



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

*PLEASE REMEMBER this meeting is being audio recorded.
Speak clearly into the microphone during the meeting.*

Champaign County Developmental Disabilities Board (CCDDDB)

AGENDA

Wednesday, April 22, 2015

Brookens Administrative Building, Lyle Shields Room
1776 E. Washington St., Urbana, IL 61802

6:30PM

(Members of the Champaign County Mental Health Board are invited to sit in as special guests)

1. Call to Order – Ms. Sue Suter, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input/Public Participation
5. CCMHB Input (**pages 3-6**)

Draft minutes of the 3/18/15 CCMHB meeting are included in the packet for information only.

6. Approval of CCDDDB Minutes (**pages 7-10**)
 - A. 3/18/15 Board Meeting*

Minutes are included in the packet. Board action is requested.

7. President's Comments – Ms. Sue Suter
8. Executive Director's Report – Peter Tracy
9. Staff Report – *Deferred*
10. Agency Information
11. Financial Report

- A. Approval of Claims* (**pages 11-12**)

Included in the Board packet. Action is requested.

12. New Business

A. FY2016 Application Program Summaries (**pages 13-83**)

Discussion of agencies' requests for funding. A Briefing Memo, copies of the draft program summaries, and Analyses of Applicants' Cultural and Linguistic Competence Activities are included in the board packet.

B. Integration Transition Successes

Representatives of funded programs will provide oral reports on successful transitions to community settings related to home, work, and connection. The Board may choose to discuss planning for an annual recognition event, to be staged during the October 17 Expo.

13. Old Business

A. Alliance for the Promotion of Acceptance, Inclusion, & Respect

An oral report will be provided at the meeting.

B. Disability Resource Expo (**pages 84-85**)

A report from Ms. Barbara Bressner is included in the packet for information only.

14. Board Announcements

15. Adjournment

**Board action requested*

**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—March 18, 2015

*Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St
Urbana, IL*

4:30 p.m.

DRAFT

-
- MEMBERS PRESENT:** Astrid Berkson, Ailinn Dannave, Deloris Henry, Judi O'Connor, Julian Rappaport, Anne Robin, Deborah Townsend
- MEMBERS EXCUSED:** Susan Fowler, Thom Moore
- STAFF PRESENT:** Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo, Tracy Parsons
- OTHERS PRESENT:** Jennifer Knapp, Linda Tortorelli, Community Choices; Sheila Ferguson, Community Elements (CE); Dale Morrissey, Patty Walters, Danielle Matthews, Janice McAteer, Jennifer Carlson, Annette Becherer, Laura Bennett, Developmental Services Center (DSC); Gary Maxwell, Patti Petrie, Champaign County Board; Darlene Kloeppe, Regional Planning Commission (RPC); Beth Chato, League of Women Voters (LWV); Julie Sweeny, Urbana Adult Education; Deb Ruesch, Sue Suter, Champaign County Developmental Disabilities Board (CCDDB); Andy Kulczycki, Community Services Center of Northern Champaign County (CSCNCC); Colan Holmes, Bobbi Trist, Citizens; Bruce Suardini, Prairie Center Health Systems (PCHS)

CALL TO ORDER:

Dr. Townsend, President, called the meeting to order at 4:30 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Mr. Colan Holmes spoke regarding the CCMHB goals and objectives and serving people with mental health issues so it reduces recidivism in jails.

Ms. Bobbi Trist spoke regarding jail issues and treating the mentally ill.

ADDITIONS TO AGENDA:

None.

CCDDB INFORMATION:

Draft minutes from the 2/18/15 CCDDB meeting were included in the packet for information only.

APPROVAL OF MINUTES:

Minutes from the 2/18/15 Board meeting were included in the Board packet for approval.

MOTION: Ms. Dannave moved to approve the minutes from 2/18/15 as presented in the packet. Ms. Berkson seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Townsend commended Community Elements (CE) for returning unused funds to the CCMHB due to a reconciliation process. Liaison assignments were reviewed.

EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy reported that mental health and the criminal justice system is a huge concern for the CCMHB. A consultant from Texas will be coming to C-U in April for a series of meetings with the community and providers.

STAFF REPORTS:

Staff reports from Mr. Driscoll, Ms. Canfield, and Mr. Parsons and the ACCESS Initiative were included in the Board packet.

Dr. Rappaport asked Mr. Driscoll for details on the reconciliation process with Community Elements (CE). Ms. Canfield gave a verbal report on the Association of Community Mental Health Authorities of Illinois (ACMHAI) Quarterly meeting.

Mr. Parsons spoke regarding the rise in violence in our community and his involvement in community meetings regarding this serious issue. Summer youth employment and recreational

activity programs were discussed. Dr. Rappaport stated he was proud the CCMHB supported the work of the ACCESS Initiative.

BOARD TO BOARD:

Dr. Deloris Henry attended the Promise Healthcare Board meeting and Open House. Dr. Anne Robin commented that she was glad to see dental services being offered at Promise.

Ms. Judi O'Connor attended the Community Choices Membership meeting.

Dr. Anne Robin met with Dale Morrissey and Patty Walters of Developmental Services Center (DSC).

Dr. Julian Rappaport attended several Crisis Intervention Team Steering Committee (CITSC) meetings along with Lynn Canfield and Mark Driscoll.

AGENCY INFORMATION:

Sheila Ferguson from Community Elements (CE) reported on a recent collaborative effort with Frances Nelson (FNHC).

Laura Bennett from Developmental Services Center (DSC) invited CCMHB members to a DSC Prompting Theatre movie event on April 21, 2015 at the Art Theatre.

Bruce Suardini from Prairie Center Health Systems (PCHS) announced a new medication assistance program with Drug Court will begin April 6, 2015. He also announced that the proposed cuts by the State of Illinois will cut their agency by \$400,000.

FINANCIAL INFORMATION:

A copy of the claims report was included in the Board packet.

MOTION: Dr. Henry moved to accept the claims as presented. Ms. Berkson seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Systematic Evaluations for Funded Programs:

Dr. Julian Rappaport met with staff and a process has started regarding systematic evaluation for funded programs. A proposal will be forthcoming.

Multi-Year Funding:

Mr. Tracy stated it would be the decision of Board members to grant multi-year funding for particular agencies at the May meeting when funding decisions will be made.

Consideration of Late Applications for FY16 Funding:

A Decision Memorandum was included in the Board packet. Late applications were received from Don Moyer Boys and Girls Club (DMBGC), The Autism Society (TAS), and United Cerebral Palsy (UCP) Land of Lincoln. These providers missed the original deadline.

MOTION: Dr. Henry moved to approve acceptance of applications received from Don Moyer Boys and Girls Club, The Autism Society and United Cerebral Palsy for consideration of FY16 funding. In addition applicants shall be notified that this does not represent a change in policy and future requests of this kind will not be accepted. Ms. Berkson seconded the motion. Extensive discussion followed. A roll call vote was taken. The following members voted aye: Henry, Rappaport, Robin and Townsend. The following members voted nay: Berkson, Dannave, O'Connor. The motion passed.

Correspondence on CCRPC Youth Assessment Center:

A copy of a letter sent to Dr. Patti Petrie, County Board Chair was included in the Board packet for information only.

OLD BUSINESS:

Alliance for the Promotion of Acceptance, Inclusion and Respect:

Ms. Canfield provided a verbal report on activities.

disAbility Resource Expo:

A written report from Ms. Barb Bressner was included in the Board packet.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 5:50 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

DRAFT

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

Minutes –March 18, 2015

*Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St.
Urbana, IL*

DRAFT

6:00 p.m.

MEMBERS PRESENT: Joyce Dill, Deb Ruesch, Sue Suter

MEMBERS EXCUSED: Phil Krein, Mike Smith

STAFF PRESENT: Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll,
Stephanie Howard-Gallo

OTHERS PRESENT: Jennifer Knapp, Linda Tortorelli, Community Choices; Dale Morrissey, Danielle Matthews, Patty Walters, Felecia Gooler, Laura Bennett, Jennifer Carlson, Janice McAteer, Annette Becherer, Developmental Services Center (DSC); Gary Maxwell, Patsi Petrie, Champaign County Board; Eric Trusner, PACE; Kathy Kessler, Community Elements (CE); Judi O'Connor, Deloris Henry, Aillinn Dannave, Anne Robin, Champaign County Mental Health Board; Darlene Kloeppe, Regional Planning Commission (RPC); Teresa O'Connor, C-U Autism Network; Sheila Krein, Parent; Cindy Creighton, Parent; Amanda Bohn, United Cerebral Palsy (UCP)

CALL TO ORDER:

Ms. Sue Suter called the meeting to order at 6:05 p.m.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Linda Tortorelli announced The Autism Project has been cut from the proposed State of Illinois budget, which would be devastating for the agency.

Sheila Krein from the County Transition Planning Committee and updated the Board on recent activities.

Gary Maxwell from the Champaign County Board urged collaborations between the agencies in the coming year.

CCMHB INPUT:

A copy of the 2/18/15 Board minutes was included in the Board packet for information only.

CCDDB/CCMHB Joint Study Session: The New Workforce Innovation and Opportunities Act (WIOA):

Darlene Kloepfel, Community Services Director at the Champaign County Regional Planning Commission presented on the Act. The Workforce Innovation and Opportunities Act replaces the Workforce Investment Act. The new law combines many current federal workforce education, economic development and employment assistance programs in an effort to connect job seekers to employers in needed business sectors through training and skill matching. The new law emphasizes mainstream employment for persons with disabilities and more resources focused on those with barriers to employment. WIOA encourages more on-the-job training and apprenticeships as good ways to gain needed skills for employment.

Following the presentation, Board members were given an opportunity to ask questions and discuss the presentation.

APPROVAL OF CCDDB MINUTES:

Minutes from the February 18, 2015 CCDDB meeting were included in the Board packet.

MOTION: Ms. Ruesch moved to approve the minutes from the February 18, 2015 CCDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

PRESIDENT’S COMMENTS:

None.

EXECUTIVE DIRECTOR’S REPORT:

Mr. Tracy reported he and Lynn Canfield attended the National Association of County Behavioral Health and Developmental Disabilities Director’s (NACBHD) Conference in Washington D.C. and shared highlights of the conference with Board members.

STAFF REPORT:

Ms. Canfield’s staff report was included in the Board packet for review. Mr. Tony Records is retiring as the Ligas Court Monitor.

AGENCY INFORMATION:

Felicia Gooler from Developmental Services Center (DSC) stated the proposed State of Illinois budget proposed a 23 million dollar cut to early intervention services. She distributed a document detailing specific information regarding the proposed cut.

Laura Bennett from Developmental Services Center (DSC) invited CCMHB members to a DSC Prompting Theatre movie event on April 21, 2015 at the Art Theatre.

FINANCIAL REPORT:

A copy of the claims report was included in the Board packet.

MOTION: Ms. Dill moved to accept the claims report as presented. Ms. Ruesch seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

2016 Funding Applications:

A list of funding applications for the CCDDDB was included in the Board packet for information only.

Requests for Consideration of Late Submissions for FY16 Funding:

A Decision Memorandum was included in the Board packet. Late applications were received from The Autism Society (TAS), and United Cerebral Palsy (UCP) Land of Lincoln. These providers missed the original deadline.

MOTION: Ms. Ruesch moved to approve acceptance of applications received from The Autism Society and United Cerebral Palsy for consideration of FY16 funding. In addition, applicants shall be

notified that this does not represent a change in policy and future requests of this kind will not be accepted. Ms. Dill seconded the motion. Extensive discussion followed. A roll call vote was taken. The following members voted aye: Ruesch and Suter. The following member voted nay: Dill. The motion passed.

Integration Transition Successes:

Ms. Jennifer Knapp from Community Choices (CC) reported a woman living in temporary housing is moving into an apartment and receiving some services at Developmental Services Center (DSC). Another client has received a job at a consignment shop that he really wanted.

Jennifer Carlson from Developmental Services Center (DSC) reported on the progress made on the home in Mahomet that was recently purchased.

Annette Becherer from Developmental Services Center (DSC) reported on a man who just was employed by Caterpillar Logistics.

OLD BUSINESS:

Alliance for the Promotion of Acceptance, Inclusion and Respect:

A verbal report by Ms. Canfield was provided at the meeting.

disAbility Resource Expo:

A written report from Ms. Barb Bressner was included in the Board packet. The event will be held at the Fluid Event Center in Champaign on October 17, 2015.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:20 p.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

DRAFT

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/15

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VENDOR NO	VENDOR NAME	TRN B TR	TR N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 108	DEVLPMNTL	DISABILITY	FUND							
***	DEPT NO. 050	DEVLMTNL	DISABILITY	BOARD							
90	CHAMPAIGN COUNTY	TREASURER									
	4/06/15	01 VR	108-	34		522425	4/09/15	108-050-533.07-00	PROFESSIONAL SERVICES	APR ADMIN FEE	27,686.00
										VENDOR TOTAL	27,686.00 *
5352	AUTISM SOCIETY OF ILLINOIS										
	4/06/15	01 VR	108-	28		522447	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR AUTISM NETWORK	833.00
										VENDOR TOTAL	833.00 *
18209	COMMUNITY ELEMENTS										
	4/06/15	01 VR	108-	31		522480	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR COORD OF SVCS	2,922.00
										VENDOR TOTAL	2,922.00 *
19900	CTF ILLINOIS										
	4/06/15	01 VR	108-	30		522487	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR NURSING	715.00
										VENDOR TOTAL	715.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC										
	4/06/15	01 VR	108-	27		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR SERVICE COORD	27,977.95
	4/06/15	01 VR	108-	32		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR APARTMENT SVCS	33,765.00
	4/06/15	01 VR	108-	32		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CLINICAL SVCS	14,481.00
	4/06/15	01 VR	108-	32		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR COMMUNITY EMPLO	18,025.00
	4/06/15	01 VR	108-	32		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CONNECTIONS	7,083.00
	4/06/15	01 VR	108-	32		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM DEV CENTER	45,492.00
	4/06/15	01 VR	108-	32		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR INDIV/FAM SUP	30,429.00
	4/06/15	01 VR	108-	32		522494	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR INT SITE SVC	45,761.00
										VENDOR TOTAL	223,013.95 *
22816	DOWN SYNDROME NETWORK										
	4/06/15	01 VR	108-	29		522497	4/09/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR DOWN SYNDROME	833.00
										VENDOR TOTAL	833.00 *



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/09/15

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VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND									
54930	PERSONS ASSUMING CONTROL OF THEIR					ENVIROMENT, INC			
	4/06/15	01 VR 108-	33		522584	4/09/15	108-050-533.92-00 CONTRIBUTIONS & GRANTS	APR OP FOR INDEPEND VENDOR TOTAL	2,443.00 2,443.00 *
76107	UNITED CEREBAL PALSY LAND OF LINCOLN								
	4/06/15	01 VR 108-	35		522629	4/09/15	108-050-533.92-00 CONTRIBUTIONS & GRANTS	APR VOCATIONAL SVCS VENDOR TOTAL	7,206.00 7,206.00 *
							DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	265,651.95 *
							DEVLPMNTL DISABILITY FUND	FUND TOTAL	265,651.95 *

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

CHAMPAIGN COUNTY BOARD FOR CARE AND TREATMENT OF PERSONS WITH A DEVELOPMENTAL DISABILITY

BRIEFING MEMORANDUM

DATE: April 22, 2015
TO: Members, Champaign County Developmental Disabilities Board
FROM: Peter Tracy
SUBJECT: Program Summaries – FY16 Allocation Cycle

Traditionally, our April meeting is used to vet all applications for funding, with final decisions made at our May meeting. To facilitate this process, staff have completed Program Summaries on all applications. The summaries glean salient information and provide opinions concerning alignment with our stated priorities and defined decision support criteria.

