



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

#### Champaign County Developmental Disabilities Board (CCDDDB) AGENDA

**Wednesday, November 19, 2014**

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

**6:00PM**

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

1. Call to Order – Ms. Sue Suter, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input  
*Draft minutes of the 10/22/14 CCMHB meeting are included in the packet for information only.*
6. **CCDDDB/CCMHB Joint Study Session: Employment First in Champaign County**  
*Members of Champaign County's Employment First Team will provide an initial report on their collaboration.*
7. Approval of CCDDDB Minutes
  - A. 10/22/14 Board Meeting\*  
*Minutes are included in the packet. Board action is requested.*
8. President's Comments – Ms. Sue Suter
9. Executive Director's Report – Peter Tracy
10. Staff Report – Lynn Canfield
11. Agency Information
12. Financial Report
  - A. Approval of Claims\*  
*Included in the Board packet. Action is requested.*
13. New Business
  - A. Cultural and Linguistic Competence pertaining to Applications for FY16
14. Old Business
  - A. CCDDDB FY16 Allocation Criteria\*

- A Decision Memo is included in the packet. Action is requested.*
  - B. CCMHB FY16 Allocation Criteria
    - A Decision Memo is included in the packet for information only.*
  - C. Draft Three Year Plan 2013-2015 with FY2015 Objectives\*
    - A copy of the draft Plan is included in the packet, with suggestions incorporated. A Decision Memorandum is included in the packet. Action is requested.*
  - D. Illinois Employment First Blueprint
    - A copy of the Executive Summary distributed by Equip for Equality on October 30 is included in the packet for information only.*
  - E. Disability Resource Expo
    - A report from Ms. Bressner is included in the packet.*
  - 15. Board Announcements
  - 16. Adjournment
- \*Board action requested*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD  
BOARD MEETING**

*Minutes—October 22, 2014*

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

**DRAFT**

*4:30 p.m.*

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- MEMBERS PRESENT:** Astrid Berkson, Aillinn Dannave, Susan Fowler, Deloris Henry, Mike McClellan, Julian Rappaport, Deborah Townsend
- MEMBERS EXCUSED:** Bill Gleason, Thom Moore
- STAFF PRESENT:** Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Tracy Parsons
- STAFF EXCUSED:** Stephanie Howard-Gallo
- OTHERS PRESENT:** Gail Raney, Prairie Center Health Systems (PCHS); Jennifer Knapp, Community Choices; Barb Bressner, Consultant; Maggie Thomas, UP Center; Daniel Applegate, Christine Mayer, Compass Counseling and Consulting; Sue Wittman, Sheila Ferguson, Bruce Barnard, Community Elements (CE); Andy Kulczycki, Community Service Center of Northern Champaign County (CSCNCC); Allen Jones, Sheriff's Office, Joel Sanders, Urbana Police Department; Beth Chato, League of Women Voters (LWV); Sue Suter, CCDDDB; Shandra Summerville, ACCESS Initiative, Dale Morrissey, Developmental Services Center (DSC); Gary Maxwell, Champaign County Board
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**CALL TO ORDER:**

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

**ROLL CALL:**

Roll call was taken and a quorum was present.

### **CITIZEN INPUT / PUBLIC PARTICIPATION:**

Maggie Thomas, President of the Board of Directors of the UP Center of Champaign County. She spoke regarding the work of the agency and urged the CCMHB to consider funding the program with any excess funds. The CCMHB funded the program for two prior years and did not fund the program this year due to budget constraints.

Christine Mayer and Douglas Applegate from Compass Counseling and Consulting introduced themselves and spoke regarding their new agency and the services they provide.

### **ADDITIONS TO AGENDA:**

None.

### **CCDDB INFORMATION:**

Draft minutes from the 9/23/14 CCDDB meeting were included in the packet for information only.

### **APPROVAL OF MINUTES:**

Minutes from the 7/23/14 and 9/23/14 Board meetings were included in the Board packet for approval.

**MOTION: Dr. Townsend moved to approve the minutes from 7/23/14 and 9/23/14 as presented in the packet. Mr. McClellan seconded the motion. A voice vote was taken and the motion passed.**

### **PRESIDENT'S COMMENTS:**

Dr. Henry commended staff and Ms. Bressner on a great Disability Expo this year.

### **EXECUTIVE DIRECTOR'S COMMENTS:**

Mr. Tracy announced the Association of Community Mental Health Authorities of Illinois (ACMHAI) will have a 20% dues reduction this year.

### **STAFF REPORTS:**

Staff reports from Mr. Driscoll and Ms. Canfield were included in the Board packet.

### **BOARD TO BOARD:**

None.

**AGENCY INFORMATION:**

None.

**FINANCIAL INFORMATION:**

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

**MOTION: Dr. Rappaport moved to accept the claims as presented. Dr. Townsend seconded the motion. A voice vote was taken and the motion passed unanimously.**

**NEW BUSINESS:**

**Criminal Justice Mental Health Presentation:**

An update on the collaboration between the criminal justice system and CCMHB funded mental health programs was provided. Bruce Barnard and Sue Wittman described Community Element's (CE) role in criminal justice services. Lt. Joel Sanders from the Urbana Police Department and Chief Deputy Sheriff Allen Jones described law enforcement's involvement through the crisis intervention team. Discussion ensued regarding gaps and challenges in local services.

**Draft FY16 Allocation Criteria:**

A Briefing Memorandum on the FY16 Allocation Criteria was included in the Board packet for information and discussion.

**ACCESS Initiative Sustainability:**

A Briefing Memorandum outlining a blueprint for the post-cooperative agreement iteration of the ACCESS Initiative was included in the Board packet.

**CCMHB Performance Outcome Reports:**

A Briefing Memorandum with copies of submitted FY14 performance outcome reports for CCMHB funded programs including aggregated zip code and demographic data.

**OLD BUSINESS:**

**disAbility Resource Expo:**

A verbal report from Ms. Barb Bressner was provided regarding the October 18, 2014 Expo. It was estimated that approximately 2,500 were in attendance.

**Addendum to Intergovernmental Agreement:**

A Decision Memorandum and Addendum to the Intergovernmental Agreement between the CCDDDB and the CCMHB was included in the packet for review and action.

**MOTION: Mr. McClellan moved to accept the Addendum to the Intergovernmental Agreement between the CCDDDB and CCMHB. Dr. Rappaport seconded the motion. A voice vote was taken and the motion passed unanimously.**

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 5:54 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo  
CCMHB/CCDDDB Staff

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

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

*Minutes –October 22, 2014*

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

*6:00 p.m.*

**DRAFT**

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**MEMBERS PRESENT:** Joyce Dill, Phil Krein, Mike Smith, Deb Ruesch, Sue Suter

**STAFF PRESENT:** Peter Tracy, Lynn Canfield, Nancy Crawford, Mark Driscoll

**STAFF EXCUSED:** Stephanie Howard-Gallo

**OTHERS PRESENT:** Tracy Parsons, Shandra Summerville, ACCESS Initiative (AI); Gary Maxwell, Champaign County Board; Dale Morrissey, Danielle Mathews, Developmental Services Center (DSC); Jennifer Knapp, Jennifer Knapp, Community Choices; Barb Bressner, Consultant; Glenna Tharp, Eric Trusner, PACE; Dennis Carpenter, CTF; Frank Creighton, Citizen; Aillinn Dannave, Susan Fowler, CCMHB

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**CALL TO ORDER:**

Ms. Sue Suter called the meeting to order at 6:03 p.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

Ms. Suter requested “Transportation Update” be added to the Agenda under “Old Business”.

**CITIZEN INPUT:**

None.

**CCMHB INPUT:**

A copy of the 9/17/14 Board minutes was included in the Board packet for information only.

**APPROVAL OF CCDDDB MINUTES:**

Minutes from the September 17, 2014 CCDDDB meeting were included in the Board packet.

**MOTION: Dr. Krein moved to approve the minutes from the September 17, 2014 CCDDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.**

**PRESIDENT'S COMMENTS:**

Ms. Suter reported Equip for Equality will present their plan for Employment First and she plans on attending that meeting. Ms. Suter and Deb Ruesch attended an informational meeting regarding the PAS process.

Ms. Suter and Ms. Dill commended Ms. Bressner, staff, planning committee members, and volunteers for a successful disAbility Expo.

**EXECUTIVE DIRECTOR'S REPORT:**

Mr. Tracy reported the Association of Community Mental Health Authorities of Illinois (ACMHAI) will have a 20% dues reduction in the coming year.

**STAFF REPORT:**

Ms. Canfield's staff report was included in the Board packet for review.

**AGENCY INFORMATION:**

Jennifer Knapp from Community Choices announced upcoming Supportive Housing activities.

Dale Morrissey reported on Equip for Equality and Employment First activities. He reported on DSC's budget shortfall and CILA expansion.



## **FINANCIAL REPORT:**

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

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

## **NEW BUSINESS:**

### **FY16 Allocation Criteria:**

A Briefing Memorandum on preliminary FY16 Allocation Criteria was included in the Board packet for review and comment. The final document will be presented to the CCDDDB for action at the November 19, 2014 meeting. Ms. Dill and Mr. Smith expressed concerns regarding the wording of the "Lobbying Restrictions" portion of the document and the barriers to communication with agencies this portion of the Criteria would provide. Staff members were instructed to research and rework this portion of the Criteria further.

### **Draft Three Year Plan 2013-2015 with FY 2015 Objectives:**

Stakeholder comments on the draft Three-Year Plan with Objectives for 2015 were included in the packet for information only. A final draft of the Plan will be presented for approval at the November 19, 2014 meeting.

### **Employment First Initiative:**

Ms. Deb Ruesch reported on the local Employment First group. A study session on the work of the local group is scheduled for November 19, 2014.

### **FY14 Program Performance Outcome Reports and Data Summaries:**

Copies of the Annual Performance Outcome Reports submitted per CCDDDB funded program were included for information only.

## **OLD BUSINESS:**

### **disability Resource Expo:**

Ms. Bressner provided a verbal report on the Expo held on October 18, 2014. It was estimated that approximately 2,500 people were in attendance.

### **Transportation Update:**

Ms. Suter and Ms. Canfield reported on the Regional Planning Commission's (RPC) long-range transportation plan that is underway. Comments on the plan are being solicited.

## **BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 7:05 p.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

## **Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – November 19, 2014**

**Board Documents:** A final draft of the CCDDDB Three Year Plan for Fiscal Years 2013-2015 with One Year Objectives for Fiscal Year 2015 incorporates feedback from stakeholders along with the initial reactions of Board members. The Plan is presented for approval at today's meeting. A final draft of the CCDDDB FY16 Allocation Priorities and Decision Support Criteria is also included in the packet for approval.

**FY2015 Contracts, Quarterly Reports, and Audit Reports:** Peter Tracy led contract negotiations with Individual Advocacy Group, attorneys for both parties, a property manager, and myself to finalize a contract and lease agreement. The agency is working with individuals, families and PAS agents, hiring and training new staff, and exploring local resources and possible collaborations.

Through the new reimbursement tracking system, agency users at Community Choices and Developmental Services Center submitted all First Quarter claims for the Community Living and Service Coordination fee for service contracts, respectively. Proviso Township staff resolved some technical issues, and our first experience generated easy-to-read reports. All other I/DD quarterly program and financial reports were submitted in the online application and reporting system, although not without a few glitches, questions, and reminders. I have started reviewing and entering information in the internal performance database. Two audit report extensions were granted following formal requests, and all but one of the audits have been received.

