CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

REMEMBER this meeting is being audio recorded. Please speak clearly into the microphone during the meeting.

Champaign County Mental Health Board (CCMHB)
WEDNESDAY, November 15, 2017
Brookens Administrative Center, Lyle Shields Room
1776 E. Washington St. Urbana, IL
5:30 p.m.

1. Call to Order - Dr. Fowler, President

2. Roll Call

3. Citizen Input/Public Participation
   The CCMHB reserves the authority to limit individual public participation to five minutes and limit total time to 20 minutes.

4. Approval of Agenda*

5. President's Comments

6. New Business

A. Parenting with Love and Limits Update **(pages 3-5)**
   A Briefing Memorandum is included, on current status of contracts related to Parenting with Love and Limits and potential consolidation of the programs, for information only.

7. Agency Information
   The CCMHB reserves the authority to limit individual agency participation to five minutes and limit total time to 20 minutes.

8. Old Business

A. Draft PY19 CCMHB Allocation Criteria **(pages 6-14)***
   A Decision Memorandum on allocation priorities and decision support criteria is included in the packet. Approval is requested.

B. Draft PY19 CCDDB Allocation Criteria **(pages 15-23)**
A briefing memo on proposed allocation priorities and decision support criteria is included in the packet for information only. The CCDDB will consider approval of a final draft at their December 13, 2017 meeting.

C. Draft Three Year Plan with FY2018 Objectives **(pages 24-32)***
A Decision Memorandum and proposed final draft of the plan are included. Approval is requested.

D. Schedules & Allocation Process Timeline **(pages 33-36)**
Updated copies of meeting schedules and allocation timeline are included in the packet. Please note that these presume there will not be a December 13, 2017 meeting of the CCMHB. That meeting can be held, particularly if needed for approval of agenda items above.

9. CCDDB Information

10. Approval of CCMHB Minutes **(pages 37-42)***
10/18/17 *Minutes are included. Action is requested.*
10/25/17 *Minutes are included. Action is requested.*

11. Executive Director's Comments

12. Staff Reports **(pages 43-65)**
Reports from Kim Bowdry, Mark Driscoll, and Shandra Summerville are included in the packet.

13. Consultant Report **(page 66)**
A report on the 11th Annual disABILITY Resource Expo and related activities is included in the packet.

14. Board to Board Reports

15. Financial Information
None.

16. Board Announcements

17. Adjournment

Board action

BRIEFING MEMORANDUM

DATE: November 15, 2017
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: Potential Consolidation of Parenting with Love and Limits Programs

In August, Prairie Center Health Systems (PCHS) and Rosecrance announced they intend to merge on January 1, 2018. As we approach the New Year, all indications are the merger will go forward as planned. The Champaign County Mental Health Board has six contracts with PCHS. The largest of these contracts is the Parenting with Love and Limits-Extended Care program. The Board also contracts with Rosecrance for the Parenting with Love and Limits-Front End program. While both operate the same model there are differences in the target population and the level of engagement that occurs with families. The proposed merger, once executed, provides an opportunity to consolidate the two programs.

Background:
The two programs began operating in 2009. Since that time, the Front End program has served 663 families with an average completion rate of 86%. Of families referred to the program, an average of 76% have engaged in services (completed intake and attended first group). The Extended Care program has had similar success since its inception. The program has served 535 families with an average completion rate of 77%. The referral engagement rate has averaged 87%.

For comparison, Savannah Family Institute who developed and owns the rights to the model, sets a performance target rate of 70% for referral engagement and for those engaging in services, a completion rate of 70%.

The staffing pattern for the two programs is very similar. Each program has three therapists and one co-facilitator/case manager. Over the last several years the programs have experienced staff turnover that has contributed in part to the programs underperforming on number of families served. Other factors are the number of referrals made to the program and the ability of the therapists to contact and engage the families. At this time, the Front End program is down one therapist and one case manager. The Extended care program is down one therapist.

Savannah Family Institute (SFI) has established clinical minimums of 24 and clinical maximums of 36 families to be served by PLL-Extended Care therapists. For Champaign County, SFI has approved the lead therapist, also referred to as the PLL Coordinator, having a clinical minimum of 18 families due to other PLL duties. Similar clinical minimums exist for Front End therapists but have a clinical maximum of 40. The Front

End Lead Therapist also has a clinical minimum of 18 families. Assuming each program is fully staffed for the year, service targets range from 66 families to 108 families for Extended Care and 66 families to 120 families for Front End. Both programs have struggled to reach clinical minimums over the last few years due to staff turnover and referral issues. Performance issues were particularly evident last year with the Front End program. Regrettably, significant performance issues are present in the new contract year for the Front End program. While the Extended Care program is doing better than the Front End program through the first quarter, it is also struggling but to a lesser degree.

The prospect of consolidating the two programs was first discussed in mid-October with Gail Raney, PCHS CEO and Juli Kartel, Rosecrance C-U Director of Clinical Services. A teleconference call was held November 3rd on the question of consolidating the programs following the merger. In addition to Lynn and I, on the call were Gail Raney, Juli Kartel and several representatives from Savannah Family Institute.

Under consideration is combining the two programs with all staff trained to provide extended care services. This provides staff with the flexibility to run either a front end group or extended care group. Having all staff trained to deliver extended care enables the program to offer both levels of intervention depending on the identified needs of the referred families.

The consolidated program would have a reduced staffing pattern. Rather than the current six therapists with two case managers, the program would have four therapists including the lead therapist/coordinator and one case manager. Vacancies in both programs would not be filled requiring no existing staff to be laid off. This assumes existing Front End staff are interested in moving to the PLL Extended Care program.

Clinical minimums for the Extended Care program would not change. With four therapists including the adjusted clinical minimum for the lead therapists, clinical minimum for the program would be 90 with a clinical maximum of 144. With only one case manager, consideration needs to be given to how to manage any vacancy in the position or other down time. It is possible back-up responsibilities would fall to the lead therapist due to their reduced clinical minimum target. If not, alternative arrangements would need to be made within the program.

Beyond the discussion of a consolidated program with the two providers and Savannah Family Institute, CCMHB have also been pursuing other potential sources of support. Staff has been engaged in conversations with Choices Coordinated Care about potential collaboration and purchase of service of Parenting with Love and Limits services. Savannah Family Institute initiated the conversation and has been involved in many of the meetings. Providers were brought into the discussion at the last meeting with Choices. We are waiting on proposed rates for purchase of PLL services from Choices. Lynn Canfield has communicated with the director of the Illinois Criminal Justice Information Authority, consultants from Redeploy Illinois, and the States Attorney regarding other funding to support PLL. So far, other sources are not available.

