



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

Wednesday, June 27, 2018

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. President's Comments – Ms. Deb Ruesch
6. Approval of CCDDDB Board Meeting Minutes* **(pages 3-11)**
Minutes from 05/23/18 are included. Board action is requested.
7. Financial Information* **(pages 12-14)**
A copy of the claims report is included in the packet. Action is requested.
8. New Business
 - A. Board Direction
This item supports board discussion of planning and funding. No action is requested.
 - B. Michael Hagley Statement **(page 15)**
 - C. CCDDDB FY2019 Draft Budget* **(pages 16-23)**
A Decision Memorandum on the CCDDDB Fiscal Year 2019 Draft Budget is included in the packet. Board action is requested.
 - D. Needs Assessment Survey Results & Presentation **(pages 24-134)**
Alex Campbell, EMK Consulting will provide the results of the 2017 Online Needs Assessment Survey completed by the CCDDDB & CCMHB.

Brookens Administrative Building, Lyle Shields Room, 1776 E. Washington St., Urbana, Illinois 61802 • URBANA, ILLINOIS 61802

PHONE (217) 367-5703 • FAX (217) 367-5741

A PowerPoint from DHS-DDD regarding Self-Direction Assistance in the Home Based Service Program is included for information.

F. Successes and Other Agency Information

Funded program providers and self-advocates are invited to give oral reports on individuals' successes. At the chairperson's discretion, other agency information may be limited to five minutes per agency.

9. Old Business

A. Disability Resource Expo Presentation

Barb Bressner and Jim Mayer will provide an update on the 2018 Disability Resource Expo and share plans for the 2019 Expo.

B. Meeting Schedules (**pages 164-167**)

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

C. Acronyms (**pages 168-169**)

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

D. Minutes of a Special Meeting of the County Board (**pages 170-172**)

On November 16, 2004, at a Special Meeting of the Champaign County Board, Joyce Dill and Mike Smith were appointed to the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability. After nearly 14 years on the Board, it is with great pleasure that we thank Ms. Dill and Mr. Smith for their time and service with the Board.

10. CCMHB Input

11. Executive Director's Report – Lynn Canfield

12. Staff/Consultant Reports (**pages 173-199**)

Reports from Kim Bowdry, Stephanie Howard-Gallo, Shandra Summerville, Barb Bressner are included for information.

13. Board Announcements

14. Adjournment

**Board action requested*

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

Minutes – May 23, 2018

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

DRAFT

8 a.m.

-
- MEMBERS PRESENT:** Joyce Dill, Cheryl Hanley-Maxwell, Deb Ruesch, Mike Smith
- MEMBERS EXCUSED:** David Happ
- STAFF PRESENT:** Kim Bowdry, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson
- OTHERS PRESENT:** Patty Walters, Dale Morrissey, Vicki Tolf, Jennifer Carlson, Ron Bribriesco, Developmental Services Center (DSC); Kathy Kessler, Juli Kartel, Rosecrance; Amy Slagell, Diane Gordon, CU Able; Becca Obuchowski, Community Choices; Katie Harmon, Regional Planning Commission (RPC); Dylan Boot, Jermaine Warren, PACE; Pius Weibel, Champaign County Board; Willard Benison, United Cerebral Palsy (UCP); Vicki Niswander, IAMC; Linda Tortorelli, Community Choices and TAP

CALL TO ORDER:

Ms. Deb Ruesch, CCDDB President called the meeting to order at 8:00 a.m.

ROLL CALL:

Roll call was taken and a quorum was present.

APPROVAL OF AGENDA:

The agenda was approved.

DRAFT

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CITIZEN INPUT:

None.

PRESIDENT'S COMMENTS:

None.

APPROVAL OF CCDDDB MINUTES:

Minutes from the April 25, 2018 Board were included in the Board packet.

MOTION: Mr. Smith moved to approve the minutes from the April 25th Board meeting. Dr.. Hanley-Maxwell seconded the motion. The motion passed.

FINANCIAL INFORMATION:

The claims report was included in the packet.

MOTION: Ms. Ruesch moved for approval of the claims report that was included in the Board packet. Ms. Dill seconded. The motion passed.

NEW BUSINESS:

Board Direction:

There was no discussion.

Staff Recommendations for FY2019 ID/DD Program Funding:

The Board packet included a spreadsheet of requests for funding, from either the CCDDDB or CCMHB for ID/DD programs; agency responses to board questions; and a Decision Memorandum. The purpose of the memorandum was to offer to the Champaign County Developmental Disabilities Board (CCDDDB) members a set of staff recommendations for FY2019 (July 1, 2018 through June 30, 2019) funding allocations. These are based on a thorough evaluation of applications using decision support criteria approved by the CCDDDB in December 2017. The final funding decisions rest solely with the CCDDDB and their judgment concerning the most appropriate use of available dollars, based on community needs and decision-support match up. Applicants do not respond to a common set of specifications but instead request funding to address a variety of intellectual and developmental disabilities service and support needs. Evaluation is more difficult than conducting a Request for Proposals (RFP). The nature and scope of applications vary so that a numerical rating/selection methodology is not relevant. Our focus is on best value to the community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB. In the event the applications are not sufficiently responsive

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to criteria and priorities described in this memorandum, the CCDDDB may choose to set aside funding to support RFPs with more prescriptive specifications.

The staff recommendations are based on decision support criteria and other factors outlined in this memorandum. For additional information, please refer to the application Program Summaries presented at the April 2018 CCDDDB Meeting.

Per intergovernmental agreement with the CCMHB, applications related to ID/DD supports and services are presented to the CCDDDB for review. Twenty requests for ID/DD funding were submitted, totaling \$3,959,752. Agencies identified the priority area per application, as follows:

Linkage & Advocacy for People with ID/DD
3 organizations, 3 applications, totaling \$577,942
Employment Services & Supports
3 organizations, 5 applications, totaling \$647,960
Non-Work Community Life & Flexible Support
2 organizations, 5 applications, totaling \$1,830,180
Comprehensive Services & Supports for Young Children
2 organizations, 2 applications, totaling \$635,885
Self-Advocacy & Family Support Organizations
4 organizations, 4 applications, totaling \$195,285
Expansion of Independent Community Residential Opportunities
1 organization, 1 application, totaling \$72,500

The Champaign County Mental Health Board (CCMHB) will allocate \$685,885 (\$50,000 of which is already dedicated to the CILA project and budgeted separately) for ID/DD services, per Intergovernmental Agreement. CCMHB decisions have been coordinated with the CCDDDB decisions and shall be finalized at a May 2018 CCMHB meeting.

Priority: Linkage & Advocacy for People with ID/DD
(3 applications from 3 organizations, totaling \$577,942)

Rosecrance Central Illinois – Coordination of Services: DD/MI
Request is for \$35,150. Aligns with priority for Linkage & Advocacy for People with ID/DD, improves access to behavioral health services and benefits, and collaborates with other providers toward a system of care. A special provision will be included to ensure collaboration with CCRPC as well as other CCDDDB/CCMHB funded programs to improve coordination, minimize duplication of effort, including for transition, and be aware of all local resources. **Ms. Dill moved to approve funding of \$35,150 for Rosecrance Central Illinois – Coordination of Services: DD/MI as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and motion passed unanimously.**

Developmental Services Center – Service Coordination
Request is for \$423,163. Aligns with priority for Linkage & Advocacy for People with ID/DD. A special provision will be included to ensure collaboration with CCRPC as well as other CCDDDB/CCMHB funded programs to improve coordination, minimize duplication of effort,

including for transition, and to be aware of all local resources. **Mr. Smith moved to approve partial funding of \$410,838 (FY18 level) for Developmental Services Center – Service Coordination as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.**

CCRPC-Community Services – Decision Support Person for CCDDDB
Request is for \$119,629. Aligns with priority for Linkage and Advocacy for People with ID/DD, supports conflict-free case management and person-centered planning, supports transition from high school to adult life and identification of desired supports, for future funding priorities. A special provision will be included to ensure collaboration with other CCDDDB/CCMHB funded programs, to minimize duplication of effort and move toward Conflict-Free Case Management, especially for those funded by CCDDDB in Developmental Services Center’s Community First program. **Ms. Ruesch moved to approve funding of \$119,629 for CCRPC-Community Services – Decision Support Person for CCDDDB/CCMHB as presented. Mr. Smith seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Priority: Employment Services & Supports
(5 applications from 3 organizations, totaling \$647,960)

United Cerebral Palsy Land of Lincoln – Vocational Services
Request is for \$34,590. Aligns with priority for Employment Services and Supports. A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort, maximize outcomes, and research and recommend to the CCDDDB a training of value. **Dr. Hanley-Maxwell to approve funding of \$34,590 for United Cerebral Palsy Land of Lincoln – Vocational Services as presented. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center/Community Choices – Employment First
Request is for \$80,000 and for a two-year term. Aligns with priority for Employment Services and Supports. A special provision will be included, to develop the content of proposed new LEAP trainings in coordination with other providers of access and transition services. **Ms. Dill moved to approve funding of \$80,000, for a one-year term, for Developmental Services Center – Employment First as presented. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Connections
Request is for \$85,000. Aligns with priority for Employment Services and Supports and increases community capacity. **Mr. Smith moved to approve funding of \$85,000 for Developmental Services Center – Connections as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Community Employment
Request is for \$361,370, with a two-year term. Aligns with priority for Employment Services and Supports. A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort, maximize outcomes, and research and recommend to the CCDDDB a training of value. **Ms. Ruesch moved to approve**

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funding of \$361,370, with a one-year term, for Developmental Services Center – Community Employment as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.

Community Choices, Inc. – Customized Employment

Request is for \$87,000. Aligns with priority for Employment Services and Supports. A special provision will be included to ensure collaboration with other employment service providers to minimize duplication of effort, maximize outcomes, and research and recommend to the CCDDDB a training of value. **Dr. Hanley-Maxwell moved to approve funding of \$87,000 for Community Choices, Inc. – Customized Employment as presented. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Priority: Non-Work Community Life and Flexible Support
(5 applications from 2 organizations, totaling \$1,830,180)

Persons Assuming Control of Their Environment (PACE) – Consumer Control in Personal Support

Request is for \$22,800, to fund a NEW program. Aligns with priority for Non-Work Community Life and Flexible Support and proposes to train personal support workers (PSWs). A special provision will be included to ensure collaboration with CCRPC and other CCDDDB/CCMHB funded programs to improve coordination, reach eligible people in need of PSWs, and minimize duplication of effort. **Ms. Dill moved to approve funding of \$22,800 for Persons Assuming Control of Their Environment (PACE) – Consumer Control in Personal Support as presented. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Individual and Family Support

Request is for \$404,428. Aligns with priority for Non-Work Community Life and Flexible Support. **Mr. Smith moved to approve funding of \$404,428 for Developmental Services Center – Individual and Family Support as presented. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center –Community 1st (formerly Integrated/Site Based Services)

Request is for \$799,091 and for a two-year term. Aligns with priority for Non-Work Community Life and Flexible Support. To support the transformation from shelter-based services to meaningful community life for those served, person centered plans for “treatment plan clients” will inform the service mix and delivery. Because the state rate for Community Day Services is understood to be inadequate, a higher per person cost will be associated with this program, and benchmarks established for each quarter: completed PCPs which clarify the specific service needs and preferences for this program, for each participating TPC; a quarterly minimum of 10,000 total service hours associated with the TPCs; a minimum of 60% (or 6,000) of those service hours in direct contact with TPCs; and a minimum of 50% (or 3,000) of the direct contact service hours delivered in community settings. If these benchmarks are not met during a quarter, the following quarter’s payments will be pro-rated accordingly. **Ms. Ruesch moved to approve partial funding of \$799,000 for a one-year term, for Developmental Services Center –**

Community 1st as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.

Developmental Services Center – Clinical Services

Request is for \$174,000. Aligns with priority for Non-Work Community Life and Flexible Support, improves access to behavioral health services and benefits, and collaborates with other providers toward a system of care approach. **Dr. Hanley-Maxwell moved to approve funding of \$174,000 for Developmental Services Center – Clinical Services as presented. Ms. Dill seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Developmental Services Center – Apartment Services

Request is for \$429,861. Aligns with priority for Non-Work Community Life and Flexible Support. A special provision will be included to ensure collaboration with similar programs and coordination with the CCRPC for person centered plans. **Ms. Dill moved to approve funding of \$429,861 for Developmental Services Center – Apartment Services as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed.**

Priority: Comprehensive Services & Supports for Young Children
(2 applications from 2 organizations, totaling \$635,885)

Developmental Services Center – Family Development Center

Request is for \$562,280. Aligns with priority for Comprehensive Services and Supports for Young Children and collaborates with other funded programs toward system of care approach. A special provision will be included to require collaboration with other early childhood programs to avoid duplication of effort, maximize positive outcomes for children, and inform the Boards of service gaps. **Mr. Smith to DENY funding of \$562,280 for Developmental Services Center – Family Development Center as presented. By agreement, the Champaign County Mental Health Board will provide partial funding of \$562,280 for this program. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.**

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

Request is for \$73,605. Aligns with priority for Comprehensive Services and Supports for Young Children and collaborates with other funded programs toward system of care approach. A special provision will be included to require collaboration with other early childhood programs to avoid duplication of effort, maximize positive outcomes for children, and inform the Boards of service gaps. **Ms. Ruesch moved to DENY funding for Champaign County Head Start/Early Head Start – Social Emotional Disabilities Services as presented. By agreement, the Champaign County Mental Health Board will provide funding of \$73,605 for this program. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Priority: Self-Advocacy and Family Support Organizations
(4 applications from 4 organizations, totaling \$195,285)

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Persons Assuming Control of Their Environment (PACE) – Opportunities for Independence Request is for \$49,000. Aligns with priority for Self-Advocacy & Family Support Organizations. Features an innovation to cultivate self-advocacy skills among young adults transitioning from school. A special provision will be included to ensure collaboration with CCRPC and other CCDDDB/CCMHB funded programs to improve coordination, minimize duplication of effort, and maximize outcomes. **Dr. Hanley-Maxwell moved to approve funding of \$49,000 for Persons Assuming Control of Their Environment (PACE) – Opportunities for Independence as presented. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Community Choices, Inc. – Self-Determination Support Request is for \$116,000. Aligns with priorities for Non-Work Community Life and Flexible Support and for Self-Advocacy and Family Support Organizations. A special provision will be included to ensure collaboration with CCRPC and other CCDDDB/CCMHB funded programs to improve coordination, minimize duplication of effort, and maximize outcomes. **Ms. Dill moved to approve funding of \$116,000 for Community Choices, Inc. – Self-Determination Support as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Champaign County Down Syndrome Network – CC Down Syndrome Network Request is for \$15,000. Aligns with priority for Self-Advocacy and Family Support Organizations, collaborates with other support networks. Input regarding members' service preferences will support CCDDDB/CCMHB planning. **Mr. Smith to approve funding of \$15,000 for Champaign County Down Syndrome Network – CC Down Syndrome Network as presented. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.**

CUAble – Community Outreach NEW funding request for \$15,285. Aligns with priority for Self-Advocacy and Family Support Organizations, collaborates with other support networks. Input regarding the comprehensive and members' service preferences will support CCDDDB/CCMHB planning. **Ms. Ruesch moved to approve funding of \$15,285 for CU Able – Community Outreach as presented. Ms. Dill Seconded the motion. A roll call vote was taken and the motion passed unanimously.**

Priority: Expansion of Independent Community Residential Opportunities
(1 application from 1 organization, totaling \$72,500)

Community Choices, Inc. – Community Living Request is for \$72,500. Aligns with priority for Expansion of Independent Community Residential Opportunities. A special provision will be included to ensure collaboration with similar programs and coordination with the CCRPC for person centered plans. **Dr. Hanley-Maxwell moved to approve funding of \$72,500 for Community Choices, Inc. – Community Living as presented. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.**

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Ms. Dill moved to authorize the executive director to implement contract maximum reductions as described in the "Special Notification Concerning FY19 Awards" section of the memorandum. Dr. Hanley-Maxwell seconded the motion. A roll call vote was taken and the motion passed unanimously.

Successes:

Becca Obuchowski reported on inclusive relationships and promoting opportunities for people to have influence in their community through The IN Project.

OLD BUSINESS:

Meeting Schedules:

Copies of the CCDDDB and CCMHB meeting schedules were 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.

CCMHB Input:

The CCMHB will meet later today.

EXECUTIVE DIRECTOR'S REPORT:

None.

STAFF REPORTS:

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

CONSULTANT REPORT:

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

AGENCY INFORMATION:

None.

BOARD ANNOUNCEMENTS:

Mike Smith and Joyce Dill were thanked for their 14 years of services on the CCDDDB.

ADJOURNMENT:

The meeting adjourned at 8:39 a.m.

DRAFT

Respectfully Submitted by: Stephanie Howard-Gallo

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



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

6/07/18

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VENDOR NO	VENDOR NAME	TRN B TR	TRN DTE N CD	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 108	DEVLPMNTL DISABILITY FUND								
***	DEPT NO. 050	DEVLMTNL DISABILITY BOARD								
90	CHAMPAIGN COUNTY TREASURER									
	5/30/18 01 VR 108-	56		576688	5/31/18	108-050-533.07-00	PROFESSIONAL SERVICES	JUN ADMIN FEE		28,210.00
								VENDOR TOTAL		28,210.00 *
161	CHAMPAIGN COUNTY TREASURER									
	5/30/18 01 VR 108-	46		576692	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY DECISION SUPPOR		7,205.00
	5/30/18 01 VR 108-	46		576692	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN DECISION SUPPOR		7,205.00
								VENDOR TOTAL		14,410.00 *
11587	CU ABLE									
	5/30/18 01 VR 108-	49		576709	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMM OUTREACH		1,150.00
	5/30/18 01 VR 108-	49		576709	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMM OUTREACH		1,152.00
								VENDOR TOTAL		2,302.00 *
18203	COMMUNITY CHOICE, INC									
	5/30/18 01 VR 108-	50		576725	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY CUSTOM EMPLOY		6,175.00
	5/30/18 01 VR 108-	50		576725	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN CUSTOM EMPLOY		6,178.00
								VENDOR TOTAL		12,353.00 *
19900	CTF ILLINOIS									
	5/30/18 01 VR 108-	47		576734	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY NURSING		500.00
	5/30/18 01 VR 108-	47		576734	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY ADVOCACY CENTER		5,000.00
	5/30/18 01 VR 108-	47		576734	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN NURSING		500.00
	5/30/18 01 VR 108-	47		576734	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN ADVOCACY CENTER		5,000.00
								VENDOR TOTAL		11,000.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF									
	5/30/18 01 VR 108-	51		576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY APARTMENT SVCS		34,778.00
	5/30/18 01 VR 108-	51		576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY CLINICAL SVCS		14,500.00
	5/30/18 01 VR 108-	51		576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COMMUNITY EMPLO		30,114.00



CHAMPAIGN COUNTY

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND										
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY CONNECTIONS		7,083.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY EMPLOYMENT 1ST		6,667.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY FAM DEV CENTER		46,857.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY INST SITE SVCS		66,591.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY SERVICE COORD		34,237.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN APARTMENT SVCS		34,783.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN CLINICAL SVCS		14,500.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COMMUNITY EMPLO		30,116.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN CONNECTIONS		7,087.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN EMPLOYMENT 1ST		6,663.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN FAM DEV CENTER		46,853.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN INT SITE SVCS		66,589.00	
5/30/18	01 VR 108-	51	576737	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN SERVICE COORD		34,231.00	
VENDOR TOTAL										481,649.00 *
22816	DOWN SYNDROME NETWORK									
5/30/18	01 VR 108-	48	576740	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY DOWN SYNDROME		1,250.00	
5/30/18	01 VR 108-	48	576740	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN DOWN SYNDROME		1,250.00	
VENDOR TOTAL										2,500.00 *
35550	IL ASSOC OF MICROBOARDS & COOPERATIVES									
5/30/18	01 VR 108-	52	576760	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY BUILD INCLSV CO		4,396.00	
5/30/18	01 VR 108-	52	576760	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN BUILD INCLSV CO		4,394.00	
VENDOR TOTAL										8,790.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR									
5/30/18	01 VR 108-	53	576783	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY OP FOR INDEPEND		3,379.00	
5/30/18	01 VR 108-	53	576783	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN OP FOR INDEPEND		3,377.00	
VENDOR TOTAL										6,756.00 *
61780	ROSECRANCE, INC.									
5/30/18	01 VR 108-	54	576793	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY COORD OF SERVIC		2,844.00	

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***	FUND NO. 108	DEVLPMNTL DISABILITY FUND								
		5/30/18 01 VR 108-	54		576793	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN COORD OF SERVIC	2,842.00
									VENDOR TOTAL	5,686.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN									
		5/30/18 01 VR 108-	55		576808	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	MAY VOCATIONAL SVCS	2,883.00
		5/30/18 01 VR 108-	55		576808	5/31/18	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JUN VOCATIONAL SVCS	2,877.00
									VENDOR TOTAL	5,760.00 *
									DEVLMTL DISABILITY BOARD	
									DEPARTMENT TOTAL	579,416.00 *
									DEVLPMNTL DISABILITY FUND	
									FUND TOTAL	579,416.00 *

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REPORT TOTAL ***** 1,217,891.60 *

J.B.

Lynn Canfield

From: Tortorelli, Linda <ltortore@illinois.edu>
Sent: Monday, May 21, 2018 1:32 PM
To: Mike Hagley; Lynn Canfield
Subject: Statement for the DDB and MHB

Hi Lynn,

Mike Hagley is a person who has been struggling to find help within the mental health system. He recently spent time in jail, in large part, because he was not able to find the appropriate supports for his mental health problems, as well as employment and housing concerns. He has asked that I share this statement with you, and in turn, if you could please share it with the boards.

Mike is now going to be able to take advantage of the dual diagnosis program that this board funds. He is hopeful that through this program, he will be able to be connected to other programs that can help him with employment and housing outside his family's apartment.

Thank you,

Linda and Mike Hagley

Linda Tortorelli
Coordinator
The Autism Program – UIUC
ltortore@illinois.edu
217-244-0928
904 W. Nevada, Urbana, IL 61801



From: Mike Hagley [mailto:codehex7@gmail.com]
Sent: Friday, May 18, 2018 2:55 PM
To: Tortorelli, Linda <ltortore@illinois.edu>
Subject: Final Draft

I think this draft is better directed

Hello to each one here today. I know you are here because you understand that there are at least two types of disability - - physical and mental ones as well. I am Michael Hagley and while I'm not physically disabled I am none the less a disabled person. I suffer from a multitude of mental disabilities, including bipolar disorder, schizo-affective disorder and autism spectrum disorder to name a few. There are possibly tens of millions of people who share some or all of my diagnosis. All we want is what our constitution promises and our fellow citizens want--life, liberty, and the pursuit of happiness. We want to know that we have a future to look forward to, but all too often we end up homeless or incarcerated. There is an urgent need to fund programs on the state and federal levels so that research and intervention programs can readily reach out to the mentally disabled. And there is also a need to publicize those programs so that people with mental disabilities are aware of their existence. Thank you for all you are doing, and please press forward with your important work. Many of us standing in the shadow of mental illness are depending on you. The time for action is always now!

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8.C

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

DECISION MEMORANDUM

DATE: June 27, 2018
TO: Members, Champaign County Developmental Disabilities Board (CCDDDB)
FROM: Lynn Canfield, Executive Director
SUBJECT: FY2019 Champaign County CCDDDB and CILA Budget Submissions

Overview: The purpose of this memorandum is to seek approval of a draft Champaign County Developmental Disabilities Board (CCDDDB) Budget and a CILA Fund Budget, for County Fiscal Year 2019 (January 1, 2019 through December 31, 2019.) Proposed operating budgets are submitted for information to the Champaign County Board in August. Final budgets are presented as part of their appropriations process in November. In the likely event of changes in revenue projections, personnel costs, or other planned expenditures, your approval of revised budgets will be sought.

The CILA Fund Budget is under joint authority of the CCDDDB and Champaign County Mental Health Board (CCMHB). The Intergovernmental Agreement between the Boards provides for annual contributions to the CILA fund to support small group homes for people with ID/DD. Projections are based on previous year actuals and the advice of the Champaign County Auditor's office.

Attached are a proposed 2019 CCDDDB Budget and a proposed 2019 CILA Fund Budget. The draft 2019 CCMHB Budget is included for information only, along with four pages of background details.

Decision Section:

Motion to approve the attached 2019 CCDDDB Budget, with anticipated revenues and expenditures of \$4,059,813.

- Approved
Denied
Modified
Additional Information Needed

Motion to approve the attached 2019 CILA Fund Budget, with anticipated revenue of \$118,100 and expenditures of \$94,194. Payment to this fund is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB.

- Approved
Denied
Modified
Additional Information Needed

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Draft 2019 CCDDDB Budget

LINE ITEM	BUDGETED REVENUE	
311.19	Property Taxes, Current	\$4,034,813
313.19	Back Property Taxes	\$2,000
314.10	Mobile Home Tax	\$3,000
315.10	Payment in Lieu of Taxes	\$2,000
361.10	Investment Interest	\$8,000
371.90	Interfund Transfer (Gifts, Donations, etc) from MH Fund	\$8,000
369.90	Other Miscellaneous Revenue	\$2,000
	TOTAL REVENUE	\$4,059,813

LINE ITEM	BUDGETED EXPENDITURES	
533.07	Professional Fees (42.15% of an adjusted set of CCMHB Admin Expenses)	\$337,554
533.92	Contributions & Grants	\$3,672,259
571.11	Payment to CILA Fund	\$50,000
	TOTAL EXPENSES	\$4,059,813

Draft 2019 CILA Fund Budget

LINE ITEM	BUDGETED REVENUE	
361.10	Investment Interest	\$100
371.54	From CCDDDB 108	\$50,000
371.90	From CCMHB Fund 090	\$50,000
362.15	Rents	\$18,000
	TOTAL REVENUE	\$118,100

LINE ITEM	BUDGETED EXPENDITURES	
522.44	Equipment Less than \$5,000 (a designated gift to one individual, accessed upon family's request)	\$16,881
533.07	Professional Services (property management services)	\$10,000
581.07	Mortgage Principal Payments	\$49,751
582.07	Interest on Mortgage	\$17,231
534.37	Finance Charges (bank fees per statement)	\$36
533.93	Dues & Licenses	\$295
	TOTAL EXPENSES	\$94,194

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Draft 2019 CCMHB Budget

LINE ITEM	BUDGETED REVENUE	
311.24	Property Taxes, Current	\$4,835,964
313.24	Back Property Taxes	\$1,000
314.10	Mobile Home Tax	\$4,000
315.10	Payment in Lieu of Taxes	\$2,500
336.23	CCDDB Revenue	\$337,554
361.10	Investment Interest	\$10,000
363.10	Gifts & Donations	\$20,000
369.90	Other Miscellaneous Revenue	\$20,000
TOTAL REVENUE		\$5,231,018

LINE ITEM	BUDGETED EXPENDITURES	
511.02	Appointed Official	\$101,000
511.03	Regular FTE	\$312,453
511.05	Temporary Salaries & Wages	\$5,040
511.09	Overtime Wages	\$1,500
513.01	FICA	\$31,744
513.02	IMRF	\$24,565
513.04	W-Comp	\$2,697
513.05	Unemployment	\$4,200
513.06	Health/Life Insurance	\$60,495
513.20	Employee Development/Recognition	\$300
		Personnel Total \$543,994
522.01	Printing	\$1,000
522.02	Office Supplies	\$4,100
522.03	Books/Periodicals	\$500
522.04	Copier Supplies	\$1,000
522.06	Postage/UPS/Fed Ex	\$1,000
522.44	Equipment Under \$1000	\$10,000
		Commodities Total \$17,600
533.01	Accounting Fees	\$10,000
533.07	Professional Fees	\$235,000
533.12	Travel	\$5,000
533.18	Non-employee training	\$2,000
533.20	Insurance	\$12,000
533.29	Computer Services	\$7,500
533.33	Telephone	\$2,500
533.42	Equipment Maintenance	\$500
533.50	Office Rental	\$26,000
533.51	Equipment Rental	\$900
533.70	Legal Notices/Ads	\$300
533.72	Department Operating	\$400
533.84	Business Meals/Expense	\$250
533.85	Photocopy Services	\$4,000
533.89	Public Relations	\$30,000
533.92	Contributions & Grants	\$4,174,344
533.93	Dues & Licenses	\$23,500
533.95	Conferences/Training	\$17,000
533.98	disAbility Resource Expo	\$60,000
534.37	Finance Charges/Bank Fees	\$30
534.70	Brookens Repair	\$200
		Services Total \$4,611,424
571.08	Payment to CCDDB (Share of Gifts, Donations, Misc Rev)	\$8,000
571.11	Payment to CILA Fund	\$50,000
		Interfund Expenditures TOTAL \$58,000
TOTAL EXPENSES		\$5,231,018

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Background for 2019 CCMHB Budget, with 2018 Projections and Earlier Actuals

2019 BUDGETED REVENUE	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Property Taxes, Current	\$4,649,965	\$4,415,651	\$4,246,055	\$4,161,439	\$4,037,720
Back Property Taxes	\$500	\$2,731	\$2,486	\$2,861	\$1,612
Mobile Home Tax	\$4,000	\$3,766	\$3,903	\$3,995	\$3,861
Payment in Lieu of Taxes	\$700	\$3,201	\$2,970	\$2,869	\$2,859
CCDDB Revenue	\$338,515	\$287,697	\$377,695	\$330,637	\$337,536
Investment Interest	\$500	\$18,473	\$3,493	\$1,385	\$1,015
Gifts & Donations	\$20,000	\$5,225	\$18,822	\$26,221	\$28,192
Other Miscellaneous Revenue	\$0	\$117,195	\$21,340	\$67,599	\$85,719
TOTAL REVENUE	\$5,014,180	\$4,853,839	\$4,676,764	\$4,597,006	\$4,498,514

(20)

2019 BUDGETED EXPENDITURES (SEE PAGE 5 FOR DETAILS)	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
Personnel	\$538,373	\$449,220	\$577,548	\$502,890	\$532,909
Commodities	\$20,983	\$6,263	\$7,998	\$11,237	\$9,282
Services (not Contributions & Grants)	\$442,440	\$432,828	\$410,157	\$382,870	\$375,735
Contributions & Grants	\$3,954,384	\$3,593,418	\$3,428,015	\$3,335,718	\$3,673,966
Interfund Expenditures	\$58,000	\$57,288	\$60,673	\$0	\$0
TOTAL EXPENSES	\$5,014,180	\$4,539,017	\$4,484,391	\$4,232,715	\$4,591,892

Additional Information about Expenses

Personnel 2019 v 2018

PERSONNEL	2019	2018
Appointed Official	\$101,000	\$101,000
Regular FTE	\$312,453	\$304,832
Temporary Wage/Sal	\$5,040	\$0
Overtime Wages	\$1,500	\$1,500
FICA	\$31,744	\$31,388
IMRF	\$24,565	\$36,599
W-Comp	\$2,697	\$2,257
Unemployment	\$4,200	\$4,200
Health/Life Insurance	\$60,495	\$56,397
Employee Dev/Rec	\$300	\$200
	\$543,994	\$538,373

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Commodities 2019 v 2018

COMMODITIES	2019	2018
Printing	\$1,000	\$1,000
Office Supplies	\$4,100	\$4,100
Books/Periodicals	\$500	\$500
Copier Supplies	\$1,000	\$1,000
Postage/UPS/Fed Ex	\$1,000	\$1,000
Equipment Under 5000	\$10,000	\$13,383
	\$17,600	\$20,983

Services (not Contributions and Grants)

SERVICES	2019	2018
Accounting Fees	\$10,000	\$10,000
Professional Fees*	\$235,000	\$263,467
Travel	\$5,000	\$6,000
Non-employee conferences	\$2,000	-
Insurance	\$12,000	\$11,000
Computer Services	\$7,500	\$7,300
Telephone	\$2,500	\$2,500
Equipment Maintenance	\$500	\$500
Office Rental	\$26,000	\$21,660
Equipment Rental	\$900	\$900
Legal Notices/Ads	\$300	\$300
Department Operating	\$400	\$400
Business Meals/Expense	\$250	\$250
Photocopy Services	\$4,000	\$4,000
Public Relations**	\$30,000	\$50,000
Dues/Licenses	\$23,500	\$23,600
Conferences/Training	\$17,000	\$17,000
disAbility Resource Expo**	\$60,000	\$23,333
Finance Charges/Bank Fees	\$30	\$30
Brookens Repair	\$200	\$200
	\$437,060	\$442,440

Interfund Expenditures 2019 v 2018

INTERFUND TRANSFERS	2019	2018
CCDDDB Share of Donations & Miscellaneous Revenue	\$8,000	\$8,000
Payment to CILLA Fund	\$50,000	\$50,000
	\$58,000	\$58,000

*Professional Fees:

- legal services, website maintenance and updates, human resource services, shredding, graphic design, ADA compliance consultant, independent audit reviews and other CPA consultation, organizational assessment, 211/Path with United Way, UIUC Evaluation Capacity Project (not shared with CCDDDB), and Savannah Family Institute-PLL (not shared with CCDDDB)

**Public Relations (Community Awareness) and disAbility Resource Expo:

- Eberfest or other (not shared with CCDDDB), community education/awareness, cost of some consultant support.
- Expo line is added mid-year 2018 to capture 2019 Expo expenses, including for consultants.

