	<b>CCDDB Total Investment in Supports for People with I/DD</b>

### CCMHB-CCDDB I/DD Special Initiatives programs for PY2024 (7/1/23-6/30/24)

Agency	Program	Focus	\$ Amount	Summary
Developmental Services Center	Individual & Family Support	Individual Supports to Underserved People	\$250,000	Resource Coordinator supports families to have access to much needed services, as there is no age requirement to access this support. Financial support from CCDDB has afforded families to benefit from extended breaks through support such as traditional respite, CUSR camps, after-school programs, and summer camps with specialized supports. Other examples have included YMCA and fitness club memberships; overnight trips to conferences; social skills training; home modifications; and therapy/sensory/accessibility equipment not funded by insurance.
PACE	Consumer Control in Personal Support	Strengthening the Workforce	\$36,000	Personal Support Worker (PSW) recruitment and orientation, focused on Independent Living Philosophy, Consumer Control, and the tasks of being a PSW. Personal Assistant (PA)/PSW Registry can be sorted by; location, time of day, services needed, and other information which allows consumers to get the PSW that best matches their needs. Service is designed to ensure maximum potential in matching person with I/DD and PSW to work long-term towards achieving their respective goals.
			<b>\$286,000</b>	<b>CCDDB Total Investment in Supports for People with I/DD</b>

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

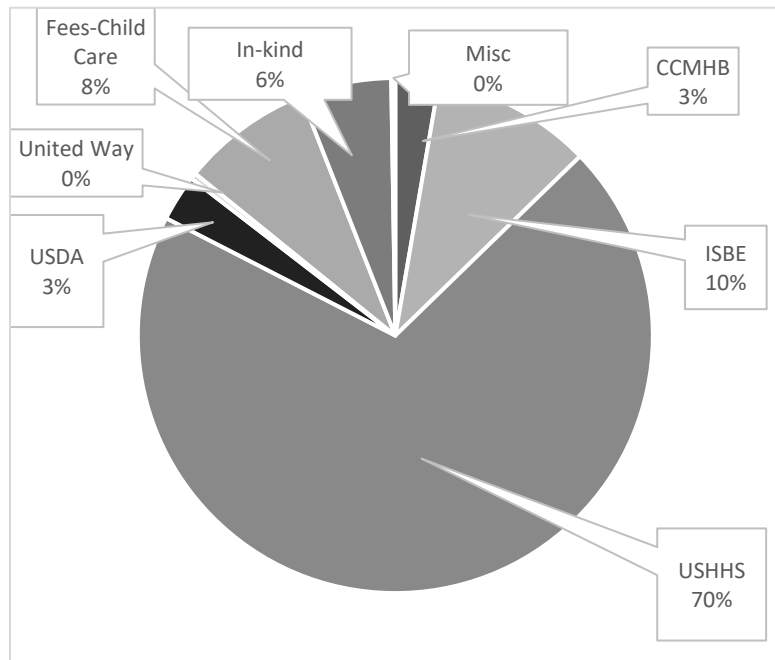
Alliance for Inclusion and Respect	Community Events	Anti-Stigma, MI/SUD/ID/D	CCMHB, some CCDDB	Community events, including: sponsorship, screenings, and discussions of anti-stigma film, related activities (CCMHB only); coordination, promotion, and marketing of artists/entrepreneurs with disabilities, such as International Galleries year-round booth and indoor Market at the Square table; social media campaigns. Costs vary with opportunities for events and are offset by member contributions and in-kind.
Cultural and Linguistic Competence Coordination	Trainings and Consultations	for funded programs and board/staff	CCDDB/CCMHB	Support to organizations serving or supporting people, in the areas of: Cultural and Linguistic Competence and the Enhanced National CLAS (Culturally and Linguistically Appropriate Services Standards); Working with Culturally Diverse Populations; Positive Youth Development; Asset Building for Youth; Ethical Communication; Building Evaluation Tools; System of Care Development; Addressing Mental Health Disparities; Systemic Racism; Community Engagement.

<b>UIUC Family Resource Center</b>	Community Learning Lab, Community Data Clinic, WeCU	Community and CCMHB/CCDDDB	CCDDDB/CCMHB	CCDDDB/CCMHB \$127,511	First full year of a second research project to improve the system of collection, reporting, and analysis of program performance measures across the diverse set of service provider agency programs. Works closely with 4-6 programs each year, plus follow up to all previous pilot programs. All funded programs are encouraged to use the consultation bank, repository of outcomes systems, and related trainings and presentations. Also assists CCDDDB/CCMHB staff with enhancements of funding application materials and reporting requirements.
<b>Student Projects</b>	Community Learning Lab, Community Data Clinic, WeCU	Community and CCMHB/CCDDDB	CCDDDB/CCMHB	CCDDDB/CCMHB	CCMHB/CCDDDB staff work with student groups on projects of interest to the boards and community, to strengthen the systems of care for people with MI, SUD, or I/DD. Student groups have helped improve online resource information, reported on literature review of barriers to adequate social services workforce, explored best practices for outreach to rural residents, improved presentation of aggregate data from funded programs, designed marketing plans for entrepreneurs with disabilities, and more.
<b>Monthly Workshops</b>	Trainings, Presentations, Discussions	Open to community programs and community	CCDDDB/CCMHB	CCDDDB/CCMHB	Typically 2-3 hours and held on the last Thursday of each month. Sessions are free of charge, offer CEUs for various (QIDPs, LCSWs, and others as appropriate), and are on topics of interest to case managers, family members, social workers, and other stakeholders. Many topics are as requested. A goal is to develop topics for direct support professionals and find best time/location to offer sessions to this important group.
<b>Mental Health First Aid Trainings</b>	Adult, Youth, Teen, and Public Safety modules	Open to community, limited series	CCDDDB/CCMHB (this and the following category have total budget of \$12,000)	CCDDDB/CCMHB	Mental Health First Aid is a course designed to identify and understand signs and symptoms to provide the initial support for a person who is experiencing mental health challenges and/or challenges with substance use disorders. Mental Health First Aid for Adults and Adults Assisting Youth has a virtual option, as well as blended learning for both an in-person and self-paced course. NEW Teen Mental Health First Aid: this in-person training will teach high school students about common mental health challenges and what they can do to support their own mental health and help a friend who is struggling. It is equipping young people with the knowledge and skills they need to foster their own wellness and to support each other. The in-person course normally costs about \$45.00 per person, and the virtual option about \$30.00. The Boards offer a minimum of 6 classes per year, at low or no cost to the trainees.
<b>211/PATH (with United Way)</b>	211	Information and Referral	CCDDDB/CCMHB	CCDDDB/CCMHB \$22,500	Staffed 24/7 to refer callers to the most appropriate source of assistance. Employs a database comprised of services which include health and human services, governmental agencies, non-for-profit organizations, and much more. The provider is also taking on 988 duties, for managing mental health crisis calls. (In 2024, the State of Illinois will cover half of the cost.)
<b>disAbility Resource Expo</b>	Annual Expo Event	Anti-Stigma, MI/SUD/I/DD	CCDDDB/CCMHB	CCDDDB/CCMHB \$60,000	A well-known, family-friendly event with information and resources from over 100 organizations, to promote a better quality of life for people with disabilities. Resource book available year round, hard copy and reflected in a comprehensive searchable online directory. Costs are offset by significant contributions from sponsors and exhibitors as well as in-kind contributions.



### CC Head Start/Early Head Start (MH and DD programs combined)

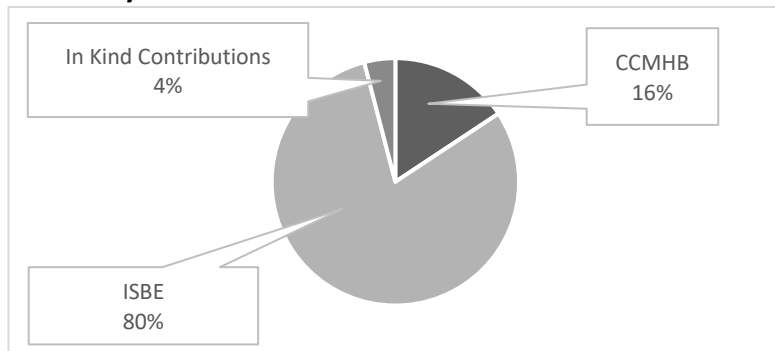
Revenue Source	Amount
CCMHB	\$326,369
ISBE	\$1,205,192
USHHS	\$8,389,448
USDA	\$350,000
United Way	\$46,800
Fees-Child Care	\$985,850
In-kind	\$686,261
Misc	\$30,560
<b>Total Agency</b>	<b>\$12,020,480</b>



MHB is the only program revenue.  
 Chart shows total agency revenue.

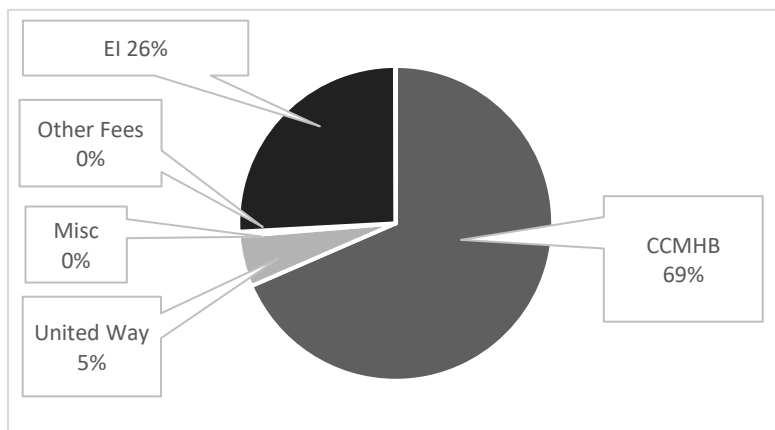
### CU Early (MH services, some DD services)

Revenue Source	Amount
CCMHB	\$77,184
ISBE	\$394,659
In Kind Contributions	\$19,950
<b>Total Program</b>	<b>\$491,793</b>



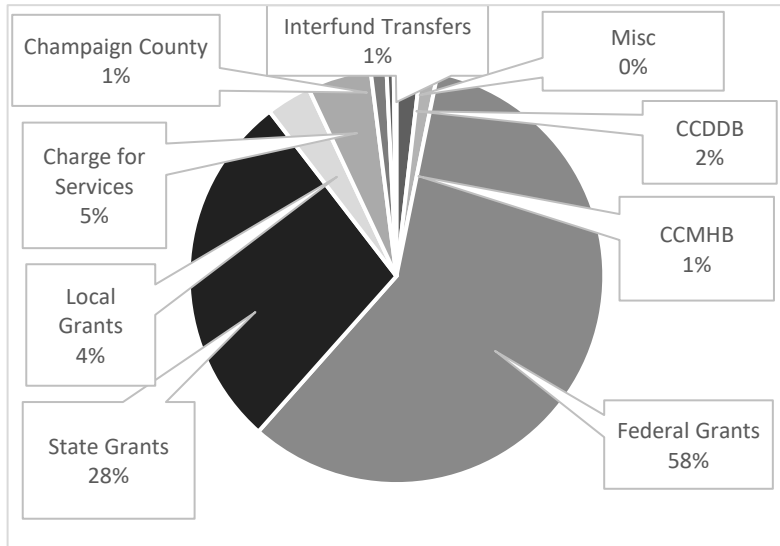
### DSC Family Development

Revenue Source	Amount
CCMHB	\$656,174
United Way	\$50,000
Misc	\$4,340
EI	\$247,240
Other Fees	\$449
<b>Total Program</b>	<b>\$958,203</b>



### CCRPC - Decision Support PCP

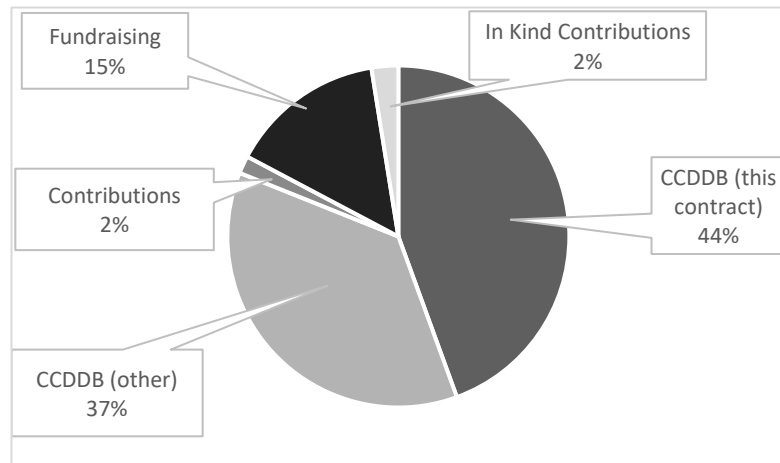
Revenue Source	Amount
CCDDDB	\$433,777
Champaign County	\$320,000
Federal Grants	\$13,766,512
State Grants	\$6,604,122
Local Grants	\$819,327
Charge for Services	\$1,176,288
Interfund Transfers	\$288,300
CCMHB	\$130,631
Misc	\$49,359
<b>Total AGENCY</b>	<b>\$23,588,316</b>



DDB is the only revenue for the program.

### CUAN - Community Outreach Program

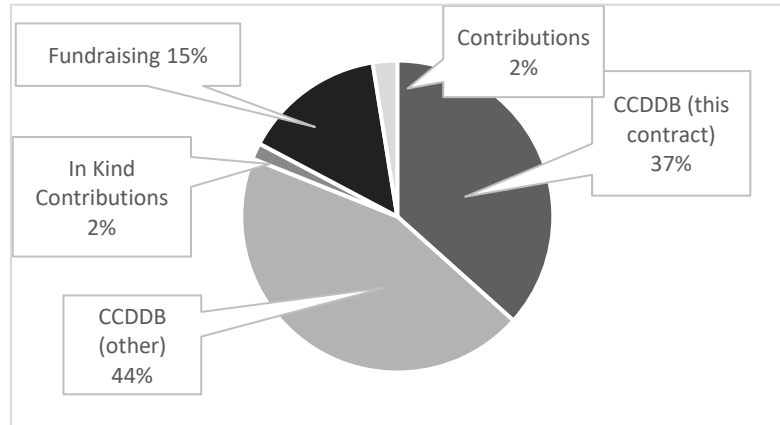
Revenue Source	Amount
CCDDDB (this contract)	\$79,132
CCDDDB (other)	\$65,217
Contributions	\$2,989
Fundraising	\$26,229
In Kind Contributions	\$4,500
<b>Total AGENCY</b>	<b>\$178,067</b>



DDB is the only revenue for the program.

### CUAN - Planning Seed Grant

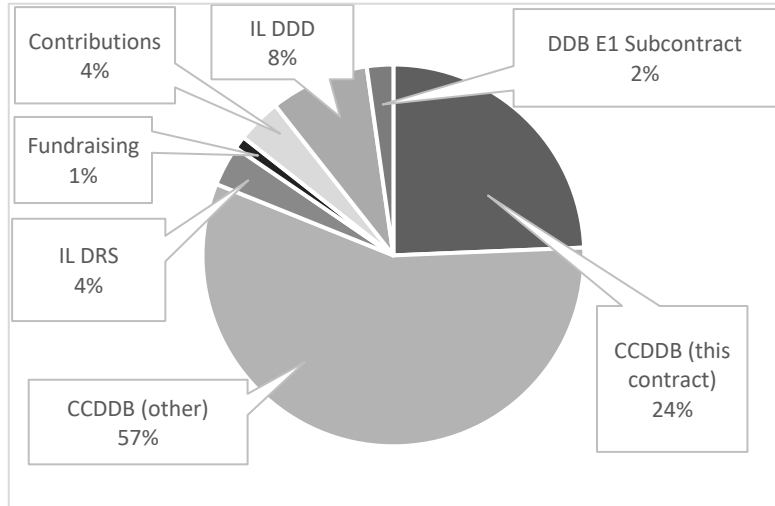
Revenue Source	Amount
CCDDDB (this contract)	\$65,217
CCDDDB (other)	\$79,132
Contributions	\$2,989
Fundraising	\$26,229
In Kind Contributions	\$4,500
<b>Total AGENCY</b>	<b>\$178,067</b>



DDB is the only revenue for the program.

### Community Choices - Customized Employment

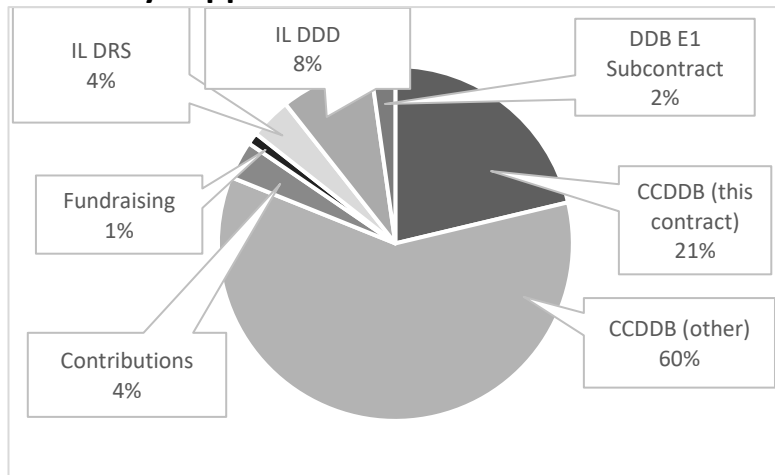
Revenue Source	Amount
CCDDDB (this contract)	\$226,500
CCDDDB (other)	\$528,000
Contributions	\$32,000
Fundraising	\$10,000
IL DRS	\$35,000
IL DDD	\$78,000
DDB E1 Subcontract	\$20,860
<b>Total AGENCY</b>	<b>\$930,360</b>



DDB is the only revenue for the program.

### Community Choices - Inclusive Community Support

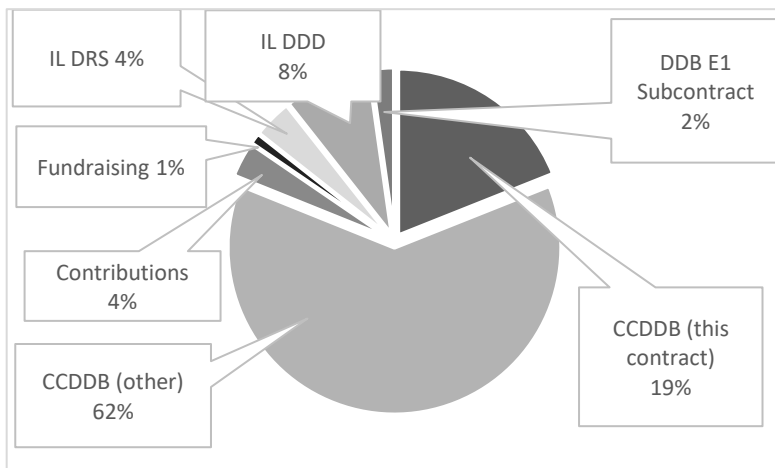
Revenue Source	Amount
CCDDDB (this contract)	\$198,000
CCDDDB (other)	\$556,500
Contributions	\$32,000
Fundraising	\$10,000
IL DRS	\$35,000
IL DDD	\$78,000
DDB E1 Subcontract	\$20,860
<b>Total AGENCY</b>	<b>\$930,360</b>



DDB is the only revenue for the program.

### Community Choices - Self Determination Support

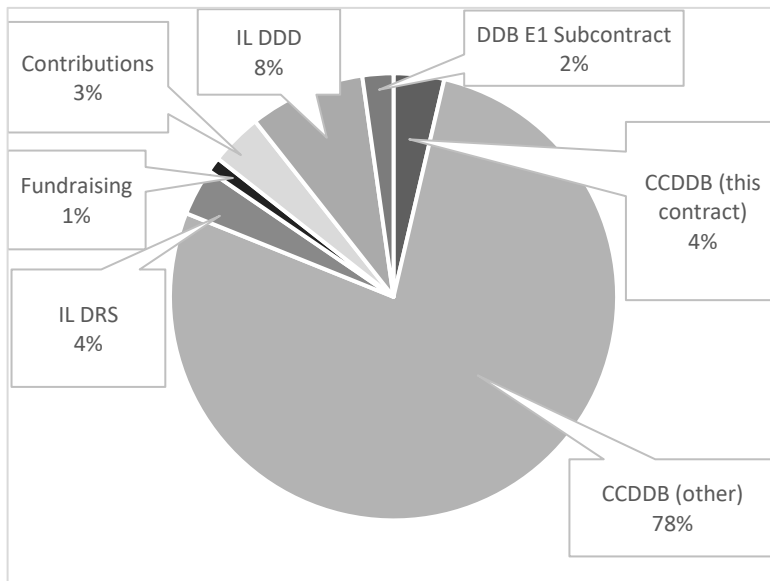
Revenue Source	Amount
CCDDDB (this contract)	\$176,500
CCDDDB (other)	\$578,000
Contributions	\$32,000
Fundraising	\$10,000
IL DRS	\$35,000
IL DDD	\$78,000
DDB E1 Subcontract	\$20,860
<b>Total AGENCY</b>	<b>\$930,360</b>



DDB is the only revenue for the program.

### Community Choices - Staff Recruitment and Retention

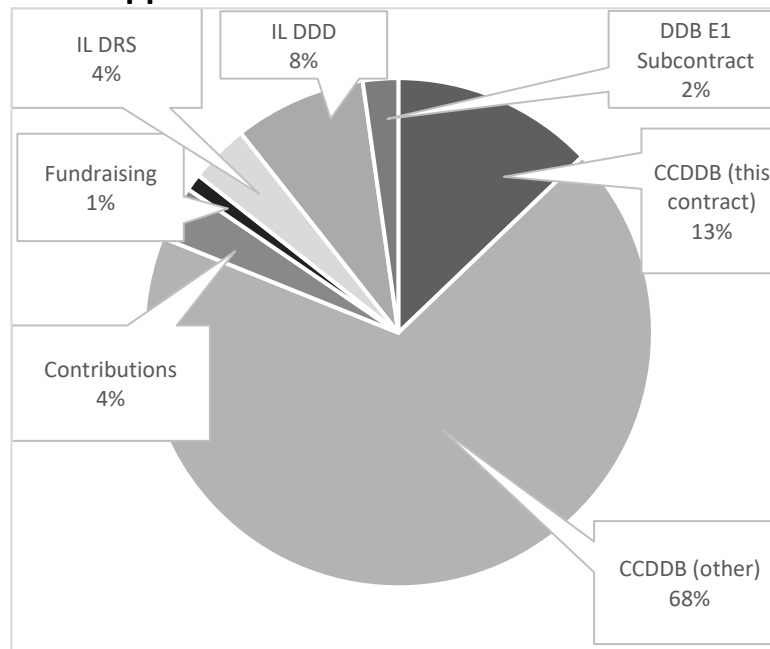
Revenue Source	Amount
CCDDB (this contract)	\$34,000
CCDDB (other)	\$720,500
Contributions	\$32,000
Fundraising	\$10,000
IL DRS	\$35,000
IL DDD	\$78,000
DDB E1 Subcontract	\$20,860
<b>Total AGENCY</b>	<b>\$930,360</b>



DDB is the only revenue for the program.

### Community Choices - Transportation Support

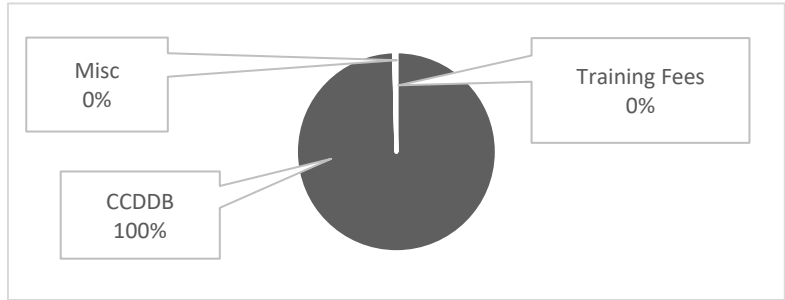
Revenue Source	Amount
CCDDB (this contract)	\$119,500
CCDDB (other)	\$635,000
Contributions	\$32,000
Fundraising	\$10,000
IL DRS	\$35,000
IL DDD	\$78,000
DDB E1 Subcontract	\$20,860
<b>Total AGENCY</b>	<b>\$930,360</b>



DDB is the only revenue for the program.

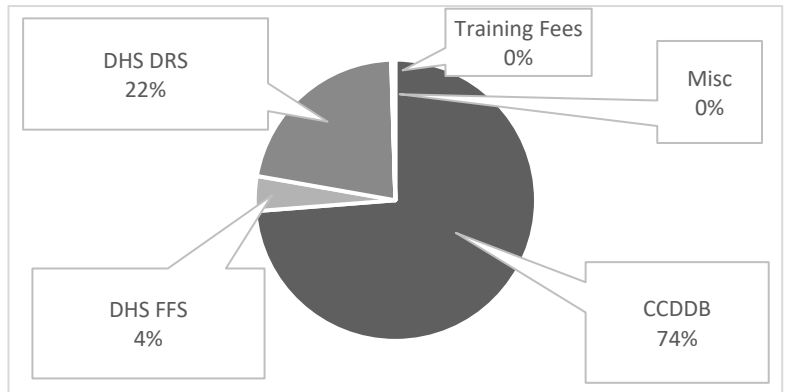
### DSC Clinical Services

Revenue Source	Amount
CCDDB	\$241,000
Training Fees	\$84
Misc	\$815
<b>Total Program</b>	<b>\$241,899</b>



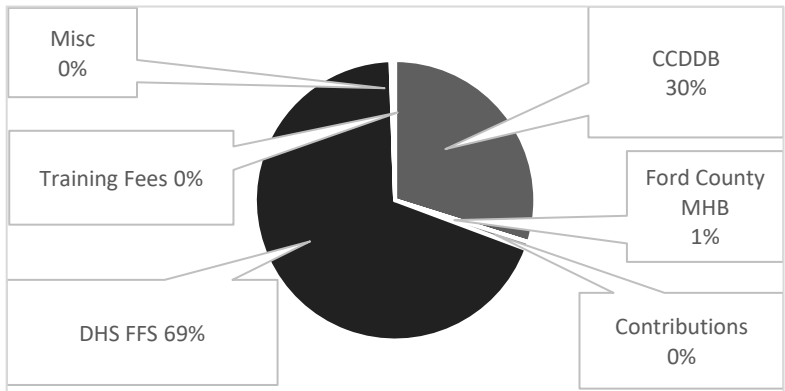
### DSC Community Employment

Revenue Source	Amount
CCDDB	\$459,606
DHS FFS	\$25,000
DHS DRS	\$135,500
Training Fees	\$283
Misc	\$2,735
<b>Total Program</b>	<b>\$623,124</b>



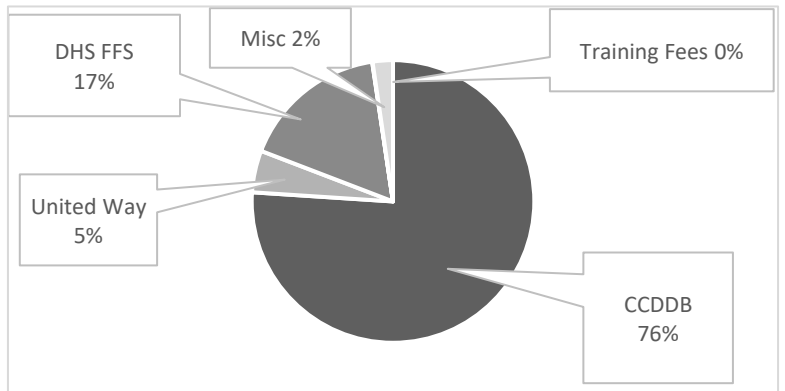
### DSC Community First

Revenue Source	Amount
CCDDB	\$890,042
Contributions	\$200
Ford County MHB	\$24,960
DHS FFS	\$2,051,694
Training Fees	\$1,413
Misc	\$14,237
<b>Total Program</b>	<b>\$2,982,546</b>



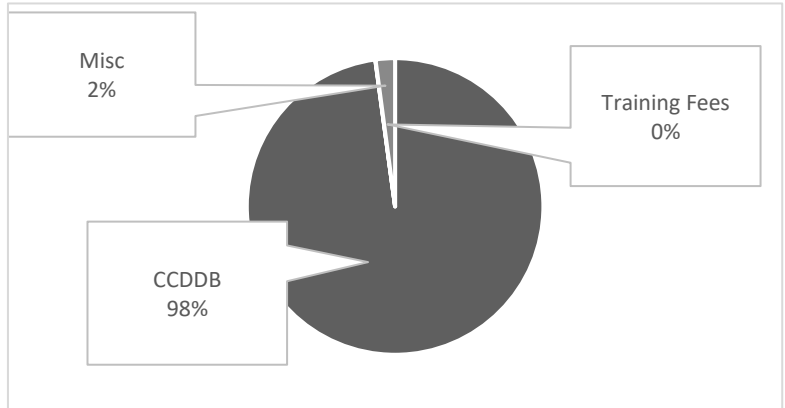
### DSC Community Living

Revenue Source	Amount
CCDDB	\$565,480
United Way	\$35,625
DHS FFS	\$125,000
Training Fees	\$335
Misc	\$17,244
<b>Total Program</b>	<b>\$743,684</b>



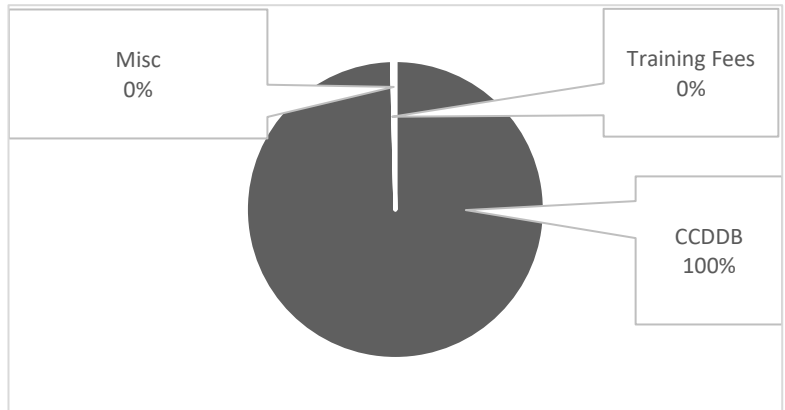
### DSC Connections

Revenue Source	Amount
CCDDB	\$106,400
Training Fees	\$31
Misc	\$2,296
<b>Total Program</b>	<b>\$108,727</b>



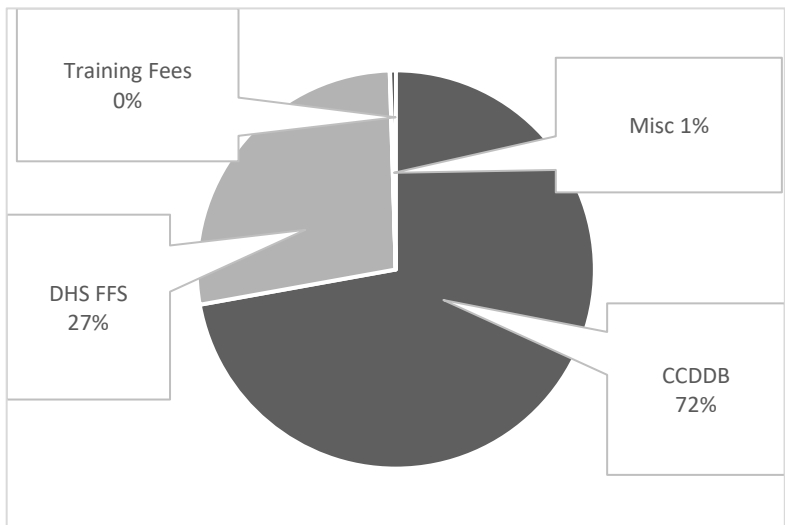
### DSC Employment First

Revenue Source	Amount
CCDDB	\$90,100
Training Fees	\$31
Misc	\$297
<b>Total Program</b>	<b>\$90,428</b>



### DSC Service Coordination

Revenue Source	Amount
CCDDB	\$496,080
DHS FFS	\$188,000
Training Fees	\$311
Misc	\$3,004
<b>Total Program</b>	<b>\$687,395</b>