Fiscal Impact:
As part of the teleconference call on November 3rd, Rosecrance and Savannah Family Institute were asked to provide cost projections for the consolidated program. On Monday November 6th, Savannah Family Institute presented a proposal to CCMHB staff. After seeking clarification from staff as to what financial information was needed, the Rosecrance administration (Rockford office) provided an estimate of what a consolidated program might cost. Final figures would be developed following the merger. Contract awards for the two FY18 PLL programs are as follows:

Rosecrance FY18 PLL-FE:	$282,663	
PCHS FY18 PLL-EC:	$300,660	
Total Cost of FY18 PLL contracts:	$583,323	
Pro-rated six month term (7/1/17-12/31/17)		$291,662
Rosecrance consolidated program estimate PLL-EC:	$381,828	
Pro-rated six month term (1/1/18-6/30/18)		$190,194
Projected Annualized Expense for FY18 PLL		$481,856
(6 month current contracts + 6 month consolidated program cost estimate)		
Savannah Family Institute FY18 Contract:	$143,900	
Pro-rated six month term (7/1/17-12/31/17)		$71,950
Savannah Family Institute Adjusted FY18 contract:	$129,500	
Pro-rated six month term (1/1/18-6/30/18)		$64,750

Projected cost for FY18 PLL is $481,856. For estimated savings of $101,468 on the year for FY18 PLL contracts.

The adjusted contract amount with Savannah Family Institute (SFI) would be pro-rated for the balance of the contract year. Total cost for the year would be $136,700. For a savings of $7,200 on the SFI FY18 contract.

Final cost for the consolidated program would be determined following the merger and subject to contract negotiation and Board approval.

Next Steps:
Rosecrance and Prairie Center Health Systems execute the merger.

Rosecrance provides final budget for operation of consolidated PLL program.

CCMHB approves consolidated program amendment for Rosecrance PLL contract.

CCMHB approves adjusted pro-rated amount for SFI license agreement.

CCMHB approves other contract amendments transferring contracts from PCHS to Rosecrance.

DECISION MEMORANDUM

DATE: November 15, 2017

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

FROM: Lynn Canfield, Executive Director

SUBJECT: PY2019 Allocation Priorities and Decision Support Criteria

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

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

Overview:

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

Statutory Authority:

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

The Operating Environment:

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

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

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

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

Expectations for Minimal Responsiveness:

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

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

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

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

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

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

Program Year (PY) 2019 CCMHB Priorities:

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

Priority – Behavioral Health Supports for People with Justice System Involvement

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

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

- benefits enrollment, increasing people's access to services, including Medicaid;
- coordination and 'warm hand-off' from jail to community or detox to community;
- peer mentoring and support;
- intensive case management;
- access to psychiatric services and other health services;
- juvenile justice diversion services (see System of Care priority below), evidence-based or innovative, including counseling for youth and families;
- other juvenile delinquency prevention/intervention
- counseling and crisis support specific to victims/survivors of violence or abuse;
- enhanced crisis response;
- access to medical detox and crisis stabilization;
- support for specialty courts.

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

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

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

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

Priority – System of Care for Children, Youth, Families

The CCMHB has focused on youth with serious emotional disturbance and multi-system involvement since 2001. Evidence-based practices were implemented to reduce recidivism among those with juvenile justice involvement. A System of Care was cultivated and now sustained by the Champaign Community Coalition, with a

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

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

Priority - Collaboration with the Champaign County Developmental Disabilities Board

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

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

Nationally only 11% of people with ID/DD rely on agency service providers. The majority of care comes from family, friends, and community. Parent and self-advocate support networks are critical to the system of supports, contribute clarity about service preferences, and raise community awareness. The disAbility Resource Expo is an established community awareness/networking project of the CCMHB and CCDDB; applications to coordinate, implement, and evaluate the event will be considered.

Overarching Priorities:

Underserved Populations and Countywide Access

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

Inclusion and Anti-Stigma

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

Outcomes

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

Coordinated System

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

Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will

include detail about the relevance of all expenses, including indirect costs. Per the Board's approved Funding Guidelines, calculation and rationale should be explicit, supporting the relationship between indirect costs and the value of the proposed program. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCMHB. While CCMHB funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

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

Secondary Decision Support and Priority Criteria:

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

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

Process Considerations:

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

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

and is therefore based on a combination of cost and non-cost factors, reflecting an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB. In the event that applications are not sufficiently responsive to the criteria and priorities described in this memorandum, the CCMHB may choose to set aside funding to support RFPs with prescriptive specifications to address the priorities.

Caveats and Application Process Requirements:

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

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

Decision Section:

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

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

8.B.

BRIEFING MEMORANDUM

DATE: October 25, 2017

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

FROM: Lynn Canfield, Executive Director

SUBJECT: PY2019 Allocation Priorities and Decision Support Criteria

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

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

Overview:

The purpose of this memorandum is to propose allocation decision support criteria and funding priorities for the Champaign County Developmental Disabilities Board (CCDDB) Program Year 2019, July 1, 2018 to June 30, 2019. The foundations of these recommendations are board discussions, input from citizens, agency representatives, and other stakeholders, and our understanding of the transforming service delivery systems. This document will be shared with stakeholders and provider organizations for their input, and a final draft will be presented for board approval at their November or December meeting.

Statutory Authority:

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

The Operating Environment:

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

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

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

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

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

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

Expectations for Minimal Responsiveness:

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

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

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

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

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

Overarching Priorities:

Inclusion and Integration

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

In a self-determined, integrated system, with various types of support:

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

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

Underserved Populations and Countywide Access

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

Inclusion and Anti-Stigma

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

Outcomes

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

Coordinated System

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

Budget and Program Connectedness

Applications will include a completed Budget Narrative section, explaining the relationship between anticipated costs and program components. Clarity about what the board is buying will include detail about the relevance of all expenses, including indirect costs. Programs which offer services billable to Medicaid should identify non-billable activities and the associated costs to be charged to the CCDDB. While these funds should not pay for service activities or supports billable to another payor, the Board has an interest in programs taking advantage of multiple resources in order to secure long-term sustainability.

Person Centered Planning (PCP)

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

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

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

Workforce Development and Stability

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

- gaps in coverage, disruption of care, and high turnover interfere with the development of positive relationships between staff and people who use services;
- capacity cannot be expanded without a much larger direct support staff workforce, so that even those selected from PUNS for Medicaid-waiver awards struggle to find providers;

- turnover has significant associated costs in recruitment and hiring activities, overtime pay during shortages, and training of new staff;
- agencies and programs compete to keep direct support staff as the need for their services increases in other systems (e.g., care of older citizens.)