Additional Information about Services

Approval of 2019 Budgets does not obligate the boards to all expenditures described; many are estimates based on previous years.

SERVICES	2019	2018
Professional Fees*	\$235,000	\$263,467
	\$129,500 Savannah Family Institute (PLI), not shared with CDDDB. \$53,335 UI Evaluation, not shared with CDDDB. \$18,066 United Way for 211/Path. \$250 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 website accessibility testing (Falling Leaf). \$12,000 online application/reporting systems (EMK). \$1200 maintenance of online resource directory and AIR site. \$550 graphic design. \$1000 shredding services. \$3,000 CPA consult. \$5,000 legal. (Note that Expo/Special Projects consultants will not be charged to this line for 2019 but will instead be split between Public Relations and new disABILITY Resource Expo line, according to projects.)	\$130,700 Savannah Family Institute (PLI), not shared with CDDDB. \$52,976 UI Evaluation, not shared with CDDDB. Half of the \$40,000 Expo Coordinators (Mayer/Bressner). \$18,066 United Way for 211/Path. \$250 human resources services (AAIM). \$3,000 IT services (BPC). \$1,500 organizational assessment (Smith/Campbell). \$1,500 website accessibility testing (Falling Leaf). \$11,000 online application/reporting systems (EMK). \$936 maintenance of online resource directory and AIR site (Chrispimedia). \$450 graphic design. \$1000 shredding services. \$3,000 CPA consult (Brusveen). \$4,000 legal (Meyer/Capel, Weiner). \$5,000 online community needs assessment (EMK).
Public Relations**	\$30,000	>\$50,000
	\$15,000 Eberfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$6k/year. \$2,000 estimated for other community events or trainings. \$2,000 anti-stigma art show(s), promotion. A portion of Expo/Special Projects Coordinators will be charged to this line for work on non-Expo events and projects, and the amount allowed for may be higher than needed (\$11,000).	\$15,000 Eberfest film sponsorship, offset by Alliance member dues and other contributions of \$3k-\$6k/year. \$2,000 estimated for other community events or trainings. \$2,000 anti-stigma art show(s), promotion. \$1,000 sponsorship of CU Autism Network event. All other items charged here support the Expo, including venue, supplies, food, interpreters, advertising, t-shirts for volunteers and staff. Expo costs are offset by exhibitor/vendor fees and contributions from sponsors (\$20k-\$26k per year).
disability Resource Expo**	\$60,000	\$23,333
	Support for the 2019 and 2020 Expo events, including venue, supplies, food, interpreters, advertising, t-shirts, etc. Majority of Expo Coordinators' contracts are here (had been in Professional Fees in 2018.) Expo costs are offset by exhibitor/vendor fees and contributions from sponsors (\$20k-\$26k per year.)	Expenses associated with 2019 Expo but paid in 2018 will be charged here instead of in Public Relations line. Coordinator time associated with 2019 will be charged here instead of Professional Fees.
Contributions & Grants	\$4,174,344	\$3,954,384
	Estimated payments to agencies from January 1 to June 30, 2019, as authorized in May 2018, plus 1/2 of estimated FY20 annual allocation amount, with agency contract maximums to be authorized by July 1, 2019.	Actual payments to agencies from January 1 to June 30, 2018, as authorized in May 2017, plus payments authorized in May 2018, to be made from June through December 2018.
Dues/Licenses	\$23,500	\$23,600
	\$900 national trade association (NACBHDD) dues. \$2000 portion of membership in NACo. \$16,000 state trade association (ACMHA) dues. \$250 Rotary membership dues. \$25 Human Services Council membership dues. \$7 for any new membership, e.g., Arc of IL, NCBH, NADD.	\$825 national trade association (NACBHDD) dues (\$900 in 2019). \$2000 portion of membership in NACo. \$16,000 state trade association (ACMHA) dues. \$260 Rotary membership dues. \$25 Human Services Council membership dues. \$7 for any new membership, e.g., Arc of IL, NCBH, NADD.
Conferences/ Training	\$17,000	\$17,000
	\$1000 registration for NACo and NACBHDD Legislative and Policy Conferences (may be offset by ACMHA). \$350 for NACo Annual Meeting. Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 1-2 NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for 2-3 staff or board members for each of 3-4 quarterly ACMHA meetings. Costs of one other conference/training for 1-2 staff/board members. MHFA trainer certification.	\$510 registration for NACo Conference, \$335 Annual Meeting. (NACBHDD Legislative and Policy Conference registration paid by ACMHA). Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 1-2 NACBHDD and NACo meetings. Costs of travel (plus lodging and food) for 1-3 staff or board members for each of 3-4 quarterly ACMHA meetings. Costs of one other conference/training for 1-2 staff/board members. \$500 Georgetown U program.
Unexpected		
	Budget transfers if: staff offices move to a different location or are modified; legal expenses are greater; local trainings are staged; etc. Budget amendment in the event of hospital tax settlement or employee retirement/resignation. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB.	Budget transfers in the event: staff offices move to a different location or current offices modified; legal expenses are greater; local trainings are staged; etc. The MH and DD fund balances at their lowest point (May) should each include: six months of operating budget plus hospital tax deposit amounts plus each board's share (57.85%/42.15%) of accrued staff benefits. Liabilities associated with hospital tax revenue = \$430,716.29 MHB and \$359,363.81 DDB.

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Calculation of the CCDDB Administrative Share ("Professional Fees")

	2019	2018	2019	2018
Adjustments:				
CCMHB Contributions & Grants	\$4,174,344	\$3,954,384	CCDDB Share	\$803,120.00
Savannah Family Institute - PLL	\$129,500	\$130,700	Adjusted Expenditures x 42.15%	\$337,554
UI Evaluation Capacity Project	53335	\$52,976	Monthly Total for CCDDB Admin	\$28,210
Eberfest or other (pending MHB decision)	\$15,000	\$15,000		
Payment to CILA fund	\$50,000	\$50,000		
CCDDB Share of Donations & Misc Rev	\$8,000	\$8,000		
Adjustments Total:	\$4,430,179	\$4,211,060		
CCMHB Total Expenditures:	\$5,231,018	\$5,014,180		
Total Expenditures less Adjustments:	\$800,839	\$803,120		

Total Expenditures less Adjustments
Adjusted Expenditures x 42.15%
Monthly Total for CCDDB Admin

Toward the end of the County Fiscal Year, actual expenses will be updated, with possible adjustment of the CCDDB current year share.

Background for 2019 CCDDB Budget, with 2018 Projections and Earlier Actuals

	2018 PROJECTED	2017 ACTUAL	2016 ACTUAL	2015 ACTUAL	2014 ACTUAL
2019 BUDGETED REVENUE					
Property Taxes, Current	\$4,034,813	\$3,879,628	\$3,684,009	\$3,595,174	\$3,545,446
Back Property Taxes	\$2,000	\$500	\$2,278	\$2,105	\$2,437
Mobile Home Tax	\$3,000	\$1,000	\$3,142	\$3,305	\$3,404
Payment in Lieu of Taxes	\$2,000	\$1,000	\$2,671	\$2,515	\$2,445
Investment Interest	\$8,000	\$300	\$10,863	\$2,318	\$1,488
Gifts & Donations	\$8,000	\$8,000	\$7,288	\$10,673	\$0
Other Miscellaneous Revenue	\$2,000	\$0	\$14,432	\$0	\$0
TOTAL REVENUE	\$4,059,813	\$3,890,428	\$3,724,703	\$3,616,081	\$3,555,220
2019 BUDGETED EXPENDITURES					
Professional Fees (42.15% of some CCMHB exoenses, as above)	\$337,554	\$338,515	\$287,697	\$379,405	\$330,637
Contributions & Grants	\$3,672,259	\$3,501,913	\$3,287,911	\$3,206,389	\$3,069,122
Interfund Expenditure - CILA	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
TOTAL EXPENSES	\$4,059,813	\$3,890,428	\$3,625,608	\$3,635,794	\$3,448,759

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J.D.

BRIEFING MEMORANDUM

DATE: June 20, 2018
TO: Members, Champaign County Mental Health Board (CCMHB) and
Champaign County Developmental Disabilities Board (CCDDB)
FROM: Lynn Canfield, Mark Driscoll
SUBJECT: Online Needs Assessment Surveys

Background: Last fall, our team developed surveys for use in the 2018 community needs assessment. These were available online from October 24th through January 31, 2018. Respondents were invited to self-select from among eight surveys the one most appropriate to their circumstance. One set was specific to mental health and substance use services and the other focused on developmental disability services. The surveys within each set solicit responses on a person's experience with the system, access to services, and gaps in services. All are anonymous.

Promotion: Posters and postcards announcing the survey were also distributed, including at the information desk at Brookens, through the Alliance and facebook pages, and at events such as the Celebrate disABILITY Festival in October. Paper copies of each survey instrument were available upon request. Information was provided to groups and individuals with an interest in the behavioral health and developmental disabilities service systems, with a request to distribute the information within their networks:

- CCMHB and CCDDB funded providers
- Champaign Community Coalition
- Champaign County Continuum of Care
- Champaign County Health Care Consumers
- Champaign County Reentry Council
- Child and Adolescent Local Area Network
- Child and Family Connections – Champaign County Local Interagency Council
- Choices Coordinated Care Solutions
- Circle of Friends Adult Day Care Center
- Community Resource Center at Presence Covenant Medical Center
- Council of Service Providers to the Homeless
- Crisis Intervention Team Steering Committee
- Crisis Response Planning Committee
- CU at Home
- C-U Cradle2Career
- C-U Mental Health Public Education Committee
- disABILITY Resource Expo Coordinators and Steering Committee
- Family Service Self Help Center
- GROW in Illinois
- Human Services Council
- Ligas Court Monitor, Ronnie Cohn
- Local Funders Group
- Metropolitan Intergovernmental Council
- NAMI-Champaign County Chapter
- NAMI-University of Illinois Chapter

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- Parkland College – Counseling Services Office
- Senior Task Force
- Specialty Court Steering Committee, Drug Court Team, and Alumni Association
- The Autism Project at UIUC
- The Illinois Alliance (Youth and Family Peer Support Alliance)
- University YMCA – the New American Welcome Center
- Urbana School District
- Veterans Administration – Justice and Homeless Outreach Workers

Participation: The surveys featured similar questions but targeted eight different audiences. While a few questions were open-ended, most included numerous choices so that the data can be aggregated and analyzed. Due to the surveys' length and complexity, respondents could treat all answers as optional. Incomplete surveys that were substantially completed will be included in analysis.

Survey Category/Types:

MHSUD:

- **CONSUMER:** A person who has a mental health and/or substance use disorder (25 questions)
- **CAREGIVER:** Family member, caregiver, loved one, or guardian of a person with a mental health and/or substance use disorder. (25 questions)
- **PROVIDER:** of services or supports to people who have mental health and/or substance use disorders (18 questions)
- **STAKEHOLDER:** with an interest in services and supports for persons with a mental health and/or substance use disorder (10 questions)

IDDD:

- **CONSUMER:** A person with an intellectual or developmental disability (29 questions)
- **CAREGIVER:** Family member, caregiver, loved one, or guardian of a person with an intellectual or developmental disability (31 questions)
- **PROVIDER:** of services for persons with an intellectual or developmental disability (14 questions)
- **STAKEHOLDER:** with an interest in services and supports for persons with an intellectual or developmental disability (7 questions)

Summary Statistics:

Category	Type	# of Questions	# of Surveys				
			Completed			Incomplete	
			Total	On-Line	Paper		Ave Time*
MH/SA	Consumer	25	25	20	5	10	25
	Caregiver	25	39	30	9	10	26
	Provider	18	59	56	3	21	22
	Stakeholder	10	20	20	0	16	30
DD/ID	Consumer	29	9	7	2	16	21
	Caregiver	31	42	37	5	17	29
	Provider	14	28	27	1	15	10
	Stakeholder	7	8	8	0	12	14

*Minutes

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The survey results are presented to the Boards in two forms:

- **Individual Survey Write-up:**

This format highlights key statistics from each survey type/question and is summary in format. However, each write-up does contain the full text of all comments made by respondents.

- **Addenda – Survey Detail:**

This includes the raw data from the cumulative set of surveys for each survey type. Note: the respondent comments are truncated so as to manage length of the document to some extent. See writeups for full comment text.

Next Steps: This project is meant to support the community needs assessment process which informs strategic planning for each board, every three years. A draft plan will be presented to each board in the fall. Because we have not used this survey approach before, some activities will be based on what we learn from these data.

For most respondent groups, there are enough responses to conduct an analysis and report on findings, which will be completed next month. We had hoped that, by making the survey tools anonymous, available for three months, promoted broadly, and with all responses optional, we would learn from people outside of our immediate spheres, including those who are not aware of funders, those who have limited time due to providing family care, and those who experience stigma. While this appears to be the case for most groups, we suspected that the responses from people who have ID/DD would still be very low. An alternative method of seeking their input will be explored.

Champaign County MHSUD/IDDD Boards
Needs Assessment Survey
Summary Statistics

Category	Type	# of Questions	# of Surveys				
			Completed				Incomplete
			Total	On-Line	Paper	Ave Time*	
MH/SA	Consumer	25	25	20	5	10	25
	Caregiver	25	39	30	9	10	26
	Provider	18	59	56	3	21	22
	Stakeholder	10	20	20	0	16	30
DD/ID	Consumer	29	9	7	2	16	21
	Caregiver	31	42	37	5	17	29
	Provider	14	28	27	1	15	10
	Stakeholder	7	8	8	0	12	14

*Minutes

(27)

Champaign County Mental Health Board
ID/DD_Consumer Survey
Report/Results

INTRODUCTION: Nine (9) complete responses were received and processed via on-line and manually.

Initial Questions:

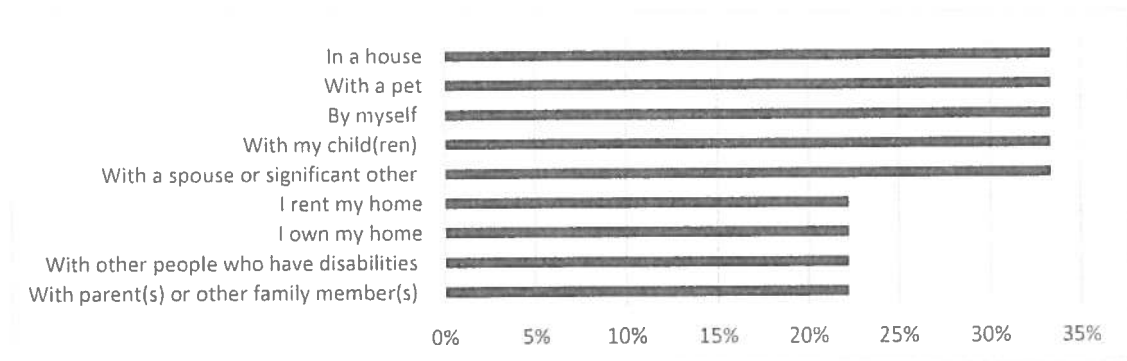
Question	Yes	No	Don't know	% Yes
1. Are you a person who has a developmental disability?	2	7	0	22%
2. Do you live in Champaign County, Illinois?	1	8	0	11%

3. What is important to you?

- Advocating for myself and for others.
- Community involvement and accessibility
- Family
- Make a way for someone else.
- More free events fun events not just going to library events. If they want to do a paid trip but has no money being treated once awhile.
- My Family
- My children and their needs
- To live your life and not have to be bothered by the remnants of being a strove survivor.

4. Do you like where you live? Yes: 55% Did Not Answer: 45%

5. Tell us about where you live. (Check all that apply.) Two or more responses -



6. Do you want to change something about your home? No: 56%; Yes: 22% Did Not Answer: 22%

If "Yes" describe":

- Needs Repair
- Taking care of the situation but defiantly location.

7. Does someone help you with anything in your home? Yes: 44% No: 33%; Did Not Answer: 22%

If "Yes" describe":

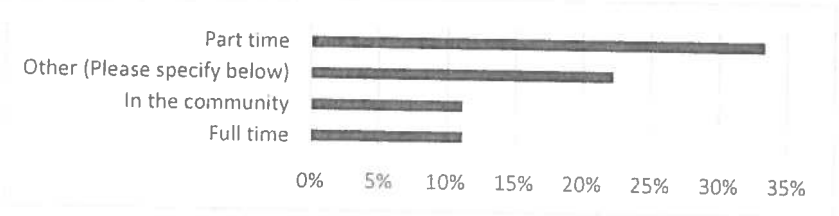
- Finances, bills, shopping
- I have a psw who helps me
- I hire my own Personal assistants to assist me.
- My mom.

8. Do you have a job? Yes: 56% No: 22%; Did Not Answer: 22%

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9. Do you have the job you want? Yes: 44% No: 33%; Did Not Answer: 22%

10. Tell us about your job. (Check all that apply.)



If "Yes", please describe:
I'm retired and I volunteer
Volunteer

11. Do you want to change something about your job? No: 67%; Yes: 11% Did Not Answer: 22%

If "Yes", please describe:
Disability sensitivity, and following the law about discrimination

12. Does someone help you with anything at your job? No: 44%; Yes: 33% Did Not Answer: 22%

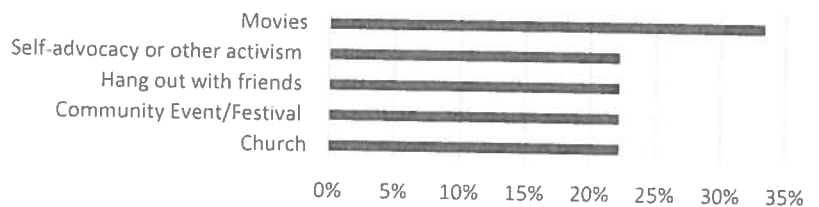
If "Yes", please describe:
My coworkers.
Other workers help

13. Does someone help you learn skills for a job that you want? No: 44%; Yes: 33% Did Not Answer: 22%

14. Do you go to school or take classes? I do not go to school or take classes: 67% (only option selected)

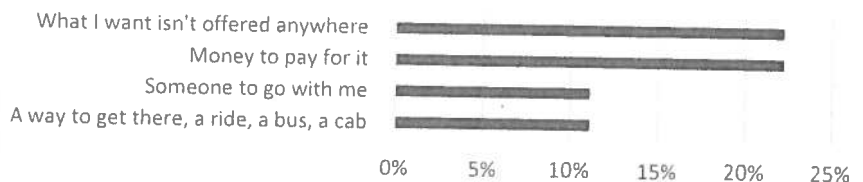
15. Does someone help you with classes? No: 56%; Did Not Answer: 44%

16. What do you do with your spare time? (Check all that apply.)
Receiving more than one Response....



Other:
No spare time
Work part-time, hang out with my mom and live a low-key life.

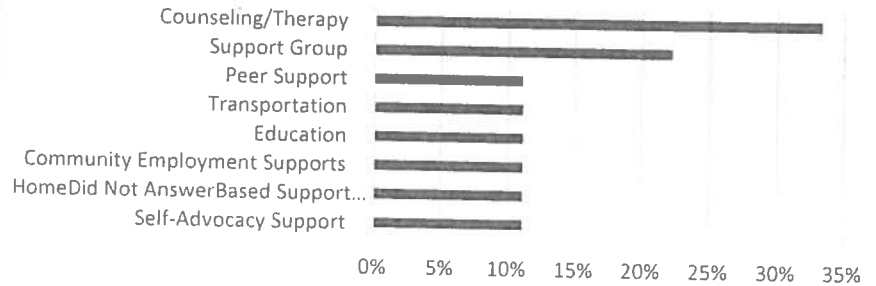
17. If you want to do any of the things listed above, what do you need and do not have access to? (Check all that apply.)



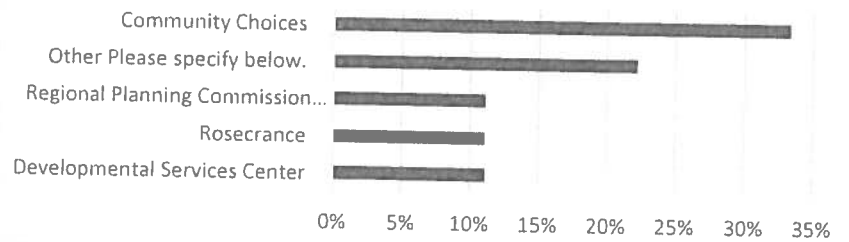
Other:
No extra money get disability

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18. What services or supports are you receiving? (CHECK ALL THAT APPLY)

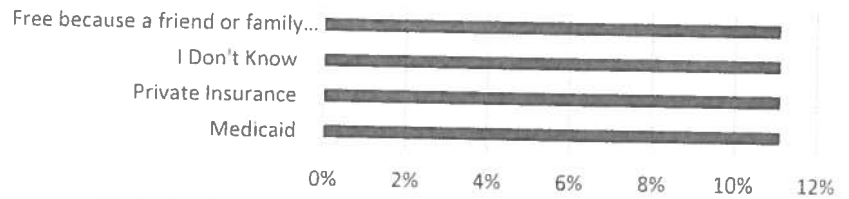


19. Who provides your services and/or supports? (CHECK ALL THAT APPLY)



Other:
My employer

20. How are these services paid for? (Check all that apply)



Other:
Through my employer

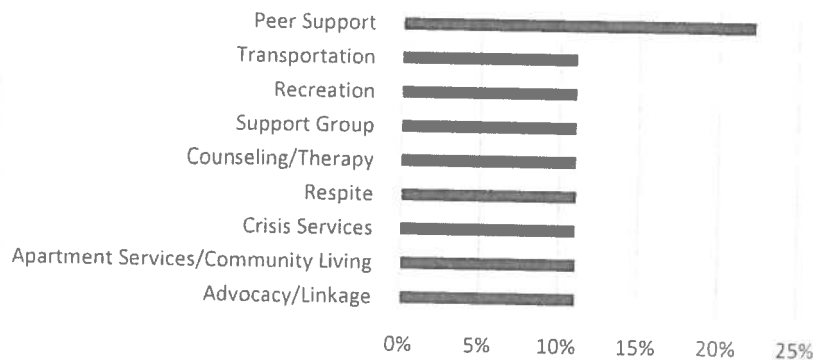
21. Do you know how to find the services you want? No: 44%; Yes: 33% Did Not Answer: 22%

22. How long did you wait for services you wanted?



Other:
I do monthly tutorials through Relias Learning per my employer.

23. What services do you need or want that you are not receiving? (CHECK ALL THAT APPLY)



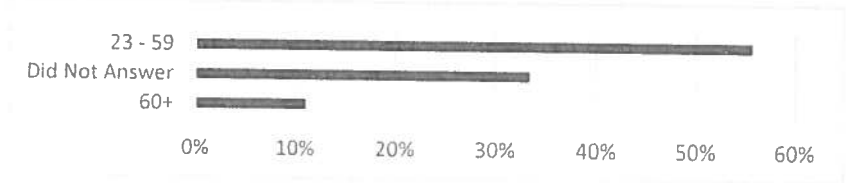
Other:
Legal assistance for discrimination

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24. What are the barriers to you having what you want and need?

RESPONSE	QUESTION	%
Often (22% or more)	Unaware of service availability	33%
	Transportation issues	22%
	Stigma/embarrassment/fear	22%
	Don't know how to access services	22%
Sometimes (22% or more)	Services do not meet needs	22%
	Services not offered at convenient times	22%
	I am not sure who to ask.	22%
Seldom	No barrier noted more than once	8%

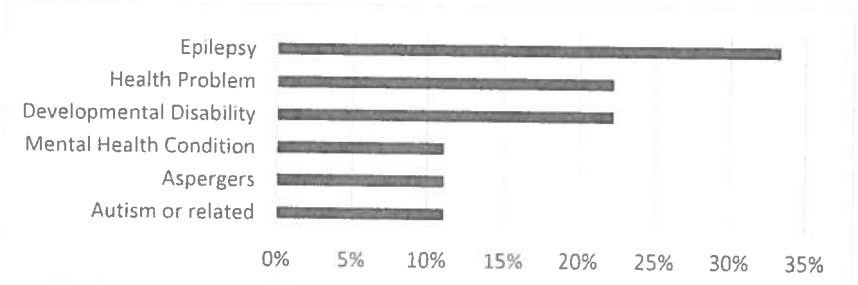
25. Select your age range.



26. In which zip code do you reside?

- 61820 Champaign – 33%
- 61853 Mahomet – 11%
- 61880 Tolono – 11%
- Did Not Answer – 44%
- Other: 61607

27. Have you ever been told you have any of the following diagnoses?



28. Did anyone help you fill out this survey? No: 56%; Yes: 11% Did Not Answer: 33%

29. Is there anything else we should know about you?

I am a stroke survivor who suffered an absence seizure in 2016. I am currently taking Keppra, feel fine now, but am having visual disturbances in my left eye (the stroke affected my left side as well) but can see ok. I will visit my neurologist through his nurse practitioner in December and may need my eyes checked out.

I do not like DHS or DCFS. They are not fair.

No

None

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INTRODUCTION: Forty-Two (42) complete responses were received and processed via on-line and manually.

Initial Questions:

Question	Yes	No	Don't Know/Did Not answer	% Yes
1. Are you a family member, caregiver, loved one, and/or guardian of a person who has an intellectual and/or developmental disability?	42	0	0	100%
2. Do you live in Champaign County, Illinois?	38	1	3	90%

3. What is important to you regarding the person in your life who has a developmental disability?

A nice place to live and a job to do.

A safe and caring living situation (group Home) that provides 24 hr care. A supervised work environment. Being included in a community, access to various services, therapies and equipment.

Feeling safe in the group home he lives in. Participating in activities with his house mates. Continuing to enjoy working at Clark Rd.

Happy, painfree, inclusive life

I have him in a behavior facility for his disability at this time for him to get help he needs at this time so he'll be able to come back home.

I want my daughter to live as independently and safely as possible. I want her to be challenged but successful. I want her to be able to live in a safe neighborhood with support. I want her to have a paid job and a way to safely get to that job. I want her to have friends. I want to maximize her abilities.

I want to know that my family member who can not always articulate things is not being mistreated and being taken care of. I want to know that they are in a safe environment both in the home and at work.

I would like for them to be happy and content and to live as independently as possible.

I would like for them to be happy in their life and living as independently as they possibly can.

It is important my brother be able to live in his community of choice, a small town in rural Champaign County, and have access to community services and programs that anyone else in the community has access to without regard to ID/DD.

It is important that my son have the opportunity to live a fully integrated life in the community with the supports he needs to live outside our family home. It is important that he gets to decide how he lives his life - as long as it is safe for him and others.

It is important to me that she has the same choices as all people; however, it is equally important that she receives the guidance and assistance needed in making those decisions. It is extremely important to me that she be able to get services when needed, and we know in the state of Illinois that is not the case.

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Just want them to have the best life possible.
 Options and supports for participating in community life.
 Quality of life outcomes such as friendship, self-determination, & employment!
 School resources and community resources

Services for the individual at Development Services Center as a young adult graduating from High School and needing a shadowing for him!

Services/Supports

Services/support

That he has the same opportunities for his future as any other child

That she grows up to be a happy and mostly independent adult

That she is happy, healthy and safe.

That they are treated with respect.

That they can live independently (hold a job, take care of finances, etc) and have meaningful relationships with others.

That they have opportunities to be contributing members of their community. I have two daughters with disabilities, one is 18, the other is 8.

That this person gets treated with the respect they deserve and not looked down upon because they have a developmental disability.

To feel that there are opportunities in our community to truly develop living skills, social skills, and recreation to increase chances for more independence and a more fulfilling life. Simply housing someone and trying to fill up the day with activities is not enough. More group homes are needed in our community. These homes should be a true "home", a place of support and not treated as institutions where normal everyday choices are nonexistent (what to eat for each meal etc.etc.)

Where she can live, work and enjoy her life

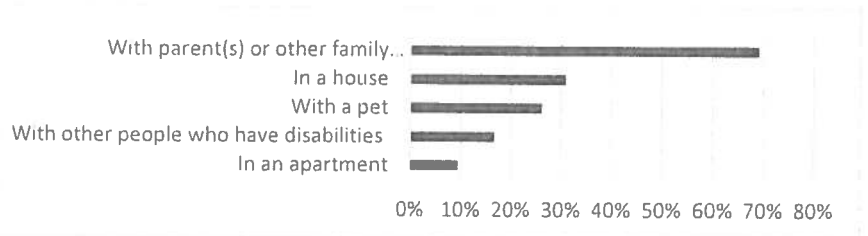
Ability to receive services so she can eventually lead an independent lifestyle

Resources to live an enriched life in East Central IL, full of opportunities

respite care and life coaching

That he is able to live a productive and interdependent life in this community

4. Tell us about where they live. (Check all that apply.)



Other:

Home is owned 25% each by his 3 brothers and sisters and special needs trust.

They pay room and board to parents

5. Do you want to change something about their home and/or where they live? Yes: 52%; No: 48%

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If "Yes":

Although my son will be turning 18 soon, we worry about where he will live, and if he can keep a job or afford rent.

Another bedroom on main floor with accessible bathroom

As brother ages, the home will need modifications. It has stairways to get into the house and to his 2nd floor bedroom.

So perhaps buy a different house or get an apartment, but will he be welcomed by neighbors and safe?

Better pay so that there is not so much staff turnover. Also, perhaps, a group home with fewer residents would help quality of life.

Eventually, I would like my daughter to live in supported housing with a roommate or 2. It would be great if there was some sort of step down system. High support initially but moving her toward less support as she learned more skills.

I know that with the ongoing State budget getting quality help is often difficult. However, I believe that there are issues at some of the group homes that is overlooked because they are already understaffed and under paid. It is a shame they can't address issues because they fear losing more bodies. I have also heard that staff have complained about issues up the chain of command however, when asked about complaints I have been told there are none when I know for a fact there have been staff complaints.

I want him to live outside our family's home. He is an adult. I want there to be a continuum of supported housing available so individuals can move from their family homes with the right amount of support. Something like a dorm first - then on to more independent living as he acquires the skills he needs.

I want him to get well so he'll come back home.

I want them to live in a group home instead of with their parents.

I want them to someday be living outside of our home, but they are too young and not ready yet.

I would like a bigger house but that is unrelated

I would like for her group home to get staffed, so she can move in.

I would like for my child to eventually move into their own house (with a basement) and a roommate and a pet.

I would like for them to be able to eventually move out of the family home and into a small house (with a basement) where they could live with a roommate and a pet.

It would be nice if they could get the home fully staffed as it was when they moved in, and also have a house manager(which they have been without for six months).

It would be nice to have a second bathroom.

Make more accessible/comfortable

Not for now, he is only 14

Stairs

We love having our son live with us but realize we will not be around forever.

We recently moved in with my sister and brother in law

Would love to have someone that wants to live with her for more than one year at a time

We would like him to be living with other young people in the community

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6. Do they want to change something about their home and/or where they live?
 No: 62%; Yes: 31%; Did Not Answer: 7%

If "Yes", Please describe:

A big problem is that my son does not want to leave the family home. However, if there was the right supported housing available for young adults that looked like fun - and had the right support - he could change his mind.

He wants a dish washer!

He wants more independence ;)

He wants to live independently, but is not sure he can do it yet.

I assume this is geared more toward adults that are considering independent living situations vs group homes or living with their families?

It would be nice to have a second bathroom.

My family member wants good staff who don't yell and take good care of them.

Our son is 14 now. At his recent "transition" I.E.P. when talking about living arrangements, he's interested in living ON OUR PROPERTY, but not necessarily WITH us, as we eye home improvements and upgrades to the backyard Shed as a "guest house" inside the next 10 years!

Our son seems to enjoy living with us. We try to be very supportive and provide opportunities.

Stairs

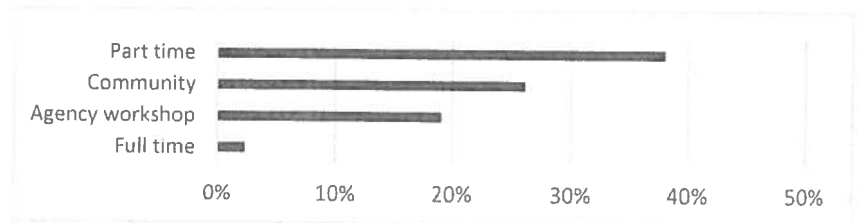
Transportation to DSC!

Unknown for sure. Individual is nonverbal.

He would like to live in an apartment or house like his sisters do, not with his parents

They like moving in with aunt and uncle

7. Tell us about the person's job. (Check all that apply.)



If "Other", please specify.

Champaign County Humane Society "Pet Pal Program" volunteering 2x a month

Child does not work

Currently volunteers are a long term care facility in town.

Elementary school

Elementary school student

Junior High Student

Minor

My daughter is in her last year of Young Adult Program through the school system

None

Still in High School doing the life skills program. Needing a job at DSC!

Student

Volunteer

currently a student

looking for work

student

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8. Does the person have the job they want? Yes: 50%; No: 29%; Did Not Answer: 21%

If "No", please describe.

