



CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Champaign County Developmental Disabilities Board (CCDDB) AGENDA

Wednesday, January 20, 2016

Brookens Administrative Building, Lyle Shields Room

1776 E. Washington St., Urbana, IL 61802

Noon

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

1. Call to Order – Dr. Phil Krein, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input/Public Participation
The CCDDB reserves the authority to limit individual public participants to five minutes and limit the total time to 30 minutes.
5. CCMHB Input (**pages 3-15**)
Minutes of the CCMHB 11/18/15 and 12/16/15 meetings are included in the packet for information only.
6. Approval of CCDDB 11/18/15 Board Meeting Minutes (**pages 16-19**)
Minutes are included in the packet. Board action is requested.
7. President's Comments – Dr. Phil Krein
8. Executive Director's Report – Peter Tracy
9. Staff Reports – Lynn Canfield & Shandra Summerville (**pages 20-26**)
10. Agency Information
11. Financial Report
 - A. Approval of Claims* (**pages 27-30**)
Included in the Board packet. Action is requested.

12. New Business

A. Integration Transition Successes

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

B. National Association (NACBHDD) Position on ID/DD (pages 31-32)

A draft copy of a position paper from NACBHDD's ID/DD committee, for presentation at the February legislative and policy conference in DC.

C. Cultural and Linguistic Competence Update (pages 33-40)

The document, "Linguistic and Cultural Competence Guidelines for State of Illinois Subcontractors and Vendors," used as a reference for agencies contracting with the state, is included for information only.

D. Notice of Funding Availability (pages 41)

A copy of the NOFA which appeared in The News Gazette on December 13, 2015 is included in the board packet for information only.

13. Old Business

A. Lane v. Brown Settlement (pages 42-46)

An article from Pacific Northwest News regarding approval of Oregon's proposed settlement with the Department of Justice, along with a fact sheet on the agreement, are included in the packet for information only.

B. Meeting Schedules and Timelines (pages 47-52)

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

14. Board Announcements

15. Adjournment

**Board action requested*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—November 18, 2015

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

4:30 p.m.

- MEMBERS PRESENT:** Astrid Berkson, Aillinn Dannave, Susan Fowler, Deloris Henry, Thom Moore, Judi O'Connor, Julian Rappaport, Anne Robin, Deborah Townsend
- STAFF PRESENT:** Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo
- STAFF EXCUSED:** Peter Tracy, Executive Director
- OTHERS PRESENT:** Juli Kartel, Community Elements (CE); Danielle Matthews, Developmental Services Center (DSC); Patti Petrie, Champaign County Board; Erin Sturm, RACES; Gail Raney, Bruce Suardini, Prairie Center Health Systems (PCHS); Lisa Benson, Regional Planning Commission (RPC); Barb Bressner, Consultant; Beth Chato, League of Women Voters (LWV); Jennifer Knapp, Community Choices
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CALL TO ORDER:

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

ROLL CALL:

Roll call was taken and a quorum was present.

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CITIZEN INPUT / PUBLIC PARTICIPATION:

Marlon Mitchell and James Kilgore from *First Followers* spoke regarding their re-entry program. Several participants in the program shared their experiences as well.

Albert Stabler spoke regarding *Build Programs Not Jails*.

ADDITIONS TO AGENDA:

None.

CCDDB INFORMATION:

Draft minutes from the 10/21/15 CCDDB meeting was included in the packet for information only.

APPROVAL OF MINUTES:

Minutes from the 10/1/15 Board meeting was included in the Board packet for approval.

MOTION: Dr. Moore moved to approve the minutes from 10/1/15 as presented in the packet. Ms. Dannave seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Townsend read a letter from Peter Tracy stating his intent to cancel the automatic extension in his employment contract and his final day of employment will be November 30, 2018. Dr. Townsend then read a letter from Phil Krein and herself, accepting his letter and commending his expertise and experience. The extension terms will be returned to his employment contract at his request should he change his mind.

The Executive Committee (the Presidents and Vice-Presidents of the two Boards) has made the decision to reduce staff raises from a 3% increase to a 1.5% increase to align with the rest of the County salary increases. Merit increases are being explored.

The legal opinion from the Attorney General regarding the relationship between the County Board and the Mental Health Board is pending.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

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

CONSULTANT REPORT:

A report from Ms. Bressner was included in the packet. Evaluations from the disAbility Resource Expo were included as well.

BOARD TO BOARD:

Dr. Robin attended the Tree of Hope Campaign for Developmental Services Center (DSC). Tree of Hope sponsors included: Sullivan Parkhill, Sam's Club, Christie Clinic Illinois Marathon, WK10 107.9 FM, WDWS AM 1400, Lite Rock 97.5, Coldwell Banker Commercial Devonshire Realty, Allied Capital Title, AMDOCS Employees, Carle, Herff Jones, Patterson companies, The Tons O' Fun Band, WCIA 3 News, and Midwest Engineering and Testing, Inc. She reported DSC is still experiencing a staff shortage and advocacy is urged to increase the state reimbursement rates from the State of Illinois.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

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

MOTION: Ms. Dannave moved to accept the claims as presented. Ms. Berkson seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

FY17 Allocation Priorities Decision Support Criteria:

A Decision Memorandum detailing allocation priorities and decision support criteria for the 2017 allocation cycle was included in the Board packet. Discussion regarding specific language in the priorities ensued.

MOTION: Dr. Henry moved to approve the FY17 Allocation Priorities and Decision Support Criteria as described in the Decision Memorandum identified as Agenda Item 14.A. Dr. Fowler seconded the motion. Dr. Fowler pointed out two examples of language which could be more general in the future. A voice vote was taken and the motion passed unanimously.

CCDDB Allocation Criteria:

Draft CCDDB Allocation Criteria was included in the Board packet for information only.

Promise Healthcare Psychiatry Funding Request:

A Decision Memorandum detailing Promise Healthcare's request for financial support to transition the psychiatric services program from Community Elements was included in the Board packet for review.

Due to policies of the State of Illinois, Department of Human Services, the Psychiatric Leadership grant funding has been discontinued. The combination of the loss of the Psychiatric Leadership grant and low reimbursement rate has forced Community Elements to negotiate transfer of their psychiatric service to Promise Healthcare effective January 1, 2016.

This transfer is viable for Promise Healthcare because as a Federally Qualified Health Center (FQHC) they receive an enhanced rate for psychiatric services. The details of this transfer are currently being worked out and if everything goes as planned psychiatric services from Promise Healthcare will be provided on site at various Community Element locations.

The transfer will result in some one-time costs and shortfalls related to the provision of services at Community Elements' Respite Center. This includes the need for a registration clerk, electronic patient records, and the added costs of uninsured patients. This is a real emergency. Psychiatric services for about 1,200 people will be lost if the transfer to Promise Healthcare doesn't take place.

The CCMHB has supported moving psychiatric services to the FQHC for approximately ten years and this is a model that has worked in other locations. These services are not viable at Community Elements (CE) with the changes made by DHS. The transfer to Promise Healthcare is the obvious solution. The shortfall for the first year will be about \$125,000 and subsequent years should be approximately \$71,000. Most of this cost is to reimburse for uninsured people. We anticipate a request for the \$71,000 in annual operating costs to be included in applications for FY17 funding.

Promise Healthcare has submitted a request for \$36,000 to United Way of Champaign County to fund a portion of one-time costs. The Community Impact Committee has recommended to the United Way Board that the request be approved.

This is the right move at the right time and is in the best interest of Champaign County. CCMHB staff recommends we amend existing Promise Healthcare contracts to add this service and address the unreimbursed costs less the amount granted by United Way.

MOTION: Dr. Henry moved to support the transfer of psychiatric services to Promise Healthcare by allocating funding of up to \$51,000 for the period between January 1, 2016 and June 30, 2016. Ms. Dannave seconded.

Dr. Rappaport asked for an amendment to the motion adding "This allocation of funding is to be considered a one time award with no guarantee to continuation beyond June 30, 2016." Dr. Fowler seconded the amendment to the original motion. A roll call vote was taken regarding adding the amendment to the original motion. The following members voted aye: Fowler, Henry, Moore, Rappaport and Townsend. The following voted nay: Berkson, Dannave, O'Connor, and

Robin. The motion to add the amendment to the original motion passed.

A roll call vote was taken on the Promise Healthcare motion, with the amendment added. A roll call vote was taken. All members voted aye and the motion passed.

County Board Motion on READY School:

The Champaign County Board has approved the following motion as a condition for final approval of the Champaign County Mental Health Board Budget for 2016:

"I move the Champaign County Board requests the Champaign County Mental Health Board to find \$53,000 within its proposed FY2016 budget and re-appropriate that money to its contributions and grants program line with an emphasis to focus on re-establishing the effective program of employing a clinician to serve youth at the Juvenile Detention Center and the READY program or any similarly effective program and that the bottom line of the proposed FY2016 budget remains unchanged at Revenue to Expenditures equal to \$55,881."

The Champaign County Mental Health Board (CCMHB) has a long history of funding services for youth and families involved with the READY School program. During the current funding cycle youth involved with READY have access to services at Community Elements and Prairie Center's Parenting with Love and Limits (PLL) program. Schools are eligible to make direct PLL referrals. In addition, the Prairie Center's youth program includes a two-day commitment to services at READY.

Youth involved with the READY program have historically been a component of our efforts to address the needs of youth with serious emotional disturbance (SED) and multiagency and system involvement. In addition, in the current funding cycle the READY program can refer youth and families to Parenting with Love and Limits (PLL), and access the onsite services provided by Prairie Center's Youth Services program two days per week. The CCMHB has and will continue to fund programs and services which will directly benefit youth and families served at READY School.

Staff recommends the CCMHB inform the Champaign County Board of our intent to fund the transition of Psychiatric Services from Community Elements to Promise Healthcare and other on-going operating expenses not covered by the enhanced Medicaid rate. This investment will be in an amount greater than that requested in the Champaign County Board motion. The existing CCMHB supported services for youth at the READY School is consistent with past levels of service.

MOTION: Dr. Henry moved to approve correspondence to the Champaign County Board of the CCMHB intent to allocate funds in an amount greater than that requested by the Champaign County Board for the transition of Psychiatric Services from Community Elements to Promise Healthcare and other on-going operating

expenses rather than for services at READY school and the rationale supporting that decision. Dr. Robin seconded the motion. A voice vote was taken and the motion passed unanimously.

OLD BUSINESS:

Community Elements Request to Reallocate Funds:

A Decision Memorandum detailing Community Elements request to redirect unspent funds from four FY15 contracts to support psychiatric services was included in the Board packet. Action was deferred at the October meeting and is being brought back for consideration.