FY2019 CCDDB Priorities:

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

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

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

Priority: Comprehensive Services and Supports for Young Children

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

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

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

Secondary Decision Support and Priority Criteria:

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

1. Approach/Methods/Innovation: Cite the relevant recommended, promising, evidence-based, or evidence-informed practice and address fidelity to the model under which services are to be delivered. In the absence of such an approach to meet defined community need, clearly describe the innovative approach, including method of evaluation, to be considered.
2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by people with I/DD and members of their support networks, toward a more efficient, effective, inclusive system of care.
3. Staff Credentials: Applications highlighting staff credentials and specialized training.
4. Resource Leveraging: While leveraging is strictly interpreted as local match for other grant funding, describe all approaches which amplify CCDDB resources: state, federal, and other local funding; volunteer or student support; community collaborations. If CCDDB funds are to be used to meet a match requirement, the

funder requiring local match must be referenced and the amount required identified in the Budget Narrative.

Process Considerations:

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

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

Caveats and Application Process Requirements:

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

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

8.C.

DECISION MEMORANDUM

DATE: November 15, 2017
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: Approve Three-Year Plan 2016-2018 with FY 2018 Objectives

The Three Year Plan (2016 – 2018) with FY 2018 Objectives has been finalized and is attached for the Board's consideration and action. An initial draft was included in the September Board packet. The plan was distributed for public comment following the September Board meeting. The Plan has also been part of the discussions at two study sessions of the Board.

Subsequent to the release of the Plan, changes have been made based on the comments received and the release of the Crisis Response Planning Committee final report with sequential intercept map gaps analysis. Changes made to the original draft since it was released include the following (new language italicized; language removed has strikeouts):

> Goal #1: Support a continuum of services to meet the needs of individuals with mental and/or emotional disorders, addictions, and/or intellectual or developmental disabilities and their families residing in Champaign County.
>
> > Objective #6: ~~As~~ *In light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, if* enrollment in health insurance and Medicaid managed care plans *continues to* reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of *insurance or expanded* Medicaid, e.g. Peer Supports.
>
> Goal #2: Sustain commitment to addressing the need for underrepresented and diverse populations access to and engagement in services.
>
> > *Objective #2: Provide technical assistance in support of continuous improvement of cultural and linguistic competence plans to meet the needs of the population served.*
> > ~~Objective #2: Require a cultural competence and linguistic competence plan, with bi-annual reports, as evidence of the~~

~~provider's capacity to provide services to meet the needs of the population served.~~

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders ~~provide~~ *pursue a continuum of services as* an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: *Serve on the Crisis Response Planning Committee, or its successor body, to continue to advance work initiated under the Justice and Mental Health Collaboration planning grant.* ~~the planning body established under the Justice and Mental Health Collaboration award from the Department of Justice, and commit resources necessary to meet the matching funds requirement of the award.~~

Objective #2: Identify options for developing jail diversion services ~~including a center~~ to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #3: Secure commitment to support and sustain the development of a *coordinated system of diversion services,* ~~*diversion center*~~ from vested stakeholders in the public and private sectors.

All originally proposed changes plus listed modifications are incorporated into the attached copy. The Three Year Plan is presented for final review and action.

Decision Section:

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

_____ Approved
_____ Denied
_____ Modified
_____ Additional Information Needed

25

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

THREE-YEAR PLAN

FOR

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

WITH

ONE YEAR OBJECTIVES

FOR

FISCAL YEAR 2018
(1/1/18 – 12/31/18)

CHAMPAIGN COUNTY MENTAL HEALTH BOARD

WHEREAS, the Champaign County Mental Health Board has been established under Illinois Revised Statutes (405 ILCS – 20/Section 0.1 et. seq.) in order to "construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for the developmentally disabled and for the substance abuser, for residents (of Champaign County) and/or to contract therefore..."

WHEREAS, the Champaign County Mental Health Board is required by the Community Mental Health Act to prepare a one- and three-year plan for a program of community mental health services and facilities;

THEREFORE, the Champaign County Mental Health Board does hereby adopt the following Mission Statement and Statement of Purposes to guide the development of the mental health plan for Champaign County:

MISSION STATEMENT

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

STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.

2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.

3. To increase support for the local system of services from public and private sources.

4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

In order to accomplish these purposes, the Champaign County Mental Health Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the community mental health system.

SYSTEMS OF CARE

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

Objective #1: Conduct a needs assessment to inform development of the next three year plan.

Objective #2: Under established policies and procedures, solicit proposals from community based providers in response to Board defined priorities and associated criteria using a competitive application process.

Objective #3: Expand use of evidenced informed, evidenced based, best practice, recommended, and promising practice models appropriate to the presenting need in an effort to improve outcomes for individuals across the lifespan and for their families and supporters.

Objective #4: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, or developmental disabilities to prevent and reduce early mortality, through support services including access to services addressing basic needs, enrollment in benefit plans and coordinated access to primary care.

Objective #5: As practicable in light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, support development or expansion of residential and/or employment supports for persons with behavioral health diagnosis not supported through expansion of Medicaid or the Affordable Care Act.

Objective #6: In light of potential congressional or presidential actions on the Affordable Care Act and Medicaid expansion, if enrollment in health insurance and Medicaid managed care plans continues to reduce the uninsured population, realign CCMHB dollars to fund services and supports outside the realm of insurance and expanded Medicaid, e.g. Peer Supports.

Objective #7: Build evaluation capacity of contracted providers utilizing expertise of evaluators from the Department of Psychology at the University of Illinois.

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

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

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

Objective #3: Encourage providers and other community based organizations to allocate resources to provide training, seek technical assistance, and pursue

other professional development activities for staff and governing and/or advisory boards to advance cultural and linguistic competence.

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

Goal #3: Improve consumer access to and engagement in services through increased coordination and collaboration between providers, community stakeholders, and consumers.

Objective #1: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers throughout Champaign County.

Objective #2: Participate in various coordinating councils whose mission aligns with the needs of the various populations of interest to the Board with the intent of strengthening coordination between providers in the delivery of services.

Objective #3: Explore at the Board level potential for collaboration on issues of mutual interest with the C-U Public Health District and the Champaign County Board of Health.

Objective #4: In conjunction with the United Way of Champaign County, monitor implementation of the 211 information and referral system.

Objective #5: Investigate options for development of a web based compilation of local resources and or directories targeted to specific populations.

Goal #4: Continue the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

Objective #1: Coordinate integration, alignment, and allocation of resources with the CCDDB to ensure the efficacious use of resources within the intellectual disability and developmental disability (ID/DD) service and support continuum.

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

Objective #3: Concurrent with the CCDDB, continue financial commitment to maintain and, if demonstrated, expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with ID/DD from Champaign County.

Objective #4: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest as exemplified by the expansion of CILA housing and joint sponsorship of events promoting acceptance, inclusion, and respect for people with ID/DD.