Brother has had an employment consultant since August 2016. He wants a job at the nursing home in town where he volunteers. He applied for 2 jobs with help of the employment specialist. The employment specialist has been playing phone and email tag with people at the nursing home. I am very frustrated and feel the employment consultant needs to make things happen or I might as well be doing it myself! But I live 100 miles away; other brothers and sisters are out of state.

Currently a full time student

He has a job at the high school for an hour a day, but it is ending (he wasn't able to keep up).

He's not "of working age" but DOES want to work with non-judgemental animals

He's only 14, but has had one temporary job mowing grass. He did NOT like that. He wants to go to college, be a lawyer, and live in his own house in Seattle.

Not really applicable

She is still in school and exploring job possibilities. It's difficult for her to know what she might like to do when she is unaware of all the possibilities.

Still looking for work

The places he wants to work have not been willing to hire him.

9. Do they want to change something about their job? No: 50%; Did Not Answer: 33%; Yes: 17%

If "Yes", please describe:

At this point, she and I would like to see her hours lowered by eight hours a week.

Could use more hours if behavior better

He wants a job - where he wants it.

He would like more hours (after school/weekends) at a job that does not overwhelm him.

He's only 14

Not sure

She would like to be working more.

Too much "free" time. Need more actual work.

she would like more hours

10. Do you want to change something about their job? No: 43%; Yes: 24% Did Not Answer: 33%;

If "Yes", please describe.

"Job" is not a particularly relevant description. Individual does not understand economic goals, achievement, earning, etc. very well.

As my family member ages I feel that consideration needs to be given to the hours they currently work. I feel my family member requires more rest and the schedule and the house hours of staff do not allow for this.

He needs a job coach to check in with his employer once a week, and then offer guidance/feedback. However, the school took away his IEP so he does not have access to job coaching/life skills classes.

He's only 14

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His volunteer job could be developed to be more than the menial tasks he does; why not work with the facility to develop meaningful volunteer projects? He just gets shoved aside, No one seems to be mentoring him or supporting him to get out in the community.

I want him to have a job with a good fit.

I would like her to have more hours

I would like to see her get more hours at Clark Rd and learning some different jobs.

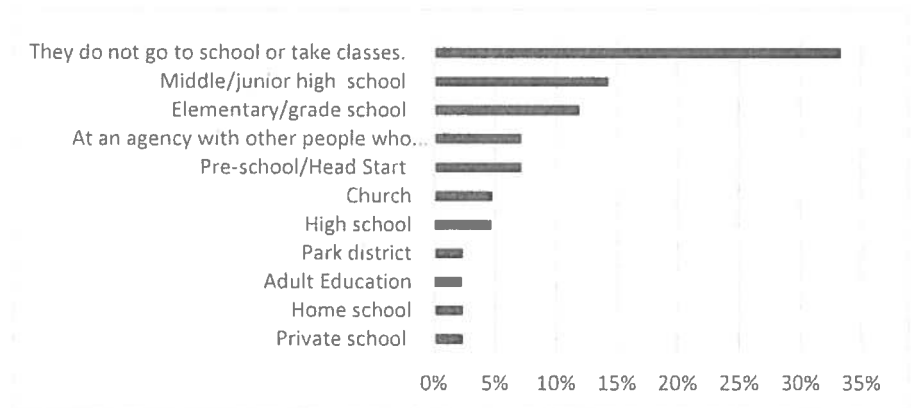
More hrs

Same as above

Too much "free" time. Need more actual work.

Would like to increase the number of hours he works but he needs to be supported. Not sure how to move to next step. Trying to work on that with DSC.

11. Does the person go to school or take classes? (Check all that apply) (25% or more)



If "Other", please specify:

Early Intervention

Family events.

Homeschool preschool

Mom is a stay at home mom. son is in elementary school.

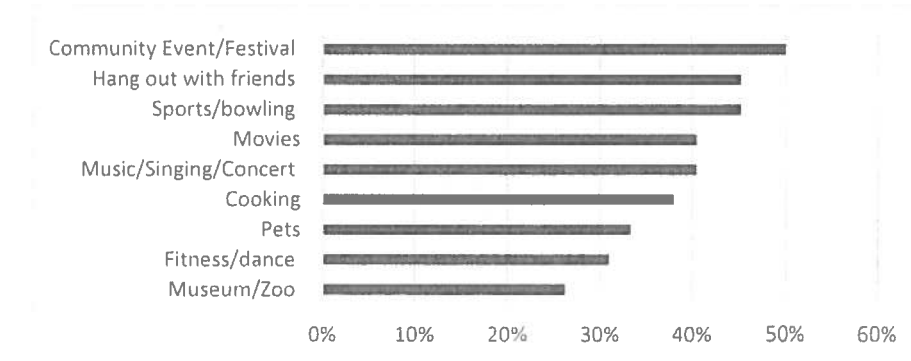
Stephens Family YMCA

Young Adult Program through school district

Has taken Community Choices workshops but experienced CCARTS problems!

We are trying to get into the Reading Group (but it's \$67 per hr, ouch!)

12. What does the person like to do with their spare time? (Check all that apply.)



If "Other", please specify:

Adaptive sports,

Computer

Computers. Games.

Eat fried chicken!

Going to restaurants and live musicals.

Play video games and watch YouTube videos

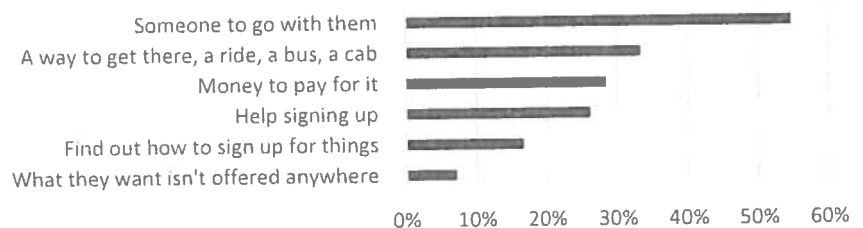
Play, sleep

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Puzzles, games and computer
 Scouts, Civil Air Patrol, Archery
 Using his computer and watching tv in his room.
 Video gaming
 Volunteers at Y to keep busy
 being read to
 coloring
 flea market, church 50 and Over club, German club; family outings; volunteering
 gaming (?)
 my son loves Antique Stores
 play video games and go swimming
 swimming

13. If they want to do any of the things listed above, what do they need and do not have access to? (Check all that apply.)



If "Other", please specify:

Just a voice for them to be able to do the things.
 My daughter needs a friend to go with her and encourage her. Sign language interpreters would also be helpful.
 Need additional money to pay for support workers.
 No
 No they have support workers working with them.
 Not at this time.

She needs help with money management, including making sure she pays the correct amount for things and gets correct change.

Some nursing support is required to participate in outdoor/overnight activities
 Someone to go with her, a ride and money.
 Someone with a sense of humor who will entice him to go places with him/her.
 Transportation
 Transportation and someone to go with him!
 Transportation, help to sign up and reminders

YES. my brother needs more support workers, it is very difficult to recruit. when his support worker is ill or caring for sick family members he just sits at home (quite often). Need training for support workers on how to motivate and support him; yelling and threats are not a good method. Bullying doesn't help. It is very frustrating the lack of supports to help someone with ID/DD stay in their own rural community. Lack of community understanding. They think the family should do everything.

Yes

Yes, if my husband and I were not available, then our son would need much support similar to the needs of a child.

Yes, more "supported" activities--something in between regular extracurricular and completely segregated groups, particularly as related to after school opportunities!

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Yes. He does not travel independently or stay home alone. He needs to be in a structured class or event.
Yes. DSC doesn't have sufficient staff for recreational outings like bowling.
family
people from the alliance and choices

14. Are there supports you need for the person to be able to do the things they want to do?

Just a voice for them to be able to do the things.
My daughter needs a friend to go with her and encourage her. Sign language interpreters would also be helpful.
Need additional money to pay for support workers.
No
No they have support workers working with them.
Not at this time.

She needs help with money management, including making sure she pays the correct amount for things and gets correct change.

Some nursing support is required to participate in outdoor/overnight activities
Someone to go with her, a ride and money.
Someone with a sense of humor who will entice him to go places with him/her.
Transportation
Transportation and someone to go with him!
Transportation, help to sign up and reminders

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Yes

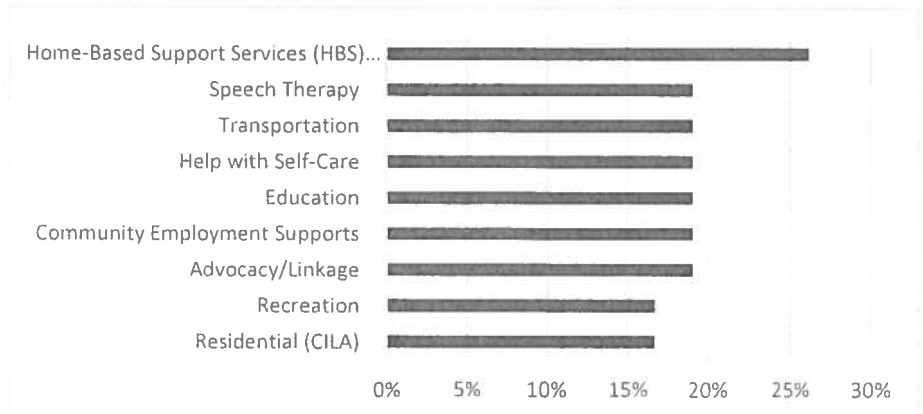
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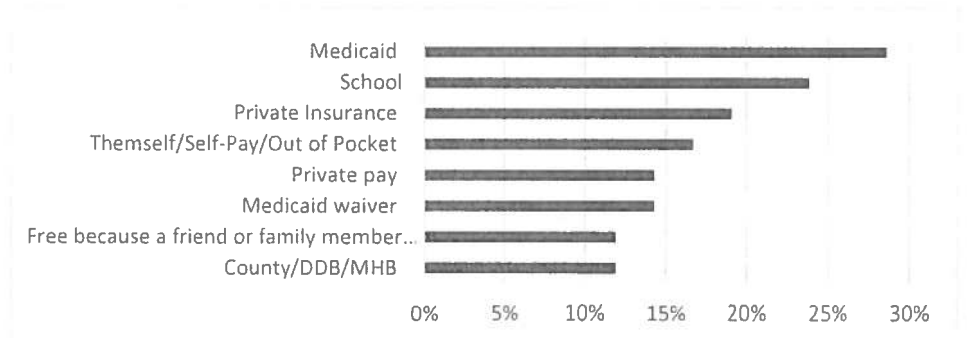
15. What services or supports is the person receiving? (CHECK ALL THAT APPLY) - 17% or more



If "Other", please specify:

- Applied Behavioral Analysis Therapy
- None
- Physical therapy
- Physical therapy, respite
- Supports are not the greatest.
- TAP
- Tutoring - He has 3rd grade math skills, but needs to pass high school courses
- Social work
- We WERE receiving a "respite" allowance from DSC until funding ran out

16. How are these services paid for? (Check all that apply) Over 7%



If "Other", please specify:

- DSC
- I do it myself
- SSDI
- she's on Medicaid because of foster status rather than because of disability

17. If the person is currently waiting for services or not yet in need of services, do they have Medicaid?

Did Not Answer: 36%; Yes: 33%; No: 29%; I Don't Know: 2%

18. If the person is currently waiting for services, are they enrolled in the state's PUNS (Prioritization Urgency of Need of Services) database?

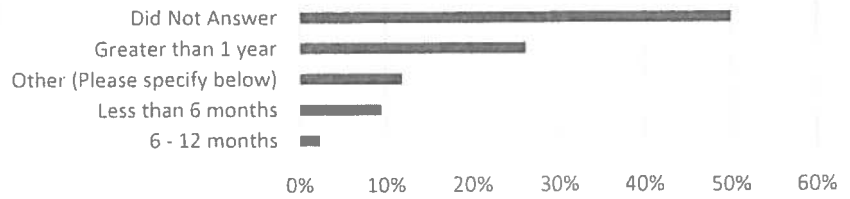
Did Not Answer: 38%; Yes: 31%; No: 19%; I Don't Know: 12%

19. Do they know how to find the services they want?

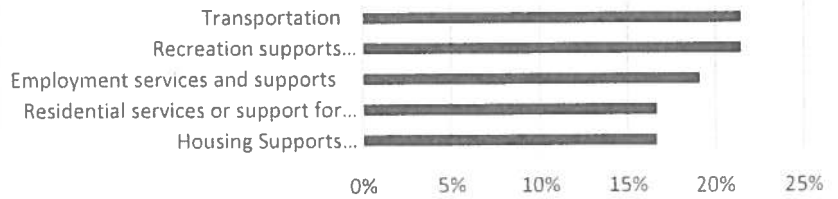
Yes: 36%; Did Not Answer: 26%; No: 24%; I Don't Know: 14%

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20. How long did the person wait for services they wanted?



21. What services do they need or want that they are not receiving? (CHECK ALL THAT APPLY) - 17% or more



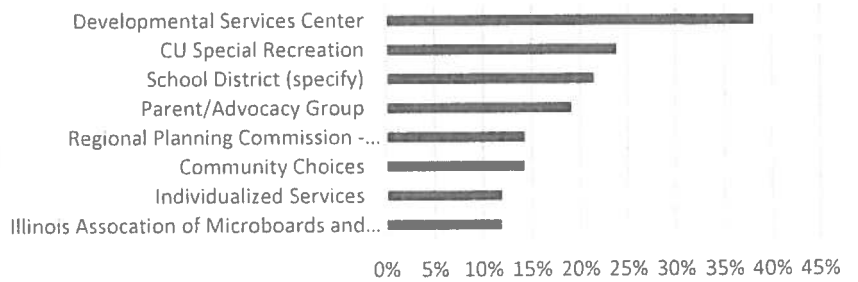
If "Other", please specify:

After school programming!

we are just getting into the age where more of this applies

22. Who does the person currently receive services from? (CHECK ALL THAT APPLY)

- 12% or more



If "Other", please specify:

Dsc

Family

I personally have an intern from "Community Choices"

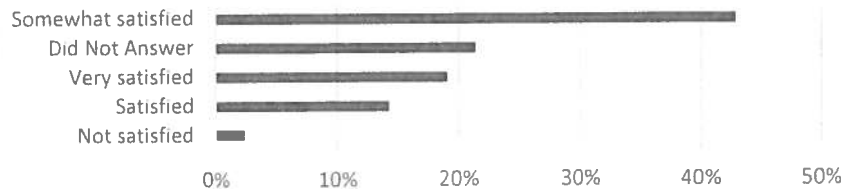
Once we lost IEP, no supportsjust parents

Skill Sprout

TAP

Dsc will start providing some assistance in the near future

23. If the person with a disability currently receives services, are you satisfied with those services?



24. Did you and/or the person have a choice about the service provider?

Yes: 45%; Did Not Answer: 24%; No: 19%; I Don't Know: 12%

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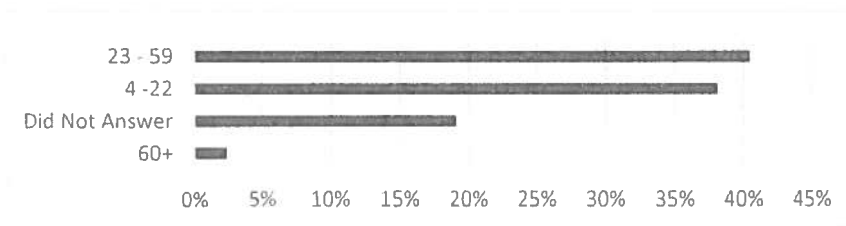
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25. Did you and/or the person have to take the only option available?
No: 48%; Did Not Answer: 26%; Yes: 14%; I Don't Know: 12%

26. What are the barriers to having what they want and need?

RESPONSE	QUESTION	%
Often (10% or more)	Transportation issues	12%
	Financial issues	10%
	Services do not meet needs	10%
	There is a waiting list.	10%
Sometimes (21% or more)	Transportation issues	29%
	Don't know how to access services	24%
	They are not sure who to ask.	24%
	Unaware of service availability	21%
Seldom (12% or more)	There is a waiting list.	21%
	Medical issues	19%
	Don't know how to access services	19%
	Unaware of service availability	17%
	Stigma/embarrassment/fear	14%
	Services not offered at convenient times	12%
	They are not sure who to ask.	12%

27. Select the age range of the person with disabilities.

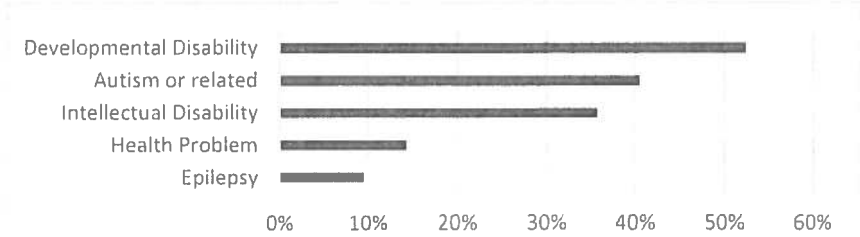


28. In which zip code does the person reside? - Top two: Champaign: 36%; Urbana: 12%

29. In which zip code do you reside? - Top two: 61822 – 19%; 61821 – 10%

30. Have you ever been told that the person has any of the following diagnoses?

(10% or more)



If "Other", please specify:

- ADHD
- Hearing impairment
- Soto Syndrome
- behavior disorder
- hearing loss. Childhood Apraxia of Speech, Global Apraxia

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Champaign County Mental Health Board
ID/DD_Caregiver Survey
Report/Results

31. Is there anything else you would like us to know about your experience as a loved one, caregiver, family member, or guardian of a person with an intellectual and/or developmental disability?

As a parent of a two children (ages 3 and 4), who both have autism, I would like to see more information or more access to information of what is available. I have found it difficult to find, and then, I will find out and think, man, I wish I would've known that a year ago. Also, I think it's important to have access and financial help for respite services for young children. My husband and I have a hard time finding time for ourselves because we only have one person to watch our kids. We can't just go hire anyone. It needs to be someone who understands our kids' disabilities and is able to handle them. (Also, I found this survey kind of hard to fill out. It seems a little more geared toward older people with disabilities.)

At the time the individual left high school there was only one option available. That is why the above question was answered that way. We are not looking for another option.

Currently staff at CILA are not being paid enough. They are dedicated, capable people who stay as long as they can "survive" on low pay. Often they work longer hours.

DSC does a great job!

DSC is a very good organization. There just seems to be a problem hiring and retaining group home staff.

I fear that when my daughter ages out of school this summer, she will have no options but to sit at home doing nothing but losing the skills she has gained through school. I know of many families that are in this situation now. Or, I will need to quit work in order to keep her active in volunteer situations.

I know I would like to see a movie theater that shows movies that are not dark and not loud for sensory sensitive children.

I like the disability expos offered in the area to explain so many difference resources. We also do things with T.A.P. family resiliency center & CU autism group. We'd like to do Challenger League and CUSpecRec and therapy ponies but haven't yet. I think we have a lot of caring people to help around here! Good job!

My son falls through the cracks. He needs support, but not intensive support. He will not be independent without a set amount of critical support outside the home. A little support goes a long way with him. He will need support if he wants to go to Parkland, for example. He will not be able to "graduate" Parkland due to his severe math learning disability, although he is very accomplished in history/social studies/civics. He needs a supportive and flexible post-secondary educational opportunity that develops his strengths so he can contribute to society.

Need help to provide and teach residential success as parents will not be here forever to provide needed supports

No

Parenting a child with special needs is the hardest thing that we have ever done. Besides being parents, we have to become specialists in the disability and savvy navigators of a complex system of care. We live with a lot of stress and it is taking its' toll on all of us in the family. Also, thanks for all that you do to help us!

Some needs: A continuum of supported housing options - from Dorm style - to supported housing (less than 24 hours support) Also - more behavioral support for adults who still exhibit challenging behavior.

Thank goodness for DSC
Thank you for all that you do for our community!

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Champaign County Mental Health Board
ID/DD_Caregiver Survey
Report/Results

We currently don't receive any services from the State of Illinois and are waiting for the disability waiver for many years. All the services that our son receives at this time have to be paid by us (his parents), including all the respite that we need to take a break of taking care of a child with sever disability

We have received a lot of help from the Illinois Association of Microboards and Vicki Niswander since 2014, when she met with our family to do a PATH person centered plan. This was a life changing event for our family and my brother. I am very appreciative of the present support of the IAMC project in Champaign County. My brother updated his PATH in May 2017 and we are building a support team in Gifford. IAMC needs better funding to help more families in the future. Our parents had to both die in order for my brother to get services. This is wrong and terrible. He needed employment supports 20 years ago; Also the employment supports are inadequate. Once a person with disability is employed they should have access to continued support according to their needs. One size model does not fit all. Elderly parents need to know that the disability service system can help them NOW not at some future date, at the event of their demise and death.

We love the staff and clients at McKinley 3!!
not at this time

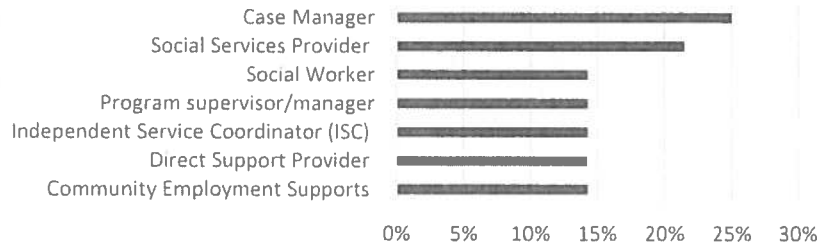
That it's frightening to not know that there will be services and opportunities when we are not around. Everything he receives now has to be initiated and coordinated by us. He pays or we pay.

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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

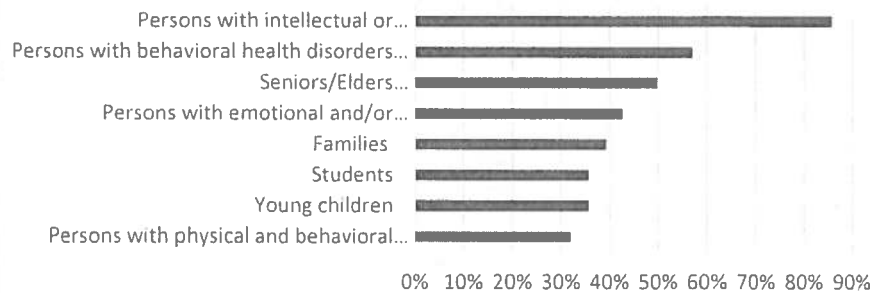
INTRODUCTION: Twenty-eight (28) complete responses were received and processed via on-line and manually.

1. What type of provider are you? CHECK ALL THAT APPLY
(14% or more)



If "Other", please describe:
Director of Special Programs
Home Care Services

2. To whom do you provide services? CHECK ALL THAT APPLY - Over 30%



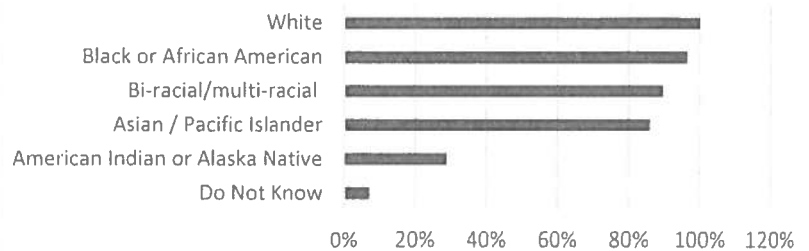
If "Other", please describe:
blind/visually impaired

3. Does your organization offer evening and/or weekend appointments? Yes: 50%; No: 50%

4. Do you provide Language Access and Communication Assistance services?

Yes: 64%; No: 25%; Don't Know: 7%; Did Not Answer: 4%

5. Within the last year, did your agency serve persons in the following race/ethnic group categories? CHECK ALL THAT APPLY.



Other:
Latinos/Hispanic and International students as well as indigenous populations

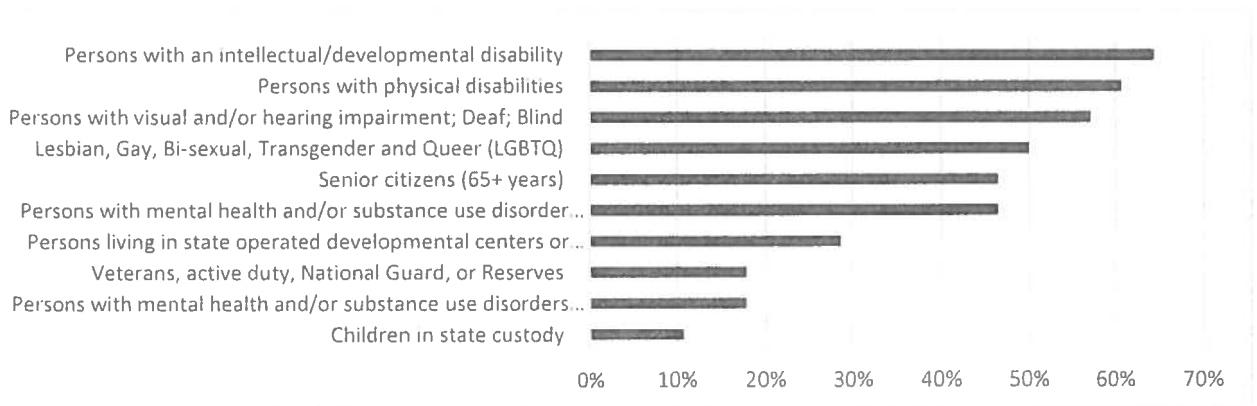
6. Do you believe that people with intellectual and/or developmental disabilities can access the following services in Champaign County?

RESPONSE	QUESTION	%
Yes	Employment services and supports	57%
(50% or more)	Benefits Support	54%
	Day Program	54%
	Crisis Services	50%

Champaign County Mental Health Board
ID/DD_Provider Survey
 Report/Results

	Mental health services	50%
	Recreation supports	50%
No	Housing Supports	18%
(14% or more)	Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	18%
	Co-occurring behavioral health disorder and intellectual/developmental disabilities services	14%
	Coordination of services/care	14%
	Respite services	14%
Don't Know	Substance use disorder services while in jail or juvenile detention or on probation or parole	32%
(11% or more)	Legal Services	18%
	Co-occurring mental health and substance use disorder services	11%
	Recreation supports	11%
	Residential services or support for independent community living	11%
	Substance use disorder services	11%

7. Within the last year, did your agency serve persons who may belong to one of the following groups? CHECK ALL THAT APPLY.



8. Within the last year, did your agency serve persons of Hispanic or Latino/a origin?

Yes: 54%; Did Not Answer: 39%; Don't Know: 7%

9. Within the last year did your agency serve immigrants or undocumented persons?

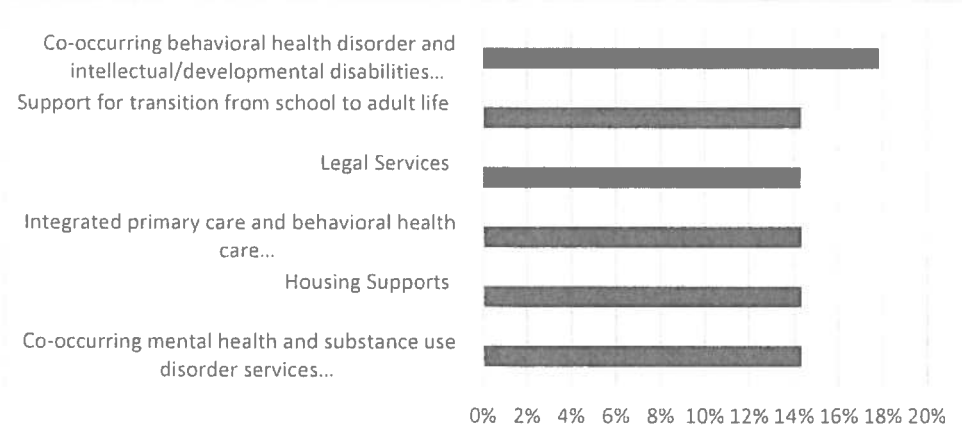
Don't Know: 43%; Did Not Answer: 39% Yes: 11%; No: 7%;

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Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

10. For persons with intellectual and/or developmental disabilities, are there services needed that are NOT available in your community? CHECK ALL THAT APPLY.

(14% or more)



Other:

More of what we have is needed
Navigation w/ system/supports

11. Are there challenges or barriers that deter people with intellectual and/or developmental disabilities from accessing the most appropriate services in your area? If so, how often do the challenges or barriers occur?

RESPONSE	QUESTION	%
Often (21% or more)	Transportation issues	43%
	Don't know how to access services	32%
	Unaware of service availability	25%
	Eligibility for services	21%
Sometimes (32% or more)	Financial issues	21%
	Services too far away	39%
	Eligibility for services	36%
	Financial issues	36%
	Medical Issues	36%
Seldom (14% or more)	Services do not meet needs	32%
	Stigma/embarrassment/fear	32%
	Belief that ID/DD services won't be helpful	25%
	No interpreter for persons with hearing impairment	21%
	Stigma/embarrassment/fear	21%
	Lack of coordination between providers	14%
	Language barrier	14%

Other Barriers:

Difficulty navigating complex system. Don't know where to start or Point A.

Services are described and explained but when it is time for students to access them, the services are often not available do to funding deficits or students are put on a waiting list and have to sit at home while waiting for services to open.

Waiting lists and not enough providers in the area.

12. Do you as a provider serve people outside Champaign County? Did Not Answer: 39%; Yes: 32%; No: 29%

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Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

13. As a provider, are your services office/facility based or delivered in natural settings or both? Please explain.

Appointments are done where the person wants to meet, whether it is office, home, or restaurant.

Both

Both - but could improve on delivering services in natural settings.

Both. As a recreation provider, we offer many programs at our indoor facilities, but we also provide many outdoor, nature-based programs as well.

Both. We are flexible with meeting locations on an individual basis.

Both. We have assistance for people who live independently in the community, and we also serve those who live in CILA residential settings.

Both; we meet with families in their homes, at their work sites, or potentially at other community locations that the families may desire or prefer. We can also meet with families that the office in confidential spaces

I only provide services in schools, but sometimes pull the student from the general education class in order to provide instruction in braille and technology.

I work one on one in the home of the person needing the service.

Office

School based.

We have a main office for meetings and work, but most of our services are delivered in the community.

Yes, both office and home/day training visits.

both

14. Do you have other comments regarding service needs or service gaps in your area that you would like us to consider?

Transportation continues to be a pressing concern. Many people use transportation (Piattran, CCarts, DSC), so many activities / opportunities are limited by their transportation schedule.

Based on my observations as a parks and recreation professional, I think we have a real issue with homelessness (likely due in part to mental health issues) in this community that needs to be addressed. There are non-profit organizations such as CU at Home that do great work, but this problem seems best addressed at a government level, especially in regard to improving awareness of, and access to, mental health services. Moreover, better efforts should be made to provide support past the "treatment" phase, and into the "housing/job" phase, so the cycle doesn't continuously repeat.

In the nearer term, it seems like it would be prudent to increase access/awareness of shelters that are available for the homeless population. It just seems like there are not enough, and people resort to sleeping in the parks, and other public spaces. This is a huge safety concern, especially as the weather gets colder. We have worked with CU at Home in the past regarding this issue, and it would be wonderful to be able to provide people with multiple options of places they can go, not only for a warm bed, but comprehensive services that can help them.

I think it is difficult for families to navigate the DD system as a whole. Need assistance with starting point.

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Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

I work with individuals who also have case management for ID/DD services through Rosecrance. It is very difficult to get the case managers to respond to the needs of the individuals. This has been an ongoing issue well before Rosecance merged with Community Elements. I have found that turn over and lack of experience in dealing with those with ID/DD and mental health are significant factors. When I bring up issues to the case managers they do not know what to do and nothing gets addressed. We are having serious issues with not getting help with budgeting (when Rosecrance is the payee), no support with changing lifestyles (which are leading to serious health issues that WILL have a terrible impact on these folks future health) and no support in making good decisions. It appears that these folks that need the help are left to themselves and they are failing in many ways. We can improve their lives, however we need case managers and supervisors that are invested in the work and those that know what they are doing.

Services for students in college who are blind have been unavailable in Champaign county in many instances. The Bureau of Blind Services and Parkland's Office of Disability were not meeting needs for many of my graduating students in the past 3 or so years.

There is a lot of overlap between the mental health world and the intellectual disabilities world---some more options for co-occurring disorders would be helpful including more coordination between providers (like overlapping training services for providers so that we don't have Silos of services/information)

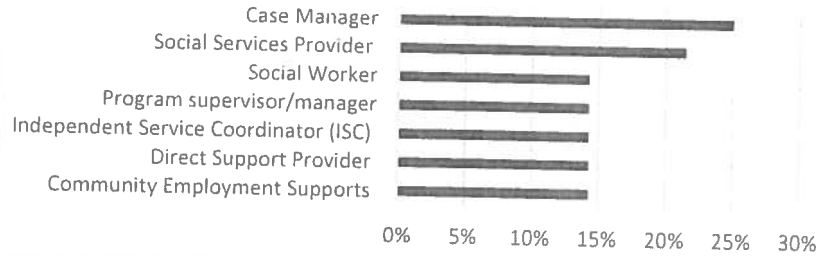
What has been happening with students is that they are urged to stay in school until age 22, which is appropriate in some cases, but not others who have accomplished their high school goals and are ready to move on to transitional services. It is not appropriate for some students to stay in high school because the services are not available due to funding or availability.

