

## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

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

Wednesday, November 16, 2011

Brookens Administrative Building

Meeting Room 1

1776 E. Washington St., Urbana, IL 61802

8:00AM

1. Call to Order – Mr. Mike Smith, President
2. Roll Call – Stephanie Howard-Gallo
3. Additions to Agenda
4. Citizen Input
5. CCMHB Input
6. Approval of CCDDDB Minutes
  - A. 10/19/11 Board Meeting\*

*Minutes are included in the packet. Board action is requested.*
7. President's Comments – Mr. Mike Smith
8. Executive Director's Comments – Peter Tracy
9. Staff Report – Lynn Canfield

*Included in the Board packet.*
10. Agency Information
11. Financial Report
  - A. Approval of Claims\*

*Included in the Board packet. Action is requested.*
12. New Business
  - A. Anti-Stigma Campaign in Champaign County

*A Briefing Memo is included in the packet.*
13. Old Business
  - A. Draft Three Year Plan 2010-2012 with FY 2012 Objectives\*

*A copy of the draft Plan is included in the packet, with comments attached. A Decision Memorandum is included in the packet. Action is requested.*
  - B. CCDDDB FY13 Allocation Criteria\*

*A Decision Memo is included in the packet. Action is requested.*
  - C. CCMHB FY13 Allocation Criteria

*A Decision Memo is included in the packet for information only. This is to be presented to the CCMHB later today for action.*

D. Proposed Closures of State Operated Developmental Centers

*Copy of testimony delivered by an advocate from Champaign County at the hearing on Jacksonville Developmental Center is included in the packet, along with IARF's recommendations to the Commission on Government Forecasting and Accountability (COGFA), for information only. Governor Quinn's response to ACHMAI's position letter is also included.*

E. Disability Resource Expo

*A report from Ms. Bressner is included in the packet. Summaries of Evaluations by Exhibitors, Participants, and Pride Room Vendors are also included.*

14. Board Announcements

15. Adjournment

*\*Board action requested*

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

*Minutes –October 19, 2011*

*Brookens Administrative Center  
1776 E. Washington St.  
Urbana, IL  
Meeting Room 1 (Lyle Shields Room)*

**8:00 a.m.**

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**MEMBERS PRESENT:** Joyce Dill, Elaine Palencia

**MEMBERS EXCUSED:** Mike Smith

**STAFF PRESENT:** Peter Tracy, Lynn Canfield, Mark Driscoll, Stephanie Howard-Gallo

**STAFF EXCUSED:** Nancy Crawford

**OTHERS PRESENT:** Patty Walters, Danielle Matthews, Developmental Services Center (DSC); Dennis Carpenter, Charleston Transitional Facility (CTF); Jennifer Knapp, Vicki Niswander, Annie Niswander, Jeanne Murray, Linda Tortorelli, Pat Tortorelli, Community Choices; Barb Bressner, Consultant; Jason Ward, Down Syndrome Network

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**CALL TO ORDER:**

Ms. Joyce Dill called the meeting to order at 8:00 a.m.

**ROLL CALL:**

Roll call was taken and a quorum was present.

**ADDITIONS TO AGENDA:**

None.

## **CITIZEN INPUT:**

Ms. Jennifer Knapp from Community Choices shared priorities that were identified through their agency based on interactions, discussions and experiences supporting individuals and their families. They included: vocational; residential service options; flexible family support; and social and community integration. A handout was distributed at the meeting.

Ms. Annie Niswander, a consumer at Community Choices, spoke of the positive impact Community Choices has made on her life.

Mr. Dennis Carpenter from Charleston Transitional Facility (CTF) shared an anecdote about representatives of BQM (DHS) acknowledging that the nursing mandates are underfunded.

## **CHAMPAIGN COUNTY MENTAL HEALTH BOARD (CCMHB) INPUT:**

The CCMHB will meet later in the day.

## **APPROVAL OF MINUTES:**

Minutes from the July 20, 2011 Board meeting were included in the packet.

**MOTION: Ms. Palencia moved to approve the minutes from the July 20, 2011 Board meeting. Ms. Dill seconded and the motion passed unanimously.**

## **PRESIDENT'S COMMENTS:**

Ms. Dill thanked Ms. Annie Niswander for sharing her experiences with the Board and encouraged her to comment to the Board again in the near future.

## **EXECUTIVE DIRECTOR'S REPORT:**

Mr. Tracy reported on ACMHAI position on proposed closure of state operated facilities in Illinois. (DID HE TALK ABOUT OTHER ACMHAI ACTIVITIES?)

## **STAFF REPORT:**

A report from Ms. Canfield was included in the packet. Ms. Dill commented that Ms. Canfield's documentation of unmet needs in the community was a concern.

## **AGENCY INFORMATION:**

Ms. Jeanne Murray spoke regarding the need for more community-based housing for individuals with developmental disabilities.

Ms. Patty Walters for Developmental Services Center (DSC) spoke regarding the State of Illinois budget and the State Operated Facilities closures.

#### **FINANCIAL INFORMATION:**

##### **Approval of Claims:**

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

**MOTION: Ms. Palencia moved to accept the claims report as presented. Ms. Dill seconded and the motion passed unanimously.**

#### **NEW BUSINESS:**

##### **Draft Three-Year Plan 2010 – 2012 with FY 2012 Objectives:**

A draft Three-Year Plan with updated objectives for 2012 was included in the packet for review and comment. The Plan will be presented at the November meeting for final approval.

##### **CCDDB Meals Briefing Memo and Policy Discussion:**

A Briefing Memorandum on the topic of meals provided at Board meetings was included in the Board packet. A Briefing Memorandum on the topic of meals provided at Board meetings was included in the Board packet. There was discussion about purchase of food for board meetings, and business lunches. Mr. Tracy told the board he is reviewing business lunch policies. In general, the Board is satisfied with current policies and provided no additional direction to staff.

##### **FY13 Allocation Criteria:**

A Briefing Memorandum was included in the Board packet for review and comment. A Decision Memorandum will be presented at the November Board meeting for consideration.

##### **Closure of State Operated Facilities:**

A Briefing Memorandum on State Operated Facilities closures and additional written information from ACMHAI was included in the Board packet.

#### **OLD BUSINESS:**

##### **Meeting Schedule:**

A copy of the CCDDB meeting schedule was included in the Board packet for information only.

##### **2012 Budget Documents:**

Copies of the CCMHB, CCDDB, ACCESS Initiative, Quarter Cent for Public Safety, and Drug Court fund budget documents were included in the Board packet for information only.

##### **Disability Resource Expo:**

Ms. Bressner provided a verbal report on activities related to the 2011 Disability Resource Expo.

**BOARD ANNOUNCEMENTS:**

None.

**ADJOURNMENT:**

The meeting adjourned at 9:10 a.m.

Respectfully Submitted by: Stephanie Howard-Gallo

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

## **Lynn Canfield, Associate Director for Developmental Disabilities Staff Report – November 16, 2011**

Audits and Quarterly Reports: Agency FY10 audits were due on October 28; Developmental Services Center requested an extension to complete theirs, and formal notice has been delivered to those with outstanding audits, Charleston Transitional Facility and PACE. We are reviewing the agency first quarter FY12 reports as we enter data into performance tables and compare with program plans; we will request modifications or additional information as needed.

Agency Meetings and Correspondence: As follow up to our June site visit, I met with DSC Clinical Services program staff and examined documentation of initial need and referral process for counseling services, regular reevaluations, and a sample of records supporting these billings. CTF resolved its board composition issue, adding Jen Kottemann, a Champaign County resident, to their board in late October. DSC and PACE each brought to our attention gaps in the service system which have emerged directly from changes in state funding. Because this is a current year funding priority, we agreed with the agencies' commitment to serving specific individuals with long-standing agency involvement who might otherwise 'fall through the cracks' but continue to demonstrate need for these programs' services. This precipitated conversations about unmet need, service gaps, complex support needs associated with aging and health, and the unique needs of individuals with dual or multiple diagnoses. I have received thoughtful correspondence and engaged in conversations through email and in person with providers, and I've begun collecting related links and articles, including several on how other states are approaching these questions. "The Concept Paper: New York States 1115 Waiver Research and Demonstration Project (People First Waiver)", toward developing creative service delivery and improved health outcomes while reducing reliance on institutional care, was brought to Peter Tracy's attention during the NACBHDD conference. We will be interested in how the project develops.

The Mental Health Agencies Council met on October 25. Mark Driscoll gave an update on our activities and reminded agencies that quarterly reports and audits were due at the end of that week. State contracts status updates included: DHS contracts have gone out with known errors; Family Service received a number of checks, totaling \$8,000, for interest owed them by the state; Crisis Nursery and ECIRMAC received twelve month contracts with no increase or decrease; Community Service Center of Northern Champaign County received a contract amendment with a 20% increase; Family Service and Children's Advocacy Center haven't received anything from the Attorney General, necessitating a cut at FS. MHAC will meet again November 22 but not during December.

Fifth Annual Disability Resource Expo: I attended the Steering Committee's celebration breakfast and final meeting of this cycle. We reviewed Participant and Exhibitor Evaluation summaries, which are included in this packet, and shared other input we'd received on the event. Because the placement of our yard signs had been a topic at a Champaign City Council meeting and spurred a phone call to a

committee member, I contacted the mayor asking whether the City might show their support of this event by permitting us to place signs on certain city properties. The yard signs are an effective promotional tool, but we hope to avoid fines or, alternatively, advertising costs associated with compensating for decreased yard sign coverage. I created a summary of Pride Room evaluations, also included in the packet. Set up for the area is difficult because it must be accomplished the morning of the event, when volunteers are less available and time is tight. Once the Expo started, Pride Room vendors enjoyed better support throughout the day and somewhat improved traffic flow. We were joined by a last minute vendor in addition to the three who had contacted us after the print deadline; it felt good to accommodate them, particularly since the Expo can serve as a networking opportunity.

Board Liaison Activity: At the October meeting of Champaign County Senior Services Advisory Board, announcements of interest included: possible development of senior housing in St. Joe; a safe driving training November 21 and 22 at the Rantoul Library from 1 to 5PM; that volunteers are needed for Tax Aid, likely to be held at Lincoln Square; that RSVP may lose their City of Champaign parking spots which would make the downtown location unmanageable for them; and that the “Eden” (also downtown Champaign) has openings for adults with disabilities but cannot accommodate any special diets even though meals must be taken there.

Other Activity: The Community Response Group resumed monthly meetings, with a new member and discussion of: co-hosting a forum with East Central Illinois Economic Development Corporation; jobs creation and workforce group; the impact of slow economic recovery on social service agencies and residents who may need them; and October 25’s Champaign City Council meeting, leading me to watch the public comment section of their November 1 meeting three times. The first meeting of our workgroup on Diet and Behavioral Health was small. Dr. Ordal brought copies of the article “A Dietitian’s Experience in the Nursing Home: Pharmaceutical Medications versus Proper Nutrition”, and we considered possible approaches to improving the quality of nutrition consumed by individuals who receive services locally. The October meeting of the Birth to Six Council consisted of budget discussion, announcement of the Voices’ “Great at Eight” community dialog to be held November 14, and Q&A with Dr. Charles Morton, Developmental Pediatrician. He suggested getting the word out about early screening by easier links on school and provider websites and by educating nurse managers who can set the tone in pediatric offices. We later talked about me possibly attending a meeting of Carle’s general pediatricians and one of the subspecialties to discuss service systems.

*The following section is unchanged from last month due to no new PUNS data at the time of this writing. I have included it so that we do not forget those waiting for services.*

Unmet DD Service Needs in Champaign County:

From February 7, 2011 PUNS update:

- **194** individuals in Champaign County were identified with “emergency need.”
- **269** Champaign County residents identified as in need of service within a year; **116** of these are recent or coming graduates.



From April 5, 2011:

- **198** individuals in Champaign County were identified with "emergency need."
- **274** in crisis (need service within a year), of whom **120** are recent or coming grads.

From May 12, 2011:

- **195** individuals in Champaign County were identified with "emergency need"
- **272** in crisis (need service within a year), of whom **121** are recent or coming graduates.

