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 (CCDDB) AGENDA
Wednesday, December 13, 2017
Brookens Administrative Building, Lyle Shields Room
1776 E. Washington St., Urbana, IL 61802
8AM
(Members of the Champaign County Mental Health Board are invited to sit in as special guests)

1. Call to Order
2. Roll Call
3. Approval of 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 CCDDB Board Meeting and Study Session Minutes* **(pages 3-8)**
   A. *Minutes from 10/25/17 meeting and 11/29/17 study session are included. Board action is requested.*
7. President's Comments – Ms. Deb Ruesch
8. Executive Director's Report – Lynn Canfield
9. Consultant/Staff Reports **(pages 9-31)** –*Kim Bowdry, Stephanie Howard-Gallo, Shandra Summerville, and Barbara Bressner*
10. Agency Information
    At the chairperson's discretion, agency information may be limited to five minutes per agency.
11. Financial Report
    A. Approval of Claims* **(pages 32-33)**
    Included in the packet. Board action is requested.

12. New Business
    A. Successes
       Funded program providers and self-advocates are invited to give oral reports on individuals' successes.
    B. PATH Planning Process**(pages 34-52)**
       Representatives of Developmental Services Center will provide an update on the agency's work toward increased integration of service settings. A Report Summary and PATH are included in the packet for information.
13. Old Business
    A. PY2019 CCDDB Funding Priorities* **(pages 53-61)**
       A Decision Memorandum with proposed funding priorities for PY2019 is included. Approval is requested.
    B. PY2019 CCMHB Funding Priorities **(pages 62-70)**
       A Decision Memorandum with proposed funding priorities for the CCMHB for PY2019 is included for information only.
    C. Draft CCDDB Three Year Plan with FY2018 Objectives* **(pages 71-79)**
       A Decision Memorandum and proposed final draft of the Plan are included. Approval is requested.
    D. Agency First Quarter PY2018 Reports **(pages 80-100)**
    E. Meeting Schedules **(pages 101-104)**
       Copies of CCDDB and CCMHB meeting schedules and CCDDB allocation process timeline are included in the packet for information.
    F. Ligas Acronyms **(pages 105-106)**
       A list of useful acronyms, compiled and published by the Ligas Family Advocacy Program, is included for information.
14. Board Announcements
15. Adjournment

*Board action requested

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

Minutes –October 25, 2017

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

8 a.m.

MEMBERS PRESENT:	Joyce Dill, David Happ, Cheryl Hanley-Maxwell, Deb Ruesch
MEMBERS EXCUSED:	Mike Smith
STAFF PRESENT:	Kim Bowdry, Lynn Canfield, Mark Driscoll
OTHERS PRESENT:	Danielle Matthews, Patty Walters, Felicia Gooler, Developmental Services Center (DSC); Kathy Kessler, Rosecrance; Amy Slagell, CU Able/IAMC; Kyla Chantos, CTF Illinois; Sheila Krein, Parent; Becca Obuchowski, Community Choices; Katie Harmon, Regional Planing Commission (RPC); Darlene Kloeppel, Community Member; Pius Weibel, Champaign County Board

CALL TO ORDER:

Ms. Deb Ruesch called the meeting to order at 8:05 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

The agenda was approved as submitted.

CITIZEN INPUT:

None.

CCMHB INPUT:

The CCMHB will meet later in the day.

APPROVAL OF CCDDB MINUTES:

Minutes from the meeting in September were included in the Board packet.

> **MOTION: Ms. Hanley-Maxwell moved to approve the minutes from the September CCDDB meeting as presented in the Board packet. Ms. Dill seconded the motion. A voice vote was taken and the motion passed.**

PRESIDENT'S COMMENTS:

None.

EXECUTIVE DIRECTOR'S REPORT:

Lynn Canfield provided a review of the needs assessment survey that is currently being conducted by the CCMHB/CCDDB.

STAFF REPORTS:

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

CONSULTANT REPORT:

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

AGENCY INFORMATION:

None.

FINANCIAL REPORT:

The financial claims report was included in the packet.

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> **MOTION:** Ms. Ruesch 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:

Integration Transition Successes:
Becca Obuchowski from Community Choices (CC) spoke about recent transition success stories. A client was recently employed in a local home improvement store. She also shared information on social opportunities in the community.

Patty Walters form Developmental Services Center (DSC) reported on the IARF conference. DSC has started three art groups. The Tree of Hope Recognition event will be held November 2nd at Sullivan Parkhill.

PY2019 CCDDB Funding Priorities:
A Briefing Memorandum with proposed funding priorities for PY2019 was included in the packet for discussion.

Report to the Court:
A Decision Memorandum was included. The Board packet contained documents to comprise a report on the CCDDB to date for submission per statute presented for Board approval.

> **MOTION:** Dr. Hanley-Maxwell moved to approved the "Report to the Court" including a cover memo to the Champaign County Circuit Court and the recent summary reports, "Champaign County Developmental Disabilities Board Program Investments, FY 2018 and Compiled Annual Performance Outcome Reports of CCDDB and CCMHB I/DD Funded Programs for Contract Year 2017. Ms. Ruesch seconded the motion. A voice vote was taken and the motion passed.

OLD BUSINESS:

Meeting Schedules:
Copies of the CCDDB 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.

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ADJOURNMENT:

The meeting adjourned at 8: 35 a.m.
Respectfully Submitted by: Stephanie Howard-Gallo

Minutes are in draft form and subject to CCDDB approval.

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD
and
CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD STUDY SESSION

Minutes—November 29, 2017

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

5:30 p.m.

MEMBERS PRESENT:	Cheryl Hanley-Maxwell, Susan Fowler, Joe Omo-Osagie, Elaine Palencia, Anne Robin, Julian Rappaport, Mike Smith, Deb Ruesch, Joyce Dill, Thom Moore
MEMBERS EXCUSED:	Judi O'Connor, Kyle Patterson, Margaret White, David Happ,
STAFF PRESENT:	Lynn Canfield, Kim Bowdry, Stephanie Howard-Gallo, Shandra Summerville
OTHERS PRESENT:	Becca Obuchowski, Christine Ray, Community Choices (CC); Chris Stohr, Karen Shan, GROW; Kyla Chantos, CTF Illinois; Elizabeth Anderson, Courage Connection; Amy Slagall, Michelle Grimm-Gossett, CU Able; Angela Yost, Regional Planning Commission (RPC); Sally Mustered, Sheila and Phil Krein, Kathy and Mark Bull; Anita Stein, Parents; Patty Walters, Danielle Matthews, Developmental Services Center (DSC); Vicki Niswander, IAMC; Pius Wieble, Champaign County Board; Ed McManus, Consultant

CALL TO ORDER:

Dr. Fowler called the meeting to order at 5:35 p.m.

ROLL CALL:

Roll call was taken.

PRESENTATION:

Ed McManus provided a presentation regarding the developmental disabilities system in Illinois. An overview of his presentation was included in the Board packet. Among the topics he discussed were:

- Services Available
- The Role of Independent Service Coordination Agencies
- How to Obtain Services
- Eligibility
- Residential Services
- In-Home Services
- Ligas Consent Decree

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

ADJOURNMENT:

The meeting adjourned at 7:20 p.m.

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

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

CCDDB Reporting: Several CCDDB/CCMHB funded agencies are currently reporting directly into the reporting system. Other CCDDB/CCMHB funded agencies are uploading data from Excel spreadsheets into the reporting system and utilizing support from the CCDDB/CCMHB consultant. At this time, DSC continues to work with the consultant to develop spreadsheets for their staff to work from so data can be uploaded into the reporting system. It is expected that all programs will be able to use the new reporting system by January 1, 2018.

Financial audits for the FY17 contracts were due at the end of October. Most of the CCDDB funded agencies turned their audits in, with a few agencies requesting an extension.

Excess Revenue: Champaign County Down Syndrome Network returned excess revenue for FY17 to the CCDDB in the amount of $1000. CTF – Advocacy Center returned excess revenue for FY17 to the CCDDB in the amount of $11,044.55.

Community Needs Survey: The CCMHB and CCDDB online community needs survey went live on Tuesday, October 24, 2017. The survey will be available in paper form as well. There are separate surveys for ID/DD and MI/SUD, as well as separate surveys for individuals who might receive services, providers, stakeholders, and parents/caregivers/loved ones. Notification of survey availability was sent to providers and stakeholders. Surveys are available now through January 31, 2018. Please go to www.champaigncountysurvey.com to access the surveys. Currently the survey for persons with ID/DD is seeing the lowest number of responses. Board staff will likely plan outreach events to reach those individuals.

Alliance for Inclusion & Respect: Several artists participated in the disABILITY Resource Expo Music & Art Festival held at Lincoln Square Mall on October 21, 2017. The artists sold jewelry, greeting cards, drawings, floor mats, photographs, and much more.

Association Activities: I participated in an Association of Community Mental Health Authorities of Illinois (ACMHAI) Medicaid-MCO conference call. I also participated in an ACMHAI ID/DD conference call.

Community Learning Lab School of Social Work Students: The School of Social Work students are wrapping up the semester and their project on Community Employment/paid internships for individuals with ID/DD. They presented to Board staff and Board members on December 7, 2017. Through their research, the students found an extreme need for employment training and placement for individuals with ID/DD, a lack of businesses willing to employ individuals with disabilities, and lack of training after high school. They also found a need for familial support.

Ed McManus Presentation: Ed McManus presented to the CCDDB/CCMHB at a joint study session on Wednesday, November 29, 2017. Ed's presentation, "Climbing Mt. Everest or Navigating the Disability System: Which Is Harder?" was well received by board members, families, and staff. It continues to be clear that CCDDB/CCMHB funds are as important as ever in supporting persons with ID/DD in this community.

NACBHDD: Another Under the Microscope article titled, *"Further Perspectives on Criminal Justice and Community Care Challenges for People with Intellectual and Developmental Disabilities"* is included in this

staff report. This article details some of the challenges facing individuals with ID/DD in local crisis systems and in the criminal justice system. In Champaign County and statewide, it's fair to say that these numbers are growing. DHS has answered with the Service and Support Teams (SST) and the Short-term Stabilization Homes (SSH). While these supports have been successful in many cases, they still have their downfalls; only two homes, in the South Suburbs and Springfield and these homes together have a capacity of serving 8 people at a time. Individuals accessing the SSH must have a place to return to, which often isn't equipped in staff supports or waiver funds to support their needs, even after spending time in the SSH. Now seems like the right time to explore the Pathways to Justice Program developed by The ARC (thearc.org) and the development of a Disability Response Team (DRT). What would a successful Disability Response Team look like for Champaign County?

I participated in the NACBHDD I/DD committee call. This committee will be exploring the Under the Microscope Criminal Justice articles in the near future.

Other activities: I participated in a disAbility Resource Expo steering committee meeting and have joined the Children's Activities committee. I attended a 211 Community Partner meeting, where a 211 presentation was given and then challenges with 211 and solutions were discussed. I also attended the TPC meeting, where Aletha Alexander with Department of Rehabilitation gave a presentation on Supported Employment and changes to the WIOA program. I participated in the monthly MHDDAC meeting.

PUNS Selection & Reports: DHS-DDD selected sixteen Champaign County individuals from the PUNS database in April. Three of those individuals have completed the PAS process and are currently receiving services. The remaining individuals continue to work with the ISC to complete the PAS process.

PUNS data pulled from the DHS-DDD website for Champaign County is attached below. I have also included a breakdown of active and total PUNS clients for Champaign County. The number of individuals on the active PUNS list for Champaign County continues to rise. Champaign County had 414 individuals on the active PUNS waiting list, as of October 17, 2017, an increase of 53 since my staff report in July.

The attached Ligas Data Report includes statewide information regarding completion of the requirements of the Ligas Consent Decree, dating back to FY12. This include total number of class members on the PUNS list, as well as removals and additions to the class member list. While this information is not specific to only Champaign County, I feel that it's important to also look at the numbers statewide to remember how many individuals continue to be in need of services.

Further Perspectives on Criminal Justice and Community Care Challenges for People with Intellectual and Developmental Disabilities

ISSUE

Last month's *Under the Microscope* (Sept 2017) focused on the unique challenges and difficulties facing people with intellectual and developmental disabilities in the justice system. Like those who suffer from mental health and SUDs, people with intellectual and developmental disabilities (IDDs) are several times more likely than other Americans to come into contact with law enforcement officials, to be arrested and charged, and to be harshly or unjustly treated or incarcerated. Unlike those with behavioral health problems, however, people with IDDs face a lifetime of challenges without many prospects for recovery.

This issue of UTM looks considers a number of perspectives on the challenges facing people with IDDs in local crisis systems and in the criminal justice system.

ANALYSIS

Lack of diagnostic data keeps IDDs "under the radar". Leigh Ann Davis, a longtime disability attorney who heads up the legal advocacy effort at the ARC, a major national advocacy organization for people with IDDs, applauds the work of behavioral health advocates who have focused attention on the plight of the mentally ill in the justice system. "We have high numbers of people with mental illnesses who are documented in the justice system."

By contrast, she says that "IDD issues remain under the radar," in part because "so many people with IDDs have no diagnosis." Frequently, IDDs are categorized according to severity, based on IQ and the measures of certain functions or deficits, but they don't often get a name. Davis cites recent attention to those with autism as an exception: "The CDC has come out with hard numbers on people with autism. Now, it's a condition with a name and data, so it's getting attention. There's more training taking place with police, for example."

To really help those with IDDs, particularly those who are at risk for justice involvement,

she says, "We've got to go where we don't have the data as well to help all those people who don't have diagnoses yet."

There are no quick or effective IDD screens available to law enforcement. A lack of effective screening is another concern, she says, noting that only 30% of law enforcement personnel in a study could correctly identify individuals with IDDs. "Generally disability screenings are inadequate," she says. "I don't know that we have solid research on what's an effective screening tool." For example, she says that "we are still trying to get to the answer of how many people are going into the system with IDDs." Citing a 2015 Bureau of Justice Statistics study of the incidence of disabilities in the prison population, she noted that it contained just one specific question regarding IDDs, asking individuals whether they had been in special education programs at school. That's not enough, she says. "Long term, the goal is to get to a comprehensive survey to identify IDDs that we can do nationally."

In the absence of a reliable screen, the most effective tools for information about the status of people with IDDs are based in family relationships, caregiver/provider relationships, or in county or education records, says Matt Bighouse, a field liaison with the Oregon Office of DD Services. "For most people with IDDs, there's a clear indication. Typically, these individuals are registered before they're 18 with a county DD office, which makes the determination of the disability and establishes local eligibility."

There's a growing sub-population of "high risk" people with IDDs. From the standpoint of potential involvement with the criminal justice system, "high-need, high-risk" IDD people with "challenging" or "volatile" behaviors are the greatest concern. Fortunately, these individuals are a minority of the IDD community, but from the standpoint of care, they are by far the most needy, costly, and difficult individuals to treat. Nearly all of these "at risk" individuals have a dual diagnosis of IDD and a mental health disorder, says Jeff Cross, President of Public Solutions for Benchmark Human Services. Benchmark is the mobile crisis response provider for the State of Georgia.

Let's look more closely at this population, and how they fit into the overall IDD population. According to recent studies, there was a total US IDD population of about 600,000 in 2010, a population expected to grow to 725,000 by 2020. Of this population, an estimated 35% are believed to have co-occurring IDD and mental health disorders, while about 10% are those, mostly with co-occurring disorders, that are experiencing "volatile" behaviors.

	2010	2020
Total US IDD population	600,000	725,000
Estimated IDD with co-occurring MH disorders	210,000	253,000
Estimated IDD with co-occurring MH disorders considered "at risk" due to "volatile" behaviors	60,000	72,500

"These are people who've come to us through the provider system, through the crisis line, or on a call from law enforcement who need an assessment of a detainee. Lots of these people have been traumatized, subjected to physical violence, or exposed to criminal activity at home" which exacerbates their IDD conditions. "These things will all surface in behavioral issues," says Cross, explaining that while most IDD individuals can make a reasonable transition into young adult and adult life—whether at home or in a group home—the at-risk individuals cannot. "We see a period starting around age 20 where a provider isn't able to manage these people, usually due to some form of aggressive behavior. This is where these at risk people come into contact with the police."

"The most intense period of problems seems to be the period of 20 to 30 years of age, where these individuals tend to have problems with services or have services fail with a number of providers. Then, their risks increase as they leave services, becoming homeless and losing structure. Often, they are unemployed and not at all work ready. They often start out by getting involved in petty crimes."

"When they come to us through crisis services, they already have complex behaviors, and often have been adjudicated or have some sort of forensic background already." Cross says that these individuals often have a history of "lots of verbal and physical aggression, lots of threats and violence." The violence is often manifest in some sort of property crimes, such as arson. However, sometimes the behavior is more predatory, including physical or sexual assault. On fewer occasions, elopement or self-injurious behavior may occur. "But the primary concern is physical violence or property damage."