**Alliance for the Promotion of Acceptance, Inclusion, and Respect:** The Alliance Ebertfest planning committee met on November 12 for discussion of the April 15-19, 2015 festival, ongoing activities, and marketing. The committee's ideas and questions will be shared at a follow up meeting with the festival coordinator; we will once again have a bit of say in the selection of sponsored film, be involved with a panel discussion, have an art show in the Springer 'green room,' and have the option to use the tents in front of the Virginia. Additional concurrent activities may be explored. Throughout the year, two walls of Café Kopi are reserved for Alliance artists' work and currently feature Daniel L's paintings; installations rotate according to the shop owner's schedule. These are supported by promotion through our facebook page and by word of mouth. Entrepreneurs from the Expo's Pride Room are being connected with similar venues at Café Zojo and the Crossroads Corner Consignment Store; the latter now features handmade knit caps and beaded earrings, and the former is not yet installed, as the artists rebuild their inventory. The enthusiasm of the store owners and individual entrepreneurs is exhilarating.

**Other Activity:** I participated in meetings of the Mental Health Agencies Council and the Champaign Community Coalition and conference calls of the Governor's Office of Health Innovation and Transformation's Steering Committee and breakthrough groups of the Long-Term Services and Supports Subcommittee on: Intellectual/Developmental Disabilities (now meeting weekly), Conflict-free

Case Management/Person-Centered Planning, and Behavioral Health. I reviewed Proposed Service Definitions and Provider Qualifications for the 1115 Waiver. I was unable to listen to this month's Community of Practice webinar hosted by the Employment First State Leadership Mentoring Program but hope to catch the next one. In addition, I participated in conference calls of the NACBHDD Policy Committee, Affordable Care Act and Waivers group, and I/DD Committee, and I continued email dialogue with Pete Moore of the Good Life Network (Ohio) about a possible board presentation. By phone and email, I reviewed Oak Park Township's Funding Parameters specific to I/DD contracts and their Performance Measures instrument and shared the latter with Mark Driscoll.

**Ligas, PUNS, and Unmet Need**: An October 23<sup>rd</sup> letter from Equip for Equality's Barry Taylor, on behalf of Ligas Class Counsel, formally objects to Court Monitor Tony Records' lack of findings of non-compliance in the Third Annual Report and requests that he reconsider and find the State out of compliance with the Transition Service Plan provision. Issues cited include Class Member Participation (with class members present in only 47% of transition service plan meetings), Integrated Services (limited options relate to low payment rates, lack of flexibility in CILA program, lack of providers/provider capacity, lack of smaller settings), and Work Environments (real employment is not discussed with a majority of class members, e.g.).

Toward expansion/modification of the role of Pre-Admission Screening/Independent Service Coordination agencies and PUNS, some recommendations converge (e.g., eligibility determination to be completed upon enrollment rather than after selection) from the PUNS Listening Tour, the GOHIT I/DD breakthrough group, and the Life Choices Project workgroups. I will receive an update on the latter from Darlene Kloepfel, CCRPC, after November 12<sup>th</sup>, when the sixth workgroup presents on costs and priorities. Full reports of the Life Choices Project workgroups are to be posted to the DHS-DDD website. Recent conversations with provider agency directors about the impact on Champaign County residents underscore the importance of many proposed changes, and most urgently eligibility determination, but during this time of transition in Illinois, we are even less sure what to expect of real progress in any recommended directions.

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/06/14

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VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NO	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO.	108	DEVLEPMNTL DISABILITY FUND								
*** DEPT NO.	050	DEVLEMTNL DISABILITY BOARD								
90	CHAMPAIGN COUNTY TREASURER		95			11/06/14	108-050-533.07-00	PROFESSIONAL SERVICES	ADMIN FEE NOV	25,964.00
									VENDOR TOTAL	25,964.00 *
5352	AUTISM SOCIETY OF ILLINOIS		88			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	AUTISM NOV	833.00
									VENDOR TOTAL	833.00 *
18209	COMMUNITY ELEMENTS		91			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COORD OF SVCS NOV	2,922.00
									VENDOR TOTAL	2,922.00 *
19900	CTF ILLINOIS		90			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV NURSING	715.00
			90			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV RESIDENTIAL	3,042.00
									VENDOR TOTAL	3,757.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC		92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APARTMENT SVCS NOV	33,765.00
			92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CLINICAL SVCS NOV	14,481.00
			92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	COMMUNITY EMPLOY NO	18,025.00
			92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	CONNECTIONS NOV	7,083.00
			92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	FAM DEV CENTER NOV	45,492.00
			92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INDIV/FAM SUP NOV	30,429.00
			92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	INT SITE SVC NOV	45,761.00
			92			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	SVC COORD NOV	33,239.00
									VENDOR TOTAL	228,275.00 *
22816	DOWN SYNDROME NETWORK		89			11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DOWN SYNDROME NOV	833.00
									VENDOR TOTAL	833.00 *

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/06/14

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VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND										
54930	PERSONS ASSUMING CONTROL OF THEIR	11/04/14 04 VR 108-	93		514715	11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OP FOR INDEPEND NOV	2,443.00
									VENDOR TOTAL	2,443.00 *
76107	UNITED CEREBAL PALSY LAND OF LINCOLN	11/04/14 04 VR 108-	94		514745	11/06/14	108-050-533.92-00	CONTRIBUTIONS & GRANTS	VOCATIONAL SVCS NOV	7,206.00
									VENDOR TOTAL	7,206.00 *
									DEPARTMENT TOTAL	272,233.00 *
									FUND TOTAL	272,233.00 *



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### DECISION MEMORANDUM

**DATE:** November 19, 2014  
**TO:** Members, Champaign County Developmental Disabilities Board  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** FY16 Allocation Priorities and Decision Support Criteria

#### Overview:

The purpose of this memorandum is to provide recommendations pertaining to the FY16 (July 1, 2015 through June 30, 2016) Champaign County Developmental Disabilities Board (CCDDB) allocation decision support criteria and funding priorities. Stakeholders were invited to review, comment, and identify additional priorities for the Board's consideration.

#### Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the 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 annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

Upon approval by the Board, this memorandum shall become an addendum to the CCDDB funding guidelines incorporated in standard operating procedures.

#### Coordination of Funding

Changes in law, rules and regulations at the federal and State levels will require local government funders (i.e., CCMHB/CCDDB) to be cognizant of the terms and conditions of Federal and State contracts with local service providers that also receive our funding. Many of these changes including the shift to Medicaid as the primary funding source place limitations on how our funding can be used, and have resulted in realigning our dollars to purchase services and supports for people who are not covered by Medicaid, or for services which are not included specifically as Medicaid Benefits.

All CCMHB/CCDDB contracts specify the eligible populations and the services/supports which are to be delivered consistent with budgeted revenue and costs. Local funding is therefore not to be used to supplement Medicaid services which are provided to Medicaid eligible persons through direct contracts with State of Illinois agencies. The CCMHB/CCDDB requires separate cost centers for all contracts and does not allow providers to comingle local funding with State of Illinois funding, or comingled with a provider's State-Agency cost center. Additionally, CCMHB/CCDDB contracts require our funding to be the last funds used if other funding is available. This means Medicaid eligible clients receiving services from providers via contracts

with State Agencies are excluded from access to local (CCMHB/CCDDB) funding for services that are covered by Medicaid or other State of Illinois contracts. It is our position that CCMHB/CCDDB funding shall not be used for services/supports that could be billed to the State of Illinois (i.e., Medicaid), and local funding shall not be used to supplant other funding sources, particularly Medicaid which is an entitlement with a defined set of benefits for enrolled and eligible individuals.

Insofar as local provider contracts with State of Illinois agencies, the Medicaid rate paid for a service or support is, by law, all-inclusive and must be taken as payment in full by the provider. Because the Medicaid rate is all-inclusive and considered payment in full, the provider is prohibited from charging any amount over and above what Medicaid pays for a covered service to an eligible client. The provider is not allowed to accept additional payment for service by billing any third party, whether or not the third party is willing to help (i.e., supplement). In addition, the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program specifically states in Item #6 **“Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider’s charges.”**

#### **Expectations for Minimal Responsiveness**

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to intellectual disabilities and developmental disabilities programs, services, and supports.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

#### **FY16 Priorities and Decision Support Criteria**

There have been significant changes in law, rules, and regulations that have altered the nature of I/DD services and supports, and these changes also define, to a great extent, the parameters for allocation of funds. The changes have been extended by court orders and recent legislation. These include (a) Olmstead, (b) Ligas Consent Decree (c) Williams Consent Decree, (d) the Illinois Employment First Act and subsequent Executive Order, (e) the final CMS Home and Community Based Rule, (f) the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) class action lawsuit in Illinois, (g) executive orders in three states which phase out the use of segregated centers and/or sheltered workshops, (h) the Oregon lawsuit to eliminate segregated centers and sheltered workshops, (i) the Affordable Care Act, (j) the proposed Illinois 1115 Waiver, and (k) the implementation of I/DD managed care in Illinois.

#### **CCDDB FY16 Decisions: A View Through the Lens of Inclusion and Integration**

If asked to identify a common denominator for all of the changes listed above, it is pretty clear that it would be inclusion and integration of people with intellectual disabilities and/or developmental disabilities (I/DD). All of the major areas of services and supports require movement away from segregated centers and services which limit the person’s access to the



community. In fact, the new CMS rule actually emphasizes that States are expected to ensure that people with I/DD have the same level of access to the community as people who do not have a disability. Using the Person Centered Planning process as a guide, the emerging changes are focused on integration, quality of life, self-determination, human and civil rights, advocacy, and protection. That said, the CCDDDB strongly believes and will support programs, services and supports which manifest the following:

- Individuals with disabilities have the opportunity to live like those without disabilities, and have control over their day and over where and how they live.
- Supports for individuals with disabilities that focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities that focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

As a local funding organization responsive to changes in law, rule, and regulation, all applications associated with the priorities listed below shall be evaluated using the “lens of inclusion and integration.”

#### Priority: Transition to Inclusion and Integration

Applications which focus on the systematic transition of segregated programming to a fully integrated model consistent with statute and CMS rule changes will be prioritized, but the transition must be aggressive with timelines and measurable goals and objectives. This provision would apply to any existing contract which is obsolete or in line for significant change due to rule changes, court decisions, or statute changes (e.g., Employment First).

#### Priority: Person Centered Planning (PCP)

Applications shall provide detailed information about the PCP process used by the applicant to develop a cogent service and support plan predicated on and specific to CCDDDB funding and which identifies and mobilizes community partnerships and resources that exist beyond the service system. To the extent possible, CCDDDB dollars will follow individuals rather than programs and will focus on PCP-driven services and supports associated with the individual. In addition, the PCP process shall promote self-directed and culturally appropriate individualized service plans which include measurable desired outcomes that strike a balance between what is ‘important-to’ and what is ‘important-for’ the individual.

PCP processes should be outcome-based, directed by and continually focused on the individual (rather than on available services and supports), and building on their gifts and strengths. In addition, the planning process should address an individual's health and welfare needs and their need for information and guidance, and should rely on the participation of allies chosen by the individual. PCP documentation should be meaningful to the individual and useful to those involved with its implementation.

PCP processes must include the presence and participation of the person with a disability, including whatever supports the person needs to express his or her intentions and wishes. These supports may include participation and representation by one or more family members, friends, or community partners in whom the person with a disability has indicated trust, especially in cases where the individual may have significant difficulty expressing their intentions and wishes.