MULTI-AGENCY INVOLVED YOUTH AND FAMILIES

Goal #5: Building on progress achieved through the six year Cooperative Agreement between the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Illinois Department of Human Services (IDHS), and the Champaign County Mental Health Board (CCMHB) implement a plan to sustain the SAMHSA/IDHS system of care model.

Objective #1: Support the efforts of the Champaign Community Coalition and other system of care initiatives.

Objective #2: Ongoing support of Champaign County family-run organizations that incorporate family-driven and youth-guided principles. In recognition of the importance of multi-system involved families and youth, maintain direct involvement and input about decisions that are made. Encourage organizations' focus on peer support specialists, peer-to-peer support, advocacy at the local level, and statewide expansion of family-run organizations.

CRIMINAL JUSTICE AND MENTAL HEALTH SYSTEM COLLABORATION

Goal #6: Support infrastructure development and investment in services along the five criminal justice intercept points to divert from the criminal justice system, as appropriate, persons with behavioral health needs or developmental disabilities.

Objective #1: Continue involvement in the Crisis Intervention Team Steering Committee in support of increased collaboration between law enforcement and crisis team response in the community.

Objective #2: Sustain efforts to engage persons with behavioral health diagnoses re-entering the community from jail or prison or with recent involvement with the criminal justice system, in treatment and other support services.

Objective #3: Maintain commitment to the Problem Solving Courts operating in Champaign County including continued participation on the Specialty Court Steering Committee.

Objective #4: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

Objective #5: Through the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD), in its partnership with the National Association of Counties (NACo,) pursue opportunities for technical assistance and support through the "Decarceration Initiative," "Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails," and the "Data Driven Justice Initiative." Encourage and participate in other similar collaborative opportunities aimed at improving outcomes for those with behavioral health needs involved with the criminal justice system.

Goal #7: In conjunction with the Champaign County Sheriff's Office and other community stakeholders pursue a continuum of services as an alternative to incarceration and/or overutilization of local Emergency Departments for persons with behavioral health needs or developmental disabilities.

Objective #1: Serve on the Crisis Response Planning Committee, or its' successor body, to continue to advance work initiated under the Justice and Mental Health Collaboration planning grant.

Objective #2: Identify options for developing jail diversion services to provide behavioral health assessments, crisis stabilization and detoxification from alcohol and/or other substances as may be necessary to serve Champaign County.

Objective #3: Secure commitment to support and sustain the development of a coordinated system of diversion services, from vested stakeholders in the public and private sectors.

Objective #4: Use public input gathered through these collaborations to guide advocacy for planning and policy changes at the state and federal levels, local system redesign and enhancement, and in the consideration of future funding priorities for the CCMHB.

Goal #8: Support interventions for youth who have juvenile justice system involvement to reduce contact with law enforcement or prevent deeper penetration into the system.

Objective #1: Investigate evidence based or recommended juvenile justice models as an alternative to the Parenting with Love and Limits (PLL) program.

Objective #2: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective #3: Monitor local utilization of PLL and pursue options as necessary to address potential excess capacity.

Objective #4: Through participation on the Youth Assessment Center Advisory Board advocate for community and education based interventions contributing to positive youth development and decision-making.

Objective #5: Through participation and engagement in the Champaign Community Coalition and other community focused initiatives, promote and encourage multi-system collaborative approaches for prevention and reduction of youth violence.

Objective #6: Promote and support those targeted interventions that specifically address historical trauma experienced by African American and other minority youth disproportionately impacted in multiple systems.

Objective #7: Utilize the principles from "Models for Change" to reduce the disproportionate minority contact with law-enforcement and involvement with the juvenile justice system.

COMMUNITY ENGAGEMENT & ADVOCACY

Goal #9: Address the need for acceptance, inclusion and respect associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective #1: Continue support for and involvement in efforts to challenge stigma and discrimination and other community education events including disABILITY Resource Expo: Reaching Out for Answers, and the National Children's Mental Health Awareness Day.

Objective #2: Promote substance use disorder prevention initiatives as a community education tool targeting youth and young adults.

Objective #3: Participate in behavioral health community education initiatives, such as national depression screening day, to encourage individuals to be screened and seek further assistance where indicated.

Objective #4: Encourage and support efforts to more fully integrate people with behavioral health disorders and/or intellectual or developmental disabilities into community life in Champaign County.

Goal #10: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

Objective #1: Monitor implementation of the Affordable Care Act and the expansion of Medicaid by the State of Illinois and advocate for increased service capacity sufficient to meet consumer demand through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations such as the National Association of Counties (NACo).

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities or developmental disabilities or mental illness, e.g. Ligas vs. Hamos Consent Decree and Williams vs. Quinn Consent Decree, and proposed closure of state facilities, and advocate for the allocation of state resources sufficient to meet needs of clients returning to home communities or seeking fuller integration in their communities.

Objective #3: Through the National Association of County Behavioral Health and Developmental Disability Directors, monitor the federal rulemaking process applying parity to Medicaid Managed Care and associated benefit plans and on the Institutions for Mental Disease (IMD) Medicaid Exclusion. Use opportunities for public comment on proposed rules and legislative action to advocate for the needs of our community.

8.D.

CCMHB 2017-2018 Meeting Schedule

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

September 20, 2017

September 27, 2017 – study session

October 18, 2017

October 25, 2017 – study session

November 15, 2017

November 29, 2017 – study session

December 13, 2017 (tentative)

January 17, 2018

January 24, 2018 – study session

February 21, 2018

February 28, 2018 – study session

March 21, 2018

March 28, 2018 – study session

April 18, 2018 – in John Dimit Conference Room

April 25, 2018 – study session

May 16, 2018 – study session

May 23, 2018

June 27, 2018

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

DRAFT

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

The schedule provides the upcoming dates and subject matter of board meetings through June 2018 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed.

Study sessions may be scheduled throughout the year with potential dates listed. Study session topics will be based on issues raised at board meetings, brought to the CCMHB by staff, or in conjunction with the Champaign County Developmental Disabilities Board.

Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2019 (July 1, 2018 – June 30, 2019).