In mid-August, Community Elements informed staff the State had not yet renewed three standing contracts for FY16. One of those contracts supports psychiatric services. The ramifications of the state budget stalemate and the State's delay in issuing this specific contract has the potential to further reduce access to psychiatric care. Community Elements has requested permission to use unspent funds from FY15 and redirect funds from an FY16 contract to continue psychiatric services in the new fiscal year that would be covered by the state contract. The Board's approval is required to reallocate the FY15 funds to the FY16 CCMHB Psychiatric/Primary Care Services contract.

Community Elements request seeks reallocation of payments received but not expended under three grant contracts in FY15 and authorization to access funds obligated but not paid out under one FY15 fee for service contract. The grant funds in Community Elements possession have been returned to the Board. The balance of the fee for service (FFS) contract that was not billed out in FY15 would require a payment be issued by the Board.

FY15 Contracts	Excess Revenue
Criminal Justice/Problem Solving Courts	\$ 4,016
Early Childhood Mental Health and Development	\$11,097
Parenting with Love and Limits	\$ 9,787
TIMES Center (FFS)	\$ 4,292
Total	\$29,192

The request also included redirection of \$8,649 from the FY16 Parenting with Love and Limits (PLL) contract to the FY16 Psychiatric/Primary Care Services contract. Due to a change in staffing under the PLL contract, plans were already in place to reduce the maximum payable under the PLL contract by amendment. Staff, under existing authority, has issued a companion amendment increasing the maximum payable of the Psychiatric/Primary Care Services contract thereby redirecting the funds.

Consideration of such a request by the Board is out of the ordinary as it invokes a request to use lapsed funds. There are mitigating factors that does allow for such consideration.

- The request is driven by the state budget crisis and lack of state contract for psychiatric services.

- Psychiatry is a core element of mental health treatment but due to a shortage of psychiatrists in Champaign County is difficult to access and consistently has a waitlist for services.
- Community Elements is committing reserves to offset losses incurred to continue to services without a state contract and pursuing other options for patient care as the agency seeks support from other funders and payers.
- The agency has already been paid the funds and would not require the Board to expend additional funds except for the \$4,292 associated with the FY15 TIMES Center contract.
- The reallocated funds would only be used to pay for costs that are an eligible expense under the state contract.
- Community Elements also commits to working with the CCMHB staff regarding redirection and/or return of any resulting excess if funding is restored by the state, be it at 100 percent or a portion thereof, with language to that effect included in the amendment if approved.

Due to the mitigating factors cited, it is the recommendation of staff to approve Community Elements request to reallocate FY15 funds to the FY16 Psychiatry/Primary Care Services. An amendment would be issued to increase the maximum obligation of the FY16 Psychiatry/Primary Care Services with terms of use and potential return or redirection stipulated.

In order to manage and track the revenue and expense associated with reallocation of funds as part of the annual financial audits for FY15 and FY16, Community Elements would be required to return FY15 excess grant revenue in the amount of \$24,900 and then be issued a payment of \$29,192 that includes unbilled balance of the FY15 TIMES Center contract.

MOTION: Dr. Moore moved to approve the increase in the FY16 Psychiatry/Primary Care Services contract maximum in the amount of \$29,192. The \$29,192 shall be paid in a lump sum utilizing funds returned by Community Elements as FY15 excess grant revenue of \$24,900 and plus payment of the \$4,292 balance of the under billed FY15 TIMES Center contract. Ms. Dannave seconded the motion. The following CCMHB members voted aye: Berkson, Dannave, Fowler, Moore, O'Connor, Robin, Townsend. The following member voted nay: Rappaport. The following member abstained: Henry. The motion passed.

Three-Year Plan with One-Year Objectives:

A Decision Memorandum with the Three-Year Plan was included in the packet for action.

MOTION: Dr. Henry moved to accept the Three Year Plan with One Year Objectives as presented. Ms. Dannave seconded the motion. A voice vote was taken. All members voted aye and the motion passed.

Communication Process:

Deferred.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:30 p.m.

Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

**Minutes were approved at the 12/16/15 CCMHB meeting.*

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD
BOARD MEETING**

Minutes—December 16, 2015

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

4:30 p.m.

DRAFT

MEMBERS PRESENT: Astrid Berkson, Aillinn Dannave, Susan Fowler, Deloris Henry, Thom Moore, Judi O'Connor, Julian Rappaport, Anne Robin, Deborah Townsend

STAFF PRESENT: Peter Tracy, Executive Director; Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo

OTHERS PRESENT: Juli Kartel, Sheila Ferguson, Community Elements (CE); Danielle Matthews, Dale Morrissey, Developmental Services Center (DSC); Patsi Petrie, Champaign County Board; Gail Raney, Bruce Suardini, Shandra Summerville, Prairie Center Health Systems (PCHS); Lisa Benson, Regional Planning Commission (RPC); Darlene Kloeppe, Bobbi Trist, Margaret White, Citizens; Sue Suter, Champaign County Developmental Disabilities Board (CCDDB);

CALL TO ORDER:

Dr. Townsend, 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:

Ms. Nancy Greenwalt addressed the number of uninsured clients at Promise Healthcare.

Mr. Dale Morrissey addressed staff shortages at Developmental Services Center (DSC).

ADDITIONS TO AGENDA:

None.

CCDDB INFORMATION:

The CCDDB has changed their monthly meeting times. The new schedule has been posted on the County website.

APPROVAL OF MINUTES:

Minutes from the 11/18/15 Board meeting were included in the Board packet for approval.

MOTION: Dr. Moore moved to approve the minutes from 11/18/15 as presented in the packet. Dr. Fowler seconded the motion. A voice vote was taken and the motion passed.

PRESIDENT'S COMMENTS:

Dr. Townsend announced a letter of resignation had been received from Peter Tracy, Executive Director of the CCMHB and CCDDB effective June 30, 2016.

Mr. Mike McClellan, former CCMHB member, spoke regarding his support for Mr. Tracy's work.

EXECUTIVE DIRECTOR'S COMMENTS:

None.

STAFF REPORTS:

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

CONSULTANT REPORT:

None.

BOARD TO BOARD:

None.

AGENCY INFORMATION:

None.

FINANCIAL INFORMATION:

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

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

NEW BUSINESS:

Champaign Community Coalition—Commitment of Support:

A Decision Memorandum was included in the Board packet for action. On November 19, 2014 the CCMHB approved the allocation of funding to support the efforts and work of the Champaign Community Coalition. At that time the CCMHB approved funding (\$107,000 for annual salary and benefits) to establish a full time CCMHB coordinator position to manage and lead the Champaign Community Coalition.

In the interim, the City of Champaign has assumed responsibility for funding this position and as of November 2, 2015 the position has been filled by Mr. Tracy Parsons. The money earmarked by the CCMHB to fund the position is now available for redirection in order to meet the objectives of this position and the Coalition. Specifically, the redirection of funding would include supporting our community-wide effort to build a system of care for multi-system involved youth that is trauma and justice informed. The Coalition includes key decision makers from virtually all youth-serving systems including juvenile justice, law enforcement, education, behavioral health, child welfare, recreation, local governments, local funders, and other key stakeholders.

Members of the Champaign Community Coalition are required to commit resources necessary to fund and support the work of the group. The CCMHB commitment to the Coalition was originally approved as funding for the Project Director position, and is now available to support other Coalition activities and projects.

The CCMHB is a charter member and strong supporter of the Champaign Community Coalition. The Coalition has been organized to address problems of youth violence in our communities and racial disparities reflected by the disproportional involvement of children and youth of color in juvenile justice, school suspensions and expulsion, and child welfare. The Coalition is committed to supporting (1) integration and coordination of resources; (2) improved police and community relations; (3) promotion of physically and mentally health youth; and (4) positive youth development.

During 2015 the Coalition sponsored, organized and provided a variety of training events and youth activities at which 880 individuals benefited. Examples include the Summer Youth Employment program for Urbana (35 youth), Midnight Basketball (150 youth), University of Illinois Recreation (140 youth), Trauma and Crisis Response, Anti-violence marketing campaign, Community Engagement, Cultural Competence Training, Targeted Youth Summer Initiative, Academic Enrichment, Leadership Development, Job Skill Development, Reading Enrichment, and Anti-bullying. Most of these activities were administered by the Don Moyer Boys and Girls Club.

CCMHB redirected funding will allow for continuation of many of these activities during 2016. The fiscal agent and program administrator will be the Don Moyer Boys and Girls Club. This action is budget neutral and is a redirection of dollars already approved by the CCMHB to support the Champaign Community Coalition.

MOTION: Dr. Henry moved to approve redirection of up to \$107,000 to contract with the Don Moyer Boys and Girls Club to administer and serve as fiscal agent for programs, services and supports organized and sponsored by the Champaign Community Coalition. This commitment will meet the CCMHB's revenue obligation to the Champaign Community Coalition. Dr. Berkson seconded the motion. Discussion followed.

MOTION: Ms. O'Connor moved to defer action on this motion supporting a commitment of support for the Champaign Community Coalition until the January Board meeting. Dr. Fowler seconded the motion. Discussion followed. Ms. O'Connor explained she considered the request to be out-of-cycle funding and felt transparency was needed to know what the money would be used for. A voice vote was taken. The motion failed.

Mr. Tracy Parsons, Community Relations Manager of the City of Champaign distributed a document detailing Champaign County Community Coalition 2015 priorities and accomplishments.

A roll call vote was taken regarding the Champaign Community Coalition support. All Board members voted aye. The motion passed unanimously.

OLD BUSINESS:

Communication Process:

A memorandum on the subject of Board communication from Dr. Fowler was included in the Board packet. Board discussion followed regarding parliamentary procedure and a public participation policy.

Public Policy Discussion:

A Briefing Memorandum was included in the Board packet regarding CCMHB responsibility for addressing service gaps created by the Illinois fiscal crisis.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 6:10 p.m.

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

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

DRAFT

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

Minutes –November 18, 2015

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

DRAFT

6:30 p.m.

MEMBERS PRESENT: Joyce Dill, Phil Krein, Deb Ruesch, Mike Smith, Sue Suter (*by telephone*)

STAFF PRESENT: Lynn Canfield, Nancy Crawford, Mark Driscoll, Stephanie Howard-Gallo

STAFF EXCUSED: Peter Tracy

OTHERS PRESENT: Danielle Mathews, Ron Bribrisco, Annette Becherer, Developmental Services Center (DSC); Patsi Petrie, Sam Shore, Champaign County Board; Judi O'Connor, Champaign County Mental Health Board (CCMHB); Barb Bressner, Consultant; Jennifer Knapp, Linda Tortorelli, Community Choices; Dylan Boot, Persons Assuming Control of their Environment (PACE); Kathy Kessler, Community Elements (CE); Lisa Benson, Regional Planning Commission (RPC); Barb Horn, parent; Sam Davis, United Cerebral Palsy

CALL TO ORDER:

Dr. Phil Krein called the meeting to order at 6:31 p.m.

