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

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

## Champaign County Mental Health Board (CCMHB)

WEDNESDAY, September 17, 2014
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St.
Urbana, IL
4:30 p.m.
(Members of the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability are invited to sit in as special guests)

1. Call to Order - Dr. Deloris Henry, President
2. Roll Call
3. Citizen Input/Public Participation
4. CILA Expansion RFP Evaluation Committee
A. Oral Presentations (one hour)

At the request of the Committee CILA RFP applicants Individual Advocacy Group (IAG) and United Cerebral Palsy (UCP) will make brief presentations and respond to questions.
B. Evaluation Committee Recommendation for CILA Award
The Committee will consider and vote on a recommendation to the CCMHB and the CCDDB for the award of the CILA RFP.
5. Additions to the Agenda
6. CCDDB Information
7. Approval of CCMHB Minutes
A. 7/23/14 Board meeting*

Minutes are included in the packet. Action is requested.
8. President's Comments
9. Executive Director's Comments
10. Staff Reports

Reports are included in the packet.
9. Board to Board Reports
10. Agency Information
11. Financial Information*

A copy of the claims report is included in the packet.
12. New Business
A. CILA Expansion RFP Evaluation Committee Award* Minutes from the August 13, 2014 and the August 22, 2014 Committee meetings are enclosed for information only. Action on the award recommendation from the Evaluation Committee is requested.
B. Addendum to Intergovernmental Agreement*

A Decision Memorandum and Addendum to the Intergovernmental Agreement between the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability and the CCMHB are in included in the packet. Action is requested.
C. Draft Three-Year Plan 2013-2015 with FY 2015 Objectives
A Briefing Memorandum and draft of the Three Year Plan with Objectives for FY 2015 are included in the Board Packet.

## 13. Old Business

A. Disability Resource Expo

Written report is included in the Board packet.
14. Board Announcements
15. Adjournment
*Board action

## CHAMPAIGN COUNTY MENTAL HEALTH BOARD BOARD MEETING

Minutes—July 23, 2014
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington St Urbana, IL

4:30 pm.

## MEMBERS PRESENT:

Astrid Berkson, Aillinn Dannave, Bill Gleason, Deloris Henry, Mike McClellan, Julian Rappaport, Deborah Townsend

MEMBERS EXCUSED: Susan Fowler, Whom Moore
STAFF PRESENT:

OTHERS PRESENT:

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

Shandra Summerville, ACCESS Initiative; Maggie Thomas, UP Center; Bruce Barnard, Prairie Center Health Systems (PCHS); Dale Morrissey, Patty Walters, Developmental Services Center (DSC); Jennifer Knapp, Community Choices; Sue Suter, Mike Smith, Deb Ruesch, Phil Krein, Champaign County Developmental Disabilities Board (CCDDB); Beth Chato, League of Women Voters, Juli Kartel, Community Elements (CE)

## CALL TO ORDER:

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

## ROLL CALL:

Roll call was taken and a quorum was present.

## ADDITIONS TO AGENDA:

None.

## CITIZEN INPUT:

None.

## CCDDB INFORMATION:

The CCDDB met earlier in the day. Deb Ruesch was introduced as a newly appointed member to the CCDDB.

## APPROVAL OF MINUTES:

Minutes from the June 11, 2014 Board meeting were included in the packet for review.
MOTION: Mr. McClellan moved to approve the minutes from the June 11, 2014 Board meeting. Ms. Berkson seconded the motion. A vote was taken and the motion passed unanimously.

## PRESIDENT'S COMMENTS:

None.

## EXECUTIVE DIRECTOR'S COMMENTS:

Mr. Tracy gave an update on the Request For Proposals (RFP) for CILA Expansion in Champaign County. Mr. Tracy distributed a Memorandum from Dan Ohler regarding Home and Community Based Services (HCBS) regulations issued by the federal Centers for Medicare and Medicaid Services (CMS).

## STAFF REPORTS:

Reports from Mr. Driscoll and Mr. Parsons were included in the Board packet. Ms. Canfield provided a verbal report of her activities.

## BOARD TO BOARD:

None.

## AGENCY INFORMATION:

Mr. Dale Morrissey spoke regarding Developmental Services Center's (DSC) budget shortfall for the year. Mr. Morrissey reported DSC went on record to support a tax increase in the State of Illinois.

Jennifer Knapp from Community Choices reported on the Supportive Housing Institute.

## FINANCIAL INFORMATION:

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

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

## NEW BUSINESS:

## CCMHB 2015 Budget:

A Decision Memorandum on the Fiscal Year 2015 budgets for the CCMHB, ACCESS Initiative, and Juvenile Delinquency Prevention Fund were included in the Board packet. The CCDDB Budget was included for information only.

MOTION: Ms. Berkson moved to approve the budget documents for the CCMHB, ACCESS Initiative and Juvenile Delinquency Prevention Fund. Mr. McClellan seconded the motion. A roll call vote was taken. All members voted aye and the motion passed.

## The UP Center of Champaign County:

A copy of a letter from the Board president of the UP Center of Champaign County was included in the Board packet. The UP Center would like to be considered for funding if excess revenue becomes available. Maggie Thomas, Board President of the UP Center spoke regarding services the UP Center provides LGBTQ youth.

## Anti-Stigma Community Event:

A Decision Memorandum on sponsorship of an anti-stigma film at the Roger Ebert Film Festival was included in the Board packet.

MOTION: Mr. McClellan moved to approve up to $\$ 15,000$ as the CCMHB share, contingent on approval of $\$ 15,000$ by the CCDDB to fund an equal share. Dr. Rappaport seconded the motion. A roll call vote was taken and the motion passed unanimously.

## Draft Meeting Schedule and Allocation Timeline:

A draft schedule of meeting dates and topics, and a timeline for the 2015 allocation process was included in the Board packet for information only.

## OLD BUSINESS:

disAbility Resource Expo:
A written report from Ms. Barb Bressner was included in the Board packet for information only.

## BOARD ANNOUNCEMENTS:

None.