All applicants for Champaign County Developmental Disabilities Board or Champaign County Mental Health Board funding, for programs related to Intellectual and/or Developmental Disabilities (ID/DD) supports and services, have received a letter with instructions on where to access a copy of their program summary and have been invited to notify us in writing if there are factual errors which should be corrected prior to completion of the FY16 award process. Written comments from providers will be shared with CCDDDB members, and errors will be corrected. Differences of opinion concerning alignment with decision support criteria and ratings will not result in changes unless directly related to a corrected factual error.

In addition, all applicant agencies are invited to attend the April meeting for the twofold purposes of (1) providing additional information directly to the Champaign County Developmental Disabilities Board (CCDDDB) during the “Agency Information” portion of the agenda, and (2) answering direct questions from CCDDDB members or staff concerning their application. CCDDDB members have full and direct access to all applications through our online application system, and may at their discretion raise questions not addressed in the summaries.

13

Requests for FY16 Funding Related to ID/DD Supports and Services

Any request made of the Champaign County Developmental Disabilities Board or the Champaign County Mental Health Board for funding related to Intellectual and/or Developmental Disabilities supports and services will receive the full consideration of each board.

(The) Autism Society of Illinois: CU Autism Network

CTF Illinois: Nursing Services

CTF Illinois: Residential and Day Services

Champaign County Down Syndrome Network: CC Down Syndrome Network

Champaign County Head Start/Early Head Start: Social Emotional Disabilities Services

Champaign County Regional Planning Commission – Community Services: Decision Support Person for CCDDDB

Community Choices, Inc.: Community Living

Community Choices, Inc.: Customized Employment

Community Choices, Inc.: Self-Determination Support

Community Elements, Inc.: Coordination of Services DD/MI

Developmental Services Center: Apartment Services

Developmental Services Center: Clinical Services

Developmental Services Center: Community Employment

Developmental Services Center: Connections

Developmental Services Center: Employment First (collaboration with Community Choices)

Developmental Services Center: Family Development Center

Developmental Services Center: Individual and Family Support

Developmental Services Center: Integrated/Site Based Services – Community 1st

Developmental Services Center: Service Coordination

Persons Assuming Control of their Environment, Inc.: Opportunities for Independence

United Cerebral Palsy – Land of Lincoln: Vocational Services

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: The Autism Society of Illinois

Program Name: CU Autism Network

Contract Format Requested: Grant

Funding Requested: \$10,000

Target Population: Individuals with Autism Spectrum Disorders (ASD), their family, and other supports as well as professionals and students from the local colleges.

Staff Assessment: The application indicates they reach out to new families and people in rural areas, as well as those from culturally diverse backgrounds.

Service Description/Type: Community resource information, support through meetings, email and phone consults, email, listserv, facebook, networking and education. CUAN holds 8 regular meetings throughout the year. Free activities for children are offered, as well as free “childwatch” for smaller children. Three free family events are hosted each year such as golf, pizza parties and bowling.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *N/A*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *N/A*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support?

The application addresses family and other support networks.

Program Performance Measures:

Consumer Access:

Meetings are free and free childcare is provided. Local doctors and social workers are provided with New Parent Informational packets for people, parents, or families of someone newly diagnosed with ASD.

Staff Assessment: a quantifiable measure of access (perhaps related to timing or distribution of notice of meetings) does not appear to be included.

Consumer Outcomes:

12 Community Service Events; 50 Regular Treatment Plan clients; and 1775 Non-Treatment Plan Clients; 100 New Parent Packets; an annual Walk in April; increasing access to information in Spanish.

Staff Assessment: TPC and NTPC measures are repeated as utilization targets (as they should be, along with a CSE target), although there is a mismatch among submitted forms (see below). Other measures – new parent packets, annual walk, Spanish language information – fit here.

Utilization/Production Data: *FY16 proposed targets:* Community Service Events (CSEs) will no longer be a tally of headcounts (board recommendation last year, due to the challenges of arriving at totals and collecting demographic/zip code data) but now a count of events, targeting 12; a target of 2095 Non-Treatment Plan Clients (2000 continuing and 95 new) and a target of 110 total Treatment Plan Clients (85 continuing and 25 new) listed on Part Two form do not match Part One narrative detail, with 1775 Non-TPCs (people who attend fewer than 6 events/other contacts) and 50 TPCs (people who attend 6 or more events).

At mid-year FY15: CSEs, tally of head counts at events, are at 842, against target 1200 (with large annual event to be staged in fourth quarter); TPCs, individuals attending regular meetings, are at 49 against the target 95, and there are 19 new Non-TPCs (individuals who are not members).

FY14: CSEs totaled 1443 against target of 1200; 11 TPCs participated regularly (no target).

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$10,000
PY16 Total Program Expenses: \$10,285 in CCDDDB/CCMHB expense column and \$20,858 in total program column.

Program Staff – CCDDDB/CCMHB Funds: 0 FTE 0 FTE
Total Program Staff: 0 FTE 0 FTE

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
N/A

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

Staff Assessment: expense form shows a larger total program budget than revenue form, with deficit of \$10,858 and CCDDDB/CCMHB portion of deficit = \$285.

Budget Narrative: CCDDDB/CCMHB request is the sole source of **revenue** for this program. No staff costs are assigned to the contract. **Expense** form assigns 45% of this revenue to conferences/staff development, 27% to general operating, 16% to professional fees/consultants, 10% to consumables, and 4.8% to local transportation. **Budget narrative** describes this request as for \$12,000 and notes revenue from special events/fundraising, explains each expense item in good

detail, but some subcategories do not total the line item amounts, and line items are not equal to CCDDDB column, though some are equal to those in the total program column; confirms that no personnel costs are charged to this contract; additional comments on increasing incidence of autism spectrum disorders, 4-5 times higher in boys, and high divorce rate of parents.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit Requirement Waived X

Staff Assessment: Total agency budget for FY16 is projected at \$460,500, so that the State of Illinois will require an audit report; waiver of audit requirement in this case is associated with parent support network status.

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. Revised and resubmitted financial forms.
2. The CCDDDB/CCMHB revenue and projected expenses in column 3 (i.e., of the budget document) shall match. If the expenses in column 2 are less than the total revenue in column 2, the surplus shall be assigned to the CCDDDB/CCMHB.
3. The applicant shall guarantee that all persons served under the contract are informed of the role of the regional PAS/ISC agency and PUNS enrollment.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: CTF Illinois

Program Name: Nursing Services

Contract Format Requested: Grant

Funding Requested: \$8,580

Target Population: seven adults who live in agency's Champaign County group home, have developmental disabilities, who have assessed need for services to maintain independence, and who have need for nursing services under Illinois Department of Human Services (DHS) Rules 115 and 116. Some have more intensive nursing services and observation (medical issues related to aging, e.g.)

Staff Assessment: state funding is noted; potential risk for supplementation of Medicaid.

Service Description/Type: Coordination of medical nursing care, medication training of staff, quality assurance of all medical concerns, input into medical forms and policies, formal monthly site visits by Registered Nurse, monthly medication checks and review of Physician Order Sheets, annual Physical Status Review nursing packets, quarterly medication assessments for those on psychotropic medications, annual physical assessments, tardive dyskinesia screenings, quality assurance on medication errors, annual recertification of med administration for all staff, on call 24/7 for emergencies, informing and participating in team meetings to develop residents' programming and goals.

Staff Assessment: medical support activities identified in Rules 115 and 116, additional support needs as assessed by medical providers; includes detail on state reimbursement for services (\$847 per year for all residents combined), comparison with actual costs.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes, with respect to residence.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes, with respect to maintaining independent living while managing health concerns.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Indirectly.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: 24 hours a day, 7 days a week for all residents of the Champaign County home, with 8 hours per week service in the house.

Staff Assessment: a quantifiable measure of access to these supportive services, mandated with residence, does not appear to be included. On-call is presumed to include reasonably fast response, perhaps measurable.

Consumer Outcomes: residents (and guardians, when applicable) offer feedback on the services during house meetings, satisfaction surveys, and annual planning meetings; needs assessed annually include knowledge of medication and self-administration, which inform new individual goals; programs surveyed annual by Illinois Department of Human Services (2014 result = 98%). Two measures are identified for FY16: 10% decrease in medication errors; individual progress in self-medication skills in 10 of 12 months (documented in monthly QIDP summary notes).

Staff Assessment: quantifiable measures relate to the independence and health of people served.

Utilization/Production Data: *Targets for FY16:* 7 Continuing Treatment Plan Clients; 20-25 nursing Service Contacts per month are described in Program Narrative, Part One but not targeted in Part Two form.

Mid-year FY15: 81 actual hours of SC reported (no target); 7 TPCs actual and target.

FY14: FFS contract, with 335 hours of service for the year, at \$33/hr; applicant report underutilization at mid-year and requested decreased contract maximum. Billings were supported by attendance sheets and nursing notes in residents' clinical files.

Staff Assessment: narrative section includes comments about aging and increased demand for nursing contact hours, balanced by agency staff training, identifies medical supports which may be performed by non-nursing staff; monthly tracking and review of medication errors and incident reports by Safety and Human Rights Committees.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 8,580
PY16 Total Program Expenses: \$15,283 (deficit of \$6,703)

Program Staff – CCDDDB/CCMHB Funds: 0.15 FTE Direct Staff and 0.04 FTE Indirect Staff
Total Program Staff: as above

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes; Budget Narrative includes legal opinion.

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

Staff Assessment: budget narrative is clear regarding personnel assigned.

Budget Narrative: CCDDDB/CCMHB request is for 100% of total program revenue (though Program Narrative notes small amount of revenue from DHS); staff costs comprise 100% of expenses; the relevant responsibilities of each staff person associated with this program are detailed in the Budget Narrative.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: CTF Illinois

Program Name: Residential and Day Services

Contract Format Requested: Grant

Funding Requested: \$36,500

Target Population: adult resident of CTF's Champaign County group home who, in spite of qualifying diagnosis and service needs, has not previously qualified for funding through Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) for service.

Staff Assessment: pursuing DHS Community Integrated Living Arrangement (CILA) funding with regional Pre-Admission Screening (PAS) agent; if secured, this funding will not be used for another resident but will stop.

Service Description/Type: Residential Services/Developmental Training: 24 hour supervision, case management, interdisciplinary team planning, assessments contributing to Individual Service Plan, nursing services, dietician services, linkage to community resources, transportation, other services as needed. Person centered planning to individualize the services, including work on money management, daily living skills, community integration, vocational skills, and other areas. Residential services as described in DHS Rules 115 and 116, and Developmental Training services subcontracted through another agency provider.

Staff Assessment: Nursing services, mentioned here, are supported through a separate contract.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Through person-centered plan.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Indirectly.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Indirectly.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *No.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *With respect to self-directed goals.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: detailed description of referral process, including for emergency placements, with timing of access determined by the state rather than agency; agency may decline services due to lack of capacity; printed materials in languages other than English as needed; sign language interpreters available; agency benchmarks are reviewed and determined at least annually by management staff and board; diversity training; collaboration with regional PAS agent.

Staff Assessment: a quantifiable measure of access does not appear to be included, but timeliness from referral to service engagement is addressed.

Consumer Outcomes: evaluation of effectiveness, efficiency, progress, and satisfaction by means of monthly review by case manager of daily documentation of individual's progress toward short and long term goals, with recommendations; most typical reasons for discharge from the program are identified; annual review of Individual Service Plan; annual management review of agency outcomes; annual satisfaction surveys; annual regulatory licensure surveys by DHS. Two measures relate directly to this contract: 90% satisfaction by the individual served (in FY14, actual was 98%); progress in self-directed goals in 10 of 12 months, documented by monthly QSP/QIDP summaries (achieved in FY14).

Utilization/Production Data: *FY16 Target:* 1 Treatment Plan Client (TPC).

Mid-year FY15: target is to serve one TPC.

FY14: FFS contract to serve one TPC; billings well-supported by attendance and progress notes and ample documentation as required by CILA rule.

Financial Information:

PY16 CCDDDB Funding Request: \$36,500
PY16 Total Program Expenses: \$65,275

Program Staff – CCDDDB Funds: 0.97 FTE Direct Staff and 0.57 FTE Indirect Staff
Total Program Staff: 0.97 FTE Direct Staff and 0.57 FTE Indirect Staff (unclear)

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?

Yes, in that DHS funding has not been available to this individual.

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

Staff Assessment: possible errors in the designation of percentages on personnel form; appears to assign 13-16% of four relevant indirect staff (site supervisor, operations administrator, community services administrator, and Direct Support Professional) and 14% of five DSPs and one Case Manager as direct staff.

Budget Narrative: CCDDDB/CCMHB request is for 100% of total program **revenue**. Staff costs comprise 73% of CCDDDB/CCMHB **expenses**, with professional fees/consultants (for subcontracted Developmental Training services) at 38%, consumables at 7%, occupancy at 5.9%, depreciation 3%, and general operating 2.4%. The Budget Narrative contains sufficient detail on each expense item (and how it was calculated) and responsibilities of all personnel assigned to this contract, although here the Case Manager is described as Indirect Staff and all DSPs as Direct Staff.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Champaign County Down Syndrome Network

Program Name: CC Down Syndrome Network

Contract Format Requested: Grant.