MOTION: Ms. Ruesch moved to allow Ms. Suter to attend the Board meeting by telephone due to her recent surgery as is allowed in the CCDDB By-Laws. Ms. Dill seconded the motion. Krein, Ruesch, Dill and Smith all voted aye. The

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motion passed and Ms. Suter was allowed to attend the meeting via telephone.

ROLL CALL:

Roll call was taken and a quorum was present.

ADDITIONS TO AGENDA:

None.

CITIZEN INPUT:

Linda Tortorelli spoke regarding the number of children with I/DD children placed out of Champaign County for residential programs. Barb Horn shared her story about having to place her daughter out of the county.

CCMHB INPUT:

Minutes from the CCMHB October meeting were included in the Board packet for information only.

APPROVAL OF CCDDDB MINUTES:

Minutes from the October 21, 2015 CCDDDB meeting were included in the Board packet.

MOTION: Mr. Smith moved to approve the minutes from the October 21, 2015 CCDDDB meeting. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

PRESIDENT'S COMMENTS:

Dr. Krein thanked everyone for their participation in the Board retreat. He read a letter from Peter Tracy stating his intent to cancel the automatic extension in his employment contract so that his final day of employment will be November 30, 2018. Dr. Krein then read a letter from Dr. Townsend and him, accepting Mr. Tracy's letter and commending his expertise and commitment. The extension terms will be returned to his employment contract at his request should he change his mind.

EXECUTIVE DIRECTOR'S REPORT:

None.

STAFF REPORT:

Ms. Canfield's written report was included in the Board packet.

CONSULTANT'S REPORT:

Ms. Bressner's written report and summaries of evaluations for the disAbility Resource Expo were included in the packet for information only. She also provided a verbal update.

AGENCY INFORMATION:

Jennifer Knapp from Community Choices and Annette Becherer provided an update on Employment First.

Dylan Boot from Persons Assuming Control of their Environment (PACE) stated the last three months, the power doors have been off when he attempted to enter the Brookens Center. He will be writing a letter to Champaign County expressing his concern.

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. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

NEW BUSINESS:

Integration Transition Successes:

A recent employee at Home Depot has received 4 employee awards this year.

First Quarter FY16 Agency Reports:

Copies of First Quarter FY16 Service Activity Reports submitted per ID/DD program were included in the Board packet for information only.

Demographic and Residency Data:

Demographic and Residency Data for Champaign County was included in the Board packet for information only.

OLD BUSINESS:

FY17 Allocation Criteria:

A Decision Memorandum was included in the packet.

MOTION: Ms. Ruesch moved to approve the CCDDDB FY17 Allocation Priorities and Decision Support Criteria as described in the memorandum. Mr. Smith seconded the motion. Discussion followed. A voice vote was taken and the motion passed unanimously.

Three-Year Plan with One-Year Objectives:

A copy of the Three-Year Plan with One-Year Objectives was included in the Board packet.

MOTION: Mr. Smith moved to approve the three-Year Plan for fiscal years 2016 through 2018 with Objectives for Fiscal Year 2016 as presented. Ms. Dill seconded the motion. A voice vote was taken and the motion passed unanimously.

BOARD ANNOUNCEMENTS:

None.

ADJOURNMENT:

The meeting adjourned at 7:35 p.m.
Respectfully Submitted by: Stephanie Howard-Gallo

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

DRAFT

**Lynn Canfield, Associate Director for Intellectual and Developmental Disabilities
Staff Report – January 20, 2016**

FY2016 Contracts: Second quarter reports are due January 29th, as are Cultural and Linguistic Competence Progress Reports, Financial Variance Reports (in case of a greater than 5% variance), and Persons Served reports. First quarter reports have been processed and some clarifications requested. Monthly billings are submitted via the Proviso RTS for two ID/DD programs.

FY2017 Funding Applications: Technical support for the application website has been primarily related to registration, as system was opened January 6th. Application instructions, including a distinct document for developing the agency Cultural and Linguistic Competence Plan, were revised and uploaded to the system prior to taking it ‘live.’ Current board documents and schedules are posted there, and application forms were also examined and revised. FY2016 applications were ‘cloned’ into FY2017 sections, in case current agency contracts are simply to be modified. Board users have read-access to all agency application forms and reports submitted through the system.

Alliance for the Promotion of Acceptance, Inclusion, and Respect: a group of steering committee members met for initial planning in mid-December, with follow-up through smaller meetings and emails. In addition to our sponsorship of an ‘anti-stigma’ film in the 2016 Roger Ebert’s Film Festival, we will host an art show (one or two days), contribute local experts to the panel discussion on stigma and the arts, work with UIUC student support for Alliance activities, develop a short PSA style video to show between films, along with print and social media promotions, and explore other potential methods for spreading the message more broadly.

Association Committee Calls and Miscellaneous Webinars:

I participated in meetings of the **Association of Community Mental Health Authorities of Illinois (ACMHAI)** Executive Committee, Legislative Committee, and ID/DD Committee. (The Medicaid/Managed Care Committee call is scheduled for January 20th.) Executive Committee meetings focus on the transition from a full time Association Director, through short-term consultants, to the new part-time Coordinator; involvement of the officers has responded to each phase. The Legislative Committee discussed: statewide impact of the loss of psychiatric leadership and other grants; status of SB2046 (to fund human services not covered by court orders – it could pass with simple majority but will be vetoed by the governor, kicking it back to 3/5 majority requirement) and HB4150; the December leadership meetings, after which Speaker Madigan made a public remark about possibly starting the conversation on income tax hike; the bill review and tracking process we will use during this legislative schedule; and other housekeeping.

I was unable to join the December 22nd call of the **National Association of County Behavioral and Developmental Disabilities Directors (NACBHDD)** ID/DD committee, but the current

draft of our position paper appears in the CCDDDB board packet. While reviewing the minutes from this meeting, I noticed that Illinois was named as one of four states likely to be reviewed by Department of Justice (non-residential Olmstead) and asked for more detail on this note.

The December 16th **Office of Disability Employment Policy (ODEP)** webinar on Provider Transformation featured guest speakers from: the Arc of Westchester; SRVS, the largest provider of ID/DD services in Tennessee; SRVS Industries, their associated sheltered workshop; and New England Business Associates, a community provider. They touched on best practices and tools to support them, common challenges and solutions in the transformation to integrated non-residential services with highlights: the CQL interview process' impact on staff perspective; ending the use of piece rate; understanding that individuals' limited experience made it hard to express preferences from among choices they didn't know they had; soft skills curriculum; shift in expectations and concerns of families, board members, staff; partnering with churches and community centers along with larger corporations; use of job clubs to sustain friendships built in the workshop and to explore new work options; volunteer opportunities; the need for job development; average wages now higher than minimum and average hours 21/week; emphasis on team approach; revised time sheets to capture billable vs non-billable services; tracking through an 'employment scoreboard;' celebrating success stories; the continued need for wrap-around supports, transportation, increased funding and flexibility.

I viewed a **NACBHDD** webinar on the topic of "Introduction to Population Health, Prevention, and Integration" on December 17th with focus on a population health management model (with quadrants defined from very healthy to very unhealthy and no disease to severe disease), health literacy, health promotion, a new mix of performance measures (some perceptual), and the Baldrige Excellence Approach.

Other Activity: I participated in a bimonthly meeting of the **CIT Steering Committee** and the January **Champaign Community Coalition** Executive Committee and All Goal Teams meetings. The Coalition's next events around the film "Racial Taboo" will be January 28th at 6pm at the Vineyard Church, March (date and time TBD) at Parkland, and (date, time, and location TBD) in April, a special screening for youth. Announcements of interest from Coalition partners included: cultural competence training for the park districts' personnel and others; CU Neighborhood Champions information sessions February 2nd and 20th; the plan to expand on the success of the Urbana youth summer program; input sought for the state mandated I-Plan for CUPHD; a mid-February UIUC Walk as One, in advance of unofficial St. Patrick's Day; emergency shelter to open as a result of collaboration of local funders; Cradle to Career meeting on kindergarten readiness; ISU's Care For You grant for jobs training in both districts; Martin Luther King, Jr activities to be led by Will Patterson, 9:45AM on the 18th at the Urbana Civic Center.

(21)

Ligas, PUNS, and Unmet Need: the new Ligas Court Monitor has found Illinois to be out of compliance with the consent decree; there is an appropriate focus on the workforce crisis, primarily with DSP wages but also including nursing and supervisory staff. The major issues often discussed in Champaign County are also named in the monitor's statement: staffing crisis; scarcity of smaller CILAs and supports for those with intense needs; day and employment services not as flexible, person centered, or integrated as many prefer/need; and too many approved individuals (254 statewide) still waiting for their approved waiver services to start.

Data sorted for Champaign County, from the IDHS website's December 7 update, appear below, with the full report attached. Also attached is a page of data compiled by the CCRPC Independent Service Coordination Program, regarding the **262 Champaign County residents receiving HCBS ("waiver") services** as of January 2016.

10/4/11: 201 with emergency need; of 278 with critical need, 123 are recent or coming grads.
9/10/12: 224 with emergency need; of 288 with critical need, 131 are recent or coming grads.
10/15/13: 244 with emergency need; of 378 with critical need, 160 are recent or coming grads.
9/9/14: 260 with emergency need; of 425 with critical need, 180 are recent or coming grads.
9/8/15: 254 with emergency need; of 440 with critical need, 181 are recent or coming grads.
12/7/15: 242 with emergency need; of 455 with critical need, 183 have exited school in the past 10 years or expect to in the next 3 years.

Emergency need = person needs in-home, day, or out of home supports immediately.

Critical need = person needs supports within one year.

What People Have: the majority of existing supports, in order, are Education, Transportation, Speech Therapy, Occupational Therapy, and Behavioral Supports.

What People Want: the most frequently identified desired supports, in order, are Transportation, Personal Support, Support to engage in work/activities in a disability setting, Occupational Therapy, Support to work in the community, Speech Therapy, Behavioral Supports, Other Transportation Service, Out-of-home residential services with 24-hour supports, Out-of-home residential services with less than 24-hour supports, Physical Therapy, Assistive Technology, and Respite.

Because eligibility determination is done after selection from PUNS rather than upon enrollment, these data will include an unknown number of individuals who do not have a qualifying diagnosis. An FY2016 CCDDDB contract with RPC ISC begins to resolve this by providing some eligibility determinations at enrollment and upon request. Persons likely to qualify as Ligas members (toward state awards for Home and Community Based services) may be currently served by CCDDDB and CCMHB funded programs while enrolled in PUNS. As a result, these data will also include individuals whose short-term service and support needs may be met (in full or in part) while they wait for long-term state funding.