## STUDY SESSION PRESENTATION: CCDDB and CCMHB Discussion:

Members of the CCMHB and the CCDDB engaged in a discussion regarding the Request for Proposals (RFP) CILA Expansion process. Mr. Smith expressed his concerns regarding the process including liability, debt and risk. Numerous Board members engaged in the discussion and all were given an opportunity to express any concerns and ask questions. Dr. Krein requested a study session be held later in the year to discuss what worked and what didn't work during the RFP process.

The CCDDB will hold their future meetings directly after the CCMHB meetings in order to collaborate more closely.

## ADJOURNMENT:

The meeting adjourned at 6:25 p.m.
Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff
*Minutes are in draft form and subject to CCMHB approval.

## Mark Driscoll

## Associate Director for Mental Health \& Substance Abuse Services

## Staff Report - September 17, 2014 Board Meeting

## Summary of Activity

Draft Three-Year Plan with Objectives for FY 2015: A draft of the new Three-Year Plan 2013-2015 with Objectives for FY 2015 is included in the packet. A Briefing Memo provides a brief summary of emerging issues and existing commitments that resulted in the additional objectives. Following release of the draft plan input from providers and other interested parties will be solicited and any comments received given consideration in preparation of the final document.

Parenting with Love and Limits: The Parenting with Love and Limits-Front End (PLL-FE) and Parenting with Love and Limits-Extended Care (PLL-EC) programs had their annual review meetings with Ellen Souder of Savannah Family Institute in late July and early August. The conference calls are held with the therapists and are open to CCMHB and juvenile justice partners. I was able to take part in the PLL-FE call but due to a conflict missed the PLL-EC call.

Outcomes reported for the PLL-FE finds $90 \%$ of families that completed the intake process engaged in the program and of those that engaged $90 \%$ graduated from the program. The PLL-EC program enjoyed similar levels of success with $92 \%$ of families that completed an intake engaged in the program and of those that engaged $84 \%$ graduated from the program. Savannah Family Institute (SFI) sets a minimum performance threshold of $70 \%$ for engagement and $70 \%$ graduation rate. Annual reports for both programs have been reviewed and are on file if anyone is interested in seeing the full reports.

Peter and I also had a conference call with Ellen Souder and John Burek of SFI to discuss PLL, the CHOICES pilot project, and opportunities for the two to work together.

Program Monitoring: Six more contracts were monitored in late August and September. All reported activity for periods selected for review had documentation that either met expectations or was sufficient to verify activity. None had findings requiring corrective action. Reports on each visit have either been completed or are in process. Programs reviewed include the Children's Advocacy Center, the Courage Connection A Woman's Place program, the Regional Planning Commission Youth Assessment Center (Quarter Cent and CCMHB funded contracts), and the Family Service Self Help Center program and Counseling program. Site visits have yet to be completed on ten programs.

Fourth quarter program reports have been received from all agencies. Desk reviews of each report have been completed. Some technical assistance on report requirements and system navigation was provided prior to the deadline. Annual performance outcome reports are also submitted as part of the closeout of the program year. These reports are under review. My intent is to provide copies of the reports to the Board as part of the October Board packet.

Reimbursement Tracking System: Initial steps have been taken to implement the Reimbursement Tracking System (RTS) developed by the Proviso Township Mental Health Commission (PTMHC) several years ago. The RTS is a web-based fee for service billing system used to process claims for client services from providers. A service agreement or contract has been executed between the PTMHC and CCMHB for use of the system. As previously reported CCMHB staff was trained on the administrative functions of the system in late May.

The initial rollout of the RTS involves four contracts with four different agencies. Each of the agencies has been added to the system and along with program details. Rates to be paid based on past contracts or recently negotiated have been posted to the system and linked to the respective programs. The four programs are Community Choices Community Living program, Community Elements TIMES Center program, Developmental Services Center Service Coordination program, and Family Service Counseling program.

Following set up of the system, plans were made to train agencies on use of the system. The training was held on August $14^{\text {th }}$ led by Ms. Lisa Loster, Director of Grants at Proviso Township Mental Health Commission. The next step is for agencies to set up client records and submit billings for July and August services.

Champaign County Reentry Council: The Reentry Council continues to hold monthly meetings. Each meeting includes a report from one of the various task groups. The August meeting was on crisis services including respite care. The September meeting was on data collection and evaluation. Each packet includes research associated with the particular topic as well as recommendations from the associated task group.

Initial data collection will focus on client engagement: number of referrals received and completed screenings, clinical and case management services provided, and successful discharges. The Client Writes consumer survey used by Community Elements will enable outcomes related to experience with the program as well as changes in life situations such as relationships, housing, and health to be compared to similar programs as well as provide benchmarks. Recidivism will be measured too. The intent is to track participants for a three year period following successful discharge from the reentry program and compare results to non-participants and those not successfully completing the program.
Continuum of Care/Council Of Service Providers to the Homeless: Attended meetings of the Continuum of Care and the Council of Service Providers to the Homeless. Both groups focus their efforts on meeting the needs of men, women, and families that are homeless or at risk of homelessness. At the Continuum meeting, a report was given on plans to establish a system for coordinated/centralized intake for serving the homeless population as required by the Department of Housing and Urban Development (HUD). On a related matter the Continuum is investigating becoming a legal entity. At the CSPH meeting, plans for reopening Austin's Place at First United Methodist Church this winter were shared with the group. Austin's Place serves single women who are homeless. The shelter would reopen in Mid-December and close the end of March. Last winter it served 32 unduplicated women. Capacity is eight women per night. An update on plans to open the Emergency Family Shelter was also made at the meeting. The Housing Authority has not closed on the purchase of the two buildings from IHDA. Once purchased, the buildings will be rehabbed. The earliest the shelter would open is Spring of 2015.

## Lynn Canfield, Associate Director for Developmental Disabilities Staff Report - September 17, 2014

Board Documents: I prepared a draft version of the CCDDB Three Year Plan for Fiscal Years 20132015 with One Year Objectives for Fiscal Year 2015. The numerous suggested changes and additions to objectives are identified by strikethroughs and italics. Many are in response to the changing context, and a few result from previous objectives accomplished. This document appears in the CCDDB packet and will be shared with stakeholders for their input.