Funding Requested: \$15,000

Target Population: Families of those with a diagnosis of Down Syndrome, along with professionals and the general public.

Staff Assessment: Services are described in this section as well.

Service Description/Type: Support to families and people with Down Syndrome. New parent packets, books, DVD's, home and hospital visits, are ways they offer support. The DSN offers support at Individualized Education Program (IEP) meetings. Monthly meetings, annual conferences, workshops, social events, presentations, and the annual Buddy Walk are held. The DSN sponsors a newsletter and a website.

Staff Assessment: None.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *N/A*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: DSN distributes information to hospitals, schools, places of employment, community agencies and churches. A website is maintained. A monthly newsletter is shared, a facebook page is maintained, and a DSN parent will visit the hospital or home for new parents for

in-person support. For those residents who need transportation to and from meetings, transportation costs are included in the yearly budget.

Staff Assessment: a quantifiable measure does not appear to be included, could relate to timing or distribution of notice of meetings and events.

Consumer Outcomes: The newsletter reaches 125 families. They state they have seen an increase in attendance at events since they have targeted activities to particular age ranges as was requested by families. This section states information brochures are printed in English and Spanish.

Staff Assessment: other valued outcomes might result from peer (member) mentoring encouraged by the organization.

Utilization/Production Data: FY16 Targets: 20 Community Service Events (CSE); 140 Treatment Plan Clients (TPC) = 120 continuing and 20 new.

Mid-year FY15: 18 actual CSEs (no longer a head count, now a count of events) already exceeds target of 15; 166 actual TPCs (regular members) exceeds target of 120; 119 actual Non-TPCs (guests) – no target.

FY14: total of head counts at multiple CSEs = 1198, against target 1250. (Due to several years of steadily well-attended annual event, with good rural participation, this measure was replaced in FY15 with a focus on individuals active with the network.)

Staff Assessment: does the group define Treatment Plan Clients as those attending % of meetings or other standard?

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 15,000
PY16 Total Program Expenses: \$ 52,500 (balanced budget)

Program Staff – CCDDDB/CCMHB Funds: no staff costs
Total Program Staff: no staff costs

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
N/A.

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

Budget Narrative: CCDDDB/CCMHB request is for 29% of total program revenue, with other sources special events/fundraising (69%) and contributions (3%). Conferences are the largest expense line, at 50% of CCDDDB/CCMHB amount, with general operating at 28%, consumables 10%, professional fees/consultants 7%, and smaller amounts for transportation and equipment purchase. There are no personnel costs. The **Budget Narrative** clearly explains each item, with a note that conference/meetings budget is doubled as the organization seeks to reach more people and get current members more involved.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit Requirement Waived X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract are informed of the role of the regional Pre-Admission Screening/Independent Service Coordination (PAS/ISC) agency and enrollment in the Prioritization for Urgency of Need for Services (PUNS) database.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: Champaign County Head Start/Early Head Start

Program Name: Social Emotional Disabilities Services

Contract Format Requested: Grant

Funding Requested: \$54,823

Staff Assessment: could be fee-for-service format, combination of reimbursement for hourly and assessments/screenings.

Target Population: Champaign County residents who are aged six weeks through 'kindergarten age,' who have assessed service needs, limited family financial resources, are enrolled in Champaign County Head Start/Early Head Start, and either: score above Ages and Stages Questionnaire Social-Emotional screening tool cutoff and have individual social-emotional goals developed; are referred by parent or teacher for behavioral or social-emotional developmental concerns, with behavioral management plan developed; or participate in play therapy or counseling.

Staff Assessment: at age three, children are eligible for services under the Illinois School Code, Article 14.

Service Description/Type: Ages and Stages Questionnaire and ASQ- Social Emotional screenings for those newly enrolled (anticipate 300 ASQ-SEs,) development of social-emotional goals, Social-Emotional environmental observations of each classroom, individual child observations, development of behavioral plans (Individual Success Plans), individual play therapy, counseling for family members, informational support/training for families, annual staff training and social-emotional articles for parent newsletters, and collaboration/networking meetings.

Staff Assessment: detail on anticipated numbers of persons served per category of service, with later sections referencing higher intensity cases and increased behavioral referrals; estimate of hours of direct support per category could be based on current year utilization.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *No.*
- Support a person building connections to the broader community? *No.*
- Support a person participating in community settings of their choice and in ways they desire? *Supports participation in HS/EHS program, preparing for kindergarten.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *For very young children, preparing for school.*
- Incorporate Employment First principles? *N/A.*
- Acknowledge support and encouragement of self-advocacy? *Indirectly.*
- Address cultural competence and outreach to underserved populations? *Many rural service locations, home visits, priority to residents of medically underserved townships. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: Total program prepares annual Community Assessment, comprised of demographic, income, employment, low-income density areas, health, housing, service gaps, family needs, resources/services, enrollment, (and more) data, and used to identify the unserved and improve program outreach and access. Total program also prepares annual Program Information Report for those enrolled, can report on several factors as needed, evaluates program's recruitment of underserved persons/areas. Detail on classroom (time) options, one with transportation, and home-based service with 2x transportation to groups. During first 45 days of school year, weekly reports on progress of screenings (see Services) and health requirements; monthly reports thereafter.

Staff Assessment: timeliness of reports on progress of screenings is the measure of access to this program.

Consumer Outcomes: total program has a goal for 90% kindergarten readiness, including children served under this contract. Child progress assessments occur three times a year, four times for full-year classrooms. FY14 actual outcomes: of 72 children with delay or disability, 42 were in center-based services through school Early Childhood, and 30 received therapy services; of 79 referrals for individual child observations (behavioral or developmental), 68 led to behavior plan (Individual Success Plan or ISP), 47 of which carried into FY15; 25 children in play therapy and 4 adult family members in counseling.

Staff Assessment: quantifiable measure for outcome for children served through this program is the same as for total program, appropriately related to program's purpose.

Utilization/Production Data: *FY16 Targets:* 1 Community Service Event; 600 Screening Contacts, consisting of ASQ-SEs, Social-Emotional Environmental Observations, and individual child observations; 55 new (and total) Treatment Plan Clients; 30 Continuing and 60 New Treatment Plan Clients (in play therapy or counseling, with individual social-emotional goals, or developing Individual Success Plans (behavioral plans); 8 Other, a total of staff trainings, news articles for parent newsletters, etc.

Mid-year FY15: 0 actual CSEs against target of 1; 676 actual SCs already exceeds annual target of 625; 106 total TPCs (59 new) already exceed annual target of 90; 104 actual Non-TPCs exceed annual target of 55; 15 Other exceeds target of 8.

FY14: 3 actual CSEs against target of 8; 876 actual SCs greatly exceeded target of 625; 188 actual TPCs exceeded target of 100; 304 actual Non-TPCs exceeded target of 60; 21 actual Other exceeded target of 8.

Staff Assessment: Part One and Two form data agree with that reported through quarterly service activity reports. FY16 target for screenings is lowered due to discontinuation of winter room observations.

Unexpected/Unintended Results due to increased demand for the service and intensity of some cases, this section describes two changes in service delivery in current contract year, classroom observations in fall only and two service levels are established. High level will involve team review of ISP every six weeks/ two months; lower level reviewed quarterly.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$54,823

PY16 Total Program Expenses: \$92,023

Program Staff – CCDDDB/CCMHB Funds: 0.60 FTE Direct Staff and 0.05 FTE Indirect Staff

Total Program Staff: 1.00 FTE Direct Staff and 0.25 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Not explicitly, but N/A.

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

Staff Assessment: indirect personnel assigned to this contract is 5% of fiscal specialist; direct personnel is 60% of Social Emotional Development Specialist.

Budget Narrative: CCDDDB/CCMHB request is for 59.6% of total program revenue, with the only other source being a small portion of the total agency's Head Start grant (7%) from Department of Health and Human Services. Staff costs comprise 98% of the CCDDDB/CCMHB expenses, with very small amounts for Consumables and Conferences/Staff Development. The Budget Narrative describes each revenue source, including those for Head Start (total agency), and provides ample detail on each of the expenses and staff responsibilities associated with this program.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Staff Comments: program is included in Champaign County Audit.

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
2. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
3. Program shall warrant that these services are not covered under the Illinois School Code.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Champaign County Regional Planning Commission – Community Services

Program Name: Decision Support Person for CCDDDB

Contract Format Requested: Grant – NEW REQUEST

Funding Requested: \$48,000

Target Population: Champaign County residents eligible or potentially eligible for Department of Human Services – Division of Developmental Disabilities (DHS-DDD) funded services. Includes people who are: enrolled with or seeking to register with PUNS (Prioritization for Urgency of Need for Services); exiting school; hoping to move closer to family in Champaign County; interested in services; or transitioning from Intermediate Care Facilities/Developmental Disabilities (ICFsDD) or State Operated Developmental Centers (SODCs) into community-based homes.

Service Description/Type: data collection, client tracking, and case management activities not currently funded by DHS-DDD, with the purposes of improving local needs assessment and planning and of hastening consumer access to desired/needed services. Establish an all payer database for those accessing or seeking DD services, to track their choices (met or unmet) to strengthen person-centered systems of care; assist individuals in obtaining all documentation required for eligibility for DHS-DDD funded services, speeding up approvals for those drawn from PUNS; refers those determined ineligible to other supportive programs rather than remaining on the waiting list for an eventual denial; assisting those on the PUNS waiting list with emergency planning.

Staff Assessment: because CCDDDB eligibility criteria match those of DHS-DDD, with this unit as the primary support, determination of CCDDDB eligibility is a desirable by-product. Staff credentials are described in this section - Qualified Service Professional (QSP) certifications, experienced in Pre-Admission Screening/Independent Service Coordination (PAS/ISC). Possibly supported by student interns. Staff travel and maintain contact with agency and school providers across the county.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Not directly.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Not explicit, but this is a responsibility of ISC through DHS-DDD contract.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*

- Address cultural competence and outreach to underserved populations? *Additional office space in Rantoul, home visits and relationships with schools/providers countywide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: 24/7 crisis line in addition to regular business hours; three office locations, use of rural and other office sites; alternative format documents, ASL interpreters, and spoken language translators available PRN. 100% contacts with those seeking to register or update a PUNS enrollment (an unfunded state mandate). Demographic and choices data will be collected and reported on 100% of those with current funding (and when possible, those with private support). Analysis of potential service gaps. Calls answered within 2 business days. Referrals to other resources made within 1 business day of determination of ineligibility. Consumer/guardian satisfaction surveys address timeliness and ease of access to program, among other items; no target identified, results combine with feedback from referring agencies in annual analysis to inform program improvement.

Staff Assessment: many quantifiable measures relate to feedback from those interacting with the program.

Consumer Outcomes: assisting individuals with DD with obtaining eligibility documentation; documentation of expressed choices, including those not realized; tracking of those choices for follow-up; emergency plans developed for those registered on PUNS. “Collateral measures of success” are: referrals of those not eligible for Medicaid waiver services to other appropriate programs; community needs assessment information for CCDDDB/CCMHB planning and decision processes; service gap information useful to providers.

Staff Assessment: these outcomes are similar to those identified as desirable by stakeholders locally and statewide; quantifiable measures do not appear to have been included (e.g., timeframe for obtaining documentation or analyzing data).

Utilization/Production Data: *No previous data are available. Targets for FY16 are:* 300 new Treatment Plan Clients = those with Medicaid-waiver approval, identifying service choices to be entered into spreadsheet with choices identified as provided or not provided; 200 new Non-Treatment Plan Clients = those not approved for Medicaid waiver, for whom service choices are identified and entered into spreadsheet (identified as provided or not) and PUNS data base, and for whom emergency plans may be developed; 20 Service Contacts = individuals not eligible for Medicaid-waiver approval, so referred to other community resources; 25 Community Service Contacts = presentations, trainings, etc.

Staff Assessment: the distinction between DHS-DDD eligibility (definition of ID/DD) and other Medicaid-waiver eligibility will be important to the CCDDDB/CCMHB if ineligible persons are referred to other funded ID/DD programs.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$48,000
 PY16 Total Program Expenses: \$523,000

Program Staff – CCDDDB/CCMHB Funds: 0.63 FTE Direct Personnel
Total Program Staff: 5.99 FTE Indirect Personnel

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

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

Staff Assessment: assigns 3% of Program Manager and 20% of three Case Managers, although Budget Narrative says 25% of two staff.

Budget Narrative: CCDDDB/CCMHB request is for 9.2% of total program revenue, with Illinois DHS Individual Service and Support Advocacy grant the remaining 90.8%. Staff costs comprise 63% of CCDDDB/CCMHB expenses (similar to total program proportion), with professional fees/consultants and consumables each at 10%, specific assistance at 6.7%, and local transportation 1%. The **Budget Narrative** contains sufficient detail about each assigned expense (mismatch with personnel form noted above), with explanation of allocation method for some and program-specific rationale for others (professional fees include psychological evaluations, specific assistance supports individuals obtaining school or other records, e.g.) Staff credentials are identified here.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Community Choices, Inc.

Program Name: Community Living

Contract Format Requested: Fee for Service (FFS)

Funding Requested: \$60,000

Staff Assessment: consider per-member per-month reimbursement rather than hourly.

Target Population: adult residents of Champaign County who have developmental disabilities and, with staff support/natural supports, can live independently.

Staff Assessment: a population who should be known to the Pre-Admission Screening/Independent Service Coordination (PAS/ISC) unit for enrollment in PUNS, possible selection for waiver awards, and ideally for eligibility determination.

Service Description/Type: Community Transitional Support: a two-year, four-phase model for moving into the community: 1) Planning includes assessments, observations, financial discussions, core skills eval; 2) Move Out, focused on schedules and life skills support; 3) Post-Move Out, with community connections and meaningful activities; 4) Maintenance, with decreased staff support (check-ins as needed).

Life Skill Training: individual and small group instruction, approx. 8 sessions of interactive instruction, with topics such as finances, social skills, housekeeping; people may take multiple sessions to build skills in these areas (and self-care, community engagement, well-being) and confidence for life-long learning in the community.

Home Based Service Facilitation – for those with Illinois Department of Human Services – Division of Developmental Disabilities (DHS DDD) funding.

