



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

**Wednesday, October 25, 2017**

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

**8AM**

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

1. Call to Order
2. Roll Call – Stephanie Howard-Gallo
3. Approval of Agenda\*
4. Citizen Input/Public Participation  
*At the chairperson's discretion, public participation may be limited to five minutes per person.*
5. CCMHB Input
6. Approval of CCDDDB Board Meeting Minutes\* **(pages 3-6)**  
*A. Minutes from 9/20/17 meeting are included. Board action is requested.*
7. President's Comments – Ms. Deb Ruesch
8. Executive Director's Report – Lynn Canfield
9. Consultant/Staff Reports **(pages 7-43)**—*Kim Bowdry, Stephanie Howard-Gallo, Shandra Summerville, Chris Wilson, and Barbara Bressner*
10. Agency Information  
*At the chairperson's discretion, agency information may be limited to five minutes per agency.*
11. Financial Report  
*A. Approval of Claims\* **(pages 44-45)**  
Included in the packet. Board action is requested.*
12. New Business  
*A. Integration Transition Successes*

*Funded program providers and self-advocates are invited to give oral reports on individuals' successful transitions to community settings.*

**B. PY2019 CCDDDB Funding Priorities (pages 46-54)**

*A Briefing Memorandum with proposed funding priorities for PY2019 is included for discussion.*

**C. Report to the Court (pages 55-98)\***

*Documents to comprise a report on the work of the CCDDDB to date, for submission per statute, are presented for approval. A Decision Memorandum is included.*

**13. Old Business**

**A. Meeting Schedules (pages 99-101 )**

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

**B. Ligas Acronyms (pages 102-103)**

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

**14. Board Announcements**

**15. Adjournment**

*\*Board action requested*

L.A.

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

*Minutes –September 20, 2017*

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

**DRAFT COPY**

*8 a.m.*

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- MEMBERS PRESENT:** Joyce Dill, David Happ, Cheryl Hanley-Maxwell, Deb Ruesch
- MEMBERS EXCUSED:** Mike Smith
- STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo
- OTHERS PRESENT:** Annette Becherer, Danielle Matthews, Patty Walters, Developmental Services Center (DSC); Kathy Kessler, Rosecrance; Amy Slagell, CU Able/IAMC; Kyla Chantos, Tracy Waverly, CTF Illinois; Sheila Krein, Parent; Becca Obuchowski, Community Choices

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**CALL TO ORDER:**

Ms. Deb Ruesch called the meeting to order at 8:02 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**APPROVAL OF AGENDA:**

The agenda was approved as submitted.

**DRAFT COPY**

**CITIZEN INPUT:**

Patty Walters from Developmental Services Center reported on the recent "Walk As One" event sponsored by the Community Coalition.

**CCMHB INPUT:**

None. The CCMHB will meet later in the day.

**APPROVAL OF CCDDDB MINUTES:**

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

**MOTION: Ms. Ruesch moved to approve the minutes from the July CCDDDB meeting as presented in the Board packet. Dr. Hanley-Maxwell seconded the motion. A voice vote was taken and the motion passed.**

**PRESIDENT'S COMMENTS:**

None.

**EXECUTIVE DIRECTOR'S REPORT:**

Lynn Canfield provided a recap of recent staff work including: the Music and Art Festival on October 21; recent DD/ID data collection; and the in-house financial system.

**STAFF REPORTS:**

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

**CONSULTANT REPORT:**

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

**AGENCY INFORMATION:**

Dale Morrissey from Developmental Services Center spoke regarding the seventy-five cent an hour wage increase for direct service providers that was recently approved by the State of Illinois.

**FINANCIAL REPORT:**

The financial claims report was included in the packet.

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**MOTION:** Ms. Dill moved to accept the claims report as presented. Dr. Hanley-Maxwell seconded the motion. A voice vote was taken and the motion passed unanimously.

**NEW BUSINESS:**

**Integration Transition Successes:**

Annette Becherer and Becca Obuchowski both spoke about recent transition success stories.

**Revised CCDDDB FY2018 Budget and new 2018 CILA Fund Budget:**

A Decision Memorandum on the CCDDDB and CILA Fiscal year 2018 Budgets was included in the Board packet.

**MOTION:** Ms. Ruesch moved to approve the draft 2018 CCDDDB Budget, as revised, with anticipated revenue of \$3,895,508 and Contributions and Grants line adjusted to \$3,506,993. Mr. Happ seconded the motion. A roll call vote was taken and the motion passed unanimously.

**MOTION:** Dr. Hanley-Maxwell moved to approve the draft 2018 CILA Fund Budget, with anticipated revenue of \$118,100 and expenditures of \$94,194. Payment to this fund was approved with the July 12, 2017 budget and is consistent with the terms of the Intergovernmental Agreement between the CCDDDB and CCMHB. Ms. Ruesch seconded the motion. A roll call vote was taken and the motion passed unanimously.

**CCDDDB Three Year Plan with DRAFT FY2018 Objectives:**

The draft Plan was included in the Board packet for review and should be considered a draft document.

**Report to the Court:**

Lynn Canfield discussed the possible content of a report on the work of the CCDDDB to date, to submit per statute.

**OLD BUSINESS:**

**Agency 2017 Annual Performance Measures Reports:**

Annual Performance Measures reports were included in the Board packet for information only.

**Current Funding Priorities:**

A copy of the approved FY2018 CCDDDB Funding Priorities was included in the Board packet for information only.

**Meeting Schedules:**

Copies of the CCDDDB meeting schedule was included in the packet for information only.

**Ligas Family Advocate Program Acronym Sheet:**

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

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at  
Respectfully Submitted by: Stephanie Howard-Gallo

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



**Kim Bowdry, Associate Director for Intellectual & Developmental Disabilities**  
**Staff Report – October 25, 2017**

**CCDDB Reporting:** On-going training and support for the CCDDB funded agencies. I have assisted agencies in coordinating support time with the consultant for the online system. I have heard some positive feedback from some of the agencies, that their staff feel that now they will really be able to showcase all of their work with clients.

At this time, DSC will not be reporting claims into the reporting system for two of the CCDDB funded programs. DSC staff shared the following as the rationale for the exclusion of these programs:

“Our rationale for not including Employment First in this new reporting system is that the program does not support specific people but is a part of a system change. There are not people ‘enrolled’ in the program, therefore, no service hours for specific people. I feel the current quarterly report system continues to provide the program activities such as informational meetings held, number of people in attendance, and number of businesses becoming LEAP certified. We can include the zip codes of those businesses under the comments as requested.

The Connections grant is related to the University Street site. At this time, we agree with Kim Bowdry's decision to classify this as a service option for other programs at this time and not a program in and of itself. People from other programs will be utilizing this space in different capacities and this information can/will be recorded on the quarterly reports. You will be able to pull out who used the site through the new system.”

**Community Needs Survey:** CCMHB and CCDDB staff have been preparing for a community needs survey. The survey is available in paper form and online. There will be separate surveys for ID/DD and MI/SUD. Please go to [www.champaigncountysurvey.com](http://www.champaigncountysurvey.com) to access the surveys.

**Alliance for Inclusion & Respect Website:** I continue to work with a few of the artists and hope to get more artists added to the website soon. Many of the artists participated in the disABILITY Resource Expo Music & Art Festival held at Lincoln Square Mall on October 21, 2017.

**LEAP Businesses:** Community Choices and Developmental Services Center (DSC) continue to collaborate through the LEAP (Leaders in Employing All People) program to advance the Employment First initiative. LEAP is a 1-Hour individual or group training and education resource for Champaign County employers that is presented by DSC and Community Choices. The following businesses in Champaign County have been certified by DSC or Community Choices:

The following businesses in Champaign County have been certified by DSC or Community Choices:

CMI	Planet Fitness – Urbana
Planet Fitness – Champaign	See You CD and Vinyl
Big Grove Tavern	Best Buy
Walgreens – Green Street	Urbana Park District
For the Love of Hair	The Vineyard Church
Ten Thousand Villages	Dishmac/McDonald's
Jupiter's	Mahomet Chamber of Commerce
Farm Credit Illinois	Mahomet Schools
Strawberry Fields	JPE, Inc.
Todd Jacobs, State Farm Agent	First Federal
Rockwell Automation	Peter Pan Too
Schnuck's – Savoy	Volition
County Market on Kirby	Clark Lindsey Village
Walgreens in Mahomet	Complete Electrical Systems
Loving Paws Veterinary Clinic	Miga Restaurant
Home Depot	Stephen's Family YMCA
Pepsi Bottling Co.	

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

**IAG Update:** IAG staff shared with CCDDDB staff that they have one available opening in their Royal Oak home and the female home, Englewood, is currently full with four residents. These individuals are offered other community Day Programs or a Flexible Day Experience through IAG. This Flexible Day Experience includes customized programming based on individual's interests and goals.

**Community Learning Lab School of Social Work Students:** The School of Social Work students continue to work on their project on Community Employment/paid internships for individuals with ID/DD. They are reaching out to local service providers to gain a better knowledge of existing services and any gaps in services.

**NACBHDD:** I have included an Under the Microscope article titled, "An Invisible Population *Individuals with Intellectual and Developmental Disabilities in the Criminal Justice System.*" According to ARC somewhere between 1% and 3% of Americans have ID/DD. However, ARC estimates that people with ID/DD represent 9% to 10% of the prison population, with an even greater number in jails or juvenile facilities. Please read the article, which details a new pilot program, "Pathways to Justice," which helps communities address key barriers to justice for people with ID/DD.

**PUNS Selection & Reports:** Locally, sixteen individuals were selected from the PUNS database in April. Those individuals and their families are working with CCRPC ISC to

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complete the PAS process. Three individuals are currently receiving services. The others continue to work through the PAS process.

PUNS data pulled from the DHS-DDD website for Champaign County can be found below. I have also included a breakdown of active and total PUNS clients for Champaign County and some information from the DHS Ligas Data Report.

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# UNDER THE MICROSCOPE

SEPTEMBER 1, 2017



## AN INVISIBLE POPULATION

*Individuals with Intellectual and Developmental Disabilities in the Criminal Justice System*

### ISSUE

Through the dedicated efforts of many individuals and organizations, including the members of NACBHDD, significant progress has been made in developing community-based approaches that are successfully reducing the unnecessary incarceration of people with mental health and substance-use disorders.

NACBHDD members face another, similar challenge with regard to people who have Intellectual and Developmental Disabilities. Like those who suffer from mental health and SUDs, people with IDD are several times more likely than other Americans to come into contact with law enforcement officials, to be arrested and charged, and to be harshly or unjustly treated or incarcerated.

The systemic problems facing justice-involved people with IDDs are in many ways similar to those of people with behavioral health problems: a lack of awareness and training, an inability to recognize symptoms, and a tendency to react with fear and stigma. So too are solutions, some of which parallel or build upon the kind of community-based approaches that characterize NACBHDD's Decarceration Initiative and the NACo Stepping Up Initiative.

But there are important differences too, starting with the fact that people with IDDs generally face lifelong challenges, with limited hopes for significant improvement or recovery. Many depend heavily on the support of family, neighbors and a small circle of acquaintances for help and protection. Limits on the intellectual, moral, and social development of people with IDDs begin early and continue, making uniquely vulnerable both as crime victims and offenders, especially when separated from family and friends. Worse, in the brief, sometimes heated encounters through which people with IDDs often come into contact with law enforcement officers, the symptoms of IDD can be very difficult to spot or even deliberately concealed. The results can be tragic.

So the question for NACBHDD members: What are we doing to understand and assist in meeting the needs of people in our care – people with IDDs – who are involved in the criminal justice system? What are we doing to make them a visible, rather than invisible, population in our counties and communities?

### ANALYSIS

*Background.* There are an estimated 4.7 million Americans who have Intellectual/Developmental Disabilities (IDD). ARC, a national advocacy organization for those with IDDs, defines them as significant limitations in both intellectual functioning (IQ of 70-75 or below) and adaptive behavior, which covers conceptual, social, and practical skills. This disability must originate before the age of 18. The most

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common disabilities associated with IDD are Autism Spectrum Disorder (ASD), Down syndrome, Fragile X syndrome and Fetal Alcohol Spectrum Disorder (FASD).

According to ARC somewhere between 1% and 3% of Americans have intellectual/developmental disabilities. However, ARC estimates that people with IDDs represent 9% to 10% of the prison population, with an even greater number in jails or juvenile facilities. One of the great challenges in talking about people with IDDs is that few organizations and people take care to define and distinguish among various disabilities. Thus, data regarding specific disabilities, like IDDs, are very difficult to obtain and equally difficult to compare given the variability in what's being measured.

For example, a 2015 study of disabilities among jail and prison populations by Bureau of Justice Statistics (BJS) stated that about 20% of state prisoners and 31% of jail inmates reported having a "cognitive disability." According to the BJS study, "a cognitive disability is a broad term used to describe a variety of medical conditions affecting different types of mental tasks, such as problem solving, reading comprehension, attention, and remembering. A cognitive disability is not the same as a mental disorder, although they often co-occur and a mental disorder can be considered a disability as well."

The BJS study goes on to note that the main differences between mental health disorders and cognitive disabilities: The symptoms of cognitive disabilities are constant and permanent, not cyclical or episodic. They cannot be controlled or alleviated by medication. They are not characterized by disturbances in perceptions, or thoughts. In addition to the early-onset developmental disabilities listed above, the cognitive disabilities covered in the BJS report also include a mix of milder conditions—ADHD and learning disorders—plus later-life phenomena like traumatic brain injury and brain diseases like dementia.

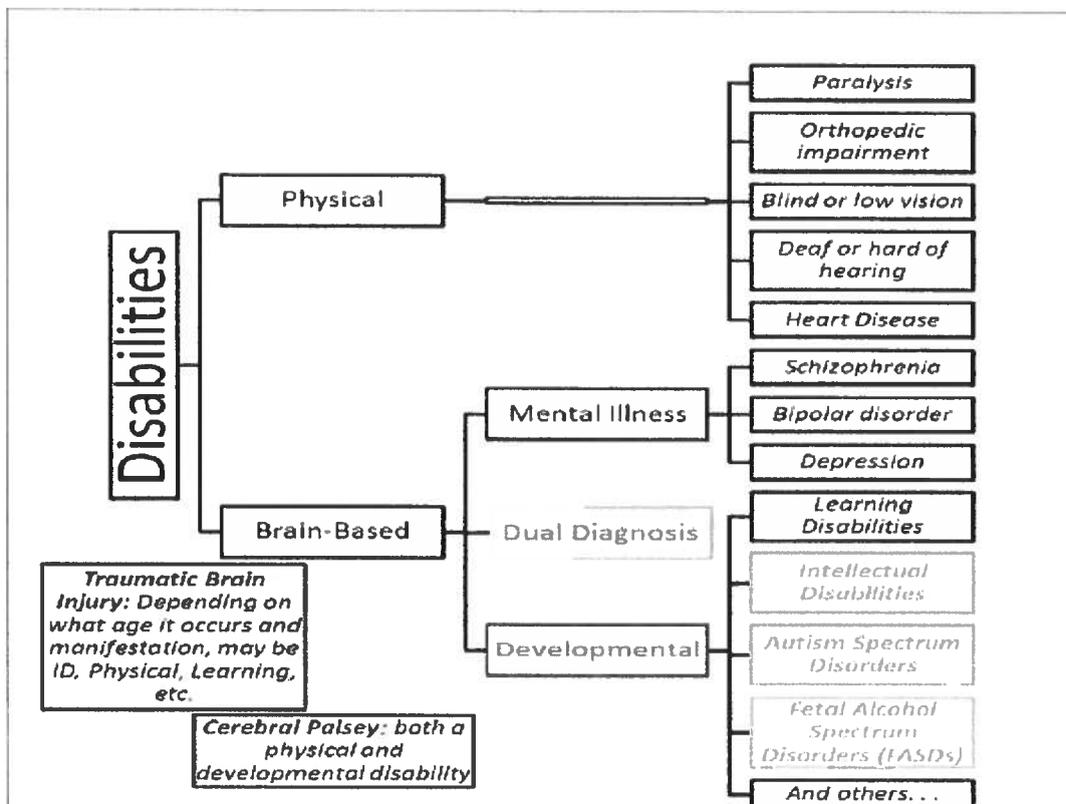
*Challenges for the justice system.* Thanks to the work of a number of national organizations and research universities, a considerable body of knowledge is being developed about the special challenges of people with IDDs, including the difficulties that make them more likely come into contact with the justice system. According to ARC, people with IDDs are about four times more likely to be victims of crime or exploitation and, as the above numbers suggest, about three or four times more likely than other Americans to be caught up as a suspect in the justice system.

David Whalen, a disability awareness training expert from Niagara University, stated in an ARC-sponsored webinar that the high involvement of disabled people in the justice system shouldn't be a surprise. "About 50 to 80 percent of a law enforcement officer's time is spent responding to people with disabilities," he said, noting that police calls may refer to disabled people in many different ways:

- Crime victim needs assistance
- Possible sex offender
- Runaway
- "Confused" or lost citizen
- Violent spouse
- Caregiver needs help
- Individual needs transport

Whalen said that the range of "disabled" people that a law officer might meet is extremely broad, with problems ranging from definable physical or intellectual disabilities to chronic disease, or acute mental health or behavioral disorders. The scope of the challenge may be seen in the following chart, compiled by ARC:





To resolve the call, the officer must not only address the immediate concern or complaint, but do so while correctly identifying the physical or mental issue of the person involved and then responding appropriately and effectively in that context. Should an officer miss a key signal, an ill or disabled person could be unnecessarily hurt or killed. Yet, the success of CIT training for first responders, plus system-wide initiatives like Stepping Up and NACBHDD's Decarceration Initiative show that specialized training and approaches can make a huge difference in the ways that law enforcement officers respond. These responses are critical to enabling people with mental health and substance-use disorders to avoid the justice system altogether in favor of community-based services, or to receive a blend of treatment and justice that acknowledges their disabilities and needs.

Similar approaches are needed for people with IDD's, say advocates, who argue that compared to people with many physical and mental health disorders, people with IDD's can be particularly difficult to identify. And, the limitations imposed by their intellectual disabilities make them more likely to fall into the justice system, then to suffer severe consequences every step of the way.