FY2015 Contracts: All FY15 contracts related to Intellectual and Developmental Disabilities services and supports have been executed. All forms submitted through the online system have been revised as negotiated, with the exception of expense and revenue forms for the Developmental Services Center's Integrated and Site Based Services contracts, as we clarify the relationship between contracts with each of the CCMHB and CCDDB. All board members have unique logins and passwords for read-only access to all submitted application forms and required quarterly and annual reports.

Following our August $14^{\text {th }}$ training on the new Reimbursement Tracking System, Community Choices and Developmental Services Center each began entering claims related to a fee for service contract, Community Living and Service Coordination, respectively. With support from Proviso Township Mental Health Commission staff, who developed the RTS system, CCMHB/CCDDB staff entered the agencies, agency users, programs, codes/rates, and objectives and have begun working with the agencies on uploading client data and entering claims.

FY2014 Contracts and Program Monitoring Visits: With the exception of two to be rescheduled for program staff availability, FY14 program monitoring visits of ID/DD programs funded by the CCDDB and the CCMHB have been completed. All required follow-up has also been completed, and reports are either finished or in progress. Annual performance outcome reports and fourth quarter program reports have been submitted for ID/DD programs, and I am in the process of completing the desk reviews; some additional information has been requested and received. I hope to provide an overview of all program performance outcomes in October and would like to include some analysis of aggregate Persons Served data, a new requirement for adult programs in FY14.

Alliance for the Promotion of Acceptance, Inclusion, and Respect: I have continued to arrange for, and at times transport, Alliance artist installations at Café Kopi. Two walls of the downtown Champaign coffee shop are reserved for our artists' work, and we rotate the installations according to the shop owner's schedule, approximately every two months. He has been pleased with the shows so far, and I have promoted them through our facebook page and word of mouth. Planning for Ebertfest 2015 has begun, and an earlier-than-usual meeting of the planning committee (fall rather than early spring) will allow us to discuss potential opportunities. I have had meetings and email exchanges with the festival coordinator and planning committee members regarding ideas; a film suggestion was forwarded to the
festival director, gallery spaces reserved for art shows, and panel discussion slated once again. Because local school administrators expressed interest in collaboration last year, I will keep them informed about film selection, in case a school screening or other activity is possible.

Other Activity: disAbility Resource Expo Steering Committee activities are summarized in Barbara Bressner's report to the boards, elsewhere in this packet; I've also participated in Marketing/Sponsorship and Pride Room Subcommittees, as usual. Meeting minutes of the CILA Expansion RFP Evaluation Committee appear in the packet. I remain involved with the Metropolitan Intergovernmental Council (May $20^{\text {th }}$ and September $16^{\text {th }}$ meetings) for updates and discussion typically focused on economic development; through these, I've invited dialogue with the Dean of Adult Education and Workforce Development at Parkland and with the CU Mass Transit District's new director for clarification of existing programs and services and for possible collaborations. I have begun chairing ACMHAI's DD subcommittee, which meets every other month, participating in monthly NACBHDD I/DD calls as practical, and 'attending' relevant webinars such as the Governor's Office of Health Innovation and Transformation's Long-Term Services and Supports Subcommittee (Conflict-free Case Management and Person-Centered Planning, e.g.) and the LEAD Center's "Customized Employment: Moving Beyond the Basics." I look forward to attending NACBHDDD and ACMHAI meetings this fall to improve my understanding of major shifts in the broader context.

Ligas, PUNS, and Unmet Need: Data sorted for Champaign County, from the IDHS website's August 13 update, is added below; full report attached.
2/1/11: $\quad 194$ with emergency need; of 269 with critical need, 116 are recent or coming grads.
4/5/11: $\quad 198$ with emergency need; of $\mathbf{2 7 4}$ with critical need, $\mathbf{1 2 0}$ are recent or coming grads.
5/12/11: $\quad 195$ with emergency need; of $\mathbf{2 7 2}$ with critical need, $\mathbf{1 2 1}$ are recent or coming grads.
6/9/11: $\quad 194$ with emergency need; of $\mathbf{2 6 8}$ with critical need, $\mathbf{1 2 0}$ are recent or coming grads
10/4/11: $\quad 201$ with emergency need; of $\mathbf{2 7 8}$ with critical need, $\mathbf{1 2 3}$ are recent or coming grads.
12/5/11: $\mathbf{1 9 6}$ with emergency need; of $\mathbf{2 7 4}$ with critical need, $\mathbf{1 2 2}$ are recent or coming grads.
5/7/12: $\quad 222$ with emergency need; of $\mathbf{2 8 9}$ with critical need, $\mathbf{1 2 7}$ are recent or coming grads.
9/10/12: $\quad \mathbf{2 2 4}$ with emergency need; of $\mathbf{2 8 8}$ with critical need, $\mathbf{1 3 1}$ are recent or coming grads.
10/10/12: $\quad \mathbf{2 2 4}$ with emergency need; of $\mathbf{2 9 9}$ with critical need, $\mathbf{1 3 4}$ are recent or coming grads.
1/7/13: $\quad \mathbf{2 2 5}$ with emergency need; of $\mathbf{3 0 4}$ with critical need, $\mathbf{1 4 0}$ are recent or coming grads.
2/11/13: $\quad \mathbf{2 2 6}$ with emergency need; of $\mathbf{3 0 8}$ with critical need, $\mathbf{1 4 1}$ are recent or coming grads.
6/10/13: 238 with emergency need; of $\mathbf{3 4 5}$ with critical need, $\mathbf{1 5 6}$ are recent or coming grads.
10/15/13: 244with emergency need; of $\mathbf{3 7 8}$ with critical need, $\mathbf{1 6 0}$ are recent or coming grads.
11/8/13: $\quad \mathbf{2 4 6}$ with emergency need; of $\mathbf{3 9 2}$ with critical need, $\mathbf{1 6 4}$ are recent or coming grads.
1/9/14: $\quad \mathbf{2 4 7}$ with emergency need; of $\mathbf{3 9 3}$ with critical need, $\mathbf{1 6 5}$ are recent or coming grads.
2/10/14: $\quad \mathbf{2 4 9}$ with emergency need; of $\mathbf{3 9 5}$ with critical need, $\mathbf{1 6 6}$ are recent or coming grads. 6/10/14: $\quad \mathbf{2 5 2}$ with emergency need; of $\mathbf{3 9 6}$ with critical need, $\mathbf{1 6 9}$ are recent or coming grads.
9/17/14: $\quad 261$ with emergency need; of $\mathbf{4 2 5}$ with critical need, $\mathbf{1 8 0}$ have exited school in the past 10 years or expect to in the next 3 years.

