



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

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

**Wednesday, April 19, 2017**

Brookens Administrative Building, Lyle Shields Room

1776 E. Washington St., Urbana, IL 61802

**Noon**

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

1. Call to Order
2. Roll Call – Stephanie Howard-Gallo
3. Additions to 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 3/22/17 meeting are included. Board action is requested.*

7. President's Comments – Ms. Deb Ruesch
8. Executive Director's Report – Lynn Canfield
9. Staff Reports/Consultant Report – *deferred*

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 7-8**)

*Included in the packet. Board action is requested.*

12. New Business

- A. Agency Requests for ID/DD Funding for FY2018 (**pages 9-129**)

*For discussion, the packet includes: spreadsheet of requests for funding, from either the CCDDDB or CCMHB, for ID/DD programs; DRAFT 2018 Summary Analyses of Applicants' Cultural and Linguistic Competence Activities (per agency); DRAFT Program Summaries for FY2018 Requests; and a list of acronyms specific to CCDDDB/CCMHB application/reporting.*

13. Old Business

A. Upcoming Events (**pages130-131**)

*Flyers for two upcoming events of interest are included in the packet.*

B. Meeting Schedules (**pages 132 - 134**)

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

C. Ligas Acronyms (**pages 135-136**)

*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*

6.A.

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

*Minutes –March 22, 2017*

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

*8 a.m.*

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**MEMBERS PRESENT:** Joyce Dill, David Happ, Deb Ruesch

**MEMBERS EXCUSED:** Cheryl Hanley-Maxwell. Mike Smith

**STAFF PRESENT:** Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo, Shandra Summerville

**OTHERS PRESENT:** Annette Becherer, Janice McAteer, Vicki Tolf, Felicia Gooler, Patty Walters, Dale Morrissey, Developmental Services Center (DSC); Becca Obuchowski, Community Choices; Kyla Chantos, CTF Illinois; Kathy Kessler, Rosecrance; Amy Slagell, Vicki Niswander, IAMC; Sheila Krein, TAP; Kim Bowdry, Champaign County Regional Planning Commission (CCRPC); Amy Slagell, CU Able/IAMC; Judi O'Connor, Susan Fowler, Champaign County Mental Health Board (CCMHB)

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**CALL TO ORDER:**

Ms. Deb Ruesch called the meeting to order at 8:04 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

**CITIZEN INPUT:**

None.

**CCMHB INPUT:**

The CCMHB will meet at 5:30 p.m. today.

**APPROVAL OF CCDDDB MINUTES:**

Minutes from the meeting on February 22, 2017 meeting were included in the Board packet.

**MOTION: Ms. Dill moved to approve the minutes from the February 22, 2017 CCDDDB meeting as presented in the Board packet. Mr. Happ seconded the motion. A voice vote was taken and the motion passed.**

**PRESIDENT'S COMMENTS:**

Ms. Ruesch discussed the status of the organizational assessment. She discussed the CCMHB's team approach to reviewing applications. Ms. Dill went into further detail about the CCMHB's process for applications. The application timeline was briefly reviewed. David Wetherow from Community Works will be here in May and the CCDDDB will have an opportunity to meet with him.

**EXECUTIVE DIRECTOR'S REPORT:**

Ms. Canfield updated the Board on the application process.

**STAFF REPORTS:**

Staff reports were deferred this month.

**CONSULTANT REPORT:**

No written report this month. Ms. Canfield announced the next DisAbility Expo will be held on April 7, 2018 at the Vineyard Church in Urbana.

## **AGENCY INFORMATION:**

Mr. Dale Morrissey from Developmental Services Center (DSC) provided an update on the State of Illinois budget.

Kim Bowdry from the Regional Planning Commission (RPC) provided an update on the Independent Service Team activities.

## **FINANCIAL REPORT:**

The financial claims report was included in the packet.

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

## **NEW BUSINESS:**

### **Integration Transition Successes:**

Annette Becherer provided an update on clients who have been pursuing their interests, such as volunteering in the community and cooking classes.

### **Agency Feedback on ID/DD Eligibility:**

A Briefing Memorandum was included in the packet. It summarized the responses from funded agencies regarding services to persons who do not have complete documentation of Illinois DHS-DD eligibility criteria. Ms. Canfield provided additional information verbally to the CCDDDB.

## **OLD BUSINESS:**

### **Employment First Update:**

Annette Becherer and Becca Obuchowski reported Chica Coleman has resigned and will be replaced by Stephanie Davenport.

### **Summary of Mid-Year Progress of Special Initiatives:**

A Briefing Memorandum summarized the progress of two programs newly funded in FY2017: CTF Illinois Advocacy Center and IAMC's Building Inclusive Communities.

### **Summary of NACBHD Legislative and Policy Conference:**

A Briefing Memorandum describing the activities of meetings of the National Association of County Officials' Health Committee and the annual L & P Conference of National Association of County Behavioral Health and Developmental Disabilities Directors was included in the Board packet.

### **Meeting Schedules:**

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

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**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 8:40 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

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CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/06/17

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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 DEVLMTNL DISABILITY BOARD											
90	CHAMPAIGN COUNTY TREASURER							MENT HLTH BD FND 090			
	4/03/17	05	VR 108-	34		557689	4/06/17	108-050-533.07-00	PROFESSIONAL SERVICES	APR ADMIN FEE	29,501.00
										VENDOR TOTAL	29,501.00 *
161	CHAMPAIGN COUNTY TREASURER							REG PLAN COMM FND075			
	4/03/17	05	VR 108-	33		557693	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR DECISION SUPPOR	4,052.00
										VENDOR TOTAL	4,052.00 *
18203	COMMUNITY CHOICE, INC							SUITE 419			
	4/03/17	05	VR 108-	35		557722	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR COMMUNITY LIVIN	5,250.00
										VENDOR TOTAL	5,250.00 *
19900	CTF ILLINOIS										
	4/03/17	05	VR 108-	31		557731	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR NURSING	500.00
	4/03/17	05	VR 108-	31		557731	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR ADVOCACY CENTER	6,250.00
										VENDOR TOTAL	6,750.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF							CHAMPAIGN COUNTY INC			
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR APARTMENT SVCS	34,778.00
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CLINICAL SVCS	14,916.00
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR COMMUNITY EMPLO	19,124.00
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR CONNECTIONS	7,296.00
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR EMPLOYMENT 1ST	6,667.00
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR FAM DEV CENTER	46,857.00
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR INT SITE SVCS	75,453.00
	4/03/17	05	VR 108-	36		557736	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR SERVICE COORD	34,237.00
										VENDOR TOTAL	239,328.00 *
22816	DOWN SYNDROME NETWORK										
	4/03/17	05	VR 108-	32		557739	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR DOWN SYNDROME	1,250.00
										VENDOR TOTAL	1,250.00 *



CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

4/06/17

PAGE 8

VENDOR NO	VENDOR NAME	TRN B TR DTE N CD	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
*** FUND NO. 108 DEVLPMNTL DISABILITY FUND										
35550	IL ASSOC OF MICROBOARDS & COOPERATIVES									
		4/03/17 05 VR 108-	37		557764	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR BUILD INCLSV CO	5,357.00
									VENDOR TOTAL	5,357.00 *
54930	PERSONS ASSUMING CONTROL OF THEIR ENVIROMENT, INC									
		4/03/17 05 VR 108-	38		557786	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR OP FOR INDEPEND	3,379.00
									VENDOR TOTAL	3,379.00 *
61780	ROSECRANCE, INC.									
		4/03/17 05 VR 108-	39		557797	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR COORD OF SERVIC	2,900.00
									VENDOR TOTAL	2,900.00 *
76107	UNITED CEREBRAL PALSY LAND OF LINCOLN									
		4/03/17 05 VR 108-	40		557815	4/06/17	108-050-533.92-00	CONTRIBUTIONS & GRANTS	APR VOCATIONAL SVCS	7,206.00
									VENDOR TOTAL	7,206.00 *
								DEVL MNTL DISABILITY BOARD	DEPARTMENT TOTAL	304,973.00 *
								DEVLPMNTL DISABILITY FUND	FUND TOTAL	304,973.00 *
								REPORT TOTAL	*****	706,635.51 *



ID/DD Program Funding Requests for FY2018			PY17 Awards		PY18 Requests		Targets	Priority
Agency	Program	DDB	MHB	DDB/MHB	\$ change			
CCRPC - Community Services	Decision Support Person for CCDDI	\$48,622		\$86,460.00	77.80%	48 TPC, 100 NTPC, 100 SC, 40 CSE	Linkage & Advocacy for People with ID/DD	
CTF Illinois	CTF Illinois Advocacy Center	\$75,000		\$77,008.00	2.70%	15 TPC, 0 NTPC, 50 SC, 12 CSE	Linkage & Advocacy for People with ID/DD	
	CTF Illinois Nursing	\$6,000		\$6,000.00	0%	7 TPC, 0 NTPC, 200 SC, 0 CSE	Non-Work Community Life & Flexible Support	
CU Able	New CU Able Community Outreach	-		\$13,802.00	NEW	42 TPC, 15 NTPC, 150 SC, 4 CSE	Self-Advocacy & Family Support Organizations	
Champaign County Down Syndrome Network	CC Down Syndrome Network	\$15,000		\$15,000.00	0%	145 TPC, 50 NTPC, 0 SC, 20 CSE	Self-Advocacy & Family Support Organizations	
Champaign County Head Start/Early Head Start	Social Emotional Disabilities Svcs		\$55,645	\$55,645.00	0%	68 TPC, 55 NTPC, 600 SC, 5 CSE	Comprehensive Services & Supports for Young Children	
Community Choices, Inc.	Community Living	\$63,000		\$66,000.00	4.80%	15 TPC, 12 NTPC, 1370 SC, 2 CSE	Expansion of Integrated Residential Opportunities	
	Customized Employment		\$70,000	\$99,000.00	41%	47 TPC, 24 NTPC, 1225 SC, 4 CSE	Employment Supports & Services	
	Self-Determination Support		\$70,000	\$96,000.00	37%	0 TPC, 145 NTPC, 1868 SC, 4 CSE	Self-Advocacy & Family Support Organizations, Non-Work Community Life & Flexible Support	
Developmental Services Center	Apartment Services	\$417,341		\$429,865.00	3%	63 TPC, 0 NTPC, 0 SC, 0 CSE	Non-Work Community Life & Flexible Support	
	Clinical Services	\$178,986		\$178,986.00	0%	66 TPC, 4 NTPC, 15 SC, 2 CSE	Non-Work Community Life & Flexible Support	
	2 yr Community Employment	\$229,484		\$361,370.00	57.50%	55 TPC, 0 NTPC, 2 SC, 2 CSE	Employment Services & Supports	
	Connections	\$87,550		\$90,000.00	2.80%	15 TPC, 25 NTPC, 2 SC, 4 CSE	Employment Services & Supports	
	2 yr Employment First	\$80,000		\$82,400.00	3%	0 TPC, 50 NTPC, 0 SC, 2 CSE	Employment Services & Supports	
	Family Development Center	\$562,280		\$579,150.00	3%	655 TPC, 0 NTPC, 200 SC, 300 CSE	Comprehensive Services & Supports for Young Children	
	Individual & Family Support		\$387,428	\$399,055.00	3%	17 TPC, 26 NTPC, 5 SC, 2 CSE	Non-Work Community Life & Flexible Support	
	2 yr Integrated/Site Based Services - Corr	\$905,441		\$807,605.00	-10.80%	53 TPC, 25 NTPC, 4 SC, 4 CSE	Non-Work Community Life & Flexible Support	
	Service Coordination	\$410,838		\$423,165.00	3%	303 TPC, 20 NTPC, 160 SC, 2 CSE	Linkage & Advocacy for People with ID/DD	
IL Association of Microboards & Cooperatives	Building Inclusive Communities	\$64,278		\$65,700.00	2.20%	10 TPC, 0 NTPC, 400 SC, 5 CSE	Non-Work Community Life & Flexible Supports	
PACE, Inc.	Opportunities for Independence	\$40,546		\$40,546.00	0%	20 TPC, 30 NTPC, 500 SC, 25 CSE	Employment Services & Supports	
Rosecrance C-U	Coordination of Services: DD/MI	\$32,903		\$34,126.00	3.70%	36 TPC, 5 NTPC, 15 SC, 12 CSE	Linkage & Advocacy for People with ID/DD	
*Rural Champaign County Special Ed Coop	New disABILITY Resource Expo			\$66,781.00	NEW	(2000 participants)	Linkage & Advocacy for People with ID/DD	
United Cerebral Palsy-LL	Vocational Services	\$86,475		\$34,590.00	-60%	20 TPC, 0 NTPC, 60 SC, 25 CSE	Employment Supports & Services	
		\$3,303,744	\$583,073	\$4,108,254.00				
TOTAL		\$3,886,817 total ID/DD		total ID/DD				
		(excludes CIL-A, CUAN)		diff = \$221,437				

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**DRAFT**

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
CCDDB**

**Champaign County Regional Planning Commission**

CCDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

- *Cultural Competence Training/ Workshops for staff and board members*

**Recruitment of a diverse Board of Directors and Workforce**

- *Ensure that individuals of diverse backgrounds are included in policy making and program development.*
- *Ensure that individuals of diverse backgrounds are integrated into Board and Staff Positions as well as volunteer opportunities.*

**Cultural Competence Organizational Assessment/Evaluation**

- *Implementation of agency wide Cultural Competence Plan. Site assessments. Training recommendations.*
- *Utilize universal assessments tools that identify both strengths and challenges as well as demographic information that can be used in developing service plans*

**Policies and procedures which reflect Cultural Competence values**

- *Cultural and Linguistic Competence Plan is updated annually through board, staff, client and partner input*
- *Wellness at Work Program incentivizing employee health*
- *CCRPC, Community Action Board, Senior Services / Youth Assessment Center Advisory Boards include client representatives*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Quarterly outreach events provided by each team*

**Inter-Agency Collaboration**

- *Participation on interagency councils and workgroups. Program and/or service development that involve multiple agencies.*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**Champaign County Regional Planning Commission**

**Language and Communication Assistance**

- *Develop communication and language assistance protocol for staff to access language assistance.*

**Overall CLC Plan Comments**

Required benchmarks are mentioned in the CLCP. CCRPC has developed a CLC committee that will begin to develop an agency wide CLCP for the entire organization. Currently there are separate CLCP for each program. This is a strength and also can be viewed as an opportunity to expand the value of CLC throughout the organization.



## Draft CCDDDB Program Summary FY2018

Agency: CCRPC - Community Services

Program: Decision Support Person for CCDDDB -2018

**PY18 CCDDDB Funding Request** \$86,460

PY18 Total Program Budget \$86,460

Current Year Funding (PY17): \$48,622

Proposed Change in Funding - PY17 to PY18 = 77.8%

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

**Service Description/Type** The Independent Service Coordination (ISC) Unit is single point of intake for persons with DD seeking DHS/DD waiver funding and provides ISC services. CCDDDB program adds outreach, assessment, and connection services for County residents with DD who do not have waiver funding or are exiting High School Special Education services. During new PUNS registrations and service enrollment, individuals are asked about service preferences; data are compiled to inform CCDDDB future funding decisions and to assist providers with developing services, moving the County toward comprehensive person-centered planning (PCP). Pre-admission screenings (PAS) are completed. Individuals found ineligible for DD funding are linked to appropriate services. Those on PUNS in “critical priority” status develop individual service plans, with crisis management, linkage to DD services and other organizations.

**NEW:** Outreach to Transition Planning Committee, high schools, and families (prior to IEPs) about transition services. Program staff will meet with families of transition aged youth prior to the youth’s IEP to complete PUNS/Preference Assessment update and inform about Transition Consultant Services. If requested, Transition Consultant will be assign to support the family/individual in the process of transitioning from ISBE services into adult services. The Transition Consultant will offer assistance in linkage to vocational, social/recreational, independent/semi-independent living opportunities, etc. Through community events, staff engage underserved populations not in school, increase registration of minority populations, educate families about waiver services and other service options, and provide registration opportunities.

*STAFF: above and below are edited - details on PAS process, advantages of determining eligibility prior to a PUNS selection.*

*REVIEWER: Are these not considered case management services for ID/DD? I recognize this is a grant however, we only allow for \$55/hour for this service. Also, what is the school paying for? Are these services not provided for those still in school?*

**Access to Services for Rural Residents** Individuals meet with staff at offices in Urbana, Champaign, and Rantoul, and at community locations or individuals’ homes. CCRPC maintains relationships with all rural school districts and service providers. Focus on information distribution in rural areas.

**Target Population** Individuals with developmental disabilities (DD) transitioning from high school and ISBE funded services and in need of adult services. ISC staff will continue to assess persons transitioning from other counties, eligible for and with or without DHS waiver funding, for service preferences.

**Residency**

<b><u>Total Served</u></b>	310 people in FY16	59 people in 1 <sup>st</sup> two quarters FY17
<b><u>Champaign Set</u></b>	121 ( 39%) for FY16	25 (42.4%) for FY17

<u>Urbana Set</u>	82 (26.5%) for FY16	16 (27.1%) for FY17
<u>Rantoul</u>	35 (11.3%) for FY16	9 (15.3%) for FY17
<u>Mahomet</u>	22 (7.1%) for FY16	2 (3.4%) for FY17
<u>Other Champaign County</u>	50 (16.1%) for FY16	7 (11.9%) for FY17

**Demographics FY2016**

<b><u>Age</u></b>		
Ages 0-6 -----	3	(1.0%)
Ages 7-12 -----	10	(3.2%)
Ages 13-18 -----	47	(15.2%)
Ages 19-59 -----	235	(75.8%)
Ages 60-75+ -----	15	(4.8%)
<b><u>Race</u></b>		
White -----	232	(74.8%)
Black / AA -----	53	(17.1%)
Asian / PI -----	8	(2.6%)
Other (incl. Native American and Bi-racial) -	17	(5.5%)
<b><u>Gender</u></b>		
Male -----	182	(58.7%)
Female -----	128	(41.3%)
<b><u>Ethnicity</u></b>		
Of Hispanic/Latino Origin -----	7	(2.3%)
Not of Hispanic/Latino Origin -----	303	(97.7%)

**Program Performance Measures**

**ACCESS:** 100% of individuals requesting PUNS meetings will be scheduled within 48 business hours of request with the meeting taking place within 3 weeks. All who register on PUNS are eligible to participate in preference assessment. 80% will complete a preference assessment (NTPC).

To increase registration of underserved populations, quarterly outreach events, advertised and open to the public. Number of IEP's attended and number of individuals attending outreach events will be tracked.

PAS for individuals receiving CCDDDB funded services and those in "critical priority" PUNS status. Screening immediately upon request; for those eligible, 100% seeking PCP service will receive it. Staff are available to county-wide high school IEP meetings of individuals with DD; staff will contact families no less than one week prior to IEP meeting to schedule PUNS update and provide information about Transition Consultant services.

Demographic and residency data compiled for participants. Information on consumer choices will be compiled in a spreadsheet to allow for analysis of potential service gaps. Satisfaction surveys include questions about timeliness of staff response and ease of program access. Annual analysis of client and referring agency feedback guide our efforts for program improvement.

*STAFF: above is edited - detail on access, outreach, eligibility, documentation of program activity and individual case info, PAS process (and varying time to complete,) some utilization targets and how determined, ISC staff on call 24 hours/7 days/week for emergencies, will meet outside of office hours to accommodate individuals.*

*REVIEWER: Why will only 80% of individuals complete the assessment, if all of them will schedule meetings for PUNS? If they do not participate in the assessment then how do you verify that they have a diagnosis? Why would you pay for a client that does not complete the assessment?*

**CONSUMER OUTCOMES:** Preference Assessment: 100% of persons eligible for DD services will be given the opportunity to report their service preferences. Data on number of individuals offered the opportunity, indicating their choice to report or not.

Quicker access to state Waiver services upon selection from PUNS. Linkage to CCDDDB funded services prior to selection from PUNS. Increased individual, family, and community education about PAS and eligibility requirements. People do not wait until selected from PUNS to find that they are not eligible. 90% of selected from PUNS (who had this or another CCDDDB funded service) will be found eligible for DHS-DD waiver funding.

Transition Consultants will assist individuals/families in conflict free transition planning to allow for better matching of individualized services. Families will be supported, better informed and given more voice. By working with a Transition Consultant who has experienced the transition process first hand, families will be less likely to feel isolated. All families, regardless of socioeconomic status or other potential barriers, have access to an impartial advocate during the transition process. The demographics of families served will be diverse. 80% of parents/guardians completing a survey will endorse having had the opportunity to be active participants in transition planning and being informed of a variety of resources/ services (when more than one is available).

*STAFF: above is lightly edited - compiled preference data reported to CCDDDB annually.*

*REVIEWER: Do they report to you how many clients are on waiver funded services? What percentage of clients do not have waiver services?*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 48, defined as individuals provided pre-admission screening for CCDDDB funding, including 24 individuals on the PUNS waitlist in “critical priority” status who are assisted with PAS and gathering documentation; individuals receiving person centered individual service plan development services; and 24 families/individuals provided Transition Consultant services.

**Non-Treatment Plan Clients (NTPCs)** 100, defined as individuals registering on PUNS and completing preference assessment and persons PUNS registered updating their preferences.

**Service Contacts (SCs)** 100, defined as individuals attending outreach events.

**Community Service Events (CSEs)** 40, defined as staff presentations at outreach events, meeting with all Champaign County high schools and other professionals.

**Other** 0

*STAFF: a report of hours in Other.*

*REVIEWER: What kind of reporting do they provide to the CCDDDB? 40 staff outreach events seems a bit excessive. What is an outreach event? Like a resource fair or is it an IEP meeting? There is a difference and I don't feel as though it is clarified. If it is an IEP meeting it does not seem like an adequate amount for clients. If it is a resource fair, that seems like a lot of fairs that cannot be quantified as it should be client driven. Especially because last year in FY16 they only attended 10 events, why are they quadrupling this effort? STAFF: targeting underserved populations.*

**Narrative:** FY18 targets include participation in 40 community service events and a total of 100 service contacts. It is expected that 100 NTPC will be served in FY18. The target number of TPC is increased to 48 to capture the additional individuals/ families to be served by Transition Consultants.

*STAFF: above is edited - application reports outcomes of previous and current year, with changes to FY18 targets based on results.*

*REVIEWER: When they refer to a non-treatment plan client, does that mean a potential client that they are trying to engage? What is preventing them from seeking services through this organization? 300 seems like a large amount of clients for them to not have a treatment plan. STAFF: fewer people than anticipated needed the level of support associated with treatment plans.*

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	48	100	100	40	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY17	1	28	49	23
Second Quarter FY17	12	31	70	11
Annual Target	40	60	60	50
% completion	33%	98%	198%	68%

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY16	3	21	3	2
Second Quarter FY16	0	161	1	2
Third Quarter FY16	2	72	4	3
Fourth Quarter FY16	2	48	9	4
Annual Target	32	300	20	10
% completion	22%	101%	85%	110%

**FINANCIAL**

PY18 CCDDDB Funding Request \$86,460

PY18 Total Program Budget \$86,460

Current Year Funding (PY17): \$48,622

Proposed Change in Funding - PY17 to PY18: 77.8%

**Program Staff**– CCDDDB funds 0 Indirect FTEs and 1.46 Direct FTEs, and Total Program is the same. The 1.47 Direct FTEs include 100% of a Case Manager, 10% of Program Manager, 7% of Community Services Director, and 100% of two part-time Transition Consultants (to be hired.)

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

*STAFF: the requested increase adds two high school transition specialists plus program staff effort to improve coordination across systems and increase participation of eligible persons (especially from underserved populations) in locally funded programs. At such time as the state pays for eligibility determinations at the time of PUNS enrollment, the CCDDDB would no longer fund that service activity.*

*REVIEWER: They are asking for a substantial increase, yet when you project services for clients in the current year there is a decline of clients, to 177. 59 clients for the first quarter, times 3 additional quarters to equal 177 clients. There is not a clear/justified explanation for a 78% increase in this application that is client centered.*

**Funding from the CCDDDB represents 100% of the total program budget.** Simple revenue, with total agency (= ISC Unit) receiving DHS ISSA grant of \$518,221. Not identified is revenue from DHS Fee for Service. The expense and revenue forms could have been presented as the Personnel form was, with CCRPC Community Services = Total Agency, ISC Unit = Total Program, Decision Support Program = CCDDDB Program, but they can be understood as they are.

**Personnel related costs are the primary expense charged to CCDDDB, at 83.8%** or \$72,422 / \$86,460. Other expenses are \$50 for consumables, \$1613 general operating, \$10,574 occupancy, \$600 conferences, \$701 transportation, and \$500 assistance (for individuals to obtain records, bus tokens for appointments.) The Budget Narrative describes each expense, how it was determined, and the responsibilities of full-time and part-time staff assigned to the contract.

**Audit Findings.** Audit in Compliance. Covered under the Champaign County Audit.

**CCDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See CLC Plan review.
- #3: County-wide Access Yes
- #4: Anti-Stigma effort No
- #5: Budget and program connectedness Yes
- #6: Person centered planning Yes
- #7: Work force development and stability No

**CCDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation Yes
- #2: Evidence of collaboration Yes
- #3: Resource leveraging No
- #4: Staff credentials No
- #5: Records systems reflecting CCDDB values Yes - annual performance outcomes report includes results of survey of all who enrolled/reenrolled with PUNS during the contract year. The CCDDB may respond to identified gaps, preferences, and needs.

**CCDDB FY2018 Process Considerations & Caveats:** none.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Sample Person-Centered Planning documents.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**CTF Illinois**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

*-Upon hire, all employees are trained on person centered planning, individual choice, and communication during their classroom and orientation training.*

*- CTF ILLINOIS's On the Job Training (OJT) has supervisors stressing more on individual choice in daily activities, house environment, community involvement, etc.*

**Recruitment of a diverse Board of Directors and Workforce**

*No mention of recruitment of diverse board and workforce in CLC Plan*

**Cultural Competence Organizational Assessment/Evaluation**

*Assess the physical facility to reflect the population of focus, to be welcoming, clean and attractive*

**Policies and procedures which reflect Cultural Competence values**

- *CTF ILLINOIS currently has in place the following procedures/policy in place to promote cultural competency:*
- *Programs/Services - Human Rights Policy and Complaint and Grievance Policy*
- *Human Resources - Employee Grievance Policy, Employee Development, Employee Handbook (Discrimination and Harassment) Policies are typically reviewed in July of each year CTF ILLINOIS is currently reviewing all policies and procedures in preparation for accreditation by CQL focus being on person centered planning approaches.*

*Continue the Cultural and Linguistic Competence Committee (with is part of the Quality Assurance Review committee) to monitor service delivery.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*CTF ILLINOIS has and provides supports to each area to have a Self-Advocate Group. Many of these self-advocates are active within their local and state government. Training is provided to the self-advocates on various topics from outside sources including benefits, work opportunities, and the*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**CTF Illinois**

*annual self-advocate conference. The self-advocates use this training to make changes within our organization.*

**Inter-Agency Collaboration**

*No clear actions reported in CLC Plan about Inter-Agency Collaboration*

**Language and Communication Assistance**

*Action Step does not appear to show Language and Communication apart of the CLC Plan*

**Overall CLC Plan Comments**

**Action steps do not appear to show progress or completion from the previous reporting year. It is noted that most of the required benchmarks that are required to be present in CLCP have been submitted.**



## Draft CCDDDB Program Summary FY2018

Agency: CTF Illinois

Program: CTF ILLINOIS Advocacy Center

PY18 CCDDDB Funding Request \$77,008

PY18 Total Program Budget \$77,008

Current Year Funding (PY17) \$75,000

Proposed Change in Funding - PY17 to PY18 = 2.7%

Priority Linkage and Advocacy for People with Intellectual and Developmental Disabilities

Service Description/Type Individuals with DD learn to: advocate for their needs, desires, and goals, their rights, and the rights of all individuals with disabilities; lead advocacy efforts in their community, region, and state via outreach to media outlets, speaking engagements, community volunteerism, trainings, organized events, and by continually seeking new avenues for outreach and advocacy. Participants will create positive outcomes for individuals with disabilities, learn to use the power of their voice in championing their cause, become instrumental in building a community that is stronger and more inclusive. Increased presence leads to more inclusive community.

Coordination of advocacy efforts through established partners and identification of others; Daily education and outreach; Training in public speaking, Critical Thinking, Social Technology, Traditional (letter writing, newsletters, phone calls), Electronic means (video, photos, radio, podcasts); Community Volunteer Opportunities; Participation in rallies, conferences, monthly community events (and hosting); Semi-annual special projects.

*STAFF: above is edited - the need for two staff, examples of services.*

*REVIEWER: How will this service be measured? How will this advocacy/outreach for the clients be effective? how is it impactful? Besides for empowering the clients and their families, this is not a service that is driven by data to be beneficial to one's life, I'm not certain how this can be a justified expense. Are these funds being supported by other organizations in the outside communities? Or is Champaign fully funding this initiative?*

Access to Services for Rural Residents Rural Residents welcome, but due to transportation limitations, must be within one hour driving distance of the Advocacy Center.

Target Population Individuals with DD who wish to learn about and develop advocacy skills: leadership, training, and advocacy for self and others with DD.

Residency and Demographic Data – none due to program start up in 2017.

### Program Performance Measures

ACCESS: With DHS approval in early 2017, began recruiting individuals/advocates. Advocacy Director promotes the program to prospective participants, as an alternative to traditional day program services. Those referred are screened by CTF Administrative Staff: determination of whether program will meet individual's needs and goals. When capacity is reached, all referred will be screened and on waiting list. In addition to DD and age 18 or older, participants cannot be a danger to self or others.

STAFF: above is edited - details about utilization goals, data collected during intake. A specific measure of access could be developed.  
REVIEWER: 77,008 for 10 clients? If this was granted approval through DHS is the state contributing any funds for this service? How is this not supplementation if DHS is a contributor to the program?  
STAFF: If people in this program have state Medicaid-waiver funding, are any program activities reimbursable? People charged to this program could be those who have DHS-DDD eligibility but no state award yet.

**CONSUMER OUTCOMES:** Individuals with DD will: lead advocacy efforts, discover their own passions, goals, and voice learn and implement different ways to advocate for their rights and choices at the local, state, regional, and national level; become active members within the community; learn to develop a position that aligns with the rights of individuals with disabilities and gain the skills to present their case to local and state legislature.

- 100% will participate in at least one community event per month. Examples: ADA trainings to employers; speaking to high schools about acceptance.