Characteristics of "high risk" individuals include:
- 60% male, 40% female
- Estimated 70% are age 20-40; majority are 21-30.
- Estimated over 60% with mild intellectual disabilities
- Estimated at least 20% with autism diagnosis
- Co-existing diagnoses, current or past use of one or more psychotropic medications
- History of psychiatric hospitalization
- Multiple placement failures, law enforcement involvement, extensive trauma.
- Individual has a "reputation" in the service system

Cross says that the Benchmark program tracks these individuals based on what might have happened if they hadn't been admitted through crisis program, noting that multiple variables may apply:

- 50% would have gone to emergency departments
- 48% would have been police involved
- 40% may have been subject to some sort of inpatient hospitalization

- 30% would be at risk for loss of placement
- 23% would have ended up incarcerated

Typical IDD programs/placements don't address needs of high-risk individuals. For these at risk individuals, Cross says that traditional IDD programs—positive behavior support programs plus extra staffing—just aren't sufficient. Further, the typical approach to these individuals—intensive staffing with 24x7 caregiver staffing—is prohibitively expensive.

"This is definitely a complex population. Once these people get in your service system, they generate a lot of complexity, a lot of administrative and care challenges. You need to see them as a discrete population with very specific needs."

Benchmark, says Cross, has developed a more comprehensive "lifestyle" approach to assisting these individuals. It is built around a more intensively managed group home environment with much higher levels of daily activity. The approach begins with scrutiny of the individual's behavioral health and medical needs: "Are they using meds? Are they seeing a psychiatrist? Are there underlying health issues that require treatment?" Then, the focus expands: "What are the individual's daily activities and activity levels? Are they able to work? Are they prepared for work?"

The approach assumes that it will take an at-risk individual three to four months to stabilize in a new, residential placement—time used to develop a person-centered plan that is more responsive to the individual's needs and desires.

"Many of these individuals are relatively high functioning, though they all have certain deficits," says Cross. One of the most critical needs that all of them share is "a need for social validation outside of the clinical or residential setting—a need for recognition and belonging." Fulfilling this need positively, without the individual returning to those involved with criminal activity, a gang, or the like, is a significant challenge. So, Benchmark places a huge premium on keeping individuals busy—with work whenever possible, or with other meaningful life activities.

All the while, intensive monitoring is needed. You've got to monitor them carefully and anticipate future crises, which can occur." This includes a comprehensive approach to physical health, plus ongoing psychiatric support, medication management and stabilization, plus crisis management support.

Ideas for building more "high-risk" service capacity. In a recent presentation to the National Association of State Directors of Developmental Disabilities Services (NASDDDS), Cross suggested a multi-phase process by which states could profile their at-risk IDD populations, map out their existing system resources, and engage providers and

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stakeholders in building needed care capacity. He recommends an analogous process to regional and county stakeholders.

1) *Define the scope of need*—Start with an analysis before you implement any funding. Get a headcount of the individuals in your catchment area by reaching out to mental health, hospitals, law enforcement, and other non-IDD stakeholders. "If you describe to these groups the characteristics of the individuals you're concerned about, they tend to know exactly who these people are," Cross says. Here's what you're looking for:
   - High risk subpopulations—Sex offenses, arson, severe assaults, high recidivism
   - Repeated psychiatric hospitalizations
   - IDD persons admitted to state facilities due to lack of local/community alternatives
   - Law enforcement involvement/incarcerations
   - Crisis response data
   - Case management/support coordination data.

"This will give you a scope of the problem—how many people out there need help. I believe that while the people involved will change, the overall numbers will remain relatively consistent." He adds that law enforcement tend to be very supportive of this approach, since it would otherwise cost them a lot of resources, a lot of training, a lot of added liability, to deal with these individuals.

2) *Make a resource map*—Working with local resources, map out where these people are and where they are going to create a "capacity baseline."
   a. Placements by type and location
   b. Regional psychiatric stabilization options
   c. Crisis response capacity
   d. Provider capacity, ranked by ability to support people with challenging behaviors, and by overall capacity relative to estimated demand.

3) *Engage stakeholders*—Once you've developed accurate data, engage providers, provider associations and other resources in developing solutions:
   a. Share scope and resource map findings
   b. Engage non-IDD stakeholders
   c. Consider: "What can be done with available resources—funding, providers, and community assets?
   d. Consider: "Can you work with existing providers to create a shared resource—a small and highly qualified team such as an LCSW, a board-certified

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behavioral analyst, a psychiatrist under contract, or others working on a shared services basis? This approach might be a lot more effective in terms of crisis response than any one agency hiring one more clinician."

   e. Based on this realistic assessment of capabilities, determine funding and program priorities.

ACTION

1) Take a census of the number of people with IDDs in your county, in your service system, and in your jail.
2) Learn more about the incidence of individuals with co-occurring IDD and mental health problems in your community. How many are exhibiting "volatile" behaviors that put them at high-risk for losing placements and becoming involved in the criminal justice system?
3) Does your county have a crisis response capability and, if so, is it capable of handling people with co-occurring mental health and IDD problems?
4) Get more information about the Pathways to Justice Program developed by The ARC (thearc.org). Consider how this type of approach, specifically the development of a Disability Response Team (DRT), could be merged into framework of current crisis prevention, crisis response, diversion, or jail-based treatment programs in your county.

Researched and Written by Dennis Grantham

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IDHS
Illinois Department of Human Services

Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail

November 06, 2017

County: Champaign

Reason for PUNS or PUNS Update

New	124
Annual Update	207
Change of category (Emergency, Planning, or Critical)	30
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	27
Person is fully served or is not requesting any supports within the next five (5) years	183
Moved to another state, close PUNS	14
Person withdraws, close PUNS	21
Deceased	15
Individual Moved to ICF/DD	1
Individual Determined Clinically Ineligible	2
Unable to locate	30
Other, close PUNS	162

EMERGENCY NEED(Person needs in-home or day supports immediately)

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	7
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	12
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	2
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

EMERGENCY NEED(Person needs out-of-home supports immediately)

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	18
2. Death of the care giver with no other supports available.	3
3. Person has been commited by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	12
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	7
6. Other crisis, Specify:	88

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	117
2. Person has a care giver (age 60+) and will need supports within the next year.	65
3. Person has an ill care giver who will be unable to continue providing care within the next year.	25
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	74
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	20
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	52
8. Person or care giver needs an alternative living arrangement.	15
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	183
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	5
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilites, nursing home or state hospital).	2
13. Person is losing eligiblity for Department of Children and Family Services supports in the next year.	6
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	3
20. Person wants to leave current setting within the next year.	9
21. Person needs services within the next year for some other reason, specify:	22

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Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail   November 06, 2017

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)

1. Person is not currently in need of services, but will need service if something happens to the care giver.	156
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	4
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	48
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	7

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	12
Respite Supports (<24 hour)	12
Behavioral Supports (includes behavioral intervention, therapy and counseling)	129
Physical Therapy	49
Occupational Therapy	108
Speech Therapy	127
Education	180
Assistive Technology	49
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	10
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	50
Medical Equipment/Supplies	33
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	115

TRANPORTATION

Transportation (Include trip/mileage reimbursement)	115
Other Transportation Service	278
Senior Adult Day Services	1
Developmental Training	87
"Regular Work"/Sheltered Employment	85
Supported Employment	72
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	70
Other Day Supports (e.g. volunteering, community experience)	23

RESIDENTIAL SUPPORTS

Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	30
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	5
Supported Living Arrangement	5
Shelter Care/Board Home	1

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IDHS
Illinois Department of Human Services

Nusing Home	1
Children's Residential Services	8
Child Care Institutions (Including Residential Schools)	6
Children's Foster Care	1
Other Residential Support (including homeless shelters)	16

SUPPORTS NEEDED

Personal Support (includes habilitation, personal care and intermittent respite services)	320
Respite Supports (24 hours or greater)	16
Behavioral Supports (includes behavioral intervention, therapy and counseling)	124
Physical Therapy	56
Occupational Therapy	94
Speech Therapy	109
Assistive Technology	69
Adaptations to Home or Vehicle	20
Nursing Services in the Home, Provided Intermittently	8
Other Individual Supports	76

TRANSPORTATION NEEDED

Transportation (include trip/mileage reimbursement)	310
Other Transportation Service	328

VOCATIONAL OR OTHER STRUCTURED ACTIVITIES

Support to work at home (e.g., self employment or earning at home)	13
Support to work in the community	255
Support to engage in work/activities in a disability setting	158

RESIDENTIAL SUPPORTS NEEDED

Out-of-home residential services with less than 24-hour supports	132
Out-of-home residential services with 24-hour supports	74

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_by_county_and_selection_detail110916.pdf

Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)
Summary of Total and Active PUNS By Zip Code

Zip Code		Active PUNS	Total PUNS
60949	Ludlow	2	4
61801	Urbana	46	83
61802	Urbana	51	96
61815	Bondville (PO Box)	1	1
61816	Broadlands	3	3
61820	Champaign	36	71
61821	Champaign	80	167
61822	Champaign	46	90
61840	Dewey	0	2
61843	Fisher	10	12
61845	Foosland	1	1
61847	Gifford	2	3
61849	Homer	1	5
61851	Ivesdale	1	1
61852	Longview	1	1
61853	Mahomet	30	57
61859	Ogden	2	10
61862	Penfield	1	2
61863	Pesotum	1	2
61864	Philo	5	10
61866	Rantoul	24	72

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61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	1	1	
61873	St. Joseph	14	24	
61874	Savoy	5	10	
61875	Seymour	1	2	
61877	Sidney	4	7	
61878	Thomasboro	1	3	
61880	Tolono	7	27	
Total		377	767	

http://www.dhs.state.il.us/page.aspx?item=56039

Summary of PUNS by ISC Agency   Updated 11/06/17

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
*CCRPC Total	942	1.81%	244,880	1.90%
ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
*CCRPC Active	414	2.18%	244,880	1.90%

*Totals include Ford & Iroquois Counties

DHS Definition of Closed PUNS Records

Death
Fully Served
Moved out of state
Withdrawn
Other Closed

Ligas Data Report as of 6-30-17

Updated - August 15, 2017

Paragraph 33 of the Ligas Consent Decree: ...Not less than every six (6) months, Defendants shall provide to the Monitor, Plaintiffs, Class Counsel, Intervenors and Intervenors' Counsel and make publicly available, a detailed report containing data and information sufficient to evaluate Defendants' compliance with the Decree and Defendants progress toward achieving compliance...

This is the twelfth Ligas Data Report. Per the Ligas Consent Decree, the Division of Developmental Disabilities (DDD) will produce reports of data and information regarding implementation of the provisions of the Ligas Consent Decree every six months. The due dates for these reports will typically be February 15th and August 15th of each year. Unless otherwise specified in the body of this report, the data collected for FY 2017 represents a time frame of July 1, 2016 through June 30, 2017.

Class Member List

The DDD is maintaining a centralized, master class list as described in the Ligas Implementation Plan. Individual records are categorized into three separate areas: individuals living at home in the community, individuals living in an ICF/DD who were admitted after June 15, 2011, and individuals living in an ICF/DD who were there on June 15, 2011 (the date of the Court's approval of the Consent Decree). Written statements documenting a desire to be a part of the class are obtained for each individual in the latter category. Individuals are added to or removed from the class list as appropriate.

#	Class Member	FY12	FY13	FY14	FY15	FY16	FY17
1	Living at Home	10,691	10,309	15,083	16,660	13,428	14,115
2	ICF/DD after 6/15/11	27	41	131	221	195	219
3	ICF/DD on 6/15/11 with an Affirmative Statement To Move (2a)	695	919	1,079	1,393	1,479	1,499
3a	DD PAS 10	12	9	9	10	10	9
3b	DHS 1243/1238	229	520	700	1055	1174	993
3c	EFE Form	432	363	331	290	262	178
3d	OSG Request	7	6	5	4	1	299
3e	Other Guardian Request	15	21	34	34	32	20
4	# At End of Fiscal Year	11,413	11,269	16,293	18,274	15,102	15,833

Individuals were added to or removed from the Class Member List as follows:

Class Members	Additions in FY13	Additions in FY14	Additions in FY15	Additions in FY16	Additions in FY17
Individuals in ICFs/DD on 6/15/11	351	243	329	120	349
Individuals in ICF/DDs after 6/15/11	16	94	70	34	36

Class Members	Additions in FY13	Additions in FY14	Additions in FY15	Additions in FY16	Additions in FY17
Individuals in Community Settings	47	5,029	2,186	2,250	2041
Total Additions	414	5,366	2,585	2,404	2426
Removals	Removals in FY13	Removals in FY14	Removals in FY15	Removals in FY16	Removals in FY17
Individual Moved Out of State	35	15	13	311	74
Determined Clinically Ineligible	18	21	8	56	23
Determined Financially Ineligible	11	6	3	34	2
Withdrew-Reason Not Given	153	124	98	443	121
Individual Deceased	35	13	450	89	54
Objector	1	1	0	0	0
Other	6	3	0	3,237	939
Incorrect SSN (Duplicate Record)	17	0	6	36	13
Ineligible Setting	26	54	13	7	0
Unable to Locate Individual	167	74	54	1,257	224
Stay in ICFDD	89	31	47	52	20
Submitted in Error	0	0	1	13	0
Move to ICFDD	0	0	0	57	56
Total Removals	558	342	693	5,592	1526

Note: Prior Fiscal Year numbers may change from previous reports due to updates made in class member types and effective dates. The total number of removals and additions will not reconcile to the net increase or decrease in class members due to some individuals changing class status from year to year.

Note: The relatively large increase in the number of removals reported as deaths during FY15 is due to an enhancement to the DDD's database which now enables the DDD to regularly and automatically identify individuals who have become deceased. This enhancement has captured reports of deaths not previously identified in the prior fiscal years.

Note: The reported increase in the number of removals during FY16 is due to an enhancement to the DDD's database which now enables updates to regularly and automatically identify individuals who have been closed on the PUNS waiting list. This enhancement has captured closures not previously identified in the prior fiscal years. The PUNS Integrity Project and the continued automated sweeps of PUNS are both factors in the reported reductions.

Services for Class Members from the Waiting List

Seven selections have been completed from the PUNS database (the Division's waiting list) since the approval of the Consent Decree using the criteria specified in the Ligas Implementation Plan. The Class Members selected have been notified and the ISC agencies have been instructed to complete eligibility determinations and facilitate the choice and provider selection process. A set of tables is maintained that provides summary information regarding the results of the selections. These tables are available on the Division's website at: PUNS Selection Data & Ligas PUNS Selection Data.

	Ligas Benchmarks	Total
1	# of Class Members Selected From The Waiting List (PUNS).	5924
2	# of Class Members in ICF/DDs after 6/15/11 who were part of a downsizing	101
3	Total Class Members With Waiver Capacity Award Letters	3139
4	Total Class Members Who Have Received Waiver Services (as reported by the PAS agencies and providers)	3082
5	Total Class Members Who Have Received Waiver Services (per billing data)	3064
5a	*Subtotal Who Received CILA Services(per billing data)	744
5b	*Subtotal Who Received HBS Services(per billing data)	2317
5c	*Subtotal Who Received CLF Services(per billing data)	3

Crisis Services

The DDD continues to process service requests for individuals in crisis situations. Below is summary data regarding the requests processed.

		FY12	FY13	FY14	FY15	FY16	FY17	Cumulative Total to Date
1	Total # of Crisis Requests Received	343	298	424	486	504	472	2,527
2	Total # of Class Members Approved	290	274	397	461	482	452	2,356
2a	# of Class Members Approved for CILA	205	162	217	283	312	265	1,444
2b	# of Class Members Approved for HBS	85	112	180	178	170	187	912
3	Total # of Class Members Who Received Services	288	269	397	460	479	452	2,345
3a	# of Class Members Who Received CILA Services	203	159	217	282	310	265	1,436
3b	# of Class Members Who Received HBS Services	85	110	180	178	169	187	909

		FY12	FY13	FY14	FY15	FY16	FY17	Cumulative Total to Date
4	Total # of Class Members Denied Crisis Approvals	53	24	27	25	22	22	173

Eligibility Appeals

The DDD continues to process appeals of eligibility. Below is summary data regarding the appeals processed since the Consent Decree was approved.