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

Because eligibility determination is done after selection from PUNS, presence in the data does not mean that all individuals reported have a qualifying diagnosis. Persons served through CCDDB and CCMHB funded programs may also be enrolled in PUNS, especially if they are likely to qualify as Ligas class members and receive a state award for Home and Community Based Services. IDHS' "Determination of Intellectual Disability or Related Condition \& Associated Treatment Needs" is attached.

In a September $5^{\text {th }}$ meeting with Kevin Casey and Greg Fenton of IDHS-DDD, Darlene Kloeppel of the Champaign County Regional Planning Commission, and Susan Suter, discussion spanned many topics, including recommendations of the Case Management redesign project to date, one of which is the completion of eligibility determination upon PUNS enrollment rather than after selection from the database. The remaining workgroup recommendations are expected on October 22. A September $12^{\text {th }}$ meeting is scheduled with Darlene Kloeppel and Rebecca Woodard for overview of the PAS/ISC roles and of the PUNS system.

## PUNS Data By County and Selection Detail

August 13, 2014

## County: Champaign

## Reason for PUNS or PUNS Update

New
Annual Update 175

Change of category (Emergency, Planning, or Critical) 105
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 or Critical) 25
Moved to another state, close PUNS 127
Person withdraws, close PUNS 5
Deceased 16
Other, supports still needed 3
Other, close PUNS 1
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., 8
hospitalization of care giver or temporary illness of an individual living in their own home
hospitalization of care giver or temporary illness of an individual living in their own home.
2. Individual needs immediate support to stay in their own home/family home
situation (long term); e.g., due to the person's serious health or behavioral issues. 31
3. Care giver needs immediate support to keep their family member at hal issues.
family member recuperating from illness and needs short term enhanced supports. $\quad 6$
4. Care giver needs immediate support to keep their family member at home (long term); e.g., care giver is

$$
\begin{aligned}
& \text { permanently disabled or is terminally ill and needs long term enhanced supports immediately to keep their family } \\
& \text { member at home. }
\end{aligned}
$$

## 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).
2. Death of the care giver with no other supports available.
3. Death of the care giver with no other supports available.
4. Person has been commited by the court or is at risk of incarceration.
5. Person is living in a setting where there is suspicion of abuse or neglect. 2
$\begin{array}{lr}\text { 5. Person is in an exceedingly expensive or inappropriate placement and immediately needs a new plaec to live } & 5 \\ \text { (for example, an acute care hospital, a mental health placement, a homeless shelter, etc). } & 10\end{array}$
(for example, an acute care hospital, a mental health placement, a homeless shelter, etc.).
6. Other crisis, Specify:

## 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.
2. Person has a care giver (age $60+$ ) and will need supports within the next year.
3. Person has an ill care giver who will be unable to continue providing care within the next year. ..... 35
4. Person has behavior(s) that warrant additional supports to live in their own home or family home. ..... 7
5. Individual personal care needs cannot be met by current care givers or the person's health has deteriorated. ..... 46
6. There has been a death or other family crisis, requiring additional supports. ..... 10
7. Person has a care giver who would be unable to work if services are not provided. ..... 4
8. Person or care giver needs an alternative living arrangement. ..... 34 ..... 34
9. Person has graduated or left school in the past 10 years, or will be graduating in the next 3 years. ..... 12
10. Person is living in an inappropriate place, awaiting a proper place (can manage for the short term; e.g., ..... 180
persons aging out of children's residential services). ..... 211. Person moved from another state where they were receiving residential, day and/or in-home supports.
11. The state has plans to assist the person in moving within the next (from ander
Intermediate Care Facility for People with Develoving within the next year (from a state-operated or private ..... 1
12. Person is losing eligibilty for Department of Children and Family Services supports in the next year ..... 5
13. Person is losing eligibility for Early Periodic Screening, Diagnosis and Treatment supports in the next year. 17. Person is residing in an out-of-home residential setting and is losing funding from the public school system. ..... 3
14. Person wants to leave current setting within the next year. ..... 1
15. Person needs services within the next year for some other reason, specify: ..... 5
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)
16. Person is not currently in need of services, but will need service if something happens to the care giver. .....
80 .....
80 the person).
17. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move
18. Person lives in a large setting, and person/family has expressed a desire to move (or the state plans to move ..... 1 ..... 1
1
19. Person is disatisfied with current residential services and wishes to move to a different residential setting.
2
. Person wishes to move to a different geographic location in Illinois,
1
1
20. Person currently lives in out-of-home residential setting and wishes to return to parents' home and parents ..... 2 concur.
2
21. Person is receiving supports for vocational or other structured activities and wants and needs increased .....  supports to retire.
22. Person or care giver needs increased supports.
87
87
23. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years.
24. Person is losing eligibility for Department of Children and Family Services supports within 1-5 years. ..... 1
25. Other, Explain: ..... 11
EXISTING SUPPORTS AND SERVICES
Respite Supports (24 Hour)
Respite Supports ( $<24$ hour) ..... 17
Behavioral Supports (includes behavioral intervention, therapy and counseling) ..... 32
Physical Therapy ..... 103
Occupational Therapy ..... 78 ..... 78
Speech Therapy ..... 138
Education ..... 166
Assistive Technology ..... 225
Homemaker/Chore Services ..... 42
Adaptions to Home or Vehicle ..... 4
Personal Support under a Home-Based Program, Which Could Be Funded By Developmental Disabilites, ..... 6
Division of Rehabilitation Services or Department on Aging (can include habilitation, personal care, respite, retirement supports, budgeting, etc.)
Medical Equipment/Supplies .....
15 .....
15
Nursing Services in the Home, Provided Intermittently
5
5
Other Individual Supports ..... 25
TRANPORTATION
Transportation (include trip/mileage reimbursement) ..... 141
Other Transportation Service
Other Transportation Service
73
73
Senior Adult Day Services
Senior Adult Day Services
1
1
Developmental Training ..... 93
"Regular Work"/Sheltered Employment
81
81
Supported Employment ..... 40
Vocational and Educational Programs Funded By the Division of Rehabilitation Services
14
14
Other Day Supports (e.g. volunteering, community experience) ..... 16
RESIDENTIAL SUPPORTSCommunity Integrated Living Arrangement (CILA)/FamilyCommunity Integrated Living Arrangement (CILA)/Intermittent5
Community Integrated Living Arrangement (CILA)/Host Family ..... 5
Community Integrated Living Arrangement (CILA)/24 Hour ..... 1
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 16 or Fewer People ..... 33 ..... 33
Intermediate Care Facilities for People with Developmental Disabilities (ICF/DD) 17 or More People ..... 16 ..... 16
Skilled Nursing Facility/Pediatrics (SNF/PED) ..... 3 ..... 3
Supported Living Arrangement ..... 4
3
Shelter Care/Board Home
1
1
Children's Residential Services ..... 5
Child Care Institutions (Including Residential Schools) ..... 6