Individuals are assessed upon admission and at least annually on: skills, knowledge, and need. Basis for individuals' goals, with their input on desired changes (work, socialization, community involvement/volunteerism, and more.) Monthly progress review by the Case Manager and annually by the team, through Individual Service Plan meetings.

STAFF: above is edited - importance of ensuring positive outcomes; visits by PAS agent (ISC team); DHS annual monitoring for compliance with Illinois Department of Human Services (DHS) rules. Monthly participation outcome is measurable. Annual skills/preference assessment for all participants and monthly progress review, assumed to be 100%. Can person-specific outcomes be identified and measured? (Are the quarterly PAS visits associated with all or only with those who have DHS funding?)

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 15, defined as every participant, with ten continuing from FY17 (not all are enrolled at this time) and five new during FY18.

**Non-Treatment Plan Clients (NTPCs)** 0

**Service Contacts (SCs)** 50, defined as information to at least 50 individuals outside of participants of the Advocacy Center

**Community Service Events (CSEs)** 12, defined as Individuals will attend or host at least one event per month plus a special project every six months.

**Other** 0

STAFF: include report of direct service hours as Other.

**Narrative** Each individual will have a developed plan, goals tracked daily, activities/events tracked daily in universal progress notes. Case Managers review these and meet with individuals monthly to complete progress summary. All documentation monitored by the Advocacy Director and the Regional Director. Site visits by CTF Administrative Staff to complete Quality Assurance checks for DHS and CTF ILLINOIS' standards. Additionally we will identify and implement a special project semi-annually, similar to "The 'R' Word Campaign," where individuals at the Advocacy Center reach out to local schools, businesses, and other community members in order to get others to pledge to stop using the "r" word.

STAFF: above is edited - FY17 community events; developing baseline of specific advocacy activities and goals for participants. The semi-annual special event sounds great.

**FY18 Annual target (per Utilization report)**

Quarter	TPC	NTPC	SC	CSE
Annual Target	15	0	50	12

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY17	0	0	3	4
Second Quarter FY17	0	0	5	4
Annual Target	15	0	100	12
% completion	0%	n/a	8%	67%

*STAFF: given the supplementation risk of focusing on participants with Developmental Training/ Supported Employment funding from the state, could the program find 15 people who are currently on the PUNS waiting list, eligible for state awards, interested in this type of service, but not otherwise able to attend? Many waiting for state funding are young adults, a target group for implementation of federal Workforce Innovation and Opportunity Act, who could maintain the momentum and connections built prior to transition from schools.*

**FINANCIAL**

- PY18 CCDDDB Funding Request \$77,008
- PY18 Total Program Budget \$77,008
- Current Year Funding (PY17) \$75,000
- Proposed Change in Funding - PY17 to PY18 2.7%

**Program Staff** - CCDDDB Funds 0 Indirect FTEs and 2.0 Direct FTEs. Total Program includes 0.34 Indirect FTEs and 2.0 Direct FTEs. These direct staff are the Advocacy Director and an Outreach Coordinator to be hired.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No

**Does the application clearly explain what is being purchased by the CCDDDB?** Some questions follow.

*REVIEWER: Not to be harsh, but I don't understand this as a service, is it similar to vocational services to provide them education for future careers or simply for advocacy? This would be a great example of fee for service so the funds can be accounted for. Why is there a drop-in client targets between the years? (STAFF: start-up year target may have been out of reach.)*

**Funding from the CCDDDB represents 100% of the total program budget.** Budget Narrative describes staff assigned to this contract, with specific responsibilities of each. Describes the relationship of other expenses, including cost of conferences/trips for self-advocates, consumables, and operating costs = the cost of serving two people who do not have DHS-DD awards for this service; these costs are not further described. NO lease cost charged to this contract. On the Revenue form, total agency column has a negative entry in Misc (not explained) and does not show any revenue from DHS-DDD. Total program and CCDDDB contract columns match, as there is no other revenue source (implies no people with DHS funding will be served.)

*STAFF: Does the program accept private pay?*

**Personnel related costs are the primary expense charged to CCDDDB, at 72.5% or \$55,800/\$77,008.** Other expenses include \$3k for consumables, \$16,208 general operating (the cost to serve two people who have no other funding for this service,) and \$2k for conferences. Total program includes \$21,000 for lease/rental, but no portion of that is charged to the CCDDDB contract. Total Program has a large deficit, \$165k; Total Agency deficit, \$600,527.

**Audit Findings** Audit in Compliance

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration** Yes
- #2: Underserved Populations** see CLC plan review
- #3: County-wide Access** Yes - people must live within one hour driving distance of the Center. People from "surrounding areas" (outside Champaign County) should not be charged to this contract.
- #4: Anti-Stigma effort** Yes - focus on advocacy and community activities
- #5: Budget and program connectedness** Yes – but possible errors in revenue form
- #6: Person centered planning** Yes - per annual assessment and monthly review

#7: Work force development and stability No

**CCDDB FY2018 Secondary Considerations**

#1: Approach/Methods/Innovation Yes - focus on advocacy skills and activities, for people who may rely on a level of support similar to traditional day program

#2: Evidence of collaboration Yes - with CCRPC and DHS.

#3: Resource leveraging No

#4: Staff credentials No

#5: Records systems reflecting CCDDB values No

**CCDDB FY2018 Process Considerations & Caveats:** Cautions about serving people who have other funding for this service, coordination with other providers and with the Independent Service Coordination Unit.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *sample Person Centered Planning documents; documentation establishing no risk of Medicaid supplementation.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



**Draft CCDDDB Program Summary FY2018**

Agency: CTF Illinois

Program: CTF ILLINOIS Nursing

PY18 CCDDDB Funding Request \$6,000

PY18 Total Program Budget \$6,000

Current Year Funding (PY17) \$6,000

Proposed Change in Funding - PY17 to PY18 = 0%

Priority Non-Work Community Life and Flexible Support

Service Description/Type Nursing is a subset of 24-hour residential services. CILA group homes are required to have a DHS-Approved Nurse Trainer oversee all medical issues and all staff who are authorized to administer medications. CTF ILLINOIS is required to have an on-call nurse, for resident health and safety. DHS-DDD reimbursement ranges from \$55 to \$187 per resident per year (\$121 average, \$847.00 total for residents), far below the cost of the RN providing:

- Coordination of medical nursing care for group home residents,
- Medication training for staff members,
- Quality assurance of all medical concerns,
- Providing input in creating/updating all medical forms and policies,
- Formal RN site visits monthly,
- Monthly medication checks and Physician Order Sheet review,
- Annual Physical Status Review nursing packets,
- Quarterly medication assessments for those on psychotropic medications,
- Physical assessments annually,
- Tardive Dyskenisia screenings,
- Quality Assurance on medication errors,
- Annual re-certification of authorization to administer medication for all staff,
- On-call 24/7 for emergencies,
- Providing information to and participating in Interdisciplinary Team Meetings in the development of residents' programming and goals.

*REVIEWER: If the nurse is only at the home 25% of the time, why would you pay for more than what she is there? It would cost \$2,662 of her salary which is 25% of the salary. STAFF: Personnel form shows the salary at \$42,592, with 25% being \$10,648 and of that, \$6K is charged to this contract.*

*REVIEWER: Those sounds like Medicaid supplementation. In OP we fund a similar situation, but we do not fund for the nurses time, we fund for the supportive services, case management, etc. to make sure the appointments are arranged, med management. I can send you the list of services we allow to be funded if you would like. STAFF: Agency has previously warranted that it is not supplementation. However, is the reviewer's proposed solution doable?*

Access to Services for Rural Residents Serves only residents of the agency's Champaign group home. Referrals from Champaign County Regional Planning Commission. Rural residents may apply.

Target Population Seven adults who have ID/DD and a demonstrated need for supportive services to maximize their independence. All have CILA funding through IDHS. Several are older, with related medical issues (i.e.

dementia, heart failure) and are in need of more intense nursing services and observation.

**Residency**

<b><u>Total Served</u></b>	7 in FY2016	7 in FY2017
<b><u>Champaign Set</u></b>	7 ( 100.0%) for FY16	7 ( 100.0%) for FY17

**Demographics FY2016**

<b><u>Age</u></b>	
Ages 19-59 -----	4 (57.1%)
Ages 60-75+ -----	3 (42.9%)
<b><u>Race</u></b>	
White -----	6 (85.7%)
Black / AA -----	1 (14.3%)
<b><u>Gender</u></b>	
Male -----	2 (28.6%)
Female -----	5 (71.4%)
<b><u>Ethnicity</u></b>	
Not of Hispanic/Latino Origin -----	7 (100.0%)

**Program Performance Measures**

**ACCESS:** Nurse on-call 24 hours a day, visits the house periodically and as needed. Services are implemented automatically upon admission to residential services. Staff monitor residents' well-being and communicate medical needs to the nurse and physician. For residents with communication deficits, advocacy by nursing and staff is vital. *STAFF: above is edited – CILA eligibility, nursing per DHS rules, limited capacity for CILA, collection of data at intake.*

**CONSUMER OUTCOMES:** At annual Individual Service Plan (ISP) meetings, individuals discuss nursing services and any desired changes. Self-medication progress is tracked, reported through monthly notes, progress shared at ISP meeting. Individuals' self-medication assessments (done with RN Trainer) determine knowledge of medications and ability to self-administer. These are done annually and compared to previous year to rate progress and establish next year goals. Individuals have input at regularly scheduled house meetings to ensure they are healthy and satisfied with all services. Having consistent nurses makes individuals more comfortable and willing to talk openly about issues of concern. Individuals' physical health assessed regularly, reviewed annually, and if there is a decrease in any area, CTF ILLINOIS requests additional funding from DHS-DDD.

- Individuals served will have a 10% decrease in medication errors between 7/1/17 and 6/30/18.
- Individuals will have skill progression in their self-medication goals in 10 out of 12 months.

*STAFF: above is edited - monitoring by PAS agents, compliance with DHS rules, annual DHS survey result of 99% in 2015.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 7 defined as current residents

**Non-Treatment Plan Clients (NTPCs)** 0

**Service Contacts (SCs)** 200, defined as medication reviews, assessments, phone contacts, medical appointment reviews, contacts with physicians, etc.

**Community Service Events (CSEs)** 0

**Other** 0

**Narrative** Aging population necessitates a high amount of nursing contact hours. CTF ILLINOIS will work to reduce nursing hours through staff training on medication administration policies and procedures. Nursing tasks to be completed by non-RN staff include, but are not limited to, data entry of medication error/incident reports, managing files on residents to provide the current data in the working binder/MAR on hand, and the previous

information easily accessible by year in filing cabinets. Other tasks include contacting doctor offices for follow-up requests, scheduling appointments & procedures, typing new forms and photocopying forms to stock the RN Trainers supply of working documents.

Medication errors and incident reports tracked monthly and reviewed monthly by the Risk Management Committee. Our goal is to have no medication errors. Staff must be well trained initially, with on-going training to prevent errors and maintain resident safety.

Up to 20 nursing service contacts per month: medication reviews, assessments, phone contacts, medical appointment reviews, contacts with physicians, etc. The nurse will track contacts per individual on a daily basis.

**FY18 Annual target (per Utilization form)**

Quarter	TPC	NTPC	SC	CSE
Annual Target	7	0	200	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	7	0	69	0	62
Second Quarter FY17	0	0	75	0	35.75
Annual Target	7	0	0	0	228

**FY16 all four quarters (per existing CSRs )**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	7	0	65	0	58
Second Quarter FY16	0	0	0	0	(no report)
Third Quarter FY16	0	0	57	0	37
Fourth Quarter FY16	0	0	47	0	52
Annual Target	7	0	0	0	0
Actual	100%				

**FINANCIAL**

- PY18 CCDDDB Funding Request \$6,000
- PY18 Total Program Budget \$6,000
- Current Year Funding (PY17) \$6,000
- Proposed Change in Funding - PY17 to PY18 - 0%

**Program Staff** - CCDDDB Funds 0.00 Indirect FTEs and 0.6 FTEs (14% of the LPN salary described) and **Total Program** includes 0.04 Indirect FTEs and 0.4 Direct FTEs.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes. Per a legal opinion obtained by the agency. In addition, the CCDDDB learned from Equip for Equality that funding nursing not sufficiently supported in the CILA rate model may not constitute supplementation.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 100% of the total program budget.** Revenue form does not include any DHS-DD reimbursement for nursing services, although \$847 is mentioned in the program plan narrative. Total agency column lacks information about DHS payments generally, and "CCDDDB contract column" should reflect such revenue associated with reimbursement for services to these individuals. Total agency revenue shows a negative entry for Miscellaneous, which is not explained in Budget Narrative. CCDDDB expenses are in salary line only. For total program, expenses are staff costs (salary, payroll taxes, benefits) of LPN.

**Personnel related costs are the primary expense charged to CCDDDB, at 100%.** There appears to be an error in the application's personnel form, describing the CCDDDB portion of FTE as 0.60, when what may have been intended was to charge 60% of the 0.25 FTE. Otherwise, personnel associated with the RN/LPN services, but not charged to this contract, are appropriately described in Budget Narrative.

**Audit Findings** Audit in Compliance.

**CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** Yes - to support people living in the community, many of whom have physical and behavioral health care needs for which advocacy and monitoring are helpful.

**#2: Underserved Populations** No

**#3: County-wide Access** No

**#4: Anti-Stigma effort** No

**#5: Budget and program connectedness** Yes - Possible errors.

**#6: Person centered planning** Yes - Referenced in program plan part 1 form.

**#7: Work force development and stability** No

**CCDDDB FY2018 Secondary Considerations**

**#1: Approach/Methods/Innovation:** No

**#2: Evidence of collaboration** Yes

**#3: Resource leveraging** No

**#4: Staff credentials** Yes

**#5: Records systems reflecting CCDDDB values** per DHS rules

**CCDDDB FY2018 Process Considerations & Caveats** Clarification of no Medicaid supplementation risk.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *sample Person Centered Planning documents; budget forms could be revised to reflect complete sources of funding for the people impacted by this contract.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**CU Able**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

*Complete Cultural Competence training by March 2018*

**Recruitment of a diverse Board of Directors and Workforce**

*Develop diverse community partners ( Parent Groups, advocacy groups, university departments community groups).*

**Cultural Competence Organizational Assessment/Evaluation**

*Include cultural assessment information in determining programming*

*Conduct annual organizational Cultural Competence Self-Assessment*

**Policies and procedures which reflect Cultural Competence values**

*Review and sign new Cultural and Linguistic Competence Plan1.2. DSC Board will review the current CLC plan to ensure consistency with the Culturally Competent Clinical Practice Standards.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

No action steps appear in the CLC Plan.

**Inter-Agency Collaboration**

*Develop diverse community partners (parent groups, advocacy groups, university departments, community groups)*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**CU Able**

**Language and Communication Assistance**

*Maintain relationships with bilingual and interpretive resources*

**Overall CLC Plan Comments**

Most of the of the benchmarks appear to be present in the CLCP. The actions steps are broad steps that will move toward CLC. This is a new program application to DDB. There is a suggestion that action steps are more clearly defined about inter-agency collaboration, cultural competence assessment, and outreach and engagement of underserved populations.



## Draft CCDDDB Program Summary FY2018

Agency: CU Able, NFP Inc.

NEW Program: CU Able Community Outreach

PY18 CCDDDB Funding Request \$13,802 - a NEW request.

PY18 Total Program Budget \$16,202

Priority Self-Advocacy and Family Support Organizations

Service Description/Type Resource information, meetings, networking, and educational opportunities for anyone wanting to learn more about the Champaign County disability community. Volunteer support to increase community awareness and acceptance about all disabilities and advocate for families and individuals by providing phone, email or in person support. Active Facebook community: volunteers respond to emails and monitor daily. Planning a website resource for caregivers, professionals and individuals to locate needed resources, educational and social opportunities. 12 regular meetings/year, allowing caregivers to share resources, educational opportunities, activities, and personal challenges in a supportive environment. Held at Stephens Family YMCA, with Child Watch available for children 6 weeks to 9 years of age. 4 educational meetings/year to help families and individuals with disabilities on member selected topics such as IEPs, safety, long term planning. Annual Moms Retreat, for female caregivers: networking, relaxation, and educational opportunities. In 2017, the group will offer fee waivers to all Champaign County participants.

*STAFF: Above is edited - practical website examples (calendar of events, recommendations about providers.) Below is lightly edited. How do the examples improve access for rural residents? (An alternative to fee waivers for all could be fee waivers for those in need plus transportation support for rural residents in need.)*

Access to Services for Rural Residents Informational meetings in Champaign on a consistent night, at a consistent location. Childcare offered. Online opportunities for families to connect and ask questions. Moms Retreat provides a large opportunity for rural communities to participate. Through Facebook and online presence we continue to seek better ways to reach all of our families.

Target Population Caregivers and professionals affected by disabilities. Group offers networking, education, and social opportunities. Meetings attended by caregivers who take care of individuals with disabilities, professionals who work with individuals with disabilities, and students from the University of Illinois and Parkland. If a person is not able to make it to a meeting we have a very active facebook community that is made up of individuals with disabilities, caregivers of individuals with disabilities, professionals who assist individuals with disabilities, and students from the University of Illinois and Parkland. The online community allows people to connect at all hours of the day and ask any questions or suggestions of other members. We have a specific interest in being completely inclusive and providing support to all families no matter what their diagnosis is. It is extremely important to us to provide a supportive environment that allows caregivers to network and connect with other families. In addition, we continually seek ways to reach out to families in rural areas as well as those from culturally diverse backgrounds that have been identified as underserved populations.

Residency and Demographics – program is not currently funded; no data are available.

Program Performance Measures

**ACCESS:** Website; free/open meetings; events requiring registration (data used to plan events, grants.) Events held at fully accessible public facilities. Collaborates with other disability groups in supporting events related to DD; participates in Expo. 2016 Mom's Retreat, co-sponsored by several organizations, with crafts, massages, networking, resource sharing, and presentation on thinking about the future for our kids with disabilities; 35 female caregivers were in attendance, 18 from Champaign County, 13 waivers given to parents who could not afford the \$25 fee (2-days and overnight.) 2017 Mom's Retreat will be July 14-15 at Newman Center.

*STAFF: above is edited. A specific measure of access could be length of time from contact to response.*

*REVIEWER: Is there data showing this is a needed resource?*

**CONSUMER OUTCOMES:** Facebook along with surveys will serve as an informal tool in assessing mood, satisfaction and needs among the members. In addition, satisfaction with regards to educational events, Moms retreat, and the website will be measured by surveys:

- 90% of Moms Retreat attendees would plan to attend a future retreat and have learned something new.
- 90% of 400 respondents (10% response rate) surveyed will find the website easy to navigate and increased their knowledge of available resources.
- 12 regular meetings; 2 family events; 4 educational opportunities; reach 10 new TPC and 5 new NTPC; Mom's Retreat with at least 35 participants, 50% from Champaign County; development and implementation of new website to reach 1000 new people.

Survey questions asked after the 2016 Moms Retreat (will use for 2017 Retreat planning:)

1. How did you hear about the Mom's Retreat?
2. What was the most valuable thing you learned at the retreat?
3. Will you do anything differently when you get home? If so, what?
4. Do you have any recommendations for future retreats?
5. Please share any other thoughts you have.

*STAFF: above is edited - some are measures of outreach/access, some are utilization targets.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 42, defined as those who regularly attend 3 or more events and/or are actively participating in our online community at least 12 times per year

**Non-Treatment Plan Clients (NTPCs)** 15, defined as those who attend less than 6 events and also include contacts made via email, phone, or Facebook.

**Service Contacts (SCs)** 150

**Community Service Events (CSEs)** 4

**Other** 0

**Narrative** Data based on attendance at monthly meetings, workshops, and participants at special events, as well as whether contact was in person, by phone, Facebook, or e-mail.

*REVIEWER: How do they determine special event, workshop, meeting topics? Is this funding simply to help offset the volunteer's time? Are these resources and events available in the community without this volunteer hosting/informing participants?*

**FY18 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE
Annual Target	42	15	150	4

**FINANCIAL**

PY18 CCDDDB Funding Request \$13,802 - a NEW request.

PY18 Total Program Budget \$16,202

**Program Staff** - CCDDDB to Fund 0 Indirect FTEs and 0.25 Direct FTEs Total Program Staff same.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No. Not a risk.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes. All items are fully explained in the Budget Narrative.

**Funding from the CCDDDB represents 85.2% of the total program budget.** The other 14.8% of revenue is in-kind contribution of meeting/work spaces. Because this is not expended, the budget appears to have a surplus.

**Personnel related costs are the primary expense charged to CCDDDB, at 48.3% or \$6,660/\$13,802.**

Plan to hire a quarter-time program administrator. Other expenditures are \$1876 for Consumables, \$3285 General Operating, \$550 for Equipment Purchases, \$1431 for Miscellaneous.

**Audit Findings** Not Applicable

### **CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** Yes

**#2: Underserved Populations** See Cultural and Linguistic Competence Plan review.

**#3: County-wide Access** Yes, through social media.

**#4: Anti-Stigma effort** Yes

**#5: Budget and program connectedness** Yes

**#6: Person centered planning** No

**#7: Work force development and stability** No

### **CCDDDB FY2018 Secondary Considerations**

**#1: Approach/Methods/Innovation** No

**#2: Evidence of collaboration** Yes. Other applicant organizations identify CU Able as a collaborator.

**#3: Resource leveraging** Yes. In kind contribution of meeting and office spaces.

**#4: Staff credentials** No

**#5: Records systems reflecting CCDDDB values** No. Data collected through events and surveys could support CCDDDB planning/priorities.

**CCDDDB FY2018 Process Considerations & Caveats** None.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *none*.

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Down Syndrome Network of Champaign County**

CCMHB/CCDDB will review all CLCP plans submitted with FY2018 applications for funding, with particular attention to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce
3. Cultural Competence Organizational or Individual Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Cultural Competence Training-**

*Someone come and talk more about the Cultural and Linguistics Plan to the Board of Directors by December. The entire group of volunteers will know what is happening with the CLC Plan and how they can help monitor the different committees.*

**Recruitment of a diverse Board and Staff**

DSN is volunteer based and the board is developed based on the number of volunteers that are engaged in the DSN.

**Cultural Competence Organizational Assessment/Evaluation**

*The Board survey's its members for activities and interests and strives to provide those requested services.*

**Policies and procedures which reflect Cultural Competence values**

- *Read and sign agreement that CLC plan has been read and practices will be implemented within the designated time period.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Free brochures and new parent packets are provided both in English and Spanish.*
- *Information is disseminated to all-inclusive environments, (Schools, hospitals, and internet sources, (Facebook, website, email- list serve) and the News Gazette.*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB/CCMHB**  
**Down Syndrome Network of Champaign County**

- *Plan how do disperse information in different and unique places for example, Churches, community centers, and prenatal classes.*
- *There will be community outreach to WIC and the Public Health District to pass out information about the DSN.*

**Comments:** It is recommended that you have a specific timeframe that you provide the information to new parents. Is it the first 30 Days or is it within the first year?

**Inter-Agency Collaboration**

- A local list of providers and other community supports will be developed to support the mission of DSN.
- Utilizing the Buddy Walk to increase our population and invite family members to attend the DSN meetings.

**Overall CLC Plan Comments:** It is recommended that you have more defined actions and how you will achieve the benchmark. The value of diversity is expressed in your plan, it is also important to have some concrete and specific goals on how you will engage diverse populations, underserved populations, and rural populations.



**Draft CCDDDB Program Summary FY2018**

**Agency: Champaign County Down Syndrome Network**

**Program: Champaign County Down Syndrome Network**

PY18 CCDDDB Funding Request \$15,000  
PY18 Total Program Budget \$47,000  
Current Year Funding (PY17) \$15,000  
Proposed Change in Funding - PY17 to PY18 = 0

**Priority Self-Advocacy and Family Support Organizations**

**Service Description/Type** Support to families, people with Down syndrome, the community and professionals by being a source of the most current information on Down syndrome. Supports new parents, foster, or adoptive parents/guardians to children and adults with Down syndrome through home, hospital visits to share experience and by distributing books, DVD's, current information. Supports school personnel, parents and students with Down syndrome by attending Individual Education Program (IEP) and other meetings. Hosts meetings on topics of interest to the Down syndrome community; organizes annual conferences, workshops and presentations for parents and professionals; active website & social media; stages annual Buddy Walk to raise funds & community awareness and support networking for members & families; holds social events for families and people with Down syndrome; shares current information at relevant events (booth at Expo, e.g.); connects members with others in the community for family support and information on medical issues; fosters social interaction with peers.

*STAFF: above is edited.*

*REVIEWER: Does CU Able coordinate/work with this group at all? Maybe they should merge resources and combine efforts.*

**Access to Services for Rural Residents** Information shared through emails, website & Facebook page. Reimbursement of transportation costs available to those who cannot afford transportation to meetings. Meetings at venues throughout the area to accommodate those outside Champaign-Urbana.

**Target Population** Families who have a member with Down syndrome. Provides current information for parents, professionals, and the general public, new parent packets, social opportunities for peers with Down syndrome. Raises awareness of Down syndrome, holds workshops and meetings on topics of interest to members. (Members from outside of Champaign County are not included in those reported here.)

**Residency**

<b>Total Served</b>	222 people in FY16	59 in 1 <sup>st</sup> two quarters FY17
<u>Champaign Set</u>	84 (37.8%) for FY16	50 (30.5%) for FY17
<u>Urbana Set</u>	51 (23%) for FY16	40 (24.4%) for FY17
<u>Rantoul</u>	4 (1.8%) for FY16	8 (4.9%) for FY17
<u>Mahomet</u>	25 (11.3%) for FY16	17 (10.4%) for FY17
<u>Other Champaign County</u>	58 (26.1%) for FY16	49 (29.9%) for FY17

**Demographics FY2016**

Age

Ages 0-6 -----	25 (11.3%)
Ages 7-12 -----	34 (15.3%)
Ages 13-18 -----	61 (27.5%)
Ages 19-59 -----	86 (38.7%)
Ages 60-75+ -----	16 (7.2%)

**Race**

White -----	180 (81.1%)
Black / AA -----	22 (9.9%)
Asian / PI -----	14 (6.3%)
Other (incl. Native American and Bi-racial) -	6 (2.7%)

**Gender**

Male -----	77 (34.7%)
Female -----	145 (65.3%)

**Ethnicity**

Of Hispanic/Latino Origin -----	31 (14.0%)
Not of Hispanic/Latino Origin -----	191 (86.0%)

**Program Performance Measures**

**ACCESS:** Information about parent group is distributed at local hospitals, schools, places of employment, community agencies, and churches; up-to-date website has contact information for the group and other Down syndrome organizations; member of 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. Contact with other DS organizations on workshops and ideas. DSN newsletter sent to many professionals in the Champaign County area, who share info with new families. Email updates to parents and professionals. Facebook page. New parent packets to local hospitals with valuable information. DSN members visit the hospital or home of new parents for in-person support. Several meetings throughout the year in public places such as parks, pools, local hotel conference rooms, bowling alleys, and restaurants. After initial contact, especially first-time attendance at a meeting or event, a veteran member will engage new families in a followup conversation within the next month. Annual Buddy Walk at Champaign County Fairgrounds, widely publicized in local media.

*STAFF: above is edited - similar information as in service section and outcomes. Engagement of new families by existing members is a strong measure, could be quantified.*

**CONSUMER OUTCOMES:** (current year) "Teen and tween" dance party for children with Down syndrome and their peers; August swim party; large holiday party in December which brings nearly all of our families together for a brunch and introductions of new families; annual Buddy Walk; many other smaller events. Network and informational brochures in both English and Spanish, also distributed to both hospitals. Refers families to community services (early intervention, respite, pre-school, early childhood, daycare, vocational and recreation programs); assists families at IEP meetings, vocational and recreational meetings, and with guardianship; community and people with Down syndrome help raise awareness through the Buddy Walk; board members and their children appeared on WCIA's "Ci Living" to promote the Down Syndrome Network and the Buddy Walk.

*STAFF: above is edited - do current year activities repeat in FY18? Specific measure of outcomes does not appear to be included. REVIEWER: How are these services measured? They are similar to a service that Oak Park funds, but we pay for a staff time. Seems better attended and supported than CU Able. STAFF: CU Able is a newer group.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 145, defined as Down syndrome members & their families attending regular meetings & events (not the Buddy Walk since it is primarily a fundraiser & community awareness event). Members are considered active if they attend at least one event per year.

**Non-Treatment Plan Clients (NTPCs)** 50, defined as therapeutic, support or educational professionals attending training workshops, etc intended to provide services to DSN members & their families.

**Service Contacts (SCs)** 0

**Community Service Events (CSEs)** 20

**Other** 0

**Narrative:** Following National Down Syndrome Society (NDSS) tradition, DSN holds an annual Buddy Walk to raise awareness of Down syndrome, to involve the community in participation and volunteerism, including people with disabilities. Over 1500 Walk participants last year. Annual conference for parents and the professional community of Champaign-Urbana on special-needs issues. DSN hopes to provide inclusive opportunities for students with disabilities and to create more responsive and engaging schooling experiences for all learners. Area teachers, administrators, therapists, and parents are invited to attend.

**FY18 Annual targets (per Utilization form)**

Quarter	TPC	NTPC	SC	CSE
Annual Target	145	50	0	20

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	CSE
First Quarter FY17	75	0	7
Second Quarter FY17	89	0	8
Annual Target	130	50	20
% complete	126%	0%	75%

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	CSE
First Quarter FY16	20	100	6
Second Quarter FY16	122	72	6
Third Quarter FY16	71	0	8
Fourth Quarter FY16	9	29	6
Annual Target	140	0	20
% complete	159%		130%

**PY18 CCDDDB Funding Request** \$15,000

PY18 Total Program Budget \$47,000

Current Year Funding (PY17) \$15,000

Proposed Change in Funding - PY17 to PY18 0

**Program Staff** - CCDDDB Funds 0 FTE and Total Program Staff are also 0 FTE. A volunteer run organization.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No. n/a

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes. Simple and clear.

**Funding from the CCDDDB represents 31.9% of the total program budget.** The other 68.1% of revenue for this program is raised through the annual Buddy Walk and contributions by family members and business sponsors. Expenses include \$1000 Professional fees for taxes and audit, \$1500 Consumables, \$4200 General Operating, \$7500 for Conferences, meetings, social events, \$300 Transportation assistance.

**Audit Findings** Audit Requirement Waived. A parent network, and with budget below the audit threshold.

**CCDDB FY18 Overarching Considerations**

#1: Inclusion & Integration Yes

#2: Underserved Populations See CLC Plan review.