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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

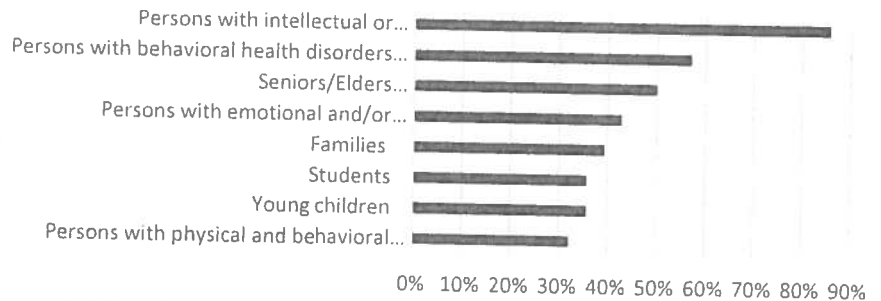
INTRODUCTION: Twenty-eight (28) complete responses were received and processed via on-line and manually.

1. What type of provider are you? CHECK ALL THAT APPLY
(14% or more)



If "Other", please describe:
Director of Special Programs
Home Care Services

2. To whom do you provide services? CHECK ALL THAT APPLY - Over 30%



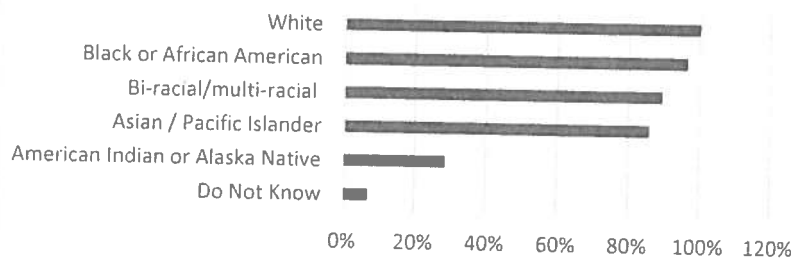
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3. Does your organization offer evening and/or weekend appointments? Yes: 50%; No: 50%

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Yes: 64%; No: 25%; Don't Know: 7%; Did Not Answer: 4%

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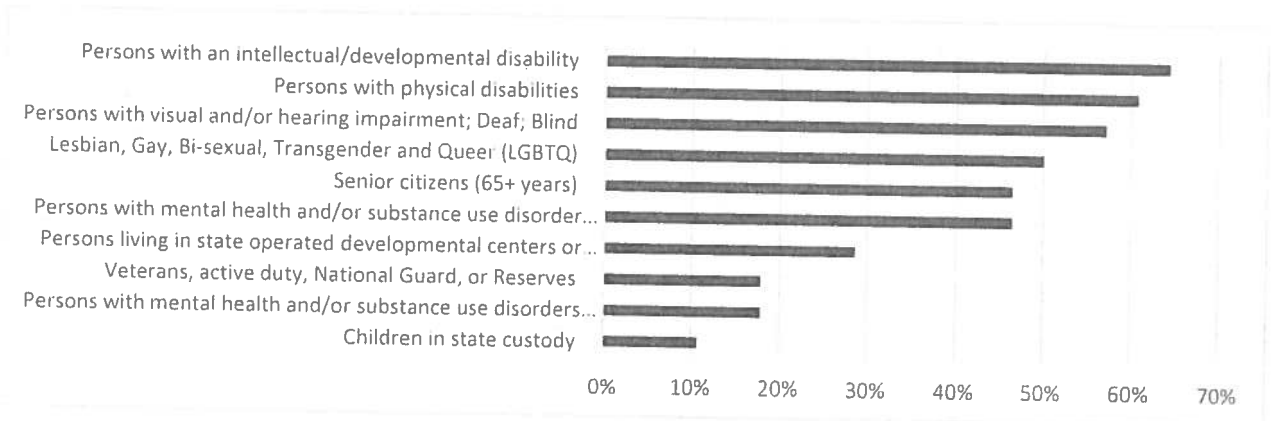
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Champaign County Mental Health Board
ID/DD_Provider Survey
 Report/Results

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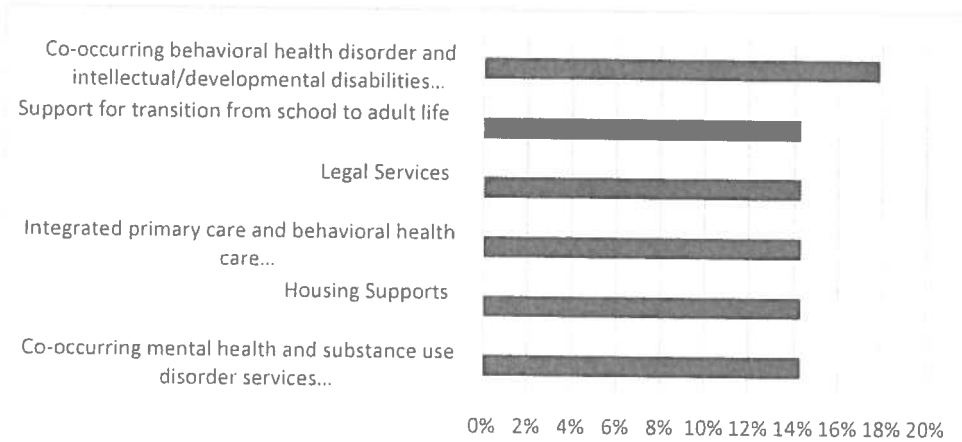
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**Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results**

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Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

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Champaign County Mental Health Board
ID/DD_Provider Survey
Report/Results

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Champaign County Mental Health Board
IDDD_ Stakeholder Survey
 Report/Results

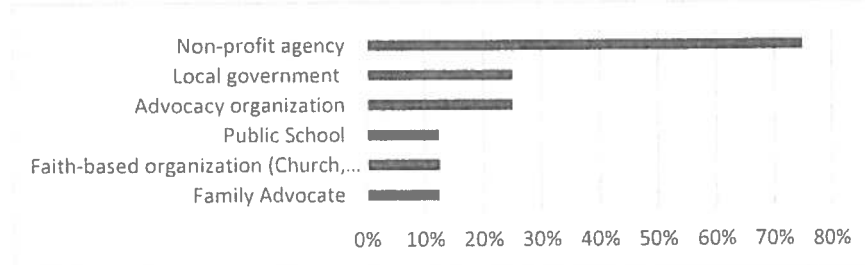
INTRODUCTION: Eight (8) complete responses were received and processed via on-line and manually.

1. What type of organization do you represent? CHECK ALL THAT APPLY

(Only choices selected)

Other:

- DSC
- Park District



2. Please enter the ZIP CODE where you complete the preponderance of your work:

- 61820: 38%
- 61821: 25%
- 61801: 13%
- 61802: 13%
- Did Not Answer: 13%

3. Did you or your organization advocate for persons with an intellectual/developmental disability to help them access the following services?

RESPONSE	QUESTION	%
Yes (50% or more)	Mental health services	88%
	Early childhood/early intervention/Head Start	75%
	ID/DD services or supports	75%
	Mental health crisis services	50%
No (50% or more)	Substance use disorder services	63%
	Co-occurring mental health and substance use disorder services	63%
	Mental health services for people in jail or juvenile detention	50%
	Substance use disorder services for people in jail or juvenile detention or on probation or on parole	50%
	ID/DD services while in jail or juvenile detention	50%
Don't Know	<i>None with more than two respondents checking</i>	

4. Within the last year, did you or your organization interact with persons with an intellectual/developmental disability who may belong to one of the following groups? CHECK ALL THAT APPLY. Top 3 -

- Hispanic or Latino/a Individuals: 75%
- Homeless Population: 63%
- Individuals with any criminal justice involvement: 50%

55

Champaign County Mental Health Board
IDDD_Stakeholder Survey
 Report/Results

5. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following services, for persons with ID/DD. (Please note that "Available with Challenges" means that services are available but there are barriers such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)

RESPONSE	QUESTION	%
Available When Needed (Over 50%)	Information and referral	88%
	School-based services	75%
	Screening	75%
	Advocacy/Linkage	63%
	Developmental Training	63%
	Early childhood/early intervention/Head Start	63%
Available w Challenges (75% or more)	Apartment Services/Community Living	75%
	Care coordination	75%
	Case management/Community supports	75%
	Supported employment	75%
Service Not Available (only answer with 2)	Mental health services while in jail or juvenile detention	25%
Do Not Know	Couples services	100%
	WRAP (Wellness Recovery Action Plan)	100%

6. Based on your experience and knowledge of the service system in Champaign County, are there barriers that deter persons with intellectual and developmental disabilities from accessing the most appropriate services? If so, how often do the barriers occur?

RESPONSE	QUESTION	%
Often Top 3	Financial Issues	75%
	Transportation Issues	38%
	Unaware of service availability	38%
Sometimes Top 3	Services too far away	63%
	Medical issues	50%
	Services do not meet needs	50%
Seldom	No option selected more than once	25%

7. Please tell us about service needs or service gaps you have experienced that you want brought to our attention.

The programs exist to provide services but the funding doesn't exist to support enough people in need of the services. Specifically, state funding is frequently not enough to allow an organization to provide the level of service necessary or to provide it in a manner that works well.

The drive to encourage more community involvement is also key and very important but we need to make sure those individuals who are not able to participate (lack of programs, funding, ability, etc) are not overlooked and the limited options they currently have are not lost.

Two significant concerns: 1) financial strains stemming from eroded State financial support (stagnant State rates for 10+ years eroded by costs inflation), and 2) potential elimination of a full continuum of supports and services for individuals of all levels of abilities/disabilities in pursuit of the important and laudable goal of primarily 'community-based supports and services.

Insufficient state funding. Rates are too low.

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Question	Response (Respondent's Comments NOT Edited)	Count	%
1. Are you a person who has a developmental disability?	No	7	78%
	Yes	2	22%
2. Do you live in Champaign County, Illinois?	No	8	89%
	Yes	1	11%
3. What is important to you?	Advocating for myself and for others.	1	11%
	Community involvement and accessibility	1	11%
	Family	1	11%
	Make a way for someone else.	1	11%
	More free events fun events not just going to library events. If they want to do a paid trip but has no money being treated once awhile.	1	11%
	My Family	1	11%
	My children and their needs	1	11%
	To live your life and not have to be bothered by the remnants of being a stroke survivor.	1	11%
	Did Not Answer	1	11%
	Did Not Answer	1	11%
4. Do you like where you live?	Yes	5	56%
	Did Not Answer	4	44%
5. Tell us about where you live. (Check all that apply.)	With a spouse or significant other	3	33%
	With my child(ren)	3	33%
	By myself	3	33%
	With a pet	3	33%
	In a house	3	33%
	With parent(s) or other family member(s)	2	22%
	With other people who have disabilities	2	22%
	I own my home	2	22%
	I rent my home	2	22%
	In an apartment	2	22%
	Checked	1	11%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
if "Other", please specify.	Did Not Answer	9	100%
6. Do you want to change something about your home?			
if "Yes", please describe:	No	5	56%
	Yes	2	22%
	Did Not Answer	2	22%
	Needs Repair	1	11%
	Taking care of the situation but defiantly location.	1	11%
	Did Not Answer	7	78%
7. Does someone help you with anything in your home?			
if "Yes", please describe:	Yes	4	44%
	No	3	33%
	Did Not Answer	2	22%
	Finances, bills, shopping	1	11%
	I have a psw who helps me	1	11%
	I hire my own Personal assistants to assist me.	1	11%
	My mom.	1	11%
	Did Not Answer	5	56%
8. Do you have a job?	Yes	5	56%
	No	2	22%
	Did Not Answer	2	22%
9. Do you have the job you want?	Yes	4	44%
	No	3	33%
	Did Not Answer	2	22%
10. Tell us about your job. (Check all that apply.)			
Part time	Checked	3	33%
Other (Please specify below)	Checked	2	22%
Full time	Checked	1	11%
In the community	Checked	1	11%
Please describe.	I'm retired and I volunteer	1	11%
	Volunteer	1	11%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
	Did Not Answer	7	78%
11. Do you want to change something about your job?	No	6	67%
	Yes	1	11%
	Did Not Answer	2	22%
if "Yes", please describe.	Disability sensitivity, and following the law about discrimination	1	11%
	Did Not Answer	8	89%
12. Does someone help you with anything at your job?	No	4	44%
	Yes	3	33%
	Did Not Answer	2	22%
if "Yes", please describe	My coworkers.	1	11%
	Other workers help	1	11%
	Did Not Answer	7	78%
13. Does someone help you learn skills for a job that you want?	No	4	44%
	Yes	3	33%
	Did Not Answer	2	22%
14. Do you go to school or take classes?	Checked	6	67%
I do not go to school or take classes. If "Other", please specify.	Did Not Answer	9	100%
15. Does someone help you with classes?	No	5	56%
	Did Not Answer	4	44%
16. What do you do with your spare time? (Check all that apply.)	Checked	3	33%
Movies	Checked	2	22%
Church	Checked	2	22%
Community Event/Festival	Checked	2	22%
Hang out with friends	Checked	2	22%
Self-advocacy or other activism	Checked	2	22%

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IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Fitness/dance	Checked	1	11%
Music/Singing/Concert	Checked	1	11%
Writing	Checked	1	11%
Gardening	Checked	1	11%
Shopping/Garage Sale	Checked	1	11%
Travel	Checked	1	11%
Cooking	Checked	1	11%
Sports/bowling	UnChecked	9	100%
Art	UnChecked	9	100%
Museum/Zoo	UnChecked	9	100%
Take care of someone	UnChecked	9	100%
Camp	UnChecked	9	100%
Theater/Acting	UnChecked	9	100%
Club	UnChecked	9	100%
Horseback Riding	UnChecked	9	100%
Pets	UnChecked	8	89%
Fitness/dance	UnChecked	8	89%
Music/Singing/Concert	UnChecked	8	89%
Writing	UnChecked	8	89%
Gardening	UnChecked	8	89%
Shopping/Garage Sale	UnChecked	8	89%
Travel	UnChecked	8	89%
Cooking	UnChecked	7	78%
Church	UnChecked	7	78%
Community Event/Festival	UnChecked	7	78%
Hang out with friends	UnChecked	7	78%
Self-advocacy or other activism	UnChecked	6	67%
Movies	UnChecked	2	22%
Other (Please specify)	Checked	1	11%
	No spare time	1	11%
	Work part-time, hang out with my mom and live a low-key life.	1	11%
	Did Not Answer	7	78%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
17. If you want to do any of the things listed above, what do you need and do not have access to? (Check all that apply.)			
Money to pay for it	Checked	2	22%
What I want isn't offered anywhere	Checked	2	22%
A way to get there, a ride, a bus, a cab	Checked	1	11%
Someone to go with me	Checked	1	11%
Find out how to sign up for things	UnChecked	9	100%
Help signing up	UnChecked	9	100%
A way to get there, a ride, a bus, a cab	UnChecked	8	89%
Someone to go with me	UnChecked	8	89%
Money to pay for it	UnChecked	7	78%
What I want isn't offered anywhere	UnChecked	7	78%
Other (Please specify below)	Checked	2	22%
Other (Please specify below)	UnChecked	7	78%
(6) If "Other", please specify.	No extra money get disability	1	11%
	Did Not Answer	8	89%
18. What services or supports are you receiving? (CHECK ALL THAT APPLY)			
Counseling/Therapy	Checked	3	33%
Support Group	Checked	2	22%
Self-Advocacy Support	Checked	1	11%
HomeDid Not AnswerBased Support Services (HBS)	Checked	1	11%
Community Employment Supports	Checked	1	11%
Education	Checked	1	11%
Transportation	Checked	1	11%
Peer Support	Checked	1	11%
Advocacy/Linkage	UnChecked	9	100%
Attend Advocacy Center	UnChecked	9	100%
Residential (CILA)	UnChecked	9	100%
Apartment Services/Community Living	UnChecked	9	100%
Sheltered Workshop/Clark Road	UnChecked	9	100%

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Developmental Training	UnChecked	9	100%
Day Program	UnChecked	9	100%
Help with SelfDid Not AnswerCare	UnChecked	9	100%
Transition from school to adulthood	UnChecked	9	100%
Crisis Services	UnChecked	9	100%
Nursing services	UnChecked	9	100%
Psychiatrist	UnChecked	9	100%
Respite	UnChecked	9	100%
Recreation	UnChecked	9	100%
Speech Therapy	UnChecked	9	100%
OT (Occupational Therapy)	UnChecked	8	89%
Self-Advocacy Support	UnChecked	8	89%
HomeDid Not AnswerBased Support Services (HBS)	UnChecked	8	89%
Community Employment Supports	UnChecked	8	89%
Education	UnChecked	8	89%
Transportation	UnChecked	8	89%
Peer Support	UnChecked	7	78%
Support Group	UnChecked	6	67%
Counseling/Therapy	Checked	2	22%
Other (Please specify below)	UnChecked	7	78%
Other (Please specify below)	none	1	11%
If "Other", please specify	Did Not Answer	8	89%

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19. Who provides your services and/or supports? (CHECK ALL THAT APPLY)

Community Choices	Checked	3	33%
Other Please specify below.	Checked	2	22%
Developmental Services Center	Checked	1	11%
Rosecrance	Checked	1	11%
Regional Planning Commission Independent Service	Checked	1	11%
If "School District", please specify.	Did Not Answer	9	100%
CTF Illinois	UnChecked	9	100%
Individual Advocacy Group	UnChecked	9	100%

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Individualized Services	UnChecked	9	100%
Residential Developers/Alan G. Ryle	UnChecked	9	100%
CU Special Recreation	UnChecked	9	100%
School District (specify)	UnChecked	9	100%
United Cerebral Palsy Did Not Answer UCP	UnChecked	9	100%
PACE	UnChecked	9	100%
Illinois Association of Microboards and Cooperatives -	UnChecked	9	100%
IAMC	UnChecked	9	100%
Parent/Advocacy Group	UnChecked	9	100%
Division of Rehab Services	UnChecked	9	100%
Head Start	UnChecked	8	89%
Developmental Services Center	UnChecked	8	89%
Rosecrance	UnChecked	8	89%
Regional Planning Commission - Independent Service	UnChecked	8	89%
Coordination	UnChecked	7	78%
Other - Please specify below.	UnChecked	6	67%
Community Choices	UnChecked	1	11%
If "Other", please specify.	My employer	1	11%
	none	1	11%
	Did Not Answer	7	78%
20. How are these services paid for? (Check all that apply)			
Medicaid	Checked	1	11%
Private Insurance	Checked	1	11%
I Don't Know	Checked	1	11%
Free because a friend or family member helps me	Checked	1	11%
Medicaid waiver	UnChecked	9	100%
School	UnChecked	9	100%
DRS (Department of Rehab Services)	UnChecked	9	100%
Medicare	UnChecked	9	100%
Myself/SelfDid Not AnswerPay/Out of Pocket	UnChecked	9	100%
County/DDB/MHB	UnChecked	9	100%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Sliding Scale	UnChecked	9	100%
Private pay	UnChecked	9	100%
Medicaid	UnChecked	8	89%
Private Insurance	UnChecked	8	89%
I Don't Know	UnChecked	8	89%
Free because a friend or family member helps me	UnChecked	8	89%
Other Did Not Answer please specify below	Checked	1	11%
Other Did Not Answer please specify below	UnChecked	8	89%
if "Other", please specify.	Through my employer.	1	11%
	Did Not Answer	8	89%
21. Do you know how to find the services you want?	No	4	44%
	Did Not Answer	3	33%
	Yes	2	22%
22. How long did you wait for services you wanted?	Did Not Answer	4	44%
	Greater than 1 year	2	22%
	6 - 12 months	1	11%
	Less than 6 months	1	11%
	Other (Please specify below)	1	11%
if "Other", please specify.	I do monthly tutorials through Relias Learning per my employer.	1	11%
	Did Not Answer	8	89%
23. What services do you need or want that you are not receiving? (CHECK ALL THAT APPLY)			
Peer Support	Checked	2	22%
Advocacy/Linkage	Checked	1	11%
Apartment Services/Community Living	Checked	1	11%
Crisis Services	Checked	1	11%
Respite	Checked	1	11%
Counseling/Therapy	Checked	1	11%
Support Group	Checked	1	11%
Recreation	Checked	1	11%
Transportation	Checked	1	11%

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IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Self-Advocacy Support	UnChecked	9	100%
Attend Advocacy Center	UnChecked	9	100%
Residential (CILA)	UnChecked	9	100%
Home-Based Support Services (HBS)	UnChecked	9	100%
Community Employment Supports	UnChecked	9	100%
Sheltered Workshop/Clark Road	UnChecked	9	100%
Developmental Training	UnChecked	9	100%
Day Program	UnChecked	9	100%
Education	UnChecked	9	100%
Help with Self-Care	UnChecked	9	100%
Transition from school to adulthood	UnChecked	9	100%
Nursing services	UnChecked	9	100%
Psychiatrist	UnChecked	9	100%
Speech Therapy	UnChecked	9	100%
OT (Occupational Therapy)	UnChecked	8	89%
Advocacy/Linkage	UnChecked	8	89%
Apartment Services/Community Living	UnChecked	8	89%
Crisis Services	UnChecked	8	89%
Respite	UnChecked	8	89%
Counseling/Therapy	UnChecked	8	89%
Support Group	UnChecked	8	89%
Recreation	UnChecked	8	89%
Transportation	UnChecked	8	89%
Peer Support	UnChecked	7	78%
Other (Please specify below)	Checked	4	44%
Other (Please specify below)	UnChecked	5	56%
If "Other", please specify:	Don't know	1	11%
	Legal assistance for discrimination	1	11%
	N/A	1	11%
	Did Not Answer	6	67%
24. What are the barriers to you having what you want and need?	Did Not Answer	7	78%
Language barrier			

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IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Financial issues	Did Not Answer	7	78%
Services not offered at convenient times	Did Not Answer	7	78%
Belief that ID/DD services won't be helpful	Did Not Answer	6	67%
Collaboration between providers of services	Did Not Answer	6	67%
Eligibility for services	Did Not Answer	6	67%
No interpreter for persons with hearing impairment	Did Not Answer	6	67%
Child care needs	Did Not Answer	6	67%
Insurance coverage issues	Did Not Answer	6	67%
Involvement with justice system	Did Not Answer	6	67%
Medical issues	Did Not Answer	6	67%
Wait too long for intake	Did Not Answer	6	67%
Services do not meet needs	Did Not Answer	6	67%
I do not like the services offered	Did Not Answer	6	67%
There is a waiting list.	Did Not Answer	6	67%
Stigma/embarrassment/fear	Did Not Answer	5	56%
Belief that mental health/substance use disorder services won't be helpful	Did Not Answer	5	56%
Services too far away	Did Not Answer	5	56%
I am told I do not have a qualifying disability.	Did Not Answer	5	56%
I am not sure who to ask.	Did Not Answer	4	44%
Transportation issues	Did Not Answer	4	44%
Unaware of service availability	Did Not Answer	4	44%
Don't know how to access services	Did Not Answer	4	44%
Collaboration between providers of services	Does not apply/do not know	3	33%
No interpreter for persons with hearing impairment	Does not apply/do not know	3	33%
Child care needs	Does not apply/do not know	3	33%
Involvement with justice system	Does not apply/do not know	3	33%
Belief that mental health/substance use disorder services won't be helpful	Does not apply/do not know	3	33%
Transportation issues	Does not apply/do not know	2	22%
Eligibility for services	Does not apply/do not know	2	22%
Language barrier	Does not apply/do not know	2	22%
Insurance coverage issues	Does not apply/do not know	2	22%

Lola

IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Medical issues	Does not apply/do not know	2	22%
Unaware of service availability	Does not apply/do not know	2	22%
Don't know how to access services	Does not apply/do not know	2	22%
Wait too long for intake	Does not apply/do not know	2	22%
Services too far away	Does not apply/do not know	2	22%
I am told I do not have a qualifying disability.	Does not apply/do not know	2	22%
I do not like the services offered	Does not apply/do not know	2	22%
There is a waiting list.	Does not apply/do not know	1	11%
Belief that ID/DD services won't be helpful	Does not apply/do not know	1	11%
Stigma/embarrassment/fear	Does not apply/do not know	1	11%
Financial issues	Does not apply/do not know	1	11%
Services do not meet needs	Does not apply/do not know	1	11%
I am not sure who to ask.	Does not apply/do not know	1	11%
Unaware of service availability	Does not apply/do not know	3	33%
Transportation issues	Often	2	22%
Stigma/embarrassment/fear	Often	2	22%
Don't know how to access services	Often	2	22%
Belief that mental health/substance use disorder services won't be helpful	Often	1	11%
Financial issues	Often	1	11%
Services too far away	Often	1	11%
There is a waiting list.	Often	1	11%
I am not sure who to ask.	Often	1	11%
Belief that ID/DD services won't be helpful	Seldom	1	11%
Eligibility for services	Seldom	1	11%
Services too far away	Seldom	1	11%
I am told I do not have a qualifying disability.	Seldom	1	11%
Services do not meet needs	Sometimes	2	22%
Services not offered at convenient times	Sometimes	2	22%
I am not sure who to ask.	Sometimes	2	22%
Transportation issues	Sometimes	1	11%
Belief that ID/DD services won't be helpful	Sometimes	1	11%
Insurance coverage issues	Sometimes	1	11%

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IDDD: Consumer Survey (9 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Stigma/embarrassment/fear	Sometimes	1	11%
Medical issues	Sometimes	1	11%
Don't know how to access services	Sometimes	1	11%
Wait too long for intake	Sometimes	1	11%
I am told I do not have a qualifying disability.	Sometimes	1	11%
I do not like the services offered	Sometimes	1	11%
Other barriers (Please specify below)	Does not apply/do not know	2	22%
Other barriers (Please specify below)	Did Not Answer	7	78%
If "Other", please specify	Did Not Answer	9	100%
25. Select your age range.			
	23 - 59	5	56%
	Did Not Answer	3	33%
	60+	1	11%
26. In which zip code do you reside?			
	61820 Champaign	3	33%
	61853 Mahomet	1	11%
	61880 Tolono	1	11%
	Did Not Answer	4	44%
	61607	1	11%
	Did Not Answer	8	89%
27. Have you ever been told you have any of the following diagnoses?			
Epilepsy	Checked	3	33%
Developmental Disability	Checked	2	22%
Health Problem	Checked	2	22%
Autism or related	Checked	1	11%
Aspergers	Checked	1	11%
Mental Health Condition	Checked	1	11%
Intellectual Disability	UnChecked	9	100%
Cerebral Palsy	UnChecked	9	100%
Autism or related	UnChecked	8	89%
Aspergers	UnChecked	8	89%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental Health Condition	UnChecked	8	89%
Developmental Disability	UnChecked	7	78%
Health Problem	UnChecked	7	78%
Epilepsy	UnChecked	6	67%
Other (Please specify)	Checked	1	11%
Other (Please specify)	UnChecked	8	89%
if "Other", please specify:	Stroke survivor	1	11%
if "Other", please specify:	Did Not Answer	8	89%
28. Did anyone help you fill out this survey?	No	5	56%
	Did Not Answer	3	33%
	Yes	1	11%
29. Is there anything else we should know about you?	Did Not Answer	5	56%
	I am a stroke survivor who suffered an absence seizure in 2016. I am currently taking Keppra, feel fine now, but am having visual disturbances in my left eye (the stroke affected my left side as well) but can see ok. I will visit my neurologist through his nurse practitioner in December and may need my eyes checked out.	1	11%
	I do not like DHS or DCFS. They are not fair.	1	11%
	No	1	11%
	None	1	11%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
1. Are you a family member, caregiver, loved one, and/or guardian of a person who has an intellectual and/or developmental disability?	Yes	42	100%
	No		
2. Does the person live in Champaign County, Illinois?	Yes	38	90%
	-	3	7%
	No	1	2%
3. What is important to you regarding the person in your life who has a developmental disability?	A nice place to live and a job to do.	1	2%
	A safe and caring living situation (group Home) that provides 24 hr care. A supervised work environment.	1	2%
	Being included in a community, access to various services, therapies and equipment.	1	2%
	Feeling safe in the group home he lives in. Participating in activities with his house mates. Continuing to enjoy working at Clark Rd.	1	2%
	Happy, painfree, inclusive life	1	2%
	I have him in a behavior facility for his disability at this time for him to get help he needs at this time so he'll be able to come back home.	1	2%
	I want my daughter to live as independently and safely as possible. I want her to be challenged but successful. I want her to be able to live in a safe neighborhood with support. I want her to have a paid job and a way to safely get to that job. I want her to have friends. I want to maximize her abilities.	1	2%
	I want to know that my family member who can not always articulate things is not being mistreated and being taken care of. I want to know that they are in a safe environment both in the home and at work.	1	2%
	I would like for them to be happy and content and to live as independently as possible.	1	2%
	I would like for them to be happy in their life and living as independently as they possibly can.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	It is important my brother be able to live in his community of choice, a small town in rural Champaign County, and have access to community services and programs that anyone else in the community has access to without regard to ID/DD.	1	2%
	It is important that my son have the opportunity to live a fully integrated life in the community with the supports he needs to live outside our family home. It is important that he gets to decide how he lives his life - as long as it is safe for him and others.	1	2%
	It is important to me that she has the same choices as all people; however, it is equally important that she receives the guidance and assistance needed in making those decisions. It is extremely important to me that she be able to get services when needed, and we know in the state of Illinois that is not the case.	1	2%
	Just want them to have the best life possible.	1	2%
	Options and supports for participating in community life.	1	2%
	Quality of life outcomes such as friendship, self-determination, & employment!	1	2%
	School resources and community resources	1	2%
	Services for the individual at Development Services Center as a young adult graduating from High School and needing a shadowing for him!	1	2%
	Services/Supports	1	2%
	Services/support	1	2%
	That he has the same opportunities for his future as any other child	1	2%
	That she grows up to be a happy and mostly independent adult	1	2%
	That she is happy, healthy and safe.	1	2%
	That they are treated with respect.	1	2%
	That they can live independently (hold a job, take care of finances, etc) and have meaningful relationships with others.	1	2%
	That they have opportunities to be contributing members of their community. I have two daughters with disabilities, one is 18, the other is 8.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	That this person gets treated with the respect they deserve and not looked down upon because they have a developmental disability.	1	2%
	To feel that there are opportunities in our community to truly develop living skills, social skills, and recreation to increase chances for more independence and a more fulfilling life. Simply housing someone and trying to fill up the day with activities is not enough. More group homes are needed in our community. These homes should be a true "home", a place of support and not treated as institutions where normal everyday choices are nonexistent (what to eat for each meal etc.etc.)	1	2%
	Where she can live, work and enjoy her life	1	2%
	ability to receive services so she can eventually lead an independent lifestyle	1	2%
	resources to live an enriched life in East Central IL, full of opportunities	1	2%
	respite care and life coaching	1	2%
	that he is able to live a productive and interdependent life in this community	1	2%
	Did Not Answer	9	21%
	Checked	29	69%
	Checked	13	31%
	Checked	11	26%
	Checked	7	17%
	Checked	4	10%
	Checked	3	7%
	Checked	3	7%
	Checked	2	5%
	Checked	1	2%
	UnChecked	42	100%
	UnChecked	42	100%
	UnChecked	42	100%

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4. Tell us about where they live. (Check all that apply.)