		FY12	FY13	FY14	FY15	FY16	FY17	Cumulative Total to Date
1	Total Class Members Submitting Appeals (Rows 2,3,4,5 = Row 1)	54	54	40	50	49	44	297
1a	Crisis Appeals	N/A	16	17	23	23	12	91
1b	Eligibility Appeals	N/A	41	23	27	26	32	149
2	Subtotal Appeals Upheld	9	22	6	18	19	9	83
3	Subtotal Appeals Denied	29	18	15	27	19	28	136
4	Subtotal Appeals Pending 0/Returned 6	17	11	13	2	6	6	55
5	Subtotal Appeals Withdrawn	2	6	6	3	5	1	23

http://www.dhs.state.il.us/page.aspx?item=97602

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November/December 2017- Monthly Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Human Services Council of Champaign County: November 5, 2017

There was an agency presentation from the following:

Christopher Di Franco - New American Program

The YMCA's New American Welcome Centers (NAWC) are designed to help immigrants—also referred to as newcomers—fully integrate into American society and prepare receiving communities to be welcoming and inclusive. NAWCs accomplish this through a combination of integration services, collaborations with community leaders and businesses, and strategies to connect and build cross-cultural understanding between immigrants and U.S.-born residents.

CLC Training and Technical Assistance:

I met with the following organizations to provide technical assistance and CLC Support to promote the value of CLC

- Children's Advocacy Center- Annual CLC Training
- Promise Healthcare- Annual CLC Training
- CU-Welcome Center- YWCA Collaboration
- C-U Able

FY 2017- CLC Plans:

I am still reviewing 4th Quarter CLC Reports for organizations desk reviews and site visits will be conducted November -December 2017.

Training and Webinars Attended:

I attended the following trainings in person and on-line

- ➢ *Mental Health First Aid US Cultural Considerations*
- ➢ *Improving Behavioral Health Integration through Culturally Appropriate Service Delivery*
- ➢ *How to build Developmental Relationships with Youth*

Champaign County Need Assessment Survey -

The Survey is live and you can access the survey at www.champaigncountysurvey.com . We are asking for more survey feedback from providers and caregivers.

Anti-Stigma Activites/Community Outreach-

NAACP Champaign County Branch-

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I attended the NAACP Meeting on November 5, 2017. There was information provided about the work of the Racial Justice Task Force. There is also information about getting more groups involved in the community screening of Racial Taboo. The Annual Freedom Fund Celebration was held on October 20, 2017. CCMHB/DDB is providing support through the CLC Community Outreach.

University of Illinois African-American Community Healing Storytelling Project-

I attended a planning meeting to look at the IRB requirements for the storytelling project. In addition, I shared information about the needs assessment that is being conducted by the CCMHB and the evaluation report from CU-Fresh Start.

YWCA/Welcome Center

I provided a CLC Training Outline for volunteers that will be working at the welcome center. I met with Christopher De Franco about next steps to get volunteers trained to learn about the local social services in Champaign County that are available to immigrants.

Music and Art Festival (Disability Resource Expo Committee)

Music and Art Festival was a success. Thank you to all of the volunteers that supported the event. We are starting to recruit volunteers for the disAbility Expo 2018. Please email me potential volunteers and interested groups at shandra@ccmhb.org

Racial Justice Taskforce-

I attended the community presentation of the Racial Justice Taskforce report on November 30. Over 100 people were in attendance and learned about the recommendations for the County Board from the Task Force. The report is available on-line.

UC2B Champaign/Urbana IL – The UC2B Community Benefit Fund is accepted applications focusing on improving digital inclusion and digital equity for low- to moderate-income people in the Champaign -Urbana area. In 2018, The UC2B Board anticipates awarding a total of up to $150,000 (collectively) in grants to community-based applicants. Single grants between $2,000 and $25,000 are encouraged, though applicants will not be limited to that range. In this first year of the Community Benefit Fund Grant Program, the UC2B board hopes to allocate up to $100,000 (in total) to cover one-time expenditures and up to $50,000 (in total) for recurring, multi-year expenditures. **For information please go to** http://www.uc2b.net/uc2b2016/. I will be serving on the evaluation committee for the application process.

AIR- Alliance for Inclusion and Respect- Please continue to support the Artists and notice new artwork that has been submitted on the website www.champaigncountyair.com

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Rotary Club of Champaign

I attend meetings for the Rotary and serve on communications, music and membership committees. I will be participating and planning for Martin Luther King Day Activites.

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Stephanie Howard-Gallo

Operations and Compliance Specialist Staff Report –

December 2017 Board Meeting

SUMMARY OF ACTIVITY:

OMA/FOIA Certification:

As the Open Meeting Act Designee and the Freedom of Information Act Officer, I must successfully complete training on an annual basis. I completed the trainings and submitted my certificates to Lynn Canfield in November.

First Quarter Reporting:

First Quarter financial and program reports were due at the end of October. Most agencies report on time. A few ask for a small extension. Several agencies were asked to revise and/or correct their reports. One letter of non-compliance was sent out for this quarter for a CCMHB funded program.

A few of the agencies forget to send us their approved Board minutes, but this is usually resolved by an informal email to them.

The National Association of Counties' (NACo) Creative Counties Placemaking Challenge. Unfortunately, our application to the NACo's Creative Counties Placemaking Challenge was not chosen to participate in this initial round of hands-on technical assistance and training. We were informed that NACo received 40 applications for only seven openings within this first cohort.

Association of Community Mental Health Authorities of Illinois:

I will be attending the ACMHAI Winter Membership Meeting on December 7 and December 8, at Lynn Canfield's request.

Other:

- Preparing meeting materials for CCMHB/CCDDB regular meetings and study sessions/presentations.
- Composing minutes for the meetings.

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11ᵗʰ disABILITY Resource Expo – Coming Saturday, April 7, 2018:
The Expo Steering Committee met on Nov. 16, as we continue to plan for our spring event. Five sub-committees have begun to meet to address their respective roles within the Expo.

Exhibitors: The Exhibitor Sub-committee met on November 21, to begin identifying approximately 100 exhibitors who will be participating in the Expo. A request for applications will be emailed to potential exhibitors approximately January 3. A due date for the return of applications is Feb. 21. Per evaluations from the 2016 Expo, we will be seeking additional exhibitors focused on low vision and ADA specific home improvement contractors. The group identified "Star Athletes" as the theme of our scavenger hunt for 2018, with a special focus on individuals with disabilities from Champaign County who have made a mark in the world of athletics. The scavenger hunt is a fun activity for children and adults attending the Expo. It promotes disABILITY awareness, interaction with exhibitors, and increased completion of participant evaluations. Booth fees for the 2018 Expo will remain the same as in 2016.

Marketing/Sponsorship: This sub-committee will meet on December 7 at 9:30 a.m. at Einstein Brother's Bagels in Urbana. A list of potential sponsors is being developed, and will be expanded upon at this meeting. We will also be discussing our various avenues for promotion of the 2018 Expo.

Save-The-Date magnets for the Expo are continuing to be distributed at various events and activities happening throughout the community. The magnets highlight our April 7 Expo date and location, as well as our newly-expanded Expo website. Please let Barb Bressner know if you would like some of these magnets to distribute as you attend various meetings in the coming months.

We plan to order vehicle window clings through CU Banners again, as this has been a great way for our members to help promote the event.

The Bergner's Community Days Fundraiser was completed in November, and a Schwan's Cares Fundraiser was completed in December. We began a new Schwan's Fundraiser in December. If you would like to support the Expo through the Schwan's Fundraiser, please place your Schwan's orders through their website, www.schwans-cares.com/c/35969 or phone in your order at 1-855-870-7208 and provide our Campaign ID# 35969. This is a great fundraiser where 20% of the amount of your order comes back in support of the Expo. We have raised nearly $1200 over the past year and a half through Schwan's.

Entertainment: The Steering Committee came up with some great ideas for Expo entertainment, which the Entertainment Committee will review and follow-up on. We will be utilizing two different stages at The Vineyard for entertainment throughout the day.

Website: Expo website improvements continue, including work towards greater website accessibility, and an expanded search feature for the Expo Resource Guide. There are approximately 140 different organizations listed. It is hoped that many participating local organizations will consider adding a link on their websites, directing people to the Expo website/directory. The goal is to launch the new, fully accessible Expo website/directory by the end of December, 2017.

Respectfully submitted
Barb Bressner & Jim Mayer
Consultants

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VENDOR NO	VENDOR NAME	TRN DTE	B N	TR 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   DEVLMNTL DISABILITY BOARD

90	CHAMPAIGN COUNTY TREASURER						MENT HLTH BD FND 090				
	11/01/17	03	VR	108-	107		567662	11/09/17	108-050-533.07-00 PROFESSIONAL SERVICES	NOV ADMIN FEE	29,501.00
										VENDOR TOTAL	29,501.00 *

161	CHAMPAIGN COUNTY TREASURER						REG PLAN COMM FND075				
	11/01/17	03	VR	108-	97		567666	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV DECISION SUPPOR	7,205.00
										VENDOR TOTAL	7,205.00 *

11587	CU ABLE										
	11/01/17	03	VR	108-	100		567694	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV COMM OUTREACH	1,150.00
										VENDOR TOTAL	1,150.00 *

18203	COMMUNITY CHOICE, INC						SUITE 419				
	11/01/17	03	VR	108-	101		567707	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV CUSTOM EMPLOY	6,175.00
										VENDOR TOTAL	6,175.00 *

19900	CTF ILLINOIS										
	11/01/17	03	VR	108-	98		567717	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV NURSING	500.00
	11/01/17	03	VR	108-	98		567717	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV ADVOCACY CENTER	5,000.00
										VENDOR TOTAL	5,500.00 *

22300	DEVELOPMENTAL SERVICES CENTER OF						CHAMPAIGN COUNTY INC				
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV APARTMENT SVCS	34,778.00
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV CLINICAL SVCS	14,500.00
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV COMMUNITY EMPLO	30,114.00
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV CONNECTIONS	7,083.00
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV EMPLOYMENT 1ST	6,667.00
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV FAM DEV CENTER	46,857.00
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV INT SITE SVCS	66,591.00
	11/01/17	03	VR	108-	102		567722	11/09/17	108-050-533.92-00 CONTRIBUTIONS & GRANTS	NOV SERVICE COORD	34,237.00
										VENDOR TOTAL	240,827.00 *

VENDOR NO	VENDOR NAME	TRN DTE	B N	TR CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT

*** FUND NO. 108 DEVLPMNTL DISABILITY FUND

22816	DOWN SYNDROME NETWORK											
		11/01/17	03	VR	108- 99		567725	11/09/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV DOWN SYNDROME	1,250.00
											VENDOR TOTAL	1,250.00 *
35550	IL ASSOC OF MICROBOARDS & COOPERATIVES											
		11/01/17	03	VR	108- 103		567761	11/09/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV BUILD INCLSV CO	4,396.00
											VENDOR TOTAL	4,396.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC											
		11/01/17	03	VR	108- 104		567791	11/09/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV OP FOR INDEPEND	3,379.00
											VENDOR TOTAL	3,379.00 *
61780	ROSECRANCE, INC.											
		11/01/17	03	VR	108- 105		567805	11/09/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV COORD OF SERVIC	2,844.00
											VENDOR TOTAL	2,844.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN											
		11/01/17	03	VR	108- 106		567819	11/09/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV VOCATIONAL SVCS	2,883.00
											VENDOR TOTAL	2,883.00 *
									DEVLMNTL DISABILITY BOARD	DEPARTMENT TOTAL		305,110.00 *
									DEVLPMNTL DISABILITY FUND	FUND TOTAL		305,110.00 *

REPORT TOTAL *****   649,677.73 *

Developmental Services Center
Report Summary
November 19, 2017

On November 2-3, 2016, DSC staff participated in a 2-day PATH planning process as part of an Employment First initiative to transform services from facility to community. The PATH process examines future goals, current status, identifying people to involve in the process, recognizing ways to build strength, and committing to change. Below is a summary of major themes derived from the 2-day PATH process.

- **Historical message.** Need to change the message/mission/expectations of DSC going forward. Historically, DSC has been viewed as the ultimate care-giver and provider of all needed services, generally within the walls of their facilities. The older generations have become accustomed to this and expect it to continue. Budgets and current structures will not support the past level of services and DSC needs to position themselves for future services.

- **Future services.** Younger generations of families affected by disability generally have different expectations and are looking for more community-based, inclusive services. Their children are receiving more inclusive education and gaining skills their predecessors didn't have access to. Families are expecting more inclusive educational, residential and employment options in the future. Post-secondary options including college programs designed specifically for individuals with ID/DD are increasing in number and popularity throughout the country.

- **Community perspective.** As a result of inclusive education, children without disabilities are growing up with children with disabilities and seeing them in a different light with different expectations as well. This generation represents current and future employers and coworkers willing to include people with disabilities. The community is becoming more accepting and welcoming of people with disabilities. As they are willing to include people with disabilities, we need to be ready to include them in our efforts.

- **Community support.** There is less need for disability service systems when community is providing support. We want to take advantage of as many community-related activities and services as possible (University of Illinois "Enactus" student group is a great example), thereby reducing the reliance and dependence on DSC. Enhance and create more community connections. The LEAP program is a good example of including and utilizing employers and the Creative Crow project is a good example of community outreach and inclusion.

- **Communication and dissemination.** As systems change occurs within DSC, there is a need to establish effective communication for staff and stakeholders. Much work has already been done, but is often not noticed or celebrated. A longer-range plan mapped out in easy to understand phases (graphics) helps clarify the vision.

- **Self-Advocate involvement.** Several DSC self-advocates and staff attended the state self-advocacy conference. Curriculum are available to assist self-advocates in transition from sheltered workshops. DSC self-advocates are increasingly involved in conferences, presentations, and developing curriculum and training. They are emphasizing the mantra, "Nothing about us, without us."

- **Staff involvement and support.** Staff at DSC have varying tenure from years of service to newly hired. Regardless of tenure, staff recognize a need for change and are dedicated, ready and willing to move forward.

In the year since the PATH process, DSC has made major accomplishments in transforming their services outlined below. DSC has provided a number of training seminars for staff and families regarding the transformation process.

Staff Training:
- Process of Transition to Community-Based Services for DSC Staff
  Bryan Dague, University of Vermont 6/26/16
- Process of Transition to Community-Based Services for Families & Participants
  Bryan Dague, University of Vermont 6/28/16
- Business Partnerships and Job Development
  Bryan Dague, University of Vermont 1/17/17
- Customized Employment
  Bob Niemic, Griffin-Hammis Associates February 2017
- Person-Centered Planning, Person-Centered Organizational Assessment
  Trinity Services, 4/26/17
- Cultural Diversity
  Dr. Gloria Leitschuh, Eastern Illinois University
- Employment First training is part of training for all new employees
- Illinois ICDD Live a Life Like Any Other Conference

Family informational meetings held to educate parents and individuals on the transition process. Topics have included:
- Process of Transition from Sheltered Workshops
- How Employment Affects Benefits (x2)
- Guardianship
- ABLE Act
- Preparing Your Family Member for Employment (x2)
- Natural Supports
- Employment Success Stories
- Employment: A Parent's Perspective
- Person-Centered Planning

Self-Advocates:
- DSC Self-advocates attended the conference "Speak-up & Speak-out"
- DSC Self-Advocates designed and present a session entitled, *Expect the Best: How to Get the Most out of Your Support Staff*
- DSC self-advocates have been making films through the Prompting Theater and entering them in film contests. They have become more involved in community events and activities including art museums, farm tours, etc.
- Wall-of-Fame for employees. At the Clark Road location, they've set up a "Wall of Fame" with photos of employees at their community jobs. This may seem like a small point, but can have a big impact. As workshop employees leave for community jobs, it recognizes the success of that person and can be motivation for others.
- DSC started a 12-week Job Club for self-advocates that teaches soft skills such as work ethic, attitude, enthusiasm, boundaries. The class culminates with exposure to various businesses in the community and when possible volunteer work opportunities. This is the first step in the process to identify strengths and areas of interest for each participant.
- Identifying people for Next Step Program as program participants may be at retirement age, medically fragile, and not interested in community employment

DSC Culture Shift and Communication:
One of the major issues in this transformation is changing the culture and message of DSC. With its origins dating back to 1960, there is a lot of history and tradition within DSC. Current service and funding structures can't support DSC to be the ultimate caregiver it may have been in the past. Efforts to change the message and culture include:
- Updated Mission and Vision Statement
- Web site revised to reflect mission and vision
- Communication: Blog featuring new stories, e-newsletter subscription, social media updates through Facebook, Twitter, You Tube and Linked-In.
- Training seminars for staff and families
- New brochure to reflect mission and vision

Community/Business Partnerships:
- ENACTUS partnership and business start-up. DSC established a partnership with the Enactus student group at the University of Illinois. Enactus is a *"community of student, academic and business leaders committed to using the power of entrepreneurial action to transform lives and shape a better more sustainable world."* Several undergraduate business majors have been assisting 3 individuals from DSC to start a T-Shirt screening business, which will be housed at The Crow at 110. The university students involve the 3 participants in all aspects of developing the business and give them assignments. This is an impressive and innovative partnership that will continue.