Other Residential Support (including homeless shelters)

## SUPPORTS NEEDED

Personal Support (includes habilitation, personal care and intermittent respite services) ..... 277
Respite Supports (24 hours or greater)
82
82
Behavioral Supports (includes behavioral intervention, therapy and counseling) ..... 151
Physical Therapy
104
104
Occupational Therapy
182
182
Speech Therapy .....
165 .....
165
Assistive Technology
Assistive Technology
90
90
Adaptations to Home or Vehicle .....
32 .....
32
Nursing Services in the Home, Provided Intermittently
Nursing Services in the Home, Provided Intermittently
8
8
Other Individual Supports
Other Individual Supports ..... 58
TRANSPORTATION NEEDED
Transportation (include trip/mileage reimbursement) ..... 295
Other Transportation Service ..... 142
VOCATIONAL OR OTHER STRUCTURED ACTIVITIES
Support to work at home (e.g., self employment or earning at home) ..... 6
Support to work in the community
187
187
Support to engage in work/activities in a disability setting ..... 205
RESIDENTIAL SUPPORTS NEEDED
Out-of-home residential services with less than 24-hour supports ..... 104
Out-of-home residential services with 24-hour supports ..... 129
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 IL462-4428 (R-9-13) Determination of Intellectual Disability or Related Condition \& Associated Treat

 NO, the individual does not require active treatment for intellectual disability or a related condition. (See DDD PAS Manual, Section 500.30.)

CHAMPAIGN COUNTY
EXPENDITURE APPROVAL LIST

expendittirf:
AMOUNT






## 8/07/14

trans po no check check account number
ACCOUNT DESCRIPTION
ITEM DESCRIPTION

vendor total
integrated svcs aug VENDOR TOTAL
COMMUNITY HOME AUG名 0
0
0
0
0
0
2
0
0
0
0
0 trauma training aug VENDOR TOTAL
 vendor total FAMILY COUNSEL JUN SELF HELP AUG
 FAMILY COUNSEL AUG
VENDOR TOTAL
UnEmpl TAX Q2 2014

| $\begin{aligned} & \text { VENDOR } \\ & \text { NO } \end{aligned}$ |  | TRANS NO | No CHECK nUMBER | $\begin{aligned} & \text { CHECK } \\ & \text { DATE } \end{aligned}$ | ACCOUNT NUMBER | ACCOUNT DESCR | IPtion |
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| 22730 | DON MOYER BOYS | \& GIRLS CLUB |  |  |  |  |  |
|  | 8/04/14 01 VR | 53-297 | 510274 | 8/07/14 | 090-053-533.92-00 | CONTRIBUTIONS | \& GRANTS |
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CHAMPAIGN COUNTY


# CHAMPAIGN COUNTY MENTAL HEALTH BOARD and CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD 

## CILA Expansion Evaluation Committee RFP 2014-001 Proposal Opening

Minutes-August 13, 2014
Brookens Administrative Center
Lyle Shields Room
1776 E. Washington $S t$
Urbana, IL
3:30 p.m.

MEMBERS PRESENT: Lynn Canfield, Cindy Creighton, Dave Happ, Deloris Henry, Deborah Townsend, Sue Suter, Peter Tracy, Mike Smith

MEMBERS EXCUSED: Deb Curtin, Mark Doyle
OTHERS PRESENT: Nancy Crawford, Stephanie Howard-Gallo, Deb Ruesch

[^0]Respectfully
Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD and CHAMPAIGN COUNTY DEVELOPMENTAL DISABILITIES BOARD 

## CILA Expansion Evaluation Committee Meeting RFP 2014-001

Minutes—August 22, 2014<br>Brookens Administrative Center<br>Lyle Shields Room<br>1776 E. Washington St<br>Urbana, IL<br>1:30 p.m.

MEMBERS PRESENT: Lynn Canfield, Cindy Creighton, Deb Curtin, David Happ, Deloris Henry, Deborah Townsend, Sue Suter, Peter Tracy, Mike Smith<br>MEMBERS EXCUSED:<br>Mark Doyle<br>OTHERS PRESENT: Elizabeth Gephart, Brenda Yarnell, United Cerebral Palsy Land of Lincoln; Nancy Crawford, Mark Driscoll, Stephanie Howard- Gallo, CCMHB/CCDDB Staff

## Introduction:

Peter Tracy provided an overview of the Request for Proposals process. The deadline for the RFP was 3:00 p.m. on August 13, 2014. At 3:30 p.m. on that day, the proposals were formally opened and recorded. Three proposals were received. They were: Community Alternatives Illinois (Res-Care), Individual Advocacy Group, and United Cerebral Palsy Land of Lincoln. Copies of the three proposals were distributed to all committee members for review.