- People with IDD's often suffer from listening and speaking problems, and are therefore often unable to communicate smoothly with others. Often such behavior can lead to misunderstanding or even confrontations. Individuals are frequently reported to police for behavior that others perceive as aloof, strange or threatening.
- At first contact with police, they may fail to recognize police, acknowledge instructions, or worse, run away. If their disabilities are not known, situations can escalate rapidly to violence, injury, or even death.
- Often, they do not fully understand their Miranda rights, or their rights to legal counsel.

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- They may be eager to please authority, tending to self-incriminate by saying what authorities want to hear without understanding the legal or personal implications.
- Some, aware of or embarrassed by their disabilities, may act “bad” in order to hide them.

People who have IDD are statistically more likely to plead guilty, or to plead to original charges than people without these disabilities, said Jessica Oppenheim, an attorney with ARC of New Jersey. They are also far less likely to appeal convictions or seek post-conviction relief. Because their disabilities often make it more difficult to follow rules or control impulses, inmates with IDDs tend to receive more punishment for infractions and fewer chances for parole. The result is that they serve longer overall sentences than other prisoners.

*Profile of IDD offender.* Oppenheim, who advocates for alternatives to incarceration for IDD offenders, offered this “profile” of an IDD offender:

- Male, age 20-40, with a mild intellectual disability (Low IQ: 55-69)
- Currently unemployed and from an economically disadvantaged background
- Aware of disability, actively tries to conceal it
- Usually commits crimes in concert with others; is often the last to leave the scene of the crime and first to be caught
- Typical charges include:
  - Drug-related crimes
  - Sex-related crimes (rarely involving force);
  - Crimes against people (Robbery/Assault);
  - Crimes against property (Burglary/Vandalism/Arson)

She added that personal characteristics of a typical IDD offender include:

- Impaired language and communication skills
- Memory problems
- Short attention span
- Poor impulse control
- Distorted self-concept (denies disability)
- Gullibility/suggestibility
- Lack of social skills; difficulty adapting to changing social situations
- Limited ability to reason, think ahead, plan, predict, or see causality
- Limited moral development due to disability

According to Oppenheim, “Probation and diversion options are often not considered for IDD clients because the justice system doesn’t view them as good risks for these programs. They are seen as having trouble following directions, being likely to miss treatment or counseling appointments, and failing to report to probation officers on time.”

To give IDD offenders a better shot at success, Oppenheim, ARC, and other advocates sought and won approval for a New Jersey state program that enables IDD offenders to be diverted to community-based treatment or to conditional probation, based on client acceptance of a “personalized justice plan” and regular interaction with an attorney/caseworker team tasked with helping IDD offenders. Other alternatives include civil commitment to a treatment facility, with follow-up at the time of discharge, or – when prison is required – a placement outside the normal prison population.

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People with IDD who are caught up in the justice system, including inmates, often get little help from the system. "The system was never shaped or structured to work with criminal offenders," Oppenheim added, noting that service providers struggle with how to address service needs of inmates. She noted that these problems continue after the inmate's release: "There are no incentives in the system to provide housing or services, since these individuals are considered a high risk to fail. These people get very little specialized attention. They struggle to find work. They're very likely to recidivate."

**ARC's "Pathways to Justice" Program.** Recognizing the plight of people with IDD in the criminal justice system, ARC sought and received a grant from the Bureau of Justice Assistance and used it to establish a National Center on Criminal Justice and Disability, which opened in 2013. The Center's mission is twofold: 1) To advocate at the intersection of criminal justice reform and disability rights, and, 2) to work on the issues of people with IDD who are victims/witnesses of crime and on issues facing those charged with crimes or dealing with incarceration.

Ongoing work by the Center gave birth to a new pilot program, "Pathways to Justice," which helps communities address key barriers to justice for people with intellectual or developmental disabilities (IDD) and discuss practical solutions that work best for them. Pathways focuses on three primary audiences: law enforcement, legal professionals, and victim service professionals. Communities are encouraged to form Disability Response Teams (DRTs), which bring disability and criminal justice professionals together to provide a "go-to" resource for help in meeting the needs of disabled victims or suspects involved in criminal justice.

NACBHDD members involved with the Stepping Up initiative will notice many similarities in the overall approach used in the Pathways to Justice program to assist people with IDD. The program uses the Sequential Intercept Model, placing emphasis on the special needs of disabled people at each Intercept in the model.

- **Intercept 0, Community.** The program emphasizes crisis prevention, including the earliest possible identification of people with IDD and engagement with community resources. With knowledge of an individual's needs, first responders can immediately de-escalate and avoid crisis situations or arrests altogether.
- **Intercept 1, First Contact.** Here, the program emphasizes the need for first responders to properly identify IDD individuals, then adopt appropriate communication and detention techniques. Studies cited by ARC indicate that only 30% of responders could do this accurately, opening the door to dangerous escalations and violent confrontation.
- **Intercept 2, Investigation,** indicates the need for screening/identification of IDD individuals, then assistance from trained legal professionals. Many people with IDD give false confessions and do not fully understand their Miranda and other legal rights.
- **Intercept 3, Jail,** emphasizes the need for screening/identification and segregation, where possible, from the general population. People with IDD are likely to be victimized and, without support, tend to commit rule infractions that result in additional punishment or solitary confinement.
- **Intercept 4, Trial/Plea Arrangement,** emphasizes the need for disability-trained attorneys who can identify and understand the limitations of suspects with IDD. Ideally, attorneys should be able to use utilize knowledge of IDD-related problems to explain the individual's conduct as part of a tailored defense strategy
- **Intercept 5, Transition/Reentry,** indicates the importance of additional assistance for people with IDD who are reentering the community. For them, every challenge of successful re-entry –

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obtaining health care, finding housing, seeking employment – can be far more difficult unless they have help from knowledgeable IDD professionals.

**The Institute for Community Integration.** To advance the study of IDDs, the federal government designated University Centers for Excellence in Developmental Disabilities (UCEDDs) in most states. Among these is the University of Minnesota, whose Institute for Community Integration has emerged as a nationally-recognized leader. In Spring 2017, the Institute's online quarterly magazine, *Impact*, dedicated an entire issue to the issue of equal justice for people with Intellectual and Developmental Disabilities. It's an excellent resource for additional reading, found at <https://ici.umn.edu/products/impact/301/>.

#### **ACTION**

- 1) Speak with IDD providers and organizations in your county about the unique problems that citizens with IDDs and their families face.
- 2) Evaluate the level of understanding and awareness that law enforcement people have about the vulnerabilities of people with IDDs that makes them more likely to be crime victims or offenders.
- 3) Take a census of the number of people with IDDs in your county, in your service system, and in your jail. Make the problem visible!
- 4) Work with your sheriff or police to ensure that screening for IDDs is included for all detainees and suspects, in addition to needed screening for mental health and substance-use disorders.
- 5) Identify circumstances, based on current or past experiences or cases, in which better awareness, training, or resources would have resulted in more equal justice for those with IDD and their families. (If you don't have local examples, consult TheArc.org.) Then consider, what resources or assistance could have made a difference? What could have been, or now can be, done differently?
- 6) Get more information about the Pathways to Justice program. Consider how this type of approach could be merged into framework of current crisis prevention, crisis response, decarceration, diversion, or jail-based treatment programs in your county.

*Researched and Written by Dennis Grantham*

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

September 13, 2017

**County: Champaign**

**Reason for PUNS or PUNS Update**

New	113
Annual Update	202
Change of category (Emergency, Planning, or Critical)	27
Change of service needs (more or less) - unchanged category (Emergency, Planning, or Critical)	20
Person is fully served or is not requesting any supports within the next five (5) years	185
Moved to another state, close PUNS	14
Person withdraws, close PUNS	20
Deceased	15
Individual Moved to ICF/DD	1
Individual Determined Clinically Ineligible	2
Unable to locate	30
Other, close PUNS	161

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

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

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

1. Care giver is unable or unwilling to continue providing care (e.g., person has been abandoned).	20
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.	14
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.).	7
6. Other crisis. Specify.	94

**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.	110
2. Person has a care giver (age 60+) and will need supports within the next year.	60
3. Person has an ill care giver who will be unable to continue providing care within the next year.	21
4. Person has behavior(s) that warrant additional supports to live in their own home or family home.	71
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated.	18
6. There has been a death or other family crisis, requiring additional supports.	2
7. Person has a care giver who would be unable to work if services are not provided.	49
8. Person or care giver needs an alternative living arrangement.	13
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years.	181
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., persons aging out of children's residential services).	5
11. Person moved from another state where they were receiving residential, day and/or in-home supports.	6
12. The state has plans to assist the person in moving within the next year (from a state-operated or private Intermediate Care Facility for People with Developmental 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
17. Person is residing in an out-of-home residential setting and is losing funding from the public school system.	3
20. Person wants to leave current setting within the next year.	8
21. Person needs services within the next year for some other reason, specify.	21

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

September 13, 2017

<b>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)</b>	
1. Person is not currently in need of services, but will need service if something happens to the care giver.	137
2. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move the person).	1
3. Person is dissatisfied with current residential services and wishes to move to a different residential setting.	1
4. Person wishes to move to a different geographic location in Illinois.	4
5. Person currently lives in out-of-home residential setting and wishes to live in own home.	1
6. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents concur.	1
7. Person is receiving supports for vocational or other structured activities and wants and needs increased supports to retire.	1
8. Person or care giver needs increased supports.	52
9. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.	3
13. Person is residing in an out-of-home residential setting and is losing funding from the public school system within 1-5 years.	1
14. Other, Explain:	7
<b>EXISTING SUPPORTS AND SERVICES</b>	
Respite Supports (24 Hour)	11
Respite Supports (<24 hour)	13
Behavioral Supports (includes behavioral intervention, therapy and counseling)	123
Physical Therapy	46
Occupational Therapy	108
Speech Therapy	127
Education	176
Assistive Technology	47
Homemaker/Chore Services	2
Adaptions to Home or Vehicle	10
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.)	50
Medical Equipment/Supplies	32
Nursing Services in the Home, Provided Intermittently	5
Other Individual Supports	101
<b>TRANSPORTATION</b>	
Transportation (include trip/mileage reimbursement)	107
Other Transportation Service	260
Senior Adult Day Services	1
Developmental Training	90
"Regular Work"/Sheltered Employment	85
Supported Employment	64
Vocational and Educational Programs Funded By the Division of Rehabilitation Services	71
Other Day Supports (e.g. volunteering, community experience)	26
<b>RESIDENTIAL SUPPORTS</b>	
Community Integrated Living Arrangement (CILA)/Family	3
Community Integrated Living Arrangement (CILA)/Intermittent	4
Community Integrated Living Arrangement (CILA)/Host Family	1
Community Integrated Living Arrangement (CILA)/24 Hour	31
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People	1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People	1
Skilled Nursing Facility/Pediatrics (SNF/PED)	4
Supported Living Arrangement	4
Shelter Care/Board Home	1

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

Page 20 of 237

September 13, 2017

Nursing Home	2
Children's Residential Services	9
Child Care Institutions (Including Residential Schools)	5
Children's Foster Care	1
Other Residential Support (Including homeless shelters)	15
<b>SUPPORTS NEEDED</b>	
Personal Support (includes habilitation, personal care and intermittent respite services)	307
Respite Supports (24 hours or greater)	19
Behavioral Supports (includes behavioral intervention, therapy and counseling)	121
Physical Therapy	54
Occupational Therapy	93
Speech Therapy	107
Assistive Technology	66
Adaptations to Home or Vehicle	20
Nursing Services in the Home, Provided Intermittently	7
Other Individual Supports	64
<b>TRANSPORTATION NEEDED</b>	
Transportation (include trip/mileage reimbursement)	292
Other Transportation Service	307
<b>VOCATIONAL OR OTHER STRUCTURED ACTIVITIES</b>	
Support to work at home (e.g., self employment or earning at home)	14
Support to work in the community	244
Support to engage in work/activities in a disability setting	155
<b>RESIDENTIAL SUPPORTS NEEDED</b>	
Out-of-home residential services with less than 24-hour supports	129
Out-of-home residential services with 24-hour supports	75

[http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS\\_by\\_county\\_and\\_selection\\_detail110916.pdf](http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/PUNS_by_county_and_selection_detail110916.pdf)

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

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

Zip Code	Active	Total PUNS
60949 Ludlow	2	4
61801 Urbana	43	80
61802 Urbana	45	89
61815 Bondville (PO Box)	1	1
61816 Broadlands	3	3
61820 Champaign	32	67
61821 Champaign	76	163
61822 Champaign	41	84
61840 Dewey	0	2
61843 Fisher	9	11
61845 Foosland	1	1
61847 Gifford	2	3
61849 Homer	1	6
61851 Ivesdale	0	1
61852 Longview	1	1
61853 Mahomet	28	56
61859 Ogden	3	10
61862 Penfield	1	2
61863 Pesotum	2	3
61864 Philo	5	10
61866 Rantoul	23	70
61871 Royal (PO Box)	--	-- no data on website
61872 Sadorus	1	1
61873 St. Joseph	14	24

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61874	Savoy	4	9
61875	Seymour	1	2
61877	Sidney	4	7
61878	Thomasboro	1	3
61880	Tolono	7	27
Total		351	740

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

**Summary of PUNS by ISC Agency**

Updated 08/08/17

ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
<b>*CCRPC Total</b>	896	1.74%	244,880	1.90%
ISC Agency	Individual Count	% of Total PUNS	Estimated Total Census for Agency	Estimated % of IL Census
<b>*CCRPC Active</b>	371	1.95%	244,880	1.90%

\*Totals include Ford & Iroquois Counties

**DHS Definition of Closed PUNS Records**

- Death
- Fully Served
- Moved out of state
- Withdrawn
- Other Closed



**Stephanie Howard-Gallo**

**Operations and Compliance Specialist Staff Report –  
October 2017 Board Meetings**

**SUMMARY OF ACTIVITY:**

**Agency Audits:**

Our funded agencies receiving over \$20,000 are required to provide an audit to us by October 31. A few audits have been received. Rosecrance and IAMC have formally requested an extension until December 31, which we have approved. We expect that more of the agencies will ask for an extension through the end of the year.

**Needs Assessment:**

I and the rest of the staff have participated in a number of planning meetings for the Needs Assessment Survey. The survey will be offered in paper form and can be found online beginning October 21, 2017 at [www.champaigncountysurvey.com](http://www.champaigncountysurvey.com)

**Fall Music and Art Festival:**

I attended several planning meetings on for the Fall Music and Art Festival. “Celebrate disABILITY! A Music and Art Festival” sponsored by the disABILITY Resource Expo will be held on Saturday, October 21<sup>st</sup> from noon until 3 p.m. I am co-chairing the art festival portion, along with Sally Mustered and Vicki Tolf. To date, we have about 22 artists that are interested in participating. The artists will be located in the east hallway selling jewelry, original works of art, greeting cards, photography, and much more.

**Other:**

Preparing for CCMHB/CCDDB regular meetings and study sessions.

Composing minutes for the meetings.

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## October 2017- Monthly Staff Report- Shandra Summerville

### Cultural and Linguistic Competence Coordinator

#### Illinois Public Health Association Meeting: September 19-21, 2017 Springfield, IL

I attended the IPHA Association Meeting in Springfield. I attended several workshops that dealt with the following topics

- Understanding Immigrants and Refugees Debate Statewide and Nationally.
  - How Racism and Health are Competing Issues
  - The Role of Public Health in Creating Healthy Work Opportunities for Our Communities.
  - Behavioral Health and Population Health Management
  - Partnerships in Action: Innovation to Promote Health
- There were presentations provided about the partnerships within the confines of the Cook County Jail and in Southern Illinois.

I have included the following presentations as part of my report: Behavioral *Health Population Health Management and How Racism and Health are Competing Issues*. *If you would like the presentations from other workshops please let me know and I will forward the information to you.*

#### Human Services Council of Champaign County: October 5, 2017-

There was an agency presentation about homeless services and transitional housing in Champaign County. The following individuals participated in the presentation

- *Rob Dalhaus III, Executive Director of CU at Home – Overview of services at CU at Home*
- *Sheryl Palmer, Pastor Faith United Methodist Church & Administrative Oversight of the Men's Emergency Winter Shelter – Overview of last year's operation and what to expect this coming winter.*
- *Rebecca Woodward, Community Services Program Manager at RPC & Britani Fryer, RPC Case Manager – Overview of Emergency Shelter for Families including services, and eligibility*

#### CLC Training and Technical Assistance:

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

- Don Moyer's Boys and Girls Club- Board of Directors Cultural Competence Training
- CU Able
- CU-Welcome Center- YWCA Collaboration

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## **FY 2017- CLC Plans:**

I am still reviewing 4<sup>th</sup> Quarter CLC Reports for organizations desk reviews and site visits will be conducted October -December 2017

## **Training and Webinars Attended:**

**I attended the following trainings in person and on-line**

- *ACHMAI Meeting September 21 &22*
- *Live2Lead Leadership Institute*
- *Understanding Guardianship- CTF*
- *Inaugural Meeting of the U.S. Department of Health and Human Services Interdepartmental Serious Mental Illness Coordinating Committee*
- *Improving Behavioral Health Integration through Culturally Appropriate Service Delivery*
- *Search Institute- 6 Ways to Engage Families as Partners (See Infographic )*

## **Champaign County Need Assessment Survey -**

I have been working with the staff to review the Needs Assessment Survey to ensure that we are able to broaden our response rate through a culturally responsive approach.

## **Anti-Stigma Activites/Community Outreach-**

### **NAACP Champaign County Branch-**

**I attended the NAACP Meeting on October 5, 2017. The Annual Freedom Fund Celebration will be held on October 20, 2017. CCMHB/DDB is providing support through the CLC Community Outreach.**

### **University of Illinois African-American Community Healing Storytelling Project-**

I attended a planning meeting with Sharde' Smith about the timeline of the project and to begin identifying cultural resources to start the digital story telling project

### **YWCA/Welcome Center**

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

### **Music and Art Festival (Disability Resource Expo Committee)**

I have been coordinating the volunteers for the Music and Art Festival that will be held on October 21, 2017 12:00-3:00pm. If you are interested in serving as a volunteer please email [shandra@ccmhb.org](mailto:shandra@ccmhb.org) to fill out a volunteer form.