From June 9, 2011:

- **194** individuals in Champaign County were identified with "emergency need"
- **268** individuals in crisis, of whom **120** are recent or coming graduates

From October 4, 2011:

- **201** Champaign County residents were identified as having "emergency need": 1 more in 'needs immediate support to stay in their own home/family home (short term)'; 2 more in 'needs immediate support to stay in their own home/family home or maintain their employment situation (long term)'; 1 more in 'care giver needs immediate support to keep their family member at home (long term)'; 2 more in 'care giver is unable or unwilling to continue providing care'; 1 more in 'person has been committed by the court or is at risk of incarceration'; and 2 fewer in 'Other crisis'.
- **278** Champaign County residents were identified as in need of service within a year, of whom **123** are recent or coming graduates.

Desired supports continue to include Transportation, Personal Support, Occupational Therapy, Support to work in community, Support for in-center work/activities, Speech Therapy, Behavioral Supports, 24 hour Residential, Respite, Physical Therapy, Intermittent Residential Support, and Assistive Technology. The October 4, 2011 update can be viewed in its entirety at:  
<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/DD%20Reports/PUNS/CountyandSelectionDetail0911.pdf>

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/04/11

VENDOR NO	TRN B TR	TRN 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								
** DEPT NO.	050	DEVLPMNTL DISABILITY BOARD								
90	CHAMPAIGN COUNTY TREASURER						MENT HLTH BD FND 090			
	10/12/11 05 VR 108-	89	459473	10/13/11	108-050-533.07-00	PROFESSIONAL SERVICES		OCT ADMIN FEE		27,848.00
	11/03/11 04 VR 108-	96	460414	11/04/11	108-050-533.07-00	PROFESSIONAL SERVICES		NOV ADMIN FEE		27,848.00
								VENDOR TOTAL		55,696.00 *
104	CHAMPAIGN COUNTY TREASURER						HEAD START FUND 104			
	10/12/11 05 VR 108-	84	459474	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT EARLY HEADSTART		3,473.00
	11/03/11 04 VR 108-	92	460416	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		NOV EARLY HEADSTART		3,473.00
								VENDOR TOTAL		6,946.00 *
5352	AUTISM SOCIETY OF ILLINOIS						GRANTS			
	10/12/11 05 VR 108-	82	459489	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT AUTISM SOCIETY		1,000.00
	11/03/11 04 VR 108-	90	460434	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		NOV AUTISM SOCIETY		1,000.00
								VENDOR TOTAL		2,000.00 *
16011	CHARLESTON TRANSITIONAL FACILITY									
	10/12/11 05 VR 108-	85	459509	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT NURSING SVC		1,684.00
	10/12/11 05 VR 108-	85	459509	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT RESIDENTIAL		3,167.00
	11/03/11 04 VR 108-	93	460451	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		NOV NURSING SRVCS		1,684.00
	11/03/11 04 VR 108-	93	460451	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		NOV RESIDENTIAL		3,167.00
								VENDOR TOTAL		9,702.00 *
18203	COMMUNITY CHOICE									
	10/12/11 05 VR 108-	86	459513	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT CUSTOM EMPLOY		2,500.00
								VENDOR TOTAL		2,500.00 *
22300	DEVELOPMENTAL SERVICES CENTER OF CHAMPAIGN COUNTY INC									
	10/12/11 05 VR 108-	87	459524	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT APARTMENT SVC		32,477.00
	10/12/11 05 VR 108-	87	459524	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT CLIENT/FAMILY		33,018.00
	10/12/11 05 VR 108-	87	459524	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS		OCT CLINICAL SUPPOR		14,831.00

CHAMPAIGN COUNTY

EXPENDITURE APPROVAL LIST

11/04/11

VENDOR NO	VENDOR NAME	TRN DTE	TR B N CD	TR N	TRANS NO	PO NO	CHECK NUMBER	CHECK DATE	ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ITEM DESCRIPTION	EXPENDITURE AMOUNT
** FUND NO. 108 DEVLPMNTL DISABILITY FUND												
10/12/11	05 VR 108-	87	459524	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DEV TRAINING	98,559.00				
10/12/11	05 VR 108-	87	459524	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT FAM DEVELOP CTR	31,786.00				
10/12/11	05 VR 108-	87	459524	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT INDIV/FAMILY SP	28,194.00				
10/12/11	05 VR 108-	87	459524	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT RESIDENTIAL	12,833.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV APARTMENT SRVS	34,277.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT APT SRVCS BAL	1,800.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV CLIENT/FAM SUPR	33,018.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV CLINICAL SUPPOR	14,831.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV DT/EMPLOYMENT	98,559.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV FAM DEVELOP CTR	31,786.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV INDIV/FAM SUPPR	28,194.00				
11/03/11	04 VR 108-	94	460464	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV RESIDENTIAL	12,833.00				
							VENDOR TOTAL	506,996.00 *				
22816 DOWN SYNDROME NETWORK												
10/12/11	05 VR 108-	83	459526	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT DOWN SYNDROME	1,250.00				
11/03/11	04 VR 108-	91	460468	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV DOWN NETWORK	1,250.00				
							VENDOR TOTAL	2,500.00 *				
54930 PERSONS ASSUMING CONTROL OF THEIR ENVIRONMENT, INC												
10/12/11	05 VR 108-	88	459587	10/13/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	OCT INDEPENDENCE	4,962.00				
11/03/11	04 VR 108-	95	460518	11/04/11	108-050-533.92-00	CONTRIBUTIONS & GRANTS	NOV INDEPENDENCE	4,962.00				
							VENDOR TOTAL	9,924.00 *				
							DEPARTMENT TOTAL	596,264.00 *				
							DEVLPMNTL DISABILITY BOARD					
							FUND TOTAL	596,264.00 *				
							DEVLPMNTL DISABILITY FUND					



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### BRIEFING MEMORANDUM

**DATE:** November 16, 2011  
**TO:** Members, Champaign County Developmental Disabilities Board  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** Anti-Stigma Campaign in Champaign County

The purpose of this memorandum is to provide information about our involvement in Roger Ebert's Film Festival and the relationship with our efforts to address the problems associated with the very serious issue of stigma (pertaining to mental illness, substance use disorders, and developmental disabilities) in our community.

#### Background:

People with mental illnesses, substance use disorders, and developmental disabilities all experience stigma related to their disabilities, from themselves and from the general public. In addition to struggling with the challenges of the disability, the individual and their loved ones must deal with the social meaning of the disability as well. People in the community are often not accepting of these disabilities, and the person affected with the disability becomes stigmatized as a result. Siblings of children with disabilities are teased and sometimes experience shame. Within a family, parents may be overwhelmed with day to day challenges and find little support for working through feelings of grief or guilt. They may have less free attention for and higher expectations of their other children. Siblings often become caregivers at an early age. The family member with a disability may be self-conscious about the impact their needs have on others. As if these internal pressures were not enough to bear, a person with a disability is often shunned by peers. Social participation and opportunities are denied because of stigma. The person's self esteem is damaged by the long term impact of stigma. In short, stigma is destructive and a major problem for mental health and developmental disabilities professionals, and we have a responsibility to enlighten and educate the public.

The stigma about mental illness is why many with depression or anxiety disorders find it difficult to ask for help and to seek treatment. It is also why there is an absence of parity in healthcare. Stigma results in discrimination against those with a disability which excludes them from full community participation. Low community participation leaves stereotypes (sometimes based on fear) untested, and negative attitudes persist. Stigma causes people with disabilities to isolate themselves in an attempt to avoid dealing with negative responses from the general population. Stigma may be obvious and direct, such as someone making a negative remark about the person's mental illness or treatment. Or it may be subtle, such as someone assuming you could be unstable, violent or dangerous because you have a mental health condition. The person may even negatively judge themselves. Some of the harmful effects of stigma can include:

- Lack of understanding by family, friends, or others the person knows
- Reluctance to seek help or admit to problems
- Discrimination at work or school

- Difficulty finding housing
- Bullying, physical violence or harassment
- Health insurance that doesn't adequately cover mental illness
- The belief that the person will never be able to succeed at certain challenges or that the person can't improve their situation
- A community which itself feels incomplete in terms of empathy and inclusion of people with disabilities

### **Anti-Stigma Efforts: National, State and Local**

People with mental illnesses, substance use disorders, and developmental disabilities have enough challenges in their lives without having to deal with stigma in their community. Behavioral health and disability service professionals have a responsibility to develop and support anti-stigma efforts to educate the community about the harm done by stigma. At the national level, SAMHSA and NAMI have created anti-stigma campaigns (“What a difference a friend makes” and “Stigma busters”). In Illinois, the Department of Human Services (DHS) sponsors an anti-stigma campaign called “Say it out loud.” In Champaign County, the Champaign County Mental Health Board (CCMHB) and Champaign County Developmental Disabilities Board (CCDDB) have organized the Champaign County Anti-Stigma Alliance to combat stigma and promote understanding and inclusion.

The two primary anti-stigma events in Champaign County which are sponsored by our group(s) are (1) the Disability Expo, and (2) Roger Ebert’s Film Festival. Both of these events are embedded in our community and planned by their respective steering committees with representation from consumers, youth, families, private businesses, service providers, and other stakeholders. The CCMHB and CCDDB started the ball rolling and continue to be primary sponsors of these events, but both now generate additional revenue to offset the costs to our boards.

### **Film as an Anti-Stigma Strategy**

We selected film for our anti-stigma campaigns because it is powerful, impactful, and creates empathy by having the viewer see/feel stigma from the person’s point of view. In addition, research shows that film changes attitudes as measured by pre-post anti-stigma measures. Films have been used effectively by NAMI and other groups with national campaigns. The film “Canvas” was used by NAMI and the CCMHB/CCDDB to explore the impact of serious mental illness on a family. Another group, Reelabilities actually provides funding for screenings of relevant anti-stigma films.

### **Sponsoring Ebertfest:**

For these reasons, we (the CCMHB and CCDDB) organized the Champaign County Anti Stigma Alliance and decided to sponsor Roger Ebert’s Film Festival as the centerpiece of our local anti-stigma effort. Mr. Ebert has personally worked with us to select films which are impactful and positive about the challenges people face when dealing with their disabilities. In addition, the festival staff have actively assisted us in securing the Virginia Theater for a special free-to-the-community screening of a relevant anti-stigma film. On several occasions, the festival has arranged for movie stars, directors, and others associated with films to stay an extra day so they

could participate in our post-festival screening. We believe we get a lot of “bang for the buck” and the following is a listing of some of the benefits:

- Newspaper coverage – we have gotten extensive free coverage linked to Roger Ebert, and this has occurred every year.
- Radio coverage – WDWS always reports/interviews people about the festival, and we are always mentioned.
- Roger and Chaz Ebert talk extensively about our anti-stigma efforts during the festival prior to each screening over the five days of the festival.
- About 21,000 people attend the festival, and between films our anti-stigma advertising is flashed on the screen continuously in sequence with the other sponsors.
- We receive a full page of advertising, along with several other sponsor recognition references in the festival program; approximately 25,000 copies are printed for the festival.
- The festival staff provide assistance in making arrangements for the post-festival free screening of a selected film at the Virginia Theater.
- Roger Ebert personally selects a film for us which is identified at the festival as being sponsored by the Champaign County Anti-Stigma Alliance.
- We use the festival to advertise and promote the Disability Expo which is held annually in October.
- We receive 10 VIP passes and 10 Regular Festival passes which are used for promotions and are also sold to recoup revenue. Usually we sell 4 VIP passes which generate \$3,000 in offset revenue.

Roger and Chaz Ebert are very invested in working with us and spend much time and energy in helping us come up with a powerful anti-stigma film and message. To have influential persons such as the Eberts make a commitment to our project is priceless and demonstrates the high value of this investment.

### **The Champaign County Anti Stigma Alliance**

The following agencies are included in the advertising and event planning processes as members of the Champaign County Anti-Stigma Alliance. These agencies contribute cash, in-kind, and staffing to support the event and associated activities.

