

**CCDDB Regular
Meeting**

**March 22, 2017
8:00 a.m.**

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



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, March 22, 2017

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

8:00AM

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

1. Call to Order
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input/Public Participation

At the chairperson's discretion, public participation may be limited to five minutes per person.

5. CCMHB Input
6. Approval of CCDDDB Board Meeting Minutes* **(pages 3-6)**

A. Minutes from 2/22/17 meeting are included. Board action is requested.

7. President's Comments – Ms. Deb Ruesch
8. Executive Director's Report – Lynn Canfield
9. Staff Reports – *deferred*

10. Consultant Report

An oral report on the 11th disAbility Resource Expo will be provided at the meeting.

11. Agency Information

At the chairperson's discretion, agency information may be limited to five minutes per agency.

12. Financial Report

- A. Approval of Claims* **(pages 7,8)**

Included in the packet. Board action is requested.

①

13. New Business

A. Integration Transition Successes

Representatives of funded programs will provide oral reports on transitions to community settings for home, work, and connection.

B. Agencies' Feedback on ID/DD Eligibility **(pages 9-11)**

A Briefing Memorandum summarizes the responses from funded agencies regarding services to persons who do not have complete documentation of Illinois DHS-DD eligibility criteria.

14. Old Business

A. Employment First Update

Representatives of the Champaign County partnership will provide an oral report on progress.

B. Summary of Mid-Year Progress of Special Initiatives **(pages 12, 13)**

A Briefing Memorandum summarizes the progress of the two programs newly funded in FY2017.

C. Summary of NACBHDD Legislative & Policy Conference **(pages 14-18)**

A Briefing Memorandum describes the activities of meetings of the National Association of County Officials' Health Committee and the annual L&P conference of National Association of County Behavioral Health and Developmental Disabilities Directors.

D. Meeting Schedules **(pages 19, 20)**

Copies of CCDDDB meeting schedule and allocation process timeline are included in the packet for information.

E. Ligas Family Advocate Program Acronym Sheet **(pages 21,22)**

A list of useful acronyms, compiled and published by the Ligas Family Advocacy Program, is included for information.

15. Board Announcements

16. Adjournment

**Board action requested*

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

Minutes –February 22, 2017

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

8 a.m.

MEMBERS PRESENT: Joyce Dill, Cheryl Hanley-Maxwell, David Happ, Deb Ruesch, Mike Smith

STAFF PRESENT: Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

OTHERS PRESENT: Annette Becherer, Janice McAteer, Vicki Tolf, Felicia Gooler, Danielle Matthews, Patty Walters, Laura Bennett, Developmental Services Center (DSC); Becca Obuchowski, Community Choices; Tracy Wavery, Pam Price, CTF Illinois; Kathy Kessler, Rosecrance; Linda Tortorelli, TAP; Amy Slagell, Vicki Niswander, IAMC; Pius Weibel, Champaign County Board; Dylan Boot, Persons Assuming Control of their Environment (PACE); Phil Krein, Citizen; Kim Bowdry, Lisa Benson, Champaign County Regional Planning Commission (CCRPC); Barb Bressner, Consultant; Taylor Jacobs, Citizen; Barb Jewett, Parent;

CALL TO ORDER:

Ms. Deb Ruesch called the meeting to order at 8 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

③

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

None.

CCMHB INPUT:

The CCMHB will meet at 5:30 p.m. today.

APPROVAL OF CCDDDB MINUTES:

Minutes from the meeting on January 18, 2017 meeting and the January 25, 2017 study session were included in the Board packet.

MOTION: Ms. Cheryl Hanley-Maxwell moved to approve the minutes from the January 18, 2017 CCDDDB meeting as presented in the Board packet. Ms. Dill seconded the motion. A voice vote was taken and the motion passed.

MOTION: Mr. Smith moved to approve the minutes from the January 25, 2017 Study Session as presented in the Board packet. Ms. Dill seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Ms. Ruesch discussed the status of the organizational assessment. She discussed the CCMHB's team approach to reviewing applications. Ms. Dill went into further detail about the CCMHB's process for applications. The application timeline was briefly reviewed.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Canfield updated the Board on the application process.

STAFF REPORTS:

Staff reports from Ms. Summerville and Ms. Howard-Gallo were included in the packet.

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CONSULTANT REPORT:

A report from Ms. Bressner regarding the disability Expo was included in the packet. Ms. Bressner provided a few verbal updates and was available for any questions.

AGENCY INFORMATION:

None.

FINANCIAL REPORT:

The financial claims report was included in the packet.