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**Lead2017-** Windsor Road Church held their leadership conference that focused on how to lead with influence and changing culture. The conference was held on September 23, 2017. I was part of the planning committee however, I was unable to attend the event.

**AIR- Alliance for Inclusion and Respect-** Please continue to support the Artists and notice new artwork that has been submitted on the website [www.champaigncountyair.com](http://www.champaigncountyair.com)

***Rotary Club of Champaign***

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

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# Austin's Place

Emergency Overnight Shelter for Single Women

Austin's Place was open a total of 91 nights this past winter. During that time, we provided 301 safe and warm sleeping beds to 21 different women in our community.

All women who are in need of shelter are invited to shelter with Austin's Place. We are open during the coldest months and we welcome women who need a safe and warm sleeping space. This will be our eleventh season of serving women in our community. Here are the details:

- We plan to be open from December 15th, 2017 – March 15, 2017.
- Each night, women go to Courage Connection any time between 6:00 – 7:30 to check in for Austin's Place. There is a screening process they go through at Courage Connection for the safety of each other and our volunteers.
- Courage Connection is on the bus line. The address is: 508 E. Church Street, Champaign.
- Light snacks are provide for our women guests as they rest at Courage Connection.
- At 8:00, an Austin's Place driver arrives at Courage Connection to transport our guests to the shelter space, which is housed within First United Methodist Church in downtown Champaign.
- Upon arrival at Austin's Place, women are greeted by their overnight volunteers, who help them to get settled, set up their sleeping spaces, provide snacks and conversation, then provide safety and warmth as our hosts stay awake through the night to ensure the women can sleep peacefully.
- In the morning, our women are woken with enough time to freshen themselves, put away their sleeping spaces, and have a light breakfast before our driver once again arrives to transport them to the Transportation Center in downtown Champaign.
- Before they depart, each woman is provided 2 bus tokens so we can ensure that they can get back to us that following evening.

All of the above has been successfully implemented for the past ten years. Safety is of utmost concern. When we screen our women, we are doing so for their safety along with the safety of our volunteers. The screening is respectful, and any weapons the women may possess to protect themselves during the day are bagged up and returned to them in the morning. We also screen for intoxication, which we are not able to handle at our shelter. We will always welcome women with mental health issues at Austin's Place, and our volunteers are trained to be gracious and accepting.

We are volunteer run and are funded through donations. If you would like more information about the work we do at Austin's Place or would like to volunteer with us, please contact:

Kim Stanhope  
kastanhope@sbcglobal.net  
217-840-6966

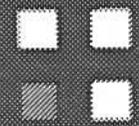
Kelli Kemper  
kelkem@aol.com  
217-202-3430

Ruth Moore  
[rmoores317@hotmail.com](mailto:rmoores317@hotmail.com)  
217-621-8648

Find us at our website:  
<http://shelter-austinsplace.weebly.com/>

Keep up to date with us on Facebook:  
<https://www.facebook.com/austinsplaceshelter/>





**GREENSFELDER**

ATTORNEYS AT LAW

## **Illinois Public Health Association**

### **Behavioral Health and Population Health Management – Opportunities in Public Health**

**Sara M. Howe**

**Gerald (Jud) E. DeLoss**

**September 20, 2017**

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# Unique Nuances of Behavioral Health

- History and structure of behavioral health system
  - Grew from public institutions and charities
  - Largely “warehousing” of individuals with mental health and substance use disorders (“SUD”)
  - Gradual transition to community-based providers
  - Least restrictive settings
  - Retained public financing as primary means of supporting the system: Medicaid

# Intersection of Behavioral Health and Public Health

- In addition to public support of the system, behavioral health and public health have more recently been identified as symbiotic
- Need to treat the “whole person”
- Opioid epidemic
- Heightened awareness of mental health SUD issues
- Direct and indirect costs to society have been estimated at \$257 billion for SUD
- \$148 billion for mental illness

# Special Areas of Concentration

- Wellness and Disease Prevention
- Prevention always a key aspect of addiction approach
- Mental health awareness – mental health first aid
- Studies indicate that individuals with serious mental illness died an average of 25 years younger than the rest of the population
- Individuals with SUDs at higher risk for HIV, AIDS, and hepatitis C -- due to intravenous drug use

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# Special Areas of Concentration

- Opioid Epidemic
- Overdoses are the leading cause of accidental deaths in the US
- 91 Americans die every day from opioid overdose
  - Deaths have quadrupled since 1999



# Opioid Epidemic

- Public health approaches to opioid epidemic
- Prevention
  - Education
  - Improved prescribing practices
  - Prescription drug monitoring programs
  - Safe storage and disposal of opioids
- Treatment
  - Outpatient
  - Inpatient/residential
  - MAT
  - Reversing overdose -- Naloxone

BI

# Special Areas of Concentration

- Prevention and Key Players
  - Operation Snowball
  - Cebrin Goodman Teen Institute
  - Illinois Association for Behavioral Health



# Implications of Behavioral Health and Public Health on Population Health Management

- Primary Prevention
  - Community-based prevention
  - Wellness Activities
- Secondary Prevention
  - SBIRT
  - Mental health screenings
  - Essential health benefits under ACA



# Implications of Behavioral Health and Public Health on Population Health Management

- Tertiary Prevention
  - Recovery Homes
  - Relapse Prevention
  - Support Groups



# Implications of Behavioral Health and Public Health on Population Health Management

- Medicaid and Alternate Reimbursement
  - Managed care
  - State grants
  - Fee-for-service



# Effective Exchange of Health Information

- Legal limitations
  - HIPAA
  - IMHDDCA
  - 42 CFR Part 2

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# Effective Exchange of Health Information

- Public Health Reporting
- HIPAA allows for disclosures as required for public health reporting obligations
- IMHDDCA allows for interagency disclosures to Illinois Department of Public Health for public health purposes
- IMHDDCA allows for disclosures for public health reporting via an HIE
- 42 CFR Part 2 has no public health reporting exception

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# Effective Exchange of Health Information

- Data Exchange Opportunities and Models
- Limitations under 42 CFR Part 2 pose greatest barrier
- Final Part 2 Rule now allows for sharing of data for purposes of population health management
- Must utilize a Qualified Service Organization Agreement
- Limited to only those with need to know and must be returned or destroyed

BB

# Partnering with Behavioral Health Care Providers

- Benefits of Partnering
- As noted at outset, heightened awareness of impact of mental health and SUD upon population health
- Increased morbidity among those with mental health and SUDs
- Costs of opioid epidemic and impact upon human life



# Partnering with Behavioral Health Care Providers

- Opportunities for Partnership
- Data sharing, as allowed under applicable laws
- Reduction in substance abuse and impact on population health
- Reduction in recidivism among incarcerated

OH

# Question & Answer

- Questions?
- Jud DeLoss
  - [gdeloss@greensfelder.com](mailto:gdeloss@greensfelder.com)
  - 312.345.5012
- Sara M. Howe
  - [sara@ilabh.org](mailto:sara@ilabh.org)
  - 217.528.7335



**Champaign County Mental Health Board**  
Revenues and Expenditures as of 9/30/17

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	\$ 1,899,763.55	\$ 4,298,352.61	\$ 4,449,552.00	96.60%
From Developmental Disabilities Board	\$ 88,503.00	\$ 265,509.00	\$ 350,653.00	75.72%
Gifts & Donations	\$ 5.73	\$ 4,733.25	\$ 25,000.00	18.93%
Other Misc Revenue	\$ 4,849.35	\$ 83,937.25	\$ 500.00	>100%
<b>TOTAL</b>	<b>\$ 1,993,121.63</b>	<b>\$ 4,652,532.11</b>	<b>\$ 4,825,705.00</b>	<b>96.41%</b>

Expenditure	Q3	YTD	Budget	% of Budget
Personnel	\$ 132,376.88	\$ 308,223.25	\$ 559,225.00	55.12%
Commodities	\$ 1,822.55	\$ 3,552.10	\$ 17,922.00	19.82%
Contributions & Grants	\$ 973,247.00	\$ 2,706,836.00	\$ 3,722,373.00	72.72%
Professional Fees	\$ 73,980.49	\$ 257,929.40	\$ 300,000.00	85.98%
Transfer to CILA Fund	\$ -	\$ 50,000.00	\$ 50,000.00	100.00%
Other Services	\$ 9,458.07	\$ 74,742.20	\$ 214,764.00	34.80%
<b>TOTAL</b>	<b>\$ 1,190,884.99</b>	<b>\$ 3,401,282.95</b>	<b>\$ 4,864,284.00</b>	<b>69.92%</b>



**Champaign County Developmental Disability Board**  
Revenues and Expenditures as of 9/30/17

Revenue	Q3	YTD	Budget	% of Budget
Property Tax Distributions	\$ 1,584,986.37	\$ 3,586,146.36	\$ 3,712,310.00	96.60%
From Mental Health Board	\$ -	\$ 7,065.41	\$ -	-
Other Misc Revenue	\$ 2,783.28	\$ 19,048.54	\$ 300.00	>100%
<b>TOTAL</b>	<b>\$ 1,587,769.65</b>	<b>\$ 3,612,260.31</b>	<b>\$ 3,712,610.00</b>	<b>97.30%</b>

Expenditure	Q3	YTD	Budget	% of Budget
Contributions & Grants	\$ 826,827.00	\$ 2,479,087.00	\$ 3,311,957.00	74.85%
Professional Fees	\$ 88,503.00	\$ 265,509.00	\$ 350,653.00	75.72%
Transfer to CILA Fund	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	100.00%
<b>TOTAL</b>	<b>\$ 965,330.00</b>	<b>\$ 2,794,596.00</b>	<b>\$ 3,712,610.00</b>	<b>75.27%</b>

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

11<sup>th</sup> disABILITY Resource Expo - Saturday, April 7, 2018.

Plans are coming along nicely for our fall event, "Celebrate disABILITY! Music & Art Festival. This event will be held on Saturday, October 21 from Noon-3:00 p.m. at Lincoln Square in Urbana. The schedule for Celebrate disABILITY is as follows:

Noon	First Gig Rock & Roll Camp for Kids
12:40 pm	Penguin Project (performing songs from Disney's Mulan)
1:00 pm	90's Daughter
2:00 pm	Special Awards
2:20 pm	Candy Foster & Shades of Blue

Our wonderfully talented Artistic Expressions artists will also be displaying and selling their various works of art during the event. At last count, we had 20 artists registered to have a booth!

Young children attending this event will have the opportunity to enjoy some playtime at Sparks Children's Play Café, which is located at Lincoln Square.

We will be distributing our new Save-The-Date magnets to folks at the Festival. These magnets are a way to promote the 11<sup>th</sup> annual Expo, as well as our newly expanded Expo website. We, also, plan to hold a 50/50 drawing during the event.

Our wonderful friends at Piato's will be offering several tasty \$5 meal selections that day for our attendees. Artists and volunteers will receive a meal ticket to cover their lunches.

Advertising for Celebrate disABILITY is well underway by way of MTD buses, posters, psa's and radio ads and interviews. Jim Mayer and Barb Bressner will, also, be guests on CI Living on Oct. 20<sup>th</sup>.

Posters to promote Celebrate disABILITY were posted at the AMBUCS Scarecrow Festival on Sept. 23 and the Down Syndrome Buddy Walk on Oct. 7. On October 11, we will have an Expo booth at the News-Gazette sponsored Women's Health Expo. On Oct. 13 and 14, we will have a booth at Personal Mobility's Customer Appreciation Days. All of the above events will help to promote Celebrate disABILITY, our April 7 Expo, and the website.

Respectfully submitted  
Barb Bressner & Jim Mayer  
Consultants



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/17

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	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 DEVL MNTL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
	10/02/17	06	VR	108-	96	566225	10/06/17	108-050-533.07-00	PROFESSIONAL SERVICES	OCT ADMIN FEE	29,501.00
										VENDOR TOTAL	29,501.00 *
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
	10/02/17	06	VR	108-	86	566227	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DECISION SUPPOR	7,205.00
										VENDOR TOTAL	7,205.00 *
11587	CU ABLE										
	10/02/17	06	VR	108-	89	566246	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMM OUTREACH	1,150.00
										VENDOR TOTAL	1,150.00 *
18203	COMMUNITY CHOICE, INC							SUITE 419			
	10/02/17	06	VR	108-	90	566260	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CUSTOM EMPLOY	6,175.00
										VENDOR TOTAL	6,175.00 *
19900	CTF ILLINOIS										
	10/02/17	06	VR	108-	87	566268	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT NURSING	500.00
	10/02/17	06	VR	108-	87	566268	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT ADVOCACY CENTER	5,000.00
										VENDOR TOTAL	5,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT APARTMENT SVCS	34,778.00
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CLINICAL SVCS	14,500.00
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COMMUNITY EMPLO	30,114.00
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT CONNECTIONS	7,083.00
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT EMPLOYMENT 1ST	6,667.00
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM DEV CENTER	46,857.00
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT INT SITE SVCS	66,591.00
	10/02/17	06	VR	108-	91	566270	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT SERVICE COORD	34,237.00
										VENDOR TOTAL	240,827.00 *

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

10/06/17

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VENDOR NO	VENDOR NAME	TRN DTE	B N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND											
22816	DOWN SYNDROME NETWORK	10/02/17	06 VR 108-	88		566272	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DOWN SYNDROME	1,250.00
										VENDOR TOTAL	1,250.00 *
35550	IL ASSOC OF MICROBOARDS & COOPERATIVES	10/02/17	06 VR 108-	92		566301	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT BUILD INCLSV CO	4,396.00
										VENDOR TOTAL	4,396.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC	10/02/17	06 VR 108-	93		566331	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT OP FOR INDEPEND	3,379.00
										VENDOR TOTAL	3,379.00 *
61780	ROSECRANCE, INC.	10/02/17	06 VR 108-	94		566347	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT COORD OF SERVIC	2,844.00
										VENDOR TOTAL	2,844.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN	10/02/17	06 VR 108-	95		566363	10/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT VOCATIONAL SVCS	2,883.00
										VENDOR TOTAL	2,883.00 *
									DEVLPMNTL DISABILITY BOARD	DEPARTMENT TOTAL	305,110.00 *
									DEVLPMNTL DISABILITY FUND	FUND TOTAL	305,110.00 *
										REPORT TOTAL *****	681,727.95 *

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## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

12.B.

### BRIEFING MEMORANDUM

DATE: October 25, 2017  
TO: Members, Champaign County Developmental Disabilities Board (CCDDB)  
FROM: Lynn Canfield, Executive Director  
SUBJECT: PY2019 Allocation Priorities and Decision Support Criteria

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

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

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#### Overview:

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

#### Statutory Authority:

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

#### The Operating Environment:

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

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

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

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

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

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

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

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

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

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

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

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

### **Overarching Priorities:**

#### **Inclusion and Integration**

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

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

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

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

### Underserved Populations and Countywide Access

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

### Inclusion and Anti-Stigma

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

### Outcomes

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

### Coordinated System

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

### Budget and Program Connectedness

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

### Person Centered Planning (PCP)

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

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

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

### Workforce Development and Stability

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

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

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

**FY2019 CCDDDB Priorities:**

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

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

Priority: Employment Services and Supports

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

Priority: Non-Work Community Life and Flexible Support

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

Priority: Comprehensive Services and Supports for Young Children

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

Priority: Self-Advocacy and Family Support Organizations

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

Priority: Expansion of Independent Community Residential Opportunities

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

Secondary Decision Support and Priority Criteria:

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

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

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

**Process Considerations:**

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

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

**Caveats and Application Process Requirements:**

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

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



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

DECISION MEMORANDUM

**DATE:** October 25, 2017  
**TO:** Members, Champaign County Developmental Disabilities Board  
**FROM:** Lynn Canfield, Executive Director  
**SUBJECT:** Report to the Champaign County Circuit Court

**Background:**

All CCDDDB policies are based on requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq), within the intent of the controlling act, as codified in the laws of the State of Illinois.

During an organizational assessment conducted during spring of 2017, consultant Dennis Smith noted that while the statute establishing 377 Boards does not require annual reports or three-year (strategic) plans, it does mention submitting a “report to the court”. There appears to be no further detail associated with this requirement.

**Recommendation:**

In fulfillment of this requirement, a cover letter is presented with brief history of the work of the CCDDDB since its inception in 2004. Attached are a document summarizing the current agency program allocations and a document demonstrating the results of the most recent completed contract year. With the Board’s approval of the following documents as content, we will submit the Report to the Champaign County Circuit Court. Many additional documents regarding the policies and investments of the Champaign County Developmental Disabilities Board are available through the website identified in the cover memo.

**DECISION SECTION**

Motion to approve the “Report to the Court,” including a cover memo to the Champaign County Circuit Court and the recent summary reports, “Champaign County Developmental Disabilities Board Program Investments, FY2018 (July 1, 2017 to June 30, 2018)” and “Compiled Annual Performance Outcome Reports of CCDDDB and CCMHB I/DD Funded Programs for Contract Year 2017”.

- Approved
- Denied
- Modified
- Additional Information Needed

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**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

DATE: October 25, 2017  
TO: Champaign County Circuit Court  
FROM: Champaign County Developmental Disabilities Board  
SUBJECT: Report to the Court

The Champaign County Developmental Disabilities Board (CCDDB) policies are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105 / Section 0.01 et. seq.) Per statute, the Board prepares a report to the Court. Attached please find the most recent summary reports, "Champaign County Developmental Disabilities Board Program Investments, FY2018 (July 1, 2017 to June 30, 2018)" and "Compiled Annual Performance Outcome Reports of CCDDB and CCMHB I/DD Funded Programs for Contract Year 2017".