- With parent(s) or other family member(s)
- In a house
- With a pet
- With other people who have disabilities
- In an apartment
- Live alone
- They rent their home
- They own their home
- With friend(s)
- With a spouse or significant other
- With their child(ren)
- In a condominium

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
In a nursing home	UnChecked	42	100%
With friend(s)	UnChecked	41	98%
They own their home	UnChecked	40	95%
Live alone	UnChecked	39	93%
They rent their home	UnChecked	39	93%
In an apartment	UnChecked	38	90%
With other people who have disabilities	UnChecked	35	83%
With a pet	UnChecked	31	74%
In a house	UnChecked	29	69%
With parent(s) or other family member(s)	UnChecked	13	31%
Other (Please specify below)	Checked	1	2%
Other (Please specify below)	UnChecked	41	98%
	Home is owned 25% each by his 3 brothers and sisters and special needs trust.	1	2%
	They pay room and board to parents	1	2%
	Did Not Answer	40	95%
	No	20	48%
	Yes	22	52%
	Although my son will be turning 18 soon, we worry about where he will live, and if he can keep a job or afford rent.	1	2%
	Another bedroom on main floor with accessible bathroom	1	2%
	As brother ages, the home will need modifications. It has stairways to get into the house and to his 2nd floor bedroom. So perhaps buy a different house or get an apartment, but will he be welcomed by neighbors and safe?	1	2%
	Better pay so that there is not so much staff turnover. Also, perhaps, a group home with fewer residents would help quality of life.	1	2%
	Eventually, I would like my daughter to live in supported housing with a roommate or 2. It would be great if there was some sort of step down system. High support initially but moving her toward less support as she learned more skills.	1	2%

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5. Do you want to change something about their home and/or where they live?

if "Yes", please describe:

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>I know that with the ongoing State budget getting quality help is often difficult. However, I believe that there are issues at some of the group homes that is overlooked because they are already understaffed and under paid. It is a shame they can't address issues because they fear losing more bodies. I have also heard that staff have complained about issues up the chain of command however, when asked about complaints I have been told there are none when I know for a fact there have been staff complaints.</p>	1	2%
	<p>I want him to live outside our families home. He is an adult. I want there to be a continuum of supported housing available so individuals can move from their family homes with the right amount of support. Something like a dorm first - then on to more independent living as he acquires the skills he needs.</p>	1	2%
	<p>I want him to get well so he'll come back home.</p>	1	2%
	<p>I want them to live in a group home instead of with their parents.</p>	1	2%
	<p>I want them to someday be living outside of our home, but they are too young and not ready yet.</p>	1	2%
	<p>I would like a bigger house but that is unrelated</p>	1	2%
	<p>I would like for her group home to get staffed, so she can move in.</p>	1	2%
	<p>I would like for my child to eventually move into their own house (with a basement) and a roommate and a pet.</p>	1	2%
	<p>I would like for them to be able to eventually move out of the family home and into a small house (with a basement) where they could live with a roommate and a pet.</p>	1	2%
	<p>It would be nice if they could get the home fully staffed as it was when they moved in, and also have a house manager (which they have been without for six months).</p>	1	2%
	<p>It would be nice to have a second bathroom.</p>	1	2%
	<p>Make more accessible/comfortable</p>	1	2%
	<p>Not for now, he is only 14</p>	1	2%
	<p>Stairs</p>	1	2%
	<p>We love having our son live with us but realize we will not be around forever.</p>	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	We recently moved in with my sister and brother in law	1	2%
	Would love to have someone that wants to live with her for more than one year at a time	1	2%
	we would like him to be living with other young people in the community	1	2%
	Did Not Answer	19	45%
	No	26	62%
	Yes	13	31%
	Did Not Answer	3	7%
	A big problem is that my son does not want to leave the family home. However, if there was the right supported housing available for young adults that looked like fun - and had the right support - he could change his mind.	1	2%
	He wants a dish washer!	1	2%
	He wants more independence ;)	1	2%
	He wants to live independently, but is not sure he can do it yet.	1	2%
	I assume this is geared more toward adults that are considering independent living situations vs group homes or living with their families?	1	2%
	It would be nice to have a second bathroom.	1	2%
	My family member wants good staff who don't yell and take good care of them.	1	2%
	Our son is 14 now. At his recent "transition" I.E.P. when talking about living arrangements, he's interested in living ON OUR PROPERTY, but not necessarily WITH us, as we eye home improvements and upgrades to the backyard Shed as a "guest house" inside the next 10 years!	1	2%
	Our son seems to enjoy living with us. We try to be very supportive and provide opportunities.	1	2%
	Stairs	1	2%
	Transportation to DSC!	1	2%

6. Do they want to change something about their home and/or where they live?

If "Yes", please describe:

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Unknown for sure. Individual is nonverbal.	1	2%
	he would like to live in an apartment or house like his sisters do, not with his parents	1	2%
	they like moving in with aunt and uncle	1	2%
	Did Not Answer	28	67%
7. Tell us about the person's job. (Check all that apply.)			
Part time	Checked	16	38%
Community	Checked	11	26%
Agency workshop	Checked	8	19%
Full time	Checked	1	2%
Temporary	UnChecked	42	100%
Self-employed, my own business	UnChecked	42	100%
Family business	UnChecked	42	100%
Full time	UnChecked	41	98%
Agency workshop	UnChecked	34	81%
Community	UnChecked	31	74%
Part time	UnChecked	26	62%
Other (Please specify below)	Checked	10	24%
Other (Please specify below)	UnChecked	32	76%
If "Other", please specify.	Champaign County Humane Society "Pet Pal Program" volunteering 2x a month	1	2%
	Child does not work	1	2%
	Currently volunteers are a long term care facility in town.	1	2%
	Elementary school	1	2%
	Elementary school student	1	2%
	Junior High Student	1	2%
	Minor	1	2%
	My daughter is in her last year of Young Adult Program through the school system	1	2%
	None	1	2%
	Still in High School doing the life skills program. Needing a job at DSC!	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Student	1	2%
	Volunteer	1	2%
	currently a student	1	2%
	looking for work	1	2%
	student	1	2%
	-	27	64%
	Yes	21	50%
	No	12	29%
	-	9	21%
	-	1	2%
8. Does the person have the job they want?			
If "No", please describe.			
	Brother has had an employment consultant since August 2016. He wants a job at the nursing home in town where he volunteers. He applied for 2 jobs with help of the employment specialist. The employment specialist has been playing phone and email tag with people at the nursing home. I am very frustrated and feel the employment consultant needs to make things happen or I might as well be doing it myself! But I live 100 miles away; other brothers and sisters are out of state.	1	2%
	Currently a full time student	1	2%
	He has a job at the high school for an hour a day, but it is ending (he wasn't able to keep up).	1	2%
	He's not "of working age" but DOES want to work with non-judgemental animals	1	2%
	He's only 14, but has had one temporary job mowing grass. He did NOT like that. He wants to go to college, be a lawyer, and live in his own house in Seattle.	1	2%
	N/A	1	2%
	Not really applicable	1	2%
	She is still in school and exploring job possibilities. It's difficult for her to know what she might like to do when she is unaware of all the possibilities.	1	2%
	Still looking for work	1	2%
	The places he wants to work have not been willing to hire him.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Did Not Answer	32	76%
9. Do they want to change something about their job?			
If "Yes", please describe	No	21	50%
	Did Not Answer	14	33%
	Yes	7	17%
	At this point, she and I would like to see her hours lowered by eight hours a week.	1	2%
	Could use more hours if behavior better	1	2%
	He wants a job - where he wants it.	1	2%
	He would like more hours (after school/weekends) at a job that does not overwhelm him.	1	2%
	He's only 14	1	2%
	Not sure	1	2%
	She would like to be working more.	1	2%
	Too much "free" time. Need more actual work.	1	2%
	she would like more hours	1	2%
	Did Not Answer	33	79%
10. Do you want to change something about their job?			
If "Yes", please describe.	No	18	43%
	Yes	10	24%
	Did Not Answer	14	33%
	"Job" is not a particularly relevant description. Individual does not understand economic goals, achievement, earning, etc. very well.	1	2%
	As my family member ages I feel that consideration needs to be given to the hours they currently work. I feel my family member requires more rest and the schedule and the house hours of staff do not allow for this.	1	2%
	He needs a job coach to check in with his employer once a week, and then offer guidance/feedback. However, the school took away his IEP so he does not have access to job coaching/life skills classes.	1	2%
	He's only 14	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	His volunteer job could be developed to be more than the menial tasks he does; why not work with the facility to develop meaningful volunteer projects? He just gets shoved aside, No one seems to be mentoring him or supporting him to get out in the community.	1	2%
	I want him to have a job with a good fit.	1	2%
	I would like her to have more hours	1	2%
	I would like to see her get more hours at Clark Rd and learning some different jobs.	1	2%
	More hrs	1	2%
	Same as above	1	2%
	Too much "free" time. Need more actual work.	1	2%
	Would like to increase the number of hours he works but he needs to be supported. Not sure how to move to next step. Trying to work on that with DSC.	1	2%
	Did Not Answer	30	71%

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11. Does the person go to school or take classes? (Check all that apply)

They do not go to school or take classes.	Checked	14	33%
Middle/junior high school	Checked	6	14%
Elementary/grade school	Checked	5	12%
Pre-school/Head Start	Checked	3	7%
At an agency with other people who have disabilities	Checked	3	7%
High school	Checked	2	5%
Church	Checked	2	5%
Private school	Checked	1	2%
Home school	Checked	1	2%
Adult Education	Checked	1	2%
Park district	Checked	1	2%
College	UnChecked	42	100%
Private school	UnChecked	41	98%
Home school	UnChecked	41	98%
Adult Education	UnChecked	41	98%
Park district	UnChecked	41	98%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
High school	UnChecked	40	95%
Church	UnChecked	40	95%
Pre-school/Head Start	UnChecked	39	93%
At an agency with other people who have disabilities	UnChecked	39	93%
Elementary/grade school	UnChecked	37	88%
Middle/junior high school	UnChecked	36	86%
They do not go to school or take classes.	UnChecked	28	67%
Other (Please specify below)	Checked	7	17%
Other (Please specify below)	UnChecked	35	83%
if "Other", please specify.	Early Intervention	1	2%
	Family events.	1	2%
	Homeschool preschool	1	2%
	Mom is a stay at home mom. son is in elementary school.	1	2%
	Stephens Family YMCA	1	2%
	Young Adult Program through school district	1	2%
	has taken Community Choices workshops but experienced CCARTS problems!	1	2%
	we are trying to get into the Reading Group (but it's \$67 per hr, ouch!)	1	2%
	Did Not Answer	34	81%

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12. What does the person like to do with their spare time? (Check all that apply.)

Community Event/Festival	Checked	21	50%
Sports/bowling	Checked	19	45%
Hang out with friends	Checked	19	45%
Music/Singing/Concert	Checked	17	40%
Movies	Checked	17	40%
Cooking	Checked	16	38%
Pets	Checked	14	33%
Fitness/dance	Checked	13	31%
Museum/Zoo	Checked	11	26%
Travel	Checked	10	24%
Church	Checked	9	21%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Theater/Acting	Checked	7	17%
Shopping/Garage Sale	Checked	6	14%
Club	Checked	6	14%
Art	Checked	5	12%
Camp	Checked	5	12%
Self-advocacy or other activism	Checked	4	10%
Horseback Riding	Checked	4	10%
Writing	Checked	1	2%
Gardening	Checked	1	2%
Take care of someone	UnChecked	42	100%
Writing	UnChecked	41	98%
Gardening	UnChecked	41	98%
Self-advocacy or other activism	UnChecked	38	90%
Horseback Riding	UnChecked	38	90%
Art	UnChecked	37	88%
Camp	UnChecked	37	88%
Shopping/Garage Sale	UnChecked	36	86%
Club	UnChecked	36	86%
Theater/Acting	UnChecked	35	83%
Church	UnChecked	33	79%
Travel	UnChecked	32	76%
Museum/Zoo	UnChecked	31	74%
Fitness/dance	UnChecked	29	69%
Pets	UnChecked	28	67%
Cooking	UnChecked	26	62%
Music/Singing/Concert	UnChecked	25	60%
Movies	UnChecked	25	60%
Sports/bowling	UnChecked	23	55%
Hang out with friends	UnChecked	23	55%
Community Event/Festival	UnChecked	21	50%
Other (Please specify)	Checked	14	33%
Other (Please specify)	UnChecked	28	67%
If "Other", please specify	Adaptive sports,	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Computer	1	2%
	Computers. Games.	1	2%
	Eat fried chicken!	1	2%
	Going to restaurants and live musicals.	1	2%
	Play video games and watch YouTube videos	1	2%
	Play, sleep	1	2%
	Puzzles, games and computer	1	2%
	Scouts, Civil Air Patrol, Archery	1	2%
	Using his computer and watching tv in his room.	1	2%
	Video gaming	1	2%
	Volunteers at Y to keep busy	1	2%
	being read to	1	2%
	coloring	1	2%
	flea market, church 50 and Over club, german club; family outings;	1	2%
	volunteering	1	2%
	gaming (?)	1	2%
	my son loves Antique Stores	1	2%
	play video games and go swimming	1	2%
	swimming	1	2%
	Did Not Answer	23	55%

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13. If they want to do any of the things listed above, what do they need and do not have access to?(Check all that apply.)

Someone to go with them	Checked	23	55%
A way to get there, a ride, a bus, a cab	Checked	14	33%
Money to pay for it	Checked	12	29%
Help signing up	Checked	11	26%
Find out how to sign up for things	Checked	7	17%
What they want isn't offered anywhere	Checked	3	7%
What they want isn't offered anywhere	UnChecked	39	93%
Find out how to sign up for things	UnChecked	35	83%
Help signing up	UnChecked	31	74%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Money to pay for it	UnChecked	30	71%
A way to get there, a ride, a bus, a cab	UnChecked	28	67%
Someone to go with them	UnChecked	19	45%
Other (Please specify below)	Checked	7	17%
Other (Please specify below)	UnChecked	35	83%
If "Other", please specify.	Accessible social opportunities to engage in these activities An adult	1	2%
	Budgeting is most difficult. Often needs parental assistance.	1	2%
	My son would love to sing in a community chorus which includes nondisabled.	1	2%
	Need the CCARTS van and staff to understand needs of people with disabilities	1	2%
	Nothing...she is able to access her areas of interest	1	2%
	They have access through their parents. Budgeting is difficult for them.	1	2%
	Wants to be left alone	1	2%
	since they are not fully staffed, there isn't always someone to go with them	1	2%
	Did Not Answer	33	79%
14. Are there supports you need for the person to be able to do the things they want to do?	Just a voice for them to be able to do the things.	1	2%
	My daughter needs a friend to go with her and encourage her. Sign language interpreters would also be helpful.	1	2%
	Need additional money to pay for support workers.	1	2%
	No	1	2%
	No they have support workers working with them.	1	2%
	Not at this time.	1	2%
	She needs help with money management, including making sure she pays the correct amount for things and gets correct change.	1	2%
	Some nursing support is required to participate in outdoor/overnight activities	1	2%
	Someone to go with her, a ride and money.	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Someone with a sense of humor who will entice him to go places with him/her.	1	2%
	Transportation	1	2%
	Transportation and someone to go with him!	1	2%
	Transportation, help to sign up and reminders	1	2%
	YES. my brother needs more support workers, it is very difficult to recruit. when his support worker is ill or caring for sick family members he just sits at home (quite often). Need training for support workers on how to motivate and support him; yelling and threats are not a good method. Bullying doesn't help. It is very frustrating the lack of supports to help someone with ID/DD stay in their own rural community. Lack of community understanding. They think the family should do everything.	1	2%
	Yes	3	7%
	Yes, if my husband and I were not available, then our son would need much support similar to the needs of a child.	1	2%
	Yes, more "supported" activities--something in between regular extracurricular and completely segregated groups, particularly as related to after school opportunities!	1	2%
	Yes. He does not travel independently or stay home alone. He needs to be in a structured class or event.	1	2%
	Yes. DSC doesn't have sufficient staff for recreational outings like bowling.	1	2%
	family	1	2%
	people from the alliance and choices	1	2%
	Did Not Answer	19	45%
15. What services or supports is the person receiving? (CHECK ALL THAT APPLY)			
	Home-Based Support Services (HBS)	11	26%
	Advocacy/Linkage	8	19%
	Community Employment Supports	8	19%
	Education	8	19%
	Help with Self-Care	8	19%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Transportation	Checked	8	19%
Speech Therapy	Checked	8	19%
Residential (CILA)	Checked	7	17%
Recreation	Checked	7	17%
Day Program	Checked	6	14%
Psychiatrist	Checked	5	12%
Counseling/Therapy	Checked	5	12%
OT (Occupational Therapy)	Checked	5	12%
Self-Advocacy Support	Checked	4	10%
Sheltered Workshop/Clark Road	Checked	3	7%
Developmental Training	Checked	3	7%
Nursing services	Checked	3	7%
Apartment Services/Community Living	Checked	2	5%
Respite	Checked	2	5%
Attend Advocacy Center	Checked	1	2%
Crisis Services	Checked	1	2%
Support Group	Checked	1	2%
Peer Support	Checked	1	2%
Transition from school to adulthood	UnChecked	42	100%
Attend Advocacy Center	UnChecked	41	98%
Crisis Services	UnChecked	41	98%
Support Group	UnChecked	41	98%
Peer Support	UnChecked	41	98%
Apartment Services/Community Living	UnChecked	40	95%
Respite	UnChecked	40	95%
Sheltered Workshop/Clark Road	UnChecked	39	93%
Developmental Training	UnChecked	39	93%
Nursing services	UnChecked	39	93%
Self-Advocacy Support	UnChecked	38	90%
Psychiatrist	UnChecked	37	88%
Counseling/Therapy	UnChecked	37	88%
OT (Occupational Therapy)	UnChecked	37	88%
Day Program	UnChecked	36	86%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Residential (CILA)	UnChecked	35	83%
Recreation	UnChecked	35	83%
Advocacy/Linkage	UnChecked	34	81%
Community Employment Supports	UnChecked	34	81%
Education	UnChecked	34	81%
Help with Self-Care	UnChecked	34	81%
Transportation	UnChecked	34	81%
Speech Therapy	UnChecked	34	81%
Home-Based Support Services (HBS)	UnChecked	31	74%
Other (Please specify below)	Checked	6	14%
Other (Please specify below)	UnChecked	36	86%
If "Other", please specify	Applied Behavioral Analysis Therapy	1	2%
	None	1	2%
	Physical therapy	1	2%
	Physical therapy, respite	1	2%
	Supports are not the greatest.	1	2%
	TAP	1	2%
	Tutoring - He has 3rd grade math skills, but needs to pass high school courses	1	2%
	social work	1	2%
	we WERE receiving a "respite" allowance from DSC until funding ran out :-)	1	2%
	Did Not Answer	33	79%

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16. How are these services paid for? (Check all that apply)

Medicaid	Checked	12	29%
School	Checked	10	24%
Private Insurance	Checked	8	19%
Themselves/Self-Pay/Out of Pocket	Checked	7	17%
Medicaid waiver	Checked	6	14%
Private pay	Checked	6	14%
County/DDB/MHB	Checked	5	12%
Free because a friend or family member helps them	Checked	5	12%

IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Medicare	Checked	3	7%
I Don't Know	Checked	3	7%
DRS (Department of Rehab Services)	Checked	1	2%
Sliding Scale	Checked	1	2%
DRS (Department of Rehab Services)	UnChecked	41	98%
Sliding Scale	UnChecked	41	98%
Medicare	UnChecked	39	93%
I Don't Know	UnChecked	39	93%
County/DDB/MHB	UnChecked	37	88%
Free because a friend or family member helps them	UnChecked	37	88%
Medicaid waiver	UnChecked	36	86%
Private pay	UnChecked	36	86%
Themselves/Self-Pay/Out of Pocket	UnChecked	35	83%
Private Insurance	UnChecked	34	81%
School	UnChecked	32	76%
Medicaid	UnChecked	30	71%
Other, Please specify below	Checked	4	10%
Other, Please specify below	UnChecked	38	90%
If "Other" please specify.	DSC	2	5%
	I do it myself	1	2%
	SSDI	2	5%
	she's on medicaid because of foster status rather than because of disability	1	2%
	Did Not Answer	36	86%
17. If the person is currently waiting for services or not yet in need of services, do they have Medicaid?			
	-	15	36%
	Yes	14	33%
	No	12	29%
	I don't know	1	2%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
18. If the person is currently waiting for services, are they enrolled in the state's PUNS (Prioritization Urgency of Need of Services) database?	Did Not Answer	16	38%
	Yes	13	31%
	No	8	19%
	Do not know	5	12%
19. Do they know how to find the services they want?	Yes	15	36%
	Did Not Answer	11	26%
	No	10	24%
20. How long did the person wait for services they wanted?	Do not know	6	14%
	Did Not Answer	21	50%
	Greater than 1 year	11	26%
21. What services do they need or want that they are not receiving? (CHECK ALL THAT APPLY)	Other (Please specify below)	5	12%
	Less than 6 months	4	10%
	6 - 12 months	1	2%
	Recreation supports	Checked	9
Transportation	Checked	9	21%
Employment services and supports	Checked	8	19%
Housing Supports	Checked	7	17%
Residential services or support for independent community living	Checked	7	17%
Peer Support	Checked	5	12%
Support for transition from school to adult life	Checked	5	12%
Coordination of services/care	Checked	4	10%
OT (Occupational Therapy)	Checked	4	10%
Respite services	Checked	4	10%
Benefits Support	Checked	3	7%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Checked	3	7%
Counseling/therapy (group or individual)	Checked	3	7%
Day Program	Checked	3	7%
Education	Checked	3	7%
Mental health services	Checked	2	5%
Speech Therapy	Checked	2	5%
Integrated primary care and behavioral health care	Checked	1	2%
Legal Services	Checked	1	2%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	Checked	1	2%
Co-occurring mental health and substance use disorder services	UnChecked	42	100%
Crisis Services	UnChecked	42	100%
Early childhood	UnChecked	42	100%
Mental health services while in jail or juvenile detention or on probation or parole	UnChecked	42	100%
Substance use disorder services	UnChecked	42	100%
Substance use disorder services while in jail or juvenile detention or on probation or parole	UnChecked	42	100%
Integrated primary care and behavioral health care	UnChecked	41	98%
Legal Services	UnChecked	41	98%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	UnChecked	41	98%
Mental health services	UnChecked	40	95%
Speech Therapy	UnChecked	40	95%
Benefits Support	UnChecked	39	93%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	UnChecked	39	93%
Counseling/therapy (group or individual)	UnChecked	39	93%
Day Program	UnChecked	39	93%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Education	UnChecked	39	93%
Coordination of services/care	UnChecked	38	90%
OT (Occupational Therapy)	UnChecked	38	90%
Respite services	UnChecked	38	90%
Peer Support	UnChecked	37	88%
Support for transition from school to adult life	UnChecked	37	88%
Housing Supports	UnChecked	35	83%
Residential services or support for independent community living	UnChecked	35	83%
Employment services and supports	UnChecked	34	81%
Recreation supports	UnChecked	33	79%
Transportation	UnChecked	33	79%
Other (Please specify below)	Checked	1	2%
Other (Please specify below)	UnChecked	41	98%
If "Other", please specify:	After school programming! we are just getting into the age where more of this applies Did Not Answer	1 1 40	2% 2% 95%
22. Who does the person currently receive services from? (CHECK ALL THAT APPLY)			
Developmental Services Center	Checked	16	38%
CU Special Recreation	Checked	10	24%
School District (specify)	Checked	9	21%
If "School District", please specify.	Fisher School District	1	2%
If "School District", please specify.	Mahomet	1	2%
If "School District", please specify.	St. Joseph High School	1	2%
If "School District", please specify.	Champaign Unit 4	5	2%
If "School District", please specify.	Unit 7 just had a meeting with us transitioning into more adult choices	1	2%
If "School District", please specify.	USD116	1	2%
If "School District", please specify.	we belong to Community Choices; but do not have SDA right now.	1	2%
Parent/Advocacy Group	Checked	8	19%
Community Choices	Checked	6	14%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Regional Planning Commission - Independent Service Coordination	Checked	6	14%
Illinois Association of Microboards and Cooperatives - IAMC	Checked	5	12%
Individualized Services	Checked	5	12%
CTF Illinois	Checked	1	2%
Individual Advocacy Group	Checked	1	2%
Residential Developers/Alan G. Ryle	UnChecked	42	100%
United Cerebral Palsy - UCP	UnChecked	42	100%
PACE	UnChecked	42	100%
Rosecrance	UnChecked	42	100%
Division of Rehab Services	UnChecked	42	100%
Head Start	UnChecked	42	100%
CTF Illinois	UnChecked	41	98%
Individual Advocacy Group	UnChecked	41	98%
Individualized Services	UnChecked	37	88%
Illinois Association of Microboards and Cooperatives - IAMC	UnChecked	37	88%
Community Choices	UnChecked	36	86%
Regional Planning Commission - Independent Service	UnChecked	36	86%
Coordination	UnChecked	36	86%
Parent/Advocacy Group	UnChecked	34	81%
School District (specify)	UnChecked	33	79%
CU Special Recreation	UnChecked	32	76%
Developmental Services Center	UnChecked	26	62%
If "School District", please specify.	Did Not Answer	31	74%
Other - Please specify below.	Checked	8	19%
Other - Please specify below. If "Other", please specify.	UnChecked	34	81%
	Dscc	1	2%
	Family	1	2%
	I personally have an intern from "Community Choices"	1	2%
	Once we lost IEP, no supportsjust parents	1	2%
	Skill Sprout	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	TAP	2	5%
	dscg will start providing some assistance in the near future	1	2%
	Did Not Answer	34	81%
23. If the person with a disability currently receives services, are you satisfied with those services?	Somewhat satisfied	18	43%
	Did Not Answer	9	21%
	Very satisfied	8	19%
	Satisfied	6	14%
	Not satisfied	1	2%
24. Did you and/or the person have a choice about the service provider?	Yes	19	45%
	Did Not Answer	10	24%
	No	8	19%
	Do not know	5	12%
25. Did you and/or the person have to take the only option available?	No	20	48%
	Did not Answer	11	26%
	Yes	6	14%
	Do not know	5	12%
26. What are the barriers to having what they want and need?	They do not like the services offered	22	52%
	Belief that service won't be helpful	20	48%
	Involvement with justice system	19	45%
	Collaboration between providers of services	18	43%
	Financial issues	18	43%
	Medical issues	18	43%
	Unaware of service availability	18	43%
	Don't know how to access services	18	43%
	Services do not meet needs	18	43%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
They are told they do not have a qualifying disability.	Did Not Answer	18	43%
They are not sure who to ask.	Did Not Answer	18	43%
Child care needs	Did Not Answer	17	40%
Stigma/embarrassment/fear	Did Not Answer	17	40%
Wait too long for intake	Did Not Answer	17	40%
Services too far away	Did Not Answer	17	40%
Services not offered at convenient times	Did Not Answer	17	40%
There is a waiting list.	Did Not Answer	17	40%
Transportation issues	Did Not Answer	16	38%
Insurance coverage issues	Did Not Answer	16	38%
Involvement with justice system	Does not apply/do not know	22	52%
Child care needs	Does not apply/do not know	21	50%
They are told they do not have a qualifying disability.	Does not apply/do not know	19	45%
Services too far away	Does not apply/do not know	16	38%
Collaboration between providers of services	Does not apply/do not know	15	36%
Wait too long for intake	Does not apply/do not know	15	36%
Insurance coverage issues	Does not apply/do not know	14	33%
Belief that service won't be helpful	Does not apply/do not know	13	31%
Services not offered at convenient times	Does not apply/do not know	13	31%
Financial issues	Does not apply/do not know	10	24%
Medical issues	Does not apply/do not know	10	24%
Services do not meet needs	Does not apply/do not know	10	24%
They do not like the services offered	Does not apply/do not know	10	24%
There is a waiting list.	Does not apply/do not know	9	21%
Transportation issues	Does not apply/do not know	8	19%
Stigma/embarrassment/fear	Does not apply/do not know	8	19%
They are not sure who to ask.	Does not apply/do not know	8	19%
Unaware of service availability	Does not apply/do not know	7	17%
Don't know how to access services	Does not apply/do not know	5	12%
Transportation issues	Often	5	12%
Financial issues	Often	4	10%
Services do not meet needs	Often	4	10%
There is a waiting list.	Often	4	10%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Child care needs	Often	3	7%
Insurance coverage issues	Often	3	7%
Stigma/embarrassment/fear	Often	3	7%
Collaboration between providers of services	Often	3	7%
Wait too long for intake	Often	3	7%
Services too far away	Often	2	5%
Services not offered at convenient times	Often	2	5%
Medical issues	Often	1	2%
Unaware of service availability	Often	1	2%
Don't know how to access services	Often	1	2%
They are told they do not have a qualifying disability.	Often	1	2%
They do not like the services offered	Often	1	2%
They are not sure who to ask.	Often	1	2%
Medical issues	Seldom	8	19%
Don't know how to access services	Seldom	8	19%
Unaware of service availability	Seldom	7	17%
Stigma/embarrassment/fear	Seldom	6	14%
Services not offered at convenient times	Seldom	5	12%
They are not sure who to ask.	Seldom	5	12%
Insurance coverage issues	Seldom	4	10%
Financial issues	Seldom	4	10%
They do not like the services offered	Seldom	4	10%
Belief that service won't be helpful	Seldom	3	7%
Services do not meet needs	Seldom	3	7%
There is a waiting list.	Seldom	3	7%
Wait too long for intake	Seldom	2	5%
Services too far away	Seldom	2	5%
They are told they do not have a qualifying disability.	Seldom	2	5%
Transportation issues	Seldom	1	2%
Involvement with justice system	Seldom	1	2%
Collaboration between providers of services	Seldom	1	2%
Transportation issues	Sometimes	12	29%
Don't know how to access services	Sometimes	10	24%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
They are not sure who to ask.	Sometimes	10	24%
Unaware of service availability	Sometimes	9	21%
There is a waiting list.	Sometimes	9	21%
Stigma/embarrassment/fear	Sometimes	8	19%
Services do not meet needs	Sometimes	7	17%
Belief that service won't be helpful	Sometimes	6	14%
Financial issues	Sometimes	6	14%
Insurance coverage issues	Sometimes	5	12%
Collaboration between providers of services	Sometimes	5	12%
Medical issues	Sometimes	5	12%
Wait too long for intake	Sometimes	5	12%
Services too far away	Sometimes	5	12%
Services not offered at convenient times	Sometimes	5	12%
They do not like the services offered	Sometimes	5	12%
They are told they do not have a qualifying disability.	Sometimes	2	5%
Child care needs	Sometimes	1	2%
Other barriers (Please specify below)	Does not apply/do not know	18	43%
Other barriers (Please specify below) If "Other", please specify.	Did Not Answer	24	57%
	Did Not Answer	42	100%
27. Select the age range of the person with disabilities.	23 - 59	17	40%
	4 - 22	16	38%
	Did Not Answer	8	19%
	60+	1	2%
28. In which zip code does the person reside?	61822 Champaign	7	17%
	61821 Champaign	5	12%
	61801 Urbana	3	7%
	61820 Champaign	3	7%
	61802 Urbana	2	5%
	61853 Mahomet	2	5%
	61864 Philo	2	5%
Other (describe in comments)	2	5%	

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	61816 Broadlands	1	2%
	61843 Fisher	1	2%
	61847 Gifford	1	2%
	61866 Rantoul	1	2%
	61873 St Joseph	1	2%
	61874 Savoy	1	2%
	61880 Tolono	1	2%
	Did Not Answer	9	21%
	61801	1	2%
	61814	1	2%
	61821	1	2%
	61822	1	2%
	61866	1	2%
	-	37	88%
	61822	8	19%
	61821	4	10%
	61801	3	7%
	61820	3	7%
	61864	2	5%
	61866	2	5%
	60010	1	2%
	60466	1	2%
	60585	1	2%
	61802	1	2%
	61814	1	2%
	61843	1	2%
	61853	1	2%
	61874	1	2%
	61880	1	2%
	Did Not Answer	11	26%

If "Other" selected, please specify.