## Review of Proposals:

A preliminary anonymous vote was taken by paper ballot. Ms. Howard-Gallo was given the paper ballots and recorded the votes. The result was as follows: Individual Advocacy Group, 6 votes; United Cerebral Palsy, 3 votes; and, Community Alternatives Illinois, 1 vote. A summary written by Lynn Canfield and Peter Tracy comparing the proposals was distributed to committee members. A written review of each agency's cultural competency was prepared by Shandra

Summerville and provided to committee members. Committee members proceeded to discuss the proposals and voice any concerns. After a lengthy discussion, another anonymous vote was taken by paper ballot. Ms. Howard-Gallo was given the paper ballots and recorded the votes. The result was as follows: Individual Advocacy Group (IAG), 7 votes; United Cerebral Palsy (UCP), 3 votes; and, Community Alternatives Illinois (CAI), 0 votes.

## Recommendations:

The Evaluation Committee requested clarification concerning IAG's position on signing the CILA house lease agreements with Champaign County. In their application, IAG states the people living in the homes sign the lease agreement. The RFP states the Respondent signs the lease. Members of the Evaluation Committee want it understood that the selected Respondent is expected to sign the lease and that it would not be acceptable for the people living in the CILA homes to sign the lease. Mr. Tracy will contact IAG regarding this.

The Committee decided to move to "Phase III" of the selection process by scheduling oral presentations on September 17, 2014 as part of the CCMHB and CCDDB September Board meetings. It was unanimously agreed to take the following actions: (1) invite UCP to appear before the Evaluation Committee, the CCMHB , and the CCDDB for an oral presentation to clarify in more detail information that was submitted in their proposal; (2) Invite IAG to appear for an oral presentation if they agreed to comply with the specifications of the RFP concerning the Respondent signing the lease agreement, otherwise, IAG would not be invited for the oral presentation; (3) Community Alternatives Illinois was eliminated from consideration and would not be invited for an oral presentation.

## Respectfully

Submitted by: Stephanie Howard-Gallo
CCMHB/CCDDB Staff

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

## DECISION MEMORANDUM

DATE:
TO:
FROM:
SUB.JECT:

September 17, 2014
Members, Champaign County Mental Health Board
Peter Tracy, Executive Director
Addendum to the CCMHB-CCDDB Intergovernmental Agreement

## Background

On May 21, 2014 the Champaign County Mental Health Board (CCMHB) passed the motion authorizing the release of the Request For Proposals for Community Integrated Living Arrangement Services in Champaign County. On June 3, 2014 the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability (CCDDB) revisited the question of supporting the CILA Expansion RFP and approved the motion. Both motions included references to executing an addendum to the Intergovernmental Agreement to reflect the respective Boards status as partners in the RFP process.

Subsequent to the action taken by the CCMHB and the CCDDB, staff has drafted an addendum to the Intergovernmental Agreement and is attached. Action is requested.

## Decision Section

Motion: Move to approve the addendum to Intergovernmental Agreement between the Champaign County Mental Health Board and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.


## ADDENDUM TO INTERGOVERNMENTAL AGREEMENT

This Addendum to Intergovernmental Agreement is entered into this day of September, 2014, by and between the Champaign County Mental Health Board ("MHB") and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability ("DDB").

Whereas, MHB and DDB entered into an Intergovernmental Agreement dated June 30, 2012 ("Agreement").

Whereas, MHB and DDB desire to amend the Agreement by providing for the sharing of costs related to the acquisition of residences to be used to provide Community Integrated Living Arrangement Services ("CILA").

Now, therefore, MHB and DDB hereby agree as follows:

1. MHB shall acquire residences in Champaign County to be leased to a CILA provider to provide housing to residents in Champaign County that qualify for CILA services.
2. MHB shall acquire such residences with financing provided by one or more local banks.
3. MHB and DDB agree that for so long as a residence is owned by MHB and used to provide CILA services to residents of Champaign County, each party shall be responsible for one-half of all costs associated with the acquisition of such residences, the debt payments associated with such residences, the maintenance costs of such residences and the costs associated with any disposition of a residence.
4. MHB and DDB agree that once a residence is no longer to be used to provide CILA services, MHB shall enter into a listing agreement with a realtor in an attempt to sell such residence. The parties agree that the proceeds, net of all selling expenses, from the sale of such residence shall be distributed equally to MHB and DDB .

In witness whereof, the parties have executed this Addendum as of the date first written above.

For the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability

For the Champaign County Mental Health Board

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

BRIEFING MEMORANDUM

DATE: $\quad$ September 17, 2014
TO: CCMHB Members
FROM: Mark Driscoll, Associate Director
SUBJECT: Draft Three-Year Plan 2013-2015 with FY 2015 Objectives
The current Three-Year Plan 2013-2015 enters its third year of implementation. The draft Plan with Objectives for Fiscal Year 2015 builds on the prior fiscal year. While many objectives reflect on-going commitments, others have been revised or added to advance the goals of the Plan or respond to changes in the operating environment.

Issues coming to the forefront over the last year are reflected in the new or revised objectives. Collaboration with the criminal justice system continues to be a high priority for the Board. Parallel to this CCMHB commitment of resources, the Champaign County Board has contracted with Community Elements to implement a reentry program including establishing a Reentry Council. The need for expanded Community Integrated Living Arrangement (CILA) capacity in Champaign County has become evident. Such need is clearly demonstrated by the "Champaign Eleven" families living in Champaign County for whom an award has been made by the state to serve a family member but for whom a CILA placement is not available. The ACCESS Initiative Cooperative Agreement ends in FY 15 bringing federal support to a close. This requires planning and action for continuing the system of care. Issues at the state level with the shift to managed care organizations, Medicaid expansion, and uncertainty regarding the temporary tax increase all have the potential to impact consumer's access to services and provider's capacity to serve them.

In response to these issues, proposed objectives in the updated plan include plans for sustaining the ACCESS Initiative, development of additional Community Integrated Living Arrangement (CILA) capacity, fostering greater communication between the CCMHB and the CCDDB, supporting reentry planning for those involved with the criminal justice system, sustaining the commitment to cultural competence as a priority of the Board, piloting a web-based fee for service billing system, and tracking developments at the state level that impact local services.