Timeline	Tasks
7/19/17	Regular Board Meeting Approve Draft Budget Approve 2016 Annual Report
9/20/17	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY18 Objectives U of I Program Evaluation Presentation
9/27/17	Study Session
10/18/17	Regular Board Meeting Release Draft Contract Year 2019 (CY19) Allocation Criteria Community Coalition Summer Initiatives Report
10/25/17	Study Session
11/15/17	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY19 Allocation Criteria
11/29/17	Study Session
12/13/17	*Public Notice to be published on or before this date, giving at least 21-day notice of application period.*
12/13/17	Regular Board Meeting (tentative)

01/05/18	*Open CCMHB/CCDDB Online System access to CCMHB CY19 Agency Program and Financial Plan Application forms.*
1/17/18	Regular Board Meeting Election of Officers
1/24/18	Study Session
2/2/18	*Online System Application deadline – System suspends applications at 4:30PM (CCMHB close of business).*
2/9/18	*List of Requests for CY19 Funding*
2/21/18	Regular Board Meeting List of Requests for CY19 Funding Assignment of Board Members to Review Proposals
2/28/18	Study Session
3/21/18	Regular Board Meeting 2017 Annual Report
3/28/18	Study Session
4/11/18	*Program summaries released to Board, copies posted online with CCMHB April 18, 2018 meeting agenda*
4/18/18	Regular Board Meeting Program Summaries Review and Discussion
4/25/18	Study Session Program Summaries Review and Discussion
5/9/18	*Allocation recommendations released to Board, copies posted online with CCMHB May 16, 2018 meeting agenda*
5/16/18	Study Session Allocation Decisions
5/23/18	Regular Board Meeting Allocation Decisions Authorize Contracts for CY19
6/27/18	Regular Board Meeting Approve FY19 Draft Budget
6/28/18	*CY19 Contracts completed/First Payment Authorized*

CCDDB 2017-2018 Meeting Schedule

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

September 20, 2017

October 25, 2017

~~November 15, 2017~~ cancelled

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

December 13, 2017

January 24, 2018

February 21, 2018

March 21, 2018

April 25, 2018

May 23, 2018

June 27, 2018

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

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CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING

Minutes—October 18, 2017

DRAFT

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

DRAFT

5:30 p.m.

MEMBERS PRESENT:	Susan Fowler, Judi O'Connor, Joe Omo-Osagie, Thom Moore, Kyle Patterson, Julian Rappaport, Anne Robin, Margaret White
MEMBERS EXCUSED:	Elaine Palencia
STAFF PRESENT:	Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville
OTHERS PRESENT:	Juli Kartel, Ranya Hasan, Monica Cherry, Rosecrance; Becca Obuchowski, Community Choices (CC); Tracy Parsons, City of Champaign; Ron Bribriesco, Developmental Services Center (DSC); Angie Adams Martin, Cunningham Children's Home; Lisa Benson, Regional Planning Commission (RPC); Darlene Kloeppel, Citizen; Elizabeth Anderson, Courage Connection

CALL TO ORDER:

Dr. Fowler called the meeting to order at 5:30 p.m.

DRAFT

ROLL CALL:

Roll call was taken and a quorum was present.

CITIZEN INPUT / PUBLIC PARTICIPATION:

Monica Cherry from Rosecrance and Joel Sanders from the Urbana Police Department spoke regarding Crisis Intervention Training (CIT) contacts, response times, and the impact to the community. They shared data collected and Board members were given an opportunity to ask questions.

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APPROVAL OF AGENDA:

The agenda was approved.

PRESIDENT'S COMMENTS:

Dr. Fowler made some brief comments regarding the agenda for the evening.

NEW BUSINESS:

Community Coalition Summer Youth Initiative Presentation:
Tracy Parsons from the City of Champaign represented the Community Coalition. He presented a Powerpoint on 2017 Summer Initiatives funded by the CCMHB. He also distributed a CU Fresh Start Community—Police Relations Survey Report. Mr. Parsons spent some time reviewing the summer programs and Board members were given an opportunity to ask questions.

PY 2019 CCMHB Funding Priorities:
A Briefing Memorandum on funding priorities and allocation criteria for the Program Year 2019 was included for information only. Dr. Moore suggested making a change under "Caveats and Application Process Requirements" stating that letters of support will not be accepted. Dr. Rappaport requested a study session to discuss the CCMHB's policy on indirect costs.

AGENCY INFORMATION:

OLD BUSINESS:

PY18 Agency Outcome Reports:
Annual agency performance outcome reports from the program year completed on June 30, 2017 were combined in one document for review.

Alliance Anti-Stigma Film Sponsorship:
A Decision Memorandum on sponsorship of an anti-stigma film at the 2018 Roger Ebert's Film Festival was included in the Board packet.

MOTION: Dr. Robin moved to approve up to $15,000 for sponsorship of an anti-stigma film at the 2018 Roger Ebert's Film Festival. Mr. Patterson seconded the motion. Discussion followed. A roll call vote was taken. The following members voted aye: Moore, O'Connor, Omo-Osagie, Patterson, Rappaport, Robin. The following members voted nay: White, Fowler. The motion passed.

Meeting Schedule and Allocation Process Timeline:
An updated copy of the meeting schedule and allocation timeline was included in the Board packet for information only.

CCDDB INFO:

None.

APPROVAL OF MINUTES:

Minutes from the September 20, 2017 meeting were included in the Board packet for approval. Dr. Fowler asked for the minutes to be amended in order to reflect clarification under "Agency Information" regarding *conversation of a possible merger* between Rosecrance and Prairie Center Health Systems (PCHS).

MOTION: Mr. Patterson made a motion to approve the minutes from the September 20, 2017 meeting as amended. Dr. Robin seconded the motion. A voice vote was taken and the motion passed.

EXECUTIVE DIRECTOR'S COMMENTS:

Ms. Canfield provided Board members a brief recap of staff activities during the past month.

STAFF REPORTS:

Reports from Mr. Mark Driscoll, Ms. Kim Bowdry, Mr. Chris Wilson, Ms. Shandra Summerville, and Ms. Stephanie Howard-Gallo were included in the Board packet for review.

CONSULTANT'S REPORT:

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

BOARD TO BOARD:

There were no reports.

FINANCIAL INFORMATION:

A list of financial claims was included in the packet.

MOTION: Dr. Moore moved to accept the claims report as presented. Ms. O'Connor seconded the motion. A voice vote was taken and the motion unanimously passed.

BOARD ANNOUNCEMENTS:

The Board will meet for a study session on October 25, 2017.

ADJOURNMENT:

The meeting adjourned at 7:12 p.m.

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

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

CHAMPAIGN COUNTY MENTAL HEALTH BOARD
STUDY SESSION

DRAFT

Minutes—October 25, 2017

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

DRAFT

5:30 p.m.

MEMBERS PRESENT:	Judi O'Connor, Elaine Palencia, Kyle Patterson, Anne Robin, Julian Rappaport
MEMBERS EXCUSED:	Joe Omo-Osagie, Susan Fowler, Thom Moore, Margaret White
STAFF PRESENT:	Lynn Canfield, Mark Driscoll, Shandra Summerville
OTHERS PRESENT:	Juli Kartel, Rosecrance; Gail Raney, Prairie Center Health Systems (PCHS); Jason Greenly, Courage Connection; Patty Walters, Developmental Services Center (DSC)

CALL TO ORDER:

DRAFT

Ms. Palencia called the meeting to order at 5:30 p.m.