- ACCESS Initiative
- Community Elements
- Crosspoint Human Services
- Developmental Services Center
- Family Service of Champaign County
- National Alliance for the Mentally Ill (NAMI)
- Prairie Center Health Systems
- The Pavilion
- Champaign County Mental Health Board
- Champaign County Developmental Disabilities Board

### **Ebertfest Costs and Revenue Offsets**

The cost for sponsoring Ebertfest is \$25,000. The cost of the Virginia Theater and associated post-festival activities is about \$5,000.

Other members of the Anti-Stigma Alliance contribute between \$300 and \$1,000 as their share of the sponsorship. In addition, for the 2011 festival we received \$15,000 from the ACCESS Initiative. Ticket sales (of our VIP tickets) raised \$2,250. This means for 2011 we had about \$20,000 in revenue to offset the CCMHB and CCDDDB obligations. Even without the offsets, \$30,000 is very reasonable in consideration of what we get, in particular the exposure.

### **Examples of the Anti- Stigma Message**

**Encourage and support people to seek treatment.** People may be reluctant to admit they have a condition that needs treatment. Don't let the fear of having a mental illness or disability prevent the person from seeking help. Treatment can provide relief by identifying what's wrong in concrete terms and reducing symptoms that interfere with work and personal life.

**Don't let stigma create self-doubt and shame.** Stigma doesn't just come from others. The person may have the mistaken belief that their condition is a sign of personal weakness, or that they should be able to control it without help. Seeking psychological counseling, learning about mental illnesses and disabilities, and connecting with others with mental illness or a disability can increase self-esteem and overcome destructive self-judgment.

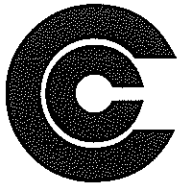
**Don't isolate yourself.** If a person has a mental illness, they may be reluctant to tell anyone about it. Have the courage to confide in your spouse, family members, friends, clergy or other members of your community. Reach out to people you trust for the compassion, support, and understanding you deserve.

**Don't equate yourself with your illness, condition, or disability.** You are not an illness. So instead of saying "I'm bipolar," say "I have bipolar disorder." Instead of calling yourself "a schizophrenic," call yourself "a person with schizophrenia." Don't say you "are depressed." Say you "have clinical depression."

**Join a support group.** Some local and national groups, such as the National Alliance on Mental Illness (NAMI), offer local programs and internet resources that help reduce stigma by educating people with mental illness, their family members, and the general public. A number of local, state and federal agencies and programs also offer support for people who have mental health conditions. Examples include the Self Help Center at Family Service and Vocational Rehabilitation and Veterans Affairs (VA).

**Get help at school.** If you or your child has a mental illness or disability that affects learning, find out what plans and programs might help. Discrimination against students because of a mental health condition or disability is against the law, and educators at primary, secondary and college levels are required to accommodate students as best they can. Talk to teachers, professors, or administrators about the best approach and available resources. If a teacher doesn't know about a student's disability, it can lead to discrimination, barriers to learning, and poor grades.

**Speak out against stigma.** Express your opinions at events, in letters to the editor, or on the internet. It can help instill courage in others facing similar challenges and educate the public about mental illness or disability. Judgments from others almost always stem from a lack of understanding rather than information based on the facts. Learning to accept a condition and recognize what needs to be done to treat it, seeking support, and helping educate others can make a big difference.



**CHAMPAIGN COUNTY MENTAL HEALTH BOARD**

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

**DECISION MEMORANDUM**

**DATE:** November 16, 2011  
**TO:** CCDDDB Members  
**FROM:** Lynn Canfield  
**SUBJECT:** Approve Three-Year Plan (2010 - 2012) with FY 2012 Objectives

The Three Year Plan (2010 – 2012) with FY 2012 Objectives has been finalized and is attached for the Board’s consideration and action. An initial draft was distributed to board members, agencies, and interested parties and presented at the October 19<sup>th</sup> Board meeting for discussion.

Feedback consisted primarily of technical questions but also generated some correspondence more germane to the Plan Goals, which will be revisited next year in the Draft Three Year Plan for 2013 - 2015. The correspondence we had received prior to 10/19 was distributed at that meeting; correspondence received since then is filed for the coming needs assessment. None of the FY12 Objectives in the current plan were modified as a result.

The CCMHB has a similar Three Year Plan, for which two providers submitted comments. One had a range of comments on existing or modified objectives. Copies are attached. While not all the comments resulted in changes to the plan, the input was appreciated. Two other changes were also incorporated that resulted in one objective being modified and another added to the plan. All changes are in response to the comments received.

I felt the changes which were made to the CCMHB plan also applied to the CCDDDB plan and made similar revisions. Under Goal #1, Objectives #2 and #4 have been modified, and under Goal #10, Objective #7 is added to the Plan. For Goal #1, Objective #2, no changes were originally proposed, but language has been added to clarify that negotiation is required if CCDDDB funds will be used for costs originally budgeted to state contracts that have since been reduced by the state. The original change proposed to Goal #1, Objective #4 has been reworked to limit interest in staff reductions and adds that an explanation of impact on services is necessary. Under Goal #10, the new objective encourages collaboration between providers to meet the needs of consumers outside of Champaign and Urbana.

Decision Section

Motion: Approve the Three-Year Plan (2010 – 2012) with Fiscal Year 2012 Objectives as presented.

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



## Mark Driscoll

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**From:** Andy K [evergreen3069@yahoo.com]  
**Sent:** Wednesday, October 19, 2011 10:57 AM  
**To:** Mark Driscoll  
**Subject:** 3 year plan

Hi Mark,

I've looked over the plan and the FY12 objectives. The only thing that I didn't see there any mention of maintaining accessibility to mental health programs including ACCESS Initiative outside of Champaign/Urbana. This is something that I believe the CCMHB needs to support on an on-going basis.

Andy Kuczycki

October 21, 2011

Mark Driscoll, Associate Director  
1776 E. Washington Street  
Urbana, IL 61802

**RE: CCMHB Draft Three Year Plan with FY12 Objectives**

Dear Mark,

Our staff have reviewed the CCMHB Draft Three Year Plan with FY12 Objectives and we have several comments that we would like to have considered as you prepare the final version for the November 16, 2011 CCMHB Board meeting:

**Goal #1**

**Objective # 2**

Supplanting of funds – it really depends on how this is interpreted. Would it preclude applications to maintain services to clients affected by state level reductions? Would it preclude an application to enhance capacity beyond state funded capacity for a program? Philosophically, this seems to contradict goal #10, objective #2 which seeks to “develop revenue maximization to ensure an appropriate mix of state and local funding.

**Objective #4**

The way this objective is written it would apply to all employees and, as such, we cannot meet this goal as an Agency. Recommend this objective be revised to apply to positions fully or partially funded with CCMHB revenue and require only notification to CCMHB when/after a change occurs. Note that in keeping with human resources legal practices, we can notify the funder of a termination after the fact but it may not include the circumstances or include any consultation. We could not put our Agency at risk by consulting or distributing confidential personnel information. Has this objective been reviewed by an attorney for legal implications or issues related to risk?

**Goal #2**

What is the rationale for defining “high priority?” Is it acuity of clients served, public safety, leveraging of other resources, return on investment? This goal seems almost impossible to administer as written.

**Goal #5**

Objective #4

Seems unusual to identify staff positions as part of a plan of this type, identifying the function may be the more important or measurable objective/goal.

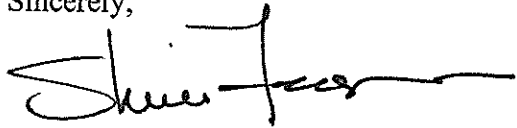
**Goal #13**

Objective #4

This is a great goal but we need to figure out how to progress and measure our impact in this area as a community. This is also a critical element for the Access Initiative sustainability plan.

Again, thanks for the opportunity to submit comments for consideration. If you have any questions, please contact me at (217) 398-8080 or [sferguson@communityelements.org](mailto:sferguson@communityelements.org)

Sincerely,

A handwritten signature in black ink, appearing to read "Sheila Ferguson", with a long horizontal flourish extending to the right.

Sheila Ferguson  
Chief Executive Officer

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

**THREE-YEAR PLAN**

**FOR**

**FISCAL YEARS 2010 - 2012  
(12/1/09 – 11/30/12)**

**WITH**

**ONE YEAR OBJECTIVES**

**FOR**

**FISCAL YEAR 2012  
(12/1/11 – 11/30/12)**

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

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

**MISSION STATEMENT**

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

**STATEMENT OF PURPOSES**

1. Planning for the developmental disabilities services system to assure accomplishment of the CCDDB goals.
2. Allocation of local funds to assure the provision of a comprehensive system of community based developmental disabilities services.
3. Coordination of affiliated providers of developmental disabilities to assure an interrelated accessible system of care.
4. Evaluation of the system of care to assure that services are provided as planned and that services are effective in meeting the needs and values of the community.

In order to accomplish these purposes, the Champaign County Developmental Disabilities Board must collaborate with the public and private sectors in providing the resources necessary for the effective functioning of the developmental disabilities service system. The CCDDB shall perform those duties and responsibilities as specified in Sections 104/4 to 105/13 inclusive of The County Care for Persons with Developmental Disabilities Act.

## ADMINISTRATION

Goal #1: Develop policies and procedures to assure fiscal accountability for CCDDDB dollars tied to co-funded programs. The primary focus is related to programs which are also funded by revenue from the State of Illinois. Utilize the new online application and reporting system to track all objectives pertaining to this goal.

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

Objective #2: Clarify how CCDDDB dollars are used in each co-funded contract. and Develop policies to assure that reductions in state contract maximums are not supplanted by CCDDDB dollars without prior notice or negotiation.

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

~~Objective #4: All CCDDDB funded agencies shall consult with and notify the CCDDDB of their intent to terminate or lay off employees with an explanation of the cause for the layoff rationale for the proposed personnel changes. The contract boilerplate shall be revised to include this provision.~~

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

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

Goal #2: Prioritize services along the service continuum in response to changes in state funding.

Objective #1: Using a tiered system, identify high priority programs (core services and collaborative initiatives) and include as a component of the allocation decision support and prioritization processes.

Objective #2: Realign funding to support high priority programs in response to contract cuts or reserve percentage in state funding.

Goal #3: Maintain program and financial accountability of funded programs.

Objective #1: Monitor fiscal status and identified outcome measures of funded programs to provide consistent and timely assessment of overall program performance.

~~Objective #2: Develop new audit requirements and protocols to address the gaps created by changes in the State of Illinois audit threshold requirements. Require additional fiscal accountability in lieu of audits for agencies falling below the required dollar threshold (i.e., \$300,000).~~

~~Objective #3: Review and revise as necessary the process for executing contracts with approved agency plans using the web-based application and reporting system.~~

Objective #2: Develop fiscal monitoring protocol and implement approved written procedures to ensure agencies are complying with guidelines as stated in the contract and funding guidelines.

Objective #3: Develop a protocol for assessment of annual agency audits required by the contract.

Objective #4: Analyze consumer access by program and in total using zip code data to assess client service distribution across the county.

Objective #5: Continue to track agencies' progress on implementation of cultural competence plans and support efforts to address issues raised in the Surgeon General's Report Mental Health: Race, Culture and Ethnicity.

Goal #4: Continue to maintain low administrative costs in order to maximize the availability of funding to support mental health, substance abuse and developmental disabilities programs and services.

Objective #1: ~~Strongly~~ Continue to support the Memorandum of Understanding with the Champaign County Mental Health Board.

Objective #2: Maintain existing staff headcount by utilizing contractual consultants to assist with technical, administrative and programmatic functions (e.g., assessment of applications for funding, planning, audit protocols and other specialized functions).

Objective # 3: Maintain and improve the web based system across all funding sources to streamline the application process, and program reporting, including collection of client data, and assess potential for expansion of such a system for performance measure outcome evaluation.

## COMMUNITY ENGAGEMENT & ADVOCACY

Goal #5: Reduce the stigma associated with developmental disabilities by sponsoring projects and events designed to address discrimination related to stigma, as well as to promote acceptance, dignity and social inclusion.