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- The Crow at 110 community site. The Crow at 110 is a storefront in downtown Champaign that is being renovated and rented by DSC to provide a community-based space that can be used by DSC clientele and community members alike. It will not be visibly identified as a DSC site. The graphic design class from Parkland College is going to work on developing a logo, website and marketing campaign for The Crow. This site is currently open hosting art classes with the grand opening scheduled for the spring 2018. The Crow will also be an incubator site for start-up businesses like the Enactus partnership.

- LEAP (Leaders in Employing All People). LEAP is a disability awareness training for businesses resulting in a LEAP Certificate and an opportunity for further involvement with the intent of hiring people with disabilities. DSC and Community Choices developed the program and have been restructuring the content with feedback from employers and current LEAP certificate holders. They recently held an employer luncheon to seek feedback on the process. The employers who participated are clearly invested in employing people with disabilities.

  DSC LEAP staff includes Stephanie Davenport, who has a background in marketing, sales, and advertising. Stephanie brings a fresh, and much-needed perspective to reach employers. LEAP certificates have been issued to 42 local businesses to date, with more than 18 businesses employing over 20 people receiving support by either DSC or Community Choices. The LEAP program is important as employers are often fearful or wary of hiring people with disabilities. The LEAP program is a non-threatening way of getting a foot in the door and educating employers about the process and benefits of employing people with disabilities. Additionally, DSC is a long-standing member of the Champaign County Chamber of Commerce and Stephanie has been attending meetings to network and establish more business connections.

- Think College planning grant submission. The Think College National Coordinating Center at the Institute for Community Inclusion, UMass Boston https://thinkcollege.net issued a request for proposals for Think College planning grants. DSC submitted a proposal on 10/27/17 with the goal to establish a regional coalition in Champaign County to examine the issue of post-secondary education, including college for individuals with ID/DD (see grant proposal).

- University of Illinois at Urbana–Champaign. This past June, Annette Becherer (DSC) and Bryan Dague (UVM) met with Dr. Chung-Yi Chiu and Dr. David R. Strauser from the Rehabilitation Counseling Department to discuss increased partnership with DSC and introduced the possibility of a Think College program at the University of Illinois. Dr. Chiu wrote a letter of support for the Think College planning grant. Bryan Dague has also been in contact with the University of Illinois at Chicago as they are the University Center on Excellence in Developmental Disabilities (UCEDD) for the state of Illinois. Each state has at least one UCEDD to provide research, training, and outreach to individuals with ID/DD and their families. UCEDD's serve as a bridge between the

university and the community, bringing together the resources of both to achieve meaningful change.

Administrative tasks of transformation:
- No new admissions to sheltered workshop at Clark Road for over one year.
- Rantoul site closed
- No sub-minimum wage starting October 1, 2017 at building 3
- Job developer hired for building 3 for person-centered planning and job development

Transforming sheltered workshops and facility-based services to community-based employment and activities is no easy task and is usually a five-seven year effort. In one year, DSC is off to a great start and has done a lot of work to date. Given the number of participants in sheltered work it will take some time to find satisfactory alternatives/job placements.

Things to do/suggestions:

Continue to Expand Employment Services: The employment program has been expanding and will need to expand further, although the funding and infrastructure will need to increase and change in order to add job developers and job coaches.

Job Development: DSC is currently short on job developer positions (2 instead of a previous 5). Recruitment and retention of direct service providers (DSP) is a serious problem around the country. Some calling it a crisis. Potential job developers can be recruited from the university (perhaps business majors or Enactus members). Another potential pool is retired business people seeking a second career. They often have the business-savvy others may lack.

Diversity Partners http://www.buildingdiversitypartners.org is a new job development resource from Cornell University. Recognizing that effective business partnerships and job development are key to our success, Diversity Partners is a combination of both facilitated training and consultation, and online learning modules, that can help professionals find better employment opportunities for people with disabilities through improved business relationships. There is no fee for this service.

Disability Mentoring Day http://www.aapd.com/disability-mentoring-day/ can be incorporated as employer awareness. Disability Mentoring Day (DMD) is a large-scale, broad-based effort designed to promote career development for students and other job seekers with disabilities through hands-on career exploration, job shadowing, and internship or employment opportunities. Disability Mentoring Day is a national initiative sponsored by the American Association of People with Disabilities (AAPD). DMD should be done as a regional collaborative effort to include high schools as well.

DSC self-advocates have increased their involvement and voice. It is recommended that this continue to grow. One suggestion is to host a media or film event.

Business Contracts: Currently DSC maintains sub-contracts with local businesses including AFSI, Caterpillar, Great Planes, Kraft/Heinz, Libman, and Midland Paper. This includes DSC workers receiving a sub-minimum wage, DSC workers receiving a competitive wage and temp workers receiving a competitive wage to meet production goals. The question is how to handle these contracts moving forward. Some agencies are keeping their sub-contracts as they are lucrative and produce income for the agency. However, agencies that choose to keep their contracts will still be bound to meet the CMS rulings for integration.

Cultural Shift: This will be an ongoing task given the history and tradition of DSC services since 1960. Although, much of the shift will be happening as a natural progression as expectations of younger families change with the goal of more community-based, not facility-based services. The community is also much more accepting as current young adults have grown up with inclusive education of students with disabilities and have a far more accepting attitude than in the past.

Respectfully submitted,

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PATH Planning Process

"PATH" is an acronym for *"Planning Alternative Tomorrows with Hope"*

PATH was developed by <u>Jack Pearpoint, John O'Brien and Marsha Forest</u> in 1994 as a planning and problem solving strategy for individuals and schools, and the process lends itself well to any group wanting to develop a collaborative and innovative strategic plan. The PATH process encourages participants to visualize a future based on shared values and beliefs. It includes the identification of specific timeframes and accomplishments as well as a description of current and potential resources.

PATH is a creative process for strategic planning. Using graphic facilitation, the PATH process helps individuals and organizations identify their vision of the "ideal future", and develop a plan for achieving it. The process emphasizes creativity and "dreaming big." It is energetic and interactive, involves all the key stakeholders, and challenges us to leave our assumptions about what is possible or impossible aside. Ideally, groups will allocate two to four hours to a PATH process.

A PATH Plan has 8 sections:

1. **The Dream.** This represents the "north star" or long-term goal, and provides direction to the plan. It is high level, and includes your ideals and values.

2. **The Goal**. This examines the dream, and builds a vision of what the dream would look like once manifested. We know that the more tangible a goal is, the more likely you are to achieve it. This is a creative process that encourages participants to imagine themselves in the future.

3. **The Present**. We create an honest description of the current situation. The outcome of this step is to identify the gap between the current situation and the goal; if there isn't enough of a stretch, we revisit the goal.

4. **The People**. This step identifies whom we need to include in the plan; who will support it and help us achieve success? Identify what their contribution can/will be. (As a follow up step, the individuals listed in this section must be approached for their support, and a plan around who will do that is developed.)

5. **Building Strength**. This step identifies what skills, knowledge and competencies will you need in order to achieve the work ahead?

6. **Next Steps**. We identify what needs to occur within the next 1-3 months to move us closer to our goal.

7. **Immediate Steps**. A specific plan identifying what will be done and by whom within the next month. This step identifies responsibilities and timelines.

8. **Commitment**. Individual identified in the last step explore what is needed for them to complete their task(s). This includes a discussion about potential barriers, supports, and blocks. This step is critical to ensure the work does not stall, and the group experiences success over the coming month.

The PATH process was facilitated at Developmental Services Center on November 2-3, 2016 as part of the Employment First grant. DSC participants included: Patty, Heather, Amy, Laura, Kelly, Annette, Zach, Chike, Ron, Jennifer, Dale, Kim, Brian, Bryan Dague (UVM facilitator)

PATH

**Planning Alternative Tomorrows With Hope** by Jack Pearpoint, John O'Brien & Marsha Forest

Ideals   Identity

Unrealistic? Listen for what is under the words.

Dream Touch the

★ 1

Values

The dream provides direction

Powerful

Orientation

3 Grounding in the **Now**	**4** Identifying People to **Enroll**	**5** Ways to **Build Strength**	**8** Committing to the **First Step**	**7** Planning the **Next 3 Months**
The energy to follow a path comes from the tension between where you are now & where you want to be in the future.	Who controls the resources necessary for success? Who do you need to help you?	What do you need to get strong & stay strong as you work toward creating what you want? What knowledge do you need?	Moving from THINKING toACTION requires commitment to a clear 1st step. What is the biggest barrier to taking the step?	Focus the process on action. What will you have to do? By what day? Who does what, when?
Describe where you are now. What is the present like? "Now" versus the image of success in the future.	Negotiate an exchange with those who will not enroll or...find a way around them! Be specific!	What skills do you need to develop? What relationships do you need to maintain? To succeed, you must have the strength to endure the wait, the disappointments and to regroup & redirect.	Who will support you in this step? How will you ask for their support? Check for blocks.	To accomplish what you want in the next three months, you will have to take action now—what will you have to do?

How are you feeling now?

Use pictures and words to describe the "Now".

6 Planning the **Next 6 Months**

Take action toward what you want to create.

What steps do you have to take over the next six months?

Who will do them?

Possible & Positive

Use the dream to sense the goal.

Imagine that you have worked toward your dream.

Describe the changes that have resulted as if they are real.

What has happened? What have you done?
What does you're life look like?

How does it feel?

2 Sensing the **Goal**

Feeling Summaries

Talk about the differences between how you feel today and one year from now.

Feelings that describe your reactions when you are in the future you are creating.

3
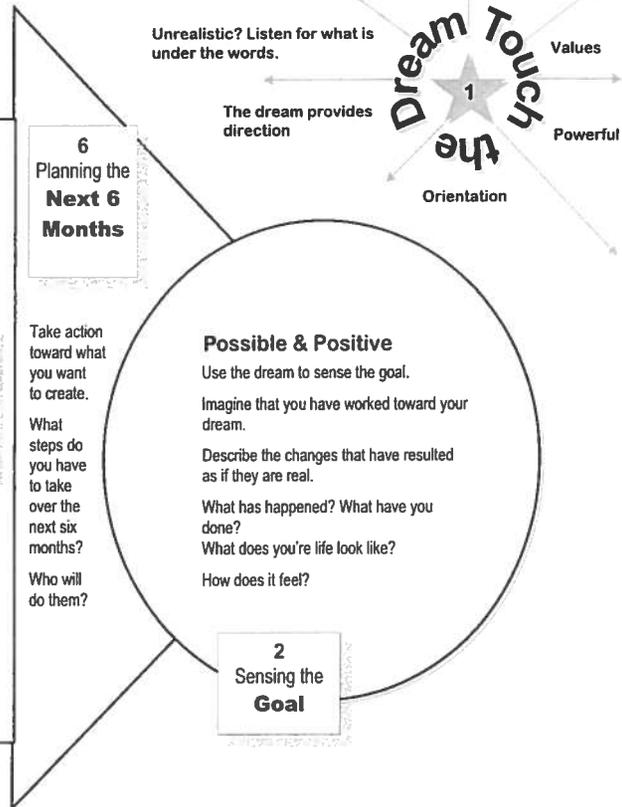
Touching the Dream: The North Star!
This represents the "north star" or long-term goal, and provides direction to the plan. It is high-level, and includes your ideals and values.

- Reduce center-based services, (provide service/support rather than building/facility). Receive services in community rather than go to DSC.
- Perhaps change the name to reflect more community services. Work/Life balance. Completely inclusive society. Spectrum of inclusive services.
- Employers reflect the percentage of disability population.
- Every group home be no more than 4 people with more duplex-type living to be considered.
- Community Access, CQL community connections.
- Community knows DSC, but not so much what ID/DD is or what it means. Disability should not even be considered as an issue. More education is needed. Response is fear or uncertainty.
- We've arrived, true success is when it's not even noticed.
- Less regulations. Individualized supports, not groups. Shift from doing things with people, not for people. The goal is for them to not need us anymore.
- Change/Lower expectations of people/families, they expect DSC to do and provide everything; to do 'for them' instead of 'with them'.
- Young families are looking for support and expertise.
- Paradigm shift, people buying a condo rather than relying on system.
- Only people with disabilities (PWD) "transition" from high school, the rest of us just move on.
- Generational gaps, changing the expectations.
- Flat-rate model in Illinois needs to be changed.

- There is less need for the system when community is providing support (Annette) John McKnight work: http://www.abundantcommunity.com/home/block_and_mcknight_biographies/about_john_mcknight.html
- Let go of taking care of everything.
- Individual's desires for a full balance.
- Pros and cons of aging, our folks get all the cons of not many of the pros, such as retirement, etc.
- Sense of community within, but not so much outside. Goal is for PWD to see community as a whole, not within DSC.
- "Instead of looking out the window, be outside"
- How do peoples' dreams expand, help fulfill their dreams? We ask them what their dreams are so often but sometimes we don't follow through. Build mutual trust. Take action, rather than just asking them what they want.
- Making sure people know what their options are. Foster more self-determination.
- Ride the wave of the generation of young people who've grown up with inclusion.
- Enactus group http://enactus.org   Really taking ownership.
- Getting rid of non-meaningful things we need to do.
- Safety, not happiness has been the rule. We are too controlling based on regulations.
- Err too much on the side of guardians rather than the individual. Helping people self-determine. Empowerment. Dignity of risk, recognizing consequences, good or bad.
- Redefine the influence people have.
- No more over-service — DSC cannot 'be all for all' and be the sole provider; other resources, natural supports, collaboration, community access/networking are part of the solution.
- Challenge what it means to be independent.

- Helping people with ID determine what support they need for themselves, then helping them direct their teams.

Sensing The Goal: Focus For The Next 3-5 Years
This examines the dream, and builds a vision of what the dream would look like once manifested. We know that the more tangible a goal is, the more likely you are to achieve it. This is a creative process that encourages participants to imagine themselves in the future.

- Cultural Shift
  - Name change, branding issue. Image is good, but some may see us as a dinosaur. If we want to change our image, we'll need some rebranding.
  - Cultural shift and communication from caregiver role providing everything to service and support organization providing community-based supports (limited)
  - Generational gaps, changing the expectations.
  - Base services on consumer's goals/dreams.
  - Cultural change, staff training
  - Building social capital, being ambassadors.
  - Some staff still feel they are in the caregiver role.

- Community-based services including Employment.
  - Currently 23% are in employment.
  - Committing funding to supported employment.
  - Employment Network through Ticket to Work?

- Educate staff, individuals, and families about community connections/volunteering.
- Identify the community connections individuals seek and include in Personal Plan.
- Demonstrate individual community connectedness.

- Funding issues
  - Continue to seek alternative funding such as state funding, AmeriCorps, foundations, etc.
  - Research grants
  - Systems reform, increase rates, differences in state and local funding, 120 hours of in-service training before new staff are allowed to work.
  - ODEP, Lisa Mills, etc. looking at state funding structure.

- Personal outcome measures (POM) through CQL, take a long time. Training more people to implement POM. Get whole agency trained to use it. Make sure people know the POM belongs to them, not the agency.

- Self-Advocacy: How can we help Self Advocates become more involved? They feel they aren't empowered because guardians won't let them. Explore curriculum regarding self-advocacy. Training for self-advocates, families and staff.

- Communication
  - Establish a solid communication plan for staff and families.
  - Written out as phases (Phase 1, 2, 3 etc.)
  - We don't want veteran staff to feel they don't have a say.
  - Monthly communications to families and staff regarding changes.

- o "Donuts with Dale" check-ins
- o Look at goals in staff performance evaluations to plan and chart for staff.
- Transportation affects everything. Uber or Lyft as options?

Grounding in the Now: Where Are We?
We create an honest description of the current situation. The outcome of this step is to identify the gap between the current situation and the goal; if there isn't enough of a stretch, we revisit the goal.

- Decision-making and Communication, finalizing activities of the work groups. Difficult decisions and realizing not everybody is going to like them. But we need to show how it aligns with the mission. Need to be proactive. Currently 4 work groups. Need for timely communication.

- We've been talking for a long time, but ideas and changes don't always come to fruition. Let's get to the first step. Stakeholders aren't aware of what has already been done.

- Wish things could happen faster. Feel good about the changes, ready for it. Communication needs to improve, move faster. Tell people about the work groups.

- Overwhelmed with day-to-day, so hard to dedicate time and energy. Meeting with parents and employers.

- Not seeing community response. Want to get LEAP certifications on the board. Frustrated with red tape of dealing with national corporations. Change is always going too slow, how to change effectively?

- Uncertainty fuels anxiety.

- Good at identifying what problems are, but not always getting to the solutions.