#3: County-wide Access Yes. Some meetings to be held in locations outside of CU.

#4: Anti-Stigma effort Yes. Community awareness.

#5: Budget and program connectedness Yes

#6: Person centered planning No

#7: Work force development and stability No

**CCDDB FY2018 Secondary Considerations**

#1: Approach/Methods/Innovation No

#2: Evidence of collaboration Yes

#3: Resource leveraging Yes

#4: Staff credentials No

#5: Records systems reflecting CCDDB values No

**CCDDB FY2018 Process Considerations & Caveats** A signed cover authorization form was not received by the CCMHB/CCDDB office. Coordinate with other funded organizations.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Signed cover form.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDDB**  
**Champaign County Regional Planning Head Start**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention to action steps associated to the benchmarks for each of the following areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce
3. Cultural Competence Organizational or Individual Assessment/Evaluation
4. Implementation of Cultural Competence Values in Policy and Procedure
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training-**

*2.9 One or more managers will attend at least one training annually that deals with diversity issues.*

*3.9 Train staff using information from October 2016 National Black Child Development Institute Conference*

**Comments:**

**Recruitment of a diverse Board of Directors and Workforce**

*1.3 Recruit enrolled parents of diverse nationalities and/or cultures to run for Policy Council Representative positions.*

*2.1 CCHS will endeavor to employ staff who speak the preferred language of families in the program. We encourage Spanish language interns to work with our program and seek translators from the East Central Illinois Refugee Mutual Assistance Center.*

**Cultural Competence Organizational Assessment/Evaluation**

*1.5 Include in Community Assessment ongoing procedures identifying services available or lacking for culturally and linguistically diverse populations of the community.*

*1.6 Include in ongoing Self-Assessment procedures analysis of cultural and linguistic sensitivity of services provided*

*2.5 Use cultural and linguistic competence evaluation in self-assessment process.*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence**  
**Activities**  
**CCDDB**  
**Champaign County Regional Planning Head Start**

*Include in annual self-assessment identification of the linguistic capacity and needs of staff and partners.*

**Policies and procedures which reflect Cultural Competence values**

*1.4 Review with new Policy Council members the 2017-2018 Cultural and Linguistic Competence Plan as a factor in decision making.*

*2.3 Include in Strategic Plan the goal to offer services where they are geographically accessible to and accepted by CCHS families.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*2.2 Maintain CCHS environments to reflect the diverse cultures, ethnicities and nationalities of enrolled families so as to create surroundings that are welcoming and comfortable.*

*3.3 Endeavor to include in treatment plans client requests for religious and spiritual resources, natural supports, bilingual services, self-help groups, and consultation from culturally and linguistically competent independent providers, except when clinically or culturally contra-indicated.*

**Inter-Agency Collaboration**

- *Collaborates with East Central Illinois Refugee Mutual Assistance Center to seek translators.*

**Language and Communication Assistance**

*2.1 CCHS will endeavor to employ staff who speak the preferred language of families in the program. We encourage Spanish language interns to work with our program and seek translators from the East Central Illinois Refugee Mutual Assistance Center*

**Overall CLC Plan Comments:**

Action steps do not appear to show progress or completion from the previous reporting year. The action steps presented appear to the same as reported from the previous reporting year. All of the required benchmarks are present in the CLC Plan.



**Draft CCDDDB Program Summary FY2018**  
**Agency: Champaign County Head Start/Early Head Start DDB**  
**Program: Social-Emotional Disabilities Svs**

PY18 CCDDDB Funding Request \$55,645  
PY18 Total Program Budget \$92,490  
Current Year Funding (PY17) \$55,645  
Proposed Change in Funding - PY17 to PY18 = 0%

**Priority Comprehensive Services and Supports for Young Children**

**Service Description/Type**

1. Screening newly enrolled children, Ages and Stages Questionnaire (ASQ) and ASQ Social-Emotional (ASQ-SE).
2. Development of social-emotional goals for children with high scores on the ASQ-SE. Goals are added to the classroom lesson plan. Children are re-screened semi-annually until scoring below the cutoff.
3. Environmental Observation for any classroom needing support due to children with challenging behaviors or high ASQ-SE scores. Analyzes the setting, interactions, and operations to identify classroom support needed.
4. Individual child observation during class, for behavioral/developmental issues impacting kindergarten readiness.
5. Meetings with parents and teachers to determine if a support plan is warranted: strategies to manage, accommodate, and/or change a child's behavior and may recommend support from other providers.
6. Individual play therapy for children, individual counseling for parents.
7. Information to families: health, mental health, disabilities, legal, case management, parenting, coping skills.
8. Networking meetings, education about Head Start/Early Head Start services.
9. Staff training, coaching, classroom modeling on disabilities and mental health topics; articles in parent newsletters, two parent trainings.

*STAFF: above and below are edited - repeated information on performance measures, utilization, and access to general program.*  
*REVIEWER: This seems like a great program that is much needed. Provides clear goals, plans, etc for clients.*

**Access to Services for Rural Residents** County-wide recruitment for Head Start/Early Head Start at libraries, elementary schools, door to door, grocery/convenience stores, community events, community agencies, and other. Annual agency Community Assessment informs recruitment efforts (income-eligible, rural.) Families in medically underserved townships of the county receive priority points. Home based option meets need of many rural families.

**Target Population** Children, aged six weeks to kindergarten entry age, who live in Champaign County, have a need for services based on screening, limited family financial resources, are enrolled in Champaign County Head Start/Early Head Start (CCHS,) and who:

1. score above the cutoff on the ASQ-SE and have individual social-emotional goals written for them, or
2. are referred by parent or teacher for behavioral or social-emotional developmental concerns and for whom an intervention plan is developed, or
3. receive play therapy or counseling.

**Residency**

Total Served 125 people in FY2016 97 in the 1<sup>st</sup> two quarters of FY2017  
Champaign Set 63 (50.4%) for FY16 35 (36.1%) for FY17

<u>Urbana Set</u>	30 (24.0%) for FY16	29 (29.9%) for FY17
<u>Rantoul</u>	26 (20.8%) for FY16	28 (28.9%) for FY17
<u>Mahomet</u>	0 (0%) for FY16	0 (0%) for FY17
<u>Other Champaign County</u>	6 (4.8%) for FY16	5 (5.2%) for FY17

**Demographics FY2016**

**Age**

Ages 0-6 -----	119 (95.2%)
Ages 7-12 -----	1 (.8%)
Ages 19-59 -----	5 (4.0%)

**Race**

White -----	33 (26.4%)
Black / AA -----	78 (62.4%)
Other (incl. Native American and Bi-racial) -	14 (11.2%)

**Gender**

Male -----	89 (71.2%)
Female -----	36 (28.8%)

**Ethnicity**

Not of Hispanic/Latino Origin -----	125 (100.0%)
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*In FY2016, data were collected for TPCs, and in FY2017, data were collected for both TPC and NTPCs.*

**Program Performance Measures**

**ACCESS:** Head Start/Early Head Start is required (by federal reg) to offer enrollment first to families with the greatest need. Families may enroll their child in any CCHS center; 90 minutes/week of home-based services are an option. CCHS collects family demographic info in annual Program Information Report. CCHS data system generates reports based on various factors, as needed; CCHS can determine if recruitment efforts are reaching underserved families, children, areas identified in the Community Assessment. During the first 45 days of the school year, the Manager reports weekly on the progress of screenings, including the ASQ and ASQ-SE screenings, and health requirements for children who are attending the program as of the first day of school. After this period, she reports monthly on screenings for children enrolling during the year.

*STAFF: above is edited - access to Head Start/Early Head Start generally, home-based and center services, transportation, support for health and screenings and medical/ dental care, and annual Community Assessment with useful data as a basis for planning. Specific measures for access to Social/Emotional Disabilities Services are timelines.*

**CONSUMER OUTCOMES:** 90% of enrolled children entering kindergarten in the fall of 2018, including children with disabilities, will leave ready for kindergarten. 85% of those enrolled in 2016-2017 will make age-appropriate progress. Child progress assessment is conducted each fall, winter, spring and, for full-year classrooms, summer. Children with high ASQ-SE scores have individualized social-emotional goals added to lesson plans. Thirty-two children have social-emotional goals incorporated into lesson plans currently, and the Social Emotional Development Specialist is working with teachers on the individualized social-emotional goals for additional children.

*STAFF: above is edited - described enrollment requirement (10% of spots are for children with delays/disabilities) and referenced current/previous year outcomes of children with delays and disabilities.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 68, defined as those in play therapy or counseling, and those for whom individual social-emotional goals or behavioral plans (Individual Success Plans) are developed

**Non-Treatment Plan Clients (NTPCs)** 55, defined as behavioral planning meetings, parent meetings/training.

**Service Contacts (SCs)** 600, defined as Screening with ASQ and ASQ-SE, Social-Emotional Environmental Observations, and individual child observations.

**Community Service Events (CSEs)** 5

**Other** 8, defined as staff and parent trainings plus news articles for parent newsletters.

**Narrative** See above.

*STAFF: mismatches between the Part Two Form and Part One Utilization Narrative (600 SC vs 580 SC; 1 CSE v 5; 1 Other v 8 Other). Entries above come from the latter. Revisions will be needed.*

**FY18 Annual target (per Utilization form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	90	55	600	1	1

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	24	34	114	7	11
Second Quarter FY17	21	18	354	8	7
Annual Target	98	55	580	5	8
% complete	46%	95%	81%	300%	225%

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY16	47	34	379	4	7
Second Quarter FY16	21	53	183	0	7
Third Quarter FY16	36	91	112	3	10
Fourth Quarter FY16	21	30	57	3	2
Annual Target	90	55	600	1	8
% complete	139%	378%	122%	1000%	325%

**FINANCIAL**

- PY18 CCDDDB Funding Request \$55,645
- PY18 Total Program Budget \$92,490
- Current Year Funding (PY17) \$55,645
- Proposed Change in Funding - PY17 to PY18 - 0%

**Program Staff** - CCDDDB Funds 0.05 Indirect FTE +0.7 Direct FTE + 0.2 ? FTE. See expense note below.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No. Other sources of revenue for the total program are identified and do not appear to present the same risk. CCDDDB/CCMHB funds should be the payer of last resort.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes. Detail on all revenues and expenditures associated with the program, responsibilities of assigned staff.

**Funding from the CCDDDB represents 60.2% of the total program budget.** Other \$36,845 is the annual Head Start grant from federal Health and Human Services.

**REVIEWER:** Do the 125 clients represent close to 60% of the services that are received from the program?

**Personnel related costs are the primary expense charged to CCDDDB, at 95.8%.** Personnel and expense forms should be revised to include staff salaries. Other expenses charged to this contract include \$453 for Consumables (materials for classroom and parents), \$550 for Conferences/Staff Development (trainings, maintain licenses) and \$1323 for Transportation, appropriate to the people served and the type of service. The Budget Narrative explains these, all total agency revenue sources, and specific duties of three staff assigned to this contract: Social Emotional Disabilities Specialist (0.7 FTE,) Child & Family Services Manager (0.2 FTE,) and fiscal specialist (0.05 FTE.)

**Audit Findings.** Not Applicable. Audit is covered by Champaign County Audit.

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See CLC Plan review.
- #3: County-wide Access Yes
- #4: Anti-Stigma effort No
- #5: Budget and program connectedness Yes
- #6: Person centered planning Yes
- #7: Work force development and stability No

**CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation Yes
- #2: Evidence of collaboration Yes.
- #3: Resource leveraging Yes. Federal requirement that at least 10% of children enrolled be those with delay/disabilities; CCDDDB/CCMHB funds support screening and treatments for such children and their parents.
- #4: Staff credentials Yes
- #5: Records systems reflecting CCDDDB values Yes

**CCDDDB FY2018 Process Considerations & Caveats** Coordinate with providers of similar services.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Revised budget and program plan forms.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**Community Choices**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

- *Board members and staff members will complete CLC Training*

**Recruitment of a diverse Board of Directors and Workforce**

- *Intentional recruiting of diverse skills and cultural experiences to identify membership of the board of directors.*

**Cultural Competence Organizational Assessment/Evaluation**

- *Annual Self-Assessment will be utilized as part of the annual cultural competence training.*
- *Continue to include cultural assessment information in determining initial and on-going services*
- *Utilize the self-advocacy group to help plan services and gain feedback*

**Policies and procedures which reflect Cultural Competence values**

*All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Participate in 3 outreach activities for potential participants to promote disability awareness and cultural awareness.*

**Inter-Agency Collaboration**

- *Continue relationships with 5 diverse groups over the course of the year to develop community partnerships.*
- *Further develop the employment first collaboration with DSC*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**Community Choices**

- *Continue participation in Disability Expo planning, Transition Planning Committee, Mental Health Agencies Council, Illinois APSE, and Job Developers Network.*

**Language and Communication Assistance**

- *Continue policy and procedure for provision of interpretation services*
- *Maintain relationships with bilingual and interpretive resources*

**Overall CLC Plan Comments**

**Required benchmarks are mentioned in the CLCP. The actions are outlined clear and progress has been made on the number of diverse groups that will be identified during the program year.**



**Draft CCDDDB Program Summary FY2018**

**Agency: Community Choices, Inc.**

**Program: Community Living**

**PY18 CCDDDB Funding Request** \$66,000  
PY18 Total Program Budget \$120,500  
Current Year Funding (PY17) \$63,000  
Proposed Change in Funding - PY17 to PY18 = 4.8%

**Priority** Expansion of Integrated Residential Opportunities

**Service Description/Type** Community Transitional Support – (based on input from staff and self-advocates) a two-year, four-phase model for supporting people to move into the community: Planning stage (assessments, observations, finances, determination of core skill areas); Move out stage (scheduling, support for life skills); Reaching out (community connections, meaningful activities); Consultation (check-ins as needed.)

Personal Development Training – (small class or 1-on-1, to build confidence and community life skills.) Classes will be approximately eight sessions of hands-on, interactive instruction, on topics such as finances, social skills, housekeeping; individuals can take multiple sessions. Key skills: financial management, household management, self-care, psychological well-being, social skills, community engagement.

*STAFF: above is edited – had included service facilitation for those with state Home Based Service awards, not charged to this contract.*

**Access to Services for Rural Residents** Approximately 25% of those currently served reside in Mahomet, Fisher, Rantoul. Staff primarily meet with individuals in their homes.

**Target Population** Adults with DD living in Champaign County. Focus on individuals with mild to moderate DD, who, with minimal staff support and natural supports, can live independently in community.

**Residency**

<b><u>Total Served</u></b>	22 people in FY16	16 people in FY17
<b><u>Champaign Set</u></b>	12 (54.5%) for FY16	12 (75%) for FY17
<b><u>Urbana Set</u></b>	5 (22.7%) for FY16	3 (18.8%) for FY17
<b><u>Rantoul</u></b>	0 (0%) for FY16	0 (0%) for FY17
<b><u>Mahomet</u></b>	2 (9%) for FY16	0 (0%) for FY17
<b><u>Other Champaign County</u></b>	3 (14%) for FY16	1 (6.3%) for FY17

**Demographics FY2017**

<b><u>Age</u></b>	
Ages 19-59 -----	22 (100%)
<b><u>Race</u></b>	
White -----	19 (86%)
Black / AA -----	2 (9%)
Other (incl. Native American and Bi-racial) -	1 (5%)
<b><u>Gender</u></b>	

Male ----- 19 (86%)  
 Female ----- 3 (14%)  
 Other/Neither ----- 0 (0%)

**Ethnicity**

Not of Hispanic/Latino Origin ----- 22 (100.0%)

**Program Performance Measures**

**ACCESS:** Referrals to and from many other service providers and organizations. Informal outreach through school IEPs, events, and word of mouth. Eligibility: those aged 18 and older, have a DD, enrolled in PUNS database. For Community Transitional Support services, the individual must desire to move out of their family home within one year. Anyone interested in gaining skills can participate in the Personal Development classes. Length of time between intake and engagement in services depends on individual providing required documentation; then from a waiting list of 1-2 people, individuals are served on a first-come, first-served basis.

*LC: above is edited - eligibility, referral and intake process described in detail. Could a specific measure of access be identified?  
 VM: agreed, how is this measured? Clarification is needed.*

**CONSUMER OUTCOMES:**

Community Transitional Support will work with 15 participants to meet the following outcomes:

1. 4 will complete the planning phase
2. 6 will complete the move-out phase
3. 5 will complete the post-move out phase

All participants will:

- Complete a person-centered plan to move into the community or sustain their life in the community
- Meet individual goals outlined in their plan (moving out, learning life skills)
- Complete the Personal Outcome Measures each year and improve their score in at least 2 areas by the completion of their time in the program.
- Engage in a new activity in the community

Life Skill Training:

1. Community Choices will develop and execute 5 life skills classes
2. Participants will report an increase of skills as indicated by a post-course survey

*LC: above is edited, results of FY16 program and individual goals summarized. Phases are nicely defined, with measures for FY18.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 15, defined as those in Community Transitional Support phase

**Non-Treatment Plan Clients (NTPCs)** 12, defined as those in Life Skill Training classes

**Service Contacts (SCs)** 1,370, defined variously, in transition support or through classes

**Community Service Events (CSEs)** 2, defined as events such as resource fairs and conferences to share info and connect self-advocates and family members to its support systems

**Other** 1,582 hours of direct service

**Narrative**

Community Transitional Support (15 TPC, 1170 service contacts, 1,482 direct service hours)

15 TPC will receive an average of 99 direct service hours throughout their moving out process. Includes assessments, planning for services, supporting skill development, connecting with community members, and mediating relationships.

Life Skill Training (12 NTPC, 200 service contacts, 100 direct hours)

An average of 5 individuals will participate in each of the 5 classes (200 service contacts, 100 direct hours). Some participants will take several classes, resulting in a total of 12 unduplicated NTPC for this program.

*REVIEWER: Outcomes: it mentioned they will develop and implement 5 new life skill classes- have you seen this document and evaluation form? When will this be submitted and executed? How do they determine what are quality life skills for the clients to learn/achieve? I realize this is a grant but it mentions that staff will attend 2 outreach events, Oak Park pays a staff rate of \$40/hour for an agency to attend, but they also have to document the event and who attended.*

*STAFF: documentation of CSEs is verified at site visits.*

**FY18 Annual targets (per Utilization form)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
Annual Target	15	12	1370	2	1582

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	16	0	230	0	412
Second Quarter FY17	0	0	144	1	340
Annual Target	17	12	1370	2	1582

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	15	0	0	0	358 + 1 class
Second Quarter FY16	4	0	0	2	363 + 1 class
Third Quarter FY16	1	0	0	0	403 + 1 class
Fourth Quarter FY16	2	0	0	0	392 + 1 class
Annual Target	(N/A – a fee for service contract)				

*REVIEWER: There is not a projected increase for clients or projected units of service for FY18, though they are asking for an increase of funds. What is the justification for the additional funds if it is not going to the clients?*

**FINANCIAL**

PY18 CCDDDB Funding Request \$66,000

PY18 Total Program Budget \$120,500

Current Year Funding (PY17) \$63,000

Proposed Change in Funding - PY17 to PY18 - 4.8%

**Program Staff** - CCDDDB Funds 0.15 Indirect FTEs and 1.25 Direct FTEs, totaling 1.4. Direct staff include 100% of Community Life Coordinator, 10% of Community Support Specialist, 4% of Executive Director; indirect is another 11% of Executive Director. **Total Program Staff** are 0.3 Indirect and 2.3 Direct FTEs, totaling 2.6 FTEs.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes. Services for those with Medicaid awards are not charged to this contract.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 54.8% of the total program budget.** Other revenue is from Contributions \$18,000 (14.9%), Private pay fees of \$1,500, and State \$35,000 (29%).

**Personnel related costs are the primary expense charged to CCDDDB, at 83.2%.** Other expenses are \$2000 Professional fees, \$2652 Consumables, \$2000 General Operating, \$2175 Occupancy, \$500 staff trainings, and \$1750

Transportation. The Budget Narrative explains each revenue and expense line and the responsibilities of all staff assigned to this contract. Total agency budget has a surplus of \$5945, total program surplus of \$1430.

**Audit Findings:** Audit in Compliance.

**CCDDB FY18 Overarching Considerations**

#1: Inclusion & Integration Yes

#2: Underserved Populations See CLC Plan review.

#3: County-wide Access Yes

#4: Anti-Stigma effort No

#5: Budget and program connectedness Yes

#6: Person centered planning Yes. Planning documents have been provided for CCMHB/CCDDB contract file.

#7: Work force development and stability No

**CCDDB FY2018 Secondary Considerations**

#1: Approach/Methods/Innovation: Yes. Program designed with input from people with disabilities and their family members.

#2: Evidence of collaboration Yes

#3: Resource leveraging Yes. Allows private pay.

#4: Staff credentials No

#5: Records systems reflecting CCDDB values No

**CCDDB FY2018 Process Considerations & Caveats:** develop “neutral party” assessment of needs of individuals not funded/monitored by the state; coordinate with other agency providers of similar services.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *sample Person-Centered Planning documents.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCDDDB Program Summary FY2018

Agency: Community Choices, Inc.

Program: Customized Employment

PY18 CCDDDB Funding Request \$99,000 (original request was \$115,000)

PY18 Total Program Budget \$199,000

Current Year Funding (PY17) \$70,000

Proposed Change in Funding - PY17 to PY18 = 41%

### Priority Employment Services and Supports

#### Service Description/Type

DISCOVERY - Person-centered approach, results in a unique Vocational Profile which is used to target ideal job leads and design individual supports for success.

JOB MATCHING - Agency learns from local businesses about their needs and the possibilities of meeting those through customized employment. Job seekers tour businesses and job shadow to learn more about industries of interest. If a match, agency negotiates an employment contract.

SHORT-TERM SUPPORT – limited job coaching and development of accommodations/support for people newly employed and their employers; connection to natural supports within the workplace.

LONG-TERM SUPPORT - After initial job coaching, ongoing support to: obtain promotions, retraining, access benefits, resolve conflicts, and remain valued in the work community.

NEW this year - TAILORED FOR TRANSITION: Discovery process, using insight from parents, guardians, schools, and students. Instead of Job Matching, the next phase is education and advocacy for students and parents. Students will be connected to opportunities for self-determination and adult community options; parents will learn about adult services; teachers included throughout. Employment Specialists will participate in final transition meetings, link to supports, and develop written plans for continuing employment and community connections. Plans will reflect students’ and families’ wishes, could include services of this or other organizations.

REVIEWER: *This is a much needed service... Are they asking for additional service hours compared to last year?*

STAFF: *If the new transition support component were funded, how would it coordinate with transition support from other providers?*

Access to Services for Rural Residents Limited by number of potential employers in small towns in the county.

Relationships with local employers will be cultivated with or on behalf of those seeking work in their home community. For rural residents seeking work in CU, agency will train on using C-CARTS transportation service.

Target Population Adults with disabilities in Champaign County, unemployed or underemployed and interested in community-based customized employment. Roughly 2,000 adults with DD live in Champaign County. The Arc of Illinois estimates that 90% of people with DD are unemployed or underemployed. National and state focus on meaningful community employment and connections for students transitioning from school, a period that families, teachers, and students find stressful and without needed supports. This year, students over 18 and their families will be a target for our services, as a complement to the transition and young-adult services provided by schools.

#### Residency

<u>Total Served</u>	43 in FY2016	23 in FY2017
<u>Champaign Set</u>	20 (46.5%) for FY16	12 (52%) for FY17

<u>Urbana Set</u>	6 (14%) for FY16	4 (17.4%) for FY17
<u>Rantoul</u>	5 (11.6%) for FY16	1 (4.3%) for FY17
<u>Mahomet</u>	3 (7%) for FY16	2 (8.7%) for FY17
<u>Other Champaign County</u>	9 (20.9%) for FY16	4 (17.4%) for FY17

**Demographics for FY2016**

<b><u>Age</u></b>	
Ages 19-59 -----	43 (100%)
<b><u>Race</u></b>	
White -----	32 (74%)
Black / AA -----	9 (21%)
Asian/ Pacific Islander -----	1 (2%)
Other (incl. Native American and Bi-racial) -	1 (2%)
<b><u>Gender</u></b>	
Male -----	30 (70%)
Female -----	13 (30%)
<b><u>Ethnicity</u></b>	
Not of Hispanic/Latino Origin -----	41 (95%)
Of Hispanic/Latino Origin -----	1 (2%)
Data not available -----	1 (2%)

**Program Performance Measures**

**ACCESS:** Referrals to and from many other service providers and organizations. Informal outreach through school IEPs, events, and word of mouth. Eligibility: those aged 18 and older, have a DD, enrolled in PUNS, motivated to work. If individuals meet DRS criteria, their job matching and short-term services are funded through DRS, and they transfer to the grant for longer-term support. Those not meeting DRS criteria start with the grant from the beginning. Intake meeting within 2 weeks of initial contact. Length of time between intake and engagement in services depends on individual providing required documentation; then from a waiting list, individuals are served on a first-come, first-served basis. Due to the individualized nature of the services, Employment Specialists can only support a limited number of people at a time.

*STAFF: Who is ineligible for DRS services? What is the limit for Employment Specialist caseload (# of people, # of hours?)*

**CONSUMER OUTCOMES:**

- 23 will complete Discovery or engage in career planning. [15 served exclusively through CCDDDB grant, 8 more served through this grant and then DRS funding, as DRS no longer pays for hours on Discovery.]
- 10 will acquire paid jobs; • 5 will acquire volunteer jobs or unpaid internships. [8 more with DRS funding.]
- 15 will receive problem solving assistance early in employment; • 15 will receive short term on-going support. [8 more with DRS funding.]
- 28 will maintain their jobs through ongoing support and job expansion.
- 2 transition stakeholder meetings on community needs for service design (1 to focus on students and parents, 1 on schools and service providers); • 4 transition families will complete Discovery and begin additional phases.

*STAFF: above is edited.*

*REVIEWER: If DRS no longer allows the discovery process, why is the agency still conducting the process? Did DRS implement a new process?*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 47, defined as those in Discovery process, job matching, and short term or long term employment support, plus those in pilot "Tailored for Transition"

**Non-Treatment Plan Clients (NTPCs)** 24, defined as stakeholders providing input to "Tailored for Transition"

**Service Contacts (SCs)** 1,225, defined as: for Discovery, an average of 11 per person (244 total) [NOTE: 8 of the 23 TPCs will transfer to DRS funding after the Discovery process is complete;] for Job Matching, 15 SC per person (225 total;); for Short-Term, 20 SCs per person (300 total;); for Long-Term, 12 SCs per person (336 total;); 56 SCs for stakeholder meetings; 64 SCs to pilot transition families.

**Community Service Events (CSEs)** 4, defined as sharing information on the program to 4 groups.

**Other** 1,950 hours of direct service.

**Narrative**

23 TPCs (244 SCs, 360 hrs direct service) will go through Discovery, culminating in individual Vocational Profile.  
 15 TPCs (225 SCs, 450 hours,) duplicated from Discovery, in Job Matching. 10 will acquire paid jobs, 5 will acquire volunteer jobs or unpaid internships. [The other 8 will have DRS funding.]  
 15 TPCs (300 SCs, 600 hours,) duplicated from Discovery, once in a paid or volunteer job, will have problem solving support and on the job training. [The other 8 will have DRS funding.]  
 28 TPCs (336 SCs, 336 hours) employed longer than three months, will have ongoing check-ins, problem solving, and job expansion support.  
 (24 NTPCs, 56 SCs, 12 hours) Before finalizing a process for transition related employment services, staff will hold 2 stakeholder meetings, meet with transition experts, and connect with engaged families and students.  
 (4 TPCs, 64 SCs, 64 hours)After finalizing a process, agency will serve 4 pilot families. Collaborating with family and school personnel, students and staff will complete Discovery Process/Profile.

STAFF: above is edited

**FY18 Annual target (per Utilization form)**

Quarter	TPC	NTPC	SC	CSE	OTHER (Hours)
Annual Target	47	24	1225	4	1950

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (Hours)
First Quarter FY17	20	0	262	1	175
Second Quarter FY17	3	0	355	2	431
Annual Target	36	0	817	4	1334
% complete	64%			75%	

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (Hours)
First Quarter FY16	32	0	224	1	325
Second Quarter FY16	3	0	196	1	263
Third Quarter FY16	6	0	214	2	380
Fourth Quarter FY16	2	0	201	0	293
Annual Target	37		785	4	1405
Actual	116%		106%	100%	90%

**FINANCIAL**

- PY18 CCDDDB Funding Request \$99,000
- PY18 Total Program Budget \$199,000
- Current Year Funding (PY17) \$70,000
- Proposed Change in Funding - PY17 to PY18 - 41%

**Program Staff** - CCDDDB Funds 0.15 Indirect and 2.05 Direct FTEs, totaling 2.2. Direct staff include 50% of two Employment Specialists and 100% of another (to be hired,) 40% of Lead Employment Specialist, and 4% of

Executive Director. Another 11% of Executive Director is Indirect. Total Program Staff are 0.3 Indirect and 4.3 Direct FTEs, totaling 4.6 FTEs.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No  
**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 49.8% of the total program budget.** Other revenue for the program is from Contributions (\$10,000 or 5%), Employment First subcontract with another provider (\$20,000 or 10%), Illinois DRS (\$54,000 or 27%) and one other. On April 3, 2017, Community Choices notified the CCDDDB/CCMHB of new revenue, lowering this request from \$115,000 to \$99,000.

**Personnel related costs are the primary expense charged to CCDDDB, at 87.7%** (Calculation was based on original request and budget forms.) Other expenses are \$2,400 for Professional Fees, \$3,000 Consumables, \$2,733 General Operating, \$2,175 Occupancy, \$850 staff trainings, and \$3,000 Transportation (appropriate to the service.) The Budget Narrative explains each revenue and expenditure and the responsibilities of each staff person assigned to this contract. Total agency and total program budgets have surplus (\$5,945 and \$4,121 respectively.) Other programs also have surplus (Community Living = \$1430 and Self-Determination = \$394.)