ROLL CALL:

Roll call was taken.

CITIZEN INPUT / PUBLIC PARTICIPATION:

None.

APPROVAL OF AGENDA:

Liaison assignments will be deferred. A discussion on indirect costs will be added to the agenda for the evening.

FUNDING PRIORITIES FOR PY19:

A Briefing Memorandum with recommended priorities for funding for the period on July 1, 2018 to June 30, 2019 was included in the Board packet. Ms. Canfield provided additional information and a detailed review of the document. Board members discussed current priorities.

APPLICATION REVIEW PROCESS:

The Draft Allocation Process Timeline was included to support discussion of a Board process for reviewing applications for PY19 funding. Board members were given an opportunity to discuss their experience with the review process last year and their suggestions for the review process in the coming year.

STRATEGIC PLANNING:

The Board packet included a draft Three-Year Plan for 2016-2018 with Objectives for 2018. Mr. Driscoll reviewed the objectives and the history behind them.

INDIRECT COSTS:

A copy of the CCMHB Funding Guidelines was distributed to Board members. Ms. Canfield shared the policies that other 708 Boards use regarding indirect costs.

ADJOURNMENT:

The meeting adjourned at 7:10 p.m.

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

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

Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities
Staff Report – November 2017

CCDDB Reporting: Several of the agencies are reporting directly into the reporting system. Through support of the CCDDB consultant, other agencies are uploading data from Excel spreadsheets into the reporting system. At this time, DSC continues to work with the consultant to develop spreadsheets for their staff to work from so data can be uploaded into the reporting system. I look forward to all of the programs entering client specific data into the reporting system. This will allow for a comparison across programs to view the total impact of Board funding.

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

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

Community Needs Survey: The CCMHB and CCDDB online community needs survey went live on Tuesday, October 24, 2017. The survey will be available in paper form as well. There are separate surveys for ID/DD and MI/SUD, as well as separate surveys for individuals who might receive services, providers, stakeholders, and parents/caregivers/loved ones. I sent notification of the survey to providers and stakeholders. Surveys are available now through January 31, 2018. Please go to www.champaigncountysurvey.com to access the surveys.

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

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

Community Learning Lab School of Social Work Students: The School of Social Work students continue to work on their project on Community Employment/paid internships for individuals with ID/DD. The students reached out to CCDDB/CCMHB funded agencies in order to find out what services they provide, the number of clients served, and the challenges they face. Their findings include the extreme need for employment training and placement for individuals with ID/DD, lack of businesses that are willing to employ individuals with disabilities, and lack of training after high school. They also found a need for familial support.

Moving forward, the students will be reaching out to businesses that do not currently hire individuals with ID/DD to see what prevents them from doing so.

Ed McManus Presentation: Ed McManus will join the CCDDB & CCMHB for a joint study session on Wednesday, November 29, 2017 at 5:30 pm where he will present "Climbing Mt. Everest or Navigating the Disability System: Which Is Harder?" Mr. McManus worked for the Division of Developmental Disabilities for seventeen years. He spent fifteen years as a reporter and editor for the Chicago Tribune in Chicago and Springfield. He now spends his time as an ID/DD consultant.

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

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

PUNS data pulled from the DHS-DDD website for Champaign County is attached below. I have also included a breakdown of active and total PUNS clients for Champaign County. The number of individuals on the active PUNS list for Champaign County continues to rise. Champaign County had 370 individuals on the active PUNS waiting list, as of October 17, 2017, an increase of 42 since my staff report in July.

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

CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD
CHAMPAIGN COUNTY MENTAL HEALTH BOARD

Champaign County Developmental Disabilities Board and
Champaign County Mental Health Board

Present

Ed McManus

"Climbing Mt. Everest or Navigating the Disability System: Which Is Harder?"

Wednesday, November 29, 2017

5:30 pm

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

Mr. McManus spent seventeen years working for the Division of Developmental Disabilities. For fifteen years he worked as a reporter and editor for the Chicago Tribune in Chicago and Springfield. He now spends his time as an Intellectual and Developmental Disabilities consultant, supporting agencies and families.

NACBHDD National Association of County Behavioral Health & Developmental Disability Directors
The voice of local authorities in the nation's capital

UNDER THE MICROSCOPE

October 1, 2017

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

ISSUE

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

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

ANALYSIS

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

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

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

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

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

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

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

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

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

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

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

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

Characteristics of "high risk" individuals include:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACTION

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

Researched and Written by Dennis Grantham

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

October 17, 2017

County: Champaign

Reason for PUNS or PUNS Update	
New	126
Annual Update	199
Change of category (Emergency, Planning, or Critical)	28
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	27
Person is fully served or is not requesting any supports within the next five (5) years	186
Moved to another state, close PUNS	14
Person withdraws, close PUNS	21
Deceased	15
Individual Moved to ICF/DD	1
Individual Determined Clinically Ineligible	2
Unable to locate	29
Other, close PUNS	162

EMERGENCY NEED(Person needs in-home or day supports immediately)	
1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	7
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	13
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	2
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	6

EMERGENCY NEED(Person needs out-of-home supports immediately)	
1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	20
2. Death of the care giver with no other supports available.	3
3. Person has been commited by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	13
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	7
6. Other crisis, Specify:	91

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.	114
2. Person has a care giver (age 60+) and will need supports within the next year.	65
3. Person has an ill care giver who will be unable to continue providing care within the next year.	24
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	72
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	19
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	49
8. Person or care giver needs an alternative living arrangement.	16
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	182
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).	6
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	6
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilites, nursing home or state hospital).	2
13. Person is losing eligibilty for Department of Children and Family Services supports in the next year.	6
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	3
20. Person wants to leave current setting within the next year.	9
21. Person needs services within the next year for some other reason, specify:	22

Illinois Department of Human Services

Division of Developmental Disabilities

Prioritization of Urgency of Needs for Services (PUNS)

Summary By County and Selection Detail

October 17, 2017

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

1. Person is not currently in need of services, but will need service if something happens to the care giver.	149
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is disatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	4
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	51
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	7

EXISTING SUPPORTS AND SERVICES

Respite Supports (24 Hour)	11
Respite Supports (<24 hour)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	125
Physical Therapy	47
Occupational Therapy	110
Speech Therapy	127
Education	176
Assistive Technology	48
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	10
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	49
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	110

TRANPORTATION

Transportation (include trip/mileage reimbursement)	113
Other Transportation Service	273
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	87
Supported Employment	70
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	69
Other Day Supports (e.g. volunteering, community experience)	25

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
Supported Living Arrangement	4
Shelter Care/Board Home	1