- Transforming as an agency. Everyone stretched too thin. We are trying to be everything to everybody and we can't keep that up. A lot of knowledge and experience in this room.

- Really good staff people here. Providing the support needed. In survival mode. Need to get to a stable place.

- Perhaps decision-making is spread out too much. Trying to keep people happy, but tough decisions need to be made.

- DSC has strength in staff, but stretched thin so don't get the quality of life work done. Limits individual options.

- Exciting to think about changes but very busy day-to-day. Hard to balance. Need to educate people better about reaching their goals.

- Individual budgets are affected.

- We are mission-driven business. Future implications of decisions made today. Can't get everybody on board before moving. How to set something up so we can get it done. We need partners, beside the board. We need to get state and local funders to partner/align with us. Not everything will be left intact and not everybody will be happy. We'll be in change constantly and it's not necessarily bad.

Identifying People to Enroll on the Journey
This step identifies whom we need to include in the plan. Who will support it and help us achieve success? Identify what their contribution can/will be. (As a follow up step, the individuals listed in this section must be approached for their support, and a plan around who will do that is developed.)

- Businesses
    - Enactus http://enactus.org (in progress)
    - Chamber of Commerce (diversity award, champion)
    - Job shadowing (Disability Mentoring Day) high school students work experiences are very slim http://www.aapd.com/disability-mentoring-day/
    - Rotary, Elks Club, other community organizations
    - Senior Corps http://www.nationalservice.gov/programs/senior-corps
    - SCORE for self-employment support https://www.score.org
    - LEAP certified businesses (in progress)
    - Internal Job Development: Families and staff (all staff including support, maintenance, etc.) can also help find job leads. "Job lead" boxes to include all staff.
    - Community Choices http://www.communitychoicesinc.org
    - DRS; UCP; additional community resources

- Institutions of Higher Education
    - University of Illinois-strong disability culture. Award-winning diversity program http://illinois.edu
    - Illinois UCEDD http://www.aucd.org/directory/detail.cfm?program=UCEDD&address_id=30
    - Parkland College http://www.parkland.edu
    - Think College http://www.thinkcollege.net

- State of Illinois
    - How to create pilot project. Show them how to redirect dollars.
    - DHS and DRS
    - State reps and senators and local and state politicians
    - Employment First http://www.equipforequality.org/issues/employmentfirst/
    - Illinois Task Force on Employment and Economic Opportunity for Persons with Disabilities
    - Employment First State Leadership Mentoring Program https://www.dol.gov/odep/topics/employmentfirst.htm Lisa Mills
    - Participation as a speaker/panelist for state-wide Person-Centered Practices training sponsored by DHS
    - Professional development: Social Capital, Person-Centered Planning, redefining support staff role so they are not taking the role of caregiver, effective job development
    - Active involvement with Life-Choices Initiative

- Community at Large
    - Generation of young people. In interviews ask potential staff, why are you here? Great stories from them. They recognize individuals from school, camp, etc. New time for young people. Stronger connection with university students too. High school students also do community service. These students have grown up with kids with disabilities so it is not unusual or unnatural for them. Key to tap into this generation.
    - United Way
    - YMCA
    - Other community fitness centers, recreational centers, etc.
    - Park Districts
    - Transition Planning Committee

- High Schools in terms of transition services
  - Leadership from school districts.
  - Increased focus on transition from WIOA with more VR focus.

- Self-Advocates
  - AIM – Advocates in Motion - self-advocate group.
  - Local advocacy groups like autism and Down syndrome groups, CTF, Community Choices
  - State self-advocate network http://selfadvocacyalliance.org
  - National self-advocacy http://www.sabeusa.org
  - Maine, Oregon and Vermont have self-advocates curriculum and training.
  - Special Olympics Illinois https://www.soill.org
  - Best Buddies Illinois https://bestbuddies.org/find-programs/illinois/about/

- Family Support Network-Illinois contacts:
  - http://www.region4ta.us
  - http://www.fmptic.org
  - https://frcd.org

Recognizing Ways to Build Strength

This step identifies what skills, knowledge and competencies we need in order to achieve the work ahead?

- Customized Employment Training by Griffin/Hammis Associates in February 2017

- Enactus at University of Illinois: Student business group helping 3 individuals from sheltered workshop start a T-Shirt screening business
- Getting the parent groups behind us, they have great ideas.
- Self-advocates story-telling. "Wall of Fame" displaying workers out in the community (peer-envy). Implement self-advocate curriculum, training.
- Help our state associations like ARC of Illinois, ANCOR, etc.
- Involvement in Illinois APSE http://apse.org/chapter/illinois/ , National APSE http://apse.org
- Representative on the DHS DD Quality Committee
- Examine mission statement, may need to be refined, updated. Rebranding of logo, image, etc.
- Even with good training, staff may observe poor practices.
- Keeping all staff, including senior staff, up to date on training.
- Richard Luecking regarding job development http://products.brookespublishing.com/cw_contributorinfo.aspx?ContribID=3028&Name=Richard+G.+Luecking%2C+Ed.D.   from TransCen Inc. http://www.transcen.org
- Leadership training for managers and mid-managers and team-building
- Meeting facilitation, handling challenging situations
- Cross-shadowing with other departments

DECISION MEMORANDUM

DATE: December 13, 2017

TO: Members, Champaign County Developmental Disabilities Board (CCDDB)

FROM: Lynn Canfield, Executive Director

SUBJECT: PY2019 Allocation Priorities and Decision Support Criteria

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"Everyone else is swimming, diving and frolicking freely, while I'm alone, stuck in a tiny boat, swayed from side to side."

— *Naoki Higashida. Fall Down Seven Times, Get Up Eight.*

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2019, July 1, 2018 to June 30, 2019. These recommendations emerge from board discussions, input from citizens, agency representatives, and other stakeholders, and our understanding of the transforming service delivery and payment systems. This document has been updated with input from board members and staff and stakeholders, and a final draft is now presented for board approval.

Statutory Authority:

The CCDDB funding policies are based on requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq). All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCDDB Funding Guidelines require that there be annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum shall become an addendum to the CCDDB Funding Guidelines incorporated in standard operating procedures.

The Operating Environment:

Throughout 2017, the future of health care has been in the news. Many of the proposed plans to 'repeal and replace' the Affordable Care Act would have had devastating near-term and long-term effects on Illinois, on Champaign County, and on people who have

intellectual and/or disabilities. Long term supports and services are primarily Medicaid funded. For the moment, no proposed legislation is moving toward a vote, but changes in the enforcement of existing rules are likely to result in increased cost and decreased coverage. The limitations of state appropriations and the uncertain futures of public and private insurance will continue to impact services and systems.

Illinois' Medicaid reimbursement rates remain well below the actual cost of their covered services. Because the rate paid for each service is inclusive and taken as payment in full, providers cannot charge more for a covered service to an eligible client or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community based providers to meet the needs of people who use Medicaid and waiver services. The damage includes a well-known and growing workforce shortage. During 2017, Medicaid Managed Care may come to include DD services, presenting additional challenges for community-based providers, insured persons, and other funders.

As the State of Illinois has shifted its investments from grant contracts to DD waiver programs to capture federal matching revenue, the limitations of the waivers and rates and the changing requirements of Medicaid have impacted how local funding can best support the people it is intended to serve.

Many eligible residents of Champaign County do not yet have Medicaid waiver funding through the state, so their enrollment in the PUNS database not only lets the state know who is waiting but also creates an opportunity to establish their eligibility, justifying the use of local funding to provide relief for those waiting.

The CCDDB will work with traditional and non-traditional providers to identify services not covered by Medicaid or the DD waivers but which have been identified by people with ID/DD in their person centered service and support plans and which improve outcomes for individuals and promote a healthier, more inclusive community.

Expectations for Minimal Responsiveness:

Applications that do not meet the expectations below are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCDDB office.

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late applications will not be accepted.*
3. Application must relate directly to intellectual/developmental disabilities programs, services, and supports. How will it improve the quality of life for persons with ID/DD, including those with co-occurring conditions helped by treatment?
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program/service or are maximized. Other potential sources of support should be identified and explored.

"Spoken language is a blue sea. Everyone else is swimming, diving and frolicking freely, while I'm alone, stuck in a tiny boat, swayed from side to side. Rushing towards me are waves of sound... When I'm working on my alphabet grid or my computer, I feel as if someone's cast a magic spell and turned me into a dolphin."

— Naoki Higashida. Fall Down Seven Times, Get Up Eight.

At the center of our work are people with conditions which isolate them. Naoki Higashida is such a person, reminding us about the power of specific supports to create access to and from the broader community. As an informed purchaser of service, the CCDDB considers best value and local concerns when allocating funds. Direct input from Champaign County residents who have ID/DD and who use or seek services is rare. Through 'consumer' needs surveys, we hope to learn about the supports and services people currently use and those they want and need; these results may be available in spring 2018.

Overarching Priorities:

Inclusion and Integration
All applications for CCDDB funding should reflect movement toward community integration and away from segregated services and settings. Fullest inclusion aligns with changes in the regulations governing the Center for Medicare and Medicaid Services (CMS) Home and Community Based Services, implementation of Workforce Innovation and Opportunity Act provisions, and Department of Justice Olmstead findings.

In a self-determined, integrated system, with various types of support:
- people control their day, what they do and where, and with whom they interact;
- people building connections to their community as they choose, for work, play, learning, and more, in places other community members use and at the same times they use them;
- people create and use networks of support consisting of friends, family, community members with similar interests, and allies they choose;
- and people advocate for themselves, make informed choices, control their own service plans, and pursue their own aims.

The majority of funded ID/DD programs will be required to report on specific services delivered, demonstrating the complicated service mix and utilization patterns. Applications will also be required to include measurable objectives, goals, and timelines.

Underserved/Underrepresented Populations and Countywide Access
Programs should promote access for underserved/underrepresented populations as identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA). A Cultural and Linguistic Competence Plan is required of each applicant organization, and the online system holds a template aligned with requirements of Illinois Department of Human Services. The template has been modified for PY2019 so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification of I/DD in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved minority populations and people living in rural areas should have the opportunity to use quality services; outreach strategies should be identified.

Inclusion and Anti-Stigma
Applications should describe how the program contributes to reduction of the stigma associated with I/DD. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of declining State and federal support. The personal cost of stigma is mirrored by the cost to our communities. The CCDDB is interested in creative approaches toward increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Outcomes
Each application's program plan narrative will identify measures of access for people seeking to participate in the program and outcomes which will result from this participation. Because defining and measuring valuable outcomes is challenging, an 'outcome measure bank' and a reporting template are now available online. Organizations which are required to report on particular outcomes to other funders may consider including those outcomes, if relevant, in the application for CCDDB funding.

Coordinated System
Without a central location for all services and all providers, and given the known limitations of online resource guides, applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.), including distributing information regarding another agency's similar services with individuals on waiting lists and a commitment to updating information about the program in any resource directories.

Budget and Program Connectedness
Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will include detail about the relevance of all expenses, including indirect costs. Per the Board's approved funding guidelines, rationale should be explicit, describing the relationship between indirect costs and the value of the proposed program. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDB. While these funds should not pay for service activities or

supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Person Centered Planning (PCP)
Applications should reference a PCP process aligned with DHS guidelines for PCP. The Person Centered process can be described as finding the balance between what is important to a person and what is important for a person. It is a way to identify strengths, preferences, needs (both clinical and support needs), and desired outcomes of a person. Person Centered Planning includes the Discovery Tool and process, the Personal Plan, and Implementation Strategies and must:

- be driven by the person;
- ensure that service delivery reflects personal preferences and choices;
- include evidence that setting is chosen by the individual;
- assist to achieve personally defined outcomes in the most integrated setting;
- contribute to the health and welfare of the person receiving services;
- include opportunities to seek employment and work in competitive integrated settings, if employment is desired;
- include opportunities to engage in community life, control personal resources, and receive services in the community to the same degree of access as those not receiving Medicaid Home and Community Based Services, if such opportunities are desired;
- include risk factors and measures to minimize risk;
- be written in plain language that can be understood by the person who receives services and their guardian;
- reflect cultural considerations;
- and include strategies for solving disagreements.

To the extent possible, CCDDB funding will be associated with people rather than programs and will focus on PCP-driven supports and services. Case management supports should be documented in a personal plan, which is directed by the person receiving services and reflects DHS guidelines for the Person-centered Plan.

Workforce Development and Stability
The board's investments in other priorities are contingent on a stable and qualified workforce. The challenges to attracting and retaining this workforce follow from Illinois' inadequate investment in community-based services, in particular through low Medicaid rates. During 2017, a wage increase was approved and incorporated into the rates; this small step toward strengthening the workforce is important but may not be enough. Communities across the country, including those with somewhat healthier ID/DD investments, struggle with the workforce shortage. The board seeks to emphasize efforts to reward this important work with competitive wages and advancement opportunities. Applications should propose creative solutions for recruitment and retention of direct support staff. Systemic problems associated with the workforce shortage include:
- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;

- capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;
- turnover has significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff as the need for their services increases in other systems (e.g., care of older citizens.)

FY2019 CCDDB Priorities:

Priority: Linkage and Advocacy for People with Intellectual and Developmental Disabilities

The CCDDB will support advocacy efforts to connect people who have I/DD to appropriate state funding. Conflict-free Case Management is a requirement for all Home and Community Based Services, and intensive case management services have demonstrated value for people with I/DD as they define their own goals and how to achieve them. As the DD population continues to age and people have more complex support needs or have co-occurring conditions, applications which reflect more intensive case management supports will be prioritized. Applications should include meaningful measures of outcomes, such as people receiving the benefit, service, or support requested as a result of agency provided linkage and referral activity. Advocacy, linkage, and other service coordination activities should have minimal or no conflict of interest. In addition, with the established ongoing success of the disAbility Resource Expo, applications to coordinate the planning, implementation, and evaluation of the event will be considered.

Priority: Employment Services and Supports

Applications featuring job development and matching, job coaching, job skills training in the community work settings, and innovative employment supports will be prioritized. These should incorporate recommended or innovative practices, the principles of Employment First, and a focus on people's specific employment aspirations and abilities, in the most integrated community settings possible. Community employers who understand the benefits of employing people who have I/DD may be identified and cultivated to successfully employ people who have disabilities. Applications for employment supports should be associated with measures of outcome such as increased hours, promotion, new job, new job skills achieved as a result of the support, or number of individuals placed with community employers who have completed LEAP certification.

Priority: Non-Work Community Life and Flexible Support

Applications emphasizing flexible support for people with I/DD, to stabilize home life in person-centered, family-driven, and culturally appropriate ways, and those emphasizing social and community integration for people with I/DD and behavioral or physical support needs will be prioritized. Selected by the person, supports for success may include: assistive technology and accessibility supports; speech or occupational therapy; respite; personal care support; independent living skills training; social, communication, or functional academics skills development; vocational training; facilitation of social and volunteer opportunities; transportation assistance; community education and recreation, health and fitness, mentoring or other opportunities; and development of networks of support for individuals and families. Proposed programs should feature these supports in their most natural environment.

<u>Priority: Comprehensive Services and Supports for Young Children</u>
Applications focusing on services and supports, not covered by Early Intervention or under the School Code, for young children with developmental and social-emotional concerns will be prioritized. Examples include: coordinated, home-based services addressing all areas of development and taking into consideration the needs of the family; early identification of delays through consultation with child care providers, pre-school educators, medical professionals, and other providers of service; education, coaching, and facilitation to focus on strengthening personal and family support networks (including community partners); systematic identification and mobilization of individual gifts and capacities, to access community associations and learning spaces.

<u>Priority: Self-Advocacy and Family Support Organizations</u>
Nationally only 11% of people with ID/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. Applications highlighting sustainable self-advocacy and family support organizations, especially those governed by people who have I/DD, their families, and other allies will be prioritized. Activities may center on: improved understanding of I/DD, supports, and rights; peer mentoring; navigating the system of care; social connections; engaging in system advocacy; and distributing up to date information to new families and the relevant professionals.

<u>Priority: Expansion of Independent Community Residential Opportunities</u>
The CCDDB encourages efforts to support people who have disabilities to live in settings of their choice with staff supports and the use of natural supports. Applications offering creative approaches to expanding independent community living opportunities in Champaign County will be a priority.

<u>Secondary Decision Support and Priority Criteria:</u>

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations. The CCDDB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to the online application forms.
1. <u>Approach/Methods/Innovation:</u> Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. <u>Evidence of Collaboration:</u> Applications identifying collaborative efforts with other organizations serving or directed by people with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. <u>Staff Credentials:</u> Applications highlighting staff credentials and specialized training.
4. <u>Resource Leveraging:</u> While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDB resources: state, federal, and other local funding; volunteer or student support; community

collaborations. If CCDDB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations:
The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system. Final decisions rest with the CCDDB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability support areas, and alignment with decision-support criteria.