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

NEW BUSINESS:

Mid-Year Progress Report on Special Initiative Program:

Kyla Chantos provided a mid-year progress report on CTF Illinois and the Advocacy Center. Their Powerpoint presentation was distributed. An Open House to celebrate the opening of the new center will be on March 6th from 4-6 p.m. at 2009 Round Barn Rd in Champaign. Board members were given an opportunity to ask questions following the presentation.

Integration Transition Successes:

Ms. Becca Obuchowski reported three self-advocates have started mentoring other students with disabilities at Jefferson Middle School. Two clients were hired for jobs.

Mr. Dylan Boot reported one client has just started working at Sam's Club and another has obtained a driver's license.

Annette Becherer announced four clients had been placed with jobs in the community. Two clients required 35 hours of job coaching and has been reduced to 20 hours.

FY18 Funding Applications:

A list of applications for FY18 Funding for ID/DD programs was included in the Board packet.

2nd Quarter FY17 Agency Service Activity Reports:

Copies of an overview of all CCDDB and CCMHB funded ID/DD programs and those programs' second quarter service activity reports were included in the Board packet for information.

Update on PUNS, Ligas, and Champaign County Residents:

A Briefing Memorandum was included in the Board packet for information.

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OLD BUSINESS:

Employment First Update:

Annette Becherer and Becca Obuchowski reported they are planning a training with the Champaign Park District.

Meeting Schedules:

Copies of CCDDDB and meeting schedule was included in the packet for information only.

Ligas Family Advocate Program Acronym Sheet:

A list of useful acronyms, compiled and published by the Ligas Family Advocacy Program was included for information only.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 9:12 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

3/10/17

PAGE 8

| VENDOR NO | VENDOR NAME | TRN DTE | B N CD | TR NO | 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 DEVL MNTL DISABILITY BOARD | | | | | | | | | | | | |
| 90 | CHAMPAIGN COUNTY TREASURER | | | | | | | | MENT HLTH BD FND 090 | | | |
| | | 3/01/17 | 03 VR | 108- | 30 | | 556230 | 3/10/17 | 108-050-533.07-00 | PROFESSIONAL SERVICES | MAR ADMIN FEE | 29,501.00 |
| | | | | | | | | | | | VENDOR TOTAL | 29,501.00 * |
| 161 | CHAMPAIGN COUNTY TREASURER | | | | | | | | REG PLAN COMM FND075 | | | |
| | | 3/01/17 | 03 VR | 108- | 23 | | 556237 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR DECISION SUPPOR | 4,052.00 |
| | | | | | | | | | | | VENDOR TOTAL | 4,052.00 * |
| 18203 | COMMUNITY CHOICE, INC | | | | | | | | SUITE 419 | | | |
| | | 3/01/17 | 03 VR | 108- | 24 | | 556280 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COMMUNITY LIVIN | 5,250.00 |
| | | | | | | | | | | | VENDOR TOTAL | 5,250.00 * |
| 19900 | CTF ILLINOIS | | | | | | | | | | | |
| | | 3/01/17 | 03 VR | 108- | 21 | | 556288 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR NURSING | 500.00 |
| | | 3/01/17 | 03 VR | 108- | 21 | | 556288 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR ADVOCACY CENTER | 6,250.00 |
| | | | | | | | | | | | VENDOR TOTAL | 6,750.00 * |
| 22300 | DEVELOPMENTAL SERVICES CENTER OF | | | | | | | | CHAMPAIGN COUNTY INC | | | |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR APARTMENT SVCS | 34,778.00 |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CLINICAL SVCS | 14,916.00 |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COMMUNITY EMPLO | 19,124.00 |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR CONNECTIONS | 7,296.00 |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR EMPLOYMENT 1ST | 6,667.00 |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR FAM DEV CENTER | 46,857.00 |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR INT SITE SVCS | 75,453.00 |
| | | 3/01/17 | 03 VR | 108- | 25 | | 556292 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR SERVICE COORD | 34,237.00 |
| | | | | | | | | | | | VENDOR TOTAL | 239,328.00 * |
| 22816 | DOWN SYNDROME NETWORK | | | | | | | | | | | |
| | | 3/01/17 | 03 VR | 108- | 22 | | 556297 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR DOWN SYNDROME | 1,250.00 |
| | | | | | | | | | | | VENDOR TOTAL | 1,250.00 * |