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

December 07, 2015

County: Champaign**Reason for PUNS or PUNS Update**

New	176
Annual Update	118
Change of category (Emergency, Planning, or Critical)	19
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	21
Person is fully served or is not requesting any supports within the next five (5) years	154
Moved to another state, close PUNS	8
Person withdraws, close PUNS	16
Deceased	10
Unable to locate	2
Other, supports still needed	3
Other, close PUNS	85

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

1. Individual needs immediate support to stay in their own home/family home (short term - 90 days or less); e.g., hospitalization of care giver or temporary illness of an individual living in their own home.	9
2. Individual needs immediate support to stay in their own home/family home or maintain their employment situation (long term); e.g., due to the person's serious health or behavioral issues.	29
3. Care giver needs immediate support to keep their family member at home (short term - 90 days or less); e.g., family member recuperating from illness and needs short term enhanced supports.	5
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family member at home.	17

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

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	27
2. Death of the care giver with no other supports available.	3
3. Person has been committed by the court or is at risk of incarceration.	2
4. Person is living in a setting where there is suspicion of abuse or neglect.	7
5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new place to live (for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).	9
6. Other crisis, Specify:	134

CRITICAL NEED(Person needs supports within one year)

1. Individual or care giver will need support within the next year in order for the individual to continue living in their current situation.	54
2. Person has a care giver (age 60+) and will need supports within the next year.	36
3. Person has an ill care giver who will be unable to continue providing care within the next year.	9
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	52
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	15
6. There has been a death or other family crisis, requiring additional supports.	5
7. Person has a care giver who would be unable to work if services are not provided.	35
8. Person or care giver needs an alternative living arrangement.	13
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	183
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	2
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	7
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental Disabilities, nursing home or state hospital).	1
13. Person is losing eligibility for Department of Children and Family Services supports in the next year.	6
14. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year.	3
20. Person wants to leave current setting within the next year.	7
21. Person needs services within the next year for some other reason, specify:	27

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

December 07, 2015

PLANNING FOR NEED(Person's needs for service is more than a year away but less than 5 years away, or the care giver is older than 60 years)	
1. Person is not currently in need of services, but will need service if something happens to the care giver.	89
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	3
4. Person wishes to move to a different geographic location in Illinois.	2
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	2
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	93
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	1
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	10
 EXISTING SUPPORTS AND SERVICES	
Respite Supports (24 Hour)	16
Respite Supports (<24 hour)	28
Behavioral Supports (includes behavioral intervention, therapy and counseling)	115
Physical Therapy	80
Occupational Therapy	132
Speech Therapy	165
Education	221
Assistive Technology	52
Homemaker/Chore Services	5
Adaptions to Home or Vehicle	9
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilities, Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)	12
Medical Equipment/Supplies	20
Nursing Services in the Home, Provided Intermittently	4
Other Individual Supports	26
 TRANSPORTATION	
Transportation (include trip/mileage reimbursement)	131
Other Transportation Service	72
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	79
Supported Employment	39
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	13
Other Day Supports (e.g. volunteering, community experience)	17
 RESIDENTIAL SUPPORTS	
Community Integrated Living Arrangement (CILA)/Family	4
Community Integrated Living Arrangement (CILA)/Intermittent	5
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	13
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	3
Shelter Care/Board Home	1
Children's Residential Services	6

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

December 07, 2015

Child Care Institutions (Including Residential Schools)	4
Other Residential Support (including homeless shelters)	9
SUPPORTS NEEDED	
Personal Support (includes habilitation, personal care and intermittent respite services)	289
Respite Supports (24 hours or greater)	75
Behavioral Supports (includes behavioral intervention, therapy and counseling)	153
Physical Therapy	104
Occupational Therapy	187
Speech Therapy	172
Assistive Technology	101
Adaptations to Home or Vehicle	30
Nursing Services in the Home, Provided Intermittently	10
Other Individual Supports	48
TRANSPORTATION NEEDED	
Transportation (include trip/mileage reimbursement)	301
Other Transportation Service	149
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES	
Support to work at home (e.g., self employment or earning at home)	6
Support to work in the community	187
Support to engage in work/activities in a disability setting	196
RESIDENTIAL SUPPORTS NEEDED	
Out-of-home residential services with less than 24-hour supports	111
Out-of-home residential services with 24-hour supports	124

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Champaign County
 State DD Waiver Funding-January 2016

Waiver Type	
AHBS	79
CHBS	11
Family CILA	0
Intermittent CILA	4
CILA	115
DT	3
31 U	43
ICF	7
total	262

Total CILA	115
RDI	54
Adams-Philo	6
Chestnut-St. Joe	4
Cureton-Urbana	8
Gates-Rantoul	8
Pond-Urbana	4
Rockland-Rantoul	7
Rodney-Champaign	6
Curtis-Ogden	7
Scovill-Urbana	4
DSC	48
Campbell-Rantoul	7
Chickory-Champaign	7
Creve Coeur-Champaign	3
Kathryn-Urbana	8
Kerr-Urbana	1
Mahomet	0
Lincolnshire-Champaign	3
Trail way-Champaign	6
Georgetown-Champaign	5
Hartle-Urbana	8
CTF	7
Devonshire-Champaign	7
IAG	6
Aberdean-Champaign	3
Royal Oak-Champaign	3
Swann Special Care	7

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Shandra Summerville
Cultural and Linguistic Competence Coordinator-CCDDB/CCMHB
Staff Report- January 20, 2016

CCMHB FY17 Application Process:

The FY17 CLC Plan instructions were updated and uploaded to the system. The CLC Guidelines required by the State of Illinois for DHS contracts were reviewed and have been provided for information in this board packet to ensure board members are aware of the continuity of Champaign County with the state guidelines. Please see the opportunity for CLC Consultation for the upcoming PY17. This will be an opportunity to bring questions about how to develop the CLC Plan that is required for FY Application Program.

National Updates:

I serve as a member of the National Federation of Families Board of Directors. This organization works to ensure that family voice/consumer voice is at the front of all conversations regarding children's' mental health. There will be a Board of Directors retreat scheduled in February to discuss next steps of the strategic planning.

www.ffcmh.org

State Updates

No Updates

Local Updates

Consultation, Technical Assistance and Training are available for all agencies funded by the CCDDB/CCMHB. If you have a request for consultation, please feel free to contact me at shandra@ccmhb.org or 217-367-5703 ext 2428

Currently these are organizations that have Cultural Competence/Diversity Committees that have invited me for direct involvement as a member of their committee:

- Prairie Center Health System- Multi-Cultural Services Advisory Committee
- Promise Health Care Center- Cultural Competence Committee

Ebert Festival: There will be a collaboration with the Associate Director of Developmental Disabilities on upcoming activities and Anti-Stigma Activities.

Upcoming Trainings:

FY17 CLC Plan Consultation: The purpose of this session is to provide guidance on how to develop the plan for your application and to answer any questions about infusing Cultural Competence throughout your organization. Space is Limited (Sign-Up Is Encouraged). If you are not available to attend one of these sessions in person, please feel free to contact me and I will set up an alternate time.

January 20, 2016- 10:00-11:30am- Brookens Building Meeting Room 3

February 3, 2016- 10:00-11:30am- Brookens Building- Jennifer Putman Room

Organization Training:

Tuesday, February 23, 2016 6:00pm- Promise Healthcare Board Meeting "Introduction to Cultural Competence" (For Promise Healthcare Board Members Only)

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/04/15

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VENDOR NO	VENDOR TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108	DEVLPMNTL DISABILITY FUND								
*** DEPT NO. 050	DEVLPMNTL DISABILITY BOARD								
90	CHAMPAIGN COUNTY TREASURER								
	12/01/15 05 VR 108-	99		534123	12/04/15	108-050-533.07-00	PROFESSIONAL SERVICES	DEC ADMIN FEE	27,686.00
	12/01/15 05 VR 108-	99		534123	12/04/15	108-050-533.07-00	PROFESSIONAL SERVICES	LESS YFFSA OCT-DEC	1,594.53-
								VENDOR TOTAL	26,091.47 *
104	CHAMPAIGN COUNTY TREASURER								
	12/01/15 05 VR 108-	103		534124	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC SOC/EMOT SVCS	4,569.00
								VENDOR TOTAL	4,569.00 *
161	CHAMPAIGN COUNTY TREASURER								
	12/01/15 05 VR 108-	104		534126	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC DECISION SUPPOR	4,000.00
								VENDOR TOTAL	4,000.00 *
5352	AUTISM SOCIETY OF ILLINOIS								
	12/01/15 05 VR 108-	100		534142	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC AUTISM NETWORK	833.00
								VENDOR TOTAL	833.00 *
18209	COMMUNITY ELEMENTS								
	12/01/15 05 VR 108-	105		534160	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC COORD OF SVCS	2,662.00
								VENDOR TOTAL	2,662.00 *
19900	CTF ILLINOIS								
	12/01/15 05 VR 108-	101		534168	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC NURSING	715.00
								VENDOR TOTAL	715.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC								
	12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC APARTMENT SVCS	33,765.00
	12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC CLINICAL SVCS	14,481.00
	12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC COMMUNITY EMPLO	18,567.00
	12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC CONNECTIONS	7,083.00

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

12/04/15

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VENDOR NO	VENDOR NAME	TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND										
		12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC EMPLOYMENT 1ST	6,667.00
		12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC FAM DEV CENTER	45,492.00
		12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC INT SITE SVCS	75,453.00
		12/01/15 05 VR 108-	106		534170	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC SVCS COORD	33,239.00
									VENDOR TOTAL	234,747.00 *
22816 DOWN SYNDROME NETWORK										
		12/01/15 05 VR 108-	102		534175	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC DOWN SYNDROME	1,250.00
									VENDOR TOTAL	1,250.00 *
54930 PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC										
		12/01/15 05 VR 108-	107		534214	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC OP FOR INDEPEND	2,500.00
									VENDOR TOTAL	2,500.00 *
76107 UNITED CEREBRAL PALSY LAND OF LINCOLN										
		12/01/15 05 VR 108-	108		534239	12/04/15	108-050-533.92-00	CONTRIBUTIONS & GRANTS	DEC VOCATIONAL SVCS	7,206.00
									VENDOR TOTAL	7,206.00 *
									DEPARTMENT TOTAL	284,573.47 *
									FUND TOTAL	284,573.47 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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VENDOR NO	VENDOR NAME	TRN B TR	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
***	FUND NO. 108	DEVLPMNTL DISABILITY FUND								
***	DEPT NO. 050	DEVLMTNL DISABILITY BOARD								
90	CHAMPAIGN COUNTY TREASURER									
	12/10/15 03 VR 108-	109			534622	12/18/15	108-050-571.90-00	TO MENTAL HEALTH FUND 090FY15 CILA PYMT 090		50,000.00
	1/04/16 03 VR 108-	10			535394	1/08/16	108-050-533.07-00	PROFESSIONAL SERVICES JAN ADMIN FEE		31,436.00
								VENDOR TOTAL		81,436.00 *
104	CHAMPAIGN COUNTY TREASURER									
	1/04/16 03 VR 108-	4			535396	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS HEAD START FUND 104	JAN SOC/EMOT SVCS	4,569.00
									VENDOR TOTAL	4,569.00 *
161	CHAMPAIGN COUNTY TREASURER									
	1/04/16 03 VR 108-	5			535400	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS REG PLAN COMM FND075	JAN DECISION SUPPOR	4,000.00
									VENDOR TOTAL	4,000.00 *
5352	AUTISM SOCIETY OF ILLINOIS									
	1/04/16 03 VR 108-	1			535420	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS GRANTS	JAN AUTISM NETWORK	833.00
									VENDOR TOTAL	833.00 *
18209	COMMUNITY ELEMENTS									
	1/04/16 03 VR 108-	6			535454	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN COORD OF SVCS	2,662.00
									VENDOR TOTAL	2,662.00 *
19900	CTF ILLINOIS									
	1/04/16 03 VR 108-	2			535463	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN NURSING	715.00
									VENDOR TOTAL	715.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC									
	1/04/16 03 VR 108-	7			535466	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN APARTMENT SVCS	33,765.00
	1/04/16 03 VR 108-	7			535466	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN CLINICAL SVCS	14,481.00
	1/04/16 03 VR 108-	7			535466	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN COMMUNITY EMPLO	18,567.00
	1/04/16 03 VR 108-	7			535466	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN CONNECTIONS	7,083.00