The CCDDB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have intellectual and/or developmental disabilities. The nature and scope of applications may vary widely and may include treatment and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable citizens, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCDDB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:
- Submission of an application does not commit the CCDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDB Funding Guidelines.
- Applications with excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCDDB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the County.
- The CCDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDB deems such variances to be in the best interest of Champaign County.

- Applications and submissions become the property of the CCDDB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned.
- The CCDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDB reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For FY2019, two-year applications will be considered as part of the award process.

Decision Section:
Motion to approve the CCDDB Program Year 2019 Allocation Priorities and Decision Support Criteria as described in this memorandum.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

DECISION MEMORANDUM

DATE: November 15, 2017

TO: Members, Champaign County Mental Health Board (CCMHB)

FROM: Lynn Canfield, Executive Director

SUBJECT: PY2019 Allocation Priorities and Decision Support Criteria

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"Everyone else is swimming, diving and frolicking freely, while I'm alone, stuck in a tiny boat, swayed from side to side."

> — *Naoki Higashida. Fall Down Seven Times, Get Up Eight.*

Overview:

The purpose of this memorandum is to recommend allocation decision support criteria and funding priorities for the Champaign County Mental Health Board (CCMHB) Program Year 2019 period, July 1, 2018 to June 30, 2019. These recommendations emerge from board discussions, input from agency representatives and other stakeholders, and our understanding of the transforming service delivery and payment systems. This document has been updated with input from board members and staff and stakeholders, and a final draft is now presented to the board for approval.

Statutory Authority:

The CCMHB funding policies are based on requirements of the Illinois Community Mental Health Act (405 ILCS 20/ Section 0.1 et. seq.) All funds shall be allocated within the intent of the controlling act, as codified in the laws of the State of Illinois. CCMHB Funding Guidelines require that there be annual review of the decision support criteria and priorities to be used in the funding allocation process. Upon approval by the Board, this memorandum becomes an addendum to the CCMHB Funding Guidelines incorporated in standard operating procedures.

The Operating Environment:

Throughout 2017, the future of health care has been in the news. Many of the proposed plans to 'repeal and replace' the Affordable Care Act would have had devastating near-term and long-term effects on Illinois, on Champaign County, and on people who have behavioral health conditions and/or disabilities. For the moment, no proposed legislation

is moving toward a vote, but changes in the enforcement of existing rules are likely to result in increased cost and decreased coverage.

At this writing, the federal agency, Centers for Medicare and Medicaid Services (CMS), has yet to approve an 1115 waiver submitted by the State of Illinois. This Medicaid waiver would promote an integrated system of care for behavioral health, maximizing federal matching revenue and supporting innovative and evidence-based approaches. Even if approved, the limitations of state appropriations and the uncertain futures of public and private insurance will continue to impact services and systems.

Many of Illinois' Medicaid reimbursement rates remain well below the actual cost of their covered services. Because the rate paid for each service is inclusive and taken as payment in full, providers cannot charge more for a covered service to an eligible client or accept a third-party payment. Inadequate rates and outdated rules have made it difficult for community based behavioral health providers to meet the needs of people who use Medicaid and waiver services. The damage now includes a growing workforce shortage. Revised state rules would allow for non-certified behavioral health centers, which may attract more service providers but not with the promise of better outcomes for people. Medicaid Managed Care contracting also presents challenges for community-based providers, insured persons, and other funders. The CCMHB will work with traditional and non-traditional providers to identify services not covered by Medicaid but which improve outcomes for individuals and promote a healthier, safer community. With growing uncertainty about the operating environment, a balance of prevention, treatment, and crisis services is indicated.

Expectations for Minimal Responsiveness:

Applications that do not meet these thresholds are "non-responsive" and will not be considered for funding. All agencies must be registered using the online system. The application must be completed using this system, with all required portions completed by the posted deadline. Accessible documents and technical assistance, limited to navigation of the online tools, are available upon request through the CCMHB office.

1. Eligible Applicant, based on completion of the Organization Eligibility Questionnaire.
2. Compliance with application deadline. *Late applications will not be accepted.*
3. Application must relate directly to mental health, substance use disorder, or intellectual/developmental disabilities. How will it improve the quality of life for persons with behavioral health conditions or ID/DD?
4. Application must be appropriate to this funding source, providing evidence that other funding sources are not available to support this program or are maximized. Other potential sources of support should be identified and explored.

To preserve the CCMHB's emphasis on PY2019 allocation decision criteria, all applications proposing new services should align with one or more of the priorities below. Proposals to continue funding for existing programs need not align with specific decision criteria but may be subject to redirection or reduction in funding.

"Spoken language is a blue sea. Everyone else is swimming, diving and frolicking freely, while I'm alone, stuck in a tiny boat, swayed from side to side. Rushing towards me are waves of sound… When I'm working on my alphabet grid or my computer, I feel as if someone's cast a magic spell and turned me into a dolphin."

— Naoki Higashida. Fall Down Seven Times, Get Up Eight.

At the center of our work are people with conditions which isolate them. Naoki Higashida is such a person, reminding us about the power of specific supports to create access to and from the broader community.

Program Year (PY) 2019 CCMHB Priorities:

As an informed purchaser of service, the CCMHB considers best value and local concerns when allocating funds. Board discussions have touched on the need for a balance of prevention, wellness and recovery supports, effective treatments, and crisis interventions, along with equitable access across ages, races, and neighborhoods. Stakeholder input has pointed to the need for improved coordination and clarity about services. Direct input from Champaign County residents who have behavioral health conditions or ID/DD and who use or seek services is rare. Through 'consumer' needs surveys, we hope to learn about the supports and services people currently use and those they want and need; these results may be available in spring 2018.

Priority – Behavioral Health Supports for People with Justice System Involvement

The CCMHB continues its commitment to people with serious mental illness and/or substance use disorder who have involvement with the criminal justice system. Local government, law enforcement, community-based providers, and other stakeholders collaborate on these shared and growing concerns, especially where incarceration could be avoided or shortened by improved access to treatments that work, redirecting people with complex conditions to effective supports and services and keeping them engaged. A two-year collaborative effort resulted in recommendations which include strengthening the community-based behavioral health support system (see Innovative Practices priority below), though not necessarily through a 24 hour 'crisis center.'

In PY19, the CCMHB will support programs addressing the needs of people with justice involvement, including *victims of violence, youth* at risk of or subsequent to juvenile justice involvement, and *adults* at risk of incarceration or in re-entry. Program focus may range from decreasing the risk-of-involvement to support for re-entry, and services should be delivered by appropriate behavioral health professionals:

- benefits enrollment, increasing people's access to services, including Medicaid;
- coordination and 'warm hand-off' from jail to community or detox to community;

- peer mentoring and support;
- intensive case management;
- access to psychiatric services and other health services;
- juvenile justice diversion services (see System of Care priority below), evidence-based or innovative, including counseling for youth and families;
- other juvenile delinquency prevention/intervention
- counseling and crisis support specific to victims/survivors of violence or abuse;
- enhanced crisis response;
- access to medical detox and crisis stabilization;
- support for specialty courts.

Priority – Innovative Practices and Access to Community Based Behavioral Health Services

The Behavioral Health/Justice Involvement priority points to the fragile nature of the current community-based behavioral health system. If it is not shored up, we can expect jails, emergency departments, homeless shelters, churches, and public buildings to continue as the default system.

Each year, we comment on the fiscal and legislative uncertainties of the State of Illinois, the shortcomings of Medicaid and Managed Care, and the unknown impact of evolving or interrupted federal programs. The promised community-based behavioral health system, like other elements of the 'safety net', was never fully implemented and has been steadily eroded, especially through the last decade. Local funding has not grown enough to rescue the system or supplant other funding. While advocating and hoping for relief, whether through an 1115 waiver or enforcement of mental health/substance use disorder parity rules, we can: *improve access to services* which are billable to public or private insurance; identify non-billable services and *narrow the gaps* in the behavioral health system; *pilot innovative approaches* to improve outcomes for people. Examples:

- wellness and recovery supports;
- peer mentoring and peer support networks;
- intensive or specialized case management;
- supports/services for people using emergency shelters;
- benefits counseling and navigation;
- employment and other community living supports;
- caregiver supports;
- self-advocacy, as the most effective supports result from self-determination, where people control their service plans.

Priority – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a commitment to trauma-informed, youth-guided, family-driven, and culturally and linguistically competent youth serving systems. The CCMHB has also funded programs

for very young children, including early identification, intervention, and prevention. Some are evidence-based and some innovative. Prevention services for children and youth can maximize their academic and social/emotional success; providers and interested parties have collaborated through the Birth to Six Council and the CU Cradle to Career Kindergarten Readiness Group, and many are also connected to the Champaign Community Coalition. There is growing recognition of the importance of Adverse Childhood Experiences (ACEs) and the social determinants of health. Trauma-informed systems mitigate the impact of trauma, including exposure to violence. A strong System of Care benefits individuals and families and can have a high return on investment, driving economic development for the community. Components include:

- *Programs consistent with the work of the Champaign Community Coalition.* Representatives of local government, funders, education, park districts, law enforcement, juvenile justice, behavioral health, families, neighborhoods, faith-based organizations, public health, and others collaborate on planning and improving the System of Care;
- *Juvenile justice diversion services* (see Behavioral Health/Justice Involvement priority) for young people with serious emotional disturbance and multiple system involvement, whether evidence-based or innovative, to improve outcomes for those youth and their families;
- *Family and youth organizations*, acknowledging the critical role of peer support, coordination, and planning of the system;
- *Early identification, prevention, and intervention services for children from birth through high school,* including those which keep children excited about learning.

Priority - Collaboration with the Champaign County Developmental Disabilities Board

The Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB) defines the PY19 allocation for developmental disabilities programs and an expectation for integrated planning by the Boards. Applications should explain how services – across levels of intensity of support - are as self-determined and integrated as possible, consistent with the Home and Community Based Services regulations, provisions of the Workforce Innovation and Opportunity Act, and Department of Justice ADA Olmstead findings. Most funded services for people with ID/DD are tracked through a new system to clarify utilization. In the most self-determined, integrated system, with various types of support:

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

Nationally only 11% of people with ID/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate

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support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. The disAbility Resource Expo is an established community awareness/networking project of the CCMHB and CCDDB; applications to coordinate, implement, and evaluate the event will be considered.

Overarching Priorities:

Underserved Populations and Countywide Access

Programs should promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity. A Cultural and Linguistic Competence Plan is required of each applicant agency, and the online system holds a template aligned with requirements of Illinois Department of Human Services. The template has been modified for PY2019 so that an agency may include activities consistent with the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards.) Applications should address earlier, more accurate identification in underrepresented populations, as well as reduction of racial disparities in the utilization of services. Members of underserved populations and people living in rural areas should have the opportunity to use quality services.

Inclusion and Anti-Stigma

Applications supporting efforts to reduce the stigma associated with behavioral health disorders and disabilities will be prioritized. Stigma limits people's participation in their communities, inhibits economic self-sufficiency, and increases personal vulnerability. It may even be a cause of decreased State and federal support for effective treatments. The personal cost of stigma is mirrored by the cost to our communities. Young adults at colleges and universities find themselves in crisis not only because of pressure to perform in school but also fear of being exposed as having a behavioral health condition. The CCMHB is interested in creative approaches to increasing community awareness and access, promoting inclusion and respect, and challenging negative attitudes and discriminatory practices.

Outcomes

Each application's program plan narrative will identify measures of access for people seeking to participate in the program and outcomes which will result from this participation. Because defining and measuring valuable outcomes is challenging, the Board has engaged with the University of Illinois at Urbana Champaign's Department of Psychology for guidance and training on 'theory of change' logic modeling, development of an 'outcome bank', and a template for organizations to use in reporting. Organizations which are required to report on particular outcomes to other funders may consider including those outcomes, if relevant, in the application for CCMHB funding.

Coordinated System

Without a central location for all services and all providers, and given the known limitations of online resource guides, applications should address awareness of other possible resources for people and how they might be linked. Examples include collaboration with other providers and stakeholders (schools, support groups, hospitals, advocates, etc.) and a commitment to updating information about the program in any resource directories.

Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will include detail about the relevance of all expenses, including indirect costs. Per the Board's approved Funding Guidelines, calculation and rationale should be explicit, supporting the

relationship between indirect costs and the value of the proposed program. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Realignment of Existing PY18 Contracts to Address Priorities
The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the PY19 priorities listed in this memorandum.

Secondary Decision Support and Priority Criteria:

The process items included in this section will be used as discriminating factors that influence final allocation decision recommendations. The CCMHB uses an online system for agencies applying for funding. An agency must complete the one-time registration process, including an organization eligibility questionnaire, before receiving access to the online application forms.

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Staff Credentials: Highlight staff credentials and/or specialized training.
3. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCMHB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCMHB funds are to be used to meet a match requirement, the funder requiring local match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations:

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for funding. They are not the sole considerations in final funding decisions. Other considerations include the judgment of the Board and staff, evidence of the provider's ability to implement the services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCMHB funds, applications must reflect the Board's stated goals, objectives, operating principles, and public policy positions; downloadable versions of these Board documents are available on the public page of the online application system. Final decisions rest with the CCMHB and their judgment concerning the most appropriate and effective use of the fund, based on assessment of community needs, equitable distribution across disability areas, and alignment with decision support criteria.

The CCMHB allocation of funding is a complex task and not a request for proposals (RFP). Applicants are not responding to a common set of specifications but rather are seeking funding to address a wide variety of service and support needs for people who have mental health conditions, substance use disorders, and/or intellectual/developmental disabilities. The nature and scope of applications may vary widely and may include prevention and early intervention models. As a result, a numerical rating/selection methodology is not relevant or feasible. Our focus is on what constitutes a best value to the community, in the service of its most vulnerable members, and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the

CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications will not be accepted.
- The CCMHB retains the right to accept or reject any or all applications and reserves the right to refrain from making an award when that is deemed to be in the best interest of the County.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and, as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in disallowance or cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB reserves the right to require the submission of any revision to the application which results from negotiations conducted.

- The CCMHB reserves the right to contact any individual, agency, or employee listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- For PY19, two-year applications will be considered as part of the award process.

Approved November 15, 2017

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

THREE-YEAR PLAN

FOR

FISCAL YEARS 2016 - 2018
(1/1/16 – 12/31/18)

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2018
(1/1/18 – 12/31/18)

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

WHEREAS, the Champaign County Developmental Disabilities Board has been established under the Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) in order to "provide facilities or services for the benefit of its residents who are persons with intellectual or developmental disabilities and who are not eligible to participate in any such program conducted under Article 14 of the School Code, or may contract therefore with any privately or publicly operated entity which provides facilities or services either in or out of such county."

WHEREAS, while the Champaign County Developmental Disabilities Board is not required by state statute or other authority to prepare a one- and three-year plan for a program of supports and services for individuals with intellectual and developmental disabilities, open strategic planning with input from stakeholders and constituents is highly valued.

THEREFORE, the Champaign County Developmental Disabilities Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the intellectual and developmental disabilities supports and services plan for Champaign County:

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. Planning for the intellectual disability and developmental disability service and support system to assure accomplishment of the CCDDB goals.

2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual disability and developmental disability services and supports anchored in high-quality person-centered planning.

3. Coordination of affiliated providers of intellectual disability and developmental disability services and supports to assure an interrelated accessible system of care.

4. Evaluation of the system of care to assure that services and supports are provided as planned and that services are effective in meeting the needs and values of the community.

In order to accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the intellectual disability and developmental disability service and support system. The CCDDB shall perform those duties and responsibilities as specified in Sections 105/01 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

SYSTEMS OF CARE

Goal #1: Support a continuum of services to meet the needs of people with intellectual and/or developmental disabilities, along with their families, residing in Champaign County.

Objective #1: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #2: Explore the use of recommended and innovative practices which align with new and anticipated federal and state requirements and are appropriate to the presenting need in an effort to improve outcomes for people with I/DD, along with their families, across the lifespan. Recommended practices are supported by an evidence base, cultural context, and sound clinical judgement.

Objective #3: Promote wellness for people with I/DD to prevent and reduce early mortality, through support services including enrollment in benefit plans and coordinated access to primary care. Partner with key stakeholders toward improved outcomes for people.

Objective #4: Pursue, as feasible, development or expansion of residential and/or employment supports for persons with I/DD not supported with state/federal funding.

Objective #5: In response to changes in Medicaid and Medicaid-waiver services, realign CCDDB investments to fund services and supports outside the realm of Medicaid, including pilot projects and creative solutions to persistent problems such as workforce stabilization. Support benefits counseling and linkage and advocacy to all entitlements for eligible persons. Support access to physical and behavioral health treatments for persons regardless of ability/disability.