Individuals should have the opportunity to make informed choices, based on access to complete information about services and financial supports available in integrated settings, exposure to integrated settings and individuals who work and live in them, and exploration of any concerns they may have about integrated settings.

Priority: Cultural and Linguistic Competence

Applications focusing on improved, earlier identification of intellectual and developmental disabilities in underrepresented populations and on reduction of racial disparities in I/DD service/support participation shall be prioritized.

Priority: Employment Services and Supports

Applications which focus on vocational services and supports which are predicated on efficacious PCP processes and which incorporate Employment First principles shall be prioritized, with an emphasis on full or part time work in integrated, community settings, consistent with industry standards, based on a person's interests and abilities, and, when indicated and chosen, supported by individually designed services. Applications consistent and aligned with the Equip For Equality Employment First implementation recommendations and applications which aggressively advance Employment First programming will receive additional consideration.

Priority: Expansion of Community Integrated Living Arrangements (CILA)

Applications which offer creative approaches to increasing the availability of smaller CILA (4-person, 3-person, 2-person or 1 person) homes in Champaign County shall be prioritized.

Priority: Workforce Development and Stability

Applications which propose creative solutions concerning recruitment and retention of front-line, direct service staff shall be prioritized. This workforce problem is especially critical for direct care staff in CILAs, which experience high levels of turnover and difficulty in recruitment due to the low salary levels as well as challenging work (e.g., use of bonuses paid to direct care staff as a way of supplementing low salaries). The following is a partial listing of systemic problems associated with this issue:

- High turnover rates of direct care staff in CILAs and developmental training settings
- An increasing need for more direct care staff to address the CILA capacity problems – likely to be more than double the current workforce based on Ligas and PUNS data.
- Significant vacancy rates in existing funded direct care positions.
- Increased costs associated with turnover including recruitment costs, overtime pay, and required training necessary for new staff.

- Significant negative effects on the quality of services and supports manifested by gaps in coverage, discontinuity of care, and interference with the development of positive relationships between workers and those they support.
- There is an increase in competition for direct care staff as the need for people increases in other areas (e.g., long term support for people with age related issues).

Priority: Comprehensive Services and Supports for Young Children

Applications with a focus on services and supports for young children with developmental delays not covered by the State’s Early Intervention program(s) or under the School Code shall be prioritized. Examples of services and supports include:

- an array of Early Intervention services addressing all areas of development;
- coordinated, home-based, and taking into consideration the needs of the entire family;
- early identification of developmental delays through consultation with child care providers, pre-school educators, and medical professionals;
- supports (including education, coaching, and facilitation) that focus on developing and strengthening personal and family support networks that include friends, family members, and community partners;
- supports that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

Priority: Flexible Family Support

Applications which focus on flexible, PCP-driven, family support for people with I/DD and their families, which are designed to enhance stability and their ability to live together, shall be prioritized. Examples of flexible family support include:

- family respite, recreational activities, mutual support options, transportation assistance;
- assistive technology, home modification/accessibility supports, information, and education;
- other diverse supports which allow individuals and their families to determine care and treatment;
- assistance to the family to develop and maintain active, engaged personal support networks for themselves and their son or daughter.

Priority: Adult Day Programming and Social and Community Integration

Applications for PCP-driven adult day programming for people with I/DD who may also have behavioral support needs and/or significant physical limitations shall be prioritized. Examples of services include:

- speech therapy, occupational therapy, fitness training, personal care support;
- support for the development of independent living skills, social skills, communication skills, and functional academics skills;
- community integration and vocational training, per consumer preferences
- facilitation of social, friendship, and volunteering opportunities;
- access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means.

#### Priority: Self Advocacy and Family Support Organizations

Applications highlighting an improved understanding of I/DD through support of sustainable self-advocacy and family support organizations, especially those comprising persons who have I/DD, their parents, and others in their networks of support, shall be prioritized.

#### Priority: Inclusion and Anti-Stigma Programs and Supports

Applications that support efforts to reduce stigma associated with I/DD may describe creative approaches toward the goals of increasing community awareness, promoting inclusion, and challenging negative attitudes and discriminatory practices.

### **Overarching Decision Support Considerations**

The FY16 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY16 applications will focus on alignment with these overarching criteria.

1. Underserved Populations - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D. In addition, actions should align with the Culturally and Linguistic Appropriate Services (CLAS) standards outlined in 'A Blueprint for Advancing and Sustaining CLAS Policy and Practice.'
2. Countywide Access - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. Medicaid Anti-Supplementation – Programs and services eligible for Medicaid reimbursement for eligible people with intellectual disabilities and developmental disabilities shall not receive CCDDDB funding.
4. Budget and Program Connectedness - Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. "What is the Board buying and for whom?" is the salient question to be answered in the proposal, and clarity is required.

### **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.

1. Approach/Methods/Innovation: Applications proposing evidence-based or research-based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. Evidence of Collaboration: Applications identifying collaborative efforts with other organizations serving or directed by individuals 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. Records Systems Reflecting CCDDDB Values and Priorities: Applications proposing to develop and utilize records systems for individual supports, programs, and projects that clearly reflect CCDDDB values and priorities. Such records systems can be used to provide

rapid feedback to CCDDDB on the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day-to-day management, supervision, and mentoring / coaching.

### **Process Considerations**

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCDDDB funding. However, they are not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the agency. Further, to be eligible to receive CCDDDB funds, applications must reflect the Board's stated goals and objectives as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCDDDB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCDDDB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications but rather are seeking funding to address a wide variety of developmental disability service and support needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience, we can anticipate that the nature and scope of applications will vary significantly and will include treatment and early intervention models. For these reasons, a numerical rating/selection methodology is not applicable or relevant to our particular circumstances. Our focus is on what constitutes a best value to our community, based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCDDDB.

### **Caveats and Application Process Requirements:**

- Submission of an application does not commit the CCDDDB 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 CCDDDB 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 are discouraged and, if submitted, will not be considered as part of the allocation and selection process.
- The CCDDDB 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 CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDDB 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 or deleted from the online system.

- The CCDDDB 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 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 CCDDDB 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 CCDDDB 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 CCDDDB 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 CCDDDB 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 CCDDDB also reserves the right to require the submission of any revision to the application which results from negotiations conducted.
- The CCDDDB 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.

#### Decision Section

Motion: Move to approve the FY16 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### DECISION MEMORANDUM

**DATE:** November 19, 2014  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** FY16 Allocation Priorities and Decision Support Criteria

#### Overview:

The purpose of this memorandum is to provide recommendations pertaining to the FY16 (July 1, 2015 through June 30, 2016) Champaign County Mental Health Board (CCMHB) allocation decision support criteria and funding priorities. Stakeholders were invited to review, comment and identify additional priorities for the Board's consideration.

#### Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the 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. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY15 (July 1, 2014 through June 30, 2015) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

#### Coordination of Funding

Changes in law, rules and regulations at the federal and State levels will require local government funders (i.e., CCMHB/CCDDB) to be cognizant of the terms and conditions of Federal and State contracts with local service providers that also receive our funding. Many of these changes including the shift to Medicaid as the primary funding source place limitations on how our funding can be used, and have resulted in realigning our dollars to purchase services and supports for people who are not covered by Medicaid, or for services which are not included specifically as Medicaid Benefits.

All CCMHB/CCDDB contracts specify the eligible populations and the services/supports which are to be delivered consistent with budgeted revenue and costs. Local funding is therefore not to be used to supplement Medicaid services which are provided to Medicaid eligible persons through direct contracts with State of Illinois agencies. The CCMHB/CCDDB requires separate cost centers for all contracts and does not allow providers to comingle local funding with State of Illinois funding, or comingled with a provider's State-Agency cost center. Additionally, CCMHB/CCDDB contracts require our funding to be the last funds used if other funding is available. This means Medicaid eligible clients receiving services from providers via contracts with State Agencies are excluded from access to local (CCMHB/CCDDB) funding for services that are covered by Medicaid or other State of Illinois contracts. It is our position that CCMHB/CCDDB funding shall not be used for services/supports that could be billed to the State of Illinois (i.e., Medicaid), and local funding shall not be used to supplant other funding sources,

particularly Medicaid which is an entitlement with a defined set of benefits for enrolled and eligible individuals.

Insofar as local provider contracts with State of Illinois agencies, the Medicaid rate paid for a service or support is, by law, all-inclusive and must be taken as payment in full by the provider. Because the Medicaid rate is all-inclusive and considered payment in full, the provider is prohibited from charging any amount over and above what Medicaid pays for a covered service to an eligible client. The provider is not allowed to accept additional payment for service by billing any third party, whether or not the third party is willing to help (i.e., supplement). In addition, the Waiver Program Provider Agreement for Participation in the Illinois Medical Assistance Program specifically states in Item #6 **“Payments to the Provider under this agreement shall constitute payment in full. Any payments received by the Provider from other sources shall be shown as a credit and deducted from the Provider’s charges.”**

### **Expectations for Minimal Responsiveness**

Applications that do not meet these thresholds are “non-responsive” and will be returned to the applicant. All agencies must be registered using the on-line system. The application(s) must be completed using the on-line system.

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.
3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

### **FY16 Decision Priorities and Decision Support Criteria**

#### **Priority #1: Collaboration with the Champaign County Developmental Disabilities Board**

Full compliance with the terms and conditions of the Intergovernmental Agreement between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDDB). This agreement defines the FY16 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

There have been significant changes in law, rules, and regulations that have altered the nature of ID/DD services and supports, and these changes also define, to a great extent, the parameters for allocation of funds. The changes have been extended by court orders and recent legislation. These include (a) Olmstead, (b) Ligas Consent Decree (c) Williams Consent Decree, (d) the Illinois Employment First Act, (e) the final CMS Home and Community Based Rule, (f) the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) class action lawsuit in Illinois, (g) executive orders in three states which phase out the use of segregated centers and/or sheltered workshops, (h) the Oregon lawsuit to eliminate segregated centers and sheltered workshops, (i) the Affordable Care Act, (j) the proposed Illinois 1115 Waiver, and (k) the implementation of ID/DD managed care in Illinois.

If asked to identify a common denominator for all of the changes listed above, it is pretty clear that it would be inclusion and integration of people with intellectual and developmental



disabilities (I/DD). All of the major areas of services and supports require movement away from segregated centers and services which limit the person's access to the community. In fact, the new CMS rule actually emphasizes that States are expected to ensure that people with I/DD have the same level of access to the community as people that do not have a disability. Using the Person Centered Planning process as a guide, the emerging changes are focused on integration, quality of life, self-determination, human and civil rights, advocacy, and protection. That said, the CCDDDB strongly believes and will support programs, services and supports which manifest the following:

- Individuals with disabilities have the opportunity to live like those without disabilities, and have control over their day and over where and how they live.
- Supports for individuals with disabilities that focus on building connection, companionship, and contribution in the broader community, and on supporting presence and participation in community settings where their individual contributions will be recognized and valued.
- Supports for individuals with disabilities that focus on developing and strengthening personal support networks that include friends, family members, and community partners.
- Supports for individuals with disabilities that systematically identify and mobilize individual gifts and capacities and create access to community associations, workplaces, and learning spaces in which network members have influence and standing.

As a local funding organization responsive to changes in law, rule, and regulation, all applications associated with the priorities shall be evaluated using the "lens of inclusion and integration."