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

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1/08/16

VENDOR NO	VENDOR TRN B TR	TRN NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND									
	1/04/16 03 VR 108-	7		535466	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN EMPLOYMENT 1ST	6,667.00
	1/04/16 03 VR 108-	7		535466	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN FAM DEV CENTER	45,492.00
	1/04/16 03 VR 108-	7		535466	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN INT SITE SVCS	75,453.00
								VENDOR TOTAL	201,508.00 *
22816	DOWN SYNDROME NETWORK								
	1/04/16 03 VR 108-	3		535468	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN DOWN SYNDROME	1,250.00
								VENDOR TOTAL	1,250.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR								
	1/04/16 03 VR 108-	8		535536	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN OP FOR INDEPEND	2,500.00
								VENDOR TOTAL	2,500.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN								
	1/04/16 03 VR 108-	9		535573	1/08/16	108-050-533.92-00	CONTRIBUTIONS & GRANTS	JAN VOCATIONAL SVCS	7,206.00
								VENDOR TOTAL	7,206.00 *
								DEPARTMENT TOTAL	306,679.00 *
								FUND TOTAL	306,679.00 *

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12.8

DRAFT
NACBHDD ID/DD Policy Paper
(for presentation at February 2016 Legislative and Policy Conference)

Background: Over the past 50 years, Systems and Services that support people with Intellectual/Developmental Disabilities (I/DD) have experienced a variety of changes both big and small. There have been many positive strides as the field has evolved, and it is true that people who have I/DD are better off today than they were 50 years ago, but even the most seasoned in our field will admit we have a long way to go when it comes to helping people live full and productive lives.

Today we find ourselves facing the most challenging period in the history of I/DD services and support. Three factors drive the major shifts:

1. Olmstead (summary)
2. The alignment of Federal Agencies (DOJ, DOL, CMS, RSA, WIOA, etc)
3. The recognition that there is some work to do when it comes to the civil rights of people with I/DD (this movement is driven primarily by people with I/DD), and the only life to live is and integrated life.

Our Next Steps: There is not much need to spend a lot of time on the reasons we are here, as they have been hashed and rehashed for the past few years. Most people in or around the I/DD field understand the reasons and are asking "now what?" and "who can help?" These people wonder how a fully entrenched, traditional, mostly sheltered approach to services for people will transform. Who will make it happen, how will it happen, how long will it take, etc.?

The members of NACBHDD recognize the important role the United States Congress will play as the I/DD system moves into its next phase. There are three things we are asking for moving forward:

1. Awareness: We are asking that the members of congress raise their awareness regarding the challenges people with I/DD face and use that awareness to influence decision making that will promote supporting those with I/DD to live Good Lives.
2. Partnership: We are asking for key congressional partners to help carry and spread the message about challenges that people with I/DD are facing. Work with us to help people with I/DD pursue a Good Life.
3. Connections: We are asking that you use your connections to help us reach out to others to share information and influence policy decisions. The more people we can inform about the challenges that are faced, the more success we will have.

The following highlights the different phases of a person's life and a few examples of the important considerations that must be made.



MY EARLY YEARS

Early Intervention and Early Childhood Services

It is important that we continue to see the value in early intervention services. Conversations about future successes and active support of families can prove valuable as well help people live Good Lives.

Education

It is important that the Department of encourage curricula that support and student's opportunities and abilities to relationships with peers in school and



MY EDUCATION

Education encourage a build healthy in the community.



MY FIRST JOB

Work

It is important that the Department of Education/Rehabilitation Services Administration understands and recognizes the challenges of assisting people to gain meaningful and competitive employment by developing processes that allow the time and funds needed to be successful.

Home and Community

It is important that CMS continue to recognize challenges related to helping people with intellectual and developmental disabilities live an integrated life in the least restrictive environments. There is a need to support states to be creative to ensure success. We need to work with HUD and local housing authorities to use available funding to provide opportunities for affordable housing.



MY HOME



MY LIFE

Living Life with a Disability

It is important that we keep people with intellectual and developmental disabilities in mind as decisions are made in any arena. It is important that we understand that if we work together to ensure people with intellectual and developmental disabilities are active and productive members of our communities, a byproduct will be stronger and more accepting communities.

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**LINGUISTIC AND CULTURAL COMPETENCE GUIDELINES
FOR STATE OF ILLINOIS SUBCONTRACTORS AND VENDORS**

Final November 20, 2008

Developed for the Governor's Office of New Americans Policy and Advocacy



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Introduction

In early 2008, The State of Illinois through the Governor's Office of New Americans Policy and Advocacy convened a group of subcontractors/vendors to participate in the development of Linguistic and Cultural Competence Guidelines. These guidelines were to be developed as a mechanism for improving language and cultural accessibility and sensitivity in state-funded services delivered by this constellation of organizations that receive grants and contracts to serve residents of the Illinois. Fifty-eight individuals representing 36 subcontractors/vendors doing business with ten state agencies were invited to participate. Twenty-two of the invited organizations and thirty-two representatives chose to actively participate in the development of these guidelines. We called this group the "Peer Pilot Group".

The Peer Pilot Group of State of Illinois Subcontractors and Vendors met four times between July and November 2008 to develop, test, and approve the attached *Linguistic and Cultural Competence Guidelines for State of Illinois Subcontractors and Vendors*.

They chose to adapt the guidelines from several well-established sources including: 1) The National Standards on Culturally Appropriate Health Care Services, better known as the CLAS standards; 2) Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/ Underrepresented Racial/Ethnic Groups and; 3) National Association of State Workforce Agencies: Checklist for Developing a Limited English Proficiency (LEP). Pilot Group members also made suggestions based on their own experience in the field.

In recommending the attached guidelines, the Peer Pilot Group wishes to make the following points about their future use by the State of Illinois.

1. The Pilot Group recommends that the guidelines be viewed as a set of recommended strategies by which subcontractors and vendors, *in partnership with the State*, strive to progress along the linguistic and cultural competence continuum. This emphasis on partnership recognizes that subcontractors and vendors are mostly nonprofit organizations with limited funds and personnel that strive to serve their clients with high quality services but have very limited budgets. Pilot Group members are wary of unfunded mandates especially in the current economic environment in which most of these organizations are suffering funding cuts.
2. The Pilot Group recommends that the guidelines be part of the State's Request for Proposal (RFP) process and treated as one variable in a larger set of goals and outcomes promised by the contracting agency. Applicants should be directed to the guidelines and asked to explain how they will strive to meet the provisions of the guidelines with immediate and longer term goals and strategies for improving their language and cultural competence.
3. The Pilot Group recommends that the scoring mechanism attached to the guidelines be used by the subcontractor/ vendor to self-assess progress along the competence continuum rather than as a mechanism used by State monitors to punish non-compliance.
4. The Pilot Group recommends that State develop resources that will support the implementation of the guidelines. For example, subcontractors/vendors would like to be able to access - training, on-site and telephonic interpreter services, and translated materials at no or low cost.
5. The Pilot Group recommends that subcontractors/vendors receive additional funding for activities that improve subcontractors/vendors' linguistic and cultural competence. For example, language services and training hours should be considered billable hours in fee-for-service contracts.
6. The Pilot Group recommends that the "meaningful access" definition be highlighted because it offers flexibility rather than mandating particular thresholds. In particular, refugee organizations that serve many, many language groups are concerned about mandates that would require the hiring of bilingual personnel or interpreters for every single language group. It is however, incumbent upon the subcontractor/vendor to provide a rationale for its approach to linguistic and cultural competence.



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LINGUISTIC AND CULTURAL COMPETENCE GUIDELINES FOR STATE OF ILLINOIS SUBCONTRACTORS AND VENDORS ¹

Final November 2008

Adapted from the National Standards on Culturally and Linguistically Appropriate Health Services (CLAS)

Parameters: The following guidelines are recommended for all subcontractors/vendors of the State of Illinois whose contracts or grants require them to provide direct services to individuals or families. The guidelines apply only to the program(s) funded by the State but are recommended for the organization as a whole. They were developed by a representative sample of subcontractors/vendors from across ten state agencies. (Subcontractors/vendors will also be referred to as "organizations in this document.")

It is understood that achieving linguistic and cultural competence is a process that takes time and that in recommending these guidelines, the State of Illinois pledges support for this effort by providing informational resources, technical resources, and where possible, financial support for the implementation of these guidelines. This support implies that subcontractors and vendors are engaged in a mutually supportive partnership with the State of Illinois to increase the linguistic and cultural competence of all services.