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

3/10/17

PAGE 9

| VENDOR NO | VENDOR NAME | TRN DTE | B N CD | TRANS NO | PO NO | CHECK NUMBER | CHECK DATE | ACCOUNT NUMBER | ACCOUNT DESCRIPTION | ITEM DESCRIPTION | EXPENDITURE AMOUNT |
|--|---|---------|------------|----------|-------|--------------|------------|-------------------|----------------------------|-------------------------------------|------------------------|
| *** FUND NO. 108 DEVLPMNTL DISABILITY FUND | | | | | | | | | | | |
| 35550 | IL ASSOC OF MICROBOARDS & COOPERATIVES | 3/01/17 | 03 VR 108- | 26 | | 556334 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR BUILD INCLSV CO VENDOR TOTAL | 5,357.00 5,357.00 * |
| 54930 | PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC | 3/01/17 | 03 VR 108- | 27 | | 556366 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR OP FOR INDEPEND VENDOR TOTAL | 3,379.00 3,379.00 * |
| 61780 | ROSECRANCE, INC. | 3/01/17 | 03 VR 108- | 28 | | 556382 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR COORD OF SERVIC VENDOR TOTAL | 2,900.00 2,900.00 * |
| 76107 | UNITED CEREBRAL PALSY LAND OF LINCOLN | 3/01/17 | 03 VR 108- | 29 | | 556402 | 3/10/17 | 108-050-533.92-00 | CONTRIBUTIONS & GRANTS | MAR VOCATIONAL SVCS VENDOR TOTAL | 7,206.00 7,206.00 * |
| | | | | | | | | | DEVLPMNTL DISABILITY BOARD | DEPARTMENT TOTAL | 304,973.00 * |
| | | | | | | | | | DEVLPMNTL DISABILITY FUND | FUND TOTAL | 304,973.00 * |
| | | | | | | | | | REPORT TOTAL | ***** | 656,513.21 * |





CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: March 22, 2017
TO: Members, Champaign County Developmental Disabilities Board (CCDDB) and Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Agencies' Feedback on ID/DD Eligibility

Background.

In FY2016, approximately **500 adults** and **820 children** with ID/DD and **340 family** members received supports and/or services through CCDDB and CCMHB contracts. Some of those in the first category are served without documentation from the State of Illinois Department of Human Services – Division of Developmental Disabilities (DHS-DDD,) or its agent the CCCRPC Independent Service Coordination Unit, that their eligibility criteria for DD services are met. Other important evidence of disability or need for services may be present in individual clinical files, but CCDDB funding guidelines specify DHS-DDD eligibility.

In February, agency providers of certain services were asked to send detail on all such cases, along with any suggested referral actions to be taken on behalf of these people.

Agencies' Responses.

Of the 41 people whose eligibility was 'grandfathered' during the early years of CCDDB funding, 27 are still being served at **Developmental Services Center**, some also at other agencies:

- 1 in DSC's Community Employment, Clinical, and Service Coordination
- 5 in DSC's Community Employment and Service Coordination
- 6 in DSC's Apartment Services, Integrated/Site Based Services, and Service Coordination
One of these people also participates in **PACE's** Opportunities for Independence
- 1 in DSC's Apartment Services, Clinical, and Service Coordination
- 4 in DSC's Apartment Services and Service Coordination programs
- 3 in DSC's Apartment Services, Community Employment, and Service Coordination
One of these people also works with **Rosecrance CU's** Coordinated MI/DD programs
- 4 in DSC's Service Coordination only
One of these people is involved with **Community Choices'** Self-Determination program
- 1 in DSC's Clinical and Service Coordination
- 1 in DSC's Apartment Services, Community Employment, Clinical, and Service Coordination
- 1 in DSC's Integrated/Site Based Services and Service Coordination

Unduplicated subtotal = 27

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During a period of time when DHS-DDD was slow to make eligibility determinations, and unlikely to consider the functional impact of DDs other than where IQ scores were 70 or below, six people were officially exempted from the DHS-DDD criteria requirement of the CCDDDB. One of these was initially served by Community Choices but now has state funding. Another, who had also been 'grandfathered,' is listed above. 4 continue at **Community Choices**:

- 1 in CC's Self-Determination and Customized Employment, previously also served in **Rosecrance CU Coordinated MI/DD** program
 - 1 in CC's Self-Determination and Community Living programs
 - 2 in CC's Self-Determination, Customized Employment, and Community Living programs
- Unduplicated subtotal = 4**

An additional **64** at **Developmental Services Center**, **3** at **PACE**, **10** at **Rosecrance Champaign-Urbana**, and **14** at **Community Choices** do not have documentation of DHS-DDD eligibility. Each agency has referred many cases to the Independent Service Coordination Unit for their assessment and will be closing a few, with referral to another appropriate provider. Community Choices' Self-Determination program was not required to demonstrate eligibility but will refer an additional 10 people to the ISC for assessment. People participate in the following services:

- 10 in DSC's Individual and Family Support only
- 4 in DSC's Apartment Services, Community Employment, and Service Coordination
- 1 in DSC's Apartment Services, Community Employment, Integrated/Site Based, and Service Coordination
- 3 in DSC's Apartment Services, Clinical, and Service Coordination
- 3 in DSC's Apartment Services, Clinical, Integrated/Site Based, and Service Coordination
- 5 in DSC's Apartment Services and Service Coordination
- 2 in DSC's Apartment Services, Integrated/Site Based, and Service Coordination
- 4 in CC's Customized Employment only
- 1 in DSC's Community Employment, Clinical, and Service Coordination; also participates in CC's Self-Determination
- 9 in DSC's Community Employment and Service Coordination
- 2 in DSC's Community Employment, Integrated/Site Based, and Service Coordination
- 1 in CC's Community Living only
- 4 in DSC's Clinical and Service Coordination
- 3 in DSC's Clinical, Integrated/Site Based, and Service Coordination
- 15 in DSC's Service Coordination only; of these, 1 also participates in CC's Community Living, 1 in CC's Self-Determination, and 1 in Rosecrance's Coordinated MI/DD program
- 1 in DSC's Individual and Family Support, Integrated/Site Based, and Service Coordination
- 1 in DSC's Integrated/Site Based and Service Coordination
- 9 (in addition to the 2 listed above) in Rosecrance's Coordinated MI/DD
- 3 (in addition to the 1 listed above) in PACE's Opportunities for Independence
- 8 (in addition to the 2 listed above) in CC's Self-Determination
- 2 (in addition to the 1 listed above) in CC's Customized Employment and Self-Determination
- 5 (in addition to the 1 listed above) in CC's Community Living and Self-Determination
- 1 (in addition to the 2 listed above) in CC's Community Living, Customized Employment, and Self-Determination

Unduplicated subtotal = 97

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United Cerebral Palsy of Land of Lincoln had already completed all related actions before the request for information was made; no one is currently served in their CCDDDB-funded Vocational Services program without evidence of having met the criteria. **IAMC Building Inclusive Communities** and **CTF Illinois'** funded programs are also not serving people who do not have the DHS-DDD evidence. Support networks and programs serving very young children do not have this requirement and were not asked to provide information.

Unduplicated total = 128 (approximately one quarter of adults served in FY2016)

Next Steps.

Four people will be closed from current programs. Some of the 27 originally grandfathered were not eligible per DHS-DDD because there was no documentation of disability prior to age 21; continued exemption from the rule may be requested on their behalf. In all cases, other sources of funding and services should be explored and this effort documented.

Because so many individuals are referred for assessment or reassessment by the ISC, it will take some time to understand how many continue to be qualified. Evidence of eligibility and exemptions should be maintained in agencies' individual case files, and this should be prerequisite to services under the funded contracts. As suggested at the January meetings of the CCDDDB and CCMHB, two people do not wish to be enrolled in PUNS and do not desire the state-funded services. If these people benefit from continuing in the funded programs, and if they are eligible per DHS-DDD, the reason for refusal of state-funded services but desire for locally-funded services should be presented to CCDDDB/CCMHB for review.

The preferences of people receiving and seeking funded supports and services should be well documented in order for the best service and funding determinations to be made. Eligibility determinations and assessment of individual needs are ideally completed by a third party. Conflict free case management is a federal requirement, and, whether fully and effectively implemented in the state of Illinois or not, evidence of moving the local system in that direction will be of great value.

Collective data exist which reflect some preferences of eligible people in our community:

We know from review of DHS PUNS data sorted per county, that Champaign County residents identify the following supports as needed, in order: Transportation, Personal Support, Support to work in the community, Support to engage in work/activities in a disability setting, Out-of-home residential services with less than 24-hour supports, Speech Therapy, Behavioral Supports, Occupational Therapy, Assistive Technology, Out-of-home residential services with 24-hour supports, and Physical Therapy.

Of the 306 people who participated in the ISC's survey during FY16 (while enrolling or re-enrolling for PUNS), the following services/supports were identified as needed: independent living/daily living, by 70% of those surveyed; vocational, by 50%; financial, by 45%; transportation, by 42%; medical, 40%; none, 16%; socialization, 13%; behavioral therapy/counseling, 8%; assistive technology, 7%; and physical/occupational/speech therapy, 7%.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: March 22, 2017
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: Summary of Mid-Year Progress of CCDDB FY2017 Special Initiatives

CTF Illinois' Advocacy Center.