**Audit Findings:** Audit in compliance.

### **CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration** Yes
- #2: Underserved Populations** See CLC Plan review.
- #3: County-wide Access** Yes
- #4: Anti-Stigma effort** No
- #5: Budget and program connectedness** Yes
- #6: Person centered planning** Yes Discovery process is central.
- #7: Work force development and stability** No

### **CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation** Yes. Customized Employment and Discovery Process.
- #2: Evidence of collaboration** Yes. Raises the issue of need for greater collaboration across adult service providers on behalf of those transitioning from school.
- #3: Resource leveraging** Yes
- #4: Staff credentials** No
- #5: Records systems reflecting CCDDDB values** No

**CCDDDB FY2018 Process Considerations & Caveats:** Coordination across funded programs and other providers. Schools may build capacity for transition case management as federal Workforce Innovation and Opportunity Act is implemented. Along with the schools, the Independent Service Coordination Unit has a role in service planning, eligibility, and referrals to DD services. Champaign County families have been clear that they want their young adult children to be more productive; this program responds with transition support proposed as a new service.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Revised budget and program plan forms, sample person-centered planning documents.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCDDDB Program Summary FY2018

Agency: Community Choices, Inc.

Program: Self-Determination Support

**PY18 CCDDDB Funding Request** \$96,000 (original request was for \$115,000)

PY18 Total Program Budget \$174,500

Current Year Funding (PY17) \$70,000

Proposed Change in Funding - PY17 to PY18 = 37%

**Priority** Non-Work Community Life and Flexible Support; Self-Advocacy and Family Support Organizations

**Service Description/Type** Leadership and Self-Advocacy: people with DD develop self-determination and self-advocacy through a two-tiered Leadership Class, co-developed by self-advocates. Those new to self-advocacy (including transition-aged youth) work on leadership skills. More practiced members put leadership into action.

Family Support and Education: to educate families about the service system and how to advocate for improvements, and to help them support each other, public monthly meetings on best practices and options, community parties where families gather informally, and - NEW for FY18 - a family specific support group. Also direct support for families during times of transition or challenge.

Building Community: options for adults with disabilities to engage with others for positive social interaction, through Social Events (e.g. dinner and a movie, sports, trivia, video-gaming, concerts) with significant input in planning, Co-op Clubs (groups of 3-5) to cultivate friendships while engaging in activities they design, and Togethering/Open Champaign, where people with DD develop social connections with other citizens. Togethering focuses on one-on-one support to assist individuals in joining community groups, to make a connection, build natural supports, and fade staff support. Building on successes, public events will be co-sponsored with these groups using Open Champaign Model.

*STAFF: above and below are edited - importance of network and advocacy, detail on "Influence in Action," funded by Illinois Council on DD. (Should the parent support group and self-advocacy group be separated from this into a different contract?)*

**Access to Services for Rural Residents** Approximately 25% of families live in Mahomet, Fisher, Rantoul. Some social events in rural areas; outreach to rural areas through formal and informal networks. Members are encouraged to arrange and share transportation and other supports by accessing each other on the Membership Directory.

**Target Population** Adults with DD and family members of adults with disabilities.

### Residency

Total Served 173 in FY2016, and 164 in FY2017

Champaign Set 84 (48.6%) for FY16 89 (54.3%) for FY17

Urbana Set 33 (19%) for FY16 37 (22.6%) for FY17

Rantoul 5 (2.9%) for FY16 5 (3%) for FY17

Mahomet 20 (11.6%) for FY16 10 (6.1%) for FY17

Other Champaign County 31 (17.9%) for FY16 23 (14%) for FY17

**Demographics for FY2016**

**Age**

Ages 19-59 ----- 163 (94%)  
Ages 60-75+ ----- 10 (6%)

**Race**

White ----- 151 (87%)  
Black / AA ----- 11 (6%)  
Asian / PI ----- 8 (5%)  
Other ----- 3 (2%)

**Gender**

Male ----- 84 (48.6%)  
Female ----- 89 (51.4%)

**Ethnicity**

Not of Hispanic/Latino Origin ----- 169 (98%)  
Of Hispanic/Latino Origin ----- 4 (2%)

**Program Performance Measures**

**ACCESS:** Formal outreach/referrals to and from other DD service providers and organizations. Informal outreach through school IEPs, events, and word of mouth. Eligibility: those aged 18 and older, member of Community Choices (completing intake,) and motivated and share the responsibility of working towards the outcomes and life they want. Intake meeting within 2 weeks of initial contact. Time from intake to engagement depends on individual providing required documentation; no wait for Self-Determination Support services.

*STAFF: above is edited - intake process described, timelines specific.*

**CONSUMER OUTCOMES:**

Leadership and Self-advocacy: • 2 leadership courses for self-advocates with varying baseline leadership skills; • 20 self-advocates gain leadership skills; • Self-advocates participate in 1 statewide event; • Self-advocates gain community influence through mentoring, community engagement, and media outreach [Funded by ICDD]

Family support and education: • 45 family members develop connections with other families; • 45 family members increase knowledge of services, policies, and changes in local, state, and federal service systems; • 12 family members participate in a family support and education group; • 10 family members use their knowledge to actively engage in advocacy on local and/or state levels.

Building Community: 48 individuals with DD in Social Events independent of family, and 20 develop relationships with other members; 6 self-directed Co-op Clubs organize and meet on a regular basis; through Togethering/Open Champaign, 6 individuals develop relationships with community members based on shared interest, and 2 public events based on shared interest of self-advocates and community groups.

*STAFF: above very lightly edited - contains specific measures, some of utilization*

*REVIEWER: These figures would be more impactful if seen as a percentage, stating a number other than a percentage does not show us quantifiable data for the outcomes. These numbers lose their significance to the program if we cannot fully understand what they mean.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 0

**Non-Treatment Plan Clients (NTPCs)** 145, defined as adults with disabilities (70), and family members of teens and adults with disabilities (75)

**Service Contacts (SCs)** 1,868, defined as 210 for Leadership and Self-advocacy + 448 for Family Support/Education + 1210 for Building Community

**Community Service Events (CSEs)** 4 resource fairs, classes, and conferences to connect self-advocates and family members to its support systems

**Other** 1,222 direct service hours = 140 for Leadership and Self-Advocacy + 232 Family Support and Education (further divided into service categories) + 850 for Building Community

**Narrative** Leadership and Self-advocacy (20 NTPCs, duplicated in Building Community) through Leadership Classes and support for practical application of self-advocates' skill development from the classes in community and co-op activities.

Family support and Education (75 NTPC) through: 8 informational and networking meetings; 8 group sessions; 4 community gathering events for families and self-advocates in relaxed setting; informal support to families, with individual education on the service system, support through transitions, information and referral, and other.

Building Community (70 NTPC) through: 48 Social events (cultural, educational, community) with average of 10 self-advocates; 20 individuals in Co-op Clubs; 6 individuals in Togethering/Open Champaign Support; Informal support - discussions about services, information and referral, intakes, and other.

*REVIEWER: 1222 direct service hours equates to approximately 8 hours of service per client. Seems very insignificant compared to the work they are doing for the client and the clients family. Is it possible that they are not tracking this figure accurately? There are no treatment plans for the clients? Or do they not count them? I'm not certain as to why the section was not filled out when it states the clients receive assessments.*

**FY18 Annual target (per Utilization form)**

Quarter	TPC	NTPC	SC	CSE	OTHER (Hours)
Annual Target	0	145	1868	4	1222

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (Hours)
First Quarter FY17	0	157	369	2	139
Second Quarter FY17	0	7	561	1	186
Annual Target	0	135	1656	4	1050
actual complete	n/a	121%	56%	75%	31%

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (Hours)
First Quarter FY16	0	149	243	2	222
Second Quarter FY16	0	5	228	2	270
Third Quarter FY16	0	15	354	0	303
Fourth Quarter FY16	0	4	289	0	299
Annual Target		120	774	4	410
actual complete	n/a	144%	144%	100%	267%

**FINANCIAL**

- PY18 CCDDDB Funding Request \$96,000
- PY18 Total Program Budget \$174,500
- Current Year Funding (PY17) \$70,000
- Proposed Change in Funding - PY17 to PY18 - 37%

**Program Staff** - CCDDDB Funds 0.3 Indirect and 1.8 Direct FTEs, totaling 2.1. The direct staff include 100% of a Connections Coordinator (to be hired), 50% of Coordinator and Membership Coordinator, and 8% of Executive

Director; another 22% of Executive Director is indirect. Total Program Staff are 0.4 Indirect and 3.4 Direct FTEs, totaling 3.8 FTEs

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No  
**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 55% of the total program budget.** Other revenue for the total program comes from Contributions of \$9,000 (5.2%), Illinois Council on DD grant of \$48,500 (28%), and private pay of \$2,000. On April 3, Community Choices informed CCDDDB/CCMHB staff of a new source of revenue for this program, lowering the current request from \$115,000 to \$96,000. Most calculations in this program summary were based on the submitted budget forms.

**Personnel related costs are the primary expense charged to CCDDDB, at 88.1%** This calculation was based on the original request and budget forms. Other expenses are \$2700 for auditor, bookkeeper, etc., \$2663 for Consumables, \$2750 for General Operating, \$2175 for Occupancy, \$950 for staff training, and \$2500 for Transportation. Budget Narrative explains each revenue and expense item as well as the relationship of personnel assigned to the program. Agency budget and program budget each show a surplus (\$394 for this program.)

**Audit Findings:** Audit in Compliance.

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See CLC Plan review.
- #3: County-wide Access Yes
- #4: Anti-Stigma effort No
- #5: Budget and program connectedness Yes
- #6: Person centered planning Yes
- #7: Work force development and stability No

**CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation: Yes
- #2: Evidence of collaboration Yes
- #3: Resource leveraging Yes
- #4: Staff credentials No
- #5: Records systems reflecting CCDDDB values No

**CCDDDB FY2018 Process Considerations & Caveats:** Coordinate with other providers of similar services.

**Contracting Considerations:** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *sample person centered planning documents.*

**Applicant Review and Input:** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**Developmental Services Center**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

*3.5. Direct support staff will participate in one cultural diversity training sponsored by DSC.*

**Recruitment of a diverse Board of Directors and Workforce**

*1.4. Recruit diverse members to the DSC Board of Directors- Documented outreach to diverse community members for the board.*

*2.1. Assess and monitor demographics of staff and compare the demographics in the community served.*

**Cultural Competence Organizational Assessment/Evaluation**

*2.7. DSC will elicit feedback regarding consumer satisfaction, including specific indicators of cultural and linguistic responsiveness, via an annual consumer satisfaction survey.*

*2.8. All DSC staff will participate in an annual cultural and linguistic diversity self-assessment.*

*2.9. DSC will research tools for assessing the cultural competence of direct and support level staff.*

**Policies and procedures which reflect Cultural Competence values**

*1.1. Allocate funding/resources needed for implementing cultural/linguistic competence plan (CLC).*

*1.2. DSC Board will review the current CLC plan to ensure consistency with the Culturally Competent Clinical Practice Standards.*

*3.1. All new staff will participate in staff orientation which includes introduction to the CLC plan.*

*3.7. DSC staff will continue to respond to consumer needs with flexible scheduling of appointments and meeting space*

*3.6. DSC Human Resource department will provide support and incentives for preventing burn-out, compassion fatigue.*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**Developmental Services Center**

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*4.5. DSC will participate in outreach and engagement activities to promote behavioral health and disability awareness.*

*4.4. DSC will increase outreach to underserved populations, as defined in the Surgeon General's Report: Mental Health: Culture, Race, and Ethnicity*

**Inter-Agency Collaboration**

No clear actions reported in CLC Plan about Inter-Agency Collaboration

**Language and Communication Assistance**

*3.3. Maintain a directory of diverse language interpreters to distribute to each program.*

**Overall CLC Plan Comments**

Action steps do not appear to show progress or completion from the previous reporting year. It is noted that most of the required benchmarks that are required to be present in CLCP have been submitted.



# Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center

Program: Apartment Services

**PY18 CCDDDB Funding Request** \$429,865  
PY18 Total Program Budget \$524,325  
Current Year Funding (PY17) \$417,341  
Proposed Change in Funding - PY17 to PY18 = 3%

**Priority** Non-Work Community Life and Flexible Support

**Service Description/Type** Assists individuals in learning/maintaining skills within a safe environment; Provides on-going support in areas that cannot be mastered; Provides increased support for those losing skills due to aging, deteriorating health, or other chronic conditions (which could jeopardize independence.)

Individualized services may include: Money management and training; Independent living skills training; Community integration training and coordination; Medical support.

Emergency Response System after hours and on weekends. For those living at C-U Independence, an Overnight Manager is on the premises to address emergencies between the hours of 10:00 p.m. and 8:00 a.m. every night.

*STAFF: above is edited - collaborations with providers, MTD, benefits programs, HUD (rent subsidies,) Dept of Aging; self-advocacy, person-centered planning, and the Council on Quality and Leadership Personal Outcome Measure interview (18 participants.) Many examples per training/ support area.*

**Access to Services for Rural Residents** Rural residents tend to relocate to Champaign and Urbana per their choice in order to have access to affordable housing, employment, social opportunities, and public transportation, ultimately maximizing independence with opportunity.

**Target Population** Champaign County residents with intellectual or developmental disabilities who benefit from support to live in the community. These individuals need less support than provided in a CILA setting, in either an apartment/house of their choice or in DSC’s HUD-subsidized apartment building, C-U Independence (23 people.) Program maintains support to around 60 people. Funding supports movement in the program as needs of those receiving services increase or decrease. Family and natural support is encouraged; 16 people in the program have little to no family support.

**Residency**

<u>Total Served</u>	66 people in FY2016	59 in 1 <sup>st</sup> two quarters of FY2017
<u>Champaign Set</u>	29 (47.5%) for FY16	22 (37.3%) for FY17
<u>Urbana Set</u>	29 (47.5%) for FY16	32 (54.2%) for FY17
<u>Rantoul</u>	1 (1.6%) for FY16	1 (1.7%) for FY17
<u>Mahomet</u>	0 (0%) for FY16	0 (0%) for FY17
<u>Other Champaign County</u>	2 (3.3%) for FY16	4 (6.8%) for FY17

**Demographics for FY2016**

**Age**

Ages 19-59 ----- 50 (82.0%)  
Ages 60-75+ ----- 11 (18.0%)

**Race**

White ----- 52 (85.2%)  
Black / AA ----- 6 (9.8%)  
Asian / PI ----- 2 (3.3%)  
Other (incl. Native American and Bi-racial) - 1 (1.6%)

**Gender**

Male ----- 36 (59.0%)  
Female ----- 25 (41.0%)

**Ethnicity**

Of Hispanic/Latino Origin ----- 2 (3.3%)  
Not of Hispanic/Latino Origin ----- 59 (96.7%)

**Program Performance Measures**

**ACCESS:** Within 30 days of receipt of a Referral for Residential Services, an individual’s case will be presented to the Admissions Committee for review.

FY 17 Target: 90%  
Mid-Year Outcome: 100%  
FY 18 Target: 90%

Referral by individual, a member of their family, or another service provider. Reviewed by Admissions Committee, accepted for for service and/or waiting list if appropriate. Placement depends on capacity, service request, location, available staff; information on family strengths, preferences, traditions, and cultural considerations assist in making the individual and family as comfortable as possible accepting services/support from DSC. Other information is exchanged prior to service.

*STAFF: above is edited - detailed description of the program's referral process and how admission is determined when the program has capacity; references person centered planning, Council on Quality and Leadership values, cultural diversity training for staff, diversity hiring, cultural competence. Mentions outreach through underrepresented groups and interagency collaborations.*

**CONSUMER OUTCOMES:**

Individuals participating in the Apartment Services Program will maintain/make progress toward their independent living skills objectives.

FY 17 Target: 80%      Mid-Year Outcome: 88%  
FY 18 Target: 80%

Individuals will be given opportunities to explore and/or participate in new activities or hobbies.

FY 17 Target: 35 new opportunities      Mid-year Outcome: 13 new opportunities  
FY 18 Target: 35 new opportunities

People are encouraged to explore diverse activities and hobbies and to participate in new activities with their personal support networks, not necessarily DSC staff.

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 63, defined as individuals receiving support through the Apartment Services Program funded by the Champaign County Developmental Disabilities Board.

**Non-Treatment Plan Clients (NTPCs)** 0

**Service Contacts (SCs)** 0, defined as telephone conversations and meetings with prospective participants as well as tours of C-U Independence.

**Community Service Events (CSEs)** 0, defined as informational meetings/requests, formal presentations to organizations, civic groups, school personnel, or other community entities.

**Other** 0, defined as direct service hours.

**Narrative** Services to individuals currently in the program so they may continue to live in their homes and communities. As people exit the program, DSC revisits its wait list and in-house referrals for new program participants.

STAFF: above is edited.

**FY18 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	63	0	0	0	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	58	0	0	0	2316.25
Second Quarter FY17	1	0	0	0	2124.50
Annual Target	63	0	0	0	0
% complete	94%				

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	59	0	0	0	1742.25
Second Quarter FY16	0	0	1	0	1991.75
Third Quarter FY16	2	0	3	0	2395.75
Fourth Quarter FY16	0	0	0	0	2430
Annual Target	63	0	0	0	0
% complete	97%				

REVIEWER: There is not an increase projection of service for clients but they are asking for a significant increase in the grant. How is this justified?

**FINANCIAL**

- PY18 CCDDDB Funding Request \$429,865
- PY18 Total Program Budget \$524,325
- Current Year Funding (PY17) \$417,341
- Proposed Change in Funding - PY17 to PY18 = 3%

**Program Staff** - CCDDDB Funds 0.66 Indirect FTEs and 8.21 Direct FTEs, totaling 8.87. The 0.66 indirect is a total of up to 4% for each of 23 positions; 10.14 direct personnel are 3% of RN, 36% RN Coordinator, 53% of Program Director, less than 1% of Part-Time staff, and 81% of one Community Living Coordinator, 8 Apartment Services Case Managers (one is to be hired.) Total Program Staff consist of 0.83 Indirect FTEs and 10.14 Direct FTEs, totaling 10.97 FTEs.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes  
**Does the application clearly explain what is being purchased by the CCDDDB?** Yes.

REVIEWER: *This seems like an excellent program for the community. My only concern: are these services life long? Is there a limit of time that individuals can live in these apartments? Do they pay out of pocket expenses in addition to the funds that are provided through the CCDDDB? Are any of these services covered through PUNS, Medicaid? How do you know this isn't supplementation?*

**Funding from the CCDDDB represents 82% of the total program budget.** United Way revenue is 5%, and State (DHS Fee for Service) is 12/2%. Other funding for the total program includes \$4,858, a reimbursement (allocated?) from the state for staff training. The Budget Narrative refers to the DHS FFS revenue but doesn't give more detail. The role of each staff person assigned to this contract is described.

**Personnel related costs are the primary expense charged to CCDDDB, at 88.5%.** The 3% increase is "due to staff shortage and hiring crisis" and 10% increase for cost of employee benefits. Other budgeted expenses, explained in the Budget Narrative and primarily based on current year, include: \$1422 Professional Fees, \$3961 Consumables, \$5554 General Operating, \$3923 Occupancy, \$474 Staff Development, \$21,013 Transportation (appropriate to the service, especially if it allows participation of rural residents,) \$41 Equipment, \$3955 Lease, \$1397 Membership Dues, \$7011 Miscellaneous, and \$496 Depreciation. Agency budget deficit (\$443,767) and program deficit (\$6,508.)

**Audit Findings:** Audit in Compliance.

### **CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** Yes

**#2: Underserved Populations** See CLC Plan review.

**#3: County-wide Access** Yes. Though the service could be delivered county-wide, individuals may be choosing to move from rural areas to CU.

**#4: Anti-Stigma effort** No

**#5: Budget and program connectedness** Yes

**#6: Person centered planning** Yes. Person-Centered Planning and CQL planning documents have been provided for CCDDDB/CCMHB contract file.

**#7: Work force development and stability** No

### **CCDDDB FY2018 Secondary Considerations**

**1: Approach/Methods/Innovation:** No

**#2: Evidence of collaboration** Yes

**#3: Resource leveraging** No

**#4: Staff credentials** Yes. 120 hours of mandated staff training, plus trainings related to specific individuals served.

**#5: Records systems reflecting CCDDDB values** No

**CCDDDB FY2018 Process Considerations & Caveats** develop "neutral party" assessment of needs of individuals not funded/monitored by the state; coordinate with other agency providers of similar services.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*.

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



# Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center

Program: Clinical Services

**PY18 CCDDDB Funding Request** \$178,986  
PY18 Total Program Budget \$179,403  
Current Year Funding (PY17) \$178,986  
Proposed Change in Funding - PY17 to PY18 = 0.0 percent

**Priority** Non-Work Community Life and Flexible Support

**Service Description/Type** Psychological assessment, to establish ID/DD for those without eligibility, and to evaluate those whose level of functioning may have changed (approximately 2% of current FY 17 budget); Counseling assessment and planning; individual, family, couples and group counseling; crisis response, short-term, and long-term counseling (approximately 73% of current FY17 budget); Initial and annual psychiatric assessment, medication review, and crisis intervention (approximately 25% of current FY17 budget); Interdisciplinary Team consultation with Clinical Consultants (included as a component of consultants' billed service).

Licensed Clinical Psychologist, two Licensed Clinical Social Workers, three Licensed Clinical Professional Counselors, a Licensed Professional Counselor, or Psychiatrist meet with individuals at offices, individual's homes, or DSC locations. Individuals, family, or staff schedule appointments; transportation support in some cases.

*STAFF: above and below edited. The practice of attending IEP and MDC meetings for the purpose of sharing program information has been discouraged due to the purpose of meetings, cost of staff time, and risk of emphasizing agency programs over other options.*

**Access to Services for Rural Residents** agency website, Champaign County Transition Planning Committee, networks of professionals and parents. Staff members collaborate with a wide variety of human service providers and parent groups to increase visibility to families throughout the county. Staff attend numerous Individualized Education Plan meetings and Multi-Disciplinary Conferences in school districts throughout Champaign County.

**Target Population** Children and adults with ID/DD who reside in Champaign County. Individuals who have ID/DD and are not seeking other DSC services may also benefit from Clinical Services as the funds provided by the CCDDDB are intended for all eligible citizens of Champaign County. Those served are not recipients of Medicaid Waiver funding for these supports. Costs per person range from two hundred to several thousand dollars, depending upon individuals' support need, as assessed and deemed appropriate by a licensed clinical professional. As individuals enter and participate in DSC services, it is often necessary to introduce clinical support of one discipline or more to ensure optimal outcomes as determined by the individual and family. An individual's Interdisciplinary Team might request a psychological assessment to assist in the planning and implementation of supports and services. Counseling or other clinical supports might be introduced as a component of the individual's initial service plan, or as the individual's life circumstances change over time.

**Residency**

<b><u>Totals served</u></b>	72 people in FY2016	64 in the 1 <sup>st</sup> two quarters of FY2017
<b><u>Champaign Set</u></b>	40 (55.6%) for FY16	36 (56.3%) for FY17
<b><u>Urbana Set</u></b>	23 (31.9%) for FY16	20 (31.3%) for FY17

<u>Rantoul</u>	5 (6.9%) for FY16	5 (7.8%) for FY17
<u>Mahomet</u>	1 (1.4%) for FY16	1 (1.6%) for FY17
<u>Other Champaign County</u>	3 (4.2%) for FY16	2 (3.1%) for FY17

**Demographics for FY2016**

<b><u>Age</u></b>	
Ages 7-12 -----	1 (1.4%)
Ages 19-59 -----	64 (88.9%)
Ages 60-75+ -----	7 (9.7%)
<b><u>Race</u></b>	
White -----	58 (80.6%)
Black / AA -----	13 (18.1%)
Asian / PI -----	1 (1.4%)
<b><u>Gender</u></b>	
Male -----	43 (59.7%)
Female -----	29 (40.3%)
<b><u>Ethnicity</u></b>	
Of Hispanic/Latino Origin -----	1 (1.4%)
Not of Hispanic/Latino Origin -----	71 (98.6%)

**Program Performance Measures**

**ACCESS:** Non-TPC referrals (Champaign County residents not receiving DSC services) initiated by individuals seeking services, family members, friends, teachers, therapists, and other professionals. In-house referrals for Clinical Services come from consumers, family members, physicians, or Interdisciplinary Teams. Referrals are written and dated, reflecting who requested services and the reason for referral. Priority consideration is given to individuals and/or families in an emergency or approaching a crisis. Each referral is reviewed to determine if other community options or funding exist, to assess available resources and consultant capacity, and to prioritize referrals.

Measure: Clinical Services will provide services to 70 individuals. Consultants’ detailed billing statements and clinical notes document attendance and participation.

Program seeks options in the community for people requesting intensive on-going services (e.g., psychiatric and psychotherapy), to focus on those with no other options or whose treatment needs are specifically associated with an ID/DD; Medicaid funded services are used whenever possible to ensure that CCDDDB is the payer of last resort.

*STAFF: above is edited – detail on how services and preferences are documented; mentions diversity, cultural competence, outreach through underrepresented groups and interagency collaborations.*

**CONSUMER OUTCOMES:**

Measure: DSC’s Clinical Coordinator will conduct quarterly reviews regarding the assessment, progress, and frequency of appointments for all people receiving DSC/CCDDDB funded Counseling Support.

FY 17 Target: 100%      Mid-Year Outcome: 100%  
 FY 18 Target: 100%

Measure: DSC 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%      Mid-Year Outcome: 100%  
 FY 18 Target: 100%

Measure: Consumers will be satisfied with services received.

FY 17 Target: 90% Mid-Year Outcome: Data available in June 2017.

FY 18 Target: 90%

Clinical Services consists of supports requested by the individual with a focus on their choice, preference, and assessed need, sensitivity to their culture, gender, race, ethnicity, and religion. Direct service and management staff members collaborate with clinicians in our efforts facilitate appropriate intervention and training.

*STAFF: above is edited – contained a case study of various supports provided to a person who discovered her deceased mother.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 66, those with case records and Individual Service Plans funded by CCDDDB.

**Non-Treatment Plan Clients (NTPCs)** 4, defined as Residents of Champaign County with service and support records but no formal Individual Service Plans who are funded by CCDDDB.

**Service Contacts (SCs)** 15, defined as Phone and face-to-face contacts with people who may or may not have open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services.

**Community Service Events (CSEs)** 2, defined as Community Service Events: Contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregivers, and small group workshops.

**Other** 0

**Narrative** (see above.)

*REVIEWER: Does CCDDDB fund service/screening contracts? In the paragraph above it mentions no funds for non-treatment clients but wouldn't that be the same thing for those clients that receive phone and face-to face contacts prior to being a part of the program?*

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE
Annual Target	66	4	15	2

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY17	61	0	5	0
Second Quarter FY17	0	2	3	1
Annual Target	66	4	15	2

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY16	65	2	4	1
Second Quarter FY16	3	0	4	1
Third Quarter FY16	1	0	6	0
Fourth Quarter FY16	1	0	3	0
Annual Target	66	4	25	2
% completion	106%	50%	68%	100%

**FINANCIAL**

PY18 CCDDDB Funding Request \$178,986

PY18 Total Program Budget \$179,403

Current Year Funding (PY17) \$178,986

Proposed Change in Funding - PY17 to PY18 = 0%

66

**Program Staff** - CCDDDB Funds 0.21 Indirect and 1.11 Direct FTEs for a total of 1.32 FTEs. The indirect staff amount is a total of up to 1% of salaries of 23 positions. 1.11 FTE direct staff includes 1% of RN, 5% of Executive Vice President, 45% of Director of Case Management, 50% of Clinical Coordinator. (Total program and CCDDDB personnel amounts are the same.)

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes  
**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 99.8% of the total program budget.** STAFF: a small amount of other revenue for the program is \$417 state reimbursement (allocated?) for staff training.  
REVIEWER: *How do they not have any other resources? They solely rely on a grant from Champaign? What would these clients do if the funds were no longer available?*

**Personnel related costs are the primary expense charged to CCDDDB, at 49.2%.** The other large expense line is for Professional Fees/Consultants, at 47.6%. These are the licensed specialists identified above. Smaller amounts are budgeted for Consumables, General Operating, Occupancy, Staff Development, Transportation, Equipment, Lease, Membership Dues, Miscellaneous, and Depreciation. Budget Narrative describes each expense, based on current year actuals (many appear to be allocated,) mentions 3% increase for salaries and 10% increase for employee benefits, and lists responsibilities of staff assigned to this contract.

**Audit Findings** Audit in Compliance

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration No
- #2: Underserved Populations See CLC Plan review.
- #3: County-wide Access Yes
- #4: Anti-Stigma effort No
- #5: Budget and program connectedness Yes
- #6: Person centered planning No. Individualized, but many referrals from team members on behalf of people.
- #7: Work force development and stability No

**CCDDDB FY18 Secondary Considerations**

- #1: Approach/Methods/Innovation: No
- #2: Evidence of collaboration Yes
- #3: Resource leveraging No - Identifying providers who accept Medicaid or other insurance, for people who have the coverage but rely on these contracted providers, may create capacity for others to benefit from this funding.
- #4: Staff credentials Yes
- #5: Records systems reflecting CCDDDB values Yes

**CCDDDB FY2018 Process Considerations & Caveats** coordinate with providers of similar services.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *documentation of efforts to secure providers who will bill insurance/other payers.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center

Program: Community Employment

**PY18 CCDDDB Funding Request** \$361,370 - request is for a Multi-Year (2 Year) Contract

PY18 Total Program Budget \$515,472

Current Year Funding (PY17) \$229,484

Proposed Change in Funding - PY17 to PY18 = 57.5%

### **Priority** Employment Services and Supports

**Service Description/Type** Customized support for the specific employment goals and needs of each individual, to obtain and keep a job, including:

- Talking with the individual, family, former teachers, and employers to discover interests, strengths, personal goals and support needs as it pertains to employment. This person-centered discovery process is aligned with the Council on Quality and Leadership's philosophy adopted by DSC.
- Visiting businesses, researching online, and speaking/listening to others in community jobs describe their position/work experience
- Develop resume or portfolio of experience, strengths, goals
- Prepare for interviews or meetings with potential employers
- Identification of potential niches in local businesses that emphasize the job seeker's strengths
- Advocating for reasonable accommodations following employment
- Development of adaptive tools; • Support in self-advocacy when communicating with their supervisor
- Benefits information; • Discussion/experiential opportunities for soft skills
- Staff maintain relationships with the businesses that have resulted in jobs or may lead to jobs.

DSC is committed to supporting employment for individuals with the most significant disabilities. As more individuals served through our Integrated Program move toward employment, job development and job coaching necessary to support them in achieving their goals will take more time. Program staff receive training in Abuse and Neglect through the Department of Human Services Direct Service Person curriculum; participated in training by Dr. Bryan Dague on "Business Partnerships and Job Development," based on the concepts of customized employment; and attended a three-day workshop presented by Griffin & Hammis Associates, the leading resource for customized employment training.