Objective #1: Promote, fund, participate in and sponsor the Disabilities Expo and the Roger Ebert Film Festival in order to improve disability awareness, increase inclusiveness, improve community acceptance, and reduce stigma and discrimination. Use these events to energize community support for funding for disabilities programs and services.

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

Goal #6: Advocate for positive change in state funding and policy decisions affecting the local system of care for persons with developmental disabilities.

Objective #1: Support, through active participation in the Association of Community Mental Health Authorities of Illinois (ACMHA), the National Association of County Behavioral Health and Developmental Disabilities Directors, the Illinois Council on Developmental Disabilities, the ARC of Illinois, the Illinois Association of Rehabilitation Facilities (IARF), and other appropriate bodies, efforts to strengthen the local systems of care.

Objective #2: Continue to promote effective methods of engaging consumer and family groups in advocacy, including parent groups currently funded, and coordinate with ACCESS Initiative as feasible.

Objective #3: Statewide and locally, explore and promote service system redesign efforts consistent with recommendations of the Blueprint for System Redesign in Illinois, including appropriate state funding for development of community-based services and infrastructure.

Objective #4: Follow developments at the state and federal levels of Olmstead and Olmstead-related cases, particularly regarding new initiatives.

Goal #7: Maintain an active needs assessment process to identify current issues affecting consumer access and treatment.

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

Objective #2: Participate in other county-wide assessment activities to ensure CCDDB target populations are represented.

Objective #3: Track Illinois Department of Human Services Division of Developmental Disabilities' Prioritization of Urgency of Need for Services (PUNS) database for state and local trends and to ensure full representation of the service preferences of Champaign County residents.

Objective #4: Using Child and Family Connections data for Champaign County, track the identification of developmental delay and disability among children, Birth to 3, and engagement in Early Intervention and Prevention services.

## RESOURCE DEVELOPMENT & COLLABORATION

Goal #8: Collaborate with the Champaign County Mental Health Board on co-funded programs.

Objective #1: Continue integration strategies to assure alignment between the CCMHB funded developmental disability programs and services and the Champaign County Board for Care and Treatment of Persons with a Developmental Disability. ~~Implement mutually acceptable options for realignment of funding within the developmental disability service continuum.~~

Objective #2: In response to unilateral financing and eligibility changes by the State of Illinois, develop revenue maximization strategies to assure an appropriate mix of state and local funding and continued availability of services for Champaign County consumers.



Goal #9: Ensure compliance with existing Memoranda of Understanding (MOU), e.g. support initiatives extending from the agreements, and enter into new agreements as may be necessary to respond to local service issues or state funding adjustments.

Objective #1: Review all existing MOUs and enter into negotiations to revise the agreements as necessary.

Goal #10: Promote new approaches for developing services and reducing operating costs.

Objective #1: Investigate options for leveraging additional resources and realign services as necessary to access such resources.

Objective #2: Promote cooperative relationships between providers that can reduce costs, e.g. Chamber of Commerce Energy Cooperative.

Objective #3: Promote and support use of evidence based practices by funded programs.

Objective #4: Continue to include person-centered planning as a component of the funding application.

Objective #5: As practicable, implement Medicaid, including a redirection of capacity and conversion of fee for service rates to the Medicaid rates as necessary.

Objective #6: Support and assist with affiliations and mergers of providers as a means to streamline the delivery of services and enable administrative cost savings through economies of scale.

Objective #7: Encourage development of collaborative agreements between providers to increase or maintain access and coordination of services for consumers residing in Rantoul and rural Champaign County.



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### DECISION MEMORANDUM

**DATE:** November 16, 2011

**TO:** Members, Champaign County Developmental Disabilities Board (CCDDB)

**FROM:** Peter Tracy, Executive Director

**SUBJECT:** FY13 Allocation Decision Support Criteria for CCDDB Funding

#### Overview:

The CCDDB invited input from stakeholders and the public concerning what they perceive as community needs in the area of developmental disabilities. What follows begins with priorities and funding criteria identified last year with some adjustments and additional items which have come to the attention of staff through formal written feedback and conversations with service providers and other key informants. We have also deleted some of the secondary criteria which seem not to be particularly helpful to our process. Through the National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD) and online searches, we have also been seeking information about legislation at a national level and various planning efforts by other states.

I get tired of reporting to you how bad the State of Illinois funding situation is – but bad just seems to continue to become worse! For State FY12 our local providers have received four (4) month contracts (i.e., July – August – September – and October) with no clear commitment concerning how the rest of the year will play out. Can you imagine trying to serve clients and run an agency with this level of uncertainty?

#### Statutory Authority

Funding policies of the Champaign County Developmental Disabilities Board (CCDDB) are predicated on the requirements of the County Care for Persons with Developmental Disabilities Act (55 ILCS 105/ Section 0.01 et. seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY13 (July 1, 2012 through June 30, 2013) funding cycle. CCDDB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

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

### **Expectations for Minimal Responsiveness**

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

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

### **FY13 Decision Support and Priorities**

Upon approval by the CCDDDB, the items included in this section will be heavily weighted in the decision of which applications should receive funding during the FY13 contract year (July 1, 2012 through June 30, 2013). These items are closely aligned with CCDDDB planning and needs assessment processes, intergovernmental agreements, memoranda of understanding, and the recommendations of consultants hired by the board.

1. The following **six categories of services and populations** of persons with developmental disabilities represent the current priorities of the developmental disabilities system of care. Person-centered planning efforts, promoting self-directed and culturally appropriate individualized service plans, may be undertaken within any of the five categories.
  - (a) **Vocational** services and supports for individuals with developmental disabilities. Activities include assessment, exploration and enhancement of interests and abilities, instruction in job tasks and problem-solving, assistance in establishing a vocational direction and objective consistent with interests and preferences, support for supported and customized employment opportunities, and the promotion of competitive employment outcomes.
  - (b) Individualized **residential service options** for people with developmental disabilities for those most in danger of being removed from their home community or of becoming homeless. This may include emergency residential support for families, assisted living for medically fragile individuals, in-home supports and/or respite services, live-in staff, emergency crisis response system, and a range of supports and services for individuals living in the most integrated settings. Integrated settings may include home ownership and transitional housing options.

(c) **Flexible family support** for people with developmental disabilities and their families to enhance their ability to live together. The intent is to allow consumer families to determine the process of providing care and support for a family member; diverse services may include family respite, assistive technology, transportation, home modifications or accessibility supports, recreational activities, mutual support options, and information and education.

(d) **Comprehensive services for young children** with developmental delays. Comprehensive means an array of Early Intervention services to address all areas of development that is coordinated, home-based, and considers the needs of the entire family. Early identification of children with developmental delays can be achieved through consultation with child care providers and pre-school educators.

(e) **Adult day programs** for people with severe cognitive impairments with behavioral challenges who may also have significant physical limitations. Services provided may include: functional academic skills training, communications skills development, occupational therapy, fitness training, vocational training, personal care instruction/support, community integration opportunities, independent living skills training, and social skills training.

(f) Supports for full **social and community integration** aim to strengthen personal networks by facilitating social, friendship, and volunteering opportunities, by increasing access to community education programs, fitness and health promotion activities, mentoring opportunities, and by other creative means.

2. Applications that support the continued enhancement of awareness and understanding of Developmental Disabilities to include support of sustainable **consumer advocacy and family support organizations**, especially those comprising parents of and persons with the most prevalent Developmental Disabilities of mild intellectual disability, moderate to profound intellectual disability, and autism.
3. Applications that support efforts to **reduce stigma** and challenge discrimination associated with Developmental Disabilities may describe a variety of activities which share the goal of increasing community awareness and changing negative attitudes.
4. **Gaps in Core Services Related to State of Illinois Budget Cuts:** Applications which specifically address state-funded core services which have sustained major funding reductions will be considered as high priority of CCDDDB FY13 funding. As mentioned in the overview section of this memorandum, the full extent of IDHS budget cuts may not be known until after the application deadline. This means all applications will likely be subject to significant contract negotiation (e.g., budget and program plan).

## **Overarching Decision Support Considerations**

The FY13 CCDDDB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY13 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Medicaid Reimbursement** - Programs and services eligible for participation in Medicaid reimbursement for people with developmental disabilities. We are still pursuing an agreement with the State Medicaid Agency (Healthcare and Family Services) to allow for billing, claiming and reimbursement under Title XIX.
4. **Budget and Program Connectedness** - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required.

## **Secondary Decision Support and Priority Criteria**

The process items included in this section will be used as important discriminating factors which influence final allocation decision recommendations.

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

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

## **Process Considerations**

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

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

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

- Submission of an application does not commit the CCDDDB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the online registration and application system, application forms, budget forms, application instructions, and CCDDDB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and, at the discretion of staff, may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCDDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interest of the county.
- The CCDDDB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCDDDB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCDDDB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the online system.
- The CCDDDB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.
- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCDDDB reserves the right to further define and add application components as needed. Applicants selected as responsive to the intent of this online application process will be given equal opportunity to update proposals for the newly identified components.

- All proposals considered must be received on time and must be responsive to the application instructions. The CCDDDB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCDDDB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCDDDB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected, and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCDDDB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCDDDB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCDDDB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, and availability of funds.

**Decision Section**

Motion: Approve the FY13 Allocation Decision Support Criteria for CCDDDB Funding as presented.

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



## CHAMPAIGN COUNTY MENTAL HEALTH BOARD

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

#### DECISION MEMORANDUM

**DATE:** November 16, 2011  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** FY13 Allocation Decision Support Criteria for CCMHB Funding and the Quarter Cent for Public Safety Juvenile Justice Funding

#### Overview:

This decision memorandum presents the allocation criteria for the 2013 allocation cycle for your consideration. As you are aware, the CCMHB invited input from stakeholders and the public concerning what they perceive as community needs in the areas of mental health, substance use disorders, and developmental disabilities. What follows are the priorities and funding criteria identified last year with some minor adjustment. We have also deleted some of the secondary criteria which have been found not to be particularly helpful to our process.

I get tired of reporting to you how bad the State of Illinois funding situation is – but bad just seems to continue to become worse! For State FY12 our local providers have received four (4) month contracts (i.e., July – August – September – and October) with no clear commitment concerning how the rest of the year will play out. Can you imagine trying to serve clients and run an agency with this level of uncertainty?

#### Statutory Authority

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY13 (July 1, 2012 through June 30, 2013) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

#### Expectations for Minimal Responsiveness

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

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.



## **DECISION MEMORANDUM**

**DATE:** November 16, 2011  
**TO:** Members, Champaign County Mental Health Board (CCMHB)  
**FROM:** Peter Tracy, Executive Director  
**SUBJECT:** FY13 Allocation Decision Support Criteria for CCMHB Funding and the Quarter Cent for Public Safety Juvenile Justice Funding

### **Overview:**

This decision memorandum presents the allocation criteria for the 2013 allocation cycle for your consideration. As you are aware, the CCMHB invited input from stakeholders and the public concerning what they perceive as community needs in the areas of mental health, substance use disorders, and developmental disabilities. What follows are the priorities and funding criteria identified last year with some minor adjustment. We have also deleted some of the secondary criteria which have been found not to be particularly helpful to our process.

I get tired of reporting to you how bad the State of Illinois funding situation is – but bad just seems to continue to become worse! For State FY12 our local providers have received four (4) month contracts (i.e., July – August – September – and October) with no clear commitment concerning how the rest of the year will play out. Can you imagine trying to serve clients and run an agency with this level of uncertainty?

### **Statutory Authority**

Funding policies of the Champaign County Mental Health Board (CCMHB) are predicated on the requirements of the Illinois Community Mental Health Act (405 ILCS 20 / Section 0.1 et.seq.). All funds shall be allocated within the intent of the controlling act as codified in the laws of the State of Illinois. The purpose of this memorandum is to recommend and confirm service and program priorities for the FY13 (July 1, 2012 through June 30, 2013) funding cycle. CCMHB Funding Guidelines require annual review and update of decision support criteria and priorities in advance of the funding cycle application process.

### **Expectations for Minimal Responsiveness**

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

1. Eligible applicant – based on the Organization Eligibility Questionnaire.
2. Compliance with the application deadline. Late applications will not be accepted.