#### Priority #2 – ACCESS Initiative Sustainability

The CCMHB has committed to sustaining our system-of-care after the term of the cooperative agreement with IDHS expires on September 30, 2015. A concept briefing memorandum outlines the proposed components of the ACCESS Initiative sustainability plan and is a separate agenda item presented for CCMHB consideration. The proposed plan includes the following components: (1) Facilitation of the Community Coalition to serve as the planning/policy integration mechanism for the post-cooperative agreement System-of-Care; (2) an enhanced in-house Cultural and Linguistic Competence coordinator to build on the accomplishments of the ACCESS Initiative; (3) an Integrated Service and Support Network including coordination with CHOICES; (4) A youth organization; (5) a family organization; (6) and, leadership and coordination with State of Illinois System of Care Expansion.

#### Priority #3 – Behavioral Health Programs for Youth with Serious Emotional Disturbance.

Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to efficaciously address the needs of multi-system involved youth with SED by supporting the following services and supports:

- (a) Parenting with Love and Limits (PLL) – Maintenance of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families, as well as other youth involved in the juvenile justice system.

Priority #4 – Behavioral Health Services and Supports for Adults with a Behavioral Health and Criminal Justice Interface.

Continuation during FY16 of the reconfigured behavioral health system which was designed to assure appropriate linkage to behavioral health services following incarceration, deflection of people with serious behavioral health problems prior to incarceration, and improved coordination between community based service providers and the Champaign County Jail's behavioral health service provider for people during their incarceration. Included under this priority is our continued support of the specialty courts, related services and supports. Full compliance with memoranda of understandings pertaining to specialty courts will be continued during FY16. Stakeholder input has identified a need for and recommended development of a diversion alternative such as a recovery center, in Champaign County. Proposals to develop a plan for establishing a recovery center will be accepted under this priority.

Priority #5 – Wellness for People with Disabilities

The CCMHB believes that disparities in life expectancy for people with disabilities is unacceptable, and to the extent possible we should prioritize funding for programs, services and supports consistent with SAMHSA's Eight Dimensions of Wellness. In this context wellness means overall well-being and incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life.

The significant mortality gap for people with disabilities is predicated on the combination of (1) a higher occurrence of risk factors for chronic diseases and some types of cancer; (2) the iatrogenic effects of some psychiatric medications; (3) higher rates of suicide, accidental and violent death; and (4) poorer access to physical healthcare than for the general population. The following are salient factors which are of specific concern:

- People with serious and persistent mental illness have a life expectancy a full 25 years shorter than people without significant behavioural health needs. Three out of five die from preventable chronic diseases such as asthma, diabetes, cancer, heart disease and cardiopulmonary conditions.
- People with intellectual or developmental disabilities (IDD) experience disparities in oral health outcomes, a key factor in the quality of life and life expectancy of people with disabilities.
- Women with significant disabilities were 57 percent less likely to report receiving Pap tests and 56 percent less likely to report receiving mammograms compared with women who did not have disabilities, regardless of age.
- People with disabilities of all ages have more than twice the incidence of diabetes than those without disabilities.
- People with disabilities older than 18 have a 10% higher incidence of hypertension than adults without disabilities (29.3% versus 39.3%).

The CCMHB is committed to addressing these issues in Champaign County and is seeking applications which provide solutions to these problems by focusing on prevention/health promotion, screening, and access to quality, integrated, individualized care and treatment. Supportive activities could include counselling, advocacy, prevention, and education.

### Priority #6 - Local Funder Collaboration on Special Initiatives

It is recommended we continue to monitor local funder collaborations intended to expand the availability of psychiatric services in Champaign County, development of alcohol and substance use detoxification services, and/or development of an emergency shelter for families facing homelessness. Expansion of psychiatric services could include supporting a partnership between community based behavioral health providers and the Federally Qualified Health Center (FQHC) in Champaign County. The only caveat to this item pertains to how the ACA and Medicaid expansion addresses this deficiency. The implementation of Medicaid managed care could conceivably address this issue. An emergency shelter for families was piloted in the community last winter and spring. The prospect exists for those involved with the pilot to lead an effort to establish a permanent facility. As part of any collaboration with other local funders on an emergency shelter for families, consideration would be given to providing support services at the shelter.

### Overarching Decision Support Considerations

The FY16 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY16 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D. In addition, actions should align with the Culturally and Linguistically Appropriate Services (CLAS) standards outlined in "A Blueprint for Advancing and Sustaining CLAS Policy and Practice."
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Budget and Program Connectedness** - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required.
4. **Realignment of Existing FY15 Contracts to Address Priorities** – The CCMHB reserves the right to reduce or eliminate incumbent programs and services in order to support the six FY16 priorities listed in this memorandum.
5. **Anti-Stigma Efforts** – Activities that support efforts to reduce stigma associated with mental health, substance use disorders, and intellectual disabilities/developmental disabilities by increasing community awareness and challenging negative attitudes and discriminatory practices.

### Secondary Decision Support and Priority Criteria

The process items included in this section will be used as discriminating factors which influence final allocation decision recommendations. The CCMHB uses an on-line system for agencies interested in applying for funding. An agency must complete the one-time registration process including the Organization Eligibility Questionnaire before receiving access to the on-line application forms.

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications

demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

Staff Credentials: Applications that address and highlight staff credentials and specialized training will receive additional consideration.

### **Process Considerations**

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and 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 goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

The CCMHB allocation of funding is a complex task predicated on multiple variables. It is important to remember that this allocation process is not a request for proposals (RFP). Applicants for funding are not responding to a common set of specifications, but rather are applying for funding to address a wide variety of mental health, developmental disability and substance abuse treatment needs in our community. In many respects our job is significantly more difficult than simply conducting an RFP. Based on past experience we can anticipate the nature and scope of applications will vary significantly and will include treatment, early intervention and prevention models. For these reasons, a numerical rating/selection methodology is not applicable and relevant to our particular circumstances. Our focus is on what constitutes a best value to our community based on a combination of cost and non-cost factors, and will reflect an integrated assessment of the relative merits of applications using criteria and priorities approved by the CCMHB.

### **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 on-line 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 are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCMHB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests 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 or deleted from the on-line system.
- 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 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 additional application components as needed. Applicants selected as responsive to the intent of this on-line 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 also 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 employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.

**Decision Section:**

Motion: Move to approve the FY16 Allocation Priorities and Decision Support Criteria as described in this memorandum.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

DECISION MEMORANDUM

**DATE:** November 19, 2014  
**TO:** Members, Champaign County Developmental Disabilities Board  
**FROM:** Lynn Canfield  
**SUBJECT:** Approve Three-Year Plan (2013-2015) with FY 2015 Objectives

Purpose

The CCDDDB Three-Year Plan (2013-2015) with FY 2015 Objectives has been finalized and is attached for the Board’s consideration and action. An initial draft was presented at the September 17, 2014 board meeting and then distributed to agencies and other interested parties for comment. The Mental Health Agencies Council meeting in October also included an announcement about the Plan and that comments were being solicited. All written input was presented at the October 23, 2014 board meeting, and no further written comments were received. Many of those suggestions have been incorporated into the final draft: “consumers” are now referred to as “individuals,” “self-advocates,” “people,” “residents,” “those who need and choose [services and supports],” and “self,” depending on the context; there is revised language about culturally responsive services, underrepresented populations, and cultural competence; Goal #4, Objective #2 adds consideration for those selected from PUNS and waiting for selection and for flexible support options; Goal #4, Objective #3 adds language about engaging employers and other community partners; Goal #5, Objective #5 adds other housing options; and Goal #6, Objective #5 opens provider collaboration for a variety of purposes.

As a result of staff collaboration, references to “anti-stigma” activities are reworked toward “promotion” of inclusion and integration, the first objective under Goal #6 adds “other state and national associations,” the first objective under Goal #7 now refers to the amended Intergovernmental Agreement with the Champaign County Mental Health Board (CCMHB), and an objective is added under Goal #12 for monitoring the state budget impact of the fate of the income tax surcharge.

A copy of the Three-Year Plan is attached. Action is requested.

Decision Section

Motion: Move to approve the CCDDDB Three-Year Plan (2013-2015) with Fiscal Year 2015 Objectives as presented.

- \_\_\_\_\_ Approved
- \_\_\_\_\_ Denied
- \_\_\_\_\_ Modified
- \_\_\_\_\_ Additional Information Needed

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

***DRAFT*  
THREE-YEAR PLAN**

**FOR**

**FISCAL YEARS 2013 - 2015  
(12/1/12 – 12/31/15)**

**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

**FISCAL YEAR 2015  
(1/1/15 – 12/31/15)**

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

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

**MISSION STATEMENT**

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

**STATEMENT OF PURPOSES**

1. Planning for the intellectual disability and developmental disability service and support system to assure accomplishment of the CCDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based intellectual disability and developmental disability services and supports anchored in high-quality person-centered planning.
3. Coordination of affiliated providers of intellectual disability and developmental disability services and supports to assure an interrelated accessible system of care.
4. Evaluation of the system of care to assure that services and supports are provided as planned and that services are effective in meeting the needs and values of the community.

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



## CHILDREN AND FAMILY FOCUSED PROGRAMS AND SERVICES

Goal #1: Identify children at-risk of developmental delay and intellectual disability or developmental disability and support early intervention services and family supports.

Objective #1: Prioritize children and families involved with the ACCESS Initiative to facilitate access to supportive or early intervention services, if appropriate.

Objective #2: Support use of evidence based/informed models for provider programs serving families with young children not eligible for Early Intervention or under the School Code, and require collaboration and coordination by providers to limit duplication of effort.

Objective #3: Participate in collaborative bodies such as the Champaign County Birth to Six Council whose mission focuses on serving families with young children.

Objective #4: Collaborate with the Champaign County Mental Health Board on issues of mutual interest associated with early intervention services and programs.

Objective #5: Maintain capacity of comprehensive services for young children with developmental delays, a service array which addresses all areas of development and is coordinated, home-based, and responsive to the needs of the entire family. Early identification of children with developmental delays can be achieved through consultation with child care providers and pre-school educators.

Objective #6: Emphasize cultural competence in services and supports for young children and early identification in minority/underserved youth with disabilities. Reduce disparities in the age of identification and intervention to remediate delays. Promote culturally responsive and family driven support networks for underrepresented populations, underserved, and general populations of Champaign County.

Goal #2: Support adults' and families' access to services and programs, with a preference for evidence based practices, to increase positive outcomes.

Objective #1: Support a continuum of evidence-based, quality services for persons with an intellectual disability or developmental disability.

Objective #2: Promote wellness for people with intellectual disabilities and developmental disabilities, to prevent and reduce early mortality, as embodied in the "10x10 Wellness Campaign."

Objective #3: Encourage training of interested persons across the service spectrum on the use of evidence based/informed practice and associated outcome measurement.

Objective #4: Emphasize flexible family support for people with intellectual and developmental disabilities and their families to enhance their ability to live together. The intent is to allow families to determine the process of providing care and support for a family member by allocating funds for a variety of services including family respite, assistive technology, transportation, household needs, and recreational activities.

## COMMUNITY ENGAGEMENT & ADVOCACY

Goal #3: Address the importance of acceptance, inclusion, and respect of individuals who have intellectual disabilities and developmental disabilities through broad based community education efforts/events designed to challenge discrimination and to promote respect, self-image, dignity, and social inclusion.