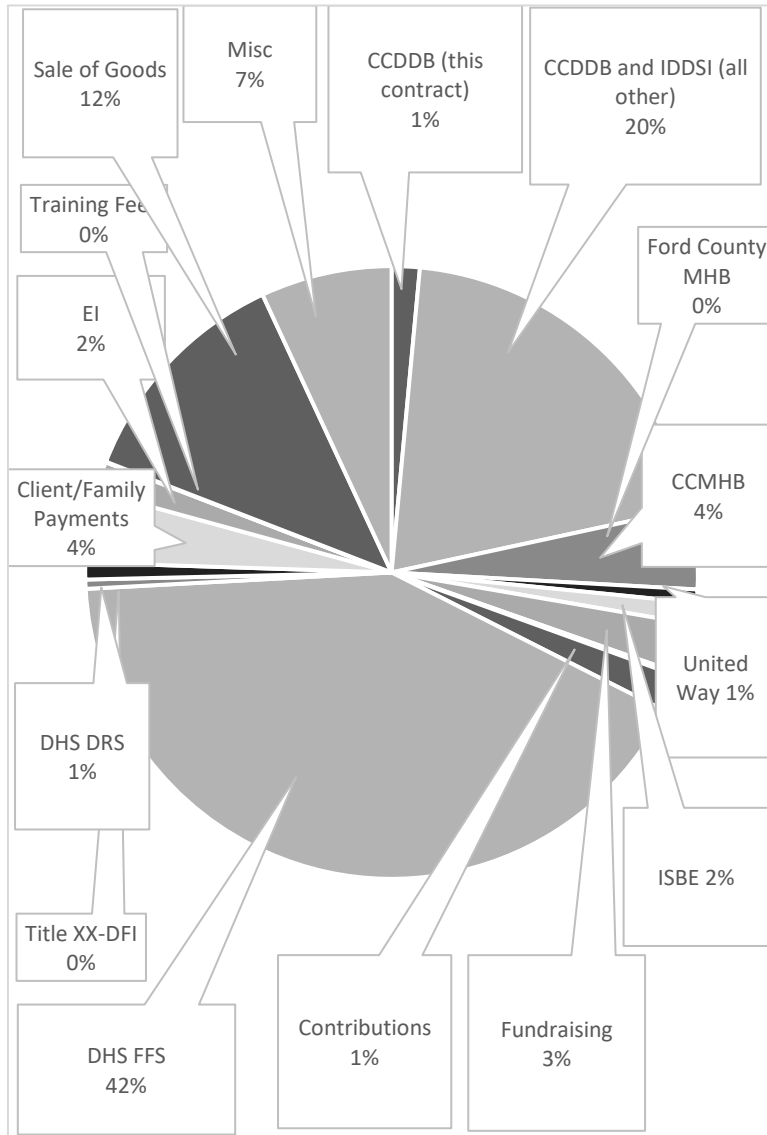


# DSC Workforce Development and Retention

Revenue Source      Amount

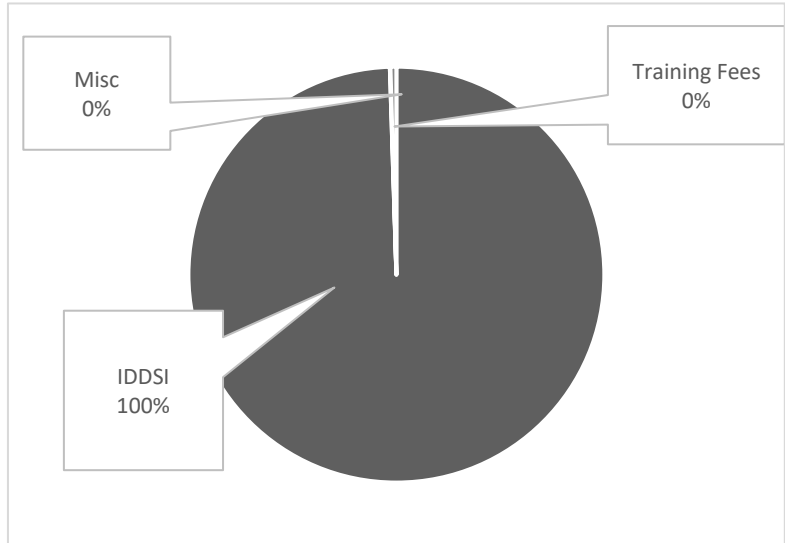
CCDDB (this contract)	\$227,500
CCDDB and IDDSI (all CCMHB)	\$3,098,708
United Way	\$107,000
Contributions	\$173,200
Fundraising	\$410,000
Ford County MHB	\$24,960
ISBE	\$295,700
DHS FFS	\$6,413,015
Title XX-DFI	\$74,687
DHS DRS	\$135,500
Client/Family Paymer	\$574,910
EI	\$247,240
Training Fees	\$5,000
Sale of Goods	\$1,875,000
Misc	\$1,064,980
<b>Total AGENCY</b>	<b>\$15,383,574</b>

*DDB is the sole funder of this program.  
This chart shows total agency revenue.*



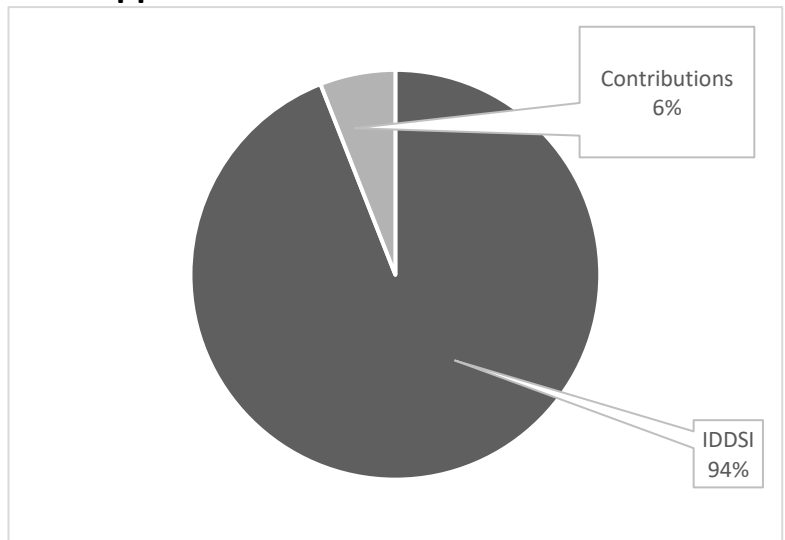
### DSC Individual and Family Support

Revenue Source	Amount
IDDSI	\$250,000
Training Fees	\$118
Misc	\$1,145
<b>Total Program</b>	<b>\$251,263</b>



### PACE - Consumer Control in Personal Support

Revenue Source	Amount
IDDSI	\$36,000
Contributions	\$2,280
<b>Total Program</b>	<b>\$38,280</b>







## DECISION MEMORANDUM

**DATE:** September 20, 2023  
**TO:** Members, Champaign County Developmental Disabilities Board (CCDDDB)  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** 2024 Champaign County Developmental Disabilities Board Fund Budget

### Overview:

This memorandum presents revised draft budgets for the Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDDB) for County Fiscal Year 2024 (January 1 - December 31, 2024). Board approval is requested for the CCDDDB budget. I/DD Special Initiatives Fund and CCMHB Fund budgets are for information only, to clarify how CCDDDB administrative costs are determined.

These drafts form the basis for staff planning and have been revised with revenue and cost information from the County Executive and Deputy Director of Finance. Initial drafts were submitted to the County's online systems and reviewed during the Champaign County Board's August budget hearing. Final budgets will be presented during their appropriations process in November. Because the CCDDDB and CCMHB each have authority over the development, setting, and implementation of their budgets, subsequent approvals will be requested prior to submission to the County Board.

Attached are revised 2024 CCMHB, CCDDDB, and I/DD Special Initiative Fund Budget documents, with background details including updated comparisons of proposed 2024, projected 2023, and actual revenues and expenditures for fiscal years 2014 through 2022. Also attached are the documents prepared for County Budget hearings and publication on their website with all other budgets. An Intergovernmental Agreement (not attached) between the CCMHB and CCDDDB defines cost sharing, and the I/DD Special Initiatives Fund Budget is under joint authority of the Boards.

### Highlights of Initial Budgets:

- Projected 2024 property tax revenue assumes 7% growth over 2023 for the CCDDDB and CCMHB, with no adjustment for collection rate below 100%.
- Miscellaneous Revenue includes excess revenue returned by agencies in a different fiscal year than expended (CCDDDB and CCMHB budgets). This category may include refunds or honoraria, paid to the CCMHB and then split between the Boards (CCMHB budget).
- Contributions & Grants are the largest expense in each budget, for contracts with organizations providing services to the populations of focus (all three budgets).
- Neither Board will transfer an amount to the I/DD Special Initiatives Fund after 2023.
- The I/DD Special Initiatives budget is based on joint decisions by the Boards regarding allocations to providers for special projects.

- An expense category is added to the CCDDDB budget for the DDB-specific insurance.
- Some CCMHB expenses are not shared by the CCDDDB: cost of anti-stigma film sponsorship, MHB Contributions & Grants, and MHB-specific insurance.
- Many expenditure categories have changed due to the Champaign County Auditor’s Chart of Accounts, which has been adjusted a few times since the implementation of the new accounting system. New in 2023, continuing 2024: attorney fees; non-food supplies, equipment rentals, software licensing. (CCMHB budget).
- Expo consultant charges and other expenses are now included with other Professional Services, Rental, Printing, Advertising, etc. Between 2020 and 2022, these had been separated for easier tracking. Expo revenues are combined with other Gifts & Donations but are the greatest portion (CCMHB budget).
- While the State of Illinois is expected to assume this cost starting in 2023 or 2024, both Boards participate with United Way to purchase 211 services from PATH, Inc., per 2021 approvals and shared as other costs, 57.85%/42.15% (CCMHB budget).

### Revisions for Consideration:

- All changes from the previously approved budgets are italicized.
- Property tax revenue is now projected to increase by 6.25% rather than 7% and is lowered in budgets (CCDDDB and CCMHB)
- Interest income is recalculated using June 2023 YTD (CCDDDB and CCMHB)
- Back Taxes revenue is recalculated using 1/3 of 2022 actual (CCDDDB and CCMHB)
- Because the adjustments in Revenue result in total revenues lower than those in previously approved budgets, some 2023 projections and 2024 budgeted expenses are revised to compensate. Others are revised to align with the County’s Chart of Accounts. Contributions & Grants lines are lowered (DDB and MHB)
- The CCDDDB budget balances. Use of some fund balance is requested for CCMHB.
- Staff health insurance costs are increased in CCMHB budget, increasing Professional Services amount in CCDDDB budget.

### Decision Section:

Motion to approve the attached revised DRAFT 2024 CCDDDB Budget, with anticipated revenues of \$5,245,817 and expenditures of \$5,245,817.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

# Draft 2024 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$6,302,595
400103	Back Property Taxes	\$2,941
400106	Mobile Home Tax	\$4,200
400104	Payment in Lieu of Taxes	\$1,500
400476	CCDDB Revenue	\$425,371
400801	Investment Interest	\$56,268
400901	Gifts & Donations	\$3,000
400902	Expo Revenue	\$12,000
400902	Other Miscellaneous Revenue	\$30,000
	<b>TOTAL REVENUE</b>	<b>\$6,837,875</b>

LINE ITEM	BUDGETED EXPENDITURES	
500102	Appointed Official	\$110,745
500103	Regular FTE	\$389,583
500105	Temporary Salaries & Wages	\$1,000
500108	Overtime Wages	\$500
500301	Social Security/FICA	\$38,275
500302	IMRF Employer Cost	\$13,559
500304	Workers' Comp Insurance	\$2,001
500305	Unemployment Insurance	\$1,656
500306	Health/Life Insurance	\$89,064
	<b>Personnel Total</b>	<b>\$646,383</b>
501001	Stationery & Printing (Printing & Copier Suppl)	\$1,000
501002	Office Supplies	\$4,200
501003	Books, Periodicals, and Manuals	\$300
501004	Postage, UPS, Fed Ex	\$2,000
501005	Food, Non-Travel	\$1,000
501013	Non-Food Supplies	\$200
501017	Equipment Less Than \$5000	\$7,000
501021	Employee Development/Recognition	\$285
	<b>Commodities Total</b>	<b>\$15,985</b>
502001	Professional Svcs (adds Expo consultants, removes legal)	\$180,000
502002	Outside Services (Computer and Photocopier Services)	\$28,000
502003	Travel Costs	\$7,000
502004	Conferences and Training (Employee only)	\$4,000
502005	Training Programs (Non-Employee)	\$12,000
502007	Insurance (Non-Payroll)	\$15,000
502011	Utilities	\$0
502012	Repairs and Maintenance (short term)	\$300
502013	Rent (Office, Expo Storage/Booths/Venue)	\$40,000
502014	Finance Charges/Bank Fees	\$30
502019	Advertising, Legal Notices (adds Expo Marketing & Promotion)	\$12,000
502021	Dues, License, & Membership	\$20,000
502022	Operational Services (Zoom, domain names, web hosting, surveys)	\$7,000
502024	Public Relations (Anti-Stigma)	\$20,000
502025	Contributions & Grants	\$5,801,407
502037	Repairs and Maintenance (Bldg, Alarm)	\$300
502046	Equipment Lease/Rental	\$3,000
502045	Attorney/Legal Services	\$2,000
502047	Software License & SAAS (user license, software cloud & installed)	\$14,000
502048	Phone/Internet	\$2,470
	<b>Services Total</b>	<b>\$6,168,507</b>
700101	Interfund Transfer, CCDDB (Share of Expo and some of Other Misc Rev)	\$7,000
	<b>Interfund Transfers TOTAL</b>	<b>\$7,000</b>
	<b>TOTAL EXPENSES*</b>	<b>\$6,837,875</b>

# Draft 2024 CCDDB Budget

LINE ITEM	BUDGETED REVENUE	
400101	Property Taxes, Current	\$5,179,568
400103	Back Property Taxes	\$2,415
400106	Mobile Home Tax	\$3,000
400104	Payment in Lieu of Taxes	\$4,000
400801	Investment Interest	\$44,834
600101	Interfund Transfer (Expo and some Other Misc Rev) from MHB	\$7,000
400902	Other Miscellaneous Revenue	\$5,000
	<b>TOTAL REVENUE</b>	<b>\$5,245,817</b>

LINE ITEM	BUDGETED EXPENDITURES	
5002001	<b>Professional Services</b> (42.15% of an adjusted set of CCMHB Admin Expenses)	\$425,371
502007	<b>Insurance</b>	\$4,333
502025	<b>Contributions &amp; Grants</b>	\$4,816,113
	<b>TOTAL EXPENSES</b>	<b>\$5,245,817</b>

## Draft 2024 I/DD Special Initiatives (formerly CILA Facilities) Fund Budget

LINE ITEM	BUDGETED REVENUE	
600101	From CCDDB Fund 108	\$0
600101	From CCMHB Fund 090	\$0
400801	Investment Interest	\$6,000
-	From Fund Balance	\$400,000
	<b>TOTAL REVENUE</b>	<b>\$406,000</b>

LINE ITEM	BUDGETED EXPENDITURES	
501017	<b>Equipment Less than \$5,000</b> (includes a designated gift for the benefit of one individual, accessed at family request, with balance \$5063 as of May 5, 2022)	\$5,063
502001	<b>Professional Services</b> (legal, accounting, if needed)	\$1,000
502025	<b>Contributions and Grants</b>	\$399,737
502019	<b>Legal Notices, Advertising</b>	\$200
	<b>TOTAL EXPENSES</b>	<b>\$406,000</b>

## Background for 2024 CCMHB Budget, with 2023 Projections and Earlier Actuals

2024 BUDGETED REVENUE	2023 PROJECTED	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
<i>Property Taxes, Current</i>	\$6,302,595	\$5,492,390	\$5,278,325	\$4,880,491	\$4,813,598	\$4,611,577	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
<i>Back Property Taxes</i>	\$2,941	\$8,824	\$0	\$3,382	\$6,489	\$494	\$2,731	\$2,486	\$2,861	\$1,612
<i>Mobile Home Tax</i>	\$4,200	\$3,700	\$0	\$3,736	\$4,062	\$3,909	\$3,766	\$3,903	\$3,995	\$3,861
<i>Payment in Lieu of Taxes</i>	\$1,500	\$1,474	\$3,679	\$1,088	\$2,604	\$3,406	\$3,201	\$2,970	\$2,869	\$2,859
<i>CCDDB Revenue</i>	\$425,371	\$358,450	\$366,344	\$346,706	\$409,175	\$310,783	\$287,697	\$377,695	\$330,637	\$337,536
<i>Investment Interest</i>	\$56,268	\$47,855	\$1,343	\$7,627	\$45,950	\$41,818	\$18,473	\$3,493	\$1,385	\$1,015
<i>Gift &amp; Donations</i>	\$3,000	\$0	\$100	\$2,900	\$4,706					
<i>Expo Revenue (now combined with Other Misc Rev)</i>	\$0	\$0	\$100	\$13,805	\$14,275	\$21,613	\$5,225	\$18,822	\$26,221	\$28,192
<i>Other Miscellaneous Revenue</i>	\$42,000	\$55,161	\$2,205	\$80	\$129,028	\$29,955	\$117,195	\$21,340	\$67,599	\$85,719
<i>*ARPA Fiscal Recovery Funding</i>		\$0	\$770,436							
<b>TOTAL REVENUE</b>	<b>\$6,837,875</b>	<b>\$5,967,854</b>	<b>\$6,422,532</b>	<b>\$5,259,815</b>	<b>\$5,429,887</b>	<b>\$5,023,555</b>	<b>\$4,853,939</b>	<b>\$4,676,764</b>	<b>\$4,597,006</b>	<b>\$4,498,514</b>

\* Per the County Board, the full amount of ARP request is deposited during 2021, with half spent in 2021 and the other half in 2022. This results in the appearance of a surplus in 2021 and deficit in 2022, when in fact the fund balance will cover it.

2024 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2023 PROJECTED	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
<i>Personnel</i>	\$588,129	\$564,444	\$564,542	\$544,001	\$517,053	\$522,073	\$449,220	\$577,548	\$502,890	\$532,909
<i>Commodities</i>	\$16,135	\$10,930	\$8,632	\$12,362	\$11,147	\$10,049	\$6,263	\$7,998	\$11,237	\$9,282
<i>Services (not Contrib &amp; Grants)</i>	\$366,917	\$283,066	\$268,512	\$286,912	\$286,376	\$404,059	\$432,828	\$410,157	\$382,870	\$375,735
<i>*Contributions &amp; Grants</i>	\$5,428,746	\$5,288,028	\$5,063,438	\$4,495,820	\$3,993,283	\$3,648,188	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
<i>Interfund Expenditures</i>	\$7,000	\$6,908	\$28,430	\$5,819	\$406,505	\$56,779	\$57,288	\$60,673	\$0	\$0
<i>Interest on Tax Case</i>	\$0	\$0	\$0	\$1,648						
<b>TOTAL EXPENSES</b>	<b>\$6,406,927</b>	<b>\$6,153,376</b>	<b>\$5,933,554</b>	<b>\$5,346,562</b>	<b>\$5,214,364</b>	<b>\$4,641,148</b>	<b>\$4,539,017</b>	<b>\$4,484,391</b>	<b>\$4,232,715</b>	<b>\$4,591,892</b>



# Additional Information about Expenses (Proposed 2024 versus Projected 2023)

## Personnel 2024 v 2023

PERSONNEL	2024	2023
Appointed Official	\$110,745	\$107,000
Regular FTE	\$389,583	\$368,198
Temporary Wage/Sal	\$1,000	\$0
Overtime Wages	\$500	\$0
FICA	\$38,275	\$36,353
IMRF	\$13,559	\$12,546
W-Comp	\$2,001	\$2,376
Unemployment	\$1,656	\$1,656
Health/Life Insurance	\$89,064	\$60,000
	<b>\$646,383</b>	<b>\$588,129</b>

## Commodities 2024 v 2023

COMMODITIES	2024	2023
Printing & Copier Supplies	\$1,000	\$1,000
Office Supplies	\$4,200	\$4,200
Books/Periodicals	\$300	\$300
Postage/UPS/Fed Ex	\$2,000	\$2,000
Food Non-Travel	\$1,000	\$1,150
Non Food Supplies	\$200	\$200
Equipment Under \$5000	\$7,000	\$7,000
Employee Dev/Rec	\$285	\$285
	<b>\$15,985</b>	<b>\$16,135</b>

## Services (not Contributions and Grants)

SERVICES	2024	2023
Professional Services*	\$180,000	\$182,977
Attorney/Legal Services*	\$2,000	\$2,000
Outside Services (e.g., Computer)	\$28,000	\$24,611
Travel Costs	\$7,000	\$11,500
Conferences and Training (employee only)**	\$4,000	\$4,000
Training Programs (Non-Employee)	\$12,000	\$12,000
Insurance (Non-Payroll)	\$15,000	\$18,000
Utilities (no longer Telephone)	\$0	\$0
Equipment Maintenance	\$300	\$300
Repairs (Brookens)	\$300	\$0
Rental (Office and Expo)***	\$40,000	\$31,565
Rental (Equipment)	\$3,000	\$2,500
Finance Charges/Bank Fees	\$30	\$0
Advertising, Legal Notices (adds Expo marketing)***	\$12,000	\$12,000
Public Relations***	\$20,000	\$20,000
Dues/Licenses	\$20,000	\$20,000
Operational Svs (Zoom, etc)	\$7,000	\$9,494
Software License	\$14,000	\$13,500
Phone/Internet	\$2,470	\$2,470
	<b>\$367,100</b>	<b>\$366,917</b>

## Interfund Expenditures

INTERFUND TRANSFERS	2024	2023
CCDDB Share of Expo and some of MHB Misc Revenue	\$7,000	\$7,000
	<b>\$7,000</b>	<b>\$7,000</b>

### \*Professional Services:

For 2023, Expo Consultants and Audit and Accounting Services will be included in this line. Attorney/Legal will have a unique line. Other typical costs: website maintenance, HR, shredding, language access services, accessible documents, independent CPA consultation, application review, 211, Health Plan Coordinator through United Way, Evaluation Capacity Building project..

### \*\*Conferences and Trainings:

For 2023, non-employee conferences/trainings costs were to be combined with employee conferences/trainings but will again be split. This line is for registration and conference fees, while food and travel are now in a different line. Non-Employee: Mental Health First Aid; monthly trainings for providers, with expenses for presenters and supplies; board member costs for conferences and trainings.

### \*\*\*Public Relations and disAbility Resource Expo:

For 2023, these were to be combined with other Departmental Operating costs. Public Relations will again include Ebertfest (not shared with CCDDB), other community education/awareness, consultant support. Expo expenses are now distributed across several appropriate categories.

## Additional Information about Services

SERVICES	2024	2023
<b>Professional Services*</b>	\$180,000	\$182,977
	Attorney/Legal Costs in a separate line. Includes Expo Consultant costs (\$48,000) and Audit and Accounting Services (\$13,000). AAIM (3 year membership) \$3000 and human resources services (\$1000). \$127,511 for UIUC Evaluation Capacity Building project support. \$22,500 to United Way for 211. \$1,000 Ed McManus. \$20,000 online application/reporting systems (EMK). \$2,000 Expo & AIR websites. \$5,000 coordination of community health plan. Language access and accessible documents; accessibility testing; graphic design; shredding services; CPA reviews.	Attorney/Legal Costs in a separate line. Expo Consultant costs (\$47,000) and Audit and Accounting Services moved to this line (\$12,000). \$83,335 for UIUC Evaluation Capacity Building project support. \$22,500 to United Way for 211. \$2000 human resources services (AAIM). \$1,000 Ed McManus. \$18,000 online application/reporting systems (EMK). \$2,000 maintenance of Expo and AIR sites. \$5,000 coordination of community health assessment and plan. Also includes: language access and other accessible document production; graphic design; shredding services; CPA reviews.
<b>Public Relations***</b>	\$20,000	\$20,000
	\$15,000 Ebertfest film sponsorship, <i>offset by Alliance contributions</i> . \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events, in which Expo, AIR, or the Boards are promoted.	\$15,000 Ebertfest film sponsorship, <i>offset by Alliance contributions</i> . \$3,000 estimated for other community events and anti-stigma art show(s) and promotion, including Market in the Square and possible Farmers Market. \$2,000 sponsorships of other events, in which Expo, AIR, or the Boards are promoted.
<b>disability Resource Expo***</b>	\$0	\$0
	<i>Charged to Professional Services, Rental, Advertising, and PR when Expo-related</i> . Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Expo Coordinators, interpreters, and PAs charged to Professional Services. <i>Costs offset by exhibitor fees and sponsorships</i> .	<i>Now charged to Professional Services, Rental, Advertising, and PR with Expo-related</i> . Support for Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, storage space, etc. Expo Coordinators, interpreters, and PAs charged to Professional Services. <i>Costs offset by exhibitor fees and sponsorships. Total cost in 2022 \$70,110, total donations \$19,778 (includes in-kind.)</i>
<b>CCMHB Contributions &amp; Grants</b>	\$5,801,407	\$5,428,746
	Estimated CCMHB payments to agencies from January 1 to June 30, 2024, as authorized in May 2023, plus 1/2 of estimated PY25 annual allocation amount, with agency contract maximums to be authorized by July 1, 2024.	CCMHB payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus payments authorized in May 2023 to be made from June through December 2023.
<b>CCDDB Contributions &amp; Grants</b>	\$4,816,113	\$4,441,883
	Estimated CCDDB payments to agencies from January 1 to June 30, 2024, as authorized in May 2023, plus 1/2 of estimated PY25 annual allocation amount, with agency contract maximums to be authorized by July 1, 2024.	Actual CCDDB payments to agencies from January 1 to June 30, 2023, as authorized in May 2022, plus payments authorized in May 2023, to be made from June through December 2023.
<b>Dues/Licenses</b>	\$20,000	\$20,000
	\$1,000 national trade association (NACBHDD), \$16,000 state trade association (ACMHAI), and smaller amounts Human Services Council, Arc of Illinois, any new membership, e.g., CBHA, NCBH, NADD, possible NADSP membership.	\$950 national trade association (NACBHDD), \$3,000 AAIM (paid every three years), \$16,000 state trade association (ACMHAI), small amounts Human Services Council, Arc of Illinois, possible NADSP membership.
<b>Conferences/Training</b>	\$4,000	\$4,000
	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (likely offset by ACMHAI). \$350 for NACo Annual Meeting. Registration fees for other conference/training for staff members might include Mental Health America, Federation of Families, Arc of IL, NADD, or similar. Mental Health First Aid training and certification. <i>Costs of travel and meal per diems for staff for any of these conferences are included in the Travel Costs line.</i>	\$0 registration for NACo and NACBHDD Legislative and Policy Conferences (offset by ACMHAI). \$350 for NACo Annual Meeting. Registration fees for other conference/training for staff members might include Mental Health America, Federation of Families, Arc of IL, NADD, or similar. Mental Health First Aid training and certification. <i>Costs of travel and meal per diems for staff for any of these conferences are included in the Travel Costs line.</i>
<b>Non-Employee Conferences / Trainings**</b>	\$12,000	\$12,000
	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and monthly learning opportunities/trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Some virtual trainings.	Registration, costs of travel, lodging, and food for board members to attend National or State Association meetings and other conferences or trainings of interest. Also charged here are the costs associated with Mental Health First Aid trainings and monthly learning opportunities/trainings for non-employees (e.g., case managers, other service providers, stakeholders), which can include presenters, rental, refreshments, materials, promotion. Some virtual trainings.
<b>Unexpected</b>		
	Changes in supports to agencies, non-employee trainings, Public Relations, Expo costs. Public health barrier to large gatherings. Cost of moving offices to a different location or renovating, greater need for legal counsel. Budget amendment if employee resignation (with benefits payout) or change in staffing. Fund balances are lowest in May, at which point there should be enough for 6 months operating + any tax liability + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.	Changes in supports to agencies, non-employee trainings, Public Relations, Expo costs. Public health barrier to large gatherings. Cost of moving offices to a different location or renovating, greater need for legal counsel. Budget amendment if employee resignation (with benefits payout) or change in staffing. Fund balances are lowest in May, at which point there should be enough for 6 months operating + any tax liability + share (57.85%/42.15%) of accrued staff benefits. If first tax distribution does not occur by June, fund balance may be used.



## Calculation of the CCDDDB Administrative Share (“Professional Services”)

Adjustments:	2024	2023
CCMHB Contributions & Grants	\$5,819,406	\$5,428,746
Bookkeeping pilot	\$0	\$6000
Eberfest anti-stigma film and events	\$15,000	\$15000
MHB-specific insurance cost	\$5285	0
CCDDDB Share of Donations & Misc Rev	\$7,000	\$7,000
<b>Adjustments Total:</b>	<b>\$5,846,691</b>	<b>\$5,456,746</b>
CCMHB Total Expenditures:	\$6,855,874	\$6,406,927
Total Expenditures less Adjustments:	\$1,009,183	\$950,181

	2024	2023*
Total Expenditures less Adjustments	CCDDDB Share	CCDDDB Share
<b>Adjusted Expenditures x 42.15%</b>	\$1009183	\$950,181
Monthly Total for CCDDDB Admin	\$425,371	\$400,501
	\$35,448	\$33,375

\*At the end of the Fiscal Year, actual expenses are updated, some revenues (e.g., Expo) are shared, and adjustments are made to the CCDDDB current year share.

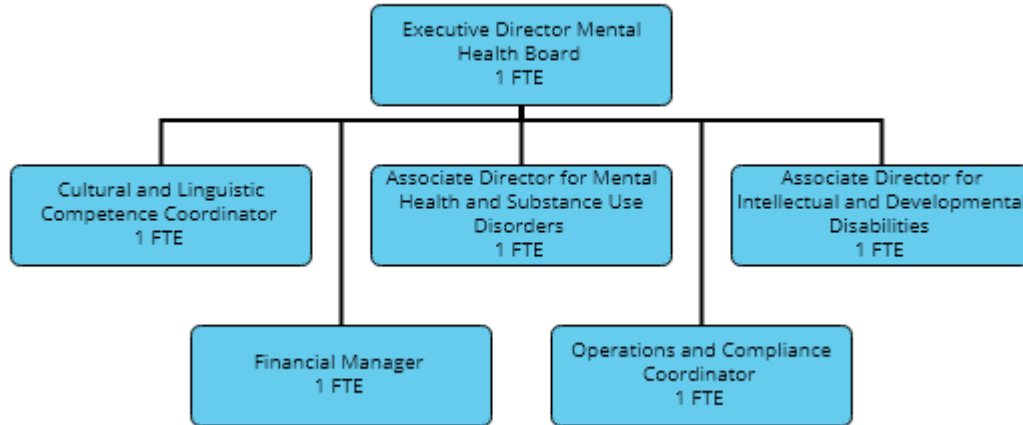
## Background for 2024 CCDDDB Budget, with 2023 Projections and Earlier Actuals

2024 BUDGETED REVENUES	2023 PROJECTED	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$5,179,568	\$4,875,607	\$4,511,249	\$4,334,187	\$4,001,872	\$3,982,668	\$3,846,413	\$3,684,009	\$3,595,174	\$3,501,362
Back Property Taxes	\$2,415	\$2,500	\$7,246	\$0	\$2,773	\$5,369	\$412	\$2,278	\$2,105	\$1,398
Mobile Home Tax	\$3,000	\$3,000	\$3,039	\$0	\$3,066	\$3,361	\$3,261	\$3,142	\$3,305	\$3,348
Payment in Lieu of Taxes	\$4,000	\$4,000	\$1,210	\$3,021	\$0	\$2,154	\$2,841	\$2,671	\$2,445	\$2,479
Investment Interest	\$44,834	\$42,000	\$35,285	\$791	\$4,054	\$23,508	\$24,062	\$10,883	\$2,318	\$812
Gifts & Donations (transfer from MHB)	\$7,000	\$4,000	\$6,908	\$0	\$5,819	\$106,505	\$6,779	\$7,288	\$0	\$0
Other Miscellaneous Revenue	\$5,000	\$5,000	\$0	\$971	\$9,524	\$8,955	\$6,408	\$14,432	\$0	\$11,825
<b>TOTAL REVENUE</b>	<b>\$5,245,817</b>	<b>\$4,936,107</b>	<b>\$4,564,937</b>	<b>\$4,338,970</b>	<b>\$4,027,108</b>	<b>\$4,132,520</b>	<b>\$3,890,176</b>	<b>\$3,724,703</b>	<b>\$3,555,220</b>	<b>\$3,521,224</b>

2024 BUDGETED EXPENDITURES	2023 PROJECTED	2022 ACTUAL	2021 ACTUAL	2020 ACTUAL	2019 ACTUAL	2018 ACTUAL	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Professional Services (42.15% of some CCMHB expenses, as above)	\$425,371	\$358,450	\$366,344	\$330,445	\$309,175	\$310,783	\$287,697	\$379,405	\$330,637	\$337,536
Contributions & Grants	\$4,816,113	\$3,777,207	\$3,514,153	\$3,659,691	\$3,435,748	\$3,250,768	\$3,262,938	\$3,206,389	\$3,069,122	\$3,224,172
Insurance specific to DDB	\$4,333									
Interfund Transfer, CILA Fund	\$0	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$0
Interfund Transfer to MH (loan repay)	\$0				\$100,000					
Interest on Tax Case	\$0	\$0	\$0	\$1,363						
<b>TOTAL EXPENSES</b>	<b>\$5,245,817</b>	<b>\$4,185,657</b>	<b>\$3,930,497</b>	<b>\$4,041,499</b>	<b>\$3,894,923</b>	<b>\$3,611,551</b>	<b>\$3,600,635</b>	<b>\$3,635,794</b>	<b>\$3,449,759</b>	<b>\$3,561,708</b>

# Special Revenue Funds

# Mental Health Board Special Revenue Fund (2090-053)



Mental Health Board positions: 6 FTE

The Champaign County Mental Health Board (CCMHB), consisting of nine volunteer Board members who are selected and appointed by the Champaign County Executive and Board, was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.), “The Community Mental Health Act,” by a referendum approved by Champaign County voters. Through passage of the referendum, a property tax levy supports fulfillment of the Board’s mission in compliance with the Act. To help meet its obligations, the Board employs an administrative team consisting of an Executive Director and five specialized staff.

### MISSION STATEMENT

The mission of the Champaign County Mental Health Board is the promotion of a local system of services for the prevention and treatment of mental or emotional, intellectual or developmental, and substance use disorders, in accordance with the assessed priorities of the citizens of Champaign County.

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have mental health or substance use disorders or intellectual/developmental disabilities (I/DD). Because most organizations’ fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCMHB and other local funders use this as the contract period (or “Program Year”), providing for clear, uniform financial reporting and increased accountability. These CCMHB funds are allocated as Contributions and Grants expenditures.