Staff Assessment: Home-Based Service Facilitation is NOT charged to CCDDDB/CCMHB. Rate for Community Transitional Support is \$37.50/hour, for Life Skill Classes, \$750/class.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *Part of referral process, then indirectly.*
- Address cultural competence and outreach to underserved populations? *25% of those currently served reside in Mahomet, Fisher, or Rantoul. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referral from other agency programs and from several other identified organizations (agencies, schools, parent support groups); outreach through flyers and community events/presentations. Participation in Intake meeting with Community Life Coordinator “to determine if an individual is a good fit for the program,” if person expresses desire to move out of family home within a year

Staff Assessment: a quantifiable measure of access (e.g., time from referral to service initiation) does not appear to be included; may prefer “to determine if the program is a good fit for the individual.”

Consumer Outcomes: 15 total TPCs, 5 completing planning, 3 completing move-out, and 7 completing post-move-out. All participants of Community Transitional Support have outcomes of: completed Person Centered Plan (for moving and sustaining community life); individual goals from the plan met; completed Personal Outcome Measures with improved score in at least one area; and engagement in a new community activity. Life Skill Training outcomes include development and execution of 5 classes and participants’ report of increase in skills (pre and post-test).

Staff Assessment: some overlap with utilization targets; distinct outcomes are identified, not necessarily quantified.

Utilization/Production Data: *Targets for FY16:* total of 15 Treatment Plan Clients (those associated with Community Transitional Support) with total 1,500 direct service hours; 12 Non-Treatment Plan Clients (those associated with Life Skill Training); 5 classes; 2 total Community Service Events.

Mid-year FY15: as a fee for service contract, individuals served = 17 (target 15), with total direct service hours 735 @ \$37/hr, billing just under half of contract max (annual target for hours is 1487).

FY14: CSEs actual 3 exceeded target 4; SCs actual 840 below target 1192; actual total of 16 TPCs against target 18; additional report, 1513 direct service hours (*with contract max \$55,000, \$36/hr.*)

Staff Assessment: rate of class restated as \$750 presumed to refer to each instructional event, regardless of number of participants, here expected to be an average of 5 NTPCs per class (unduplicated total of NTPCs estimated at 12). Part Two form lists 16 unduplicated individuals, but Part One form 15 (the TPCs in Community Transitional Support). \$55,500 for direct service hours for 15 people equates to \$308.3 PMPM rate; \$4,500 to support 6 classes at \$750.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$60,000
PY16 Total Program Expenses: \$109,538

Program Staff – CCDDDB/CCMHB Funds: 1.00 FTE Direct Staff and 0.18 FTE Indirect Staff
Total Program Staff: 1.75 FTE Direct Staff and 0.23 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: indirect personnel assigned to this contract include 10% of Executive Director plus 8% of half-time administrative assistant, to be hired; direct personnel includes 100% of the Community Life Coordinator position; Community Support Specialist salary is assigned to total program but not this contract.

Budget Narrative: CCDDDB/CCMHB request is for 54% of total program revenue, with other sources being contributions (7%), DHS-DDD (31.5%), Private Pay (1.8%), and Miscellaneous (5.4%). Staff costs comprise 82.7% of the total CCDDDB/CCMHB expenses, with general operating at 5%, local transportation and consumables 3.3% each, professional fees/consultants 3%, occupancy 2.1%, and conferences/staff development 0.54%. The Budget Narrative describes each revenue source and expense line with sufficient detail. Miscellaneous revenue and expense (none of the latter is charged to CCDDDB/CCMHB) are the in-kind value of Community Builder living rent-free in exchange for overnight support. The responsibilities of each staff person (indirect and direct) assigned to this contract are described. Note that low costs are due to heavy reliance on volunteers.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Community Choices, Inc.

Program Name: Customized Employment

Contract Format Requested: Grant

Funding Requested: \$55,000

Staff Assessment: could be structured as fee for service, with reimbursement for hours of service or a per-member-per-month rate.

Target Population: adult residents of Champaign County who have disabilities, are unemployed or underemployed, and are interested in customized employment or supported self-employment; from census data for the county, approx. 2,000, and by ARC of Illinois estimate, 90% of adults with DD are unemployed or underemployed.

Service Description/Type: focus on individualizing the relationship between employees and employers to meet both parties' needs. Discovery – determination of strengths, needs, and desires (through observations, interviews, various settings). Career Planning - exploration of specific career opportunities (classes, internships, financial planning, etc.) Matching Job Seekers and Employers – instruction in social and communication skills associated with particular work environment; targeted job skills training; discussion with potential employers regarding their needs; tours and job shadowing; negotiation of employment contract. Short-Term Employment Support – development of accommodations/supports and natural supports with both parties; agency contact person for concerns; limited job coaching. Long-Term Employment Support – to support employee making a contribution and becoming valued/accepted; to maintain and expand employment (promotions, retraining, benefits, conflict resolution.)

Staff Assessment: Supported Self-Employment is not described – has demand for this service decreased?

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Through employment.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Through employment-related activities.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *In referral process, then indirectly.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referral from other agency programs, if person expresses desire for community employment and is unemployed or underemployed; referrals from other organizations, including agencies, schools, parent support groups; outreach through flyers and community events/presentations.

Staff Assessment: a quantifiable measure of access (e.g., time from referral to service initiation) does not appear to be included.

Consumer Outcomes: 7 people will complete Discovery or Career Planning (8 others will access service using DRS funding.) Through Job Matching, 5 will acquire paid work and 2 volunteer or intern positions (plus 8 through DRS). Through Short-term Employment Support, 7 will work on problem-solving and 7 will use on-the-job support (8 more through DRS). 30 people will use Long-term Employment Support.

Staff Assessment: some overlap with utilization targets.

Utilization/Production Data: FY16 Targets include: 37 total TPCs (30 continuing and 7 new); 785 total Service Contacts, broken out into service categories; 4 Community Service Events; 1,405 direct service hours, also broken out per service type;

Mid-year FY15: CSE actual 2 on track against target 4; SCs 528 over half of target 890; 36 total TPCs exceed target 29; additional report of 740 direct service hours against anticipated annual 1405.

For FY14: CSE actual 4 matched target 4; SCs 747 against target 758; 32 total TPC exceeded target of 29; additional report, 1165 direct service hours (*with contract max \$50,000, \$43/hr.*)

Staff Assessment: Part Two form lists a target of 795 total Service Contacts, Part One form 785.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$55,000
PY16 Total Program Expenses: \$138,119 (total program revenue \$140,000)

Program Staff – CCDDDB/CCMHB Funds: 0.90 FTE Direct Staff and 0.22 FTE Indirect Staff
Total Program Staff: 2.50 FTE Direct Staff and 0.37 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes, in additional comments section in budget narrative.

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

Staff Assessment: indirect personnel assigned to this contract include 10% of Executive Director plus 12% of half-time administrative assistant, to be hired; direct personnel are 50% of Employment Specialist and 40% of Director of Employment Services, with the rest of their salaries assigned to total program.

Budget Narrative: CCDDDB/CCMHB request is for 39.3% of total program revenue, with other sources being Contributions (20%) and DRS Program Service Fees (38.6%). Staff costs comprise 85% of CCDDDB expenses (87% total program expenses), with local transportation and general operating accounting for 3.6% each, occupancy 2.7%, professional fees/consultants 2.2% (includes part of CQL accreditation services and auditor), consumables 2%, and conferences/staff development 0.5%. Each revenue and expense item and assignment of personnel is explained with sufficient detail in the Budget Narrative, specific to program.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
2. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
3. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
4. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
5. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: Community Choices, Inc.

Program Name: Self-Determination Support

Contract Format Requested: Grant

Funding Requested: \$55,000

Staff Assessment: grant format may be most appropriate due to the nature of family and self-advocacy supports.

Target Population: 1) adults with disabilities (including ID/DD), with focus on those no longer served through public schools. 2) family members of adults with disabilities. 3) systems of support in Champaign County and Illinois.

Service Description/Type: Building Community Capacity – collaboration with other organizations to expand local capacity, services, connections; system advocacy and change in specific areas, such as inclusion of people with DD in life skills classes available in the community. Family Support and Education –family advocate group meetings concurrent with self-advocate group meetings; focus on information and networking, with presentations and speakers on many topics including best practices; direct support during transitions or challenges. Social Opportunities – Self-Advocacy through group meetings plus a new group led by self-advocates, will also work on systems advocacy; Social Engagement through family social events and separate events for and planned by teens and adults; Social Coaching for Individual Activities hosted by self-advocates with planning support from staff; Community Connections to develop individual relationships with community members, regardless of disability.

Staff Assessment:

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Not directly.*
- Incorporate Employment First principles? *Not directly.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Approximately 25% of families participating are from Mahomet, Fisher, or Rantoul, some events staged in rural locations; outreach through the Transition Planning Committee; developing a volunteer carpool. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: no wait, interested parties may have an intake meeting with Community Life Coordinator or simply show up for an event. Referral from several other identified organizations (agencies, schools, parent support groups); outreach through flyers and community events/presentations.

Staff Assessment: a quantifiable measure of access does not appear to be included.

Consumer Outcomes: specific outcomes are included for each service category: development of Supportive Living Service with providers, change state policy around day and residential services, identify and train 5 organizations to offer classes to people with DD; families gain a sense of community, increased knowledge of systems, and engagement in state and local advocacy; self-advocates speak up for themselves, plan and carry out 1 supported project, participate in 1 statewide event; individuals improve social skills, develop relationships, plan and host an event.

Staff Assessment: some of the specific outcomes measures are quantifiable.

Utilization/Production Data: *FY16 Targets:* subdivided according to category of service/support, with 65 Non-Treatment Plan Clients (family) and 75 Non-Treatment Plan Clients (self) for a total 140, further defined per activity, with 10 new and 130 continuing; 264 Service Contacts (family) and 510 Service Contacts (individual) for a total of 774, also further defined per activity; 4 Community Service Events; and 150 direct service hours (family) plus 450 (individual). Targets associated with the new component, Building Community Capacity are not all defined due to pilot year.

Mid-year FY15: 3 actual CSEs against target 4; 506 SCs against target 822; 148 actual Non-TPCs exceed target of 126; additional report of direct service hours = 431, with anticipated total of 912.

FY14: target of 4 CSEs exceeded, with 6 actual; target of 812 SCs exceeded with 1,093 actual; 136 actual Non-TPCs exceeded target of 125; additional report of direct support hours = 617.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$55,000

PY16 Total Program Expenses: \$67,820

Program Staff – CCDDDB/CCMHB Funds: 0.65 FTE Direct Staff and 0.30 FTE Indirect Staff

Total Program Staff: 0.95 FTE Direct Staff and 0.40 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Not addressed.

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

Staff Assessment: indirect personnel assigned to this contract are 10% of executive director and 20% of half-time administrative assistant (to be hired); direct personnel consist of 40% of executive director and 25% of full-time Community Life Coordinator.

Budget Narrative: The CCDDDB/CCMHB request is for 76.4% of total program revenue, with other sources being contributions (22.2%) and private pay (1.4%). Staff costs comprise 83% of CCDDDB/CCMHB expenses, with general operating at 5.5%, professional fees/consultants 3.6%, occupancy 2.7%, local transportation 2.5%, consumables 1.8%, and conferences/staff development 0.7%. The Budget Narrative contains sufficient detail on each revenue source and expense item, with rationale, and responsibilities of each position specific to this contract. *(Budget Narrative also includes the correct total of the Executive Director's salary, distributed across three proposed programs; mismatch with personnel forms appears to be an error.)*

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract are informed of the role of the regional PAS/ISC agency and PUNS enrollment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Community Elements, Inc.

Program Name: Coordination of Services: DD/MI

Contract Format Requested: Grant

Funding Requested: \$31,945

Staff Assessment: due to varying service intensity, a fee-for-service contract format may be appropriate (hourly reimbursement or per assessment).

Target Population: adult residents of Champaign County who have diagnoses of both developmental disability and mental health disability and a need for coordinated services. Emphasis on those living in residential settings for persons with DD, family or other settings but struggling with self-care, or at-risk for hospitalization or homelessness due to inadequate support for their co-occurring conditions.

Staff Assessment: this population is often referenced by stakeholders as having significant unmet needs.

Service Description/Type: strength-based approach, case identification, screening for mental illness, direct support to individuals and their families, technical assistance to other professionals involved in the care, treatment planning, advocacy, effort to improve coordination between providers of DD and MH services.

Staff Assessment: staff credentials are identified (Qualified Intellectual Disabilities Professional, Qualified Mental Health Professional, Master of Social Work) with supervision by Licensed Clinical Social Worker; intensive case management activities are included, in fact more intensive than anticipated; leverages other funding, refers to Access & Benefits Case Manager; in spite of diligence, there appears to be a risk for supplementation.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *No.*
- Support a person building connections to the broader community? *No, but strengthens connections among the person’s providers.*
- Support a person participating in community settings of their choice and in ways they desire? *No.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: Demographic info is collected on all served and, when possible, those referred. Clinician accommodates meetings/opportunities (including at schools) to introduce the program, consult on referrals, and make service entry more welcoming. Information and outreach at community wide special events. Client satisfaction surveys using “Client Writes.”

Staff Assessment: a quantifiable measure does not appear to be included.

Consumer Outcomes: Satisfaction survey tool is tailored for this program, specific questions identified. Rather than quantifiable benchmarks, program will rely on comparison with measures of traditional mental health case management and other programs. In addition, time from referral to engagement will be tracked: four weeks is target, variance is reported, and if clinician’s caseload has an opening, it is to be filled within two weeks.

Staff Assessment: also focus on identifying and overcoming barriers to participation and assisting people with the complex, overlapping service systems.

Utilization/Production Data: FY16 Targets: 12 Community Service Events, 15 Service Contacts, 22 Continuing and 10 New Treatment Plan Clients.

Mid-year FY15: 7 actual CSEs against target 12; 3 actual SCs against target of 18; 23 TPCs against target 30 (still waiting for information on the 20 who continued into FY15); additional report 595 direct service hours.

FY14: 15 actual CSEs exceeded target of 6; 16 actual SCs below target 20; 26 total TPCs against target 40, plus one Non-TPC; additional report of 1202 direct service hours (contract max \$35,060 for rate \$29/hr).

Staff Assessment: Data above are summarized from quarterly service activity reports submitted by the agency during FY15 and FY14 and do not match data reported in the Part Two form. Utilization section includes comments about non-billable activities with Medicaid clients, but some activities described may be billable for those with Medicaid waiver funding (CILA, HBS, etc.) and should be coordinated with PAS/ISC staff.

Unexpected/Unintended Results section contains remarks about the behavioral health services system state of transition, agency monitoring of third party revenue to increase capacity and expand services, and impact of previous year increased Medicaid billings on this request (i.e., resulting in the decreased request).