The CCDDB entered into an intergovernmental agreement with the Champaign County Mental Health Board (CCMHB) to share administrative costs, including an Executive Director and staff with offices at Brookens Administrative Building in Urbana, IL. From 2004 to 2016, Peter Tracy served as Executive Director; from 2016 to present, Lynn Canfield. Board members are appointed by the Champaign County Board Chairperson. The following have served:

Holly Jordan	July 1, 2004 to June 30, 2011
Joyce Dill	July 1, 2004 to June 30, 2013, July 19, 2013 to present
Michael Smith	July 1, 2004 to present
Elaine Palencia	July 1, 2011 to June 30, 2013
Susan Suter	July 1, 2013 to June 30, 2016
Phillip Krein	July 19, 2013 to June 30, 2016
Debra Ruesch	July 1, 2014 to present
Cheryl Hanley-Maxwell	August 19, 2016 to present
David Happ	August 19, 2016 to present

Ex-officio County Board liaisons have included Deb Frank Feinen, Patricia Avery, Al Kurtz, Gary Maxwell, Mike Richards, Sam Shore, Matt Hiser, and Pius Weibel.

The fund has been used to build and purchase small group homes for people with ID/DD, to stage a large annual resource expo and many community awareness events, and to contract with fifteen local organizations for thirty-nine programs across a broad service array, including: traditional and non-traditional independent living and employment services, parent support networks, intensive respite, service coordination, recreation and behavioral supports, and therapeutic play and other services for young children. In PY2006 the CCDDB allocated \$3,044,921 to local service providers and \$3,307,296 in P2018. CCDDB funding has provided vital supports to residents of Champaign County as state funded DD services continue to suffer from inadequate state funding for programs and services. For more information, see <http://ccmhddbrds.org>.

				des a full array of quality, customized, outcome-focused services for people with developmental, intellectual, goals and interests, develop skills to reach those goals, grow increasing personal responsibility, engage their individuals living in board-owned CILAs as well as family-owned residences in the community.
gro p			60,000	The mission of CTF ILLINOIS Advocacy Center of Champaign is to empower each individual we support to live the life they want to live. As advocates, we develop the tools and experiences we need to take greater control over our lives. We help speak up for people in the community who feel they have no voice, lobby local and state government to bring about change and work in the community. We also contribute to our community by organizing community events, joining social clubs and volunteering at local businesses and organizations.
	CTF Illinois Advocacy Center	Employment and Social	6,000	CTF ILLINOIS provides 24 hr. residential services to seven individuals in Champaign. Some of these individuals are aging and have developed related medical issues (i.e. Dementia, heart failure, diabetes). Nursing services include, but are not limited to: coordination of medical nursing care, medication training for staff members, quality assurance of medical concerns and medication errors, regular site visits, medication checks and physician order sheet review, quarterly medication, annual assessments, on call 24/7 for emergencies and providing information to the ISC for the development of the resident's person centered plan.
	CTF Illinois Nursing	Independent Living	13,802	CU Able is a group of people affected by disabilities that offers networking, education and social opportunities. Because many disabilities have similar challenges, CU Able recognizes the value in including all families of people with disabilities, regardless of the type of disability. Monthly meetings are held for caregivers of individuals with disabilities, professionals and students from the University of Illinois and Parkland. The CU Able online community is an extremely important part of the special needs community, as it allows for very quick feedback for members to answer questions and provide support at all hours of the day. Each year, CU Able organizes a Moms Retreat which provides an opportunity for respite for female caregivers of individuals with disabilities to come together for networking, relaxation and educational opportunities.
		Parent Support	15,000	The Champaign County Down Syndrome Network serves families who have members with Down syndrome in Champaign County & East Central Illinois. The DSN offers support to families by providing current DS related information for members, parents, professionals and the general public. DSN reaches out to new parents, providing many networking & social opportunities as well as education, support & connections to local resources. DSN hosts many community awareness events including an annual Buddy Walk that draws 1000-2,000 people each year, helping to promote inclusion for individuals with Down syndrome in our community.
		Parent Support	86,460	The Decision Support program targets individuals with developmental disabilities (DD) who are transitioning from an ISBE setting and in need of adult services, including high school students approaching adulthood and transitioning/aging out of ISBE funded services. ISC staff continue to assess persons transitioning from other counties that are eligible for and may or may not be receiving DHS waiver funding, that have not yet been assessed for service preferences will be targeted. Outreach events will be held throughout Champaign County to increase the registration of underserved populations. Transition Consultants assist individuals/families in conflict free transition planning. Conflict free transition planning allows for better matching of individualized services. Families will be supported, better informed and given more voice.
	Decision Support Person for CGDDDB	Planning, Case Mgt	74,103	Customized employment focuses on individualizing relationships between employees and employers resulting in mutually beneficial relationships. DISCOVERY: Using the person-centered approach of Discovery to identify the strengths, needs and desires of individuals seeking employment. JOB MATCHING: Identifying employers through business contact and learning about their needs, and the possibilities of meeting those needs through customized employment. SHORT-TERM SUPPORT: Employment Specialists work with employers and employees to develop accommodations and support, and provide limited job coaching. LONG-TERM SUPPORT: Employment Specialists provide support for individuals to help maintain and expand employment, ensuring they remain valued members of their work communities. CUSTOMIZED EMPLOYMENT TAILORED FOR TRANSITION: The Discovery process will be utilized with more input from students, parents/guardians and schools. Education and Advocacy: Employment Specialists will connect students with opportunities to increase self-determination and adult community options. Seamless Transition: Employment Specialists will participate in final transition meetings and provide meaningful linkages to adult supports, including developing written plans for continuing employment and community connections once students leave school.
Community Inc.	Customized Employment	Employment	417,341	Apartment Services supports people with ID/DD that reside in their own home in the community (an apartment or house of their choice, including DSC's semi-supported apartment building, a HUD subsidized, secured apartment building). The program has three primary goals to support participants: 1. Promote independence by learning/maintaining skills within a safe environment; 2. Provide long-term/on-going support in areas that cannot be mastered; 3. Provide increased support as needed due to aging, deteriorating health or other chronic conditions that jeopardize their ability to maintain their independence. Emergency Response is available to individuals in this program to support for those needing assistance after hours and on the weekends.
Developmental Services Center	Apartment Services	Independent Living	174,000	The Clinical Services Program provides an array of clinical supports and services to children and adults with ID/DD. Consultants under contract with DSC include one Licensed Clinical Psychologist, two Licensed Clinical Social Workers, three Licensed Clinical Professional Counselors, one Licensed Professional Counselor and one Psychiatrist. Consultants meet with individuals at their private practice, at the individual's home or in some instances at DSC locations. Individuals schedule their own appointments or receive support from family members and/or DSC staff members for scheduling and transportation, if necessary.
Developmental Services Center	Clinical Services	Various	361,370	Community Employment assists individuals to obtain and keep jobs. This includes a person-centered discovery process; business exploration, online research and speaking/listening to others' regarding their job experience; resume/portfolio development; interview prep and meetings with potential employers; identifying niches in local businesses that emphasize the job seeker's strengths; advocating for reasonable accommodations; self-advocacy support; provision of benefits information; discussion/experiential opportunities for soft skills; develop and maintain long-term relationships with businesses.
Developmental Services Center	Community Employment	Employment	85,000	Connections continues to focus on building connection, companionship and contribution in the broader community and pursues creative employment possibilities. People have become more vocal about what they want and many have expressed a desire to expand on their interest in art nurturing their creative self, fostering community engagement and pursuing a desire for employment opportunities. Through Connections individual and small group activities will occur during the day. Services are driven by each person, therefore attendance and participation vary with some people participating daily and others invited to visit or spend a portion of their time discovering these new opportunities.
Developmental Services Center	Connections	Social Connection; Self-Advocacy Support	80,000	This joint application between Community Choices and DSC represents a continuation of the plan to cultivate and promote employment of individuals with ID/DD in Champaign County. Emphasis and priorities of this Employment First grant include the following stakeholders and activities: 1. Individual and family education events for those currently participating in day program, on waiting lists for services and transitioning out of school. One specific event will be dedicated to transition with outreach targeting students/families not currently affiliated with adult service providers. 2. Ongoing staff development to facilitate DSC's shift in culture to more community and employment focused outcomes. 3. Continued business/employer outreach to provide education and certification for disability awareness for local employers; establishing and maintaining relationships with all newly certified businesses. 4. System Reform – engage in communication and advocacy with various state agencies/representatives around Employment First implementation.
Developmental Services Center w/ Community Choices	Employment First	Employment, Community Awareness	562,280	The FDC serves young children, age birth to five years, with or at risk of developmental disabilities and their families. The FDC responds to the needs of young children and their families with culturally responsive, innovative, evidence-based services. Early detection and prompt, appropriate intervention can improve developmental outcomes for children with delays and disabilities and children living in at-risk environments. Family-centered intervention maximizes the gifts and capacities of families to provide responsive intervention within familiar routines and environments. Comprehensive intervention services provided are Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation and PLAY Project.
Developmental Services Center	Family Development Center	Young Children	799,090	ISBS serves adults with ID/DD currently receiving both community and site-based services and are transitioning from a primarily center-based model to one emphasizing community connection and involvement. Continuing efforts to support individuals in strengthening connections with friends, family and local community through volunteering, civic duty, citizenship and self-advocacy opportunities; enhancing quality of life through participation in recreational activities, social events, educational and other areas of interest that bring personal fulfillment; access to new acquaintances through regular patronage of local establishments; and exploration of jobs in an area of interest and identification of support necessary for their long term employment goals. Opportunities to participate in community experiences have opened the door to new interests, facilitated the development of new or stronger friendships and strengthened community connections.
Developmental Services Center	Integrated/Site Based Services - Community 1st	Employment and Social		

members of each individual's team assuring service coordination in the most person-centered and effective manner possible and to advocate that each individual's supports and services be provided in integrated community, work, learning and recreational environments.

		Planning, Mgt	52,750	IAMC services include a person-centered plan using PATH (Planning Alternative Tomorrows with Hope) with a group that includes family and one or more non-family members with strong community connections. Once the individual's hopes, dreams, needs and interests have been identified, the team develops concrete steps leading to positive outcomes. Teams meet regularly (every 4-6 weeks) to maintain momentum on the plan, celebrate accomplishments, discuss barriers and ways to address them, assign next steps (including possible new team members to invite) and set the next meeting date. For teams choosing to incorporate, the IAMC will provide technical assistance, training and support to achieve those ends.
pe	IAMC Building Inclusive Communities	Planning, Awareness	40,546	PACE's Opportunities For Independence (OIP) serves individuals with ID/DD whom wish to participate in an Independent Living Philosophy based program to grow and/or maintain their independence. PACE provides individuals with these core services: Information and Referral, Individual and Systemic Advocacy, Independent Living Skills Training, Peer Support and Transition services. Services extend beyond Person-Centered Planning and represent Consumer Control. Consumer Control contains person-centered planning and goes beyond that to persons with disabilities directing program development, center administration and providing services.
PACE	Opportunities for Independence	Case Mgt, Self-Advocacy Support	34,126	Intensive Case Management, with a person-centered, strength-based approach is provided to individuals 18 years or older who are dually diagnosed with a developmental and mental health disability. Emphasis is placed on serving consumers that are presently residing in residential settings for persons with ID/DD, are living in other settings (families, friends, or self) but are struggling in caring for self in these environments or are at-risk of hospitalization or homelessness due to inadequate supports for their co-occurring conditions. The focus is to ensure that the services received by the consumer are coordinated effectively, that consistent messages and language are used by service providers; and that individual service needs receive appropriate priority in both systems of care.
paugn	Coordination of Services: DD/MI	Case Mgt, Awareness	34,590	UCP provides vocational support services to individuals with developmental disabilities, ages 18-55, in Champaign County. Services include extended job coaching and case management to individuals currently working in the community as well as vocational training and job development to individuals with disabilities who have lost employment or want to improve their job skills. UCP provides job coaching/support services to allow individuals to continue working in their community, receive promotions, and have the opportunity to work more hours. Individuals looking for employment receive vocational training to help prepare them for the workforce and to increase their employability skills. UCP works with participants on assessments, interviews and career exploration and assists the individuals in developing a profile that includes information on their skills, interests, preferences and strengths.
United Cerebral Palsy Land of Lincoln	Vocational Sc		3,357,296	<b>CCDDB Total Investment in Programs</b>
<b>Total =</b>				

**Champaign County Mental Health Board's ID/DD Program Investments, FY2018 (July 1, 2017 to June 30, 2018)**

			50,000	IAG helps individuals with special needs live full, self-directed lives with dignity and independence. IAG provides a full array of quality, customized, outcome-focused services for people with developmental, intellectual, emotional, behavioral, neurological or mental disabilities. We enable individuals to define and pursue their life goals and interests, develop skills to reach those goals, grow increasing personal responsibility, engage their community and lead active, enjoyable, independent lives. The agency offers residential and day services to individuals living in board-owned CILAs as well as family-owned residences in the community.
CILA Expansion (small group homes)	Individual Advocacy Group	Independent Living	55,645	Champaign County Head Start/Early Head Start seeks to identify and address social-emotional concerns in the early childhood period, as well as to promote mental health among all Head Start children. The social-emotional portion of the program focuses on aiding the development of self-regulation, problem solving skills, emotional literacy, empathy, and appropriate social skills. Accomplishments in these areas will affect a child's ability to play, love, learn and work within the home, school and other environments. All fit together to form the foundation of a mentally healthy individual.
CCRPC - Head Start/Early Head Start	Social Emotional Disabilities Services	Services for Young Children	63,000	COMMUNITY TRANSITIONAL SUPPORT - A four-phase model for supporting individuals with developmental disabilities to move into the community. The planning stage includes assessments, observations, financial discussions and identifying a participant's capabilities in core skill areas. In the move out stage, the focus shifts to establishing schedules and working on life skill areas with support. During the reaching out stage, participants work on community connections and finding meaningful activities. The final stage is consultation, where support from CC is decreased to only check-ins as needed. PERSONAL DEVELOPMENT TRAINING includes small classes and 1-on-1 instruction. Eight sessions of hands-on, interactive instruction are held throughout the year. Each 8 session class focuses on different topics and individuals can take multiple sessions. The intent is to build the skills and confidence of participants so they can continue their lifelong learning in integrated settings in the community.
Community Choices	Community Living	Independent Living	96,000	LEADERSHIP & SELF-ADVOCACY: offers a two-tiered Leadership Class, co-developed by self-advocates, focusing on fostering leadership skills and putting leadership into action. FAMILY SUPPORT & EDUCATION: offers a public monthly meeting, where attendees learn best practices and options, community parties where families can gather informally and new this year, a family specific support group. BUILDING COMMUNITY: offers options for adults with disabilities to become engaged with others: Social Events - organized events for adults such as dinner and a movie, sports, trivia, video-gaming, concerts, etc. Co-op Clubs - individuals engaging in activities they design in smaller groups of people (3-5). Togethering/Open Champaign - focuses on 1:1 support to assist individuals in joining community groups, attending the first several times, making a connection, building natural supports and then fading out staff support.
Community Choices	Self Determination Support	Parent and Self-Advocacy Support	392,649	DSC's IFS program serves children and adults with ID/DD with priority consideration given to individuals with severe behavioral, medical or support needs. The IFS program is a flexible and effective type of choice-driven service to individuals and families in a variety of integrated community settings. Individuals and families may choose to purchase services from an agency or an independent contractor/vendor, based on the specific need of the individual with ID/DD and their family. The program continues to provide remarkably creative planning, intervention and home/community support, in close collaboration with families, teachers and other members of the individual's support circle.
Developmental Services Center	Individual & Family Support	Flexible Family Support		
<b>Total =</b>			<b>657,294</b>	<b>Total CCMHB investment in Agency ID/DD Supports and Services</b>

**Champaign County Mental Health and Developmental Disabilities Boards Additional Supports**

Albiance for Inclusion and Respect	community events	Anti-Stigma	CCMHB and CCDDB	Community events, including: sponsorship, screenings, and discussions of anti-stigma films, related activities; coordination, promotion, and marketing of artists/entrepreneurs with disabilities; social media campaigns.
Cultural and Linguistic Competence Coordination	trainings and consultations	Cultural Competence	CCMHB and CCDDB	Support to organizations serving or supporting people, in the areas of: Cultural and Linguistic Competence and the CLAS standards; Working with Culturally Diverse Populations; Positive Youth Development; Asset Building for Youth; Ethical Communication; Youth Mental Health First Aid; Building Evaluation Tools; System of Care Development; and related.
diaAbility Resource Expo	11th Annual Expo Event	Anti-Stigma	CCMHB and CCDDB	A family-friendly event, the Expo provides full access to information and resources from a wide variety of agencies and organizations to promote a better quality of life for people with disabilities in Champaign County. Widely recognized as a valuable community resource for families and individuals with disabilities, the Expo helps address questions about where community members go for supports and services they or a loved one may need to live the most independent life possible. Launched at the event each year, and distributed afterward, is a comprehensive resource book.

Savannah Family Institute	PLL	Other Priority	CCMHB \$143,900	Provides licensing, materials, clinical supervision and feedback to the funded agency PLL programs, along with coordination of reporting and evaluation.
UIUC Psychology	Building Program Evaluation Capacity	Other Priority	CCMHB \$52,976	A research project to improve the system of collection, reporting, and analysis of program performance measures across the diverse set of investments.