*STAFF: above and below are edited. As with other programs, cautions about outreach through IEPs and MDCs related to cost of staff, risk of conflict, purpose of school meetings.*

**Access to Services for Rural Residents** IEPs at high schools in Mahomet, Rantoul, Tolono, and St. Joseph; transition events in outlying areas; Transition Planning Committee; and Job Developers Network. Limited opportunities for employment in rural areas and limited resources for transportation; Champaign and Urbana provide a larger employment base. Identifying access to transportation is a key function of the job developer.

**Target Population** Residents of Champaign County aged 18 and older with a documented ID/DD who want help finding and/or maintaining a job. Those receiving support from the state for this service are not reported to CCDDDB for county funding. As a result of local Employment First efforts, progress toward the transformation is most notably visible through a shift of \$125,000 from Integrated and Site-Based Services to this application. While

the total combined request remains whole per our shared commitment and the interdependence of community experience and employment, this allows for transition without interruption or discontinuation of services for people eligible for each service. Requesting two-year funding for Community Employment, Employment First, and Integrated and Site-Based Services to facilitate transition to more community based, integrated service, recognizing the transformation in progress will take several years to accomplish.

STAFF: above is edited.

**Residency**

<b>Total Served</b>	49 people in FY2016	45 in FY2017
<b>Champaign Set</b>	22 (44.9%) for FY16	15 (33.3%) for FY17
<b>Urbana Set</b>	18 (36.7%) for FY16	22 (48.9%) for FY17
<b>Rantoul</b>	3 (6.1%) for FY16	2 (4.4%) for FY17
<b>Mahomet</b>	2 (4.1%) for FY16	2 (4.4%) for FY17
<b>Other Champaign County</b>	4 (8.2%) for FY16	4 (8.9%) for FY17

**Demographics for FY2016**

<u>Age</u>	
Ages 19-59 -----	49 (100.0%)
<u>Race</u>	
White -----	33 (67.3%)
Black / AA -----	13 (26.5%)
Asian / PI -----	2 (4.1%)
Other (incl. Native American and Bi-racial) -	1 (2.0%)
<u>Gender</u>	
Male -----	29 (59.2%)
Female -----	20 (40.8%)
<u>Ethnicity</u>	
Of Hispanic/Latino Origin -----	2 (4.1%)
Not of Hispanic/Latino Origin -----	47 (95.9%)

**Program Performance Measures**

**ACCESS:** Participation in the program is voluntary and based on the person’s interest in securing and maintaining employment. Referrals are also received from families, friends, or current employers. Students are referred for follow-along job support upon graduation from high school, best success when the school and DSC share a transition plan with the student. Prior to graduation, staff observe students at their job site and familiarize themselves with job responsibilities and supervisors in addition to building rapport with the student. Program staff provide follow-along support to DRS-referred individuals up to 90-days after successful contract outcome of 90-days on the job. For continued support, they can request admission to DSC and this program.

Measure: 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%                      Mid-Year Outcome: 100%  
 FY 18 Target: 90%

STAFF: above is edited – all waiting are referred for PUNS enrollment; cultural diversity training for staff, diversity hiring, cultural competence reflected in person-centered approach; also mentions outreach to underrepresented groups and interagency collaborations.

**CONSUMER OUTCOMES:** Employment Specialists currently support individuals working in businesses throughout the County including Mahomet, Rantoul, Champaign, and Urbana. Outcomes include people both securing and maintaining jobs. Initial interviews, with individual and anyone the person wants to include, lead to an employment plan. Job searches are based on interests of the individual with an array of businesses being explored.

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The plan's outcome should be a job the individual is satisfied with given the support needed to maintain the job.

Measure: Individuals will maintain their job for at least one year.  
FY 17 Target: 75%      FY 17 Mid-Year Outcome: 87%  
FY 18 Target: 75%

Measure: New employers/businesses will hire individuals with ID/DD.  
FY 17 Target: 8      FY 17 Mid-Year Outcome: 6  
FY 18 Target: 8

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 55, defined as Champaign County residents with a documented diagnosis of ID/DD receiving supports from the program, individuals and services not funded by the state

**Non-Treatment Plan Clients (NTPCs)** 0

**Service Contacts (SCs)** 2, defined as meetings with prospective consumers during school IEPs, transition meetings, and tours of DSC day programs and visits to the individual's home, school, day program, or place of employment consistent with their preference

**Community Service Events (CSEs)** 2, defined as formal presentations or tours to organizations, civic groups, school personnel, or other community entities

**Other** no target – direct service hours

**Narrative** (has been cut and pasted into above.)

**FY18 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
Annual Target	55	0	2	2	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	41	0	1	1	534.25
Second Quarter FY17	4	0	2	1	408.25
Annual Target	50	0	2	2	0
% completion	90%		150%	100%	

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY16	44	0	0	0	672.25
Second Quarter FY16	4	0	2	0	660
Third Quarter FY16	1	0	6	3	740.5
Fourth Quarter FY16	0	0	1	2	610.25
Annual Target	50	0	2	2	0
% complete	98%	n/a	450%	250%	n/a

**FINANCIAL**

PY18 CCDDDB Funding Request \$361,370 - request is for a Multi-Year (2 Year) Contract

PY18 Total Program Budget \$515,472

Current Year Funding (PY17) \$229,484

Proposed Change in Funding - PY17 to PY18 = 57.5%

**Program Staff** - CCDDDB Funds 1.01 Indirect FTEs and 6.05 Direct FTEs, totaling 7.06. The 1.01 indirect is composed of up to 5% of the salaries of 23 positions. The 7.06 direct includes 5% of RN, 14% of Executive Vice

President, 28% of an Employment Counselor, 35% of Director of Employment Services, 42% of an Employment Counselor, 67% of three Employment Specialists, and 70% of 2 Employment Specialists, 1 Employment Counselor (to be hired,) and 1 Supported Employment Specialist (to be hired.) Total Program Staff are 1.41 Indirect FTEs and 8.62 Direct FTEs, totaling 10.04.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes.

*STAFF: Does the 58% funding increase equate to serving 58% more people?*

*REVIEWER: My thoughts exactly, they are only serving 49 clients, what is the indirect rate of the staff? What is the justification for such a large increase of funds when they are remaining stagnant in the amount of services vs client ratio compared to FY16.*

**Funding from the CCDDDB represents 70.1% of the total program budget.** The Illinois Division of Rehabilitation Services revenue (\$148,940, or 28.9%) is for job placements. Small amounts of revenue from Ford County Mental Health Board (\$3,217) and state reimbursement for staff trainings (\$1,945.)

**Personnel related costs are the primary expense charged to CCDDDB, at 86.4%.** Other budgeted expenses are \$639 Professional Fees/Consultants, \$168 Client Wages (for production work,) \$1256 Consumables, \$2619 General Operating, \$4,000 Occupancy, \$757 Staff Development, \$17,695 Transportation (appropriate for support people in community jobs throughout the county,) \$21 Equipment, \$4,022 Lease, \$681 Membership Dues, \$3,974 Miscellaneous, and \$13,273. Budget Narrative explains each, many based on current year (some appear allocated,) and a 3% salary increase "due to staff shortage and hiring crisis" and 10% estimated increase in costs of employee benefits. Also has detail on the responsibilities of staff assigned to this contract. Budget is balanced.

**Audit Findings** Audit in Compliance

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See CLC Plan review.
- #3: County-wide Access Yes
- #4: Anti-Stigma effort No
- #5: Budget and program connectedness Yes
- #6: Person centered planning Yes
- #7: Work force development and stability No

**CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation No
- #2: Evidence of collaboration Yes
- #3: Resource leveraging Yes
- #4: Staff credentials Yes, staff training is described.
- #5: Records systems reflecting CCDDDB values No

**CCDDDB FY18 Process Considerations & Caveats** None.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *develop "neutral party" assessment of needs of individuals not funded/ monitored by the state; coordinate with other agency providers of similar services.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



# Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center  
Program: Connections

**PY18 CCDDDB Funding Request** \$90,000  
PY18 Total Program Budget \$90,000  
Current Year Funding (PY17) \$87,550  
Proposed Change in Funding - PY17 to PY18 = 2.8%

## Priority Employment Services and Supports

**Service Description/Type** Building connection, companionship, and contribution in the broader community, pursuing creative employment possibilities. The proposed new site is in an area of downtown Champaign targeted for revitalization, reflecting DSC’s Council on Quality and Leadership commitment to promote an increase in personal support networks. Daily individual and small group activities toward becoming part of the business community, supported by one full time staff. Driven by participant’s preferences, attendance and participation will vary, some daily and others a portion of their time, discovering opportunities presented by the new location. Local artists and agency staff with a passion for creativity will share their talents with people by offering classes, increasing community connections, and tapping in to the local art scene.

STAFF: above is edited.

REVIEWER: What is their business model? What is the reasoning/ research behind securing another location within the community? What happens if they do not receive the funds from Champaign to support this endeavor? Do they have additional funds to make this project work in the community?

**Access to Services for Rural Residents** DSC promotes countywide access and emphasizes independence by utilizing public transportation in its many forms throughout Champaign County.

**Target Population** People with ID/DD who currently receive day program services at DSC and would like to pursue a creative avenue, be recognized for their talents, and learn about potential financial gain. Once established, we would consider this an option for people seeking alternatives from the more traditional day program. Consistent with Employment First, the intention is to pursue creative employment opportunities through this new endeavor. Incorporating activities to reflect other cultures and exposure to the similarities and differences in our community will be introduced and embraced. Focus on people getting in touch with their own interests and personally defining what ‘connections’ means to them. Many people 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. As an alternative to part or all of day program, a fully integrated location also allows participants to invite community members in as mentors, vendors, or customers.

STAFF: above is edited.

## Residency (last full year) / FY2017 - 1st two quarters

<b>Total Served</b>	67 people in FY2016	50 in FY2017
<b>Champaign Set</b>	28 (41.8%) for FY16	15 (30%) for FY17
<b>Urbana Set</b>	26 (38.8%) for FY16	26 (52%) for FY17
<b>Rantoul</b>	4 (6%) for FY16	1 (2%) for FY17
<b>Mahomet</b>	5 (7.5%) for FY16	2 (4%) for FY17

Other Champaign County 4 (6%) for 2016 6 (12%) for 2017

**Demographics for FY2016**

**Age**  
Ages 19-59 ----- 64 (95.5%)  
Ages 60-75+ ----- 3 (4.5%)

**Race**  
White ----- 53 (79.1%)  
Black / AA ----- 12 (17.9%)  
Asian / PI ----- 1 (1.5%)  
Other (incl. Native American and Bi-racial) - 1 (1.5%)

**Gender**  
Male ----- 29 (43.3%)  
Female ----- 38 (56.7%)

**Ethnicity**  
Of Hispanic/Latino Origin ----- 2 (3.0%)  
Not of Hispanic/Latino Origin ----- 65 (97.0%)

**Program Performance Measures**

**ACCESS:** Initial access will be current day program participants seeking an alternative and an employment focus.  
Measure: Of the projected 60 participants to be supported, 25% (15 people) will be from outside the cities of Champaign and Urbana, increasing opportunities for rural residents.  
FY 17 Target: 25% or 15 people      FY 17 mid-year Outcome: 7 people

New Measure: Screening and interviews will be conducted to establish interest and desire for a change in day program with eight people identified as the first to be offered full time admission to the art studio.

New Measure: At least 20 people will participate in artistic activities, classes or events in FY18.

**CONSUMER OUTCOMES:**

Measure: A diverse array of social events/activities will be offered.  
FY 17 Target: 20      FY17 Mid-Year Outcome: 20

Measure: Self advocates will demonstrate sensitivity to cultural diversity by engaging in at least four relevant activities.  
FY 17 Target: Four cultural diverse activities  
FY 17 Mid-Year Outcome: Participation in two cultural diverse activities

New Measure for FY 18: Artists will celebrate the diversity of Champaign County through their creative endeavors, such as art shows, Farmers' Market, etc.

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 15 people attending the new location with an emphasis on their creative interests and talents, initially those currently participating in DSC's in-house programs.

**Non-Treatment Plan Clients (NTPCs)** 25 people who are not formally opened for DSC services participating in activities when the program is prepared to expand participation.

**Service Contacts (SCs)** 2, defined as unduplicated individuals/families inquiring about Connections.

**Community Service Events (CSEs)** 4 events either hosted or attended by program participants.

**Other** no target - direct service hours

**Narrative**(see above)

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	15	25	2	4	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	19	7	0	0	50
Second Quarter FY17	31	7	1	1	95
Annual Target	60	15	0	0	145
% complete	83%	93%			

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	25	11	0	0	60
Second Quarter FY16	16	0	0	0	176
Third Quarter FY16	11	8	0	0	53
Fourth Quarter FY16	15	0	0	0	45
Annual Target	70	10	0	0	
% complete	96%	190%			

**FINANCIAL**

- PY18 CCDDDB Funding Request \$90,000
- PY18 Total Program Budget \$90,000
- Current Year Funding (PY17) \$87,550
- Proposed Change in Funding - PY17 to PY18 = 2.8%

**Program Staff** - CCDDDB Funds 0.22 Indirect FTEs and 0.92 Direct FTEs, totaling 1.14. The 0.22 indirect is composed of up to 2% of salaries of 23 positions; 0.92 total direct FTE includes 1% of RN salary, 36% of Employment Counselor, and 55% of another Employment Counselor. The Total Program column of Personnel form shows 0.36 Indirect and 1.02 Direct FTEs, totaling 1.38.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No.  
**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 100% of the total program budget.** Total program budget has a deficit, with total program FTE higher than the CCDDDB portion plus other expenses.  
 REVIEWER: *How can a program operate off of funds from one organization? Other funding bodies need to have "skin in the game."*

**Personnel related costs are the primary expense charged to CCDDDB, at 50.6%.** Other budgeted expenses are: Professional Fees/Consultants, Consumables (\$7,052,) General Operating, Occupancy (\$8,724,) Staff Development, Transportation, Specific Assistance, Lease (\$24,415,) Membership Dues, Miscellaneous, and Depreciation. Total agency budget has a deficit of \$443,767, and this program has a deficit of \$8,651. The Budget Narrative gives information about each expense and their relationship to the specific program, includes a 3% salary increase and 10% increase in employee benefits costs, and describes the activities of three staff assigned to the program.

**Audit Findings** Audit in Compliance. The independent audit identified excess revenue of \$14,432 from FY2016, and the agency returned this amount to the CCDDDB.

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration** Yes
- #2: Underserved Populations** See CLC Plan review.

- #3: County-wide Access No
- #4: Anti-Stigma effort Yes
- #5: Budget and program connectedness Yes
- #6: Person centered planning Yes
- #7: Work force development and stability No

**CCDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation: Yes
- #2: Evidence of collaboration No
- #3: Resource leveraging No
- #4: Staff credentials No
- #5: Records systems reflecting CCDDB values No

**CCDDB FY2018 Process Considerations & Caveats** demonstrate that there is no Medicaid supplementation risk; develop “neutral party” assessment of needs of individuals not funded/monitored by the state.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*.

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



# Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center

Program: Employment First

**PY18 CCDDDB Funding Request** \$82,400 - requesting multi-year contract (two year)

PY18 Total Program Budget \$82,400

Current Year Funding (PY17) \$80,000

Proposed Change in Funding - PY17 to PY18 = 3.0%

## Priority Employment Services and Supports

**Service Description/Type** This joint application between Community Choices and DSC continues the multi-year plan to cultivate and promote employment of individuals with ID/DD in Champaign County. Transformation is reflected by the shift in requests for funding for Integrated and Site Based Services and Community Employment. Employment First emphasis on:

1. Individual and family education events for those in day program, on waiting lists, and transitioning out of school. One event will target transitioning students/families not currently affiliated with adult service providers.
2. Staff development to facilitate 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 – communicate and advocate with state agencies on Employment First implementation.

*STAFF: above is edited.*

**Access to Services for Rural Residents** The focus of this grant is to continued expansion of the infrastructure to support Employment First for Champaign County rather than a focus on direct services. For the individual and family education component, contacts will include area schools, parent support groups and current individuals receiving services. Employers throughout Champaign County will be considered for participation.

**Target Population** Individuals with intellectual/developmental disabilities and their families; staff of community provider agencies; and local businesses/employers. Developing and improving the infrastructure to advance employment opportunities for people with I/DD continues to be the focus of this collaboration between Community Choices and DSC.

**Residency and Demographics** No individuals received services through this program in FY2017 and FY2016, as the focus was on community awareness and capacity building.

*STAFF: the location of business and families participating would be data of interest, especially if rural.*

## Program Performance Measures

**ACCESS:** Individuals are not formally open for services in this program and are counted as NTPCs. Any person with ID/DD and those who support or wish to support someone with ID/DD are encouraged to participate in educational events. Information for these events is disseminated through mailings, various media sources and shared with the Transition Planning Committee. Anticipated benefits would be realized for individuals with disabilities seeking employment in Champaign County regardless of provider support.

## CONSUMER OUTCOMES:

Individual and family information sessions with one-on-one consultation available following each session.

FY17 Mid-Year Outcome: Two quarterly informational sessions, planning for the third session in progress.  
 FY 18 Measure: Quarterly information sessions will be provided for individuals currently participating in day program, on waiting list for services and those transitioning from high school. A specific session will be dedicated to transition students/families.

**Staff Training**

FY 17 Measure: Incorporate Employment First philosophy into new employee orientation.  
 FY 17 Mid-Year Outcome: E1st training drafted, finalized and formally introduced February 2017.  
 FY 18 Measure: Establish formal goal upon completion of FY17 consultation with Dr. Dague to be formalized prior to FY18 plan year.

**Business Outreach**

FY 17 Measure: Introduce Partners for Employment through presentations to area professional business organizations such as the Chamber of Commerce.  
 FY 17 Mid-Year Outcome: Follow-up outreach to 14 businesses certified last FY, outreach to 57 new businesses with three trainings completed to date.  
 FY18 Measure: LEAP (Leaders for Employing All People) will host an Employer Focus Group to garner input/feedback to focus on meeting employer needs and improved outreach to local employers specific to disability awareness. Additional presentations will be scheduled in FY 18.

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 0

**Non-Treatment Plan Clients (NTPCs)** 50 people attending information sessions.

**Service Contacts (SCs)** 0

**Community Service Events (CSEs)** 2 presentations to area professional business organizations.

**Other** 0 - *STAFF: report hours of service as Other.*

**Narrative** has been cut and pasted into the above

**FY18 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE
Annual Target	0	50	0	2

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY17	0	9	0	0
Second Quarter FY17	0	16	0	3
Annual Target	0	50	0	3
% complete		50%		100%

**FY16 all four quarters (per existing CSRs )**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY16	0	16	2	0
Second Quarter FY16	0	0	28	0
Third Quarter FY16	0	58	24	0
Fourth Quarter FY16	0	0	0	4
Annual Target	0	15	48	0
% complete		493%	113%	

**FINANCIAL**

PY18 CCDDDB Funding Request \$82,400

PY18 Total Program Budget \$82,400

Current Year Funding (PY17) \$80,000

Proposed Change in Funding - PY17 to PY18 = 3.0%

**Program Staff** - CCDDDB Funds 0.21 Indirect FTEs and 0.93 Direct FTEs, totaling 1.14. The 0.21 indirect FTE is composed of up to 1% of the salaries of 23 staff. The 0.93 total direct FTE includes 1% of RN salary and 92% of Employment First Leap Coordinator. The total program budget pays the other 8% of Coordinator's salary. **Total Program Staff** are 0.21 Indirect FTEs and 1.01 Direct FTEs, totaling 1.22.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No. Low risk.  
**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 100% of the total program budget.**

REVIEWER: *Again, this program is fully funded through the CCDDDB?* STAFF: *total program budget has a deficit.*

**Personnel related costs are the primary expense charged to CCDDDB, at 60.3%.** Other budgeted expenses include \$24,738 for subcontract with 0.5 FTE at Community Choices (for outreach and education) plus national expert, \$1,466 Consumables, \$1,440 for Staff Development, \$1,009 Transportation, \$2,590 Miscellaneous, and small amounts for General Operating, Occupancy, Lease, Membership Dues, and Depreciation. Total agency budget has a deficit, total program has a deficit (\$7,389.) The Budget Narrative describes history of this project (funded for two years by CCDDDB as a collaboration between this DSC and Community Choices,) expense lines, and responsibilities of staff assigned to the contract.

**Audit Findings** Audit in Compliance

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See CLC Plan Review.
- #3: County-wide Access Yes
- #4: Anti-Stigma effort (not identified)
- #5: Budget and program connectedness Yes
- #6: Person centered planning No
- #7: Work force development and stability No

**CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation Yes
- #2: Evidence of collaboration Yes
- #3: Resource leveraging – although there is no other funding, focus is on creating community capacity.
- #4: Staff credentials No
- #5: Records systems reflecting CCDDDB values No

**CCDDDB FY2018 Process Considerations & Caveats** Coordinate with other providers of similar services.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *summary of agency PATH.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



## Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center

Program: Family Development Center

**PY18 CCDDDB Funding Request** \$579,150

PY18 Total Program Budget \$773,552

Current Year Funding (PY17) \$562,280

Proposed Change in Funding - PY17 to PY18 = 3.0%

### **Priority** Comprehensive Services and Supports for Young Children

**Service Description/Type** Early detection and prompt intervention to 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. Program is responsive to needs of families, promotes a coordinated system of care. Developmental Therapy, Speech Therapy, Comprehensive Evaluation, Developmental Play Groups, Parent Support Groups, Child Care Consultation, PLAY Project, Resource room and therapy equipment lending library (for parents and professionals.) Promotes parent/caregiver advocacy by “meeting families where they are at” and empowering them as the decision-maker for their child. Developmental screenings (at home or community setting) not funded by state Early Intervention. Since July 2016, 26% of children screened were bilingual and 54% of children were from underrepresented groups.

*STAFF: above is edited- staff credentials - below is lightly edited.*

*REVIEWER: demographics say that they are serving 6 year olds but the narrative says 0-5 year olds. What is the age cut off?*

### **Access to Services for Rural Residents**

Rural families are 45% of those served. Home visiting model serves 20 rural towns, is fundamental to service provision in the natural environment, critical in rural areas where families may be isolated from services. Collaboration with rural public schools, child care centers, churches, food pantries, and health centers.

**Target Population** Children from birth to five years, with or at risk of developmental disabilities and their families, in Champaign County. To be eligible for state-funded services, children must be under three years of age, have a 30% delay in one or more developmental areas and/or an identified qualifying disability. These same services and enhanced services for children up to age five are provided with CCDDDB funds for children deemed “at-risk” but ineligible for state funding through the early intervention system. State reimbursement for Early Intervention is 12% of operating budget; children and families move seamlessly between funding sources for uninterrupted, comprehensive services, optimizing the child and family’s potential for success. Culturally responsive, innovative, evidence-based services that fill gaps left by insufficient state reimbursement and strict eligibility criteria. Reaches underserved children through established collaborative relationships with urban and rural community agencies.

<b><u>Residency</u></b>	695 people in FY2016	551 in 1 <sup>st</sup> two quarters in FY2017
<u>Champaign Set</u>	273 (39.3%) for FY16	205 (37.2%) for FY17
<u>Urbana Set</u>	137 (19.7%) for FY16	120 (21.8%) for FY17
<u>Rantoul</u>	149 (21.4%) for FY16	127 (23.0%) for FY17
<u>Mahomet</u>	26 (3.7%) for FY16	20 (3.6%) for FY17
<u>Other Champaign County</u>	110 (15.8%) for FY16	79 (14.3%) for FY17

**Demographics for FY2016**

**Age**

Ages 0-6 ----- 695 (100.0%)

**Race**

White ----- 448 (64.5%)

Black / AA ----- 118 (17.0%)

Asian / PI ----- 28 (4.0%)

Other (incl. Native American and Bi-racial) - 101 (14.5%)

**Gender**

Male ----- 417 (60.0%)

Female ----- 278 (40.0%)

**Ethnicity**

Of Hispanic/Latino Origin ----- 137 (19.7%)

Not of Hispanic/Latino Origin ----- 558 (80.3%)

**Program Performance Measures**

**ACCESS:**

Measure: Children will have a completed assessment on file within 14 days of evaluation.

FY17 Target: 90% Mid-Year Outcome: 97.5% This goal is discontinued for FY 18.

Measure: Families will successfully access appropriate community services for their children.

FY18 Target: 90%

Focus on time from initial contact to assessment, referral to outside agencies. Data will be used to identify demographic strengths and barriers in the service system. Many referral sources: parents, physicians, child care centers, public health, the Multicultural Community Center, Crisis Nursery, Community Elements, DCFS, Parent Wonders, etc. Collaboration with programs that serve underrepresented groups to identify children at risk or with delay or disability as early as possible. With parent consent, all children who are referred receive an assessment and may be referred for further evaluation through early intervention, early childhood special education, may be rescreened at three, six or nine-month intervals.

*STAFF: above is edited – cultural competence during referral and assessment; family control over services; program maximizes natural supports and strengths; agency values diversity, outreach through underrepresented groups, collaborations.*

**CONSUMER OUTCOMES:**

Measure: Consumers will be satisfied with services received.

FY17 Target: 90% Mid-Year Outcome: 100% This goal is revised for FY18.

Measure: Families will identify progress in child functioning in everyday life routines, play and interactions with others.

FY18 Target: 90%

Family surveys are mailed to families at the end of the fiscal year. Survey questions are based on evidence-based best practice as defined by the Division of Early Childhood of the Council for Exceptional Children and includes feedback on program principles of child-centered, family-focused intervention and culturally responsive interactions. Parent input and feedback is sought during each home visit and incorporated in future planning.

Measure: Children will make progress toward developmental outcomes.

FY17 Target: 90% Mid-Year Outcome: 100% This goal is revised for FY18.

Measure: Children will progress in goals identified by families on the IFSP.

FY18 Target: 90%

Program services are designed in collaboration with families based on initial and ongoing evaluation. Each child's Individualized Family Service Plan (IFSP) outlines goals and strategies for services as well as outcome measures. Children are evaluated using appropriate standardized tests (DENVER II, Battelle Developmental Inventory II,

Infant Toddler Developmental Assessment, Preschool Language Scale, Rossetti Infant Toddler Language Scale, etc.) Children are reassessed at certain intervals, not more than six months.

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 655 defined as all children receiving FDC services funded by CCDDDB dollars.

**Non-Treatment Plan Clients (NTPCs)** 0

**Service Contacts (SCs)** 200, developmental screenings conducted by the screening coordinator, who builds and maintains relationships with agencies serving underrepresented groups, including the Rantoul Multicultural Community Center, the Champaign Urbana Public Health District, DCFS, the Center for Youth and Family Solutions Intact Families program, Illinois State Board of Education Prevention Initiative Programs, and others. Some screenings at a large resource event, but most in child’s home with the parent present.

**Community Service Events (CSEs)** 300, to increase awareness of the importance of early identification and intervention, reduce stigma, and promote community-based solutions, participation in the Down Syndrome Network Buddy Walk, the DisAbility Expo, Read Across America, Ready Set Grow, Latino Partnership Events, and the CUPHD fair. Also includes consultation to child-care centers and preschools for children enrolled in FDC, presentations to increase community awareness, recruit possible volunteers, and educate future professionals; interagency collaborations to improve system of care for young children..

**Other** 0 - service hours will be reported on the quarterly reports to accurately document the level of support provided through the program.

**Narrative** has been cut and pasted into the above sections.

**FY18 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	655	0	200	300	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	498	0	70	102	1595
Second Quarter FY17	53	0	53	88	1453.75
Annual Target	655	0	200	300	0
% complete	84%		62%	63%	

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	510	0	61	97	1691.50
Second Quarter FY16	64	0	58	94	1854
Third Quarter FY16	61	0	58	134	2008
Fourth Quarter FY16	60	0	44	137	1984.75
Annual Target	653	0	200	300	0
% completion	106%		111%	154%	

**FINANCIAL**

- PY18 CCDDDB Funding Request \$579,150
- PY18 Total Program Budget \$773,552
- Current Year Funding (PY17) \$562,280
- Proposed Change in Funding - PY17 to PY18 = 3.0%

**Program Staff** - CCDDDB Funds 1.42 Indirect FTEs and 7.11 Direct FTEs, totaling 8.53. The 1.42 indirect consists of between 1% and 7% of 23 positions. The 7.11 direct includes 7% of RN, 11% Training Coordinator and Director of Program Assurance, 22% of Executive Vice President, 60% of one Child Development Specialist, and

75% of one Speech/Language Pathologist, one Screening Coordinator, 4 Child Development Specialists (one to be hired), one Office Manager, and Program Director. Total Program Staff are 1.83 Indirect FTEs and 9.49 FTEs, totaling 11.32 (consistent with the CCDDDB portion of total budget,75%.)

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 74.9% of the total program budget.** Other revenue is from United Way (5.5%) and state Early Intervention (19%) and a small amount of state reimbursement for staff trainings.

**Personnel related costs are the primary expense charged to CCDDDB, at 81.6%.** 3% salary increase, 10% increase in cost of employee benefits included. Budget Narrative explains the relationship of each assigned staff. Other expenses are explained (based on current year and estimates) and include \$1,782 for Professional Fees (?), \$4,346 Consumables, \$7,813 General Operating, \$28,716 Occupancy, \$1,719 Staff Development, \$14,736 Transportation (appropriate to the service, allows reach to rural children,) \$51 Equipment, \$32,042 Lease, \$2,879 Membership Dues, \$8,623 Miscellaneous, and \$3,786 Depreciation. Program budget is balanced.

**Audit Findings.** Audit in Compliance

### **CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** Yes

**#2: Underserved Populations** See CLC Plan review.

**#3: County-wide Access** Yes - staff travel to rural areas to visit children and families.

**#4: Anti-Stigma effort** – through community events.

**#5: Budget and program connectedness** Yes

**#6: Person centered planning** Yes

**#7: Work force development and stability** No

### **CCDDDB FY2018 Secondary Considerations**

**#1: Approach/Methods/Innovation:** Yes

**#2: Evidence of collaboration** Yes

**#3: Resource leveraging** Yes - maximizes state funds for services to eligible children.

**#4: Staff credentials** Yes

**#5: Records systems reflecting CCDDDB values** No

**CCDDDB FY18 Process Considerations & Caveats** continue coordination with providers of similar services.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



# Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center  
Program: Individual and Family Support

**PY18 CCDDDB Funding Request** \$399,055  
PY18 Total Program Budget \$479,227  
Current Year Funding (PY17) \$387,428  
Proposed Change in Funding - PY17 to PY18 = 3%

## Priority Non-Work Community Life and Flexible Support

**Service Description/Type** Assessment, planning; direct staff support; social skills training/social thinking therapy; emergency respite; home modification by an independent contractor; therapy/sensory/accessibility equipment; emergency temporary residential; enhanced independent living skills training; community such as Tae Kwan Do classes, horseback riding lessons, fitness club memberships; day and overnight trips (museums, zoos, art conferences, etc.)