Some activities contributing to the local system are undertaken outside of those agency services budgeted through Contributions and Grants. Additional strategies by which the CCMHB promotes a local system include: 211 information and referral call services; Cultural and Linguistic Competency technical assistance and training; Mental Health First Aid trainings; monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and community events; projects with UIUC

student groups and instructors; promotion of the work of artists and entrepreneurs with lived experience; collaborative community needs assessments to understand the priorities of Champaign County citizens; and a large annual disAbility Resource Expo with searchable, comprehensive online resource guide. These activities are budgeted as expenditures other than Contributions and Grants, and many are shared with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as Champaign County Developmental Disabilities Board (CCDDDB) through intergovernmental agreement, included in revenue from the CCDDDB to the CCMHB. The CCMHB also oversees an I/DD Special Initiatives fund in partnership with the CCDDDB. The specific use of that fund has shifted from housing to a range of supports.

Please see <http://ccmhddbrds.org> for information on these supports, agency programs currently funded by the CCMHB, funding guidelines and financial accountability policy, Three Year Plan, allocation priorities and timelines, and aggregate annual reports of the funded agencies’ performance outcomes.

### BUDGET HIGHLIGHTS – Per Allocation Priority Category

Safety and Crisis Stabilization. For the agency PY2024 contract year, July 1, 2023 through June 30, 2024, the CCMHB has awarded contracts for: services for people who have justice system involvement or who will be able to avoid it as a result of the program involvement; services to those enrolled in Champaign County Drug Court; various case management

and resources including housing supports and services, especially for those at the jail, with gun charges, without a permanent address, or in re-entry; crisis co-response and follow-up for domestic offense calls in northern Champaign County and rural areas; Youth Assessment Center support; and interruption of community violence. The CCMHB and staff identify and encourage innovative practices with potential high returns on investment, improved behavioral health outcomes, and cost-shift impact. Related collaborations include: National Stepping Up, Familiar Faces, and Data-Driven Justice Initiatives; the Illinois Criminal Justice Information Authority's Byrne State Crisis Intervention Program advisory board; Illinois Department of Human Services Peer Certification training and SAMHSA-funded Competency Restoration Initiative; and Champaign County's Crisis Intervention Team Steering Committee.

**Healing from Interpersonal Violence .** To improve health and success of survivors, reduce the stigma and isolation associated with interpersonal violence, disrupt cycles of violence, promote trauma-informed care and crisis response, the CCMHB funds counseling services, child victim services, and other supports for survivors of domestic violence and sexual assault.

**Closing the Gaps in Access and Care.** Recommended Practices are supported by an evidence base, cultural context, and sound clinical judgment. Innovative Practices have value for populations not thoroughly included in prevailing research and often not engaged in services. Many programs are for services not covered by Medicaid or another payor. With growing evidence of positive outcomes, peer support organizations are funded and encouraged to partner. For PY2024, the CCMHB funds: coordination of homeless services; benefits enrollment; case management; housing and employment supports for those with risk of homelessness (e.g., formerly in child welfare); refugee center and other immigrant services; self-help center; services

for senior citizens; wellness and mental health supports at the Federally Qualified Health Center and a free clinic; resource center in northern Champaign County; family care; family therapy for multi-system involved youth; and substance use recovery homes.

**Thriving Children, Youth, and Families.** The Champaign County Community Coalition consists of representatives from the Cities of Champaign and Urbana, Urbana and Champaign schools and park districts, Parkland College, University of Illinois at Urbana-Champaign, United Way of Champaign County, Champaign Urbana Public Health District, law enforcement, State's Attorney's Office, and other County government. The Coalition promotes healthier and safer communities through trauma-informed training, violence interruption, and positive opportunities for youth, leading with System of Care values. For PY2024, the CCMHB contracts for services and supports for children, youth, and their families, aligned with System of Care principles. The partnerships promoted through the Coalition are a continued focus.

**Intellectual/Developmental Disabilities.** Per Intergovernmental Agreement with the CCDDB, the CCMHB committed \$809,883 for the period July 1, 2023 to June 30, 2024, for programs serving people with I/DD. Contracts funded by the CCMHB align with a shared priority for services for very young children. Early childhood providers continue a robust interagency partnership to better support young children and their families; many incorporate trauma-informed and System of Care principles. Offered through one of these contracts is the PLAY Project, an evidence-based program for young children with autism.

**Priorities for PY25:** Early in 2024, the board will accept applications for funding within a priorities framework approved in late 2023. Successful applications will deliver services and receive payments beginning July 1, 2024 and through June 30, 2025. Select two-year contracts will continue.

**Department Summary**

	2022 Actual	2023 Original	2023 Projected	2024 Budget
<b>Revenues</b>				
<b>Property Taxes</b>				
400101 Property Taxes - Current	5,492,390	5,913,892	5,932,729	6,302,595
400103 Property Taxes - Back Tax	8,824	1,000	2,534	2,941
400104 Payment In Lieu Of Taxes	1,474	2,000	1,500	1,500
400106 Mobile Home Tax	3,700	0	3,500	4,200
<b>Property Taxes Total</b>	<b>5,506,388</b>	<b>5,916,892</b>	<b>5,940,263</b>	<b>6,311,236</b>
<b>Intergov Revenue</b>				
400476 Other Intergovernmental	358,450	407,118	400,501	425,371
<b>Intergov Revenue Total</b>	<b>358,450</b>	<b>407,118</b>	<b>400,501</b>	<b>425,371</b>

## Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
<b>Misc Revenue</b>					
400801	Investment Interest	47,855	3,000	40,000	56,268
400901	Gifts And Donations	0	3,000	3,000	3,000
400902	Other Miscellaneous Revenue	55,161	39,000	42,000	42,000
<b>Misc Revenue Total</b>		<b>103,016</b>	<b>45,000</b>	<b>85,000</b>	<b>101,268</b>
<b>Revenues Total</b>		<b>5,967,854</b>	<b>6,369,010</b>	<b>6,425,764</b>	<b>6,837,875</b>
<b>Expenditures</b>					
<b>Personnel</b>					
500102	Appointed Official Salary	106,734	107,000	107,000	110,745
500103	Regular Full-Time Employees	345,774	368,198	368,198	389,583
500105	Temporary Staff	0	2,500	0	1,000
500108	Overtime	0	2,750	0	500
500301	Social Security-Employer	32,974	36,353	36,353	38,275
500302	Imrf - Employer Cost	22,496	12,546	12,546	13,559
500304	Workers' Compensation Insuranc	2,299	2,376	2,376	2,001
500305	Unemployment Insurance	1,495	1,518	1,518	1,656
500306	Ee Hlth/Lif (Hlth Only Fy23)	52,673	73,440	60,000	89,064
<b>Personnel Total</b>		<b>564,444</b>	<b>606,681</b>	<b>587,991</b>	<b>646,383</b>
<b>Commodities</b>					
501001	Stationery And Printing	0	1,000	1,000	1,000
501002	Office Supplies	2,807	4,200	4,200	4,200
501003	Books, Periodicals, And Manual	0	300	300	300
501004	Postage, Ups, Fedex	1,171	2,000	2,000	2,000
501005	Food Non-Travel	150	150	1,150	1,000
501013	Dietary Non-Food Supplies	0	0	200	200
501017	Equipment Less Than \$5000	6,802	7,000	7,000	7,000
501021	Employee Develop/Recognition	0	285	285	285
<b>Commodities Total</b>		<b>10,930</b>	<b>14,935</b>	<b>16,135</b>	<b>15,985</b>

## Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
<b>Services</b>					
502001	Professional Services	113,448	158,133	182,977	180,000
502002	Outside Services	30,830	27,000	24,611	28,000
502003	Travel Costs	975	1,500	11,500	7,000
502004	Conferences And Training	1,616	20,000	4,000	4,000
502005	Training Programs	0	0	12,000	12,000
502007	Insurance (Non-Payroll)	13,168	18,000	18,000	15,000
502011	Utilities	664	600	0	0
502012	Repair & Maint	0	600	300	300
502013	Rent	23,992	26,800	31,565	40,000
502014	Finance Charges And Bank Fees	0	30	0	30
502019	Advertising, Legal Notices	191	500	12,000	12,000
502021	Dues, License, & Membershp	17,720	20,000	20,000	20,000
502022	Operational Services	42,676	79,100	9,494	7,000
502024	Public Relations	32,370	0	20,000	20,000
502025	Contributions & Grants	5,288,028	5,378,131	5,428,746	5,801,407
502037	Repair & Maint - Building	0	0	0	300
502045	Attorney/Legal Services	0	0	2,000	2,000
502046	Equip Lease/Equip Rent	0	0	2,500	3,000
502047	Software License & Saas	5,415	0	13,500	14,000
502048	Phone/Internet	0	0	2,470	2,470
<b>Services Total</b>		<b>5,571,093</b>	<b>5,730,394</b>	<b>5,795,663</b>	<b>6,168,507</b>
<b>Interfund Expense</b>					
700101	Transfers Out	6,908	17,000	7,000	7,000
<b>Interfund Expense Total</b>		<b>6,908</b>	<b>17,000</b>	<b>7,000</b>	<b>7,000</b>
<b>Expenditures Total</b>		<b>6,153,375</b>	<b>6,369,010</b>	<b>6,406,789</b>	<b>6,837,875</b>

## Fund Balance

2022 Actual	2023 Projected	2024 Budget
3,684,523	3,703,498	3,703,499

Fund Balance Goal: The CCMHB's goal is to maintain a fund balance which assures adequate cash flow necessary to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts

with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts. During 2024, the CCMHB will transfer a relatively small amount from Fund Balance to meet contractual obligations. This is affordable due to lower than anticipated expenses in 2022.

## FTE Summary

2020	2021	2022	2023	2024
6	6	6	6	6

**Expense Per Capita (in actual dollars)**

2022 Actual	2023 Projected	2024 Budget
\$31.51	\$30.94	\$33.30

**ALIGNMENT to STRATEGIC PLAN**

**County Board Goal 1 – operate a high performing, open, transparent County government.**

With statutory responsibility to plan and evaluate systems of services and supports, CCMHB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at <http://ccmhddbrds.org>. Members of the public, agency representatives, stakeholders, and CCMHB members and staff contribute to revisions of materials and online system.

At <http://ccmhddbrds.org> are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members review requests for funding and participate in deliberations about final allocations and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Many reports are made public, posted online or in board meeting materials, summarized, and available upon request.

All funded agencies use CCMHB approved expenditure and revenue categories and accrual accounting. All are required to submit an annual audit, financial review, or compilation report, depending on total agency revenue level, conducted by an independent CPA firm. CCMHB staff and consultant review these reports for alignment to standards and to understand agencies’ financial standing.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government’s website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

**County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.**

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is no longer addressed directly, but rather through those portions of service providers’ contracts which cover costs related to their facilities.

**County Board Goal 3 –promote a safe, healthy, just community.**

Many CCMHB and contracted agency activities aim to: mitigate the impacts of trauma and violence; reduce unnecessary or inappropriate incarceration, hospitalization, or institutionalization of people with MI, SUD, and/or I/DD; and improve health and social integration, including of those in reentry and their loved ones. Efforts are made through trauma and crisis response and stabilization, benefits enrollment, intensive case management and coordination, peer supports and peer mentoring, and collaboration with law enforcement.

Staff participate in the Champaign County Reentry Council, Drug Court Steering Committee, Crisis Intervention Training Steering Committee, Youth Assessment Center Advisory Board, and more. Some crisis response efforts are based on the earlier work of the County’s Jail Task Force, Justice and Mental Health Collaboration Project, and Racial Justice Task Force, and some relate to the federal mandate for a 988 crisis call system. When opportunities arise, staff and board members contribute to statewide advisory boards (e.g., ICJIA State Crisis Intervention Program) and through local collaborations such as the Champaign County Community Coalition and the UIUC Campus Community Compact.

CCMHB staff meet with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates or practices, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County. An accessible, searchable, online resource directory is maintained at <http://disabilityresourceexpo.org>.

The System of Care approach can improve outcomes for children, youth, and families, especially those impacted by violence and other trauma. Community-wide trauma education continues.



CCMHB staff organize learning and networking opportunities for providers of mental health, substance use, and I/DD services, collaborating with the UIUC School of Social Work to offer Continuing Education Units at no cost to participants.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCMHB collaborates on wellness/recovery programming, innovative practices, and anti-stigma initiatives, e.g., <http://champaigncountyAIR.com> and related social media.

#### **County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.**

In accordance with the Community Mental Health Act, the CCMHB advocates at the state and national levels for and with people who use or seek services. Staff participate in trade association activities and committees, advocating for other sources of revenue for services and for alignment of policies with best practices.

The CCMHB seeks to understand the impact of changes to state and federal programs, to make effective and ethical investments of local funding. Independently and through collaboration, the CCMHB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In turn, effective programs allow people with behavioral health conditions and I/DD to thrive and contribute to the community's economy and culture.

#### **County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.**

In accordance with the Community Mental Health Act, the CCMHB allocates funding as established through the original referendum.

Online records are maintained at the County government website and <http://ccmhddbrds.org>. Paper and electronic files are also maintained and stored as required by the Local Records Act.

#### **DESCRIPTION**

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. Seq.) and is responsible for planning, coordinating, evaluating, and allocating funds for a comprehensive local system of mental health, intellectual/developmental disabilities, and substance use services for Champaign County.

On an annual cycle, the CCMHB evaluates, plans, and funds supports for people with mental illness, substance use disorders, and intellectual/developmental disabilities, with special emphasis on underinvested populations. Service providers demonstrate financial and programmatic accountability, report on the impact of services, and implement cultural and linguistic competence plans as a condition of contracting with the CCMHB. Providers and Board staff meet monthly for updates and coordination of services. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent and youth groups is also within the purview of the CCMHB and enhances evaluation and planning.

#### **OBJECTIVES**

Continue and expand virtual and technology options for engaging the community and people with mental health or substance use disorders and/or intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

In collaboration with Champaign County Government and community stakeholders, ensure that people with disabilities or behavioral health conditions are diverted to services and supports and away from Jail whenever appropriate.

In collaboration with the Champaign County Community Coalition and partners, address the effects of trauma, promote recovery, and improve the system of care for children, youth, and families.

Based on annually approved priorities and decision support criteria and timeline, issue contracts for services and supports for people who have mental health or substance use disorders or intellectual/developmental disabilities.

Monitor program and financial accountability for all such contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY2024 objectives for the CCMHB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.



**Performance Indicators**

<b>Indicator</b>	<b>2022 Actual</b>	<b>2023 Projected</b>	<b>2024 Budget</b>
Number of contracts awarded and executed for services or supports for people with mental health or substance use disorders or intellectual/developmental disabilities	46	45	47
Number of people served who have a mental health/substance use disorder or intellectual/developmental disability	21,305	19,800	20,100
Number of state or federal advocacy activities or reports completed by Board members and staff	18	15	15
Number of desk reviews conducted (number of reports submitted), per agency contract	20 (24)	20 (24)	20 (24)
Number of agency contract compliance reviews by CCMHB staff, per contract	0.5	0.75	1
Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year)	4	2	2
Number of funded (not funded) organizations represented at collaborative meetings with board staff	33 (9)	35 (8)	35 (8)
Number of funded agencies participating in the Financial Management Coaching project (launched December 1, 2021)	4	n/a	n/s
Number of funded programs participating as target programs in the Evaluation Capacity project (discontinued July 1, 2022)	5	6	6
Percentage of required reports received in compliance with terms of contract	90%	95%	95%

## I/DD Special Initiatives (2101-054)

### MISSION STATEMENT

The mission of the I/DD Special Initiatives fund, formerly the Community Integrated Living Arrangement (CILA) project, has been to expand the availability of “smaller setting” homes for people with intellectual and developmental disabilities (I/DD) and, to the extent possible, assure that people from Champaign County have integrated residential options within the County. The project arose in response to a large number of residents having no choice other than to utilize CILA services in communities far from Champaign County or to remain in family homes with limited care.

### BUDGET HIGHLIGHTS

In 2014, the Champaign County Mental Health Board (CCMHB) and the Champaign County Developmental Disabilities Board (CCDDB) committed to purchasing properties for use as CILA houses, each with a capacity of 4 or fewer people. Each board contributed toward the purchase of the houses. During 2019, the CCMHB paid the mortgage balance, and the Boards amended their intergovernmental agreement to define future contributions and prepare for several possibilities.

From 2015 through 2020, two houses were in operation, with services provided by Individual Advocacy Group (IAG) and funded by the state of Illinois Department of Human Services-Division of Developmental Disabilities (IDHS-DDD). To stabilize the organization’s staffing level and

revenue for local operations, IAG worked with CCMHB and CCDDB members and staff, local families, IDHS-DDD, and Independent Service Coordination staff to create additional day and residential services in the community. This was successful for a while in the face of persistent barriers, namely the I/DD workforce shortage and uncertainty of state/federal CILA funding. During 2020 and 2021, the workforce shortage led to reduced operations and closure and sale of the homes.

For 2023, the CCDDB will make its final planned interfund transfer to the project, so that the Boards’ contributions are equal. With other revenue transferred from fund balance, the primary expenses will be for contracts with organizations to strengthen and stabilize the I/DD direct support workforce or to provide a range of supports to such individuals as would have been eligible for this project, had it continued to offer housing with 24-hour staff.

\$5,063 of budgeted expenditures result from a gift designated for a particular individual. This ‘trust’ is accessed at the request of the individual’s family and restricted by terms set by the private donor.

101-054 was established in FY2016 in collaboration with the Champaign County Auditor’s Office, for transparency in CILA fund financial activities. The fund is renamed as “I/DD Special Initiatives” for 2023, in an effort to offer solutions to critical service capacity barriers. These funds were previously held in 090-054.

### Department Summary

	2022 Actual	2023 Original	2023 Projected	2024 Budget
<b>Revenues</b>				
<b>Misc Revenue</b>				
400801 Investment Interest	10,443	1,000	17,000	6,000
400902 Other Miscellaneous Revenue	262,044	0	0	0
<b>Misc Revenue Total</b>	<b>272,487</b>	<b>1,000</b>	<b>17,000</b>	<b>6,000</b>
<b>Interfund Revenue</b>				
600101 Transfers In	50,000	50,000	50,000	0
<b>Interfund Revenue Total</b>	<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>0</b>
<b>Revenues Total</b>	<b>322,487</b>	<b>51,000</b>	<b>67,000</b>	<b>6,000</b>
<b>Expenditures</b>				
<b>Commodities</b>				
501017 Equipment Less Than \$5000	0	5,063	5,063	5,063
<b>Commodities Total</b>	<b>0</b>	<b>5,063</b>	<b>5,063</b>	<b>5,063</b>

**Department Summary**

		2022 Actual	2023 Original	2023 Projected	2024 Budget
<b>Services</b>					
502001	Professional Services	1,302	4,000	4,000	1,000
502007	Insurance (Non-Payroll)	316	0	0	0
502011	Utilities	1,604	0	0	0
502012	Repair & Maint	14,060	0	0	0
502014	Finance Charges And Bank Fees	161	0	0	0
502019	Advertising, Legal Notices	0	200	200	200
502025	Contributions & Grants	0	341,737	150,000	399,737
<b>Services Total</b>		<b>17,444</b>	<b>345,937</b>	<b>154,200</b>	<b>400,937</b>
<b>Expenditures Total</b>		<b>17,444</b>	<b>351,000</b>	<b>159,263</b>	<b>406,000</b>

**Fund Balance**

2022 Actual	2023 Projected	2024 Budget
764,758	672,495	272,495

Fund Balance Goal: The CCMHB/CCDDB's I/DD Special Initiatives goal is to maintain a balance which will allow for similar allocations over the next two to three years. Fund balance from the sale of the homes will be used for contracts with organizations to strengthen and stabilize the I/DD direct support workforce or to provide a range of supports to eligible individuals. In 2024, \$400,000 of fund balance will be spent.

**ALIGNMENT to STRATEGIC PLAN**

**County Board Goal 1 – operate a high performing, open, and transparent County government.**

The CILA project's service provider was initially determined by a Request for Proposal process, compliant with the Open Meetings Act. Subsequent discussions and decisions related to the project have occurred during public meetings of each of the CCDDB and CCMHB.

The second phase of this project retains a focus on individuals who have I/DD and complex service needs, particularly those needs which are not easily met by a local provider agency. The focus shifts from housing to funding of supports for such individuals and, if possible, to attracting and retaining a qualified workforce to serve them. Allocation priorities, review of proposals, and award decisions are discussed and approved during public meetings of the two Boards.

**County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.**

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is no longer addressed directly, but rather through those portions of agency contracts which support their facilities costs.

**County Board Goal 3 –promote a safe, healthy, just community.**

The purpose of this project has been full community integration of persons with I/DD, aligned with the State of Illinois' Ligas Consent Decree and 'rebalancing' initiative to move people out of institutions and into their home communities. Barriers have increased, requiring new strategies.

**County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.**

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. Effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture. The CCMHB and CCDDB are aware of planned improvements to services funded by the state through its partnership with federal Centers for Medicare and Medicaid Services. To encourage maximum use of state funding opportunities, they engage in advocacy and education and support programs which help eligible people secure those awards.

County Board Goal 5 – maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.

In accordance with the Community Mental Health Act and the Community Care for Persons with Disabilities Act, the CCMHB and CCDDB each allocate funding and enter into agreements as established by their respective original referenda.

Records are maintained at the Champaign County government website and at <http://ccmhddbrds.org>. Paper and electronic files are maintained and stored as required by the Local Records Act.

**DESCRIPTION**

The CCMHB was established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) to “construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents of Champaign County.” The CCDDB was established under Illinois Revised Statutes (50 ILCS 835 Section 0.05-14), the “Community Care for Persons with Developmental Disabilities Act,” and also has authority to own facilities to be used in the provision of services to people with intellectual and developmental disabilities.

The CCMHB is responsible for planning, coordinating, evaluating, and allocating funds for the comprehensive local system of mental health, developmental disabilities, and substance use services for Champaign County. The CCDDB is responsible for planning, coordinating,

evaluating, and allocating funds for services and supports for people with intellectual and/or developmental disabilities. The Boards promote systems of services for the benefit of Champaign County residents, with special emphasis on historically underinvested and marginalized populations.

The I/DD Special Initiatives project is a collaboration between the Boards, in recognition of their shared responsibility for people with I/DD and according to their Intergovernmental Agreement as amended.

**OBJECTIVES**

Continue to explore and expand virtual and technology supports for people with I/DD, to foster their fullest community involvement, aligned with public health guidance and state and federal policies.

When feasible, restore and expand CILA capacity in Champaign County for people with intellectual and developmental disabilities.

Through CCMHB and CCDDB allocation process, fund appropriate supports for Champaign County residents who have intellectual/developmental disabilities and complex support needs and fund efforts to strengthen the I/DD direct support workforce which serves them.

**Performance Indicators**

Indicator	2022 Actual	2023 Projected	2024 Budget
Number of people served through CILAs	2	n/a	n/a
Total dollars appropriated for CILA Program	50,200	350,100	406,000
Updates from property manager	20	n/a	n/a
Updates from residential service provider	4	n/a	n/a
Non-residential service and supports (related to MI, SUD, or I/DD) available to people living in the CILAs	2	n/a	n/a
Number of people receiving a support through contracts with agencies from this fund	n/a	85	120

## Developmental Disabilities Board Special Revenue Fund (2108-050)

The Champaign County Board for Care and Treatment of Persons with a Developmental Disability, referred to as the Champaign County Developmental Disabilities Board (CCDDDB), consists of five volunteer Board members who are selected by the Champaign County Executive and Board. It was established under the Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) by a referendum approved by Champaign County voters in 2004. Through passage of the referendum, a property tax levy supports fulfillment of the Board's mission in accordance with the Act. On January 1, 2019, the Act was revised as the Community Care for Persons with Developmental Disabilities Act, 50 ILCS 835 (0.05–14).

### MISSION STATEMENT

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

Revenue raised through the levy is distributed, using a competitive application process, to community-based organizations serving Champaign County residents who have intellectual/developmental disabilities (I/DD). Because most organizations' fiscal years align with the state fiscal year, July 1 through June 30, and because many rely on state funding, the CCDDDB and other local funders use this as the contract period (or "Program Year"), allowing for clear, uniform financial reporting and increased accountability. These CCDDDB funds are allocated as Contributions and Grants expenditures, near 92% of the total budget.

Some activities contributing to the local system are undertaken outside of the agency services which are budgeted as Contributions & Grants. Other strategies by which the CCDDDB promotes a local system include: information and referral through the call service 211; Cultural and Linguistic Competency technical assistance and training; monthly presentations and learning opportunities for service providers and interested parties; anti-stigma awareness through social media, website, and events; projects with UIUC student groups and instructors; promotion of the work of artists and entrepreneurs with disabilities; collaborative community needs assessment to understand the priorities of Champaign County citizens; and a large annual disAbility Resource Expo event with searchable, comprehensive online resource guide. Per an Intergovernmental Agreement between the CCDDDB and the Champaign County Mental Health Board (CCMHB), these activities are co-funded and paid as a share of the CCMHB's administrative costs, through Professional Services. The two boards also co-fund and share authority over the I/DD Special Initiatives fund (formerly the "CILA Facilities" fund) to offer a range of supports for people with complex support needs.

Please see <http://ccmhddbrds.org> for information on these supports, agency programs currently funded by the CCDDDB, funding guidelines and financial accountability policy, Three Year Plan, allocation priorities and timelines, and annual reports of the funded agencies' aggregate performance outcomes.

### BUDGET HIGHLIGHTS

Recommended Practices, Core Services, and Innovative Supports. The local "Employment First" collaboration is an innovation preparing providers, families, and local businesses for community employment of people with I/DD. Its most well-known product is the "Leaders in Employing All People" (LEAP) certification and training. The CCDDDB also funds: customized employment and other employment supports; self-advocacy groups; core services, including non-work and residential options; and service coordination, planning, and linkage. Per the intergovernmental agreement with the CCMHB, comprehensive care for young children and their families is prioritized and funded, including the use of evidence-based and recommended practices. Decreasing provider capacity and workforce shortages present challenges across the country, state, and county; CCDDDB contracts help stabilize supports for residents and their families.

Responding to Community Input. Feedback from community members, including people with I/DD and their loved ones, informs the Board's strategic plan and funding priorities, with common themes: the desire for a full community life; stigma as a barrier; and difficulty accessing services, including limited transportation, state/federal funding limitations, and low awareness of services. For the agency contract year July 1, 2023 to June 30, 2024, the CCDDDB supports: independent living and community employment programs; transformation of traditional workshop to greater community integration; assisting young adults with I/DD in the transition from high school; conflict free case management and service planning for people who qualify for but do not yet receive state funding; case management and clinical supports for people with DD and behavioral health needs; transportation services; and two workforce retention initiatives. Feedback from providers and board members is used to revise the annual funding priorities and requirements and to develop enhancements of the online application and reporting system used by applicants and funded organizations. For PY2024, priority categories are: Self-Advocacy; Linkage and Coordination; Home Life; Personal Life; Work Life; Community Life;

Strengthening the I/DD Workforce; and Young Children and their Families. The Three Year Plan for Fiscal Years 2022 through 2024, with objectives specific to 2023, will inform future allocation priorities and Board/staff practices.

Workshops and Presentations. CCDDDB staff coordinate a monthly learning opportunity especially for case managers working with people who have I/DD. Topics are determined by the group’s interest and Board priorities. Workshops also offer continuing education units and serve as networking opportunities. The target audience has expanded to include other service providers, family members, stakeholders, and agency financial staff, and topics are broadened to address various interests and pressing needs. These continue as virtual meetings, with in-person when appropriate and affordable.

Cultural and Linguistic Competence. A coordinator with CLC certifications in behavioral health and I/DD consults with providers to improve access and engagement of underinvested communities. This supports agencies’ quality improvement efforts and compliance with State requirements, using the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare.

Reporting of Service-Level Data. Programs report service-level data through a HIPAA compliant online system introduced in 2017. CCDDDB staff are able to examine and report on utilization across programs as well as per person served.

I/DD Special Initiatives, formerly Community Integrated Living Arrangement (CILA) Expansion. This collaboration with the CCMHB was established to purchase and operate small group homes for people who unable to secure these services in their home county. During 2019, the CCMHB paid off the mortgages, and the Boards revised their intergovernmental agreement to prepare for several possibilities. Due to critical direct staff shortages, the homes were vacated and sold in 2021 and 2022. During 2023, the CCDDDB will contribute its final \$50,000 transfer, and the focus of the project will shift from housing to supports.

Challenging the Stigma Associated with Intellectual/Developmental Disabilities. Stigma is a barrier to services, funding, wellness, and full community participation of those who have I/DD as well as of their loved ones. The CCDDDB supports community anti-stigma efforts, including art shows, social media campaigns, traditional print and online resource guides, community awareness events, trainings, and a large disAbility Resource Expo. Board staff work with UIUC student groups and local organizations to plan and support events to challenge stigma and promote inclusion.

**Department Summary**

		2022 Actual	2023 Original	2023 Projected	2024 Budget
<b>Revenues</b>					
<b>Property Taxes</b>					
400101	Property Taxes - Current	4,511,249	4,857,487	4,875,607	5,179,568
400103	Property Taxes - Back Tax	7,246	2,000	2,500	2,415
400104	Payment In Lieu Of Taxes	1,210	4,000	4,000	4,000
400106	Mobile Home Tax	3,039	0	3,000	3,000
<b>Property Taxes Total</b>		<b>4,522,744</b>	<b>4,863,487</b>	<b>4,885,107</b>	<b>5,188,983</b>
<b>Misc Revenue</b>					
400801	Investment Interest	35,285	2,000	42,000	44,834
400902	Other Miscellaneous Revenue	0	5,000	5,000	5,000
<b>Misc Revenue Total</b>		<b>35,285</b>	<b>7,000</b>	<b>47,000</b>	<b>49,834</b>
<b>Interfund Revenue</b>					
600101	Transfers In	6,908	4,000	4,000	7,000
<b>Interfund Revenue Total</b>		<b>6,908</b>	<b>4,000</b>	<b>4,000</b>	<b>7,000</b>
<b>Revenues Total</b>		<b>4,564,938</b>	<b>4,874,487</b>	<b>4,936,107</b>	<b>5,245,817</b>

## Department Summary

		2022 Actual	2023 Original	2023 Projected	2024 Budget
<b>Expenditures</b>					
<b>Services</b>					
502001	Professional Services	358,450	407,118	400,501	425,371
502007	Insurance (Non-Payroll)	0	0	0	4,333
502025	Contributions & Grants	3,777,207	4,417,369	4,441,883	4,816,113
<b>Services Total</b>		<b>4,135,657</b>	<b>4,824,487</b>	<b>4,842,384</b>	<b>5,245,817</b>
<b>Interfund Expense</b>					
700101	Transfers Out	50,000	50,000	50,000	0
<b>Interfund Expense Total</b>		<b>50,000</b>	<b>50,000</b>	<b>50,000</b>	<b>0</b>
<b>Expenditures Total</b>		<b>4,185,657</b>	<b>4,874,487</b>	<b>4,892,384</b>	<b>5,245,817</b>

## Fund Balance

2022 Actual	2023 Projected	2024 Budget
3,123,528	3,167,251	3,167,251

Fund Balance Goal: The CCDDB's goal is to maintain a fund balance adequate to meet contractual and administrative obligations, including for agency services and supports, for six months. The majority of expenditures are payments to contracts with terms July 1 to June 30, and because the fund is lowest just before the first property tax disbursement of the year in June-July, payment schedules are adjusted to use as much of the fund as possible for these contracts. In recent years, the fund balance at this lowest point of the year has been between two and three months' operating expenses.

## Expense Per Capita (in actual dollars)

2022 Actual	2023 Projected	2024 Budget
\$22.56	\$23.68	\$25.48

## ALIGNMENT to STRATEGIC PLAN

### County Board Goal 1 – operate a high performing, open, and transparent County government.

With statutory responsibility to plan and evaluate systems of services and supports, CCDDB members and staff maintain involvement in state and national trade associations and advisory committees to maximize advocacy impact and contact with state and federal leadership.

Funding decisions are made in open, properly noticed meetings. Requests for funding are reviewed in open meetings prior to these decisions. Public participation is welcomed at meetings and study sessions. Members of the public may also offer input via Board staff by email.

Strategic plans and funding allocation priorities are reviewed and approved annually during open meetings, with opportunities for public and stakeholder input, and finalized before public Notification of Funding Availability is made, 21 days prior to the application period. A timeline for these and related activities is included in board packets, online, and upon request.

An online application and reporting system is maintained and updated to support these functions, at <http://cmhddbrds.org>. Members of the public, agency representatives, stakeholders, and CCDDB members and staff contribute to revisions of materials and online system.

At <http://cmhddbrds.org> are links to information about funded programs and other activities, along with downloadable documents of interest to agencies and the public.

During open meetings, Board members engage in review of requests for funding and in deliberations about final allocation decisions and any related policies and procedures.

Board members may use the online system to view: agency applications for funding; agency reports of service activity, financial activity, CLC progress, and annual performance outcomes; aggregate and sortable data; announcements; and downloadable documents. Service reports are made public, posted online or in board meeting materials, summarized, and available upon request.



All funded agencies use CCDDDB approved expenditure and revenue categories and accrual accounting. All are required to submit an annual audit, financial review, or compilation report, depending on total agency revenue level, prepared by an independent CPA firm. CCDDDB staff and consultant review these for alignment with standards and determination of agencies' financial standing.

Board meeting schedules, agendas, minutes, and recordings are posted for the public on Champaign County government's website.

Educational and collaborative opportunities advance the local system of services and supports.

Board staff have access to equipment facilitating office and remote work. The transition to Office 365 and cloud-based storage was completed in early 2022.

### **County Board Goal 2 – maintain high quality public facilities and roads and a safe rural transportation system.**

For fullest inclusion of people with I/DD, two small CILA group homes were maintained at a high standard from 2015 through 2020. Due to critical direct support staff shortages, the homes were vacated and sold in 2021 and 2022. This County Board Goal is no longer addressed directly, but rather through those portions of agency contracts covering costs related to service provider facilities.