Definitions:

- **Cultural Competence:** "A set of congruent behaviors, attitudes, and policies, that come together in a system, agency, or amongst professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations."²
- **Language Access:** Provision of language assistance services, including bilingual personnel and interpreter services, at no cost to each consumer with Limited English Proficiency (LEP), at key points of contact, in a timely manner. Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color or national origin including actions that *delay, deny, or provide different* quality services to a particular individual or group of individuals.
- **Meaningful Access:** Subcontractors/vendors are required to take reasonable steps to ensure meaningful access to its services and programs by Limited English Proficient (LEP) persons. Compliance involves the subcontractor/vendor's self-assessment balancing four factors: 1) the number and proportion of eligible LEP persons, 2) the frequency of contact, 3) the importance or impact of the contact upon the lives of the person(s) served, and 4) the resources available to the organization. The organization will collect data on primary spoken language and, as appropriate, develop a plan to meet the needs of LEP customers.³

¹ These standards have been developed by adapting standards from a number of different sources. These include: 1) *National Standards on Culturally and Linguistically Appropriate Health Care Services (CLAS)*, Office of Minority Health, US Department Health and Human Services <http://www.omhrc.gov/templates/browses.aspx?hl=2&hlID=15>; 2) *Cultural Competence Standards in Managed Care Mental Health Services: Four Underserved/Underrepresented Racial/Ethnic Groups*, http://mentalhealth.sambha.com/publications/allpub/5/MA00_3457/CLZ.asp; 3) *National Association of State Workforce Agencies: Checklist for Developing a Limited English Proficiency (LEP) Plan*, www.WorkForceATM.org

² Cross, Terry. *Towards a Culturally Competent System of Care, Volume 1*, Washington, D.C. CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center, March 1989.

³ Illinois Department of Human Services Inter-Office Draft Memorandum, 5-05.



GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE
<p>1. Organizations should have a linguistic and cultural competence plan for the funded program(s) or for the organization as a whole that includes clear goals, outcomes, policies and/or procedures related to the provision of culturally and linguistically appropriate services. (CLAS 8, 9, 10, 11)</p>	<p>1. The plan addresses in a meaningful way the 10 standards in this document and is consistent with the organization's mission.</p> <p>2. The plan has defined short-term and longer-term goals and outcomes that incrementally improve services to LEPs.</p> <p>3. There is an identifiable executive responsible for overseeing its implementation.</p> <p>4. The plan is data driven, based on analysis of verifiable demographic and service data. (CLAS 10)</p> <p>5. The data includes the consumers' self-identified primary spoken language, race, and ethnicity. (CLAS 10)</p> <p>6. The data assesses new and emerging community/population needs. (CLAS 11)</p>	<ul style="list-style-type: none"> Examine your prior experience with LEP encounters; identify the breadth and scope of language services that were needed. Identify and include language minority populations that are eligible for your services but may be underserved as a result of language or cultural barriers. Collect and analyze data for the area served, as well as from your own consumer data base. Determine the frequency of LEP encounters. Determine which languages are needed most often. Consider the nature and importance of the program, activity or services to the consumer. Determine whether denial or delay of services has serious implications for the LEP consumer.⁴ 	<p>1=does not meet outcome; 2=meets outcome; 3=exceeds outcome</p> <p>Total Score</p> <p>1 2 3</p>
<p>2. Organizations should implement strategies to recruit, retain, and promote at all levels, diverse personnel and leadership that are representative of the demographic characteristics of the service area. (CLAS 2)</p>	<p>1. Demonstrated effort in the hiring, retention, and promotion of personnel of racial/ethnic backgrounds representative of target population served.</p>	<ul style="list-style-type: none"> Written plan for recruitment, retention, and promotion of personnel of racial/ethnic backgrounds representative of target population served. Incentives such as a Standards of Excellence continuum in which high performers receive recognition. Evidence that incentives exist and are utilized. Cultural competence performance is an integral part of employee performance evaluation system. 	<p>1 2 3</p>

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⁴ National Association of State Workforce Agencies: Checklist for Developing a Limited English Proficiency (LEP) Plan. www.WorkForceATM.org



GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE
<p>3. Organizations should ensure that personnel at different levels and across relevant disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery. (CLAS 3)</p>	<p>1. Priority is placed on training for direct service personnel who regularly provide language assistance and/or interact with culturally diverse populations.</p> <p>2. Evidence that all new employees receive basic cultural competence training and that more advanced training is offered periodically.</p> <p>3. Evidence that training has improved skills and knowledge regarding group values, traditions, cultural competence principles (e.g. pre and post tests of knowledge and skills acquisition).</p>	<ul style="list-style-type: none"> Many training curricula have already been developed across the country and can be adapted to the needs of your organization. Conduct an internet search. Look for training curricula that include pre and post tests that evaluate knowledge and skill acquisition. Work with the State of Illinois to develop mutually beneficial training that supports achievement of linguistic and cultural competence. 	<p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>
<p>4. Organizations should ensure that every effort is made to ensure that consumers receive effective, understandable, and respectful services, provided in the consumer's preferred language and in a manner sensitive to cultural beliefs and practices. (CLAS 1)</p>	<p>1. Consumer satisfaction with language access services and organizational sensitivity to consumer's culture.</p>	<ul style="list-style-type: none"> Consumers receive direct services provided by bilingual/bi-cultural personnel or interpreters supervised by practitioners who understand the essential elements of language access and cultural competence. Develop a consumer satisfaction assessment process that uses quantitative and/or qualitative methods that are sensitive to language and culture. 	<p>1 2 3</p>
<p>5. Organizations should provide language assistance services, including bilingual personnel and interpreter services, at no cost to each consumer with limited English proficiency, at key points of contact, in a timely manner that facilitates maximum access to services. (CLAS 4)</p>	<p>1. Evidence that appropriate language services are provided to the LEP consumer in a timely manner.</p>	<ul style="list-style-type: none"> Determine how you will provide language services. Make sure that you have sufficient numbers of qualified and trained bilingual/bicultural personnel and/or interpreters to provide timely, competent communication to consumers. Bilingual personnel and interpreters should be assessed for their fluency in their language as well as their ability to interpret in their field of service. They should be trained in the art and skills of interpreting so that they learn to respect confidentiality, impartiality, roles and responsibilities etc. Interpreter (oral) services should be provided by candidates who 	<p>1 2 3</p>

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GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE
	<p>2. Language fluency is assessed to determine the level of competence of personnel and interpreters to provide language services in their specific field of service. CLAS 6</p> <p>3. Family and friends are not used to provide interpretation services. Exceptions to this provision include: specific request of the consumer and/or approval of organization's personnel and; in refugee reunion cases where family members are under contract to sponsor the refugee and provide language assistance). CLAS 6</p>	<p>demonstrate proficiency and the ability to communicate information accurately in both English and the other language and are able to identify and employ appropriate modes of interpreting e.g. consecutive, summarization, or sight translation. They must show respect for confidentiality etc.</p> <ul style="list-style-type: none"> Use an oral interview and written assessment that ensures that interpretations and translations accurately reflect information being shared between two or more parties. Using friends and family to interpret or translate is generally frowned upon especially in situations that call for confidentiality such as in a medical interview or discussion of finances. Organizations should strive to provide professional language services. Document circumstances in which the client has refused professional bilingual/interpreter services in the client record. 	<p>1 2 3</p> <p>1 2 3</p>
<p>6. Organizations should provide to consumers in their preferred language both verbal and written notices of their right to receive language assistance services that are culturally appropriate. (CLAS 5)</p>	<p>1. Visible notices posted in pertinent languages.</p> <p>2. Consumer satisfaction with language access services and organizational sensitivity to consumer's culture.</p>	<ul style="list-style-type: none"> Translation refers to written documents. Most languages have dialects and slang that are specific to geographic regions or sub-cultures. It is therefore important that translations are reviewed by multiple bilingual professionals to verify their accuracy, cultural sensitivity, and appropriateness. Ensure that all pertinent written, oral, and symbolic consumer and family materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) are available in the languages of the consumer. 	<p>1 2 3</p> <p>1 2 3</p>
<p>7. Organizations should make available easily understood consumer-related materials and post signage in languages of commonly encountered groups represented in the service area. (CLAS 7)</p>	<p>1. Pertinent written, oral, and symbolic consumer materials (including consent forms, statement of rights forms, posters, signs, and audio tape recordings) are available in the language of the consumer and available at all key points of access.</p> <p>2. Quality assurance measures in place to verify accuracy of translated documents.</p>	<ul style="list-style-type: none"> Consider using language communications cards which invite the LEP person to identify his/her language needs. Post notices and signs in commonly encountered languages at key points of entry and contact. Provide key materials and forms in frequently used languages. Have several bilinguals translate and back-translate materials to ensure accuracy, consistency with cultures and dialects. Provide key materials and forms in frequently used languages with consideration of the prevalence of low literacy levels among LEP populations. 	<p>1 2 3</p> <p>1 2 3</p>

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GUIDELINE	OUTCOMES	SUGGESTED STRATEGIES	SCORE
<p>8. Organizations should partner with communities and utilize a variety of formal and informal mechanisms to advocate for, design and implement language access and culturally competent activities.(CLAS 12)</p>	<p>3. Consumer satisfaction with language access services and organizational sensitivity to consumers' cultural needs.</p> <p>1. Evidence that the organization engages ethnically/racially diverse leadership and community organizations in the regular assessment of community needs.</p> <p>2. Other evidence of linkages/partnerships</p>	<p>Linguistic and cultural knowledge is best provided by members of ethnic/racial communities themselves.</p> <ul style="list-style-type: none"> Engaging community leadership in assessment and planning activities will make for the most linguistically and culturally competent plan. Activities and materials, including an updated listing of community resources, are provided in the language(s) of the population(s) being served. Identify and involve community resources, (e.g., spiritual leaders, churches, civic clubs, and community organizations) for purposes of integrated consumer support and service delivery. 	<p>1 2 3</p> <p>1 2 3</p> <p>1 2 3</p>
<p>9. Organizations should ensure that conflict resolution processes are in place that can identify and resolve cross-cultural conflicts. (CLAS 13)</p>	<p>1. Conflict resolution processes exists.</p> <p>2. Timely resolution of conflicts.</p>	<ul style="list-style-type: none"> Conflict resolution procedures for both consumers and personnel with timely adjudication. Focus groups, suggestion boxes, and regular customer satisfaction surveys are useful tools in this arena. 	<p>1 2 3</p> <p>1 2 3</p>
<p>10. Organizations should make information available to the public about progress and successful innovations in implementing language and cultural competence guidelines and provide public notice in their communities of the availability of this information. (CLAS 14)</p>	<p>1. Evidence of efforts to publicize e.g. radio spots, signage, newspaper articles etc.</p> <p>2. Consumer satisfaction with language access services and organizational sensitivity to consumers' cultural needs.</p>	<ul style="list-style-type: none"> Post signs in appropriate languages at key intake areas and other entry points. Publicize in program brochures and outreach documents that language services are available. Work with partner organizations to publicize. Include notices in local foreign language newspapers, TV and radio stations. Give presentations at schools and religious organizations that serve LEP consumers. 	<p>1 2 3</p> <p>1 2 3</p>
<p>Does not meet outcome 25-40; meets outcome 41-60; exceeds outcome 61-75</p>			<p>Total Score</p> <p>0</p>

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**Notification of Funding Availability -- Champaign
County Mental Health Board (CCMHB)/ Champaign
County Board for Care and Treatment of Persons
with a Developmental Disability (CCDDB)**

The two funding sources listed above are utilizing a web-based registration and application system for submission of funding requests for the contract year beginning July 1, 2016 and ending June 30, 2017. The web-based system will be accessible to applicants beginning January 6, 2016. All applicants shall register (if not previously registered) and log-in to access the application forms, allocation decision support criteria, and instructions. Deadline to submit applications is 4:30 p.m. on February 12, 2016. All applications shall be received by the deadline. There will be no consideration for late applications. Final allocation decisions shall be made no later than June 30, 2016.