Objective #1: Continue support for and involvement in the Champaign County Alliance for the Promotion of Acceptance, Inclusion and Respect signature event at Roger Ebert's Film Festival and other community education events including disAbility Resource Expo: Reaching Out for Answers in order to improve disability awareness, increase inclusiveness, improve community acceptance, and reduce stigma and discrimination. Use these events to energize community support for funding for disabilities programs and services.

Objective #2: Encourage self-advocacy and family advocacy groups' community education efforts to reduce stigma and promote inclusion and coordinate with ACCESS Initiative social marketing activities as feasible.

Objective #3: Participate in and promote other community based activities such as walks, forums, and presentations to raise awareness, improve cultural competence, and cultivate acceptance, inclusion, and respect.

Objective #4: Support the continued awareness and understanding of developmental disabilities through sustainable self-advocacy and family support organizations, especially those comprised of parents of and persons with the most prevalent developmental disabilities of intellectual disabilities and autism spectrum disorders.

Goal #4: Stay abreast of emerging issues affecting the local systems of care and access to services and be proactive through concerted advocacy efforts.

Objective #1: Intensify advocacy efforts on behalf of people with developmental disabilities. Advocate for positive change in state funding, including increased Medicaid reimbursement rates, and policy decisions affecting the local system of care for persons with developmental disabilities. Support, through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI), the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDDD), the Illinois Council on Developmental Disabilities, the ARC of Illinois, the Illinois Association of Rehabilitation Facilities (IARF), and other appropriate bodies, efforts to strengthen the local systems of care.

Objective #2: Track state implementation of class action suit settlements involving persons with intellectual disabilities and developmental disabilities, including the Ligas Consent Decree and closure of state facilities, and advocate for the allocation of state resources sufficient to meet the needs of people returning to home communities. Monitor and support the implementation of the Ligas Consent Decree in Champaign County. Encourage and support efforts to develop 4-person (or fewer) residential options for people who are transitioning from ICF-DD facilities and those selected from PUNS. For individuals not yet selected, and for those who have chosen Home-Based Support Services rather than CILA, encourage the development of preferred, flexible options.

Objective #3: Increase emphasis on employment services and supports, and comply with the Illinois Employment First Act. Support efforts toward competitive employment, employment preparation activities, and purposeful day experiences in community integrated settings that foster inclusion and seek to improve overall quality of life. Investigate and develop strategies for engaging employers and other community partners.

Objective #4: Follow developments at the state and federal levels of Olmstead-related cases.

Objective #5: Continue broad based advocacy efforts at the state and local levels to respond to reductions in state funding, reimbursement rates below actual cost, and delayed payments for local community-based intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois.

Objective #6: Continue to promote effective methods of engaging individuals and family groups in advocacy, including parent groups currently funded, and coordinate with ACCESS Initiative as feasible.

Objective #7: Statewide and locally, explore and promote service system redesign efforts consistent with recommendations of the Blueprint for System Redesign in Illinois, including appropriate state funding for development of community-based services and infrastructure.

Objective #8: Assess impact, on local systems of care for persons with intellectual disabilities and developmental disabilities, of the State of Illinois' and provider networks' movement to a regional service/managed care delivery model.

Objective #9: In collaboration with the United Way of Champaign County, monitor implementation of the regional 211 information and referral system and its impact on local utilization of funded information and referral services.

Objective #10: Track the implementation of managed care for I/DD services and supports and evaluate impact on our local system of care. Adjust funding priorities to address service gaps and unmet need.

Goal #5: Maintain an active needs assessment process, relying heavily on key informants and public testimony from stakeholders, to identify current issues affecting access and treatment.

Objective #1: Continue to assess the impact of state funding on access to care and provider capacity.

Objective #2: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization for Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents. Maintain and increase communication with local Pre-Admission Screening/Independent Service Coordination unit, representatives of the IDHS Division of Developmental Disabilities, and stakeholders regarding the use of PUNS, the service and support needs and preferences of Champaign County residents, and system changes which may result from recommendations of the Life Choices Project, e.g.

Objective #3: Using Child and Family Connections data for Champaign County, track the identification of intellectual disabilities and developmental disabilities or delays among children, Birth to 6, and engagement in Early Intervention and Prevention services.

Objective #5: Closely monitor the need for CILA homes and other creative housing options in Champaign County and evaluate, plan, and implement remediation strategies to assure all people from Champaign County in need of a CILA or other housing option have such an option in Champaign County.

## RESOURCE DEVELOPMENT & COLLABORATION

Goal #6: Increase investment in programs and services through promotion of collaborative and innovative approaches.

Objective #1: Through participation in ACMHAI and NACBHDDD and other state and national associations, seek input and feedback on innovative approaches for resource development or cost containment.

Objective #2: Partner with other local entities for a coordinated response to needs of at-risk populations.

Objective #3: Consider non-financial support to agencies.

Objective #4: Support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and enable administrative cost savings through economies of scale.

Objective #5: Encourage development of collaborative agreements between providers for a variety of purposes, including to increase or maintain access and coordination of services for people residing outside of Champaign and Urbana.

Objective #6: Continue participation and support for Champaign County Specialty Courts serving persons with substance use disorders and/or mental health disorders, sharing information on services for those who also have intellectual disabilities or developmental disabilities in order to maintain adequate support for those with dual diagnoses.

Objective #5: Build relationships with the Ligas Court Monitor, the Director of the DHS-DDD, the Governor's Office rebalancing staff, and the NACBHDD national ID/DD policy group.

Goal #7: Sustain the collaborative working relationship with the Champaign County Mental Health Board (CCMHB).

Objective #1: Implement the Intergovernmental Agreement between CCMHB and CCDDDB as amended.

Objective #2: Coordinate integration, alignment, and allocation of resources with the CCMHB to ensure the efficacious use of resources within the intellectual disability and developmental disability service and support continuum.

Objective #3: Assess alternative service strategies that empower people and increase access to needed but underutilized services.

Objective #4: Assure there is adequate collaboration and communication between the CCDDDB and the CCMHB by holding regular quarterly meeting between the Executive Director and Presidents of the Boards, sharing information between the Boards, and co-sponsoring public hearings, training events, and anti-stigma/pro-integration programming.

Objective #5: Strengthen the relationship between the boards: collaborate with the CCMHB on co-funded programs. Implement mutually acceptable options for realignment of funding within the developmental disability service continuum. In response to unilateral financing and eligibility changes by the State of Illinois, develop revenue maximization strategies to assure and appropriate mix of state and local funding and continued availability of services for Champaign County residents.

Objective #6: Continue collaboration with the CCMHB on CILA expansion strategies.

#### ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

Goal #8: Implement policies and procedures to assure financial accountability for CCDDDB dollars tied to co-funded programs. The primary focus is related to programs which are also funded by revenue from the State of Illinois. Utilize the online application and reporting system to track all objectives pertaining to this goal.

Objective #1: Identify each CCDDDB funded contract that budgets state revenue as part of program revenue and develop mechanisms to track the level of state payments during the term of the contract.

Objective #2: Clarify how CCDDDB dollars are used in each co-funded contract. Enforce policies to assure that reductions in state contract maximums are not supplanted by CCDDDB dollars without prior notice or negotiation. As State of Illinois funding shifts to Medicaid, increasing the possibility of unknowingly supplementing Medicaid rates, work closely with service providers to assure there is no overlap between CCDDDB funding and Medicaid.

Objective #3: All CCDDDB grant funded programs which also receive State of Illinois funding as part of the total program revenue shall be required to report all contract-related staffing changes to the CCDDDB. At the discretion of the CCDDDB, agencies shall provide a full listing of all full, part-time, and contractual employees on a quarterly basis.

Objective #4: Require all CCDDDB funded agencies to notify the CCDDDB of the termination or lay off of employees funded in full or in part with CCDDDB funds accompanied by an explanation of the projected impact on access to or utilization of services.

Objective #5: Evaluate risk for loss of co-supported services resulting from state funding reductions.

Goal #9: Set priorities for funding through an annual review and allocation process to ensure access to core intellectual disability and developmental disability services and supports by those who need and choose them.

Objective #1: Develop and promulgate CCDDDB funding priorities and decision support criteria for the CY16 funding cycle, based on current service needs and operating conditions and obligations established through Memoranda of Understanding and Intergovernmental Agreements.

Objective #2: Solicit input from individuals with disabilities, family members, the community at large, and the service network on proposed funding priorities prior to adoption.

Objective #3: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

Goal #10: Maintain program and financial accountability of service providers and programs under contract with the Board.

Objective #1: Evaluate program performance on a quarterly and annual basis.

Objective #2: Maintain and investigate modifications to the Audit and Financial Accountability policy.

Objective #3: Initiate the web-based billing system with at least one contract from each major service provider, with full fee for service implementation during FY15.

Objective #4: Evaluate provider administrative expenses and cost allocation plans to ensure maximum investment in supports and services.

Goal #11: Encourage high-quality person-centered planning and follow-through for individuals served by agencies receiving funding from the CCDDDB and, through the Intergovernmental Agreement, from the CCMHB.

Objective #1: Continue emphasis on self-determination and Person Centered Planning (PCP) training and implementation for all treatment plan clients. Include specific contract language and provisions associated with PCP.

Objective #2: Develop guidelines for structuring and assessing the quality of person-centered planning processes and outcomes.

Objective #3: Require that reports of program performance include examples of outcomes and measures of person-centered planning.

Objective #4: Support cultural competence efforts: continue to track agencies' progress on implementation of cultural and linguistic competence plans and support efforts to address issues raised in the Surgeon General's Report Mental Health: Culture, Race, and Ethnicity; emphasize person-centered or self-directed planning efforts, promoting culturally appropriate individualized service plans within the categories of services and populations described in the funding priorities decision memorandum.

Goal #12: Respond to State funding reductions for intellectual disability and developmental disability services and supports through administrative efficiencies at the Board level enabling maximum investment in community service grants and contracts.

Objective #1: Continue the administrative services agreement as defined in the Intergovernmental Agreement the Board and the Champaign County Mental Health Board.

Objective #2: Monitor the State of Illinois Department of Human Services budget pertaining to the elimination, reduction, or continuation of the temporary state income tax surcharge and the resulting impact on state funding for community based supports and services for people who have intellectual disabilities and/or developmental disabilities.

# ILLINOIS EMPLOYMENT FIRST BLUEPRINT

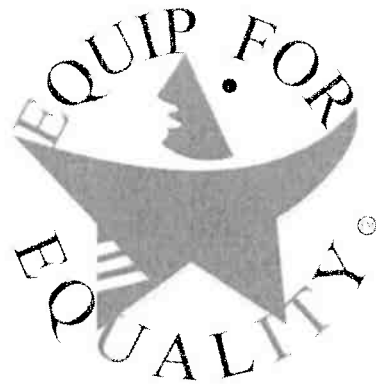
EQUIP FOR EQUALITY

EXECUTIVE SUMMARY



ADVANCING THE HUMAN AND CIVIL RIGHTS  
OF PEOPLE WITH DISABILITIES IN ILLINOIS





Established in 1985, the mission of Equip for Equality is to advance the human and civil rights of people with disabilities in Illinois. Equip for Equality is a private not-for-profit legal advocacy organization designated by the governor to operate the federally mandated Protection and Advocacy System (P&A) to safeguard the rights of people with physical and mental disabilities, including developmental disabilities and mental illness. For more information about Equip for Equality go to <http://www.equipforequality.org/about/mission/>

# ILLINOIS EMPLOYMENT FIRST BLUEPRINT

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EQUIP FOR EQUALITY

## EXECUTIVE SUMMARY

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Pro bono assistance by Jones Day



Additional pro bono assistance provided by Exelon Corporation and McDonald's Corporation

This publication was made possible by funding from Searle Funds at The Chicago Community Trust and the U.S. Department of Health and Human Services: the Administration on Intellectual and Developmental Disabilities. The views of this publication are solely the responsibility of Equip for Equality and do not necessarily represent the official views of those foundations and agencies.