Division of Developmental Disabilities
Prioritization of Urgency of Needs for Services (PUNS)
Summary By County and Selection Detail
October 17, 2017

Nusing Home	1
Children's Residential Services	8
Child Care Institutions (Including Residential Schools)	6
Children's Foster Care	1
Other Residential Support (including homeless shelters)	16
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	317
Respite Supports (24 hours or greater)	19
Behavioral Supports (includes behavioral intervention, therapy and counseling)	123
Physical Therapy	55
Occupational Therapy	96
Speech Therapy	110
Assistive Technology	69
Adaptations to Home or Vehicle	20
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	71
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	308
Other Transportation Service	322
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	13
Support to work in the community	256
Support to engage in work/activities in a disability setting	158
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	132
Out-of-home residential services with 24-hour supports	74

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

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

http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNSbyZipallandactivects05102016.pdf

Zip Code		Active	Total PUNS
60949	Ludlow	2	4
61801	Urbana	46	83
61802	Urbana	51	96
61815	Bondville (PO Box)	1	1
61816	Broadlands	3	3
61820	Champaign	34	69
61821	Champaign	78	166
61822	Champaign	42	86
61840	Dewey	0	2
61843	Fisher	10	12
61845	Foosland	1	1
61847	Gifford	2	3
61849	Homer	1	5
61851	Ivesdale	1	1
61852	Longview	1	1
61853	Mahomet	28	56
61859	Ogden	3	10
61862	Penfield	1	2
61863	Pesotum	2	3
61864	Philo	5	10
61866	Rantoul	25	72

61871	Royal (PO Box)	--	--	no data on website
61872	Sadorus	1	1	
61873	St. Joseph	14	24	
61874	Savoy	5	10	
61875	Seymour	1	2	
61877	Sidney	4	7	
61878	Thomasboro	1	3	
61880	Tolono	7	27	
Total		370	760	

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

Summary of PUNS by ISC Agency **Updated 10/17/17**

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
***CCRPC Total**	933	1.80%	244,880	1.90%
ISC Agency	**Individual Count**	**% of Total PUNS**	**Estimated Total Census for Agency**	**Estimated % of IL Census**
***CCRPC Active**	404	2.14%	244,880	1.90%

***Totals include Ford & Iroquois Counties**

DHS Definition of Closed PUNS Records

Death
Fully Served
Moved out of state
Withdrawn
Other Closed

Ligas Data Report as of 6-30-17

Updated - August 15, 2017

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

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

Class Member List

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

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

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

Class Members	Additions in FY13	Additions in FY14	Additions in FY15	Additions in FY16	Additions in FY17
Individuals in ICFs/DD on 6/15/11	351	243	329	120	349
Individuals in ICF/DDs after 6/15/11	16	94	70	34	36
Individuals in Community Settings	47	5,029	2,186	2,250	2041

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

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

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

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

Services for Class Members from the Waiting List

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

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

Crisis Services

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

		FY12	FY13	FY14	FY15	FY16	FY17	Cumulative Total to Date
1	Total # of Crisis Requests Received	343	298	424	486	504	472	2,527
2	Total # of Class Members Approved	290	274	397	461	482	452	2,356
2a	# of Class Members Approved for CILA	205	162	217	283	312	265	1,444
2b	# of Class Members Approved for HBS	85	112	180	178	170	187	912
3	Total # of Class Members Who Received Services	288	269	397	460	479	452	2,345
3a	# of Class Members Who Received CILA Services	203	159	217	282	310	265	1,436
3b	# of Class Members Who Received HBS Services	85	110	180	178	169	187	909
4	Total # of Class Members Denied Crisis Approvals	53	24	27	25	22	22	173

Eligibility Appeals

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

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

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

Mark Driscoll
Associate Director for Mental Health & Substance Abuse Services

Staff Report – October 18, 2017 Board Meeting

Summary of Activity

CCMHB Quarterly Reports/PLL Performance Issue: First quarter reports were due the last Friday of October. Agencies were reminded of the deadline at the Mental Health and Developmental Disabilities Council meeting. As is typically the case, a few agencies requested help or had questions on completing the reports. The reports are currently under review and where necessary clarification or corrections requested. As part of the first quarter review process, hard files are being created for each program and the excel spreadsheet used to track service activity updated. The hard files include the program applications and as the year progresses program related notes and records.

Parenting with Love and Limits (PLL) quarterly calls have been held on first quarter activity. Regrettably, there is a significant performance issue with the Rosecrance PLL-Front End program. Zero new families were served in the first quarter. No groups were held during the quarter. Forty-seven families have been referred, however, some of the referrals are said to go back to March.

Front End staff did engage families and schedule groups, specifically families served through the Urbana Neighborhood Connections Center, but the groups were rescheduled several times to the point families lost interest. During this period, Rosecrance staff made the decision to focus on Youth Assessment Center referrals.

Moving forward, Savannah Family Institute will be working with the remaining PLL therapist on running groups as the sole provider until a new hire can be trained and worked into the schedule. Smaller sized groups will also be run in order to keep families engaged and referrals from going stale.

The Front End program has been down one therapist and one family support specialist (co-facilitator/case manager) since early July when both staff moved to other positions within the agency. A new therapist has been hired and starts in November. However, the lead PLL therapist has resigned and will be leaving about the same time the new hire comes on board. The co-facilitator position remains vacant. See CCMHB Contract section below for related discussion on excess revenue and potential consolidation of programs.

The Prairie Center PLL-Extended Care program did run groups and engaged 9 new families. Referrals continue to be an issue for this program. Savannah Family Institute has committed to working with the extended care team on securing and engaging referrals. One of the PLL therapists resigned in October.

CCMHB Contracts/Rightsizing PLL: The Rosecrance FY18 Parenting with Love and Limits and the Criminal Justice contracts are both accruing excess revenue as a result of

on-going staff vacancies. The Criminal Justice program has accrued $9,052 in excess revenue through the end of the first quarter and continues to accrue excess revenue due to a new hire position that remains unfilled. Rosecrance is having difficulty finding a qualified applicant at the salary offered for the position. The Parenting with Love Limits program has accrued $19,013 in excess revenue through the end of the first quarter and continues to accrue excess revenue from two vacant positions (one therapist position and one co-facilitator/case manager). An internal transfer is filling the vacant therapist position. However a new vacancy has occurred as another therapist has just resigned. Amendments have been issued to reduce the contract award amount of the respective contracts in order to recapture the excess revenue accrued through the end of the first quarter. Further adjustments to the contract amount may be necessary to account for the excess revenue that continues to accrue from the vacant positions.