# Compiled Annual Performance Outcome Reports of CCDDB & CCMHB I/DD Funded Programs for Contract Year 2017

## CTF Illinois

**Advocacy Center** - \$75,000

**Nursing** - \$6,000

## Champaign County Down Syndrome Network

**CC Down Syndrome Network** - \$15,000

## Champaign County Regional Planning Commission Community Services

**Decision Support Person for CCDDB** - \$48,622

## Champaign County Regional Planning Commission Head Start

**Social-Emotional Disabilities Services** - \$55,645 (CCMHB funded)

## Community Choices

**Community Living** - \$63,000 (CCMHB funded)

**Customized Employment** - \$70,000

**Self-Determination Support** - \$70,000 (CCMHB funded)

## Developmental Services Center

**Apartment Services** - \$417,341

**Clinical Services** - \$178,986

**Community Employment** - \$229,484

**Connections** - \$87,550

**Employment First** - \$80,000

**Family Development Center** - \$562,280

**Individual and Family Support** - \$387,428 (CCMHB funded)

**Integrated and Site-based Services – Community First** - \$905,441

**Service Coordination** - \$410,838

## Illinois Association of Microboards

**IAMC Building Inclusive Communities** - \$64,278

## Individual Advocacy Group

**CILA Expansion** - \$50,000 CCDDB & \$50,000 CCMHB

*Although this agreement does not require performance reports from the provider, a brief report is included.*

## PACE

**Opportunities for Independence** - \$40,546

## Rosecrance C-U

**Coordination of Services – DD/MI** - \$32,903

## United Cerebral Palsy

**Vocational Services** - \$86,475



Due: August 25, 2017

### **CHAMPAIGN ADVOCACY CENTER**

CTF ILLINOIS Advocacy Center in Champaign provides services to individuals with developmental disabilities who wish to learn about and develop skills within the field of advocacy. More specifically, we will look for individuals who are interested in providing leadership, training, and advocacy for self and other individuals with developmental disabilities.

As you are aware, the initial CCDDDB application/proposal was approved with modifications in the cost area of the building lease. CTF ILLINOIS met with Lynn Canfield on June 9<sup>th</sup> to discuss these revisions, as well as to sign off on the final allocated funding. Upon approval, our search for the location of the Advocacy Center began. The perfect location that was within budget was found at 2009 Round Barn in Champaign; however renovations were required to meet our needs. Due to the construction needs and obtaining the required permits, the lease for the Advocacy Center did not begin until September 9, 2017. At that time we were able to start making purchases for furniture and supplies for the program, as well as work towards getting our Office of State Fire Marshal and DHS approval. In addition of getting the physical space ready, we also were searching for a qualified candidate for the coordinator position. Kyla Chantos was hired, and she has completed multiple required trainings, including the mandatory DHS DSP and QIDP training, and CQL Personal Outcomes Measures. Kyla has spent time at our Charleston Advocacy Program observing, learning and participating in the Advocacy schedule, programming and events with those attendees. She also started attending community meetings (listed below) to promote the new Advocacy program and create outreach to the community at large.

**Goal 1: CTF ILLINOIS Advocacy Center will have 10 individuals (TCP) with developmental disabilities participating in the program by the end of the first fiscal year that will learn to raise their voices as advocates throughout Champaign County while exploring various issues related to services for individuals with developmental disabilities.**

Outcome:

- Lease signed September 9, 2017.
- The site was approved by the Office of State Fire Marshal in December of 2016.
- DHS approved in January 2017.
- Our 1<sup>st</sup> participant started February 14, 2017.
- Open house scheduled for March 6, 2017.
- April census: three advocates. Having issues with people interested in attending, but have waiver funding at this time and are unable to be private pay. Requesting changes in funding request to cover hours services provided so that individuals who are waiting on funding will be able to attend.
- June: census as of end of June is 6 attendees.
- With FY18 grant money, availability will open up to more people with no current waiver funding or private pay.
- Coordinator has reached out to contacts as well as ISSA to work to reach out to those people who do not currently have funding so that they know that this could be an option for them.

**Goal 2: Each participant will participate in at least 1 community event per month**

Outcome:

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- Prior to opening and having participants, Kyla Chantos, Coordinator participated in the following community events: DSN Buddy Walk in Champaign, Disability Expos in Champaign, as well as spoke at CU Autism Family meeting and at Community Choices family work group meeting. She also attended the Speak Up Speak Out conference in Springfield with a group from the Charleston Advocacy Center.
- All attendees have participated in at least 1 community event per month. They also participate in regular webinars offered through Self Advocacy Alliance and other sources. Note: This does not mean that these are the only times they have been in the community but these are the community events related to advocacy. Individuals are at community settings, utilize public transportation, etc. on a regular basis. Examples of events include:
  - Advocacy webinars each month
  - Advocates participated in letter writing campaign to Senator Durbin, Senator Duckworth, and President Trump advocating for no Medicaid cuts/caps.
  - Advocates made phone calls to offices of Senator Durbin, Senator Duckworth, and US Senate Finance Committee to save Medicaid, no cuts or caps.
  - Wrote letters to Senator Scott Bennett and Senator Chapin Rose asking them to support Medicaid.

**Goal 3: CTF ILLINOIS Advocacy will provide information/education to at least 50 individuals outside of participants of the Advocacy Center**

Outcome:

Coordinator attended the following events with estimated amount of participants at each event that received information:

- DSN Buddy Walk in Champaign: 5
- Disabilities Expo in Champaign: 50+
- CU Autism Family meeting: 8
- Community Choices family work group: 12
- Radio spot on Disability Beat on April 10 – Coordinator and two advocates: unknown how many people this reached
- July 18, 2017: two advocates assisted Krescene Beck from the Illinois Self-Advocacy Alliance to develop a live webinar. They helped to present the webinar on July 18<sup>th</sup>, which addressed basics of advocacy. Several people were on the webinar (unknown number as many were in groups).

**Goal 4: CTF ILINOIS Advocacy with host or participate in at least 12 community service events in the first year**

Outcome:

Coordinator participated in the following community events

- Speak Up Speak Out Summit in Springfield
- Champaign Transition Meeting
- Transition Planning Committee Roundtable
- Human Services Committee meetings – monthly
- Alliance Regional training in Decatur – April 11
- Going Home Rally in Springfield – May 24

Hosting events began after official opening of the program

- March 6, 2017: Held open house at the site (about 20 people attended, including individuals/parents, teachers, ISC's, and representatives from other agencies)
- April 13, 2017: partnered up with Community Choices to host State Senator Scott Bennett to discuss the Able Act, state budget issues, and Medicaid cuts.

- May 16, 2017: hosted informational meeting - Rob Mulvaney from IATP (Illinois Assistive Technology Project) to present on Work Incentive Planning and Assistance (WIPA), which is a federally funded program created to help individuals receiving SSI/SSDI make informed choices about being employed, understanding how working is affecting your benefits, explanation of Social Security work incentives in addition to state benefits, such as Medicaid, subsidized housing, TANF, food stamps, worker's compensation and unemployment benefits. (6 people attended).
- In June, we hosted Illinois Association of Microboards and Cooperatives Community event featuring David Wetherow to discuss microboards and PATHs.
- In July, organized and hosted a community event featuring Ron Mulvaney from the Illinois Assistive Technology Project to talk about WIPA, employment, and social security benefits.
- Upcoming event scheduled for August 28, 2017: hosting Susan O'Neal from Equip for Equality to discuss types of guardianship, roles/responsibilities of guardians, process to obtain guardianship, and other legal issues.

## **NURSING**

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Individuals will receive nursing services at the CTF ILLINIOS Devonshire group home in Champaign. These seven individuals have developmental disabilities, are above the age of 18, and have a demonstrated need for supportive services in order to maximize their independence in a group home setting.

**Goal 1: Individuals served will have a 10% decrease in medication errors between July 1, 2016 and June 30, 2017.**

Outcome: Goal was met, there was only one medication error noted during this time period, which was in January.

**Goal 2: Individuals served will have skill progression in their self-medication goals in 10 out of 12 months as outlined in the QIDP monthly summary report.**

Outcome: All residents have shown progress towards their medication goals this year.

**Goal 3: CTF ILLINOIS will make approximately 20 nursing service contacts per month which will be available for review.**

Outcome: Nursing provided a total of 317 service contacts during the year, averaging 26 hours a month.

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**Champaign County Down Syndrome Network  
Performance Measures Outcomes 2017**

Our board meets the first Monday of each month to discuss and vote on appropriate activities and financial decisions which affect the DSN community. We follow our mission statement to help guide our decisions: "The Champaign County Down Syndrome Network operates as a not-for-profit organization serving families who have members with Down syndrome in Central Illinois. The DSN offers support to families by providing current information for parents, professionals, and the general public. We also reach out to new parents and try to raise awareness of Down syndrome in our community."

Our board is committed to continue to follow the DSN mission statement and act in the interests of our members. We continue to seek the best methods to better ourselves as a not-for-profit organization.

The past year we have facilitated activities to target particular age groups as well as events for whole family participation. We have had good attendance at these community events. We continually strive to meet the needs of our members. Our meetings are open to the public. In December a holiday party is held, and an annual picnic is celebrated in June. The DSN facilitates social interaction through outings, book clubs, pool parties, as well as our "tween" group's monthly events.

DSN's largest awareness and fundraising campaign is the annual Buddy Walk. It is a free event open to the public held at the Champaign County Fairgrounds. This year, over 1200 people registered online as walkers. The Down Syndrome Network (DSN) provides support to families by distributing information about our parent support group at local hospitals, schools, places of employment, community agencies and any other business, organization, agencies or public entity. The DSN also has an up-to-date website and Facebook page with contact information for the group and other Down syndrome organizations. We belong to two national organizations, The National Down Syndrome Society (NDSS) and the National Down Syndrome Congress (NDSC), and our local contact information is listed on both national websites.

The DSN provides parents with *new parent packets*, which contains valuable information. DSN parent volunteers have also visited the homes of new parents for in-person support. The DSN maintains an email list of parents and professionals in the area to keep up-to-date on matters that are timely or may have missed the newsletter. The DSN collaborates with other Down syndrome organizations such as Gigi's Playhouse, to provide other resources, workshops, and current information to help our members.☐

Is the program making an effort to identify demographics for persons served and/or not served as appropriate?  
*Yes. We do not discriminate.*

Is there some accountability for the speed of consumer access? *We try to reach all consumers in a timely manner. Most emails or phone calls are answered that business day. We have a new parent coordinator who follows-up with new families.*

Is the program investigating and reacting to variances in the above? *Yes. We evaluate our performance monthly & make changes to strategy at our board meetings*

**Consumer Outcomes**

The hospitals and clinics have referred several families to the DSN with a prenatal diagnosis of Down syndrome or a newborn baby diagnosed with Down syndrome. The DSN has referred families to appropriate community services such as early intervention, respite, pre-school, early childhood, daycare, vocational and recreation programs. Advocate family members have also assisted families who have children with Down syndrome with support at IEP meetings, vocational and recreational meetings, as well as guardianship assistance.

The DSN provides the opportunity for both the community and people with Down syndrome to assist in fundraising opportunities through the Buddy Walk. We have developed a relationship with the University of Illinois through special education classes.

**Utilization/Production Data Narrative**

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Following a tradition started by the National Down Syndrome Society (NDSS), the DSN will continue to organize the annual Buddy Walk to raise awareness in the community about Down syndrome. The Buddy Walk has become an opportunity to involve the community both in terms of participation and volunteerism. Last year's event was a great success with 1200+ walkers who registered online. It involved the community and people with disabilities participating together. We also will continue provide an annual conference for parents and the professional community of Champaign-Urbana on special-needs issues. This year's conference was a special "Brain Gym" presentation to help parents use specific mental & physical activities with their special needs child to aid in learning. Over 25 teachers, parents, and professionals were in attendance.

**Champaign County Regional Planning  
Decision Support Person Performance Measures Outcomes 2017**

***Families and individuals with DD in school and underserved populations will be aware of DHS waiver funding, how to be registered on the PUNS database, and resources available while waiting for DHS waiver funding. Measured by a spreadsheet with number of IEPs attended and sign in sheets at events indicating number of individuals in attendance.***

The past year we have attended nineteen IEPs and seventeen outreach activities. One hundred eighty-seven people attended IEPs and three hundred seventy-six people attended the outreach activities. ISC provided information about the Medicaid waiver program and the PUNS and gave out brochures and business cards at the IEPs and outreach activities. ISC also set appointments to start the PUNS process when it was possible to do so.

***100% of individuals registered for PUNS have expressed their choices for services. Measured by service preference assessment data.***

100% of individuals registered for PUNS expressed their choices for services via the PUNS. 67% of individuals registered for PUNS expressed their choices for services through the preference assessment data. 33% declined to complete a preference assessment. A common reason for the declination was the increased time commitment. In effort to increase the participation, individuals/families will be provided the option to complete the survey independently after the appointment through an online link to the survey.

Summary of the preference assessment data collected in FY2017 was provided.

***32 individuals awaiting DHS waiver funding will have a crisis management plan; a conflict free, person center, individual service plan; and be linked to available services. Plans will be maintained in individual client files; individuals will be tracked in the program database.***

55 individuals received individualized, person centered support services.

***100% individuals receiving CCDDDB funded services are screened for DHS waiver funding eligibility and if eligible, have the necessary documentation prepared for when they are selected from PUNS for waiver funding. Individual information will be kept in client files and the program database where a report on number of individuals can easily generated***

100% of individuals registered with PUNS were provided the list of the information required at the time of selection for funding. 22% of individuals on PUNS were newly registered in FY 2017 and have the necessary documentation prepared for when they are selected from PUNS for waiver funding. The 88% of individuals registered in PUNS prior to FY2017 already have most of the required information in their files. Specific focus will be on securing all required documentation for the individuals that are anticipated to be selected in upcoming PUNS selection.

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## ISC - Preference Assessment

**Q1. Personal Background and Social Summary (Provide a one-paragraph overview of the individual including a brief summary of the person's background, skills, and abilities, personal likes and dislikes current and future vision/hopes, relationships with family members and support staff) - Answers documented and on file.**

### Q2. What is your preferred living arrangement?

Answer Choices	Response Percent	Responses
Live with Family	60.45%	107
Live Alone	27.68%	49
Live with Roommates	16.38%	29
24-hour Supervised Group Home (CILA) - Single Bedroom	6.78%	12
24-hour Supervised Group Home (CILA) - Shared Bedroom	0.56%	1
24-hour Supervised Group Home (CILA)	1.13%	2
Community Living Facility (CLF)	0.0%	0
Intermediate Care Facility (ICF/DD)	0.0%	0
Host Family CILA	0.0%	0
SODC	0.0%	0
Preferred Number of Housemates		39
	Answered	177
	Skipped	0

**Q3. Where do you want to live? (City, county, or geographic region)**

Answer Choices

Answer Choices	Response Percent	Responses
Ludlow	0.56%	1
Urbana	16.38%	29
Bondville	0.0%	0
Broadlands	0.0%	0
Champaign	36.16%	64
Dewey	0.0%	0
Fisher	2.26%	4
Foosland	0.56%	1
Gifford	0.56%	1
Homer	0.0%	0
Ivesdale	0.0%	0
Longview	0.0%	0
Mahomet	0.0%	0
Ogden	2.82%	5
Penfield	0.56%	1
Pesotum	0.0%	0
Philo	0.0%	0
Rantoul	1.13%	2
Royal	5.08%	9
Sadorus	0.0%	0
St. Joseph	0.56%	1
Seymour	4.52%	8
Sidney	0.0%	0
Thomasboro	0.0%	0
Tolono	0.56%	1
Champaign-Urbana-Savoy	2.26%	4
Champaign County	8.47%	15
Outside of Champaign County	8.47%	15
	9.04%	16
	Answered	177
	Skipped	0

#### Q4. Employment or Volunteer

##### Answer Choices

	Response Percent	Responses
Office		
Retail	6.78%	12
Restaurant/Food Services	25.42%	45
Factory	29.94%	53
Outdoors	16.95%	30
Construction	5.65%	10
Automotive	2.26%	4
Service Industry	1.13%	2
Recreation	15.82%	28
Public Services	4.52%	8
Education/Childcare	7.91%	14
Agriculture	7.91%	14
With Animals	1.69%	3
The Arts	13.56%	24
Trade Work	4.52%	8
Health Services	0.56%	1
Finances	0.0%	0
Other (please specify)	0.0%	0
	35.59%	63
	Answered	177
	Skipped	0

#### Q5. Community Opportunities

##### Answer Choices

	Response Percent	Responses
Continuing Education		
Champaign Urbana Special Recreation (CUSR)	12.57%	22
Best Buddies	38.86%	68
Special Olympics	14.29%	25
Church	39.43%	69
Groups and/or Clubs	46.86%	82
Gardening	30.86%	54
Health & Wellness	12.57%	22
Other (please specify)	20.0%	35
	21.14%	37
	Answered	175
		2

**Q6. Leisure**

Answer Choices	Response Percent	Responses
Movies	91.48%	161
Theatre/Arts/Museums	61.36%	108
Shopping	63.07%	111
Zoo/Aquariums	74.43%	131
Parks	76.7%	135
Recreation/Sports	84.66%	149
Swimming	69.32%	122
Sporting Events	60.23%	106
Concerts	55.11%	97
Festivals	68.75%	121
Eating Out	91.48%	161
Other (please specify)	9.09%	16
	Answered	176
	Skipped	1

**Q7. What kind of supports do you need?**

Answer Choices	Response Percent	Responses
Independent/Daily Living	83.43%	146
Medical	53.14%	93
Financial	61.14%	107
Transportation	69.71%	122
Vocational	77.14%	135
Assistive Technology	20.57%	36
Socialization	64.0%	112
Behavioral Therapy/Counseling	28.0%	49
PT/OT/Speech	32.57%	57
None	0.0%	0
	Answered	175
	Skipped	2

**Q8. Are you currently receiving case management services? If so, where?**

Answer Choices	Response Percent	Responses
Not currently receiving services	54.86%	96
Current ISSA	0.0%	0
CCMHB / CCRPC Independent Service Coordination	0.0%	0
Developmental Services Center (DSC)	26.86%	47
Community Elements	5.14%	9
PACE Center for Independent Living	1.71%	3
Community Choices	10.29%	18
Other (please specify)	4.57%	8
	Answered	175
	Skipped	2

**Q9. Client's Full Name**

Answered	175
Skipped	2

**Q10. Age Group**

Answer Choices	Response Percent	Responses
Age 0-6 Years	2.29%	4
Age 7-12 Years	9.14%	16
Age 13-18 Years	25.14%	44
Age 19-59 Years	57.71%	101
Age 60-75+ Years	5.71%	10
Answered		175
Skipped		2

**Q11. Gender**

Answer Choices	Response Percent	Responses
Male	61.71%	108
Female	38.29%	67
Answered		175
Skipped		2