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$31,945
PY16 Total Program Expenses: \$60,672

Program Staff – CCDDDB/CCMHB Funds: 0.52 FTE Direct Staff and 0.07 FTE Indirect Staff
Total Program Staff: 1.02 FTE Direct Staff and 0.14 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates? *Yes, but in practice it appears there may be inadvertent supplementation; will rely on agency reporting and collaboration with RPC PAS/ISC to reduce the risk.*

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

Staff Assessment: indirect personnel assigned to this contract consist of 2% and less of six positions (billing supervisor, facility operations, CEO, corporate compliance manager, IT and support services); direct personnel are 50% of Community Support Clinician II and 2% of Community Support Manager.

Budget Narrative: CCDDDB/CCMHB request is for % of total program **revenue**, with other sources Department of Mental Health (Medicaid and non-Medicaid) at 24.7%, program service fees – insurance (net) at 18.5%, program service fees – client fees (net) at 4.1%. Staff costs comprise 91% of CCDDDB/CCMHB **expenses**, with others all 2.5% or less: depreciation, local transportation, general operating, occupancy, professional fees/consultants, consumables, membership dues, conferences/staff development, equipment purchases, and lease/rental (\$2). The Budget Narrative includes all revenue and expense items, with further detail on subcategories within most expense lines; methodology for assignment of admin wages and agency cost allocation are included, along with note about program costs (directly related to services and clients).

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.

6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Apartment Services

Contract Format Requested: Grant

Funding Requested: \$405,185

Staff Assessment: fee for service (FFS) reimbursement would capture varying intensity of support.

Target Population: Champaign County residents with Intellectual and/or Developmental Disabilities (ID/DD) who benefit from support to live in the community: 24 in secured, Housing and Urban Development (HUD) subsidized building; approx 40 others throughout the county (primarily in Champaign and Urbana, by choice); services/supports range from 4-27 hours/range, as 17 served have significant health involvement and 23 have little or no family support.

Staff Assessment: PUNS (Prioritization for Urgency of Need for Services) enrollment; effort to acquire state funding for any eligible is noted. Will support through this program disqualify people from long-term waiver awards as it may have already done for some older individuals?

Service Description/Type: assistance in acquiring skills for independence, long-term support for areas not mastered, and increased support when skills are compromised by health problems. Areas of support include: money management, cooking, cleaning, and other home management and personal care; social skills, safety, and other community integration; support for positive health habits and meeting medical needs; linkage to benefits and other services. Crisis support available 24/7. Services provided at home and in community, determined by individual's plan, reviewed monthly and revised as needed.

Staff Assessment: Person Centered Planning Process aligned with values of Council on Quality and Leadership; 120 hours staff training required by Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) plus training specific to persons served and on relevant topics when needed. Agency is landlord for HUD building; rent based on income, adjusted with changes.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Not explicitly.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Not explicitly.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*

- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: individual with an interest is referred, case evaluated by Admissions Committee, decision based on whether they are in crisis, how long they've been on the waiting list, and whether support needs can be met. Measure is to serve 63 people.

Staff Assessment: appears not to include a quantifiable measure related to referral or admission processes.

Consumer Outcomes: Measures for those participating to make progress toward their own independent living objectives (94% actual at mid-year compared with FY15 target of 80%) and to have opportunities to engage in new activities of interest (mid-year actual of 16 new opportunities compared with FY15 target of 35.) Continues these measures and targets for FY16.

Utilization/Production Data: *FY16 targets:* 63 Treatment Plan Clients (TPCs), 60 continuing and 3 new; 0 Non-TPCs; descriptions but no targets for Service/Screening Contacts (SCs) (phone and in person meetings with prospective participants; tours of apartment building) or Community Service Events (CSEs) (informational meetings, formal presentations to many organizations).

Mid-Year FY15: 60 continuing and 4 new actual TPCs against targets of 60 and 3; 4 SCs; and total of 5,545 direct service hours (*approx \$37/hr at half of contract max.*)

FY14: actual 57 continuing and 8 new TPCs against targets of 57 and 6; 22 SCs; and total of 7,436 direct service hours (*at \$413,052, \$55/hr, \$6,355 annual case rate, or \$530 per member per month.*)

Staff Assessment: this section contains a note about access to the program, in that focus is on long-term services to continuing TPCs, new capacity as they exit the program.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 405,185
 PY16 Total Program Expenses: \$ 405,185
 (total program rev is \$484,698, expenses \$510,515, so \$25,817 deficit is not charged to the CCDDDB)

Program Staff – CCDDDB/CCMHB Funds: 7.91 FTE Direct Staff and 0.65 FTE Indirect Staff
 Total Program Staff: 10.00 FTE Direct Staff and 0.83 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates? *Yes, in that those with HBS (Medicaid waiver) funding are not served under the contract.*

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

Staff Assessment: charges 79% of 7 full-time and 1 part-time Apartment Services Case Managers and one Community Living Coordinator, 67% of another ASCM, 52% of Program Director, 36% of RN Coordinator, 4%

of RN, and a small amount for staff overtime. Indirect staff costs are 4% and less of 20 positions (HR, accounting, maintenance, admin.)

Budget Narrative: Projected revenue from United Way (5% of total program revenue), CCDDDB/CCMHB (84% of total), and DHS FFS (HBS?) and DHS training reimbursement (11% of total). **Expenses** (no salary increase) are described in detail (some program-specific, often related to staff offices, some allocated) on benefits, professional fees/consultants, consumables, general operating, occupancy, conferences/staff development, etc. Staff costs comprise 88% of requested CCDDDB/CCMHB amount, 93% of total program budget. Good detail on each staff position's responsibilities to this program.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
4. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Clinical Services

Contract Format Requested: Grant

Funding Requested: \$173,773

Staff Assessment: contract could be formatted as fee-for-service, reimbursing for completed assessments (e.g.) related to some services and hourly or per-member, per-month related to others.

Target Population: Champaign County residents with intellectual and/or developmental disabilities, not otherwise funded for this program's services. A majority of those currently served are engaged in other agency programs (including Service Coordination), but the program also serves those with no other agency involvement.

Staff Assessment: includes detail that those seeking a specific clinical support for a short-term, at times, end up requesting services through other agency programs.

Service Description/Type: psychological assessment, for eligibility and for those whose level of functioning may have changed; counseling assessment and planning, individual and group counseling and counseling in response to crisis; initial and annual psychiatric assessment, medication review, and crisis intervention; occupational therapy evaluation and consultation; clinical consultant collaboration with interdisciplinary teams. Consultants on contract meet with people at agency offices and in community and include: one Licensed Clinical Psychologist, four Licensed Clinical Social Workers, two Licensed Clinical Professional Counselors, one Licensed Professional Counselor, one Licensed Marriage and Family Therapist, a Psychiatrist, a Speech Therapist, and an Occupational Therapist. Staff and family members may assist with appointment scheduling and transportation.

Staff Assessment: detail on how much of the current year contract budget is devoted to each service category (psychological 10%, counseling, planning, crisis 60%, psychiatric 25%, occupational therapy 5%).

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes, indirectly?*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Not directly.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *No.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *No.*

- Address cultural competence and outreach to underserved populations? *Outreach through school meetings community-wide, Transition Planning Committee, agency website, networking (parent and professional), collaboration with other providers and parent groups. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: Champaign County residents not otherwise engaged with agency programs may self-refer or be referred by family, friends, professionals involved in their support. Those currently involved with the agency may request clinical services, or the request may be made on their behalf by family, physicians, other team members. Data tracked include: referral date, service/support sought, reason for referral, and who requested. Those in crisis or at-risk are prioritized, and cases reviewed for other funding options (e.g., insurance) and capacity of the pertinent consulting clinician's practice. 90 people are to be served in FY16. Sufficient detail on documentation and monitoring of supports and services; comment about the development of other resources in the community (freeing up capacity for those with very limited treatment options/specialized needs.)

Staff Assessment: measure overlaps with a measure of utilization (number of people served); based on data collected, a measure could address time from referral to service onset for crisis versus non-crisis cases or measure access to other resources/funding options (useful in identifying service gaps and specific system advocacy).

Consumer Outcomes: 1) FY16 target of 100% quarterly reviews conducted by Clinical Coordinator of assessment, progress, and volume of sessions for all engaged in counseling through this contract; matches FY15 target, met at mid-year. 2) FY16 target of 100% review and documentation of psychiatric patient progress and efforts to reduce medications; this is also the FY15 target, met at mid-year. 3) FY16 target of 90% consumer satisfaction (surveys) continues the FY15 target (actual outcome data available at end of contract year and included in Annual Performance Outcomes Report).

Staff Assessment: section contains comment about focus on individual choice, assessed need, cultural considerations; interventions and trainings through collaboration of direct and management staff and clinicians.

Utilization/Production Data: *FY16 Targets:* 86 total Treatment Plan Clients - 65 continuing and 21 new – those whose case records and Individual Service Plans are funded by CCDDDB or CCMHB; 2 continuing and 2 new Non-Treatment Plan Clients – those with service and support records but no formal ISP, funded by CCDDDB or CCMHB; 25 Service Contacts – phone and in-person contacts with those interested in services, including I&R contacts, initial screenings/assessments, crisis services; 2 Community Service Events.

Mid-year FY15: 63 continuing and 3 new TPCs (actual) against targets of 65 and 21; 3 continuing and 1 new Non-TPCs exceed/on track with targets of 2 and 2; 12 Service Contacts on track with target of 25; 1 CSE on track with target of 2.

FY14: 67 continuing and 21 new TPCs (actual) exceeded targets of 65 and 15; 1 continuing and 7 new Non-TPCs against targets of 2 and 2; 29 Service Contacts exceeded target of 25; 0 CSEs below target of 2.

Staff Assessment: FY14 and FY15 data reported in this section are from the agency's submitted quarterly service activity reports, slight mismatch with Part Two form (where one SC actual total is lower than reports).

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$173,773
PY16 Total Program Expenses: \$174,342

Program Staff – CCDDDB/CCMHB Funds: 1.11 FTE Direct Staff and 0.18 FTE Indirect Staff
Total Program Staff: same (total program salary costs are \$231 greater than CCDDDB portion)

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Does the application clearly explain what is being purchased by the CCDDDB and CCMHB?

Staff Assessment: indirect personnel includes 1% (and less) of the salaries of each of 20 positions (HR, accounting, maintenance, training coordinator, admin); direct personnel includes 50% of Clinical Coordinator, 45% of Program Director, 10% of Certified Occupational Therapy Assistant, 5% of Vice President, and 1% of Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request is for 99.7% of total program revenue, with small amount of DHS reimbursement for training as other source. Staff costs comprise 49.4% of CCDDDB/CCMHB budgeted expenses, with 46% for professional fees/consultants, 0.9% for local transportation, 0.7% for general operating, 0.65% for miscellaneous, and several smaller amounts. The Budget Narrative describes each revenue and expense item in sufficient detail, includes reference to submitted Allocated Expense formula (reviewed annually with agency audit). The responsibilities of personnel assigned to the contract are described, with reference to key staff use of holistic, person-centered model; although the role of Case Coordinators is described in this section of the Budget Narrative, no portion of a Case Coordinator salary is assigned in the personnel form.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption

to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.

4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
5. The applicant shall specify the estimated hours of each type of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
7. Applicant shall warrant that these services are not covered under the Illinois School Code.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Community Employment

Contract Format Requested: Grant

Funding Requested: \$222,800

Staff Assessment: 3% increase over FY15 level; could be fee-for-service to capture varying service intensity; if case rated, \$4,456 per individual per year or \$371.33 per member per month.

Target Population: adult residents of Champaign County who have an Intellectual or Developmental Disability (ID/DD) and are seeking support for finding or keeping a job.

Staff Assessment: those with state funding will not be served under this contract.

Service Description/Type: person-centered discovery process: interviews of individuals and those who know them; research into particular jobs of interest; resume/portfolio development; interview preparation; job matching; advocacy for accommodations; development of adaptive tools; support of self-advocacy at work; benefits information; 'soft skills' support; and feedback from peers.

Staff Assessment: 120 hours of training required by Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) for all staff plus certification through national Association of People Supporting Employment First.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Indirectly.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Rural outreach described. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referrals from self, families, friends, or current employers, or to follow post graduation (observations while still in school); CCDDDB/CCMHB contract used for those requesting support beyond Division of Rehabilitation Services (DRS) contract funding (90 days). Admission to the agency and program depends on documentation of ID/DD. Measure is to support 90 individuals, toward full inclusion in community work (and non-work) settings.

Staff Assessment: a quantifiable measure related to access or referral processes does not appear to be included.

Consumer Outcomes: focus on securing jobs and keeping them; employment plan results from interviews, leads to specific job search and development efforts, employment supports, and presumably greater job satisfaction and a greater number of businesses hiring individuals with ID/DD.

Staff Assessment: FY15 measure for 75% of individuals maintaining job for one year is met at mid-year with actual 78%, continued for FY16; FY15 measure for eight new employers will continue for FY16, mid-year FY15 actual of two.

Utilization/Production Data: FY16 targets: 50 Treatment Plan Clients (TPCs) (none funded by the state), with 44 continuing and 6 new; no Non-TPCs; 2 Service/Screening Contact (SCs) = meetings with prospective consumers, tours of sites and visits to locations of interest to the individual; 2 Community Service Events (CSEs) = formal presentations/tours to organizations.

Mid-year FY15: 45 continuing and 1 new actual TPCs, against targets of 44 and 6; 1 SC against target 2; 1 actual CSE against target of 2.

FY14: 36 continuing and 14 new actual TPCs (total 50) compared with targets of 45 and 10 (total 55); 3 actual SCs against target of 2; 1 CSE against target of 2.

Staff Assessment: unintended results section notes limited opportunities in outlying areas, rural residents relocating to CU. FY14 total direct service hours = 3,241.75, contract maximum \$210,000, rate of \$65/hr; mid-year FY15 similar.)

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$222,800
PY16 Total Program Expenses: \$364,570

Program Staff – CCDDDB/CCMHB Funds: 2.59 FTE Direct Staff and 0.96 FTE Indirect Staff
Total Program Staff: 4.25 FTE Direct Staff and 1.6 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: indirect staff costs (\$46,506) are comprised of 1%-6% of 20 positions (human resources, accounting, maintenance, admin); direct staff costs (\$98,214) are 61% of 2 Employment Specialists (ES), 58% of 1 ES, 55% of 1 ES, 18% of a Program Director, and 6% of a Registered Nurse.