The FY2017 contract is for \$75,000 and proposes to hold **8 Community Services Events** and **8 Service/Screening Contacts** and to serve **10 new Treatment Plan Clients**. Goals of the program also include:

- providing information to 50 people outside of those participating in the Advocacy Center (this was accomplished/exceeded at outreach events);
- identifying specific events and activities along with individuals' aspirational goals (not yet documented, if done);
- hosting or participating in an event each month (not begun during first 6 months);
- and implementing a special project every six months (Open House is one.)

Performance Reports: For the First Quarter, July 1 to September 30, 2016, **four Community Service Events** were reported, two of which appear to be in error - the Down Syndrome Network Buddy Walk and disABILITY Expo were not held until October. Meetings of the CU Autism Network and Community Choices family group are also reported. The **three Service Contacts** reported were meetings with representatives of other agencies providing services to adults with ID/DD. A brochure was developed for the program and sent to local special education administrators and teachers, family support networks, and agencies providing services. A coordinator was hired and completed DHS training, and a site (under construction) was leased.

During the Second Quarter, October 1 to December 31, 2016, program staff engaged in **four Community Service Events**: the Speak Up Speak Out Summit, two Ethical Communications workshops hosted by CCMHB/CCDDB, and the Human Services Council. The **five Service Contacts** include presentations, booths at the Buddy Walk and Expo, and meetings with individuals living in CTF Illinois CILAs. The coordinator completed trainings in the Council on Quality and Leadership Performance Outcome Measures and the Qualified Intellectual Disabilities Professional course, and she began screening individuals for the program, hiring direct service staff, and doing peer trainings on Individual Rights and Abuse and Neglect. The site was approved for occupancy by the State Fire Marshall, and DHS inspection was expected for January (completed in third quarter.)

- At mid-year, the CSE total (adjusted) is at 50% of target, SC total is at 8%, and TPC at 0%.

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Financial Reports: The mid-year Variance Report explains that under-expenditures are due to the delayed opening of the program. The CCDDB grant is the sole source of Revenue; at mid-year, \$37,500 or 50% of the total revenue for this program had been received. Staff related costs were at 40% rather than 50%. Other anticipated expenditures were for consumables, lease/rental, and miscellaneous, with actual costs at 11%, 19% and 0% of budgeted.

IAMC's Building Inclusive Communities.

The FY2017 contract is for \$64,278 and proposes to hold **5 Community Services Events** and **200 Service/Screening Contacts** and serve **10 new Non-Treatment Plan Clients**. Goals of the program also include:

- creating formal microboards or informal circles of support (underway at mid-year);
- outreach through presentations, newsletters, listservs, personal invitations, and collaboration with two or more provider organizations (over target at mid-year);
- hosting individuals' meetings each month (underway);
- and many examples of potential consumer outcomes, not quantified (no detail at mid-year.)

Performance Reports: For the First Quarter, July 1 to September 30, 2016, **three Community Service Events** were reported: meetings with CU Able, guest lecture at UIUC "Culture of Disability" class, and Community Choices family group meeting. The **212 Service Contacts** reported were totals of participants at events plus face to face meetings with 12 of 13 families who had expressed interest. Although the application had proposed to consider them NTPCs, **11 new TPCs** are reported, appropriate to the service. Positive feedback from participants in the PATH process was reported, and a Project Organizer was hired to assist with facilitation and scheduling.

During the Second Quarter, October 1 to December 31, 2016, program staff engaged in **two Community Service Events:** disABILITY Resource Expo and a Community Choices family group meeting. The **37 Service Contacts** reported, not described in comments, are presumed to be meetings with families and individuals. More information is provided about team meeting content, program's outreach efforts, evaluation, and examples of success.

- At mid-year, the CSE total is at 100% of target, SC total is at 125%, and TPC at 160%.

Financial Reports: The CCDDB grant was to be 96% of Revenue for the program. At mid-year, contract payments totaling \$32,142 are 94% of anticipated six month program revenues, and the program had received 51% of revenue anticipated for the full year. Staff related costs were at 50%, consultants at 0%, consumables 28%, operating 75%, conference/staff development 101%, transportation 57%, and equipment 0% of budgeted expenditures. The mid-year Variance Report indicates that the 7.9% variance will be made up during the fourth quarter by the consultant costs.



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

BRIEFING MEMORANDUM

DATE: March 22, 2017
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
and Champaign County Mental Health Board (CCMHB)
FROM: Lynn Canfield, Executive Director
SUBJECT: NACBHDD 2017 Legislative and Policy Conference Activities

At the end of February, I attended conferences of the National Association of County Officials (NACo) and National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD) in Washington, DC. A summary of five days of information-rich sessions follows. Please contact me for more information or materials, if interested.