For more information or for technical assistance regarding the web-based application system contact:
Ms. Stephanie Howard-Gallo, CCMHB/CCDDB
217/367-5703 stephanie@ccmhb.org

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Oregon's sheltered workshops for the disabled to be phased out under terms of settlement



Former U.S. Attorney Amanda Marshall, joined by Bob Joendeph, executive director of Disability Rights Oregon, announced in 2013 that the U.S. Department of Justice had joined a federal lawsuit that accuses Oregon of violating the Americans with Disabilities Act. (Brent Wojahn/The Oregonian)



[<http://connect.oregonlive.com/staff/bdenson/index.html>] By Bryan Denson | The Oregonian/OregonLive
[<http://connect.oregonlive.com/staff/bdenson/posts.html>]

Email the author | Follow on Twitter [http://twitter.com/Bryan_Denson]
on September 08, 2015 at 1:26 PM, updated September 08, 2015 at 5:03 PM

More than 1,100 severely disabled Oregonians who now labor in **sheltered workshops** [<http://topics.oregonlive.com/tag/sheltered%20workshops/index.html>], often earning pennies an hour, will get a chance in the next seven years to take jobs in the general workforce that pay a living wage.

The U.S. Department of Justice announced Tuesday that parties to a 2012 lawsuit against the state of Oregon have reached a proposed settlement that paves the way for people with intellectual or developmental disabilities to migrate from the workshops to mainstream jobs.

The Justice Department estimates that the lives of roughly 7,000 people 14 years and older will be enriched by the settlement, which will give them chances to become gainfully employed in the open marketplace.

"People with disabilities deserve opportunities to work alongside their friends, peers and neighbors without disabilities and to earn fair wages," **Vanita Gupta** [<http://www.justice.gov/opa/pr/attorney-general-holder-announces-vanita-gupta-serve-acting-assistant-attorney-general-civil>], the head of the Justice Department's Civil Rights Division, said in a news release.

The United Cerebral Palsy Association of Oregon and Southwest Washington, along with eight individuals, sued Gov. John Kitzhaber and top Department of Human Resources managers with the aim of putting an end to sheltered workshops.

The proposed settlement resolves what the government characterizes as the nation's first lawsuit to challenge a state-funded and administered employment service system, including sheltered workshops, which officials allege was a violation of the **Americans with Disability Act of 1990** [<http://www.eeoc.gov/eeoc/history/35th/1990s/ada.html>].

Justice Department officials alleged that Oregon violated the landmark law by unnecessarily segregating adults with severe disabilities in sheltered workshops and by placing disabled youths at risk of following in their footsteps.

SHELTERED WORKSHOPS

Judge approves deal to expand job options for Oregonians with disabilities
[<http://www.oregonlive.com/portl>]

'I feel better about my life': People with disabilities endorse jobs outside sheltered workshops
[<http://www.oregonlive.com/portl>]

Federal judge to decide fate of plan to integrate disabled Oregonians into mainstream jobs
[<http://www.oregonlive.com/portl>]

Oregon's sheltered workshops for the disabled to be phased out under terms of settlement
[<http://www.oregonlive.com/pacific-northwest-news/index.ssf/2015/09/oregons>]

Portland judge sanctions state in lawsuit over job opportunities for severely disabled Oregonians
[<http://www.oregonlive.com/portl>]

All Stories
[<http://topics.oregonlive.com/tag/sheltered-workshops/posts.html>]

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Parties to the suit, which the Justice Department joined in 2013, worked for years to reach a settlement. They expect to file their agreement in Portland in the next few weeks, but it must be approved by U.S. Magistrate Judge Janice M. Stewart.

"This is a big win for Oregonians," Gov. Kate Brown said [<http://www.oregon.gov/newsroom/Pages/NewsDetail.aspx?newsid=791>] in a news release. "We are already on track to provide integrated employment opportunities for people with intellectual and developmental disabilities. This settlement continues our commitment to ensure that all Oregonians are part of the economic recovery."

Eve Hill [<http://www.justice.gov/opa/speech/senior-counselor-assistant-attorney-general-civil-rights-division-eve-hill-delivers>], a deputy assistant attorney general for civil rights, said the defendants in the lawsuit took the issue head on.

"During the course of this litigation, Oregon decided to own this issue," Hill said. "They stopped thinking that the federal government was forcing them to do something they didn't want to do. They realized this is an approach that serves all Oregonians, including those with disabilities."

Hill noted that big corporations have already come to realize the value of having people with severe disabilities on the payroll.

For example, she said, 40 percent of the employees at **Walgreens' distribution centers** [http://www.walgreens.com/topic/sr/sr_talent_raises_productivity.jsp] have serious disabilities. They must meet the same company standards and earn the same wages. Hill noted that job accidents are down and so is absenteeism.

For generations, people with severe disabilities who sought work were often steered into sheltered workshops, where they almost always labored in menial and repetitive jobs – such as putting stickers on record album covers or sorting nuts and bolts. Caregivers for many of them found the places safe harbor. Many still do.

Jobs in the cloistered settings typically pay less than the minimum wage. A federal law allows the nonprofits to pay **piecework wages** [http://blog.oregonlive.com/oregonianspecial/2006/07/subminimum_wages_shorted_pay_w.html] that often amount to pennies an hour, which meant that few workers could ever learn a living wage.

Many progressives began to see this as a new form of segregation.

Oregon in the 1990s became a national leader in finding innovative ways to integrate workers with even the most severe disabilities – such as cerebral palsy, mental retardation and spinal injuries – into the general workforce. Nonprofits provided coaching and supports for the workers and helped get them jobs such as sacking groceries, watering plants or cleaning tables.

But by early 2013, according to a Justice Department study, 2,600 people were working in Oregon's sheltered workshops – more than twice the number from a decade earlier. More than 60 percent of working Oregonians with severe disabilities worked in the shops, while just 16 percent found work in the general public.

The settlement seeks to reverse that trend.

"As a result of the proposed settlement, over the next seven years, 1,115 working-age adults with (severe disabilities) who are currently being served in segregated sheltered workshops will have opportunities to work in real jobs at competitive wages," the Justice Department said.

"Additionally, at least 4,900 youth ages 14 to 24 years old will receive supported employment services designed to assist them to choose, prepare for, get and keep work in a typical work setting."

Half of the youths now receiving employment services will get, at a minimum, an individual plan for their employment through Oregon's **Office of Vocational Rehabilitation Services** [<http://www.oregon.gov/dhs/employment/VR/Pages/Index.aspx>].

The state of Oregon has already helped to move 1,000 people out of sheltered workshops into jobs in the public midst. Add to that the 1,115 workers expected to make the same move, and the 4,900 youths who will be prepared for work, roughly 7,000 workers will benefit from the settlement agreement, Hill said.

A little more than a week after the Justice Department joined in the class-action lawsuit against Kitzhaber, the governor announced a plan to move more Oregonians with severe disabilities into the general workforce and gradually decrease funding to nonprofit sheltered workshops.

Then in a landmark Americans with Disabilities ruling in April 2014, state officials in Rhode Island announced that they had entered an agreement with the Justice Department to move people out of low-paying sheltered workshop jobs into the general workforce. Top lawyers in the Justice Department hailed this as a blueprint for the nation – including Oregon.

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Early last February, Kitzhaber issued an executive order intended to guide people with severe disabilities into jobs in the general workforce. The order set up a plan to provide job training, internships and work experience to high school special education students so that when they left school they could join the workforce instead of being segregated in sheltered workshops.

Bob Joondeph, the longtime executive director of **Disability Rights Oregon** [<https://droregon.org/>], said the settlement will open doors for people and show that Oregon can return to being a leader in employing people with disabilities.

"There's a history of excluding people with disabilities in society," he said, "and the damage that's inflicted over the years is tremendous. ... This is another step in changing society's direction."

-- Bryan Denson

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FACT SHEET ON PROPOSED AGREEMENT OVER OREGON SUPPORTED EMPLOYMENT

BACKGROUND

The U.S. Justice Department announced on Sept. 8, 2015, that it has entered into a proposed settlement agreement with the state of Oregon that will resolve alleged violations of the Americans with Disabilities Act (ADA) and will provide relief that will impact approximately 7,000 Oregonians with intellectual and developmental disabilities (I/DD) who can and want to work in typical employment settings in the community. The proposed agreement resolves a class action lawsuit, filed in January 2012 by private plaintiffs, in which the department moved to intervene in March 2013. The parties' proposed settlement agreement must still be approved by U.S. Magistrate Judge Janice Stewart of the District of Oregon, who is presiding over the lawsuit.

FINDINGS ON EMPLOYMENT SERVICES IN OREGON

In Oregon, employment services for individuals with I/DD include facility-based sheltered workshops, integrated supported employment and related services, and group employment. Supported employment services are individualized services that assist a person with I/DD to work in integrated employment and related employment services are services provided in conjunction with or after the completion of supported employment services in order to enable an individual to maintain or advance in integrated employment. The state plans, funds and administers these services through provider agencies. A sheltered workshop is a segregated facility that exclusively or primarily employs persons with I/DD. Sheltered workshops are usually large, institutional facilities in which persons with I/DD have little or no contact with non-disabled persons besides paid staff. People with I/DD typically earn wages that are below minimum wage at sheltered workshops. By contrast, supported employment and related employment services allow people with disabilities to work in typical jobs in the community at competitive wages. These services enable individuals to access jobs in typical work settings where they can interact with non-disabled coworkers, customers and peers, and enjoy the same benefits of employment as their non-disabled peers, like competitive wages, employee benefits and the opportunity to advance.

Individuals with I/DD that Receive(d) Sheltered Workshop Services: In Oregon, approximately 3,900 persons with I/DD have received employment services in sheltered workshops since the initiation of the lawsuit. After placement, individuals with I/DD tend to remain in sheltered workshops for an average of between 11 and 12 years, and some individuals remain as long as 30 years. At the time of the department's complaint-in-intervention, in March 2013, the average hourly wage for sheltered workshop participants was \$3.72, and over 52 percent of participants earned less than \$3.00 per hour, while some individuals earned only a few cents per hour. In 2012, the department found that Oregon significantly over-relied on segregated employment service settings to the exclusion of integrated service options. For example, as of March 2012, only 16 percent of individuals with I/DD received any services in individual supported employment and only 10 percent of their total hours were in integrated employment settings.