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October 2014

## EXECUTIVE SUMMARY

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This Blueprint provides policymakers and stakeholders in Illinois with specific recommendations and action steps to ensure that competitive, integrated employment is the first option for all people with disabilities, a concept known as Employment First. Illinois has taken important first steps towards Employment First, including enactment of the Illinois Employment First Act and the issuance of an Employment First Executive Order. The challenge is now for Illinois to realign and modernize the states' disability service system. Action must be taken to translate that policy into positive changes for people with disabilities.

In recent years, the state of Illinois has made significant changes in its service system to enable people with disabilities to leave residential institutions and move to community living, consistent with the community integration mandate of the Americans with Disabilities Act and the U.S. Supreme Court's decision in *Olmstead*. Despite the steady movement of people with disabilities out of institutional living situations, many continue to spend their days in segregated settings. Effectively implementing Employment First is critical to people with disabilities achieving meaningful community integration.

People with disabilities want to be integrated into every facet of community living, including the workplace. Despite this desire, 25 years after the passage of the Americans with Disabilities Act, nationally only 20% of people with disabilities are employed. In Illinois, only six percent of people with developmental disabilities are employed in integrated settings.

Based on national research of state laws, policies, programs and services, the Blueprint presents a series of recommendations to reform the Illinois service delivery system to bring it in line with Employment First. The report also highlights promising practices from other states to serve as models for Illinois' reform efforts.

Governor Quinn supported funding of this project, recognizing the importance of conducting research on other states' efforts to implement Employment First initiatives in order to learn from their experiences. The Blueprint recommendations focus on six areas: current employment services, supported employment funding and rates, use of segregated settings, transition services, data collection, and engagement of employers and workforce development.

### Current Employment Services

Current employment services offered in Illinois, including supported employment, are under-utilized and overly bureaucratic. Supported employment provides personalized supports for people with significant disabilities to find and retain paid employment. Consistent with Employment First, it is founded on the principle that with the proper supports, any person, regardless of the nature or extent of his or her disability, can be gainfully employed. Only 4.3 percent of people with disabilities receiving vocational rehabilitation services have supported employment as a goal.

Many are deemed ineligible based on presumptions about their employability. Vocational rehabilitation counselors are often unwilling to open a supported employment case, in part due to a misunderstanding of what services may be provided by different agencies at the same time. This is compounded by the fact that supported employment services through the Division of Rehabilitation Services are limited to 18 months, greatly hindering their effectiveness. While it is possible to receive supported employment services under one of the Medicaid Home and Community-Based Services waivers when those services have expired, transitioning between funding streams is difficult and cumbersome.

Supported employment services for people with serious mental illnesses have been successfully provided using the Individualized Placement and Support model, but due to inadequate funding there are an insufficient number of qualified providers delivering these services.



## RECOMMENDATIONS

Considering the experiences of Arkansas, Oklahoma, New Hampshire, Missouri and Maryland, Illinois should:

- ✓ **Revamp its supported employment programs to encourage their use by vocational rehabilitation counselors;**
- ✓ **Extend the time for supported employment services;**
- ✓ **Ease the transition between funding sources; and**
- ✓ **Expand the number of individuals served through Individualized Placement and Support.**

### Supported Employment Funding and Rates

Employment services for people with disabilities have been woefully underfunded and therefore often ineffective. For years, there has been a gross disparity between the rates paid by the Division of Rehabilitation Services and the Division of Developmental Disabilities for supported employment services. The Division of Rehabilitation Services' rates are nearly triple the rates paid by the Division of Developmental Disabilities. As a result, there is little or no incentive to utilize supported employment services funded by the Division of Developmental Disabilities, even when services from the Division of Rehabilitation Services are denied or have expired. Regardless of the funding source, the rates are far lower than the actual cost to provide services.



## RECOMMENDATION

Considering the experiences of New York, Ohio, and Arkansas, Illinois should:

- ✓ **Adjust its funding rates for supported employment services to offer incentives for providing integrated employment.**

## Use of Segregated Settings

For years, Illinois has overly-relied on the use of segregated settings during the day for people with developmental disabilities. Sheltered workshops are unnecessarily segregated and do not provide the vocational skills needed to prepare people with disabilities for employment in the community. The work performed in these settings typically consists of routine, mundane tasks for which workers are often paid subminimum wage. In these settings, there is virtually no opportunity for interaction with their peers who do not have disabilities.

Illinois perpetuates the existence of sheltered workshops through two state programs: the Business Enterprise Program and the State Use Program, neither of which aligns with Employment First. The Business Enterprise Program purports to increase the number of state contracts awarded to businesses owned by people with disabilities. However, sheltered workshops qualify as such a business and receive the overwhelming majority of these contracts. Similarly, under the State Use Program, state agencies purchase products and services from sheltered workshops. In Fiscal Year 2013, over \$34 million in state contracts were awarded to sheltered workshops under this program.

In Illinois, many people with disabilities receive day training services under a Medicaid home and community-based waiver program where they are segregated and receive little preparation for competitive, integrated employment. Contrary to the concept of Employment First, eligibility for day training services under the waiver program is presumed; eligibility for employment services is not. As evidenced by recent litigation and interventions by the U.S. Department of Justice, the use of segregated settings like sheltered workshops and day training programs runs afoul of the integration mandate of the Americans with Disabilities Act and the *Olmstead* decision.

An alternative to traditional day programming is the concept of a "meaningful day." It is premised upon providing people with disabilities the services and supports needed to spend their days engaged in meaningful activities, i.e., activities that reflect their individual interests, skills and preferences. Services provided at sheltered workshops and day training programs are often incongruent with this concept. While Illinois has stated its commitment to meaningful day services, it has so far done little to provide these opportunities for people with disabilities.



### RECOMMENDATIONS

Considering the experiences of Vermont, Ohio, Massachusetts, Kansas, Colorado, Missouri and Oregon, Illinois should:

- ✓ **Move away from the use of segregated settings by eliminating the presumptive eligibility for programs that are not integrated into the community;**
- ✓ **Require that people with disabilities are informed about integrated employment opportunities; and**
- ✓ **Alter state programs that function for the benefit of segregated settings.**

## Transition Services

Transition services for students with disabilities have been largely ineffective in preparing them for competitive, integrated employment. Although the legal requirements for transition planning and services are consistent with the goals of Employment First, they are not consistently followed or applied.

Frequently, transition plans are perfunctory in nature and lack specificity until the student's senior year of high school. Students therefore miss the opportunity to engage in meaningful work experiences prior to their senior year. Proper assessments aimed at identifying the individual student's skills and interests are frequently lacking. Transition plans and services may be one-size-fits-all, regardless of the student's employment or post-secondary goals.

For students with certain disabilities, Individualized Education Programs often contain non-academic goals, starting in elementary school, based upon stereotypical notions regarding employability. In some cases, the "transition program" for these students is a sheltered workshop paying subminimum wage.

The programs in Illinois intended to help students find and maintain competitive, integrated employment are not adequately utilized. The Secondary Transitional Experience Program provides placement and training for students with disabilities ages 14 ½ through 22, but not all school districts contract with the state for these services, nor are these services always readily available in school districts that have such contracts.

The Interagency Coordinating Council is charged with obtaining data and recommending changes to improve the delivery of transition services. Based upon the lack of a report since 2011, the council is either not fulfilling its duties or not transparent in its efforts. There has been recent discussion of revitalizing the Interagency Coordinating Council.



## RECOMMENDATIONS

Considering the experiences of Oregon, Delaware, Washington, D.C. and New Hampshire, Illinois should:

- ✓ **Emphasize work opportunities for students with disabilities as early as possible;**
- ✓ **Require schools providing special education services to develop Individualized Education Programs based on the presumption that all students can work in the community;**
- ✓ **Require schools providing special education services to develop meaningful transition plans for students ages 14 ½ and older;**
- ✓ **Provide training and information to dispel the notion that students with certain types of disabilities are not employable;**
- ✓ **Provide students and parents with the information and resources needed to inform the decision-making process; and**
- ✓ **Revitalize the Interagency Coordinating Council and its duty to annually review, analyze and publicly report on transition data and provide specific recommendations for improving transition services.**

## Data Collection

Illinois lacks an effective system to collect and publicize data on the employment of people with disabilities in Illinois. As a result, comprehensive data on the number of people with disabilities in Illinois employed in any setting is not readily available. Use of data collected at the national level provides some useful level-setting, but is not a substitute for state-collected data. Critical to the effective implementation of Employment First is the state's ability to regularly collect, analyze and report on how people with disabilities are spending their days, both to assess whether progress is being made and to identify and address continuing barriers to competitive, integrated employment of people with disabilities.



### RECOMMENDATIONS

Considering the experiences of California, Florida and Washington, Illinois should:

- ✓ **Develop a comprehensive data collection system to track and report employment data on a timely basis; and**
- ✓ **Require state agencies to share that data and make it available to the public in a user-friendly way.**

## Engagement of Employers and Workforce Development

Engagement of employers and inclusion of people with disabilities in workforce development initiatives is key to the success of Employment First. The creation of regional Business Leadership Networks helps create a network for employers who are motivated to hire people with disabilities. Recent changes at the federal level set a seven percent disability hiring goal for federal contractors. This may help increase the available job opportunities for people with disabilities. Illinois should use this goal as a catalyst for education and outreach to employers on the benefits of hiring people with disabilities.

The state can and should be a model employer of people with disabilities, but the primary programs to increase the number of state employees with disabilities in Illinois have not been effective. The Supported Employees Program recognized that requiring people with significant disabilities to pass a test and/or an oral interview was a barrier to competitive, integrated employment for many. This program was eliminated in 2013. Even prior to its elimination, the state did not rigorously pursue its goals and did not meet the targeted number of employees. The remaining Successful Disability Opportunities Program does not provide an opportunity to learn and demonstrate the ability to perform the core functions of a job, instead requiring a passing grade on a test and an interview. As structured, the program provides little or no incentive for hiring managers to offer candidates with disabilities permanent employment. Consequently, it has not had a substantial impact. There is a successful program for hiring people with significant disabilities currently operating within the Illinois Department of Transportation which could serve as a model across state government.

Other workforce developments programs for people with disabilities are not widespread. The recent passage of the federal Workforce Innovation and Opportunities Act may change how employment and workforce development services are delivered to people with disabilities. It expands the investment and role of the state vocational rehabilitation agency in transition services, requiring opportunities to work in

integrated settings before placement in segregated settings that pay subminimum wage. The Act also extends the availability of supported employment services to 24 months. Finally, the Act authorizes workforce development activities, such as One Stop Career Centers, to focus on people with disabilities.