On Saturday, February 25th, as a guest of NACBHDD's current liaison to the NACo Health Committee, I attended a full day of meetings and presentations:

Healthy Counties Forum Breakfast and Advisory Board Meeting

- Review of the forum held Feb 24th
- Topics for 2017 (housing, justice-involvement, and ACA repeal, e.g.)
- Discussion of the Intersection of Health & Justice, led by Julius Lang

Panel Discussion on County Nursing Homes

- Making Communities Livable for All (examples: age-integrated park spaces and mixed income neighborhoods allow for improved natural support of older individuals.)
- Counties Creating a Continuum of Care for Older Adults, with presenters from National Association of County Health Facilities and the Michigan County Medical Care Facilities Council (MI has 35 county-owned facilities with 5,075 beds, many five-star.)
- Leaders Engaged on Alzheimer's Disease (over 5m American's have a dementing illness, with cost of care over \$200b per year; promote support for quality of life for these people and their caregivers, detect and diagnose, and research prevention, treatment, and cure.)

Medicaid Coverage and County Jails

- Panel discussion with representatives from Community Oriented Correctional Health Services, NACBHDD, and NACo (detail: every dollar spent on community based behavioral health saves \$0.24 in the justice system alone.)
- Recommended positions: undo the inmate exclusion; suspend rather than terminate (in all states) Medicaid coverage for those with justice-involvement; exercise flexibility in Medicaid, crucial to help counties fulfill their safety net obligations, break the cycle of recidivism, and lower short term costs to taxpayers and long term costs to federal government.

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Lunch with Panel Discussion on Homelessness and Housing

Health Policy Committee Meeting

- Medicaid and Counties: understanding the program and why it matters to Counties; especially negative impact of block grants/per capita caps on states which underutilize the program and do not have approved 1115 waivers; IL the most dramatic example, will lose many hospitals, clinics, and 42,000 jobs.
- Discussion and votes on legislative policy resolutions.

Sunday, February 26 was lighter:

NACBHDD Board Meeting

- Review of Strategic Directions set at Summer meeting and Additional Tactics discussed at Fall meeting (organization's brand and positions, workforce development, enforcement of parity, coordination of behavioral health and criminal justice, restoring the Justice Committee, development of cross system coordination, responding to external pressures.)
- Review of financial reports, approval of budget, discussion of proposed by-laws changes.
- Roundtable on state's budgets, waivers, responses to national changes.

Reception for NACo Board, Health Committee, and Justice Committee

Monday, February 27, a full day of presentations:

NACBHDD Initiative on Improving County Behavioral Health Systems to Decarcerate County Jails

- (Although Champaign County discontinued participation in the Decarceration Initiative, focusing instead on the federal planning grant, we have asked to become re-involved and to be considered as a pilot community for the initiative's planned support for Intercept Zero development, strengthening the community-based behavioral health system to keep people from entering the criminal justice system.)

Update on CCBHC (Certified Community Behavioral Health Clinics) Demonstrations

- Panelists from SAMHSA, COCHS, New Jersey, Oregon, and Minnesota
- Unlike the FQHCs' uniform data, and to the speaker's chagrin, CCBHCs will have unique data systems per state, resulting in eight different models of value-based payments. Discussion of per capita capping of Medicaid and impact on various states; the CCBHC project is a test to see if this approach really does bend the cost curve – the pressure is on the demonstration states!

Interesting Updates: California Proposition 63

- Also known as the Millionaire Tax, taxes 1% of personal earned income over \$1m and has generated \$14b for behavioral health services since its passage.
- For 2017/2018, it constitutes 25% of the state's funding for behavioral health.

Update on New Administration

- Dale Jarvis, NACBHDD consultant, made predictions about the current effort to repeal and replace the ACA and stressed the importance of regionalization.

Key Developments in the Medicaid Program

- High cost of redoing the IT infrastructure; Home and Community Based Services would be streamlined; 15-day limit on IMD; etc.

Parity at a Crossroads

- Remains a high priority, though not much enforcement in a decade of this law; none of the 25 California plans were in compliance; some states seem to think there's no issue because they don't get complaints, but only about 4% of people know what the parity rule is.
- 21st Century CURES (if there's an appropriation) should be helpful.
- Epidemics of suicide, opioid abuse and overdose, behavioral health issues for veterans of all conflicts.
- If insurers warrant they are doing parity, the failure to can be investigated as fraud, so reach out to states' Attorneys General.

Next Steps on NACBHDD Strategic Directions

- Reports from committee chairs; review of Board meeting.