Youth At-Risk of Entering Sheltered Workshops: Hundreds of youth with I/DD each year have left Oregon schools and entered sheltered workshops. The department found that those young people were not given timely or adequate services to allow them to make informed choices about transitioning to work in integrated settings and lacked access to the services and supports necessary to prepare them for integrated employment. In some instances, students with I/DD were instead prepared for the tasks typically performed in sheltered workshops, whether by performing mock-sheltered workshop activities in school classrooms or by participating in adult sheltered workshops as part of the school curriculum.

OREGON'S VOLUNTARY REMEDIAL EFFORTS

Following the plaintiffs' and department's lawsuit in *Lane v. Kitzhaber*, Oregon Governor John Kitzhaber issued Executive Order 13-04 on Apr. 10, 2013. Executive Order 13-04 was later revised and superseded by Executive Order 15-01 on Feb. 2, 2015. Oregon issued an Integrated Employment Plan to implement Executive Order 13-04 on Nov. 1, 2013 and the plan was revised and reissued on July 6, 2015. Oregon also issued the Department of Human Services (DHS) Employment First Quality Assurance and Quality Improvement Plan, the DHS Employment First Communication, Outreach, and Awareness Plan, the Oregon Office of Developmental Disabilities Services' Training and Capacity Plan, and the DHS Provider Transformation Grant Program which together with the Executive Order and Integrated Employment Plan represent a commitment by the state of Oregon to reform its employment service system for individuals with I/DD. The proposed settlement agreement builds upon these plans and commitments, and incorporates many of their provisions. If the agreement is approved by the court, Oregon will substantially implement Executive Order 15-01 and the Integrated Employment Plan. The proposed agreement recognizes that Oregon has made substantial progress in providing integrated employment services to and improving competitive employment outcomes for individuals with I/DD since the signing of Oregon Executive Orders 13-04 and 15-01, including reducing the census of individuals with I/DD working in sheltered workshops.

PROVISIONS OF THE SETTLEMENT AGREEMENT

Individuals with I/DD that Receive(d) Sheltered Workshop Services: Under the proposed settlement agreement, the state has pledged a sustained commitment to transform its service system over the next seven years, impacting approximately 7,000 people. Oregon will provide supported employment services so that 1,115 working-age individuals that receive or have received sheltered workshop services can newly obtain competitive integrated employment, which means full-time or part-time competitive-wage

work (including self-employment) at a location where the employee interacts with persons without disabilities. The supported employment services must be individualized, evidence-based, flexible, offered in an integrated employment setting and based on an individual's capabilities, choices and strengths. Moreover, all persons who receive supported employment services in an integrated employment setting under the agreement will have a goal of working the maximum number of hours consistent with their abilities and preferences. By June 30, 2017, Oregon will reduce the current number of working age adults with I/DD in sheltered workshops from approximately 1,926 to no more than 1,530 and decrease the number of hours adults are working in sheltered workshops from approximately 93,530 hours to no more than 66,100 hours.

Youth At-Risk of Entering Sheltered Workshops: As of July 1, 2015, Oregon will no longer purchase or fund sheltered workshop placements for transition-age youth and working age adults who are newly eligible for state-funded employment services or already utilizing those services and are not already working in a sheltered workshop. Over the next seven years, Oregon will ensure that at least 4,900 youth ages 14 to 24 years of age are provided the employment services necessary for them to prepare for, choose, get, and keep integrated employment. Employment services will be individually planned and based on person-centered planning principles and evidence-based practices. At least half of the young people who receive employment services will receive an individual plan for employment. The goal of the proposed agreement is not to close sheltered workshops, but to achieve integration for individuals with I/DD in Oregon and ensure that those who want to work in integrated settings have a realistic opportunity to do so.

Enhancing Employment Outcomes: Oregon DHS will enhance employment outcomes by:

- issuing guidance to front line staff and third-party vendors that the recommended standard for planning and implementing supported employment services will be the opportunity to work at least 20 hours per week;
- developing and seeking approval from the Centers for Medicare and Medicaid Services for reimbursement rates for supported employment services for outcome payments and other financial incentives to providers for individuals with I/DD to obtain integrated employment at a monthly average of at least 20 hours per week;
- continuing to offer one-time performance-based payments to providers achieving employment at least 20 hours per week for individuals with I/DD;
- issuing guidance that its technical assistance provider(s) will train employment professionals and job developers that the recommended standard for planning and implementing supported employment services will be the opportunity to work at least 20 hours per week; and
- collecting and reporting twice each year the percentage of individuals with I/DD who receive supported employment services under the agreement and who are working in an integrated employment setting at least 20 hours per week.

Career Development Planning: All individuals in the target populations of the proposed agreement will receive a career development plan. DHS will use performance-based contracting metrics to impose financial penalties on responsible entities that fail to develop a career development plan for an eligible member of the target population. Eligible transition-age youth will receive a career development plan prior to school exit, and if a youth exits school unexpectedly, he or she will receive a career development plan within one year of his or her unexpected exit.

Transition Planning for Youth: The state will develop a broad-based professional development plan for transition services that includes targeted technical assistance, and will encourage and help facilitate Oregon school districts to continue and expand model(s) of evidence-based transition practices (e.g., the Seamless Transition Model, Project Search, Youth Transition Program) to promote and expand transition services so that youth can achieve competitive integrated employment. The Oregon Department of Education will improve employment-focused transition services by:

- allowing the transition planning process to begin as young as age 14, if deemed appropriate by a student's individualized education plan team;
- providing students with information about, and opportunities to experience, supported employment services in integrated settings;
- prohibiting schools from including sheltered workshops in the continuum of alternative placements and supplementary aides and services provided to students; and
- excluding mock sheltered workshop activities from school instructional curricula.

Training: Until June 30, 2019, the state will maintain a technical assistance provider(s) to offer competency-based training, ongoing assistance, and support to agencies that offer supported employment services, subject to the availability of funding.

Provider Capacity: Until at least June 30, 2019, Oregon will maintain grants for the transformation of existing sheltered workshop providers, the development of new supported employment services providers, or the expansion of existing providers to assist individuals to obtain integrated employment.

Data Collection and Monitoring: The state will collect data and report on a variety of data points that pertain to the requirements of the agreement. Compliance with the agreement will be overseen by a neutral independent reviewer acting as a subject matter expert and assessing compliance.

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B.B.

CCDDB 2016 Meeting Schedule

Board Meetings

8:00AM and Noon, variously

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

January 20, 2016 – Noon

February 17, 2016 – 8:00 AM

March 16, 2016 – 8:00 AM

April 27, 2016 – 8:00 AM (off cycle)

May 18, 2016 – 8:00 AM

June 22, 2016 – 8:00 AM

July 20, 2016 – Noon

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

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DRAFT
2015-2016 MEETING SCHEDULE WITH SUBJECT AND
ALLOCATION TIMELINE AND PROCESS

The schedule provides the dates of board meetings for the Champaign County Developmental Disabilities Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting or during a meeting of the Champaign County Mental Health Board. Included is a tentative schedule for the CCDDDB allocation process for Contract Year 2017 (July 1, 2016 – June 30, 2017).

<u>Timeline</u>	<u>Tasks</u>
7/22/15	Regular Board Meeting Approve Draft Budget Election of Officers
9/25/15	Regular Board Meeting
10/21/15	Regular Board Meeting Release Draft Three Year Plan 2015-2017 with FY16 Objectives Release Draft Contract Year 2017 Allocation Criteria
10/28/15	Board Retreat
11/18/15	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY17 Allocation Criteria
12/16/15	Public Notice to be published on or before this date, giving at least 21 day notice of application period.
12/16/15	Regular Board Meeting cancelled
1/6/16	Open CCMHB/CCDDDB Online System access to CCDDDB CY 2017 Agency Program and Financial Plan Application forms.
1/20/16	Regular Board Meeting
2/12/16	Online System Application deadline – System suspends applications at 4:30PM (CCDDDB close of business).

2/17/16	Regular Board Meeting List of Requests for FY17 Funding
3/16/16	Regular Board Meeting
4/20/16	Program summaries released to Board, copies posted online with the CCDDDB April 27, 2016 Board meeting agenda.
4/27/16	Regular Board Meeting with review of program summaries.
5/18/16	Regular Board Meeting Allocation Decisions Authorize Contracts for CY17 Allocation recommendations released to Board, copies posted online with the CCDDDB May 18, 2016 Board meeting agenda.
6/22/16	Regular Board Meeting
6/24/16	Contracts completed
7/20/16	Regular Board Meeting Approve Draft Budget Election of Officers

CCMHB 2016 Meeting Schedule

**First Wednesday after the third Monday of each month--4:30 p.m.
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St., Urbana, IL (unless noted otherwise)**

*January 20, 2016
February 17, 2016
March 23, 2016
April 20, 2016
May 18, 2016
June 22, 2016
July 20, 2016
August 17, 2016
September 21, 2016
October 19, 2016
November 16, 2016
December 14, 2016*

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

DRAFT
2015-2016 Meeting Schedule with Subject and Allocation Timeline*

The schedule provides the upcoming dates of board meetings through June 2016 for the Champaign County Mental Health Board. The subjects are not exclusive to any given meeting as other matters requiring Board review or action may also be addressed or may replace the subject listed. Study sessions may be scheduled throughout the year with the presentation and discussion held during the meeting, held immediately following the board meeting, or during the Champaign County Developmental Disabilities Board meeting. Included with the meeting dates is a tentative schedule for the CCMHB allocation process for Contract Year 2017 (July 1, 2016 – June 30, 2017).

<u>Timeline</u>	<u>Tasks</u>
10/1/15	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY 2016 Objectives
10/27/15	Board Retreat (8:30 a.m. – noon)
11/18/15	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY 2017 Allocation Criteria
12/16/15	Public Notice published on or before this date, giving at least 21 day notice of the application period.
12/16/15	Regular Board Meeting
1/6/16	Open CCMHB/CCDDB Online System access to CCMHB CY 2017 Agency Program and Financial Plan Application forms.
1/20/16	Regular Board Meeting Election of Officers
2/12/16	Online System Application deadline – System suspends applications at 4:30 p.m. (CCMHB close of business).
2/17/16	Regular Board Meeting Liaison Assignments List of Funding Requests
3/23/16	Regular Board Meeting Approve FY 2016 Annual Report
4/13/16	Program summaries released to Board and copies posted online with the CCMHB April 20, 2016 Board meeting agenda.

- 4/20/16 Regular Board Meeting
Program Summaries Review and Discussion
- 5/11/16 Allocation recommendations released to Board and copies posted
online with the CCMHB May 18, 2016 Board meeting agenda.
- 5/18/16 Regular Board Meeting
Allocation Decisions
Authorize Contracts for CY 2017
- 6/22/16 Regular Board Meeting
Approve FY 2017 Draft Budget
- 6/24/16 Contracts completed.

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