- Supports in a variety of integrated community-based, choice-driven opportunities.
- Provided by agency staff or independent contractor, based on the specific need of the individual and their family.
- Individuals who choose DSC as a provider for day-time supports are served by full-time IFS staff.
- Individuals who receive evening and weekend supports are served by part-time employees (including family members) identified by the individual and family and then hired by DSC upon appropriate vetting.

*STAFF: above and below are edited. Caution regarding rural access via staff attendance at school meetings.*

*REVIEWER: Does the agency pay for staff to receive training? This sounds like a lot of services that were available through the other grants this agency receives funds for. I.E. Clinical Services, Connections, Family Development Center, none of these clients receive the services through this cost center in addition to services from another cost center? How do you determine/review that they are not "double dipping" or showing unduplicated client counts to track the services rendered?*

**Access to Services for Rural Residents** Through DSC website, Champaign County Transition Planning Committee, and networked among professionals and parents. Staff collaborate with a multitude of human service providers and parent groups to increase visibility to families throughout the county and attend school Individualized Education Plan meetings and Multi-Disciplinary Conferences throughout Champaign County.

**Target Population** Residents of Champaign County who have ID/DD, especially those with severe behavioral, medical, or support needs.

- Choice is critical to DSC's successful partnership with individuals and families.
- This model reflects the shared philosophy between provider and funder in that the IFS program is a flexible and effective type of choice-driven service to individuals and families in a variety of integrated community settings. Funding per individual ranges from one hundred to several thousand dollars depending upon individual's support needs, as determined by their medical, behavioral, residential, and personal resource considerations.
- Priority for day program and respite to individuals and families in crisis as determined by a physician, licensed clinician, school personnel, family member, or DSC staff member.

**Residency** 45 people in FY2016 and 29 in the 1<sup>st</sup> two quarters of FY2017

<u>Champaign Set</u>	18 (40%) for FY16	11 (38%) for FY17
<u>Urbana Set</u>	12 (26.7%) for FY16	8 (27.6%) for FY17

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<u>Rantoul</u>	1 (2.2%) for FY16	1 (3.4%) for FY17
<u>Mahomet</u>	7 (15.6%) for FY16	4 (13.8%) for FY17
<u>Other Champaign County</u>	7 (15.6%) for FY16	5 (17.2%) for FY17

**Demographics**

**Age**

Ages 0-6 -----	3 (6.7%)
Ages 7-12 -----	14 (31%)
Ages 13-18 -----	10 (22%)
Ages 19-59 -----	14 (31%)
Ages 60 + -----	4 (8.9%)

**Race**

White -----	34 (75.6%)
Black / AA -----	4 (8.9%)
Asian / PI -----	3 (6.7%)
Other (incl. Native American and Bi-racial) -	4 (8.9%)

**Gender**

Male -----	36 (80%)
Female -----	9 (20%)

**Ethnicity**

Of Hispanic / Latino origin -----	1 (2%)
Not of Hispanic/Latino Origin -----	44 (97.8%)

**Program Performance Measures**

**ACCESS:** Referrals by phone or e-mail contact from a prospective consumer, a member of their family, another service provider, or other concerned party; initial follow-up by Intake staff, collecting information on individual's interests, aspirations, strengths, preferences, medical, behavioral, instructional, social, personal support needs, and family's traditions and cultural considerations.

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%      Mid-Year Outcome: 100%

FY 18 Target: 90%

*STAFF: above is edited – details of referral/intake process for this program, with Admission Committee decisions based on individual's preferences/needs and program's capacity; referrals for PUNIS; cultural competence; outreach to underrepresented groups, etc.*

**CONSUMER OUTCOMES:**

Measure: All individuals who request community outings will participate in a community outing a minimum of two times per month.

FY 17 Target: 90%      Mid-Year Outcome: 100%

FY 18 Target: 90%

Measure: Individuals/guardians will participate in the choice of their Individual Family Support Service Provider.

FY 17 Target: 100%      Mid-Year Outcome: 100%

FY 18 Target: 100%

Measure: Individual/guardians in the IFS Program will be satisfied with the Individual and Program outcomes.

FY 17 Target: 90%      Mid-Year Outcome: Data not available until June 2017.

FY 18 Target: 90%

Successful outcomes have been choice-driven/person-centered and occurred in a variety of integrated community environments involving individuals of a wide age-range, variable ability levels, and diverse ethnic and socio-economic circumstance.

*STAFF: above is edited – case study on a person's dramatic skills progress with individualized support.*

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**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 17 individuals with case records and Individual Service Plans (ISP)

**Non-Treatment Plan Clients (NTPCs)** 26 individuals with service and support records but no formal ISP

**Service Contacts (SCs)** 5 phone and face-to-face contacts with consumers who may or may not have open cases in a given program – including information and referral contacts, initial screenings/assessments, and crisis services.

**Community Service Events (CSEs)** 2 contacts/meetings to promote the program, including public presentations, consultations with community groups, or caregivers, and small group workshops.

**Other** 0 defined as (direct service hours should be reported)

**Narrative** (cut and pasted to above sections)

*REVIEWER: It says there are only 17 clients with treatment plans but in FY16 there were 45 clients and in FY17 there are currently 29 clients. Is it to be said that not all clients receive a treatment plan? How can they best serve a client if they do not have assessments for treatments, goals, etc?*

**FY18 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	17	26	5	2	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	11	18	0	0	2606.75
Second Quarter FY17	0	0	2	1	2622.50
Annual Target	19	31	5	2	0
% complete	74%	58%	40%	50%	

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	15	27	2	1	2374.25
Second Quarter FY16	0	1	5	1	2416.75
Third Quarter FY16	0	0	6	0	2156
Fourth Quarter FY16	2	1	5	0	9352.5
Annual Target	21	26	5	2	
% completion	81%	112%	360%	100%	

**FINANCIAL**

PY18 CCDDDB Funding Request \$399,055

PY18 Total Program Budget \$479,227

Current Year Funding (PY17) \$387,428

Proposed Change in Funding - PY17 to PY18 = 3%

**Program Staff** - CCDDDB Funds 0.79 Indirect FTE and 6.16 Direct FTEs, totaling 6.95. The 0.79 total indirect FTE includes up to 5% of salaries of 23 indirect staff. The 6.95 total direct FTE includes 4% of RN salary, 4% of Executive Vice President salary, 76% of 1 Program Manager and 7 Family Home Maintenance Technicians (direct service professional for this program,) plus 0% (\$29,438) for overtime, and 0% (\$34,178) for part-time staff. Total Program Staff are 1.03 Indirect FTEs and 8.1 Direct FTEs, totaling 9.13.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes. Includes a statement that participants charged to this contract do not have Medicaid waiver awards for the services.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

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**Funding from the CCDDDB represents 83.3% of the total program budget.** Other revenue: \$77,368 (16%) from DHS fee for service, not fully described, and a small amount of state reimbursement for staff trainings.

REVIEWER: *Who are the other payers of this program? What is the explanation for an increase of funds?*

**Personnel related costs are the primary expense charged to CCDDDB, at 80.6%** Other budgeted expenses are for Professional Fees/Consultants, Client Wages, Consumables (\$11,384 or 3.5%), General Operating (\$4,375,) Occupancy (\$6,877,) Staff Development, Transportation (\$11,011 or 3.4%, appropriate to the service type,) Specific Assistance (\$24,189 for one-time requests, 7.5%), Equipment Purchases, Lease (\$7,114 or 2.2%), Membership Dues, Miscellaneous (\$7,735 or 2.4%), and Depreciation. The Budget Narrative gives detail about expenses, based on current year, a 3% salary increase and 10% employee benefits cost increase, and the responsibilities of staff assigned to the contract. Total agency has a deficit; total program also has a relatively large deficit of \$46,209.

**Audit Findings** Audit in Compliance

**CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** Yes If indicated by the individual or family.

**#2: Underserved Populations** See CLC Plan review.

**#3: County-wide Access** Yes

**#4: Anti-Stigma effort** No

**#5: Budget and program connectedness** Yes

**#6: Person centered planning** Yes

**#7: Work force development and stability** No

**CCDDDB FY2018 Secondary Considerations**

**#1: Approach/Methods/Innovation:** No

**#2: Evidence of collaboration** Yes

**#3: Resource leveraging** Yes

**#4: Staff credentials** Yes 120 hours of mandated DHS training, plus any trainings specific to the individuals served.

**#5: Records systems reflecting CCDDDB values** Yes – additional information on one-time assistance per person.

**CCDDDB FY2018 Process Considerations & Caveats** develop “neutral party” assessment of needs of individuals not funded/monitored by the state; coordinate with other providers of similar services; continue prior approval.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *n/a*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



# Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center

Program: Integrated/Site-Based Srvs-Community 1st

**PY18 CCDDDB Funding Request** \$807,605 – request is for two year contract (as with two other programs)

PY18 Total Program Budget \$5,166,581

Current Year Funding (PY17) \$905,441

Proposed Change in Funding - PY17 to PY18 = -10.8%

**Priority** Non-Work Community Life and Flexible Support

**Service Description/Type** With Employment First and Community Employment programs, on-going transition to community based, integrated service: building on efforts to support individuals strengthening connections with friends, family, and community through volunteering, civic duty, citizenship, and self-advocacy; enhancing quality of life through participation in recreational activities, social events, educational, and other interests; new acquaintances through regular patronage of local establishments; and exploration of jobs of interest and identification of support necessary for employment goals. Community experiences support new interests, new or stronger friendships, and stronger community connections. Program participants step outside their comfort zone and traditional day program, taking ownership of planning their day based on interests. Shift from “spend time in the community” to pursuit of experience in specific areas of interest including self-advocacy, cooking, money management, health and fitness, sports, friendships, and giving back to the community. More are spending time in the community and considering employment, moving toward self-determination, identifying a role in the community, and how to spend their life. Redefining this program aligns with principles of the Workforce Innovation and Opportunity Act and the PATH facilitated by consultant from the Center on Disability and Community Inclusion, University of Vermont.  
*STAFF: above and below edited. Transition predicted to “take several years.” Concerns about IEP for outreach, as in other programs.*  
*REVIEWER: I do not understand how this program is different from some of the other programs as well. Community Employment, Connections, Employment First.*

**Access to Services for Rural Residents** Information shared by: attending IEPs at rural high schools; participating in transition events in outlying areas; active involvement with the Transitional Planning Committee. Transportation services to Philo, St. Joseph, Ogden, Mahomet, Ludlow, and areas in-between for county-wide access. 25% of participants are from outside Champaign and Urbana. County wide access and independence emphasized by utilizing public transportation.

**Target Population** Adults with ID/DD who receive both community and site-based services and are transitioning from a center-based model to one emphasizing community connection and involvement. These individuals receive no Medicaid funding for these services. All are enrolled on PUNS. Should a CCDDDB-funded individual receive a CILA or HBS award, they are no longer funded by the county, creating opportunities for another individual interested in services. As a result of local Employment First efforts, transformation is seen in the shift in funding request of \$125,000 from this program to Community Employment. Total request of the two applications is the same, allowing for a transition without interruption of services for people eligible for each service.  
*STAFF: above is edited.*

**Residency** 57 people in FY2016 48 in 1<sup>st</sup> two quarters of FY2017  
Champaign Set 25 (43.9%) for FY16 21 (43.8%) for FY17

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Urbana Set	17 (29.8%) for FY16	15 (31.3%) for FY17
Rantoul	4 (7%) for FY16	3 (6.3%) for FY17
Mahomet	3 (5.3%) for FY16	1 (2.1%) for FY17
Other Champaign County	8 (14%) for FY16	8 (16.7%) for FY17

**Demographics for FY2016**

<b><u>Age</u></b>	
Ages 19-59 -----	50 (87.7%)
Ages 60-75+ -----	7 (12.3%)
<b><u>Race</u></b>	
White -----	43 (75.4%)
Black / AA -----	13 (22.8%)
Other (incl. Native American and Bi-racial) -	1 (1.8%)
<b><u>Gender</u></b>	
Male -----	33 (57.9%)
Female -----	24 (42.1%)
<b><u>Ethnicity</u></b>	
Not of Hispanic/Latino Origin -----	57 (100.0%)

**Program Performance Measures**

**ACCESS:** Requests for service from: individuals and families; high school vocational coordinators who have been unsuccessful in obtaining employment for a student nearing the end of their educational eligibility; individuals employed in the community but seeking additional connections with peers and their community; local DRS office when individuals with ID/DD are searching for a job or need day program support. A DSC representative attends transition IEPs, provides tours for families, and meets with them to discuss possible services and their availability. Participation is choice-driven and based upon the interests of the individual.

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%      Mid-Year Outcome: 100%  
 FY 18 Target: 90%

*STAFF: above is edited – details of referral process; referrals for PUNS; cultural competence; outreach to underrepresented groups, etc.*

**CONSUMER OUTCOMES:** Increasing involvement in community events and volunteer opportunities. Four ongoing volunteer sites provide opportunities for individuals to give back to the community in areas they have expressed an interest. Friendships have been strengthened, resulting in women getting together outside the DSC group, and weekly coffee excursions led to group members becoming “regulars” with other locals at this establishment. “Lunch” and “Movie” groups learn about different cultures and prepare meals from that culture. Connections with community members with similar interests through Library groups, health and fitness, and groups teaching new board games.

1. Measure: Twenty-four participants will spend at least 40% of their time in the community  
 FY17 Mid-Year Outcome: 18 participants with an average of 71% community time  
 FY 18 Target: 24 participants will spend at least 40% of their time in the community
2. Measure: Two new volunteer opportunities will be developed  
 FY 17 Mid-Year Outcome: One new volunteer opportunity  
 FY 18 Target: Three new volunteer opportunities will be developed
3. Measure: Four participants in the program will be formally opened in the Community Employment program for active job exploration  
 FY 17 Mid-Year Outcome: Two people  
 FY 18 Target: Four people

STAFF: above is edited – FY17 outcome detailed examples, staff training, Council on Quality and Leadership values.

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 53, defined as Champaign County residents with ID/DD participating in the program who do not receive state funding for these services.

**Non-Treatment Plan Clients (NTPCs)** 25, defined as peers who accompany the TPCs for activities and events.

**Service Contacts (SCs)** 4, defined as meetings with prospective participants during school IEPs, transition meetings, tours of DSC day programs, visits to the individual’s home, school, day program, or place of employment.

**Community Service Events (CSEs)** 4, defined as informational meetings or tours requested by parents, teachers, and other professionals as well as formal presentations to organizations, civic groups, and other community entities.

**Other** 0 - Service hours are provided for this program.

**Narrative** was cut and pasted into above categories

**FY18 Annual target (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	53	25	4	4	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	47	61	0	3	9194.75
Second Quarter FY17	1	24	0	2	8753
Annual Target	53	25	4	4	0
% complete	91%	340%	0	125%	

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	55	66	1	0	9380
Second Quarter FY16	0	28	3	6	8956.50
Third Quarter FY16	0	23	4	4	8802
Fourth Quarter FY16	2	12	1	3	9766.25
Annual Target	50	20	4	4	0
% completion	114%	645%	225%	325%	

**FINANCIAL**

PY18 CCDDDB Funding Request \$807,605

PY18 Total Program Budget \$5,166,581

Current Year Funding (PY17) \$905,441

Proposed Change in Funding - PY17 to PY18 = -10.8%

**Program Staff** - CCDDDB Funds 0.89 Indirect FTEs and 11.79 Direct FTEs, totaling 12.68. The 0.89 total indirect FTE is made of up to 5% of the salaries of 23 indirect staff. The 11.79 total direct FTE includes 2% of 2 Maintenance Technicians, 5% of RN, Director of Employment Services, and Executive Vice President, 6% of a Maintenance Technician, 12% of a Production Crew Leader and a Developmental Training Manager, 14% of a Maintenance Technician and a Certified Occupational Therapy Assistant, 15% of a Program Director and an Employment Counselor, 16% of 8 Drivers, 8 Employment Counselors (one to be hired,) 4 Developmental Training Managers, an Operations Manager, Transportation Coordinator, Vocational Supervisor, Account Manager, Director of Developmental Training, Program Manager, 4 Production Workers, 7 Production Crew Leaders (one to be hired,) and 28 Developmental Instructors (2 to be hired.) Total Program Staff are 5.54 Indirect FTEs and 73.8 Direct FTEs, totaling 79.34.

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**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 15.6% of the total program budget.** 43% of revenue for the program is from Sales of Goods & Services, at \$2,223,947. Another 40.7% is DHS Fee for Service, assumed to be for people with state awards for Developmental Training and Supported Employment Services, many through CILA. Ford County Mental Health Board pays \$21,086. Other sources of revenue are \$2,250 from Illinois Arts Council (for the Prompting Theater) and \$9,554 from reimbursement for staff trainings.

**Personnel related costs are the primary expense charged to CCDDDB, at 61%** Other budgeted expenses are for Professional Fees/Consultants, Client Wages (\$44,330 or 5.5%), Consumables, General Operating, Occupancy (\$30,972 or 3.8%), Staff Development, Transportation (\$28,205 or 3.5%), Specific Assistance, Equipment Purchases, Lease/Rental (\$26,052 or 3.2%), Membership Dues, Cost of Production (\$129,041 or 16%), Miscellaneous, and Depreciation (\$20,806 or 2.6%). The Budget Narrative gives some detail on other program revenues, expenses charged to this contract, including the 3% salary increase and 10% employee benefit cost increase, and the responsibilities of the many associated staff positions. This program has a greater budget deficit (\$475,586) than the total agency budget deficit (\$443,767.)

*REVIEWER: In OP we require agencies to operate at 20% or less for indirect (Overhead) costs. We enforce this through all of policies. Also, when they have an increase of funds request, we review the budget and change their indirect budget if it does not align with our policies and write in the contract that they can not expense more than 20% for indirect.*

**Audit Findings** Audit in Compliance

**CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** No - speaks to transformation of traditional, more segregated, programs.

**#2: Underserved Populations** See CLC Plan Review.

**#3: County-wide Access** Yes

**#4: Anti-Stigma effort** No

**#5: Budget and program connectedness** Yes

**#6: Person centered planning** Yes

**#7: Work force development and stability** No

**CCDDDB FY2018 Secondary Considerations**

**#1: Approach/Methods/Innovation** No

**#2: Evidence of collaboration** Yes

**#3: Resource leveraging** No

**#4: Staff credentials** Yes - 120 hours of state mandated training, some have customized employment training.

**#5: Records systems reflecting CCDDDB values** No - Personal Outcome Measures interviews will be of interest

**CCDDDB FY2018 Process Considerations & Caveats** For people who do not have state funding, develop a way to demonstrate need for this service; this is best done by a "neutral" party.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *support regarding no risk of Medicaid supplementation; summary of PATH completed for the agency.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending



# Draft CCDDDB Program Summary FY2018

Agency: Developmental Services Center

Program: Service Coordination

**PY18 CCDDDB Funding Request \$423,165**

PY18 Total Program Budget \$569,358

Current Year Funding (PY17) \$410,838

Proposed Change in Funding - PY17 to PY18 = 3.0%

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

**Service Description/Type** Intake screening; Advocacy; Assessment; Information services; Crisis intervention; 24-hour call emergency support; Intermittent direct service; Monitor planning and implementation through individualized service plan development; Linkage to services; assistance applying for and maintaining various benefits and Housing Support; Collaborate with the Regional Planning Commission’s Independent Service Coordination in the event of the need for emergency placement/services/nursing home placement and ongoing service delivery. With each person as the center of their team, Case Coordinators/QIDPs work closely with individual’s team assuring service coordination in the most person-centered and effective manner possible. Focus on individual’s strengths, preferences, and needs to define comprehensive level of supports requested and to advocate for these to occur in integrated community, work, learning, and recreational environments.

*STAFF: above and below are edited – many examples per service category, collaboration with other providers to reduce conflict of interest. As with other programs, rural outreach thru school meetings raises concerns about staff time, coordination with other providers, and purpose of the meetings. REVIEWER: Is this case management? How is this not covered through Medicaid funds? Is there a way to confirm that these clients do not have Medicaid so you're not supplementing services?*

**Access to Services for Rural Residents** Individualized Education Plan meetings and Multi-Disciplinary Conferences in school districts throughout Champaign County. Also through DSC website, Champaign County Transition Planning Committee, and networked among professionals and parents. Staff collaborate with a multitude of human service providers and parent groups to increase visibility to families throughout the county.

**Target Population** Residents of Champaign County who have ID/DD and request support to enhance or maintain their highest level of independence in the community, at work, and in their home. Costs per person range from hundreds to several thousand dollars, depending on individual’s medical, behavioral, residential, and personal resource considerations. Person-Centered Planning process bases the service/support plan and outcomes on an individual's hopes, dreams, and aspirations, rather than the needs or deficits. This model is consistent with the principles of the Council on Quality and Leadership.

<b><u>Residency</u></b>	306 people in FY2016	291 in 1 <sup>st</sup> two quarters of FY2017
<u>Champaign Set</u>	129 (42.2%) for FY16	118 (40.5%) for FY17
<u>Urbana Set</u>	95 (31.0%) for FY16	98 (33.7%) for FY17
<u>Rantoul</u>	21 (6.9%) for FY16	18 (6.2%) for FY17
<u>Mahomet</u>	18 (5.9%) for FY16	16 (5.5%) for FY17
<u>Other Champaign County</u>	43 (14.1%) for FY16	41 (14.1%) for FY17

## Demographics for FY2016

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**Age**

Ages 0-6 -----	2 (.7%)
Ages 7-12 -----	5 (1.6%)
Ages 13-18 -----	1 (.3%)
Ages 19-59 -----	263 (85.9%)
Ages 60-75+ -----	35 (11.4%)

**Race**

White -----	234 (76.5%)
Black / AA -----	49 (16%)
Asian / PI -----	10 (3.3%)
Other (incl. Native American and Bi-racial) -	8 (2.6%)
Not Available Qty -----	5 (1.6%)

**Gender**

Male -----	177 (57.8%)
Female -----	129 (42.2%)

**Ethnicity**

Of Hispanic/Latino Origin -----	7 (2.3%)
Not of Hispanic/Latino Origin -----	293 (95.8%)
Not Available Qty -----	6 (2.0%)

**Program Performance Measures**

**ACCESS** Referrals initiated by phone or e-mail contact from a prospective consumer, a member of their family, another service provider, or other concerned party, initial follow-up by Intake staff, focus on eligibility for services, social and medical history and any other information that would be helpful in determining DSC’s ability to serve the individual, info on the individual’s interests, aspirations, strengths, and preferences, family’s traditions and cultural considerations to assist in making the individual and family comfortable accepting services/support from DSC.

Measure: Within 30 days of receipt of requisite eligibility documentation, an individual’s request for Service Coordination services will be presented to the Admissions Committee for consideration.

FY 17 Target: 90% Mid-Year Outcome: 100%

FY 18 Target: 90%

Recognizing the importance of ongoing communication with individuals and families, the following formal goal extends communication to those that are waiting for any DSC services on an annual basis.

Measure: DSC will initiate annual communication regarding status of those on waiting lists for all programs.

FY 17 Target: 100% Mid-Year Outcome: 100%

FY 18 Target: 100%

*STAFF: above is edited – details of referral/intake process for this program, with Admission Committee decisions based on individual’s preferences/needs and program’s capacity; referrals for PUNES; cultural competence; outreach to underrepresented groups, etc.*

**CONSUMER OUTCOMES:**

Individuals participating in the Service Coordination Program will be satisfied with services received.

FY 17 Target: 90% Mid-Year Outcome: Data available in June 2017

FY 18 Target: 90%

DSC trained staff will complete Personal Outcome Measure (POM) interviews in accordance with CQL guidelines.

FY 17 Target: 40 Mid-Year Outcome: 15

FY 18 Target: 40

*STAFF: above is edited - detail about increased support related to complex medical needs and to aging, looking for services through Department of Aging, many specific health care support activities. Services also include the Emergency Response System (after hours, etc.)*

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**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 303, defined as individuals with case records and Individual Service Plans (ISP).

**Non-Treatment Plan Clients (NTPCs)** 20, defined as residents of Champaign County with service and support records but no formal Individual Service Plans.

**Service Contacts (SCs)** 160, defined as phone and face-to-face contacts with consumers who may or may not have open cases in a given program – including information and referral, initial screenings/assessments, crisis services.

**Community Service Events (CSEs)** 2, defined as informational meetings/requests, formal presentations to organizations, civic groups, school personnel, or other community entities.

**Other** 0 defined as - service hours are reported for this program every quarter.

**Narrative** was cut and pasted into above sections.

**FY18 Annual target (per Utilization report)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	303	20	160	2	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	289	0	43	0	1738.25
Second Quarter FY17	2	0	27	1	1660
Annual Target	303	0	0	0	0
% complete	96%				

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY16	285				
Second Quarter FY16	9				
Third Quarter FY16	10				
Fourth Quarter FY16	2				
Annual Target	305	0	0	0	0
% complete	100.3%				

STAFF: FY16 data were reported as per member per month, did not include hours.

**FINANCIAL**

PY18 CCDDDB Funding Request \$423,165

PY18 Total Program Budget \$569,358

Current Year Funding (PY17) \$410,838

Proposed Change in Funding - PY17 to PY18 = 3.0 %

**Program Staff** - CCDDDB Funds 0.2 Indirect FTEs and 8.49 Direct FTEs, totaling 8.49. The 0.2 total indirect FTE is composed of up to 1% of salaries of 23 indirect staff. The 8.29 total direct FTE are 1% of RN, 33% of Clinical Coordinator and Program Director, 36% of RN Coordinator, 66% of 9 Case Coordinators (one is to be hired,) and 2 Consumer Appointment Facilitators. Total Program Staff are 0.21 Indirect and 12.56 Direct FTEs, totaling 12.77.

**Does the application warrant that CCDDDB funding will not supplement Medicaid? No.**

STAFF: potential risk of charging CCDDDB for these services on behalf of those who have Medicaid-waiver awards, mentioned above. Consumer Appointment Facilitator salaries charged here may also create a Medicaid supplementation risk, unless the majority of their time is in service of persons who do not have Medicaid-waiver funding. A similar problem with 36% of RN Coordinator salary charged here. Are the people served by these staff included in quarterly reports of service activity, names, and demographics?

**Does the application clearly explain what is being purchased by the CCDDDB? Yes**

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**Funding from the CCDDDB represents 74.3% of the total program budget.** Other sources of revenue for the program are \$142,487 (25%) for DHS Fee for Service and \$3,706 state reimbursement for staff trainings. DHS fee for service is likely for QIDP and other services for persons with Medicaid-waiver funding, but this is not described. *REVIEWER: Are these unduplicated clients? How can that be confirmed that these clients are not the same ones listed in another program? STAFF: names of persons served in each program are submitted quarterly for comparison; some duplication across programs.*

**Personnel related costs are the primary expense charged to CCDDDB, at 87.4%.** Other budgeted expenses are Professional Fees/Consultants, Consumables, General Operating (2.3%), Occupancy (2.8%), Conferences/Staff Development, Transportation (1.9%), Specific Assistance, Equipment, Lease/Rental (2%), Membership Dues, Miscellaneous (1.9%), and Depreciation. The Budget Narrative describes expense items based on current year, some of which appear allocated, and identifies a 3% salary increase "due to staff shortage and hiring crisis" and 10% employee benefit cost increase. The responsibilities of staff assigned to this contract are also included. Total program budget has a deficit of \$74,869.

### **Audit Findings** Audit in Compliance

#### **CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration** Yes
- #2: Underserved Populations** See CLC Plan review.
- #3: County-wide Access** Yes
- #4: Anti-Stigma effort** No
- #5: Budget and program connectedness** Yes
- #6: Person centered planning** Yes – a primary role of the program
- #7: Work force development and stability** No

#### **CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation:** No
- #2: Evidence of collaboration** Yes
- #3: Resource leveraging** No
- #4: Staff credentials** Yes - Case Coordinators/QIDPs: bachelor's degree in a social service field, one year of experience working directly with individuals with ID/DD, 120 hours of DHS-mandated direct support staff training plus 40-hour DHS QIDP training. Case Coordinators/QIDPs must be approved by the Illinois Department of Human Services and are required to complete 12 continuing education hours every year.
- #5: Records systems reflecting CCDDDB values** Yes

**CCDDDB FY2018 Process Considerations & Caveats** Coordination with other providers of similar services, including on behalf of youth transitioning from high school.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *clarification of Medicaid status; documentation of how potential conflict of interest is mitigated.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**Illinois Microboards Association**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

- *Board members and staff members will complete CLC Training*

**Recruitment of a diverse Board of Directors and Workforce**

- *Intentional recruiting of diverse skills and cultural experiences to identify membership of the board of directors.*

**Cultural Competence Organizational Assessment/Evaluation**

- *Annual Self-Assessment will be utilized as part of the annual cultural competence training.*
- *Continue to include cultural assessment information in determining initial and on-going services*
- *Utilize the self-advocacy group to help plan services and gain feedback*

**Policies and procedures which reflect Cultural Competence values**

*All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Participate in 3 outreach activities for potential participants to promote disability awareness and cultural awareness.*

**Inter-Agency Collaboration**

- *Continue relationships with 5 diverse groups over the course of the year to develop community partnerships.*
- *Further develop the employment first collaboration with DSC*

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**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**Illinois Microboards Association**

- *Continue participation in Disability Expo planning, Transition Planning Committee, Mental Health Agencies Council, Illinois APSE, and Job Developers Network.*

**Language and Communication Assistance**

- *Continue policy and procedure for provision of interpretation services*
- *Maintain relationships with bilingual and interpretive resources*

**Overall CLC Plan Comments**

**Required benchmarks are mentioned in the CLCP. The actions are outlined clear and progress has been made on the amount of diverse groups that will be identified during the program year.**

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CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

## Draft CCDDDB Program Summary FY2018

Agency: Illinois Association of Microboards and Cooperatives

Program: IAMC Building Inclusive Communities

**PY18 CCDDDB Funding Request** \$65,700

PY18 Total Program Budget \$65,700

Current Year Funding (PY17) \$64,278

Proposed Change in Funding - PY17 to PY18 = 2.2%

**Priority** Non-Work Community Life and Flexible Support

**Service Description/Type** Training and technical assistance to individuals with ID/DD, their families and friends to create formal (Microboards) or informal personal support teams to enhance the individual's quality of life and participation in the broader community. Continued support for teams developed in the first project year as they become more independent in using the team structure.