29. In which zip code do you reside?

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
30. Have you ever been told that the person has any of the following diagnoses?			
Developmental Disability	Checked	22	52%
Autism or related	Checked	17	40%
Intellectual Disability	Checked	15	36%
Health Problem	Checked	6	14%
Epilepsy	Checked	4	10%
Aspergers	Checked	3	7%
Cerebral Palsy	Checked	2	5%
Cerebral Palsy	UnChecked	40	95%
Aspergers	UnChecked	39	93%
Epilepsy	UnChecked	38	90%
Health Problem	UnChecked	36	86%
Intellectual Disability	UnChecked	27	64%
Autism or related	UnChecked	25	60%
Developmental Disability	UnChecked	20	48%
Other (Please specify)	Checked	5	12%
Other (Please specify)	UnChecked	37	88%
If "Other", please specify:	ADHD	2	5%
	Hearing impairment	1	2%
	Soto Syndrome	1	2%
	behavior disorder	1	2%
	hearing loss. Childhood Apraxia of Speech, Global Apraxia	1	2%
	Did Not Answer	36	86%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
<p>31. Is there anything else you would like us to know about your experience as a loved one, caregiver, family member, or guardian of a person with an intellectual and/or developmental disability?</p>	<p>As a parent of a two children (ages 3 and 4), who both have autism, I would like to see more information or more access to information of what is available. I have found it difficult to find, and then, I will find out and think, man, I wish I would've known that a year ago. Also, I think it's important to have access and financial help for respite services for young children. My husband and I have a hard time finding time for ourselves because we only have one person to watch our kids. We can't just go hire anyone. It needs to be someone who understands our kids' disabilities and is able to handle them. (Also, I found this survey kind of hard to fill out. It seems a little more geared toward older people with disabilities.)</p>	1	2%
	<p>At the time the individual left high school there was only one option available. That is why the above question was answered that way. We are not looking for another option.</p>	1	2%
	<p>Currently staff at CILA are not being paid enough. They are dedicated, capable people who stay as long as they can "survive" on low pay. Often they work longer hours.</p>	1	2%
	<p>DSC does a great job!</p>	1	2%
	<p>DSC is a very good organization. There just seems to be a problem hiring and retaining group home staff.</p>	1	2%
	<p>I fear that when my daughter ages out of school this summer, she will have no options but to sit at home doing nothing but losing the skills she has gained through school. I know of many families that are in this situation now. Or, I will need to quit work in order to keep her active in volunteer situations.</p>	1	2%
	<p>I know I would like to see a movie theater that shows movies that are not dark and not loud for sensory sensitive children.</p>	1	2%
	<p>I like the disABILITY expos offered in the area to explain so many difference resources. We also do things with T.A.P. family resiliency center & CU autism group. We'd like to do Challenger League and CUSpecRec and therapy ponies but haven't yet. I think we have a lot of caring people to help around here! Good job!</p>	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>My son falls through the cracks. He needs support, but not intensive support. He will not be independent without a set amount of critical support outside the home. A little support goes a long way with him. He will need support if he wants to go to Parkland, for example. He will not be able to "graduate" Parkland due to his severe math learning disability, although he is very accomplished in history/social studies/civics. He needs a supportive and flexible post-secondary educational opportunity that develops his strengths so he can contribute to society.</p>	1	2%
	<p>Need help to provide and teach residential success as parents will not be here forever to provide needed supports</p>	1	2%
	<p>No.</p>	1	2%
	<p>Parenting a child with special needs is the hardest thing that we have ever done. Besides being parents, we have to become specialists in the disability and savvy navigators of a complex system of care. We live with a lot of stress and it is taking its' toll on all of us in the family. Also, thanks for all that you do to help us!</p>	1	2%
	<p>Some needs: A continuum of supported housing options - from Dorm style - to supported housing (less than 24 hours support) Also - more behavioral support for adults who still exhibit challenging behavior.</p>	1	2%
	<p>Thank goodness for DSC</p>	1	2%
	<p>Thank you for all that you do for our community!</p>	1	2%
	<p>We currently don't receive any services from the State of Illinois and are waiting for the disability waiver for many years. All the services that our son receives at this time have to be paid by us (his parents), including all the respite that we need to take a break of taking care of a child with sever disability</p>	1	2%

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IDDD: Caregiver Survey (42 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>We have received a lot of help from the Illinois Association of Microboards and Vicki Niswander since 2014, when she met with our family to do a PATH person centered plan. This was a life changing event for our family and my brother. I am very appreciative of the present support of the IAMC project in Champaign County. My brother updated his PATH in May 2017 and we are building a support team in Gifford. IAMC needs better funding to help more families in the future. Our parents had to both die in order for my brother to get services. This is wrong and terrible. He needed employment supports 20 years ago; Also the employment supports are inadequate. Once a person with disability is employed they should have access to continued support according to their needs. One size model does not fit all. Elderly parents need to know that the disability service system can help them NOW not at some future date, at the event of their demise and death.</p>	1	2%
	<p>We love the staff and clients at McKinley 3!! not at this time</p>	1	2%
	<p>that it's frightening to not know that there will be services and opportunities when we are not around. Everything he receives now has to be initiated and coordinated by us. He pays or we pay.</p>	1	2%
	<p>Did Not Answer</p>	22	52%

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Question	Response (Respondent's Comments NOT Edited)	Count	%
1. What type of provider are you? CHECK ALL THAT APPLY			
Case Manager	Checked	7	25%
Social Services Provider	Checked	6	21%
Community Employment Supports	Checked	4	14%
Direct Support Provider	Checked	4	14%
Independent Service Coordinator (ISC)	Checked	4	14%
Program supervisor/manager	Checked	4	14%
Social Worker	Checked	4	14%
Advocacy/Linkage	Checked	3	11%
Recreation	Checked	3	11%
Community Outreach Worker	Checked	2	7%
Day Program	Checked	2	7%
Education	Checked	2	7%
Self-Advocacy Support	Checked	2	7%
Sheltered Workshop	Checked	2	7%
Teacher/school staff	Checked	2	7%
Administrator (CEO, ED, CFO, Clinical Director, etc)	Checked	1	4%
Advocacy Center	Checked	1	4%
Developmental Training	Checked	1	4%
Family Support Provider/Specialist	Checked	1	4%
Physician	Checked	1	4%
Speech Therapist /SLP	Checked	1	4%
Support Group	Checked	1	4%
Addiction Counselor/Specialist	UnChecked	1	4%
Apartment Services/Community Living	UnChecked	28	100%
Counselor/Therapist	UnChecked	28	100%
Crisis Intervention Team (CIT)-trained (law enforcement, other)	UnChecked	28	100%
Crisis Team	UnChecked	28	100%
Help with Self-Care	UnChecked	28	100%
Marriage and Family Therapist	UnChecked	28	100%
METCAD/911 Dispatcher	UnChecked	28	100%
Certified Alcohol and Drug Abuse Counselor (CADC)	UnChecked	28	100%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Law Enforcement Officer	UnChecked	28	100%
Medical Technician	UnChecked	28	100%
Nurse (RN, LPN)	UnChecked	28	100%
Nurse Practitioner (NP)	UnChecked	28	100%
Nursing services	UnChecked	28	100%
OT (Occupational Therapy)	UnChecked	28	100%
Peer Specialist (certified or not certified)	UnChecked	28	100%
Peer Support	UnChecked	28	100%
Personal Assistant	UnChecked	28	100%
Personal Support Worker (PSW)	UnChecked	28	100%
Pharmacist	UnChecked	28	100%
Physician's Assistant	UnChecked	28	100%
Prevention Specialist	UnChecked	28	100%
Respite Provider	UnChecked	28	100%
Psychiatrist	UnChecked	28	100%
Psychologist	UnChecked	28	100%
Residential (CILA)	UnChecked	28	100%
Service Facilitator	UnChecked	28	100%
Teacher aide	UnChecked	28	100%
Transportation Provider	UnChecked	27	96%
Administrator (CEO, ED, CFO, Clinical Director, etc)	UnChecked	27	96%
Advocacy Center	UnChecked	27	96%
Developmental Training	UnChecked	27	96%
Family Support Provider/Specialist	UnChecked	27	96%
Physician	UnChecked	27	96%
Speech Therapist /SLP	UnChecked	27	96%
Support Group	UnChecked	26	93%
Community Outreach Worker	UnChecked	26	93%
Day Program	UnChecked	26	93%
Education	UnChecked	26	93%
Self-Advocacy Support	UnChecked	26	93%
Sheltered Workshop	UnChecked	26	93%
Teacher/school staff	UnChecked	26	93%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Advocacy/Linkage	UnChecked	25	89%
Recreation	UnChecked	25	89%
Community Employment Supports	UnChecked	24	86%
Direct Support Provider	UnChecked	24	86%
Independent Service Coordinator (ISC)	UnChecked	24	86%
Program supervisor/manager	UnChecked	24	86%
Social Worker	UnChecked	24	86%
Social Services Provider	UnChecked	22	79%
Case Manager	UnChecked	21	75%
If "Other" please describe below:	Checked	2	7%
	UnChecked	26	93%
	Director of Special Programs	1	4%
	Home Care Services	1	4%
	Did Not Answer	26	93%

2. To whom do you provide services? CHECK ALL THAT APPLY

Persons with intellectual or developmental disabilities	Checked	24	86%
Persons with behavioral health disorders and intellectual/developmental disabilities	Checked	16	57%
Seniors/Elders	Checked	14	50%
Persons with emotional and/or behavioral problems	Checked	12	43%
Families	Checked	11	39%
Young children	Checked	10	36%
Students	Checked	10	36%
Persons with physical and behavioral health care needs	Checked	9	32%
Persons returning to the community from nursing homes or state operated developmental centers or other institutional residential facilities	Checked	8	29%
Persons with a mental health diagnosis or persons experiencing mental health symptoms	Checked	8	29%
Persons experiencing a crisis	Checked	6	21%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Persons experiencing financial crisis	Checked	5	18%
Persons experiencing homelessness	Checked	4	14%
Persons with both mental health and substance use disorder treatment needs	Checked	3	11%
Persons with substance use disorder needs	Checked	3	11%
Persons reentering from institutions (hospital or prison/jail)	Checked	2	7%
Persons confined to local jails or juvenile detention center	Checked	1	4%
Persons on probation or parole	Checked	1	4%
Persons confined to local jails or juvenile detention center	UnChecked	27	96%
Persons on probation or parole	UnChecked	27	96%
Persons reentering from institutions (hospital or prison/jail)	UnChecked	26	93%
Persons with both mental health and substance use disorder treatment needs	UnChecked	25	89%
Persons with substance use disorder needs	UnChecked	25	89%
Persons experiencing homelessness	UnChecked	24	86%
Persons experiencing financial crisis	UnChecked	23	82%
Persons experiencing a crisis	UnChecked	22	79%
Persons returning to the community from nursing homes or state operated developmental centers or other institutional residential facilities	UnChecked	20	71%
Persons with a mental health diagnosis or persons experiencing mental health symptoms	UnChecked	20	71%
Persons with physical and behavioral health care needs	UnChecked	19	68%
Young children	UnChecked	18	64%
Students	UnChecked	18	64%
Families	UnChecked	17	61%
Persons with emotional and/or behavioral problems	UnChecked	16	57%
Seniors/Elders	UnChecked	14	50%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Persons with behavioral health disorders and intellectual/developmental disabilities Persons with intellectual or developmental disabilities	UnChecked	12	43%
Other - Please explain below	UnChecked	4	14%
Other - Please explain below	Checked	1	4%
If selected "Other" - above, please explain here:	UnChecked	27	96%
	blind/visually impaired	1	4%
	Did Not Answer	27	96%
3. Does your organization offer evening and/or weekend appointments?	No	14	50%
	Yes	14	50%
4. Do you provide Language Access and Communication Assistance services?	Yes	18	64%
	No	7	25%
	Don't know	2	7%
	Did Not Answer	1	4%
5. Within the last year, did your agency serve persons in the following race/ethnic group categories? CHECK ALL THAT APPLY.	Checked	28	100%
White	Checked	27	96%
Black or African American	Checked	25	89%
Bi-racial/multi-racial	Checked	24	86%
Asian / Pacific Islander	Checked	8	29%
American Indian or Alaska Native	Checked	2	7%
Do Not Know	UnChecked	26	93%
Do Not Know	UnChecked	20	71%
American Indian or Alaska Native	UnChecked	4	14%
Asian / Pacific Islander	UnChecked	3	11%
Bi-racial/multi-racial	UnChecked	1	4%
Black or African American	UnChecked		

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Other - Please specify below	Checked	1	4%
Other - Please specify below	UnChecked	27	96%
If "Other", please specify	Latinos/Hispanic and International students as well as indigenous populations	1	4%
	Did Not Answer	27	96%
6. Do you believe that people with intellectual and/or developmental disabilities can access the following services in Champaign County?			
Substance use disorder services	Did Not Answer	12	43%
Benefits Support	Did Not Answer	11	39%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Did Not Answer	11	39%
Co-occurring mental health and substance use disorder services	Did Not Answer	11	39%
Coordination of services/care	Did Not Answer	11	39%
Counseling/therapy (group or individual)	Did Not Answer	11	39%
Crisis Services	Did Not Answer	11	39%
Day Program	Did Not Answer	11	39%
Education	Did Not Answer	11	39%
Employment services and supports	Did Not Answer	11	39%
Housing Supports	Did Not Answer	11	39%
Integrated primary care and behavioral health care	Did Not Answer	11	39%
Legal Services	Did Not Answer	11	39%
Mental health services while in jail or juvenile detention or on probation or parole	Did Not Answer	11	39%
Peer Support	Did Not Answer	11	39%
Residential services or support for independent community living	Did Not Answer	11	39%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Did Not Answer	11	39%
Support for transition from school to adult life	Did Not Answer	11	39%
Mental health services	Did Not Answer	10	36%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Recreation supports	Did Not Answer	10	36%
Respite services	Did Not Answer	10	36%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions			
Speech Therapy	Did Not Answer	10	36%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Did Not Answer	10	36%
Legal Services	Do not know	9	32%
Co-occurring mental health and substance use disorder services	Do not know	5	18%
Recreation supports	Do not know	3	11%
Residential services or support for independent community living	Do not know	3	11%
Substance use disorder services	Do not know	3	11%
Crisis Services	Do not know	2	7%
Mental health services	Do not know	2	7%
Speech Therapy	Do not know	2	7%
Benefits Support	Do Not Know	1	4%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Do not know	1	4%
Education	Do not know	1	4%
Respite services	Do not know	1	4%
Support for transition from school to adult life	Do not know	1	4%
Mental health services while in jail or juvenile detention or on probation or parole	Do not know	1	4%
Peer Support	Don't know	10	36%
Integrated primary care and behavioral health care	Don't know	5	18%
Counseling/therapy (group or individual)	Don't know	4	14%
Day Program	Don't know	1	4%
Housing Supports	Don't Know	1	4%
	No	5	18%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	No	5	18%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	No	4	14%
Coordination of services/care	No	4	14%
Respite services	No	4	14%
Co-occurring mental health and substance use disorder services	No	3	11%
Counseling/therapy (group or individual)	No	3	11%
Education	No	3	11%
Integrated primary care and behavioral health care	No	3	11%
Legal Services	No	3	11%
Mental health services while in jail or juvenile detention or on probation or parole	No	3	11%
Residential services or support for independent community living	No	3	11%
Speech Therapy	No	3	11%
Substance use disorder services	No	3	11%
Substance use disorder services while in jail or juvenile detention or on probation or parole	No	3	11%
Support for transition from school to adult life	No	3	11%
Mental health services	No	2	7%
Peer Support	No	2	7%
Benefits Support	No	1	4%
Crisis Services	No	1	4%
Day Program	No	1	4%
Employment services and supports	No	1	4%
Recreation supports	No	1	4%
Employment services and supports	Yes	16	57%
Benefits Support	Yes	15	54%
Day Program	Yes	15	54%
Crisis Services	Yes	14	50%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services	Yes	14	50%
Recreation supports	Yes	14	50%
Coordination of services/care	Yes	13	46%
Counseling/therapy (group or individual)	Yes	13	46%
Education	Yes	13	46%
Respite services	Yes	13	46%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	Yes	13	46%
Speech Therapy	Yes	13	46%
Support for transition from school to adult life	Yes	13	46%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Yes	13	46%
Housing Supports	Yes	12	43%
Co-occurring mental health and substance use disorder services	Yes	12	43%
Residential services or support for independent community living	Yes	11	39%
Integrated primary care and behavioral health care	Yes	11	39%
Peer Support	Yes	10	36%
Substance use disorder services	Yes	10	36%
Legal Services	Yes	10	36%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Yes	9	32%
Mental health services while in jail or juvenile detention or on probation or parole	Yes	5	18%
Other: Please describe	Do not know	4	14%
	No	2	7%
	Yes	1	4%
	Did Not Answer	1	4%
		24	86%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
7. Within the last year, did your agency serve persons who may belong to one of the following groups? CHECK ALL THAT APPLY.			
Persons with an intellectual/developmental disability	Checked	18	64%
Persons with physical disabilities	Checked	17	61%
Persons with visual and/or hearing impairment; Deaf; Blind	Checked	16	57%
Lesbian, Gay, Bi-sexual, Transgender and Queer (LGBTQ)	Checked	14	50%
Persons with mental health and/or substance use disorder problems	Checked	13	46%
Senior citizens (65+ years)	Checked	13	46%
Persons living in state operated developmental centers or nursing homes	Checked	8	29%
Persons with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	Checked	5	18%
Veterans, active duty, National Guard, or Reserves	Checked	5	18%
Children in state custody	Checked	3	11%
Children in state custody	UnChecked	25	89%
Persons with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	UnChecked	23	82%
Veterans, active duty, National Guard, or Reserves	UnChecked	23	82%
Persons living in state operated developmental centers or nursing homes	UnChecked	20	71%
Persons with mental health and/or substance use disorder problems	UnChecked	15	54%
Senior citizens (65+ years)	UnChecked	15	54%
Lesbian, Gay, Bi-sexual, Transgender and Queer (LGBTQ)	UnChecked	14	50%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Persons with visual and/or hearing impairment; Deaf; Blind	UnChecked	12	43%
Persons with physical disabilities	UnChecked	11	39%
Persons with an intellectual/developmental disability	UnChecked	10	36%
Other special population	Checked	2	7%
Other special population	UnChecked	26	93%
If "Other special population" please specify	Did Not Answer	28	100%
8. Within the last year, did your agency serve persons of Hispanic or Latino/a origin?	Yes	15	54%
	Did Not Answer	11	39%
	Do not Know	2	7%
9. Within the last year did your agency serve immigrants or undocumented persons?	Don't know	12	43%
	Did Not Answer	11	39%
	Yes	3	11%
	No	2	7%
10. For persons with intellectual and/or developmental disabilities, are there services needed that are NOT available in your community? CHECK ALL THAT APPLY.	Checked	5	18%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	Checked	4	14%
Co-occurring mental health and substance use disorder services	Checked	4	14%
Housing Supports	Checked	4	14%
Integrated primary care and behavioral health care	Checked	4	14%
Legal Services	Checked	4	14%
Support for transition from school to adult life	Checked	3	11%
Coordination of services/care	Checked	3	11%
Counseling/therapy (group or individual)	Checked	3	11%



IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Crisis Services	Checked	3	11%
Mental health services	Checked	3	11%
Residential services or support for independent community living	Checked	3	11%
Substance use disorder services	Checked	2	7%
Day Program	Checked	2	7%
Education	Checked	2	7%
Mental health services while in jail or juvenile detention or on probation or parole	Checked	2	7%
OT (Occupational Therapy)	Checked	2	7%
Peer Support	Checked	2	7%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	Checked	2	7%
Benefits Support	Checked	1	4%
Employment services and supports	Checked	1	4%
Recreation supports	Checked	1	4%
Speech Therapy	Checked	1	4%
Substance use disorder services while in jail or juvenile detention or on probation or parole	Checked	1	4%
Other. Please describe below	UnChecked	28	100%
Benefits Support	UnChecked	27	96%
Employment services and supports	UnChecked	27	96%
Recreation supports	UnChecked	27	96%
Speech Therapy	UnChecked	27	96%
Substance use disorder services while in jail or juvenile detention or on probation or parole	UnChecked	27	96%
Day Program	UnChecked	26	93%
Education	UnChecked	26	93%
Mental health services while in jail or juvenile detention or on probation or parole	UnChecked	26	93%
OT (Occupational Therapy)	UnChecked	26	93%
Peer Support	UnChecked	26	93%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services for those who have intellectual and/or developmental disabilities and behavioral health conditions	UnChecked	26	93%
Coordination of services/care	UnChecked	25	89%
Counseling/therapy (group or individual)	UnChecked	25	89%
Crisis Services	UnChecked	25	89%
Mental health services	UnChecked	25	89%
Residential services or support for independent community living	UnChecked	25	89%
Substance use disorder services	UnChecked	25	89%
Co-occurring mental health and substance use disorder services	UnChecked	24	86%
Housing Supports	UnChecked	24	86%
Integrated primary care and behavioral health care	UnChecked	24	86%
Legal Services	UnChecked	24	86%
Support for transition from school to adult life	UnChecked	24	86%
Co-occurring behavioral health disorder and intellectual/developmental disabilities services	UnChecked	23	82%
If "Other", please describe.	More of what we have is needed	1	4%
	Navigation w/ system/supports	1	4%
	Did Not Answer	26	93%
11. Are there challenges or barriers that deter people with intellectual and/or developmental disabilities from accessing the most appropriate services in your area? If so, how often do the challenges or barriers occur?			
Child care needs	Did Not Answer	13	46%
Involvement with justice system	Did Not Answer	13	46%
Medical issues	Did Not Answer	13	46%
No interpreter for persons with hearing impairment	Did Not Answer	13	46%
Services do not meet needs	Did Not Answer	13	46%
Services not offered at convenient times	Did Not Answer	13	46%
Services too far away	Did Not Answer	13	46%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Wait too long for intake and screening	Did Not Answer	13	46%
Belief that mental health/substance use disorder services won't be helpful	Did Not Answer	12	43%
Lack of coordination between providers	Did Not Answer	12	43%
Language barrier	Did Not Answer	12	43%
Transportation issues	Did Not Answer	12	43%
Unaware of service availability	Did Not Answer	12	43%
Belief that ID/DD services won't be helpful	Did Not Answer	11	39%
Don't know how to access services	Did Not Answer	11	39%
Eligibility for services	Did Not Answer	11	39%
Financial issues	Did Not Answer	11	39%
Stigma/embarrassment/fear	Did Not Answer	11	39%
Involvement with justice system	Did Not Answer	11	39%
Belief that mental health/substance use disorder services won't be helpful	Does not apply/do not know	8	29%
Child care needs	Does not apply/do not know	6	21%
No interpreter for persons with hearing impairment	Does not apply/do not know	5	18%
Services not offered at convenient times	Does not apply/do not know	4	14%
Belief that ID/DD services won't be helpful	Does not apply/do not know	3	11%
Services too far away	Does not apply/do not know	2	7%
Wait too long for intake and screening	Does not apply/do not know	2	7%
Financial issues	Does not apply/do not know	2	7%
Lack of coordination between providers	Does not apply/do not know	1	4%
Language barrier	Does not apply/do not know	1	4%
Medical issues	Does not apply/do not know	1	4%
Unaware of service availability	Does not apply/do not know	1	4%
Transportation issues	Does not apply/do not know	1	4%
Don't know how to access services	Often	12	43%
Unaware of service availability	Often	9	32%
Eligibility for services	Often	7	25%
Financial issues	Often	6	21%
Lack of coordination between providers	Often	6	21%
Language barrier	Often	5	18%
	Often	3	11%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services do not meet needs	Often	3	11%
Services not offered at convenient times	Often	3	11%
Wait too long for intake and screening	Often	3	11%
Child care needs	Often	2	7%
Medical issues	Often	2	7%
Stigma/embarrassment/fear	Often	2	7%
Belief that ID/DD services won't be helpful	Often	1	4%
Belief that mental health/substance use disorder services won't be helpful	Often	1	4%
No interpreter for persons with hearing impairment	Often	1	4%
Services too far away	Seldom	7	25%
Belief that ID/DD services won't be helpful	Seldom	6	21%
No interpreter for persons with hearing impairment	Seldom	6	21%
Stigma/embarrassment/fear	Seldom	4	14%
Lack of coordination between providers	Seldom	4	14%
Language barrier	Seldom	4	14%
Belief that mental health/substance use disorder services won't be helpful	Seldom	3	11%
Involvement with justice system	Seldom	3	11%
Services do not meet needs	Seldom	3	11%
Services not offered at convenient times	Seldom	3	11%
Wait too long for intake and screening	Seldom	3	11%
Don't know how to access services	Seldom	2	7%
Medical issues	Seldom	2	7%
Eligibility for services	Seldom	1	4%
Services too far away	Seldom	1	4%
Transportation issues	Seldom	1	4%
Services too far away	Sometimes	11	39%
Eligibility for services	Sometimes	10	36%
Financial issues	Sometimes	10	36%
Medical issues	Sometimes	10	36%
Services do not meet needs	Sometimes	9	32%
Stigma/embarrassment/fear	Sometimes	9	32%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Child care needs	Sometimes	8	29%
Language barrier	Sometimes	8	29%
Unaware of service availability	Sometimes	8	29%
Belief that ID/DD services won't be helpful	Sometimes	7	25%
Wait too long for intake and screening	Sometimes	7	25%
Belief that mental health/substance use disorder services won't be helpful	Sometimes	6	21%
Don't know how to access services	Sometimes	6	21%
Lack of coordination between providers	Sometimes	6	21%
Services not offered at convenient times	Sometimes	6	21%
Involvement with justice system	Sometimes	4	14%
No interpreter for persons with hearing impairment	Sometimes	4	14%
Transportation issues	Sometimes	3	11%
Other barriers	Does not apply/do not know	1	4%
Other barriers	Often	2	7%
Other barriers	Sometimes	1	4%
Other barriers	Did Not Answer	24	86%
"Other Barriers" - please specify	Difficulty navigating complex system. Don't know where to start or Point A.	1	4%
	Services are described and explained but when it is time for students to access them, the services are often not available do to funding deficits or students are put on a waiting list and have to sit at home while waiting for services to open.	1	4%
	Waiting lists and not enough providers in the area.	25	89%
	Did Not Answer		
12. Do you as a provider serve people outside Champaign County?	Did Not Answer	11	39%
	Yes	9	32%
	No	8	29%
13. As a provider, are your services office/facility based or delivered in natural settings or both? Please explain.	Appointments are done where the person wants to meet, whether it is office, home, or restaurant.	1	4%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	Both	4	14%
	Both - but could improve on delivering services in natural settings.	1	4%
	Both. As a recreation provider, we offer many programs at our indoor facilities, but we also provide many outdoor, nature-based programs as well.	1	4%
	Both. We are flexible with meeting locations on an individual basis.	1	4%
	Both. We have assistance for people who live independently in the community, and we also serve those who live in CILA residential settings.	1	4%
	Both; we meet with families in their homes, at their work sites, or potentially at other community locations that the families may desire or prefer. We can also meet with families that the office in confidential spaces	1	4%
	I only provide services in schools, but sometimes pull the student from the general education class in order to provide instruction in braille and technology.	1	4%
	I work one on one in the home of the person needing the service.	1	4%
	Office	1	4%
	School based.	1	4%
	We have a main office for meetings and work, but most of our services are delivered in the community.	1	4%
	Yes, both office and home/day training visits.	1	4%
	both	1	4%
	Did Not Answer	11	39%

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14. Do you have other comments regarding service needs or service gaps in your area that you would like us to consider?
 Transportation continues to be a pressing concern. Many people use transportation (Piattran, CCart, DSC), so many activities / opportunities are limited by their transportation schedule.

IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>Based on my observations as a parks and recreation professional, I think we have a real issue with homelessness (likely due in part to mental health issues) in this community that needs to be addressed. There are non-profit organizations such as CU at Home that do great work, but this problem seems best addressed at a government level, especially in regard to improving awareness of, and access to, mental health services. Moreover, better efforts should be made to provide support past the "treatment" phase, and into the "housing/job" phase, so the cycle doesn't continuously repeat.</p> <p>In the nearer term, it seems like it would be prudent to increase access/awareness of shelters that are available for the homeless population. It just seems like there are not enough, and people resort to sleeping in the parks, and other public spaces. This is a huge safety concern, especially as the weather gets colder. We have worked with CU at Home in the past regarding this issue, and it would be wonderful to be able to provide people with multiple options of places they can go, not only for a warm bed, but comprehensive services that can help them.</p>	1	4%
	<p>I think it is difficult for families to navigate the DD system as a whole. Need assistance with starting point.</p>	1	4%

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IDDD: Provider Survey (28 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	<p>I work with individuals who also have case management for ID/DD services through Rosecrance. It is very difficult to get the case managers to respond to the needs of the individuals. This has been an ongoing issue well before Rosecrance merged with Community Elements. I have found that turn over and lack of experience in dealing with those with ID/DD and mental health are significant factors. When I bring up issues to the case managers they do not know what to do and nothing gets addressed. We are having serious issues with not getting help with budgeting (when Rosecrance is the payee), no support with changing lifestyles (which are leading to serious health issues that WILL have a terrible impact on these folks future health) and no support in making good decisions. It appears that these folks that need the help are left to themselves and they are failing in many ways. We can improve their lives, however we need case managers and supervisors that are invested in the work and those that know what they are doing.</p>	1	4%
	<p>Services for students in college who are blind have been unavailable in Champaign county in many instances. The Bureau of Blind Services and Parkland's Office of Disability were not meeting needs for many of my graduating students in the past 3 or so years.</p>	1	4%
	<p>There is a lot of overlap between the mental health world and the intellectual disabilities world---some more options for co-occurring disorders would be helpful including more coordination between providers (like overlapping training services for providers so that we don't have Silos of services/information)</p>	1	4%
	<p>What has been happening with students is that they are urged to stay in school until age 22, which is appropriate in some cases, but not others who have accomplished their high school goals and are ready to move on to transitional services. It is not appropriate for some students to stay in high school because the services are not available due to funding or availability.</p>	1	4%
	<p>Did Not Answer</p>	21	75%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
1. What type of organization do you represent? CHECK ALL THAT APPLY			
Non-profit agency	Checked	6	75%
Advocacy organization	Checked	2	25%
Local government	Checked	2	25%
Family Advocate	Checked	1	13%
Faith-based organization (Church, Synagogue, etc)	Checked	1	13%
Public School	Checked	1	13%
Civil Attorney	UnChecked	8	100%
Criminal justice/law enforcement organization (Probation, Parole, Jail, Juvenile Detention, Judiciary, State's Attorney, etc.)	UnChecked	8	100%
Federally qualified health center	UnChecked	8	100%
Hospital	UnChecked	8	100%
Juvenile justice organization	UnChecked	8	100%
Neighbor	UnChecked	8	100%
Managed care organization/insurance company	UnChecked	8	100%
Primary care or health organization	UnChecked	8	100%
Private practice	UnChecked	8	100%
Public health organization	UnChecked	8	100%
Public defender/Defense attorney	UnChecked	8	100%
Self-Advocate	UnChecked	8	100%
Self-help group	UnChecked	8	100%
State government	UnChecked	8	100%
University/Community College	UnChecked	8	100%
Family Advocate	UnChecked	7	88%
Faith-based organization (Church, Synagogue, etc)	UnChecked	7	88%
Public School	UnChecked	7	88%
Advocacy organization	UnChecked	6	75%
Local government	UnChecked	6	75%
Non-profit agency	UnChecked	2	25%
Other - Please specify below	Checked	1	13%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Other - Please specify below If "Other" please describe:	UnChecked	7	88%
	DSC	1	13%
	Park District	1	13%
	Did Not Answer	6	75%
2. Please enter the ZIP CODE where you complete the preponderance of your work.	61801	1	13%
	61802	1	13%
	61820	3	38%
	61821	2	25%
	Did Not Answer	1	13%
3. Did you or your organization advocate for persons with an intellectual/developmental disability to help them access the following services?			
Co-occurring mental health and substance use disorder services	Did Not Answer	1	13%
Mental health services for people in jail or juvenile detention	Did Not Answer	1	13%
Substance use disorder services for people in jail or juvenile detention or on probation or on parole	Did Not Answer	1	13%
ID/DD services while in jail or juvenile detention	Did Not Answer	1	13%
Individuals with any criminal justice involvement	Did Not Answer	1	13%
Mental health crisis services	Did Not Answer	1	13%
Early childhood/early intervention/Head Start	Did Not Answer	1	13%
ID/DD services or supports	Did Not Answer	1	13%
ID/DD services while in jail or juvenile detention	Did Not Answer	1	13%
Mental health services for people in jail or juvenile detention	Do not know	2	25%
Substance use disorder services for people in jail or juvenile detention or on probation or on parole	Do not know	2	25%
ID/DD services while in jail or juvenile detention	Do not know	2	25%
Individuals with any criminal justice involvement	Do not know	2	25%

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IIDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health crisis services	Do not know	2	25%
ID/DD services while in jail or juvenile detention	Do not know	2	25%
Substance use disorder services	Do not know	1	13%
Co-occurring mental health and substance use disorder services	Do not know	1	13%
Substance use disorder services	No	5	63%
Co-occurring mental health and substance use disorder services	No	5	63%
Mental health services for people in jail or juvenile detention	No	4	50%
Substance use disorder services for people in jail or juvenile detention or on probation or on parole	No	4	50%
ID/DD services while in jail or juvenile detention	No	4	50%
Individuals with any criminal justice involvement	No	3	38%
Mental health services	No	1	13%
Mental health crisis services	No	1	13%
Early childhood/early intervention/Head Start	No	1	13%
ID/DD services or supports	No	1	13%
Mental health services	Yes	7	88%
Early childhood/early intervention/Head Start	Yes	6	75%
ID/DD services or supports	Yes	6	75%
Mental health crisis services	Yes	4	50%
Substance use disorder services	Yes	2	25%
Individuals with any criminal justice involvement	Yes	2	25%
Co-occurring mental health and substance use disorder services	Yes	1	13%
Mental health services for people in jail or juvenile detention	Yes	1	13%
Substance use disorder services for people in jail or juvenile detention or on probation or on parole	Yes	1	13%
ID/DD services while in jail or juvenile detention	Yes	2	26%
Other. Please specify below	Do not know	2	25%
	No	2	25%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
4. Within the last year, did you or your organization interact with persons with an intellectual/developmental disability who may belong to one of the following groups? CHECK ALL THAT APPLY.			
Hispanic or Latino/a Individuals	Checked	6	75%
Homeless Population	Checked	5	63%
Individuals with any criminal justice involvement	Checked	4	50%
Senior citizens (65+ years)	Checked	3	38%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	Checked	3	38%
Children/youth in state custody	Checked	3	38%
Immigrants or Undocumented Individuals	Checked	3	38%
Do not know	Checked	3	38%
Children/youth with mental health and/or substance use disorder problems	Checked	2	25%
Individuals with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	Checked	2	25%
Veterans, active duty, National Guard, or Reserves	UnChecked	8	100%
Children/youth with mental health and/or substance use disorder problems	UnChecked	6	75%
Individuals with mental health and/or substance use disorders who are involved in the criminal or juvenile justice system	UnChecked	6	75%
Senior citizens (65+ years)	UnChecked	5	63%
Lesbian, gay, bi-sexual, transgender and queer (LGBTQ)	UnChecked	5	63%
Children/youth in state custody	UnChecked	5	63%
Immigrants or Undocumented Individuals	UnChecked	5	63%
Do not know	UnChecked	5	63%
Individuals with any criminal justice involvement	UnChecked	4	50%