Budget Narrative: CCDDDB/CCMHB revenue is 61% of total program, with other revenue DHS FFS training reimbursement (0.5%) – though it is entered in a different line on revenue form - and DRS

(38%). Staff costs comprise 82% of CCDDDB/CCMHB budgeted **expenses**, same proportion as total program. The **Budget Narrative** contains sufficient detail on all items: expenses do not incorporate a salary increase, are detailed per category, many based on program-specific projections, some allocated; personnel section describes responsibilities of each position assigned to the contract.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.
4. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Connections

Contract Format Requested: Grant

Funding Requested: \$85,000

Staff Assessment: if fee-for-service, payments could be associated with integrated outcomes as many are group activities, some with fees and materials.

Target Population: people with Intellectual and/or Developmental Disabilities (ID/DD) and desire to connect with their communities, including those not currently served in other agency (DSC) programs. Emphasis on individuals' interests and defining 'connection' for themselves (friends, contributing to the community, volunteer in areas of interest, lifelong learning, peer support, exposure to other cultures).

Staff Assessment: Medicaid-waiver funded participants are not charged to this contract.

Service Description/Type: individual and small group activities developed by participants' interest, during afternoon/evening/weekend, brief or overnight, including (e.g.): self-advocacy group with fundraising activities to attend Speak Up and Speak Out Summit and Alliance for Change trainings; diabetes support/education group; art events; other activities of interest.

Staff Assessment: note about Council on Quality and Leadership "commitment to promote an increase in social capital."

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Potentially.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Interest-based rather than skills-based.*
- Incorporate Employment First principles? *No.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: Interested individuals contact program staff directly; other agency staff seek referrals/requests and present them to Admissions Committee (program budget considered). FY16 measure for 20% of the 70 participants to be from outside Champaign and Urbana.

Staff Assessment: support can be through volunteers screened by agency or staff with (DHS-DDD) required 120 hours of training; while there is no measure associated with referral process, rural access is meaningfully addressed.

Consumer Outcomes: FY15 target for offering 15 different types of event appears on track, with 12 types at mid-year. Continues for FY16. A new measure for FY16 is for self-advocates to participate in at least two activities related to cultural diversity.

Staff Assessment: includes note that 29 people have been involved in 26 separate events.

Utilization/Production Data: FY16 Targets: 70 New Treatment Plan Clients (TPCs), 10 New Non-TPCs (peers accompanying CCDDDB- or CCMHB-funded TPCs on activities, as a measure of the program's impact), 40 Other = total number of activities.

Mid-year FY15: 30 actual New TPCs against target of 70; 11 actual New Non-TPCs exceed target of 10; (second quarter data on direct service hours missing), 40 Other = total number of activities.

FY14: 57 actual CSEs exceeded target of 50; 3 actual SCs were below target 20; 86 actual TPCs exceeded target of 70; no Non-TPCs below target 5.

Staff Assessment: Part Two Form report of FY14 CSE and SC actual does not match quarterly service reports, so the latter are used above.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$85,000
PY16 Total Program Expenses: \$85,000

Program Staff – CCDDDB/CCMHB Funds: 1.46 FTE Direct Staff and 0.2 FTE Indirect Staff
Total Program Staff: same

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: Indirect staff salaries (\$10,101 total) consist of 1% of 20 positions (human resources, accounting, admin, maintenance); direct staff salaries (\$46,154) consist of 100% of one Employment Counselor, 15% of an Apartment Services Case Manager and a Family Home Maintenance Tech, 10% of Training Coordinator, 5% of Vice President, 1% of a Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request is for 100% of program revenue. Expenses (no salary increase) are described in detail (some program-specific, often related to staff offices, some allocated) on benefits, professional fees/consultants, consumables, general operating, occupancy, conferences/staff development, etc. Staff costs comprise 84% of total program budget, with other

large line items consumables and conferences (5% each) and miscellaneous (2.8%). The responsibilities of each staff position assigned to this program are described.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center and Community Choices

Program Name: Employment First

Contract Format Requested: Grant – NEW REQUEST

Funding Requested: \$80,000

Staff Assessment: a new program request supporting a collaborative approach to system change, appropriate for grant format.

Target Population: individuals with Intellectual and/or Developmental Disabilities (ID/DD), their families, provider agency staff, local businesses/employers.

Staff Assessment: as presented to the CCDDDB and CCMHB in November 2014 and to Department of Human Services – Division of Rehabilitation Services in December, which subsequently funded it (suspended by new administration).

Service Description/Type: educational events (success stories, benefits planning, etc.) for individuals and family members of those in day program, waiting list, or transitioning out of school; staff training by national expert plus train-the-trainer component, supporting culture change and sustainability; disability awareness outreach to local businesses/potential employers; system reform/advocacy statewide.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes, with respect to employment.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Through employment-related and community education activities.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Indirectly.*
- Address cultural competence and outreach to underserved populations? *Countywide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: targets people currently in day program, on waitlist for day services, and transitioning from high school.

Staff Assessment: note about the benefit to those seeking employment, regardless of provider support. Does not appear to include a quantifiable measure related to access or referral.

Consumer Outcomes: measures related to the three areas of focus include: 6 information sessions for approx 15 participants each with one-on-one consult offered after session; training for management and direct support staff throughout one year, plus 'train-the-trainer;' 48 employers will be invited to participate, with training, and 12 of these will receive 'disability-aware business' designation (criteria to be developed).

Staff Assessment: has national consultant been identified? Consistent with the Office of Disability Employment Policy's Employment First Community of Practice efforts?

Utilization/Production Data: For FY16: Non-Treatment Plan Clients = those attending events (target of 15); Service Contacts = number of employers invited + number staff in training + number of state agencies/ reps contacted (target of 48).

Staff Assessment: Service Contacts target should be higher than 48 if 48 employers will be invited to launch (see Consumer Outcomes) and staff in training and state contacts are also to be counted toward the total. Alternatively, contact events could be counted instead of numbers of persons involved, which could be reported in Other.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$80,000
PY16 Total Program Expenses: \$80,000

Program Staff – CCDDDB/CCMHB Funds: 1.00 FTE Direct Staff and no Indirect Staff assigned.
Total Program Staff: same

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
No.

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

Staff Assessment: Direct staff is one full-time Community Employment Specialist.

Budget Narrative: (Revenue comments repeat Service Description from Part One form.)
CCDDDB/CCMHB request is 100% of program **revenue**. Staff costs comprise 44% of total program **expense** with 43% for professional fees/consultants (consists of: 0.5 FTE salary + payroll taxes + benefits at Community Choices, for outreach and education component; costs of national experts for consultation and training on Customized Employment and Employment First) and 6% (or \$5,000) each for Transportation and Miscellaneous (primarily media and community outreach.)
Good detail.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

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Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Family Development Center

Contract Format Requested: Grant

Funding Requested: \$545,903

Staff Assessment: FY15 contract level; consider fee for service reimbursement for multiple services within program.

Target Population: children from birth to five years of age, with or at risk of developmental disabilities, and their families, in Champaign County. Fills gaps in Early Intervention (EI) program, allowing uninterrupted, comprehensive services.

Staff Assessment: this section includes reference to evidence-based services not funded otherwise; at age three, children are eligible for services under the Illinois School Code, Article 14.

Service Description/Type: early detection through developmental screenings in a variety of community settings (especially homes), family-centered interventions maximizing the family's strengths, in familiar routines and environments, promoting a coordinated system of care. Comprehensive services: Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, and PLAY Project (evidence-based, with training certification required of staff).

Staff Assessment: includes detail on staff credentials, degrees, and specialized trainings related to EI, the PLAY project, DENVER Developmental training tool, and related areas. Developmental Screening is not funded through state EI program. 27% of children screened were bilingual, 66% were members of underrepresented groups.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *With respect to family input to service plan.*
- Support a person building connections to the broader community? *N/A*
- Support a person participating in community settings of their choice and in ways they desire?
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Refers to family's strengths.*
- Incorporate Employment First principles? *N/A*
- Acknowledge support and encouragement of self-advocacy? *N/A*
- Address cultural competence and outreach to underserved populations? *41% of those served under this contract are residents of county outside CU and Rantoul; collaboration with rural schools, child care centers, churches, food pantries, and libraries to link children and services. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes – young children.*

Program Performance Measures:

Consumer Access: includes a measure of timeliness of completed assessment (within 14 days of evaluation, 90%, which appears on track for FY15 and will continue for FY16). Detail on referral sources, family driven planning, and emphasis on developing natural supports and strengths.

Consumer Outcomes: includes a measure of satisfaction with services (current target of 90% will continue in FY16) and individual children’s progress toward developmental outcomes (current target of 90% is on track with actual mid-year outcome of 100% and will continue in FY16). Family input into service design with initial and ongoing evaluations; standardized tests (DENVER II, Battelle Developmental Inventory II, Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language Scale, etc.) at intervals not greater than six months.

Utilization/Production Data: *FY16 Targets:* Treatment Plan Clients (TPCs) are children receiving services through this contract; Service/Screening Contacts (SCs) are developmental screenings, primarily conducted in child’s home with parent present; Community Service Events (CSEs) are community events, college class presentations, child care center informational consults.

Mid-year FY15: 171 actual CSEs against target 300; 12 actual SCs against target 200; 555 actual TPCs against target 663 (continuing was met with 434 against target 433); 3,217.50 hours direct service.

FY14: 519 actual CSEs exceed target 300; 223 actual SCs exceed target 200; 680 actual TPCs exceed target 595; direct service hours of 5,865 (*total CCMHB/CCDDB investment of \$530,003, with cost \$90.37/hr or \$779.42/individual for the year.*)

Staff Assessment: Note about state payment delays and limited reimbursement for services, with negative impact on independent therapists and team interactions so important in early intervention; collaboration is a focus of this program.

Financial Information:

PY16 CCDDB/CCMHB Funding Request: \$545,903
PY16 Total Program Expenses: \$722,008 (\$545,903 of expenses are charged to this contract; with the CCDDB/CCMHB portion, as well as total program, as balanced budgets.)

Program Staff – CCDDB/CCMHB Funds: 7.02 FTE Direct and 1.31 FTE Indirect Staff
Total Program Staff: 9.25 FTE Direct and 1.68 FTE Indirect Staff

Does the application warrant that CCDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDB and CCMHB? *Yes.*

Staff Assessment: Indirect staff salaries (\$60,539 total) consist of from 1% to 8% of 20 positions (human resources, accounting, admin, maintenance); direct staff salaries (\$393,691) consist of 76% of three Child Development Specialists, one Screening Coordinator, one Speech Language Pathologist, one Office Manager, and one Program Director, 60% of a fourth Child Development Specialist, 57% of a fifth Child Development Specialist, 23% of a

Vice President, 11% of a Program Director (Quality Assurance) and the Training Coordinator, and 8% of a Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request comprises 75.6% of total program **revenue**, with other sources being State Early Intervention (18%), United Way (5.8%), and DHS training reimbursement (0.5%). Staff costs comprise 81% of total **expenses** budgeted to CCDDDB/CCMHB (the same proportion as total program), with Lease Rental at 5.6% and Occupancy at 5.4% and several smaller items, all of which are explained in the narrative, in good detail, some based on current year actual expenses, some allocated according to formula reviewed by auditors. The responsibilities of each staff position charged to this contract are explained.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall specify the estimated hours of each type of service to be provided for people served under this contract and tie back to the contract maximum.
2. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
3. Applicant shall warrant that these services are not covered under the Illinois School Code.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

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DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Individual and Family Support

Contract Format Requested: Grant

Funding Requested: \$376,144

Staff Assessment: could be organized as fee-for-service, reimbursing for hours of service and for various supports.

Target Population: children and adults with intellectual and developmental disabilities, living in Champaign County, and not receiving Medicaid waiver funding for these services. Flexibility is emphasized. Priority given to those with significant behavioral, medical, training, or support needs.

Staff Assessment: notes alignment with Council on Quality and Leadership principles; care should be taken to avoid using CCDDDB funding for services covered by the School Code, Article 14, as this would be in violation of the establishing statute.

Service Description/Type: supports based on medical, behavioral, residential, and personal resource considerations. Day supports in integrated, community-based settings with full-time staff; part-time program staff, including family members, cover evening and weekend needs. Program will also purchase services from another agency or independent contractor, if assessment. Includes a variety of services and supports planned in collaboration with families, teachers, and other support persons, including: assessment, planning, direct staff support, social skills/social thinking training, emergency respite, minor home modification, therapy/sensory/accessibility equipment, enhanced independent living skills training, legal funding and support, various community activities (Tae Kwan Do, horseback riding lessons, overnight trips to art classes, fitness club memberships, etc.)

Staff Assessment: staff training is identified as 120 hours mandated by the Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD), plus any training related to individuals' specific needs; are some direct service arrangements for a short term? Per-person costs range from \$100 to several thousand; financial forms designate 6.1% of budget to specific assistance, the purchase of recommended supports for individuals, and a small portion (?) of direct staff activities relate to the review of these requests.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *No.*

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- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Outreach through website, Transition Planning Committee, parent and professional networks, collaboration with agency providers and parent groups, and Individualized Education Program (IEP) and Multi-Disciplinary Conference (MDC) meeting attendance in schools county-wide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *Yes.*

Program Performance Measures:

Consumer Access: detail on referral follow up call and screening for program, including assessment of interests, aspirations, cultural considerations, etc; determination by Admissions Committee depends on capacity to meet these, may refer to other agencies or waiting list; refers all to PAS/ISC unit for PUNS enrollment, and when state funding is secured, county funding is discontinued, creating capacity.

Staff Assessment: measure overlaps with utilization (to serve 47 people); a quantifiable measure of access could relate to time from referral to assessment to intake, e.g.

Consumer Outcomes: 1) Target of 90% of those desiring them will participate in at least two community activities per month - continues current year target, met at mid-year. 2) Target of 100% individuals/guardians participating in their choice of service provider - continues current year target met at mid-year. 3) Consumer satisfaction survey target of 90% in FY16, continued from current year, for which actual outcome will be available in June; outcomes are said to be choice-driven, delivered in various integrated environments, and to diverse client population.

Utilization/Production Data: *Targets for FY16:* 2 Community Service Events (CSE); 5 Service Contacts – phone and in-person meetings with persons interested in services (I&R, initial screening, crisis); 21 total Treatment Plan Clients (TPC) – those open with other agency programs, including Service Coordination; and 29 total Non-Treatment Plan Clients (NTPC) – those not otherwise engaged with agency services.