**Q12. Race**

Answer Choices	Response Percent	Responses
White / Caucasian	67.43%	118
Black / African American	21.71%	38
Asian	1.14%	2
American Indian / Alaska Native	0.57%	1
Other / Two or More Races	9.14%	16
Answered		175
Skipped		2

**Q13. Ethnicity**

Answer Choices	Response Percent	Responses
Hispanic / Latino	4.0%	7
Non-Hispanic	96.0%	168
Answered		175
Skipped		2

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**Q14. Current Zip Code**

Answer Choices	Response Percent	Responses
Ludlow 60949	1.71%	3
Urbana 61801	10.29%	18
Urbana 61802	12.0%	21
Bondville 61815	0.0%	0
Broadlands 61816	0.0%	0
Champaign 61820	9.71%	17
Champaign 61821	21.14%	37
Champaign 61822	14.86%	26
Dewey 61840	0.0%	0
Fisher 61843	2.29%	4
Foosland 61845	0.57%	1
Gifford 61847	0.57%	1
Homer 61849	0.57%	1
Ivesdale 61851	0.0%	0
Longview 61852	0.57%	1
Mahomet 61853	5.71%	10
Ogden 61859	0.57%	1
Penfield 61862	0.0%	0
Pesotum 61863	0.57%	1
Philo 61864	1.71%	3
Rantoul 61866	5.71%	10
Royal 61871	0.0%	0
Sadorus 61872	0.57%	1
St. Joseph 61873	4.57%	8
Savoy 61874	1.14%	2
Seymour 61875	0.0%	0
Sidney 61877	1.14%	2
Thomasboro 61878	0.57%	1
Tolono 61880	3.43%	6
Other (please specify)		3
	Answered	175
	Skipped	2

72

**Q15. ISC Coordinator/Surveyor**

Answer Choices	Response Percent	Responses
Kim Bowdry	0.0%	0
Babette Leek	0.0%	0
Mika Nelson-Klaudt	0.0%	0
Angela Yost	0.0%	0
Vaughn Wilson	0.0%	0
Mary Rascher	100.0%	175
Elizabeth Moscoso	0.0%	0
Kate Sheridan	0.0%	0
Other Team Member Completing Survey:	0.0%	0
	Answered	175
	Skipped	2

**Q16. Client's Current Preference Assessment Status**

Answer Choices	Response Percent	Responses
New	44.19%	76
Annual Update	55.81%	96
	Answered	172
	Skipped	5

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## Annual Performance Measures Report FY2016-2017 Outcomes For Champaign County Head Start/Early Head Start (CCHS)

The outcomes for the 2016-2017 school year were as follows:

Service Categories	Annual Targets	Annual Data
Community Service Events	1	26
Service/Screening Contacts	600	824
New Non-Treatment Plan Clients	55	72
Continuing Treatment Plan Clients	30	17
New Treatment Plan Clients	60	75
Other activities	8	40

Champaign County Head Start/ Early Head Start experienced a staffing change with the Social-Emotional Development Specialist (SEDS) role during 2016. After more than a decade of service Lynn Watson retired in April of 2016, creating an opening that needed to be filled. By August 2016, the Early Childhood Division Director had contracted with Elise Belknap to provide SEDS services for the students and families of CCHS. With the new hire came a new approach to providing services. Changes to strategies and supports will be identified in the narrative below.

The Head Start/Early Head Start (HS/EHS) program had 17 Continuing TPC rollover from the 2015 – 2016 school year. Those clients were in counseling, play therapy or had Individual Success Plans (ISP) in the 2015 – 2016 school year that continued on into the 2016 – 2017 school year.

The New TPC clients for this school year totaled 75. Those clients were children that had a new Support Plan (replacing the ISP) developed during a one-hour meeting by the support team including parents, teachers, site managers, family advocates, any other important stakeholders, and the SEDS. Support plans include a hypothesis for the function of the challenging behavior experienced in class and/or at home and goals related to the identified behavior. Support plans also include prevention strategies, new skills to teach, suggested teaching strategies, and new response strategies for when the child engages in the challenging behavior and for when they engage in positive behavior at home or in the classroom. New TPC clients also includes children that had social/emotional goals added to their lesson plans due to scores above the cutoff on the ASQ-SE, and new clients in counseling or play therapy services.

HS/EHS exceeded the target number of 60 New TPC's by 15. The Social-Emotional Development Specialist received 79 referrals for children demonstrating challenging behavior in the classroom or at home. Out of the 79 referrals, four parents did not sign the consent for a social-emotional observation. The total TPC goal for this school year was 90. HS/EHS did not meet that target because of a lower than expected continuing TPC count of 17 instead of 30.

The new NTPC goal for this school year was 55. During the 2016 – 2017 school year the SEDS supported 72 NTPC clients surpassing the goal of 55 by 17. This year's number may seem significantly less than previous years. That is because the current SEDS interprets who qualifies as a new NTPC differently than the previous SEDS. In previous years this category included parent/teacher meetings to discuss concerns of a child, ISP team meetings, and parent training. It was logical to the current SEDS that this category includes any individual that warranted an informal consultation with teachers, parents, medical professionals, or local school district staff. This year NTPC category is determined by the number of clients who were discussed but did not require goals, treatment plan, or support plan. The meetings identified in previous years as NTPC were instead counted this year as service contacts.

(74)

The Service Contacts target this year was 600. The cumulative number of Service Contacts was 824. The services counted under this category included Social Emotional classroom observations, individual child observations, child and family focus meetings, support plan meetings, parenting consultations, parent counseling sessions, crisis interventions, play therapy, 1:1 behavior support in the classroom, teacher consultation, meetings required to complete functional behavior assessments, informal consultation contacts, meetings to support referrals, parent meetings and trainings, and the number of ASQ SE screenings completed.

Community Service Events included representing CCHS at community meetings such as, the Infant Mental Health central chapter, Champaign Community Coalition, CU Neighborhood Champion meetings, and Early Intervention LIC meetings. The goal for Service Events was 1 and SEDS participated in 26 of these events.

The Other category consists of staff trainings, social-emotional information shared through parent newsletters. Our goal was 8 for this category and HS/EHS achieved 40. This significant surpassing of the goal was due to the current SEDS providing more staff trainings than anticipated in order to support responsive relationships between children and staff an important component of preventing challenging behaviors in the classroom.

The board is well aware of the fiscal challenges of the last couple of years in the state of Illinois. For most social service agencies and school settings the needs of the community continue to increase and while funding for services has continued to decrease. Champaign County Head Start/Early Head Start very much appreciates the support of the Mental Health Board to fund services for some of the most vulnerable and marginalized members of our community.

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44 E Main, Suite 419, Champaign, IL 61820  
(217) 621-1090  
www.communitychoicesinc.org

## Performance Measure Outcomes, FY 2017: Community Living Program

### Community Transitional Support

*(Goal: 15 individuals)*

- Number individuals served: 18
  - Number individuals living independently in the community: 15
  - Number individuals with guardians: 3
  - Number individuals with payees: 10
  
- Individual Plans and Assessments:
  - Number of individuals completing person-centered plans: 10 (Plans are still being developed for several participants in the Planning phase. Several other participants left the program before their plan for the year was due to be renewed, and several others remain in consultation and receive services as needed and thus do not have a formal plan)
  - Assessments:
    - Number of "Personal Outcome Measures" completed: 14
      - Individuals increasing their score in at least one area: 6 (please note that not all individuals completing the POM were doing so for the second time, making score comparison impossible)
      - Based anecdotal analysis of POM results for individuals participating in the program throughout the phases, program staff found that individuals reported on their POMS increased satisfaction in domains relating to their personal goals from the program. This continues to be an area that staff will use to evaluate program validity.
  
- Planning Phase Outcomes
  - Individuals served in the Planning phase: 4
  - Individuals completing the planning phase: 3
    - Goals met by individuals in the planning phase: One individual moved into a house with roommates, one individual began informal meetings with a potential roommate
    - New Community Activities engaged in: Two individuals began walking together regularly
  
- Move-Out Phase Outcomes
  - Individuals served in the Move-Out phase: 8

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- Individual completing the Move-Out phase: 6
  - Examples of goals met by individuals in the Move-Out phase: Moving into new and more ideal living situation, Navigation to local businesses and a family members home using a white cane and public transport, preparation of food [eggs, stuffed shells, enchilada casserole, bacon, mac and cheese], advocating to landlord for needed repairs, writing a formal letter including standard mailing conventions, updating a resume, planning, saving, and financing the purchase of a vehicle, voting in the presidential election, saving toward moving expenses and security deposit
  - Examples of new Community Activities engaged in: two individuals began having lunch together occasionally, two individuals started a movie club, one individual began playing video games with roommates, one individual began visiting preferred community locations on his own
- Reach-Out Phase Outcomes
  - Individuals served in the Reach-Out Phase: 8
  - Individuals completing the Reach-Out Phase: 2
    - Examples of goals met by individuals in the Reach-Out Phase: Fixing up a bicycle and riding for transportation, completed home-repair projects, responding to and handled a security breach by an employer, preparation of food [home-made BBQ sauce, spaghetti, applying for and completing a financial aid audit, voting in the presidential election, accessing programs for low income residents (YMCA scholarship, low cost internet service, etc)
    - Examples of new Community Activities engaged in: Three individuals started an informal lunch club, one individual joined a gym, another individual began attending a regular work-out group, one individual began attending a movie group

### Life-Skills Training

- Number of Life Skills Classes Offered: 5
  - Topics – Men’s Group 2x, Women’s Group 2x, Intro to Technology 1x
    - Skills learned by participants: Coping skills, understanding and using peer support, friendship building skills and strategies, use of personal technology devices (smart phones and tablets), how to access and use email on personal devices, how to access and use text messages on personal devices, email, phone, and texting etiquette, how to identify and respond safe and unsafe communication using technology, how to use an app to plan routes and use the MTD
    - A curriculum for how to cook health vegetable dishes was also developed to be taught later
  - Number of total participants: 21
- Number of Personal Support Workers with increased skills: 11 PSWs increased their skills and ability to provide support to individuals with disabilities

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- Examples of skills gained: How to fade back support, how to support with job development and coaching, communication tools and strategies (PECS, checklists, visual supports, etc.), how to coach financial decisions and budgeting in a person-centered way

#### **Accomplishments Beyond our Deliverables**

- **Home-Based Service Facilitation (Funded by State of Illinois)**
  - Number of individuals served: 33
    - Number of visits with individuals and families: 46
    - Number of individual goals met: 33
      - Examples of goals met: getting a volunteer job, cooking healthy meals, living within a budget, exercising regularly, joining a community group, using coping skills to control anger, learning parenting skills to care for son
      - Examples of natural supports built: friendship formed with a coworker, neighbor, and church member, regularly attending events at Parkland College, becoming a regular at the YMCA, gaining closer relationships with past acquaintances
  - Development of new HBS Service Facilitation options for upcoming shift in the organization of state-funded services
    - Staff worked to create a menu of services that individuals and families can choose to purchase with their HBS waiver funds to better meet their needs and budgets
    - Staff worked to keep abreast of changes to the develop new tools and methods for using state funds in progressive and person-centered ways

### **Performance Measure Outcomes, FY 2017: Customized Employment Program**

#### **Discovery/Career Planning (Goal: 11 Individuals)**

- Number of individuals completing the Discovery Process: 16

#### **Job Matching (Goal: 7 Individuals get paid jobs, 4 Individuals get unpaid volunteer or internship jobs)**

- Number of individuals acquiring paid jobs: 7
- Number of individuals acquiring unpaid volunteer or internship jobs: 4

#### **Short-term Employment Support (Goal: 11 Individuals)**

- Number of individuals receiving short-term support on-the-job: 11

#### **Long-term Employment Support (Goal: 25 Individuals)**

- Number of individuals receiving long-term support: 25
- 21/25 (84%) of Individuals retained their job during the year
  - 2 individuals quit, 2 individuals fired

Examples of support: Supported individual, mediated situation, and problem solved in order to avoid termination, provided basic support to solve a situation that presented, quarterly check ins and updates, retraining, training new tasks added to job description, fielded questions and concerns from family members, helped resolve scheduling issues, assisted in requesting time off, assisted in changing availability of shifts, supported at team meetings and employee reviews, provided visual supports and task analyses for job duties

- Number of active employers of individuals working with Community Choices: 23

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### Accomplishments Beyond our Deliverables

- Number of individuals acquiring jobs through DRS: 8
- Employment staff engage in partnerships with the following groups and organizations: APSE, the Transition Planning Committee, Disability Expo, the Crisis Response Planning Committee, Cunningham Children's Home, Rosecrance, IAG, DSC, including collaboration on the Employment 1<sup>st</sup> Initiative

### Performance Measure Outcomes, FY 2017: Self-Determination

#### Building Community

- Social Events held: 48
  - Average attendance per event: 12 individuals
  - Number of individuals attending for the 1<sup>st</sup> time: 7
    - Examples Types/Locations of Events: Series events in an effort to help participants feel like and be accepted as a "regular" (Urbana Food Truck Rally, Monthly Trivia Team at Jupiter's Pizza, Neighborhood Nights Live Music Events); Dining Groups (Fiesta Café, Red Robin, Siam Terrace, Potbelly's, etc.); Trip to Indiana Beach; U of I Hockey Game; Marching Illini Concert; Bowling
- Co-op Clubs: 4
  - Number of Individuals Participating in Co-Op Clubs: 15
  - Examples of Clubs being supported:
    - Wii Club: Members play Wii Games and enjoy snacks together at the organizers home
    - Area 51 Club: Members meet at an area café every 2 weeks to discuss "Fantastical Things" and lives/minds of the club members
    - Cooking Club: Members meet monthly at the organizers home to jointly prepare dinner, eat together, and watch a movie
    - Just for Fun Society: Members meet monthly or bi-monthly to do fun things around the community such as going to a movie, bowling, or playing Putt-Putt golf.
  - Examples of Relationships Built through these events: Individuals have contacted each other for company outside of the structure provided by Community Choices; One member threw a holiday party for his club members and their families; One group has been able to continue meeting without the support of the Community Choices facilitator
- Togethering Participants: 6
  - Examples of Connections/Relationships Built: One individual joined and became a regular speech-giving member in the area Toastmasters International Club, one person joined the CU Poetry Group, three individuals participated in the Ladies Geeking Out Meet-Up group at Titan Games, One individual joined a local Pokemon Go group, two individuals joined the 1 People CU organization and trained to volunteer at their free summer arts camp for middle schoolers

#### Self-Advocacy

- "Step Up to Leadership" Class Offerings: 1
  - Number of participants: 7
- Self-Advocacy Projects initiated: 1

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- The Leadership Class participants conceived of initiated a project where adult self-advocates with disabilities become mentors to secondary-school aged individuals also with disabilities
- On-going partnership and collaboration with CU 1 to 1 Mentoring Established
- Members trained and meeting regularly with dedicated mentees at Jefferson Middle School: 3
- Members regularly meeting as a group and one on one with staff for guidance and support in their mentorship efforts
- State-wide Events Attended: 2 (Speak Up – Speak Out, Going Home Rally)
  - Number of participants: 6
- Additional Opportunities created for the execution of leadership skills by individuals with disabilities: Presentation on adult services and the experience of living with a disability was developed collaboratively with one individual and presented to multiple U of I courses; One individual with a disability joined the Community Choices Board of Directors; two individuals with a disability took a leadership role in developing relationships and connections to their mentee’s families, one individual continue to co-develop and execute the leadership course

**Family Support and Education**

- Family Informational and Networking meetings: 8
  - Topics covered: The Host-Home CILA Model, Additional Day Program services in the Champaign Area, How to help families create a person-centered approach to meetings and interactions with adults with disabilities, Understanding Employment 1<sup>st</sup>, Community Input on Home-based Support needs and organizational policies, HBCS Rule Changes
    - Average Attendance: 28
    - New Attendees: 16
- Family Gatherings: 4
- Family Members Engaging in Advocacy: 10
  - Focus: Creating Housing Options – a workgroup met 6 times to develop systems to work toward supportive housing options in our community, these ideas were communicated to state leaders in supportive housing (Lore Baker and CSH Leadership)

**Accomplishments beyond our deliverables:**

- Individuals are made aware of additional community social events monthly and encouraged to participate without direct staff support.
- 7 inclusive, public, co-sponsored events with community groups were and executed. (Funded by the Illinois Council of Developmental Disabilities “A Life Like Any Other” grant).

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## Developmental Services Center CCDDB Performance Measurement Outcomes FY 17:

### Apartment Services:

1. Measure: Within 30 days of receipt of a Referral for Residential Services, an individual's request will be presented to the Admission Committee for review.  
FY 17 Target: 90%  
FY 17 Outcome: 100%
2. Measure: Individuals participating in the Apartment Services Program will maintain/make progress toward their independent living skills objectives.  
FY 17 Target: 80%  
FY 17 Outcome: This goal was met at 83% of a random sampling.
3. Measure: Individuals will be given opportunities to explore and/or participate in new activities or hobbies.  
FY 17 Target: 35 new opportunities  
FY 17 Outcome: 32 new opportunities were recorded with people reporting going to Iowa on a trip with her brother, celebrating one year of employment, joining a choir, and buying a new laptop.
4. Measure: The Apartment Services Program will provide services to 63 people.  
FY 17 Target: 63 people  
FY 17 Outcome: A total of 63 people were provided services this fiscal year with DDB dollars.

### Clinical Services:

1. Measure: Clinical Services will provide support to 70 individuals. Attendance and participation will be monitored by consultants' detailed billing statements and clinical notes.  
FY 17 Target: 70 individuals  
FY 17 Outcome: 71 individuals received services in the fiscal year.
2. Measure: DSC's Clinical Coordinator will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all receiving DSC/CCDDB funded counseling support.  
FY 17 Target: 100%  
FY 17 Outcome: 100%
3. Measure: DSC's Psychiatric Practice will review patient progress on a regular basis and attempt to reduce the number and dosage of psychotropic medications when deemed clinically appropriate and document such attempts in the psychiatric notes.  
FY 17 Target: 100%  
FY 17 Outcome: 100% reviewed
4. Measure: People receiving services will be satisfied with services received:  
FY 17 Target: 90%  
FY 17 Outcome: 100%.
5. Target to have 15 service contacts and 18 were reported.
6. Target to complete two community service events and two were completed.