Uses PATH (Planning Alternative Tomorrows with Hope) and team that includes family and one or more non-family members (friends, neighbors, co-workers or acquaintances) with strong community connections. Identification of individual's hopes, dreams, needs and interests; development of concrete steps toward positive outcomes.

Teams meet every 4-6 weeks, reviewing the PATH with any new participants, celebrating accomplishments, discussing barriers/solutions, assigning next steps, and setting next meeting date.

Technical assistance and training for teams choosing to incorporate. A current team intends to become a Microboard CILA.

Quarterly gatherings of representatives from each team to share successes, challenges, strategies, resources and receive additional training. Can include new participants.

Advisory group of community members recommended by individual teams to: 1) provide connections to currently unserved or underserved community members; 2) provide possible connections to other organizations, businesses and individuals who might serve as resources to teams, and 3) provide a venue for educating community members to better understand the concerns of the ID/DD community.

NEW in PY18: 3-day PATH Facilitator training to build capacity for person-centered planning and team facilitation, creating a broader base of local expertise that can be utilized by the IAMC and others.

*STAFF: above is edited*

*REVIEWER: What research or program supports this approach to working with individuals and their families? Is there a proven success rate that this service is beneficial?*

**Access to Services for Rural Residents** All services are provided in the individual's home, family's home or location such as a church, coffee shop, library meeting room or other local venue.

**Target Population** Individuals with ID/DD. These individuals may or may not receive some services, but who have needs still unmet by the existing service system.

**Residency**

<b>Total Served</b>	= 16 in FY2017
<u>Champaign Set</u>	12 (75%) for 2017
<u>Urbana Set</u>	2 (12.5%) for 2017
<u>Rantoul -single</u>	0 ( 0%) for 2017
<u>Mahomet - single</u>	1 (6.3%) for 2017
<u>Other Champaign County</u>	1 (6.3%) for 2017

**Demographics for FY2017**

<b>Age</b>	
Ages 19-59 -----	16 (100%)
<b>Race</b>	
White -----	13 (81%)
Black / AA -----	2 (12.5%)
Asian / PI -----	1 (6.3%)
<b>Gender</b>	
Male -----	7 (43.8%)
Female -----	9 (56.2%)
<b>Ethnicity</b>	
Not of Hispanic/Latino Origin -----	16 (100%)

**Program Performance Measures**

**ACCESS:** Presentations to parent groups, self-advocacy groups, providers and other community groups to identify a broad cross-section of possible participants in Champaign County, especially those underserved by current system of care. Referrals from providers of people not adequately served or who are interested in self-directing their services. Networking outreach by team members, to increase diversity. Providers with challenging clients and/or families can find additional support by working with us to create new options.

*STAFF: above is edited - documentation (visual, minutes, eval forms, etc) to measure progress. A specific measure of access is not identified; timelines, length of engagement, and individual teams need varying levels of technical support. The Utilization Narrative (below) describes: outreach through disABILITY Resource Expo, presentations, newsletters, listservs, and personal invitations; current collaborations with Community Choices and CU Able; open to collaboration with other agencies.*

**CONSUMER OUTCOMES:**

1. quality of life outcomes for the individual with ID/DD
2. extended support and stability for families
3. greater acceptance and inclusion (of people with ID/DD) in the community.

Hopes and dreams fall, generally: where and how the person chooses to live; where and how the person chooses to work and contribute to their community; building relationships with others; transportation; continuing education.

Families, who often become isolated themselves, increase their own circle of support, reconnecting with extended family and friends and/or engaging new connections.

Siblings of individuals with ID/DD are given the needed support to think about their future role as a possible caregiver and/or guardian for their sibling with a disability. LC: above is edited - planning process, assignment of member roles and engagement. Outcomes based on individual hopes and dreams are hard to categorize; five are

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identified, and examples of actual individual outcomes are provided (strengthen social skills, apply for college, looking for volunteer opportunities, writing a mini-grant for transportation.) Specific measures are not identified - can individual/family outcomes be counted in some way?

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 10

**Non-Treatment Plan Clients (NTPCs)** 0

**Service Contacts (SCs)** 400

**Community Service Events (CSEs)** 5

**Other** 0

*STAFF: include direct service hours as Other.*

**Narrative** IAMC Building Inclusive Communities 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 stronger focus on building bridges to successful transition for those exiting school services has been identified as an important focus in Champaign County. Serves families of children with significant needs under age 18 through PATH facilitation, with a focus on home and community supports in collaboration with CU Able or other parent support groups. School personnel may participate on a team, with a PATH serving as a guide for an effective IEP. Individuals served during FY 17 will receive technical assistance and training as needed.

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE
Annual Target	10	0	400	5

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY17	11	0	212	3
Second Quarter FY17	5	0	37	2
Annual Target	10	0	200	5
% complete	160%	n/a	125%	100%

**FY16 all four quarters** Program was not funded in FY16.

**FINANCIAL**

PY18 CCDDDB Funding Request \$65,700

PY18 Total Program Budget \$65,700

Current Year Funding (PY17) \$64,278

Proposed Change in Funding - PY17 to PY18 - 2.2%

**Program Staff** - CCDDDB funds 0.75 Direct FTEs. Total Program Staff – same. These are a half-time Executive Director and quarter-time Project Organizer.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** No

If people receiving this planning service have Medicaid waiver funding, provider will demonstrate that these services are not included in the waiver award.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes

**Funding from the CCDDDB represents 100% of the total program budget.** Total agency shows revenue of \$1000 from registration fees (and \$9900 in-kind value of meeting spaces) not expended, resulting in a total agency surplus budget. The Budget Narrative explains this would be used to offset trainee costs.

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REVIEWER: *This program is fully funded by the CCDDDB? What qualifications does a person need to have in order to provide the service? Have they provided a curriculum that works for this program? Are they intending to look for other sources of revenue? Is any of this something that could be reimbursed through the state or Feds?*

STAFF: *Since submitting the application, the agency may have received funding for a project elsewhere in the state, so that revisions will be needed for Total Agency Budget columns of financial forms.*

**Personnel related costs are the primary expense charged to CCDDDB, at 72.6%.** Other expenses are \$4500 professional fees, \$4000 consumables, \$3780 general operating, \$1500 conferences/staff development, \$3000 transportation, \$750 equipment purchases, and \$500 miscellaneous. All items are explained in the Budget Narrative, along with personnel background.

**Audit Findings** Not Applicable. Agency was not under contract during FY2016.

### **CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** Yes

**#2: Underserved Populations** See Cultural and Linguistic Competence Plan review.

**#3: County-wide Access** Yes

**#4: Anti-Stigma effort** No

**#5: Budget and program connectedness** Yes

**#6: Person-centered planning** Yes

**#7: Work force development and stability** No

### **CCDDDB FY2018 Secondary Considerations**

**#1: Approach/Methods/Innovation:** Yes

**#2: Evidence of collaboration** Yes

**#3: Resource leveraging** No

**#4: Staff credentials** Yes. PATH Facilitator training. Professional and personal background of current staff are included.

**#5: Records systems reflecting CCDDDB values** Yes

**CCDDDB FY2018 Process Considerations & Caveats** Coordination with providers of similar services.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *Possible revisions to budget forms, if additional revenue has been secured.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**PACE**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

- *Ensure that all PACE Staff participate in an annual CLC Training*

**Recruitment of a diverse Board of Directors and Workforce**

- *Ensure that individuals of diverse backgrounds are included in policy making and program development.*
- *Ensure that individuals of diverse backgrounds are integrated into Board and Staff Positions as well as volunteer opportunities.*

**Cultural Competence Organizational Assessment/Evaluation**

- *Assess and modify the physical facility, to reflect the population of focus. Ensure that it is welcoming, clean, and attractive; by providing cultural art, information, refreshments, etc. Continue to include cultural assessment information in determining initial and on-going services*

**Policies and procedures which reflect Cultural Competence values**

*All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

*Ensure annual update of PACE's Diversity/Outreach Plan*

**Inter-Agency Collaboration**

- *There are no actions in the CLC Plan that talk about inter-agency collaboration.*

**Language and Communication Assistance**

- *The Deaf Services Coordinator will continue to maintain PACE's referral list of American Sign Language Interpreters, and will provide the list upon request.*

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**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**PACE**

**Overall CLC Plan Comments**

**Required benchmarks are mentioned in the CLCP with the exception of Inter-Agency Collaboration. There is not clear action about the diversity/outreach plan for PACE. There should clear actions that talk about the outreach to underrepresented communities.**

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# Draft CCDDDB Program Summary FY2018

Agency: PACE, Inc.

Program: Opportunities for Independence

**PY18 CCDDDB Funding Request** \$40,546  
PY18 Total Program Budget \$40,546  
Current Year Funding (PY17) \$40,546  
Proposed Change in Funding - PY17 to PY18 = 0.0%

## **Priority** Employment Services and Supports

**Service Description/Type** Agency core services are: Information and Referral, Individual and Systemic Advocacy, Peer Support, and Transition for both target populations; these core services are applied to Transportation, Education, Housing, Employment, Communication, and Assistive Technology.

CCDDDB program (OI) focuses on Independent Living and Job Readiness. To support people finding, attaining, keeping competitive, successful employment, Job Readiness topics include: Job Search Skills, Writing Resumes/Cover Letters, and Interviewing; Maintaining A Schedule; Interpersonal Skills (work environment.) To support people improving/maintaining Independent Living Skills topics: Advocacy, Social Skills, Money Management, Transportation, and Recreation. All OI consumers can benefit from the team approach practiced at PACE, toward full participation in the rights, activities, and responsibilities of their community.

PACE is customizing the program for each school, based on a common-core aligned, Independent Living philosophy based curriculum taught in the Rockford, IL area. Topics include: Independent Living Philosophy, Money Management, Writing Resumes, Getting Prepared for College, and transitioning from secondary education to post-secondary life. Customized to offer those topics not offered by the particular school. Not limited to students who are CCDDDB eligible, though schools suggest many participating students will be CCDDDB eligible.

*STAFF: above is edited.*  
*REVIEWER: This seems like a great program, much needed in the community. Is there a lot of collaboration with other organizations and the school districts?*  
*STAFF: ensuring that students are enrolled with PUNS and determined eligible should happen prior to services under this contract. Tailoring the curriculum to what is missing from each school may constitute supplanting, a cost shift from Education to the 377 fund, which is specifically prohibited by the statute.*

**Access to Services for Rural Residents** Offered in schools and group and individual meetings at PACE and in community. Three of the four schools are outside of Champaign, Urbana, Savoy, and Rantoul. Services to these three schools, students, and their guardians, represent a significant portion of rural outreach. Other rural outreach: contact with those who attend events (disABILITY Expo, Transition Conference, health fairs;) electronic newsletters, mailings, public service announcements, press releases, social media.

**Target Population** Champaign County residents with I/DD. Those who meet CCDDDB eligibility and wish to participate in an Independent Living Philosophy based program to grow and/or maintain their independence; access to staff providing comprehensive services. NEW in FY18, school-aged, CCDDDB eligible students will receive Independent Living Philosophy based trainings in coordination with schools. In addition to OI staff at the school,

students have access to the same comprehensive, center-wide services available to the above population. Independent Living services are individualized, representing Consumer Control which contains and goes beyond person centered planning to persons with disabilities directing program development, center administration, and providing services.

*STAFF: edited. Section contains detail about CILs and philosophy, total agency mission and core services; describes the Independent Living based Needs Assessment, developed by Illinois Division of Rehabilitation Services and Centers for Independent Living. Areas as in consumer outcomes section. A process for establishing DHS-DD eligibility, through the CCRPC Independent Service Unit, is described, prerequisite to participation.*

**Residency**

<u>Total Served</u>	20 people in FY2016	20 people in 1 <sup>st</sup> two quarters of FY2017
<u>Champaign Set</u>	9 (45%) for FY16	4 (20%) for FY17
<u>Urbana Set</u>	8 (40%) for FY16	8 (40%) for FY17
<u>Rantoul</u>	0 (0%) for FY16	0 (0%) for FY17
<u>Mahomet</u>	0 (0%) for FY16	0 (0%) for FY17
<u>Other Champaign County</u>	3 (15%) for FY16	8 (40%) for FY17

**Demographics of FY2016**

<b><u>Age</u></b>	
Ages 13-18 -----	4 (20%)
Ages 19-59 -----	14 (70%)
Ages 60-75+ -----	2 (10%)
<b><u>Race</u></b>	
White -----	17 (85%)
Black / AA -----	1 (5%)
Asian / PI -----	1 (5%)
Other (incl. Native American and Bi-racial) -	1 (5%)
<b><u>Gender</u></b>	
Male -----	12 (60%)
Female -----	8 (40%)
<b><u>Ethnicity</u></b>	
Of Hispanic/Latino Origin -----	1 (5%)
Not of Hispanic/Latino Origin -----	19 (95%)

**Program Performance Measures**

**ACCESS:** First-come, first-served. Response within three working days of initial contact: consumer intake; collection of identifying, demographic, and other data; individual needs assessment; verification of ID/DD checklist, to include screening for Medicaid eligibility. Upon initiation of services, people receive the appeals process, are asked about previous Medicaid services. Those in PACE Reintegration through Medicaid are not eligible for this program. No other program at PACE has Medicaid funding.

Quarterly and annually demographic data is used to evaluate whether PACE is providing services to people representative of service area residents.

*STAFF: above is edited - section refers to outcome goals and data, "additional measures of access" recorded in notes, files reviewed regularly by agency and funders, and mentions the agency Diversity Plan and specific methods of outreach and education. Is the verification of ID/DD checklist consistent with eligibility determination by DHS-DDD or Independent Service Coordination Unit on its behalf? What is the screening for Medicaid eligibility?*

**CONSUMER OUTCOMES:** PACE's Outcomes report is based on life areas in needs assessment and Independent Living Plan goals. Outcomes can be determined at any time but are collected and reported annually. If a consumer attains an outcome because of their association with PACE, it is reported. Outcomes occur when a consumer learns a major skill or body of information or achieves a landmark accomplishment. The consumer must also agree/feel that they have achieved the outcome for it to be counted. Several activities may lead to an outcome as a result of the Independent Living Plan. Some outcomes happen informally, outside of the Plan, i.e., PACE is a catalyst to peer counseling that happens spontaneously; a person may acquire a skill by talking to a peer.

*STAFF: above is edited - examples of individualized outcomes within the categories. 130 outcomes for FY16. Identified as primarily Employment Support, a measure could focus on obtaining employment. Another could describe outcome of Transition service activities.*

**UTILIZATION:**

- Treatment Plan Clients (TPCs)** 20
- Non-Treatment Plan Clients (NTPCs)** 30
- Service Contacts (SCs)** 500
- Community Service Events (CSEs)** 25
- Other** 0

**Narrative** FY18 targets seek a middle ground between our achievements of FY 16 and our goals for FY17.  
*STAFF: above is edited - FY17 utilization fell below targets, due to staff medical leave, ineligibility of an active participant, and low group participation. FY16 had surpassed targets. Service Contacts should not be hours of service but rather a count of discrete events associated with service, and hours should be reported as Other. Do all NTPCs have CCDDDB eligibility?*

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	20	30	500	25	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY17	7	0	29.25	3	0
Second Quarter FY17	5	8	59	10	175
Annual Target	20	30	575	25	0
% complete	60%	27%	15%	52%	n/a

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE
First Quarter FY16	11	5	121.75	9
Second Quarter FY16	4	16	243.75	7
Third Quarter FY16	1	6	183.25	6
Fourth Quarter FY16	4	6	135	5
Annual Target	20	10	375	15
% complete	100%	330%	182%	180%

**FINANCIAL**

- PY18 CCDDDB Funding Request \$40,546
- PY18 Total Program Budget \$40,546
- Current Year Funding (PY17) \$40,546
- Proposed Change in Funding - PY17 to PY18 - 0.0%

**Program Staff** - CCDDDB Funds on 0.95 Direct FTEs, same as Total Program Staff.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes. All financial forms are complete, with good detail.

*STAFF: With no other source of revenue for this program/ staff, are people who do not have CCDDDB eligibility to be served by this staff person, under the 5% of staff time not purchased through this contract? Establishing CCDDDB eligibility for 95% of those served, prior to services, could be a challenge with the proposed increase of school-aged participants.*

**Funding from the CCDDDB represents 100% of the total program budget.**

*REVIEWER: This program is fully funded through CCDDDB. Have they considered reaching out to additional funding bodies? Medicaid, DHS, other foundations to help sustain the services? What if CCDDDB no longer had funds available, what would they do for these clients if that occurred?*

**Personnel related costs are the primary expense charged to CCDDDB, at 85.1%.** Other expenses, primarily allocated (based on FTE) are \$1201 professional fees, \$1285 consumables, \$466 general operating, \$1492 occupancy, \$500 conferences/staff development, \$500 transportation, \$516 rent, and \$77 membership dues. All expense items are detailed in the Budget Narrative, along with total agency revenue sources, personnel assigned to the program, and some supports (additional salary, management & general, part of lease) not charged here.

**Audit Findings.** Audit in Compliance.

### **CCDDDB FY18 Overarching Considerations**

**#1: Inclusion & Integration** Yes

**#2: Underserved Populations** See Cultural and Linguistic Competence Plan review.

**#3: County-wide Access** Yes - primarily through proposed school visits

**#4: Anti-Stigma effort** No

**#5: Budget and program connectedness** Yes

**#6: Person centered planning** Yes. Centers for Independent Living embrace a "consumer control" philosophy, said to go beyond Person Centered Planning.

**#7: Work force development and stability** No

### **CCDDDB FY2018 Secondary Considerations**

**#1: Approach/Methods/Innovation** Yes

**#2: Evidence of collaboration** Yes

**#3: Resource leveraging** No

**#4: Staff credentials** No

**#5: Records systems reflecting CCDDDB values** No

**CCDDDB FY2018 Process Considerations & Caveats** A signed cover authorization was not received at the CCMHB/CCDDDB office. Proposes to meet a known need for transition support in schools, but other entities may be responsible for similar activities. Coordinate with ISC, DD service providers, Transition Planning Committee.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *signed cover form and sample person-centered planning documents.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCMHB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**Rosecrance**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

- *The Community Board of Directors will be offered an opportunity to participate in at least one cultural competency event.*

**Recruitment of a diverse Board of Directors and Workforce**

- *When Community Board vacancies occur the Board will commit to recruiting a diverse membership.*
- *Ensure that individuals of diverse backgrounds are integrated into Board and Staff Positions as well as volunteer opportunities.*

**Cultural Competence Organizational Assessment/Evaluation**

- *All Staff will be provided the opportunity to complete the bi-annual agency CLC assessment*

**Policies and procedures which reflect Cultural Competence values**

- *The Community Board of Directors will review the Cultural Competency Plan.*
- *The RCU Leadership Team and QMC will annually review and update the Cultural Competency Plan with Community Board approval as needed*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Provide educational opportunities and presentations to various diverse groups throughout the year such as churches, civic groups, community groups and other organizations*

**Inter-Agency Collaboration**

- *The Agency will participate, as resources allow, in community events focused on reducing stigma and improving CLC competency including but not limited to MLK, CC Alliance for AIR, and the Community Coalition by providing sponsorship and staff support.*

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**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**Rosecrance**

**Language and Communication Assistance**

- *Utilize the language line and/or in person interpreters to provide support and access to non-English and hearing impaired consumers.*

**Overall CLC Plan Comments**

Rosecrance was merged into a larger organization that serves a larger geographic area. The CLCP is based on Rosecrance of Champaign County. The CLCP appears to have all of the required benchmarks.

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## Draft CCDDDB Program Summary FY2018

Agency: Rosecrance Champaign/Urbana  
Program: Coordination of Services: DD/MI

PY18 CCDDDB Funding Request \$34,126  
PY18 Total Program Budget \$669,533  
Current Year Funding (PY17) \$32,903  
Proposed Change in Funding - PY17 to PY18 = 3.7%

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

**Service Description/Type** For people who have co-occurring MI and DD: case identification; screening for mental illness; direct services to the consumer and consumer's family; technical assistance to professionals involved in care; coordination of inter-disciplinary staffing, treatment planning, and advocacy for consumers in need of coordinated services. Intensive case management helps those with MI/DD to be successful. Ensures that an individual's services are coordinated effectively, that consistent messages and language are used by providers, and that individual service needs receive appropriate priority in both systems of care; provides community education and technical assistance to improve community awareness and outcomes of services for consumers with co-occurring disorders in both primary mental health and developmental disabilities programs.

Medicaid and other funding is used when applicable, to maximize the benefits of grant funding. Due to restrictions on service eligibility and target populations, some may not be eligible for Medicaid services. In other cases Medicaid and third party reimbursement do not adequately cover the cost of care coordination, education of family and caregivers, as well as advocacy and linkage to multiple services if medically necessary. Those without are referred to Access & Benefits for assistance in securing Medicaid benefits.

*STAFF: above is edited - refers to use of strength based, person centered approach.*

**Access to Services for Rural Residents** Through collaboration with providers and referrals from family and friends, clinician identifies eligible people throughout the County and can deliver services at their preferred location (county-wide.)

**Target Population** Champaign County residents aged 18 and up dually diagnosed with a developmental and mental health disability. All have a Mental Health Assessment which indicates the need for coordinated services. Emphasis on those:

1. in residential settings for persons with DD.
2. living in other settings (families, friends, or self) but struggling in caring for self.
3. at-risk of hospitalization or homelessness due to inadequate supports for co-occurring conditions.

Some have limited financial resources or 3rd party insurances that will not cover case management services. With CCDDDB prior approval, the grant will be used to support these services until Medicaid services can be put in place.

### Residency

<u>Total Served</u>	23 in FY2016	37 in 1 <sup>st</sup> two quarters of FY2017
<u>Champaign Set</u>	11 (47.8%) for FY16	20 (54.1%) for FY17
<u>Urbana Set</u>	6 (26.1%) for FY16	9 (24.3%) for FY17

<u>Rantoul</u>	0 (0%) for FY16	2 (5.4%) for FY17
<u>Mahomet</u>	1 (4.3%) for FY16	0 (0%) for FY17
<u>Other Champaign County</u>	5 (21.7%) for FY16	6 (16.2%) for FY17

**Demographics for FY2016**

<b><u>Age</u></b>		
Ages 19-59 -----	21	(91.3%)
Ages 60-75+ -----	2	(8.7%)
<b><u>Race</u></b>		
White -----	14	(60.9%)
Black / AA -----	5	(21.7%)
Asian / PI -----	2	(8.7%)
Other (incl. Native American and Bi-racial) -	2	(8.7%)
<b><u>Gender</u></b>		
Male -----	15	(65.2%)
Female -----	8	(34.8%)
<b><u>Ethnicity</u></b>		
Of Hispanic/Latino Origin -----	2	(9.1%)
Not of Hispanic/Latino Origin -----	20	(90.9%)

**Program Performance Measures**

**ACCESS:** Clinician tracks referrals and service requests, referral dates, demographic information (age, gender, race, ethnicity) for all clients. Engages consumers within four weeks of referral; works with community partners to accommodate meetings and opportunities offsite to introduce the program, consult on potential referrals, and make service entry for new clients welcoming and with ease. Includes schools, in which older special education students meet criteria and need to transition into case management services (families often involved.) Community wide special events provide clinician and other staff opportunities for disseminating program information.

*STAFF: above is edited - described the agency's CLC committee as active and long-standing. This program, along with other providers of case management, linkage, and referral services, should work closely with the CCRPC Independent Service Coordination Unit for determination of DHS-DD (and therefore CCDDDB) eligibility, PUNS enrollment, and coordination of adult services.*

**CONSUMER OUTCOMES:** Outcome/satisfaction tool tailored to this program. While external benchmarks will not be available due to the special nature to this program, we can compare a number of measures with traditional mental health case management approaches. Expect 80% satisfaction rate by those surveyed. Compare with other Rosecrance programs on key measures such as:

- Overall, how has your situation or problem(s) changed?
- If a friend needed similar help, would you recommend our organization?

Other performance indicators: length of time from referral to engagement of clients in the coordination of services (4 weeks.) Some more quickly, and some (or family/guardian) request a longer period to engage. If there is delay, the Supervisor and Clinician are responsible for taking appropriate corrective action including reporting the variance to the Director of Clinical Services. No corrective action when the Clinician's caseload is full; however, when an opening occurs there is an expectation that it is filled in 1-2 weeks. Focus on reducing barriers to participation, identifying and overcoming these barriers and assisting consumers in navigating the complexities of overlapping systems is the focus of the program.

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 36, defined as those who are open [with the agency] and have a current mental health assessment and treatment plan.

**Non-Treatment Plan Clients (NTPCs)** 5

**Service Contacts (SCs)** 15, defined as phone and face to face contacts with consumers who are not open cases to the program, including information and referral contacts, initial screenings or crisis services.

**Community Service Events (CSEs)** 12

**Other** 0

*STAFF: include a report of direct service hours as Other.*

**Narrative** Intensive level of time and intervention required to work with this population greater than anticipated: more frequent sessions required to work effectively with the individual and sometimes his/her family. Time spent on non-billable activities with Medicaid clients is more than originally anticipated, due, in part, to coordinating with multiple service providers and family members on their schedules. In FY16 we were without a full-time clinician for 2.5 months; the training time and time spent building relationships with DD agencies slowed the referral process. For FY17 projected TPCs (44) higher than original (32.) Clinician presentations to and referrals from: Rosecrance programs, DSC, Community Choices, PACE, and Regional Planning etc. Service Contacts will exceed target for the same reasons.

*STAFF: above is lightly edited.*

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	36	5	15	12	0

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	28	2	11	5	234.18
Second Quarter FY17	7	0	7	3	264.14
Annual Target	32	0	8	12	0
% complete	110%	n/a	225%	67%	n/a

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY16	21	0	1	5	274
Second Quarter FY16	1	2	3	5	78
Third Quarter FY16	0	0	0	0	167
Fourth Quarter FY16	1	0	2	7	519
Annual Target	32	0	15	12	0
% complete	72%	n/a	40%	142%	n/a

**FINANCIAL**

PY18 CCDDDB Funding Request \$34,126

PY18 Total Program Budget \$669,533

Current Year Funding (PY17) \$32,903

Proposed Change in Funding - PY17 to PY18 - 3.7%

**Program Staff** - CCDDDB Funds 0.09 Indirect and 0.52 Direct FTEs, totaling 0.61. Direct staff assigned to this contract are 50% of a Community Support Clinician and 2% of Community Support Supervisor, and indirect staff are between 1% and 3% of 5 positions. Total Program Staff = 1.72 Indirect and 7.8 Direct FTEs, totaling 9.52.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes. Describes billing Medicaid and other payers when applicable. CCDDDB funding is the payor of last resort.

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes.

REVIEWER: Is this staff person in an office 20 hours a week seeing clients or are they on call? If they are in person all the time, then it seems justifiable. How many clients does this person see that are not funded through the grant? Is it during the same 20 hours of service that she is being funded through this grant?

**Funding from the CCDDDB represents 5.1% of the total program budget.** Total Program is agency's Case Management department, with other sources of revenue described as various client fees, including Medicaid. The program plan narrative explains use of Medicaid and other payers whenever possible. A small amount of miscellaneous revenue (\$150) is allocated to the case management total program.

**Personnel related costs are the primary expense charged to CCDDDB, at 91.2%.** The only other expense charged to this contract is transportation. The Budget Narrative contains detail about allocation of expenses and calculation of Management & General, but not specific to this program.

**Audit Findings** Audit in Compliance. Audit was submitted past the deadline, an extension not requested.

**CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See Cultural and Linguistic Competence Plan review.
- #3: County-wide Access Yes - While identification of rural need is mentioned, a method is not described. Transportation costs are budgeted to support the case manager travelling to sites throughout the county.
- #4: Anti-Stigma effort No
- #5: Budget and program connectedness Yes
- #6: Person centered planning Yes - Service setting based on individual preference.
- #7: Work force development and stability No

**CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation: Yes
- #2: Evidence of collaboration Yes - referrals to and from the program to providers of other services. Central to effective service for people with complex needs.
- #3: Resource leveraging Yes
- #4: Staff credentials Yes
- #5: Records systems reflecting CCDDDB values No

**CCDDDB FY2018 Process Considerations & Caveats** Quarterly reports of hours of service and names of those served should be provided on the same schedule as other required quarterly reports; coordinate with providers of similar services.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *sample Person Centered Planning documents should be provided to CCDDDB contract file.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**RCCSE**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

- *Ensure that all staff participate in an annual CLC Training*

**Recruitment of a diverse Board of Directors and Workforce**

- *Ensure that individuals of diverse backgrounds are included in policy making and program development.*
- *Ensure that individuals of diverse backgrounds are integrated into Board and Staff Positions as well as volunteer opportunities.*

**Cultural Competence Organizational Assessment/Evaluation**

*Conduct annual self-assessments among RCCSEC staff; Conduct participant satisfaction surveys at the DisABILITY Expo, including data on disability, race, ethnicity, and primary language of individuals and families served.*

**Policies and procedures which reflect Cultural Competence values**

*All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *RCCSEC will provide administrative support for the annual DisABILITY Resource Expo, which is, by design, an outreach and engagement activity to promote disability awareness and inclusion, and which will be held on a Saturday in an accessible setting, so as to be at an optimal time around family work schedules, and in an optimal location re accessibility.*

**Inter-Agency Collaboration**

- *RCCSEC will plan for the make-up of the Expo Steering Committee and Sub-Committees, plus exhibitors, to include representation of diverse populations.*

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDDB**  
**RCCSE**

**Language and Communication Assistance**

*The Expo Committee will consult with members and partners re provision of language assistance for the Expo event, and for interpretation of resource directory information on a case-by-case basis.*

**Overall CLC Plan Comments**

**Required benchmarks are mentioned in the CLCP. The CLC Template format was not utilized. There are not clear timeframes mentioned because this is a new application. There will be updates made to the progress in the 2<sup>nd</sup> & 4<sup>th</sup> quarter reporting.**

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CHAMPAIGN COUNTY  
DEVELOPMENTAL  
DISABILITIES BOARD  
CHAMPAIGN COUNTY  
MENTAL HEALTH BOARD

## Draft CCDDDB Program Summary FY2018

Agency: RCCSEC

Program: DisABILITY Resource Expo

PY18 CCDDDB Funding Request \$66,781 – NEW (currently part of CCMHB/CCDDDB administrative budget)  
PY18 Total Program Budget \$76,781

Type of Contract Special Initiative

Priority Linkage and Advocacy for People with Intellectual and Developmental Disabilities

Service Description/Type The disABILITY Resource Expo will provide information via annual Expo event, an up-to-date website-based directory of disability-related resources, and year-around disability resource information via telephone/email.