Goal #2: Sustain the commitment to addressing the need for underrepresented and diverse populations' access to and engagement in services.

Objective #1: Support culturally responsive and family driven support networks for underrepresented populations, underserved populations, and general populations of Champaign County.

Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served.

Objective #3: Encourage providers and other community-based organizations to allocate resources to provide training, seek technical assistance, and pursue other professional development activities for *direct support* staff and governing and/or advisory boards to advance cultural and linguistic competence.

Objective #4: Use the Culturally and Linguistically Appropriate Services Standards (CLAS) as a blueprint to strengthen funded agencies' Cultural and Linguistic Competence.

Objective #5: Promote trauma-informed practices in program delivery, board and agency staff development, policies, and procedures.

Goal #3: Improve access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, people with I/DD, and their families and other key supporters.

Objective #1: Encourage the development of collaborative agreements between providers to increase or maintain access and coordination of services for people with I/DD in Champaign County.

Objective #2: Participate in various collaborative bodies and intergovernmental councils, with missions aligned with that of the Board, toward strengthening coordination between providers in the delivery of services and creating or maximizing opportunities for people who have I/DD.

Objective #3: Engage other local funders and stakeholders and participate in coordinating bodies as appropriate, to develop new initiatives.

Objective #4: In collaboration with the CCMHB and other community partners, ensure that the needs of justice-involved persons with I/DD are considered in the development of an effective diversion system.

Objective #5: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCDDB.

Objective #6: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Maintain and increase communication with local Independent Service Coordination unit, representatives of the IDHS Division of Developmental Disabilities, and stakeholders regarding the use of PUNS, the service and support needs and preferences of Champaign County residents, and system changes.

Goal #4: Encourage high-quality person-centered planning and follow-through for individuals served by agencies receiving funding from the CCDDB and, through the Intergovernmental Agreement, from the CCMHB.

Objective #1: Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Support conflict free case management for all treatment plan clients. Develop guidelines for structuring and assessing the quality of person-centered planning processes and outcomes.

Objective #2: Require that reports of program performance include examples of outcomes and measures of person-centered planning.

Objective #3: Collaborate with agency providers on the identification of performance measures consistent with valued outcomes such as connection to friends, community, meaningful work and non-work activities, etc.

Objective #4: Track the utilization of funded services, driven by self-directed service plans, through an integrated online data collection and tracking system. This may clarify how people select and use available programs.

Goal #5: Continue the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

    Objective #1: Coordinate integration, alignment, and allocation of resources with the CCMHB to ensure the efficacious use of resources within the service and support continuum for people with I/DD.

    Objective #2: Assess alternative service strategies that empower people and increase access to integrated settings as exemplified by the local collaborative approach to the Employment First Act.

    Objective #3: Concurrent with the CCMHB, continue financial commitment to expand the availability of Community Integrated Living Arrangement (CILA) and other community-based housing opportunities for people with ID/DD from Champaign County. Review the fund and recommend any changes.

    Objective #4: Collaborate with the CCMHB on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with I/DD.

CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #6: Identify children at-risk of developmental delay and intellectual disability or developmental disability and support early intervention services and family supports.

    Objective #1: Support the use of evidence-based/informed models for provider programs serving families with young children not eligible for Early Intervention or under the School Code, and require collaboration and coordination by providers to limit duplication of effort.

    Objective #2: Participate in collaborative bodies such as CU Cradle2Career, whose mission includes a focus on serving young children and their families.

    Objective #3: Emphasize cultural competence in services and supports for young children and early identification in minority/underserved youth with disabilities. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for underrepresented populations, underserved, and general populations of Champaign County.

Goal #7: Support access to services and programs for youth and adults with I/DD, with a preference for evidence-based practices to increase positive outcomes.

    Objective #1: Support a continuum of evidence-based, quality services for persons with I/DD and encourage training of interested persons on the use of evidence-based, evidence-informed, and promising practices and associated outcome measurement.

    Objective #2: Establish a formal process for the development of recommendations for optimal transition from school to adult services. Foster collaborations among schools, adult service providers, young people with I/DD, and other stakeholders.

    Objective #3: Emphasize flexible support for people with I/DD and their families to enhance their ability to live together, to transition to greater independence when and if they choose, and to be as connected to their communities as possible.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #8: Address the importance of acceptance, inclusion, and respect of people with I/DD, through broad based community education efforts to increase community acceptance and positive self-image, to challenge discrimination, and to promote dignity and inclusion.

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination, such as the Alliance for Inclusion and Respect's art shows and other community education events including disABILITY Resource Expo: Reaching Out for Answers. Continue to engage with student groups on related research projects and discussions.

Objective #2: Participate in and promote other community education initiatives, such as walks, forums, and presentations to raise awareness, improve cultural competence, and cultivate acceptance, inclusion, and respect.

Objective #3: Support the continued awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those comprised of parents of and persons with the most prevalent developmental disabilities or intellectual disabilities. Encourage groups' community education efforts to reduce stigma/promote inclusion and collaboration with Cultural and Linguistic Competence Coordinator on outreach and engagement strategies.

Objective #4: Encourage and support efforts to more fully integrate people with I/DD into community life in Champaign County. Emphasize inclusion as a benefit to all members of the community, regardless of ability.

Objective #5: Encourage efforts to support people with I/DD in meaningful work and non-work experiences in their community, driven by their own interests. Investigate and develop strategies for engaging employers and other community partners.

Goal #9: Stay abreast of emerging issues affecting the local systems of care and access to services, and be proactive through concerted advocacy efforts.

Objective #1: Continue to advocate for workforce development, stability, and retention.

Objective #2: Intensify advocacy efforts on behalf of people with developmental disabilities. Advocate for positive change in state funding, including increased Medicaid reimbursement rates, and policy decisions affecting the local system of care for persons with developmental disabilities. Through participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), and other appropriate organizations, support efforts to strengthen local systems of care.

Objective #3: Track state implementation of class action suit settlements involving people with I/DD and the closure of state DD facilities. Advocate for the allocation of state resources sufficient to meet needs of people returning to home communities. Monitor and support the implementation of the Ligas Consent Decree in Champaign County. Encourage and support efforts to develop and preserve 4-person (or fewer) residential options for people who are transitioning from large facilities and those selected from PUNS. For individuals not yet selected, and for those who have chosen Home-Based Support Services rather than CILA, encourage the development of preferred, flexible options, including unbundled services.

Objective #4: Follow developments at the state and federal levels of other Olmstead cases. Follow the implementation of the Workforce Innovation and Opportunity Act and new Home and Community Based Services regulations and their impact locally.

Objective #5: Monitor the implementation of health care reform and Medicaid expansion and advocate for increased service capacity sufficient to meet demand.

Objective #6: Continue broad based advocacy efforts at the state and local levels to respond to reductions in state funding, reimbursement rates below actual cost, and delayed payments for local community-based intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois. As opportunities arise, participate in planning and policy development with state agencies such as IDHS, and use these opportunities to advocate for the needs of Champaign County residents.

Objective #7: In addition to the monitoring and evaluation of funded programs, encourage organizational change strategies which not only align with new and anticipated federal and state requirements but also result in the highest quality personal outcomes for individuals with ID/DD, their families, and those most closely involved in their lives.

DECISION MEMORANDUM

DATE: December 13, 2017
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)
FROM: Kim Bowdry, Lynn Canfield, Mark Driscoll
SUBJECT: Draft Three-Year Plan 2016-2018 with FY 2018 Objectives

Background:

The CCDDB Three-Year Plan 2016-2018 with Objectives for Fiscal Year 2018 has been finalized and is attached for the Board's consideration and action. An initial draft was included in the September Board packet. The plan was distributed for public comment following the Board meeting.

While the CCDDB is not required by statute to have a Three Year Plan, it has been the practice and serves as a framework to shape the work of the administrative staff and support the purposes of the board.

Updates:

Subsequent to the release of the Plan, changes have been made based on comments received. Those changes are as follows, with new language italicized and strikethroughs on language to be removed.

Due to change in the language used in the Statute:

WHEREAS, the Champaign County Developmental Disabilities Board has been established under the Illinois County Care for Persons with Developmental Disabilities Act (IL Compiled Statutes, Chapter 55, Sections 105/0.01 to 105/13 inclusive) in order to "provide facilities or services for the benefit of its residents who are ~~mentally retarded or under a developmental disability~~ *persons with intellectual or developmental disabilities* and who are not eligible to participate in any such program conducted under Article 14 of the School Code, or may contract therefore with any privately or publicly operated entity which provides facilities or services either in or out of such county."

Update Goal #2, Objective #2:

~~Require, as part of the providers' stated capacity to deliver services, evidence of cultural and linguistic competence to meet the needs of the population served with submission of a cultural and linguistic competence plan and report on same on a bi-annual basis.~~ *Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served.*

Add to Goal #3 a NEW Objective #5:

Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCDDB.

All changes proposed in the earlier version of the Plan, along with those listed above, are incorporated in the attached Three Year Plan, presented for final review and action.

Decision Section:

Motion to approve the CCDDB Three Year Plan (2016-2018) with Fiscal Year 2018 Objectives as presented.

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

* Agency **CU Able, NFP Inc.**

* Board **Developmental Disabilities Board**

* Program **CU Able Community Outreach (2018)**

* Period **2018 - First Quarter FY18**

Status Submitted

Change Status to [Submitted ▾]

Date Submitted 11/08/2017 12:41 PM

Submitted By SLAGELLA

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	4	150	15	42
Quarterly Data (NEW Clients)	5	21	37	32
Continuing from Last Year (Q1 Only)				

Comments

After looking at how we defined the terms TPC, NTPC, SC, and CSE in the application process, we have decided to redefine them so they better reflect our organization. Since our Facebook community is an extremely important piece of CU Able, we especially wanted to find a way to include that data in our report. Therefore, the definitions are as follows:
TPC = person with disability
NTPC = family member of the person with a disability
SC = Facebook members
CSE = all events (whether support, networking/social, or educational) that CU Able hosts

In 2017 Q1 CU Able has been busy supporting families with individuals with special needs. In Q1 we hosted a Moms Retreat where there were over 14 Moms/Caregivers in attendance that we were able to give waivers for, supporting 17 individuals with disabilities.

In addition to the Moms Retreat we have hosted 1-Parent Networking Meeting, 1- educational event, 2 - Hump Day Coffees and 1-Family Dinner. The educational event topic was Special Needs planning which is a critical topic for families. At the Family Dinner we received donations from Party City and were able to provide Halloween costumes to individuals with special needs and their families. CU Able has also offered reduced diapers and wipes monthly to families in the local community that have loved ones with special needs.

Besides the in-person events, CU Able supports local families by running an active Facebook group. This group allows us to reach members at all times throughout the day and night with questions, concerns as well as just providing general support.

CU Able also participates in a discount diaper program from Jet.com. This helps our families whose kids wear diapers by making diapers and wipes more affordable. The way the program works is when a family wants to order diapers they give the order information to CU Able, and we tell them the discounted price. The family then pays CU Able via check or Paypal and CU Able buys the diapers from the website and has them shipped to the families. Thanks to the partnership with Jet.com we have helped save over $160 for families in Champaign County.

Facebook has started to let CU Able measure insights to see what is going on with the the FB Group. In September there were 21 new members (425% increase), 113 posts (23% increase), 464 comments on posts (9% increase), 912 reactions on posts (23% increase), 525 active members out of the 618 we currently have.

▷Instructions

Quarterly Program Activity / Consumer Service Report

⬥ Agency **Champaign County Down Syndrome Network**

⬥ Board **Developmental Disabilities Board**

⬥ Program **Champaign County Down Syndrome Network (2018)**

⬥ Period **2018 - First Quarter FY18**

Status Submitted

Date Submitted 10/25/2017 11:01 PM

Submitted By MSCOTT

[**Change Status**] to [**Submitted** ⌄]

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	20			120
Quarterly Data (NEW Clients)	8		50	3
Continuing from Last Year (Q1 Only)				68
Comments	Buddy Walk Captain's Kickoff (8/24) - 40 HuHot Fundraiser Night (9/6) - 38 Penguin Project (9/15) - 18 Behavior 101 Workshop (9/23) - 28 Volunteer Fair (9/19) - 12 Board Meetings - (7/10) - 9, (8/7) - 9, (9/11) - 9			

Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports

- Agency **CCRPC - Community Services**
- Board **Developmental Disabilities Board**
- Program **Decision Support Person for CCDDB -2018 (2018)**
- Period **2018 - First Quarter FY18**

Status Submitted | **Change Status** | to **Submitted** ∨

Date Submitted 10/30/2017 02:33 PM

Submitted By LBENSON1

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	40	100	100	48
Quarterly Data (NEW Clients)	5	108	44	12
Continuing from Last Year (Q1 Only)			0	0

Comments

Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Champaign County Head Start/Early Head Start MHB**
- Board **Mental Health Board**
- Program **Social-Emotional Disabilities Svs (2018)**
- Period **2018 - First Quarter FY18**

Status Submitted

[Change Status] to [Submitted ▾]

Date Submitted 10/27/2017 04:43 PM
Submitted By BELKNAP

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	1	600	55	60	8
Quarterly Data (NEW Clients)	3	43	6	4	8
Continuing from Last Year (Q1 Only)			0	18	0

Comments:
Community Service events are Birth to 6 Council meetings, Mental Health Advisory Committee, Health Advisory meetings, and Infant Mental Health meetings, Champaign Community Coalition meetings, collaboration with other agencies.
Service/Screening contacts consist of Social Emotional Room Observations, ASQ-SE goal setting, and individual child observations, parent and/or teacher meetings to discuss concerns of a child, counseling sessions, functional behavior assessment interviews, support plan meetings, positive behavior coaching, teacher mentoring, contact to support outside referrals, parent support groups, and parent trainings.
Non-Treatment clients are children or parents who have received support, services, or have warranted consultation but do not have a treatment plan.
Continuing Treatment Plan clients were in counseling or had a behavior plan carry over from last year.
New Treatment Plan clients are new clients seen individually for counseling, have a new support plan, or have new individual social emotional goals written for them.
Other consists of mass screening events, staff training, SE news blips for parent newsletters, and Policy Council.
Cumulative data is added to each new quarter's data for cumulative data for fiscal year to date numbers.

Definitions:
Comments Annual Target:
Number(s) of CSE, SC, TPC or NTPC projected in Utilization Section II of Program Plan

Community Service Events Number of contacts (meetings) including public presentations (including mass media shows and articles), consultations with community groups and/or caregivers, class advocacy, and small group workshops to promote program.

Service Contacts/Screening Contacts Number of phone and face-to-face contacts with consumers who may or may not have open cases in this program - includes information and referral contacts or initial assessment/screenings or crisis services.

Treatment Plan Clients Number of New clients with treatment plans written in this quarter.

NON- Treatment Plan Clients- New clients this quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency.

▷ Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports |

✤ Agency **CTF Illinois**

✤ Board **Developmental Disabilities Board**

✤ Program **CTF ILLINOIS Advocacy Center (2018)**

✤ Period **2018 - First Quarter FY18**

Status Submitted   [**Change Status**] to [Submitted   ∨]

Date Submitted 10/26/2017 10:29 AM

Submitted By CCOREY

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	12	0	0	0	0
Quarterly Data (NEW Clients)	1	7	1	2	298
Continuing from Last Year (Q1 Only)			4	0	0

The Advocacy Program now has 7 attendees - 5 are 31U or privately funded (listed until NTPC) and 2 are funded through hours provided from CCDDB grant (listed as TPC). The demographic information on includes information on the 2 that are actually using those CCDDB hours. Other lists the hours of service provided to people through CCDDB grant funds this quarter.

Comments The program hosted a community event in August, hosting Equip for Equality, who presented a training on Guardianship. This was attended by 33 people, who consisted of staff, people receiving CILA services, parents, and people from other agencies.

SC are the number of contacts through either calls or visits to the program. Of these, the only referral packets for admission received were from the 3 new attendees this quarter.

▷ Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports

❋ Agency **CTF Illinois**

❋ Board **Developmental Disabilities Board**

❋ Program **CTF ILLINOIS Nursing (2018)**

❋ Period **2018 - First Quarter FY18**

Status Submitted | **Change Status** | to [**Submitted** ▽]

Date Submitted 10/26/2017 10:28 AM

Submitted By CCOREY

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	0	0	0	0	0
Quarterly Data (NEW Clients)	0	98	0	0	37
Continuing from Last Year (Q1 Only)			0	7	0

RN/DON provided 37 nursing hours for people at Devonshire during the first quarter, providing 98 individuals contacts.

Comments Services include assessments, consultation with physician and staff, reviews of MARs/PO/medications/staff training on medication passes/health issues/etc.