### Community Employment:

1. Within 30 days of receipt of requisite eligibility documentation, an individual's request for Community Employment support and services will be presented to the Admissions Committee for consideration.  
FY 17 Target: 90%  
FY 17 Outcome: 100%
2. Measure: Individuals will maintain their job for at least one year.  
FY 17 Target: 75%  
FY 17 Outcome: Goal exceeded at 89%.
3. Measure: New employers/businesses will hire individuals with ID/DD.

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FY 17 Target: Eight

FY 17 Outcome: Goal exceeded with sixteen new businesses.

4. Target to conduct two Service Contacts was met with five contacts completed.
5. Target to attend two Community Service Events was met with attendance at four events.
6. Target to provide services to 50 people this fiscal year was exceeded as 55 people received DDB funded services.

**Connections:**

1. Measure: Of the projected 60 participants to be supported, 25% will be from outside the cities of Champaign and Urbana, increasing opportunities for rural residents.  
FY 17 Target: 15 rural participants  
FY 17 Outcome: Fifteen rural participants were invited to attend activities, but only nine chose to participate.
2. Measure: A diverse array of social events/activities will be offered.  
FY 17 Target: Twenty different types of events will be offered.  
FY 17 Outcome: Twenty-nine different types of activities were provided including art shows, the Speak Up Speak Out Summit in Springfield, sports events, and support groups.
3. Measure: Self-advocates will demonstrate sensitivity to cultural diversity by engaging in relevant activities.  
FY 17 Target: Four cultural activities  
FY 17 Outcome: Four cultural activities
4. Target to have at least 40 different activities/events was exceeded with 50 activities.
5. Target to provide support to 60 TPCs and 15 NTPCs for a total of 75 people was met with 65 TPCs and 16 NTPCs with a total of 81 people enjoying the activities during the fiscal year.

**Family Development Center:**

1. Measure: Children will have a completed assessment on file within 14 days of evaluation.  
FY 17 Target: 90%  
FY 17 Outcome: Exceeded at 96%.
2. Measure: Families will be satisfied with services received.  
FY 17 Target: 90%  
FY 17 Outcome: 100%
3. Measure: Children will make progress toward developmental outcomes.  
FY 17 Target: 90%  
FY 17 Outcome: 100%
4. Target to provide services to 655 children during the fiscal year was exceeded with 671 receiving DDB funded services.
5. Target to complete 200 service/screening contacts was met at 226.
6. Target to attend 300 community service events was met at 425 with staff participating in day care settings, UIUC events, disability Expo, and Read Across America.

**Integrated and Site-based Services – Community First:**

1. Measure: Within 30 days of receipt of requisite eligibility documentation, an individual's request for supports and services will be presented to the Admissions Committee for consideration.  
FY 17 Target: 90%  
FY 17 Outcome: 100%
2. Measure: Individuals will achieve 40% participation in the community. Data will be tracked via attendance forms specifying hours spent in the community versus hours spent in site-based activity.  
FY 17 Target: Twenty-Four people  
FY 17 Outcome: Goal exceeded with 28 people spending over 40% of their time in the community.
3. Measure: Volunteer opportunities will be developed.  
FY 17 Target: Two more volunteer opportunities will be developed.

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- FY 17 Outcome: Three additional volunteer opportunities were developed this fiscal year.
4. Measure: Participants in the program will be formally opened in the Community Employment program for active job exploration.  
 FY 17 Target: Four people will be opened in the program.  
 FY 17 Outcome: Goal exceeded with eight people from the Integrated/Community First Program opened in Community Employment for job exploration this fiscal year.
  5. Target of 25 Non-Treatment Plan Clients to receive services was met for the fiscal year with a total of 118.
  6. Target of four Service Contacts was not met with only one being recorded this fiscal year.
  7. Target of four Community Service Events was met with a total of seven events being attended.
  8. Target of 53 to be provided service in the program – outcome of 52 were served in the program this fiscal year.

**Service Coordination:**

1. Measure: Within 30 days of follow-up contact/interview process and receipt of requisite eligibility documentation, an individual's request for services will be presented to the Admissions Committee for review.  
 FY 17 Target: 90%  
 FY 17 Outcome: This goal was met at 100%
2. Measure: DSC will initiate annual communication regarding status of those on waiting lists for all programs.  
 FY 17 Target: 100%  
 FY 17 Outcome: Goal met at 100% in first quarter.
3. Measure: Individuals receiving Service Coordination support will be satisfied with services received.  
 FY 17 Target: 90%  
 FY 17 Outcome: This goal was met at 100% from sampled people who returned the satisfaction survey.
4. Measure: DSC trained staff will complete a Personal Outcome Measure Interview with individuals in accordance with the Council on Quality and Leadership guidelines.  
 FY 17 Target: 40 interviews to be completed.  
 FY 17 Outcome: Because of limited interviewers and time constraints, only 25 interviews were completed.
5. Target to provide Case Coordination support to 305 people during the fiscal year.  
 FY 17 Outcome: Case Coordination support was provided to 297 TPC and 11 new NTPC this fiscal year.

**Champaign County Employment First:**

1. Measure: Quarterly information sessions will be provided for individuals currently participating in day program.  
 FY 17 Target: Four information sessions  
 FY 17 Outcome: One information session was held per quarter this fiscal year for a total of four including: Guardianship, Social Security, Preparing Family Members for Employment, and Employment from a Parent's Perspective.
2. Measure: Incorporate Employment First philosophy into new employee orientation and ongoing professional staff development.  
 Outcome: DSC - a power point presentation was created and is a part of employee orientation. On April 27<sup>th</sup> an all staff development day was held where Employment First information was presented. Community Choices – In FY 17 Employment First has been built into the Philosophy and Approach sections of the employee orientation trainings as an example of part of the system changes that are occurring in the larger DD services structures. Community Choices employment staff are also part of the Employment First Updates that come from Tania Morawiec and encouraged to participate in the trainings that are offered applicable to their jobs as well as to keep versed in the changes occurring.
3. Measure: Introduce Partners for Employment through presentations to area professional business organizations such as the Chamber of Commerce.

Outcome: Contact has been made with the mayor of Rantoul and a LEAP training will be in held in conjunction with their Small Business Training.

4. Target of 50 people to attend information sessions was met with 68 attending in total.
5. Target of three area professional business presentations was exceeded with a total of 18 being conducted.

## **Developmental Services Center**

### **CCMHB Performance Measurement Outcomes FY 17:**

#### **Individual and Family Support:**

1. Measure: Within 30 days of receipt of requisite eligibility documentation, an individual's request for Individual and Family Support services will be presented to the Admissions Committee for consideration.  
FY 17 Target: 90%  
FY 17 Outcome: 100%
2. Measure: All individuals who request community activities will participate in one a minimum of two times per month.  
FY17 Target: 90%  
FY17 Outcome: 100%
3. Measure: Individuals/guardians will participate in the choice of their IFS Service Provider.  
FY 17 Target: 100%  
FY 17 Outcome: 100%
4. Measure: Individuals receiving support will be satisfied with services received.  
FY 17 Target: 90%  
FY 17 Outcome: 100%
5. Target to conduct five service/screening contacts was met with nine service contacts being completed.
6. Target to attend two Community Service Events was met with attendance at four events during the fiscal year.

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**Illinois Association of Microboards and Cooperatives**  
**Building Inclusive Communities**  
August 25, 2017

**Consumer Access**

Performance Outcome Measures

*IAMC staff will contact and make formal or informal presentations to parent groups, self-advocacy groups, providers and other community groups to identify a broad cross-section of possible participants in Champaign County.*

Over the course of this year, the IAMC has made presentations for a variety of organizations including the Autism Network Support Group, CU Able, Community Choices, and four classes at the University of Illinois (9/28/16 and 4/11/17). Two presentations were made to the CCDDDB. The first was in January 2017, and the second on May 5, 2017.

We also met with Representative Carol Ammons (8/29/16), and Dr. Elizabeth DeGruy, Special Education Director for the Champaign School District (10/19/16). Informally we met with a staff member of Windsor Road Church and the pastor of the Mahomet United Methodist Church, who agreed to share our materials with families. We assisted CU Able by facilitating an organizational PATH for them on 1/7/17.

Statewide, we participated in presenting a session for the Illinois Council on Developmental Disabilities Retreat (9/22/16) in Bloomington. We were also asked to present at the International TASH Conference in St. Louis on 11/30/16 and at the Indiana Disability Conference, sponsored by the Governor's Council on Disabilities on 12/6/16.

We have been active participants with local organizations and events as well. In addition to participating on the Disability Resource Expo Steering Committee, we exhibited at the Expo (10/15/16). We also shared information at the Autism Conference 10/25/16, the Transition Conference (Effingham on 10/27/16), the Speak Up and Speak Out Summit (in Springfield on 10/31 through Nov 2, 2016). As a result of this exposure we have been connected with local families referred by others.

**Consumer Outcomes**

*Outcomes for this project occur in three areas: Quality of life outcomes for the individual with ID/DD, extended support and stability for families, and greater acceptance and inclusion in the community.*

Fourteen Person Center plans were developed, each identifying long term hopes and dreams for each individual.

Some examples include:

- A man with IDD now volunteers at a local nursing home 2-3 times a week and also at his church. He is collecting and making recipes with some assistance from a team member, and is learning to use his gas grill.

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- A young woman is living more independently in her own home and has increased her work hours at a local dentist office. She is swimming at the YMCA and volunteering at the humane society. She is collecting recipes and participating in a cooking club with friends.
- A man with autism is now taking a biology class at Parkland College. His team assisted him in thinking through ways for him to deal with anxiety and making a connection at the college with a faculty member who has welcomed him with open arms.
- A young woman who graduated in April transitioned so smoothly due to the work of her team, that her first day out of school was identical to her last day in school. She is staying connected with friends, and has joined a video-gaming club, participating in a Zumba class, and taking steps toward moving into her own place. She continues to volunteer, and is seeking employment with the support of her team. Her former teachers have continued as participants on the team.
- A team developed for another recent high school graduate with significant disabilities developed an individual "day program" that includes volunteering at the library and a local assisted living facility. She takes a water aerobics class at the Y, and invites friends to go with her on outings to various local events, or to just come over and hang out. Her team is planning to incorporate as a microboard and eventually become a CILA provider.
- The team for a young man who works at a local fitness center has been meeting regularly at the fitness center to allow his boss to participate on the team. The staff have worked hard to improve his participation on the job, including ways for him to better connect with customers. He just got a raise.
- Two other participants are focusing on studying for their GEDs. One is interested in writing, and the other in graphic design.
- A young woman with autism is learning skills for greater independence in her own home. She is interested and skilled at crafts and has connected with another community member with whom she shares that interest. They work together for fun at least once a week.
- Strategies are being implemented to assist one young man in transitioning from his parent's home into a supported living situation. Progress has been slower than hoped, but is being made.
- A young woman preparing to exit school has a team focused on a successful transition. The team includes former teachers, a therapist and extended family. The team has found a volunteer opportunity at Carle Clinic and is exploring options for transportation, specifically the use of Uber.
- A woman with IDD and health concerns who has been very dependent on her parents (and is still living with them) is working on independence in household skills and exploring activities that do not include her parents. She is volunteering at *Salt and Light* in Champaign. The next team meeting will take place there so that the supervisor can be a participant.
- The team of one young man with IDD is exploring physical accommodations that will allow him to live outside of his mother's home after graduation. His goal is to move in with his girlfriend, which has caused a bit of dismay among family members. We are working to focus on skills and adaptations for independence. For the very first time, he traveled alone on the MTD.
- Our most recent participant had her person-centered plan completed just a few weeks ago. Though she and her family have experienced many issues with advocacy through the years, they are excited about working with her strong team to really make positive changes for her future.

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*Documentation will include pictures of individual plans (with permission of individuals and their circle members), sign-in sheets for all meetings, evaluation forms and written summaries of progress.*

Pictures of each PATH, sign-ins for individual meetings, evaluation forms and progress notes will be made available to the board upon request rather than attached to this report, as personal information is included for community team participants as well.

### **Utilization**

*The IAMC Building Inclusive Communities project will identify at least 10 individuals with ID/DD and support them to each develop a circle that supports them through planning and facilitating a variety of activities and community access.*

A total of 21 families had initial meetings with IAMC staff to learn about the project and determine whether or not the process was a good match for them. Of those, 14 went forward with a person-centered plan (PATH) facilitated by IAMC staff or volunteers. Two individuals did not qualify for services. Four families chose not to participate at this time, and one other will be starting services in FY18.

*We anticipate monthly meetings for the purpose of developing the initial person-centered plan, with monthly follow-up meetings, training, and planning for further developing the PATH.*

Over the course of the year, 14 PATHS, 20 initial meetings and 44 individual team meetings have been convened.

Both the IAMC Staff and participants thank the members of the CCDDDB for an opportunity to implement this project in Champaign County, and we look forward to more great results as we continue moving forward on PATHs for a good future.

# Individual Advocacy Group

## FY17 Champaign County CILA Updates

IAG supports seven adults living in two homes sponsored by the Champaign County Board. Three men live in the Royal Oak home. There is currently one opening in that home. Four ladies live in the Englewood home.

The staffing ratio is 2:3 at the men's home during prime time and 1:3 all other times. The women's home has a 1:4 staffing ratio. On many occasions there is a 2:4 staff ratio to accompany the ladies on community integration experiences.

Our individuals are offered other community Day Programs or a Flexible Day Experience at IAG. This Flexible Day Experience includes customized programming based on individual's interests and goals. This Program can be expanded with Community referrals.

This past year has been challenging to recruit local professional support for this Program due to restrictions in funding.

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**PACE, Inc.**

**Opportunities for Independence**

**DATE: July 1, 2016 - June 30, 2017**

**Outcomes**

**CIVIL RIGHTS AND THE LAW OUTCOMES**

12	CL	101	Know Civil Rights
	CL	102	Knows Disability Law(s)
	CL	202	Increase Advocacy Assertiveness
	CL	203	Recognize and confront infringement of rights
	CL	302	Acquire advocacy
	CL	401	Change legal status
	CL	402	Filed Appeal (benefits/services, housing, agency decisions)
	CL	403	Filed Suit (discrimination, small claims, etc.)

**COMMUNICATION OUTCOMES**

	CM	138	Uses interpreter/ reader services
	CM	140	Uses relay services
	CM	206	Communicates confidently
	CM	207	Increase speech/reading
	CM	240	Uses message relay
	CM	241	Increased sign language
	CM	242	Fluent in sign
	CM	243	Communicates in groups
	CM	244	Communicates in social situations
	CM	245	Communicates in writing
	CM	246	Writes English or ASL gloss
	CM	247	Increased ability to express needs effectively
	CM	248	Writes effective letters
	CM	249	Communicates more comfortably with family and friends (resolve issues)
	CM	250	Communicates more comfortably on the phone
	CM	251	Communicates more comfortably with personal assistant
	CM	254	Reads written materials adequately through mechanical aids or Braille
	CM	255	Communicated using Assistive Technology
	CM	256	Writes legibly (signing checks, correspondence, etc.)
	CM	257	Uses time telling device
	CM	320	Acquires interpreter or reader services

**EDUCATION AND TRAINING OUTCOMES**

	ET	207	Increase advocacy ability to improve educational status
	ET	404	Started pre-vocational training
	ET	406	Started vocational training
	ET	407	Acquired GED
12	ET	408	acquired skill
	ET	410	Entered DRS VR
	ET	411	Applied to college
	ET	412	Entered College
	ET	415	Completed degree program

**EMPLOYMENT OUTCOMES**

	EM	107	Knows employment options
	EM	108	Knows work incentives
	EM	210	Identify skills acquired that can be transferred to another job
	EM	211	Identify Own Barriers to Employment

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1	EM	234	Able to Write Resume
3	EM	235	IDEN & CNTC Potential Employers
1	EM	238	Discuss Abilities with Potential Employers
	EM	239	Demonstrate Confidence with Employers
	EM	241	Knows own job accommodation needs
	EM	242	Able to Complete Application
	EM	243	Able to Write Cover Letter
	EM	244	Retains employment
3	EM	245	Active in Job Search
	EM	416	Entered sheltered employment
	EM	417	Maintained sheltered employment schedule
	EM	418	Entered transitional employment program
	EM	420	Entered employment
	EM	421	Maintained employment
	EM	422	Acquired volunteer work
	EM	423	Achieve job readiness (Interview skills, resume practice, realistic view of job market)

#### EQUIPMENT/ASSISTIVE TECHNOLOGY OUTCOMES

	AT	101	uses Assistive Technology
	EQ	124	Knows personal adaptive equipment needs
	EQ	134	Uses adaptive equipment for maximum independence
	EQ	312	Acquired mobility aid
	EQ	313	Acquired visual aid
	EQ	314	Acquired adaptive equipment
	EQ	315	Acquired equipment repair/maintenance
	EQ	317	Acquired equipment for work
	EQ	318	Acquired equipment for education
	EQ	319	Acquired TTY
	EQ	320	acquired free amplified phone through ITAC

#### FINANCE AND BENEFITS OUTCOMES

1	FB	109	Understands financial opportunities
	FB	110	Understands financial entitlements (tax abatements/waivers)
	FB	111	Knows earned and unearned income
	FB	112	Understands transfer benefits (food stamps/subsidy)
1	FB	210	Manages personal funds
	FB	215	Self advocates for benefits and financial assistance
	FB	303	Acquires SSI or SSDI
	FB	304	Acquires funds for equipment
	FB	305	Acquires rent subsidy
	FB	306	Acquired access grant funds
	FB	307	Acquired funds for TTY
	FB	308	Acquired funds for personal assistance
	FB	309	Acquired funds for vehicle modification
	FB	310	Acquired funds for education/training
	FB	321	Acquired means of support (gen assist, energy, food stamps, etc.)