## Three-Year Plan for FY 2013-2015 with One-Year Objectives for 2015

The goals listed are for the period of 2013 through 2015. Objectives are for the 2015 fiscal year. A draft of the Plan is attached with proposed new or modified objectives italicized and underlined while completed objectives are lined out.

Staff has had an opportunity to review the draft document and will hold further discussions. This will include consideration of comments received from interested parties. Following release of the draft Plan to the Board, the document will be disseminated for comment.

The updated Three Year Plan will be presented for approval at the November 19 , 2014 Board meeting.

# CHAMPAIGN COUNTY MENTAL HEALTH BOARD 

THREE-YEAR PLAN

FOR

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

WITH

# ONE YEAR OBJECTIVES 

FOR

FISCAL YEAR 2015
(1/1/15-12/31/15)

## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

## MISSION STATEMENT

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

## STATEMENT OF PURPOSES

1. To plan, coordinate, evaluate and allocate funds for the comprehensive local system of mental health, intellectual disabilities and developmental disabilities, and substance abuse services for Champaign County.
2. To promote family-friendly community support networks for the at-risk, underserved and general populations of Champaign County.
3. To increase support for the local system of services from public and private
sources.
4. To further develop the systematic exchange of information about local services and needs between the public/private service systems and the CCMHB.

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

## CHILDREN, ADOLESCENT, AND FAMILY FOCUSED PROGRAMS AND SERVICES

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

Objective \#1: Support use of evidence based/informed models for provider programs serving families with children age birth to five, and require collaboration and coordination by providers to limit duplication of effort.

Objective \#2: Participate in collaborative bodies such as the Champaign County Birth to Six Council whose mission focuses on serving families with young children.

Objective \#3: Collaborate with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability on issues of mutual interest associated with early intervention services and programs.
Objective \#4: In consultation with the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability continue realignment of CCMHB funding to support eatly intervention services for children with an intellectual disability or developmental disability or delay

Goal \#2. Identify youth at risk of social, emotional, and/or behavioral health issues and, using evidence based/informed services, engage in a process of healing and positive development.

Objective \#1: Gontinue development and Complete implementation of the SAMHSA Children's Mental Health Initiative Cooperative Agreement for the ACCESS Initiative system of care delineated in the SAMHSA application, including cultural competence development and support, subject to post-award changes as determined by the Coordinating Council, principle investigators, project director, and ACCESS team and partners.

Objective \#2: Continue discussions with ACCESS Initiative partners whose systems benefit from the youth and family interventions delivered through the ACCESS Initiative system of care to identify innovative means for sustaining system change. Enter into Intergovernmental Agreements with other local government funders to support the Community Coalition and the Access Initiative System of Gare

Objective \#2: In collaboration with other units of local government and key stakeholders, implement an effective sustainability plan for the ACCESS Initiative beginning in October 2015. Elements of the sustainability plan should address systems-level coordination, availability of services and supports, cultural and linguistic competence, and viable family and youth organizations.

Objective \#3: Reinforce Collaboration efforts with the City Of Champaign and other units of local government to support and expand the Community Alliance which will serve as the "systems level" for the post-ACCESS Initiative system of care for children and youth.

Objective \#4: Support continued implementation of the Parenting with Love and Limits (PLL) program based on positive evaluation and feedback from community partners and stakeholders.

Objective \#5: As practicable, leverage resources of juvenile justice system stakeholders and units of local government benefitting from the outcomes of youth and families engaged in PLL.

Objective \#6: Maintain collaboration with juvenile justice system stakeholders on implementation and evaluation of the Quarter Cent for Public Safety Fund supported services and PLL and the integration of Quarter Cent funded services and PLL with the ACCESS Initiative.

Objective \#7: Monitor evaluation of the ACCESS Initiative through engagement with evaluators on progress, including interim outcomes of the local and national evaluation, and through participation in the ACCESS Evaluation Collaboration Team.

Goal \#3: Support adults' and families' access to services and programs, including evidence based/informed behavioral health practices to increase positive outcomes for consumers.

Objective \#1: Continue participation and support for Champaign County Specialty Courts serving persons with substance use disorders and/or mental health disorders.

Objective \#2: Support a continuum of services for persons with a mental health, substance use disorder, intellectual disability and/or developmental disability in response to reduced state supported services.

Objective \#3: Promote wellness for people with mental illnesses, substance use disorders, intellectual disabilities, and/or developmental disabilities to prevent and reduce early mortality as embodied in the " $10 \times 10$ Wellness Campaign."

Objective \#4: Encourage training of staff across the service spectrum on use of evidence based/informed practice and associated outcome measurement.

## COMMUNITY ENGAGEMENT \& ADVOCACY

Goal \#4: Address stigma associated with a person's or family members' mental illness, substance use disorder, intellectual disability, and/or developmental disability through broad based community education efforts to increase community acceptance and positive self-image.

Objective \#1: Continue support for and involvement in the signature antistigma and community education events disAbility Resource Expo: Reaching Out for Answers, Roger Ebert's Film Festival, and the ACCESS Initiative Children's Mental Health Awareness Week.

Objective \#2: Participate in other community based activities such as walks, forums, and presentations to raise awareness.

Goal \#5: Stay abreast of emerging issues affecting the local systems of care and consumer access to services and be proactive through concerted advocacy efforts.

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

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

Objective \#3: Monitor implementation of the Illinois Employment First Act including any associated rulemaking.

Objective \#4: Continue broad based advocacy efforts at the state and local levels to respond to continued reductions in state funding and increasing delays in payment for local community based mental health, substance use disorder, and intellectual disability and developmental disability services and supports and to the broader human services network under contract with the State of Illinois.

Objective \#5: In collaboration with the United Way of Champaign County, monitor implementation of the regional 211 information and referral system and its impact on local utilization of funded information and referral services.

Objective \#6: Assess impact on local systems of care for persons with mental illness, substance use disorder, intellectual disabilities and/or developmental disabilities of the State of Illinois and provider networks movement to a regional service delivery model.