Did Not Answer

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Homeless Population	UnChecked	3	38%
Hispanic or Latino/a Individuals	UnChecked	2	25%
Other special population	Checked	1	13%
Other special population	UnChecked	7	88%
If "Other special population" please specify	Did Not Answer	8	100%
<p>5. Based on your experience and knowledge of the service system in Champaign County, please rate the availability of the following services, for persons with ID/DD. (Please note that "Available with Challenges" means that services are available but there are barriers such as transportation concerns, waiting lists for intake, inconvenient hours for working persons, etc.)</p>			
Co-occurring substance use disorder and mental health services	-	1	13%
Family psycho-educational	-	1	13%
Help with Self-Care	-	1	13%
Day treatment/partial hospitalization	-	1	13%
Transitional youth housing	-	7	88%
Information and referral	Available when needed	6	75%
School-based services	Available when needed	6	75%
Screening	Available when needed	5	63%
Advocacy/Linkage	Available when needed	5	63%
Developmental Training	Available when needed	5	63%
Early childhood/early intervention/Head Start	Available when needed	4	50%
Assessment	Available when needed	4	50%
Family advocacy/support	Available when needed	4	50%
Health and wellness	Available when needed	4	50%
Group services	Available when needed	3	38%
Community Employment Supports	Available when needed	3	38%
Education	Available when needed	3	38%
Home visitation programs	Available when needed	3	38%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Nursing services	Available when needed	3	38%
OT (Occupational Therapy)	Available when needed	3	38%
Recreation	Available when needed	3	38%
Services specific to persons with co-occurring behavioral health and intellectual/developmental disability	Available when needed	3	38%
Suicide prevention	Available when needed	3	38%
Supported living	Available when needed	3	38%
Anger management	Available when needed	2	25%
Case management/Community supports	Available when needed	2	25%
Counseling/Therapy	Available when needed	2	25%
Co-occurring substance use disorder and mental health services	Available when needed	2	25%
Help with Self-Care	Available when needed	2	25%
Grief services	Available when needed	2	25%
Parenting	Available when needed	2	25%
Parent mentoring/parent support network	Available when needed	2	25%
Psychiatric/medication evaluation and management	Available when needed	2	25%
Crisis residential	Available when needed	2	25%
Sexual assault survivor services	Available when needed	2	25%
Sheltered Workshop	Available when needed	2	25%
Speech Therapy	Available when needed	2	25%
Support Group	Available when needed	2	25%
Supported employment	Available when needed	2	25%
Transportation	Available when needed	2	25%
Care coordination	Available when needed	1	13%
Coordination of services across providers	Available when needed	1	13%
Domestic violence offender services	Available when needed	1	13%
Domestic violence survivor services	Available when needed	1	13%
Inpatient psychiatric treatment	Available when needed	1	13%
Inpatient hospitalization	Available when needed	1	13%
Juvenile court diversion programs	Available when needed	1	13%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Mental health services while in jail or juvenile detention	Available when needed	1	13%
Multi-systemic therapy (MST)	Available when needed	1	13%
Parenting with Love and Limits	Available when needed	1	13%
Peer support	Available when needed	1	13%
Psychiatrist	Available when needed	1	13%
Psychosocial rehabilitation	Available when needed	1	13%
Recovery support services such as NAMI	Available when needed	1	13%
Residential treatment	Available when needed	1	13%
Respite	Available when needed	1	13%
Self-Advocacy Support	Available when needed	1	13%
Transition from school to adulthood	Available when needed	1	13%
Transitional youth housing	Available when needed	1	13%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Available when needed	1	13%
Therapy or counseling (individual, interactive, group, or family)	Available when needed	1	13%
Apartment Services/Community Living	Available with challenges	6	75%
Care coordination	Available with challenges	6	75%
Case management/Community supports	Available with challenges	6	75%
Supported employment	Available with challenges	6	75%
Community Employment Supports	Available with challenges	5	63%
Residential treatment	Available with challenges	5	63%
Transition from school to adulthood	Available with challenges	5	63%
Therapy or counseling (individual, interactive, group, or family)	Available with challenges	5	63%
Anger management	Available with challenges	4	50%
Coordination of services across providers	Available with challenges	4	50%
Counseling/Therapy	Available with challenges	4	50%
Family advocacy/support	Available with challenges	4	50%
Help with Self-Care	Available with challenges	4	50%
Intensive in-home services	Available with challenges	4	50%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Nursing services	Available with challenges	4	50%
Psychiatrist	Available with challenges	4	50%
Psychiatric/medication evaluation and management	Available with challenges	4	50%
Crisis residential	Available with challenges	4	50%
Recreational therapy	Available with challenges	4	50%
Residential (CILA)	Available with challenges	4	50%
Services specific to persons with co-occurring behavioral health and intellectual/developmental disability	Available with challenges	4	50%
Speech Therapy	Available with challenges	4	50%
Supported living	Available with challenges	4	50%
Advocacy/Linkage	Available with challenges	3	38%
Education	Available with challenges	3	38%
Early childhood/early intervention/Head Start	Available with challenges	3	38%
Family psycho-educational	Available with challenges	3	38%
Group services	Available with challenges	3	38%
Integrated treatment for co-occurring disorders	Available with challenges	3	38%
OT (Occupational Therapy)	Available with challenges	3	38%
Parenting	Available with challenges	3	38%
Peer support	Available with challenges	3	38%
Respite	Available with challenges	3	38%
Recreation	Available with challenges	3	38%
Residential (ICF DD)	Available with challenges	3	38%
Self-Advocacy Support	Available with challenges	3	38%
Transportation	Available with challenges	3	38%
Trauma-informed care	Available with challenges	3	38%
Assessment	Available with challenges	2	25%
Developmental Training	Available with challenges	2	25%
Domestic violence survivor services	Available with challenges	2	25%
Health and wellness	Available with challenges	2	25%
Home visitation programs	Available with challenges	2	25%
Inpatient psychiatric treatment	Available with challenges	2	25%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Inpatient hospitalization	Available with challenges	2	25%
Intensive outpatient therapy (IOP)	Available with challenges	2	25%
Juvenile court diversion programs	Available with challenges	2	25%
Multi-systemic therapy (MST)	Available with challenges	2	25%
Parent mentoring/parent support network	Available with challenges	2	25%
School-based services	Available with challenges	2	25%
Sheltered Workshop	Available with challenges	1	13%
Assertive community treatment (ACT)	Available with challenges	1	13%
Co-occurring substance use disorder and mental health services	Available with challenges	1	13%
Information and referral	Available with challenges	1	13%
Grief services	Available with challenges	1	13%
Mental health services while in jail or juvenile detention	Available with challenges	1	13%
Psychosocial rehabilitation	Available with challenges	1	13%
Day treatment/partial hospitalization	Available with challenges	1	13%
Screening	Available with challenges	1	13%
Support Group	Available with challenges	1	13%
Suicide prevention	Available with challenges	1	13%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Available with challenges	1	13%
Couples services	Do not know	8	100%
WRAP (Wellness Recovery Action Plan)	Do not know	8	100%
Assertive community treatment (ACT)	Do not know	7	88%
Domestic violence offender services	Do not know	7	88%
Parenting with Love and Limits	Do not know	7	88%
Recovery support services such as NAMI	Do not know	7	88%
Sex offender services	Do not know	7	88%
Psychosocial rehabilitation	Do not know	6	75%
Day treatment/partial hospitalization	Do not know	6	75%
Sexual assault survivor services	Do not know	6	75%
Trauma-focused cognitive behavioral therapy (TF-CBT)	Do not know	6	75%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Domestic violence survivor services	Do not know	5	63%
Grief services	Do not know	5	63%
Intensive outpatient therapy (IOP)	Do not know	5	63%
Juvenile court diversion programs	Do not know	5	63%
Multi-systemic therapy (MST)	Do not know	5	63%
Support Group	Do not know	5	63%
Transitional youth housing	Do not know	5	63%
Trauma-informed care	Do not know	5	63%
Co-occurring substance use disorder and mental health services	Do not know	4	50%
Family psycho-educational	Do not know	4	50%
Inpatient psychiatric treatment	Do not know	4	50%
Inpatient hospitalization	Do not know	4	50%
Integrated treatment for co-occurring disorders	Do not know	4	50%
Mental health services while in jail or juvenile detention	Do not know	4	50%
Parent mentoring/parent support network	Do not know	4	50%
Peer support	Do not know	4	50%
Recreational therapy	Do not know	4	50%
Residential (ICF DD)	Do not know	4	50%
Self-Advocacy Support	Do not know	4	50%
Sheltered Workshop	Do not know	4	50%
Suicide prevention	Do not know	4	50%
Home visitation programs	Do not know	3	38%
Intensive in-home services	Do not know	3	38%
Parenting	Do not know	3	38%
Respite	Do not know	3	38%
Residential (CILA)	Do not know	3	38%
Anger management	Do not know	2	25%
Assessment	Do not know	2	25%
Coordination of services across providers	Do not know	2	25%
Education	Do not know	2	25%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Health and wellness	Do not know	2	25%
OT (Occupational Therapy)	Do not know	2	25%
Psychiatrist	Do not know	2	25%
Psychiatric/medication evaluation and management	Do not know	2	25%
Residential treatment	Do not know	2	25%
Recreation	Do not know	2	25%
Speech Therapy	Do not know	2	25%
Transition from school to adulthood	Do not know	2	25%
Transportation	Do not know	1	13%
Apartment Services/Community Living	Do not know	1	13%
Care coordination	Do not know	1	13%
Counseling/Therapy	Do not know	1	13%
Developmental Training	Do not know	1	13%
Help with Self-Care	Do not know	1	13%
Group services	Do not know	1	13%
Nursing services	Do not know	1	13%
Crisis residential screening	Do not know	1	13%
Services specific to persons with co-occurring behavioral health and intellectual/developmental disability	Do not know	1	13%
Supported living	Do not know	1	13%
Therapy or counseling (individual, interactive, group, or family)	Do not know	1	13%
Mental health services while in jail or juvenile detention	Service not available	2	25%
Apartment Services/Community Living	Service not available	1	13%
Coordination of services across providers	Service not available	1	13%
Counseling/Therapy	Service not available	1	13%
Inpatient psychiatric treatment	Service not available	1	13%
Inpatient hospitalization	Service not available	1	13%
Integrated treatment for co-occurring disorders	Service not available	1	13%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Intensive in-home services	Service not available	1	13%
Intensive outpatient therapy (IOP)	Service not available	1	13%
Psychiatrist	Service not available	1	13%
Crisis residential	Service not available	1	13%
Respite	Service not available	1	13%
Residential (CILA)	Service not available	1	13%
Residential (ICF DD)	Service not available	1	13%
Sex offender services	Service not available	1	13%
Transitional youth housing	Service not available	1	13%
Transportation	Service not available	1	13%
Therapy or counseling (individual, interactive, group, or family)	Service not available	1	13%

6. Based on your experience and knowledge of the service system in Champaign County, are there barriers that deter persons with intellectual and developmental disabilities from accessing the most appropriate services? If so, how often do the barriers occur?

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- If "Other", please describe
 - Other Please specify below
 - Transportation issues
 - Child care needs
 - Insurance coverage issues
 - Stigma/embarrassment/fear
 - Involvement with justice system
 - Belief that services won't be helpful
 - Lack of coordination between providers
 - Medical issues
 - Unaware of service availability
 - Don't know how to access services
 - Services too far away
 - Services do not meet needs

Did Not Answer	8	100%
Did Not Answer	7	88%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%
Did Not Answer	3	38%

IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Services not offered at convenient times	Did Not Answer	3	38%
Financial issues	Did Not Answer	2	25%
Wait too long for intake	Did Not Answer	2	25%
Youth mentoring	Do not know	5	63%
Other Please specify below	Do not know	1	13%
Involvement with justice system	Does not apply/do not know	3	38%
Stigma/embarrassment/fear	Does not apply/do not know	2	25%
Belief that services won't be helpful	Does not apply/do not know	2	25%
Services not offered at convenient times	Does not apply/do not know	1	13%
Insurance coverage issues	Does not apply/do not know	1	13%
Lack of coordination between providers	Does not apply/do not know	1	13%
Unaware of service availability	Does not apply/do not know	1	13%
Don't know how to access services	Does not apply/do not know	1	13%
Wait too long for intake	Does not apply/do not know	6	75%
Financial issues	Often	3	38%
Transportation issues	Often	3	38%
Unaware of service availability	Often	2	25%
Insurance coverage issues	Often	2	25%
Don't know how to access services	Often	2	25%
Wait too long for intake	Often	1	13%
Child care needs	Often	1	13%
Stigma/embarrassment/fear	Often	1	13%
Lack of coordination between providers	Often	1	13%
Medical issues	Often	1	13%
Services not offered at convenient times	Seldom	1	13%
Child care needs	Seldom	1	13%
Insurance coverage issues	Seldom	1	13%
Involvement with justice system	Seldom	1	13%
Unaware of service availability	Seldom	1	13%
Services do not meet needs	Seldom	1	13%
Services not offered at convenient times	Seldom	1	13%
Services too far away	Sometimes	5	63%

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IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
Medical issues	Sometimes	4	50%
Services do not meet needs	Sometimes	4	50%
Child care needs	Sometimes	3	38%
Belief that services won't be helpful	Sometimes	3	38%
Lack of coordination between providers	Sometimes	3	38%
Wait too long for intake	Sometimes	3	38%
Transportation issues	Sometimes	2	25%
Stigma/embarrassment/fear	Sometimes	2	25%
Don't know how to access services	Sometimes	2	25%
Insurance coverage issues	Sometimes	1	13%
Involvement with justice system	Sometimes	1	13%
Services not offered at convenient times	Sometimes	1	13%
Other. Please specify below	-	8	100%
If "Other": Please describe	-	8	100%

7. Please tell us about service needs or service gaps you have experienced that you want brought to our attention.

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The programs exist to provide services but the funding doesn't exist to support enough people in need of the services. Specifically, state funding is frequently not enough to allow an organization to provide the level of service necessary or to provide it in a manner that works well. The drive to encourage more community involvement is also key and very important but we need to make sure those individuals who are not able to participate (lack of programs, funding, ability, etc) are not overlooked and the limited options they currently have are not lost.

Two significant concerns: 1) financial strains stemming from eroded State financial support (stagnant State rates for 10+ years eroded by costs inflation), and 2) potential elimination of a full continuum of supports and services for individuals of all levels of abilities/disabilities in pursuit of the important and laudable goal of primarily 'community-based supports and services.

IDDD: Stakeholder Survey (8 Respondents)

Question	Response (Respondent's Comments NOT Edited)	Count	%
	insufficient state funding. Rates are too low.	1	13%
	Did Not Answer	5	63%

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Self Direction Assistance in the Home Based Service Program

Illinois Department of Human Services
Division of Developmental Disabilities

May 8, 2018

Presented by: Andrea Medley, Kit O'Brien Cota and Paul Morell

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State of Illinois

Home Based Service & Support

- HBS is a self-directed program whether the individual or family hires their own Personal Support Workers (PSWs) or hires agency based PSWs.
- Individuals, guardians and families in HBS have a responsibility to direct their supports and services.

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Federal Regulations

Effective July 1, 2017, the Division of Developmental Disabilities (DDD) removed the requirement that all HBS participants purchase Service Facilitation.

- Federal Centers for Medicaid and Medicare Services (CMS) clarified that the Division could not mandate HBS participants to purchase a service because that is not self directed.
- This had to change in order to renew DDD Waivers.

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Federal Regulations

In 2014 Federal CMS required 1915(c) Waivers to include Conflict of Interest Free Case Management.

Case management can not be done by a relative, provider agency or someone payed by a provider agency.

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In Illinois, the Conflict of Interest Free Case Manager is the Independent Service Coordinator (ISC).



Self-Direction Assistance

- CMS introduced *Information and Assistance in Support of Participant Direction*. Illinois calls this service **Self-Direction Assistance (SDA)**.
- FY18 is a transition year from the service of *Service Facilitation* to the service of *Self-Direction Assistance*.
- SDA is not the new name for *Service Facilitation*. SDA is a new service.

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IDHS

Self-Direction Assistance

- SDA services are optional.
- The service code is 55A and the hourly billing rate is \$41.90.
- 140
- SDA services must be documented in the Personal Plan including the frequency and amount of services.



Self-Direction Assistance

- SDAs provide skills training to enable individuals & families to independently direct and manage services.
- 141
- They also provide assistance with PSW related tasks until the individual & family can conduct these independently.



IDS

SDA provides information on and assistance with:

- Recruiting, hiring, and managing PSWs.
- Negotiating PSW hourly rates and scheduling PSWs.
- Communicating and problem-solving strategies with PSWs.
- Monthly budgeting allotment and funding allocation management.
- Completing timekeeping and other employer-related tasks required to interface with the Fiscal Agents.

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Discovery process

- The ISC will gather and record a person's preferences, interests, abilities and needed supports.
- The Discovery process
 - Is not a one-time event, but a series of information gathering activities (i.e. discussions, observations, and record reviews).
 - Should begin with the individual and then include the guardian and others chosen by the individual.
 - Must also include current providers. SDA can provide QIDP notes and insight on individual/family's needs.

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Personal Plan

- The Personal Plan is the single, comprehensive vision for a person's life.
- The Plan is based on information gathered during the Discovery process.
- The ISC is responsible for documenting the outcomes and ensuring the completion of the Plan.
- Must include at least 1 outcome that the person will pursue.

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IDS

Personal Plan

- Outcomes listed in the Personal Plan are those expressed by the individual through the Discovery process.
- If a person's needs or desires change, individuals, families and service providers should notify the ISC.
- Individuals, families or providers who believe information in the Plan is incorrect, should notify the ISC.

145

Summary of Services and Supports

- Must include all Medicaid Waiver services that are or will be provided (i.e. SDA).
- **Some services will not be tied to an outcome.**
A person can still need a service, even if there is **no outcome related to that service.**
- This page should not contain the details of services (i.e. train family on managing monthly allotment).

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Provider Signature Page

- *The Provider Signature Page* should be completed and signed by all providers who will provide & bill SDA services.
- SDA agencies have 10 calendar days to complete and return this page to the ISC.
- If a provider is unable or unwilling to provide services, they should not sign this page.

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Provider Implementation Strategy

- Provider agencies will develop an Implementation Strategy that includes the details of how the service(s) will be provided (i.e. train family on managing monthly allotment).
- 148 Provider agencies have 20 calendar days, after signature on the Provider Signature Page, to develop the Implementation Strategy. This does not include obtaining individual/guardian signatures.




Provider Implementation Strategy

- There is no standard form or format. SDA agencies must include components related to services they will provide.
- Can include multiple services provided by the same agency into a single document. (149)
- Individual/guardians must review, approve, and sign the SDA's Implementation Strategy. The ISC will not sign or approve Implementation Strategies.



Provider Implementation Strategy

- SDAs who are aware of the need to change services should notify the ISC. ISC will follow up with individual/guardian and include or remove service from the Personal Plan as needed.
-  Implementation Strategies must be updated to reflect changes in the Personal Plan at least annually and more often if warranted by circumstances, a change in functional status or at the request of the individual.



Employer of Record Implementation Strategy

- Form IL462-1240, available on the DHS website.
- The Employer of Record has 20 calendar days, from the time the Plan is complete, to develop the Implementation Strategy.
- When the Employer of Record will arrange or oversee services or outcomes, they must develop an Implementation Strategy.

(15)



IDHS

Employer of Record Implementation Strategy

- ✓ If Individual/family is hiring Personal Support Workers (PSWs) directly, then the Employer of Record should complete this form.
- ✓ If the individual/family is hiring PSWs directly and hire a SDA, the Employer of Record should complete this form and the SDA should develop their own Implementation Strategy.
- ✓ If the individual/family is arranging, for example, nursing or non-medical transportation, the Employer of Record should complete this form.

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...Employer of Record Implementation Strategy continued

- ✓ If the individual/family is using PSWs that they hire directly and purchasing Community Day Services, then the Employer of Record should complete this form and the day program provider will develop their own Implementation Strategy.
- ✓ If the individual/family only purchases agency based services (such as Community Day Services or agency based DSPs) and the individual/family will not oversee any outcomes, the form is not needed.

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DHHS

Employer of Record Implementation Strategy

- Per the request of the individual or family, the SDA can assist the Employer of Record with developing the *Employer of Record Implementation Strategy*. The SDA can assist with and bill for:
 - obtaining the form,
 - explaining how to complete the form,
 - providing skills training to enable families to complete the form,
 - providing a copy of the form to the ISC.
- The SDA should not complete the form for the Employer of Record.

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Documentation, Billing and Audit Trail

- Prior to delivering any services through the Medicaid Waivers, SDA should ensure they have a copy of the final and completed Personal Plan.
- SDA's should review their Implementation Strategy monthly and document that:
 - The identified outcome(s), as documented in the Personal Plan, continue to be the desire of the individual receiving services.

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Documentation, Billing and Audit Trail

- SDAs should also document:
 - The specific service(s) performed in that particular month (i.e. training the family on hiring PSWs or how to complete Service Agreements).
 - Supports outlined in the Implementation Strategy continue to meet the individual's needs or require modification to better meet the individual's needs.
 - When modifications are required, the details of actions taken.

- This documentation must be maintained in the individual's record.

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Documentation, Billing and Audit Trail

If requested, the SDA can bill for:

- Explaining the Medicaid redetermination process.
- Providing skills training on completing the form to maintain and reinstate the individual's Medicaid benefits.
- Documenting their notes of services provided.
- Assisting Employer of Record to complete their Implementation Strategy form as previously described.

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Documentation, Billing and Audit Trail

SDAs should not bill for (this is not an exhaustive list):

- Attending the IEP.
- Developing or approving the contents in a Personal Plan.
- Meeting with the ISC regarding Discovery and/or Personal Plan.
- Developing the SDA's Implementation Strategy.
- Conducting *monitoring* visits in the individual's home or other locations.

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Documentation, Billing and Audit Trail

- The individual and family must have a Service Agreement identifying SDA.
- Attachment A states, “The Provider shall maintain adequate substantiating documentation of services provided.” The SDA should maintain a specific chronological log of all activities performed for audit purposes.
- Billings and claims for any Medicaid Waiver service found during an audit not to be included in the Personal Plan will be voided.

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Resources

- Home-Based Support Information
<http://www.dhs.state.il.us/page.aspx?item=93376>
- Consumer Handbook for Home Based Services
<http://www.dhs.state.il.us/page.aspx?item=101181>
- Person Centered Planning Process For Medicaid Waiver Services
<http://www.dhs.state.il.us/page.aspx?item=96986>

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Resources

- The DDD Scoop
<http://www.dhs.state.il.us/page.aspx?item=78358>
- Person Centered Planning questions
DHS.DDD.Life.Choices@illinois.gov
- Assistance with the Fiscal/Employer Agents
Janene.VanBebber@illinois.gov

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James I. Dimas, Secretary

ISC/SDA Job Duties**Illinois Developmental Disabilities - ISC/SDA Job Duties**

RESPONSIBILITIES	RESPONSIBILITY OF INDEPENDENT SERVICE COORDINATION AGENCY (also known as Individual Service and Support Advocacy)	RESPONSIBILITY OF SELF-DIRECTION ASSISTANCE (optional service)
Assist individuals in application for Waiver services.	X	
Maintain the waiting list for Waiver services, updating all enrollments at least annually.	X	
Prior to enrollment, inform individuals of right to choose between ICF/MR and HCBS services using IL Form 1238.	X	
Complete initial eligibility determination, i.e., level of care evaluation.	X	
Upon enrollment and annually thereafter, inform individuals of rights under the Waiver using IL Form 1201.	X	
Conduct necessary evaluations and assessments of individual service needs, including risk assessments.	X	
Ensure a service plan is developed upon enrollment and at least annually thereafter. Complete modifications to the plan as directed by participant needs.	X	
Assist individuals with linkage and applications for any non-Waiver services.	X	
Inform individuals of all willing and qualified providers.	X	
Complete any necessary prior approval applications for Waiver services.	X	
Ensure service plan is implemented.	X	
Provide any necessary coordination of services.	X	
Explain and provide information to individuals about reporting allegations of abuse, neglect, and exploitation, as well as filing other complaints and grievances.	X	
Explain appeal rights, using IL Form 1202, and assist in filing appeals as needed.	X	
Provide skills training to enable families and participants to independently direct and manage self-directed services.		X
Provide information on and assistance in recruiting, hiring, and managing Personal Support Workers.		X
Provide assistance with budgeting and funding allocation management.		X

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RESPONSIBILITIES	RESPONSIBILITY OF INDEPENDENT SERVICE COORDINATION AGENCY (also known as Individual Service and Support Advocacy)	RESPONSIBILITY OF SELF-DIRECTION ASSISTANCE (optional service)
Provide assistance with communication and problem-solving strategies with Personal Support Workers.		X
Provide skills training and assistance with completion of timekeeping and other employer-related tasks required to interface with the Fiscal Management Agency.		X
Complete clinical eligibility for annual redeterminations.	X	
Conduct on-going visits and make other contacts to ensure the continued effectiveness of the service plan and the general health and well-being of the individual.	X	
Conduct necessary problem solving activities as issues arise regarding implementation of the service plan, coordination of services, or general health and well-being.	X	

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD

9.B.

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

CCDDB 2018 Meeting Schedule

Board Meetings

8:00AM except where noted

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

June 27, 2018

July 25, 2018 – Dimit Conference Room

September 26, 2018 – Dimit Conference Room

October 24, 2018

November 14, 2018

November 28, 2018 – tentative study session

December 19, 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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BROOKENS ADMINISTRATIVE CENTER

1776 E. WASHINGTON STREET

URBANA, ILLINOIS 61802

PHONE (217) 367-5703

FAX (217) 367-5741



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

CCMHB 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)**

June 27, 2018

July 18, 2018

September 12, 2018 – study session, tentative

September 26, 2018

October 17, 2018

October 24, 2018 – study session

November 14, 2018

November 28, 2018 – joint study session with the CCDDDB

December 19, 2018 – tentative

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

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DRAFT

July 2018 to June 2019 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 2019. 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 CCDDDB 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 2020 (July 1, 2019 – June 30, 2020) and deadlines related to current (PY2019) agency contracts.

07/25/18	Regular Board Meeting (Dimit Conference Room) Election of Officers
08/24/18	<i>Agency PY2018 Fourth Quarter and Year End Reports Due</i>
09/26/18	Regular Board Meeting
10/24/18	Regular Board Meeting Draft Three Year Plan 2019-2021 with FY19 Objectives Release Draft Program Year 2020 Allocation Criteria
10/26/18	<i>Agency PY2019 First Quarter Reports Due</i>
10/31/18	<i>Agency Independent Audits Due</i>
11/14/18	Regular Board Meeting
11/28/18	Study Session - tentative
12/12/18	<i>Public Notice to be published on or before this date, giving at least 21-day notice of application period.</i>
12/19/18	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – PY20 Allocation Criteria
01/04/19	<i>CCMHB/CCDDDB Online System opens for Agency Registration and Applications for PY20 Funding.</i>
01/23/19	Regular Board Meeting
1/25/19	<i>Agency PY2019 Second Quarter Reports Due</i>
02/08/19	<i>Agency deadline for submission of applications for PY2020 funding. Online system will not accept forms after 4:30PM.</i>

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02/20/19 **Regular Board Meeting**
List of Requests for PY20 Funding

03/20/19 **Regular Board Meeting**

04/17/19 *Program summaries released to Board, copies posted online
with the CCDDB April 24, 2019 Board meeting agenda*

04/24/19 **Regular Board Meeting**
Program Summaries Review and Discussion

04/26/19 *Agency PY2019 Third Quarter Reports Due*

05/15/19 *Allocation recommendations released to Board, copies posted online with
the CCDDB May 22, 2019 Board meeting agenda.*

05/22/19 **Regular Board Meeting**
Allocation Decisions
Authorize Contracts for PY2020

05/23/19-06/05/19 *Contract Negotiations*

06/19/19 **Regular Board Meeting**
Approve FY2020 Draft Budget

06/27/19 *PY20 Contracts completed/First Payment Authorized*

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9.C.



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

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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

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9.D.

RESUME OF MINUTES OF A SPECIAL MEETING OF THE COUNTY BOARD,
CHAMPAIGN COUNTY, ILLINOIS
November 16, 2004

The County Board of Champaign County, Illinois met at a Special Meeting, Tuesday, November 16, 2004 at 6:33 P.M. in Meeting Room 1, Brookens Administrative Center, 1776 East Washington Street, Urbana, Illinois, with Patricia Avery presiding and Sasha Green, as Secretary of the Meeting.

ROLL CALL

Roll call showed the following Board Members **Present:** Putman, Schroeder, Shoemaker, Tapley, Wysocki, Anderson, Beckett, Betz, Cowart, Crozier, Doenitz, Fabri, Feinen, Greenwalt, Hambrick, Jay, Kirchner, Knott, Langenheim, Moser, O'Connor, and Avery - 22; **Absent:** Sapp, Brumback, Busboom, Carter, and James - 5. Thereupon, the Chair declared a quorum present and the Board competent to conduct business. The Parliamentarian found it necessary to record new Board Member Stan James as absent, since the Election results were certified, Board Member Smith has been replaced by Board Member James. Board Member Brumback arrived after roll call.

PRAYER & PLEDGE OF ALLEGIANCE

A prayer was given by George Kyle. The Pledge of Allegiance to the Flag was given.

READ NOTICE OF MEETING

Board Member Betz offered the motion that the notice be approved; seconded by Board Member Langenheim. Approved by voice vote.

APPROVAL OF MINUTES

There were no minutes for Board action.

APPROVAL OF AGENDA/ADDENDUM

Board Member Wysocki offered the motion to approve the Agenda/Addendum; seconded by Board Member Betz. Approved by voice vote.

DATE/TIME OF NEXT REGULAR MEETING

Chair Avery announced that the next County Board Meeting will be held on November 18, 2004 at 7:00 P.M.

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PUBLIC PARTICIPATION

Amy Eisenmenger spoke regarding the Developmental Disabilities Board. Claudia Lenoff read a letter from Paula Vanier regarding the Developmental Disabilities Board.

ANNOUNCEMENTS/COMMUNICATIONS

Board Member Moser announced that Board Member Busboom is doing well after her hip surgery. Joel Flechter announced that he would be available for all Board Member's questions concerning abstentions relating to the Budget.

COMMITTEE REPORTS

POLICY COMMITTEE

Discussion. Board Member Betz recommended the Appointments of:

Holly Jordan - term ending 6-2005,
Michael Smith - term ending 6-2006,
Joyce Dill - term ending 6-2007,

to the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability; seconded by Board Member Feinen. Discussion followed. There was a friendly amendment to consider the appointments separately. Discussion followed. The appointment of Holly Jordan for a term ending 6-2005 was approved by voice vote. The appointment of Michael Smith term ending 6-2006 was approved by voice vote. Board Members Beckett and Wysocki abstained due to a business relationship with on of the involved parties. The appointment of Joyce Dill term ending 6-2007 was approved by voice vote.

OTHER BUSINESS

Board Member Betz informed the Board that the Policy Committee, with a Presentation from the Environmental Advisory Panel, would continue immediately after the Special Meeting.

NEW BUSINESS

There was no new business.

RECESS

Chair Avery recessed the Meeting at 6:51 P.M.

Mark Sheldon

Mark Sheldon, Champaign County Clerk
and Ex-Officio Clerk of the Champaign County Board
Champaign County, Illinois

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Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – June 2018

CCDDB Contracts: Late May and early June were spent completing contracts. Special provisions were developed for each program. There was a focus on programs of similar services collaborating with each other to improve coordination, minimize duplication of effort, and maximize positive outcomes. It was requested that providers document their efforts in the comments section of the quarterly reports. Six agencies had to do revisions or corrections to their application and one contract negotiation meeting was held. An Excel spreadsheet was used to indicate which programs required contract negotiation, revisions or corrections to the program and/or budget forms, or if a revised Cultural and Linguistic Competence Plan was necessary.

I sat in on contract review/negotiation meetings with Lynn Canfield, Mark Driscoll, Shandra Summerville, and Chris Wilson for CCMHB funded programs.

CCDDB Reporting: We will begin our second year using the online reporting system. I am looking forward to having a full year's worth of data to begin looking at and tracking trends in the services provided.

NACBHDD: I participated in monthly I/DD committee calls.

ACMHAI: I participated in the I/DD committee call in May. I attended the quarterly meeting in Effingham, where the focus of the presentations was on I/DD. I have included the PowerPoint presentations given by Barry Taylor, Equip for Equality and Kathy Carmody, Institute on Public Policy for People with Disabilities. Mr. Taylor presented background information on the Ligas Lawsuit and provided a brief update on the Judge's most recent ruling, which found that the State's plan was still out of compliance. Mr. Taylor also gave brief overviews of the Williams v. Rauner and Colbert v. Rauner cases. Please see attached PowerPoint presentation.

Ms. Carmody presented on the significant portion of the Medicaid budgets that I/DD services account for. She shared that I/DD systems and services reflect historic practices that some stakeholders are beginning to question. Ms. Carmody shared that I/DD services remain one of the few systems in a fee-for-service model, while many other Medicaid services have transitioned to managed care. Ms. Carmody suggested that provider agencies may need to develop new approaches, services, and partnerships to continue to grow and thrive because of managed care and the expectations of new people entering into I/DD service systems. Please see attached PowerPoint presentation.