### **County Board Goal 3 –promote a safe, healthy, just community.**

CCDDDB staff participate with leadership of regional health and behavioral healthcare providers and funders which have similar needs assessment and strategic health plan mandates or practices, around the shared goal of making this the healthiest community in the State.

A 211 call service is co-funded with the United Way of Champaign County. An accessible, comprehensive, searchable resource directory is maintained at <http://disabilityresourceexpo.org>. Organizations share updated resource information on behalf of the people they serve.

CCDDDB staff organize learning and networking opportunities for providers of I/DD services, collaborating with the UIUC School of Social Work to offer Continuing Education Units at no cost to participants.

Case management services improve coordination and access to benefits, services, and supports. A variety of services and supports are funded and monitored which increase the self-reliance, well-being, and community inclusion of people with intellectual/developmental disabilities.

With other units of government, educators, providers, stakeholders, and advocacy organizations, the CCDDDB collaborates on the planning of wellness and independent living programming for people with disabilities, innovative and recommended practices, and anti-stigma

initiatives, e.g., <http://champaigncountyAIR.com> and <http://disabilityresourceexpo.org>. The disAbility Resource Expo supports improving the health, inclusion, and quality of life of people with disabilities.

### **County Board Goal 4 – support planned growth to balance economic growth with natural resource preservation.**

In accordance with the establishing Act, the CCDDDB advocates at the state and national levels for and with people who use or seek I/DD services. Staff participate in trade association activities and committees, often advocating for other sources of revenue for services and for policy changes to improve the impact and cost.

The CCDDDB seeks to understand the impact of changes to state and federal programs, in order to make effective and ethical investments of local funds. Independently and through collaboration, the CCDDDB pursues sustainable, efficient supports with other funders and community partners.

The majority of this fund is allocated to community-based organizations to provide services, fostering a professional workforce which contributes to the economy and character of the County. In addition, effective programs allow people with I/DD and their families to thrive and contribute to the community's economy and culture.

### **County Board Goal 5 – Maintain safe and accurate county records and perform county administrative, governance, election, and taxing functions for county residents.**

In accordance with the Community Care for Persons with Disabilities Act, the CCDDDB allocates funding as established through the original referendum.

Online records are maintained at the County government website and <http://cmhddbrds.org>. Paper and electronic files are also maintained and stored as required by the Local Records Act.

## **DESCRIPTION**

The CCDDDB was established by referendum and operates under the requirements of the Community Care for Persons with Disabilities Act (50 ILCS 835). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The CCDDDB is responsible for planning, coordinating, monitoring, evaluating, and funding a comprehensive community-based system of intellectual/developmental disabilities programs and services.

Annually, applications for funding are assessed using CCDDDB established decision support criteria and are subject to the availability of funds. The nature and scope of applications vary significantly and may include treatment, early intervention, long term supports, service coordination and advocacy, and family support. Providers demonstrate financial and programmatic accountability, report on the impact of their services, and implement cultural and linguistic competence plans, as a condition of contracting with the CCDDDB. Providers and Board staff



meet monthly for updates and coordination. Collaboration with other government, funding organizations, peer networks, community-based providers, and parent/youth groups are also within the purview of the CCDDDB and enhance evaluation and planning.

## OBJECTIVES

Continue and expand virtual and technological options for engaging the community and people with intellectual/developmental disabilities, to align with relevant public health guidance and state and federal mandates and policies.

To identify best practices and overcome barriers experienced by persons with I/DD, continue involvement with state and national advocacy organizations and trade association I/DD committees, for meetings, webinars, and learning communities. In addition to increasing people's engagement with their community through integrated housing and employment, integrated non-work activities connect people to resources, friends, and family. Innovations in support of people's aspirations and preferences are of value.

Participate in collaborative efforts to identify local resources and needs. Through trade association committees and opportunities, advocate for Champaign County residents who have I/DD.

For planning and evaluation, use PUNS and other data on the service needs and outcomes of Champaign County residents with I/DD. Several programs report service-level data, allowing for analysis of service utilization and gaps. From those agencies accredited by the Council on Quality and Leadership, Performance Outcome Measure interviews may also inform the CCDDDB's planning.

Strategize with service providers and stakeholders to address the workforce shortage and remove barriers to expanding service provider capacity and upholding client choice.

With service providers, advocates, and stakeholders, plan for best supports for people with challenging behavioral issues and complex service needs. This effort may involve other Champaign County government, law enforcement, and healthcare providers, as well as non-traditional supports, in order to divert people with disabilities from unnecessary incarceration, hospitalization, and institutionalization.

Based on approved priorities and decision support criteria, issue contracts for services and supports for people who have intellectual/developmental disabilities.

Monitor program and financial accountability for all contracts with community-based organizations.

Through monitoring and collaboration, assist with improving services and access to services.

Based on the findings of the regional collaborative health plan (IPLAN) and community health needs assessment, implement FY2024 objectives for the CCDDDB Three Year Plan for FY2022-2024.

Define and refine outcomes, using input from stakeholders and people who use or seek services.

**Performance Indicators**

<b>Indicator</b>	<b>2022 Actual</b>	<b>2023 Projected</b>	<b>2024 Budget</b>
Number of contracts awarded and executed for services or supports for people with I/DD	15	15	15
Number of persons served who have I/DD (services for young children were co-funded by CCDDDB and CCMHB in PY21 but fully funded by the CCMHB in PY22 and PY23, lowering the total counts attributable to CCDDDB funding.)	920	920	950
Number of state or federal advocacy activities or reports completed by Board members and Staff	15	12	12
Number of desk reviews conducted (number of reports submitted) per agency contract	20 (28)	21 (28)	21 (28)
Number of agency contract compliance reviews by CCDDDB Staff, per contract	1	0.5	1
Number of improvements to the tracking or reporting of program performance, utilization, cultural and linguistic competence plans, or financial activities (i.e., an enhancement or revision implemented during the fiscal year)	4	2	2
Number of funded (not funded) agencies represented in collaborative meetings with board staff	6 (3)	7 (3)	7 (3)
Number of funded agency programs participating as target programs in the Evaluation/Outcomes project (new FY20)	1	2	2
Percentage of reports received in compliance with contract	90%	90%	95%

Coming this Fall!



Saturday, October 28, 2023  
11 am – 4 pm

Market Place Mall  
2000 N Neil St, Champaign, IL 61820

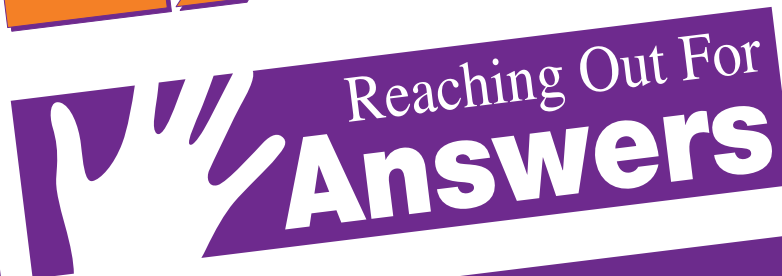
**A Family Friendly Event!**

A project of the Champaign County Mental Health and Developmental Disabilities Boards

[www.disabilityresourceexpo.org](http://www.disabilityresourceexpo.org)

**¡Viene en este Otoño!**

**DISABILITY  
RESOURCE  
EXPO**



**Sábado 28 de Octubre del 2023  
11 am – 4 pm**

**Market Place Mall**

**2000 N Neil St, Champaign, IL 61820**

**¡Un evento familiar!**

Un proyecto de las Juntas de Salud Mental y Discapacidades del Desarrollo del Condado de Champaign

**[www.disabilityresourceexpo.org](http://www.disabilityresourceexpo.org)**

## Receive a free ad in the 2023 Expo Resource Book

The Resource Book will be available again in 2023! Paper copies will be distributed to Expo visitors and throughout the community during the coming year. An online version, with a searchable, comprehensive directory can be found at [disabilityresourceexpo.org](http://disabilityresourceexpo.org). Sponsors at the Bronze Level or above may receive a free ad in the Resource Book.

Features and distribution will include:

- All Exhibitor Information
  - Name of Organization
  - Services Provided
  - Contact Information
- Advertisements from businesses supporting the Expo
- Resource Books are handed out to all visitors to the expo, as well as being distributed throughout the year to community members for ongoing use, and serve as an excellent resource for families.
- An online, cumulative resource directory, based on the Expo Resource Books, can be found at: [disabilityresourceexpo.org](http://disabilityresourceexpo.org)

### Expo Resource Book Ad Sizes:

Diamond Level	6.5" w x 9" h
Platinum Level	6.5" w x 9" h
Gold Level	6.5" w x 4.25" h
Silver Level	3" w x 4.25" h
Bronze Level	3" w x 2" h



# Sponsorship Opportunities

A **DISABILITY Resource Expo** for Champaign County & East Central Illinois

Saturday, October 28, 2023  
11 am – 4 pm

Market Place Mall  
2000 N Neil St, Champaign, IL 61820



The **DISABILITY Resource Expo** is a special project of the Champaign County Mental Health Board and Champaign County Developmental Disabilities Board, as well as community partners.

## Join Us by Lending Your Support!

For more information, please contact Dylan Boot at (217) 722-5281 or [wheelzothunder@gmail.com](mailto:wheelzothunder@gmail.com) or [www.facebook.com/resourceexpo](http://www.facebook.com/resourceexpo) or [www.disabilityresourceexpo.org](http://www.disabilityresourceexpo.org)

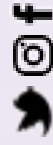
## An Important Community Resource

Our Mission: To provide full access to information and resources from a wide variety of agencies and organizations to promote a better quality of life for people with disabilities in Champaign County and East Central Illinois.

- The Expo offers Champaign County and East Central Illinois residents the opportunity to learn more about available resources in our area.
- The Expo links individuals with disabilities and their families to the community resources that will enable them to live more independently.
- The Expo helps educate all citizens about disabilities and how, together, we can make a difference!
- The Expo offers materials available in alternative formats (electronic, large print, etc.).
- The Expo has become recognized as a critical area resource event.

### Event Details

This exciting, annual, community-wide event will be returning on Saturday, October 28th, 2023, from 11 am – 4 pm at Market Place Mall in Champaign, IL, and will include up to 85 exhibitors, new trends and technologies, and limited entertainment.



Like us on Twitter, Instagram and Facebook. We'll brag about our sponsors on social media.

## How You Can Make A Difference

The Expo is a family friendly event bringing together many social service agencies, medical service and equipment providers, advocacy groups, and innovative technologies, that will answer questions for Champaign County and East Central Illinois residents regarding supports and services for people with disabilities.

Through your sponsorship you have an opportunity to lead the way in creating the most recognized resource expo in East Central Illinois. Together, we are making a difference! Thank YOU!

Six sponsorship levels are offered and can be monetary or in-kind support. Supporters must pledge their sponsorship by the due date to receive full acknowledgement.

**Due date for ALL copy is October 6, 2023.**

### Diamond Level (\$1000+)

- All benefits of Gold Level, plus...
- Logo on front cover or back cover of Expo Resource Book
- Full page ad (premium placement) in the Expo Resource Book
- Logo recognition on Diamond sponsorship signs at central location at Expo
- Company/organization name mentioned in publicity and promotion whenever possible

### RETURNING IN 2023:

#### RESERVED PRESENTATION SPACE

45 minute time slots, on Expo day, are available on a first-come basis

**Costs:** Diamond level — Free

Platinum level — \$100

Gold level — \$200

### Platinum Level (\$500-\$999)

- All benefits of Gold Level, plus...
- Your logo placed on main acknowledgement sign at central location at the Expo
- Full page ad in the Resource Book

### Gold Level (\$300-\$499)

- Listed as sponsor on main acknowledgement sign at central location at Expo
- A 1/2 page ad in the Expo Resource Book
- One commercial booth space if desired. Retail sales are permitted. (Includes a 6' Table—adjoining space is an additional \$200.

### Silver Level (\$150-\$299)

- A 1/4 page ad in the Expo Resource Book

### Bronze Level (\$100-\$149)

- Business Card sized ad in the Expo Resource Book

### Friends Level (under \$100)

- Acknowledgement letter

Booth availability is limited to disability-related service and resource provider organizations ONLY.

PY2023  
4<sup>th</sup> Quarter  
Service Activity  
Reports

for I/DD programs funded by  
the Champaign County Developmental Disabilities Board  
and Champaign County Mental Health Board





**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **CCRPC - Community Services**

Program: **Decision Support PCP** Period **Fourth Quarter PY23**

Submitted **07/21/2023** by **JMCCANN**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>50</b>	<b>300</b>	<b>200</b>	<b>320</b>	
Quarterly Data (NEW Clients)	<b>11</b>	<b>104</b>	<b>70</b>	<b>45</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Outreach events and Individual Education Plans within the transition consultant program reduced during quarter 4 due to the end of school year. Though total outreach events were low, the turnout for attendees (or service contacts) was beneficial and is on target for the quarter. During quarter 4 and the totality of PY23, staffing has been at a deficit. However, the program is fully staffed entering into PY2024, with high expectations for positive forward movement.





**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Community Choices, Inc. DDB**

Program: **Customized Employment** Period **Fourth Quarter PY23**

**Submitted 08/25/2023 by CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					
Quarterly Data (NEW Clients)	<b>2</b>	<b>743</b>	<b>0</b>	<b>5</b>	<b>1030</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

2 CSEs in Q4: Jettie Rhodes Neighborhood Day (6/2023), TPC Family Informational Event (this was actually in March, 2023, but we forgot to report it in Q3 reports)

743 claims were reported via the online claims reporting system.

0 NTPCs

5 new TPCS were reported in Q4

1030 direct hours were reported via the online claims reporting system.



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Community Choices, Inc. DDB**

Program: **Inclusive Community Support (Com Living) Period Fourth Quarter PY23**

**Submitted 08/25/2023 by CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>4</b>	<b>3539</b>	<b>15</b>	<b>30</b>	<b>4100</b>
Quarterly Data (NEW Clients)	<b>3</b>	<b>123</b>	<b>2</b>	<b>2</b>	<b>59</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

3 CSEs in Q4: Jettie Rhodes Neighborhood Day, TPC Family Informational Event (this was actually in March, but we forgot to report it in our Q3 reports), CU Care App conversation

123 service contacts for personal development classes were recorded in Q4. 480 claims for TPCs were reported via the online claims system.

2 new NTPCs were recorded in Q4. NTPCs include personal development class participants.

2 new TPCs were opened in Q4.

59 direct hours were recorded for Q4. Direct hours is time spent planning and implementing personal development classes. 614 hours with TPCs were reported via the online claims system.



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Community Choices, Inc. DDB**

Program: **Self-Determination Support** Period **Fourth Quarter PY23**

Submitted **08/25/2023** by **CCCOOP**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					
Quarterly Data (NEW Clients)	<b>2</b>	<b>854</b>	<b>15</b>	<b>0</b>	<b>452</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

2 CSEs in Q4:

TPC Family Instructional Event (this was actually in March of 2023, but we forgot to report it in Q3)

Jettie Rhodes Neighborhood Day

854 total SCs were recorded in Q4. (519 with members with disabilities; 335 with family members)

15 new NTPCs were recorded in Q4. (Of the 15 new NTPCs, 6 were members with disabilities and 9 were family members)

452 direct hours were recorded in Q4.



## Developmental Disabilities Board

### Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Clinical Services** Period **Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>10</b>	<b>6</b>	<b>59</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>7</b>		<b>6</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Community Service Events: In April, DSC staff shared information about services, including clinical supports, at the Autism Walk.

Individual Info: Seven individuals received two types of clinical services.

Service/Screening Contacts: There were seven screening contacts this quarter. 1. Team concerned as there had been an increase in aggressive behavior and threats of self-harm. Did not connect well with Promise Counselor. Carle refused to see due to poor follow through in the past. Would work best with a counselor who specializes in LGBTQ issues. Appointment secured at Elliott Counseling Group (ECG) and individual has attended several sessions. 2. Team requesting counseling services. Had a counselor in the past, but she retired. Carle told him the wait would be 12+ weeks. Dealing with more immediate issues and unable to wait that long. Also needed a female counselor. Unable to secure appointment with female counselor at Promise. Referred to ECG and has attended a few appointments. 3. Individual requested psychiatry services in pursuit of interventions to help decrease her anxiety. Has been part of the DSC practice in the past with current psychiatrist. Does not feel comfortable with Rosecrance support at this time and wait list at Carle is at least three months. Secured appointment with psychiatrist in less than a month through DSC Clinical services. This is a new service as they are already open for counseling. 4. Referred for a psychological evaluation in order to gain more information regarding his diagnosis as well as best ways to support him through DSC. 5. Referred for a psychological evaluation in order to gain more information regarding his diagnosis and best ways to support him through DSC services. 6. Referred for a psychological evaluation due to previous assessments being several years old, changes in his family support, and changes in his level of functioning. 7. One individual moved back into Champaign County and continued with arranged counseling with preferred provider.

Update on Community Access: Based on feedback from individuals and families, as well as members of the Champaign County Behavioral Workgroup, access to providers that take Medicaid is still limited in our community. Access to counselors that have experience with the needs of LGBTQ+ population is still limited. Reached out to three providers and did not receive calls or emails despite multiple messages left. DSC Clinical Services secured a new counselor who is seeing individuals that need ongoing therapy after their counselor retired in February. Psychological evaluations began with our recently contracted psychologist this quarter.

Update on Clinical Wellbeing Assessment: The Clinical Wellbeing assessment was sent out to a total of 32 individuals during the last year. Twenty-four assessments were returned (19 had scores of five, four had scores of four, and one had a score of three.) Did not send to the individuals whose counselor retired. Will send to them next fiscal year if established with a new provider through clinical services.

Technology Training/Access Update: Telehealth is used less frequently than before, however, continues to be an option for some individuals. Most state they prefer in-person sessions. One counselor still does sessions primarily through telehealth. Psychiatry utilizes telehealth options for guardians who can't attend the appointment in person and this hybrid approach to the appointment seems to work well for all involved.

Extra Reporting Time: Ten hours total this quarter. Seven hours of clinical time for billing, reporting, scheduling, quarterly summaries, and discussions regarding psychiatry and counseling practices. Three hours coordinating/discussing screening contacts.



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Community Employment** Period **Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>15</b>		<b>88</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>4</b>		<b>5</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

In addition to job development and offering support to those working, the Employment Specialists came together to develop a group open to individuals employed in the community to encourage a healthy work-life balance. Employment Plus meets to bring together individuals with the intention of supporting each other, learning from each other and having fun. The group is only a few months old but has enjoyed bowling together and attending an outdoor event in Urbana listening to a band. Members are communicating with each other and with Employment Specialists to plan the next get-together. Members are interested in not only community activities but also learning about topics like how to deal with a challenging work environment, relaxation tips, and internet safety.

Supported employment continues at multiple work sites, including Hessel Park Church, The Independent Media Center, Advanced Medical Transport and the Champaign Park District.



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Community First Period Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>5</b>	<b>50</b>	<b>50</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>7</b>	<b>2</b>	<b>6</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

The fourth quarter was filled with wonderful opportunities for people to experience and learn new things. The Anime Group planned a trip to Indianapolis to attend the Indiana Comic Con. At the convention, group members were able to participate in panel discussions focusing on Japanese animation, art, and storytelling. The shining moment of the convention was a meet and greet with a famous anime voice actor. This group is comprised of several people who had a prior interest in Japanese animation, and a few that were interested in exploring something new. By the end of the group all participants held the same interest and long-lasting connections were made.

Other groups that created a thriving environment for shared interests were Movie Buffs, Role Play and Fan Club, as well as Basketball/Video Games. Also offered on the foundation of promoting shared interests was Women’s Group. This group is made up of several women who were seeking a safe space to discuss matters of importance as well as exploring topics of advocacy.

Opportunities for community connection through wellness included Health Matters, Zumba, Water Walking, and Hiking. Zumba and Water Walking were classes offered at the Stephen’s Family YMCA and included the participation of community members in an integrated class. New this session was Crazy 4 Sports, a group designed to explore opportunities in our community to play various sports. The group played field hockey in Hessel Park, utilized Dodd’s soccer fields, and learned the basics of volleyball on the University of Illinois campus.

Through our mid-group surveys, we consistently heard that volunteering is a strong interest across the program. Due to the feedback, we expanded the offering of Salt and Light volunteering to include an additional day and also volunteered at the Moore’s Rescue Ranch.



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Community Living** Period **Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target		<b>6</b>	<b>0</b>	<b>78</b>	
Quarterly Data (NEW Clients)		<b>3</b>		<b>3</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Community Living staff provide assistance with budgeting, medical appointments, shopping, and home maintenance. This assistance is hands-on and happens in the community or at the individuals' homes. Community Living staff also continue to provide education and training in the use of technology to promote independent living. This includes teaching individuals to use pharmacy websites/apps for calling in medication refills, ordering groceries online, using the MTD phone app to map out bus routes, and utilizing patient portals to track and schedule medical appointments.

All of the participants in Community Living access their communities – banking, shopping, and enjoying community events as they desire. For those who want, they can also join in planned events called Community Experiences. This is where staff and individuals plan specific activities. This quarter a group enjoyed putt-putt golf and dining at a local restaurant.

Three new individuals joined the program this quarter.





## Developmental Disabilities Board

### Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Connections Period Fourth Quarter PY23**

**Submitted 08/15/2023 by VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>5</b>	<b>0</b>	<b>12</b>	<b>25</b>	
Quarterly Data (NEW Clients)	<b>3</b>		<b>1</b>	<b>5</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

The Crow served as a venue for the Boneyard Arts Festival this year, bringing in nearly 500 visitors throughout the weekend. During the festival, products made by Crow artists were available for sale. Products were also available for purchase at the Ebertfest Art Show in April. An AIR Art Show was hosted at the Crow on May 20th.

Groups offered at the Crow this quarter focused on helping participants to hone in on their talents and develop as artists. The Photography group took full advantage of the beautiful weather and snapped shots of local parks, wildlife, and architecture. This group has continued to grow their skills since its inception; some participants have taken what they learned and put it into practice on their own time.

Art Potpourri continued this quarter after success in the recent past. Led by a professional artist, this group’s focus is the development of each artist’s interests and talents. Some of the completed works from this group will be printed in limited numbers and featured at upcoming fairs and festivals. Also led by a professional artist was the Printmaking group. In this group, participants learned how to block print with found and created items. These were then used to print scenes and abstract images.

Drawing continued and expanded on the content offered in previous group cycles. The participants explored self-portraits, still life, and even Japanese Manga concepts. The Manga art had good feedback from participants and plans to expand that to a full course are in the works.

Jewelry making also continued with new participants. In this group, they have focused on using polymer clay to make beads and pendants, assembling bracelets and necklaces. These items will be available for sale at the Crow in the future.



## Developmental Disabilities Board

### Quarterly Program Activity / Consumer Service Report

Agency: **Developmental Services Center**

Program: **Employment First Period Fourth Quarter PY23**

**Submitted 08/15/2023 by VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>25</b>		<b>0</b>	<b>0</b>	
Quarterly Data (NEW Clients)	<b>23</b>				
Continuing from Last Year (Q1 Only)					

**Comments:**

Employer Trainings during fourth quarter totaled 23.

- 17 LEAP Trainings
- Champaign-Urbana Nursing & Rehab-61874; Attended a virtual LEAP training on 04/03/23. The Activities Director attended.
- Circle of Friends Adult Day Center – 61820; Attended a virtual LEAP training on 04/03/23. The Director of the facility attended.
- CRIS Healthy Aging – 61822; Attended a virtual LEAP training on 04/20/23. The Memory Care Program Manager and two interns attended.
- AAA Life Insurance Agency – 61820; Attended a virtual LEAP training on 05/18/23. One Licensed Insurance Agent attended.
- Sam’s Club – 61822; Attended a virtual LEAP training on 05/18/23. The Training & Sales Manager attended.
- Illini Insurance Agency, Inc. – 61874; Attended the LEAP training on 05/18/23. One Licensed Insurance Agent attended.
- Champaign County Fairgrounds – 61801; Attended the LEAP training on 05/23/23. The Director of the fairgrounds attended.
- Curly Girl Productions, LLC – 61866; Attended the LEAP training in person on 05/25/23. The owner of the business attended.
- The Villas of Holly Brook – 61866; Attended the LEAP training in person on 05/25/23. The Community Relations Manager attended.
- The Village of Rantoul – 61866; Attended the LEAP training in person on 05/25/23. The Village Administrator and one of the Public Officials attended.
- Lincoln’s Challenge – 61866; Attended the LEAP training in person on 05/25/23. The Public Relations Officer and two Cadets completed the training session.
- ET’s Downtown Rantoul; 61866 – Attended the LEAP training in person on 05/25/23. One Manager attended the training session.
- Rantoul Chamber of Commerce – 61866; Attended the LEAP training in person on 05/25/23. The Director of the Chamber attended.
- Credit Union 1 – 61866; Attended the LEAP training in person on 05/25/23. The

Branch Manager attended the training session.

- Lanz Plumbing, Heating & Cooling, Inc – 61822; Attended the LEAP training in person on 06/05/23. The President, HR Specialist, and HVAC Manager attended the training session.
- Promise Healthcare – 61820; Attended the LEAP training virtually on 06/15/23. The VP of Administration and HR Generalist attended the training session.
- CVS – 61874; Attended the LEAP training virtually on 06/15/23. The Manager of the Savoy location attended.

#### Six Frontline Staff Trainings

- City of Champaign – Equity & Engagement Department – 61820; Attended the Frontline Staff Training in person on 05/11/23. Members of the Equity & Engagement team joined the training session.
- Urbana Park District (Aquatics Center) – 61802; Attended the Frontline Staff Training in person on 05/12/23. Multiple part-time & seasonal staff members attended the training session.
- Urbana Park District (Nature Center) – 61801; Attended the Frontline Staff Training in person on 05/22/23. A total of 23 Camp Leaders attended the training session.
- Urbana Park District (Phillips Recreation Center) – 61801; Attended the Frontline Staff Training in person on 05/30/23. A total of 10 members from the Arts Camp attended the training session.
- Urbana Park District (Athletics Camp) – 61801; Attended the Frontline Staff Training in person on 06/02/23. A total of 12 Camp Leaders/Camp Coordinators attended.
- Bundles of Joy Learning Center – 61821; Attended the Frontline Staff Training in person on 06/16/23.

This quarter the following LEAP trained businesses hired jobseekers through DSC or Community Choices: Coldwell Banker Realty, McDonalds, Urbana Park District, and Big Grove Tavern. During this quarter, 100 people in the community were introduced to the LEAP program via email, networking events, and visiting businesses (cold calling). Once businesses complete the LEAP training, they are contacted one month after the completion of the training. During the follow up conversation, the main focus is discussing the process of job carving. This quarter, the LEAP Program met with individuals from the following businesses to discuss job carving: Rapture Media; Lanz Plumbing, Heating, and Cooling; Village of Rantoul; Rector Construction; Keller Williams Realty; SafeWorks IL; and Urbana School District #116.

The “Take the LEAP Podcast!” released a new episode which featured members from the Champaign-Urbana Special Recreation team. The episode discussed unconscious biases and the importance of challenging them. The podcast can be accessed on Spotify.

This quarter, the LEAP Program presented to the U of I School of Social Work. This is the second time that the LEAP Program presented the training to a Social Work class at the U of I. As the relationship continues to grow, we hope to present to more classes.

The LEAP program continued to spread information about the Champaign County Directory of Disability-Inclusive Employers. Pamphlets were handed out to businesses and information was shared about the directory at networking events this quarter. A total of 65 people were introduced to the directory this month. Since the launch date, 50 businesses have joined the directory. The LEAP Program purchased a domain this quarter for the new Champaign County Directory of Disability-Inclusive Employers website. Therefore, it will be easier for individuals to access the directory online. The website will be more accessible in terms of visual appearance and will offer more information on accessibility. Also, the new website will include the following: the about me section (Ashely and Maggie), history about the LEAP program, section for businesses, section for jobseekers, a list of LEAP trained businesses, resources section, and an area where jobseekers can tell us where they secured a job with a LEAP trained business. Once the directory is created, the LEAP Program will contact PIXO (local tech company) and have an accessibility audit done. Therefore, we know the website is ADA compliant.





**Mental Health Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Family Development** Period **Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>15</b>	<b>200</b>	<b>0</b>	<b>655</b>	
Quarterly Data (NEW Clients)	<b>5</b>	<b>101</b>		<b>156</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Family Development had a busy quarter with developmental screenings. Increased partnerships and collaboration across Champaign County have resulted in more referrals for screening and service linkage for therapies. Additionally, Family Development offered numerous groups throughout the summer for parent-child networking, play, and support. Groups have led to increases in number of families and children served.



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Individual and Family Support Period Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>8</b>	<b>27</b>	<b>19</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

This grant supports people in day program and in intermittent direct support/respice services.

- Even though the individuals in the IFS day program continued to receive 1:1 support throughout their day, an emphasis this quarter was to expand their participation with peers, both in-center and in the community. Since joining more Community First and Community Day Services groups, their 1:1 staff members have noticed that a few participants are using more words, interacting more with friends, and following instructions more regularly. Examples include one woman being able to identify the correct peer and give her an item when her staff member asked her to do so, another man approaching a friend and asking “wanna run?”, as they both take off sprinting, and another guy continuing to show more comfort joining small groups of friends in the community.
- One person continues to use his communication device to make his wants and needs known throughout his day and in different environments, and as noted, a few others are verbalizing more often and expanding their vocabulary as they continue to build trust with staff and interact more with friends.
- IFS participants were out and about this Spring, visiting: AMBUCs Park, Zahnd Park, Meadowbrook Park, Lake of the Woods, Lincoln Square Mall, Marketplace Mall, Harvest Market, Salt and Light, CVS, and Wal-Mart.

Respice services have enabled families to get a break, have additional experiences, and attend community events by having a respice provider to work with their son/daughter. Families are appreciative of the support.

One family requested for their daughter to attend a U of I wheelchair camp. This opportunity gave her daughter a fun recreational activity to participate with peers and learn new things. Another request was for a much-needed activity chair for their daughter that had been denied twice by insurance. This mother stated “It is amazing to see her sitting so straight and supported. She uses her hands so much more to play with toys because she is supported in her trunk.”



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Service Coordination** Period **Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>2</b>	<b>70</b>	<b>33</b>	<b>280</b>	
Quarterly Data (NEW Clients)	<b>1</b>	<b>9</b>	<b>1</b>	<b>10</b>	
Continuing from Last Year (Q1 Only)					

**Comments:**

Case Managers continue to ensure individuals are safe and have the supports they need. This quarter Case Managers:

- Assisted in looking for a safe place for someone to live and supported them with documents required by the Housing Authority.
- Applied for Social Security benefits for someone due to lost income. Also connected them to relevant community resources.
- Along with other team members, assisted an individual who has had a broken air conditioner to advocate to their landlord and access the tenant union as well.
- Assisted an individual with their vehicle and navigate related legal aspects. Provided support, researched resource options, and continued to build trust as this individual’s living situation/environment changes.

Case Managers continue to collaborate with other team members and the Independent Service Coordination Unit, assisting some guardians to better understand what guardianship is and means, restrictions as a last resort, alternatives to restrictions, as well as the rights of the people we serve. Education continues with guardians, parents, and clients on the HCBS settings rule that came into full implementation this year.



**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **Developmental Services Center**

Program: **Workforce Development and Retention** Period **Fourth Quarter PY23**

Submitted **08/15/2023** by **VICKIE2010**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target					<b>160</b>
Quarterly Data (NEW Clients)					<b>128</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

DSC staff greatly appreciate the retention and training bonuses!

During 4th quarter six staff completed training and received a bonus and 122 staff received a retention bonus.

John Raffaele, Director of Educational Services for the National Alliance for Direct Support Professionals (NADSP), conducted four different professional development sessions in May 2023. Over 40 staff attended each of the four interactive sessions.

- Two 90-minute sessions on the Code of Ethics introduced the nine tenets of the profession which are also being highlighted in DSC’s monthly newsletter and further discussed in program meetings.
- Two 3-hour sessions on the Culture of Competence were also presented in May. This training introduced 15 competency areas that guide the profession in supporting personal autonomy, access to integrated settings, informed choices and person-centered practices.

DSC’s NADSP membership was shared with all staff so they can access trainings online, receive informative emails and have access to the NADSP Frontline Initiative newsletters.





**Developmental Disabilities Board**

**Quarterly Program Activity / Consumer Service Report**

Agency: **PACE, Inc.**

Program: **Consumer Control in Personal Support** Period **Fourth Quarter PY23**

Submitted **07/19/2023** by **SHERRY**

	Community Service Events (CSE)	Service / Screening Contacts (CS)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	<b>15</b>	<b>200</b>	<b>65</b>	<b>0</b>	<b>6</b>
Quarterly Data (NEW Clients)	<b>5</b>	<b>45</b>	<b>9</b>	<b>0</b>	<b>2</b>
Continuing from Last Year (Q1 Only)					

**Comments:**

PACE offered orientations via zoom and 1:1 appointments at PACE's office during this quarter to recruit PSWs. Due to the decrease inquiries of potential PSWs, PACE continues to do outreach activities, job postings and attending community events to attempt to recruit PSWs. PACE staff was part of the Champaign library job fair event.

No TPCs due to people being served through this funding are people seeking employment as PSWs and not consumers with I/DD. Continued collaboration is taking place with IRC, DSC, Community Choices, and CCRPC-ISC, in that they are referring individuals with I/DD and their family to PACE to hire a PSW that was oriented and put onto a registry through this funding.

PACE continues to reach out and attempt to collaborate with the Illinois School of Social Work, Arc of Illinois, Family Matters, parent group at Community Choices, IRC, NAMI and DSC.