3. Application must relate directly to mental health, substance abuse or developmental disabilities programs and services.
4. Application must be appropriate to this funding source and shall provide evidence that other funding sources are not available to support this program/service.

### **FY13 Decision Support and Priorities**

**Mental Health and Substance Abuse Services for Youth with Serious Emotional Disturbance (SED) Involved in Juvenile Justice and other child serving systems –** Alignment between Quarter Cent for Public Safety funding, CCMHB funding, and other federal, state and/or local funding streams to accomplish the following objectives:

- (a) **Parenting with Love and Limits (PLL)** - Continued implementation and expansion of Parenting with Love and Limits (PLL) as a means of assuring clinical efficacy and attainment of desired outcomes for ACCESS Initiative youth and families.
- (b) **ACCESS Initiative** - In partnership with the Illinois Department of Human Services (IDHS), implementation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Children's Initiative (by subcontract from the IDHS) which includes foci on youth with serious emotional disturbance in the juvenile justice system and implementation of evidence based practice (e.g., Parenting with Love and Limits).
- (c) **Quarter Cent for Public Safety** – Full compliance with the MOU and integrated planning with PLL and ACCESS Initiative.

**Developmental Disabilities Programs and Services** - Full compliance with the terms and conditions of the Memorandum of Understanding between the CCMHB and the Champaign County Developmental Disabilities Board (CCDDB). This agreement defines the FY13 allocation for developmental disabilities programs and services, as well as the expectation for integrated planning by the Boards.

**Specialty Courts** – Full compliance with the terms and conditions of the Memorandum of Understanding between the CCMHB and the Champaign County Board pertaining to the Champaign County Drug Court. Access to substance abuse programs, services, supports and incentives for Champaign County Drug Court clients as well as meeting match requirements of the DoJ Bureau of Justice Assistance award to CCMHB shall be prioritized as an area of emphasis. Planning and implementation of Champaign County Mental Health Court and access to appropriate programs and services for participants is also included under this section.

**Integration of Physical and Behavioral Health Programs and Services** – Alignment with programs and services focusing on the integration of physical and behavioral health, as well as collaborations between the CCMHB, CCDDB, the Champaign County Public Health Department, and the Champaign Urbana Public Health District.

**Gaps in Core Services Related to State of Illinois Budget Cuts:** Applications which specifically address state-funded core services which have sustained major funding reductions

shall continue to be considered as high priority of CCMHB FY12 funding. As mentioned in the overview section of this memorandum, the full extent of IDHS budget cuts may not be known until after the application deadline. This means all applications will likely be subject to significant contract negotiation (e.g., budget and program plan).

### **Overarching Decision Support Considerations**

The FY13 CCMHB allocation process will require all applications to address the overarching criteria listed below. Assessment of all FY13 applications will focus on alignment with these overarching criteria.

1. **Underserved Populations** - Programs and services that promote access for underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity and the consultation with Carl Bell, M.D.
2. **Countywide Access** - Programs and services that promote county-wide access for all people in Champaign County. Zip code data is mandated.
3. **Medicaid Reimbursement** - Programs and services eligible for participation in the Medicaid Community Mental Health Services Program (i.e., Part 132) and Medicaid services for people with substance abuse treatment needs and developmental disabilities.
4. **Budget and Program Connectedness** - Applications that clearly explain the relationship between budgeted costs and program components receive additional consideration. "What is the Board buying?" is the salient question that must be answered in the proposal, and clarity is required.

### **Secondary Decision Support and Priority Criteria**

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

Approach/Methods/Innovation: Applications proposing evidence based or research based approaches, and in addition address fidelity to the specific model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need will receive additional consideration.

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

### **Process Considerations**

The criteria described in this memorandum are to be used as guidance by the Board in assessing applications for CCMHB funding, however, it is not the sole consideration taken into account in finalizing funding decisions. Other considerations would include the judgment of the Board and its staff, opinion about the provider's ability to implement the program and services proposed, the soundness of the proposed methodology, and the administrative and fiscal capacity of the

agency. Further, to be eligible to receive CCMHB funds, applications must reflect the goals and objectives stated in the Three Year Plan as well as the operating principles and public policy positions taken by the Board. The final funding decisions rest with the CCMHB and their judgment concerning the most appropriate and efficacious use of available dollars based on assessment of community needs, equitable distribution across disability areas, and decision-support match up.

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

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

- Submission of an application does not commit the CCMHB to award a contract or to pay any costs incurred in the preparation of an application or to pay for any other costs incurred prior to the execution of a formal contract.
- Technical assistance available to applicants will be limited to process questions concerning the use of the on-line registration and application system, application forms, budget forms, application instructions and CCMHB Funding Guidelines.
- Applications which include excessive information beyond the scope of the application format will not be reviewed and at the discretion of staff may be disqualified from consideration. Letters of support for applications are discouraged and if submitted will not be considered as part of the allocation and selection process.
- The CCMHB and CCDDB retains the right to accept or reject any or all applications, and reserves the right to refrain from making an award when it is deemed to be in the best interests of the county.
- The CCMHB reserves the right to vary the provisions set forth herein at any time prior to the execution of a contract where the CCMHB deems such variances to be in the best interest of Champaign County.
- Applications and submissions become the property of the CCMHB and as such, are public documents that may be copied and made available upon request after allocation decisions have been made. Materials submitted will not be returned or deleted from the on-line system.
- The CCMHB reserves the right, but is under no obligation, to negotiate an extension of any contract funded under this allocation process for up to a period not to exceed two years with or without additional procurement.

- If selected for contract negotiations, the applicant may be required to prepare and submit additional information prior to final contract execution, in order to reach terms for the provision of services that are agreeable to both parties. Failure to submit required information may result in cancellation of the award of a contract.
- The execution of financial contracts resultant of this application process is dependent upon the availability of adequate funds and the needs of Champaign County.
- The CCMHB reserves the right to further define and add additional application components as needed. Applicants selected as responsive to the intent of this on-line application process will be given equal opportunity to update proposals for the newly identified components.
- All proposals considered must be received on time and must be responsive to the application instructions. The CCMHB is not responsible for lateness or non-delivery of mail or messenger. Late applications shall be rejected.
- The contents of a successful application will be developed into a formal contract, if selected for funding. Failure of the applicant to accept these obligations can result in cancellation of the award for contract. The CCMHB reserves the right to withdraw or reduce the amount of an award if there is misrepresentation of the applicant's ability to perform as stated in the application.
- The CCMHB reserves the right to negotiate the final terms (i.e., best and final offer) of any or all contracts with the applicant selected and any such terms negotiated as a result of this application process may be renegotiated and/or amended in order to meet the needs of Champaign County. The CCMHB also reserves the right to require the submission of any revision to the application, which results from negotiations conducted.
- The CCMHB reserves the right to contact any individual, agency or employer listed in the application or to contact others who may have experience and/or knowledge of the applicant's relevant performance and/or qualifications.
- Final Decision Authority – The CCMHB will make the final decision concerning all applications for funding, taking into consideration staff recommendations, defined decision support criteria, best value, availability of funds, and equitable distribution of funds between disability areas.

**Decision Section:**

Motion: Move to approve the FY13 Allocation Decision Support Criteria as described in this memorandum.

\_\_\_\_\_Approved

\_\_\_\_\_Denied

\_\_\_\_\_Modified

\_\_\_\_\_Additional Information Needed

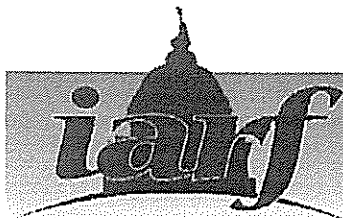
Dear Senators and Representatives,

I'm here tonight to support of Jacksonville Developmental Center closing, we *rank 51<sup>h</sup> in the nation in offering community living supports to individuals with disabilities, as a state of the Land of Lincoln. As a state we should feel ashamed of our selves.*

Everyone, no matter how severe the disability is, has the right to live with freedom, liberty and the pursuit of happiness. It has been studied that persons with disabilities perform better and are happier in community settings where services are tailor to their individual needs than in institutional settings. More importantly they have a chance to contribute to society through volunteer or employment opportunities. Besides the benefits to the individual, it's cost effective--about 1/3 the cost of institutional care.

The transition for these individuals that are moving from Jacksonville Developmental Center must be safe and smooth in order to have success in moving into community.

Thanks for listening,  
Paula Vanier  
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October 25, 2011

**IARF Recommendations to the Commission on Government Forecasting and Accountability:  
Proposed Closure of Jacksonville and Mabley Developmental Centers**

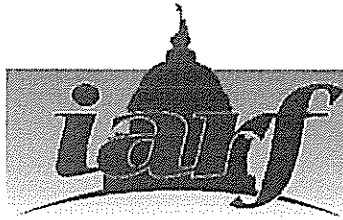
The Illinois Association of Rehabilitation Facilities (IARF) represents over 90 community-based providers serving children and adults with intellectual/developmental disabilities, mental illness, and/or substance use dependencies in over 900 locations throughout the state. For over 35 years, IARF has been a leading voice in support of public policy that promotes high quality community-based services in healthy communities throughout Illinois. Approximately 600 licensed and/or certified community-based providers provide services and supports to over 200,000 children and adults in the community system.

Based on our analysis of the state fiscal year 2012 budget for the state-operated developmental centers, the Association anticipated the Department of Human Services (DHS) would be forced to announce implementation plans to manage the reduced appropriations. However, the announcement to close the Jacksonville and Jack Mabley Developmental Centers along an aggressive timeframe with an estimated 250 individuals recommended for transfer to community-based settings was alarming. A major policy decision such as the closure of a state facility should not be completely driven by budget restrictions, as is the case with these two announcements, but should be driven by a commitment to making Illinois a leader in providing high quality community living for all individuals with intellectual/developmental disabilities.

Community-based providers want to provide services to individuals currently residing in state facilities, and many have a successful track record of serving former residents. IARF has identified recommendations that we believe must be implemented to ensure a successful downsizing/closure of a state facility and transition of individuals residing in those facilities to more integrated community-based settings. The recommendations below are more fully developed in the attached document.

- Establish a closure timeframe driven by process, which requires adequate preparation of community capacity prior to initial transitions of individuals from state facilities to the community.
- Provide an accurate assessment by an independent contractor of the facility residents with medical and/or behavioral issues that require careful planning.
- Establish a formal process for ensuring family members' and/or guardians' understanding of the closure process and the options available.
- Develop community-based capacity to appropriately address the needs and wishes of individuals transitioning to the community. This requires funding to supplement – not supplant - existing resources for individuals currently being served in the community.
- Revise existing Community Integrated Living Arrangement (CILA) rates to cover the cost of providing care and clearly identify specialized rates where appropriate. Timely payment must be secured as well.

***In order to implement these recommendations, we do not believe the aggressive closure timeline of the developmental centers as recommended by the Department is conceivable. IARF has full faith and confidence in our members to serve individuals transitioning from state facilities if a commitment to implement these recommendations is made by the state.***



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## **Attachment: Description of IARF Recommendations to the Commission on Government Forecasting and Accountability: Proposed Closure of Jacksonville and Mabley Developmental Centers**

### ***Comments on the Announcements***

IARF believes a strong network of community-based providers are integral to healthy communities in Illinois and reflective of the intent of the landmark *Olmstead* court case, which determined that services and supports for individuals with intellectual/developmental disabilities should be provided “in the most integrated settings appropriate to the needs of qualified individuals.”

As indicated in the summary cover page, IARF has full faith and confidence in our members to serve individuals transitioning from state facilities. That confidence is based on the assumptions of sound planning and reasonable timelines, the state meeting its obligations of adequate resources for the safe transition of individuals, and assurance that those resources will supplement – not supplant – resources currently supporting individuals in the community. We believe these assumptions are reflected in our recommendations, which are more fully described below.

These recommendations were developed by a workgroup specifically designated by the IARF Board of Directors, and include revisions from previous recommendations IARF developed in 2007. This workgroup includes representation from members that:

- have successfully served individuals who have previously transitioned from state facilities;
- currently provide services to residents from Jacksonville and Mabley Developmental Centers;
- are involved in the pre-admission screening process (PAS); and
- have administered state-operated developmental center programs in the past.