Other activities: I participated in the Doors to Wellbeing Peer Specialist Monthly Webinar Series. I participated in an nTIDE Lunch and Learn webinar. I attended a Reentry Council Meeting. I participated in a "Sex Talk for Self-Advocates" webinar.

PUNS Selection & Reports: DHS-DDD selected sixteen Champaign County people from the PUNS database in April 2017. Seven of those people have completed the PAS process and are currently receiving services. The remaining people continue to work with the ISC to complete the PAS process. Another PUNS selection is scheduled for June 2018. It has been reported that over 900 people will be selected off the PUNS database at this time. I have attached updated (May 8, 2018) PUNS Summary by County and Selection Detail for Champaign County.

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

County: Champaign

Reason for PUNS or PUNS Update

New	104
Annual Update	236
Change of category (Emergency, Planning, or Critical)	40
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	30
Person is fully served or is not requesting any supports within the next five (5) years	186
Moved to another state, close PUNS	18
Person withdraws, close PUNS	20
Deceased	15
Individual Moved to ICF/DD	2
Individual Determined Clinically Ineligible	4
Unable to locate	34
Submitted in error	2
Other, close PUNS	160

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.	6
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.	7
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.	3
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.	7

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).	21
2. Death of the care giver with no other supports available.	3
3. Person has been committed 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.	10
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	8
6. Other crisis. Specify:	77

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.	121
2. Person has a care giver (age 60+) and will need supports within the next year.	75
3. Person has an ill care giver who will be unable to continue providing care within the next year.	23
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	73
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	26
6. There has been a death or other family crisis, requiring additional supports.	4
7. Person has a care giver who would be unable to work if services are not provided.	56
8. Person or care giver needs an alternative living arrangement.	23
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).	9
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	9
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 Disabilities, nursing home or state hospital).	2
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	9
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	5
18. Person is losing eligibility for Individual Care Grants supports through the mental health system in the next year.	1

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

May 08, 2018

20. Person wants to leave current setting within the next year.	10
21. Person needs services within the next year for some other reason, specify:	22

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.	159
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 dissatisfied 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.	3
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.	49
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	2
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)	13
Respite Supports (<24 hour)	12
Behavioral Supports (includes behavioral intervention, therapy and counseling)	134
Physical Therapy	46
Occupational Therapy	105
Speech Therapy	127
Education	181
Assistive Technology	48
Homemaker/Chore Services	1
Adaptions to Home or Vehicle	9
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	63
Medical Equipment/Supplies	36
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	134

TRANSPORTATION

Transportation (include trip/mileage reimbursement)	129
Other Transportation Service	302
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	81
Supported Employment	88
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	70
Other Day Supports (e.g. volunteering, community experience)	24

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	31
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

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

May 08, 2018

Supported Living Arrangement	7
Shelter Care/Board Home	1
Nursing Home	1
Children's Residential Services	7
Child Care Institutions (Including Residential Schools)	6
Children's Foster Care	3
Other Residential Support (including homeless shelters)	14
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	328
Respite Supports (24 hours or greater)	19
Behavioral Supports (includes behavioral intervention, therapy and counseling)	119
Physical Therapy	53
Occupational Therapy	88
Speech Therapy	106
Assistive Technology	64
Adaptations to Home or Vehicle	18
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	85
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	330
Other Transportation Service	344
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	9
Support to work in the community	267
Support to engage in work/activities in a disability setting	143
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	102
Out-of-home residential services with 24-hour supports	81

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Division of Developmental Disabilities Prioritization of Urgency of Needs for Services (PUNS)

Summary of Total and Active PUNS By Zip Code

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivevects05102016.pdf>

Zip Code		Active PUNS	Total PUNS	
60949	Ludlow	2	4	
61801	Urbana	50	88	
61802	Urbana	56	101	
61815	Bondville (PO Box)	1	1	
61816	Broadlands	3	3	
61820	Champaign	43	80	
61821	Champaign	82	171	
61822	Champaign	50	95	
61840	Dewey	0	2	
61843	Fisher	10	12	
61845	Foosland	1	1	
61847	Gifford	1	2	
61849	Homer	1	5	
61851	Ivesdale	1	1	
61852	Longview	1	1	
61853	Mahomet	30	55	
61859	Ogden	3	10	
61862	Penfield	1	2	
61863	Pesotum	1	2	
61864	Philo	5	10	
61866	Rantoul	23	73	
61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	1	1	
61873	St. Joseph	13	24	
61874	Savoy	5	10	
61875	Seymour	2	3	
61877	Sidney	5	8	
61878	Thomasboro	0	3	
61880	Tolono	7	27	
Total		398	795	

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

Updated 05/08/18

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Total*	976**	1.84%	244,880	1.90%
ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
CCRPC Active*	434**	2.25%	244,880	1.90%

*Totals include Ford & Iroquois Counties

**Denotes Increase

DHS Definition of Closed PUNS Records	Death	Fully Served	Withdrawn	Moved out of state	Other Closed

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Illinois I/DD Community System Highlights

Association of Community Mental Health Authorities of Illinois
June 7, 2018

Kathy Carmody
Institute on Public Policy for People with Disabilities



Key Issues in the Illinois I/DD Arena

- **Illinois Profile and Comparison with Other States**
- **I/DD Funding**
- **CMS 2014 Rule Governing Waiver Settings**
- **Other Federal Issues Impacting I/DD Services**
- **Managed Care and I/DD Services**
- **The Future of I/DD Services**



How Does the Illinois System Compare Nationally?

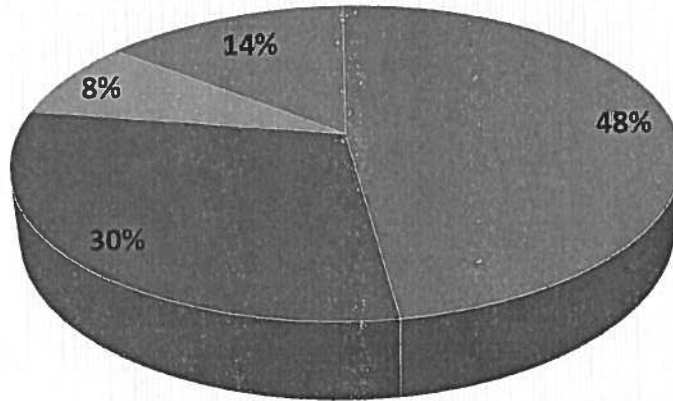
- **State of the States Report**
- **UCP Case for Inclusion**
- **Institutional Census**
- **Approval of State Transition Plan**
- **Nature of Community Services**



How are I/DD Services Funded?

Medicaid Beneficiaries

N = 80 Million

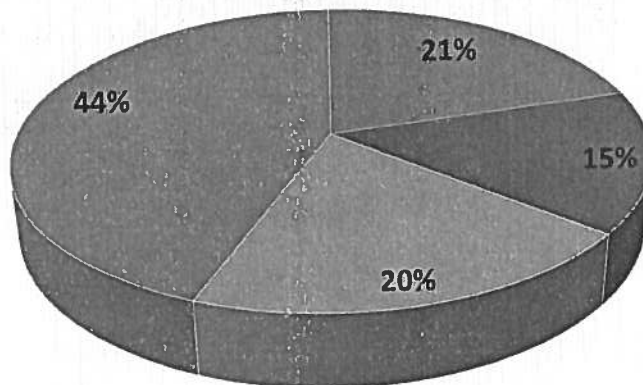


■ Children ■ Adults ■ Elders ■ People with Disabilities


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Medicaid Spending

N = \$553+ Billion (FY16)

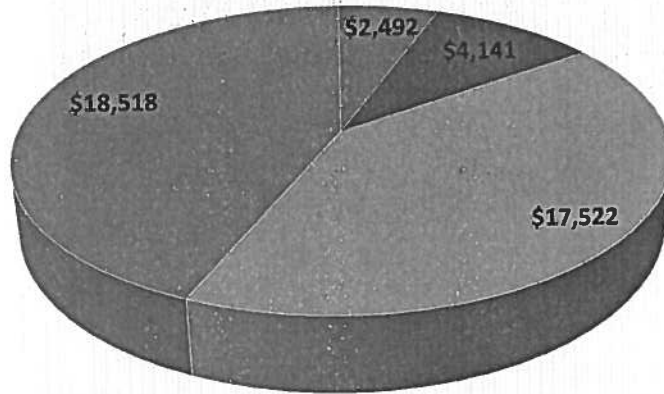


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Average Medicaid Per Person Spending FY2011



Children
 Adults
 Elders
 People with Disabilities



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Medicaid

- Presumed Institutional, e.g. – hospital, nursing facility
- Entitlement to services if eligible
- Reimbursement levels established by the state
- Active Treatment Model
- Steady decrease in utilization of Medicaid-funded services
- Planning process is driven by professionals

Medicaid Waiver

- “Waives” the institutional requirements of the Medicaid program and allows services to be delivered in alternative settings to an institution
- Services can be limited based on the state Waiver plan
- Cost of services must be less than Medicaid alternative
- Supports Model
- Steady increase in utilization of Waiver-funded services
- Planning process is driven by the person


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State Options to a Per Capita Medicaid Cap

- **Raise Taxes**
- **Eliminate/Reduce Coverage for Non-Statutory Services**
- **Limit Coverage for High-End Users**
- **Reduce Payments**
- **Implement Policies to Maximize Efficiency of Resources**

2014 HCBS Rule

- **Highlights**
- **State Transition Plan**
- **Settings Requirements**
- **Person-Centered Planning**
- **Conflict-Free Case Management**
- **What's Next**

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All Settings Requirements

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, **to the same degree of access as individuals not receiving Medicaid HCBS.**
- The setting is selected by the individual from among setting options including non-disability specific settings ... The settings options are identified and documented in the person-centered plan and are based on the individual's needs, preferences
- The setting ensures an individual's rights of privacy, dignity, and respect, and freedom from coercion and restraint.
- The setting optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices including but not limited to daily activities, physical environment, and with whom to interact.
- The setting facilitates individual choice regarding services and supports, and who provides them.


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Residence Setting Requirements

- **The individual has a lease or other legally enforceable agreement providing similar protections;**
- **The individual has privacy in their unit including lockable doors, choice of roommates and freedom to furnish or decorate the unit;**
- **The individual controls his/her own schedule including access to food at any time;**
- **The individual can have visitors at any time; and**
- **The setting is physically accessible.**


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“Settings That Isolate”

- Settings designed specifically for people with disabilities, and often even for people with a certain type of disability;
- The individuals in the setting are primarily or exclusively people with disabilities and the staff that provides services to them;
- Settings designed to provide people with disabilities multiple types of services and activities on-site, including housing, day services, medical, behavioral and therapeutic services, and/or social and recreational activities;
- People in the setting have limited, if any, interaction with the broader community; or
- Settings that use practices that are used in institutional settings or are deemed unacceptable in Medicaid institutional settings (e.g. seclusion or restraint).


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State Transition Plan (STP)

- Each state must submit a comprehensive plan to CMS summarizing steps they will take to come into compliance with 2014 rule by 2019
- CMS holds states accountable for compliance with the rule, not individual agencies
- CMS' recourse for states not complying with the rule is to withdraw federal matching funds
- To date, Tennessee is the only state to have a CMS-approved STP (step 5)
- Kentucky and Arkansas have received “Final Approval” (step 4)
- 33 other states have received “Initial Approval” (step 3)
- 17 states plus the District of Columbia await Initial Approval

<https://www.medicaid.gov/medicaid/hcbs/transition-plan/index.html>


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Where Does the Rule Stand Today?

- Although the new administration has expressed their support for the Rule, they are postponing enforcement of Rule until 2022, although states must continue to submit and work on transition activities
- There is a coalition of organizations who are contesting the Rule's definition of "community" and who are arguing that campus, planned communities and other disability-specific settings should options under the HCBS program

http://coalitionforcommunitychoice.org/wp-content/uploads/2015/06/CCC_RevisedPrinciples.pdf




Conflict-Free Case Management

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Olmstead Ruling

- The question before the Court was whether the ADA “required placement of persons with mental disabilities in community settings”.
- The Court’s decision was a ‘qualified yes’ to this question by defining 3 conditions under which confinement in an institution would be discriminatory:
 1. Treatment professionals determine that community placement is appropriate;
 2. The individual does not oppose being served in the community; and
 3. The placement is a reasonable accommodation when balanced with the needs of others with disabilities.

The 3rd provision has been further defined as “Sensibly construed, the fundamental-alteration component of the reasonable modification regulation would allow the State to show that, in the allocation of available resources, immediate relief for the plaintiffs would be inequitable, given the responsibility the State has undertaken for the care and treatment of a large and diverse population of people with mental disabilities.”

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Workforce Innovation and Opportunity Act (WIOA)

- Signed into law in 2014, became effective 2015
- WIOA is intended to assure that all federally-funded employment training programs promote marketable skills that lead to competitive integrated employment.
- The law affects a variety of constituencies beyond people with I/DD
- I/DD impact includes:
 - Requirements for people working on 14c) sub-minimum wage certificates
 - Defines Competitive Integrated Employment, Customized Employment and Supported Employment in specific and concrete terms
 - Establishes requirements for the allocation of VR resources for youth in transition
 - Establishes new performance measures for VR programs

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Other Topics in Employment

- DOL Fair Labor Standards Act (FLSA) Sub-Minimum Wage Certificate (14c)
- DOJ involvement in sheltered workshops (Oregon, Rhode Island)
- Reaction from workshop participants and families to proposed closures
- Inclusion of Employment Services in HCBS Waivers and Managed Care
- What do people do when they're not working
- Impact of elevated minimum wage laws on people with I/DD
- Automation and the skill set workers will need

What is MLTSS?

- MLTSS is the delivery of long term services and supports (state plan, waiver or both) through capitated Medicaid managed care plans
- MLTSS may include, but doesn't necessarily include, physical and behavioral health services in addition to LTSS
- Refers to the delivery of services through a capitated system overseen by a body that has decision-making authority regarding service delivery
- The MCO overseeing the delivery of LTSS can take on several forms, including quasi-public or private for and not-for-profit entities, including established insurance companies as well as other organizations
- 2 required LTSS services in State Plan: Nursing Facility and Home Health Care. States can include other LTSS services in state plan, but then would need to be available to all eligible beneficiaries

- The MCO is paid a capitated rate for the population in their service delivery network and typically pays a fee-for-service to service providers
- Service providers contract directly with MCO's, rather than the state and must be part of an MCO network(s) in order to receive referrals for service delivery
- The MCO rather than the state establishes rates, terms of the contract and performance measures that govern service delivery
- The functions of service planning and monitoring are separate from the service delivery organization(s)
- The state determines what populations and service settings are included in the managed care pool
- An Accountable Care Organization is a partnership between a funder (typically an insurance company) and a not-for-profit partner with a split in decision-making and profit-sharing


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What Do These Things Have in Common?




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How Can I/DD CBO's Position Themselves to Thrive in an MLTSS Environment?

- Learn the language, culture and values of payors for service
- Focus on outcomes that are important to MCO's: adherence to health care regimens; hospital deflection; promotion of SDOH
- Branding, marketing and contracting
- Diversify services and populations
- Develop technology infrastructure
- Partnerships, networks and affiliations
- Evaluate internal operations and structure


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Take-Aways

- I/DD services account for a significant portion of state and federal budgets and are a legitimate focus of attention for policy and budget-makers
- Many I/DD systems and services reflect historic practices that are coming into question by some stakeholders
- I/DD services remain one of the few systems in a fee-for-service model with many other Medicaid services already having transitioned to some version of managed care
- I/DD provider organizations play an essential role in the lives of people receiving services, but may need to develop new approaches, services and partnerships to continue to grow and thrive
- People newly entering the I/DD system may have different expectations for provider organizations and the nature of supports they receive
- Workforce challenges facing the I/DD system are significantly impacting provider organizations


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LIGAS v. NORWOOD FACT

SHEET

Background on the lawsuit

Ligas v. Norwood (formerly *Ligas v. Maram*) is a lawsuit filed in 2005 by nine people with developmental disabilities (Plaintiffs) who reside in large private State-funded facilities (ICF-DDs) or who are likely to be placed in such facilities. Plaintiffs wanted to receive community services, but their requests have been denied by the State of Illinois. In 2006, a Judge certified the case as a class action. (Note that people living in State-operated developmental centers are not part of the class action.) Prior to trial, the parties reached an agreement, but at a Fairness Hearing in July 2009, the Judge found that the class definition was too broad as it included people who did not desire to live in the community. Accordingly, the Judge did not approve the agreement and de-certified the class. In January 2011, the Plaintiffs, the State, and the Intervenors (representing those who wished to remain in ICF-DDs) reached a new agreement that all could support. The Judge held a Fairness Hearing on June 15, 2011 and approved the proposed Consent Decree. This historic agreement reflects momentous change in state policy for serving people with developmental disabilities. **Over 7,000 class members have received community services under the Consent Decree through 2017.**

What does the Consent Decree achieve?

- ICF-DDs residents who desire community placement will receive an individualized, independent evaluation and the opportunity to live in the community with appropriate services.
- Over a six year period, any of the approximately 6,000 ICF-DD residents who desire placement in the community will transition to the most integrated community-based setting appropriate for their individual needs.
- All ICF-DD residents who are happy with their current placement are not part of the class and are not be required to move. The Consent Decree ensures that resources necessary to meet the needs of those who choose to continue to reside in ICF-DDs will be made available.
- Over a six year period, an additional 3,000 people with developmental disabilities currently living at home without services will be given community services.

Is the *Ligas* Consent Decree over?

No. Only the first phase of the Consent Decree has been met. During the first 6 years, the State met its quantitative obligation to provide at least 3,000 people on the PUNS waiting list with community-based services. Also, the State provided community-based placements to nearly all of those living in ICF-DDs who made a record of wanting to leave and who had been residing in an ICF-DD on or before June 15, 2011. (Note that some ICF-DD residents, including some Office of State Guardian wards, are still waiting for placements.)

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So, what is left with the Consent Decree?

The State agreed that after 6 years, it must provide community services to class members at a "reasonable pace" consistent with the U.S. Supreme Court's decision in *Olmstead*. The State agreed to demonstrate reasonable pace over a three year period. During the first year, the State agreed to provide community services to at least 632 off the PUNS waiting list. The State met its quantitative requirements.

Is the State in Compliance with the Qualitative Aspects of the Consent Decree?

No. The Consent Decree requires that an Independent Monitor determine annually whether the State is in Compliance. The current Monitor is Ronnie Cohn (ligas.monitor@gmail.com) and in 2016 and 2017, she found the State out of compliance. Attorneys for Plaintiffs and the Intervenors filed a Motion for Enforcement asking the Judge to find the State out of compliance because Class Members and people who chose to stay in the ICF-DDs were not getting what they were entitled to under the Consent Decree. The Judge agreed and found the State out of compliance. She ordered the State to submit a plan to bring the State into substantial compliance.

When will the State Submit its Compliance Plan?

The State submitted its plan on March 30 and the Judge will rule by July 10 whether the State's plan brings it into compliance.

When will the Consent Decree End?

In June 2020, the State can ask the Judge for the Consent Decree to end. To do so, the Judge would have to find that the State is in "substantial compliance" with the quantitative and the qualitative requirements of the Consent Decree. Plaintiffs, Intervenors and the Independent Monitor will be able to weigh in on whether the State is in "substantial compliance" and then the Judge will decide.

Can people still join the Class?

Yes. People with developmental disabilities who want to receive services under the Consent Decree make a record with the State confirming their desire for community services. To join the class, contact Troy Markert at Troy.Markert@Illinois.gov or 217-785-6171. People who are on the PUNS list are already Class Members.


Questions?

If you have questions about the Consent Decree or how to become a member of the class, please contact Laura Miller at 312-895-7316 or laura@equipforequality.org

Documents related to the case can be found at:

<https://www.equipforequality.org/issues/community-integration/documents-from-efes-class-actions/>


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Update on Illinois Community Integration Class Actions: Ligas, Williams and Colbert

Barry C. Taylor
Equip for Equality
312-895-7317
barryt@equipforequality.org

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ADA and Community Integration

When Congress passed ADA it found:

- Segregation of people with disabilities was pervasive problem in US
- Discrimination included people in institutions
- Segregation perpetuates unjustified assumptions that institutionalized persons are incapable or unworthy of participation in community life
- Institutionalization severely diminishes everyday activities like family relations, social contacts, work, educational advancement, and cultural enrichment


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Department of Justice - ADA Regulations

- **DOJ:** oversees Title II of ADA – covers state and local government programs and services
- **Integration Mandate:** State and local governments must provide their services to people with disabilities in the **most integrated setting** appropriate to their needs
- **Most Integrated Setting:** Setting that enables people with disabilities to interact with non-disabled persons to the fullest extent possible.

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Olmstead – Case Background

Olmstead v. L.C. 527 U.S. 581 (1999)

- Two women with mental illness and DD institutionalized in state-operated hospital in Georgia
- Both deemed appropriate for community placement, but remained institutionalized
- Placement not provided because of insufficient community resources
- Sued under ADA's integration mandate
- **Supreme Court:** Unjustified institutionalization is discrimination under the ADA.


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Factors Set forth by Supreme Court in *Olmstead*

- **Community integration requirements:**
 - ◊ Treatment officials find community is appropriate
 - ◊ Person does not oppose placement in the community
 - ◊ Placement can be reasonably accommodated taking into account State resources & needs of other pwds
- **State can meet its ADA obligations if it has a:**
 - ◊ **comprehensive, effectively working plan** for placing people with disabilities in less restrictive settings;
 - ◊ **waiting list that moves at a reasonable pace** not controlled by the State's efforts to keep its institutions fully populated.

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What Led to Filing Community Integration Litigation in Illinois?

- Various efforts by State of Illinois did not result in meaningful change
- No response from Governor to letter sent by advocates on Olmstead 5th anniversary
- EFE, ACLU of IL and Access Living joined to bring three Olmstead class actions
- Resource: IL collaboration model article
http://www.povertylaw.org/files/docs/article/chr_2012_may_une_taylor.pdf

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Ligas v. Norwood Case Background

- Suit filed in 2005 by 9 individuals with DD
- Nearly 6000 people living in large private ICFDDs (9 or more) and thousands more living at home "at risk of institutionalization"
- Suit does not cover DD State-Ops or kids
- Suit sought meaningful choices not institutional closure
- Attorneys: Access Living, ACLU, Dentons and Equip for Equality

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Ligas v. Norwood Case Background

- In 2006, court granted class certification
- In 2008, Agreement reached with State
- Objections from guardians led to de-certification of class and rejection of agreement by judge
- New agreement reached with Intervenor that everyone could support
- Court certified new "opt in" class
- Consent Decree approved in 2011

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Terms of Ligas Consent Decree: Who's Covered?

- **Class Definition:**
 - 18 or older with DD and Medicaid eligible; and
 - Lives in a private ICF/DD with 9 or more residents or lives in the family home seeking services; and
 - The State of Illinois has a "current record" of the person seeking Community-Based Services or placement in a Community-Based Setting

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Terms of Ligas Consent Decree: Enforcement and Resources

- Consent Decree – not a settlement
- Development of Community Capacity
- Resources and Budget Requests
 - Annual budget requests sufficient to develop and maintain services outlined in Decree
 - Implement funding mechanisms that facilitate transition among service settings
 - No legislative contingency

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Terms of Ligas Consent Decree: ICF-DD Residents

- People residing in ICF-DDs at the time of the entry of the Decree (6/15/11) who desire community placement will receive an individualized, independent evaluation.
- Over 6 year period, any of the approximately 6,000 ICF-DD residents who desire placement in the community would transition to the most integrated community-based setting appropriate for their individual needs.
- 1/3 placed by the State every two years


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Terms of Ligas Consent Decree: ICF-DD Residents

- All ICF-DD residents happy with their current placement are not in the class and would not be required to move.
- The Consent Decree ensures that resources necessary to meet the needs of those who choose to continue to reside in ICF-DDs will be made available.

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**Terms of *Ligas* Consent Decree:
People Living in the Family Home**

For people with DD living at home:

- At least 1000 people provided community services within first 2 years
- At least 500 people provided community services in each of the 3rd, 4th, 5th and 6th years
- State has met these quantitative requirements
- After 6th year, people not served will move off waiting list at a "reasonable pace"


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**Terms of *Ligas* Consent Decree:
Crisis**

- State agreed to also serve people in "Crisis"
 - Imminent risk of abuse or neglect
 - Imminent risk of homelessness
 - Caregiver is deceased
 - Caregiver unable to meet needs of individual jeopardizing individual's health and safety
 - Individual's behaviors put individual or family member at risk of serious harm
- No limit on # of people in Crisis to be served
- Crisis services to be provided "expeditiously"


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**Terms of *Ligas* Consent Decree:
Independent Monitor**

- Must be independent and knowledgeable
- Assesses compliance with Decree and develop measurable standards for compliance
- Tries to resolve issues, but can recommend action by court if unable to resolve
- Submits annual reports to the Judge
- Tony Records (2011-2015)
- Ronnie Cohn (2015 – present)


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**Budget Impasse and Impact
on *Ligas* Consent Decree**

- Illinois failed to reach consensus on a budget for FY 2016 – starting July 1, 2015
- Emergency motion filed to ensure that *Ligas* class members and beneficiaries continued to receive services at the same level as previous year until budget is passed
- Judge granted motion


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**Budget Impasse and Impact
on *Ligas* Consent Decree**

- Additional court action needed to confirm scope of payments when State only agreed to provide funding for Class Members, but not beneficiaries
- Similar order secured for FY 2017
- Payments allowed Class Members to continue to move and be supported in the community and for beneficiaries to receive services until State finally adopted a new budget.

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Current Status of *Ligas* decree

- Over 7,500 class members have received community based services
- Current concerns about size of placement, employment options, placements of "hard to serve" class members, and wages of community workers
- Monitor found State out of compliance

Complaint, Consent Decree, Implementation Plans, Monitor Reports and Fact Sheet can be found at:
<http://www.equipforequality.org/issues/community-integration/documents-from-efes-class-actions/>

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What's Next in the *Ligas* Consent Decree?

- 4/2017 - Plaintiffs and Intervenors filed Motion to Enforce Consent Decree after Monitor's findings of non-compliance.
- 8/2017 – Judge granted Motion and found State out of compliance – ordered State to develop Plan for Compliance
- 3/2018 – After negotiations were unsuccessful, State filed Plan for Compliance that Monitor, Plaintiffs and Intervenors found insufficient
- 7/2018 – Judge set to rule on State's Plan

What's Next in the *Ligas* Consent Decree?

- Parties will negotiate "reasonable pace" requirement for all other class members
- Decree will continue at least until **6/15/2020** and then State can seek to end the Decree by showing "substantial compliance"
- People who want to join the class (or who are not sure whether they're *Ligas* Class Members) should contact Troy Markert at Troy.Markert@Illinois.gov or 217-785-6171.
- People who are on the PUNS list are already *Ligas* Class Members.

Williams v. Rauner - case background

- Suit on behalf of people with mental illness living in IMDs (Institutions for Mental Diseases)
- Approximately 4,500 people resided in IMDs statewide
- Case brought by ACLU, Access Living, Bazelon Center, Equip for Equality and Kirkland & Ellis (pro bono law firm)
- Certified as a class action in 2006 - 2006 WL 3332844 (7th Cir. Nov. 13, 2006)

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Williams v. Rauner – Consent Decree

- Consent Decree was approved on 9/29/10
- Independent Monitor appointed
- Over 5 year period, all IMD residents not opposing community services shall be placed in the most integrated community-based setting
- Permanent Supportive Housing will be considered most integrated setting for the vast majority of class members (people living in their own apartments)
- Illinois will get new federal money to support community services – IMDs 100% state-funded

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Current Status of *Williams* decree


- **Over 2100 class members have moved into the community under Consent Decree**
- Challenge to implementation of Consent Decree by IMD owners rejected by court - 2014 WL 184948 (N.D. Ill. Jan. 10, 2014)
- Monitor: State out of compliance re: "hard to serve" class members and "shutting front door"
Complaint, Consent Decree, Implementation Plans, Monitor Reports and Fact Sheet can be found at:
<http://www.equipforequality.org/issues/community-integration/documents-from-efes-class-actions/>

Colbert v. Rauner Case Background

- Community integration litigation on behalf of people with disabilities living in nursing homes
- Limited to Cook County
- Certified as a class action in 2008 - 2008 WL 4442597 (N.D. Ill. Sept. 29, 2008)
- Over 16,000 class members – class comprised of people with physical disabilities and mental illness
- Attorneys: ACLU, Access Living, Dentons (pro bono law firm) and Equip for Equality
- Consent Decree Approved – 12/11/11
- Independent Monitor appointed

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Current Status of *Colbert* Decree

- Over 2000 people have moved into community under the Consent Decree
- Concerns about managed care - quality of evaluations and oversight
- Cost Neutral Plan – confirmed major savings in the community
- State to implement Consultant report on how to move more people into the community

Complaint, Consent Decree, Implementation Plan, Monitor Report and Fact Sheet can be found at:
<http://www.equipforequality.org/issues/community-integration/documents-from-efes-class-actions/>


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Budget Impasse and Impact on Consent Decrees

- Illinois failed to reach consensus on a budget for FY 2016 – starting July 1, 2015
- Emergency motions filed in *Williams* and *Colbert* cases to ensure that class members continued to receive services until budget passed
- Judge granted motions – importance of Consent Decrees
- Payments allowed class members to continue to move and be supported in the community until State finally adopted a new budget.

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Update on Illinois Community Integration Lawsuits – *Williams* and *Colbert*

QUESTIONS?

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Stephanie Howard-Gallo

Operations and Compliance Coordinator Staff Report –

June 2018 Board Meeting

SUMMARY OF ACTIVITY:

Contracts:

Following the Board's allocation decisions at the May Board meeting, contracts were drafted for close to 60 programs whose term begins July 1, 2018. A spreadsheet tracks the processing of contracts. The spreadsheet indicates which contracts require negotiations, special provisions, revised CLC plans, if revised program and/or budget forms must be submitted. The date the contract is issued and date that it is returned is tracked.

Contracts are mailed out with an "award" letter. The award letter indicates the amount of money allocated to the program and if negotiation or revised forms are necessary. A copy of the "Contract Process and Information Sheet" is included with the award letter and contracts. The sheet provides a summary of the process and key dates, notes on revised plan requirements, refers to potential special provisions, and a reminder to read the contract. Once the contracts are signed, copies are provided to the Financial Manager (Chris Wilson) and the Champaign County Auditor before payments can be issued. Contracts returned after the June 29th deadline will usually result in delayed payments. Completing the contract process is time consuming. It's a group effort among staff members.

Records and Data Retention:

A new funding year means setting up new contract files for the programs and purging old files. Paper files are kept on contracts, funding applications, audits, board minutes, site visit reports, program/financial reports, and any correspondence being sent or received. Generally, we keep 10 years of paper files in the master file room.

Annual Report:

Once the Annual Report was approved, I created 50 copies of the report and distributed them to interested parties. Copies will be available as requested. The Annual Report is also posted on the County website.

Other:

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

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June 2018 Monthly Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

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

Champaign Urbana Area Project- CLC Site on June 13th, 2018.

Children's Advocacy Center- CLC Site Visit June 15, 2018.

Community Choices- Annual CLC Training for Community Choices Staff on June 8th, 2018.

Courage Connection- CLC Site Visit on June 19, 2018.

Mahomet Area Youth Club- On June, 14, 2018 I attended "Teen Time" for the teens at the Mahomet Area Youth Club. They viewed the film Mind Game: The Unique Journey of Chamique Holdscaw. This was an opportunity for the youth to talk about mental health and how it impacts teens. 20 Youth were present to attend the film and there was a Q&A after the film.

DREAAAM House- Contract negotiation meeting was held to discuss revisions and updates for the CLC Plan.

CLC Coordinator Direct Service Activities:

The CLC site visit protocol was updated to ensure that monitoring and evaluation are documented about the progress of the agencies.

Mental Health First Aid- The instructor certification for Mental Health First Aid is up for renewal. I began the recertification process to ensure that it is up to date.

CLC Training Series: I met with Community Choices about the IN Project. This is an opportunity for self-advocates to provide training on effective ways of learning how to serve people with a developmental/intellectual disability. I will begin a collaboration with Community Choices to ensure that other organizations are able to take advantage of this training. The IN Project Training will be able to fulfill the Annual Training Requirement for one year.

ACMHAI- I participated in the Children's Behavioral Health Committee call. The guest speakers were Lisa Devivo and Debbi Smith about the IPHD-Social Emotional Legislation Report.

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Anti-Stigma Activities/Community Collaborations and Partnerships

University of Illinois African-American Community Healing Storytelling Project-

A digital story-telling workshop event that will capture the stories of people in the community was held on June 6 and June 19th, 2018. I will attend additional meetings to plan the community event that will share the results of the data.

YWCA/Welcome Center-

I attended the New American Welcome Center Community Presentation on May 23, 2018. They reviewed the data that has been collected over the year about the contributions of immigrants in Champaign County.

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