PACE continues to offer quarterly PSW advisories to provide an extra opportunity for consumers and PSWs to get connected and discuss topics about the PSW program. The PSW advisory also provides an opportunity to discuss topics to improve the employer/employee relationship. The last online PSW advisory occurred on, Friday, June 2, 2023.

PACE would like to note that during this quarter recruiting efforts was affected by potential PSWs not passing the background checks to be successfully added to the PSW registry. As a result, for this quarter there was two (2) potential PSWs that were not successfully added to the PSW registry

PACE also collaborated with Champaign library by attending the community job fair and Urbana High School for a disability awareness event at PACE.

For the Fourth Quarter PY23, PACE has sent out five (5) PSW referrals

# PY2023 Service Data Charts

for I/DD programs funded by  
the Champaign County Developmental Disabilities Board  
and Champaign County Mental Health Board

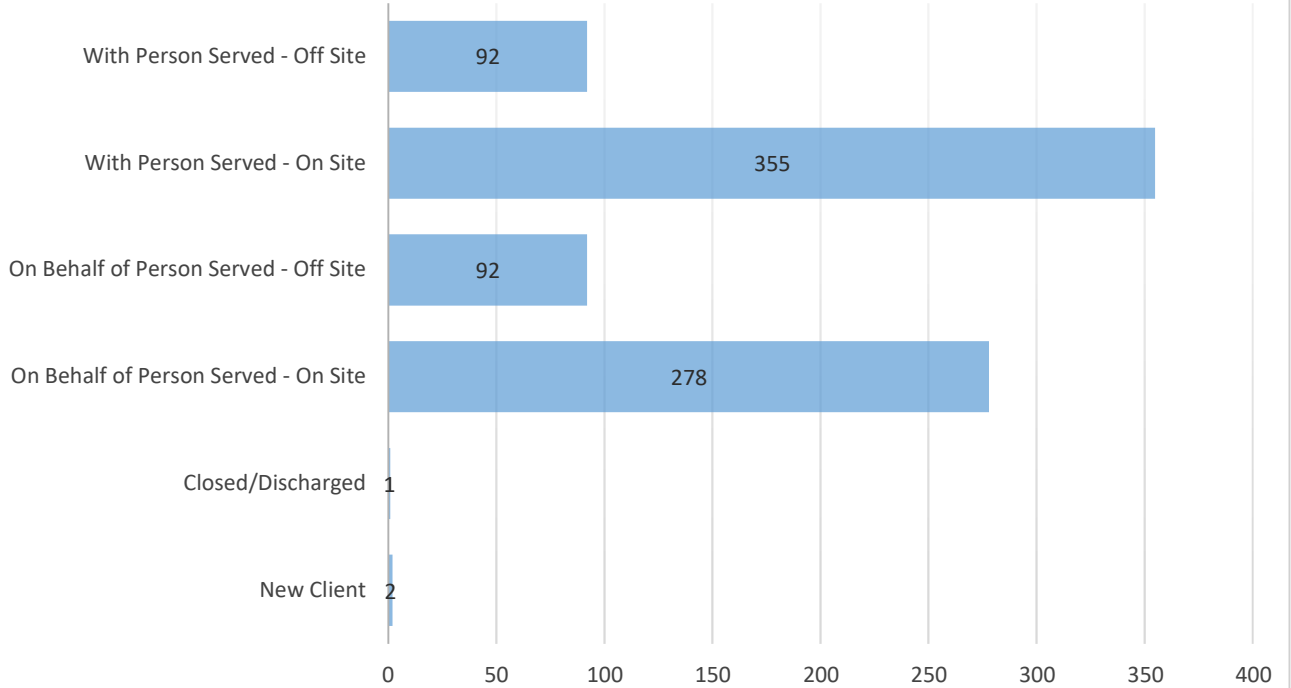
# CCRPC - Community Services

Decision Support Person \$323,550

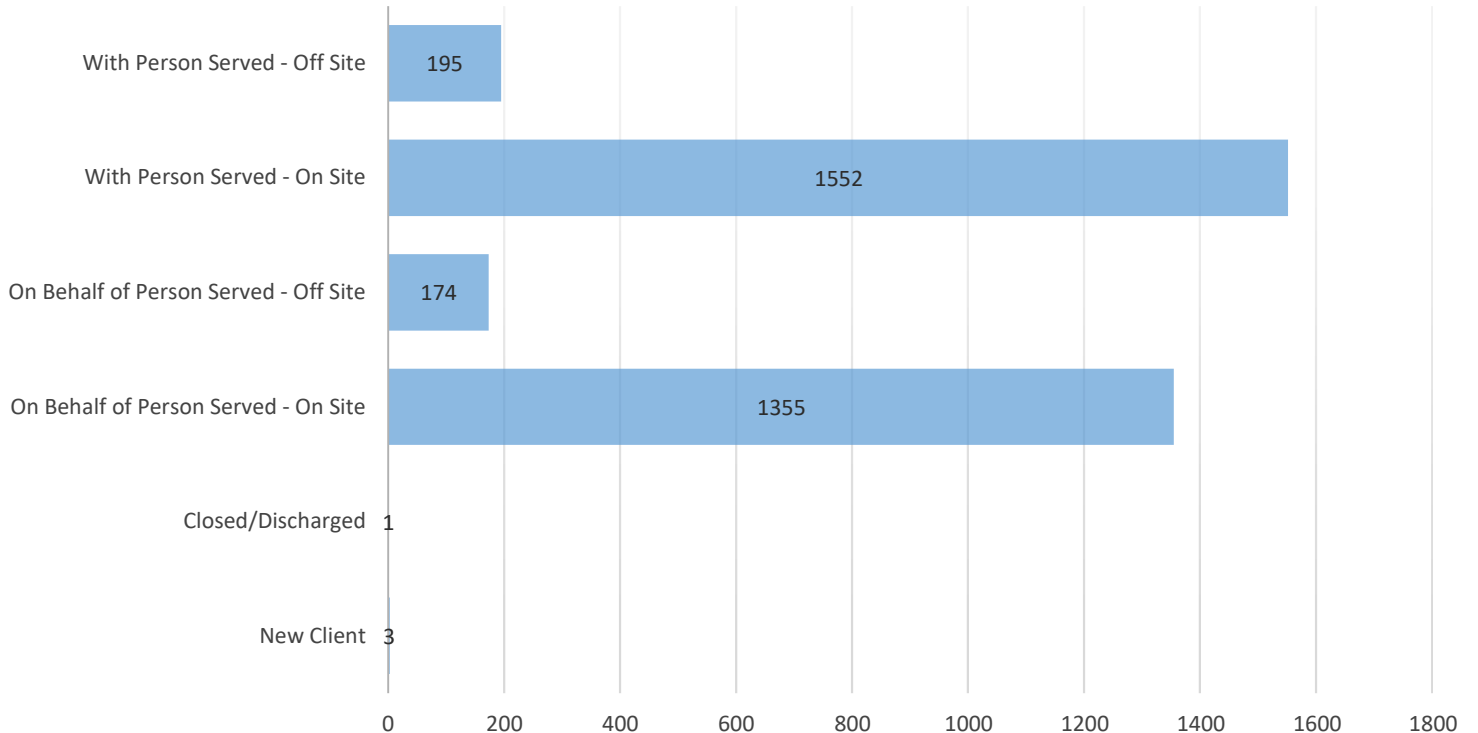
PY23

377 people were served, for a total of 3,280 hours

## PARTICIPANTS PER SERVICE ACTIVITY



## HOURS PER SERVICE ACTIVITY



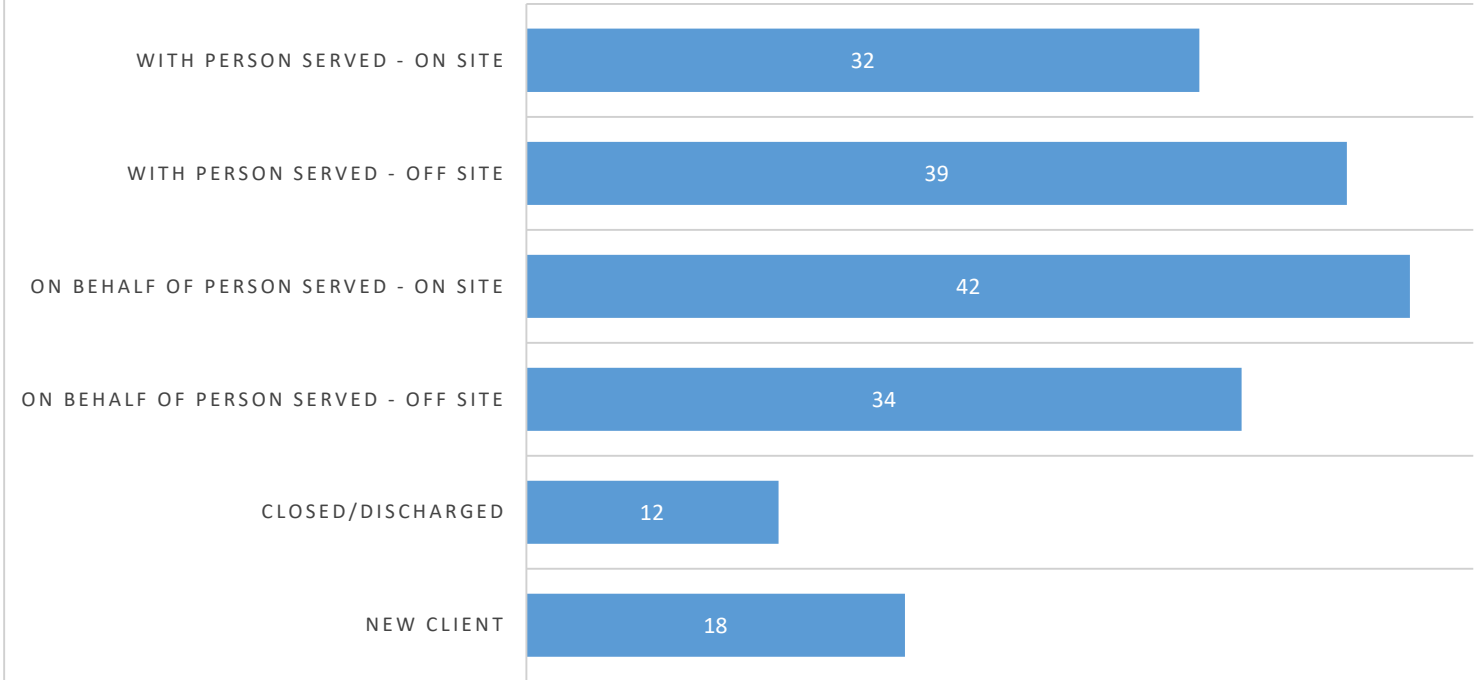
## Community Choices

Customized Employment \$217,500

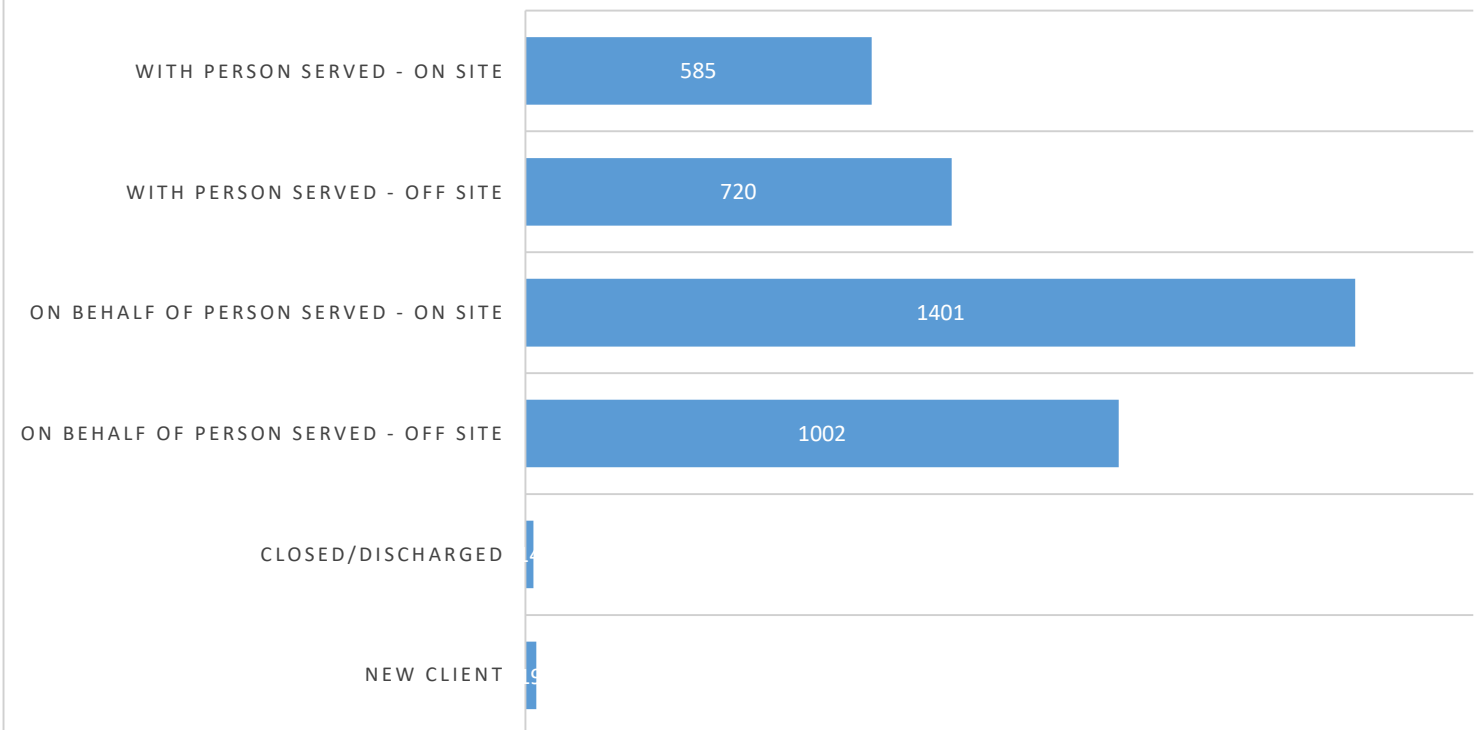
PY23

51 people were served for a total of 3,741 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



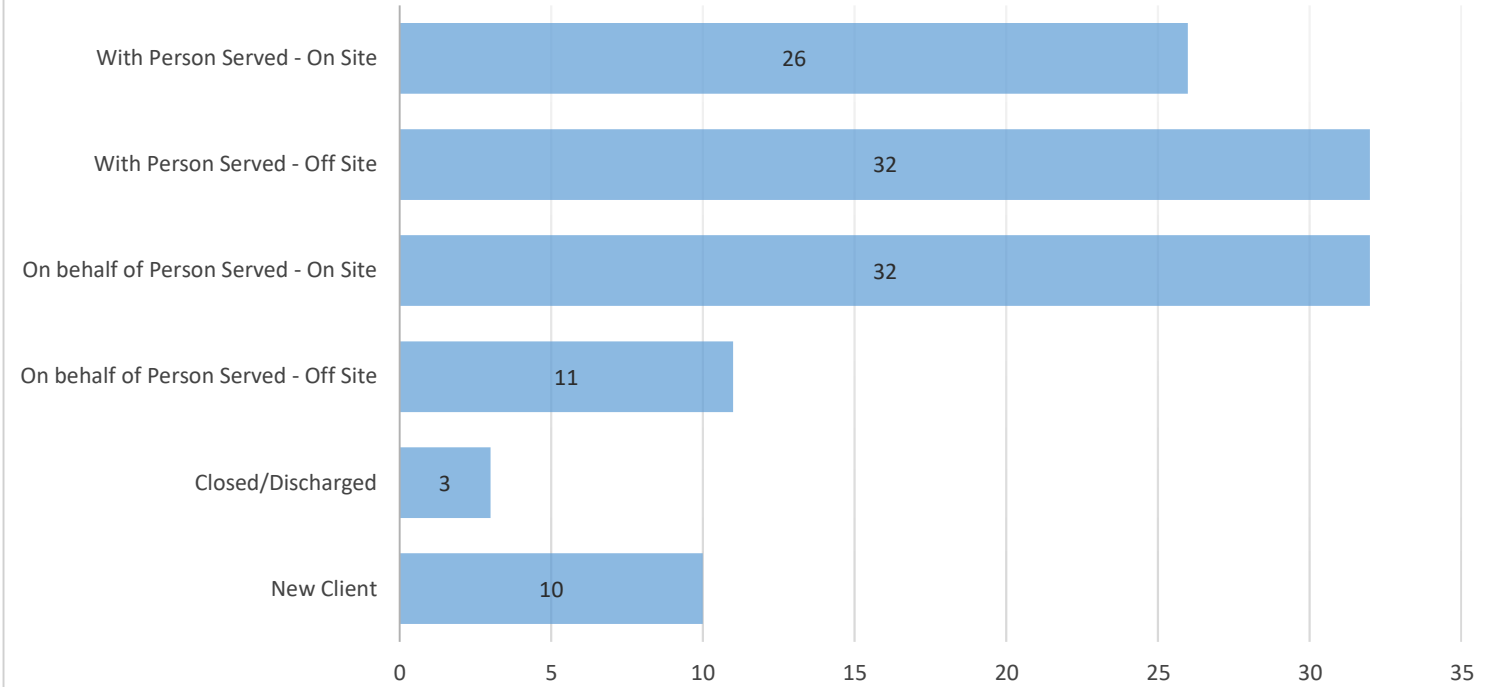
## Community Choices

Inclusive Community Support \$193,874

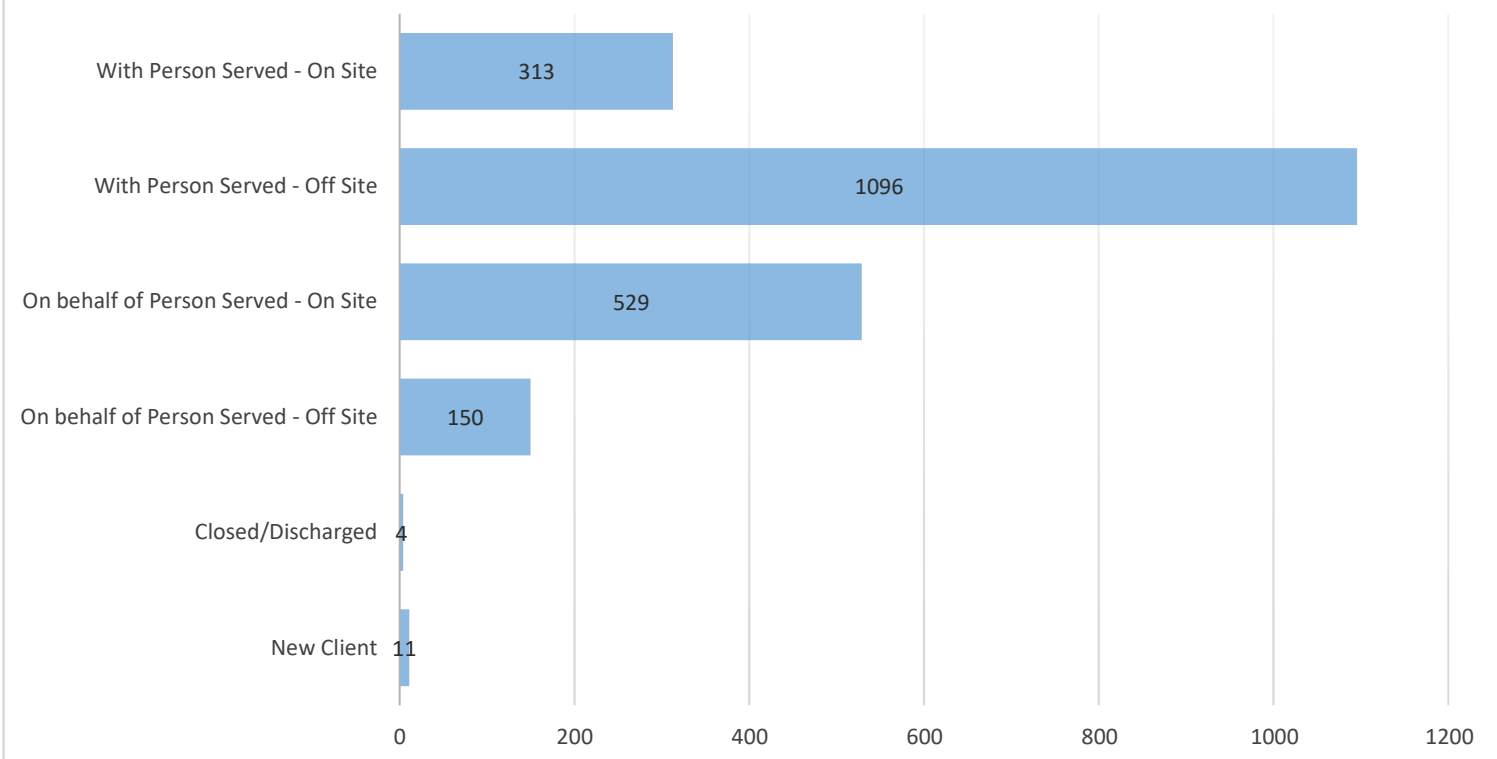
PY23

33 people were served for a total of 2,103 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



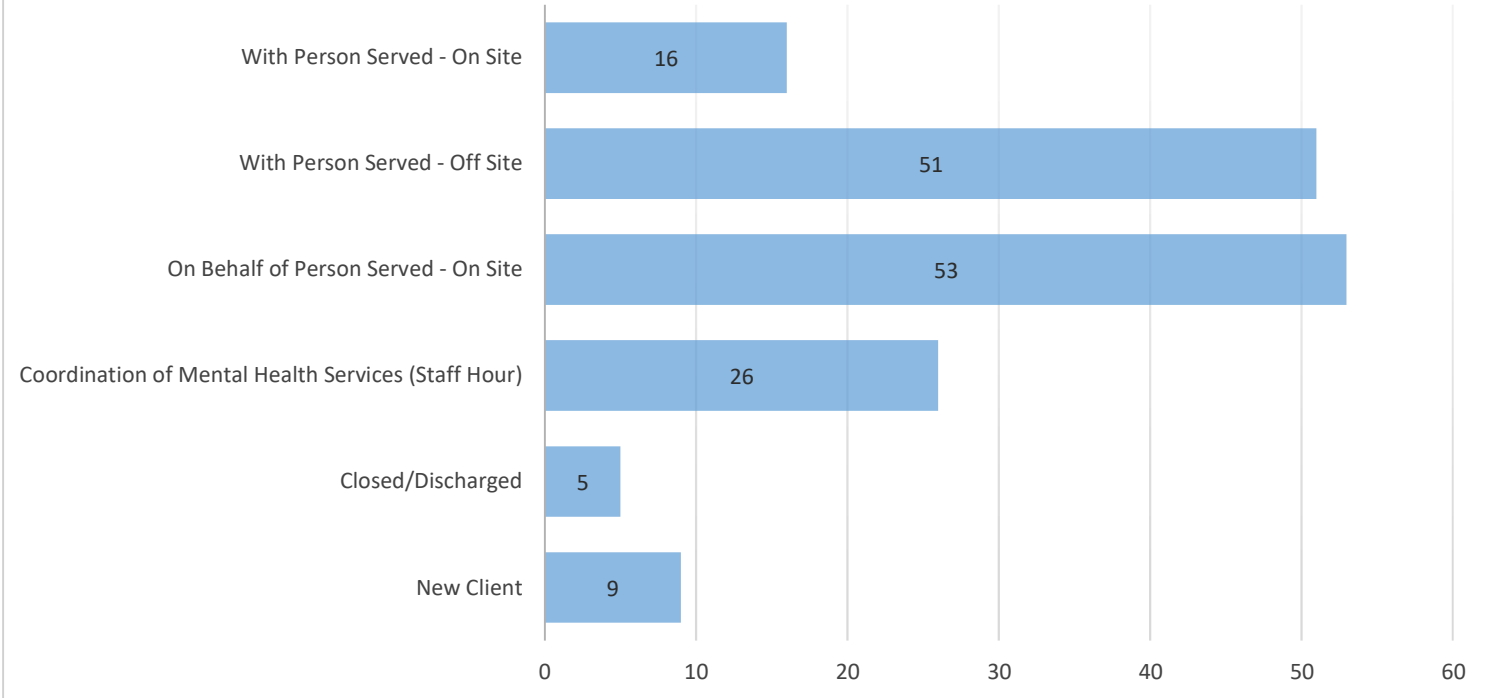
**DSC**

Clinical Services \$184,000

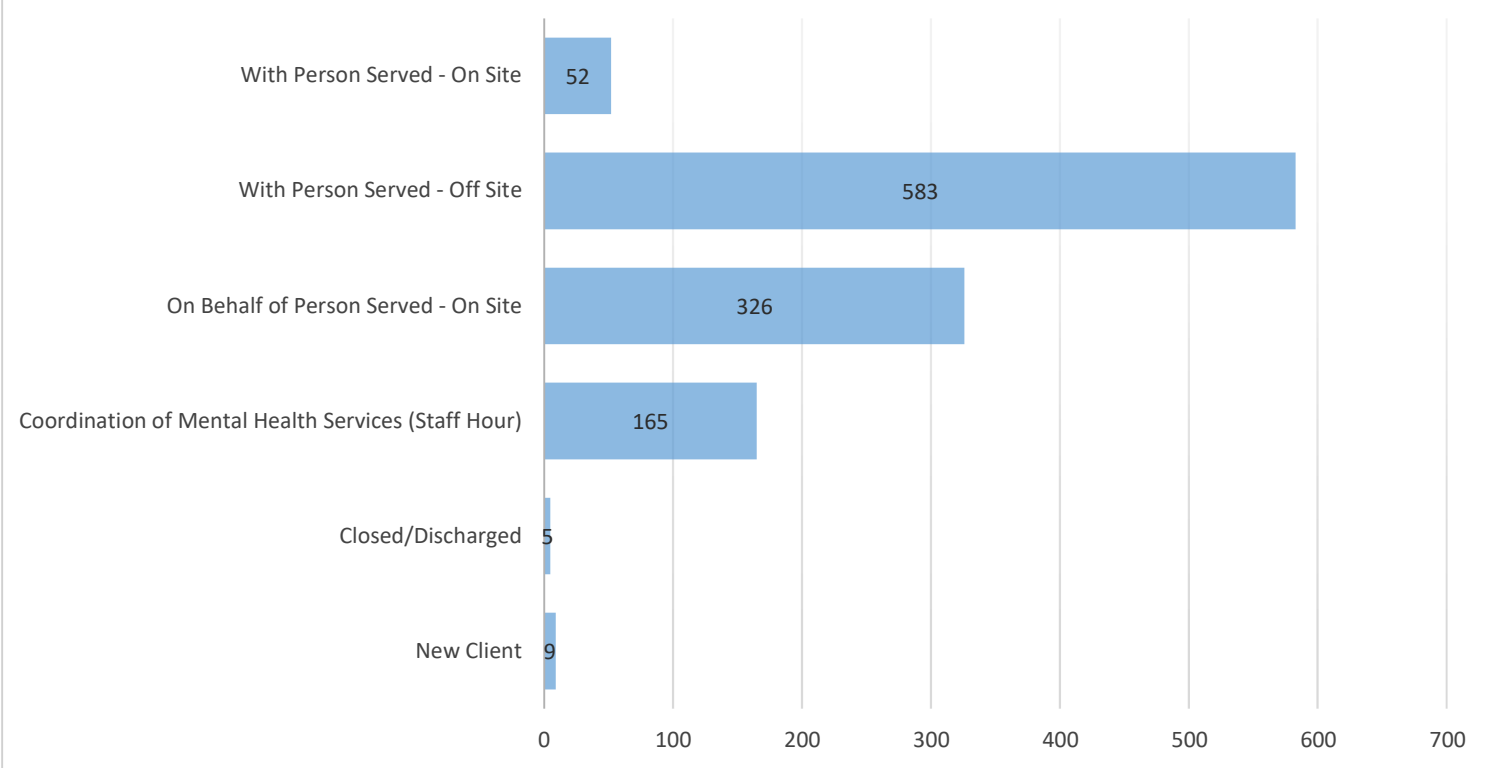
PY23

55 people were served for a total of 1,140 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



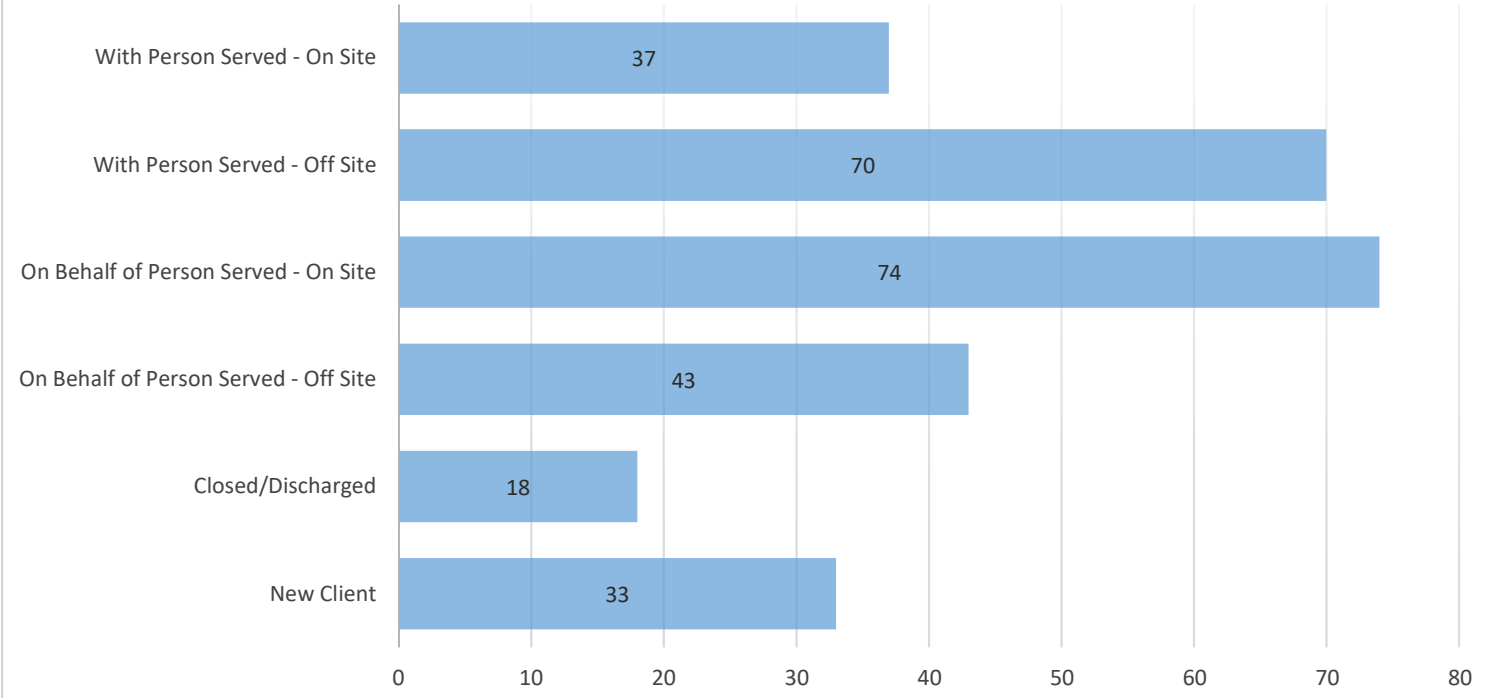
**DSC**

Community Employment \$435,000

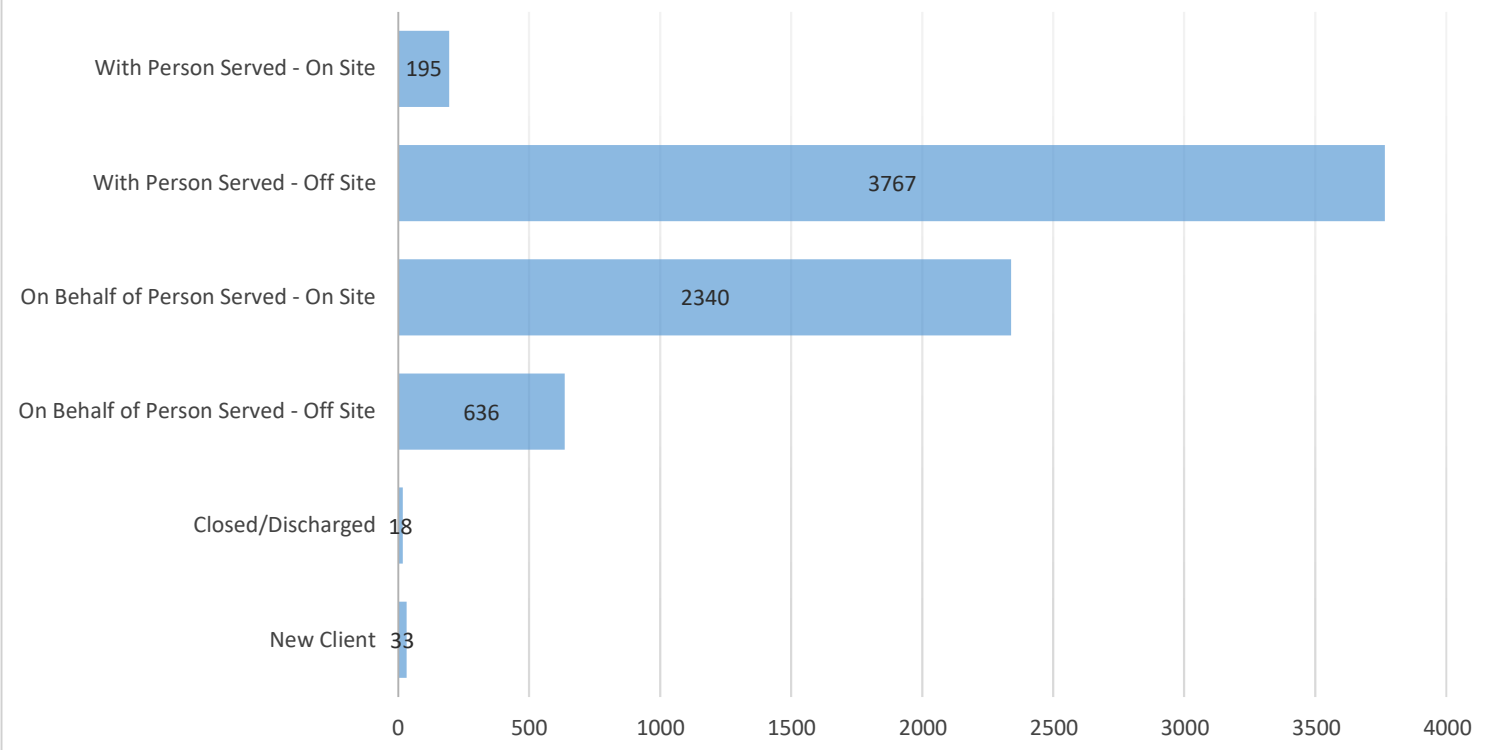
PY23

95 people were served for a total of 6,989 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