As evidenced by the composition of this workgroup, we believe our recommendations are supported by best practice and lessons learned from previous state facility closures in Illinois and other states.

### ***Closure Process Recommendations:***

***Recommendation 1:*** *Establish a closure timeframe driven by process, which requires adequate preparation of community capacity prior to initial transitions of individuals from state facilities to the community.*

Data from past closures of state facilities in Illinois and data from other states indicate the closure process occurred from one and a half to as long as five years.<sup>1</sup> While five years may be an extended period of time – as we believe there are individuals currently residing in these state facilities that could transition soon to existing community capacity – IARF supports a time frame of twelve to eighteen months for other existing residents to ensure DHS’ Division of Developmental Disabilities is working collaboratively with individuals being served, their family members/guardians, and community-based providers to ensure the other recommendations we have provided are meaningfully implemented.



*Recommendation 2: Provide an accurate assessment by an independent contractor of the facility residents with medical and/or behavioral issues that require careful planning.*

Currently, community-based providers intending to serve an individual transitioning from a state facility must rely on a compilation of reports developed by state facility staff provided to PAS agencies. These reports are intended to provide a clear understanding to the provider of the behavioral, medical, and rehabilitation needs of the individual, as well as the individual's goals so that provider can ensure its capability of addressing those specific needs and empowering the individual to achieve desired goals. This information is critical to a successful transition.

While not citing any individual or system, there has often been a less than objective assessment that has preceded individuals from state facilities to the community. This is dangerous for the person and is unacceptable. Therefore, we recommend the Department establish a process for contracting with a third-party contractor to provide independent assessments of the residents of these facilities with medical and/or behavioral issues that require careful planning by an independent contractor to ensure no bias in the determination of the individual's service plan.<sup>ii</sup> This recommendation is in line with legislation sponsored by Senator Heather Steans (SB 1622 as introduced) and Representative Sara Feigenholtz (HB 1687) this year.

The Association also recommends the arbitrary geographic limitations on the operations of PAS agencies be lifted to allow for free choice in the system and to preclude the 'overloading' of any one PAS office geographically closest to the state facility recommended for closure.

*Recommendation 3: Establish a formal process for ensuring family members' and/or guardians' understanding of the closure process and the options available.*

Most likely due to the budget driven nature of the closure announcements, family and guardian notification came as an unexpected surprise, and so the very public resistance and vehemence for the facilities to remain open is understandable. Based on our review of previous closure processes, we believe this anxiety is due to the Department:

- not previously providing families/guardians with the reasons the closures are occurring;
- presenting families/guardians with an unimaginable timeline for their family member to be moved; and
- providing inadequate information about the services and/or supports that are available to them in the community.

The combination of these factors, as well as the experience at Howe provided insight into how high staff ratios<sup>iii</sup> at state facilities (not based on individual need and inordinately high) compared to community settings instill fear in families that their family member will receive less care in the community than at a state facility.

Family/guardian involvement in the transition/closure process is essential. A collaboration of community stakeholders developed an excellent guide for family involvement called the "Community for All Toolkit."<sup>iv</sup> The basic tenets of the toolkit are:

1. Information Sessions are critical for the families to feel engaged;
2. Open Houses in the community should be planned so families can learn what is available;
3. Families of individuals currently living in the community – especially those whose family member has moved from a state operated facility to the community – are essential in helping educate other families and allay concerns;
4. Set up a Family Buddy System between state facility families and community families; and

5. Families must be invited and involved in the actual relocation, so scheduling around their time is critical and they should be encouraged to stay involved with their family member's activities and with their parent buddy family as well.

*Recommendation 4: Develop community-based capacity to appropriately address the needs and wishes of individuals transitioning to the community. This requires funding to supplement – not supplant existing resources for individuals currently being served in the community.*

The development of community-based capacity targeted to address the needs and wishes of individuals transitioning from state facilities to community-based settings is a requirement for successful transitions. There are several important components to capacity building, which are outlined below.

- *Workforce Training* – Adequate community-based staff training is a pre-requisite to a transition. Individuals who have been institutionalized require more supports during and after a transition as opposed to an individual who has never been institutionalized. That support is essential and staff in the community agencies must be aware and have the support to be fully prepared to engage with new individuals in the same way they have engaged in the lives of others living and working in the community. Experience gained from transitions from Fox Developmental Center and the closure of Howe Developmental Center, wherein state facility staff familiar with the individual worked collaboratively with staff in the community-based agency to create a “bridge” of experience, lead to increase transition success. For a period of time after transition the state facility staff most familiar with the individual in transition should continue to provide technical assistance and support until the individual is fully adjusted to his or her new home.
- *Direct Support Wages & Benefits* – Direct Support Professionals (DSPs) are the frontline workers that are integral to assisting individuals with intellectual/developmental disabilities realize their goals of living, working, and recreating in the community. Wages and benefits paid to direct support professionals account for 90 cents of every dollar invested in community-based agencies.<sup>v</sup> However, the disparity between the wages paid to DSPs working in community-based agencies compared to those working in state facilities is growing, with an average entry wage of \$8.85/hr for a community employed DSP as compared to the average entry wage of \$14.77/hr for counterparts working in a state facility.<sup>vi</sup> This disparity represents nearly a \$6.00/hr differential. Unfortunately, state fiscal year 2008 was the last time an increase for these wages and benefits was approved, but only at 2.0% - compared to significant wage and benefit increases gained by counterparts working in state facilities. Adequate funding for DSP wages and benefits must be prioritized in state budgets to address the disparities and encourage growth in the field to address the dramatic need for these workers over the coming years as the baby boomer generation approaches retirement and primary care givers are unable to tend to the needs of individuals with intellectual/developmental disabilities living in-home.
- *Nursing Supports* – Since the approval of SR 514 by the Illinois Senate during the 94<sup>th</sup> General Assembly, IARF has advocated for the need to increase nursing support in community-based residential settings, specifically Community-Integrated Living Arrangements (CILA). Despite our advocacy efforts, the state has shown little interest in investing the revenues necessary to implement the recommendations of the CILA Nursing Services Report – despite evidence that the needs have reached the critical, if not crisis, stage.<sup>vii</sup> The current CILA Rule (Rule 115) and the Medication Administration Rule (Rule 116) must be updated to reflect the level of need of individuals currently living in the community as well as individuals who may transition from state facilities.

- *Behavioral Supports* – Adequate behavioral supports are also essential to the transition planning process. The community-based provider must be fully able to provide such supports for the time necessary to integrate an individual transitioning to their new residence and possibly their new work environment. Individuals will have to meet new staff and build trust while developing new relationships. The community-based provider staff will need to be perceptive to changes in behaviors that if left unaddressed, could escalate, causing serious adjustment issues and possible harm to the individual. Whether those behavioral supports are provided by the community-based provider or through linkages with other community resources, they must be planned and they must be funded. That funding must recognize that adjustment times will vary from individual to individual and community-based providers must be assured that an “add-on” will not arbitrarily disappear without strong clinical evidence that the transitioning individual is stable in his or her new setting.
- *Crisis Supports* - It is strongly indicated that behaviors can change throughout a person’s life for a number of reasons unique only to that person. When that happens, funding must be available to assess what additional supports are necessary and for the duration of the stabilization of the individual. Resources must be quickly available when the situation warrants.
- *Residential Capacity* – There is limited existing CILA capacity in the community-based system, however, the majority of individuals currently residing in CILA group homes are under the six to eight bed CILA model. The shift this CILA size is primarily driven by individual CILA rates that don’t cover the costs of smaller group home settings. We believe it is the intent of DHS’ Division of Developmental Disabilities to transition individuals from state facilities to the four bed CILA model, as this model will provide enhanced federal matching assistance percentage (FMAP) according to the Money Follows the Person (MFP) Demonstration Program. However, as evidenced by the current landscape, the four bed model is not predominant due to inadequate rates and reimbursements.

We encourage the Division to explore utilizing existing capacity where and when appropriate to serve individuals that may transition from a facility, however, we acknowledge that the existing capacity is insufficient to serve the estimated 250 individuals the Division has recommended to transition. This will then require community-based providers to either purchase, renovate, or build new group homes – a process that requires capital and time to meet permit and building code requirements. We note that the state’s existing process of cutting community funding and delaying payments to community-based residential providers has all but wiped out any resources providers might’ve had in the past to develop this infrastructure. IARF therefore recommends that as a component of building residential capacity, the state must prioritize an improved payment cycle for providers and capital support to not only build capacity, but cover the cost damage or destruction to property that often occurs during an institutional-to-community transition.

*Recommendation 5: Revise existing Community Integrated Living Arrangement (CILA) rates to cover the cost of providing care and clearly identify specialized rates where appropriate. Timely payment must be secured as well.*

If the state truly wants to drive the future of services and supports to community-based settings – as articulated by Governor Quinn during his September 8, 2011 announcement, then the Department must be willing to shift previous decisions relative to rate and reimbursement methodologies.

Recent rate studies<sup>viii</sup> conducted by DHS’ Division of Developmental Disabilities have looked at the real cost of serving individuals in group home settings of four persons defy the current discussions of using the “average” CILA reimbursement to support individuals transitioning from state facilities. Similar studies have determined that that

'average' does not support individuals living in six and eight-person settings and are disquieting when compared with other state 'averages' for similar supports in those settings. For example, Acting DHS Division of Developmental Disabilities Director Kevin Casey is openly concerned about the transition discussions considering Illinois pays – on average - \$55,000 per person and his previous state experience in Pennsylvania paid – on average - \$90,000 for essentially the same service packages. The 'average' CILA rate will not support individuals who transition during the early months/years of their transition in the best of circumstances. Furthermore, the 'average' CILA rate will not come close to supporting individuals who transition to a four-bed group home setting, which as noted above has been the policy determination by the Division in these discussions.

Specialized rates and rate add-ons<sup>ix</sup> that actually pay for the identified supports an individual transitioning from a state facility to a community-based setting are essential. A multi-year commitment must be made by the state to these specialized rates and add-ons as long as they are deemed appropriate. Unfortunately, the most current experiences of several community-based providers that have responded to the state's requests to serve individuals transitioning from state facilities is they are promised initial rate packages that are subsequently reduced against the clinical determination of the individual's needs.

Illinois has reduced community resources through successive years of budget cuts, specifically 19.3% over four years – or \$174.58 million in cuts. Furthermore, the state has used specifically community-based providers as creditors of the state through years of long payment delays dating back to 2008. This situation has not improved, despite the expectation that once the payment cycle requirements of the American Recovery and Reinvestment Act (ARRA) expired, that more parity would exist in payment cycles for all health care providers. The state cannot expect the reality of the existing funding situation and payment delays to be ignored in the planning of potential transitions from Jacksonville and Mabley Developmental Centers.

### ***IARF Members are Focused on Solutions***

There is great anticipation among community-based providers about supporting individuals transitioning from state facilities to the community. Evidence shows that persons who have been institutionalized for much of their life can successfully live in the community<sup>xi</sup> and organizations have honed their skills in areas needed to open that opportunity to individuals and families who exercise their choice to transition.

However, there is great apprehension in the community as well. That apprehension is not based on their confidence to successfully support the individual – it is based on their confidence in the state to hold up its end of the bargain. That responsibility – to transition resources – has historically been spotty at best. Of even greater concern is the fact that these recent closures have been precipitated by inadequate resources, not policy decisions driven by sound planning. Furthermore, the community is expected to serve as many as 9,000 additional individuals with intellectual/developmental disabilities over the next six years per the *Ligas* court ordered consent decree.

As clearly stated in our cover summary page, IARF has full faith and confidence in our members to serve individuals transitioning from state facilities if a commitment to implement these recommendations is made by the state. If the state can bring these assurances to the table, then the discussions of closing Jacksonville and Jack Mabley Developmental Centers will produce quality outcomes for individuals that transition and as importantly, their families.