As plans for the proposed merger between Rosecrance and Prairie Center move forward, consideration is being given to downsizing the PLL program as part of the process. Under discussion is the potential for reducing the number of therapists from six to four and having all four capable of providing either front end or extended care services. Each program also includes a co-facilitator/case manager that would be reduced to one position. No current staff would be laid off because of existing vacancies across the two programs. The existing front-end therapist would have to undergo "booster" training to enable the therapist to perform extended care level of services. In that Rosecrance staff is to be trained, that agency would be responsible for the expenses.

The change in staffing pattern would occur as part of the consolidation of the two programs under the merger. Commensurate with these changes at the program level would be a reconfiguration of the Savannah Family Institute contract.

If the proposed merger between Prairie Center and Rosecrance is successfully completed by the projected January 1, 2018 date, amendments to all Prairie Center contracts will be necessary in addition to amendments reconfiguring the PLL program and adjusting the Savannah Family Institute contract.

On a separate note, financial audits for the FY17 contracts were due the end of October. As has been the case for some time, a number of agencies have requested extensions to filing the audit. The following agencies requested and have received an extension: C-U Area Project, Courage Connection, Prairie Center, and Rosecrance.

CCMHB Online Needs Assessment Survey: The online survey went live late afternoon of October 24th and will be accessible through the end of January 2018. A considerable amount of time and effort was dedicated to the development and refinement of the surveys by me, Lynn, Kim, and system consultant Alex Campbell with additional contributions from Shandra. The online survey enables the respondent to self-select the most appropriate survey to their circumstance. Two sets of four surveys are available. One set is specific to mental health and substance use services and the other is focused on developmental disability services. The four surveys within each set solicit responses on a persons' experience with the system, access to services, and gaps in services.

Since the release of the survey, effort has been made to promote the survey to various groups with an interest in the behavioral health and developmental disabilities service systems. Notice of the survey has been sent to the following with a request to distribute the information within their networks:

- CCMHB funded providers
- 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
- 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
- Family Service Self Help Center
- GROW in Illinois
- Local Funders Group
- NAMI-Champaign County Chapter
- NAMI-University of Illinois Chapter
- Parkland College – Counseling Services Office
- Senior Task Force
- Specialty Court Steering Committee, Drug Court Team, and Alumni Association
- The Illinois Alliance (previously Youth and Family Peer Support Alliance)
- Veterans Administration – Justice and Homeless Outreach Workers

Promotion of the survey will continue throughout the survey period. Paper copies of each survey instrument are available upon request.

CCMHB Three-Year Plan with Objectives for FY 2018: Included under Old Business is a Decision Memo the Three-Year Plan (2016 - 2018) with Objectives for FY 2018 for action by the Board. Some changes have been made to the plan since the draft was released in September. The changes are referenced in the Decision Memo accompanying the Plan.

Other Activity: Attended ICJIA "Criminal Justice System Response to the Opioid Crisis" conference. Continue participation in monthly NACBHDD calls on the "Cluster 3 Small Cities/Counties Decarceration Pilot." Attended the Parkland Depression Screening event. I usually cover a few other monthly meetings in this section but the report is already too long, so will close with Happy Thanksgiving to you all.

November 2017- Monthly Staff Report- Shandra Summerville

Cultural and Linguistic Competence Coordinator

Human Services Council of Champaign County: November 5, 2017

There was an agency presentation from the following:

Christopher Di Franco - New American Program

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

CLC Training and Technical Assistance:

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

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

FY 2017- CLC Plans:

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

Training and Webinars Attended:

I attended the following trainings in person and on-line

- *Mental Health First Aid US Cultural Considerations*
- *Improving Behavioral Health Integration through Culturally Appropriate Service Delivery*

Champaign County Need Assessment Survey -

The Survey is live and you can access the survey at www.champaigncountysurvey.com I will connect with youth service providers this month to talk about ways to increase consumer participation on the survey. This is an opportunity to hear from youth that are actually receiving services in Champaign county.

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Anti-Stigma Activites/Community Outreach-

NAACP Champaign County Branch-

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

University of Illinois African-American Community Healing Storytelling Project-

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

YWCA/Welcome Center

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

Music and Art Festival (Disability Resource Expo Committee)

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

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

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

Rotary Club of Champaign

I attend meetings for the Rotary and serve on communications, music and membership committees.

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disABILITY Resource Expo: Reaching Out For Answers
Board Report
November, 2017

11th disABILITY Resource Expo – Coming Saturday, April 7, 2018: Planning efforts are well under way. The Steering Committee has been re-assembled, and resumed meetings on Aug 31 (next mtg 11/16/17.) Sub-Committees (Exhibitor, Marketing, Entertainment, Accessibility and Children's Activities) have re-activated as well, and will have more to report after their November meetings. Exhibitor invitations are due to go out at the first of the year. Expo website improvements continue, including work towards greater website accessibility, and an expanded search feature for the Expo Resource Guide.

Our new Save-The-Date magnets were given out at the Music & Art Festival (see below) and will continue to be distributed at a number of events and activities happening throughout the community, up until the 11th annual Expo. The magnets highlight our April 7 Expo date and location, as well as our newly-expanded Expo website.

We had an Expo booth at the News-Gazette sponsored Women's Health Expo. on Oct. 12, and we had a booth at Personal Mobility's Customer Appreciation Days on Oct. 13 and 14. All of the above events helped to promote Celebrate disABILITY, our April 7 Expo, and the website.

Special Event: "Celebrate disABILITY!"
Celebrate disABILITY – A Music & Art Festival - was held on Saturday, October 21 from Noon-3:30 p.m. at Lincoln Square in Urbana. It was a highly successful event with several hundred in attendance. Wonderful music was provided throughout the afternoon by First Gig Rock & Roll Camp for Kids, Penguin Project (performing songs from their recent musical, Disney's Mulan), 90's Daughter and Candy Foster & Shades of Blue.

Special recognition plaques were given during this event to four LEAP businesses for their outstanding efforts to offer employment opportunities for individuals with disabilities in our community. An award was also given to former Urbana Police Chief, Pat Connolly, for his long-time support of the Expo and initiatives aimed at meeting the needs of individuals with disabilities.

Our wonderfully talented Artistic Expressions artists were an important part of this event, displaying and selling their various works of art. I'm told that sales were good for our 23 artists that day, and that they also really enjoyed the music. Young children attending this event enjoyed some playtime at Sparks Children's Play Café, located in Lincoln Square. A 50/50 drawing raised $300, of which $150 will go toward expenses for this event. The winner was quite thrilled with her take!

We were pleased to book a lot of advertising for this event, including MTD bus signs, radio ads (discounted), three radio interviews, an appearance on WCIA's CI Living, and a story on the 10/21/17 WCIA evening news. These afforded us the opportunity to not only advertise "Celebrate disABILITY", but also to get word out with the date and location of our next Expo.

Respectfully submitted
Barb Bressner & Jim Mayer
Consultants