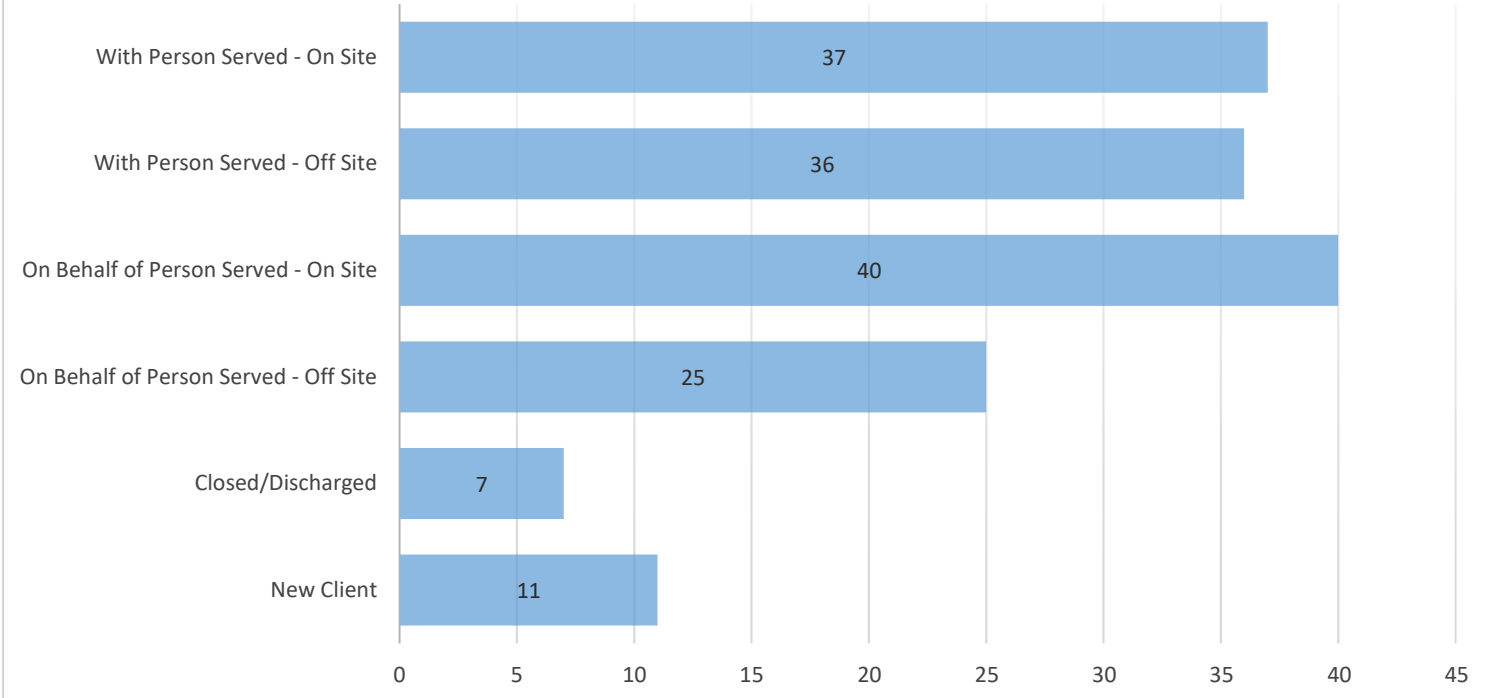
**DSC**

Community First \$847,658

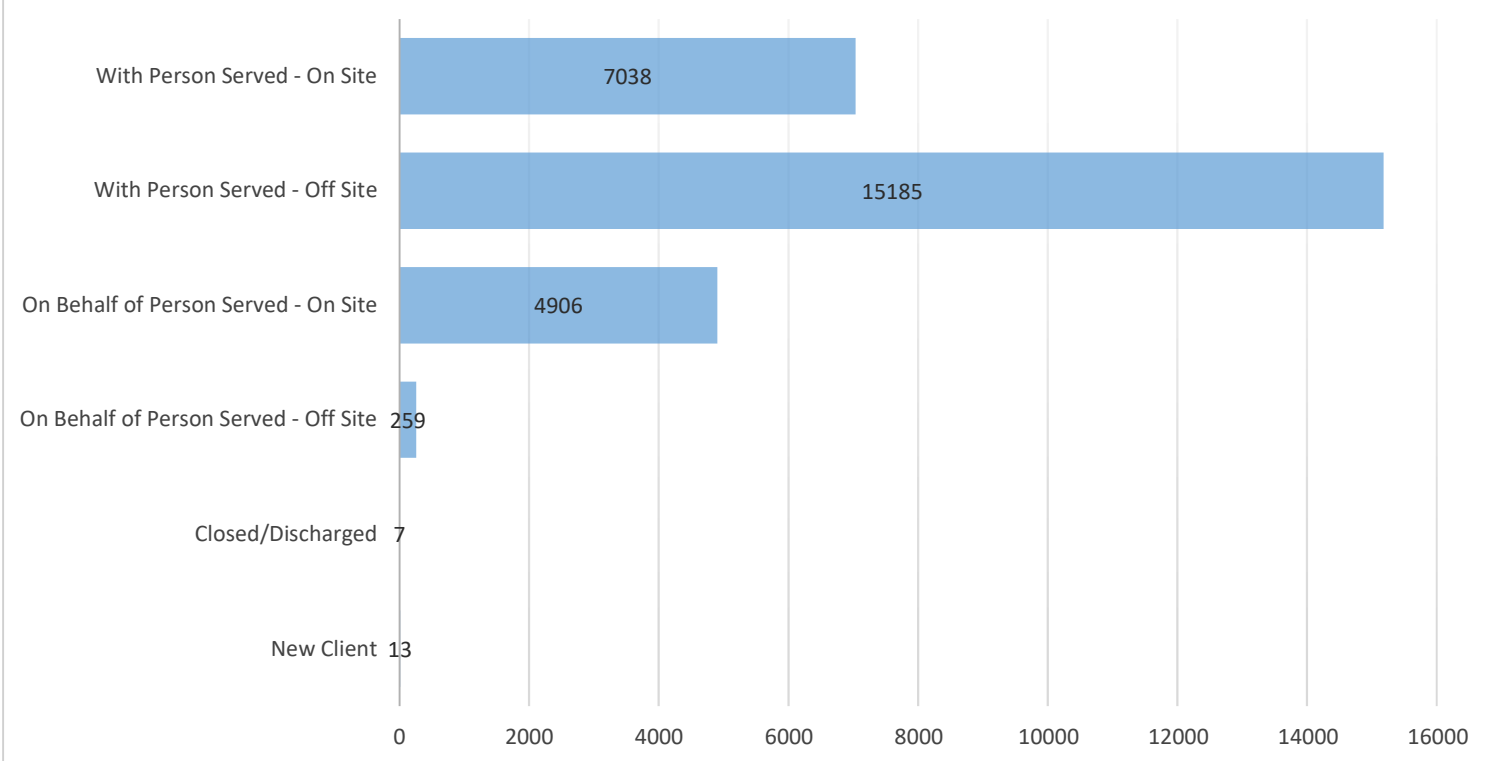
PY23

42 people were served, for a total of 27,408 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY





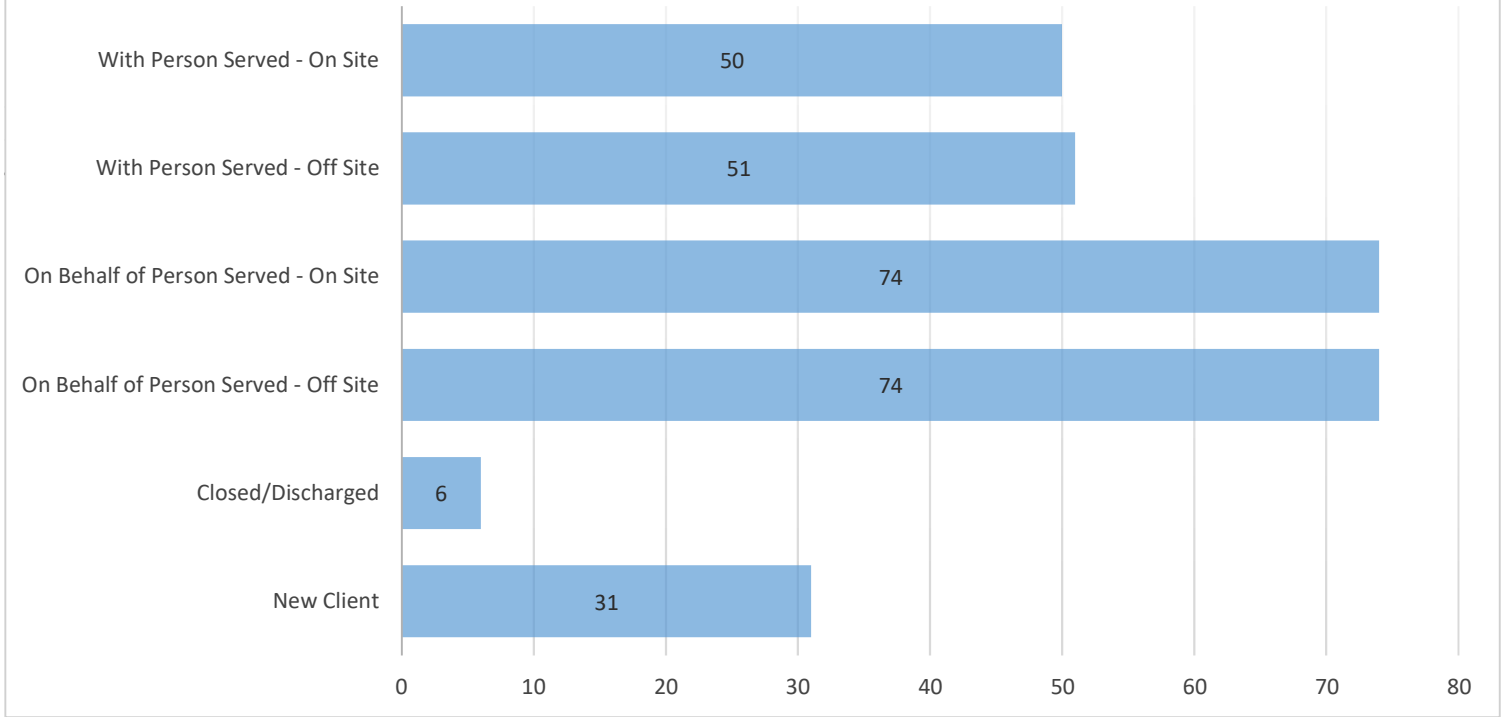
**DSC**

Community Living \$536,000

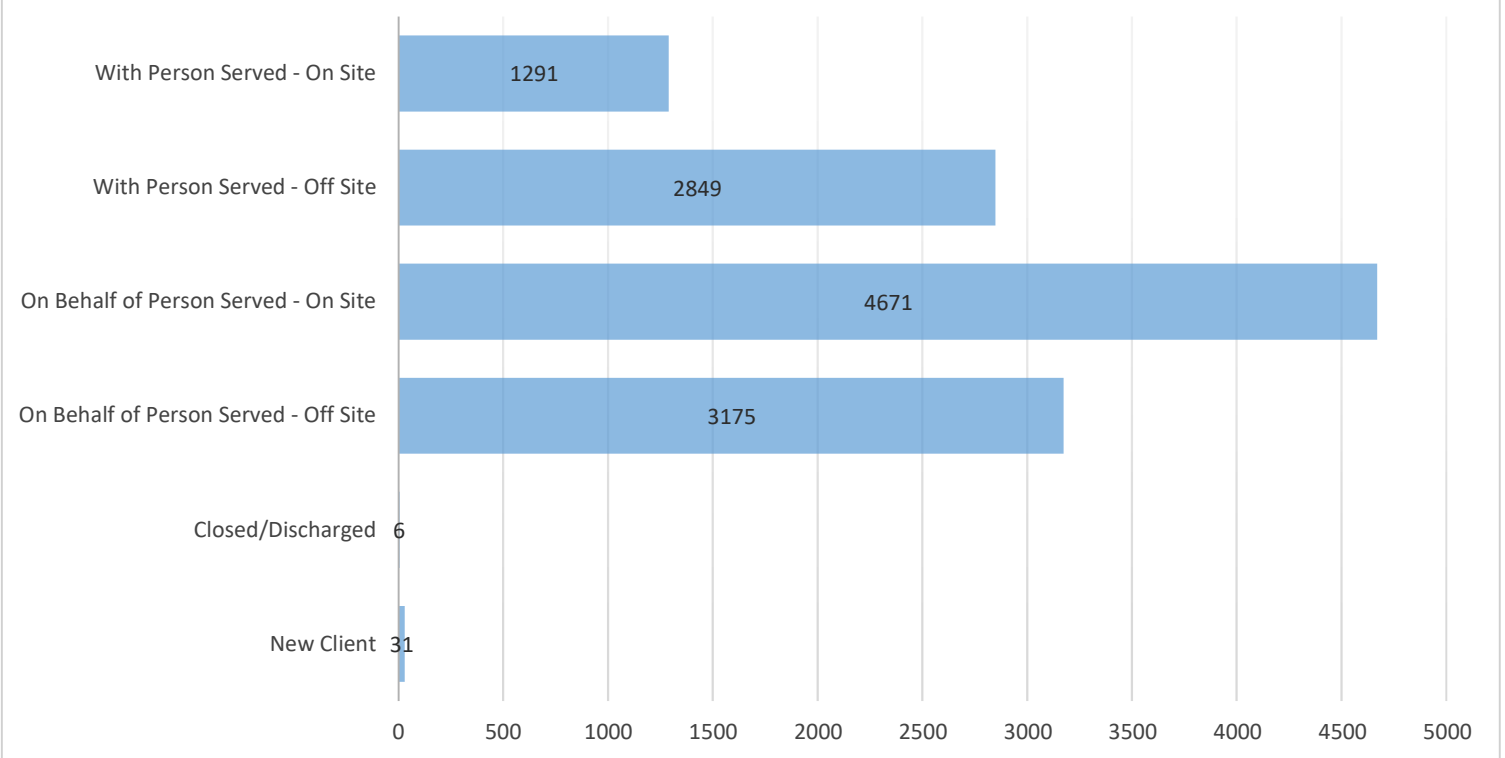
PY23

77 people were served for a total of 12,023 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY

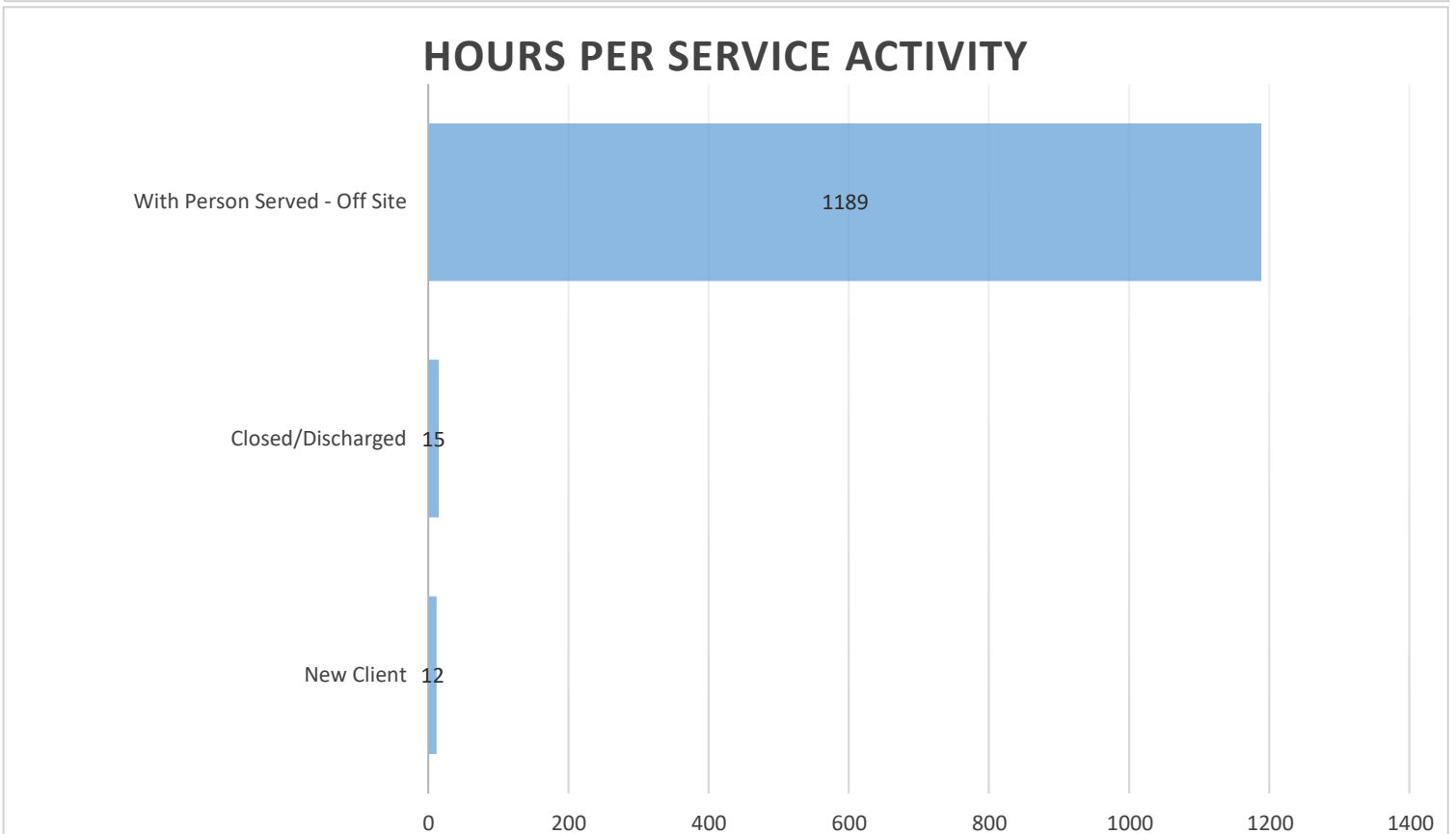
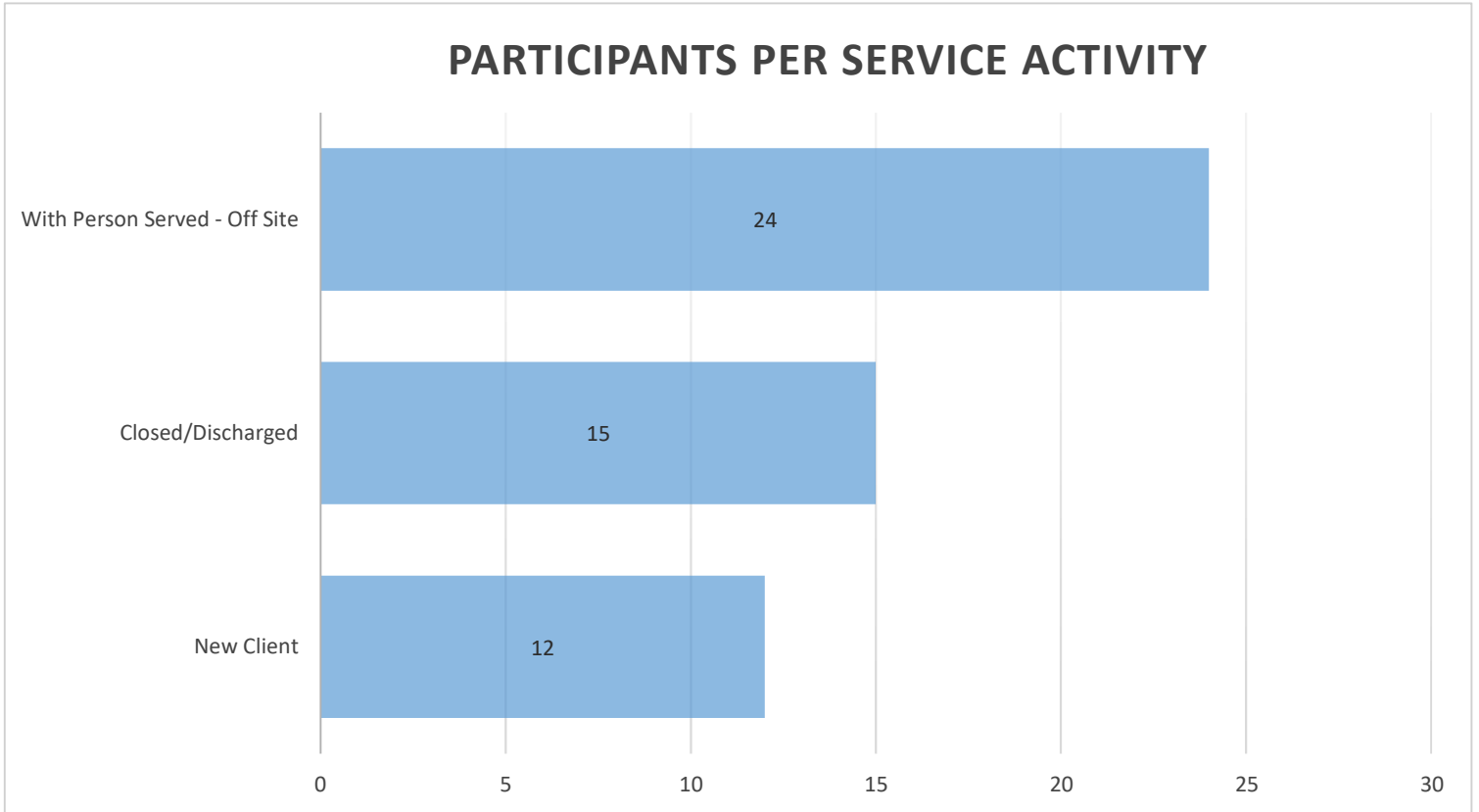


**DSC**

Connections \$95,000

PY23

31 people were served, for a total of 1,216 hours



**DSC**

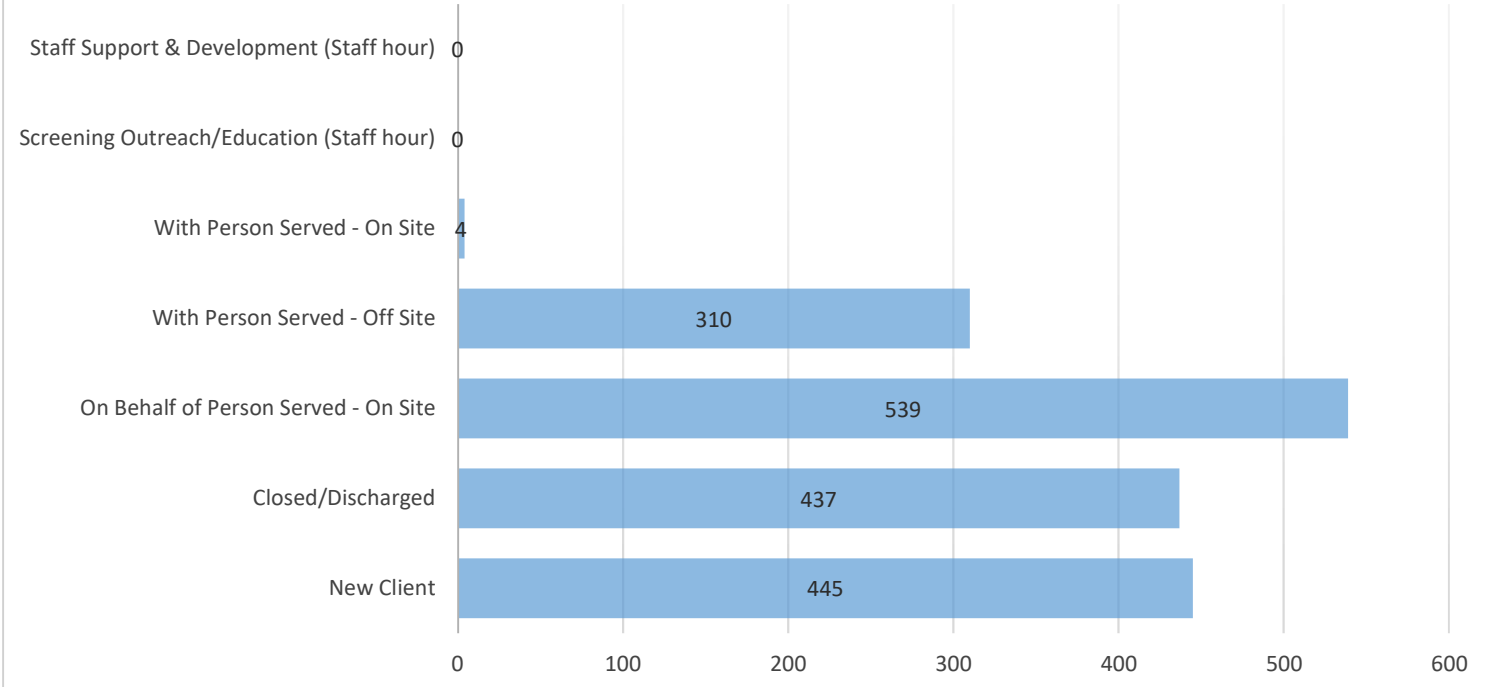
Family Development \$596,520

PY23

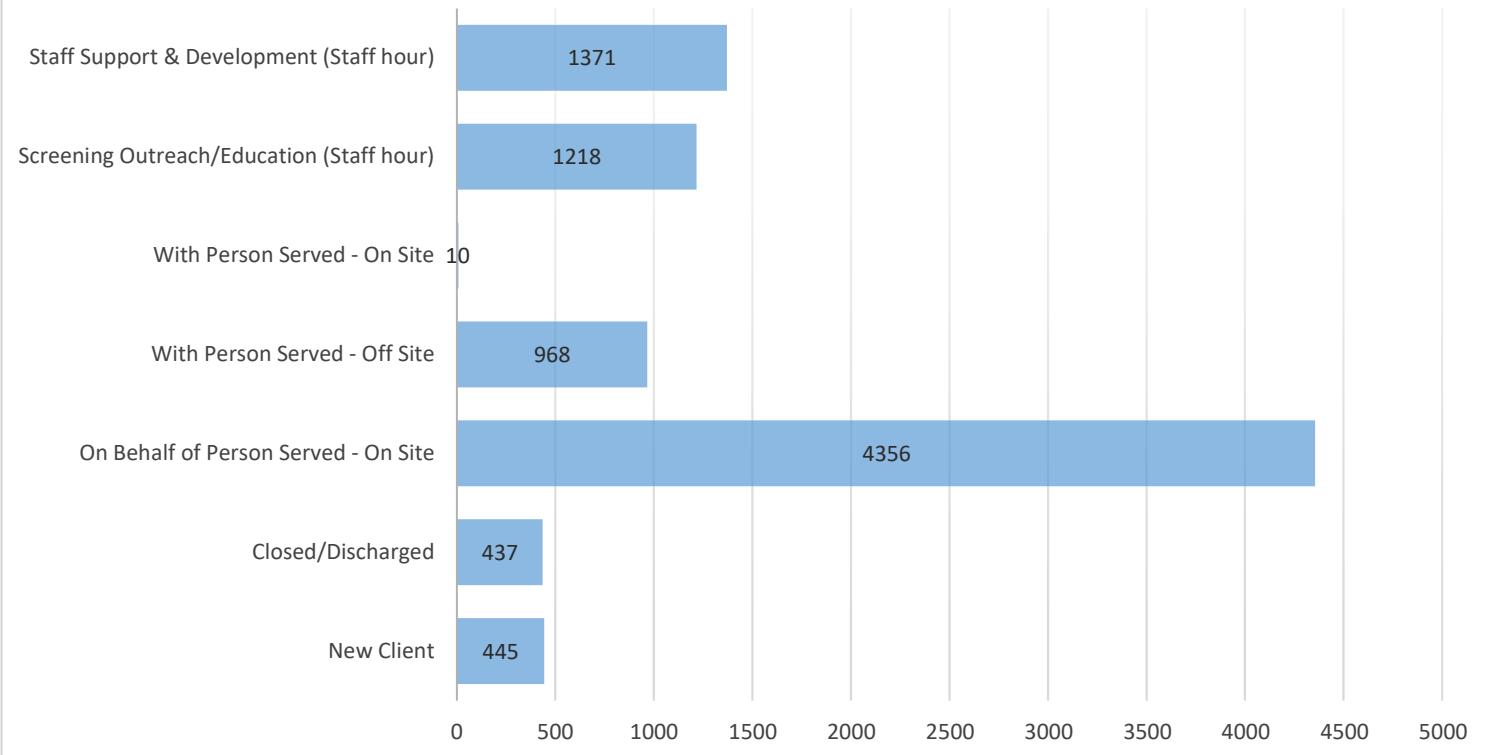
MHB

878 people were served for a total of 8,805 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



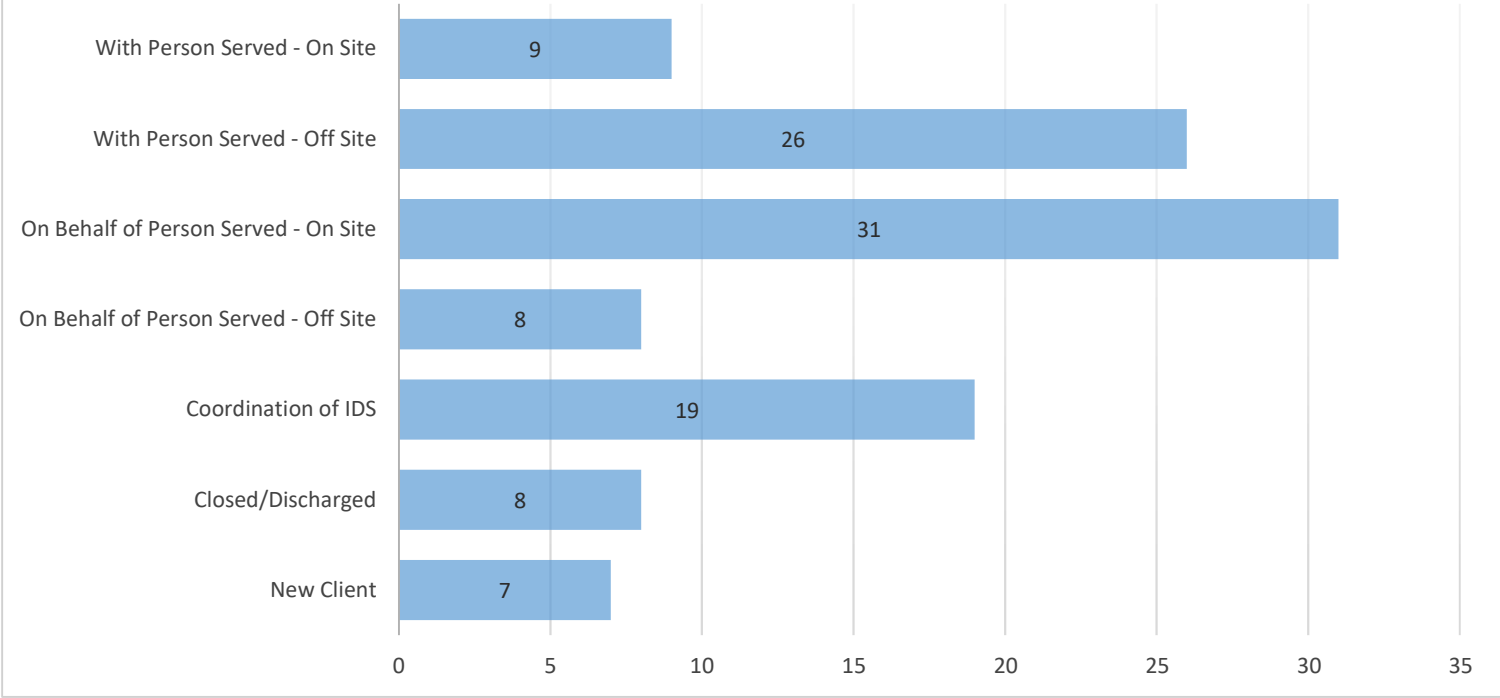
**DSC**

Individual & Family Support \$390,000

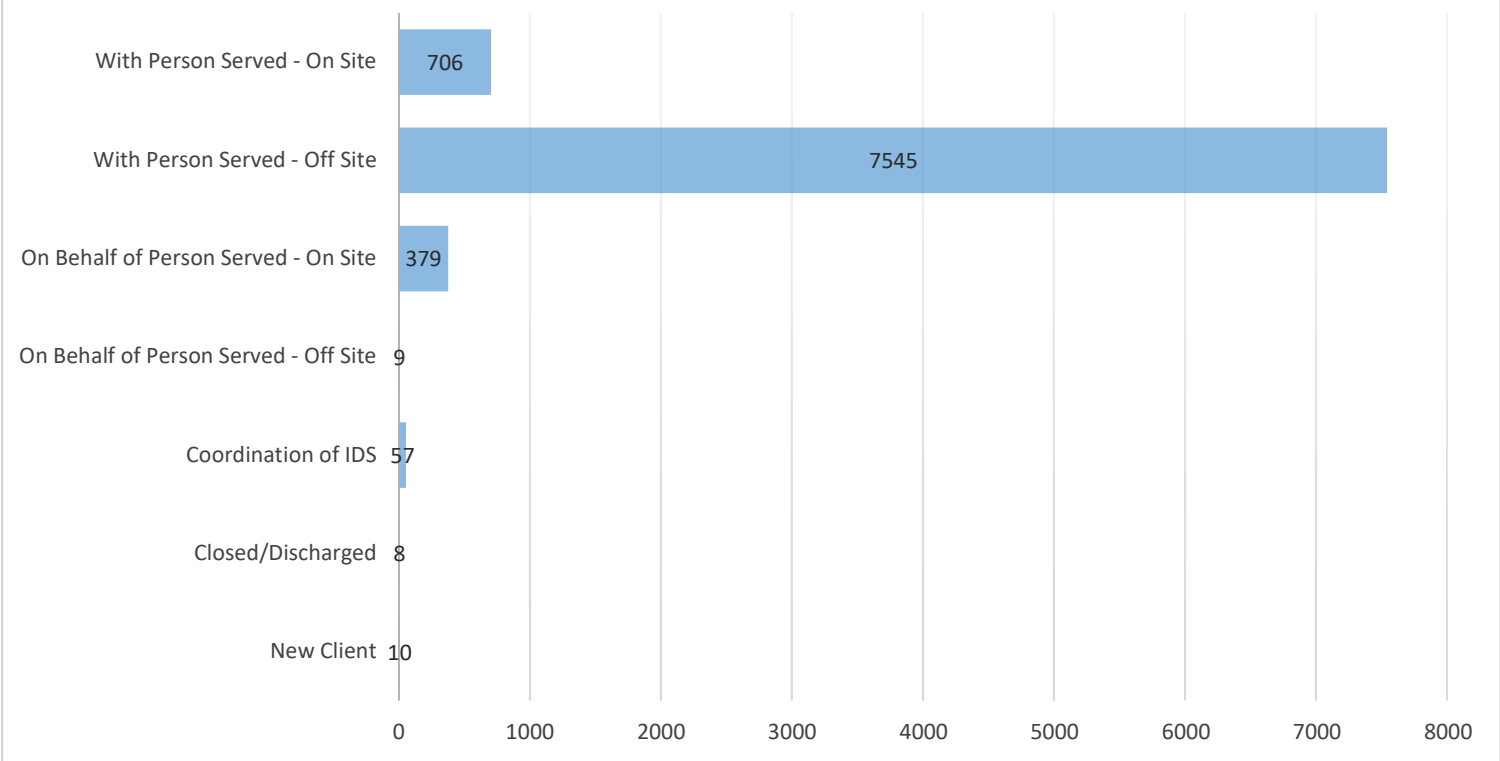
PY23

34 people were served for a total of 8,714 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