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<sup>i</sup> ARC of New Jersey. "The Future of Individuals with Developmental Disabilities and New Jersey's Developmental Centers." May, 2009. Accessible at: <http://njddc.org/ResourcesforPolicyMakers/copy/The%20Future%20of%20NJ's%20DCs.pdf>

<sup>ii</sup> Shannon, Anne. "Howe Developmental Center – Final Report" June 2009. Accessible at: [http://www.realchoiceinillinois.org/documents/Howe%20report\\_Shannon.pdf](http://www.realchoiceinillinois.org/documents/Howe%20report_Shannon.pdf)

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<sup>iii</sup> *ibid*

<sup>iv</sup> American Association on Mental Retardation (AAMR), ARC of the United States, Center on Human Policy, Council on Quality and Leadership, National Association of Councils on Developmental Disabilities (NACDD), University of Minnesota's Research and Training Center on Community Living, and Tash. "Community for All Toolkit – Resources for Supporting Community Living." August, 2004. Accessible at: <http://thechp.syr.edu/toolkit/>

<sup>v</sup> 2011 IARF Salary Survey. Accessible for purchase at: <http://www.iarf.org/Public/SalarySurvey.aspx>

<sup>vi</sup> Mosaic Collaborative for Disabilities Public Policy and Practice. "ANCOR 2009 Direct Support Professionals Wage Study: A Report on National Wage, Turnover, and Retention Comparisons. August, 2010. Accessible at: [http://www.youneedtoknowme.org/downloads/research/ancor\\_wage\\_data\\_summary\\_2009.pdf](http://www.youneedtoknowme.org/downloads/research/ancor_wage_data_summary_2009.pdf)

<sup>vii</sup> Navigant Consulting. "Report of the Community Integrated Living Arrangement Nursing Services Reimbursement Work Group to the Secretary of the Department of Human Services, the Illinois General Assembly, and the Honorable Rod R. Blagojevich, Governor, in Response to Senate Resolution 514." October 2006. Accessible at: <http://www.iarf.org/uploads/docuploads/forums/cburnett@iarf.org/CILA%20Nursing%20Services%20Report%20Final%20October%202006.pdf>

<sup>viii</sup> CILA Rate Workgroup. "Interim Report of the CILA Rate Workgroup of the Statewide Advisory Council Rates Committee – CILA Model and Reimbursement Issues." March 2009. Accessible at: <http://www.iarf.org/uploads/docuploads/forums/cburnett@iarf.org/CILA%20Rates%20Interim%20Report%203-9-09.pdf>

<sup>ix</sup> IARF Concept Papers on Specialized Rates and Reimbursements. Accessible at: <http://www.iarf.org/Members/PolicyInformation.aspx>

<sup>x</sup> University of Minnesota Research and Training Center on Community Living. "Status of Institutional Closure Efforts in 2005." September, 2005. Accessible at: <http://www.iarf.org/uploads/Univ%20of%20MN%20Policy%20Brief.pdf>

<sup>xi</sup> Braddock, David and Richard Hemp. "Establishing a Tradition of Commitment: Intellectual and Developmental Disabilities Services in Indiana: Executive Summary." October, 2008. Accessible at: <http://www.iarf.org/uploads/Braddock%20Summary%20Report%20Final%202008.pdf>



OFFICE OF THE GOVERNOR  
207 STATE HOUSE  
SPRINGFIELD, ILLINOIS 62706

PAT QUINN  
GOVERNOR

October 31, 2011

Cheryl Ramirez  
ACMHAI  
PO Box 17187  
Urbana, Illinois 61803

Dear Ms. Ramirez and Associates,

Thank you for contacting my office with your concerns about state facility closures and staff layoffs that were recently announced in response to state budgetary shortfalls. I value your feedback and appreciate the insight you have shared with me. Each day, as I make decisions, I take your opinion and those of others who write and call my office into careful consideration.

The Fiscal Year 2012 budget, passed by the General Assembly, does not provide enough money in the operational and personnel line-item appropriations for many state agencies. As Governor, I cannot move money from other areas of state government to make up the shortfall in a line-item budget like the one that was passed. This means that, in the affected agencies, there is not enough money to run and staff all of our facilities for the entire year.

My top priority with respect to these facilities is the safety and well-being of the residents. My staff and I will be working closely and thoughtfully with the Department of Human Services, families and community providers to ensure that residents are supported in appropriate alternatives and that their safety is preserved.

As Governor, it is always helpful to hear from residents about the issues concerning our state. Throughout my time in office, I have admired people like you who take time to provide ideas, ask questions and offer constructive criticisms. With your continued participation in our democracy we can ensure that our state's most vulnerable citizens are cared for.

Thank you again for expressing your concerns about state facility closures and staff layoffs. Please feel free to contact me in the future. My office phone numbers are (217) 782-0244 and (312) 814-2121.

Sincerely,

A handwritten signature in black ink that reads "Pat Quinn".

Pat Quinn

# Reaching Out For Answers: Disability Resource Expo

## Board Report

### November, 2011

The 5<sup>th</sup> Annual "Reaching Out For Answers: Disability Resource Expo" is now but a memory, but what a memory! The Expo was held on Saturday, October 22, 2011 from 9:00 a.m. to 2:00 p.m. at Lincoln Square Village in Urbana. Attendance was quite good, and all in all, it was another successful event!

**Exhibitors:** We had 74 exhibitors registered this year, and 71 participated. Three withdrew a week prior to the event for various reasons. We had 11 new exhibitors this year. Four lucky exhibitors won our exhibitor drawings at the end of the day. Exhibitors were very appreciative of the bottled water and snacks that we distributed to them this year.

**Marketing/Sponsorship:** For the third year in a row, we produced a Resource Book that enabled attendees to take valuable information on each of our exhibitors with them for future use. 1,500 of these books were printed, with remaining books to be distributed throughout the coming year through various provider agencies.

Fundraising efforts for 2011 netted pledges in the amount of \$17,320. Another \$1,250 was added to this amount from 2010 funds coming in after the end of the fiscal year. In-kind donations this year were estimated at a total of \$7,013.

Promotional efforts this year were very extensive. Promotions consisted of 4 billboards, 8,000 brochures, 16,000+ school flyers, 550 posters, 75 MTD bus posters, 200 yard signs, e-mail blitz's, a Facebook Page, ads and interviews on several radio stations, and an interview on the WCIA News at Noon.

**Entertainment:** The Expo kicked off it's 5<sup>th</sup> year with the reading of a proclamation of Disability Awareness Month by Champaign Mayor Don Gerrard and Urbana Mayor Laurel Prussing. Expo attendees were entertained by an amazing group of teens from Danville. Ministry In Motion is a signing choir, who did a wonderful job of sharing their unique talents with the audience. Jack Giambrone of Barking Angels Service Dog Foundation gave an interesting demonstration on how service dogs are improving the quality of life for persons with various types of disabilities. Michael Powers, the One-Man-Band engaged a group of youngsters to play in his band this year, and all had a great time making music with some of Michael's homemade instruments. AMBUCS presented three Amtrykes this year. Carle Rehab., Urbana Unit #116, and an area youngster were all recipients of this years' Amtrykes. Our annual raffle for Ebertfest passes took place, and one lucky lady won the Expo grand prize drawing of a Nook (E-Reader).

**PRIDE Exhibit Area:** The Pride Exhibitor area keeps growing every year, and this year saw some tremendous growth. 19 vendors set up their booths in this area, and sold their art, crafts, etc. We were even able to accommodate a couple of people who showed up the day of the event, wanting to set up a booth in the Pride area.

**Children's Activity Area:** The Children's Activity area was buzzing again this year. Children enjoyed bounce houses, crafts, games, snacks, and of course, their favorite balloon animals. The Expo Steering Committee was very appreciative of First Federal Savings Bank's sponsorship of the Children's Activity Area. First Federal also provided us with lots of prizes for the kids, and even some for the adults.

**Accessibility:** As in the past, we provided sign language interpreters to interpret all of the activities on stage, and provided one-on-one interpreters to several attendees to assist them in visiting the various exhibitor booths. UIUC-DRES, once again, did a wonderful job formatting exhibitor materials, as well as the Resource Book for those needing an alternative format. The Quiet Room was available again this year, and was used by a family, to help reduce the overstimulation their child was experiencing.

**Volunteers:** We had a tremendous group of energetic, hard-working volunteers who pitched in both Friday during set-up and Saturday for the Expo. Lincoln's Challenge cadets came in and made tear-down very quick and easy. A huge thanks goes out to Jen Knapp for coordinating our volunteers this year.

**On A Personal Note:**

My sincere appreciation goes out to an outstanding Expo Steering Committee, whose members are not just there in name only. Every person on this committee has made important contributions to the success of this event. This year, in particular, several of them took on even larger roles due to my illness early in the summer. These are all people who have very demanding jobs, yet they didn't blink an eye in taking on additional tasks to ensure that this important event would come off without a hitch. We are so very fortunate to work with people of this caliber, who are so committed to improving the lives of persons with disabilities in Champaign County. My deep and sincere thanks to all of these phenomenal folks!

Barb Bressner  
Expo Coordinator  
11/7/11

Attachments: Participant Evaluation  
Exhibitor Evaluation



**Disability Resource Expo**  
**EXHIBITOR EVALUATION**  
**2011**

Expo evaluation forms were sent to 74 exhibitors. 25 completed forms (34%) were returned.

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

**Items rated**

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

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 5 – Good
- 19 – Excellent

Comments:

- Excellent
- The best I've seen in years. Lots of signs all over town.
- Radio announcements excellent
- Always good communications each year
- Very polite. Willingness to explain and answer questions.
- Felt very informed/enough info. to share w/others

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

- 0 – Poor
- 1 – Fair
- 0 – Ok
- 3 – Good
- 19 – Excellent

Comments:

- Trouble free; Easy; Fast.
- Check-in went very smoothly.
- Check-in was easy but should have info as to where it was located in the info packet.
- Smooth as usual.
- Tables not where we were told they would be.
- Simple and quick to check-in

## 2. "Check-in process" (continued)

Final Comment: "It was quick once you were in the building. There was no one waiting by the entrances where you could drop off your stuff, then go park. Some of your exhibitors have disabilities too. I have a knee that is badly injured and awaiting surgery in Dec. It would have been nice if there was someone to assist you with boxes and exhibitor items."

## 3. Rate "Becky & Aidan" activity:

- 1 – Poor
- 0 – Fair
- 5 – Ok
- 5 – Good
- 8 – Excellent

### Comments:

- I did not see a lot of individuals engaged in looking for Becky and Aidan.
- Didn't have one at our table, so not sure how effective it was.
- Kids loved it.
- Much better than stamps.
- The "bingo" got more traffic to all of the booths.
- Kids seemed to like it.
- The children became very involved due to this.
- The goals of the scavenger hunt were not clear, other than to try to lead the attendees around.
- Seemed like a good idea but we did not have much involvement in this.
- I think it was a great idea but because we did not participate, did not know the outcome of who won.
- Great for kids.
- Not sure. Not enough knowledge for me to comment.
- Probably involved the people more than the bingo game, but might actually be nice to do a scavenger hunt based on the actual booths – ie, find a booth that helps people with X disability or find a booth that provides X kind of services. (This respondent may not have seen the scavenger hunt paper in her packet, as the questions did revolve around finding booths that offer specific kinds of services.)

4. **Rate variety of exhibitors/activities:**

- 0 – Poor
- 0 – Fair
- 0 – Ok
- 6 – Good
- 18 – Excellent

Comments:

- I was impressed with quite a few exhibitors.
- I didn't get a chance to walk around, but there seems to be a lot. I think you thought of everything! I sat near the children's activities, & the balloon creations are amazing.
- There were so many resources that assisted so many people that day!
- Did not have a chance to look around as I was the only one at my table.
- I wish some exhibitors were able to be there (Medicare – HA)
- A lot of exhibitors – a wide range of things.
- Looked like a good cross-section. I can't rate activities since I didn't really look at them.
- Good variety of exhibitors

5. **Rate entertainment, if you had an opportunity to view any of it:**

- 0 – Poor
- 1 – Fair
- 3 – Ok
- 6 – Good
- 2 – Excellent

Comments:

- I got a kick out of it.
- I saw the signing choir (good).
- Didn't view any.
- Didn't get to see.
- Too loud.
- The drum act was just noisy and loud.
- No opportunity ☹
- The mic should have been louder. Music? Band? I loved the dogs, signing chorus – great variety and some education.
- Couldn't leave my booth!
- Enjoyed the group signing songs.
- Liked the one-man band. Was not able to view the rest. Could not hear what was going on.