*STAFF: NEW program, to assume the coordination done through board staff and consultant contracts. Should be treated as an ID/DD application, though designed for people seeking and offering many other possible supports, services, and products related to a disability or medical condition.*

*REVIEWER: They are asking for 66k for an expo and a website? Did they receive more than one bid for amount of funds to get this to work correctly? When would the information go live? When would they host the expo? Are the funds for someone to put this together or would the funds be to host the website/ costs of expo? How will the website sustain if the funding is not sustained on an annual basis? Who will input all the directory resource information?*

*STAFF: toward REVIEWER's final question, the CCMHB/CCDDDB could continue to contract for maintenance of the website and resource directory, with staff funded by this contract responsible for providing up to date information to various sections of the site.*

Access to Services for Rural Residents Rural Champaign County residents are invited to partake in all DisABILITY Expo activities, including the Expo event, website info, and telephone/email resource info.

Target Population The DisABILITY Resource Expo is designed to provide valuable information to all Champaign County residents with disabilities and their families, and is also intended to raise awareness of disability issues among all Champaign County residents.

Residency and Demographic Data – n/a not a funded program in FY2017

### Program Performance Measures

ACCESS: The DisABILITY Expo staff and committee will make every effort to advertise and spread the word about the Expo event, website and telephone/email info service to all Champaign County residents with disabilities. Further, the expo facilities and website will be designed to be disability-friendly in every way possible. The Expo venue will have a fully accessible entryway, passageways, restrooms, and eating area. Materials at the expo event will be available in multiple, user-friendly formats, e.g., CD and website versions of Expo Resource Book, large print version of Expo map/guide, and forms to request additional alternate formats of any expo brochures.

*STAFF: next annual expo event is scheduled for April 7, 2018.*

**CONSUMER OUTCOMES:** Those who attend the Expo event or visit the Expo website will be made aware of a vast array of disability-related resources available to residents of Champaign County. Expo activities will serve to elevate awareness and appreciation of disability issues among the general population of Champaign County.

*STAFF: established participant and exhibitor evaluation methods are used at every annual expo but not described here. Summary reports have been presented to the CCMHB and CCDDDB at the close of each year.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 0  
**Non-Treatment Plan Clients (NTPCs)** 0  
**Service Contacts (SCs)** 0  
**Community Service Events (CSEs)** 1  
**Other** 0

**Narrative** Expo event serves approximately 2000 individuals in attendance each year. It is estimated that the website-based resource directory/info service will reach an additional 1000-2000 individuals annually.

*STAFF: committee meetings to plan and organize the Expo, related events, and website could be counted as Service Contacts or additional Community Service Events. People in attendance at event(s) could be NTPCs.*

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER
Annual Target	0	0	0	1	0

**FINANCIAL**

PY18 CCDDDB Funding Request \$66,781

PY18 Total Program Budget \$76,781

**Program Staff** - CCDDDB Funds 0.16 Indirect and 0.15 Direct FTEs totaling 0.3. Total Program Staff same.

**Funding from the CCDDDB represents 87% of the total program budget.** The only other revenue source identified is \$10,000 Miscellaneous, which is described in the Budget Narrative as the total of fees from for-profit and non-profit vendor booth plus sponsorships, based on previous year actuals. No information is provided for the total agency budget.

**Personnel related costs are 34.5% of CCDDDB expenditures.** Professional Fees are 40.6 % of CCDDDB/CCMHB expense, includes the Expo Coordinator. Other expenses are for Consumables (5.6%), General Operating (5.9% - printing, advertising), Occupancy, Conferences/Staff Development (exhibitor recruitment at Chicago area expo), Specific Assistance (for sign language interpreters and personal assistants), and Lease/Rental (9.7%). Revenue from booth and sponsorship fees supports additional General Operating cost. The Budget Narrative includes details on other revenue and on each expenditure, many based on previous years' actuals. Also describes the Expo responsibilities of four RRSEC staff members. Although costs associated with a website and maintenance are not explicitly described in the Budget Narrative, they are assumed to be under General Operating and paid staff.

**Audit Findings** Not Applicable

**CCDDDB FY18 Decision Priorities and Decision Support Criteria**

STAFF: This Program Summary is based on an application submitted to the CCMHB but brought for consideration by the CCDDDB. Of FY2018 CCDDDB Priorities, this proposal aligns most closely with "Linkage and Advocacy for People with Intellectual and Developmental Disabilities." Overarching Considerations of Inclusion & Integration, CountyWide Access, and Anti-Stigma Efforts are emphasized. As a large scale information and networking project, it amplifies other resources.

### CCDDDB FY18 Overarching Considerations

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See Cultural and Linguistic Competence Plan review.
- #3: County-wide Access Yes.
- #4: Anti-Stigma effort Yes
- #5: Budget and program connectedness Yes
- #6: Person centered planning No
- #7: Work force development and stability No

### CCDDDB FY2018 Secondary Considerations

- #1: Approach/Methods/Innovation No
- #2: Evidence of collaboration Yes
- #3: Resource leveraging Yes
- #4: Staff credentials No
- #5: Records systems reflecting CCDDDB values No. Data collected through participant and exhibitor surveys could inform CCDDDB planning/priorities.

CCDDDB FY2018 Process Considerations & Processes Additional details will be helpful prior to contracting.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *revised budget forms; the CCMHB/CCDDDB contracts with two consultants who would subcontract with this agency instead, as of July 1, 2017, to support the activities described in this application.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**DRAFT**

**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities  
CCDDDB**

**United Cerebral Palsy Land of Lincoln**

CCDDDB reviews all CLCP plans submitted with FY2018 applications for funding, with particular attention actions steps associated to benchmarks for each of the following action areas:

1. Annual Cultural Competence Training
2. Recruitment of Diverse backgrounds and skills for Board of Director and Workforce:
3. Cultural Competence Organizational or Individual Assessment/Evaluation: Yes
4. Implementation of Cultural Competence Values in Policy and Procedure: Yes
5. Outreach and Engagement of Underrepresented and Marginalized Communities and target population defined in the criteria
6. Inter-Agency Collaboration
7. Language and Communication Assistance

**Annual Cultural Competence Training**

- *Board of directors has allotted minimum of 2 hours for each staff person to take CLC Training*
- *It is required all staff to have at least 2 hours of CLC Training annually.*
- *The annual training curriculum through Relias Learning Management System will be reviewed and revised to reflect our commitment to diversity and cultures reflective of our central Illinois communities. Changes to annual requirements will be made as identified.*

**Recruitment of a diverse Board of Directors and Workforce**

*The Human Resources Manager will contact local churches, job fairs offered through minority organizations to expand UCP's applicant pool*

**Cultural Competence Organizational Assessment/Evaluation**

*Annually review/revise the Board policies on accessibility and compliance*

*Annual review of accessibility plan with goals to address barriers to services*

**Policies and procedures which reflect Cultural Competence values**

*All Board Members, Staff, and individuals served will read and sign CLC Plan Annually.*

**Evidence of outreach and engagement with underrepresented populations defined in application criteria**

- *Individuals/families participate in the development of the service plan with inclusion of any communication and cultural considerations in the way services will be delivered.*
- *The training curriculum for persons served will be reviewed and revised to reflect our commitment to diversity and cultures reflective of our central Illinois communities*

**Inter-Agency Collaboration**

- *There are no actions in the CLC Plan that talk about inter-agency collaboration.*

**Language and Communication Assistance**

**DRAFT**  
**2018 Summary Analysis of Applicant's Cultural and Linguistic Competence Activities**  
**CCDDB**  
**United Cerebral Palsy Land of Lincoln**

**Overall CLC Plan Comments**

The CLCP submitted by UCP was the CLCP from FY 17. The plan will need to be revised and updated with new benchmarks when the board of directors meet.

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## Draft CCDDDB Program Summary FY2018

Agency: United Cerebral Palsy Land of Lincoln

Program: Vocational Services

**PY18 CCDDDB Funding Request** \$34,590  
PY18 Total Program Budget \$58,292  
Current Year Funding (PY17) \$86,475  
Proposed Change in Funding - PY17 to PY18 = - 60%

### **Priority** Employment Services and Supports

**Service Description/Type** Vocational support services: extended job coaching and case management to individuals currently working in the community; training and job development to individuals with disabilities who have lost employment or want to improve their job skills; some will have utilized services through the Division of Rehabilitation Services (DRS) and are still in need of support services in order to maintain their job. Job coaching/support services to allow individuals to continue working in their community, receive promotions, and increase hours on the job. Through assessments, interviews, and career exploration, staff and individuals develop a profile on their skills, interests, preferences, and strengths. Vocational training to: prepare for the workforce; increase interview and work skills; develop resume; improve work habits, etiquette, dress, and personal hygiene; interact with supervisors and co-workers. 8-week janitorial training program offered, with follow up.

*REVIEWER: This program appears to be structured and valuable to the community. Why are clients no longer able to receive DRS Funds? STAFF: DRS vocational supports are by definition short-term.*

**Access to Services for Rural Residents** Participants are responsible for transportation to training; rural residents can work with the Job Developer on transportation options, as Community Living and Transportation are part of the training curriculum. UCP staff provide supports on site, including rural worksites.

**Target Population** Champaign County residents (aged 18-55) with a developmental disability and in need of extended support services or vocational training to maintain successful employment or become job ready.

### **Residency**

<b><u>Total Served</u></b>	16 in FY2016	9 in FY2017
<b><u>Champaign Set</u></b>	6 (37.5%) for FY16	2 (22.2%) for FY17
<b><u>Urbana Set</u></b>	7 (43.8%) for FY16	7 (77.8%) for FY17
<b><u>Rantoul -single</u></b>	0 (0%) for FY16	0 (0%) for FY17
<b><u>Mahomet - single</u></b>	0 (0%) for FY16	0 (0%) for FY17
<b><u>Other Champaign County</u></b>	3 (18.8%) for FY16	0 (0%) for FY17

### **Demographics for FY2016**

<b><u>Age</u></b>	
Ages 13-18 -----	2 (12.5%)
Ages 19-59 -----	13 (81.3%)
Ages 60-75+ -----	1 (6.3%)
<b><u>Race</u></b>	

White -----	11 (68.8%)
Black / AA -----	4 (25%)
Asian / PI -----	1 (6.3%)
<b><u>Gender</u></b>	
Male -----	10 (62.5%)
Female -----	6 (37.5%)
<b><u>Ethnicity</u></b>	
Not of Hispanic/Latino Origin -----	7 (100%)

**Program Performance Measures**

**ACCESS:** Referrals from Division of Rehabilitation Services (DRS), CCRPC, schools and other agencies serving adults with DD. Inservice trainings on the program. Additional recruitment of CCDD eligible individuals by: info to school and DRS, to be shared with individuals and families; collaboration with Community Choices on referrals from their waiting list; a new UCP Board Member promoting the services to Champaign County residents. 100% of those referred will be assessed by CCRPC Independent Service Coordination as part of intake. UCP staff contact within 7 days of referral to schedule assessments: vocational questionnaire; O-Net; Barriers to Employment Success Inventory; and Transition to Work Inventory. Collective results of assessments plus a candidate's attendance and willingness to participate determine admission. Notification within 30 days, and a schedule for services is set.

*STAFF: above is edited – individual case file content description; inservice trainings to DRS, CCRPC, schools, etc about job coaching and case management services to maintain successful long-term employment. Are inservices promoting the specific program or intended as training events for other agencies providing employment services?*

**CONSUMER OUTCOMES:**

Objective #1: UCP currently provides job placement services to approximately 30 people in the community. Some need extended job supports to maintain their jobs. Some are employed but need support to help with a change in their workstation. Staff maximize utilization of services through monthly employer contacts to help individuals find employment.

Objective #2: For those who seek employment and need support to increase skills, UCP will help with: 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. UCP also offers an 8-week janitorial training and help with finding and being successful in a job. Individuals will participate in training/finding employment at least three times a week.

*STAFF: above is edited - detail about staff goals related to agency strategic plan; agency recognitions, awards, accreditation, continuous quality improvement, reputation for responsiveness, flexibility, breadth of programs based on individual needs and across lifespan. Objectives relate to utilization targets, service (staff) goals, description of service activity. One tracks participation/attendance. A measurable consumer outcome could relate to increased wages, hours of work, accomplishment of new work skills, attainment of a desired job, promotion, or transfer.*

**UTILIZATION:**

**Treatment Plan Clients (TPCs)** 20 defined as 10 new and 10 continuing

**Non-Treatment Plan Clients (NTPCs)** 0

**Service Contacts (SCs)** 60, associated with employment supports

**Community Service Events (CSEs)** 25, defined as inservice trainings to the Division of Rehabilitation Services (DRS), CCRPC, and DD agencies; public presentations for disability organizations, colleges, universities, high schools, advocacy groups.

**Other** 5,000 defined as 5 hours/week for 50 weeks for 10 new and 10 continuing individuals; hours of job development, job placement, job coaching, case management, staffing, site visits, etc, varying according to individual support needs.

*STAFF: hours of staff time should be reported separately from hours of individuals' work, though both are measures of interest.*

**Narrative** Initial staffing with each participant during first month of service to develop an Individual Service Plan that is person-centered and based on the desired employment goals of the individual, addresses personal, social, financial, and employment issues that may be potential barriers to successfully completing the program, and has specific goals to address each issue. Resource booklets and information about other services; linkage as needed. Operational data are collected through task analysis sheets, daily notes, and attendance; information tallied to determine goal progress; monthly documentation of progress. Standard codes are used to provide additional information on goals not implemented or not on track to be met. Action plans can be developed or revised based on the analysis. Information is compiled from customer surveys, complaints, immediate feedback and training evaluations. Chronological and Time intervention notes track hours of service to each individual. Attendance sheets and daily notes track individual progress to determine completion of the program.

**FY18 Annual targets (per Utilization Form)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
Annual Target	20	0	60	25	5000

**FY17 First two quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER (hours)
First Quarter FY17	5	0	18	9	152
Second Quarter FY17	2	0	11	5	242
Annual Target	50	0	160	70	11000
% complete	14%		18%	20%	3.6%

**FY16 all four quarters (per submitted Consumer Service Reports)**

Quarter	TPC	NTPC	SC	CSE	OTHER
First Quarter FY16	9	0	13	15	106
Second Quarter FY16	3	0	21	22	1313
Third Quarter FY16	0	0	22	10	703.5
Fourth Quarter FY16	3	0	5	17	2169
Annual Target	50	0	160	70	11000
% complete	30%	n/a	38%	91%	42%

**FINANCIAL**

- PY18 CCDDDB Funding Request \$34,590
- PY18 Total Program Budget \$58,292
- Current Year Funding (PY17) \$86,475
- Proposed Change in Funding - PY17 to PY18 = -60%

**Program Staff** - CCDDDB Funds 1.2 Indirect and 3.15 Direct FTEs, totaling 4.35. Direct FTEs include 3% of Chief Employment Officer, 19.5% of a Job Development Supervisor, and 28% of three Job Coaches. Indirect are 0.6% of four positions. **Total Program Staff** are 0.08 Indirect FTEs and 1.68 Direct FTEs, totaling 1.76 FTE and suggesting that the personnel form was not completed as instructed.

**Does the application warrant that CCDDDB funding will not supplement Medicaid?** Yes

**Does the application clearly explain what is being purchased by the CCDDDB?** Yes. Although the Personnel form appears to have errors (in FTE assigned to total program and total CCDDDB portions,) the costs of two administrators, three Job Coaches, and small portions of four indirect staff are consistent with Budget Narrative. *REVIEWER: What is the cause for reduction of funds? Will any clients not receive services due to the cut in funding request? STAFF: CCDDDB eligibility criteria are narrower than DRS. Yes, and a companion application was submitted to the CCMHB to fund services for people referred by DRS (and other) who have behavioral health diagnoses but not ID/DD.*

**Funding from the CCDDDB represents 59.3% of the total program budget.** The only other revenue (40.7%) for this program is from Illinois Division of Rehabilitation Services (DRS,) for short-term vocational supports. An application has been submitted to the Champaign County Mental Health Board (CCMHB) to provide for employment support to persons with behavioral health disorders, many of whom receive the short-term DRS funding but require ongoing long-term support to maintain employment. The proposed CCMHB amount is not included as revenue in the total program budget, so revisions would be needed to budget forms if funded.

**Personnel related costs are the primary expense charged to CCDDDB, at 88.7%** Other expenses are \$163 professional fees, \$323 consumables, \$873 general operating, \$75 occupancy, \$158 conferences/staff development, \$1504 transportation, \$825 lease/rental. Each is explained in the budget narrative, some allocated.

**Audit Findings** Audit NOT in Compliance. While there were no negative audit findings, the audit itself did not use CCDDDB categories or separately identify this revenue source. We did not request revisions but the agency agrees that the next audit will follow the CCDDDB checklist fully.

#### **CCDDDB FY18 Overarching Considerations**

- #1: Inclusion & Integration Yes
- #2: Underserved Populations See Cultural and Linguistic Competence Plan review.
- #3: County-wide Access Yes
- #4: Anti-Stigma effort No
- #5: Budget and program connectedness Yes
- #6: Person centered planning Yes. PCP documents have been shared with CCDDDB/CCMHB staff.
- #7: Work force development and stability No

#### **CCDDDB FY2018 Secondary Considerations**

- #1: Approach/Methods/Innovation: Yes. Baldrige Criteria for continuous quality improvement process.
- #2: Evidence of collaboration Yes
- #3: Resource leveraging Yes
- #4: Staff credentials No. Customized Employment training for job coaches is not mentioned but may have been completed since the application was submitted.
- #5: Records systems reflecting CCDDDB values Yes

**CCDDDB FY2018 Process Considerations & Caveats** with DRS as main referral source, compliance with narrower CCDDDB criteria was examined in FY2017: UCP reviewed eligibility of all participants, revised reports to remove those who did not meet criteria, and sought other funding to continue supports for those people. Coordinate with providers of similar services.

**Contracting Considerations** If this application is approved for funding, the applicants may be required to submit the following for staff review and approval prior to execution of the final FY18 contract: *revised budget forms.*

**Applicant Review and Input** Applicant is encouraged to review this document upon receipt and notify the CCDDDB Executive Director in writing if there are factual errors which should be corrected prior to completion of the award process.

**Recommendation:** Pending

**Agency and Program acronyms**

CC – Community Choices

CCDDB – Champaign County Developmental Disabilities Board

CCHS – Champaign County Head Start, a program of the Regional Planning Commission

CCMHB – Champaign County Mental Health Board

CCRPC – Champaign County Regional Planning Commission

CE – Community Elements, now Rosecrance CU

CTF – CTF Illinois, formerly Charleston Transitional Facility

CU Able - CU Able

CUAN – Champaign Urbana Autism Network

DSC - Developmental Services Center

DSN – (Champaign County) Down Syndrome Network, aka CCDSN

Expo – annual disAbility Resource Expo

FDC – Family Development Center, a program of DSC

IAG – Individual Advocacy Group

IAMC – Illinois Association of Microboards and Cooperatives

IFS – Individual and Family Support, a program of DSC

ISC – Independent Service Coordination, a department of CCRPC

OI – Opportunities for Independence, a program of PACE

PACE – People Accessing their Communities and Environments, Inc.

RCCSEC – Rural Champaign County Special Education Cooperative

RCU – Rosecrance Champaign/Urbana

RPC – Champaign County Regional Planning Commission, aka CCRPC

SDS – Self-Determination Support, a program of Community Choices

UCP – United Cerebral Palsy

UCP-LL – United Cerebral Palsy Land of Lincoln

## Glossary of Other Terms and Acronyms

211 – Similar to 411 or 911. Provides telephone access to information and referral services

ABA – Applied Behavioral Analysis. An intensive behavioral intervention targeted to children and youth with autism spectrum disorder or associated behaviors

ABA – Applied Behavioral Analyst

ACA – Affordable Care Act

ACMHAI – Association of Community Mental Health Authorities of Illinois

ADA – Americans with Disabilities Act

ASD – Autism Spectrum Disorder

ASQ – Ages and Stages Questionnaire. Screening tool used to evaluate a child's developmental and social emotional growth

CARF – Commission on Accreditation of Rehabilitation Facilities

CC – Champaign County

CCAMR – Champaign County Advocacy and Mentoring Resources

CCARTS – Champaign County Area Rural Transit System

CIL – Center for Independent Living

CILA – Community Integrated Living Arrangement

CLC – Cultural and Linguistic Competence

CFC – (Illinois) Child and Family Connections

CMS – Centers for Medicare and Medicaid Services

COTA – Certified Occupational Therapy Assistant

CQL – Council on Quality and Leadership

CSEs - Community Service Events –public events (including mass media and articles), consultations with community groups and/or caregivers, classroom presentations, and small group workshops to promote a program or educate the community

CUMTD – Champaign Urbana Mass Transit District

CUSR – Champaign Urbana Special Recreation

CY – Contract Year, runs from July to following June. For example CY18 is July 1, 2017 to June 30, 2018. (Also may be referred to as Program Year – PY). Most contract agency Fiscal Years are also from July 1 to June 30 and may be interpreted as such when referenced in a Program Summary

DCFS – Illinois Department of Children and Family Services.

DD – Developmental Disability

DHFS – Illinois Department of Healthcare and Family Services. Previously known as IDPA (Illinois Department of Public Aid)

DHS – (Illinois) Department of Human Services

DHS – DDD – (Illinois) Department of Human Services – Division of Developmental Disabilities

DHS – DRS – (Illinois) Department of Human Services – Division of Rehabilitation Services

DOL – (United States) Department of Labor

DSM – Diagnostic Statistical Manual

DSP – Direct Support Professional

DT – Developmental Training (adult program) or Developmental Therapist (for children)

EBP/EIP – Evidence Based Practice, Evidence Informed Practice

ED – Emergency Department

EI – Early Intervention

EPSDT – Early Periodic Screening Diagnosis and Treatment. Intended to provide comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid

ER – Emergency Room

FAP – Family Assistance Program, an Illinois Medicaid waiver program for children with severe mental disabilities

FFS – Fee for Service. Type of contract that uses performance based billings as the method of payment

FOIA – Freedom of Information Act

FTE – Full Time Equivalent is the aggregated number of employees supported by the program. Can include employees providing direct services (Direct FTE) to clients and indirect employees such as supervisors or management (Indirect FTE)

FY – Fiscal Year, for the county runs from January 1 to December 31

HACC – Housing Authority of Champaign County

HBS – Home Based Services program, an Illinois’ DD Medicaid Waiver program

HCBS – Home and Community Based Services, under federal CMS

HHS – (United States Department of) Health and Human Services

HRSA – Health Resources and Services Administration, within HHS

HUD – (United States Department of) Housing and Urban Development

ICAP – Inventory for Client and Agency Planning

ICFDD – Intermediate Care Facility for the Developmentally Disabled

ID – Intellectual Disability

IDOC – Illinois Department of Corrections

IDEA – Individuals with Disabilities Education Act

IEP – Individualized Education Program

I&R – Information and Referral

ISC – Independent Service Coordination

IFSP – Individual Family Service Plan

ISP – Individual Service Plan

ISSA – Independent Service & Support Advocacy

LCPC – Licensed Clinical Professional Counselor

LCP – Licensed Clinical Psychologist

LCSW – Licensed Clinical Social Worker

LPC – Licensed Professional Counselor

MDC – Multi-Disciplinary Conference

MH – Mental Health

MHP - Mental Health Professional. Rule 132 term. Typically refers to bachelors level staff providing services under the supervision of a QMHP.

MIDD – A dual diagnosis of Mental Illness and Developmental Disability.

MTD – (Champaign Urbana) Mass Transit District

NACBHDD – National Association of County Behavioral Health and Developmental Disabilities Directors

NACo – National Association of Counties

NTPC - NON - Treatment Plan Clients – a person engaged in a given quarter with case records but no treatment plan - includes: recipients of material assistance, non-responsive outreach cases, cases closed before a plan was written because the client did not want further service beyond first few contacts or cases assessed for another agency

OMA – Open Meetings Act

OT – Occupational Therapist

PAS – Pre-Admission Screening

PATH – a specific person-centered planning process

PCI – Parent Child Interaction groups.

PCP – Person Centered Planning

PLAY – Play and Language for Autistic Youngsters. PLAY is an early intervention approach that teaches parents ways to interact with their child who has autism that promotes developmental progress.

PT – Physical Therapist or Physical Therapy

PTSD – Post-Traumatic Stress Disorder

PUNS – Prioritization for Urgency of Need for Services, a database implemented by the Illinois Department of Human Services to assist with planning and prioritization of services for individuals with disabilities based on level of need.

PY – Program Year, runs from July to following June. For example PY18 is July 1, 2017 to June 30, 2018. (Also may be referred to as Contract Year – CY and is often the Agency Fiscal Year)

QIDP – Qualified Intellectual Disabilities Professional

QMHP – Qualified Mental Health Professional. Rule 132 term, that simply stated refers to a Master's level clinician with field experience that has been licensed.

SCs - Service Contacts/Screening Contacts

SEDS – Social Emotional Disabilities Specialist

SEL – Social Emotional Learning

SE – Supported Employment

SLP – Speech Language Pathologist

SODC – State Operated Developmental Centers

SSA – Social Security Administration

SSDI – Social Security Disability Insurance, a benefits program of the SSA

SSI – Supplemental Security Income, a benefits program of the SSA

TAP – The Autism Program (at the UIUC)

TPC – (Champaign County) Transition Planning Committee

TPCs - Treatment Plan Clients –recipients with case records and treatment plans

UIUC – University of Illinois at Urbana Champaign

UW – United Way

VR – Vocational Rehabilitation

WIOA – Workforce Innovation and Opportunity Act



You are invited to our...

## Expo Exhibitor Meet & Greet

**When:** Thursday, May 4, 2017; stop by between 4:00-6:00pm

**Where:** The Vineyard Church, Room C3, 1500 N. Lincoln Ave, Urbana

(Please park in the south lot, and use the main south entrance)

**Why:** To see our new venue, greet your fellow exhibitors, have a snack, and gain valuable info re the newly-available ABLÉ accounts.

**Further Details:** State Treasurer, Mike Frehrichs, will join us from 4:45-5:15pm, to speak about how parents in Illinois can now set up ABLÉ (Achieving a Better Life Experience) accounts to provide for future services and benefits, for their son or daughter with disabilities.

**RSVP by May 1:** To Jim Mayer [[jmayer@rccsec.org](mailto:jmayer@rccsec.org)]

(Please note: the 2017-18 Expo will be held on Saturday, April 7, 2018!)



## ***Building Inclusive Communities with David Wetherow\****

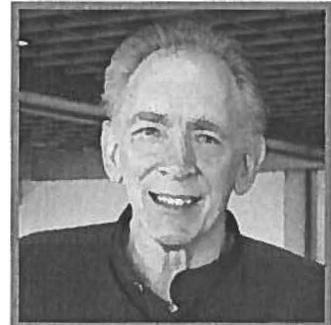
You are invited to attend an open training on the **Star Raft model** a field-tested pattern for building and sustaining individual support networks that are person-centered, family friendly, and anchored in natural community connections.

The meeting will be held on **Friday, May 5** in the Lyle Shields meeting room at Brookens Administrative Center at **1:00pm**. **Come and take advantage of this great opportunity!**

*Presented in partnership with the  
Champaign County Developmental Disabilities Board*

\*David and Faye Wetherow created the structure of Microboards - a pattern that currently serves over 2,000 people worldwide. They are parents, advocates, and seasoned trainers in qualitative program evaluation and person-centered planning.

David has been involved in human service design and development for over thirty years, working in the fields of mental health, substance abuse recovery, child welfare, and disability services. He now serves as the Executive Director of the nonprofit Star Raft Project. In addition to supporting several active field projects, David hosts web-based trainings and 'kitchen-table' video conversations with families, self advocates, providers, professionals, church congregations, and community partnerships. He joins us from Vancouver Island, British Columbia.



**For more information contact Vicki at  
qualitylifeinil@gmail.com or  
by phone or text at 217-778-1664.**

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**DRAFT**  
**2017 Meeting Schedule with Subject and Allocation Timeline\***

The schedule provides the upcoming dates and subject matter of board meetings through June 2017 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, held immediately following the board meeting, or during the Champaign County Mental Board meeting. Included with the meeting dates 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>
2/22/17	Regular Board Meeting List of Funding Requests
(3/8/17)	(Optional Study Session, 5:30PM)
3/22/17	Regular Board Meeting
(3/29/17)	(Optional Study Session, 5:30PM)
4/12/17	Program summaries released to Board and copies posted online with the CCDDDB April 19, 2017 Board meeting agenda.
4/19/17	Regular Board Meeting, NOON Program Summaries Review and Discussion
5/5/17	Study Session, 1:00PM
5/10/17	Allocation recommendations released to Board and copies posted online with the CCDDDB May 17, 2017 Board meeting agenda.
5/17/17	Regular Board Meeting Allocation Decisions Authorize Contracts for CY 2018
(5/24/17)	(Optional Study Session, 5:30PM)
6/21/17	Regular Board Meeting Approve FY 2018 Draft Budget
(6/28/17)	(Optional Study Session, 5:30PM)
6/30/17	Contracts completed.

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

# **CCDDB 2017 Meeting Schedule**

## **Board Meetings**

**8:00AM except where noted**

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

February 22, 2017 – 8:00 AM

March 22, 2017 – 8:00 AM

April 19, 2017 – Noon

May 5, 2017 – 1PM – Joint CCMHB/CCDDB Study Session  
With presentation by Dave Wetherow

May 17, 2017 – 8:00 AM

June 21, 2017 – 8:00 AM

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

## CCMHB 2017 Meeting Schedule

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

*January 18, 2017*

*January 25, 2017 Study Session (Putman Rm.)*

*February 22, 2017*

*March 8, 2017 (Optional Study Session)*

*March 22, 2017*

~~*March 29, 2017 (Optional Study Session)*~~ CANCELLED

~~*April 19, 2017*~~ CANCELLED

*April 26, 2017*

*May 5, 2017 – 1PM Joint CCMHB/CCDDB Study Session  
presentation by Dave Wetherow*

*May 17, 2017 (Study Session)*

*May 24, 2017*

*May 31, 2017*

*June 21, 2017*

*June 28, 2017 (Optional Study Session)*

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



## 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

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