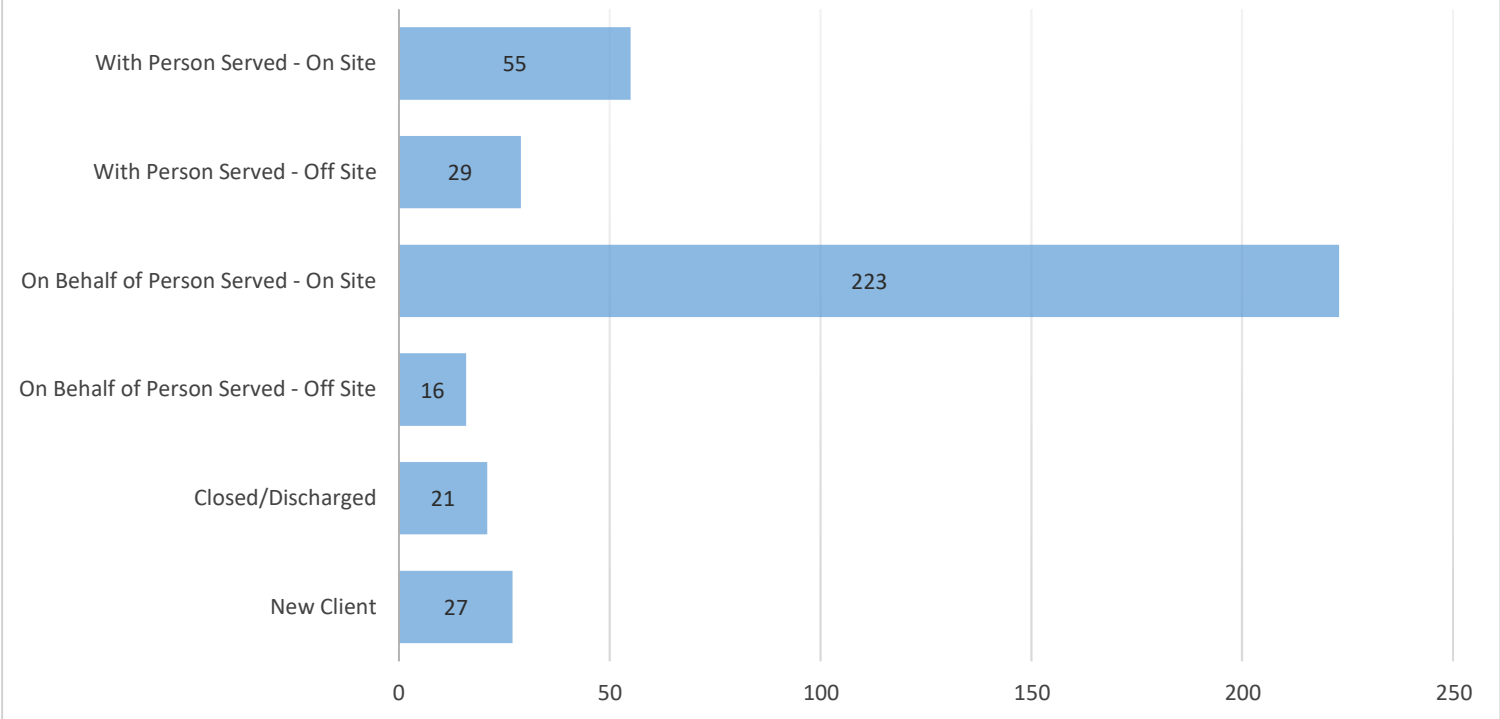
**DSC**

Service Coordination \$468,000

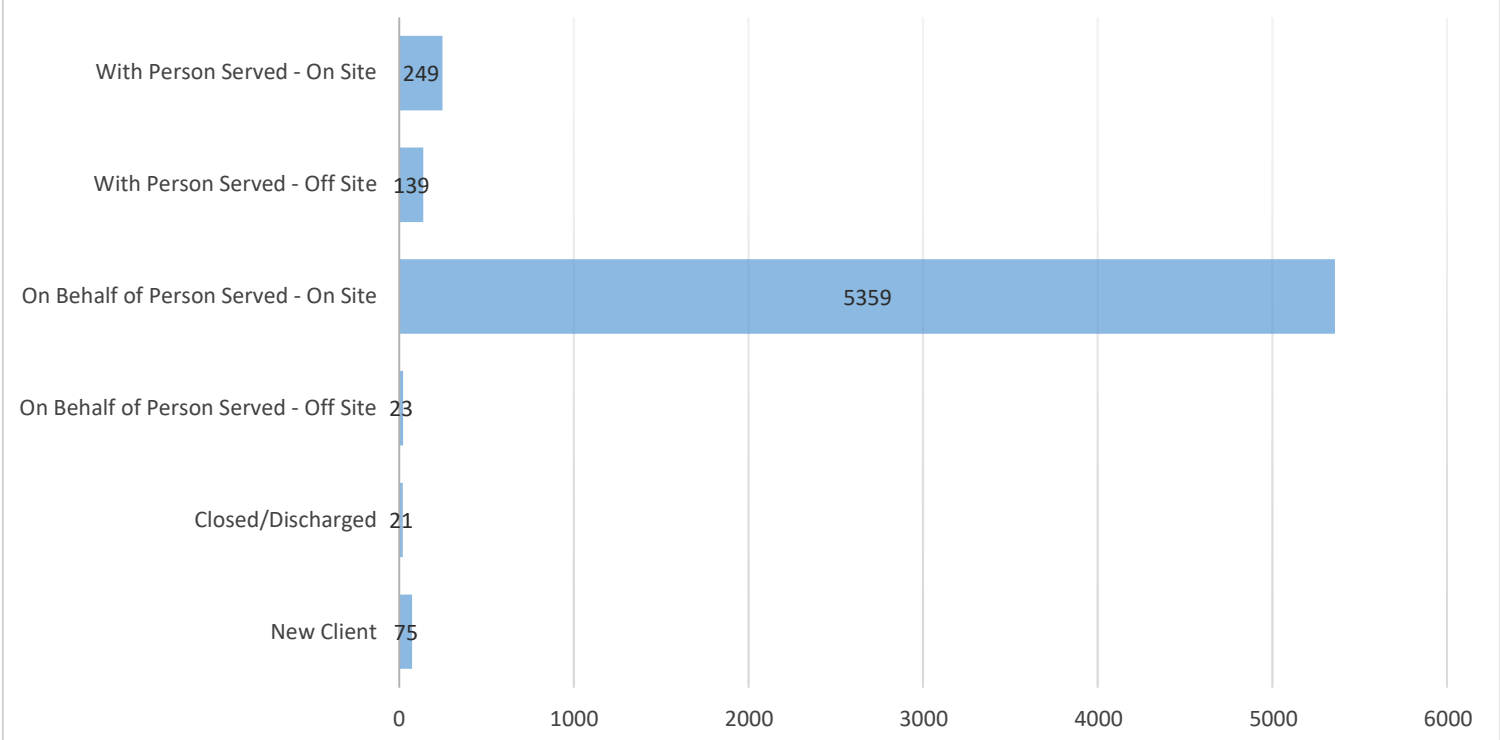
PY23

239 people were served, for a total of 5,866 hours

### PARTICIPANTS PER SERVICE ACTIVITY



### HOURS PER SERVICE ACTIVITY



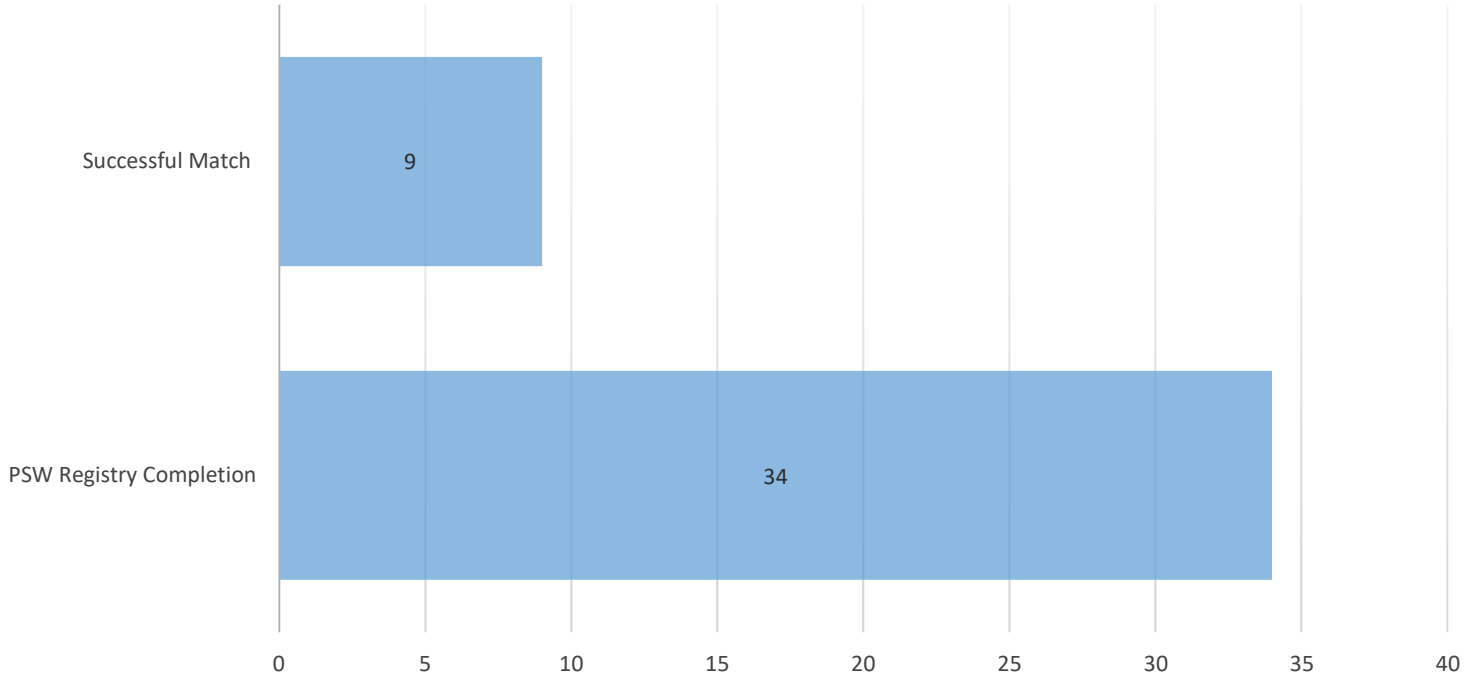
**PACE**

Consumer Control in Personal Support \$27,367

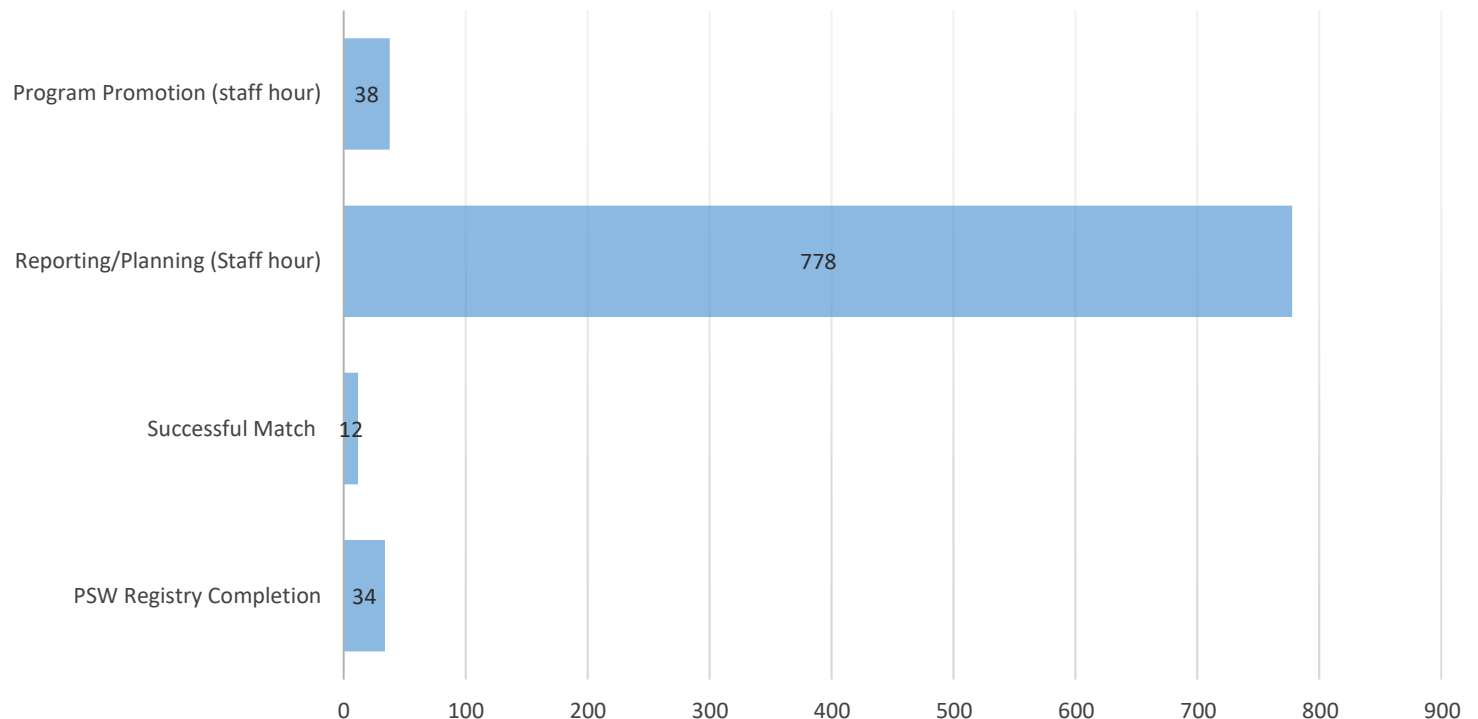
PY23

34 PSWs registered, 9 Successful Matches, & 862 total program hours

**PARTICIPANTS PER SERVICE ACTIVITY**



**HOURS PER SERVICE ACTIVITY**



# From the Interim CEO

Hello everyone,

As we have already communicated to you, our CEO, Chris Workman, passed away on April 28, 2023. He cared very deeply about the future of PATH, the staff, and, most importantly, the communities that we serve. He talked about his vision for PATH until the very end of his life and will be missed by all of us.

Over the past quarter, we have made some exciting new additions to our executive team at PATH:

- Ryan Opalk (Assistant Director of Database Services). Ryan comes to PATH with database administration and team leadership experience and is working closely with Chris Baldwin to learn all aspects of running our Database Department. Ryan will regularly be copied on communications with Chris as part of that process.
- Dr. Adam Carter (Assistant Director of 988 Call Center Services). Adam brings previous experience as an assistant professor of counseling at Northern Illinois University and as the National Clinical Director with the National Alliance for Children's Grief. Though he is working with our Director of Call Center Services, Kevin Richardson, he is specifically responsible for 988 Call Center operations, not 211 services.
- Dr. Pedro Santana (Director of Homeless Services). Pedro brings a long history of executive leadership in business and academia, with a particular focus on non-profits. Like me, he is a transplant from the East Coast.

# From the Interim CEO, contd.

- Katherine Qian (Administrative Assistant). Katherine recently relocated to Central Illinois from Shanghai, China, where she gained valuable experience in call center administration and employee engagement. She will be assisting the entire Executive Team with a wide range of tasks.

We are also sad to inform you that Kevin Richardson, our Director of Call Center Services and PATH's longest-tenured employee, relocated to San Diego at the beginning of this month to accompany his wife as she makes a career-related move. However, Kevin will continue to work remotely and to be as available as ever, meaning no change in procedure with regard to you or any of our partner agencies.

Lastly, PATH has recently undertaken some new initiatives to improve employee engagement, especially with regards to diversity, equity, and inclusion. This is important not only to ensure that our staff are well represented and cared for, but also because well-trained and thriving staff provide better service to callers. DEI is a part of our overall strategy, and you will learn more about our intentional efforts to strengthen our organization through talent, culture, community, and investment over the next fiscal year.

We're always confident to see what the future brings and look forward to our continued partnership with you to provide 211 service to your area!

Warmest Regards,

Martha Evans  
Chief Operating Officer  
& Executive Director,  
Human Resources.





# Champaign County

## United Way 211 Report 2<sup>nd</sup> Quarter

April 1<sup>st</sup> - June 30<sup>th</sup>, 2023

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- ✓ Total Spanish Calls
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- ✓ Referral Source

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- ✓ Unmet Needs
- ✓ Top 10 Agency Referrals
- ✓ Follow-Ups

#### **Call Center**

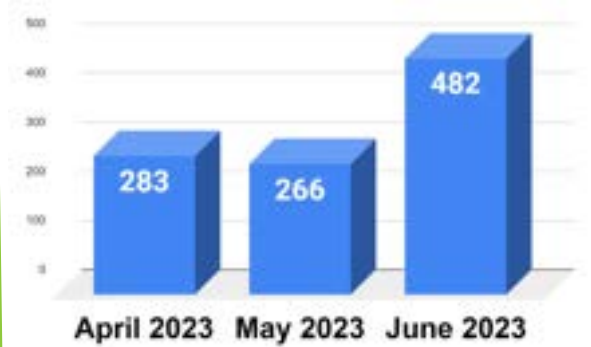
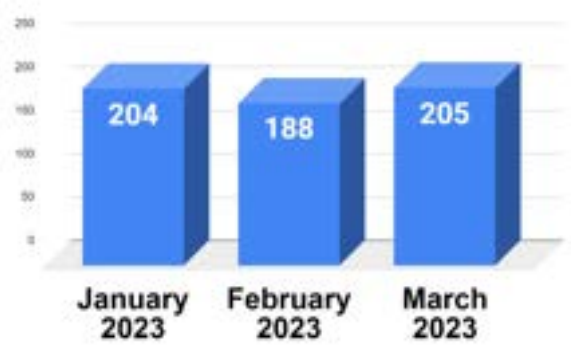
- ✓ InQueue and Handle Time
- ✓ Service Level
- ✓ Abandons
- ✓ Success Stories
- ✓ Contact Density

#### **Links/Resources**



# Overview

Total 211 Contacts 



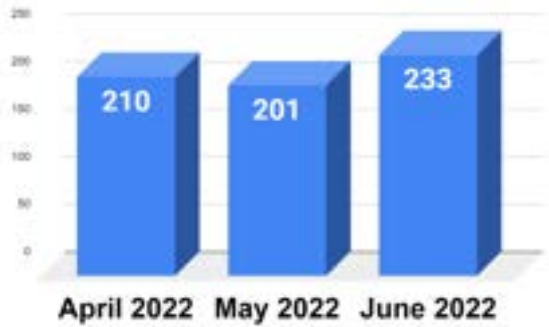
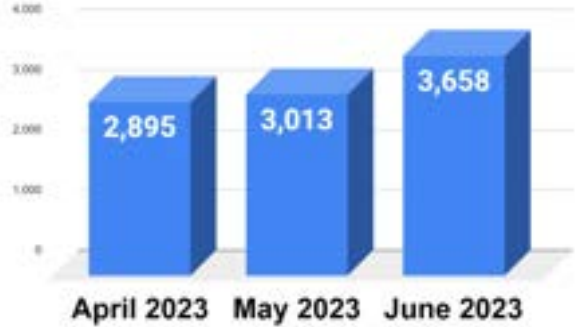
**597**  
Contacts  
Champaign  
County

**1,031**  
Contacts  
Champaign  
County

Last Quarter      This Quarter

All of PATH 211

Last Year

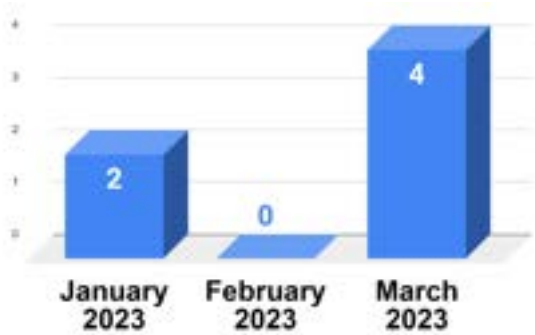


**9,566**  
Contacts  
PATH 211

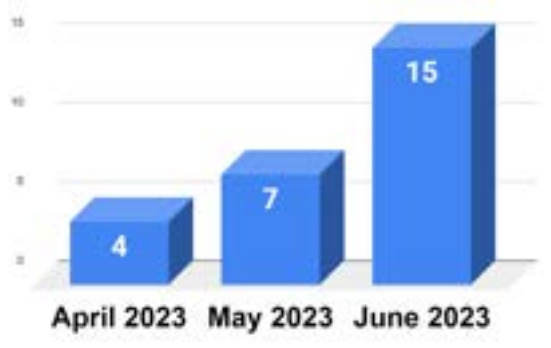
**644**  
Contacts  
Champaign  
County

# Overview, Cont.

Total 211 Texts 



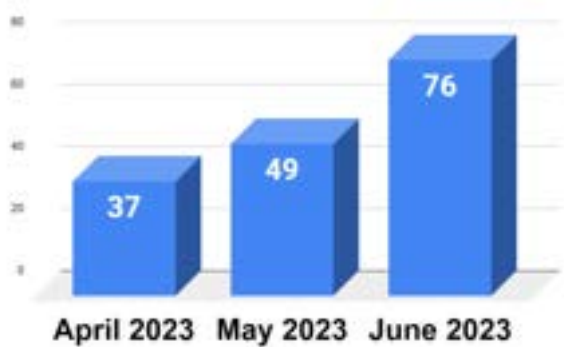
**6**  
Texts  
Champaign  
County



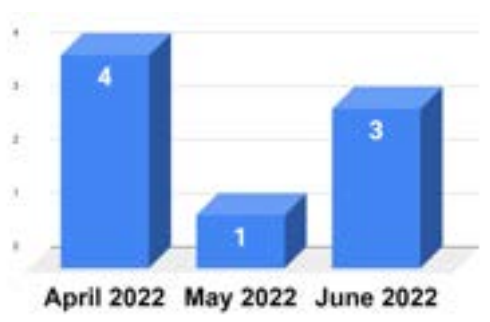
**26**  
Texts  
Champaign  
County

Last Quarter **This Quarter**

All of PATH 211 Last Year



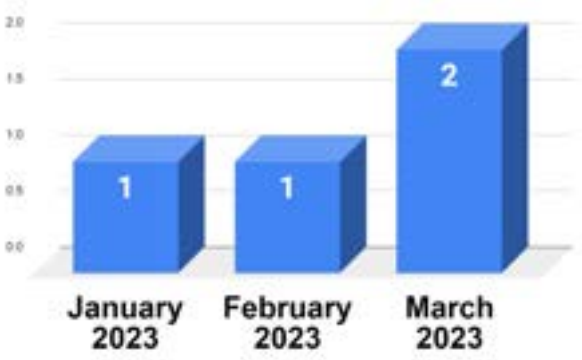
**162**  
Texts  
PATH 211



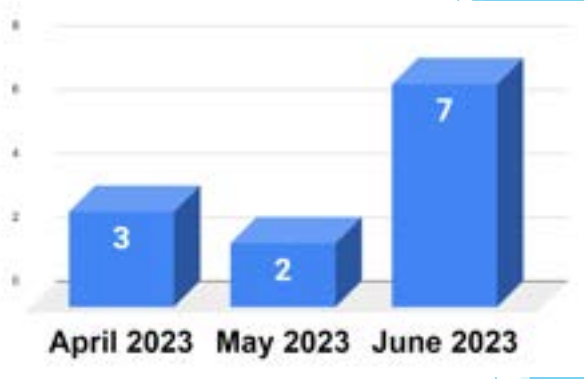
**8**  
Texts  
Champaign  
County

# Overview, Cont.

## Total Spanish 211 Calls



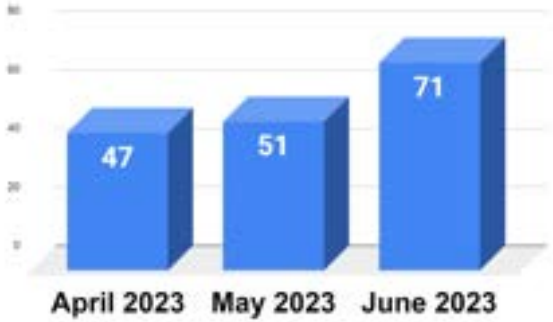
4  
Spanish  
Calls



12  
Spanish  
Calls

Last Quarter **This Quarter**

All of PATH 211 Last Year



169  
Spanish  
Calls

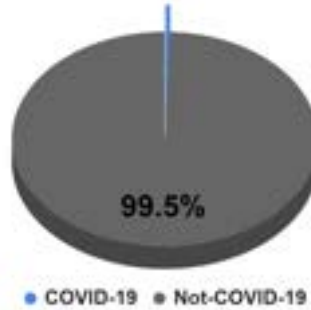
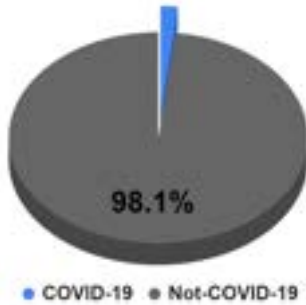
**Note:** Previous quarterly reports did not break this information down by month.

11  
Spanish  
Calls

# Overview, Cont.

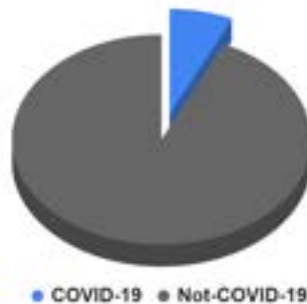
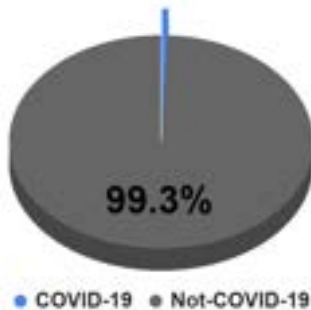
## COVID-19 Contacts

**Note:** Unless otherwise requested, we will stop including this page in future reports.



Last Quarter This Quarter

All of PATH 211 Last Year

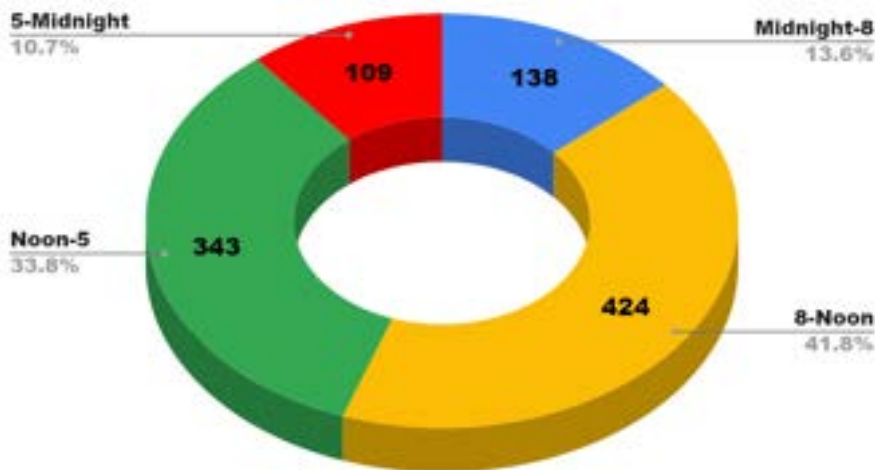


# Contact Stats

## Call Time

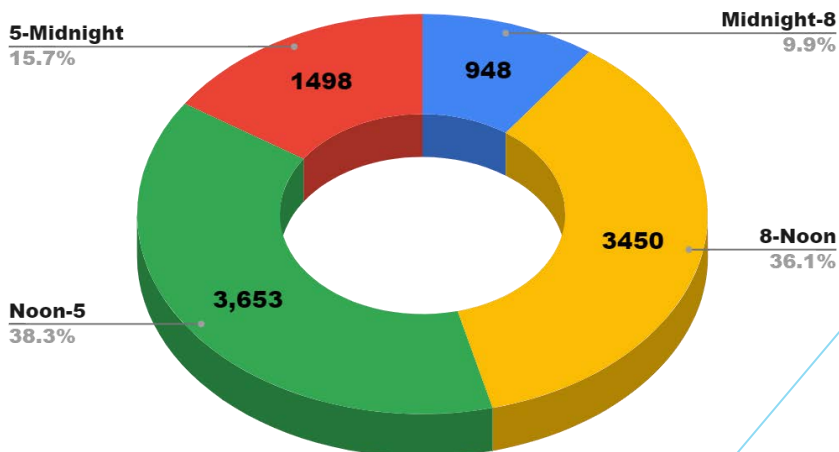
Chart describes the distribution of calls received during 4 different time periods:

1. Early morning hours (12am-8am)
2. Morning business hours (8am-12pm)
3. Afternoon business hours (12pm-5pm)
4. After hours (5pm-12am)



Local

## All of PATH 211

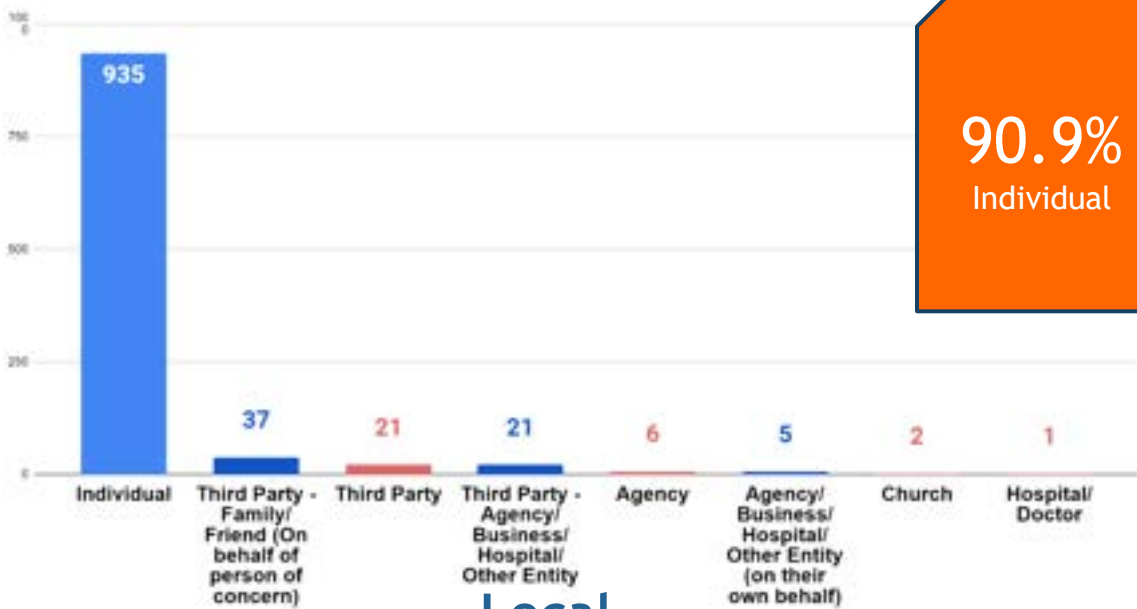


# Contact Stats, Cont.

## Contact Person Type

Contact Person Type describes the 211 caller and their role in contacting I&R services.