Mid-year FY15: actual CSE of 1 against target of 2; 1 actual SC against target of 5; total actual of 16 TPCs (14 continuing and 2 new) against target of 21; total actual 18 Non-TPCs (18 continuing and 0 new) against target 29; 2,480 hours direct support in first two quarters.

FY14: 1 CSE against target 3; 7 SCs against target 10; 16 continuing and 7 new TPCs exceeded target of 19; 17 continuing and 6 new Non-TPCs exceeded target of 21; direct support hours totaled 9,618.

Staff Assessment: This section of Part One Narrative includes a note about many referrals for individuals/families in crisis, unique service needs, intensive supports. Information on actual specific assistance costs (purchase of supports for individuals) is needed in order to determine case rate or hourly rate associated with the direct support hours. Slight mismatch in FY15 continuing TPC total reported in Part Two form and that of submitted quarterly service reports (used above.)

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Unexpected/Unintended Results section includes case study of successful diversion to community based services (avoiding residential placement of a youth) and long-term individual success.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 376,144
PY16 Total Program Expenses: \$ 494,169 (total program has an \$85,312 deficit, CCDDDB/CCMHB budget is balanced)

Program Staff – CCDDDB/CCMHB Funds: 6.2 FTE Direct Staff and 0.65 FTE Indirect Staff
Total Program Staff: 8.15 FTE Direct Staff and 0.83 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

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

Staff Assessment: Between 1% and 4% of 20 indirect staff positions are assigned to this contract (HR, accounting, maintenance, admin) totaling \$30,674. Direct staff consist of: 76% of 1 program manager and 7 Family Home Maintenance Technicians (2 to be hired); overtime of \$17,517; part-time staff salaries totaling \$53,000; and 4% of program director, vice president, and RN.

Budget Narrative: CCDDDB/CCMHB request is for 92% of total program revenue, with DHS FFS (7.4%) and training reimbursement (0.6%). Staff costs comprise 81% of total CCDDDB/CCMHB budgeted expenses, with specific assistance at 6.1%, consumables and local transportation both at 2.3%, miscellaneous at 2%, lease/rental at 1.9%, smaller amounts for many other lines. The **Budget Narrative** provides sufficient detail for each revenue and expense item (no salary increase, many expenses based on FY15 actual; program director reviews requests for specific assistance to individuals), and for each position assigned in personnel form, responsibilities specific to the program.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
2. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
3. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to

those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

4. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
5. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
6. Applicant shall warrant that these services are not covered under the Illinois School Code.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Integrated/Site Based Services – Community 1st

Contract Format Requested: Grant

Funding Requested: \$549,128 CCDDDB + \$356,313 CCMHB

Staff Assessment: no increase from FY15 funding levels; program summary will treat these applications as a single request for \$905,441. For 50 individuals, \$18,109 annual case rate or \$1,509 per member per month.

Target Population: adults with Intellectual and/or Developmental Disabilities (ID/DD) who receive services in community and at agency program sites, transitioning toward greater community involvement and connection.

Staff Assessment: those waiting for services are referred to Champaign County Regional Planning Commission's Pre-Admission Screening/Independent Service Coordination (PAS/ISC) unit for enrollment in Prioritization for Urgency of Need for Services (PUNS) database. If a program participant receives Medicaid waiver funding, their participation is no longer charged to this contract, and a new person without state funding can be added.

Service Description/Type: aligned with core values of Council of Quality and Leadership, this day program seeks to transition to greater community integration of service activities by: strengthening connections (family, friends, community) through volunteering, civic involvement, self-advocacy; participation in recreational, social, educational, fitness, creative, and other activities; making friends and acquaintances by regular patronage of various local businesses and public spaces; job exploration driven by identified interests and long term employment goals.

Staff Assessment: requests multi-year funding for transition from sheltered work to community based, involves culture/attitude change.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person's control of his/her day and life? *Begins to.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Referenced, but the means are not described.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*
- Address cultural competence and outreach to underserved populations? *26% of current participants live outside Champaign and Urbana; transportation to many rural areas, outreach to rural*

through Individualized Education Program (IEP) meetings, transition events, and Transition Planning Committee. Cultural and Linguistic Competence Plan is under review.

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: referrals from many identified sources are presented to Admissions Committee, participation based on individual's interests. Measure is to provide services to 50 people.

Staff Assessment: measure related to access, e.g. time from referral to committee's decision or percentage of those interested in services receiving a tour/interview, within timeframe. Outreach through IEPs is again mentioned.

Consumer Outcomes: under the current contract, 2 volunteer sites are used, people access events in the community, and groups are forming based on identified interests, and 8 people have greater community involvement, working toward minimum of 40% of day hours in community. FY16 measures are for 15 people to do so, for 2 new volunteer activities to be developed, and 4 to do job exploration through Community Employment program.

Staff Assessment: note about staff training, 120 hours mandated by Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) for all Direct Support Professionals.

Utilization/Production Data: *FY16 Targets:* 4 Community Service Events (CSEs), including formal presentations to groups and informational meetings/tours for parents and professionals; 4 Service Contacts (SCs), including meetings with potential participants, tours, visits to home, school, etc; 41 Continuing and 9 New Treatment Plan Clients (TPCs), specifically people with no state funding for this service; and 20 New Non-Treatment Plan Clients (NTPCs), specifically peers accompanying TPCs in community activities; Other is a count of high school students involved with program sites.

Mid-Year FY15: 8 actual CSEs at target 8; 3 SCs against target 8; 46 TPCs against target 50 (actual 41 continuing and 5 new); 95 total Non-TPCs exceeds target of 20; 16,668 direct service hours (*into \$452,720, or half of \$905,441, is \$27/hour.*)

FY14: 25 actual CSEs exceeded target 8; 32 actual SCs exceeded target 8; 47 actual TPCs below target 50 (actual 44 continuing and 3 new); 7 actual Non-TPCs exceeded target of 5; 32,715 total direct service hours. (*Using amended contract maximum \$744,709, hourly rate of \$22.76.*)

Staff Assessment: "unintended result" that some who are now more active in the community are earning less money.

Financial Information:

PY16 CCDDDB and CCMHB Funding Request: \$905,441

PY16 Total Program Expenses: \$5,475,029 (total program deficit of \$547,636, compared to total agency deficit of \$420,755 and no deficit in CCDDDB/CCMHB budget)

Program Staff – CCDDDB/CCMHB Funds: 13.44 FTE Direct and 1.2 FTE Indirect Staff

Total Program Staff: 79.01 FTE Direct and 7.15 FTE Indirect Staff

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Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?

Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: Indirect staff salaries total \$55,712 and consist of 1% to 15% of 20 positions (human resources, accounting, admin, maintenance). Direct staff salaries total \$377,737 and consist of: 17% of 7 Drivers, 2 Program Directors, 36 Developmental Instructors (2 to be hired, plus DI overtime), 5 Developmental Training Managers, 7 Employment Counselors (1 to be hired), 1 Operations Manager, 1 Program Manager, 1 Transportation Coordinator, 1 Vocational Supervisor, 1 Account Manager, 5 Production Workers (plus production worker overtime), and 7 Production Crew Leaders; 15% of a COTA; 13% of 1 Personal Support Specialist (to be hired), 1 Production Crew Leader, and 1 Individual Support Counselor; 8% of 1 Program Director; 6% of 1 Registered Nurse; 5% of 1 Maintenance Technician; 3% of 1 Maintenance Technician, 2 Vice Presidents, and 1 Program Director; and 2% of a Maintenance Technician.

Budget Narrative: CCDDDB/CCMHB requests are for 18% of total program revenue, with other sources DHS Fee for Service (42.4%), Sales of Goods and Services (35.3%), HFS Purchase of Care (3%), Ford County MHB (0.4%), DHS reimbursement for training (0.1%), and Other Grants (0.04%). Staff costs comprise the largest expense (62% of this combined request), followed by cost of production (12.3%), client wages/benefits (6.8%), occupancy (4.5%), lease/rental (4.1%), local transportation (3.6%), and many smaller amounts. **Budget Narrative** explains each revenue and expense item in detail, with some expenses program-specific and some allocated (formula reviewed annually by auditors), and describes the responsibilities of personnel assigned to this program, though not distinguishing among the two Vice Presidents or the various Program Directors.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to

those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: Developmental Services Center

Program Name: Service Coordination

Contract Format Requested: Fee-for-Service

Funding Requested: \$398,872

Staff Assessment: the current year contract is fee-for-service, reimbursing for hours of service; a per-member, per-month (PMPM) format or combination approach could be appropriate.

Target Population: people who have intellectual and developmental disabilities and who request support to maintain independence in community, at work, and at home. Person-Centered Planning model of support and delivery focuses on aspirations, supports based in relationships, alignment with Council on Quality and Leadership values.

Staff Assessment: costs per person served range from \$1000 to several thousand depending on service coordination needs, based on "each individual's medical, behavioral, residential, and personal resource considerations."

Service Description/Type: intake screening, advocacy, assessment, information services, crisis intervention, 24 hour call emergency support, intermittent direct service, monitoring and development of individualized service plan, collaboration with Champaign County Regional Planning Commission's Pre-Admission Screening/Independent Service Coordination (PAS/ISC) unit when emergency or nursing home placement is sought, Social Security Representative Payee support, and linkage to (and application for) programs such as food stamps, medical card, health benefits for workers with disabilities, circuit breaker, SSDI and SSI benefits, housing support, and LIHEAP. As the central point of contact, collaboration with members of interdisciplinary team on person-centered service plan (PCP) and implementation, focused on integrated environments.

Staff Assessment: staff credentials include Qualified Intellectual Disabilities Professional (QIDP) certification, bachelor's degree in social service field plus year of direct work experience with individuals with ID/DD; 120 hours of Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD) mandated Direct Support Professional training plus 40 hours of QIDP training and 12 hours of continuing education each year. Collaboration with PAS/ISC on cases may be a focus of system transformation at state level, driven by federal mandate, so that the role of local dollars and requirements associated with this funding should be clearly understood.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Yes.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Yes.*

- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Not directly.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Outreach through website, Transition Planning Committee, parent and professional networks, collaboration with other provider agencies and parent groups, and presence at Individualized Education Program (IEP) and Multi-Disciplinary Conference (MDC) meetings in schools county-wide. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: Describes process from initial contact follow-up - reason for referral, eligibility determination, social and medical history and other info used to determine agency ability to respond to request for service - through screening/intake process - gathering info on individual's interests, aspirations, strengths, preferences, traditions, cultural considerations - to Admissions Committee consideration of these along with medical, behavioral, instructional, social, and personal support needs. Services offered when there is capacity to do so within the framework of person-centered planning based on interests, etc. If services are not offered, referral may be made to other provider agencies or to DSC wait list. Includes quantifiable measures of access to service coordination, with or without other program involvement: 1) time (30 days) from follow-up contact to Admissions Committee review, with a target of 90% for FY16, continuing the current year target, mid-year outcome 100%; 2) agency will initiate annual communication with 100% of individuals/families regarding their status on waiting lists for program services – continues current year target with mid-year outcome of 100%.

Staff Assessment: contains note that all who are on waiting lists for agency services or have expressed an interest in receiving services are referred to the PAS/ISC unit for PUNS enrollment.

Consumer Outcomes: Increased variety of services and number of persons served due to local funding, with the discovery of dramatic increase in need for direct support. Example of quick response (48 hours) to need for emergency placement, identified by law enforcement. Two quantifiable measures are described: 1) target of 90% customer satisfaction (from survey results) continues the current year target, for which actual outcome data will be available in June; 2) staff and (minimum of) 25 individuals will complete a Personal Outcome Measure, according to Council on Quality and Leadership guidelines.

Staff Assessment: one of the principles of conflict-free case management is that service needs be assessed by an entity which does not then deliver the needed services; relatedly, eligibility for services is established by an independent entity. There is an apparent error in this and other applications, where satisfaction survey data for FY15 will be "available in June 2016" rather than June 2015.

Utilization/Production Data: *Targets for FY16: 360 unduplicated persons to be served.*

Mid-year FY15: estimated total 357 Treatment Plan Clients (TPC) near target 360; mid-year actual total of 4800 service hours.

FY14: 1 actual Community Service Event against target of 3; 258 Service/Screening Contacts exceeded target 125; 367 actual TPCs (354 continuing and 13 new) exceeded target of 364; 28 actual new Non-Treatment Plan Clients exceeded target of 8; total 8,506 service hours.

Staff Assessment: includes a note about increased complexity and need for direct community support by staff in this program, related to aging of individuals and their families, increased medical concerns, increased complexity of health care funding; rate of \$40.01/hour (\$10.01/quarter hour) is equal to state rate for similar service. Mid-year unduplicated persons served = 301 in RTS data. A per-member, per-month rate based on current year data would be \$110.43 if RTS total is correct, \$93.11 if Part Two form detail is correct. Different PMPM rates could be developed per categories of service.

Unexpected/Unintended Results section notes increased demand for emergency placement support due to homelessness, abuse, or death of a caregiver.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$398,872
PY16 Total Program Expenses: \$696,313 (total program has a \$139,853 deficit; CCDDDB/CCMHB budget is balanced)

Program Staff – CCDDDB/CCMHB Funds: 7.22 FTE Direct Staff and 0.76 FTE Indirect Staff
Total Program Staff: 12.63 FTE Direct Staff and 1.26 FTE Indirect Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? Yes.

Staff Assessment: indirect staff costs (\$34,424) are 5% and less of 20 positions' salaries (human resources, maintenance, admin, accounting, training coordinator); direct staff costs are 57% of 8 Case Coordinators (plus \$640 overtime) and 2 Consumer Appointment Facilitators, 32% of Registered Nurse Coordinator, 29% of Clinical Coordinator and Program Director, and 5% of Registered Nurse.

Budget Narrative: CCDDDB/CCMHB request is for 71.7% of total program revenue, with 27.7% from DHS FFS and 0.65% reimbursement for DHS training. Staff costs comprise 88% of total CCDDDB/CCMHB budgeted expenses, with local transportation at 2.5%, occupancy at 2%, lease/rental at 1.8%, general operating 1.6%, and several smaller items. The **Budget Narrative** provides sufficient detail for each revenue and expense item, most based on current year levels and specific to the program, some based on Allocated Expense formula reviewed in annual audit.

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

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1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDDB PROGRAM SUMMARY 2016

Agency: Persons Assuming Control of their Environment, Inc.

Program Name: Opportunities for Independence

Contract Format Requested: Grant

Funding Requested: \$37,223

Staff Assessment: could be a fee-for-service contract with reimbursement for hours of direct service or per event/product.