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## RECOMMENDATIONS

Considering the experiences of North Dakota and Colorado and federal initiatives to encourage and expand the hiring of people with disabilities, Illinois should:

- ✓ **Increase its outreach efforts to employers and encourage them to join a Business Leadership Network;**
- ✓ **Conduct outreach to the disability community to engage them in workforce development initiatives in accordance with the Workforce Innovation and Opportunities Act; and**
- ✓ **Commit to increasing the number of people with disabilities employed in state government.**

### Next Steps

Effective implementation of the recommendations contained in this Blueprint will require a serious commitment from the State of Illinois as well as the involvement of a broad group of stakeholders. Many of the issues addressed in the Blueprint have been previously identified as barriers to the competitive, integrated employment of people with disabilities. It is no longer sufficient to simply state what the problems are; it is time to take swift and deliberative action to implement the changes in policies, rules and legislation needed to make Employment First a reality.

This Blueprint, based upon Employment First practices nationwide, contains specific recommendations and action steps to guide Illinois in devising and implementing its five-year Employment First plan. This is only the beginning. Extensive outreach to policymakers, people with disabilities, disability advocates, service providers and employers must occur, followed by ongoing discussions regarding the recommendations contained in the Blueprint to obtain the support and commitment of key stakeholders to implement them. Equip for Equality stands ready to engage and assist in this collaborative process.

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To access the full Employment First Blueprint, go to  
[www.equipforequality.org/employmentfirst](http://www.equipforequality.org/employmentfirst)



**Disability Resource Expo: Reaching Out For Answers**  
**Board Report**  
**September, 2014**

The Expo will be held on Saturday, October 18, 2014 at the Fluid Event Center, 601 N. Country Fair Dr., Champaign. As we fast approach the 2014 Expo, our sub-committees have been very busy.

**Exhibitors** – We have approximately 80 exhibitors signed up at this point. I'm happy to report that we have three new exhibitors joining us from our excursion to the Schaumburg Abilities Expo back in early June. These exhibitors will be bringing some very exciting new technology that, we think, will be very interesting to our attendees.

**Marketing/Sponsorship** – The Marketing/Sponsorship Committee has been busy following up on solicitation mailings that went out several weeks ago. I'm happy to report that we currently have more than \$18,000 pledged toward support of the 2014 Expo, with an additional nearly \$9,000 of in-kind support. All promotional materials have been ordered. We will begin to get those out into the community within the next week. We have our radio spots taped and ready to go, thanks to Jim Mayer and Jean Driscoll. We are very excited to be partnering this year with Quality Transport, the only para-transit taxi service in our community. They have generously volunteered to handle all of our yard signs this year, from placement to pick-up. The time this task will save Steering Committee members is huge! Barb B. participated in the United Access Customer Appreciation Day on Sept. 11. This is a wonderful opportunity to share information about the Expo with some of our targeted population. Another opportunity coming up will be Family Service's Self-Help Conference on Oct. 11, where we will also have an Expo booth.

**Accessibility/Entertainment** – Our accessibility plan and resources are all in place for the Expo. We have a wonderful array of entertainment lined up for this year. It includes the annual presentation of an AMTRYKE; performances by Chris Errera, who is a classical pianist and composer from Schaumburg; a performance by local business owner and musician Rod Sickler, and the Jefferson Jaguar Archery Team from Jefferson Middle School in Champaign will demonstrate their award winning skills.

**Children's Activities** – We're pleased to have a wonderful space at the new site that should work beautifully for the children's activities. Sally Mustered is doing a fabulous job, as usual, planning for the children's entertainment area.

**PRIDE Room** – The Pride Room sub-committee has been working hard to make this years' Pride Room the best yet. We currently have 13 vendors confirmed, with more to come. There will also be a disability history display this year, with a slide show.

**Volunteers** – Jen Knapp is handling volunteer recruitment for us, and always does a fantastic job.

**Public Safety** – Premise Alert registration will again take place during the Expo.

Respectfully submitted  
Barb Bressner, Consultant

**Disability Resource Expo**  
**EXHIBITOR EVALUATION SUMMARY**  
**2014**

Expo evaluation forms were given to 84 exhibitors. 68 completed forms (81%) were returned.

The following scale was used for rating: 5-Excellent; 4-Good; 3-Ok; 2-Fair; 1-Poor

**Items rated**

**1. Rate pre-event communication:**

0 – Poor  
1 – Fair  
1 – Ok  
10 – Good  
1- 4.5  
54 – Excellent

Comments:

- Really appreciate all the e-mails, info., chance to have input about our booth, publicity in the Resource Book, etc.
- Great e-mail info.
- Great job
- Absolutely wonderful
- I liked getting the e-mails
- Very prompt – appreciated the reminders
- Always good. Thank you, Barb
- It was great to receive reminders
- Very helpful staff!
- Was welcomed at the door and directed to station.
- Very good
- Great distribution of the different areas
- Good pre-event communication emails-updates!
- The exhibitor day of event info. should have been mailed.
- Wasn't sure about the forms/raffle that was given to the visitors. They kept asking if we had pictures at our table for a sheet they had to fill out. I couldn't answer them.
- Through agency committee representatives
- E-mails were replied to quickly
- All communication went to my supervisor-seemed to be valuable and within reasonable timing

**2. Rate event-day check-in process:**

0 – Poor  
0 – Fair  
0 – Ok  
8 – Good  
1 – 4.5  
56 – Excellent  
1 – N/A

Comments:

- Very organized – thank you! Parking attendants didn't understand to send us to the unload door at first-so a bit of a "trek" w/stuff, but I know that was rectified.
- Good
- Very easy
- Easy & fast
- Great event, well staffed
- Check in at the door was great. Signs or some direction in the parking lot would have been very helpful.
- So easy!
- It was nice to have the person at the parking lot entrance explaining where to go.
- Parking for vendors could have been better directed
- Fast & easy
- We had no issues!
- "Easy"
- Back entrance was difficult to get to with materials
- Easy and straight forward
- Smooth-Seamless
- Great/fast
- Excellent with guys at the gate-only challenge was gravel in parking lot
- Easy
- Excellent
- Very quick!
- Very easy!

**3. Rate "Find-the-Famous Person Scavenger Hunt" activity:**

0 – Poor  
1 – Fair  
13 – Ok  
8 – Good  
1 – 4.5  
24 – Excellent  
13 – N/A

Comments:

- A lot of people weren't sure what they were supposed to do.
- Didn't get it (good tips, but didn't know how game worked)
- Didn't know about it but a great idea!
- Very helpful as guest here
- Didn't have to use it
- Participants had questions, not fully understanding.
- N/A
- N/A (wasn't involved)
- N/A
- Unsure
- Didn't really pay attention, but sure it was GREAT!
- Fun!
- I wasn't involved
- It was not verbally explained, but the instructions were included in the packet.
- N/A-Was not part of the game, but wasn't around when instruction was given.
- Great way to engage!
- Not used
- ?
- Kids asked about it, but I knew only what was in the packet. Wish I knew more.
- No one seemed to know where to find the pictures

4. Rate variety of exhibitors/activities:

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 7 – Good
- 59 – Excellent
- 1 – N/A

Comments:

- Very exciting to see Ambucs giving away the two bikes.
- I kept hearing how awesome it was with how many resources were here.
- Better each yr.
- Really great mix of exhibitors. Everyone is so nice!
- Great
- Nice selection
- Better than in years past
- Awesome!

- Not as many disability-run businesses
- Excellent
- Great event
- Awesome variety of vendors that were invited.
- Liked horses
- Amazing to see all the different services in the area under one roof
- Made many useful contacts-invaluable
- Didn't get away from my table
- Very helpful to families
- Great to see the option to try out equipment throughout the Expo.
- Very wide variety of participants
- Didn't get a chance to visit other booths but looked like a large variety

5. **Rate the entertainment you had an opportunity to view/hear:**

- 0 – Poor
- 2 – Fair
- 2 – Ok
- 17 – Good
- 40 – Excellent
- 3 – N/A

Comments:

- Great music!
- Loved the morning band.
- Volume was at a good level
- Enjoyed Rod Sickler
- Great – maybe in center of room for more visibility
- Much better than in years past!
- Great!!!
- It is too loud to hear anything
- All good (except sound system)
- Couldn't hear much
- Great first band
- Very nice music
- Great variety. Although vocalist and harmonies were low key-a little loud while talking with families
- I didn't have the opportunity to hear.
- Very good!
- Great

- Loved the music
- What we had was great. Would have liked to see more.
- Great music, but it was too loud to hear customers at our table
- Seated stage side-fun, entertaining-appropriate for venue
- Was not able to hear
- Band far too loud!
- Heard the music from afar – was enjoyable

6. **Rate the physical setting for the event:**

0 – Poor

1 – Fair

5 – Ok

16 – Good

46 – Excellent

Comments:

- Good access to most places for people. A couple of people had a hard time in the bathroom with their power wheelchairs.
- Little cool
- Lincoln Square brought us more passers-by
- Great venue!
- Lots of room!
- Great location. Flow of traffic was good.
- Best Location Ever
- Much better than Lincoln Square. Parking could use work.
- The vendor lot was gravelly & hard to roll my cart over, but everything else was fine!
- Too cold; difficulty getting over the gravel outside
- Don't want to be a jerk, but it's very cold. Might explore finding a way to turn up the heat 😊
- Banners hung from ceiling was a good idea.
- Hard to bring items inside because parking lot is so rough.
- Love it
- Surprisingly comfortable – well lit, not too noisy.
- Very nice location and area for event. "Best Ever"
- Little chilly
- Very polite and open when asked questions.
- Great distribution according to the different areas
- Not cramped-plenty of room
- Only negative comments we heard was that it was less centrally located
- Nice place but has unfinished look & feel

- Setting is excellent and provided a good area for our miniature horses. LIGHTS NEED TO BE FIXED.
- Gravel in area where exhibitors came in hard to navigate

**7. Rate the Expo overall:**

- 0– Poor
- 0 – Fair
- 0 – Ok
- 8 – Good
- 54 - Excellent

**Comments:**

- Absolutely great venue!
- Great job! Really enjoyed it!
- Great as always
- Very nice venue & set up. Very friendly & helpful staff
- Thank you!
- Wow!
- Had a great time participating!
- Thank you!
- Thanks for organizing this great event
- Overall-Amazing to see the distribution to gain access to so many programs
- Excellent. I have been to several hundred over the last 20 years. One of the Best!
- 😊
- Great resources

**Narrative Questions**

**8. What did you like best about the Expo?**

- My exhibit table location.
- Everything (is that an ok response? 😊! I loved how many exhibitors were here to provide resources for people. It's been awesome to be a part of this expo!
- The location (venue) is better.
- 1. Lots of attendees; 2. Nice new site; 3. Thank you for the coffee, snacks! 😊
- Number of diff. exhibitors
- Well advertised. Lots of vendors.
- Lots of info.
- Opportunity to meet new people!
- Nice, big event with opportunity to meet other agencies & participants
- Location – space
- Location, set up of exhibitors

- Loved our booth location. Friendly staff. Loved that there's something to enjoy for all ages
- Lots of attendees! Good mix of families & professionals
- Organization, Promotion, Location
- The amount of exhibitors was enormous! Very good planning
- Layout. Closeness of vendors.
- Stead stream of attendees instead of a big rush at the beginning
- Just the environment in general
- I liked that all the exhibitors were all in the same room.
- Good size venue. Good variety of exhibitors
- Clientel
- Great Turnout
- All in one room – separate market & food was nice
- Size, variety of vendors, type & quantity of attendees
- Great variety of booths. Lots of great people
- I liked all of the exhibitors being in the same room of the new location.
- Networking-Learning about new resources
- New space – Not shopping space, too.
- All exhibitors were in same area.
- The variety of exhibits
- The location-Very busy this year-Best Ever
- Number of exhibitors
- Children's activities & numerous variety of vendors
- Very sweet volunteers who watched my table so I could get lunch. Excellent turnout! All staff were very helpful!
- I liked the variety of resources
- The large range and variety of vendors that were present. Staff were very accessible and helpful! There was a large amount of networking for and among vendors as well!
- Great table and glad that community resource groups were at the entrance.
- New contacts
- Great response, very friendly
- The large room & variety of agencies represented.
- Location, different exhibits
- I enjoyed the access to gain contacts and information
- Vendors & the attendance
- Excellent traffic
- Information
- Spacious and lots of variety
- People – friendly, personable, helpful
- There were a lot of resources available for the community to access. I also like the games and different fun activities.