➢Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports)

* Agency **Community Choices, Inc. MHB**
* Board **Mental Health Board**
* Program **Community Living (2018)**
* Period **2018 - First Quarter FY18**

Status Submitted   [**Change Status**] to [**Submitted** ▽]

Date Submitted 10/26/2017 05:49 PM
Submitted By CHOICES

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	1370	12	15	1582
Quarterly Data (NEW Clients)	0	210	0	1	407
Continuing from Last Year (Q1 Only)			0	16	

Comments other = direct hours

▷ Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

* Agency **Community Choices, Inc. DDB**
* Board **Developmental Disabilities Board**
* Program **Customized Employment (2018)**
* Period **2018 - First Quarter FY18**

Status Submitted
Date Submitted 10/26/2017 04:28 PM
Submitted By CCCOOP

[**Change Status**] to [**Submitted** ⌄]

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1001		36	1446
Quarterly Data (NEW Clients)	0	200		5	393
Continuing from Last Year (Q1 Only)				21	
Comments					

▷Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports

☀ Agency **Community Choices, Inc. MHB**

☀ Board **Mental Health Board**

☀ Program **Self-Determination Support (2018)**

☀ Period **2018 - First Quarter FY18**

Status Submitted   ⎮ **Change Status** ⎤ to **Submitted** ⌄

Date Submitted 10/27/2017 11:02 AM

Submitted By CHOICES

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	4	1762	135	1142	
Quarterly Data (NEW Clients)	0	397	137	271	
Continuing from Last Year (Q1 Only)			2		

Comments Other = Direct Hours

▷ Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports

⬥ Agency **Developmental Services Center**

⬥ Board **Developmental Disabilities Board**

⬥ Program **Apartment Services (2018)**

⬥ Period **2018 - First Quarter FY18**

Status Submitted   [Change Status] to [Submitted ⌄]

Date Submitted 10/25/2017 11:01 AM
Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target				60	
Quarterly Data (NEW Clients)				0	
Continuing from Last Year (Q1 Only)				58	

Comments The Apartment Services Program continues to provide services to those living in their own apartments/houses and also to the people living at CU Independence. This quarter there was movement within the program but no new openings. Service hours equaled 1890.5.

Consumer Service Report

➤ **Instructions**

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports)

 ❋ Agency **Developmental Services Center**

  ❋ Board **Developmental Disabilities Board**

 ❋ Program **Clinical Services (2018)**

  ❋ Period **2018 - First Quarter FY18**

   Status Submitted   [**Change Status**] to [**Submitted** ⌄]

Date Submitted 10/24/2017 02:52 PM
  Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	2	15	3	63
Quarterly Data (NEW Clients)	0	2	0	0
Continuing from Last Year (Q1 Only)			4	62

There were no services provided to new TPC and NTPC individuals this quarter.

Comments Six individuals received two types of clinical services.

There were two service/screening contacts. One was for a psychiatric evaluation and the person ended up getting an October appointment at Carle. The other contact was for counseling and he was referred to Rosecrance or Family Services first.

Consumer Service Report

>>Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Community Employment (2018)**
- Period **2018 - First Quarter FY18**

Status Submitted   [**Change Status**] to [Submitted ▾]

Date Submitted 10/24/2017 03:08 PM
Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	2	2	0	55
Quarterly Data (NEW Clients)	0	1	0	8
Continuing from Last Year (Q1 Only)			0	50

Comments

The service contact was with a parent researching possible job coaching services for her son. The first of several contacts was July 7, 2017.

Three of five individuals employed during the first quarter of FY17 were still employed 1 year later. One person found employment within a short period of time. The other lost her job when trying to go to school and work at the same time proved to be too much.

Five employers who either had never employed anyone supported by DSC or who hadn't done so in the past two years hired an individual referred by DSC. These businesses included Savoy Goodwill, Fixyt Computer Services, The Gap, First Federal Savings and Loan, and Meijer in Champaign.

Service hours for Community Employment funded by DDB equaled 403.5 this quarter.

☞ **Instructions**

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports)

❀ Agency **Developmental Services Center**

❀ Board **Developmental Disabilities Board**

❀ Program **Connections (2018)**

❀ Period **2018 - First Quarter FY18**

Status Submitted   [**Change Status**] to [**Submitted** ⌄]

Date Submitted 10/26/2017 01:37 PM

Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target			15	15	
Quarterly Data (NEW Clients)			1	10	
Continuing from Last Year (Q1 Only)			0	0	

Comments   Staff identified to lead art groups at the site, developed curriculum for teaching the various aspects of art. Areas of interest were solicited mid-quarter. Program participants made their choices for the new class/group schedule in September for the session beginning in October. Service hours for this quarter totaled 25.

Consumer Service Report

➤Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

* Agency **Developmental Services Center**
* Board **Developmental Disabilities Board**
* Program **Employment First (2018)**
* Period **2018 - First Quarter FY18**

Status Submitted | Change Status | to Submitted ▼

Date Submitted 10/24/2017 03:29 PM
Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	2	0	50	0	
Quarterly Data (NEW Clients)	3	0	6	0	
Continuing from Last Year (Q1 Only)			0	0	

Comments

1. In July, Stephanie Davenport wrote a staff training on Employment First. It has been presented three times to new incoming staff at DSC, to date, totaling 25 newly trained employees.
2. Three businesses were LEAP certified in the first quarter.
o JPE, Inc. in Champaign
o Todd Jacob, State Farm Agent in Savoy
o First Federal Savings Bank of Champaign-Urbana
3. Family Informational Meetings:
o The August Family Informational Meeting was held on August 29th and featured agency speakers providing information on Person Centered Planning. We had six people in attendance.

▷Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports ⏌

❋ Agency **Developmental Services Center**

❋ Board **Developmental Disabilities Board**

❋ Program **Family Development Center (2018)**

❋ Period **2018 - First Quarter FY18**

Status Submitted   ⎡**Change Status**⎤ to |Submitted   ⌄|

Date Submitted 10/24/2017 02:43 PM
Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	300	200	0	655
Quarterly Data (NEW Clients)	157	64	0	57
Continuing from Last Year (Q1 Only)			0	427

Comments Community service events include participation in day care settings, as well as community events with children and families. Screening contacts include developmental evaluations for the purpose of screening only. Children may be identified for further evaluation or for re-screening at three to six month intervals. Of the total number of children screened this quarter, 28% are bilingual and 30% were referred to Early Intervention. Service hours of 2032.75 comprise time spent in activities that are not state funded.

☞Instructions

Quarterly Program Activity / Consumer Service Report

Return to Quarterly Reports

- Agency **Developmental Services Center**
- Board **Mental Health Board**
- Program **Individual and Family Support (2018)**
- Period **2018 - First Quarter FY18**

Status Submitted   [**Change Status**] to [Submitted ▼]

Date Submitted 10/24/2017 02:31 PM
Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	2	5	26	17
Quarterly Data (NEW Clients)	0	0	2	0
Continuing from Last Year (Q1 Only)			30	15

Comments The Individual and Family Support Program continues to provide services and supports to individuals and families in the following ways: direct staff support; personal care; activity funds; camp registration fees; and YMCA memberships. Service Hours for this quarter equals 3714.75

▷Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports ⌟

- Agency **Developmental Services Center**
- Board **Developmental Disabilities Board**
- Program **Integrated/Site-Based Srvs-Community 1st (2018)**
- Period **2018 - First Quarter FY18**

Status Submitted   [**Change Status**] to [**Submitted** ▽]

Date Submitted 10/24/2017 03:43 PM
Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	4	4	25	53
Quarterly Data (NEW Clients)	1	2	69	1
Continuing from Last Year (Q1 Only)			1	45

Comments

The one Community Service event conducted this quarter was a discussion of services with the parents and caregiver of prospective consumers. During this same home visit, the program conducted screenings of the two brothers who were interested in DSC services.

DSC's Integrated/Community First program provided 8,536.25 hours of service to participants, while 1 continuing NTPC remained interested in maintaining a connection with the program and 69 new NTPCs accompanied program participants during their many excursions throughout the community, and therefore also benefited from the program.

One program participant spent 73% of her time involved in community work and recreational activities. Another TPC was able to maintain his part-time employment with Papa John's pizza with the on-going support of a DSC job coach. In addition, another TPC, along with a few of his peers and through the coordination of their support staff member, showcased his artwork and participated in the closing reception for the "Bright Spirits" Art Show held at Lincoln Square's Art Coop Gallery.

This quarter, 18 people (TPCs) from Clark Road and McKinley #4 sites, spent 40% or more of their time in the community, with a group average of 70%. Volunteer efforts continued at Habitat for Humanity ReStore, Salt & Light, Heritage nursing home, MTD Adopt a Shelter, and Orphan's Treasure Box. Groups included budgeting and finance, swimming, art, volunteering, beginner and intermediate cooking, water tai chi, bowling, movie review, self-advocacy, book club, a men's group, and Health Matters. Advocacy remained a strong focus – self advocates presented "Expect the Best" to students at the University of Illinois School of Social Work, and participated in a fundraiser to help finance an upcoming trip to Springfield for the Speak Up Speak Out Summit.

⫸Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports ⌐⌐

  ❋ Agency **Developmental Services Center**
    ❋ Board **Developmental Disabilities Board**
  ❋ Program **Service Coordination (2018)**
    ❋ Period **2018 - First Quarter FY18**
    Status Submitted   [**Change Status**] to [**Submitted**   ∨]
Date Submitted 10/25/2017 05:49 PM
  Submitted By VICKIE2010

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target				296
Quarterly Data (NEW Clients)	0	62	2	0
Continuing from Last Year (Q1 Only)			34	272

Comments Supports and services include: Person-Centered Case Coordination; Interdisciplinary Team Coordination; linkage and referral to community clinical supports and DSC clinical supports; consumer documentation management; DHS Home-Based Support Self Direction Assistance services: DHS Additional Staff Supports Coordination; HFS Medical Card/SNAP Coordination and maintenance; CCDDB Individual and Family Support Coordination/Management; Shelter Plus Care Program Coordination; 24-hour Consumer Emergency Response and Response Team Supervision; Social Security Administration representative payee services; Affordable Care Act Coordination; Illinois Office of the Inspector General Abuse and Neglect Reporting and OIG Agency/State Investigations; medical appointment coordination and intermittent direct support. The Services/Screening Contacts reported consist of 60 Intake calls received during July, August, and September of 2017 and staff attendance at two IEPs. Service hours for the quarter = 1275.25.

⊵Instructions

Quarterly Program Activity / Consumer Service Report

＊ Agency **PACE, Inc.**

＊ Board **Developmental Disabilities Board**

＊ Program **Opportunities for Independence (2018)**

＊ Period **2018 - First Quarter FY18**

Status Submitted

Date Submitted 10/26/2017 07:36 PM

Submitted By NANCY

[**Change Status**] to [**Submitted** ⌄]

Return to Quarterly Reports)

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	25	500	30	20
Quarterly Data (NEW Clients)	5	91	0	1
Continuing from Last Year (Q1 Only)			3	19

Comments SC's are in hours and are lower than average because July & August students are not in school, so no IL classes were held.

▷ Instructions

Quarterly Program Activity / Consumer Service Report

⟮ Return to Quarterly Reports ⟯

 ᴥ Agency **Rosecrance Champaign/Urbana**
  ᴥ Board **Developmental Disabilities Board**
 ᴥ Program **Coordination of Services: DD/MI (2018)**
  ᴥ Period **2018 - First Quarter FY18**

Status Submitted

[**Change Status**] to [Submitted ▽]

Date Submitted 10/26/2017 02:04 PM
Submitted By KKESSLER

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients Other (TPC)
Annual Target	12	15	5	36
Quarterly Data (NEW Clients)	0	0	0	0
Continuing from Last Year (Q1 Only)			0	18

Comments   Miranda Hoffmann resigned her position as DD/MI Clinician as of 7-14-17. The is a very specialized position requiring specific qualifications in order to fill it with the right person. Recruitment for this position took place during this quarter. In the meantime arrangements were made for coverage of the clients cases with other service providers with whom we shared cases (DSC, Community Choices, CCRPC, etc.) or team members of the Community Support Team (CST) where this position is housed with our agency. Clients, family members and service providers were encouraged to call the supervisor of the program if they needed assistance with anything during the recruitment time. 19 clients were seen by team members who provided 47.46 hours of direct service to this caseload. No Community Service Events nor were any new clients screened or accepted onto this caseload since we were in a transition period. Christine Kline has been hired and will begin working with the caseload of clients beginning 10-09-17.

▷ Instructions

Quarterly Program Activity / Consumer Service Report   Return to Quarterly Reports

* Agency **United Cerebral Palsy Land of Lincoln**
* Board **Developmental Disabilities Board**
* Program **Vocational Services (2018)**
* Period **2018 - First Quarter FY18**

Status Submitted   [**Change Status**] to [**Submitted** ⌄]

Date Submitted 10/27/2017 10:54 AM
Submitted By BYARNELL

	Community Service Events (CSE)	Service / Screening Contacts (SC)	NON-Treatment Plan Clients (NTPC)	Treatment Plan Clients (TPC)	Other
Annual Target	25	60	0	20	5000
Quarterly Data (NEW Clients)	6	6	0	1	247
Continuing from Last Year (Q1 Only)			0	8	0

Comments

CCDDB 2017-2018 Meeting Schedule

Board Meetings
8:00AM except where noted
Brookens Administrative Building, Lyle Shields Room
1776 East Washington Street, Urbana, IL

September 20, 2017

October 25, 2017

~~November 15, 2017~~ cancelled

November 29, 2017 – Study Session, 5:30PM

December 13, 2017

January 24, 2018

February 21, 2018

March 21, 2018

April 25, 2018

May 23, 2018

June 27, 2018

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

(101)

CCMHB 2017-2018 Meeting Schedule

First Wednesday after the third Monday of each month--5:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)

September 20, 2017
September 27, 2017 – study session
October 18, 2017
October 25, 2017 – study session
November 15, 2017
November 29, 2017 – study session
~~*December 13, 2017 (tentative)*~~ *cancelled*
January 17, 2018
January 24, 2018 – study session
February 21, 2018
February 28, 2018 – study session
March 21, 2018
March 28, 2018 – study session
April 18, 2018 – in John Dimit Conference Room
April 25, 2018 – study session
May 16, 2018 – study session
May 23, 2018
June 27, 2018

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

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DRAFT
July 2017 to June 2018 Meeting Schedule with Subject and Allocation Timeline

The schedule provides the dates and subject matter of meetings of the Champaign County Developmental Disabilities Board through June 2018. 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; topics will be based on issues raised at meetings, brought by staff, or in conjunction with the Champaign County Mental Health Board. Regular meetings of the CCDDB are usually at 8AM; study sessions at 5:30PM. Included with meeting dates are tentative dates for steps in the funding allocation process for Program Year 2019 (July 1, 2018 – June 30, 2019) and deadlines related to current (PY2018) agency contracts.

07/12/17	**Regular Board Meeting** Approve Draft Budget; Election of Officers
08/25/17	*Agency PY2017 Fourth Quarter and Year End Reports Due*
09/20/17	**Regular Board Meeting**
10/25/17	**Regular Board Meeting** Draft Three Year Plan 2016-2018 with FY18 Objectives Release Draft Program Year 2019 Allocation Criteria
10/27/17	*Agency PY2018 First Quarter Reports Due*
10/31/17	*Agency Independent Audits Due*
~~11/15/17~~	~~**Regular Board Meeting**~~ - cancelled
11/29/17	**Study Session with Ed McManus, 5:30PM**
12/13/17	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/13/17	**Regular Board Meeting** Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY19 Allocation Criteria
01/05/18	*CCMHB/CCDDB Online System opens for Agency Registration and Applications for PY19 Funding.*
01/24/18	**Regular Board Meeting**
1/26/18	*Agency PY2018 Second Quarter Reports Due*
02/02/18	*Agency deadline for submission of applications for PY2019 funding. Online system will not accept forms after 4:30PM.*

(103)

02/21/18	**Regular Board Meeting** List of Requests for PY19 Funding
03/21/18	**Regular Board Meeting**
04/18/18	*Program summaries released to Board, copies posted online with the CCDDB April 25, 2018 Board meeting agenda*
04/25/18	**Regular Board Meeting** Program Summaries Review and Discussion
04/27/18	*Agency PY2018 Third Quarter Reports Due*
05/14/18	*Allocation recommendations released to Board, copies posted online with the CCDDB May 23, 2018 Board meeting agenda.*
05/23/18	**Regular Board Meeting** Allocation Decisions Authorize Contracts for PY2019
05/24/18-06/01/18	*Contract Negotiations*
06/27/18	**Regular Board Meeting** Approve FY2019 Draft Budget
06/28/18	*PY19 Contracts completed/First Payment Authorized*

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Ligas Family
Advocate Program

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