Tuesday, February 28:

Update from SAMHSA and HRSA

- SAMHSA: Surgeon General's report on Alcohol, Drugs, and Health; CCBHC demonstrations; 42CFR Part 2 rulemaking; CARA provisions for prescriptions by NPs and PAs' parity; first episode psychosis programs; Assisted Outpatient Treatment pilot; block grants; the Data Driven Justice Initiative; CURES Act; etc.
- HRSA: working with 3000 grantees - counties, faith-based organizations, universities, tribal entities; primary care needs to focus more on behavioral health; depression is the 4th and anxiety the 6th highest reason people visit; some centers hesitate to become substance use disorder clinics; build behavioral health into medical school curricula; shift away from the traditional, episodic models toward recovery/chronic model, and change financing to incentivize recovery.

Status of Home and Community Based Service Waivers

- Data makes us credible, stories make us memorable; focus on dignity and respect (not from behind our computers); background of the Administration on Community Living and the need for consumer voice ('advocats'); the top 5% drive 55% of Medicaid expenditures, mostly under the umbrella of long term supports and services; institutional bias in Medicaid is expensive; conflict of interest barriers – separate case management from services; discussion of the HCBS settings regs and states' progress on transition plans, few approved.
- Push for capacity of non-disability specific setting options; develop tiers and flexibility; suspend admission to segregated settings, and spend money on developing other models; 50 state comparison of costs of day-hab and residential settings.

Response to the Opioid Epidemic

- Task Force: illness model, arrests won't solve it, stigma is an obstacle, learn from the past.
- Success of naloxone and beyond; syringe service programs and messaging; diversion from arrest; specialty courts; expand insurance (telemedicine); barriers to and stigma about Medication Assisted Treatment; vivitrol programs; recovery specialists and recovery housing.

Discussion of 2017 NACBHDD Legislative Agenda

- Review of positions developed by NACo and NACBHDD's committees and boards; one-pagers on Stepping Up, the Opioid Epidemic, and Medicaid.

Final Preparations for Capitol Hill

Population Health Management

- Presentation by Dr. Manderscheid: do both Health Promotion and Disease Mitigation now; begin thinking about caring for a population which includes healthy and unhealthy people, with and without diseases, and plan interventions for all; if we treat it, the disparity disappears; state grants for First Episode Psychosis - prodromal intervention can work; Trauma and Wellness research; culture of well-being in the workplace.

"All Health is Local" Senate Hearing and Reception at the Russell Senate Building

- Speakers from NACBHDD and NACo on legislative positions

Wednesday, March 1:

Addressing the Human Resource Crisis

- The Grand Challenges – themes for change; a consortium to meet in April; after ten years of talking about workforce development, there is no progress; peers will be providing 25% of Behavioral Health supports within twenty years.
- Rural responses: rural communities are not shrinking in population, just not growing as fast as others; rural is 15% of total population now; people tend to be older, have more chronic illness, heart disease, and untreated mental illness; limited providers, especially specialists; limited access to broadband.
- Peer Supports: the basis of peer support relationships is fostering hope, safe relationships, empathy, example, reliability, trauma-informed (what happened? vs. what's wrong?); Peer Bridgers are not Case Managers, cheap staff, etc.; Peer Support Models – respite centers, recovery centers, crisis warm lines, peer-run housing and employment supports; court order should be the last resort; do not embed peers within traditional organizations; student loan repayment benefits to supplement salaries.

Update on Care Integration

- "The Integration of Everything" (recommended reading by Dr. Manderscheid)
- Behavioral Health Homes in Oregon: discussion of barriers, on the ground change agents, alternative payment method development, and changing the culture deliberately; Complex Care Team statistics show positive impact (e.g., 5 or more ER visits compared to 9.6 ER visits before.)

- Whole Person Care Pilots in California: county-based and optional; financed through 1115 waiver extension; housing and supportive services; may pay for early intervention for behaviors that jeopardize housing.

Expanding Initiatives of Managed Care Organizations

- 133m Americans have a chronic condition; national health care will cost \$3.5 trillion; US funding for research decreases.
- Medicaid has 90m people; there are 28m uninsured people in the US under age 65, and 11,000 of them turn 65 every day.
- Long term services and supports move to managed care model; use value based payment models and move away from fee for service; emphasize social determinants of health.
- Of 5m people in the US who have ID/DD: 1.4 million are served by state agencies; 60% rely on Medicaid; 80% are eligible for Medicaid; nearly 75% live with family; high level of health care utilization.
- Of people with ID/DD, 33% have an MI, 50% when SUD added; 38% have a cardiovascular condition, 28% central nervous system disease, and 45% have three or more chronic conditions; 90% have associated medical conditions.
- As a group, people with ID/DD have three times the physical health issues, use four times as many prescriptions, are often misunderstood when communicating about their physical symptoms, have more than twice as many mood disorders, are three to four times more likely to have suffered childhood sexual abuse, and more than five times as likely to suffer sexual abuse if female.
- Depressed people have more primary care visits and higher rates of referral to specialists.
- Work is important to health; less than 20% of state ID/DD funding goes to integrated employment supports, compared with facility based; only one third of states have increased the number of people in integrated employment; people with ID/DD earn the lowest wages.
- WE ARE THE ADVOCATES.