- Adequate space; Good crowd flow; Excellent Pride Room art and space; Clean restrooms
- The location and live music
- A lot of new info. in one spot
- I liked the different variety of individuals that were present.
- Large turn out/Great advertising!
- The set up was excellent; the vendors were very helpful
- Networking; Variety of exhibits
- Provision for horses & number of exhibitors
- There was a lot of variety of vendors. Had a great turnout and plenty of space for all vendors and visitors.

**9. What would you change to improve the Expo in the future?**

- N/A
- Make game clearer to guests as they come in.
- N/A
- Warmer
- Didn't care for Fluid Event Center
- Did not get info. about the hunt
- Cannot think of anything currently
- Unknown
- Clearer game directions
- Nothing at this time
- N/A
- N/A
- 9-1 instead of 9-2, resources in order of age, Recycle
- Shorten hours 11-2
- I don't believe anything needs changed. Excellent Job!
- Sound system, food, & parking guidance. Parking attendant should be in the lot further so traffic is not held up on the street.
- Nothing/more ponies
- The room area was a little chilly
- Pave over the gravel outside to make entry easier.
- Referral sources
- Make sure Barb keeps bringing me coffee ☺
- Better PA system-Couldn't hear any announcements/entertainment. What about playing soft music while people walk?
- I wish exhibitors could spend time together.
- N/A
- Nothing. Great event!
- Combine Pride Room in with exhibitors

- Parking was tight-maybe have some shuttle?
- No problem, except it would be good to be available to hear announcements and music throughout the hall.
- Parking issues
- Table space. Show room space. "Best ever for us"
- Turn up heat
- N/A
- The concession stand ran out of food and seemed overwhelmed with amount of customers.
- Better variety of food options at concessions
- No comments at this time!
- Better food
- Nothing
- Change the hours 10:00-2:00
- Blank – Nothing
- More water fountains. Maybe food vendors (different). Provide a loading/unloading area. The rocks/surface to bldg.. is difficult to cross with large heavy displays/boxes.
- Check list a day or so before the event via e-mail with day of information (like in the envelope)
- Good question....
- Parking was somewhat disorganized. Attendants throughout parking lot would help.
- None – Great job!
- Minor
- Central location for attendees; recycling option
- Nothing
- Quiet room less out of the way – perhaps a clearer area
- Lighting in our area is poor.
- Don't stick me in the corner 😊

**10. What other exhibitors might you suggest we invite to future Expos?**

- None – I thought it was a great variety of exhibitors.
- N/A
- Unknown
- Maybe a couple food vendors if possible.
- N/A
- ?
- ISD and ISVI; Illinois Hands and Voices; Public School Special Services
- 211 Answers
- Land of Lincoln Legal Aid; Prairie State Legal
- ?
- N/A

- Information on Diabetes
- None
- Not sure if mental health was represented well-didn't have a chance to walk around
- None
- It was a very extensive group
- ?
- CIL? PACE was here-what about Adapt or other lobbying/activist groups?
- Very good selection
- Blood pressure locations
- N/A
- Latino Partnership of Champaign County (La Linea help.line). Courage Connections
- It would be great to be able to identify exhibitors who accept Medicaid to prioritize. It would also be great to include dental providers. I'm sure they might have been invited, but didn't have an interest, but keep trying.
- Support dogs
- N/A
- ?
- KRIS Bus
- N/A
- Hermes Clinic – serving children and adults
- ?
- None
- Direct childhood educators

**11. What other entertainment options would you like to see us bring to the Expo, keeping in mind that we strive to have all entertainment performed by or geared toward persons with disabilities.**

- None – I loved the music! 😊
- N/A
- Dance or interactive things
- Kid groups
- I loved the art vendors, would love to see that expanded.
- Service dog demonstration
- Nothing in mind
- N/A
- ?
- Felt the entertainment was very appropriate
- ? – More ponies
- N/A

- High school choirs, Community choirs.
- Something where people can try various instruments? Also tech or video game demos
- None
- Loved the music
- ?
- John Coppess would be great
- Great entertainment
- W/C Dancing
- Magic Show, Wheelchair Modern Dancer
- Entertainment was excellent
- No comments at this time.
- Some form of video, in an area where it can be seen by all.
- Really nice entertainment
- N/A
- ?
- Good
- Continue with musical performances
- The Moon Seven Times!
- Interactive performers
- All was great
- One year there were dancers in wheelchairs
- Provide entertainment that permits people to be heard. It should accompany the event purpose, not drown it.

**Additional comments received through e-mails following event:**

I just wanted to take a minute and say "thank you" for including me at the very last minute. I was overwhelmed by the expo's organization and marketing – I saw many people I knew and many other people who I am looking forward to getting to know better. I hope I can stay on your mailing list for next year, as I will very much look forward to doing it again.

Just wanted to say this years expo was great not only for the suppliers but for the consumers that came to the event. We were very busy for the complete 5 hour event with about only 30 minutes of down time. We had a lot of exposure this year. But the big thing is that I wanted is for all the consumers see what is offered out there for them. Thanks again and what a great event this year.

The expo overall was great! I do have a comment, however, that I forgot to write on our evaluation. Actually, my mom made this comment. While the bathrooms are handicapped accessible, the mirrors are not low enough for those in a wheelchair or scooter. My mom has a trache tube and needed to clean it out. She uses the mirror to evaluate whether it is clean. She had to stand in order to see, which could have posed a fall risk. Others in a wheelchair or scooter wouldn't have been able to stand to see in the mirrors. I know this is not something directly related to the expo itself, but please pass on to the venue this issue. Thanks!

Hats off (to you, your exceptional staff members and many volunteers)- and again, congratulations on an splendid affair! I had a wonderful time and look forward to next event!  
I was wondering if you had a final count on the number of attendees and also the number of vendors in attendance. If so, I was wondering if you would mind sharing those with me for my paperwork?

Once again, great job last Saturday Barb! You gotta feel good about how it went and proud too!

**disABILITY Resource Expo: Reaching Out For Answers**  
**PARTICIPANT EVALUATION SUMMARY**  
**2014 EXPO**

Expo evaluation forms were returned by 120 participants of the 2014 disABILITY Resource Expo.

**The individual completing this evaluation was:**

- 42 – Family member
- 50 – Person with a disability
- 16 – Other

**The individual completing this evaluation either themselves or a family member had:**

- 30 – Developmental disability
- 31 – Physical disability (1-Stroke)
- 34 – Mental illness
- 17 - Other

**The following scale was used for rating: 5-Excellent; 4-Good; 3-Ok; 2-Fair; 1-Poor**

**Items rated**

**Rate Exhibitor Information:**

- 0 – Poor
- 0 – Fair
- 4 – Ok
- 33 – Good
- 75 – Excellent

**Comments:**

- Nice variety
- Everyone was very nice and knowledgeable
- Most were excellent – a few were a little abrupt
- Vary from booth to booth

**Rate Accessibility:**

- 0 – Poor
- 3 – Fair
- 4 – Ok
- 30 – Good
- 77 – Excellent



- Very nice
- I found the Expo had useful information & will attend next year
- Second year here!
- I loved it. I gained a lot of information.
- Good information
- Parking looked crowded

### **Narrative Questions**

#### **How did you learn about the Disability Resource Expo?**

33 - Brochure

9 – School

23 – Newspaper

24 – Poster

14 – Radio

2 – Window Cling

34 – Yard Sign

14 – TV

3 – Work

1 – Friend/Family

2 - Website

1 - Facebook

#### **Comment:**

- Looked it up online, since it's the same time every year.

#### **Suggestions for Future Exhibitors:**

- I got a lot out of it.
- Maybe booth could be spread out.
- Sad some vendors were not here.
- Have raffle prizes for Pride Room vendors.
- Fashions for the disabled
- A vendor that provides transport for persons with disabilities to Dr. Appts. I am very disappointed this service is unavailable. MTD folks expect everyone to get to a stop-if I could I would not be disabled.
- This place is so much better than Lincoln Square.
- Need better space between exhibits. Bigger hall.
- Numbers hard to find
- Would like if individual booths were numbered
- Keep up the great work. The horses was a great touch.
- More advertisement
- Keep it up!
- Was really loud in exhibitor area. Person directing traffic should wear a vest-people just thought he was chatting and not directing.
- It turned out really nice.
- To make a food stand
- Keep advertising



- Audiologists
- This was my first experience and it was great 😊
- First time visiting this expo. It was pretty informational for me.
- N/A
- None at this time
- Ask to have more crafts/artists from organizations by getting more information on how to get involved.
- Sign up encouragement
- Was wonderful!
- My daughter is selling cards @ the Disability fair (Friends Terrific Little Cards) – but is not even listed by name, nor are they in the mainstream of the big room. Unfortunately, many people will not even venture into the smaller room where they are. How sad – why not showcase the artwork people with disabilities are capable of creating – encouraging others with disabilities and their parents instead of closeting them in a small room off to the side. In my time here today, only a small percent of people in large room seemed to come to the artisan room – a real disappointment.
- I prefer the Lincoln Square location, not only for my own point of view, but also MTD serves Lincoln Square from many directions, where bus services to Fluid Events Center is relatively limited.
- Great at this location!
- It was fun. I wish it was longer.
- Offer a food vendor that provides healthier eating.

**Additional comments:**

- I thought it was a little tight to walk.
- Glad they had food vendors
- Did not understand the game. Should have had an example when you checked in.
- Well organized!
- Need to have places to sit & rest “along the way”. I have much difficulty walking for long distances & long periods.
- This is our first year and I was able to get some much needed information.
- Thanks
- I enjoyed myself and learned a lot.
- Thanks so much! As a professional & family member, it helps to know what is in our community.
- It was a good event. Thanks!
- This venue was much better at this location. Drummer & signer & singer were great.
- Was a little confused by the map. I would’ve been less confused if the map had been printed upside down.
- Much better – less question

- Service was excellent
- Acupuncture was great!
- The set-up of vendors was great! Natural path for seeing all vendors. Networking very helpful. Guy directing traffic in parking lot caused a traffic jam on Country Fair. Have him move closer to building.
- Kid Zone is awesome!
- None
- Let Springfield know about it
- Great event w/ lots of community resources
- Love the Fluid Event Center location!
- N/A
- This was AWESOME!
- Family friendly
- Wonderful family event
- Please include us! We should be with all the other exhibitors-not off in a side room. I know of at least two people who couldn't find us. Include us and list us with the other exhibitors please!
- Also look at entrance & exit flow. Having the exit be the same as the entrance was awkward, especially for people & chairs trying to get through a crowd trying to get in.
- 1<sup>st</sup> time...blew my mind...Wow
- Love the location