- Only saw one-man band (fair).
- The sign choir was quite nice. It would be nice if you could put the IL Assoc. of the Deaf booth a little closer to the stage so we could see what's going on a little bit easier.

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

- 0 – Poor
- 0 – Fair
- 1 – Ok+
- 9 – Good
- 13 – Excellent

Comments:

- Inside was good, plenty of space for everyone.
- Fine.
- Good space for mobility, however very noisy (Speech & Hearing Clinic).
- Bathroom access. (I think this is referring to proximity.)
- Mix types of organizations.
- Love our spot this year!
- I think it is a great location.
- Good location/spacious

7. **Rate the Expo overall:**

- 0– Poor
- 0 – Fair
- 0 – Ok
- 5 – Good
- 4 – Good +
- 16 – Excellent

Comments:

- It was good.
- Not as many stopped by my booth this year.
- Best expo/fair that we participate in each year!
- Best expo I have participated in! Promotion & marketing was AWESOME.
- My only comment as an exhibitor is that I think the event could be shortened. Five hours is a long time to man a booth...perhaps 9-1 or 10-2?
- Very good.
- I think it went well for the most part.

## Narrative Questions

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

- I passionately love the individuals that I have a privilege to serve.
- Creates an opportunity to meet people and agencies.
- I liked the overall atmosphere and set-up.
- My volunteer was great help when I needed a break.
- Opportunity to meet people with needs in the area.
- Variety of services represented.
- Variety of exhibitors, easily mapped out.
- Variety of vendors (2).
- Location.
- Location, variety, atmosphere.
- Familiarity.
- The exposure.
- I got a chance to meet new people from other organizations.
- Hours, location, set-up.
- Ease of moving around; great networking opps for exhibitors.
- Meeting families we work with.
- Great way to learn about different organizations and services in the community.
- Great variety, lots of info.
- Great attendance every year.
- The promotion, variety of services.
- The range of participants who provided information about resources.
- Well organized with great positive energy.
- The ability to see all the community resources.
- The information that we provided for the blind in Braille and also that the larger wheelchairs were able to get around better this time without all the crowded areas.
- Friendly atmosphere; food readily available; nice that you brought water and a snack.
- There was a lot to choose from.
- Staff was very friendly; provided snacks and water to exhibitors.
- The variety of vendors and groups. It also gives our organization a chance to have some visibility in the community we might not otherwise have. The Deaf also appreciate the ability to have interpreters go with them to the various booths and help them understand what's going on.
- Interacting with Expo attendees

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

- Still not sure the Pride area is working for the sellers. And maybe look at the adaptive formatting requirements.
- I will bring another person with me to man the booth so I can explore some more.
- I would mix the exhibitors.
- Scavenger hunt. Better, shorter clues. Different activity for kids.
- Good the way it is.
- Nothing.
- Nothing at all
- Quieter entertainment.
- Change start time to 10am. Change check-in to 9:30am. Crowd did not start until at least 10am.
- Restroom accessibility.
- Increased allowance of free handouts.
- Ability to hear entertainment better.
- I've never been to this mall before so I had a little trouble figuring out where to go but the info tables by the door helped once I was able to find the mall.
- Go later in the day- 10am-4pm.
- For our group, we would like to be in a more central location, but more importantly, we would like to offer hearing screening which requires a quiet room. We have not provided this service for a few years, but were still listed as doing so on the map.
- I think it could start later. Not many people were around in the first hour.
- Louder PA system for entertainment and drawings.
- Expand the entertainment one-time event offers to the public (encourage attendance).
- For some reason I am the only person who will come from my office to participate. This makes it very hard if I have to go to the bathroom, grab a bite to eat or engage with other providers. I was able to get a volunteer to help for a couple of minutes so I could go to the bathroom and grab lunch...still it is frustrating.
- More advertisement/promotion of the Expo
- More booth room to display products by Expo vendors

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

- Maybe service providers that are outside of Champaign County but may provide services to Champaign County residents?
- Assisted living?
- More service dogs.
- IL Assistive Technology Program.
- Housing options.
- New Autism Speaks U Chapter at U of I; other U of I groups that relate to disability.
- You really did a great job on inviting exhibitors but maybe some faith-based organizations that also assist the disabled with housing, food pantries and benevolent funds assistance.
- Harris Communications is a Deaf-owned business that provides assistive devices for both Deaf and Deaf/Blind, and others. They are based out of Minneapolis but do go to expos. They also have resource materials for families.
- I thought the variety was great!

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

- I'm not sure...I don't get to see a lot of it so I don't know.
- Magician. Parkland Pops.
- Maybe a magic show.
- Magic show – walk around magic.
- Parkland Pops.
- U of I wheelchair basketball demo.
- A quartet or U of I band.
- I did not get a chance to see the entertainment but it seemed really great.
- I thought the variety was very good.
- Additional group performers.
- The entertainment you had was great.
- Maybe a walking group for those who cannot get away from the tables...but that might be distracting...
- Can't think of anything.
- Good the way it is.

**Reaching Out for Answers: Disability Resource Expo**  
**PARTICIPANT EVALUATION SUMMARY**  
**2011 Expo**

Expo evaluation forms were returned by 157 participants of the 2011 Disability Resource Expo. An additional 18 forms were returned with the Becky/Aidan sheet completed, but the evaluation on the other side not completed. A total of 133 persons participated in the Becky/Aidan Scavenger Hunt.

**The individual completing this evaluation was:**

- 69 – Family member
- 50 – Person with a disability
- 31 – Other (1-Preschool teacher)

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

- 25 – Developmental disability
- 36 – Physical disability (1-Stroke)
- 25 – Mental illness
- 5 - Other (1-Deaf)

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

**Items rated**

<b>Rate Exhibitor Information:</b>	1 – Poor
	5 – Fair
	14 – Ok
	50 – Good
	85 – Excellent

**Comments:**

- Picked up good info.
- Fun & learned
- Community care was excellent & Community Elements
- This is GREAT
- Booths closing early
- Very helpful
- Great variety of agencies; very useful info.



**Rate Accessibility:** 1 – Poor (Noted South Wing)  
2 – Fair  
17 – Ok  
41 – Good  
92 – Excellent

**Comments:**

- The flow of traffic was confusing/things are hard to see
- Able to get around well
- Music volume was a little loud
- More signs for handicap parking would be helpful
- Crowded
- A little crowded
- Some spaces were crowded & difficult to navigate for wheelchair users

**Rate Activities/Entertainment:** 1 – Poor  
2 – Fair  
19 – Ok  
49 – Good  
78 – Excellent

**Comments:**

- Very friendly people
- Very friendly people
- Didn't do
- I was here several years ago and there is much more today!
- Enjoyed
- Missed them
- Miss the inflatables this year
- Scavenger Hunt!!

**Rate Event Organization:** 1 – Poor  
1 – Fair  
19 – Ok  
39 – Good  
94 – Excellent

Comments:

- Well organized
- Had a great time
- Terrific
- Advertise more
- Great publicity & organization
- Easy to get around

**Rate Expo overall:**

1 – Poor
3 – Fair
11 – Ok
31 – Good
102 – Excellent

Comments:

- It was very fun and informative
- Very nice information
- We saw a good combo of services we knew and thing that were new
- Thank God
- My wife has M.S. and this has been a blessing of information and resources
- Love It
- Very Very Helpful
- Little crowded
- Lots more booths

**Narrative Questions**

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

25 – Flyer	22 – School	23 – Newspaper
20 – Poster	18 – Radio	36 – Word-of-mouth
27 – Yard Sign	13 – TV	38 – Other

(Other category: 1-Mall signs; 1-PACE; 1-DSC; 1-Website: Chambana Moms; 2-E-mails; 1-Family; 1-Friend; 1-My employer-Community Elements; 1-Teacher at Parkland)

**Suggestions for Future Exhibitors:**

- I do not have any
- Add a job expo wing.
- More equipment representation-wheelchairs, etc.
- Name tags on exhibitors
- None-you've done a great job
- None. You did a great job. Great idea to have this.
- From friends at work
- None
- Would like to see Early Intervention Clearinghouse exhibit
- More music and more performance
- Fun to do
- There was more art shown in 2010-missed it.
- Wonderful!
- Have the kids room monitored so parents can look at the booths
- Good information – very informative
- None
- More performances
- This was a little tricky for little ones.
- More entertainment
- Not anything different – very good every year
- General info. re: awareness of working/communicating w/individ. w/disabilities
- ADA info.
- More space

**Additional comments:**

- Thank you
- Booths were great
- Hosts were kind & helpful
- Thank you so much for the Braille
- Signs would be more visible if above & behind the booth.
- People inquiring make it difficult to see booth's purpose.
- Great having so many relevant resources in one spot! Very family-oriented.
- It was AWESOME☺
- Always enjoy this
- What an amazing resource for the community!
- I think that people should respect a disability person.

- None
- Didn't find specific info. on visual impairment in children and the agency to get help
- Thanks for providing this wonderful one stop service fair!
- Needs additional advertising
- None
- I learn something new every year.
- I was glad to see no foods offered without allergen info on them (last year there was cooked stuff w/out info.)
- It is nice to have the event.
- Thank you!!!
- Loved the scavenger hunt – Thanks!
- Everything was great and I had a great time.
- I thought all information and booths were very helpful. Had fun looking for Aiden/Becky dolls!  
Loved all the free stuff☺
- Very informative
- The kids room was great. Staff were helpful and kind. Just a bit chaotic because some weren't staying with their kids
- None
- Keep up the good work!
- Thank you! I am a local psychologist. Great info.
- Very well organized, Very informational, Good learning experience for all ages
- Thank you. We saw many ideas.
- Thank you!
- I was here last year.



**Disability Resource Expo**  
**PRIDE ROOM VENDOR EVALUATION**  
**2011**

Pride Room evaluation forms were distributed at 2PM at the Expo. Six completed forms were returned.

The following scale was used for rating: 5=excellent; 4=good; 3=ok; 2=fair; 1=poor

**Items rated**

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

- 0 poor
- 0 fair
- 2 ok
- 1 good
- 3 excellent

Comments: "We need to do better at this next year."

**2. Rate setting up and support throughout the day:**

- 0 poor
- 0 fair
- 1 ok
- 2 good
- 3 excellent

Comments: "Setting up was rough but smooth after that."  
"It was wonderful to have the tables set up on arrival."

**3. Rate variety of artists/entrepreneurs in the Disability Pride Room:**

- 0 poor
- 0 fair
- 0 ok
- 3 good
- 2 excellent

Comments: "I didn't get to see."

**4. Rate the entertainment if you had an opportunity to view any of it:**

- 0 poor
- 0 fair
- 0 ok
- 3 good
- 0 excellent

Comments:

**5. Rate the physical setting for the Disability Pride Room:**

- 0 poor
- 0 fair
- 2 ok
- 3 good
- 0 excellent

Comments: “?”

“Poor lighting. Better lighting out.”

“Better lighting would be useful at some tables. We had good lighting.”

**6. Rate the Disability Pride Room & Expo overall:**

- 0 poor
- 0 fair
- 0 ok
- 2 good
- 3 excellent

Comments: “Really informative.”

**Narrative Questions:**

**7. What did you like best about the Expo/Disability Pride Room? (list responses)**

“Enclave of art – set aside. Away from loud music (which didn’t last too long)”

“Variety exhibitors.”

“Traffic flow was much better this year.”

“The new areas of exhibit.”

“General Atmosphere – friendliness and helpfulness of the staff.”

**8. What would you change to improve the Disability Pride Room in the future? (list responses)**

“Better lighting”

“Better lighting”

“We need to figure out how to make set-up less stressful.”

**9. Do you know of other Disability Pride exhibitors might you suggest we invite to future Expos? (list responses)**

“Yes – will contact him myself”

“Not at this time”