#### HEALTH CARE/MEDICAL OUTCOMES

	HC	118	Knows basic health concept
	HC	119	Knows own medications
	HC	120	Knows own medical issues
1	HC	128	Knows health Diet
	HC	129	Knows exercise needs

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HC	217	Can cope with emergency situations
HC	218	Acquired appropriate medical assistance
HC	220	Knows severity of emergency situation
HC	223	Prevents health emergency
HC	227	Established Healthy Diet
HC	229	Established Exercise Routine

HOUSING OUTCOMES

HG	112	Know Housing Options
HG	211	Self-Advocate for Housing
HG	322	Acquired subsidized housing
HG	423	Became more independent in current living situation
HG	424	Improved home accessibility
HG	425	Moved from facility to family home
HG	426	Moved from facility to supervised residence
HG	427	Moved from facility to subsidized home
HG	428	Moved from facility to unsubsidized home
HG	429	Moved from family home to supervised residence
HG	430	Moved from family home to subsidized home
HG	431	Moved from family home to unsubsidized home
HG	432	Moved from supervised residence to subsidized home
HG	433	Moved from supervised residence to unsubsidized home
HG	434	Moved from group home to subsidized home
HG	435	Moved from group home to unsubsidized home
HG	436	Moved from transitional housing to group home
HG	437	Moved from transitional housing to subsidized home
HG	438	Moved from transitional housing to unsubsidized home
HG	439	Moved from restrictive residence to accessible home
HG	449	Moved from supervised living situation to less restrictive situation
HG	450	Moved to desired housing situation:
HG	451	Acquired homeownership skills
HG	452	Became homeowner
HG	453	Maintained Current Housing – Rent
HG	454	Maintained Current Housing - Ownership

PERSONAL ASSISTANCE OUTCOMES

PA	120	Understand Role and Function of PA Program
PA	222	Able to manage personal assistance services effectively
PA	228	Established and follows personal care routines -with or without PA assistance
PA	300	Acquire referrals from PACE
PA	311	Acquired and maintained personal assistant services effectively

DAILY LIVING/SELF CARE OUTCOMES

	DL	125	Knows personal safety
	DL	126	Knows how to arrange home for independence
	DL	130	Knows basic hygiene
	DL	131	Follows range of motion exercises
	DL	132	Acquired home support services
	DL	133	Knows community services
12	DL	134	Knows about Center for Independent Living Services.
	DL	136	Used memory cue options
	DL	216	Get Household Support
	DL	224	Follows self-care routines

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DL	226	Does household shopping chores
DL	231	Does personal self-care
DL	232	Knows Home safety measures
DL	258	Eats as independently as possible
DL	259	Sorts and label objects
DL	260	Uses vision to read daily
DL	261	Uses vision for recreational reading
DL	262	Uses vision at school
DL	263	Uses vision for job
DL	267	Uses visual aids and/or services
DL	268	Uses residual vision for independent movement
DL	269	Moves independently in home
DL	270	Travels safely in familiar places
DL	271	Travels to shop independently
DL	274	Travels to school or training independently
DL	275	Moves effectively in new location or area
DL	276	Develops sensory and mobility to adapt to new location
DL	277	Uses protective techniques to move safely
DL	278	Uses sighted guide techniques
DL	279	Able to negotiate street crossings
DL	280	Able to compensate for memory impairment
DL	316	Acquire Necessary Household Services
DL	334	Acquired and uses self-care aids and equipment
DL	335	Acquired/effectively uses home management aids equipment (e.g. cook, sew)

#### SELF HELP/PERSONAL OUTCOMES

	SH	114	Knows about own disability
1	SH	116	Learned about other disabilities
	SH	117	Learned general parenting skills
	SH	501	Feels better about self
17	SH	502	Copes with disabilities and attitudes
16	SH	503	Develops problem solving and decision making skills
12	SH	504	Applies problem solving and decision making skills
	SH	505	Developed goal setting skills
	SH	506	Comfortable with sexuality
	SH	507	Comfortable in public
	SH	508	Copes with own child's attitude towards parent's disability

#### SOCIAL RECREATION OUTCOMES

	SR	509	Know How to Participate in Social Recreation Activity
	SR	510	Increase social contact
	SR	511	Increase social recreation
	SR	512	Participates comfortably in social situations
	SR	513	Increases contact with other people with disabilities
	SR	514	Participate in support group for PWD's
	SR	515	Found friend to share activities with
	SR	516	Found a correspondent
	SR	517	Found satisfying hobby
	SR	518	Joined community group for social recreational activity
	SR	519	Participated in travels/recreational tours
	SR	520	Participated in sports/recreational activities with peers
	SR	521	Locate Accessible Social Recreational Facilities

TRANSPORTATION OUTCOMES

	TR	116	Know Transportation Options
	TR	143	Determined vehicle modification needs (assessment/training)
	TR	213	Coped with emergency transportation situations
12	TR	214	Learn how to get desired transportation
	TR	336	Acquired PWD license plate
	TR	338	Acquired driver's license
	TR	339	Acquired vehicle
	TR	340	Had vehicle modified
12	TR	341	Acquired desired transportation
	TR	440	Used specialized transportation with assistance
	TR	441	Used specialized transportation without assistance
	TR	442	Used public transportation with assistance
	TR	443	Used public transportation without assistance

YOUTH AND FAMILY OUTCOMES

	YF	101	Acquired Youth/Education Advocacy skills
16	YF	102	Increased Youth/Education Advocacy skills
	YF	103	Increased Family/Guardian Youth /Ed Advocacy skills in IEP process
16	YF	104	Increased knowledge of support for Youth w/Disabilities educational advocacy
	YF	105	Increased knowledge of support for Youth with Disabilities Transition
	YF	106	Participated in Youth with Disabilities Group
149			Total Outcomes

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**Rosecrance C-U  
Coordination of Services: DD/MI  
Annual Performance Report – FY 17**

**Consumer Access:**

This program is designed to assist Champaign County residents 18 years of age or older who have a developmental disability and a mental health disorder. We seek to provide the needed intervention and clinical expertise to help with the disorders and prevent hospitalizations, working toward long term stabilization in the community.

Prompt engagement of the clients is a priority in this program. The DD/MI Clinician, Miranda Hoffmann, was available to meet with referring parties/potential clients within a 4 week period or sooner unless the referral source requests a longer transition period into services. If she was not available her supervisor works on arranging contact within this timeframe and to provide linkage and/or direction if we cannot provide the needed service. There is a capacity limit, due to the intensity of engaged clients requiring frequent contact, as well as a lengthy time of engagement in order to maintain stability. Nine clients were closed from this caseload during FY 17 due to: moving out of the area, no longer feeling the need for services or failing to continue to engage in services.

The program accepts referrals from multiple sources, including Community Choices, Developmental Services Center, PACE, Champaign County Regional Planning Commission, Champaign County Probation Department, Residential Developers, parents or family members, and other local social service providers. Referrals were made internally from other departments at our agency including, TIMES, Respite and Access.

Ms. Hoffmann was a strong advocate for this target population and was effective in working with community partners and families, as well as with her individual clients. During FY 17 Miranda Hoffmann participated in 13 Community Service Events and participated on the planning committee for the annual Disability Fair.

**Utilization:**

During FY 17 thirty-seven clients received ongoing services. There were 24 screenings of potential clients for services and 18 clients were accepted into the program. Ms. Hoffmann averaged 82.76 hours of direct service per month.

The numbers we had targeted for FY17 were on target or surpassed what we had projected in two areas. We had 24 screenings verses the projected 8. This reflects the ongoing need/demand for these services by other agencies, family and friends. The most common services provided were: case management, community support individual or counseling services. We surpassed the ongoing number of projected Treatment Plan Clients from 32 to 37 by the end of FY17. It is felt that the fact that the community is becoming more familiar with this program and our proven track-record in providing these blended services to this population is the reason for its success.

**Consumer Outcomes:**

Clients were provided with Client Surveys to complete during this FY. 10 clients or family members completed the surveys. Results on these three questions will be reported. We would expect an 80% satisfaction rate by program consumers surveyed. 80% or 8 out of 10 clients reported being mostly or very satisfied by the services they were receiving from the case manager. In relation to how their situation or problem has changed, 80% or 8 out of 10 felt it was somewhat or much better. Lastly, If a friend needed similar help, would you recommend our organization? 80% or 8 out of 10 would recommend a friend to our organization.

**Unexpected or Unintended Results:**

We also have more clients working part-time on this caseload than ever before. Miranda supported and assisted clients in their efforts of planning toward part-time employment and making needed linkages in order for this to occur. This has helped to increase their self-confidence, assisted them in structuring their daily schedule and given them additional income to meet their needs.

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Miranda also worked diligently with each of her clients in educating and teaching them problem-solving skills, symptom management techniques, providing assistance with linkage to needed resources, & increasing their interpersonal skills with others as well as their leisure time activities. She also encouraged and demonstrated ways to increase their ability to tend to their own ADL's independently.

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## PERFORMANCE OUTCOME REPORT

UCP LAND OF LINCOLN

VOCATIONAL SERVICES

August 25, 2017

### **CONSUMER ACCESS MEASURES**

Referrals to UCP's Employment Program will come from the Division of Rehabilitation Services (DRS), CCRPC, schools and other agencies serving adults with developmental disabilities. UCP staff will provide referral agencies with ongoing in-service trainings on the program and how to identify potential customers for the program. UCP receives no state or Medicaid funding for extended support services or vocational training services in Champaign. UCP works with approximately 30 individuals with disabilities on job placement services in Champaign/Urbana area. Some of these individuals have been identified as needing long-term job support services in order to maintain successful employment in their communities.

100% of the referrals will be assessed for eligibility into the program. Program candidates will be contacted by UCP staff within 7 days of receipt of referral and they will set up a schedule for candidates to be assessed. UCP staff utilize a vocational questionnaire, the O-Net assessment, the Barriers to Employment Success Inventory and the Transition to Work Inventory to determine whether the candidate is accepted into the program. Individuals are also rated on their attendance and their willingness to participate. Although every assessment is scored, the individuals' acceptance into the program is based on the collective score of all the inventories, their attendance and participation during the evaluation process. Within 30 days, all assessments and inventories will be completed, the individual will be notified whether he/she has been accepted into the program and a schedule for program services will be set in place.

UCP Vocational staff will provide in-service trainings to DRS, CCRPC, schools and other organizations serving people with developmental disabilities about job coaching and case management services available to people who need long-term services in order to maintain successful employment.

UCP will develop a case file that will include the following information:

- Multi-Disciplinary Conference (Psychological Evaluation, Social History)
- UCP Individual Service Plan (goals and objectives, family information, future planning, education and work history, financial information, supports needed, rights/releases)
- Monthly Progress Reports

### **FY 2017 CONSUMER ACCESS OUTCOMES**

Most referrals did come from the Division of Rehabilitation Services (DRS), however there were two individuals that were directly referred from CCRPC. CCRPC continued to test all referrals for eligibility - if they were deemed eligible for UCP's program, the CCRPC case manager directly contacted UCP vocational staff while the person was in the CCRPC office and UCP staff walked down to meet the new program participant and set up the intake process - UCP and CCRPC offices are located in the same building. UCP requested that CCRPC provide a clear eligibility form (OBRA form) after the PUNS testing is complete. After each PUNS testing and eligibility process is done by CCRPC, the OBRA form is given to UCP staff. 100% of referrals were assessed for the program and questionnaires and inventories were used to determine whether the candidate was accepted into the program. Eligible referrals to the program continued to be down – many of the individuals being referred from DRS to UCP's employment programs have a mental health diagnosis and do not qualify under the UCP's DDB program.

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## CONSUMER OUTCOMES MEASURES

1. UCP will provide extended job supports/job coaching to 20 individuals with disabilities.
2. UCP will provide vocational training (janitorial training included) to 10 individuals with disabilities.

Objective #1: UCP currently provides job placement services to approximately 30 people with disabilities in the community. Some of these individuals will need extended job supports in the coming year in order to maintain their jobs. New referrals are consistently coming into the program from a variety of sources – some who are employed and have had a change in their workstation and need job support services to help them with the transition. All staff have goals that are directly connected to the agency's strategic plan and objectives. All vocational staff have goals tied to maximizing utilization of services by making monthly employer contacts to help individuals with finding employment.

Objective #2: Some of the referrals are individuals who are looking for employment, but need vocational training to help prepare them to become job ready. UCP can provide vocational training and help individuals to increase their employability skills. Vocational training includes learning appropriate work habits; interactions with supervisors and co-workers; identifying strengths and weaknesses; Employment etiquette; Social skills; Appropriate Dress and Personal hygiene; Interviewing and Resume development. If individuals are interested in the janitorial field, UCP will provide an 8-week janitorial training to program participants. Once they complete the vocational and/or janitorial training, UCP will help participants find a job in the community and provide the job supports necessary for them to be successful. UCP staff track participants' attendance and require their participation in training/finding employment at least three times a week.

### FY 2017 OUTCOMES

1. UCP provided extended job supports/job coaching to 8 individuals with disabilities.
2. UCP provided vocational training to 4 individuals with disabilities.

Out of 8 participants, 7 individuals found jobs in the community. Four clients completed vocational training and one individual was closed because she no longer needed support services. UCP did not meet its projected outcomes because many of the DRS referrals to UCP's employment programs did not meet DDB eligibility requirements once they were closed to DRS - many of the DRS referrals have a mental health diagnosis.

### CONSUMER UTILIZATION MEASURES

Treatment Plan Clients (TPC'S) – 50 (20 continued from last year, 30 new ones)  
Community Service Events (CSE's) – 70  
Service/Screening Contacts (SC's) – 160  
Contact Hours – 11,000

### FY 2017 CONSUMER UTILIZATION OUTCOMES

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Treatment Plan Clients (TPC's) – 8  
Community Service Events (CSE's) – 30  
Service/Screening Contacts (SC's) – 55  
Other (Contact Hours) – 1515.5

Numbers were low for TPC's, CSE's and SC's due to low referrals to the program – most of the individuals being referred to UCP from DRS have a mental health diagnosis and did not meet eligibility requirements to the program. Although UCP staff has tried to increase referrals to the program through marketing and networking efforts, the number of people with a developmental disability being referred to the program has been low over the entire year. UCP has had a reliable, stable staff to work with the individuals in the program this year and the staff provided support services to 8 individuals – 7 successfully working in the community. UCP believes this program is important and wants to continue to provide the necessary support services to people with developmental disabilities, but have recognized the numbers have not grown the way our agency anticipated they would. UCP decided to significantly decrease their request for funding from the DDB Board for the 2018 year.

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13.A.

## CCDDB 2017-2018 Meeting Schedule

### Board Meetings

8:00AM except where noted

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

September 20, 2017

October 25, 2017

November 15, 2017

December 13, 2017

January 24, 2018

February 21, 2018

March 21, 2018

April 25, 2018

May 23, 2018

June 27, 2018

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

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DRAFT  
2017-2018 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 2018 (July 1, 2017 – June 30, 2018).

<u>Timeline</u>	<u>Tasks</u>
07/12/17	Regular Board Meeting Approve Draft Budget Election of Officers
09/20/17	Regular Board Meeting
10/25/17	Regular Board Meeting Release Draft Three Year Plan 2016-2018 with FY18 Objectives Release Draft Contract Year 2019 Allocation Criteria
11/15/17	Regular Board Meeting Approve Three Year Plan with One Year Objectives Allocation Decision Support – CY19 Allocation Criteria
12/13/17	Public Notice to be published on or before this date, giving at least 21-day notice of application period.
12/13/17	Regular Board Meeting
01/05/18	Open CCMHB/CCDDDB Online System access to CY 2019 Agency Program and Financial Plan Application forms.
01/24/18	Regular Board Meeting
02/02/18	Online System Application deadline – System suspends applications at 4:30PM (CCDDDB close of business).
02/21/18	Regular Board Meeting List of Requests for CY19 Funding
03/21/18	Regular Board Meeting

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04/18/18 Program summaries released to Board, copies posted online with the CCDDDB April 25, 2018 Board meeting agenda

04/25/18 Regular Board Meeting  
Program Summaries Review and Discussion

05/14/18 Allocation recommendations released to Board, copies posted online with the CCDDDB May 23, 2018 Board meeting agenda.

05/23/18 Regular Board Meeting  
Allocation Decisions  
Authorize Contracts for CY19

06/27/18 Regular Board Meeting  
Approve FY19 Draft Budget

06/28/18 CY19 Contracts completed/First Payment Authorized

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13.B



## ACRONYMS

ABA	Applied Behavior Analysis
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ASD	Autism Spectrum Disorders
CART	Clinical Administrative Review Team
CILA	Community Integrated Living Arrangement
CMS	Center for Medicaid & Medicare Services
DCFS	Department of Children and Family Services
DD	Developmental Disabilities
DDD	Division of Developmental Disabilities
DHS	Department of Human Services
DMH	Division of Mental Health
DPH	Department of Public Health
DRS	Division of Rehabilitation Services
DSCC	Division of Specialized Care for Children
DT	Developmental Training Day Program for adults
EI	Early Intervention (birth to 3)
HBS	Home Based Services
HFS	Department of Health Care and Family Services (Public Aid)
HUD	Housing & Urban Development
ICAP	Inventory for Client and Agency Planning
ICF – DD	Intermediate Care Facility for Individuals with Developmental Disabilities
IDEA	Individual with Disabilities Education Act
IDPH	Illinois Department of Public Health
IEP	Individual Education Plan
ISBE	Illinois State Board of Education
ISC	Individual Service Coordination
ISP	Individual Support Plan
ISSA	Individual Service and Support Advocacy

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OIG	Office of the Inspector General
PACKET	Information on paper going to Network Facilitator advocating your need for help
PAS	Pre-Admission Screening
PDD	Pervasive Developmental Disorder
POS	Purchase of Service funding method – fee for service
PUNS	Prioritization of Urgency of Need for Services (waiting list)
QA	Quality Assurance
QIDP	Qualified Intellectual Disabilities Professional
QSP	Qualified Support Professional
SEP	Supported Employment Program
SNAP	Supplemental Nutritional Assistance Program (food stamps)
SNT	Special Needs Trust
SODC	State Operated Developmental Center
SSA	Social Security Administration
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
SST	Support Service Team
UCP	United Cerebral Palsy

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