Target Population: Champaign County residents who have Intellectual and/or Developmental Disabilities (ID/DD) and a need identified by Independent Living Needs Assessment instrument developed by Illinois Division of Rehabilitation Services (DRS) along with the Centers for Independent Living (CIL, in the areas of Civil Rights and the Law, Housing, Communication, Personal Assistance, Education and Training, Daily Living/Self Care Employment, Self Help/Personal, Equipment/Assistive Technology, Social Recreation, Finance and Benefits, Transportation, Health Care Medical, Youth and Family (transition).

Staff Assessment: references CCDDDB eligibility criteria for ID/DD, which match those of Illinois DHS-DDD.

Service Description/Type: this program makes services and supports of the total agency, a Center for Independent Living, available to those with ID/DD: I&R, skills training, peer counseling, advocacy, transition; single point of access for DD systems of care, linkage to appropriate services. PCP is said to be 'inherent within the concept of consumer control' (philosophy of the total agency) and broadened by it. In this program, that consumer control and philosophy are enhanced by career interest, job etiquette, on the job conflict resolution, and pre-employment skills training, consistent with Employment First Act; residential support through housing search and homeownership skills training; self-advocacy support; individual and small group training; participants have control over individual goals and approach through an Independent Living Plan, reviewed quarterly; program itself is reviewed by a Consumer Advisory committee.

Staff Assessment: includes many activities of case management and direct support but lacks estimate of volume of each.

Alignment with ID/DD Priorities, Through the "Lens of Integration." Does the application:

- Focus on a person's control of his/her day and life? *Yes.*
- Support a person building connections to the broader community? *Indirectly.*
- Support a person participating in community settings of their choice and in ways they desire? *Yes.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *Peer counseling.*
- Systematically identify and mobilize a person's capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *Yes.*

- Address cultural competence and outreach to underserved populations? *Rural outreach efforts are described, including input from Advisory Committees. Accessible website and materials. Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

Consumer Access: first come, first served. Timelines and activities referral process are clear (response contact within 3 working days of initial consumer contact, completion of information and referral checklist with demographic, disability, and other info, needs assessment, receipt of appeals process, screening for Medicaid eligibility). Agency diversity-enhancing goals and outreach processes are described.

Staff Assessment: Medicaid through Reintegration program is noted, while screening for other Medicaid funding (CILA, Home Based Support) is not mentioned but should also take place; good detail on measures of access; measures of consumer outcome are also identified in this section.

Consumer Outcomes: agency outcomes report is based on areas of Independent Living Needs Assessment (see target population section) and Independent Living Plan goals. Outcomes data collected monthly, a goal is counted as met only when the participant feels they have achieved it, whether informally, through peer interaction, or with staff support (as long as it's related to association with PACE.) Identifies the 13 outcomes from FY14 for this program. Agency continues to participate in statewide, comprehensive outcome system project of CILs, to be tested for validity (starting in the current contract year); will result in comprehensive outcomes for FY16 for this program.

Staff Assessment: includes examples of approaches to meeting individually identified goals in assessed need areas; FY16 outcomes targets are being developed, not identified here.

Utilization/Production Data: *FY16 Targets:* 10 continuing and 10 new Treatment Plan Clients; 10 new Non-Treatment Plan Clients; 375 Service Contacts; 15 Community Service Events.

Mid-year FY15: actual 11 CSEs, on track to exceed target of 15; 169.5 hours of SCs on track with annual target of 375; actual 11 TPCs against target 20; actual 8 Non-TPCs against target 10.

FY14: 60 actual CSEs exceeded target of 25; actual 138.5 hours of SCs far below target of 800 (contract max \$58,623 = \$423/hr – funds were redirected to improve meeting spaces used by staff, people served, and board); 11 total TPCs below target of 30 (persons served report = 10); 3 total Non-TPCs below target of 15.

Staff Assessment: This section of Part One Program Narrative offers a detailed summary of results for the current and previous contract years. Many of these results do not match data derived from quarterly service activity reports (and summarized above). Specific services and accomplishments are identified, including in the areas of self-advocacy and anti-stigma education. Also notes the State's move toward integration of services/supports. In spite of unique

philosophy and wide variety of supports, low utilization during FY14 (and previously) resulted in smaller contract award for FY15, hence lower targets, against which actual utilization continues to be low.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$37,223

PY16 Total Program Expenses: \$37,223

Program Staff – CCDDDB/CCMHB Funds: 0.80 FTE Direct Staff

Total Program Staff: 0.80 FTE Direct Staff

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?
Addresses the issue but not completely.

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

Staff Assessment: Direct Support Staff salary is the only one assigned to this contract; no admin/indirect included.

Budget Narrative: CCDDDB/CCMHB request is 100% of total program revenue. Staff costs comprise 77% of CCDDDB/CCMHB expenses, with lease/rental at 9.5% (same as rental share of total agency budget), occupancy at 4.2%, consumables at 3.2%, and smaller amounts for professional fees/consultants, general operating, conferences/staff development, local transportation. Budget Narrative has information about all agency revenue sources, calculation and rationale for each expense assigned to this contract (although salary does not match personnel form detail.)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Audit in Compliance X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

5. The applicant shall specify the estimated hours of service to be provided for people served under this contract and tie back to the contract maximum.
6. The applicant shall propose an appropriate case rate which is predicated by monthly hours of service x the rate established by DHS for the service, provide a rate setting methodology to support any proposed rates.
7. Applicant shall warrant that these services are not covered under the Illinois School Code.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

DRAFT CCDDB PROGRAM SUMMARY 2016

Agency: United Cerebral Palsy – Land of Lincoln

Program Name: Vocational Services

Contract Format Requested: Grant

Funding Requested: \$86,475

Staff Assessment: could be organized as a fee-for-service contract; for 20 continuing and 30 new people, \$1,729.50 annual case rate or \$144.12 per member per month (or a rate for New and a rate for Continuing).

Target Population: adults of working age, who have Intellectual and/or Developmental Disabilities (ID/DD), and require vocational training or support to become and/or stay employed.

Staff Assessment: multiple referral sources listed.

Service Description/Type: extended job coaching and case management for those working; training (work readiness, soft skills, etc.), interest assessment, and job development for those seeking work or to improve skills. Often continues supports for those previously funded by Division of Rehabilitation Services (DRS.) Also offers 8 week janitorial program to those interested. Transportation not provided. Staff provide training and coaching services at work sites county wide, as well as transportation training.

Staff Assessment: no Medicaid funding.

Alignment with ID/DD Priorities, Through the “Lens of Integration.” Does the application:

- Focus on a person’s control of his/her day and life? *No.*
- Support a person building connections to the broader community? *Yes, by definition.*
- Support a person participating in community settings of their choice and in ways they desire? *Per interest inventory.*
- Support a person developing and strengthening personal support networks which include friends, family, and people from the broader community? *No.*
- Systematically identify and mobilize a person’s capabilities and create access to community associations, workplaces, and learning spaces? *Yes.*
- Incorporate Employment First principles? *Yes.*
- Acknowledge support and encouragement of self-advocacy? *No.*
- Address cultural competence and outreach to underserved populations? *Cultural and Linguistic Competence Plan is under review.*

Alignment with Other ID/DD Priority: Does the application address Workforce Development and Stability; Comprehensive Services and Supports for Young Children; and/or Flexible Family Support? *No.*

Program Performance Measures:

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Consumer Access: Multiple referral sources (providers, schools, Pre-Admission Screening/Independent Service Coordination unit); outreach/training events provided to those organizations); 100% of persons referred are contacted within 7 days, complete 4 assessment instruments, with collective score and attendance/participation during this phase used "to determine whether the candidate is accepted into the program," and admission determined within 30 days (of assessment completion?); case file per active case contains an Individual Service Plan, documentation of qualifying diagnosis and need for service, monthly progress notes.

Staff Assessment: measurable, with good detail.

Consumer Outcomes: staff goals are related to agency strategic plan, monthly contact with employers (to maximize utilization, job placement); vocational training based on interests, with tracking of attendance and participation at least 3x/week in training and/or job finding activities, required for continuation of service.

Staff Assessment: contains detail on specific services.

Utilization/Production Data: *Targets for FY16:* initial staffing within 30 days of admission; barrier focused, staff driven; linkage and referral to other services. 70 Community Service Events (20 are inservice); 160 Service/Screening Contacts; 20 continuing and 30 new Treatment Plan Clients; 11,000 total Contact Hours (2 hrs 3x/week for 50 weeks = New; 2hrs/week for 50 weeks = Continuing)

At mid-year FY15, targets of 70 CSE (actual = 31), 120 SC (actual = 63), 30 TPC (actual = 10), and 9200 Hours (actual = 571). Agency reports increased referrals and activity for third quarter.

Staff Assessment: includes description on how data are collected and sorted.

Financial Information:

PY16 CCDDDB/CCMHB Funding Request: \$ 86,475

PY16 Total Program Expenses: \$ 86,295

Program Staff – CCDDDB/CCMHB Funds: < 2.5 FTE Direct, with 2% of Indirect

Total Program Staff: < 2.5 FTE Direct, with 2% of Indirect

Does the application warrant that CCDDDB/CCMHB funding will not supplement Medicaid rates?

Yes.

Does the application clearly explain what is being purchased by the CCDDDB and CCMHB? *Yes, but with errors (see below).*

Budget Narrative: Request is for 100% of program revenue. **Expense** form shows \$0 salaries, payroll taxes \$8,764, benefits \$6,900, consumables \$500. **Personnel** form shows no assignment of staff to program (error?). **Budget Narrative** clarifies Direct Staff salaries (Vocational Director, 1 FTE job coach, 1 part-time job coach) totaling \$66,223, Indirect Staff (2% of several admin positions, no part of their benefits are included) at \$3,908, and Consumables based on previous actual. Good detail on payroll tax computation. Expenses total \$86,295, with an unspent \$180. Staff

costs comprise 99% of total expenses. (Budget Narrative mentions Job Fair costs, but Job Fair is not described in narrative or reflected on Expense form.)

Audit Findings: This applies only to applicants with existing CCMHB or CCDDDB contracts and is predicated on findings from the audit protocol.

Not Applicable X

Contracting Considerations: If this application is approved by the CCDDDB or the CCMHB for funding, the applicant shall be required to submit the following for staff review and approval prior to execution of the final FY16 contract:

1. The applicant shall guarantee that all persons served under the contract, other than young children, are known to the regional PAS/ISC agency and either enrolled in PUNS or have documentation of deferment.
2. As addenda, written description of Person-Centered Planning process(es) and blank copies of documents used to accomplish PCP.
3. Initial statement of efforts to decrease and eliminate the risk of conflict of interest associated with Case Management activities and to identify areas of duplication of service among local providers of similar services, toward potential systemic remedies. With the shared goals of assuring alignment with state and federal system transformation while minimizing disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, benchmarks, and obstacles.
4. Initial statement summarizing the agency's approach to increasing the availability and utilization of integrated settings and related benchmarks. With the shared goals of assuring alignment with state and federal system transformation while causing least disruption to those engaged with or seeking these services, the provider agency will make available, upon request, input from key staff regarding associated planning, progress, and obstacles.

Applicant Review and Input:

The applicant is encouraged to review this document upon receipt and notify the CCDDDB/CCMHB office in writing if there are factual errors which should be corrected prior to completion of the award process.

Recommendation: Pending

disABILITY Resource Expo: Reaching Out For Answers
Board Report
April, 2015

The 9th annual Expo will be held on Saturday, October 17, 2015 at the Fluid Event Center, 601 N. Country Fair Dr., Champaign.

The Expo Steering Committee held their first meeting of 2015 on April 7 to begin planning for the 9th annual Expo. Sadly, we said goodbye this year to three of our long-time committee members, Jon Dietrich, Dawn Schaefer and Bill Conlin. We are very pleased, however, to welcome Debra Ruesch with the CCDDDB and Hannah Sheets from CUSR as new members of the Steering Committee this year.

Exhibitors – The first Exhibitor sub-committee meeting will be April 22. We're happy to welcome three new members to this committee, and look forward to their input in identifying new potential exhibitors for the 9th annual Expo. Jim Mayer and Barb Bressner attended a Hunting Expo at the Fluid Event Center to look at the floor plan they use for this large expo, and determine if we might want to adopt some of their plans for ours. One big change we hope to implement is a different entrance into the Expo that would funnel folks through the Pride Room area first, thus increasing artist's visibility at the Expo. We will also change the exit door we will use to ensure a safe exit from the building. Booth fees for exhibitors will remain the same as last year, except that for-profit exhibitors will be asked to pay an additional \$200 if they wish to have double booth.

Marketing/Sponsorship – Several representatives of this sub-committee met with James Barham, owner of Indigo Gallery, to discuss the possibility of a fundraiser for the Expo. Plans have progressed with this idea, and we are now in process of planning two fundraisers. The first will be a wine tasting on June 11 at Art Mart in Urbana. Tickets are currently being sold for the wine tasting, as well as raffle tickets for basket drawings that will take place that evening. The wines will be provided at no cost to us through wine distributors and Art Mart. We invite any and all to come join us in support of this years' Expo. We will also have tickets available, should folks wish to assist us with those sales. Because of our work with Mr. Barham and the owner of Art Mart, we have been invited to be a beneficiary of a very large wine tasting fundraiser event at Krannert Center in late summer or early fall. A date for this event has not yet been set. More information to come!

Some of our promotional materials have been updated/revised. The Sponsorship Brochure is now available, and will begin to be distributed through several mailings beginning in May.

Accessibility/Entertainment – This committee has developed a list of potential entertainment for this years' Expo. Contacts will be made with these entertainers to determine interest. It is their hope to provide entertainment in the main exhibitor hall, as well as some live music in the Pride Room during the Expo. More information on entertainment will be forthcoming as those confirmations come in. A U. of I. student in the Special Education Program will be joining this sub-committee in the near future. In regard to accessibility, changes for entrance and exit to the Expo as described above will be very beneficial. The entrance we will use has a power door, which will be helpful, and the change in exiting the building should alleviate any safety concerns.

Children's Activities –We are currently seeking additional members for this sub-committee, and a co-chair to assist Sally Mustered with planning for Children's Activities this year.

PRIDE Room –As noted above, we will be modifying our entrance to the Expo this year to provide better visibility to our Pride Room vendors. The Steering Committee is also entertaining a name change for the Pride Room. More information to come!

Volunteers – Jen Knapp has once again agreed to lead this effort. We are currently seeking an additional member to assist with volunteers.

Public Safety – No activity for 2015 yet.

Respectfully submitted
Barb Bressner, Consultant

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