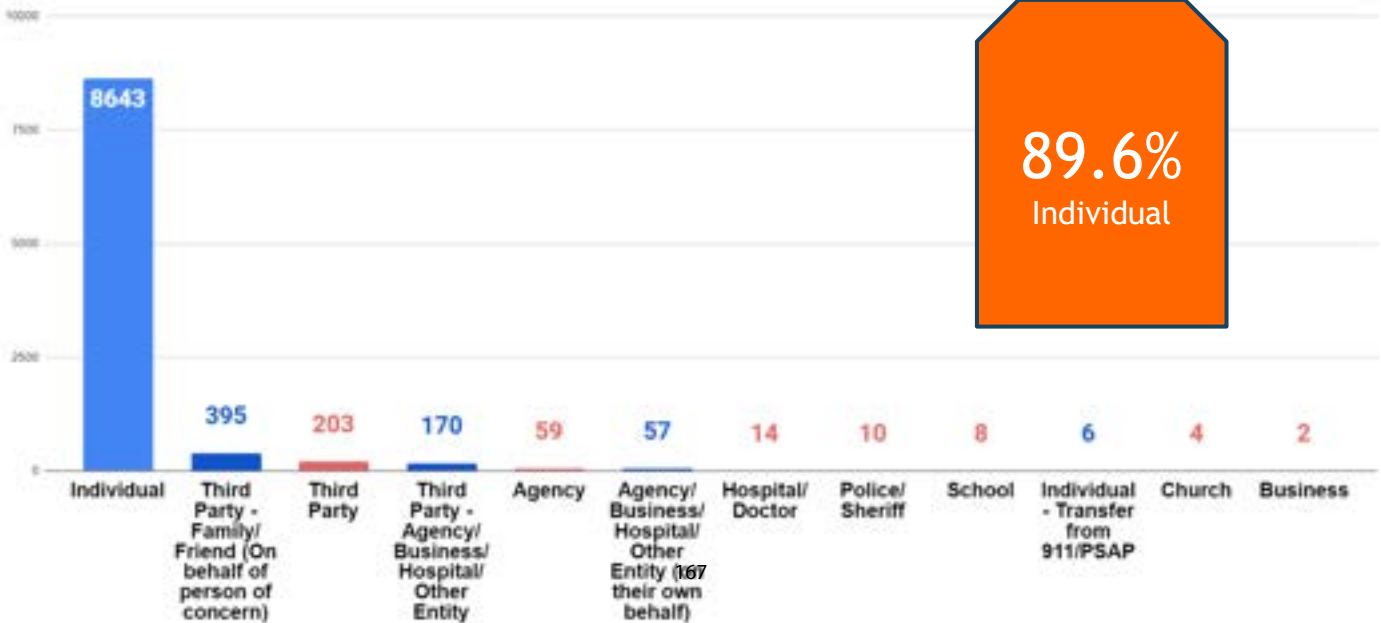
**Note:** We have improved our report categories. This quarter shows data gathered using both the old (red) and the new (dark blue) categories. The “Individual” category remains unchanged. Next quarter’s report will only use the new categories.



**90.9%**  
Individual

Local

All of PATH 211



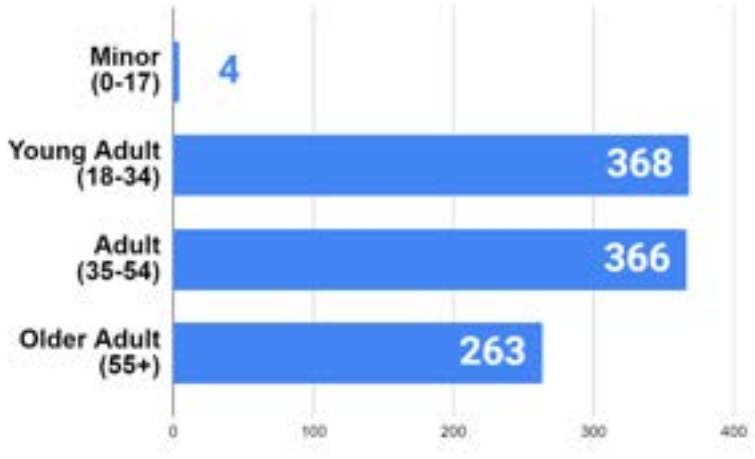
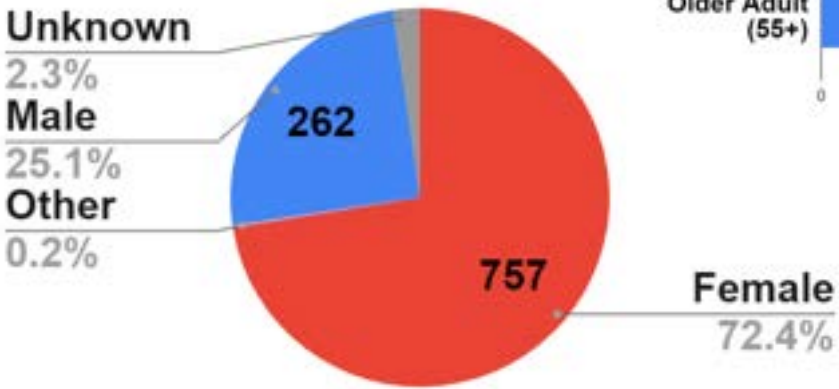
**89.6%**  
Individual



# Contact Stats, Cont.

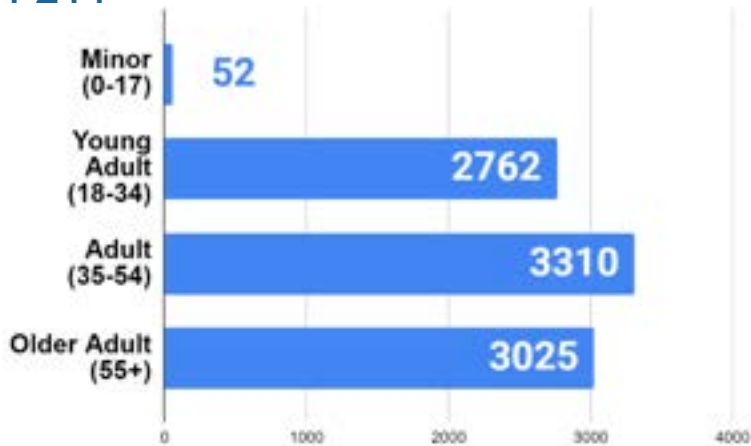
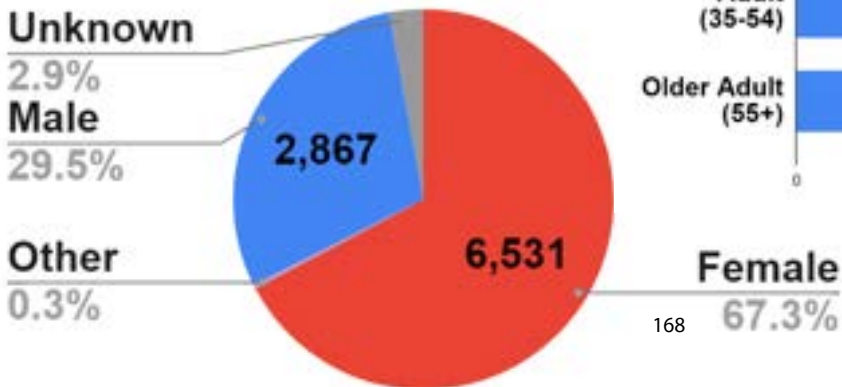
## Caller Demographics

**Note:** “Other” includes callers who self-identified as trans or non-binary.  
 “Unknown” includes the categories Refusal to Answer, Not Recorded, and Unknown.



### Local

### All of PATH 211



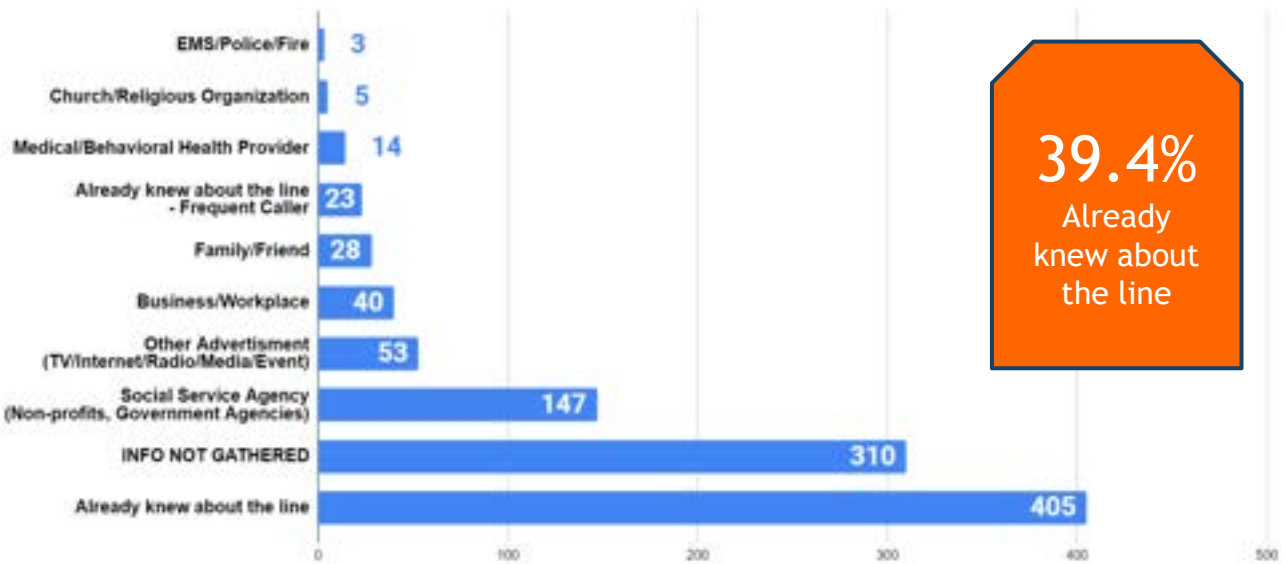


# Contact Stats, Cont.

## Referral Source

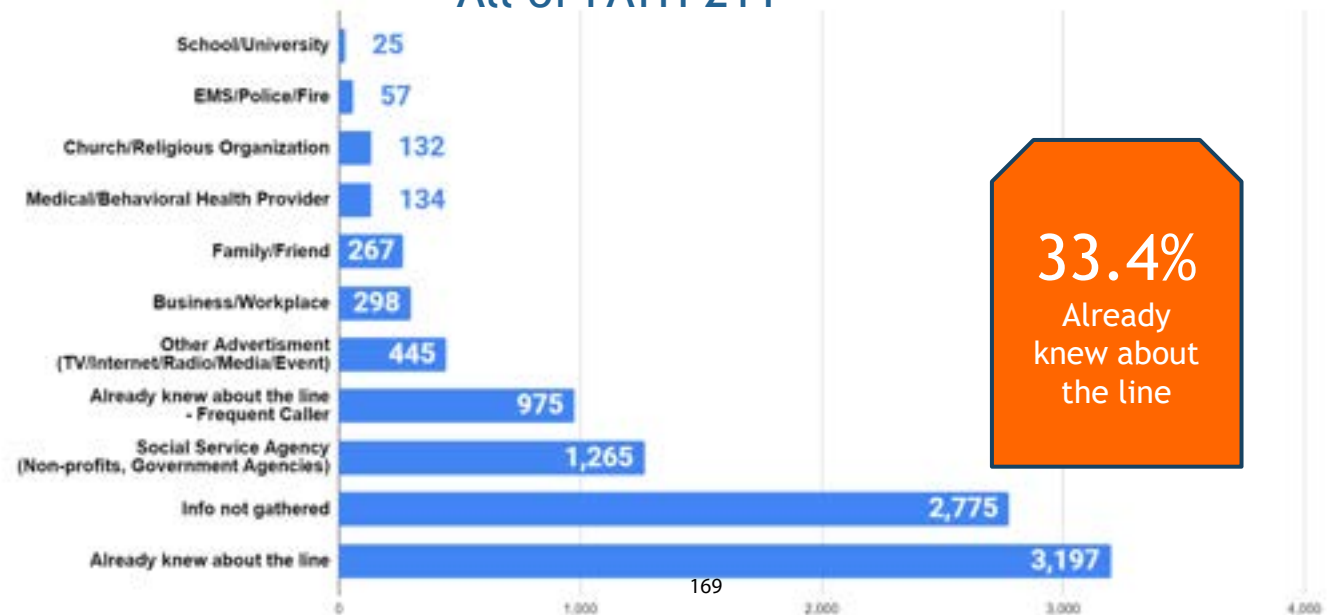
Referral source refers to how the caller found out about 211 services.

**Note:** This report includes new categories, altering the data distribution compared to last quarter's report.



## Local

## All of PATH 211



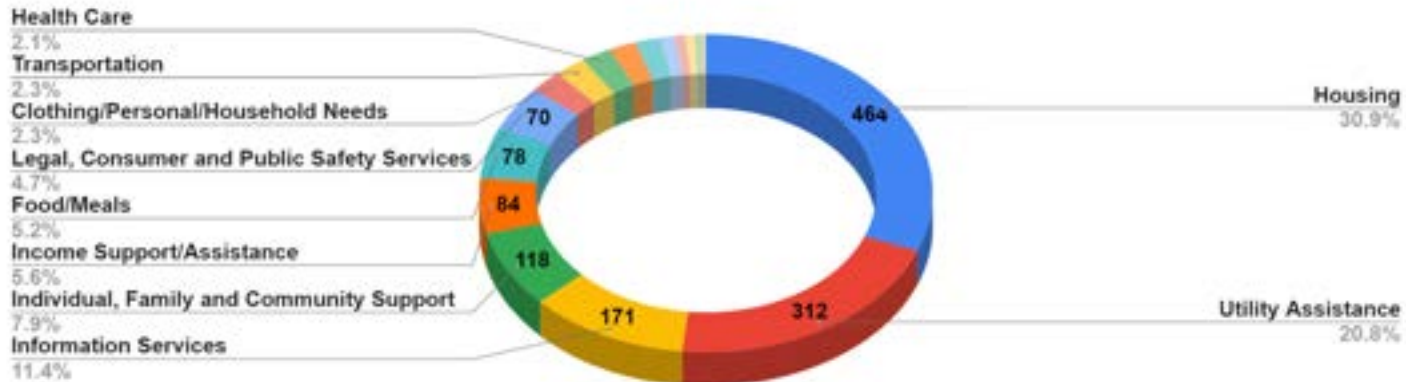
# Contact Needs

## AIRS Problem Needs

This chart describes how AIRS Problem Needs were reported across all contacts. There are often multiple needs recorded per call. Colors do not correspond to the same categories in both charts.

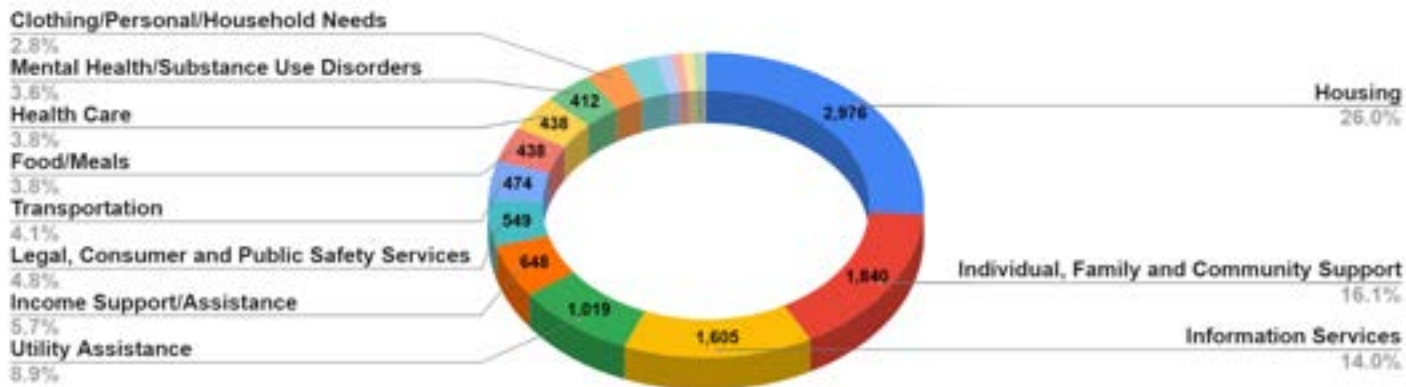
- AIRS= The Alliance of Information and Referral Systems. ([AIRS home page](#))
- AIRS Problem Needs = List of national categories for I&R problem/needs is a means to organize the incredibly wide range of inquiries handled by I&R services and to provide for the consistent and credible reporting of community needs across jurisdictions.

**Note:** Champaign County had 1,504 total 211 contacts and all of PATH had 43,004 total 211 contacts.



### Local

### All of PATH 211

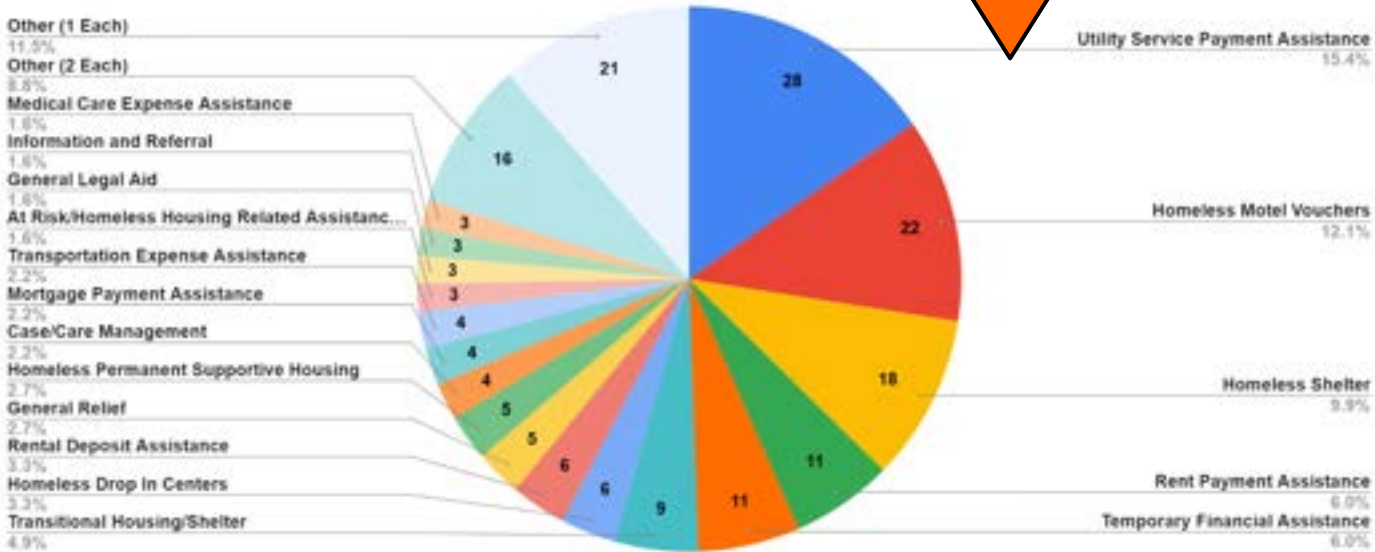
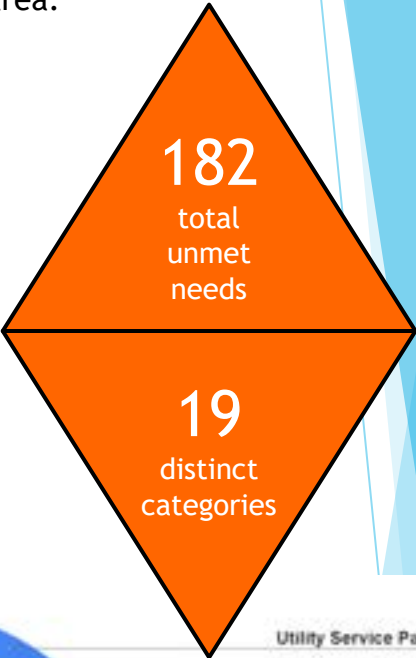


# Contact Needs, Cont.

## Unmet Needs

- Each item on this list is a term in the Database that the 211 Call Center was unable to refer to a caller. Common reasons for that include:
- The caller already contacted the relevant agency but was ineligible.
  - The caller already tried to contact the relevant agency without success.
  - The type of service does not exist in the caller's area.

182 total unmet needs were recorded in Champaign County across 19 distinct categories. Refer to the "Raw Data" link at the end of the report for the complete list.

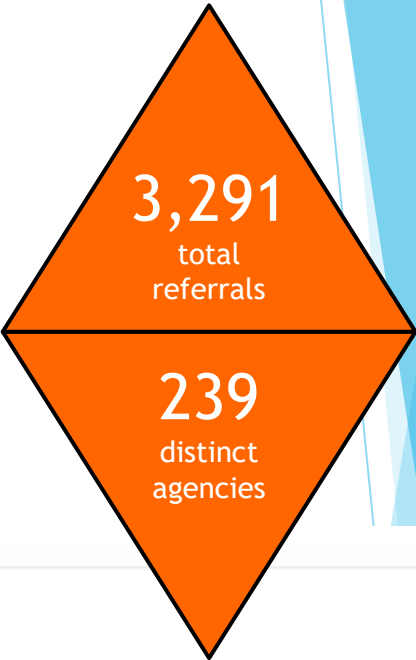


# Contact Needs, Cont.

## Top Agency Referrals

This chart displays the top agencies by referral count. Refer to the “Raw Data” link at the end of the report for the complete list.

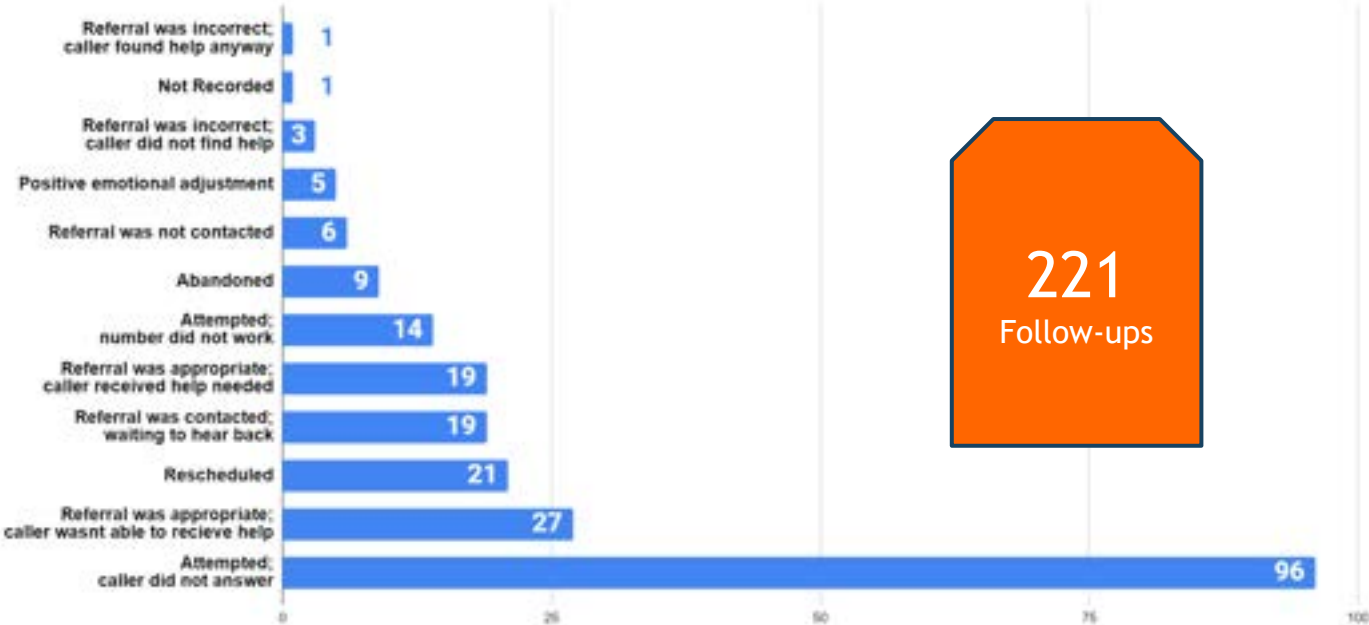
3,291 total referrals were made in Champaign County across 239 distinct agencies.



# Contact Needs, Cont.

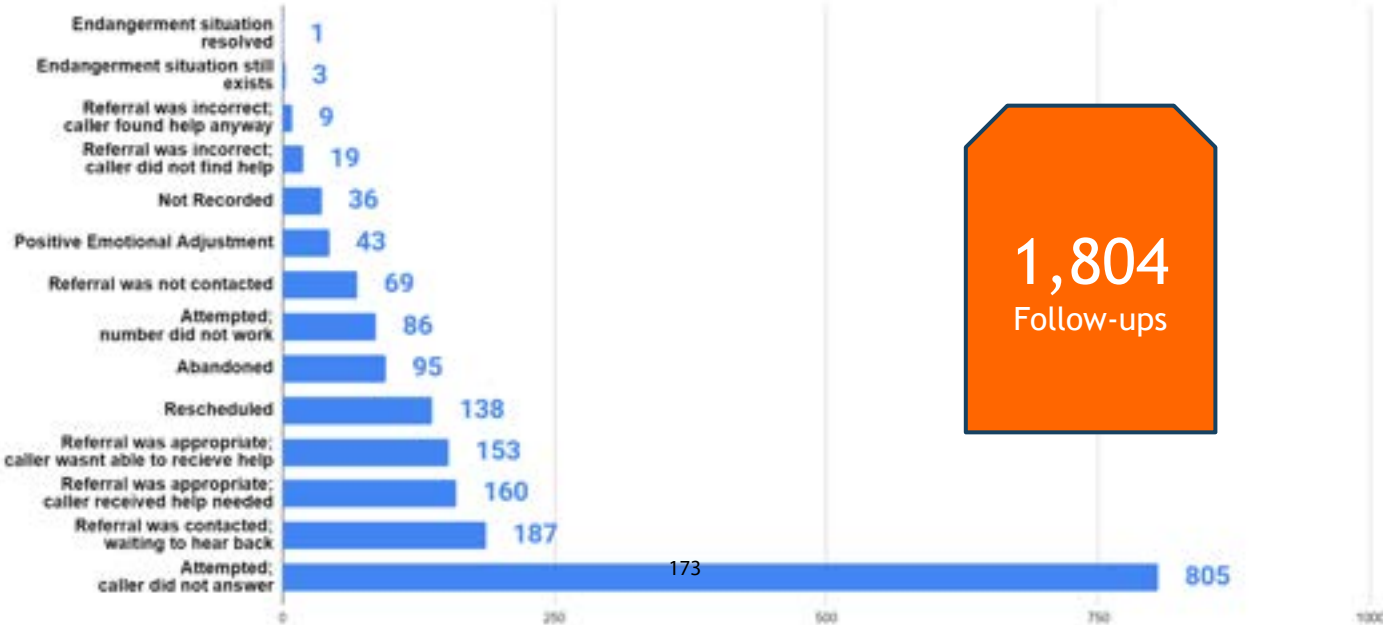
## Follow-Ups ↩

**Note:** PATH performed follow-up calls for a portion of the calls received. This chart breaks down the result of each follow-up attempt.



## Local

### All of PATH 211



# Call Center

The following data corresponds to all of PATH 211, rather than to specific counties or areas.



## InQueue and Handle Time

InQueue Time = how long a caller waits to speak with an agent.  
Handle Time = how long it takes to resolve a 211 call.

### English

0:18  
Last Quarter

0:15  
Average InQueue Time

8:55  
Last Quarter

8:53  
Average Handle Time

### Spanish

0:16  
Average InQueue Time

0:14  
Last Quarter

9:22  
Average Handle Time

8:47  
Last Quarter

## Service Level

Service Level = Percentage of calls answered within 90 seconds. Goal = 80%.

### English

95.96%  
Last Quarter

96.90%  
Service Level

### Spanish

96.71%  
Service Level

97.79%  
Last Quarter



# Call Center, Cont.

## Abandons

Abandons = Calls where the caller hung up while waiting to speak with an agent.  
Abandon Time = How long a caller waits to speak to an agent before hanging up.  
Abandon Rate = Percent of calls that are abandons. Goal = 9%.

### English

### Spanish

380  
Last Quarter

413  
Abandons

61  
Abandons

78  
Last Quarter

0:45  
Last Quarter

0:46  
Average Abandon Time

0:14  
Average Abandon Time

0:09  
Last Quarter

3.72%  
Last Quarter

3.41%  
Abandon Rate

11.25%  
Abandon Rate

12.60%  
Last Quarter

## PATH Success Stories

The following are real 211 callers and their stories from this quarter. Certain details have been changed to preserve their anonymity.





## Story 1



Caller was requesting assistance applying for an extension on her taxes. She is the legal guardian of twin boys and receives SNAP but was unsure how to maximize tax-related assistance for childcare. We referred her to a pro-bono tax-accountant, but she was also generally lonely and thankful to have someone with whom she could discuss the struggles of raising two young boys on her own with limited income.

This was not her first call to 211. She spoke highly of previous experiences with the crisis line and mentioned having several friends who regularly sought referrals through 211. She expressed gratitude both for the referral and for the volunteers in general. In her social circle, 211 volunteers have a shining reputation for being welcoming, judgment-free, and helpful.



## Story 2

Caller recently lost access to her therapist due to missing too many appointments. She has been dealing with conflict with her boyfriend but doesn't have many other friends to talk to after having dropped out of high school for medical reasons. Even though she likes her boyfriend, she was upset about him cheating on her and retaliated against him in a similar manner. She also feels like he is too controlling with regards to her alcohol or marijuana intake, though he has been putting more effort into the relationship recently.

Throughout the conversation, our operator discussed the importance of self-care, both physically and emotionally. Even though the caller's mom is supportive, the caller said she felt better after talking with our operator.







# Links/Resources

## Links/Resources

### PATH Inc. Website

- <https://www.pathcrisis.org/>

### 211 Counts

- <https://uwaypath.211counts.org/>

### PATH Inc. Online Database

- <https://www.navigateresources.net/path/>

### AIRS

- <https://www.airs.org/i4a/pages/index.cfm?pageid=1>

### Raw Data

- [https://docs.google.com/spreadsheets/d/1I0wNzo6JPR43-vCOS1hCcC8pjYZ\\_E3\\_-QUsrJZgnSel/edit#gid=36914255](https://docs.google.com/spreadsheets/d/1I0wNzo6JPR43-vCOS1hCcC8pjYZ_E3_-QUsrJZgnSel/edit#gid=36914255)

## Submitted by:

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**CCDDB Liaison Choices 2023**

	Vicki Niswander	Georgiana Schuster	Anne Robin	Kim Wolowicz-Fisher	Susan Fowler
<b>CU Autism Network</b>					
<b>CCRPC (Head Start and Community Services)</b>					
<b>Community Choices</b>					
<b>DSC (4th Thurs., 5:30 pm)</b>					
<b>PACE</b>					
<b>Expo Committees (various)</b>					

***DRAFT***  
**CHAMPAIGN COUNTY**  
**DEVELOPMENTAL DISABILITIES BOARD (CCDDB)**  
**GUIDELINES FOR BOARD-TO-BOARD PARTICIPATION**

CCDDB members may serve as liaisons to funded agencies and community collaborations, to further educate the Board of organizations' goals, accomplishments, and problems. Contact through liaisons is one way of fostering positive relationships with organizations. The following guidelines are meant to clarify the CCDDB member's responsibility and expectations while acting as a liaison to contracting agencies:

1. The liaison should attend an orientation to the agency. The session should include the agency's mission, goals, and programs as well as the ways in which CCDDB funds are used by the agency. Attendance at board meetings is encouraged as the liaison's schedule permits. All liaison participation is optional.
2. CCDDB members are not members of the provider agency board. We neither vote nor perform functions typically associated with members of the agency's board.
3. You may expect to be notified of all meetings and to receive board packets and any appropriate written information given to the provider agency's board members in preparation for their board meetings.
4. Questions may be answered about CCDDB processes as appropriate, but no commitments about CCDDB policy or action should be made. Opinions on issues may be given but be clear that it is your individual opinion and not the official position of the CCDDB.
5. Multiple CCDDB members may share a liaison assignment, each informing the agency when they will attend an agency board meeting and taking care to comply with Open Meetings Act (OMA).
6. Information received during the provider agency's board meeting that is of special interest or concern may be reported back to the CCDDB.
7. It is appropriate to ask questions and seek additional information while attending an agency's board meeting.
8. Honor any confidentiality requirements associated with board assignments, i.e. proprietary information learned while attending an agency board meeting.
9. Avoid any possible conflict of interest situations related to your board-to-board assignment. Questions about potential conflict of interest situations should be directed to the CCDDB executive director. Legal opinions will be sought through Champaign County State's Attorney's Office or the Board's independent legal counsel.