Objective \#7: Collaborate with the Illinois Department of Human Services and the Illinois Department of Healthcare and Family Services to support and participate in the implementation of Medicaid managed care pilot projects. This would also include anticipated changes in the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) Medicaid program.

## RESOURCE DEVELOPMENT \& COLLABORATION

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

Objective \#1: Through participation in the Association of Community Mental Health Authorities of Illinois (ACMHAI) and other state and national associations, seek input and feedback on innovative approaches for resource development or cost containment.

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

Objective \#3: Consider non-financial support to agencies to offset state funding reductions and control costs.

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

Objective \#5: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers residing in Rantoul and rural Champaign County.

Goal \#7: Sustain the collaborative working relationship with the Champaign County Board for Care and Treatment of Persons with a Developmental Disability (CCDDB).

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

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

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

Objective \#4: In collaboration with the CCDDB, implement contracts to expand the availability of Community Integrated Living Arrangement (CILA) housing opportunities for people with IDIDD from Champaign County.

Objective \#5: Assure there is adequate collaboration and communication between the CCMHB and the CCDDB by holding regular quarterly meetings between the Executive Director and the Presidents of the two Boards, sharing of information between the Boards, and co-sponsoring public hearings, trainings and anti-stigma events.

Goal \#8: Reduce involvement of target populations in the criminal justice system.
Objective \#1: Collaborate with juvenile justice system partners on implementation of services supported with Quarter Cent for Public Safety Fund, Board resources, and the ACCESS Initiative to reduce youth contact and involvement with the criminal justice system.

Objective \#2: In collaboration with county government, the criminal justice system and community based behavioral health service providers, develop an efficacious system of care designed to divert people with behavioral health needs from incarceration in the County Jail, assure appropriate linkage to behavioral health services for people discharged from the jail, and provide intensive case management for people with frequent incarcerations.

Objective \#3: Continue participation in the Champaign County Specialty Court Steering Committee and support for Champaign County Drug Court and support restoration of the Champaign County Mental Health Court.

Objective \#4: Using established oversight committees, review performance and evaluation reports including data on recidivism.

Objective \#5: Support continuation of Champaign County Drug Court services funded through the Department of Justice Bureau of dustice Assistance Enhancement Grant award and the pursuit of non-CCMHB funding to sustain the enhanced services.

Objective \#5: Support integrated planning and service coordination for adults involved in the criminal justice system through participation in the Champaign County Re-Entry Council.

## ORGANIZATIONAL DEVELOPMENT, ADMINISTRATION, AND ACCOUNTABILITY

Goal \#9: Set priorities for funding through an annual review and allocation process to ensure access to core mental health, substance use disorder, and developmental disability services by consumers.

Objective \#1: Draft priorities based on current service needs and operating conditions including consideration of changes in state funding and payment practices, commitments to implementation of the ACCESS Initiative, and obligations established through Memoranda of Understanding and Intergovernmental Agreements.

Objective \#2: Realign resources to incorporate cultural competence efforts by prioritizing FY16 funding for cultural competence staff and/or consultation, continue to track funded agency progress on implementation of cultural competence plans and support efforts to address issues raised in the Surgeon General's Report Mental health: Race, Culture, and Ethnicity, and use this information as a key component of the allocation decision-making structure.

Objective \#3: Solicit input from the service network and community at large on proposed funding priorities prior to adoption.

Objective \#4: Utilize a competitive application process to evaluate proposals in relation to annual priorities.

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

Objective \#1: Evaluate program performance on a quarterly and annual basis.
Objective \#2: Investigate the possible options for developing a web based billing system to support fee-for-service contracts and improvement of accountability.

Objective \#2: Implement the web-based billing system to support fee for service contracts and improvement of accountability utilizing the Proviso Reimbursement Tracking System in collaboration with the Proviso Township Mental Health Commission.

Objective \#3: Evaluate provider administrative expenses and cost allocation plans to ensure maximum investment in consumer services.

Goal \#11: Respond to State funding reductions for mental health, substance use disorder, intellectual disability, and developmental disability services and supports
through administrative efficiencies at the Board level enabling maximum investment in community service grants and contracts.

Objective \#1: Continue the administrative services agreement as defined in the Intergovernmental Agreement between the Board and the Champaign County Board for the Care and Treatment of Persons with a Developmental Disability.

Objective \#2: Monitor the State of Illinois Department of Human Services budget pertaining to the elimination, reduction, or continuation of the temporary state income tax surcharge and the resulting impact on state funding for community based systems of care for mental health, substance use disorders and intellectual disabilities and developmental disabilities.

Objective \#3: Continue efforts to separate local funding from State/Medicaid funded programs as a means of avoiding supplementation of Medicaid rates.


# Disability Resource Expo: Reaching Out For Answers <br> Board Report <br> September, 2014 

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

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

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

## Accessibility/Entertainment - Our accessibility plan and resources are all in place for the Expo. We have a

 wonderful array of entertainment lined up for this year. It includes the annual presentation of an AMTRYKE; performances by Chris Errera, who is a classical pianist and composer from Schaumburg; a performance by local business owner and musician Rod Sickler, and the Jefferson Jaguar Archery Team from Jefferson Middle School in Champaign will demonstrate their award winning skills.Children's Activities - We're pleased to have a wonderful space at the new site that should work beautifully for the children's activiites. Sally Mustered is doing a fabulous job, as usual, planning for the children's entertainment area.

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

Volunteers - Jen Knapp is handling volunteer recruitment for us, and always does a fantastic job.
Public Safety - Premise Alert registration will again take place during the Expo.
Respectfully submitted
Barb Bressner, Consultant


[^0]:    Proposals for Community Integrated Living Arrangements Services for Champaign County (MHB RFP-2014-001) were accepted until 3:00 p.m. on August 13, 2014. At 3:30 p.m. the proposals were opened by Mr. Peter Tracy and formally recorded. The proposals received are listed below in alphabetical order.

    1. Community Alternative Illinois (Res-Care)
    2. Individual Advocacy Group
    3. United Cerebral Palsy-Land of Lincoln