CCDDB 2016-2017 Meeting Schedule

Board Meetings

8:00AM except where noted

Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

February 22, 2017 – 8:00 AM

March 22, 2017 – 8:00 AM

April 19, 2017 – Noon

May 17, 2017 – 8:00 AM

June 21, 2017 – 8:00 AM

*This schedule is subject to change due to unforeseen circumstances.
Please call the CCMHB/CCDDB office to confirm all meetings.*

DRAFT
2017 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 for the Champaign County Developmental Disabilities Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting, held immediately following the board meeting, or during the Champaign County Mental Board meeting. Included with the meeting dates is a tentative schedule for the CCDDDB allocation process for Contract Year 2018 (July 1, 2017 – June 30, 2018).

| <u>Timeline</u> | <u>Tasks</u> |
|-----------------|--|
| 2/22/17 | Regular Board Meeting List of Funding Requests |
| (3/8/17) | (Optional Study Session, 5:30PM) |
| 3/22/17 | Regular Board Meeting |
| (3/29/17) | (Optional Study Session, 5:30PM) |
| 4/12/17 | Program summaries released to Board and copies posted online with the CCDDDB April 19, 2017 Board meeting agenda. |
| 4/19/17 | Regular Board Meeting, NOON Program Summaries Review and Discussion |
| (4/26/17) | (Optional Study Session, 5:30PM) |
| 5/10/17 | Allocation recommendations released to Board and copies posted online with the CCDDDB May 17, 2017 Board meeting agenda. |
| 5/17/17 | Regular Board Meeting Allocation Decisions Authorize Contracts for CY 2018 |
| (5/24/17) | (Optional Study Session, 5:30PM) |
| 6/21/17 | Regular Board Meeting Approve FY 2018 Draft Budget |
| (6/28/17) | (Optional Study Session, 5:30PM) |
| 6/30/17 | Contracts completed. |

**This schedule is subject to change due to unforeseen circumstances. Please call the CCMHB-CCDDDB office to confirm all meetings and allocation process deadlines.*

ACRONYMS

| | |
|----------|---|
| ABA | Applied Behavior Analysis |
| ADA | Americans with Disabilities Act |
| ADL | Activities of Daily Living |
| ASD | Autism Spectrum Disorders |
| CART | Clinical Administrative Review Team |
| CILA | Community Integrated Living Arrangement |
| CMS | Center for Medicaid & Medicare Services |
| DCFS | Department of Children and Family Services |
| DD | Developmental Disabilities |
| DDD | Division of Developmental Disabilities |
| DHS | Department of Human Services |
| DMH | Division of Mental Health |
| DPH | Department of Public Health |
| DRS | Division of Rehabilitation Services |
| DSCC | Division of Specialized Care for Children |
| DT | Developmental Training Day Program for adults |
| EI | Early Intervention (birth to 3) |
| HBS | Home Based Services |
| HFS | Department of Health Care and & Family Services (Public Aid) |
| HUD | Housing & Urban Development |
| ICAP | Inventory for Client and Agency Planning |
| ICF – DD | Intermediate Care Facility for Individuals with Developmental Disabilities |
| IDEA | Individual with Disabilities Education Act |
| IDPH | Illinois Department of Public Health |
| IEP | Individual Education Plan |
| ISBE | Illinois State Board of Education |
| ISC | Individual Service Coordination |
| ISP | Individual Support Plan |
| ISSA | Individual Service and Support Advocacy |

| | |
|--------|---|
| OIG | Office of the Inspector General |
| PACKET | Information on paper going to Network Facilitator advocating your need for help |
| PAS | Pre-Admission Screening |
| PDD | Pervasive Developmental Disorder |
| POS | Purchase of Service funding method – fee for service |
| PUNS | Prioritization of Urgency of Need for Services (waiting list) |
| QA | Quality Assurance |
| QIDP | Qualified Intellectual Disabilities Professional |
| QSP | Qualified Support Professional |
| SEP | Supported Employment Program |
| SNAP | Supplemental Nutritional Assistance Program (food stamps) |
| SNT | Special Needs Trust |
| SODC | State Operated Developmental Center |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Insurance |
| SSI | Supplemental Security Income |
| SST | Support Service Team |
| UCP | United Cerebral Palsy |